

## *Street Children and Drugs in Salvador, Brazil*

### **Viva a Vida is a NGO Drug Rehabilitation Programme for street boys and boys at risk in Salvador, Brazil.**

Brazil changed from a drug trafficking corridor between Colombia-Peru-Bolivia and the USA, to a significant consumer country in the 1980s<sup>24</sup>. Now, the main drugs trafficked and used in Brazil are cocaine, crack, marijuana, amphetamines, LSD and, in smaller quantities, heroin<sup>25</sup>. In Brazil's notorious urban *favelas* or shantytowns, the drug economy has flourished as drug lords and heavily armed gangs bring in money and unprecedented violence. By 1990, in a country of pronounced income inequality<sup>26</sup> and poor job prospects<sup>27</sup>, 30% of Brazilian adolescents lived in extreme poverty<sup>28</sup>. *Chacinas* or massacres are increasingly common as well-armed drug traffickers struggle to control *favela* territories. 13 of 16 boys interviewed by NGO Viva a Vida knew at least one person killed directly because of drugs and trafficking in their neighbourhood.

For some youngsters, drug trafficking has become a lucrative option. More are consumers due to unsatisfactory psychosocial conditions. Drug use among street children in Brazil in the 1980s was limited mainly to glue sniffing and marijuana, but more and more children now consume harder drugs. In the north-eastern city of Salvador consumption patterns among street children are changing: Crack - a highly addictive and destructive drug - has become popular. A mixture of cocaine base and baking soda, with the appearance of crystal, crack is known locally as *pedra* or rock. Extended crack use results in depression, anxiety and a decreased appetite for food. It can also lead to brain haemorrhaging, delusions, hallucinations and respiratory problems<sup>29</sup>.

*"When I used, I would get into a panic... then when the effect wore off, that thing would hit and you'd want to use more. [...] Each time I used more I would get thinner, I wouldn't eat, I was in bad health, coughing, with a lot of catarrh in my lungs"* (Anderson, 13).

Parts of Salvador's historical centre are now known as *cracolândia* - crack-land - where users and dealers congregate. Street children are drawn here, to buy the best crack crystals and beg or thief from tourists to finance their habit. Realizing that many tourists hesitate to give money, street children ask instead for milk powder to feed their families, exchanging one tin of milk powder for a crack crystal.

The media has targeted street children and youth as responsible for street crime, reflecting widely-held perceptions in society. The 1980s and 1990s saw a rise in numbers of street children and youth killed by police and death squads; the majority of those killed were young, Afro-Brazilian males<sup>30</sup>. Similarly, public policy towards drug-using street children encourages harsh policing and detention in remand centres. Drug-using Afro-Brazilian street children and youth have become scapegoats for a society seeking quick solutions to escalating crime rates associated with drug trafficking.

12 of Viva a Vida's 16 interviewed street boys reported violence at the hands of police: *"They slapped me on the face and stepped on my foot. [...] I felt like a nothing, a shit. I began to think that he only did this because I was black. To a white child he would not do this"* (Pedro – 16, caught smoking marihuana by the police).

By May 2007, 78 drug-dependent boys aged 11 to 17 had used Viva a Vida's services. Most started consuming aged 8 to 12 and most have used several drugs: 96% had habitually used marijuana; 88% crack; 69% inhalants (glue, paint thinner, etc.) and 60% cocaine.

The NGO believes drug rehabilitation must form part of successful intervention strategies for substance-abusing street children, a need largely overlooked by public policy and service providers. Viva a Vida provides therapeutic and educational interventions for substance-abusing street children aimed at helping them understand and address their addiction, gaining educational tools to build productive lives. During 6 to 18 months residency, children work sequentially through Viva a Vida's *10 Strategies for Quitting Drugs*. Using therapeutic activities to stimulate behavioural change, each child is accompanied to work through difficulties and learn new forms of expression. Group and individual therapy, psychiatric treatment, relapse prevention, conflict resolution training, schooling, sports, art and vocational training are all aspects of treatment, as are family therapy and educational seminars in which child and family learn new ways of interacting to improve their chances of successful family reintegration. A 3-year psychosocial after-care programme is in place for child and family to receive support and counselling in facing the challenges of living without drugs.

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