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## ORIGINAL ARTICLE

### LIVING WITH ADOLESCENTS USERS OF COCAINE/CRACK: FAMILY FEELINGS AND CONCERNS

#### CONVÍVIO COM ADOLESCENTES USUÁRIOS DE COCAÍNA/CRACK: SENTIMENTOS E APREENSÕES DE FAMILIARES

#### CONVIVENCIA CON ADOLESCENTES USUARIOS DE COCAÍNA/CRACK: SENTIMIENTOS Y APRENSIONES DE FAMILIARES

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#### ABSTRACT

**Objective:** to identify the feelings and concerns of families of adolescent users of cocaine/crack about family life. **Method:** qualitative study held with relatives of adolescents users of cocaine/crack assisted at a therapeutic community of Fortaleza/CE. The data were produced by semi-structured interviews, analyzed through the Collective Subject Discourse after project approval by the Research Ethics Committee, Protocol 41/12. **Results:** the participants reported substance abuse adolescent as a trigger factor for family conflicts. The use of cocaine/crack emerged as potentiating the breakup of family ties. Family members want the addict stops causing problems having a positive expectation of the future. **Conclusion:** nurses must understand the experiences, feelings and family expectations of users of cocaine/crack to develop a direct care to alleviate the sadness and fear from the process. **Descriptors:** Adolescents; Illicit drugs; Family; Nursing.

#### RESUMO

**Objetivo:** identificar os sentimentos e apreensões de familiares de adolescentes usuários de cocaína/crack acerca do convívio familiar. **Método:** estudo qualitativo, realizado com familiares de adolescentes usuários de cocaína/crack atendidos em uma comunidade terapêutica de Fortaleza/CE. Os dados foram produzidos mediante entrevista semiestruturada, analisados por meio do Discurso do Sujeito Coletivo, após aprovação do projeto pelo Comitê de Ética em Pesquisa, protocolo nº 41/12. **Resultados:** os participantes relataram a dependência química do adolescente como fator desencadeante para o aparecimento de conflitos familiares. O uso da cocaína/crack surgiu como potencializador do rompimento do vínculo familiar. Os familiares desejam que o dependente químico deixe de causar problemas e que tenha uma expectativa positiva de futuro. **Conclusão:** o enfermeiro precisa compreender as vivências, os sentimentos e as expectativas da família dos usuários de cocaína/crack para que seja desenvolvido um cuidado direcionado a fim de amenizar a tristeza e o medo decorrentes do processo. **Descritores:** Adolescente; Drogas Ilícitas; Família; Enfermagem.

#### RESUMEN

**Objetivo:** identificar los sentimientos y preocupaciones de familiares de adolescentes usuarios de cocaína/crack acerca de la convivencia familiar. **Método:** estudio cualitativo, realizado con familiares de adolescentes usuarios de cocaína/crack atendidos en una comunidad terapéutica de Fortaleza/CE. Los datos fueron producidos mediante entrevista semi-estructurada, analizados por medio de Discurso de Sujeto Colectivo, después del proyecto ser aprobado por el Comité de Ética en Investigación, protocolo nº 41/12. **Resultados:** los participantes relataron la dependencia química del adolescente como factor desencadenante para el apareamiento de conflictos familiares. El uso de cocaína/crack surgió como potencializador del rompimiento del vínculo familiar. Los familiares desean que el dependiente químico deje de causar problemas y que tenga una expectativa positiva del futuro. **Conclusión:** el enfermero precisa comprender las experiencias, los sentimientos y las expectativas de la familia de los usuarios de cocaína/crack para que se desarrolle un cuidado dirigido a amenizar la tristeza y el miedo decurrentes del proceso. **Descriptor:** Adolescente; Drogas Ilícitas; Familia; Enfermería.

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## INTRODUCTION

Drugs are characterized as substances that can be used in several ways, having change of mood and functioning level of the central nervous system (CNS).<sup>1</sup> It is any substance produced by natural or synthetic means that once introduced into the body, it can change one or more of its functions.<sup>2</sup> From a legal point of view, drugs are classified into legal and illegal, and according to the action causing in the CNS may be depressants, stimulants and disturbing, ranging from usual medicines to cocaine/crack.<sup>1</sup>

For drug use, a study defines the risk factors and subdivides into endogenous and exogenous. Endogenous are intrinsic factors of each person, as genetic vulnerability, low self-esteem, lack of life perspective, pursuit of pleasure and curiosity. Exogenous are contextual factors, such as low socioeconomic status, access to drugs, lack of family bonding, little compliance with school activities, pressure and influence of friends.<sup>3</sup>

In Brazil, the population of adolescents has been a drug consumer group, as pointed out by a study conducted by the Brazilian Center for Information on Psychotropic Drugs (CEBRID) in a national survey, conducted in 2010, with students from elementary and high school in 27 Brazilian capitals. The use of psychotropic drugs in the age group 13-15 years old was 20.3% and in the age group 16-18 years old was 40.3%. It is highlighted the increase use of crack, according to the history of these surveys that occurred in 1987, 1989, 1993, 1997, 2004 and 2010, mainly in the age groups of 16-18 years old.<sup>4</sup>

Cocaine/Crack is classified as a drug with high power of addiction and exciting action in the CNS. In Brazil, it is not highlighted by the proportion of users because a study indicates that 0.7% of the population use it in life, however, it receives focus by the risks associated with compulsive pattern of use, and involvement in violent activities and sexual risk activities as well as one of the most important social problems.<sup>5</sup>

The addiction on these drugs causes often people who do not have the means to obtain it, seeking alternatives for this search. For the addiction, users can whoring, kill or steal not only unknown people, but may also take from their home valuables to get change for the drug, damaging thereby the relatives. Commonly, they observe situations of physical, psychological, verbal and moral violence with the people in their living, making a conflicted and stressful family environment.

The suffering caused by addiction to cocaine/crack reaches not only the user, but also family members and people around them. One of the most present feelings in the family is the ambivalence, because when facing with the user, they want the recovery and the return of daily life without the influence of these substances, but they do not wish to witness the disruption caused by the abstinence of the drug, believing it to be a wear situation for them and for the dependent.<sup>6</sup> The coexistence between family members and users is represented by feelings such as continuous suffering, anguish, impotence and violence, both at home and on the street.<sup>7</sup>

Regarding the family life and drug user, it was observed that most of the studies addresses the risk and protective factors for drug use in adolescence, professional practices and importance of the family for treatment, not focusing specifically feelings and family concerns to live with the adolescent drug user.

We recognize that the family members of adolescent users of cocaine/crack need to be welcomed and accompanied by health professionals, since their deep involvement with the dependent causes them suffering and emotional disruption.<sup>8</sup>

Before negative impact of cocaine/crack in family life and how the nursing professionals concern with the development of responsible attitude and committed to a care for human beings, the objective is to:

- Identify the feelings and concerns of families of adolescent users of cocaine/crack about family life.

## METHOD

Exploratory and descriptive study with qualitative approach.<sup>9</sup> There were five families participants of adolescents users of cocaine/crack assisted in the therapeutic community. For the selection of participants, the inclusion criteria used was: family with adolescent user of cocaine/crack and hospitalized in the therapeutic community for treatment against addiction.

The information was produced in April and May 2012, through participant observation and application of semi-structured interviews during home visits, guided by questions related to the purpose of this study, with four questions addressed in this article: How was the family life after discovering he used drugs? What has changed in family relationships after discovering that he was a user of cocaine/crack? What feelings are

aroused by having a family member involved with drugs? What changes would you like to happen in your life?

For information organization, we use the technique of the Collective Subject Discourse (CSD), which is a tabulation procedure of verbal statements that extracts from each of the answers the central ideas and/or anchors and their corresponding Expressions - Keys, which are continuous or discontinuous fragments of speech that reveal the main discursive content.<sup>10</sup>

The speeches recorded by the interviews were transcribed and submitted to successive readings and subsequent content analysis and decomposed individually in the main anchors or central ideas, leading to a synthesis-discourse, consisting of the Collective Subject Discourse (CSD), discussed and analyzed based on literature concerning the theme.<sup>11</sup>

The study followed the ethical and legal aspects of research involving human beings<sup>12</sup>, and the research project approved by the Ethics Committee in Research of the Federal University of Ceará (COMEPE), Protocol 41/12.

## RESULTS AND DISCUSSION

Through home visits carried out to the families of adolescent users of cocaine/crack, it was possible to know the five subjects involved in this research, all being female, aged between 22 and 56 years old. As for the occupational profile, two were active professionals, one was retired and two were unemployed.

With regard to education, one completed the full primary school, two high school, one did not complete higher education and one completed it. Regarding marital status, two were married, two singles and one separate. Regarding the relationship to the adolescents, two were aunts, two mothers and one was a sister.

The information from the interviews generated four central ideas (CIs), one for each main question: The family environment as a place of hard living; Family life marked by the removal of the drug addict; Sadness because a family member is a drug user; Changes desired by the family.

### ♦ Central Idea 1: The family environment as a place of hard living

*For me, our house is not a healthy environment, because our mother was just crazy because of it, she does everything with ignorance [...]. It is a lot of disagreement in the house. His father is very aggressive, drinks too much and beats the boy, so he revolts. The family life became hell, no one*

*supports so much suffering [...]. The family environment was difficult, my father did not help, my mother supports everything alone and I was in that situation to help, but I cannot because I did not have a real brother relationship with him [...].*

As we can see in the speeches, the family sees the use of drugs as a devastating and disruptive phenomenon by generating uncertainty and, most often, disorder in the family environment, for not knowing the future prospects of both the drug user and the family.<sup>8</sup>

The speeches show the adolescent chemical dependency as a trigger factor for family conflicts. Being a predisposition component of suffering not only for him, but of all because the family system works so that each member becomes interconnected to each other. Therefore, any fact that may occur with any of the members, the whole family is affected.<sup>13</sup>

Cocaine/crack deserve discussions and insights in all areas of knowledge, as it is configured as disruptive families and directly influence the emotional breakdown of relationships, both internal and external. The image constructed in a negative way, added to the prejudice, fear and aversion drug user takes proportions given the demonization of drug addict.<sup>13-4</sup>

With the development of substance abuse by one of the family members, living together becomes more difficult and delicate because drug use has an impact on family background, changing psychological, sociological and cultural factors that has a direct impact on family functioning.<sup>15</sup>

Another aspect highlighted in the speech is the occurrence of domestic violence. This is seen as a warning measure, which is held for avoiding the psychotropic approach to judging between right and wrong drug use. Failing the possibility of dialogue and being an unsuccessful attempt, the answer, through violence, provides a familiar helplessness in the context.<sup>13</sup>

The impact of the use of cocaine/crack in the family is very suffered because of violence against the user "whoever comes ahead" and stealing small objects of their residence. The absence of the possibility of dialogue with the crack user that responds aggressively generates a familiar helplessness in such a situation.<sup>16</sup>

Therefore, when discovering the drug using by adolescents, family reacts in different ways: they can host the user, giving the support they need; they may panic, without

knowing what to do; opting in some cases for the violence, which may further disrupt family relationships.<sup>17</sup>

It is clear that a family environment with adolescent drug users have many changes involuntarily. The living among families is hampered by unstable attitudes of adolescents, quality of life consequently decreases, by home objects they take, debts to people in the street or even by spending in an attempt to put on and sustain adolescent in a rehabilitation center.<sup>16</sup>

#### ♦ Central Idea 2: Family life marked by the removal of the drug addict

*[...] He no longer talks to me, yesterday I was not standing this torture anymore, this life of suffering because it is five days in a row away from home [...]. Sometimes I have to be bad with him on some things, trying to fix what was not fixed before, but he always revolts and goes to the street to get drugs. Normal relationship, from mother to child was very little because he was not at home, spent much time on the street, and so dialogue, we did not have [...]. I think there is no more trust between us, we only inhabit the same house, I think his love for us does not exist anymore [...]. I feel very sorry for him, I want to help but I do not know how, because he is away from us [...].*

The adolescent detachment from his family is problematic, since the family absence and conflict situations at home influence in a negative way and often contribute to continue involved with drugs and come to commit illegal acts in order to satisfy his addiction.<sup>16,18</sup>

However, not all families can play this role with the adolescent, but many families have unfavorable factors in the home environment, such as fights and parental separations, use and abuse of drugs by other relatives, lack of support, domestic violence, among others.<sup>8,16-7</sup>

In the reports, the emotional dullness caused by crack is noticed, that is, the inability to feel, to relate to other people, making impossible empathy and the formation of emotional bonds with someone, unless with the drug.

The family can deny that someone closer is having a serious problem related to drug use, they may feel responsible, guilty of the problem, or think they can control his behavior and "cure" his addiction. They feel anger and shame by dangerous or embarrassing actions of the addict, generating great resentment. In this way, family and friends can become co-dependent, since their

feelings and actions depend on what drug users do.

Living with an addict generates tension in the whole family, because life has changed. Co-dependency can cause long-term problems. The experience may be numbness, since, after having had the experience of many unpleasant feelings for a long time, the family cancels or blocks their feelings.<sup>8</sup>

It can be seen in the speeches the breaking of the bond that the use of drugs enhances interpersonal relationships, especially family, valuing the personal pleasure experience.

The literature highlights how unfavorable aspect not to formation of emotional bonds between family members and addicts, the non-acceptance by neighbors and user community reintegration in community life by understanding that he hurts the relations and social interactions.<sup>16-17</sup>

Considering the family dialogue as a protective factor to drug use and the role of stability, mutual respect and family support for the resistance of young people to adversity, a remarkable fact in the statements concerning the need for resumption of affective bonds, which lead together with it, abstinence from use of drugs.<sup>16</sup>

#### ♦ Central Idea 3: Sadness because a family member is a drug user

*[...] Great sadness for the whole family. Destroying my life and my brother's, my husband's life, marriage indoors almost does not exist, because it is everybody sad. We have our hands "tied" because we cannot do anything. It's horrible, he stole everything inside, it is shameful [...]. No one sleeps with him in the street, imaging at any time a bad news that something happened during the day no one eats right, no one works, no one does anything. We live in fear of what might happen to him and with us, he can go to jail, we live in constant conflict [...].*

The sadness was the feeling more evident in the speeches of relatives of crack users' adolescents, confirmed by facial expression and tone of voice during interviews.

It is noticed that the family in the struggle for survival of one of its members, pass through various problems. The sorrow caused by family breakdown was present in every speech. The constant concern, accompanied by physical and mental strain, helped to reduce self-esteem and family happiness.

Regarding the emotional aspects of crack user family, feelings are identified referring to the willingness to help, tolerance, despair, anger, fear and helplessness with the drug.<sup>12-3</sup> The live together in a family with an addict is

challenging, a situation that is not expected nor desired by anyone. Often, it is not expected that to happen in the family environment, being seen only in other's reality.<sup>16-7</sup>

The sadness, however, is not the only one feeling, fear is also experienced by family members, due to concern about the situation that adolescents are. There were feeling of constant fear against the risk that adolescents are often challenging. The concern is frequent in the family because of life choices by them, as bad friendships, little living at home, frequented places, different attitudes dreamed ideal or idealized by family members.<sup>16</sup>

Shame, guilt, anger and pain are feelings that the family has by individual substance abuse and the situation that they live. It is common that the family does not realize that the member is involved with drugs may worsen the situation until the discovery is done.<sup>18</sup>

For proper family functioning, it is necessary a balance, harmony and adapt to stressful situations. In this context, it is understood that this is the family's ability to change in order to effectively support these situations and make decisions in times of crisis.

#### ♦ Central Idea 4: Changes desired by the family

*[...] Everyone wants to see him cured, our desire is that stops this addiction and return to school [...]. I wanted to return what he was before, people being affectionate with him, the addict loses respect for him, his own love they do not have any more [...]. I wish there was peace so he can have peace and so he could think better. I wanted him to study, to get a job, only then he would have a future. I wish he could be free of drugs, because only then our life was once again as before. I wish I could go back to sleep quiet, without concern [...].*

It is observed in the speeches the desire of the family of overcoming the crack addiction by the adolescent, and the desire that he goes back to school to achieve success in life and to choose a profession in order to establish a distancing of marginality situations. Most families of drug users feels the desire for the drug addict member ceases to cause problems and that has a positive expectation of the future.<sup>19</sup>

In the speeches of the family members, it is a strong expression of an uncertain expectation of the future, based primarily on the disenchantment of life motivated by drug

use by family members, the fear that he will die and difficulties they need to address to maintain peace and the adolescent changes his life. The reality experienced by these families enables us to visualize a vulnerable existence to the world of violence and marginalization.<sup>16-17</sup>

Regarding the changes desired by the family, one change highlighted is the abandonment of addiction to the adolescent back to his studies and could get a job, because in the view of the family, getting a job and/or occupation would promote immediate gains in dependence of the recovery process. Thus, this adolescent will be moving away from marginality of life that drug use may cause.

Using drugs seen by the family makes the user susceptible to criminal practices that can lead to disastrous consequences in the lives of individuals due to this involvement. For the family, the adolescents' fate, when he cannot "get out of dependence", is death or prison.<sup>16</sup>

A study shows that for the family the insertion in the labor market is the main route that can cause significant changes to the addict adolescent life. The work, added to the affection of family and friends works as a driving element in the process of building a new life project, divorced from addiction.<sup>17</sup>

It is interesting to consider that the acquisition of work by the adolescent drug user, is seen by their families, not just as a means of raising funds to survive and acquire consumer goods, but also is a key factor for building new identity out addiction.<sup>16</sup>

## CONCLUSION

Throughout this research, there were many perceptions within the discussed topic. The family plays a crucial role in the treatment and prevention of drug use, and it is up to its presenting and establishing the emotional, communicative and affective links between its members and social relationships.

This study provided important insight about the feelings and apprehensions that guide the family life of the adolescent crack users. The family was the focus of our attention, because we believe that health professionals, especially nurses, when preparing crack coping interventions they need to take into account the emotional impact suffered by the family from the addiction process by one of its members.

The research results showed that the impact on family life caused by crack cocaine use by adolescents is not limited to survival under conditions of uncertainty, but it

demonstrates the existence of a family environment surrounded by insecurity, fear, sadness, doubts, uncertainties and shame, guilt and helplessness, since the family members are not prepared to deal with the disorder and/or disorganization and/or family reorganization from inserting a member in chemical dependency.

Thus, for the family being a caregiver role and contribute effectively to preventing drug use and abuse, it needs psychological, social, emotional and educational support, as well as public policies play their role by creating support structures with eyes on all members of the household.

The study shows that it is necessary that the professional has a responsible attitude and committed to the relatives of crack users, which means that it can develop a care plan that integrates the treatment of dependent care directed to soften the sadness and fear that dominate family life.

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