



CRACK: THE LOOK OF THE USER ON TREATMENT

CRACK: O OLHAR DO USUÁRIO EM TRATAMENTO

CRACK: LA MIRADA DEL USUARIO EN TRATAMIENTO

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ABSTRACT

Objective: describing the look of the crack user about the drug. **Method:** a descriptive study of a qualitative approach by means of semi-structured interview technique, the study participants were 10 crack users attending the service offered by the reference hospital in the care of users of alcohol and other drugs. The speeches were analyzed by Content Analysis Technique. **Results:** the following categories emerged: << The user look at the drug >> << The motives for the user to consume crack >>, << The social, family, economic and employment impact generated as a result of use of crack >>. **Conclusion:** crack is an evil drug that with the advance of use can cause different effects in the family environment, labor and health, losing the support of family and friends, contributing to social exclusion. **Descriptors:** Crack; Drug Users; Public Policy.

RESUMO

Objetivo: descrever o olhar do usuário de crack sobre o uso da droga. **Método:** estudo descritivo com abordagem qualitativa por meio da técnica da entrevista semiestruturada, os participantes do estudo foram 10 usuários de crack que procuraram o serviço oferecido pelo hospital de referência no atendimento a usuários de álcool e outras drogas. Os discursos foram analisados mediante a Técnica de Análise de conteúdo. **Resultados:** emergiram as seguintes categorias: << O olhar do usuário sobre a droga >>, << Os motivos que levaram o usuário a consumir o crack >>, << O impacto social, familiar, econômico e laboral gerado em decorrência do uso do crack >>. **Conclusão:** o crack é uma droga maléfica, que com o avanço do uso pode gerar diversos efeitos no meio familiar, laboral e saúde, perdendo o apoio de familiares e amigos, contribuindo para a exclusão social. **Descritores:** Crack; Usuários de Drogas; Políticas Públicas.

RESUMEN

Objetivo: describir la mirada del usuario de crack acerca del uso de la droga. **Método:** un estudio descriptivo con enfoque cualitativo mediante la técnica de entrevista semi-estructurada, los participantes del estudio fueron 10 usuarios de crack que asisten al servicio ofrecido por el hospital de referencia en la atención de los usuarios de alcohol y otras drogas. Los discursos fueron analizados por la Técnica de Análisis de Contenido. **Resultados:** las siguientes categorías emergieron: << La mirada del usuario acerca de la droga >> << Los motivos para que el usuario consume crack >>, << El impacto social, familiar, económico y de empleo generado como resultado de su uso >>. **Conclusión:** el crack es un medicamento mal que con el avance de su uso puede causar diferentes efectos en el entorno familiar, laboral y de salud, perder el apoyo de familiares y amigos, lo que contribuye a la exclusión social. **Descriptores:** Crack; Los Consumidores de Drogas; Políticas Públicas.

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INTRODUCTION

The use of crack has spread in the United States from mid-1980 and in Europe in the early 1990s and has been growing concern for the international community. In Brazil, its use began in the late 1980s and its consumption has increased rapidly in the following years due to the low price and the most intense effects of this form of consumption.¹

In Brazil there is concern in studying the profile of the crack user population seeking health services. Cross-sectional studies that are directed to this clientele are important as they observed the increased demand for treatment of users in its various modalities, including hospitalization for detoxification of this substance.²

Crack is a drug that injured area of the upper digestive tract aero covering the nasal mucosa, the nasal septum, the conchae, pharynx, oral mucosa, larynx and even the upper region of the esophagus. This is due not only to its irritative effects and vasoconstrictors, but also because the inhalation of hot gases in a numbed mucosa that can lead to burn. In addition, various substances forming part of the vials used to heat the crack, like ink, plastic material remains in the container and other are inhaled, may cause injury to the oronasal mucosa.³

Inhaled crack can induce a variety of acute pulmonary alterations, including alveolar hemorrhage, acute pulmonary edema and pulmonary infiltrates of various kinds. The most commonly observed symptoms are chest pain, dyspneic, productive cough, fever and hemoptysis. The addiction is highlighted as an important public health problem and has challenged health professionals understand the profile of users of psychoactive substances in view of handling difficulties and problem approach.²⁻⁴

With regard to profile of drug users in general, those who use crack are seen as the group that least seek help. In these circumstances, the delayed seeking treatment, most users already provides services to many losses, which directs them to elect approaches in places with hospitalization and showing a tendency to lower adherence to outpatient follow-up after hospitalization.⁵

These findings are probably related to the profile resulting from the condition of the characteristics of crack use or as a result of the absence of specific treatment models. There are numerous approaches proposed for

services to drug users, cognitive behavioral therapy, social skills training, relapse prevention, community-based approaches, family and vocation, among others. However, there is no single treatment model that is directed to crack users, but the combination of models and approaches.⁵

The use of psychoactive substances often consists of a solution found by the individual to cope with the stress caused by family conflicts in fragile socio-cultural environments. It is observed that the drug takes prime place in the lives of these individuals and follows causing damage to the body of users related to respiratory problems, loss of appetite, lack of sleep and motor agitation. In relation to psychological problems, there is full oversight in relation to personal appearance and withdrawal from family and friends, loss of employment and involvement in violent behavior, drug trafficking and sexual risk behaviors.⁶

It is estimated that the potential to generate crack damage characterized it as the third most dangerous substances known, and the greatest potential for generating damage to the user himself, considering risk of physical, psychological and social harm. Reality shows that the existence of crack user process turns depending on the drug, even if this is necessary to steal, kill, prostitution or loose everything.⁵

It should be noted that drug addiction has become a major public health problem and has challenged health professionals to understand the profile of drug users in view of the handling difficulties and the problem approach.²

The relevance of the study is given by the complexity of the use and abuse of licit and illicit drugs by young people associated with lack of government actions that mitigate the sufferings arising therefrom. In addition, there has been a big gap in the consolidation of the National Anti-Drug Policy in the State of Piauí, highlighting the need for studies on the local reality. Indeed it takes daily to various news reports, relating to the consumption of crack user psychic suffering, the pain of the family and the levels of violence that victimizes the society. This sparked interest in carrying out a study in this area, in order to analyze the look of the main protagonist of the policy, the user, about drug use and the various aspects involved, such as family, work, social, emotional and economic.

It is hoped that this study will expand knowledge of health professionals on the topic and serve as a source of information for future research and/or interventions with crack users, also contributing to the construction of

knowledge in this area of public health and collaborating thus for effective drug policy in the State.

Based on these the following research questions were elaborated: What the look of crack users, in relation to drug use? What are the reasons why the crack user to consume the drug? What is the consequence generated as a result of crack abuse to social, work, family, emotional, economic life? How the crack user evaluates the state's role: health, education and security? And to answer the questions the following objectives are elaborated:

- Describing the look of the crack user about the drug;
- Identifying the reasons that led the crack user to consume the drug;
- Discussing the impact generated as a result of abuse of crack use in their social, work, family, emotional, economic life;
- Analyzing the state's role in the look of crack users.

METHOD

This is a descriptive study of a qualitative approach developed in a hospital in the north of Teresina-PI Zone, which is a benchmark in service to users of alcohol and other drugs, enabled through Ordinance of the Ministry of Health number 704, dated December 17th, 2010.⁷

Study participants were 10 crack users attending the service offered by the hospital in January and February 2012, and who agreed to participate in the study, and the number of respondents was determined along the production data, according to the need for information, drawing on the saturation of the speeches of the deponents. It was defined as an inclusion criterion: do or have done crack use and being 18 years of age or older and an exclusion criterion: no crack and cocaine users and crack users younger than 18 years old. These were encoded by E₁ (interviewee 1), E₂ (Respondent 2), E₃ (Respondent 3) and so on.

Data collection took place in January and February 2012, through semi-structured interview technique, in room available for the administration of the institution and offering privacy to the narrator and researchers, and was made more flexible schedules according to availability of volunteers. A script was set to data of production instrument, and that it was composed of questions that led to the spontaneous discourse of chemical

dependents. As an auxiliary feature, we used the mp3 player during interviews. Later there was the transcript in full by the authors for analysis, as they were being produced.

After collecting data, it made repeated readings of the material, starting the clippings of the analysis units, which were grouped into categories in which there were established the links between the data and the literature review of the research, answering questions guiding and objectives of the study.

Upon completion of the transcription, the language was analyzed by content analysis (thematic analysis) which is based on decoding a text on several elements, which are classified and analog form clusters. In one last time, using the criteria of representativeness, homogeneity, reclassification and aggregation of elements of the set, come up to the results of the study.⁸

The research project was initially submitted to the General Directorate of the hospital in the northern area of Teresina, for authorization of data collection on the premises and then was submitted to the Ethics Committee of the Federal University of Piauí, was approved in December 2011, CAAE protocol: 0516.0.045.000-11.

It should be noted that in the course of this study there were adopted basic principles of bioethics, autonomy, beneficence, non-maleficence and justice. Respondents were informed about the research objectives and ethical issues and the right to refuse their participation and leave the research at any stage of the proceedings, without bringing them any kind of prejudice, considering that research involving human subjects must ensure protection of their rights, following the guidelines established in the Resolution of the National Health Council 466/2012.

It has also signed a confidentiality agreement to secure the commitment of preserving privacy of respondents. Information on the research consisted in the Informed Consent made available to the subjects, so they agree or not with their participation in this study. After full investigation, acceptance and signing of the term is that it has started production data⁹.

RESULTS AND DISCUSSION

From the data analysis, study participants were characterized and described in terms of age, sex, marital status, occupation, crack consumption time and education, for understanding, through the table below.

	Age (in years)	Gender	Marital Status	Occupation	Time of Consumption	Schooling
E1	36	Male	Married	Informal	3 years	Elem. Education
E2	26	Male	Single	Informal	2 years	Higher Education
E3	30	Male	Single	Informal	4 years	Elem. Education
E4	31	Male	Single	Informal	6 years	High School
E5	29	Male	Single	Informal	10 years	Elem. Education
E6	28	Female	Single	Informal	3 years	Elem. Education
E7	42	Male	Single	Informal	12 years	Elem. Education
E8	34	Female	Single	Informal	6 years	Elem. Education
E9	22	Male	Single	Informal	6 years	Elem. Education
E10	32	Male	Married	Informal	6 years	Elem. Education

Figure 1. Sociodemographic characterization of the study participants. Teresina (PI), Brazil.

From the information collected in interviews with participants, emerged from the speeches four categories: user look on the drug; the reasons that led him to consume crack; the social, family, emotional, economic and employment life generated as a result of crack use and the state's role in education, health and security in the fight against crack in the user's look.

♦ Category I: The look of the user on the drug.

Drug addicts were asked about their look in relation to the lived experiences with crack. In the speeches there was a uniformity of views about the negative influence of the drug. This can be seen from the following reports:

[...] Me weakened, drink coffee crack, the crack had lunch, lunched crack and did not sleep because did not feel [...] Just felt like using. People went from me [...] I lost my friends; I lost my family (E1).

[...] It is harmful. First thing [...] when you are using you stay in a state of ecstasy, nothing happens to you there is bad, but when to, you enter the state of deep depression and you think about killing yourself, you are ashamed of family for doing that (E2).

[...] Finished with me [...] I had more friends, my acquaintances turned away from me, my family also moved away from me, I lost my job, lost everything, so I put away my things, as well as my mother [...] All I took was for drugs (E5).

[...] It was devastating, I have a month without use crack, but still have lung problems, panic problem, I have forgotten, it's horrible and I never want to go back to using again (E8).

In the speech of E₁, crack became an everyday food, because the subject reported feeling a strong desire to use it, since it replaces all his daily meals for the drug, and do not feel like sleeping. Thus, it can be understood that for E₁ drug assumes its wholly needs. As for the E₂ interviewed, the effect after the drug is so exciting that dwarfs any kind of feeling or problems of life, bringing

euphoria and optimism, contrary facts after the drug.

For E₅ desire to consume the drug supersedes all family relationships and friendships, and even brought financial losses as selling all their belongings to keep their addiction. The E₈ regrets the consequences left by the drug despite being abstinent for several days due to the fight against addiction and also reports the damage in interpersonal relationships, which were weakened.

Considering all studied lines, respondents see the crack as something bad, disruptive of their lives, harmful to health, that is, they are shown dissatisfied with the drug, which facilitates adherence to treatment and can be intensified with family support, main motivation for seeking to leave the addiction. Based on the information, the presence of the recognition of the part of the user dependency and a negative look to the drug is seen as in the later stages of addiction, craving is a major barrier to crack abandonment.

It is found that addicts are driven by powerful craving, compulsive use of a psychoactive substance, which progressively invade their entire existence. Existence this affecting family, work, in short, all your social web, and the dependency is a condition that tends to become chronic.¹⁰

The family context can influence the occurrence of crack use, since the family is the cornerstone of building healthy bonds among its members, dysfunctional families may lead deviant norms by way of behavior of those responsible with their children, and the disorders occur in most cases in families who lack skills for raising children by reducing the possibilities of dissemination of protective factors.¹¹

It is known to treat dependent on psychoactive substances is very complex and studies show that there is no effective treatment to date, namely, the relapse craving for the drug, represented by the cracking phase, less involvement in tasks on the work, leisure unsatisfactory, poly

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dependence, the early onset of alcohol consumption, changes in behavior and criminal involvement are factors that contribute to making the treatment less effective.¹⁰

♦ Category II: The reasons that led the user to consume crack.

It is noteworthy that the influence of friends is quite noticeable among respondents and we can classify them into two groups: users who report having initiated consumption under the influence of friends and those who started using driven by a sense of curiosity, experimenting with various drugs until you get to crack.

In the following narrative, it is clear that:

[...] Friends who use offer and say it's mass and such (E2).

[...] Thus, it was more encouragement from friends; see other use that inspired me (E5).

[...] It was the friendships and the following is started walking with some guys there, agent used and ready at the start beauty, but then it was sticking to my side (E10).

Analyzing the E2 testimonials, E5 and E10, notes the influence of friends in early drug use, which are often the gateway to a group of friends in order to fit in and become noticeable among them. Considering all studied lines it can be identified also two axes of analysis: the importance of having a cycle of friendships that do not distort their thinking to drug use and recovery of drug design for users, because these prints can reflect on their adherence to treatment, hindering or facilitating the process.

In this context, a study shows that the group of friends that demonstrates tolerance, approval, or takes drugs appears as a risk factor for its use. Already a group of friends not drug users contributes to its members to avoid the use, it strengthens the decision to refuse drugs, no pressure to use them.¹²

The complicity environment and meshing generated around the use of drugs, although illegal, generates a very strong appeal to the components of a group refuse his friend's offer. The part of a group, which translate as "fit in", "appear" or "a relative encouraged", is the most cited reason for this initial use, another reason cited was curiosity that appears as a cause of this first trial of the drug, being that psychological factors, with low self-esteem, they can also influence this early.¹³

Contextualizing, it can be said that among the use abstinence strategies is the removal of social crack context, because it is an efficient intuitive strategy, and one of the reasons that

lead to renewed use is the "environmental trails" associated with it, such as location and friend's consumption. Another reason mentioned by interviewees for the use of crack was curiosity, as shown by the reports below, which express the desire to venture out in search of the unknown.¹³⁻⁴

[...] It was a result I have already used many drugs before appearing crack [...] so it was a curiosity, or had lived, then left everything to use crack (E₁).

[...] Curiosity; thought it was good. I remember that when I reached the beach in Rio Grande do Norte, a bar, I was invited to use and told me, "she smashes and mix with marijuana, there is the cigarette and smokes" (E₇).

The E₁ and E₇ statements above show that there is an absence of specific public policies in schools, collaborating so that young people sometimes come from broken families, unaware of the dangers and harms of drug use and consequent lack of information and guidance. However, in the testimonies of E₁ and E₇ there is a search for new sensations, without drawing any value judgment, showing the lack of company information about the harmful effects that the crack can generate.

♦ Category III: The social, family, economic and employment impact generated as a result of crack use.

By analyzing the reports of respondents, they were unanimous in discourse that crack brought some impact on their lives as repentance is expressed between the lines of speeches.

The following expressions relate to segregation and social exclusion of crack users by society.

[...] I have no friend; people turn away because nobody wants to have contact with me. Who wants a bug in your door? (E₁)

[...] I lost band, I lost time in college, I lost confidence of friends, lost friends because they no longer want to walk with me, because of doing this (E₂).

By the testimonies of E₁ and E₂ respondents there were observed how users are in advanced stages of addiction. They report that they had no more strength to nothing but the uncontrollable urge to use drugs. In this case, the dependent loses the confidence of the family, are friendless and abandon everyday activities such as work and school, and also generates financial consequences that lead them to sell or trade personal items for drugs, to maintain the addiction.

The toxic-dependents are not the only ones to suffer the consequences of drug abuse; this experience is shared with family, colleagues,

neighbors and society. All are directly or indirectly affected because they feel powerless to the suffering of someone or as they start to live according to the dependent person. The drug is harmful to the individual, the family and society because it causes behavioral changes and changes in user awareness of these individuals, encouraging them to antisocial behavior¹⁵.

Regarding the family impact, the lines below show the destruction of the family as a result of crack use.

[...] I lived with my son and my wife in my apartment [...] I was just smoking a stone and my wife asked me: Boy what you ta doing? [...] Oh my father just took my children to look after and my wife said, I'm leaving, when you take care we talk (E₁).

[...] My wife walked away with the girls and walked away, and I still got to see them a good time, but time passed and never I saw it, it's been almost three years (E₅).

The testimonies of E₁ and E₅ show the devastating power of crack because the user about to indulge the urge to use crack sets aside all their needs and responsibilities. The family is no longer able to sustain such a situation that would rather leave the addict or keep out, which in turn speeds up the search process for another drug. The absence of dialogue and information among peers contribute to the family imbalance and can cause serious harm to children in the future.

The family as a caring institution of its members is responsible for the transmission of ethical and moral values is of unquestionable relevance as an institution able to contribute to the prevention front to the many problems posed by drugs. One has to ratify the role that the family occupies, for the whole group is affected when a change occurs in one of its members. However, the balance between change and stability is a family skill, so that when it is in order, all the social relationships of mankind are also¹¹.

When asked about the economic impact generated as a result of crack use, respondents were emphatic in stating that the drug destabilized their financial lives, as shown in the following speeches:

[...] There was not money for nothing, all I took was to buy crack (E₄).

[...] I thought I'd stop myself, did my shopping and what was left was for the crack, there was biding his time, and was started soon burst all, came home with nothing, bought a hundred real stone and wore one after the other (E₅).

Notice also that the use of crack contributed to job loss, according to reports:

[...] The money I earned in my work, just gave to use crack and sometimes I was and should still lacking both at work and my boss told me to go away (E₆).

[...] I worked for pizzaiolo [...] Then I worked whashing windshield wiper and all I gained was buying drugs [...] I was fired from the pizzaiolo job because they lacked much (E₉).

Every day the drug will become more present at all times in substance dependence, occupying all his thoughts and with that you get to spend almost all his salary with the purchase of drugs, until there is a time not can the concentration at work and consequently have no money to buy drugs, which leads to despair and leads to exchange personal items for drugs or even resort to illegal practices.

The testimonies given above concerning the employment and economic impact generated as a result of crack and cocaine use are ratified, as they report that many users cannot stay in employment, because of crack addiction, often work a few days but at the end just do not go over and still spend all their salary to the crack, and is quite noticeable abandonment by the user of his own family, which initially brings families of efforts to find the regression of the condition, which for many users just realized the need for professional help after the human and psychological physical limit¹⁶.

♦ Category IV: The State's role in health to combat crack in the user's look.

Regarding the State's role in combating the spread of crack, no dependent respondents reported a program of effective public health policies or even do not know any specific program to combat crack.

When asked if they have obtained some information about the crack in the school, they said they were unaware. As shown in the following statements below:

[...] The State does not do much, the school is shallow, speaks very little, and should train more teachers to talk about the crack (E₁).

[...] In the schools do not say anything, just listen on the radio talking about a bit; I would think that any agency that had vacated could be a place for treatment (E₃).

As can be seen in the statements of E₁ and E₃ that probably did not have many guidelines about the effects and consequences of crack use, and that there is a lack of information in schools and in the media about it.

It is clear in the reports above that education systems transmit limited information about drugs, causing the

vulnerability of people in front of an open society involvement risks with drugs. However, given the complexity of the problem, there is need the support of government policies, whose actions and guidelines allow investment in socio-educational nature of actions aimed at minimizing risks.

The educational work with users and extremely important, as it can reframe the conception of them on drugs, the paradigm shift refers to recognition of their living situation, the explicit and implicit reasons for their consumption, making that, having this design, users see themselves as responsible for their treatment and emotional, social and physical rehabilitation.¹⁷

In this context, education plays an important role because, when talking about education speaks to articulate knowledge, attitudes, behaviors and personal practices that can be shared with society. What is meant is that the educational process promotes the development of autonomy, while serving social objectives.¹⁸

In certain expressions, developers have proposed that health is still a deficiency in the treatment of drug addicts.

[...] I think that leaves much to be desired, because there are few places to help the addict (E₂).

[...] I think bad, I see no advantage, have not any quality, quality does not have anything, should improve and because the health work is very important (E₈).

It exists in government avoidance in preventive actions against drugs, according to the testimony of E₂ and E₈ notes a poor quantity and quality of recovery services for drug addicts. This may happen because of the number of users or the small number of referral hospitals for drug users.

It is noted also by previous statements that the planning actions in this area depends on greater ownership of data on the user population of crack and those seeking care in the public health system. Therefore, with this greater social visibility of crack and greater demand for health services, there is the need for increased treatment centers for crack users.

The abuse of drugs leads to undesirable complications such as family crises, violence and hospital admissions, increasing the occupancy rate of hospital beds. So has contributed to overloading the Unified Health System (SUS), which requires systematic attention.¹⁹

For the World Health Organization (WHO), little has been done in the field of prevention,

according to the Ministry of Health, it is defined as a process of planning and implementing multiple strategies aimed at reducing the specific vulnerability and risk factors and strengthening protective factors.²⁰

CONCLUSION

The study makes it possible to analyze the relationships established with drugs become increasingly complex and is associated with various problems of personal and social nature. Presence was a great growth in supply, as well as the consumption of drugs, in addition to structuring the illegal and lucrative market, distribution and sale of drugs, often sustained by the use of violent practices. Crack is a dangerous drug and high power dependence, which was confirmed in the statements of the respondents, as many claim have already made use of other drugs, but as they were using crack were abandoning them and dependent becoming only the crack.

It was noticed in the narratives that the first contact with crack, with the majority of respondents occurred under the influence of friends; it served as a gateway to addiction. With the advance of use, it can be reached with an unstoppable will and which causes different effects on social, family, emotional, economic, labor, security, education and health, and consequently the users lose the support of family and friends, which contributes to social exclusion.

The use of crack leads to loss of jobs and material goods, family breakdown, financial instability, physical and psychological abuse in the sense that some of the users reach a degree of depression so strong that even think about suicide.

The information from the perspective of the researchers is something of fundamental relevance to these people can understand in fact that the crack will bring numerous harms both for health and for life. This information should be better worked through more efficient public policies. It is believed that the disclosure of means on the crack is still quite fragile. We must therefore examine all the implications that crack can bring to life so that they can understand all the harmful factors arising.

The experiences with the hospital in the North Zone of Teresina and its members are extremely important for this study, and especially for the professional and personal training of researchers. One hopes that this study may contribute to the identification of the difficulties and limitations presented by crack users, with respect to the understanding

of the drug, aiming hence better adherence to treatment, and the socialization of this information to those around them, so they can accomplish their rights as citizens, seeking their social rehabilitation.

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