LETTER TO THE EDITORS

Missed opportunities to prevent the influx of newcomers into open drug scenes in Brazil

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Open drug scenes (ODS) are public areas where drug users and dealers gather to consume and distribute drugs. These scenes are considered "open" because they lack physical barriers, are accessible to anyone, and passersby can observe these individuals and their struggles with drug-related issues.[1] Problems associated with ODS tend to be similar across different contexts, arising from a combination of conditions, behaviors, and activities linked to the nature and scale of drug consumption, supply, and dealing. ODS are a common phenomenon in most Brazilian capitals, varying significantly in size and visibility. Despite the country's vast regional and cultural diversity, these ODS consistently reflect patterns of social exclusion rooted in the nation's profound social inequalities (e.g., poverty, street homelessness) and poor health indicators.[2-4]

Another pattern of Brazil's ODS is the predominance of crack cocaine use, which contrasts sharply with ODS in other parts of the world, where opioid use is more prevalent. Crack cocaine dependence represents a major public health problem in Brazil. Its widespread use is driven by factors such as easy access and low cost, with over 98% of Brazilian cities reporting problems related to crack use.[5] The health hazards and behaviors associated with crack cocaine use are well documented in the Brazilian literature, impacting both individuals and society as a whole. This includes high rates of psychiatric comorbidities, cognitive impairment, unemployment, homelessness, sexually transmitted infections, involvement in illegal activities, incarceration, and death.[2,6]

It is more difficult for drug treatment services to engage and retain crack users in treatment. Pharmacological treatment has not been found efficacious for individuals who use cocaine/crack cocaine,[7] and most people who contact addiction treatment services in Brazil have concurrent alcohol use problems.[6] Effective treatment for crack cocaine addiction often requires a holistic approach that addresses physical health (e.g., cardiovascular and respiratory problems caused by crack use), mental health, social support, and life skills development. However, coordinating such comprehensive care has been challenging in Brazil, where divergent public health views (e.g., considering addiction as either a public health issue or a public nuisance) create significant barriers to implementing effective and integrated strategies.

The extent of ODS in Brazil highlights the lack of an integrated approach to addiction care. Many individuals in these scenes face interconnected challenges, including unemployment, housing instability, and systemic poverty. Although local initiatives, such as *Braços Abertos* and *Recomeço* in São Paulo, have addressed these issues through grassroots, community-based services, they have not been sufficiently resourced to enable long-term outcome assessment. Their activities and continuity have been disrupted by changes in municipal or state administrations, which further limit assessment of their impact. To date, no single care model has been thoroughly investigated for effectiveness in Brazilian ODS. As a result, addiction treatment services remain highly fragmented, with limited coordination among health care providers, social services, and harm reduction programs. This lack of an integrated care model not only perpetuates the fragmentation of addiction treatment services but also exacerbates challenges in addressing the evolving needs of ODS populations. Decision-makers and health care professionals often consider ODS population size as a key indicator of effectiveness. However, this approach ignores the continuous influx of newcomers, which remains a critical yet overlooked aspect of ODS dynamics. The rate of influx of newcomers can offer valuable insights into the effectiveness of strategies aimed at preventing individuals from migrating to ODS. This provides a more precise indicator for resource planning and highlights the need for secondary prevention strategies in areas surrounding ODS.

The Survey of Drug Use Scenes in Capitals (*Levantamento de Cenas de Uso em Capitais*, LECUCA) has provided population data on Brazilian ODS[4] and, since 2016, six editions have been performed in the country's largest ODS, which is in São Paulo. The time-series cross-sectional panel survey also incorporates a census to estimate the number of individuals frequenting the ODS, which has fluctuated between 400 and nearly 2,000 individuals over almost a decade of epidemiological surveillance. Most importantly, the study examines influx by determining the rate of individuals who have recently arrived at the ODS (in the last year). The findings indicate a consistent annual influx, with rates never falling below 20%. The highest rate was recorded in the survey's first wave in 2016, with 42.9% newcomers. In 2017, the survey was conducted twice, before and immediately after a major police operation targeting the ODS, revealing a steep rise in newcomers (from 27.7% to 39.4%). In subsequent years, the rates were lower, with 25.6% recorded in 2019, 20.2% in 2021, and 24.1% in the latest wave of the survey (June 2024).[4]

These findings suggest that although the total number of individuals frequenting the ODS appears to remain stable, averaging around 1,000 individuals, this stability conceals a dynamic turnover within the population. Approximately 20% of these individuals reflect the

continuous influx of newcomers, which highlights the effectiveness of sustained outreach efforts and referrals to addiction treatment services, which appear to correspond to the 20% annual reduction in ODS population. This dynamic relationship underscores the need for ongoing interventions to address the root causes of migration into ODS and prevent the perpetuation of this cycle.

These results demonstrate that effective policies should prioritize strategies to reduce the continuous influx of newcomers instead of focusing solely on individuals already living at the ODS. One key approach is to expand access to addiction treatment services outside the ODS, ensuring that more effective interventions are implemented early before the disorder escalates. Early interventions in primary care settings can prevent both the escalation of addiction and patients from reaching a level of social and health problems associated with frequenting an ODS. These preventative measures, combined with improved treatment access, can reduce the overall population in ODS, prevent its replenishment, and break the cycle of addiction and social marginalization.

Interestingly, according to recent data from the nearest public health care service that offers addiction treatment to the population of São Paulo's "Cracolândia" (Crackland), called Care for Crack and Other Drugs (HUB), nearly half (48.5%) of the patients from the ODS reported frequenting it for less than a month. This leads to the hypothesis that newcomers are more inclined to seek, access, and receive addiction treatment than non-newcomers, which again points to gaps in early intervention efforts, suggesting that Brazil's health care community may be missing vital opportunities to intervene earlier and reduce the influx of newcomers into ODS.

Rather static phenomena, ODS reflect the evolving interplay of societal shifts, such as changes in drug policies, law enforcement strategies, the availability of support services, and socioeconomic context, as well as the specific characteristics of each site, including the prevalence of open drug use and sales. These 'push' and 'pull' factors interact dynamically, shaping the complexity of ODS formation and sustainability. Current Brazilian drug policies have largely been a failure. There prevalence of ODS has grown in the past decade[5] and the number of people developing substance use disorders is still soaring.[3] Addressing the influx of newcomers into ODS requires investing in front-line treatment services in the surrounding areas and working with statutory and voluntary service providers, as well as with communities, families, and individuals to address the drug problem. Without this unified approach, drug policies in Brazil will likely remain entangled in the ongoing struggle to address ODS. No single drug policy has effectively managed existing ODS or prevented new ones from forming. Instead, a multifaceted approach, combining prevention, enforcement, harm reduction, treatment, and welfare policies, has proven more effective internationally in combating the challenges of ODS.[8,9]

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