

## Regulation of *Cannabis* use in Uruguay and its influences on the Brazilian border\*

Diogo Henrique Tavares<sup>1,2</sup>

 <https://orcid.org/0000-0002-0961-6421>

Vanda Maria da Rosa Jardim<sup>1</sup>

 <https://orcid.org/0000-0001-8320-4321>

Beatriz Franchini<sup>1</sup>

 <https://orcid.org/0000-0003-3122-7091>

Heitor Silva Biondi<sup>3</sup>

 <https://orcid.org/0000-0002-7175-9538>

Cândida Garcia Sinott Silveira Rodrigues<sup>1</sup>

 <https://orcid.org/0000-0001-7719-0621>

Jéssica Stragliotto Bazzan<sup>1,2</sup>

 <https://orcid.org/0000-0002-3533-054X>

**Objective:** to know the influences of the regulation of *Cannabis* use in Uruguay on the consumption of this psychoactive substance in the border region with Brazil.

**Method:** a qualitative, exploratory and descriptive study.

The participants were 14 individuals who use *Cannabis*, living in a city on the Brazil/Uruguay border. Data was collected by semi-structured interviews, and analyzed through Content Analysis. **Result:** social transformations are related to the social acceptance of consumption; visualization of older adults who use the substance and greater interaction between individuals who use *Cannabis* from the countries involved. The changes in consumption are related to the possibility of acquiring *Cannabis in natura*, to the availability of various types and subspecies of the plant, and to the flow of Brazilians to carry out consumption on the Uruguayan side of the border.

**Conclusion:** investigating spaces of social, cultural and political fusion can serve to reflect on the current Brazilian scenario, and to implement actions that seek to safeguard human rights, respecting autonomy, and taking care about the health perspective.

**Descriptors:** *Cannabis*; Uruguay; Brazil; Borders Areas; Border Health.

\* Paper extracted from master's thesis "Consumo de *Cannabis* na fronteira entre o Brasil e o Uruguai: olhar sistêmico e temporal a partir da Teoria Bioecológica do Desenvolvimento Humano", presented to Faculdade de Enfermagem, Universidade Federal de Pelotas, Pelotas, RS, Brazil.

<sup>1</sup> Universidade Federal de Pelotas, Faculdade de Enfermagem, Pelotas, RS, Brazil.

<sup>2</sup> Scholarship holder at the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES), Brazil.

<sup>3</sup> Universidade Federal de Rio Grande, Hospital Universitário Dr. Miguel Riet Corrêa Jr, Rio Grande, RS, Brazil.

### How to cite this article

Tavares DH, Jardim VMR, Franchini B, Biondi HS, Rodrigues CGSS, Bazzan JB. Regulation of *Cannabis* use in Uruguay and its influences on the Brazilian border. SMAD, Rev Eletrônica Saúde Mental Álcool Drog. 2021 Oct.-Dec.;17(4):23-32. doi: <https://dx.doi.org/10.11606/issn.1806-6976.smad.2021.169597>

## Regulamentação do consumo de *Cannabis* no Uruguai e suas influências sobre a fronteira brasileira

**Objetivo:** conhecer as influências da regulamentação do consumo da *Cannabis* no Uruguai sobre o consumo desta substância psicoativa na região de fronteira com o Brasil. **Método:** estudo qualitativo, exploratório e descritivo. Participaram 14 pessoas que usam *Cannabis*, residentes em uma cidade da fronteira Brasil/Uruguai. Dados coletados por entrevista semiestruturada, analisados através da Análise de Conteúdo. **Resultado:** as transformações sociais estão relacionadas com a aceitação social do consumo; visualização de pessoas idosas que utilizam a substância e maior interação entre pessoas que usam *Cannabis* dos países envolvidos. As transformações no consumo estão relacionadas com a possibilidade de se adquirir *Cannabis in natura*, disponibilidade de variados tipos e subespécies da planta e o fluxo de brasileiros para realizar o consumo no lado uruguaio da fronteira. **Conclusão:** investigar espaços de fusão social, cultural e política, pode servir para reflexão acerca do atual cenário brasileiro, e implementação de ações que busquem salvaguardar os direitos humanos, respeitando a autonomia, e cuidando sobre a perspectiva de saúde.

**Descritores:** *Cannabis*; Uruguai; Brasil; Áreas de Fronteira; Saúde na Fronteira.

## Regulación del consumo de *Cannabis* en Uruguay y su influencia en la frontera brasileña

**Objetivo:** conocer la influencia de la regulación del consumo de *Cannabis* en Uruguay sobre el consumo de esa sustancia psicoactiva en la región fronteriza con Brasil. **Método:** estudio cualitativo, exploratorio y descriptivo. Participaron 14 personas que consumen *Cannabis* y viven en una ciudad de la frontera entre Brasil y Uruguay. Los datos fueron recopilados por medio de entrevista semiestructurada, analizados mediante Análisis de Contenido. **Resultado:** las transformaciones sociales están relacionadas con la aceptación social del consumo; visualización de personas mayores que consumen la sustancia y mayor interacción entre personas que consumen *Cannabis* en los países involucrados. Los cambios en el consumo están relacionados con la posibilidad de adquirir *Cannabis in natura*, la disponibilidad de varios tipos y subespecies de la planta y el flujo de brasileños para realizar el consumo en el lado uruguayo de la frontera. **Conclusión:** investigar espacios de fusión social, cultural y política, puede servir para reflexionar sobre el escenario brasileño actual e implementar acciones que busquen salvaguardar los derechos humanos, respetando la autonomía y cuidando la perspectiva de la salud.

**Descriptorios:** *Cannabis*; Uruguay; Brasil; Áreas Fronterizas; Salud Fronteriza.

## Introduction

At the beginning of the 20<sup>th</sup> century, psychoactive substances (PAS) were the target of a prohibitionist policy, led by the United States and which placed other countries in the international system, including Brazil, in this same orbit, initiating the so-called "War on Drugs"; deaths; violence and a billion dollar market, with a strand based on argument and prejudice, mass incarceration and criminalization of the poor<sup>(1)</sup>.

From 2009 to 2016, more than 20,000 people were killed in Brazil as a result of police interventions, mostly young and black-skinned men<sup>(2)</sup>. In this light, the crime that has one of the greatest contributions to mass incarceration is drug trafficking, with a prison population of 17,506 women and 183,077 men, second only to the type of crime against property, which incarcerated 504,108 people (494,994 men and 9,114 women) in the country with 442,349 vacancies in its prison system<sup>(3)</sup>.

In this context, it is emphasized that the prevailing ideas about the expected results of the application of prohibitionist policies would be to stop trafficking, eliminate illicit substances, protect public health, and equitable application of public policies, aspects that have not been achieved, of course. The literature identifies the importance of rethinking alternatives and indicates ways for the dissemination and consolidation of possibilities that responsibly deal with the problem of the use of PAS and urban violence arising from trafficking<sup>(4)</sup>.

In light of this situation, recent policy reforms regarding the regulation of PAS, such as *Cannabis*, have influenced the global debate on drug policies and other perspectives. Going against this method of controlling society, Uruguay, Spain and Colorado, in the United States, instituted models for legalizing *Cannabis* in ways that differ from one another. In Uruguay, legalization came about through the leading role of the country itself, becoming the pioneer in the world to act in a progressive and autonomous manner<sup>(1)</sup>.

Uruguay, a country bordering Brazil, regulated, through Law 19,172/13, the *Cannabis* market for the entire country, safeguarding people's rights to consume the plant, through the purchase, creation of clubs for planting and individual planting<sup>(5)</sup>.

The regulation of the use of *Cannabis* can transform the context of people who use this PAS and the social aspects interrelated with this practice, such as making it easier to access people who really suffer from PAS abuse, propose new therapeutic perspectives, mass incarceration, violence and social exclusion.

The movement carried out by Uruguay to create political alternatives characterizes a historic landmark, which can influence the lives of people who consume this PAS not only in Uruguay itself, but also in the countries that intersect with it on its borders, such as Brazil. Borders

are characterized by being contexts full of particularities, originating from territorial, political and paradigmatic limits, where people from both countries interact on a daily basis, obtaining a sociocultural identity of the border people<sup>(6)</sup>. In this environment, still unexplored, a singular consumption of *Cannabis* can materialize, influenced by the antagonistic perspectives on the use of this PAS existing on both sides of the border between Brazil and Uruguay.

Given this context, this study aims to understand the influence of the regulation of *Cannabis* consumption in Uruguay on the consumption of this psychoactive substance in the border region with Brazil.

## Method

A qualitative, exploratory and descriptive study<sup>(7)</sup>, extracted from the dissertation entitled "*Cannabis* consumption on the border between Brazil and Uruguay: a systemic and temporal view based on the Bioecological Theory of Human Development".

The data were collected in a Brazilian municipality that borders Uruguay. The choice of the participants followed these inclusion criteria: making use of *Cannabis*, regardless of the country in which it was used; having Brazilian or dual nationality (Brazil and Uruguay); living in Brazil; and being 18 years old or older. Access to the participants took place through the non-probabilistic approach called "Snowball"<sup>(8)</sup>.

The method made it possible to access participants with common characteristics. Most of them were men, young people, single, who were in the job market or studying higher education. They lived with their family, other students or alone. Everyone used *Cannabis* in a recreational way<sup>(9)</sup>. Only one participant had dual nationality.

The interviews took place on Brazilian soil and at two moments: October 2016 and April 2017. They were developed after the presentation of the research objectives and acceptance of participation, by signing the Free and Informed Consent Form.

At the first collection moment, the initial informant was indicated by the mental health service of the studied municipality and, after his interview, he indicated the second participant, and this the third, following the "Snowball" method<sup>(8)</sup>.

At the second collection moment, contact was made with the last participant of the first collection moment, and the latter indicated a new one to continue the method. The two insertions in the field occurred due to the difficulty in finding people who, when carrying out an illegal practice in Brazil, were willing to explain about the theme. Many were afraid of being exposed to the security organs of the Brazilian State. As a criterion for closing data collection, data saturation was used<sup>(10)</sup>.

Data collection took place through the semi-structured interview script in order to achieve the research objectives. The interviews lasted a mean of 20 minutes, the interviewer and the participant were present in the places (public spaces for use: squares, river banks; and private: the interviewees' residence). They were recorded using an mp4 recorder and later transcribed and stored in the researcher's personal file.

Data analysis was developed through Content Analysis<sup>(11)</sup>, which consists of the following phases: pre-analysis; exploration of the material; treatment of results and interpretation.

The research to which this study is linked was submitted to the Research Ethics Committee of the Institute for Applied Economic Research (*Instituto de Pesquisa Econômica Aplicada*, IPEA), obtaining positive opinion under number 013/2015 and to the Research Ethics Committee of the Nursing School of the Federal University of Pelotas, through protocol 1,757,934/2016. All the ethical aspects described in Resolution 466/12 of the National Health Council<sup>(12)</sup> were respected and, to preserve the participants' identity, they were identified by the letter "P", referring to the word person, followed by the interview number: P1, P2, and so on.

## Results

The participants were 14 people using *Cannabis*, 12 of whom were male and two female, aged between 18 and 57 years old. As for schooling, one participant had incomplete elementary education, one incomplete secondary education, two complete secondary education, five incomplete higher education, and four complete higher education. Regarding their occupations, four exercised the role of student exclusively, nine were in the labor market, and one was retired. Regarding marital status, 10 were single, two reported being married, one widowed and one divorced.

This study demonstrated that the regulation of *Cannabis* consumption in Uruguay motivated the transformation of different aspects involving people who use SPA in the border region with Brazil. These pervade sociocultural elements related to use, as well as aspects related to the availability and forms of *Cannabis* for consumption and the places where this action takes place. These results will be presented in two categories, namely: "Transformations in sociocultural interactions and interrelationships in *Cannabis* consumption" and "Transformations in *Cannabis* consumption".

### Transformations in sociocultural interactions and interrelationships in *Cannabis* consumption

The regulation of *Cannabis* use in Uruguay influenced sociocultural changes related to this practice in Brazil

in the border region of the two countries. The study participants describe that this context where the Brazilian and Uruguayan laws on *Cannabis* intersect, allowed for a transformation in the way people discuss the topic in the region, (re)signifying the symbolic value of this PAS, and causing dialog to be introduced socially:

*We can talk quietly about marijuana on the street. That question of social acceptance. And this is really cool! (P1); We are in a city that makes us discuss these legalization issues, and we see that, in a way, there is this debate about the legalization of marijuana for Brazil. The debate here is legalized (P2).*

Since Uruguay regulated *Cannabis* consumption, the border region proved to be a trigger for transformation related to the social stigma experienced by the people who use it, bringing the possibility of not feeling marginalized when consuming the substance, revealing itself as a new symbolic value attributed to it.

*Here, the issue of smoking is calmer, of me arriving, sitting in a square to smoke a 'beck'. Of course you don't have to throw it in the face of people that you are smoking weed. But I also don't feel the need to stay hidden (P4).*

In addition, it allowed for greater dialog on the theme and for a new symbolic construction on *Cannabis*, with a consequent reduction in the social stigma attached to the use of this PAS, and made it possible to visualize the diversity of users belonging to others age groups:

*I see a lot of older people using, people in their 60s, 70s using marijuana. I met many older adults who smoke. And it seems that here, older adults using it is more normal, compared to other places. Here people accept Cannabis more at home. The older adults who use it do not need to hide either (P14).*

*Because Uruguay has legalized it, there is dialog about it, and we can see people of other ages also smoking, much older people, especially (P2).*

It was also possible to notice that people who use the PAS, from both countries, started to interact more harmoniously and share usage environments. These transformations, established over time, are marked by the reduction of violence among populations and the establishment of shared inputs aimed at use:

*What I realized was that before, when we left the Brazilian side and went to their [Uruguayans] city to enjoy a party, it didn't work, because they said: "There are Brazilians, let's hit them". When the Uruguayans came here, the same thing happened. There was rivalry between one country and the other. After marijuana was legalized in Uruguay, there is a Spanish wheel, for example, and I get there and say: "Does anyone have rolling paper?", everyone will offer you silk. They will see: "This Brazilian smokes, he's good people!", No one will want to mess with you, just because they know you're a user too. These feuds decrease a lot, a much more harmonious people here on the border, respecting each other more [...] becomes an exchange! Changing, you already know people, one hand is washing the other [mutual help to carry out the use] (P12).*

## Transformations for *Cannabis* consumption

Different elements directly related to the way people use *Cannabis* in the border region between Brazil and Uruguay have undergone transformations. Among the aspects highlighted by the participants is the inclusion of a new presentation of *Cannabis* on the market, which previously was only processed and pressed, in solid blocks, and is currently also available on the Brazilian border the *in natura* form. One participant points out that this form of presentation without processing has higher quality and produces less harms in the consumer. In agreement with this speech, P11, a Uruguayan participant (with Brazilian nationality, living and working in Brazil) described this process in other words and thus revealed:

*Before I had only pressed. After legalizing, pure, good marijuana appeared, loose first-class, without being pressed. It usually comes in crops, because now there are people who plant at their homes there (in Uruguay) (P5).*

*What you see is that more cogoyo (in natura form) is appearing, not the urgent thing they sell you, which is bullshit. Today there is much more, it does less harm [...] You find a more natural product at a more expensive price, it does less harm to you. There's more THC (P11).*

Other transformations occurred at the border, influenced by the regulation of the substance referred to in the neighboring country, these refer to the availability of different subspecies of *Cannabis*, which differ in their effects. For being in a context where different subspecies of *Cannabis* are available, they can choose which one will be consumed, aiming at different effects.

*After they legalized in Uruguay, I already smoked marijuana that I never thought I would smoke in my life. Marijuana has several species, but we don't find them here in Brazil. There is one species, Purple Haze, which is purple, and the effect is wonderful. I've looked for others too, I found them in a store in Uruguay, the effect is completely different (P4).*

*We can better establish the differences through the varieties of marijuana and as marijuana is legalized in Uruguay, you end up knowing the origin better. So you know what a particular marijuana is going to do to you, if you want it, you smoke to stay higher, or more relaxed. Over time you can understand what is going to happen in your body that you will not feel the same if you smoke marijuana of different species. I can identify the different effects (P9).*

*With legalization in Uruguay, now you can find many types here. If you want to be euphoric, or thoughtful, or sleepy, you choose the type that makes you feel what you want to feel (P10).*

The statements of the participants also reveal changes related to the choice of the place for consumption. As this practice is illegal in Brazil, it ends up being accompanied by feelings of fear and insecurity, which leads some users to choose to make the crossing to the neighboring country, in order to consume carefree. However, as the purchase of *Cannabis* in Uruguay is an

illegal practice for non-residents in this country, this action can lead to people suffering sanctions from the Uruguayan public security agents, who in some cases apprehend Brazilians for information on the illegal Uruguayan market.

*When you cross the border to use there, it feels like a weight comes off your head. You can light a joint, walk calmly, that nobody will approach you. The further you advance on the border, entering Uruguay, the more calm you will feel. You try to feel yourself in that legalized sphere, but it is difficult for you to detach yourself from the forbidden, where you come from. You can't easily uproot yourself, especially since you don't know how you're going to be treated by the police there [Uruguay] (P7).*

*There are friends of mine who went to use marijuana in Uruguay and were caught by the police there. They had to beg them [police officers] to let them [users] go. It depends on the officer, but that fear remains, because the Uruguayan police is different, it's much tougher (P8).*

*Whoever is there [Uruguayan side of the border], better than they don't smoke, because there is already a breathalyzer to detect marijuana and it is forbidden for us to use there (P6).*

## Discussion

With the new Uruguayan drug policy, it was possible to identify changes in the aspects that affect the way people use *Cannabis* in its different forms. The results lead to a new meaning about the symbolic value attributed to *Cannabis* in the Brazilian border region, as a result of this political movement in the neighboring country. It was verified that the proximity to Uruguay and the crossing of Brazilians on a daily basis seem to originate greater discussion about this practice and, consequently, the reduction of prejudice and stigma in relation to people who consume. This aspect reveals a new conception about *Cannabis* as a symbol and object, which allows us to visualize use no longer as a pathological behavior, but as something socially accepted, although still prohibited on Brazilian soil.

The construction of the pathologization of *Cannabis* use in contemporary society is rooted in the historicity of the use of this substance and in the association of its image with social behaviors understood as deviant<sup>(13)</sup>. In this sense, the criterion of normality permeates a value judgment based on historicity, which leads to the creation of a symbolic value and to the application of a judgment on behavior as normal or pathological, and these labels only have meaning in the context where the subjects are inserted<sup>(14)</sup>.

In this perspective, the time frame brought by the regulation of *Cannabis* in Uruguay proves to be a driving force in the establishment of a new normativity<sup>(14)</sup>, established from a new reference, Law 19,172 of 2013, which regulates consumption in this country<sup>(5)</sup>.

The transformations permeate the abandonment of the subjectivity produced, modeled, received, consumed

and singularized by the border people before the regulation of *Cannabis* in Uruguay, which was illegal and marginalized from consumption, for the elaboration of a new subjectivity that accepts use as normal behavior. This is because this moment is marked by changes that serve to produce subjectivity. This influence guides and delimits the way of being and interacting with and in the context, admitting the use of *Cannabis* and allowing for the visualization of people who use PAS no longer as causing social problems.

From this construct, new subjectivities emerge on the Brazil-Uruguay border, permeated by the discussions and reflections arising from the sociocultural transformations brought about by the Uruguayan regulation. In this logic, the literature reveals that stigma is strongly related to the social representations of the collectivity, permeated by the conceptions of right and wrong. Detaching from these bonds becomes a complex internal movement, which implies the deconstruction, confrontation, acceptance and incorporation of new knowledge by people<sup>(15)</sup>.

As a consequence of the deconstruction of stigmas, resulting from the direct contact of the Brazilian population with the new Uruguayan perspective, the choice of places for consumption is also transformed. Consumption in private environments, usually associated with the protective factor, which avoids user exposure and reduces the chances of being approached by public security agents, gradually gives space to the possibility of use in public environments. This can be a reflection of the changes brought about by time to the symbolic meaning of *Cannabis* and its consumption in local society, even so if there is the understanding of the territorial limits of legality and illegality.

These characteristics can be related to the particularity of the border environment, marked by sociocultural fusion<sup>(6)</sup>. Not only that, they reveal an agreement of the Brazilian society of the border about the changes experienced in Uruguay, indicating that this new paradigm can be accepted with maturity in Brazil.

Use in external environments can also be understood as a way of resistance against the drug policy in force in Brazil, antagonistic to that experienced in Uruguay since 2013. This perspective seeks to generate socio-political discussions with a view to the re-elaboration of laws on the theme, based on scientific aspects, corroborating with Brazilian social movements, such as the "marijuana march"<sup>(16)</sup>.

Changes can also be observed in the form of use exposure by users who are habitually excused, such as older adults. This characteristic can be related to the symbolic resignification attributed to *Cannabis* consumption, no longer as a criminal practice, but as a regulated one, which no longer needs to remain confidential by this population. Territorial proximity

dissolves in the space culture and politics, emerging in the people who use *Cannabis* the feeling of contemplation of Uruguay's legislative changes and, thus, unregulated practices in Brazil are normalized.

While for young people, the world of licit and illicit psychoactive substances derives from curiosity and the search for identity, leading them to seek new ways to interpret themselves, form groups or be accepted by those who consider their peers<sup>(17)</sup>. Use by older adults is related to the aging of people who have been using it for many years<sup>(18)</sup>, or to the search for the therapeutic effects of *Cannabis* described in the literature, such as induction of appetite and sleep, greater relaxation, and reduction of pain symptoms, as well as of anxiety and depression<sup>(19-21)</sup>.

It is noteworthy that borders are historically marked by territorial disputes, establishing mutable lines that are under pressure from opposite poles and divide societies and cultures<sup>6</sup>. In the specificity of the border between Brazil and Uruguay, this is characterized by several fusions and separations over the centuries, and this historicity directs sociocultural aspects of this region even today<sup>(22)</sup>.

However, the permanence of polarities in the border region between Brazil and Uruguay contrasts with the existence of legal and commercial aspects of the region, such as the Southern Common Market (MERCOSUR), which establishes free movement of goods, services and productive factors, among other aspects, in some South American countries, including Brazil and Uruguay<sup>(23)</sup>; Decree No. 5,105 of 2004, which promotes residence, study and work permits to Brazilian and Uruguayan border nationals<sup>(24)</sup>; and Decree No. 7,508 of 2011, which establishes in neighboring municipalities the inter-federative articulation of the health system, guaranteeing access to services for Brazilian and Uruguayan border nationals<sup>(25)</sup>. These aspects corroborate the fusion of the border people, being a unique feature for these regions<sup>(6)</sup>.

In addition, the existence of common characteristics or behaviors between the two peoples can be drivers of sociocultural fusion, directing polarities between both sides of the border over time. This aspect gains greater proportion when the similarity between the people who compose the social groups is *Cannabis* consumption, the practice of using the plant for recreational purposes, not well regarded in many contemporary societies<sup>(26)</sup>.

The data reveal that the likelihood existing between Brazilian and Uruguayan people who use *Cannabis*, which is consumption, makes them closer, making them respect and protect each other. In socialization spaces, such as squares and parties, where there is *Cannabis* consumption, the act of starting its use signals the possibility of a friendly interaction between people previously unknown, initiating a relationship of exchange of information, instruments for consumption and experiences in relation to the types of *Cannabis* and effects<sup>(27)</sup>, that is, in the border area with

Uruguay, the context of non-criminalization of consumption favors interpersonal relationships between those who use the plant, although it is not allowed in Brazil.

In the specificity of Brazil, the PAS commercialized by trafficking is often adulterated and presented in solid pressed blocks, which need to be crumbled to be consumed. A number of studies that analyzed *Cannabis* samples seized in Brazil reveal adulterations through the addition of substances such as lidocaine, tobacco leaf, cocaine<sup>(28-29)</sup>, crack<sup>(30)</sup>, aluminum, broken glass, and silica<sup>(31)</sup>. The addition of these substances aims to increase the volume of pressed *Cannabis*, improving yield and profitability in the sale, as well as to potentiate psychoactive effects<sup>(30)</sup>.

In contrast, the *Cannabis* offered in Uruguay comes in its natural form, in dehydrated leaves, crushed and without additives, this condition reflecting Law 19,172 of 2013, which allowed the Uruguayan citizen to grow up to six feet of *Cannabis*, association with cultivation clubs, or purchase in pharmacies, after due registration with the *Cannabis* Regulation and Control Institute (*Instituto de Regulación y Control del Cannabis*, IRCCA)<sup>(5)</sup>.

However, the Uruguayan law does not deal with the commercialization of *Cannabis* from this country to unregistered individuals or non-residents of Uruguay, or with the transportation of this substance outside this soil and later sale. Such a situation can be fed by people who use their cultivation or purchase quotas allowed by the State for sale to third parties or as a gift to consumers living in Brazil, who have affective ties.

The existence of illegal *Cannabis* cultivation in Uruguay can be related to the resistance of Uruguayan citizens to register to carry out the practice legally, due to the fear and repression existing before the regulation<sup>(32)</sup>, an aspect that will be gradually transformed in the face of cultural changes due to time.

It is evidenced that the Uruguayan *Cannabis* offered to Brazilians has a higher value compared to the PAS usually available in Brazil. It was verified that the reason for the price difference would be related to the purity of the plant, since the product offered in Brazil is adulterated and pressed with other substances that increase its volume and change its effects, reducing its added value. Not only that, the regulation of the substance in Uruguay allowed the State to add a tax on the marketed product, making it more costly, when compared to the Brazilian one.

After regulating consumption in Uruguay, it was possible for Brazilians living on the border to access the substance from this country *in natura*, which makes it possible to differentiate the existing characteristics and subspecies of the plant, not adulterated or processed. *Cannabis* can be grown in several places in the world but, naturally, it has characteristics of cultivation in places with a tropical and temperate climate, the places being

endemic regions to pure lineage species. Among the species most targeted by science are *Cannabis sativa*, with great psychoactive effect due to the high levels of Tetrahydrocannabinol (THC); *indica*, with low THC content; and *ruderalis*, not used for psychological purposes<sup>(33)</sup>.

These multiple variations made it possible to experiment with the effects, predicted by the choice of the *Cannabis* to be used. As reported by a participant, access to the Purple Haze subspecies was allowed. This has Colombian origin, with mixed, *sativa* and *indica* variations. It is sometimes purple in color when subjected to extremely low temperatures and brings euphoric effects, greater willingness to perform activities, as well as better performance related to creativity and joy<sup>(33)</sup>.

The regulation of consumption in Uruguay boosted the existence of a flow of border crossing by Brazilians to carry out the use in Uruguayan soil. Law 19,172, of 2013, states that purchase is allowed only to consumers of *Cannabis* living in Uruguay; the transfer of Brazilians to the neighboring country to purchase *Cannabis* can imply legal sanctions in the country<sup>(5)</sup>.

The Brazilians who cross the border to use *Cannabis* feel partially protected by the Uruguayan law with regard to the sociocultural aspects associated with the use of *Cannabis*<sup>(34)</sup>. It is noteworthy that this occurs because, in day-to-day life on the border, both populations merge, sharing trade and services, intertwining customs. In this social fusion, legal issues go beyond territorial limits, and the populations come to understand that space as unique, singular and subjected to the same rules, making the resident citizens of the border understand themselves as belonging to both countries, acquiring an identity of their own<sup>(6)</sup>, which is not characterized by the Brazilian or Uruguayan side, but by the border itself, tensioned and transformed by the dynamic realities of the two poles.

However, it is demonstrated that, after the regulation of the production, trade and consumption of *Cannabis*, the Uruguayan police actions in relation to the use of PAS have become more conspicuous, aiming to curb the illegal market and consumption by persons not registered with the IRCCA<sup>(32)</sup>.

It should be noted that the transformations materialized in this new subjectivity about *Cannabis* cannot be understood as static matter. This is because it is modified, updated or extinguished throughout the historical processes that are occurring on the border, considering contemporary social needs<sup>(35)</sup>. As such, transformations remain dynamic and changeable.

In contrast to the results obtained, it is noteworthy that there is evidence of physical, psychological and social harms attributed to the use of this PAS, especially in adolescence<sup>(36)</sup>. The technical parts of health and society evaluate negatively the new legislative proposals regarding the use of illicit drugs. It is believed that education,

health and security are unable to face changes similar to those carried out in Uruguay. Also, due to the increase in chemical dependence, deficiencies and psychiatric pathologies are feared<sup>(37)</sup>. However, impacts on violence, prejudice, dialog, social tolerance and also on health, were seen as benefits arising from the new Uruguayan law.

## Conclusion

This study allowed us to know the influences of the regulation of *Cannabis* in Uruguay on consumption on the border with Brazil, considering the Uruguayan regulatory framework. The social transformations raised refer to the greater dialog on the theme, which leads to social acceptance of consumption, reduction of the social stigma suffered by consumers, visualization of the diversity of users belonging to other age groups, and harmonious interaction between the populations of both sides of the border.

In addition, it was possible to identify important changes in the Brazilian consumption of *Cannabis*, of the substance produced in Uruguay, in which, the new drug policy enabled the acquisition of the PAS *in natura* and without processing and adulterations; availability of different subspecies and types for acquisition; and the transfer of Brazilians to use *Cannabis* in Uruguayan soil.

The snowball method proved to be appropriate for approaching people who perform an illegal practice in Brazil. However, this can bring sample homogeneity, which leads to uniform results, due to the access to the participants by the same social groups, which is a limitation of this research.

The dynamics of the social and political aspects that are related to *Cannabis* consumption were evidenced; it is understood that the study of the transformations brought to the environments of intersection of divergent policies becomes essential. This can serve for greater reflection on the current Brazilian policy, with a view to the maturation of discussions in society, reduction of decontextualized and ineffective coercive actions and social repression, and the implementation of actions seeking to safeguard human rights, respecting autonomy and people's right to choose, and taking care of them, from the perspective of health.

## References

- Rosa PO, Rosa MG. Cannabis Policies: a comparative study on the models of Spain, Uruguay and Colorado/USA. *Geographia Opportuno Tempore*. [Internet]. 2018 [cited 2020 May 7];4(1):36-84. Available from: <http://www.uel.br/revistas/uel/index.php/Geographia/article/view/32548>
- Fórum Brasileiro de Segurança Pública. Anuário Brasileiro de Segurança Pública. [Internet]. São Paulo: Fórum Brasileiro de Segurança Pública; 2017 [Acesso 7 mai 2020]. Disponível em: [http://www.forumseguranca.org.br/wp-content/uploads/2017/12/ANUARIO\\_11\\_2017.pdf](http://www.forumseguranca.org.br/wp-content/uploads/2017/12/ANUARIO_11_2017.pdf)
- Ministério da Justiça (BR). Levantamento Nacional de Informações Penitenciárias – Infopen: atualização dezembro de 2019. [Internet]. Brasília: MJ; 2020 [Acesso 7 mai 2020]. Disponível em: <http://dados.mj.gov.br/dataset/infopen-levantamento-nacional-de-informacoes-penitenciarias>
- Medeiros D, Tófoli LF. Myths and Evidence in the Construction of Drug Policies. *Political-Institutional Analysis Bulln*. [Internet] 2018 [cited 2020 May 7];(8). Available from: [http://repositorio.ipea.gov.br/bitstream/11058/8880/1/bapi\\_18\\_cap\\_6.pdf](http://repositorio.ipea.gov.br/bitstream/11058/8880/1/bapi_18_cap_6.pdf)
- Presidencia de la República Oriental del Uruguay. Ley 19.172, 20 de diciembre de 2013. [Internet]. Montevideo; 2013 [Acesso 5 mai 2020]. Disponível em: <https://www.impo.com.uy/bases/leyes/19172-2013>
- Ferrari M. The concepts of the border in geography. *Rev Perspect Geo*. [Internet] 2014 [cited 2020 May 28];9(10):1-25. Available from: <http://erevista.unioeste.br/index.php/pgeografica/article/view/10161/7550>
- Cardano M. Manual de Pesquisa Qualitativa: a contribuição da teoria da argumentação. Petrópolis (RJ): Vozes; 2017.
- Goodman LA. Snowball sampling. *Ann Math Stat*. 1961;(32):148-70. doi: <https://doi.org/10.1214/aoms/1177705148>
- Silveira DX, Doering-Silveira EB. Padrões de uso de drogas: Eixo, Políticas e Fundamentos. São Paulo: Aberta Senad; 2017.
- Minayo MCS. Sampling and saturation in qualitative research: consensuses and controversies. *Rev Pesq Qual*. [Internet]. 2017 [cited 2020 May 28];5(7):1-12. Available from: <https://editora.sepq.org.br/rpq/article/view/82/59>
- Bardin L. Análise de conteúdo. São Paulo: Edições 70; 2013.
- Conselho Nacional de Saúde (BR). Resolução nº 466, de 12 de dezembro de 2012. Trata de pesquisas em seres humanos e atualiza a resolução 196. [Internet]. Diário Oficial da União, 13 jun 2013 [Acesso 28 mai 2020]. Disponível em: <http://www.conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>
- Lima PVSF, Oliveira KA, Santos DLR. General health of slaves in Brazil: literature review. *Rev Gest Saúde*. [Internet] 2016 [Acesso 28 mai 2020];7(1):471-89. Disponível em: <https://periodicos.unb.br/index.php/rgs/article/view/3471/3159>
- Canguilhem GO. Normal e o Patológico. 6 ed. Rio de Janeiro: Forense Universitária; 2007.
- Souza EJ, Silva JP, Santos C. Representations of Teachers about Sexual Diversity and Homophobia. *Rev Estudos Feministas*. 2017;25(2):519-44. doi: <https://doi.org/10.1590/1806-9584.2017v25n2p519>

16. Bentes I. Lay the cards on the table and argue these laws: the struggle for marijuana legalization in Brazil. *Argumentum*. 2015;7(1):93-107. doi: <https://doi.org/10.18315/argumentum.v7i1.9050>
17. Wei que AL, Rosas LVR, Mota MLM, Lima RAL. Drogas lícitas e ilícitas: o cenário em uma escola pública em Benjamin Constant-AM, Brasil. *Rev Ensino Ciênc Humanidades* [Internet] 2019 [Acesso 8 mai 2020];3(2):724-53. Disponível em: <https://periodicos.ufam.edu.br/index.php/rech/article/view/6832>
18. Diniz A, Pillon SC, Monteiro S, Pereira A, Gonçalves J, Santos MA. Elderly substance abuse: an integrative review. *Psicol Teoria Prática*. 2017;19(2):23-41. doi: <http://dx.doi.org/10.5935/1980-6906/psicologia.v19n2p23-41>
19. Cabral DVS, Pendloski, J. Mortality in elderly suicide: an analysis of epidemiological profile in southern Brazil. *Rev Uningá*. [Internet]. 2016 [cited 2020 May 8];47(2):19-24. Available from: <http://revista.uninga.br/index.php/uninga/article/view/1274/895>
20. Bhering AC, Amaral JC Júnior, Pio JM, Rodrigues I, Valadão AF, Quintão MAU. Psychiatric disorders and associated factors in elderly group from Ipatinga city, Minas Gerais. *Rev Uningá*. [Internet] 2017 [cited 2020 May 8];53(1):12-8. Available from: <http://revista.uninga.br/index.php/uninga/article/view/1419/1034>
21. Matos RLA, Spinola LA, Barboza LL, Garcia DR, França TCC, Affonso RSO. The Cannabidiol Use in the Treatment of Epilepsy. *Rev Virtual Química*. 2017;9(2):786-814. doi: <http://dx.doi.org/10.21577/1984-6835.20170049>
22. Pinto M, Maurer R. When geo-history advances on the meanings of an urban space: cultural landscapes and identity transformations of the Brazil-Argentina border. *EURE(Santiago)*. 2014;40(120):135-58. doi: <http://dx.doi.org/10.4067/S0250-71612014000200007>
23. Guerra K, Ventura M. Bioethics, immigration and health care: tensions and convergences on the human right to health in Brazil in the regional integration of the countries. *Cad Saúde Coletiva*. 2017;25(1):123-9. doi: <https://doi.org/10.1590/1414-462x201700010185>
24. Ministério das Relações Exteriores (BR). Decreto nº 5.105, de 14 de junho de 2004. Promulga o Acordo entre o Governo da República Federativa do Brasil e o Governo da República Oriental do Uruguai para Permissão de Residência, Estudo e Trabalho a Nacionais Fronteiriços Brasileiros e Uruguaios, de 21 de agosto de 2002. [Internet]. Diário Oficial da União, 15 de junho de 2004 [Acesso 8 mai 2020]. Disponível em: <https://legislacao.presidencia.gov.br/atos/?tipo=DEC&numero=5105&ano=2004&ato=a03QTUE5keRpWTcc7>
25. Presidência da República (BR), Casa Civil, Subchefia para Assuntos Jurídicos. Decreto nº 7.508, de 28 de junho de 2011. Regulamenta a Lei nº 8.080, de 19 de setembro de 1990, para dispor sobre a organização do Sistema Único de Saúde - SUS, o planejamento da saúde, a assistência à saúde e a articulação interfederativa, e dá outras providências. [Internet]. Diário Oficial da União, 29 jun 2011 [Acesso 8 mai 2020]. Disponível em: [http://www.planalto.gov.br/ccivil\\_03/\\_ato2011-2014/2011/decreto/d7508.htm](http://www.planalto.gov.br/ccivil_03/_ato2011-2014/2011/decreto/d7508.htm)
26. Venturi G. Drug use, public opinion and morality: motivation and arguments based on use. *Tempo Soc Rev Sociol USP* 2017;29(2):159-85. doi: <https://doi.org/10.11606/0103-2070.ts.2017.126682>
27. Cruz FV, Pinto NGM, Coronel DA. Análise de modelos de mercado para a Cannabis: o corporativo, o social, o ilegal e o misto. *Rev Desenvol Fronteiras Cidadania*. [Internet] 2017 [Acesso 8 mai 2020];1(1):80-101. Disponível em <https://periodicosonline.uems.br/index.php/fronteiracidania/article/view/2172/1707>
28. Nascimento IR, Costa HB, Souza LM, Soprani LC, Merlo BB, Romão W. Chemical identification of cannabinoids in street marijuana samples using electrospray ionization FT-ICR mass spectrometry. *Royal Soc Chem Analytical Methods*. 2015;(7):1415-24. doi: <https://doi.org/10.1039/C4AY02355B>
29. Alcântara LTA. Adulterantes encontrados em drogas ilícitas: uma abordagem forense. *Acta Ciênc Saúde*. [Internet]. 2016 [Acesso 8 mai 2020];2(5):1-16. Disponível em: <https://www2.ls.edu.br/actacs/index.php/ACTA/article/view/129/120>
30. Medeiros KT, Maciel SC, Sousa PF, Vieira GLS. Experiences and Representations about Crack: An Approach to Female Drug-Users. *Psico-USF*. 2015;20(3):517-28. doi: <https://doi.org/10.1590/1413-82712015200313>
31. Exley C, Begum A, Wooley MP, Bloor RN. Aluminum in tobacco and cannabis and smoking-related disease. *Am J Medicine*. 2006;119(3):276e9-276e11. doi: <https://doi.org/10.1016/j.amjmed.2005.08.004>
32. Ministério do Planejamento, Desenvolvimento e Gestão (BR), Instituto de Pesquisa Econômica e Aplicada. O consumo de drogas e a saúde pública na zona de fronteira entre Brasil e Uruguai: resultados qualitativos. [Internet]. Brasília: IPEA; 2017 [Acesso 8 mai 2020]. Disponível em: [http://www.ipea.gov.br/portal/images/stories/PDFs/relatoriopesquisa/170706\\_relatorio\\_pesquisa\\_consumo\\_drogas\\_saude\\_publica\\_zona\\_fronteira\\_brasil\\_uruguai.PDF](http://www.ipea.gov.br/portal/images/stories/PDFs/relatoriopesquisa/170706_relatorio_pesquisa_consumo_drogas_saude_publica_zona_fronteira_brasil_uruguai.PDF)
33. Rosenthal E, editor. *The Big Book of Buds Volume 4: More Marijuana Varieties from the World's Great Seed Breeders*. 4. ed. San Francisco: Quick American Publishing Company; 2011.
34. Presidencia de la República Oriental del Uruguay, Junta Nacional de Drogas. Infodrogas. Guía Más Información Menos Riesgos. [Internet]. Montevideo: Junta Nacional de Drogas; [2019?] [cited 2018 Jan 8]. Available from: <https://www.gub.uy/junta-nacional-drogas/sites/junta-nacional-drogas/files/documentos/publicaciones/Infodrogas%20EDICION%2012%20version%202.pdf>

35. Guattari F, Rolnik S. Micropolítica – cartografias do desejo. 7ª ed. Petrópolis: Vozes; 2005.
36. Gonçalves AMS, Wernet M, Costa CSC, Silva FJG Júnior, Moura AAM, Pillon SC. Alcohol, tobacco and marijuana use: repercussions on students' quality of life. *Esc Anna Nery*. 2020;24(2):e20190284. doi: <https://doi.org/10.1590/2177-9465-EAN-2019-0284>
37. Wink GA, Mea CPD, Rossi T. Cannabis Legalization: Perceptions of Psychiatrists and Recovering Users. *Trends Psychol*. 2019;27(3):721-33. doi: <https://doi.org/10.9788/tp2019.3-09>

## Author's contribution

**Study concept and design:** Diogo Henrique Tavares, Vanda Maria da Rosa Jardim, Beatriz Franchini.

**Obtaining data:** Diogo Henrique Tavares. **Data analysis and interpretation:** Diogo Henrique Tavares, Vanda Maria da Rosa Jardim, Beatriz Franchini. **Drafting the manuscript:** Diogo Henrique Tavares, Vanda Maria da Rosa Jardim, Beatriz Franchini, Heitor Silva Biondi, Cândida Garcia Sinott Silveira Rodrigues, Jéssica Stragliotto Bazzan. **Critical review of the manuscript as to its relevant intellectual content:** Diogo Henrique Tavares, Vanda Maria da Rosa Jardim, Beatriz Franchini, Heitor Silva Biondi, Cândida Garcia Sinott Silveira Rodrigues, Jéssica Stragliotto Bazzan.

All authors approved the final version of the text.

Conflict of interest: the authors have declared that there is no conflict of interest.

Received: May 11<sup>th</sup> 2020

Accepted: Aug 4<sup>th</sup> 2020

Corresponding author:  
Diogo Henrique Tavares  
E-mail: [enf.diotavares@gmail.com](mailto:enf.diotavares@gmail.com)  
 <https://orcid.org/0000-0002-0261-6421>

**Copyright © 2021 SMAD, Rev Eletrônica Saúde Mental Álcool Drog.**  
This is an Open Access article distributed under the terms of the Creative Commons (CC BY).  
This license lets others distribute, remix, tweak, and build upon your work, even commercially, as long as they credit you for the original creation. This is the most accommodating of licenses offered. Recommended for maximum dissemination and use of licensed materials.