



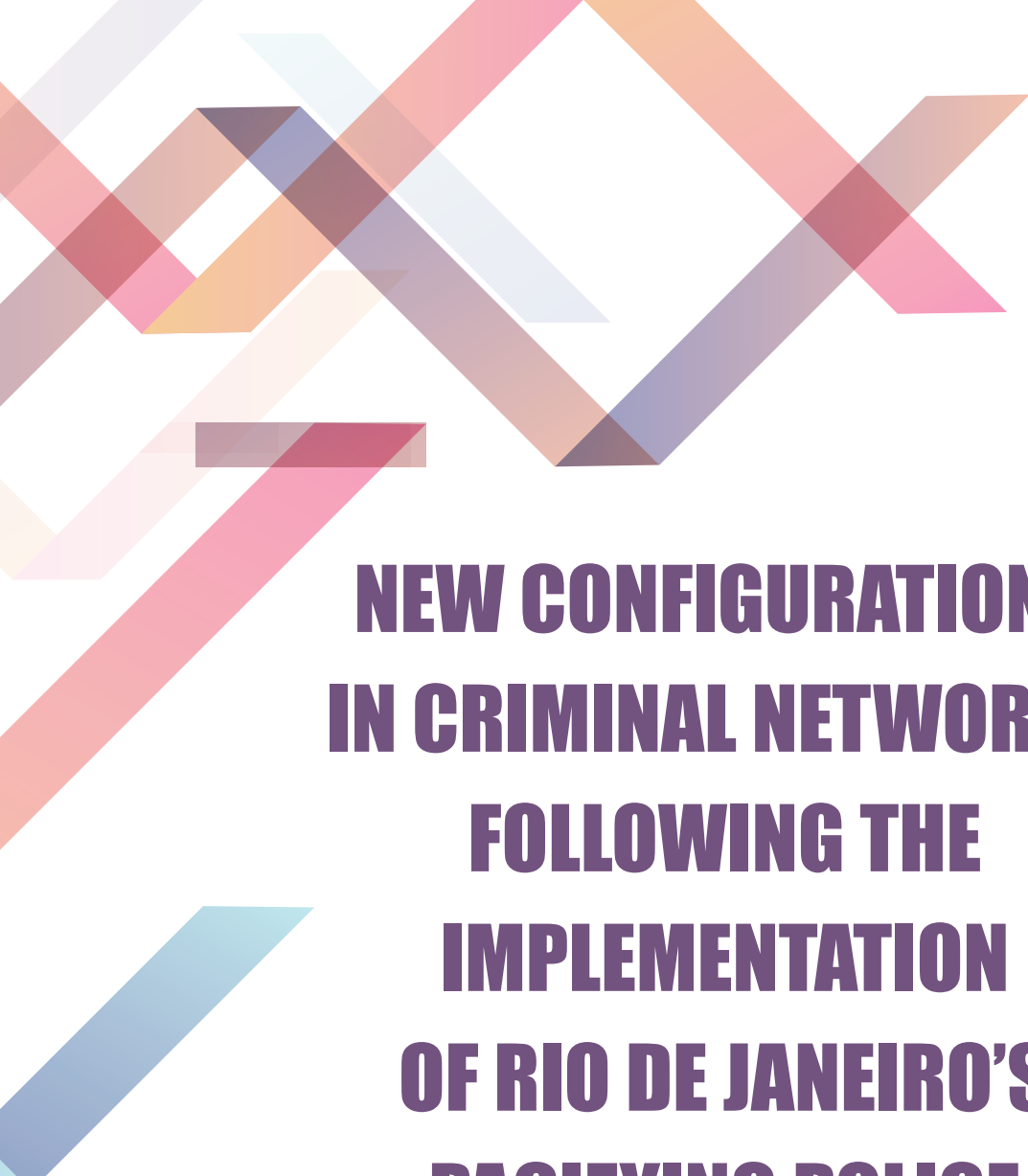
**NEW
CONFIGURATIONS
IN CRIMINAL
NETWORKS FOLLOWING
THE IMPLEMENTATION
OF RIO DE JANEIRO'S
PACIFYING POLICE
UNITS (UPPs)**

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NEW CONFIGURATIONS IN CRIMINAL NETWORKS FOLLOWING THE IMPLEMENTATION OF RIO DE JANEIRO'S PACIFYING POLICE UNITS (UPPs)

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INTRODUCTION

Since its foundation, the *Observatório de Favelas* (Favelas Observatory) has acted in the fields of Right to Life and Public Security, prioritizing the forms of violence that most affect the residents of popular areas and, especially, youth and adolescents. Throughout the institution's trajectory, we have developed studies, methodologies, and policy proposals focused on valuing life.

The current study on new configurations of criminal networks following the implementation of the pacifying police units (UPPs) in Rio de Janeiro seeks to improve understanding of the profile and practices of youth inserted into retail-level drug trafficking and the dynamics affecting public health.

As such, this study sought to contemplate the following issues:

- ▀ The profile and practices of adolescents and youth inserted into the network of retail-level drug trafficking
 - ▀ Perceptions of the changes in the drug market and consumption patterns
 - ▀ The relationship between youth inserted into the drug trafficking network and consumers
 - ▀ The changes in the structure and dynamic of criminal group activity
 - ▀ The impact of state occupation on youth and adults inserted into drug trafficking and their life strategies following police action
 - ▀ The relationship between youth inserted into drug trafficking and health care services

This study seeks to aid in the construction of public policy and actions to overcome the logic espoused by the “war on drugs.” In our perspective, a greater understanding of the profile and practices of these groups is fundamental to breaking stigma, allowing for the humanization of these youth, recognizing their objective and subjective demands, and creating opportunities for alternative life-paths.

We hope to contribute to the debate on drug policy, prioritizing the field of public health. Furthermore, the study looks to contribute to the formulation of innovative public security policies based in the principle of the protection of life.

METHODOLOGICAL CONSIDERATIONS

Producing a study in the terms we proposed is extremely complex. The Favelas Observatory possesses ample experience in this field. Since 2001, we have developed a range of actions dedicated to better comprehending the life conditions of children, adolescents, and youth in popular spaces involved in violence. In the year 2001, we undertook the study *Condições de vida das crianças empregadas no tráfico de drogas - um diagnóstico rápido* (Life Conditions of Children Employed in Drug Trafficking - a Rapid Diagnostic) under the International Labor Organization's (ILO) program of child labor prevention and eradication.

In 2003, we created the *Rotas de Fuga* (Escape Routes) program, focused on the elaboration, implementation, and systematization of methodologies addressing the participation of children, adolescents and youth in illicit activities, and in particular, in retail-level drug trafficking. This program contained four central axes: research, awareness-raising, prevention, and the creation of alternative life options. In the research axis, we conducted a longitudinal study on the trajectory of 230 adolescents and youth that worked in the drug trafficking network in 34 favelas in Rio de Janeiro between 2004 and 2006.

Developing a study on criminal networks in cities such as Rio de Janeiro demands a high level of insertion. In these cases, the most organic research method involves the mobilization of those close to criminal networks (ex-traffickers, family members, friends, respected community leaders, etc). The limiting factor in this selection criteria is that often those inserted in this context lack the technical capacity necessary for data collection. As such, insertion is not sufficient to assure scientific rigor in data, an element that cannot be disregarded.

In order to address this challenge, one of the strategic components of the current project was the selection and training process for interviewers undertaking fieldwork. The team was composed of four researchers and articulators that already held previous experience in this area.

Researcher-training took place over a period of two months. Aside from the methodological aspects and issues directly related to public security, interviewers received training in concepts and themes central to the development of the study, including an emphasis on public health.

Following the training process, we began fieldwork. In order to achieve the proposed goals, we opted to interview the following groups:

- ▀ Adolescents, youth, and adults inserted into the network of retail-level drug trafficking
- ▀ Health care professionals that attend to areas with UPPs
- ▀ Police

Data from interviews with those involved in the network of retail-level drug trafficking and interviews with health care professionals were collected between May and December 2017. Interviews with police took place between February and April 2018. The study required the use of diverse data collection instruments: for interviews with youth and adults inserted into drug networks, a closed instrument was developed. It was important for this instrument to be succinct in order to facilitate the application process, as contact with this group is usually characterized by low time-availability and high levels of distrust.

In order to update data obtained in the Favelas Observatory study as part of *Rotas de Fuga* -- involving 230 adolescents and youth inserted into retail-level drug trafficking between 2004 and 2006 -- we drew a portion of our questions from this study. By updating our previous results, we sought to identify potential changes in the profile and practices of these youth over the last decade. New themes were also incorporated according to the needs of the current study.

Initially, our goal was to hold 200 interviews with youth inserted into retail-level drug trafficking in Rio de Janeiro, surveying areas both with and without UPPs from distinct areas of the city. Due to increased levels of armed conflict during the data collection period, the favelas in which interviews were to be held were defined as the study progressed, taking into account the conditions identified by field work articulators each week.

With the aim of guaranteeing that these interviews contemplated a wider territorial reach, we opted to undertake part of our interviews in a unit of the *Departamento Geral de Ações Socioeducativas* (Socio-educative Actions Department, or DEGASE), the organ responsible for the execution of socio-educative measures for adolescents in conflict with Rio de Janeiro state law. We deemed that this strategy would allow us to capture dynamics beyond the state capital.

We held 150 interviews in the favelas of Rio de Janeiro and 111 interviews in a provisory DEGASE unit, totalling 261 interviews with youth inserted into the drug trafficking network.

As concerns DEGASE, we opted to concentrate our interviews in a provisory internment unit in order to guarantee a minimal period of separation between adolescents and the territories in which they acted in the drug network prior to their detention. The selection criteria for adolescents in the socio-educative system was that they were held at the provisory internment unit for reasons of drug-trafficking.

As far as health professionals and police, the proposal was to hold qualitative semi-structured interviews with a reduced number of interlocutors. Seven interviews with health professionals and three interviews with police were held.

Among health professionals selected for these interviews, we sought to include a diverse profile, including health unit managers, *Agentes Comunitários de Saúde* (Community Health Workers), *Agentes Redutores de Danos* (Damage Reduction Workers), Municipal Secretary Health (SMS) technicians, and Coordinators of the Programmatic Area of Health (CAP) in the city. As for police, interviews included members of the Military Police and the Civil Police.

SYNTHESIS OF PRINCIPAL RESULTS

The present study occurred in the midst of a diffuse proliferation of crises with various degrees of intensity throughout the entire country, affecting Rio de Janeiro in a very specific way, involving: 1) economic crisis, with the seeming collapse of public coffers; 2) political crisis, in which a series of scandals and corruption denunciations reached the state and municipal governments of Rio de Janeiro as well as monitoring organs; 3) public security crisis, with the weakening of the UPP initiative, that, together with other national level factors, produced an outbreak of countless conflicts and the intensification of armed violence, which incited territorial disputes and confrontations between armed groups, including public security forces; and 4) health crisis, caused by factors of political, economic, and administrative order, with the draining of equipment and services, delayed payment, and terrible work and service conditions that directly affected the quality of care offered to the population. It was in the midst of this turbulent situation in 2017 Brazil, and more specifically in Rio de Janeiro, that the present study took place.

Despite these difficulties, it was precisely through contact with these challenges that we developed this study's methodological actions and steps, molding our work as necessary in accordance with changing demands in the field.

In its methodology and development, the study included instruments and analyses of quantitative and qualitative order, different interviewees profiles, actors linked to the fields of actuation and diverse perspectives, and the central goal of addressing policy in this contemporary reality.

As for the adolescents and youth inserted into the network of retail-level drug trafficking, in relation to the profile and practices of the interviewed, certain elements stood out:

- The highest concentration of respondents resides in the 16 to 24 age range (62.8%)
- 96.2% are male
- 72% are black (self-identify as black or *pardo*)
- 73.9% were born in Rio de Janeiro and 16.9% in other municipalities within the metropolitan region
- Large, women-lead families with low levels of income dominate. In the majority of cases (50.2%), mothers are the principal responsible figure for child care
- Many live with their mothers (30.7%) or with conjugal partners (24.5%)
- 70.2% confirm maintaining stable loving relationships
- 45.5% have children
- 55.6% have no other family members inserted in trafficking. Among those that do, many have siblings (21.6%), cousins (16.1%), and uncles (9.6%)
- 40% have no religion, but believe in God; 31.1% are Evangelical; 11.1% Catholic, and 1.5% Afro-descendent religions
- 78.2% dropped out of school, and the majority of school dropouts took place during adolescence, during the same period in which most entered the drug trafficking network and began drug use
- The principal motives for school abandonment were economic reasons (41%) related to sustaining their families and access to consumer goods. Other highlights included the lack of interest in school activities and school's incompatibility with drug trafficking activities
- 66.3% had previous work experiences outside of drug trafficking. However, the types of work they had access to were generally precarious, with weak connections and low income
- Principal motivations given for entrance into drug trafficking were to help families (62.1%) and to earn more money (47.7%), followed by relationships with friends (15.3%) and the adrenaline associated with trafficking activity (14.6%)
- 54.4% entered into drug trafficking between 13 and 15 years old, 18.8% between 16 and 18, 13% between 10 and 12, 10.7% over 18 years, and 1.5% under 10 years old
- Principal motivations given for remaining in drug trafficking were to earn more money (57.9%), to help families (56.3%), the adrenaline associated with activity (14.2%), and relationships with friends (9.6%)
- The majority of those interviewed reported monthly incomes of between 1000 to 3000 Reais, around 3.5 *salários mínimos* per month, in drug trafficking

Despite a diversity of job roles, in general, work conditions in the illicit network are precarious. The majority of those interviewed indicated a 10+ hour work day and 48.3% reported no days off. On the other hand, certain roles revealed more flexible work schedules with punctual insertion in the network, such as youth that undertook missions at specific moments. Many indicated that their insertion into drug trafficking is contingent and sporadic

- 12.6% pursue other activities alongside drug-trafficking

- Leisure activities are usually undertaken in interviewees' own communities (66.3%). Despite the mention of other communities and other neighborhoods, we found social mobility in the city to be limited by diverse factors, among them the fear of being arrested and, as some mentioned during their interviews, to avoid encounters with rival armed groups and circulation in areas or territories dominated by rival armed groups

- Marijuana is the drug consumed with greatest frequency among interviewees (89%), followed by alcohol (68.6%), solvent (60.2%), and tobacco (53.3%). 183 reported daily marijuana use, while consumption patterns for alcohol, synthetic and solvent drugs are more frequent during weekends. The consumption of cocaine and crack is not common among youth that work in retail-level drug trafficking in the favelas of Rio de Janeiro

- 18% of interviewees have had some sort of problem related to drug consumption

- Marijuana and cocaine are reported as the most sold drugs, and conversely solvent and crack were selected as the least sold

- 73.2% of the interviewed have been arrested by the police at least once

- Participation in armed conflicts, either with the police or with rival groups, is very frequent

- The risk of death with reported by 82.8% as the worst aspect of drug trafficking life

- 38.7% reported little or no satisfaction with the life they lead in drug trafficking

- 40.2% have left trafficking at some moment voluntarily

- The possibility of having access to formal work (54%) or an activity in which they can earn a lot of money (49.4%) are the principal factors cited as motivations for leaving trafficking. Emotional bonds, especially with families, are also mentioned as elements that can contribute to an exit from trafficking. The presence of a companion, the birth of a child and supporting a mother are also relevant factors in exiting

- The majority of interviewed report being aware of the diverse health services offered by the public health network. 41% reported having used a health service in the last 12 months. Among the reasons that would lead them to procure health services were the onset of a sickness (43.9%), or injury (27.1%). Only 7.5% would seek health services for prevention

Given the possibility of encountering problems related to drug use, youth prioritized their closest social circles. 57.1% indicated that they would seek help from their family, and 10.3% would engage their friends if they had problems related to drug consumption.

In accordance with the data obtained in the interviews held with members of the retail-level drug trafficking network, it can be noted that black male adolescents hailing from large woman-lead families with low income levels make up the dominant group. Also prominent were ruptures of ties with school and the precariousness of previous work experience, accompanied by limits in spatial mobility coinciding with restricted social networks. These elements, which also appeared in previous studies conducted by the Favelas Observatory prior to the implementation of the UPPs in Rio de Janeiro, demonstrate the reiteration of socioeconomic, racial, age-based, gender-based, and territorial inequalities.

It is important to highlight the correlation between the timing of entrance into the illicit network and timing of school dropouts. Although we have identified an increase in the number of youth that reached secondary school in this study (16.1%), in the majority of cases, school abandonment and insertion into the illicit network occur in adolescence. Additionally, it is important to note the growth in the number of youth that reported having entered retail-level drug trafficking before the age of 12 and the increase in the number of siblings inserted in illicit activities. These results enhance the relevance of developing preventative policies directed towards childhood and adolescence, as well as initiatives that take into account vulnerabilities in the familial context.

In the majority of cases, school dropouts occur between the 5th and 7th years of primary school. However, we verified here that even among those interviewees that continued on to secondary school, this level of escolaridade did not result in insertion into the labor market or into a professional training that attends to the needs of these youth.

The primary motivations offered for insertion into drug trafficking, as well as school abandonment, are financial issues associated with supporting families and the acquisition of desired consumer goods. The lack of attractiveness of the school context, alongside the precariousness of accessible work conditions, plus the possibility of access to high income levels in the illicit network favored drug trafficking as a more attractive activity. Adding to this are more subjective elements relevant to the question of permanence in the network, particularly the feeling of belonging to a group and the adrenaline generated by trafficking activities, especially the use of firearms.

There exists, therefore, an articulation between symbolic and subjective elements with material issues that drive this insertion. However, the economic motivations appear more strikingly in the current study than in previous research, both in terms of entrance and permanence in the illicit network. We also noted a small growth in income in the drug trafficking network in relation to the previous study undertaken as part of *Rotas de Fuga*.

In reference to the main changes related to the adolescent and youth profiles, we have verified a considerable increase in interviewees who mention stable loving relationships and who declare themselves Evangelical.

In regard to changes specifically related to the dynamics of the illicit network, we have identified the emergence of new functions. As previously stated, diversification of activities has deepened, and specifically in relation to how armed groups dominate their territories by developing an array of economic activities inside the favelas beyond drug sales. These activities increasingly include formal and informal activities, which are not necessarily illicit, mirroring those typically dominated and exploited by militia groups.

Another interesting aspect is the fact that many interviewees stated that they undertake other work alongside retail-level drug trafficking. This reveals an increasingly tenuous bond with the illicit network - seen by many as a type of gig or sporadic activity.

High turnover rates continue to characterize the network: 40.2% of the interviewees stated having left their drug trafficking activity voluntarily, reiterating data obtained in our 2004-2006 research in *Rotas de Fuga*. This data reveals an increased exit rate from the illicit network and reinforces the importance of developing public policies that contribute to the sustainability of this exit trend.

Interviewees reported trafficking's worst aspects as violence, risk of death, imprisonment, and extortion. These aspects, combined with precarious daily conditions, in many cases drove a desire to construct alternative trajectories.

Principal among the factors cited when discussing life perspectives were the possibility of having access to formal work, considered decent and lucrative, or access to activities with decent income. Emotional bonds, especially with families, are also mentioned as elements that could contribute to an exit from drug-trafficking.

In the field of health, we noticed that the territories' - the favelas and city peripheries in general - main demands and gaps in care spoke more to precarious work conditions, the closing of health facilities due to episodes of armed violence, overburdened staff and the national health crisis than to actual service provision and the methods developed to guarantee the right to health. In the last case, we stress the transformations made in basic care units - including those of mental health services, such as the CAPs in their various modalities.

Regarding the specific set of youth here interviewed, no serious health problems were verified. There exists a reasonably respectful relationship between these youth and health services, which act and respond positively to their needs. Only 18% of youth interviewed reported having had problems because of alcohol or drug use.

The largest demand arises instead from health professionals and favela and periphery residents. Interviewees reported with near unanimity serious and notorious cases of sickness, anxiety and panic disorders, depression and other psychic grievances. Such processes are directly associated with the impacts of daily-armed violence on favela residents and health professionals.

In regards to the relationship between health and public security policies, the “war on drugs” perspective adopted by security forces differs materially from the damage reduction strategy, which brings in itself an anti-prohibitionist bias. The contrast between these perspectives poses a series of difficulties, both for professionals of both fields and for achievements in health care, especially regarding those who developed problematic dependence on crack, alcohol and other drugs. Despite the small achievements in this area due to the user-decriminalization Law nº 11.343/06, there still exists a moral condemnation of this behavior, making it difficult for users to access services and communicate with health care providers. With this in mind, Community Health Workers and Damage Reduction Workers are essential for enabling dialogue and even addressing the matter during household visits and other field procedures.

In field of the public security, we found a prevailing critical analysis regarding the implementation of the UPPs, specifically related to: the initiative’s fragile institutionalization, problems in the training of police officers, the criteria for expansion, limits in terms of sustainability, and political and electoral interests. Other facts also stood out: a lack of articulation with initially expected social policies, a lack of channels for effective connections with the community, tensions related to the regulation of public spaces, police exceeding the limits of their role, and the fragility of mechanisms for monitoring police activity.

Although some acknowledged the contribution of this experience to homicide reduction in Rio de Janeiro, as the process advanced, the narrative and how the police acted changed. The proximity perspective has been progressively replaced by the type of confrontation historically associated with the logic of the “war on drugs.” In this context, we have seen a worsening of armed conflict and an increase in dead and wounded residents and police officers, as well as visibility gained by the retaking of some territories under the control of armed groups. Living with daily confrontations has also produced significant impacts on health matters for police officers, especially in the field mental health.

In regards to criminal network configurations, despite significant diversity in our analysis, militia strengthening and territorial expansion of militia groups stand-out alongside a lack of organization in Rio de Janeiro’s retail-level drug trafficking network. We also noted changes in the composition and practices of these networks in relation to activity diversification. Interviews revealed that groups associated with retail-level drug trafficking started to exploit services in order to diversify their economic activities in the controlled territories. Militias, on the other hand, began to exploit drug traffic in some areas. Accounts state that these groups are in direct confrontation in some areas, despite associating with one another in others. Those actions typically recognized as characteristic of criminal groups have gained a certain ambiguity. It should be noted, however, that these relations are fluid, fragile, and very dynamic, such that it is impossible to identify defined standards.

Interviewee's perceptions of the UPPs are predominantly negative. Despite nuances in the perceptions of police officers, health professionals and youth inserted into the illicit network, it is possible to verify that, for interviewees, some principal goals of the UPPs, such as confrontation reduction and the construction of a trusting relationship with residents, may not have been achieved. The UPPs may also not have produced the intended result of reducing the number of arms in the favelas. On the other hand, according to interviewees, UPP implantation did have some influence on drug trafficking dynamics. Among the changes noted are: migration, the opting for other criminal practices such as cargo robbery, strategies for maintaining drug sales with less visibility in UPP areas, and changes in the areas of consumption.

In view of the UPPs' crisis, there is a consensus on the need to prioritize mortality reduction in Rio de Janeiro and to advance in the construction of strategies that enable the overcoming of the "war on drugs."

PROPOSITIONS

In this study, we have worked with distinct groups and fields, including health professionals, police officers, and workers in the illicit network, focusing on those elements of criminal groups engaged in retail-level drug sales in the favelas and peripheries of the metropolitan area of the city of Rio de Janeiro. Each field and group brings with it its own particularities as well as its own contributions to a shared web of relationships, effects, and problems, such that these particularities affect one another. Likewise, strategies for overcoming the matter also entangle and produce mutual and shared causes and effects, even in distinct fields and positions.

In this context, when we construct propositions and paths for overcoming obstacles and limits in public policies - and even in terms of how the subjects being researched present themselves and are perceived - it is inevitable that fields mix with one another. Yet, maintaining their particularities, they also produce hybrid paths, articulating the many fields and actors involved in this construction.

Therefore, we present our propositions, jointly carried out, as a way to articulate specific blocks with the intersections that form and bind them on a daily basis in territories and in the life that circulates throughout the city's streets, alleys and avenues. Everything mixed together, as favela slang so masterly translates the exchanges and living flows of time and urban space - essential raw material for the construction of public policies adequate for the reality we live in.

IN THE AREA OF PREVENTION AND ALTERNATIVES FOR ADOLESCENTS AND YOUTH INSERTED INTO THE NETWORK OF RETAIL-LEVEL DRUG TRAFFICKING:

- Formulate public policies designed to prevent children and adolescents from entering the illicit network and create alternatives for those that wish to leave;
- Invest in public policies of secondary and tertiary prevention;
- Take prompt action geared to boost insertion in education; develop strategies designed to maintain bonds with school;
- Foster learning opportunities and effective policies for job and income creation for youth and family members;
- Build training and professional qualification programs designed for adolescents and youth who are involved in the illicit network but are willing to exit. Such programs must respect their demands, professional wishes, and socioeconomic profiles;
- Create tax incentives for companies and organizations that provide job openings for former penitentiary system youth and former socio-educative system adolescents;
- Allocate public financing for art, culture, and non-formal education projects as well as professional qualification for adolescents and youth in conflict with the law. Make funds available for civil society organizations, in addition to research projects related to university extension projects;
- Develop strategies to combat youth stigmatization and boost alternatives to the illicit network.

IN THE FIELD OF HEALTH:

- Conduct monitoring and evaluation on the impact of violence on public health policies, starting from the following indicators and perspectives:
 - A)** Changes in health unit operations, as monitored by the Red Cross's *Acesso Mais Seguro* Program (Safer Access);
 - B)** Surveys and comparative analyses of changes in illness and health demands presented during intense armed confrontations, both by residents and health professionals. Such action aims to support the development of intervention strategies;
- Build and strengthen spaces for participation and institutional articulation among different social actors, including public and private institutions, civil society organizations, and social movements;
- Create spaces and a regular mechanism for attending to and providing care for health professionals;
- Expand coverage of the *Estratégia de Saúde da Família* (Family Health Program, ESF) as the central strategy for expansion and consolidation of *Atenção Básica* (Basic Care, AB);

- Expand coverage of the *Rede de Atenção Psicossocial* (Psychosocial Care Network, RAPS);

- Strengthen and expand the actions of Community Health Workers, promoting continued education and training;

- Implement formative processes for damage reduction with health, social assistance, and public security professionals, together with the municipal and state school system in community spaces for social participation and civil society organizations; expand training courses and hire new Damage Reduction Workers;

- Develop educational campaigns in line with the paradigm of damage reduction;

- Promote debate and dialogue regarding the impact of the “war on drugs” and new propositions for reformulating drug policies in Brazil and abroad;

- Review current drug laws, opening spaces for participation and collective decision-making processes that include the participation of residents, favela community leaders, and civil society organizations working in this field and in these territories;

- Foster political participation and cross-sector dialogue in order to produce and develop integrated strategies for public programs and policies, together with health, education, social assistance, culture, and security among others;

- Review and revoke constitutional amendment 95 - that drastically restricts needed resources for social policies, for twenty years - as a condition for possible structural advancements in the field of social policies.

IN THE FIELD OF PUBLIC SECURITY:

- Construct public security policies whose fundamental premise is the protection of life, and that enable us to break with the security logic that prioritizes confrontation and progressive militarization;

- Replace the logic of confrontation with investment in intelligence activity, enhancing investigative processes and increasing rates clarification of police investigations. To this end, technological investments are essential, as are material and human resources for technical and scientific policing;

- Develop strategies and programs whose primary axis is the reduction of mortality in Rio de Janeiro, guiding integrated efforts towards areas with the highest rates of homicide and groups which most vulnerable to violence;

- Prioritize racial, age-based, gender-based and territorial dimensions in preventive policies, empowering actions that value the life of black youth in the favelas and peripheries;

- Stress the importance of expanding arm and ammunition control policies;

- Implement strategies and specific goals for reducing homicides resulting from police intervention;

ANNEX I

FAVELAS INSTRUMENT¹

Interview form number:

Interviewer:

01. Age: _____

02. Birth Place: _____

03. Color

1. White
2. Brown
3. Black
4. Yellow
5. Indigenous

04. Sex

1. Male
2. Female

05. Community (favela): _____

06. For how long have you been living in the community?

1. Less than a year
2. 1 to 3 years
3. 4 to 6 years
4. 6 to 10 years
5. More than 10 years
6. I have always lived there.

07. Have you ever lived in another community before?

1. No
2. Yes which one(s)? _____

08. Do you live with?

1. Parents
2. Mother
3. Father
4. Spouse
5. Friends
6. Alone
7. Relatives _____
8. Others _____



¹- The instrument applied with adolescents interned at the provisory DEGASE unit contained the same structure with minimal adaptations related to issues of time. Changes will be noted in this document.

09. The residence where you live is:

1. My own
2. Rented
3. Given
4. Other

10. Responsible for raising you (choose up to two options):

1. Father
2. Mother
3. Relative(s) _____
4. Orphanage
5. Underage shelter
6. Other: _____

11. What is the profession of the person responsible for raising you?

12. Do you have siblings?

1. None
2. One
3. Two
4. Three
5. Four
6. More than four

13. In case you have siblings, is/was anyone involved with crime? ()yes; ()no.

14. Religion

1. Catholic
2. Traditional Evangelical
3. Pentecostal Evangelical
4. Afro-Brazilian
5. None, but believes in God (skip to next question)
6. None (skip to next question)
7. Other: _____

15. Are you devout? (in case you have any religion)

1. No
2. Yes

16. Do you have (choose up to two options):

1. Boy/Girlfriend
2. Spouse
3. a hook up
4. a hook up with many persons
5. No one

17. Do you have children?

1. None
2. One
3. Two
4. Three
5. More than three

18. What drugs have you ever taken? (Mark X if already taken).

1. Never taken any drug (skip to question 21)

1. Alcohol
2. Cigar
3. Cola
4. Marijuana
5. Cocaine
6. Crack
7. Hashish
8. Amphetamines
9. Tranquilizers
10. Solvent
11. Solvent spray
12. Skunk
13. Ecstasy
14. LSD
15. MDMA
16. Others: _____

19. Which drug(s) are you currently taking?² How frequently?

- | Drug | Frequency | Codes |
|--|------------------|-------|
| 1. Alcohol <input type="checkbox"/> | 1. Daily | |
| 2. Cigar <input type="checkbox"/> | 2. Once a week | |
| 3. Marijuana <input type="checkbox"/> | 3. Only weekends | |
| 4. Cocaine <input type="checkbox"/> | 4. Rarely | |
| 5. Crack <input type="checkbox"/> | | |
| 6. Hashish <input type="checkbox"/> | | |
| 7. Amphetamine <input type="checkbox"/> | | |
| 8. Tranquilizers <input type="checkbox"/> | | |
| 9. Solvent <input type="checkbox"/> | | |
| 10. Solvent spray <input type="checkbox"/> | | |
| 11. Skunk <input type="checkbox"/> | | |
| 12. Ecstasy <input type="checkbox"/> | | |
| 13. LSD <input type="checkbox"/> | | |
| 14. MDMA <input type="checkbox"/> | | |
| 15. Others _____ <input type="checkbox"/> | | |



²- In the DEGASE instrument, this question was adapted to the past tense, referring to the period prior to entrance into the DEGASE unit: "With what frequency did you consume...?"

20. How old were you when you started taking drugs?

1. Younger than 10 years old
2. from 10 to 12 years old
3. from 13 to 15 years old
4. from 16 to 18 years old
5. older than 18 years

21. Your main friendships are established with people who: (you may mark more than one option)

1. work with drug trafficking
2. do not work with drug trafficking, but take drugs
3. do not take drugs, neither work with drug trafficking

22. Do you attend school?

1. Yes
2. No

23. What was the last grade you concluded?

1. 1st year
2. 2nd year
3. 3rd year
4. 4th year
5. 5th year
6. 6th year
7. 7th year
8. 8th year
9. 9th year
10. High School
11. Other: _____
12. Never studied (skip to question 27)

24. How old were you when you left school?

1. still studying (skip to the next)
2. 9 to 10 years old
3. 11 to 12 years old
4. 13 to 14 years old
5. 15 to 16 years old
6. 17 years old or older
7. do not know/remember

25. Why did you stop studying? (Number answers according to importance)

1. Didn't like to study
2. Didn't like school
3. Couldn't learn
4. Didn't like the teachers
5. Had to make more Money for supporting family
6. Wanted Money for buying things I liked
7. Family did not encourage
8. Other _____

26. How old were you when entered drug trafficking?

1. Younger than 10 years old
2. From 10 to 12 years old
3. From 13 to 15 years old
4. From 16 to 18 years old
5. older than 18 years

27. Have you had another job before?

1. Yes. Which? _____
2. No

28. Current occupation:³

1. Look-out and Fireworks signal
2. Soldier
3. Seller
4. Packer
5. Carrier
6. Manager
7. Supplier
8. Other: _____

29. Do you have a second job or activity?⁴

1. Yes. Which? _____
2. No

30. JAfter starting working with trafficking, have you had periods in which you left it voluntarily?

1. Yes
2. No

31. Who introduced you to drug trafficking work?

1. Friend
2. Family member
3. Girl/Boyfriend
4. No one
5. Other: _____

32. Daily workload:

- 8 hours daily
- 8 to 10 hours daily
- 10 to 12 hours daily
- more than 12 hours a day
- other _____

33. Weekly days off:

1. One
2. Two
3. Do not have



³- In the DEGASE instrument, this question was changed to: "Occupation held while involved in drug trafficking"

⁴- In the DEGASE instrument, this question was changed to: "Did you have another job or activity in the time when you were involved in drug trafficking?"

34. Work scale:

- up to 8 consecutive hours
- up to 12 consecutive hours
- up to 18 consecutive hours
- up to 24 consecutive hours
- Other: _____

35. How much do you make monthly?⁵

- Less than 1000 Reais
- 1000 Reais
- Between 1000 and 3000 Reais
- Between 3000 and 5000 Reais
- Between 5000 and 7000 Reais
- Between 8000 and 10.000 Reais
- Between 10.000 and 15.000 Reais
- more than 15.000 Reais

36. Benefits:⁶ (you may mark more than one option)

- Sporadic gratuities
- Meal
- Snack
- Bonus drugs
- None
- Other: _____

37. Cite two factors that lead you to work with drug trafficking: (number two answers by order of importance)

1. Help family
2. Make a lot of money
3. Status
4. Feeling of power
5. Friend bonds
6. Difficulty to study
7. Family violence
8. Difficulty to get any other job
9. Difficulty to get another job whose income is the same
10. Adrenaline
11. Will to use a gun
12. Ease of drug use
13. Other: _____



⁵- In the DEGASE instrument, this question was changed to: "How much did you earn per month?"

⁶- In the DEGASE instrument, this question was changed to: "Benefits you had in that period"

38. Cite two factors that keep you in drug trafficking (number two answers by order of importance):

1. Help family
2. Money
3. Status
4. Feeling of power
5. Group connection
6. Adrenaline
7. Difficulty to get any other job
8. Difficulty to get another job whose income is the same
9. Believing another life isn't possible.
10. Other: _____

39. Cite the two best things of working in drug trafficking (number two answers by order of importance):

1. Money
2. Status
3. Feeling of power
4. Friend bonds
5. Adrenaline
6. Other: _____

40. Cite the two worst aspects of working in drug trafficking (number two answers by order of importance):

1. Risk of death
2. Prejudice
3. Having to be alert at all times
4. Police "extortion"
5. Difficulty to get any other job
6. Difficulty to get another job whose income is the same
7. Risk of imprisonment
8. Other: _____

41. Cite two factors that could contribute to your trafficking exit (number two answers by order of importance):

1. Make a lot of money
2. Prison
3. Date a cool girl
4. Find a formal job
5. Quit drugs
6. Other: _____

42. People you admire the most, alive or dead:

- a) Acquainted: _____
- b) Public figure: _____

43. Fun activity you like the most (mark two options, by preference order):

1. Brazilian Funk Dance Party
2. Cinema
3. Concert
4. Beach
5. Dating
6. Shopping Mall
7. Hanging with friends
8. Practice a sport
9. Watch TV
10. Barbecue
11. Other: _____

44. Leisure activities are usually done: (you may mark more than one option)

1. In group
2. Alone
3. With Girl/Boy friend
4. With one or two friends
5. With family

45. Music genres you like the most – cite two:

1. Brazilian Funk
2. Pagode
3. Hip Hop
4. Country Music
5. Brazilian Popular Music (MPB)
6. Rock
7. Other: _____

46. Where do you usually go for your leisure activity(ies)?

1. Predominantly in my community
2. Predominantly in other communities
3. In the community's surrounding neighborhood(s)
4. In neighborhood(s) distant from the community
5. Both inside and outside the community, with no prevalence

47. Family members employed in the drug trafficking or other illicit activity: (you may mark more than one option) – Number how many

1. No one
2. Father
3. Mother
4. Sibling(s)
5. Uncle(s)
6. Cousin(s)
7. Grandparent(s)
8. Others: _____
9. Do not know

48. Which drugs are currently the most sold? _____

49. Which drugs are currently the least sold? _____

50. What are the most consumed drugs among trafficking workers? (you may mark more than one option)

1. Alcohol
2. Cigar
3. Marijuana
4. Cocaine
5. Crack
6. Hashish
7. Amphetamines
8. Tranquilizers
9. Solvent
10. Spray solvent (Lança)
12. Skunk
12. Ecstasy
13. LSD
14. MDMA
15. Others: _____

51. What are the less consumed drugs among trafficking workers? (you may mark more than one option)

1. Alcohol
2. Cigar
3. Marijuana
4. Cocaine
5. Crack
6. Hashish
7. Amphetamines
8. Tranquilizers
9. Solvent
10. Spray solvent (Lança)
12. Skunk
12. Ecstasy
13. LSD
14. MDMA
15. Others: _____

52. What are the main problems found among consumers? (you may mark more than one option)

1. They get drunk
2. They get intoxicated
3. They are outsiders, unfamiliar to the rules for entering the favela
4. They create problems with residents
5. Others _____

53. What drugs do you think harm health the most? (mark up to 2 options)

1. Alcohol
2. Cigar
3. Glue
4. Marijuana
5. Cocaine
6. Crack
7. Hashish
8. Amphetamines
9. Tranquilizers
10. Solvent
11. Solvent Spray (Lança)
12. Skunk
13. Ecstasy
14. LSD
15. MDMA
16. Others _____

54. How do you take care of your health? (or how do you prevent getting ill) (you may mark more than one option)

1. Eating
2. Physical activities
3. Blood exam
4. Medicines
5. Condoms
6. Nothing
7. Do not know
8. Others _____

55. When you have a health problem, where or with whom do you seek help?

_____ (open question)

56. Are you familiar with any of these services? (you may mark more than one option)

1. Community Health Workers
2. UPA
3. Health Center (CMS)
4. CAPSad
5. Family Clinics
6. Street clinics
7. Hospital

57. Did you seek health services in the last 12 months?

- No
 Yes

58. If so: What lead you to seek health services at the time?

1. Disease Which? Specify: _____
2. Injury
3. Disease prevention
4. Tooth pain
5. Others _____

59. What was the service and your assessment?

Service: _____

Assessment: 1. Great 2. Good 3. Reasonable 4. Bad 5. Terrible

60. Have you ever had problems because of drug use?

1. No
2. Yes

61. If you encounter problems with drug use, where or with whom will you seek help?

(you may mark more than one option)

1. Friends
2. Family
3. Community Health Care Clinic
4. UPA
5. CapsAD
6. Preacher
7. Church
8. Street clinics
9. Others _____

62. Number of times arrested by police:

1. 1
2. 2
3. 3
4. 4
5. 5 or more
6. None

63. Number of times you suffered physical police violence:

1. 1
2. 2
3. 3
4. 4
5. 5 or more
6. None

64. Number of times you suffered from police extortion:

1. 1
2. 2
3. 3
4. 4
5. 5 or more
6. None

65. Number of internment in socio-educative unities:

1. 1
2. 2
3. 3
4. 4
5. 5 or more
6. None

66. Number of confrontations with police:

1. 1
2. 2
3. 3
4. 4
5. 5 or more
6. None

67. Number of rival group confrontations:

1. 1
2. 2
3. 3
4. 4
5. 5 or more
6. None

68. Are you used to carrying a firearm⁷?

1. Yes, daily
2. Yes, once in a while
3. Yes, rarely
4. No



⁷- In the DEGASE instrument, this question was changed to: “Did you used to carry firearms?”

69. Number of injuries suffered by firearm or other weapon:

1. 1
2. 2
3. 3
4. 4
5. 5 or more
6. None

70. What are the mains differences between favelas that have UPPs and favelas that do not? (you may mark more than one option)

1. Favelas with UPPs are more violent
2. Favelas with UPPs are less violent
3. The presence of weapons is higher in favelas with UPPs
4. The presence of weapons is lower in favelas with UPPs
5. Confrontations are more frequent in favelas with UPPs
6. Confrontations are less frequent in favelas with UPPs
7. The UPP makes drug trafficking easier
8. The UPP makes drug trafficking harder
9. Police officers from the UPP show greater respect towards residents
10. Police officers from the UPP show less respect towards residents
11. The UPP police officer is more corrupt
12. The UPP police officer is less corrupt
13. The UPP improved things in the favela
14. The UPP worsened things in the favela

71. What do you usually do with the money you make in drug trafficking?⁸ (number three options by order of importance)

1. Buy clothes
2. Spend on family
3. Buy drugs
4. Spend on leisure
5. Others: _____

72. How satisfied are you with life⁹?

Very satisfied More or less satisfied Slightly satisfied Completely dissatisfied

73. What is your biggest dream in life?

_____ (open question)



⁸- In the DEGASE instrument, this question was changed to: "What did you do with the money you earned with the money you earned in trafficking?"

⁹- In the DEGASE instrument, this question was changed to: "How satisfied were you with your life when you were involved in drug trafficking?"

ANNEX II

HEALTH PROFESSIONAL INTERVIEW QUESTIONS

1. In general, how would you describe your career trajectory?
2. And today, what are your daily tasks and routine?
3. What is your opinion of the bellic strategy of the “war on drugs”?
4. How do you view the recent discussions and movements around drug legalization, drug decriminalization, and the depenalization of drug users?
5. In general, how is the theme of drugs dealt with here? Is there a specific approach or therapeutic work developed here?
6. In your opinion, what is the best form of treatment?
7. What drugs create a greater demand for healthcare services?
8. Is there a specific profile of user for each type of drug? If so, what are these profiles like?
9. In relation to drug users, do you perceive a change in patterns of consumption and in relation with healthcare services and programs since the beginning of UPP implementation in the city?
10. In your opinion, did the process of pacification developed by the city of Rio de Janeiro address in some way health services and health-related public policies in the favelas? If yes, how? If no, why not?
11. Does the presence of armed civil groups with territorial dominance affect health services and health-related public policies in any way? If yes, how?
12. How would you describe the relation and access of youth inserted into drug-trafficking with health services and health programs?
13. Do police operations and security actions address health services and health-related public policies in the favelas? How?
14. Does the presence of a UPP change in some way the actions of residents in relation to health services or their accessing of health services? How?
15. Recently we have seen worsening tension and conflict between armed civil groups and between armed civil groups with public security forces. What are the primary effects of this dynamic on the health of the population?
16. And for health service teams, what are the primary effects on this group, their responses in terms of their health?
17. Within the overview of this interview, what would be you propositions for overcoming obstacles and difficulties and strengthen health services and public policies?
18. In your opinion, within this thematic field, are there any other important points or issues that this interview should address? Which?

ANNEX III

POLICE INTERVIEW QUESTIONS

1. In general, how would you describe your career trajectory in terms of the process of implementation of the UPPs?
2. How would you evaluate the experience of the Pacifying Police Units?
3. What, in your view, were the positive points, negative points, and general balance of this process?
4. What were the primary impacts generated by the process of the implantation of the UPPs on:
 - a) Criminal networks
 - b) Occupied or “pacified” territories and their residents
 - c) The Military Police
5. What were the principal difficulties experienced and the solutions created to resolve them?
6. Do you note any reconfigurations in criminal networks related to the implementation of the UPPs?
7. In your opinion, was there a transformation in the relationship between the communities and the Military Police in general? If yes, how?
8. Was there any impact on the health of police that worked in the UPPs? What?
9. In your opinion, did the process of pacification developed by the city of Rio de Janeiro address in some way health services and health-related public policies in the favelas? If yes, how? If no, why not?
10. In relation to drug users, do you perceive a change in patterns of consumption and in relation with healthcare services and programs since the beginning of UPP implementation in the city?
11. What is your opinion on the war-like strategy of the “war on drugs”?
12. How do you view the recent discussions and movements around drug legalization, drug decriminalization, and the depenalization of drug users?
13. What is the future of the UPP? What changes are necessary for their improvement and continuity?
14. What alternatives do you foresee for public security in Rio de Janeiro in the face of the depletion of the UPP strategy? What are the paths to the construction of an alternative that goes beyond the traditional war-like logic?
15. In your opinion, was there any important issue that should have been addressed in this interview? What?



REALIZATION:



SUPPORT:

