BELIEFS, DISSENTS AND POLICY CHANGE: AN APPLICATION OF THE ADVOCACY COALITION FRAMEWORK TO THE DRUG POLICY DEBATE IN BRAZIL

By

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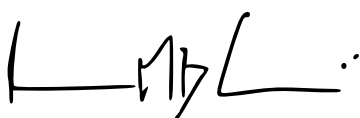*Supervisors*

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Abstract

The thesis examines the process of policy continuity and change in the Brazilian subsystem of drug policy from 2000 to 2015 using the Advocacy Coalition Framework. A conflictive dialogue between the actors and coalitions involved in the debate hampers the adoption of policy alternatives in the country. The methodology combined qualitative and quantitative techniques, using interviews, document analysis of public hearings, item response theory and cluster analysis. The research exposed beliefs, points of consensus and controversy, together with positions assumed by governmental representatives. The investigation also indicated the individuals and organizations that probably formed different coalitions. Finally, the thesis revealed main changes in the policy, as well as factors that contributed to its continuity or modification. The research contributes to the understanding of Brazilian drug policy subsystem, being especially useful to advocacy actors involved in the promotion of policy change. It also offers insights into the possibilities and limitations of applying the ACF in the specific context.

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I dedicate this thesis to all those who were part of my academic and personal experience in the last two years.

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List of Abbreviations

Acronym	Full name
ACF	Advocacy Coalition Framework
CSM-MS	Mental Health Coordination, Health Ministry
DPF	Federal Police Department
GCDP	Global Commission on Drug Policy
LACDD	Latin American Commission on Drugs and Democracy
MJ	Ministry of Justice
MS	Health Ministry
NGO	Non Governmental Organization
OAS	Organization of American States
SENAD	National Secretariat for Drug Policy
UNODC	United Nations Office on Drugs and Crime
USA	United States of America

Introduction

This thesis examines the process of policy continuity and change by adopting the Advocacy Coalition Framework (ACF) to investigate the subsystem of illicit drug policy in Brazil from 2000 to 2015[1]. The underlying problem is the truncated dialogue between the actors and coalitions involved in the debate, with the possible prevalence of conflictive beliefs and radical opinions, a context that might deter the adoption of policy alternatives in the country.

Drug policy change is a controversial topic around the globe. The most important international conventions set a strict regime aimed at controlling the cultivation, production, commerce and utilization of drugs. However, since the beginning of the 2000s, there has been the emergence not only of a discourse that challenges the current international drug regime, but also of new policy solutions. The reasons and the processes behind the polemic and the policy shifts have received little attention so far in the field of public policy, especially in Brazil.

The ACF, one of the most robust approaches to analyze the process of policy continuity and change (Jenkins-Smith & Sabatier, 1993; Sabatier & Jenkins-Smith, 1993; Sabatier, 1993), provided the theoretical perspective of this research. It emphasizes the role of ideas, beliefs, dissents and coalitions in the process of policy evolution, and also acknowledges the multiplicity of actors and arenas involved in policy change. Despite the undeniable relevance of this theoretical framework, it has received limited application to drug policy subsystems, as seen in reviews of relevant researches of the model (Weible & Sabatier, 2007; Weible et al., 2011). Since drug policy is undergoing major changes world wide, it is necessary to strengthen the structures of empirical analysis of this phenomenon.

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[1] The terms "drugs", "illicit drugs" and "narcotics" are used as synonymous in this thesis.

In consonance with the purpose of advancing the ACF research in Latin America and in drug policy, the research questions of the thesis are: Which were the main drivers and paths that resulted in policy change or continuity in the Brazilian drug policy subsystem? What is the structure and the evolution of the drug policy subsystem in Brazil in the period comprehended by years 2000 and 2015?

The expected contribution of the thesis is a better understanding of the terms of the debate of drug policy in one Latin American country. Local, regional, national and global policies do not occur in isolation, but rather serve as inputs one to the others. Disclosing the ideas, beliefs and coalitions might be useful to reduce conflicts in the policy debate and make it evolve. The specific contributions to the debate of drug policy in Brazil include: the identification of the content of the systems of beliefs, of the composition of the coalitions and of their evolution over time; an overview of the policy shifts and points of maintenance in the period; a collection of evidence on factors that contributed to policy change or continuity; the development of a solid methodology comprised of content analysis of public documents, quantitative analysis (item response theory and cluster analysis) and interviews.

The core of the thesis is structured in three chapters. It starts with the relevant literature review. The following chapter exposes the research design and the methodology. Then, the results are presented and analyzed, before a conclusion is drawn.

Chapter I – Literature Review

The identification of the systems of beliefs and coalitions present in the debate about drug policy in Brazil, as well as the investigation of the relevant factors for (lack of) reform, are inserted in a broader discussion about why and how public policies change. The theoretical approach used in this thesis will consider beliefs and coalitions as important elements to understand policy continuation and transformation. The first part of this chapter contains a summary of the ACF. Next, the literature review turns to the international debate about drug policy reform. Finally, central publications regarding drug policy in Brazil are presented.

Section A - The Advocacy Coalitions Framework

Many studies on social phenomena have focused their attention on two critical problems: the agency-structure relationship and the drivers of change in institutions. The relationship between agency and structure is perceived in diversified ways, with some theories placing structures as more relevant in determining social outcomes and others, such as Behaviorism and Rational Choice, highlighting the influence of agency (Schmidt, 2008). Within the field of public policy, the ACF is aligned with theoretical approaches that acknowledge the mutually constitutive relationship between agency (expressed in the coordinated efforts of individuals and coalitions to promote change in policy) and structure (represented in belief systems, institutional constraints and perturbations, for instance). With regards to the explanation of institutional change, policy theories stress diverse factors, such as material self-interest and institutional rules (Institutional Rational Choice), interest-group competition (Traditional Pluralist Theory), power relations (Historical Institutionalism), ideas and discourse (Discursive Institutionalism) (Campbell, 2002; Hall & Taylor, 1996; Sabatier, 1993; Schmidt, 2008). Borrowing from these theories, the ACF acknowledges the complexity of the policy process by incorporating multiple factors - economic and political power,

interests, disputes, values, beliefs - that, combined, are able to explain policy continuation and alteration. The alignment of the ACF with the premises of mutually constitutive relationship between agency and structure and of multiple drivers of policy change accredit the model as a solid option for policy analysis.

The ACF can be summarized by explicating its main components: the key concepts; the premises; the relevant factors for policy change. The key concepts of the ACF are the following (Jenkins-Smith & Sabatier, 1993): policy subsystem, or "the interaction of actors from different institutions who follow and seek to influence governmental decisions in a policy area" (Sabatier, 1993, p. 16); belief systems of policies, understood as "value priorities, perceptions of important causal relationships, perceptions of world states (including the magnitude of the problem), perceptions of the efficacy of policy instruments, and so on" (Sabatier, 1993, p. 16); advocacy coalitions, the aggregation of actors from "various governmental and private organizations who share a set of normative and causal beliefs and who often act in concert" (Sabatier, 1993, p. 18).

The proponents of the ACF set four basic premises for the model (Jenkins-Smith & Sabatier, 1993): 1) the preference for time frames of more than one decade to allow for a proper understanding of the process of policy change; 2) the predilection, as unit of analysis, for policy subsystem, moving away from iron triangles and including other relevant actors to the policy process, such as journalists, researchers and local public officials; 3) the need to include multiple levels of government in the analysis; 4) public policies and programs can be conceptualized as belief systems.

Within the ACF, the possible sources of policy change are multiple. Figure 1 displays the visual representation of the framework of policy change. Variables influencing the

probabilities of change in policy range from rules, values and distribution of resources among coalitions to external events, such as a crisis, or internal shocks.

Figure 1. Diagram of the Advocacy Coalition Framework

(Weible & Sabatier, 2007, p. 124)
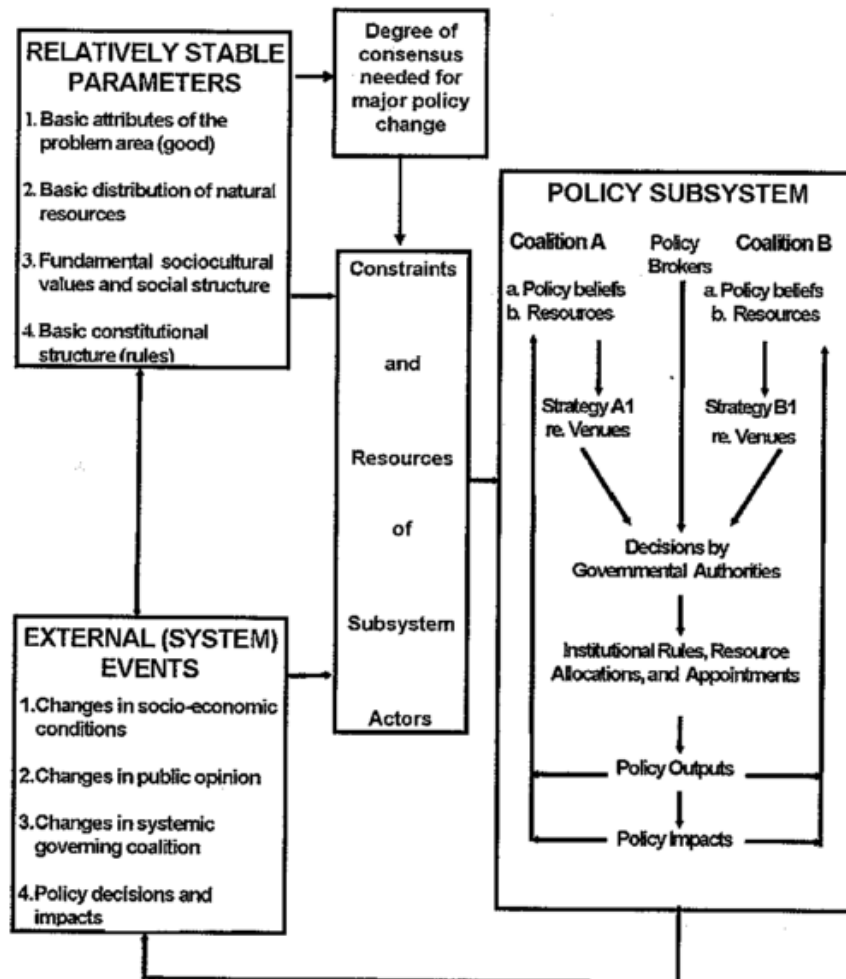
ACF has given substantial contribution to policy studies, but has also been subject to criticism. It has been applied in policy subsystems and political systems as diverse as flood management in Hungary (Albright, 2011), climate policy in Switzerland (Ingold, 2011), biodiversity and forest policy in Brazil (Araújo, 2007) and pension systems in Germany (Leifeld, 2013). The ACF is perceived as a robust model in public policy theory. Notwithstanding, it has been the object of two notable criticisms: the lack of causal links in the model, which would serve more as a descriptive and analytical tool, and less so as a

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framework suited to explain the causes of change in beliefs and policies; and the incipient application of the model in non-pluralistic political systems (Sabatier & Weible, 2007). In Brazil, these two points have received limited attention in the ACF research (Capelari, Araújo, & Calmon, 2015), reason why they will be discussed further.

Section B – Drug Policy Reform: International Debate

The global debate about drug policy reform deserves attention in this thesis because of the interactions among policy experiences and actors at different levels. Transnational policy communities play an important role in institutional innovation and policy diffusion (Campbell, 2002). The international context is relevant to explain the development of the current drug policy and to indicate the recent upsurge of reform initiatives. This part of the literature review condenses the main features of the international drugs regime and outlines the recent changes in drug policy practices.

Subsection 1 - The international drugs regime: origins and divergent evaluations

This subsection approaches the origins of the international drugs regime and the current discussions about it. Most governments and international organizations agreed, in the 20th century, that the best way to reduce drug addiction was to adopt repressive policies to try to control the access to drugs (Buxton, 2008). As a consequence, the United Nations conventions about the topic[2] establish that a list of drugs must be subject to prohibition of production, trafficking and consumption, except for medical and scientific purposes. Following these prescriptions, severe criminal sanctions were established in national legislations to individuals and groups involved with drugs. The concept of repressive

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[2] Regime following the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

approach to be used in the thesis stems from this internationally agreed strategy of prohibition. Indeed, one of the key defining features of the regime is the acceptance of prohibitive and criminal strategies to deal with the risks of problematic drug consumption.

The way the international regime on drugs was established in the past century defined many aspects of the current way of dealing with drugs. Buxton presents a review of the institutional evolution of drug control (2008). From the prior acceptance to the use and commerce of drugs, particularly opium, the international narcotics regime moved towards a prohibition model much triggered by the position of the USA, that, in order to induce other countries to adopt punitive measures, would have used the strategy of conditioning bilateral assistance to the cooperation with the drug war. Buxton's report concludes that the expanding influence of the USA in the international relations was fundamental to set the international regime that emerged in the 20th century.

The assessment of the current guidelines of the international drugs regime seems to bring about two opposing views: one that supports the prohibitionist model, considered to be the best way of dealing with the risks associated with drug abuse; and a second one that perceives the prohibitionist model as a failure and posits the need for wide policy reform.

The UNODC supports the gains obtained with the setting-up of the international drugs control system (2008). The organization recognizes the difficulty in tracing trends in drug production and use over a century and acknowledges important unintended consequences of the global policy model, such as: the displacement of policy priority from health priority to public security; the geographical displacement of drug production from one place to the other due to repression (balloon effect); and the stigmatization of drug users. UNODC also emphasizes the achievements of the control system, highlighting the reduction of opium, cocaine and amphetamine use and stressing the concentration of the illegal production of

poppy and coca in delimited territories (Afghanistan and the Andean Region, respectively). All in all, the organization reiterates the importance of the international regime and supports its achievements.

Diametrically opposed is the discourse of failure of the war on drugs. Publications containing an aftermath of the international drugs regime and pointing out the reasons why it would need to be reviewed abound. Tokatlian and Briscoe (2010) qualify the current international regime about illicit drugs as counterproductive, unfair and harmful. A World Bank report enumerates negative consequences of illegality and repression, such as economic costs, high rates of incarceration, costs for public health, economic losses to farmers and increase in insecurity, even if it does not talk about a failure of the policy (Keefer, Loayza, & Soares, 2010). Buxton criticizes alternative development initiatives, especially those aiming at replacing crops of plants used to produce drugs (2015). Muggah (n.d.) offers a good example of the discourse against the war on drugs, claiming for its failure and its negative consequences.

The literature around the international narcotics regime control and the punitive measures is controversial and conflictive. If some think it has been useful to avoid widespread detrimental use of drugs through a repressive strategy, others affirm that the prohibition of drugs has caused more harm than good. Anyhow, even though the international conventions' most important guidelines remained untouched for the past decades, at national and subnational levels, in different parts of the world, policy reform is happening.

Subsection 2 – Drug Policy Reform

Drug policy reform is challenging the basis in which the narcotics regime has been settled for decades. The criminal justice response to the problems associated with drugs is no longer the sole mechanism utilized. Alternative policies include a wide range of tools, inclusive of legalization, alternative livelihoods, decriminalization of drug use, non-prison penalties, harm

reduction and informed prevention. Even if adopted in delimitated territories, those initiatives are subject to greater attention.

The policy tools adopted more often in recent years are threefold: a) harm reduction; b) decriminalization or depenalization of drug use; and c) regulations of the cannabis market. Harm reduction are strategies to mitigate the negative consequences of drug use to the drug user and to society (Felbab-brown, 2008; Jelsma, 2009). The most common harm reduction policy tools are: needle and pipes exchange; substitution treatment (such as methadone maintenance treatment to substitute opiates or cannabis treatment to substitute crack cocaine); and provision of safe places for drug use. The European Union, for example, is engaged in fostering initiatives of harm reduction (The Council, 2012). Depenalization is the removal of prison penalty for drug use, even if an alternative penalty in the criminal sphere is kept, whereas decriminalization refers to the replacement of a criminal sanction for an administrative one or by the elimination of all sanctions. Portugal is a country that went through a policy shift of this sort. Almost all Latin American countries, in a movement mainly triggered by judicial decisions, have established alternative penalties to prison for drug use since the year 2000, including Argentina, Mexico, Brazil, Colombia and Chile (Beckley Foundation, 2016; Institute, n.d.). Finally, the regulation of the cannabis market encompasses initiatives that seek to establish rules for the cultivation, production and commercialization of cannabis and associated forms of the drug. In 2013, Uruguay passed a legislation to establish a regulated market of cannabis, accompanied by similar shifts in subnational level in the region of Catalunya, Spain, as well as in a few states within the USA (Collins, n.d.). The dissemination of these new strategies on drug policy and the increasing support they have received lately are a clear indication that the dominant policy approach is being challenged beyond the discursive level.

Subsection 3 – Drug Policy in Brazil

The academic production about drug policy in Brazil is sparse. The research is marked by discussions pertinent to the criminal justice system, incarceration and violence, and the presence of the health perspective is timid.

Machado and Miranda report the evolution of policy on drugs in Brazil in the 20th century (2007). The authors state that the drug policy has been, since its inception, strongly marked by the rationale of public security. They recognize the strengthening of voices that propose a public health approach to address the issue. They also identify the difficulties of coordination among sectors of the federal government to discuss policies in the area of drugs, especially between the department created in 1998 to look after the transversal drug issue (the National Secretariat for Drug Policy, SENAD) and the Ministry of Health (MS). This difficulty of articulation would have contributed to the unsatisfactory development of a drug addiction treatment system within the framework of the public health care, with priority been given to the funding of private institutions for treatment, among which the therapeutic communities.

Alves analyzes the evolution of the treatment to drug users in Brazil (2009). The author concludes that the legislation has significantly evolved from a prohibitionist perspective towards a health approach. It explicitly acknowledges the existence of a conflict about the acceptance of treatment based on abstinence, which is subsidized by the Federal Government, but that counts many opponents in the MS.

More recently, contrastive policies have emerged. On one hand, initiatives defying the repressive regime have been introduced: in 2006, a new law reduced the criminal penalty for the use of drugs. Szabó and Pellegrino describe ten initiatives in Brazil that are in accordance with a non-repressive focus for drug policy (2015). One of the most visible examples is the initiative of the Municipality of Sao Paulo, launched in 2014, to provide accommodation,

work and health treatment to crack dependents. The national program to combat crack and other drugs, announced in 2012, opens space for the treatment of drug addicted rather than their incarceration (Brazilian Federal Government, n.d.). On the other hand, the use of drugs is a criminal offence and some bills propose to increase the punishment for drug trafficking.

Three comprehensive researches portray the imbalances of Brazilian criminal justice system in relation to drug trafficking. Boiteux and others emphasize the characteristics of the illicit drug policy in the country: repressive approach towards use and trafficking and high penalties for trafficking and imprisonment of a big number of small dealers of lower socio economic classes (Boiteux et al., 2009). Two researches focused on police investigations reports, using quantitative analysis, in São Paulo. The first (Jesus, Hildebrand Oi, Rocha, & Lagatta, 2011) delineates the profile of the majority of the individuals arrested for drug trafficking: not white; having a low level of education; first offender. The other corroborates those findings, confirming, at least in São Paulo, the focus of the repressive activities on the imprisonment of small dealers of lower socio economic classes (Carlos et al., 2012).

França did an initial exploration of the appropriateness of the ACF to the subsystem of drug policy in Brazil from 1998 to 2000 (2000). Through document analysis, she finds indications of the existence of seven coalitions in the period according to the level of tolerance to illicit drugs. The author observed the dominance of non-tolerant coalitions in Brazil, even if tolerant coalitions had been gaining space since the 1990s.

Chapter II – Research Design and Methodology

The theoretical perspective orienting the research design stands on a combination of post-modernism and positivism. The ontological entities assumed in the thesis include shared ideas and beliefs, as well as advocacy coalitions. The epistemological position admits the subjectivity of all knowledge. However, it also perceives the empirical research as a feasible and conducive activity, considering beliefs as social constructs. It is, then, possible and desirable to identify shared ideas and positions and investigate their influence in the development of social phenomena.

Brazilian drug policy can be seen a typical case study. The ACF is expected to contribute to analysis of policies displaying high levels of political conflict and technical complexity. The drug policy subsystem seems to fit well in this profile. Within drug policy, Brazil can be considered as a typical representative country of Latin America, region that: shares common cultural references; is central to cocaine and marijuana global market; has mainly adopted prohibitionist policies over the last decades; struggles with similar problems linked to drug trafficking, such as violence, overcrowded prisons and empowered organizations in the drugs black market; and has recently seen a trend to decriminalize or depenalize the use of illicit drugs. Those common elements might repercuss on the debate about drug policy reform in the region.

The time frame chosen ranges from years 2000 to 2015, comprehensive enough to allow the analysis of the evolution of the policy, to capture the influence of international reform and to include different presidential mandates.

The analysis sought to understand the dynamics and the movements in the Brazilian drug policy subsystem. This thesis does not intend to falsify the hypotheses of the ACF, but four of

them were selected to guide the analysis, namely hypotheses 1, 2, 4 and 5 [3]. The operationalization of the research referred to two aspects: coalitions and policy change. A required first stage was the mapping of beliefs and identification of coalitions. Alongside, the investigation sought to reveal the main changes in the policy, as well as the factors that contributed to its continuity or modification. Combining qualitative and quantitative techniques, the key methods were document analysis and interviews.

Section A – Document Analysis

Document analysis included several phases. The first of them was the search of public documents in which individuals involved in the debate about drug policy would have supported their positions, following the ACF tradition of investigating explicit declarations registered over several years and accessible to anyone. After several consultations to the Lower House, the Upper House, SENAD and the Supreme Court, the option that has proved more feasible was to look into detail at transcripts of public hearings in the Congress and of petitions on public consultations in controversial Supreme Court cases, since these materials offered rich details about different points of view. The major drawback of this choice is the fluctuation in the number of public hearings throughout the period: the years of 2001 to 2004 and of 2007 to 2008 had no identified consultation on drug policy, whereas most consultations were concentrated on the years 2010 to 2013. 83 public hearings containing 346 speeches were identified for the period of 2000 to 2015. Of this total, 110 speeches (or 31%

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[3] H1 (coalition): "On major controversies within a policy subsystem when policy core beliefs are in dispute, the lineup of allies and opponents tends to be rather stable over periods of a decade or so".
H2 (coalition): "Actors within an advocacy coalition will show substantial consensus on issues pertaining to the policy core, although less so on secondary aspects".
H4 (policy change): "The policy core attributes of a governmental program in a specific jurisdiction will not be significantly revised as long as the subsystem advocacy coalition that instituted the program remains in power within that jurisdiction - except when the change is imposed by a hierarchically superior jurisdiction".
H5 (policy change): "The policy core attributes of a governmental action program are unlikely to be changed in the absence of significant perturbations external to the subsystem, i.e., changes in socio economic condition, public opinion, system-wide governing coalitions, or policy outputs from other subsystems".
(Sabatier & Jenkins-Smith, 1999, p. 124).

of the total) were selected, respecting the attempt to maximize the number of years, to represent the diversity of groups in the sample and to take speeches of individuals and organizations who displayed a consistent participation on the debates over time (see Table 4 for the list of speeches selected).

The second phase of the discourse analysis was the codification. Figure 2 shows the three layers of beliefs of the ACF and four corresponding latent variables. The deep core beliefs, very resistant to change and permeating diverse policy subsystems, are the "very general normative and ontological assumptions about human nature, the relative priority of fundamental values such as liberty and equality, the relative priority of the welfare of different groups, the proper role of government vs. market in general, and about who should participate in governmental decisionmaking" (Sabatier & Weible, 2007, p. 194). At the second level, policy core beliefs refer to components such as "the priority of different policy-related values, whose welfare counts, the relative authority of governments and markets and the relative seriousness and causes of policy problems". At the third level, the secondary beliefs, more subject to alteration than the other two, consist of preferences for specific instruments or proposals. Tables 1, 2 and 3 expose the code formulated for this research in the three levels of beliefs.

Figure 2. Code structure relating levels of beliefs and latent variables

Deep Core Beliefs	Policy Core Beliefs	Secondary Beliefs
A1 (1 item)	B1 (5 items)	C1.1 (3 items)
	B2 (11 items)	C1.2 (13 items)
	B3 (10 items)	C2 (16 items)
	B4 (12 items)	
	B5 (8 items)	

Latent Variable 1	•Predilection for liberal or conservative values
Latent Variable 2	•Preference for centralized or decentralized government
Latent Variable 3	•Inclination for prohibitionist or nonprohibitionist approach
Latent Variable 4	•Prevalence of tolerant or non-tolerant view towards drug use

Table 1. Code for Deep Core Beliefs

Dimension	Item	Frequency (n of speeches)
A1: Indication of values	A1, a: Individual Liberty	9
	A1, b: Health	45
	A1, c: Security	23
	A1, d: Family	27
	A1, e: Scientific Knowledge	31
	A1, f: Religion	17
	A1, g: Secularism	2
	A1, h: Human Rights	22

Table 2. Code for Policy Core Beliefs

Dimension	Item	Frequency (n of speeches)
B1: State Involvement	B1, a: Role of the State - state as a planner and provider	3
	B1, a - Role of the state - state activities complemented by private and third sector	20
	B1, a - Role of the state - minimum intervention, except for regulation in strategic areas	1
	B1, b - Primary locus of government authority - local	3
	B1, b - Primary locus of government authority - integrated	11
B2: Problem Definition	B2, a - Drug use affects users' health and social life - Yes	27
	B2, a - Drug use affects users' health and social life - not necessarily	5
	B2, b - Drug use disrupts families	17
	B2, c - Drugs trigger criminality and violence	18
	B2, d - Excessive focus on repression - Yes	13
	B2, d - Excessive focus on repression - No	4
	B2, e - Lack of treatment for drug users - Yes	27
	B2, e - Lack of treatment for drug users - No	1
	B2, f - Insufficient preventive measures	6
	B2, g - Stigmatization of drug users	21
	B2, h - Overcrowded prison system	7
B3: Causes of Violence or Criminality	B3, a - Drug use - Yes	14
	B3, a - Drug use - No	2
	B3, a - Drug use - Uncertainty	2
	B3, b - Drug Trafficking	12
	B3, c - Repression to drug use - Yes	10
	B3, c - Repression to drug use - Uncertainty	1
	B3, d - Repression to drug trafficking	5
	B3, e - Availability of guns	5
	B3, f - Poverty or inequality - Yes	12
	B3, f - Poverty or inequality - Uncertainty	1
B4: Causes of drug use or addiction	B4, a - Vulnerable situation - Yes	30
	B4, a - Vulnerable situation - Uncertainty	1
	B4, b - Accessibility	7
	B4, c - Psychological issues - Yes	14
	B4, c - Psychological issues - Uncertainty	1
	B4, d - Addictive power of chemicals - Yes	9
	B4, d - Addictive power of chemicals, Uncertainty	1
	B4, e - Lack of spirituality	6
	B4, f - Legal status (decriminalized) - Yes	5
	B4, f - Legal status (decriminalized) - No	2
	B4, f - Legal status (decriminalized) - Uncertainty	2
	B4, g - Social and group acceptance	6
B5: Effects of Current Policy	B5, a - Hinder increase in drug consumption - Yes	6
	B5, a - Hinder increase in drug consumption - No	8
	B5, a - Hinder increase in drug consumption - Uncertainty	2
	B5, b - Increase in stigmatization of drug users	5
	B5, c - Increase in violence / criminality	7
	B5, d - Excessive incarceration	12
	B5, e - Waste of resources	5
	B5, f - Hamper access to treatment and/or to control of diseases such as AIDs	9

Table 3. Code for Secondary Beliefs

Dimension	Item	Frequency (n of speeches)
C1.1: Health Issues - General Approach Towards Use or Addiction	C1.1, a - Treatment offer	66
	C1.1, b - Preventive measures	40
	C1.1, c - Social integration	41
C1.2: Health Issues - Treatment	C1.2, a - Abstinence - Yes	4
	C1.2, a - Abstinence - No	4
	C1.2, b - Spitiruality	8
	C1.2, c - Internment - Yes	11
	C1.2, c - Internment - No	7
	C1.2, d - Facilitate forced treatment - Yes	8
	C1.2, d - Facilitate forced treatment - No	15
	C1.2, e - Diversified treatment (beyond internment)	20
	C1.2, f - Harm reduction practices - Yes	15
	C1.2, f - Harm reduction practices - No	1
	C1.2, g - Status of institution providing treatment - Public	15
	C1.2, g - Status of institution providing treatment - Private or NGO	12
	C1.2, g - Status of institution providing treatment - Both	23
C2 - Criminal Issues	C2, a - Repress drug use - Yes	8
	C2, a - Repress drug use - No	17
	C2, b - Repress drug trafficking or production - Yes	31
	C2, b - Repress drug trafficking or production - No	1
	C2, c - Reduce penalties for drug use - Yes	2
	C2, c - Reduce penalties for drug use - No	3
	C2, d - Reduce penalties for drug trafficking - Yes	1
	C2, d - Reduce penalties for drug trafficking - No	4
	C2, e - Reduce penalties for small drug trafficking - Yes	4
	C2, e - Reduce penalties for small drug trafficking - No	3
	C2, f - Decriminalize use of drugs - All or only cannabis	10
	C2, f - Decriminalize use of drugs - No	6
	C2, g - Regulate drugs market - Yes	1
	C2, h - Provide clearer criteria to separate users and traffickers - Yes	12
	C2, h - Provide clearer criteria to separate users and traffickers - No	2
	C2, i - Social integration	10

The procedure for the content analysis was designed in order to facilitate replicability and contribute with further research in the same topic in Brazil. The documents were imported to

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a software and the excerpts of the speeches in which the codes applied were marked [4]. Next, each of the 110 speeches received a value of either 0 (absence of the idea) or 1 (presence of the idea) per item. The quantitative analysis was built on an open software with a script that can be easily reproduced step by step [5].

Item response theory (IRT) and cluster analysis were the quantitative techniques used to analyze the data. Based on the dichotomous items, each speech received a value per dimension. Afterwards, a composite index for each speech, intended to measure the position of the speech in the drug policy debate, was calculated based on a matrix of values attributed to each speech in the eight dimensions using Eucledian distance. Lastly, a hierarchical agglomerative algorithm indicated the ideal number of clusters and their supposed memberships. The data aggregation indicates the similarities in beliefs of individuals, organizations and categories of organizations. One caveat must be made perspicuous though. The notion of coalition involves two elements: shared beliefs and coordinated activity. The quantitative analysis in this thesis only suggests possible coalitions built upon common beliefs, but does not guarantee that the individuals and organizations actually acted conjointly to influence the policy.

Section B - Interviews

Eleven persons were interviewed in two rounds. The first round of interviews helped to formulate the code for the speech analysis, provided an initial perception of points of change in the period and helped to show actors supposedly acting in pro and against reform coalitions. The second round of interviews helped to interpret the results of document analysis and to capture perceptions of factors that lead to (lack of) change in the subsystem.

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[4] The research used the platform Dedoose. All encoded documents are available upon request.
[5] The software that supported the quantitative analysis was R / RStudio and the scripts are available upon request.

Interviewees were selected as experts, who, according to Littig, are individuals having privileged access to specific knowledge or decision spheres capable of cooperating with the reconstruction of facts, networks, problems and decision making processes (2009).

The research sought to follow the guidelines that asseverate reliability, rigor and transparency in the interviewing process. Three challenges that might compromise reliability of interviews as a source for social research, as noted by Bleich and Pekkanen, were tackled following their suggestions (2013). The concerns about representativeness of sample were dealt with by openly indicating the criteria for the selection of target interviewees. The analysis of policy documents and speeches pointed out to the necessity of hearing representatives of health professionals, SENAD, MS, public security institutions, human rights organizations, therapeutic communities and academia, since those categories of actors were present in most of the public hearings and were expected to provide a variety of perspectives. Besides, for the sake of transparency, missing interviews are disclosed[6]. With regards to the type and quality of information obtained, details about the interview process are reported in Table 5 of Appendix 1. The accuracy of reporting is reinforced by two strategies: making transcripts of interviews available under request as long as the interviewees authorize disclosing them[7]; and triangulation of interviews with public hearing documents. The adoption of rigorous interview techniques enhance confidence in the interview data collection and utilization.

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[6] See Table 5 on Appendix 1.
[7] Requests to access transcripts of interviews (in Brazilian Portuguese) must be directed to the author of the thesis through the electronic address laramsampaio@gmail.com.

Chapter III – Results and analysis

This chapter presents the findings of the research and contextualizes them in the debate about drug policy reform and policy change in the ACF. In Section A, the systems of beliefs are depicted. Section B is dedicated to the analysis of clusters and coalitions. Finally, Section C summarizes the identified policy changes in the period and signalizes possible drivers of those shifts.

Section A – Systems of Beliefs

Subsection 1 - Frequency of items

The most frequent items in the coded speeches indicate the prevalence of certain beliefs in the drug policy debate (see tables 1, 2 and 3 for all frequencies). Within dimension A1, the values of health, scientific knowledge and family were the most cited, whereas secularism and individual liberty received far less allusions. Frequencies of items in dimension B1 reveal that the topics related to state involvement in drug policy are relegated to a secondary position, which might indicate a general satisfaction with the current distribution of competencies among different levels of government and among state and nonstate actors. The most common frames of problem expose a central preoccupation with drug users, whilst concerns related to the persons affected by criminal prosecution is timid. The prescription of increase in treatment offer is endorsed in the majority of the speeches, but this consensus is broken when it comes to discuss specific treatment solutions. Among the solutions to deal with the criminal issues, the repression to drug trafficking or production is dominant.

Subsection 2 – Discrimination levels within dimensions

The codification of the speeches also permitted to verify which beliefs and issues better captured the latent traits. The discrimination values for each item were calculated with

confidence intervals of 90%. Figures 3 to 11 show the levels of discrimination per dimension with the error margins. The further away from 0 they are, the higher the capacity of the item to explain differences in beliefs, or the higher the level of controversy with regards to the latent variable; contrariwise, the closer to 0, the smallest the importance of the item for separating beliefs in the specific dimension.

In the level of deep core beliefs, dimension A1 was expected to indicate the predilection for liberal or conservative values. The only variables that are able to discriminate speeches respecting the level of confidence defined are health and scientific knowledge. The others are close to 0, which means they were not relevant to segregate speeches.

*Figure 3. Discrimination levels for dimension A1*
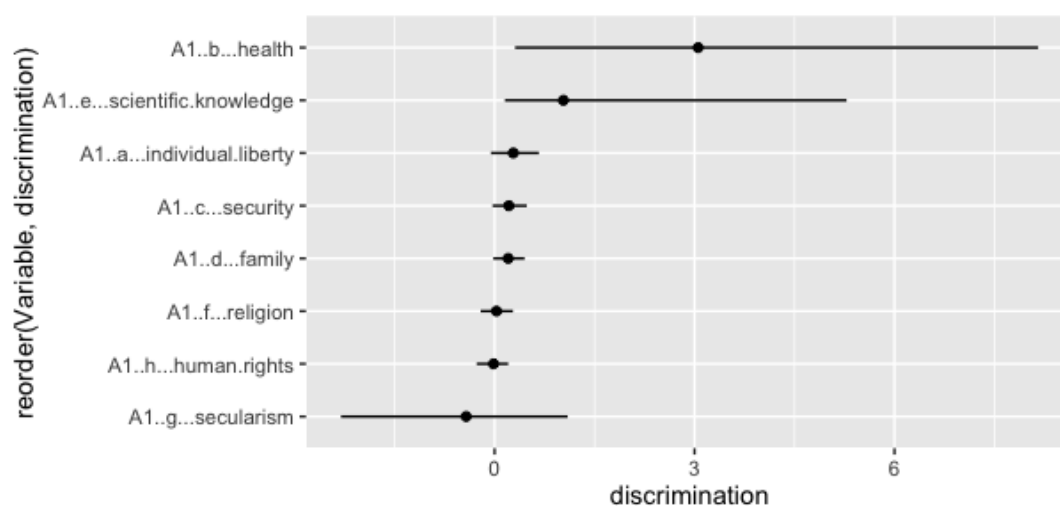
The level of the policy core beliefs offers more evidence about the differences between subgroups of beliefs. Exception is made for dimension B1, which has most of its items close to 0, indicating that the data were not useful to capture the latent trait preference for centralized or decentralized government.

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*Figure 4. Discrimination levels for dimension B1*
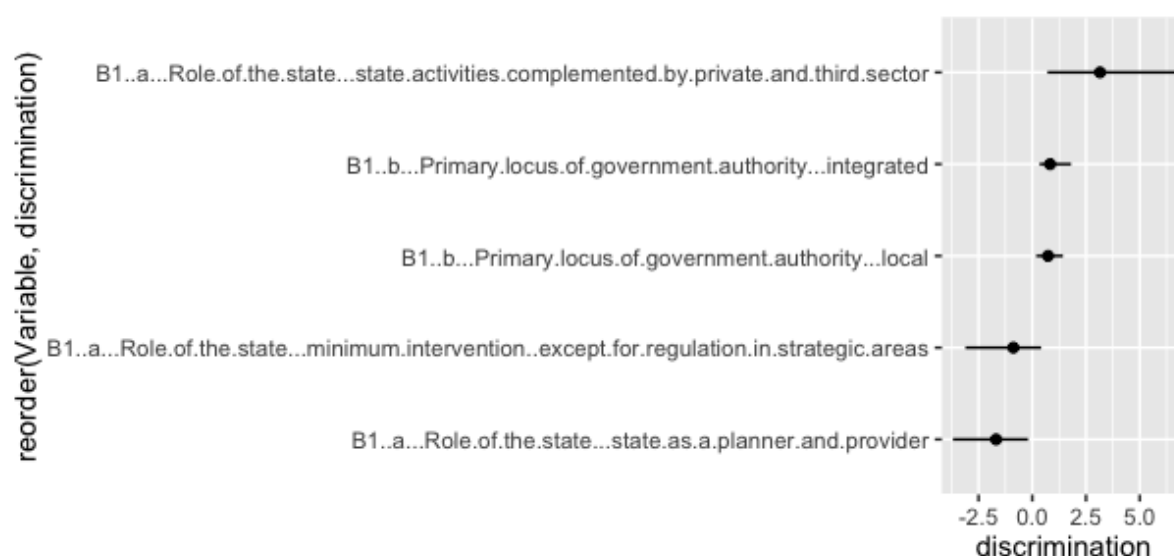
Dimensions B2, B3 and B5 sought to capture the inclination for prohibitionists or nonprohibitionist approach. In dimension B2, four items are combined in the negative side of the axis (corresponding to nonprohibitionist approach), showing these beliefs are close to each other on one extreme; on the opposite side (prohibitionist approach), there is the perception that drug use disrupts families.

*Figure 5. Discrimination levels for dimension B2*

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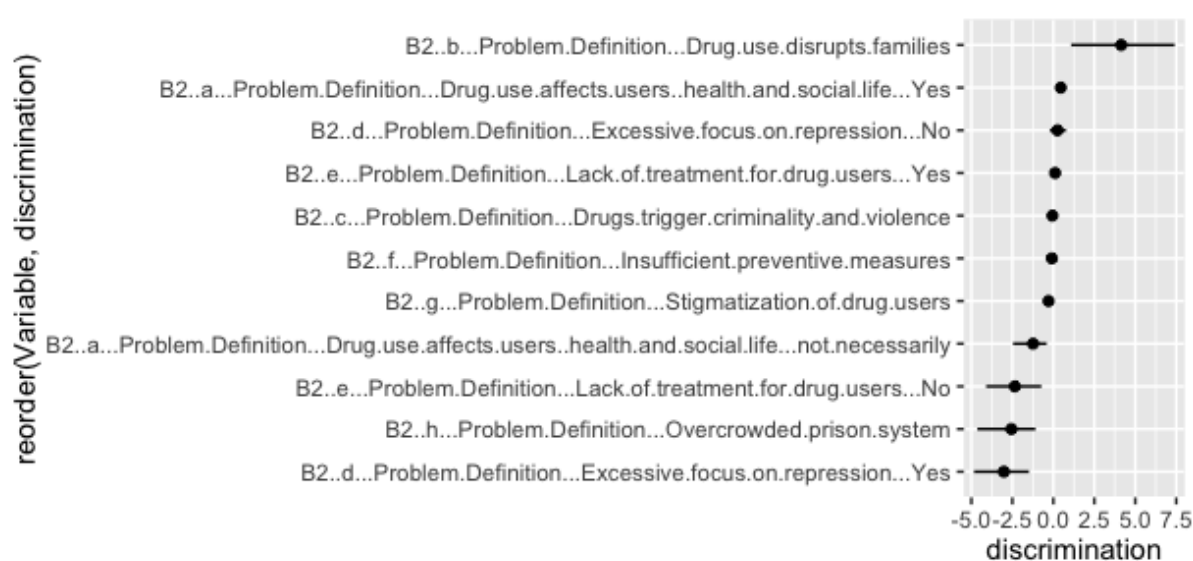
In dimension B3, arguments against the prohibitionist approach appear on the negative side of the axis, challenging the common beliefs that criminality / violence is generated by drug use and availability of guns; instead, repression to drug use and to drug trafficking are pointed out as causes of criminality / violence, together with uncertainty about the drivers of criminality / violence.

*Figure 6. Discrimination levels for dimension B3*
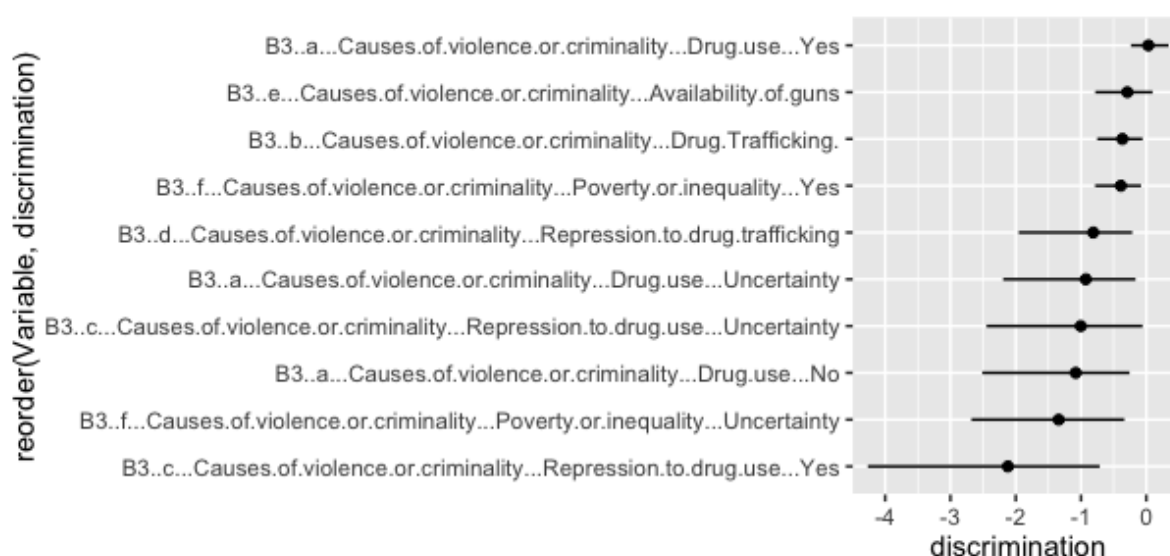
Dimension B4 shows the items that best capture the latent trait prevalence of non-tolerant view towards drug use on the negative side of the axis. Three items are furthermost from 0, all of which indicating a belief in causes of drug use / addiction that are more exogenous to the individuals, such as the addictive power of chemicals and the the legal status (decriminalization). On the upper part of the graphic, corresponding to prevalence of tolerant view towards drug use, appear some items that highlight the uncertainty of causes of drug use / addiction. However, the error margins touching the vertical line of 0 do not permit to conclude that those items would be useful to distinguish this extreme.

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Figure 7. Discrimination levels for dimension B4
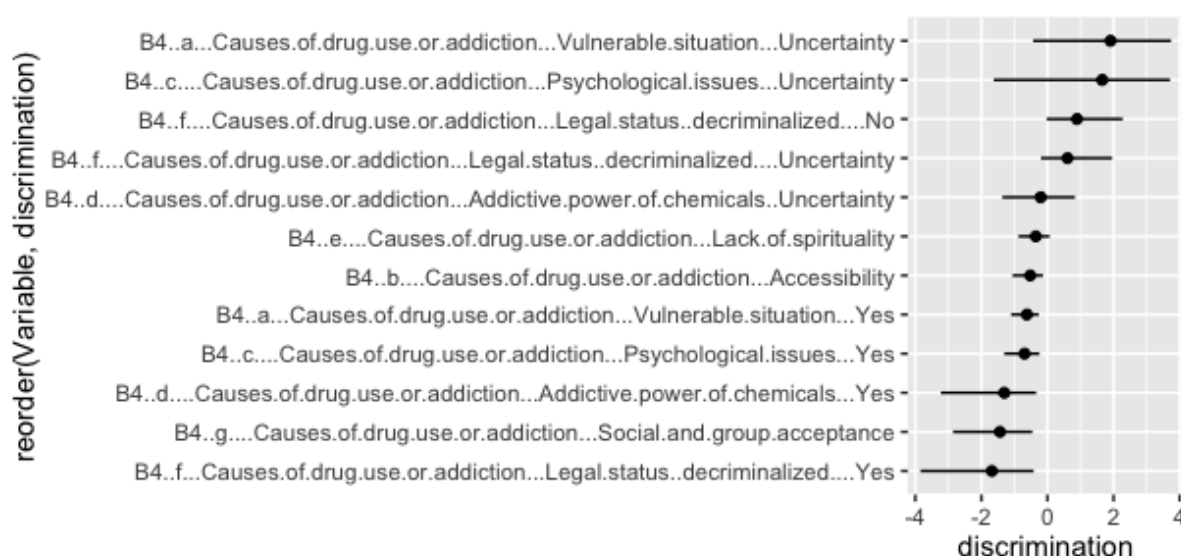
The last dimension of policy core beliefs, B5, refers to the inclination for prohibitionist or nonprohibitionist approaches. The arguments on the positive side of the axis identify the items in line with the nonprohibitionist approach. The only item appearing on the opposite side – although with error margins close to 0 – is the belief that a prohibitionist approach is able to hinder increase in drug consumption. This indicated that the nonprohibitionism advocates have marked arguments about the effects of the current policy, whilst the support for prohibitionism is not grounded in the evaluation of the current effects of drug policy.

Figure 8. Discrimination levels for dimension B5

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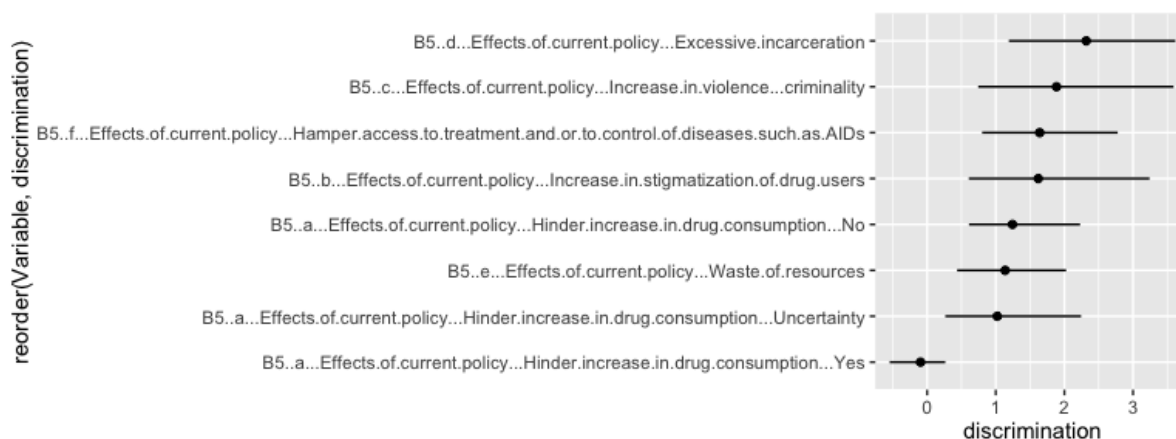
Secondary beliefs were expected to reflect the agenda of specific reform proposals in the period. Dimensions C1.1 and C1.2 should reflect the latent trait prevalence of tolerant or non-tolerant view towards drug use concerning health issues. Dimension C1.1 does not display a good level of discrimination among the items. All of them are in the positive side of the axis, signaling that the general views of drug approaches to use / addiction are not relevant to identify differences in beliefs on tolerance to drug use. C 1.2, howbeit, exposes clearly opposing views on preferences for treatment. The tolerant view is supported by the refusal of forced treatment, internment and abstinence as best treatment solutions, as well as by the acceptance of harm reduction practices and by the public status of organizations providing treatment. On the dissonant side (non-tolerant view towards drug use), preferred treatment solutions include spirituality, internment, abstinence, private or non for profit status of organizations providing treatment, disagreement with harm reduction practices and facilitation of forced treatment.

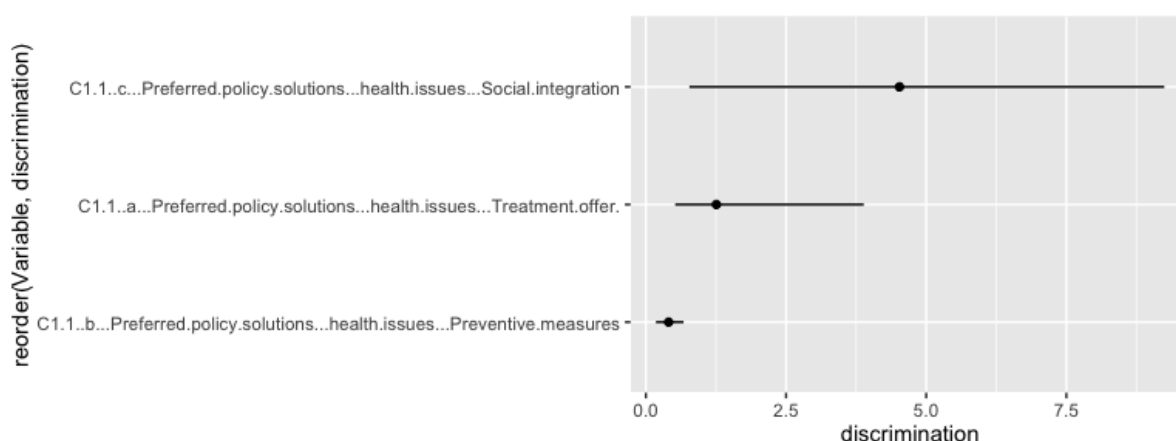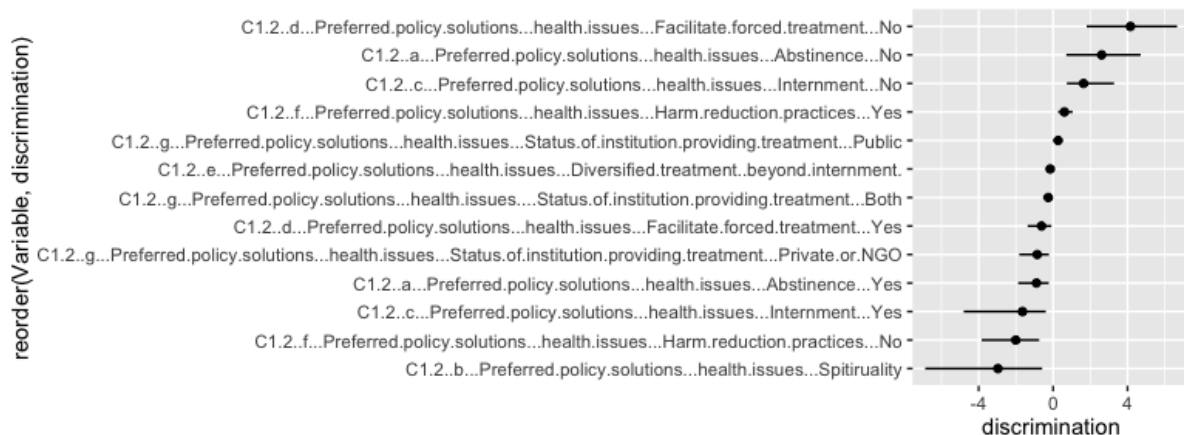*Figure 9. Discrimination levels for dimension C1.1*

Figure 10. Discrimination levels for dimension C1.2

C2 apprehends the inclination for prohibitionist or nonprohibitionist approach with regards to criminal issues. This dimension exhibits manifest differences in beliefs. The positive side of the axis corresponds to the prohibitionist views, marked by aversion to all proposals that would soften the criminal sanctions to drug related offences and by the predilection for repression to drug use and trafficking. On contraposition is the endorsement of proposals to regulate drugs market and to decriminalize use of cannabis, together with the denial of the current dominant options of repression to drug trafficking, production and use.

Figure 11. Discrimination levels for dimension C2

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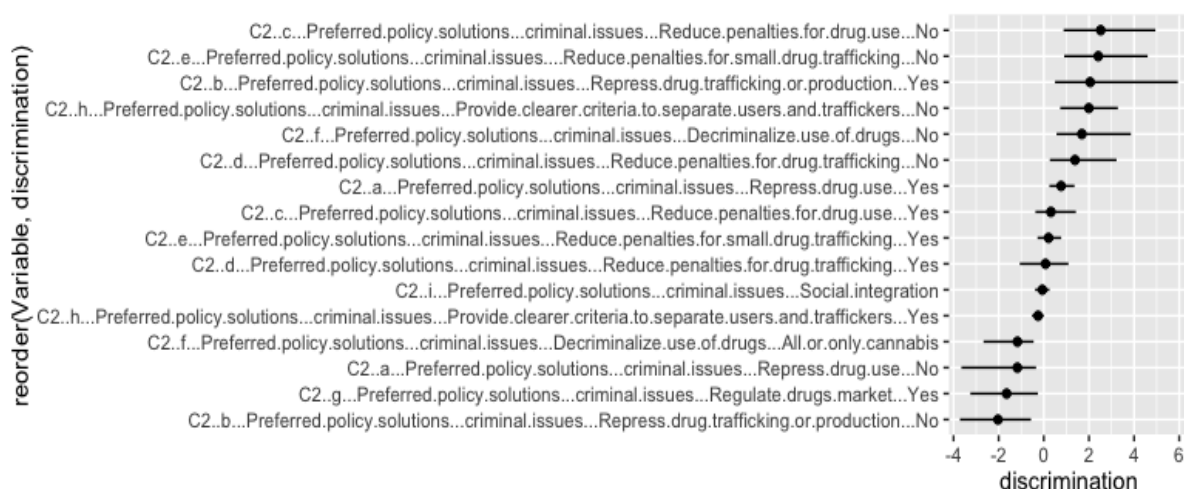
Besides the indication of the most useful items to capture the different beliefs, the analysis of the discrimination parameters showed which of the dimensions were more relevant to disaggregate the belief systems. The latent trait inclination for prohibitionist or nonprohibitionist approach was better captured by dimensions B2, B5 and C2, and not so much by B3. The latent trait prevalence of tolerant or non-tolerant view towards drug use was signalized better by dimensions B4 and C1.2, with C1.1 being less useful for this purpose. The remaining dimensions, inspired in the ACF methodological guide, did not contribute much to clarify the conflicting systems of beliefs, which might indicate the absence of marked opposition in what concerns to predilection for liberal or conservative values and to preference for centralized or decentralized government in Brazilian drug policy debate or in the country's political context.

Subsection 3 – Evolution of beliefs over time

The quantitative analysis gives insights about the evolution of expressed beliefs over time, even if the external validity of the results is limited by the small sample of speeches per year and category. One can verify how the mean of speech values per category in each dimension changed as years passed, as seen in Figure 12. The graphics indicate the level of polarization of beliefs per year: dimensions A1 and C1.1 have values close to 0 along the period, which means that there was little shift in beliefs related to deep core values and to the centralization of power in the state and in the federal government; SENAD and therapeutic communities show a preference for decentralized government (B1); in more recent years, problem definition (B2) and causes of violence (B3) has been pulled to a perspective against prohibitionism by human rights and social/health NGOs; there is a lot of variation in the position of public security organizations in the period with regards to causes of drug use (B4); the views on the effects of current drug policy (B5) tend to move to a position against prohibitionism, especially by human rights and social/health NGOs, in recent years;

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preferences on treatment (C1.2) show a certain variation on the position of therapeutic communities and, more recently, the emergence of a more tolerant approach in SENAD; the graphic for C2 reveals great variation and polarization overtime, with therapeutic communities and public security / justice system leaning towards prohibitionism and human rights and social/health NGOs appearing recently with a clear position against prohibitionism. The intertemporal measurement of the beliefs of categories of organizations contributes to the analysis of the content and stability of the policy debate.

Subsection 4 – Correlations among beliefs

The quantitative analysis permits to find out the correlations among beliefs, as shown in Figure 13. Higher correlation values indicate that the dimensions are well connected: the views for those dimensions are more consolidated together than in the pairs of dimensions displaying low levels of correlation.

Dimensions A1 and B1 display levels of correlation lower than 30% with all the other dimensions, revealing the small contribution of deep core values and of view on state involvement to understand the systems of beliefs on drug policy. A1 and B1 were inspired in the original ACF methodological guidelines, but showed little advantages to analyze the system of beliefs in Brazilian drug policy. Possible explanations for this include the relative degree of consensus about those two dimensions in Brazil as compared to other political systems, or the negligible effect of such beliefs in drug policy.

Within the policy core (level B), dimensions B2, B3, B4 and B5 have higher levels of correlation. Indeed, the association of these beliefs indicate that persons who frame the problems of drug policy in a similar way (excessive focus on repression, overcrowded prison system, lack of treatment for drug users, denial of the idea that drug use is necessarily negative) tend to attribute causes of violence to common factors (repression to drug use,

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uncertainty about poverty and inequality, denial of idea that drug use causes violence), to stress the uncertainty about causes of drug use or addiction and to have a critical view of the current policy (pointing out negative effects such as augment in the level of incarceration, increase in violence and difficulties to provide treatment to diseases).

This perspective was expected to be reflected on high proportions of correlation with secondary aspects (level C), since the policy core beliefs would naturally orient the formulation of specific policy solutions. C2, the dimension that covers proposals for criminal issues, has higher levels of association with B2 and B5, but not so much with B3 and B4. For example, preferred criminal solutions on the pro prohibitionism side (refusal of decriminalization, reduction of penalties for drug trafficking/production or use) tend to appear together with problem frames such as "drug use disrupts families" or "drug use affects users' health and social life".

More surprising, however, is the low level of association between C1.1 and C1.2, dimensions related to health solutions, with the other dimensions. This can be interpreted in two different ways: a) one, the construction of beliefs in the policy core level has not been translated into solid proposals at the secondary level for health dimensions. For instance, the prohibitionist approach has been challenged with similar arguments, but alternative solutions on how to deal with health aspects are still been matured; b) second, it might be that the broader discussion about the adequacy of a repressive policy model is not aligned with the debate in the health field. In other words, beliefs about desirability (or not) of repression are not accompanied by consistent and uniform non tolerant (or tolerant) preferred policy solutions. For instance, persons having a more pro repressive approach do not widely share the preferences for treatment solutions such as spirituality, denial of harm reduction and internment; on the opposite side, persons against a repressive approach are not aligned in the

denial to (forced) internment and abstinence, and in the defense of harm reduction practices. Ultimately, the common beliefs in the policy core aspects are not clearly accompanied by a

set   of   policy   preferences   in   health   issues.
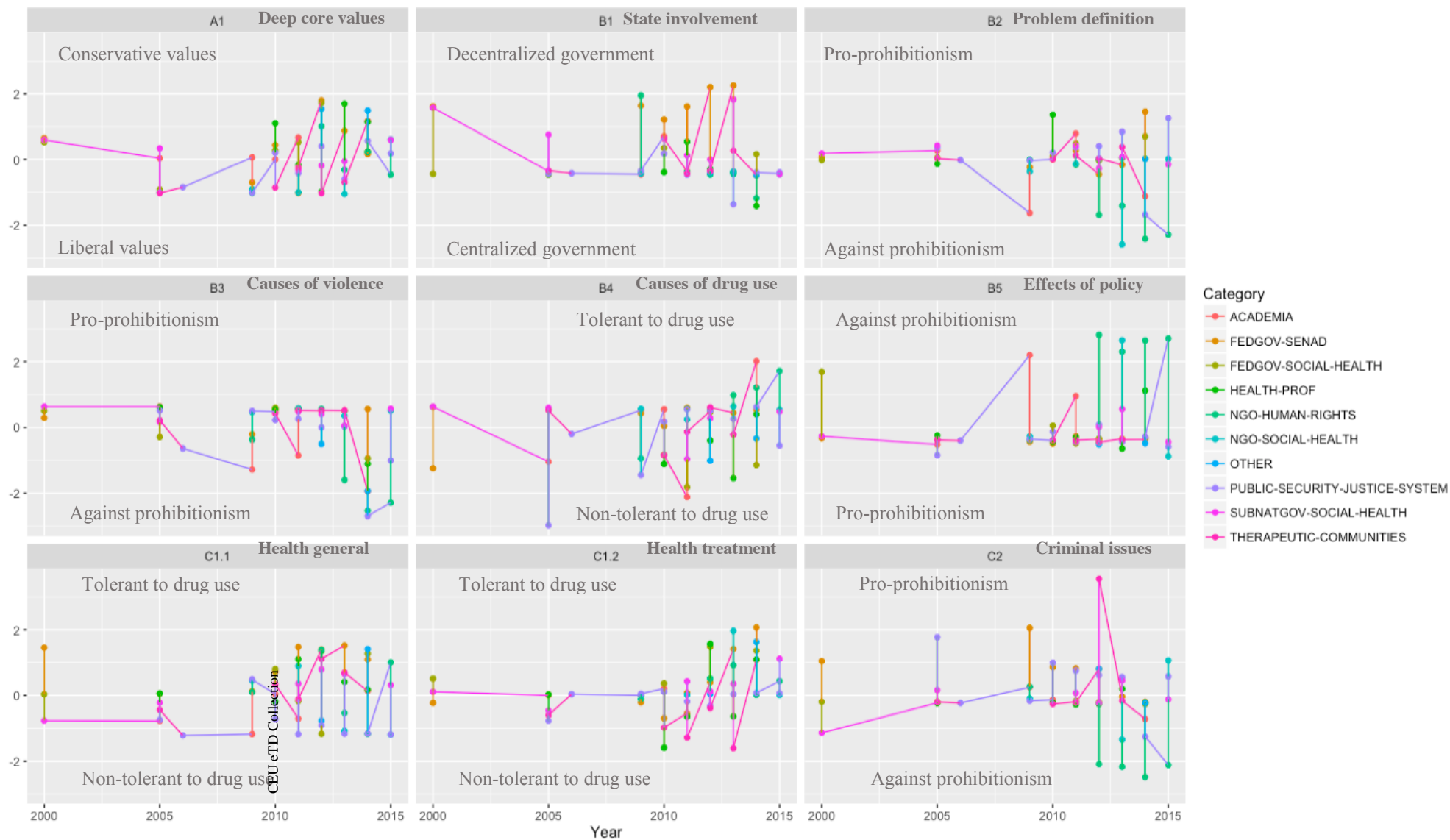
Figure 12. Evolution of beliefs per dimension and category of organizations

Figure 13. Correlations matrix between dimensions
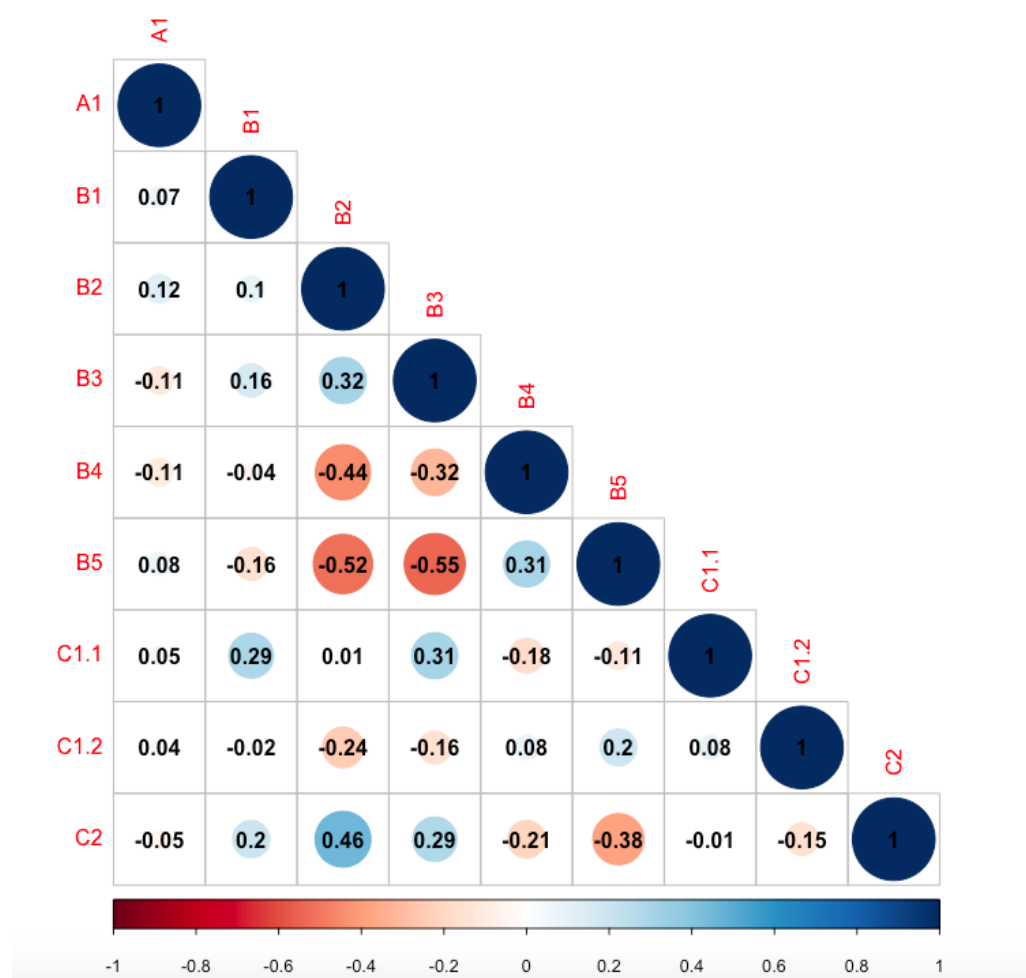
Section B – Clusters and coalitions

This subsection presents the findings related to the general identification of clusters (i.e. possible coalitions) in the drug policy debate in Brazil. It exposes the clusters of actors in the period according to two different models and in subperiods, highlighting the position of government representatives.

In order to map the clusters and their compositions for the period of 2000/2015, the Eucledian distances among the 110 speeches were calculated, the ideal number of clusters was

identified using Baysean Information Criterion and the corresponding dendrograms were plotted showing the names of individuals and the organizations they represented.

The cluster analysis was performed in two models: 1 - considering the mean of the distances aggregated in the four latent variables; 2 - limiting the investigation to latent variables 3 and 4. This division is justified to test the adaptability of the general ACF guidelines to the Brazilian drug policy context, since the discussion about conservative or liberal values (latent variable 1) and level of centralization of the government (latent variable 2) might be more present in the North-American context as compared to a Latin American democracy.

Model 1 indicates that six would be the ideal number of clusters. Figure 14 displays the hierarchical dendrogram. The aggregation of the speeches in the six clusters shows the composition of the possible coalitions: the first and the second clusters, on the left side of the page, are mainly composed of representatives of national and subnational governments; the third cluster is diversified, but the representatives of academic institutions, public security / justice system and health professionals of psychiatry are noticed; the fourth cluster counts a small number of representatives with diversified profile; the fifth cluster had a big number of members of therapeutic communities and pubic security / justice system; the sixth cluster, on the right side of the page, had a strong presence of human rights organizations and health professionals on the field of psychology. It was expected that the dendrogram would unveil two prevailing coalitions, following the literature on drug policy reform and the indications given by interviewees: one in favor of prohibitionist and/or tolerant policies and another one against it. This result suggests that the first two latent variables do not contribute to the disclosure of supposed coalitions in the specific context.

Model 2 informs the ideal number of clusters and their composition limiting the analysis to latent variables 3 and 4. Figure 15 displays the hierarchical dendrogram, with two marked

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groups: on the right side are the speeches that were closer to anti prohibitionist and/or to tolerant beliefs, formed mainly by human rights organizations, health professionals of psychology, federal government representatives of SENAD and MS and subnational government representatives of social or health sectors; on the left side, there is a marked presence of pubic security / justice system members, therapeutic communities, health professionals of psychiatry and subnational government representatives of social or health sectors. These results seem to be more consistent with the interviews than those provided by Model 1. Indeed, clusters formation based on latent variables 3 and 4 indicate the perception of interviewees that the coalitions are composed of groups that share beliefs on problem identification, causal mechanisms and policy preferences, rather than on rooted views about the set of deep values or the role of the state and of the federal government. Hence, the rest of the cluster analysis will use Model 2.

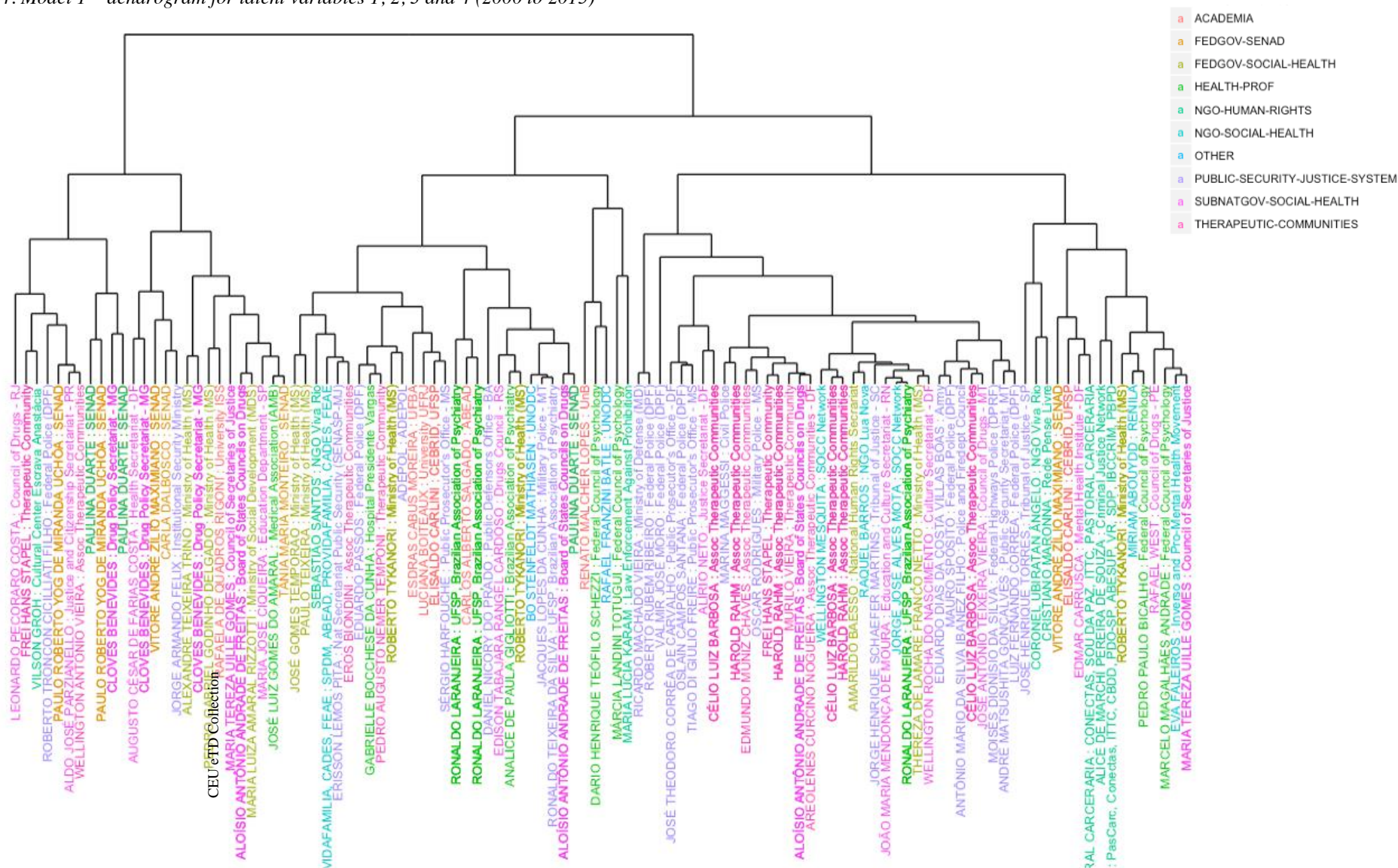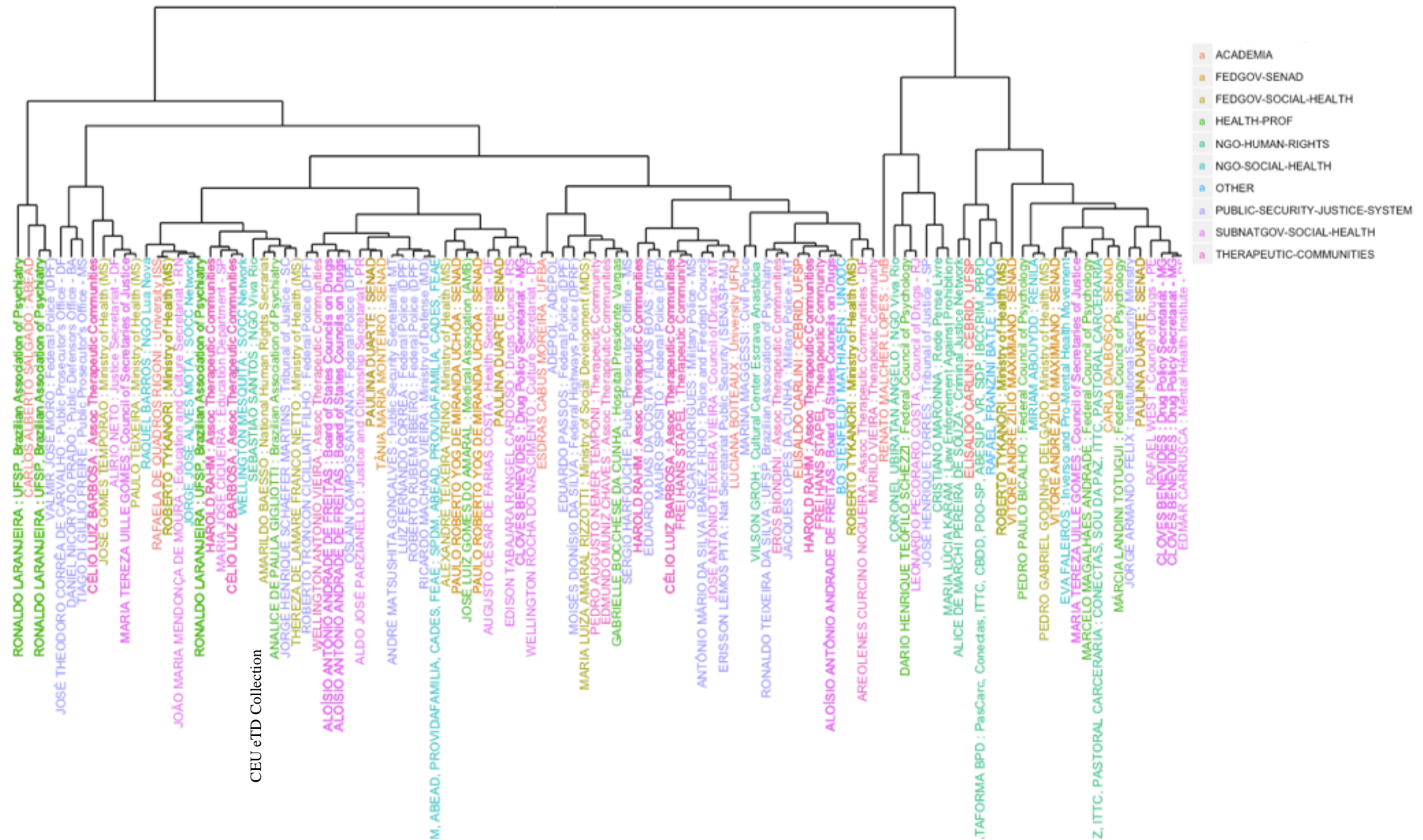*Figure 14. Model 1 – dendrogram for latent variables 1, 2, 3 and 4 (2000 to 2015)*

Figure 15. Model 2 – *dendrogram* for latent variables 3 and 4 (2000 to 2015)

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In addition to the identification of clusters for the whole period, an inquiry about their longitudinal evolution also took place. The intention was to clarify if the coalitions evolved in the period or if, contrariwise, they remained stable. According to hypothesis 1 of the ACF, coalitions tend to maintain the lineup of opponents and allies if major controversies are in debate. This proposition was investigated through the comparison of the clusters composition in two distinct periods: a) 2009/2010/2011, a moment in which the coalition in favor of tolerant/non repressive policy shifts would have been reinforced by the support of former President Fernando Henrique Cardoso and by the creation, in 2008, of the LACDD, a group comprised of relevant politicians in the region that had a big influence in setting the agenda pro-reform, according to interviewees 10 and 11; b) 2013/2014/2015, the most recent years having the presence of new advocacy groups that contributed to articulate different actors aiming at pressuring for reforms in drug policy, such as the Network Pense Livre and the Brazilian Platform for Drug Policy, as informed by interviewees 4 and 11. Ideally, the analysis of clusters evolution should include a period that covered the beginning of the years 2000s; however, the limited documents sample for that phase impeded the inquiry for that interval. The dendrograms for the two subperiods are showed in Figures 16 and 17. In the first period, the distances among the speeches are smaller and the representatives of the SENAD and the MS on the Federal Government are spread across the spectrum. On the second period, however, there is a clear cut distinction between the clusters and the representatives of the SENAD and the MS become closer to human rights and psychology organizations, whereas the opposing cluster combined more clearly representatives of psychiatry and public security / judicial organizations.

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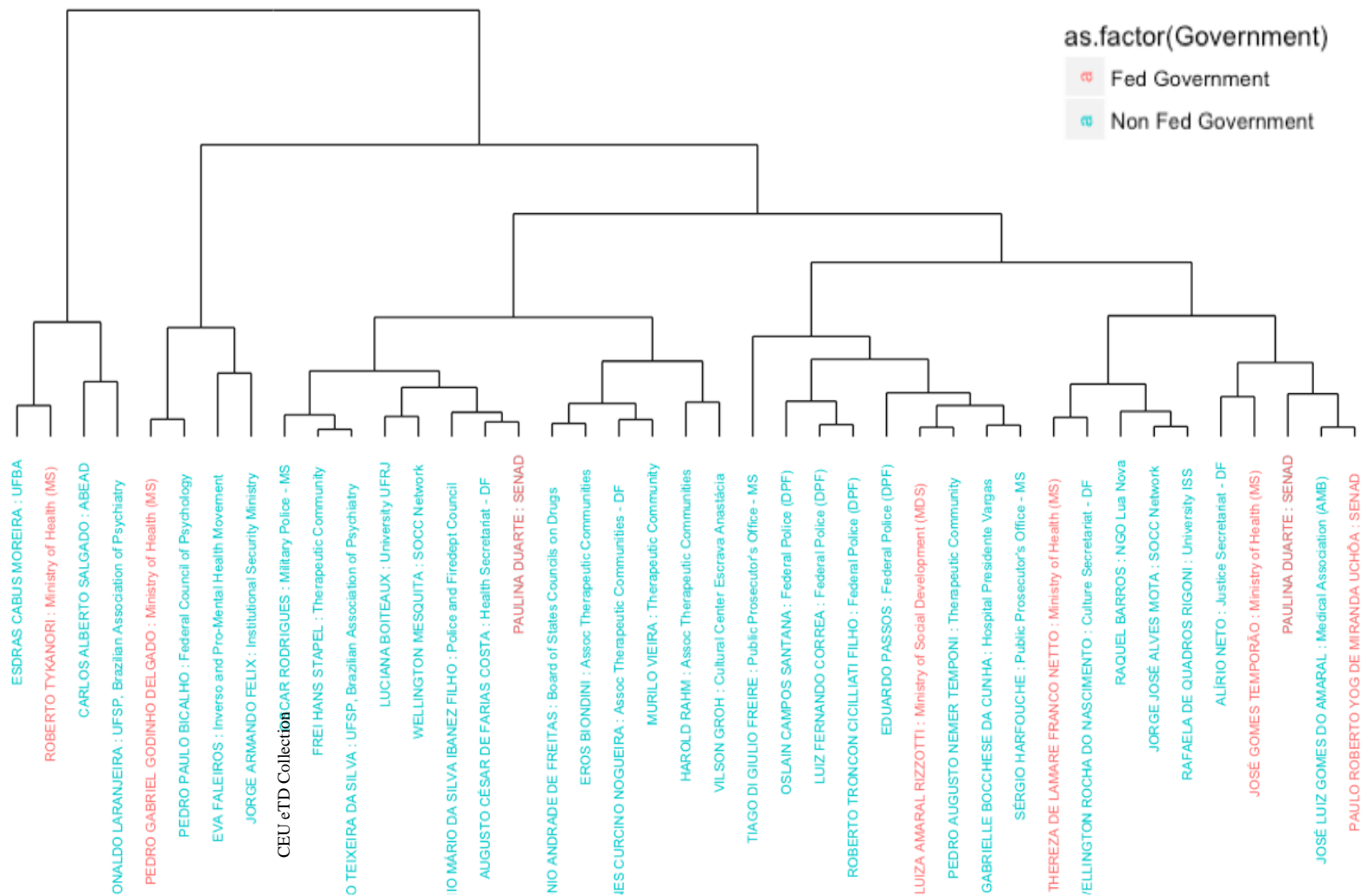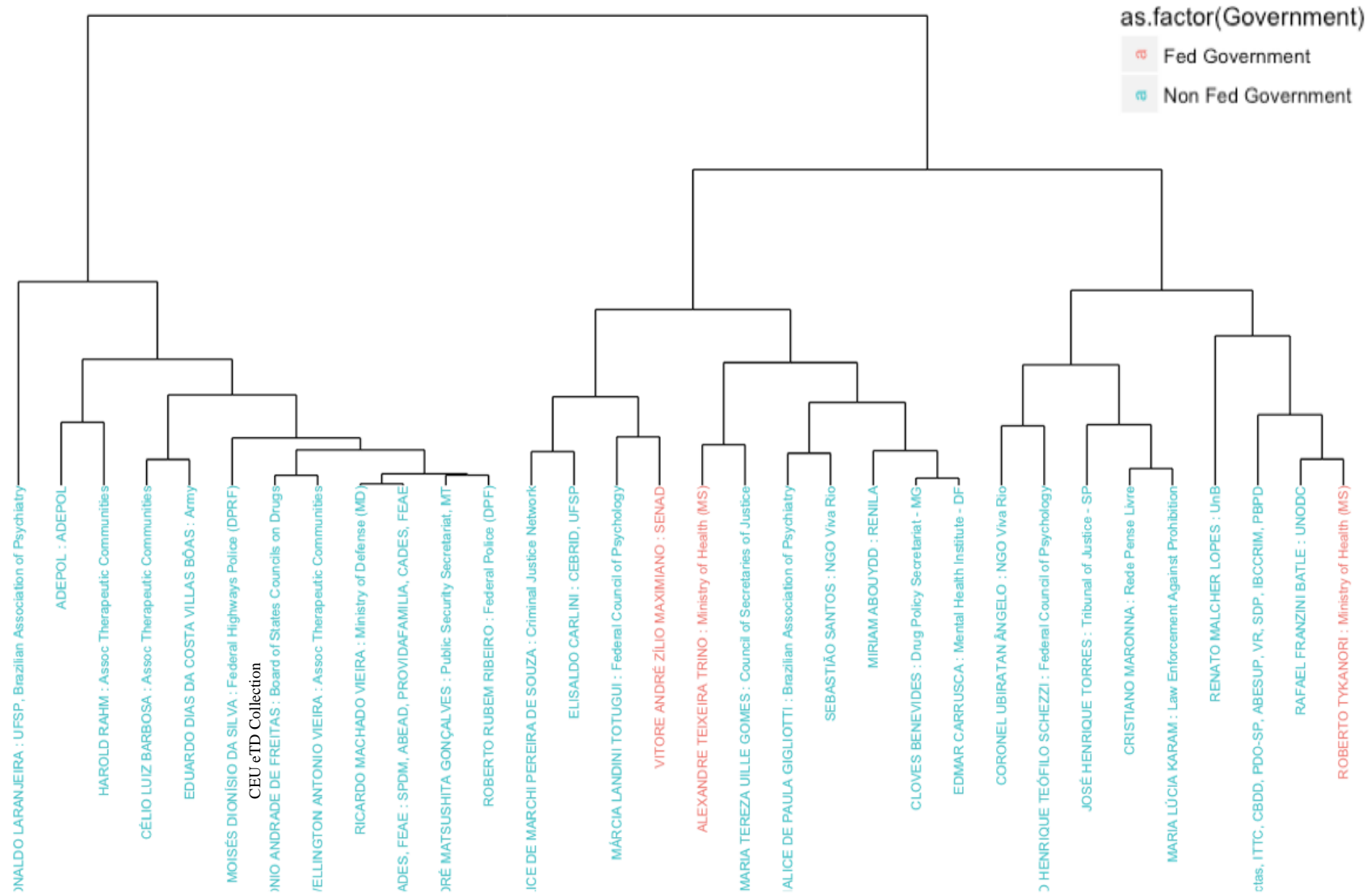*Figure 16. Model 2 – dendrogram for latent variables 3 and 4 (2009/2010/2011)*

Figure 17. Model 2 – dendrogram for latent variables 3 and 4 (2013/2014/2015)

Section C – Policy change

Subsection 1 – Identified Policy Changes

The period comprehended between years 2000 and 2015 witnessed important changes in the drug policy debate. Overall, there was a move towards a more liberalizing approach with regards to drug users, even if the changes have been rather incremental. Figure 18 shows the timeline of policy change events in the period at the national level. The First National Policy Against Drugs, launched in 2002, emphasizes the need to concentrate efforts to reduce demand for drugs, especially through education and other preventive measures, and introduces the concept of harm reduction in the legal framework. In 2003/2004, there has been a series of conferences to consult stakeholders about the adjustments to that policy. This consultation process highly contributed to the approval of Law 11.343, the most important legislative innovation in the period, that gave more space to prevention, treatment, social integration and harm reduction. With regards to criminal issues, on one hand it created a specific section for drug use (separating it from drug trafficking) and replaced the drug use prison penalty with alternative penalties; on the other hand, it increased the minimum penalty for drug trafficking and augmented the penalty for financers of drug trafficking. In 2011, Rousseff's government presented a program to deal with drug related problems. It comprised of three axes: care/treatment; prevention; and authority (repressive measures). No bigger shift in the legislation was proposed in the occasion, even though the program was accompanied by a reinforcement in treatment, prevention and education measures (interviewee 3) and by an increase in the allocation of resources to the areas that were responsible for drug policy in the federal government (interviewees 2 and 8).

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Figure 18. Timeline of policy change events at the national level (2000 to 2015)
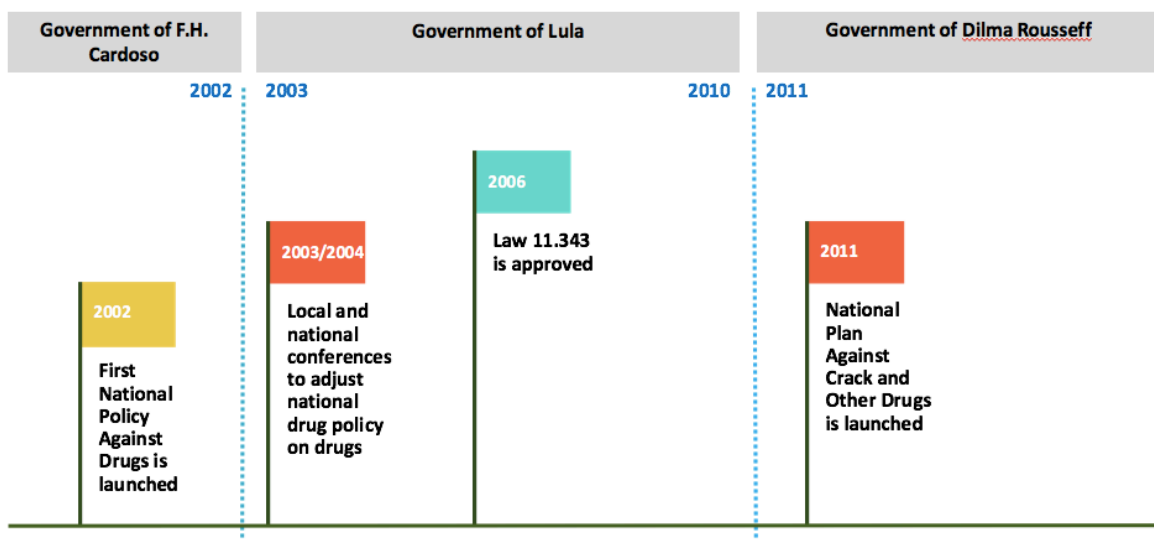
Along with these easily identifiable policy change events, perceptions of general trends and incremental policy shifts were mapped through interviews with relevant actors. Interviewees 9 and 10 observed a modification in the general debate about drug policy reform in the period. The public discussion would have become more open and natural, less influenced by prejudices and taboos. In the repressive strategy to drug trafficking, interviewees 8 and 10 highlighted the deflection of the DPF's blueprint since 2004. The organization started to concentrate its efforts in repressing criminal organizations, especially in suffocating their financial sustainability, as reported by interviewee 8. In 2010, says interviewee 9, the shift in the regional discussion was reflected on the OAS's strategy for drugs, which encompassed in its documents principles of harm reduction and gave more attention to prevention, treatment, social participation and scientific knowledge. 2011, with a new presidential mandate, saw a closer articulation between different sectors of the federal government involved in drug policy (interviewees 1 and 9). At the subnational level, in the states of Sao Paulo and Pernambuco, initiatives that adopted a pro-social integration and treatment offer approach towards drug dependents were highlighted by interviewees 2 and 10. Finally, in 2015, a

trial to discuss the constitutionality of the criminalization of drug use was initiated in the Supreme Court, as pointed out by interviewees 2, 3 and 10. A displacement of the debate about decriminalization of drug use from the Congress to the Supreme Court would be a response, according to interviewee 10, to the advancement of conservative groups in the legislative branch. Those modifications indicate incremental shifts in the policy that did not result – so far – in wider distinguishable changes.

Subsection 2 – Drivers of drug policy change

The ACF sets a complex theory to explain policy change. The drivers of modifications in policies are diverse, interactive and mutually constitutive. Figure 19 depicts some of the factors mentioned in the model. Despite the difficulty to quantify drivers of policy change, the qualitative analysis offers some important insights. This subsection contains indications of the possible connections between those factors and policy shifts based on interviews.

Figure 19. Factors influencing policy change in the ACF

Internal shocks	Change in dominant coalition	External events
• Focusing events	• Change in beliefs • Change in resources	• Socio economic changes • Public opinion changes • Governing coalition changes • Policy decisions and impacts from other subsystems
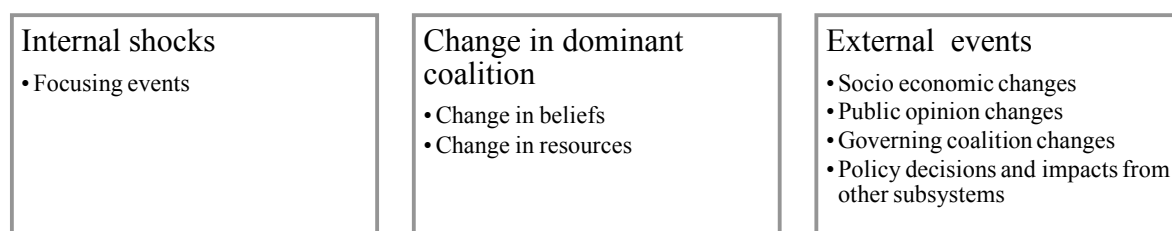
The DPF strategy to repress drug trafficking, one of the changes in the period, is connected to two external events: a modification in the USA external policy and a change in governing coalition. The government of the USA became significantly less influential on Brazilian drug policy in the 2000s, in comparison to the 1990s, as reported by interviewees 8 and 10. The North-American

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external policy for the region fostered the militarization of repression to drug production and trafficking in the 1990s, in an attempt to hamper drugs to reach the country's internal market, says interviewee 8. In Brazil, according to the same source, the DPF, facing a difficult budget situation, used to receive financial contributions from the USA's government, that tried to, in exchange, drive some of DPF's investigations. The reflects of the USA policy also led to an attempt of the military forces in Brazil, through SENAD, to assume the responsibility for combatting drug trafficking in the late 1990s; the DPF resisted to it, and finally SENAD remained limited to the function of promoting prevention of drug use. Since 2004, interviewee 8 says, the DPF's guidelines towards drug offer changed in order to redirect the resources to perform detailed and substantial investigations to stifle criminal organizations, instead of targeting solely drug apprehension. This information was confirmed by interviewee 9. The described modification would also be connected to the turnover in key positions at the MJ and the DPF due to the presidential new mandate. An impact from a different policy subsystem (foreign policy) and a shift in the systemic governing coalition, then, apparently contributed to a shift in the policy.

The interviews provided evidence of a possible modification in the governing coalition due to the political turn. In 2002, a new presidential term started, inaugurating the Working Party's government, that had been previously in opposition; in 2003, then, there was a change in the system wide governing coalition, which probably fostered the realignment of opposing coalition forces internally to the government. Interviewee 6 stressed that the Health Minister was personally more open to discuss drug policy reform, which contributed to the displacement of the area of mental health from SENAD, then occupied mainly by personnel having a public security background, to the MS. In the new governmental configuration, the MS helped to push for changes in drug policy. Interviewees 7 and 9 highlighted that Lula's government showed efforts to realign the drug policy

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in years 2003/2004, in an attempt to open space to prevention, treatment, social integration activities, harm reduction, participation and social control. During the debate that led to the approval of Law 11.343, the government supported the legal incorporation of human rights, harm reduction, and suppression of internment in mental health institutions (as informed by interviewee 9) and even of decriminalization of drug use (according to interviewee 10), signaling that government members of a coalition in favor of a more tolerant approach to drug use prevailed in that moment.

Besides the approval of Law 11.343, interviewees referred to other factors that influenced incremental changes. Public discussion about drug policy became more open to alternatives from 2008/2009 on; interviewee 10 gives weight to the involvement of former president Fernando Henrique Cardoso in the debate, a personality that collaborated to a shift in the opinion of the press. Interviewee 11 confirmed the perception that in recent years the media, an important actor in forming public opinion, is more susceptible to pro-reform proposals. Interviewee 4 stressed the influence of the criticisms to prohibitionism at the international level. Interviewee 9 emphasized regional articulations to make the Organization of American States recognize that a new paradigm was needed to deal with drugs, one that would overshadow repressive strategies, perceived by leaders in other Latin American countries as responsible for over incarceration and violence. Moreover, interviewees accentuated some of the factors that contributed to the National Plan Against Crack and other Drugs. The centrality of the perception of a crack cocaine epidemic around 2011 would have created an understanding that there was a crisis within the policy subsystem demanding new solutions, as pointed out by interviewees 2, 3 and 10. Finally, changes in the resources of coalitions might have resulted in the decision to provide financial support to therapeutic communities within this National Plan: the closer articulation among therapeutic

communities (interviewee 5); and the personal beliefs and connections of the former Presidential Chief of Staff Gleisi Hoffmann (interviewee 10).

Finally, it is important to investigate the reasons why many reform proposals were not incorporated in the government's program. On one hand, suggestions to decriminalize drug use, reduce penalties for small drug traffickers, establish clearer criteria to separate drug users from traffickers arose; on the other hand, attempts to prohibit harm reduction practices and to facilitate forced treatment also gained space. Interviews clarified some of the reasons that might have contributed to maintain the *status quo*. Limiting proposals that reflect a tolerant approach towards drug use would be factors such as: a conservative public opinion that stigmatizes drug users (interviewees 1 and 2); a polarized debate in the political realm and the strengthen of conservative groups in the Parliament, especially since 2011, which would impede a configuration of majority of votes in the Congress (interviewees 9 and 10); the personal beliefs of President Rousseff, who was not keen to discuss those proposals, as shown by two situations reported by interviewees 10 and 11: she severely confronted the suggestion to reduce penalties for drug trafficking that was under discussion inside the government at the beginning of 2011; and she refused to support a reprieve for women arrested for drug related offences in 2016. As a result of the deadlock, some of the items on the agenda of policy reform have shifted to the Judiciary branch, as pointed out by interviewees 10 and 11.

Overall, the interviews proved to be a rich source of information to analyze the reasons that might be behind the policy process. The only major policy change in the period seems to be associated with at least one factor that is external to the policy subsystem: the political turnover of the government in 2003 and the probable alteration of the governing coalition for drug policy. In 2011, the perception of a crisis internal to the drug policy subsystem contributed to the formulation of a new governmental program. The lack of more significant changes in line with the non repressive

and the tolerant approach towards drug use since 2011 might be explained by the absence of external perturbations. The analysis of the drivers of policy change shows the difficulties in separating the effects of each factor: indeed, identifying determining causes for policy shift is a complex and perhaps impossible task to accomplish. Nonetheless, the ACF offers a comprehensive paradigm of this complex phenomenon, indicating to the analyst multiple factors that might contribute to change, instead of focusing in only one major causal explanation.

Conclusion

The investigation about policy continuity and change in Brazilian drug policy subsystem helped to uncover some of the central elements of the debate. Regarding the systems of beliefs, clusters and coalitions, five principal findings can be highlighted. First, the thesis clarified the systems of beliefs at stake, indicating the most frequent ideas publicly supported in the period, such as the concern with drug users, the perception of the problem framed as lack of treatment and the preference for repression to drug trafficking or production as criminal solutions. Second, it exposed the ideas that created more divergence within the speeches analyzed and that more contributed to capture the latent variables. Third, it showed the evolution of expressed beliefs over time: a crescent polarization with regards to prohibitionism has emerged, with the dominant position supported by therapeutic communities, public security / justice system and psychiatric health professionals being challenged more and more by human rights and social/health NGOs; more recently, the emergence of a more tolerant approach in SENAD. Fourth, the research displayed clusters based on expressed beliefs that might correspond to coalitions. Considering latent variables 3 and 4, there are two marked clusters: one closer to anti prohibitionist and/or tolerant beliefs, formed mainly by human rights organizations, health professionals of psychology, federal government representatives of SENAD and MS; the other, leaning towards prohibitionism and non tolerant approach towards drug use, combines pubic security / justice system members, therapeutic communities and health professionals of psychiatry. The supposed composition of the coalitions was displayed, indicating names of individuals and organizations that publicly expressed their positions. Fifth, a longitudinal evolution of the clusters for two sub periods (2009 to 2011 and 2013 to 2015) confirms the crescent division on the debate and indicates that the representatives of the SENAD and the MS became closer to human rights and psychology organizations.

With regards to policy change, the thesis revealed the policy changes occurred in the period and explored some of the reasons that might have contributed to the shifts and continuities. Key events of change in the period were pointed out, such as the approval of Law 11.343/2006 and the launch of the National Plan Against Crack and other Drugs. What is more, general trends and incremental policy shifts encompass the modification of DPF's strategy, the adaptation of OAS's strategy for drugs, the implementation of subnational programs with a different approach and the beginning of the trial to discuss the criminalization of drug use at the Supreme Court. Some of the drivers of those shifts were also indicated, indicating the relevance of the international articulations, the change in beliefs and the alteration of coalitions' resources.

The thesis contributed to the discussion about the strengthens and limitations of the ACF, offering insights resulting from its application in the drug policy subsystem of a Latin American country. The application of the model to the case had the great advantage of displaying the debate in an analytical and systematized way. Different beliefs and perspectives were revealed, showing the complexity of a discussion that is often oversimplified. The methodological choice to rely on public documents, following ACF guidelines, is relevant to promote reliable research. Notwithstanding, the focus on drug policy subsystem brought to light the difficulty in using some of the codes suggested in the ACF, especially in the level of deep core beliefs. The divergences within the drug policy subsystem seem to be concentrated in policy core and secondary aspects, challenging the hierarchical structure of levels of beliefs proposed by the ACF. This might be related to the sociopolitical characteristics of the country or the region. The incipient transparency culture of the government in Brazil and the fact that public hearings are not a habit posed problems to obtain transcripts of public speeches over time; this patterns might be repeated in other countries of the region, suggesting the possibility to use other sources of documents, such as the media.

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Finally, the biggest difficulty of applying the ACF is the complication to identify the factors that most influence policy change. The acknowledgement of the complexity of social phenomena is also what limits the usefulness of the framework to establish causal links of policy change. The limitations of the thesis open space for further research, that could expand the volume of documents, include documents from media and increase the number of interviewees, especially from the coalition that supports a prohibitionist and/or non tolerant approach to drug use. The research demonstrated the benefits, but also the challenges, of using the ACF to understand the process of policy change and continuity in the specific context.

This thesis disclosed the ideas, beliefs, dissents and coalitions in the Brazilian drug policy debate. The actors interested in pushing for policy change in the country are served with a systematic analysis of the debate that can be instrumental to formulate advocacy strategies. For instance, international advocacy organizations have at hands a picture of the individuals and groups, as well as of the belief systems, involved in the Brazilian debate to establish cooperation; advocates of a non repressive approach might consider the development of closer links with the community of health professionals in order to draw a consistent position in both criminal and health issues; policy brokers can explore points of convergence across the spectrum, such as the need to increase treatment offer, which could serve as an aggregating element for actors situated in different coalitions. To conclude, the analysis might be useful to reduce conflicts in the drug policy debate and make it evolve not only in Brazil, but also in Latin America and at the global level.

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Appendices

The full versions of tables 4 and 5 are available if solicited by e-mail (laramsampaio@gmail.com) or at the webpage https://drive.google.com/folderview?id=0B1CI1WzIMO7MUEJ3SG9ISDlDY0E&usp=sharing.

Appendix 1 – Document Analysis Data

Table 4. List of speeches (illustrative version)

Name	Date of Speech	Organization	Category of Organization
1. ALDO JOSÉ PARZIANELLO	05/31/2005	Justice and Citizenship Secretariat - PR	SUBNATGOV-SOCIAL-HEALTH
2. ALEXANDRE TEIXEIRA TRINO	12/10/2014	MS	FEDGOV-SOCIAL-HEALTH
3. ALICE DE MARCHI PEREIRA DE SOUZA	09/10/2013	Criminal Justice Network	NGO-HUMAN-RIGHTS
(…)			
110. WELLINGTON ROCHA DO NASCIMENTO	10/06/2011	Culture Secretariat - DF	SUBNATGOV-SOCIAL-HEALTH

Appendix 2 - Interview Data and Methods[1]

Table 5 - Interviews appendix – list of interviewees and methods (summarized version)

N	Name	Involvement with the field	Category	Mean and date
1	Saulo Quadros	Dec/2010 to Mar/2013: Advisor at SENAD	SENAD	Online chat, 18Feb2016
2	Anonymus	Member of the team of CSM-MS	Health sector, Federal Government	E-mail, 23Jan2016
3	Andrea Gallassi	Since 2006: Researcher on drug policy 2010 to 2012: Coordinator of Education at SENAD	Academia	E-mail, 29Feb2016
4	Maurício Fiore	Since 2001: Researcher on drug polcy Since 20: Coordinator of research of Brazilian Platform of Drug Policy	Advocacy and research civil society organization	E-mail, 08Mar2016
5	Hans Stapel	Since 1970s: Founder and leader of Fazenda Esperança, a therapeutic community	Therapeutic communities	Telephone, 15Apr2016
6	André Magalhães	1997 to 2003: Psychologist specialized on drugs at the public service 2004 to 2005: advisor at the CSM-MS	Health sector, Federal Government	Videoconference, 21Apr2016
7	Carla Dalbosco	2004 to 2012: Director of Preventive and Treatment Policy at SENAD (including, from 2011 to 2012, position of Vice-Secretary) Since 2012: Advisor of Clinics Hospital of Porto Alegre, member of the Research Center of Alcohol and Drugs	SENAD	Telephone, 25Apr2016
8	Oslain Santana	1999 to 2010: Subregional Chief at DPF 2010 to 2011: Coordinator of Repression to Drugs at DPF 2011 to 2016: Director of Fight Against Organized Crime at DPF	Public Security Insitutions	Telephone, 27Apr2016
9	Vladimir Stempliuk	2002 to 2004: Researcher about drug policy 2005 to 2010: Coordinator of the Observatory of Drug Information at SENAD 2011 to 2013: Director of Strategic Planning and International Affairs at SENAD	SENAD	Telephone, 30Apr2016

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[1] The full version of Table 5 includes also the mean used to do the interview (e-mail, telephone or videoconference), the source of the interview (simple frame or referral), the format of the interview (structured or semi-structured), the length (number of words or minutes of conversation) and the recording methods (concurrent notes, audio recording or not applicable).

| 10 | Pedro Abramovay | 2004 to 2006: Advisor of the Minister of Justice
2007 to 2010: National Secretary for Legislative Affairs, MJ
2010: National Secretary of Justice, MS
Jan/2011: National Secretary for Drug Policy, SENAD, MJ
Since 2013: Director of the Latin America Program and Regional Director of Latin America and the Caribbean, Open Society Foundations | Human rights organization
SENAD | Videoconference,
04May2016 |
| 11 | Ilona Szabó | 2003 to 2008: researcher of NGO Viva Rio
2008 to 2011: member of the LACDD (and President of the Commission since 2016)
2011 to 2016: Executive Secretary of the GCDP
Since 2011: Founder and Director of Instituto Igarapé | Human rights organization | Videoconference,
20May2016 |