

BEYOND CRIMINALIZATION: RETHINKING BRAZILIAN AND CZECH POLICIES REGARDING SUBSTANCE USE

ZA HRANICE KRIMINALIZACE: PŘEHODNOCENÍ BRAZILSKÉ A ČESKÉ POLITIKY V OBLASTI UŽÍVÁNÍ NÁVYKOVÝCH LÁTEK

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Abstract

This article aims to explore why substance use disorder (SUD) rates remain high despite governmental efforts, comparing the situation in the Czech Republic and Brazil and showing how the failure of prohibitionist strategies indicates the insufficiency of punitive measures by itself. Systematic literature review of the Brazilian and Czech data provided by institutional researchers concerning substance use from the last 5 years and the analysis of government policies exercised to combat it. 2070 journal articles were found at Web of Science in total. Brazil's high incarceration rates, particularly for substance-related offenses, shows the consequences of its emphasis on criminalization. In contrast, the Czech Republic, while failing to achieve ideal rates, has managed the situation differently through more health-centered programs and legislation. The failure of prohibitionist and punitive approaches to effectively address SUDs is evident. In both countries this procedure reflects negative consequences by not only not achieving success in diminishing substance use rates, but also creating larger problems such as high incarceration and substance-related offenses rates.

Keywords: substance use, criminalization, substance use disorders, prohibitionism

Abstrakt

Tento článek si klade za cíl prozkoumat, proč míra poruch způsobených užíváním návykových látek (SUD) zůstává vysoká i přes vládní snahy, přičemž porovnává situaci v České republice a Brazílii a ukazuje, jak selhání prohibicionistických strategií naznačuje nedostatečnost čistě represivních opatření. Byla provedena systematická literární rešerše brazilských a českých dat poskytovaných institucionálními výzkumníky týkajícími se užívání návykových látek za posledních 5 let a analýza vládních politik zaměřených na boj proti tomuto problému. Celkem bylo nalezeno 2 070 článků na platformě Web of Science. Vysoká míra uvěznění v Brazílii, zejména za přestupky spojené s návykovými látkami, ukazuje důsledky důrazu na kriminalizaci. Naproti tomu Česká republika, přestože nedosáhla ideálních hodnot, situaci řídí jinak díky programům a legislativě zaměřené více na zdraví. Selhání prohibicionistických a represivních přístupů při efektivním řešení SUD je zřejmé.

V obou zemích tento postup odráží negativní důsledky nejen v neúspěchu při snižování míry užívání návykových látek, ale také ve vytváření větších problémů, jako jsou vysoké míry uvěznění a přestupků souvisejících s návykovými látkami.

Klíčová slova: užívání návykových látek, kriminalizace, poruchy užívání návykových látek, prohibicionismus

Introduction

Humanity has been developing ways to test the limits of consciousness for millennia; there have been registers of civilizations producing alcoholic drinks since around 4.000 B.C. and it only got deeper after that (Sodelli, 2010). Substance use has accompanied humanity throughout most of its history, influencing diverse aspects of societies and cultures such as art, religion, music, etc. According to Singer, despite the long history of people interacting with substances that can affect the perception of the human mind while being potentially addictive, it did not immediately give rise to a social category of users labeled as problematic by members of their group (Singer, 2012). As Olecká and Pospíšil say, the effects of substances such as opium, cocaine, and hashish have been known to our ancestors for thousands of years. Their uses have sparked debates for many decades about their potential positive and negative impacts on human health and psyche. Legislation, legalization, and prohibition, and the associated criminalization or decriminalization, of their use are also frequently debated issues (Olecká and Pospíšil, 2022, 5). These questions fundamentally affect how users of these substances are perceived by wider society, i.e. whether they are stigmatized or not.

Throughout the world's history, it is easily observed how the use of various psychoactive substances has impacted society. One brief example from the past represents the Opium Wars (1839–1842 and 1856–1860), which moved big economies toward conflicts generated by the influence opium had in the communities that used it. This conflict has demonstrated the multidimensional implications of substance use and abuse, not only at the level of local communities but also at the level of global economies (Nakayama, 2024; Hanes III and Sanello, 2002).

Nowadays, the biggest concern regarding substance use lies in its exponential growth and health risks, materializing mainly in the form of substance use disorders (SUDs). The World Drug Report shows that in 2021, 296 million people on the planet were using some kind of psychoactive substances. This number has increased by 23% in the last 10 years. The numbers regarding substance use are even more shocking, the study shows that 39.5 million are dealing with SUDs, which has increased by 45% in the past decade (UNODC, 2023).

Therefore, it is apparent that the policies to end, or at least diminish substance use around the world have not been working so far. One of the main reasons for their failure is the intensive focus on the

wrong side of the conflict, it is evident that whenever the topic shows up, the most common solution to resolve it mainly relies on prohibitionism. Returning to the Opium Wars here serves as an example again: the conflict was the kickoff for the United States to promulgate the first anti-drug law in 1914, which only led to the increase in prices of substances and overvaluation of drug trafficking, in conclusion stimulating the consumption (Mascarello and Devos, 2019; Boiteux, 2014). However, even the previously mentioned UNODC report advises the toughening of illegal drug-related laws and the enlargement of control towards commerce, even though this strategy has not shown any positive results in centuries (UNODC, 2023).

There are several treatment manners in the medical field to heal people who suffer from substance use disorders, being it therapeutic or even by the use of traditional indigenous medicine, as is common in the Peruvian Amazon (Horák *et al.*, 2014). Still, these treatments keep being overlooked before criminalization and penal solutions.

Prohibitionism naturally leads to criminalization, sentencing either people who make use of substances or people who sell them. This article aims to show why this approach cannot be successful *per se*. Comparing Brazil and the Czech Republic, it is possible to show that there are different ways to diminish SUDs and drug trafficking rates. One stands on substance policies and mostly promotes criminalization, and another comes from investments in different mechanisms (e.g., harm reduction, therapeutic communities).

Health Perspectives: Treatments, Laws, and Policies

A significant challenge in reducing substance abuse rates is the failure to define it. This has been a long-standing debate in our society: what are substance disorders? Some argue that it is a result of personal choice since individuals are not compelled to use drugs, while others view it differently, e.g., as a disease, a sin (Horák and Verter, 2022; Olecká and Pospíšil, 2022; Singer, 2012; Štátná and Adámková, 2009).

Regarding the definition, the World Health Organization (WHO) first classified alcoholism as a disease in the International Classification of Diseases (ICD) in 1948. The term “substance dependence” entered ICD only decades later, in 2016, it was promoted that it can affect mental, behavioral, and neurodevelopmental areas (WHO, 2016). Therefore, the country's governments are expected to view SUDs as a disease.

In Brazil, according to the New Civil Code (2002), people with SUDs are considered relatively incapable of realizing some civil life acts and they are included in the same group as people older than 16 years and younger than 18, as well as people with mental disorders. Despite that, people with SUDs are not always treated in the same manner as people with mental disorders (Cruz de Souza *et al.*, 2023), especially when it comes to the Brazilian Penal Code.

It is clear from the large increase in the number of people with SUDs all around the world that this is becoming a crisis (UNODC, 2023). According to the Cambridge Dictionary, a health crisis can be defined as a difficult situation or complex health system that affects humans in one or more geographic areas (Cambridge Dictionary, 2024). In conclusion, should the spreading of SUDs be treated similarly to any other health crisis (e.g., flu or COVID-19)?

One notable contrast between Brazil and the Czech Republic lies in their respective approaches to individuals who use substances. Since 2010, the use of psychoactive substances has not been criminalized in the Czech Republic, whereas in Brazil, it has been deemed illegal, but as substance use is considered a disease, those who violate it cannot be penalized (Novaes, 2014), instead, “educational methods” are prescribed as the appropriate measure, as stated in Brazilian Law N° 11.343 of 2006. In both countries, illicit substances are classified (Chamber of Deputies, Parliament of the Czech Republic, 2024; National Congress of Brazil, 2006), nevertheless, only Brazil inserts people who exploit them in the same category of criminals, bringing a contradiction to the health issue narrative.

Approaching substance use as a crime only leads to punishment without genuine recovery, on the contrary, the medical community is constantly discussing methods to prevent and treat SUDs, especially considering the variety of substances people may use. Regardless of the approach, no penal measures can resolve SUDs as they are not rooted in medicine, even the so-called “total abstinence”, which has its origin in various spiritual and religious practices and radical expressions that may be close to prohibitionism, is far from the criminalization of substance use (Moscrop, 2011).

In this context, the Czech Republic invests in addictology programs throughout the whole country, including those provided inside prisons. According to the Report on Illicit Drugs in the Czech Republic from 2023, developed by the Czech Drug Policy Department and National Monitoring Centre for Drugs and Addiction (NMCDA), “there are approximately 250–300 programs implemented by various types of addictology services in the Czech Republic” (NMCDA, 2023).

The Czech Republic is constructing a more stable network to operate in these cases, as the same study shows. The programs are expanding themselves embracing even the Internet. “There is a growing

range of treatment and counseling interventions provided via the Internet and using new technologies. Participatory and self-help activities have been on the rise in recent years” (NMCDA, 2023). Nevertheless, the number of programs is still not high enough and NMCDA stated that the majority of regions in the country are not satisfied with the number of programs, defining them as either minimal or insufficient, mainly when it comes to children and adolescents (Ibid.).

Brazil, on the other hand, follows the therapeutic project established by the National Institute on Drug Abuse (NIDA), created by the United States. Contrary to the Czech Republic, which has its biggest problem with the fact that there are not enough programs in the country, Brazil deals with its precarious situation. There is still a lot of stigmas towards substance use in this country (Motas, 2008).

Since Brazil still considers people who use substances as criminals, the popular vision of them does not go further than this. Substance use is considered a taboo, which leads to situations when inadequate services are offered to the ones who need them. Even though social programs exist, there is so much prejudice surrounding them that not only people who suffer from SUDs are not treated correctly, but also the medical community does not develop enough knowledge to deal with this sensible topic (Novaes, 2014). Through the research for this paper, this scenario became clear, the Brazilian data on SUD rates and availability of addictology programs is limited, showing how the government institutions are not promoting the discussion of this conflict. The main information about it can be found when searching for incarceration and primary drug offenses laws.

The laws regarding this situation in Brazil have changed in the last few years because of the Brazilian Psychiatric Reform Movement (MRB). In 2019, law No. 13.840/2019 was approved by Congress, determining that involuntary hospitalization in cases of SUDs is legal, which caused a commotion (Montenegro *et al.*, 2021; National Congress of Brazil, 2006). According to those in favor of it, this law can increase the amount of funding the therapeutic centers receive by turning them into the protagonists of health care in this camp (Montenegro *et al.*, 2021). The ones who are against it argue that the therapeutic communities do not do what they are supposed to and operate as concentration camps (Montenegro *et al.*, 2021). Regarding popular opinion, this change represents progress in the recognition of procedures to treat SUDs properly.

Legal Perspectives: Incarceration Rates, and Recidivism

According to the World Prison Brief (WPB, 2024), an institution that covers worldwide detention centers and gives correlations to them, the data from

2022–2024 show that Brazil and the Czech Republic provide significantly different numbers when it comes to both prisoners and occupancy. Excluding the size of the population and territory, the Czech Republic has 0.18% of its people incarcerated, while in Brazil it is 0.39%. The occupancy levels are also astonishingly distinctive, Czechia holds it at 97.3%, and Brazil at 173.9%. Lastly, in the Czech Republic, 13% of criminal offenses are related to drug-related crime, whereas in Brazil it is around 30% (WPB, 2025).

Detention centers were originally intended to serve two purposes: not solely punishing criminals, but also promoting their rehabilitation and resocialization, which would consequently diminish crime rates (Foucault, 1975; Goffman, 1961). However, this goal is frequently not achieved, for motives that vary from Brazil to the Czech Republic (for context see Crewe and Levins, 2020; Dirga and Kubín, 2023; Španková, 2013).

One of the biggest problems in Brazilian prisons is their quality, as it was mentioned above. The occupancy levels are alarmingly high, having most of the detention facilities fuller than recommended (WPB, 2025). The prisons are not prepared to receive so many people, which leads to poor life conditions for the prisoners, there is not enough space and subsidies to maintain a dignified living (Machado *et al.*, 2023).

This scenario makes it difficult to provide successful reintegration of prisoners and leads to recidivism, one of the main reasons for the failure of the penal system in reducing both criminal and SUD rates. In data collected by the Departamento Penitenciário Nacional (DEPEN) between the years of 2010 and 2021, it was shown that around 42,5% of individuals who leave a detention facility are re-arrested, which shows the precarity of this system.

However, it is not only Brazil that has a high rate of recidivism (Tavares *et al.* 2020), the Czech Republic deals with it too (Dirga and Kubín, 2023; Mertl, 2022), a report made by UNODC (2022) shows that the recidivism rates of the Czech Republic are on average 66%. The general occupancy level stays within the limits, as shown by the World Prison Brief data, but according to the Prison Service of the Czech Republic (2020), there are 18 of 35 penitentiaries in the country that are overcrowded. The quality of prisons is questionable since they were not initially constructed to serve this purpose “The Czech prison system is highly fragmented and confusing with no or minimal standardization of conditions for the inmates.” (Mertl, 2022), and this hinders the effectiveness of the penal system.

In both countries, one of the main reasons people regress to prison after completing their sentences is the so-called “prisonization effect” (Bloch and Olivares-Pelayo, 2024). This means that most times being penalized gives a person the sentence for the rest of their life, after being labeled a “criminal”,

it is harder to reintegrate into society, find a job, and live a regular life (Mertl, 2020; 2022). There are many prejudices towards imprisoned people, which makes them unable to catch from where they stopped (Silva, 2020).

The resocialization also might not be functioning due to the effect of prison on criminal behavior, concerning penitentiaries the so-called “schools of crime” (Damm and Gorinas, 2020; Gendreau *et al.*, 1999). There are many people who are convicted of minor offenses and end up in jail. While in jail, they often learn new criminal methods from more experienced inmates, make connections with other convicts, join criminal organizations, or commit new crimes within the institution itself (Karabulut and Nergiz, 2022; Aguir, 2020). That way, without stable employment and the knowledge acquired in prison, the only alternative left is going back to the criminal environment (Silva, 2020).

According to the Prison Research report developed by UNODC in 2022, one of the other main reasons for the rates of recidivism in the Czech Republic being so high is the debt: “high levels of consumer debt, strict enforcement of child maintenance laws, and mandatory fees for their stay in prison contribute to increased debt liability among the prison population.” (UNODC, 2022). The large amount of money prisoners own after their sentences are fulfilled makes their resocialization even harder, most prisoners already come from a vulnerable situation and after finishing their time in prison they are left worse than before, which makes it even harder to move to a different way of living (Mertl, 2022; Španková, 2013).

Selectivity of the Penal System

The key difference between substance laws in Brazil and the Czech Republic, except for the criminalization of substance usage, comes from the number of substances under possession that are considered illegal. In the Czech Republic, Act No. 40/2009 establishes a punishment of EUR 550 for those who carry up to 15 g of marijuana, 1 g of cocaine, 1.5 g of heroin, and four ecstasy tablets (Parliament of the Czech Republic, 2009). Anything beyond these limits is considered drug trafficking. Brazilian Law n°11.343/2006 establishes a caveat against the effects of substances to the ones who possess them for personal use, whereas Law No. 8.072/1990 determines drug trafficking as a heinous crime, meaning it is not a subject to amnesty, grace, pardon, or bail, i.e., the sentence shall initially be served under a closed regime (National Congress of Brazil, 1990).

However, it is not specified at what point people start to be considered “drug traffickers”. This leads to a complicated scenario in the Brazilian penal system. Not having a defined law for a crime like this offers too much space for interpretation, leaving the decision of who is and who is not a criminal to people in power: police officers, judges, etc. (Bagley, 2013).

Consequently, segregation plays a crucial role in this context. Leaving the decision free to judges also gives them the will to interpret the situation based on their one prejudice, turning minorities into the most affected group by this law, since they are always seen as offenders (Lima and Montiel, 2022).

This is a scenario that highly affects the less privileged communities, black and poor people are often judged by stereotypes and the metric for them is normally different than for white and rich people (Lima and Montiel, 2022). In 2003, Vera Batista published the book “Difíceis Ganhos Fáceis”, where she analyzed cases of substance possession, her findings showed how differently people are treated based on their privilege when they are caught by police officers in possession of illegal substances. On average, black people were encountered with violence and aggression, being immediately inserted as criminals no matter what proportion of substances they carried, which followed them through the trial and most of the times stated them guilty (Batista, 2003). For white people, especially the most powerful ones, the treatment was not nearly as harassing, they usually had a calmer meeting and most times they were not even directed to the trial if the officer viewed the quantity of substances carried as insignificant (Ibid.).

In the trial, the decision of who is convicted as a substance user and who is convicted as a substance trafficker is left to the judge. They do not follow a common parameter or stated metric, which means every person framed by substance possession can be sentenced to a privation of liberty penalty if the judge says so (Bagley, 2013). This creates a complicated scenario for the Brazilian penitentiaries, as aforementioned the key factor that determines whether the individual will or not be imprisoned is their social and physical qualities, which immediately leads to the high rates of incarceration and primary substance-related offenses in Brazil: 0.39% and 30% respectively (WPB, 2025). Despite being a crime, substance use should not lead to prison, as stated in Law N° 11.343/2006, penitentiaries are not prepared to deal with this type of offense, and they are unable to shelter such a large number of prisoners (Borges, 2021).

Comparing it to the Czech Republic, the decriminalization of substance uses and the determination of the quantity of a substance that qualifies substance trafficking is an influential factor in the significantly lower incarceration rates. Regardless of both countries experiencing conflicts with their penal system, knowing that the recidivism rates are high (UNODC, 2022; DEPEN, 2022) and that the quality of the prisons is not optimal (Machado *et al.*, 2023; Mertl, 2022; Dirga, 2020), the Czech Republic way to view substance use as a public health calamity shows different harm reduction procedures that seem to be working since the substance-related offenses in the Czech Republic do not surpass 15% while in Brazil they are over 30% (WPB, 2025).

Looking at this panorama, it can be concluded that the high substance offenses in Brazil could be diminished by a better definition of what characterizes substance use. By not incarcerating people based on individual ideals the penal system would not only be fairer but would also lead to a smaller detained population.

Methods

Data collection

The data collection process spanned the last five years to capture recent trends and policy changes in both countries. The data for this study were collected from various sources focusing on substance use in Brazil and the Czech Republic. These include:

1. *Government reports:*

Data on substance use prevalence, substance policies, and incarceration rates were obtained from governmental agencies in both countries. In Brazil, reports from the Núcleo de Pesquisa em Saúde e Uso de Substâncias (NEPIS) were utilized, while in the Czech Republic, data were sourced from the National Monitoring Centre for Drugs and Addiction (NMCD).

2. *Scientific publications:*

Relevant academic journals addressing trends in substance use and prevalence in Brazil and the Czech Republic were consulted. The papers were found on the Web of Science (WOS) using the following keywords: “health substance use Brazil”, “health substance use Czech Republic”, “law substance use Brazil”, and “law substance use Czech Republic”. The relevant literature from the last 5 years was selected using the PRISMA guideline.

3. *Legal documents:*

The analysis also involved the examination of legal documents related to substance policies in each country. In Brazil, it was Law No. 11.343/2006, which outlines substance-related policies, and in the Czech Republic, Act No. 40/2009, which specifies penalties for possessing illicit substances (Parliament of the Czech Republic, 2009).

Data Analysis

Mixed methods were employed to compare and analyze the collected data. The following methods were utilized:

1. *Descriptive statistics:*

Data on substance use prevalence, incarceration rates, and the availability of harm reduction programs were analyzed using descriptive statistics such as mean, median, and percentage calculation. This allowed for a quantitative comparison between Brazil and the Czech Republic.

2. Qualitative analysis:

Legal documents and reports were subjected to content analysis. Information stored in text files was categorized during this process. The categories were used to find out the differences and similarities in substance policies between the two countries.

Data Comparison

The data from Brazil and the Czech Republic were compared with the focus on:

1. Availability of scientific publications:

The number of journal articles focused on substance use in both countries indexed at the WOS were compared.

2. Drug policies:

The differences in substance-related policies between Brazil and the Czech Republic were analyzed to assess their potential impact on substance use behavior and incarceration rates. This involved comparing the severity of penalties for the possession of psychoactive substances and their trafficking, as well as the emphasis on harm reduction strategies.

3. Program availability:

The availability and effectiveness of harm reduction programs in both countries were compared to evaluate their role in addressing SUDs and decreasing incarceration rates.

4. Substance use prevalence:

Trends in substance use prevalence over the past five years were compared between the two countries to identify significant differences or similarities.

Results

Data collection

Availability of Scientific Publications

As mentioned above, a systematic literature review (Pati and Lorusso, 2018; Xiao and Watson, 2019) was performed during the data collection process to check the availability of scientific publications on substance use in both countries. The results of this review are included in Tab. I.

In Tab. I it is indicated that 2070 journal articles were found at WOS in total. There were 3,60 times more scientific papers on topics related to health and

substance use published in Brazil in the last 5 years. Law in the context of substance use is discussed less in the journal articles. 4.59% of scientific papers were focused on legal issues in the same period.

Each keyword aroused different disciplines in which the research was made. In the first one, "Health Substance Use Brazil", the main fields were Psychiatry (16.16%) and Public Environmental Occupational Health (13.12%). Secondly, "Health Substance Use Czech Republic", shows more results in the Environmental Sciences (16.78%) and Public Environmental Occupational Health (13.28%). The third one, "Law Substance Use Brazil", revealed most papers in the Medicine General Internal (13.43%) and Psychiatry (13.43%). Lastly, "Law Substance Use Czech Republic", showed more results in Medicine General Internal (28.57%) and Chemistry Analytical (10.71%).

Most of the cited papers can be found in WOS by searching the same keywords.

Drug Policies

Brazil maintains a criminalization approach to substance use, with stringent penalties for substance possession and trafficking outlined in Law No.11.343/2006 and Law No.8.072/1990. This states that the possession of even small quantities of illegal substances can lead to severe legal consequences, including imprisonment. Despite efforts to promote treatment and rehabilitation, the stigma surrounding substance use remains high in Brazil, leading to barriers to accessing care, which happens because the focus of substance policies in Brazil is primarily punitive, leaving a limited emphasis on harm reduction strategies.

The Czech Republic, despite being a country that also follows the prohibitionist perspective, shows a more intense harm reduction approach to substance use, with more investment in public health and treatment rather than punishment. Possessing small quantities of substances for personal use is decriminalized, with penalties replaced by administrative fines. However, the Czech government struggles with the lack of addiction programs, even investing in them, they are still not enough to supply the country's needs.

The impact of contrasting substance policies on substance use prevalence and incarceration rates is evident: Brazil's undefined laws approach and high focus on criminalization appear to be associated with higher SUD prevalence and incarceration rates compared to the Czech Republic's. The punitive nature of Brazil's drug laws may contribute to increased stigma, barriers to treatment, and higher rates of incarceration, particularly among marginalized populations.

In contrast, the availability of treatment and rehabilitation programs in the Czech Republic appears to be associated with lower incarceration rates, mainly when it relates to substance

Tab. I: Results of the systematic literature review

Keywords	Number of Results
"health substance use Brazil"	1 546
"health substance use Czech Republic"	429
"law substance use Brazil"	67
"law substance use Czech Republic"	28

Source: own processing

use. However, the malfunction of the Czech penitentiaries is a characteristic that makes the progress towards a better scenario a lot slower, both countries have difficulties with their penal system, but the Czech Republic has shown more worrying rates regarding recidivism, which presents a failure in the resocializing programs.

Program Availability

The Czech Republic's understanding of substance use is more health-directed than Brazil's, which is visible by the legal treatment it receives in each country, with Brazil criminalizing it (Law N° 11.343/2006) and the Czech Republic not (Act No. 40/2009). During the data collection, it was easily found information about substance use numbers from the Czech Republic produced by public institutions that were always recently updated, such as the National Monitoring Centre for Drugs and Addiction (NMCD) which provides an annual report regarding the Czech Republic's substance situation. In Brazil, this information was hardly found, most of them have not been updated for more than a decade and could only be found in scientific publications. The government does not make information on this theme available because they do not research it as a public health conflict.

This scenario directly leads to what we visualize next: the research made in this field by the Czech Republic show that they invest more in both the acquiring of new information about addictology programs and their institutionalization (NMCD, 2019). In Brazil, addictology programs also exist, but their efficiency is hampered by the lack of studies and the criminal vision society still holds toward people who use substances (Novaes, 2014).

Substance Use Prevalence

The data on substance use was taken from institutional research. In the Czech Republic, the Report on the Drug Situation in the Czech Republic in 2019 (NMCD, 2019) was analyzed. In Brazil, the reference was taken from the Report on Drug Use in the Americas, 2019 (IADACC, 2019). Due to

the limited sources in this field, to have a better panorama of the conflict it was compared two different substances that play a similar role in both communities, methamphetamine prevails in the Czech Republic and cocaine in Brazil. It was visualized that 0.32% of the Czech population between 15–64 years used this type of substance in 2019, while in Brazil the number for the same population range was over 0.70%.

Discussion

The main factor that interrupts the large differences between Brazil and the Czech Republic rates, both incarceration and health programs, is their perspective on substance use. The way each country views this conflict is what changes their procedures to solve it. Firstly, the penal system and the penitentiaries in the two countries lack subsidiaries and effectiveness, both show high rates of recidivism, making it clear that resocialization is not working as it should, and they also present a low-quality structure, having a significant quantity of overcrowded and generally unprepared buildings. However, in Brazil, substance use, and substance-related offenses are influential in this scenario in manners that in the Czech Republic are not: part of the reason why Brazil's penitentiaries are overcrowded is the criminalization of substance use and the not specific differentiation in legal parameters of what is considered substance use or substance trafficking.

The Czech Republic faces substance use as a health conflict, this makes them approach it differently by not criminalizing the use and inserting more health programs to deal with substance use disorders. This way, their number of substance-related crimes is substantially smaller when compared to Brazil ones. Brazil, despite considering SUDs as a disease, still views substance use as a crime, which makes the combating procedures based on legal strategies, leading to high incarceration rates and a lack of information on the theme since the public medical community does not research enough about it.

Conclusions

The analysis of SUD rates and governmental approaches to combat them in Brazil and the Czech Republic highlights substantial differences in the effectiveness of policies. The prohibitionist strategy shows no progress in both countries, having them deal with various difficulties with their penal systems, such as the high rates of recidivism (around 66% in the Czech Republic and 43% in Brazil), however, their health-directed programs show significant differences. When it comes to health measurements, Brazil's heavy emphasis on criminalization contrasts with the Czech Republic's more health-centered strategies.

Brazil's punitive drug policies, characterized by severe penalties for substance possession and trafficking, have led to high incarceration rates, particularly among marginalized populations. The lack of emphasis on harm reduction strategies and the prevalence of stigma surrounding substance use further exacerbate the issue, hindering access to treatment and rehabilitation programs. Additionally, Brazil's legal ambiguity regarding drug offenses contributes to disproportionate law enforcement practices, particularly impacting minority communities.

In contrast, the Czech Republic's decriminalization of substance use, coupled with investments in treatment and harm reduction programs, offers a more balanced approach, but it is still not ideal, since the Czech Republic is facing challenges regarding insufficient addictology programs. Still, the scenery in which the penitentiaries of the country are encountered shows the failure of prohibitionism once again, the Czech Republic faces a large conflict with prisoner recidivism, which exhibits that the resocialization purpose of prisons is not being fulfilled.

Regarding health policies, it is visible that the Czech Republic's investment in addictology gives better results, mainly when it comes to the incarceration rates and number of primary substance criminal offenses, which can also be related to the fact that substance use is not criminalized. In Brazil, the criminalization of substance use creates not only a high prejudice towards this subject but also makes prisons even more crowded and less effective.

In conclusion, the failure of prohibitionist and punitive approaches to effectively address SUDs is evident. A shift towards more health-centered policies, emphasizing treatment, rehabilitation, and harm reduction, is essential for reducing SUD prevalence and incarceration rates. The findings of this analysis underscore the importance of evidence-based policy-making and international collaboration in combating substance use disorders worldwide.

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References

- AGUIAR, F. T. 2020. *Sistema carcerário brasileiro: Reeducação e Ressocialização ou Escola do Crime*. Faculdade Evangelica De Goianésia Curso De Graduação Em Direito. http://repositorio.aee.edu.br/bitstream/aee/17968/1/2020_TCC_%20Fabr%C3%ADcio%20Tavares%20Aguiar.pdf
- BAGLEY, B. 2013. The Evolution of Drug Trafficking And Organized Crime in Latin America. *Sociologia, Problemas e Práticas*. 71, 99–123. <http://journals.openedition.org/spp/1010>
- BATISTA, V. M. 2003. *Difíceis ganhos fáceis: Drogas e juventude pobre no Rio De Janeiro*. Instituto Carioca de Criminologia.
- BLOCH, S., OLIVARES-PELAYO, E. A. 2024. Captive Bodies, Prison Geographies, and the Somatic Carceral Condition. *Progress in Human Geography*. 48(1), 3–17. <https://doi.org/10.1177/03091325231212257>
- BOITEUX, L. 2014. Drogas e cárcere: repressão às drogas, aumento da população penitenciária brasileira e alternativas. In: S. S. SHECAIRA (Ed.), *Drogas: Uma nova perspectiva*. IBCCRIM, p. 83–105. https://www.alcooledrogas.unb.br/images/documentos/referencias_bibliograficas/aula7/Drogas_e_Carcere.pdf
- BORGES, J. 2021) Encarceramento em massa. *Contexto Jurídico*, 8(1), 363–379.
- CAMBRIDGE DICTIONARY. 2024, April 21. Health Crisis. *Cabridge Dictionary* [online dictionary]. <https://dictionary.cambridge.org/example/english/health-crisis>
- CREWE, B., LEVINS, A. 2020. The Prison as a Reinventive Institution. *Theoretical Criminology*. 24(4), 568–589. <https://doi.org/10.1177/1362480619841900>
- CRUZ DE SOUZA TRONCO, M. C., HORÁK, M., VERTER, N. 2023. The Educator's Role in the Autonomy Journey for Adult Students with Mental Disorders. In: *Proceedings Region in the Development of Society 2023*. Mendel University Brno, p. 24–31. <https://doi.org/10.11118/978-80-7509-957-0-0024>
- DAMM, A. P. and GORINAS, C. 2020. Prison as a Criminal School: Peer Effects and Criminal Learning Behind Bars. *The Journal of Law and Economics*. 63(1), 149–180. <https://doi.org/10.1086/706820>
- DEPARTAMENTO PENITENCIÁRIO NACIONAL. 2022. *Reincidência Criminal no Brasil*. GAPPE, UFPE, DEPEN.
- DIRGA, L. 2020. *Humanization of the Czech Prison System Through the Eyes of Its Actors* [in Czech: *Humanizace českého vězeňství očima jeho aktérů*]. University of West Bohemia.
- DIRGA, L., KUBÍN T. 2023. *Prisoner on the run* [In Czech: *Vězeň na útěku*]. Academia.
- FOUCAULT, M. 1975. *Discipline and Punish*. The Birth of the Prison. Vintage Books.

- GENDREAU, P., GOGGIN, C., CULLEN, F. T. 1999. *The Effects of Prison Sentences on Recidivism*. Solicitor General Canada.
- GROSSI, S. 2021. Rethinking Social Reintegration and Prison: A Critical Analysis of an Educational Proposal for an Alternative Model in Brazil. *Journal of Prison Education and Reentry*. 7(2), 183–198.
- GOFFMAN, E. 1961. *Asylums. Essays on the Social Situation of Patients and Other Inmates*. Anchor Books.
- HANESS, W. T., SANELLO, F. 2002. *The Opium Wars: The Addiction of One Empire and the Corruption of Another*. Sourcebooks.
- HORÁK, M., VERTER, N. 2022. *Substance Use Disorders Treatment in Therapeutic Communities: A Cross-Cultural Approach*. Springer Nature.
- HORÁK, M., VERTER, N., SOMERLÍKOVÁ, K. 2013. Efficacy of Drug Rehab Centres in Nicaragua, Peru, and the Czech Republic. *Adiktologie*. (14)4, 428–439.
- INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION. 2019. *Report on Drug Use in the Americas 2019*. OAS. https://www.oas.org/en/media_center/press_release.asp?sCodigo=E-014/19
- KARABULUT, E. and NERGIZ, H. 2022. Crime Transference: Are Prisons Universities of Crime? *Journal of Penal Law and Criminology*. 10(2), 459–490. <https://doi.org/10.26650/JPLC2022-1093123>
- LIMA, G. M. S., MONTIEL, L. W. T. 2022. „Drug Law“ And its Implications for Mass incarceration [in Spanish: “Lei de drogas” e as suas implicações para o encarceramento em massa]. *Revista de Ciências Humanas da Universidade de Taubaté*. 15(1). <https://doi.org/10.32813/2179-1120.2022.v15.n1.a796>
- MACHADO, M. S. F., LEAL, D. M., SILVA, R. D., OLIVEIRA, L. E. S., SILVA, F. Q., KARLINSKI, J. M. L. 2023. *Sistema penitenciário gaúcho: Superlotação carcerária, direitos sociais e os efeitos da prisionização*. Editora Arche. <https://periodicorease.pro.br/rease/article/view/8541>
- MASCARELLO, M. A. and DEVOS, B. A. 2019. Drug Law in Brazil and Mexico: Comparative Analysis from a Critical Perspective to Prohibitionism. *Direito e Praxis*. 11(2), 775–807. <https://doi.org/10.1590/2179-8966/2019/41801>
- MERTL, J. 2020. “You Have to Work and Obey, Well”: Imprisonment, Suppression of Autonomy and Responsibilization of Imprisoned and Released Persons in the Czech Republic [In Czech: „Musíte makat a poslouchat, no“: Vězení, potlačování autonomie a responsabilizace u vězňů a propuštěných osob v ČR]. *Czech Sociological Review*. 56(4), 523–553. <https://sreview.soc.cas.cz/pdfs/csr/2020/04/04.pdf>
- MERTL, J. 2022. What Seems to be the Problem? Ex-Prisoners' Reentry/Resettlement in the Czech Republic. *Crime & Delinquency*. 70(8), 1993–2016. <https://doi.org/10.1177/00111287221115645>
- MONTENEGRO, Y. F. L., BRILHANTE, A. V. M. and MUNGUBA, M. C. 2021. Paradox in Drug Policies: Discursive Clashes on News Websites Over Law 13.840/2019. *Saúde e Sociedade*. 30(4), e210064. <https://doi.org/10.1590/S0104-12902021210064>
- MOSCROP, A. 2011. Medicalisation, Morality, and Addiction: Why We Should Be Wary of Problem Gamblers in Primary Care. *The British Journal of General Practice: The Journal of the Royal College of General Practitioners*. 61(593), e836–e838. <https://doi.org/10.3399/bjgp11X613197>
- MOTAS, L. A. 2008. *Pecado, crime ou doença? Representações sociais da dependência química*. Universidade Federal Do Ceará Centro De Humanidades Programa De Pós-Graduação Em Sociologia.
- NAKAYAMA, D. K. 2024. The Opium Wars of China in the Nineteenth Century and America in the Twenty-First. *American Surgeon*. 90(2), 327–331. <https://doi.org/10.1177/00031348231192048>
- NATIONAL CONGRESS OF BRAZIL. 1990. *Law No 8.072*. https://www.planalto.gov.br/ccivil_03/leis/l8072.htm
- NATIONAL CONGRESS OF BRAZIL. 2019. *Law No. 13.840/2019*. https://www.planalto.gov.br/ccivil_03/_ato2019-2022/2019/lei/l13840.htm
- NATIONAL CONGRESS OF BRAZIL. 2006. *Law No 11.343*. https://www.planalto.gov.br/ccivil_03/_ato2004-2006/2006/lei/l11343.htm
- NMCDA. 2019. *Drug Situation in the Czech Republic in 2019*. Prague: Office of the Government of the Czech Republic. <https://www.drogy-info.cz/en/publications/annual-reports/drug-situation-in-the-czech-republic-in-2019/>
- NMCDA. 2023. *Report on Illicit Drugs in the Czech Republic 2023*. Prague: Office of the Government of the Czech Republic. https://www.drogy-info.cz/data/obj_files/33917/1259/Summary%20of%20the%20Report%20on%20Illicit%20Drugs%20in%20the%20Czech%20Republic%202023_fin%20web.pdf
- NEPIS. 2017. *III Levantamento Nacional Sobre o Uso de Drogas pela População Brasileira*. Ministério da Saúde, FIOCRUZ.
- NOVAES, P. S. 2014. O tratamento da dependência química e o ordenamento jurídico brasileiro. *Revista Latinoamericana de Psicopatologia Fundamental*. 17(2), 342–356.

- OLECKÁ, I, POSPÍŠIL, J. 2022. *Substance Abuse in the Czech Population Reflections on Threats, Their Value Context and Possibilities of Social Prevention*. Olomouc: Palacký University Olomouc. <https://doivup.upol.cz/pdfs/doi/9900/05/5200.pdf>
- PARLIAMENT OF THE CZECH REPUBLIC. 2009. *Act No. 40/2009*. <https://www.zakonyprolidi.cz/cs/2009-40>
- PARLIAMENT OF THE CZECH REPUBLIC. 2024. *Government Regulation No. 463/2013 Coll., on Lists of Addictive Substances* [in Czech: *Nářízení vlády č. 463/2013 Sb., o seznamech návykových látek*]. <https://www.zakonyprolidi.cz/cs/2013-463>
- PATI, D., LORUSSO, L. N. 2018. How to Write a Systematic Review of the Literature. *Health Environments Research & Design Journal*. 11(1), 15–30. <https://doi.org/10.1177/1937586717747384>
- SILVA, D. C. B. 2020. *A vida após o cárcere: fatores sociais que dificultam a reinserção social de egressos do sistema prisional e corroboram com a reincidência criminal no Brasil*. Universidade Federal de Ouro Preto Instituto de Ciências Sociais Aplicadas Departamento de Serviço Social.
- SINGER, M. 2012. Anthropology and Addiction: An Historical Review. *Addiction*. 107(10), 1747–55. <https://doi.org/10.1111/j.1360-0443.2012.03879.x>
- SODELLI, M. 2010. Deconstructing the Prohibitionist Approach: A Phenomenological Existential Understanding of Drug Abuse. *Ciencia & saude coletiva*. 15(3), 637–644. <https://doi.org/10.1590/s1413-81232010000300005>
- ŠPANKOVÁ, J. 2013. *Resocialization of convicts* [In Slovak: *Resocializácia odsúdených*]. Vydavateľství a nakladateľství Aleš Čeněk, s.r.o.
- ŠŤASTNÁ L., ADÁMKOVÁ T. 2009. Volatile Substance Abuse in Czech Republic – Review of Available Information. *Česká a slovenská Psychiatrie*. 105(5), 202–211. http://www.cspsychiatr.cz/dwnld/CSP_2009_5_202_211.pdf
- TAVARES, A. P., ADORO, E. C. S. and VECHI, F. 2020. Criminal Reincidence: An Analysis on Its Species and Effects on Contemporaneity. *Revista de Direito*. 12(2), 1–19. <https://doi.org/10.32361/2020120210751>
- UNODC. 2023. *World Drug Report: Special Points of Interest*. United Nations. https://www.unodc.org/unodc/en/data-and-analysis/wdr-2023_Special_Points.html
- UNODC. 2022. *Prison Research: A Pilot Study on The Causes of Recidivism in Albania, Czechia and Thailand*. https://www.unodc.org/documents/data-and-analysis/prison/Pilot_prison_research_brief_2022.pdf
- WPB. 2024. *World Prison Brief data*. <https://www.prisonstudies.org/world-prison-brief-data>
- XIAO, Y., WATSON, M. 2019. Guidance on Conducting a Systematic Literature Review. *Journal of Planning Education and Research*. 39(1), 93–112. <https://doi.org/10.1177/0739456X17723971>


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