



CRACK USER PROFILE AND GENERAL DENSITY ASSESSMENT OF PROBLEMS ASSOCIATED WITH THE USE OF PSYCHOACTIVE SUBSTANCES

PERFIL DE USUÁRIO DE CRACK E AVALIAÇÃO DE DENSIDADE GERAL DE PROBLEMAS ASSOCIADOS AO USO DE SUBSTÂNCIAS PSICOATIVAS

PERFIL DE USUARIO DE CRACK Y EVALUACIÓN DE DENSIDAD GENERAL DE PROBLEMAS ASOCIADOS AL USO DE SUSTANCIAS PSICOATIVAS

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RESUMO

Objetivo: caracterizar o perfil dos usuários de crack atendidos em um hospital psiquiátrico. **Método:** estudo quantitativo, retrospectivo e prospectivo, em 57 prontuários de indivíduos internados, usuários de Substâncias Psicoativas (SPA), com idade entre os 18 aos 60 anos, entrevistados pelo instrumento *Drug Use Screening Inventory* (DUSI). Utilizou-se a estatística descritiva para caracterizar os pacientes hospitalizados e identificar possíveis situações de risco aos mesmos, com o auxílio do software *SPSS Statistics 21*. **Resultados:** apesar do uso de crack ser o motivo da internação, todos os pacientes utilizaram outras SPA, incluindo etanol, tabaco, maconha e cocaína intranasal ou intravenosa, além de apresentarem relevantes densidades gerais de problemas decorrentes do uso de SPA e graves fraturas em suas redes sociais. **Conclusão:** o sucesso do tratamento de indivíduos com TRS deve incluir abordagens multidisciplinares, desde a triagem, técnicas de diagnósticos, passando por cuidados clínicos e psicossociais. **Descritores:** Crack; Efeitos de Drogas; Usuários De Drogas.

ABSTRACT

Objective: to characterize the profile of crack users treated in a psychiatric hospital. **Method:** retrospective and prospective quantitative study of 57 patients with psychoactive substances (PAS), aged between 18 and 60 years, interviewed using the *Drug Use Screening Inventory* (DUSI). Descriptive statistics were used to characterize hospitalized patients and to identify possible risk situations, with the help of *SPSS Statistics 21*. **Results:** although the use of crack was the reason for hospitalization, all patients used other PASs, including ethanol, tobacco, marijuana and intranasal or intravenous cocaine, in addition to presenting relevant general densities of problems arising from use of PAS and serious fractures in their social networks. **Conclusion:** Successful treatment of individuals with SRT should include multidisciplinary approaches, ranging from screening, diagnostic techniques, through clinical and psychosocial care. **Descriptors:** Crack Cocaine; Drug Effect; Drug Users.

RESUMEN

Objetivo: caracterizar el perfil de los usuarios de crack atendidos en un hospital psiquiátrico. **Método:** estudio cuantitativo, retrospectivo y prospectivo, en 57 prontuarios de individuos internados, usuarios de Sustancias Psicoactivas (SPA), con edad entre los 18 a los 60 años, entrevistados por el instrumento *Drug Use Screening Inventory* (DUSI). Se utilizó la estadística descriptiva para caracterizar a los pacientes hospitalizados e identificar posibles situaciones de riesgo a los mismos. **Resultados:** a pesar del uso de crack ser el motivo de la internación, todos los pacientes utilizaron otras SPA, incluyendo, etanol, tabaco, marihuana y cocaína intranasal o intravenosa, además de presentar relevantes densidades generales de problemas decurrentes del uso de SPA y graves fracturas en sus redes sociales. **Conclusión:** el éxito del tratamiento de individuos con TRS debe incluir enfoques multidisciplinares, desde la selección, técnicas de diagnóstico, pasando por cuidados clínicos y psicossociales. **Descritores:** Crack; Efectos de Drogas; Consumidores de Drogas.

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INTRODUCTION

The abusive use of psychoactive substances (PAS) in Brazil has caused great social and health damages in the country. Several factors seem to contribute to this situation: existing sociocultural conditions, vast territorial extension and location close to PAS producing countries, serving as a route of trafficking to Europe and the United States, as well as the individual's vulnerability factors.¹⁻⁷

Crack surfaced between 1984 and 1985 in poor and marginalized neighborhoods in Los Angeles, New York and Miami, and was obtained and used in groups in abandoned houses called crack houses.⁸ In Brazil, some evidence points to the emergence of crack in Neighborhoods of the east side of São Paulo, and then, reach the region of Luz Station, known as "Cracolândia", in the center of the city, where the individuals who still remain, present serious vulnerabilities that predispose them to the use of crack .⁹⁻¹⁰

Cocaine-related disorders are addiction and abuse, and cocaine-induced disorders are: intoxication, withdrawal, intoxication delirium, psychotic disorder, mood disorder, anxiety disorder, sexual dysfunction, sleep disorder, and substance-related disorder related to cocaine without another specification.¹¹⁻⁴

According to a study by the National Public Security Council (NPSC), in Goiás, there are, currently about 300,000 drug users, 50,000 of which are crack cocaine and other PAS. In Goiânia, there are isolated foci of "smoke mouths", where there is consumption of crack and other drugs, such as marijuana, tobacco and ethanol.^{4-7,9,15-6}

A survey was carried out by the State Department of Narcotics Repression, an organ of the civil police of the State of Goiás - DENARC-PC / GO, based on operations carried out in 2014, of occurrences recorded in these places and of denunciations made anonymously. According to this survey, the points with the highest crack consumption in Goiânia are: Padre Pelágio Terminal (Capua Ward), Praça da Paz (Jardim Nova Esperança), Jacaré Square (West Crimea), Region of the Agricultural and Livestock Exposition Park), Praça Boa Aventura (Eastern Sector Vila Nova), Praça Botafogo (East Sector Vila Nova), region of the São Francisco Quarter, Praça do Trabalhador (Central Sector), Praça Universitária (Eastern University Sector), Isidória Terminal (Setor Pedro Ludovico) , New World Garden Terminal (New World Garden). In these regions, the appearance of people who act as sex workers and crack users

(known in the region as "noias") is clearly distinct. They wear dirty clothes, slippers or walk barefoot, are very thin and do not have coherent or fluent dialogue. They start a dialogue, but they can not keep up with the lack of speech and the context of ideas. They are aggressive only when they are in crack by crack and tobacco consumption seems to be the most common PAS among crack users in those regions.¹⁵

To the extent that Brazil occupies a favorable geographical position in the trafficking of illicit substances, such as cocaine, in the face of the country's underdevelopment and the increase in the power of traffickers, it is salutary to analyze the impact of the market and the use of PAS in groups Populations. Cocaine is a psychoactive substance that inhibits the neuronal receptors of serotonin, noradrenaline and, mainly, dopamine in the mesolimbic and mesocortical pathways, in the reward circuit of the central nervous system. It presents high pharmacological potential to reinforce new experiences of use and is associated with abuse and chemical dependence, as well as other disorders related to its use.¹⁷

The use of survey tools, that can identify and characterize the profile of PAS users is useful in early prevention and indication for psychosocial, clinical or psychiatric treatments.¹⁸⁻²⁰ In this sense, the objective of this study was to characterize the profile of crack users Hospitalized in a psychiatric hospital in Goiânia / Goiás.

METHOD

Quantitative, retrospective and prospective study, in medical records of users of PAS that were evaluated by authorization of the Eurípedes Barsanulfo Spiritist Psychiatric Hospital and of 57 patients, literate and conscious men and women, who accepted to participate in the study, were interviewed after signing the Free and Informed Consent Form - FICF. For prospective analyzes, those who presented a diagnosis of intellectual deficit and psychiatric diseases in severe stages were excluded. During the retrospective analysis, carried out through the medical records, 70 patients were excluded 13. The DUSI (Drug Use Screening Inventory), is a questionnaire that identifies the intensity of problems related to the use of PAS and was developed by Tarter,²³ In response to a need for a questionnaire assessing the problems associated with the use of PAS. This questionnaire consists of an initial table that addresses the frequency of consumption of 13

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classes of psychoactive substances, followed by 149 (originally) questions divided into ten areas, providing a profile of the intensity of problems regarding substance use, behavior, health, Psychiatric disorders, sociability, family system, school, work, relationship with friends and leisure/recreation. The questions are answered with "yes" or "no", and affirmative answers are equivalent to the presence of problems.²¹⁻⁴

In addition to the ten areas mentioned above, DUSI has a "lie scale", composed of ten questions (one at the end of each area) that were added to check for possible invalid questionnaires. Anthropometric data (gender, age, weight, height) and about the PAS used (identification of PAS, quantity used, frequency and time) were collected from the socio-demographic information (home city, neighborhood, marital status, educational level and profession) of use, associated use of PAS).

The information obtained was stored for the profile composition of the crack user. Using SPSS Statistics, version 21 software, descriptive and inferential statistics tests were applied to determine, from the data collected, which characteristics of the patients were relevant to the study. The results were expressed in contingency tables

and graphs. This research was approved by the Research Ethics Committee of the UFG, under protocol number 146/12, and complied with the bioethical criteria of Resolution 196/1996 of the National Health Council, and supplements.

RESULTS

All the participants in the research, after signing the FICF, were submitted to the interview, in which the researcher conducted the oral interview, because, due to the pharmacological treatment and the symptoms of the withdrawal crisis, some patients could not respond to DUSI from their own hand.

Sampling consisted of 37.5% of patients who were admitted to crack cocaine treatment for the first time and 62.5% were hospitalized two or more times and the patients interviewed had one to seven days in hospital.

The Body Mass Index (BMI) of the sample ranged from 13.82 kg / m2 (39 kg, 1.68 m) to 45.68 kg / m2 (148 kg, 1.80 m), and 45 men were evaluated. That 3.5% had BMI below and 28% had BMI above the reference value (18.5 kg / m2 <BMI <23.5 kg / m2). In this study, 12 women were evaluated, with 5.3% presenting BMI below the reference value and 1.8% with BMI above 23.5 kg / m2 (Table 1).

Table 1. Epidemiological characterization of patients admitted to HPEB, in the city of Goiânia / GO, 2015.

Body mass index (kg/m²)	Below RV	In RV	Above RV	Reference Value (RV)		
	5	41	11	18,5 kg/m² < IMC < 24,9 kg/m²		
Marital Status	Single	Married	Divorced	Undeclared		
	32	5	3	17		
Amount of children (%)	None	One or more				
	47,37	52,63				
Number of times admitted (%)	First time	Two or more times		Undeclared		
	37,5%	62,5%		29,82%		
Use of crack With or without associations	Crack only	Crack and THC only	Only crack and Ethanol	Crack and/or cocain (Powder for oral and / or intravenous use)		
	24	5	9	32		
Motivations for using crack	No reply	Peer pressure	Hard life	Curiosity	Frustratio ns	Merla for crack
	13	10	5	8	15	4

Caption: HPEB - Psychiatric Hospital Euripides Barsanulfo. BMI - Body Mass Index.

Patients were also investigated, regarding the frequency of use of PAS during the last 30 days before the interview and 47.36% used crack more than 20 times in the last 30 days.

The distribution of patients who answered the DUSI questionnaire, according to age group and gender, is presented in table 2.

Table 2. Distribution of patients by age and gender of the HPEB. Goiânia (GO), Brazil, 2015.

Age group (years)	Gender					
	Male		Female		Total	
	n	%	n	%	n	%
18 - 25	9	81.82	2	18.18	11	19.3
26 - 35	23	82.14	5	17.85	28	49.1
≥ 35	13	72.23	5	27.78	18	31.6
Total	45	78.95	12	21.05	57	100

Caption: HPEB - Psychiatric Hospital Euripides Barsanulfo.

Patients were also investigated for the causes that motivated them to use crack, and 22.8% did not respond to the reason for using crack. However, among the group that responded, 22.72% reported having been influenced by friends or colleagues. Other causes were distributed as follows: difficult life, 11.36%; curiosity, 20%; involvement with murder, 5%; frustrations, 37.5% and replacement of the merla by crack, 10%, because this is cheaper.

◆ Investigation of the density of problems associated with the use of crack and other PAS

The intensity of problems was evaluated by analysis of the general density of problems (GDP), expressed in percentage values, in which, the higher these values, the greater the intensity of problems related to the use of psychoactive substances. The patients were categorized into four groups from the scores: ADP 0-13% (light use) - use without problems; up to two affirmative answers per area. ADP 14-20% (moderate use) - threshold for risk use; three to eight affirmative answers by

area. ADP 21-52% (risk use) - three to eight affirmative answers per area. ADP ≥ 53% (heavy use) - eight or more affirmative responses by area. GDP calculation: $GDP = (\sum \text{yes} / \text{all answers} / \text{total number of questions})$.

Through the DUSI survey instrument, it was possible to establish the intensity of problems arising from the use of crack and other PASs. The DUSI instrument consists of a table, from which it was possible to investigate the frequency of the use of PAS in the last month. In addition, the questionnaire presents 149 questions, divided into ten areas and a further ten questions were added in an area dedicated to the data collection on the use of crack, exclusively.

In addition to grouping the individuals using PAS according to the GDP values, we show the GDP of each patient individually, constructing frequency charts that demonstrate the severity of biopsychosocial health related to each patient subject of the research, and the figure 1 indicates which individuals make light use of PAS, and figure 2 indicates which individuals make heavy use of PAS.

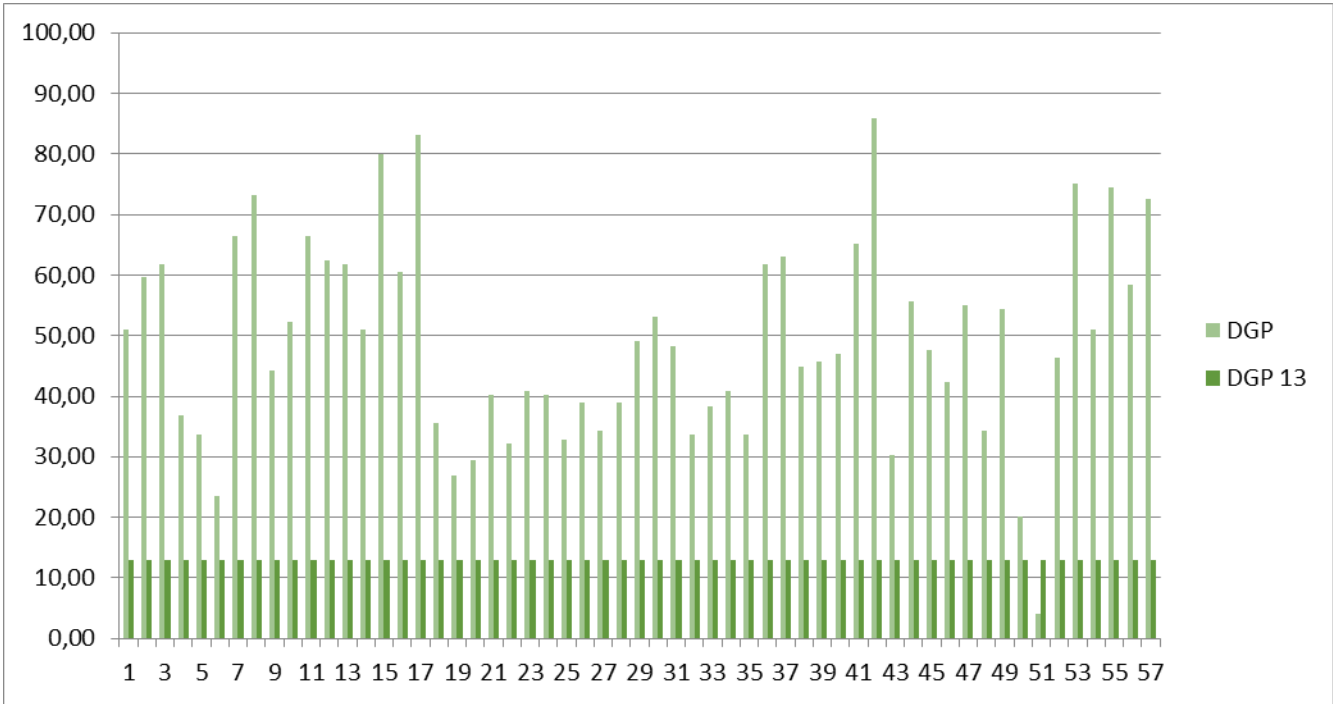


Figure 1. Estimates of the patients of the Euípedes Barsanulfo Spiritist Psychiatric Hospital (HPEB, Goiânia / GO), in light use of psychoactive substances, based on the individual evaluation of the General Problem Density (PGD). Goiânia (GO), Brazil, 2015.

General density of problems, versus Light Usage (GDP) Legend: GDP - general problem

density. GDP ≤ 13% indicates patient with mild use pattern of psychoactive substances.

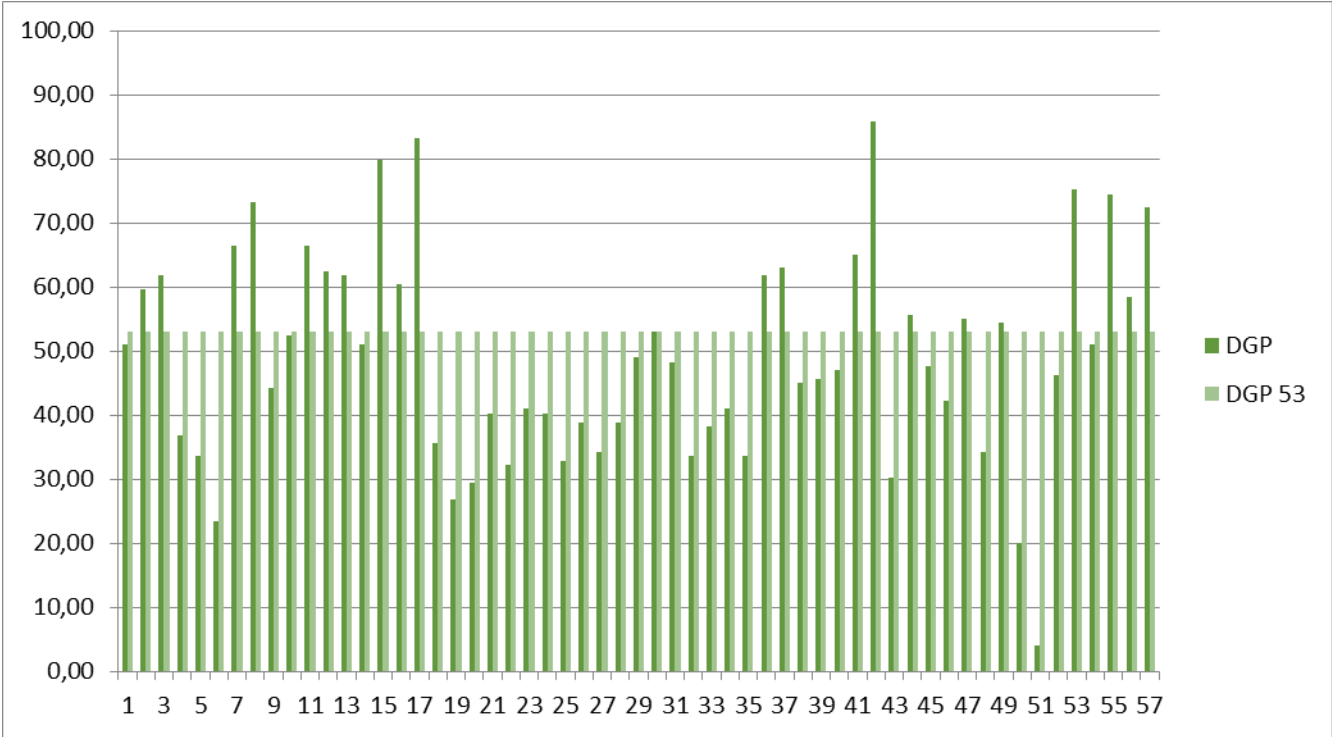


Figure 2. Estimates of patients in the Euripides Psychiatric Spiritist Hospital (Goiânia / GO), in heavy use of psychoactive substances, based on the individual evaluation of the General Density of Problems (GDP). Goiânia (GO), Brazil, 2015.

General density of problems, versus Heavy Usage: GDP - general density of problems. GDP ≥ 53% indicates patient with pattern of heavy use of psychoactive substances.

From the results obtained from the parameters ADP 1 to 10, of the DUSI instrument, it is inferred that the heavy use of PAS raises the values, mainly of the following ADPs: 1, 4, 5, 7, 9, 10. Through the analysis of

the scores from ADP 1, is inferred, although the greater the value of ADP 1, the greater the number of individuals stratified in the category of heavy use of PAS. Regarding the stratification of individuals in mild, moderate, risky or heavy uses, it was possible to obtain the results shown in table 3, in which each area presents its importance in the crack user's quality of life.

Table 3. Impact of absolute densities of problems on the quality of life of the individual user of crack and other psychoactive substances. Goiânia (GO), Brazil, 2015.

ADP	Light use	Moderate use	Risky use	Heavy Use
1 (n=57)	1	2	6	48
2 (n=57)	2	5	33	17
3 (n=57)	4	36	26	24
4 (n=57)	3	5	24	25
5 (n=57)	9	3	20	25
6 (n=57)	20	0	19	18
7 (n=57)	20	2	12	23
8 (n=57)	19	3	18	17
9 (n=57)	8	0	20	29
10 (n=57)	3	0	18	36

ADP 1: intensity of involvement with PAS; ADP 2: behavior (exposes the search behavior and use of PAS ADP 3: health ADP 4: psychiatric / biopsychosocial disorders (high severity with heavy use) ADP 5: social competence ADP 6: social skills and interactions , ADP 7: academic performance (light use is associated with less impact on performance, heavy use is associated with worse performance); ADP 8: motivation for work (light use is associated with greater motivation in relation to other usage patterns Of psychoactive substances), ADP 9: social network (friends who live with the use of

crack and other psychoactive substances), ADP 10: leisure recreation (do not have).

The trafficking and consumption of this form of cocaine use in Brazil has taken on such dimensions that not only large urban centers and capitals like Goiânia, Brasília (and its satellite cities), Rio de Janeiro and São Paulo, but also cities such as Catalão / GO and Teresópolis de Goiás / GO, among others, has been facing a controversial social problem of which it is not yet a consensus, at least based on scientific publications, that Brazil is experiencing an epidemic of crack use, but there are innumerable foci of sites where

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users focus on the use of "stone" and other drugs (licit and illicit).

Some studies state that the growth in consumption of cocaine smoked in Brazil has become a public health phenomenon, and may be called (perhaps) a crack epidemic. Two surveys on the consumption of PAS were concluded by the Brazilian Center for Drug Information (CEBRID), in partnership with the National Anti-Drug Secretariat (SENAD). The first study, in 2001, interviewed 8,589 people between 12 and 65 years of age in the 107 largest cities in Brazil, and the second study, conducted in 2005, with the 108 largest cities interviewed 7,939 inhabitants. The 2001 study showed prevalences of 2.3% of life use for cocaine and 0.4% for crack. The 2005 study found a prevalence of 2.9% for use in the life of cocaine and 0.7% for crack.^{4-7,25-6}

In the state of Goiás, according to data from the National Public Security Council (NPSC), there are about 300,000 drug users, of which 50,000 are only crack cocaine users. According to surveys carried out by the State Narcotics Repression Office (SNRO), there are numerous points with frequent and intense crack use in the city of Goiânia. Among them, are Botafogo square (East Sector Vila Nova) and Trabalhador square (Sector Central), being located in front of the main Bus Terminal of Goiânia.

Still in the central region of Goiânia / GO, there are several other places, not mentioned in the cited survey, but which are known, by residents of the region for the continuous presence of those users, such as 8, 53, 54 (Central Sector) and 84 street, near the Civic Square (Central Sector). Crack and other drug users frequent these regions and live mostly in the street, with some staying overnight in the vicinity of a Psychosocial Care Center (PSCC). The service to the users of PAS in the SUS (Sistema Único de Saúde) has PSCC as a reference and guarantees the offer of specialized multiprofessional service. The situation is conflicting because there are individuals who receive guidance and psychosocial attention from PSCC practitioners and, including prescription drugs (carbamazepine, for example) and use crack and other drugs (in the street or in the mouth), which leads to a situation which is very worrying due to the risk of pharmacological interactions that can cause health problems in those individuals, as well as the reduction of the effectiveness of psychosocial, clinical and psychiatric treatments.^{4-7,27-8}

The patients interviewed were in voluntary hospitalization, except for a male patient, 18

years old who had committed homicide, and was hospitalized in a court order (compulsory hospitalization). In a study published in 2013, the objective of which was to map the treatment trajectories of hospitalized crack users, using semi-structured interviews, showed that five users were hospitalized in order And nine users were hospitalized voluntarily.^{29,30}

During the visits at the psychiatric hospital in Goiânia / GO, for the interviews, through the DUSI questionnaire, it was established that only individuals with one to five days of hospitalization would constitute the research sample. However, during several days of visits, many patients were unable to participate in the study in the face of severe health conditions due to chemical dependencies of crack and other drugs. Some interviews were interrupted because some patients were unable to respond to the entire DUSI questionnaire. There were patients who were very emotionally debilitated or were not yet able to answer questions involving aspects of their social networks and family relationships.³¹

The reasons why patients initiated crack use involve ethical, moral, social, familial, psychological and psychiatric conflicts, such as: childhood cohabitation with a paternal family history of rape against the sibling or against the mother; execution of incest involving father and daughter, with childbirth; in addition to mourning of spouse or relative and psychiatric comorbidities, highlighting the antisocial personality disorder, among the individuals interviewed.³²

In a study published in 2011, the authors point out that the family is one of the main areas capable of influencing the vulnerability of the individual to initiate problematic consumption patterns due to chaotic or too rigid family structures with little dialogue and marked attachment relationships by insecurity and / or abandonment.³³⁻³⁵

Patients treated with a multidisciplinary team, at the hospital, received therapies in different approaches: they are assisted by psychiatrists, nurses, who take care of the times of medication administration in an individualized way and according to medical prescription, all administrations (oral or parenteral) being assisted, in order to avoid the risk of non-adherence to pharmacological treatment. Psychosocial approaches were carried out by psychologists, social workers and occupational therapists.

All patients undergoing treatment at the hospital, for SRT control participated in lectures given by professionals with

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experience in the area, in which very enlightening and motivating subjects were approached and the patients were fully allowed to clarify doubts and report experiences related to the health conditions of each one.

The meals were supervised by nutritionists and by nutrition auxiliaries, and the foods offered were consistent with the treatment for recovery of health. Certain foods that may contribute to an increased risk of relapse or that may evoke memories of drug use were not served. Candy was allowed, but not lollipops, for example, to avoid any violent act with the use of the lollipop stem.

The Euípedes Barsanulfo Spiritist Psychiatric Hospital (EBSPH) serves patients from the private network, but, mainly, from the public health network and relies heavily on donations for the maintenance of the services and work of volunteer professionals.

Regarding the gender of the patients in this study, 78.95% (n = 45) were males, with a mean age of 32.38 years and 21.05% (n = 12) were females, with a mean age of 38.25 years. The minimum age was 18 years and the oldest patient, who was female, was 60 years old, which points to a real situation and practically not discussed among researchers, that is the use of drugs by the elderly.

Regarding weight, it was evaluated using the anthropometric BMI. In a study published in 2011, the BMI of crack users (n = 25) ranged from 23.79 kg / m² (standard deviation 4.39) to 25.45 kg / kg / m² (standard deviation 4, 02). In this study, normal BMI, with a lower limit equal to 18.5 kg / kg / m² and greater than 23.5 kg / m², was observed in 28.07% (n = 16) of patients with BMI Above the upper limit, being an individual with BMI indicative of morbid obesity (severe or grade III) and 8.77% (n = 5) with a weight below the ideal weight. The morbidly obese patient was in the hospital for four days, and the diagnosis of morbid obesity was performed prior to enrollment in HPEB. The patient was a crack user and the immunochromatographic examination, detected only the presence of benzodiazepine.

Regarding the weight below the lower limit of normal BMI, a 20-year-old female patient with SRT-cocaine / crack had a diagnosis of type I diabetes mellitus and, at the time of the research, used it irregularly (before of hospitalization) of NPH insulin, 20 units at 7 and at 18 hours, and insulin R, five units at the same time. During the interview, in the measurement of weight (39 kg) and height (1.68 m), his BMI was confirmed at 13.82 kg / kg / m². This patient presented extremely

thin, with difficulty of ambulation and tremors in upper limbs and lower limbs. The said patient declared herself married, unemployed, without children. Interned 11 days ago, the patient reported using tobacco and crack cocaine more than 20 times in the last 30 days prior to hospitalization, as well as associating crack cocaine with the use of alcoholic beverages. Considering the fact that this patient is diagnosed with diabetes mellitus 1, in the use of R and NPH insulins, the condition related to alcohol use is inexorably worrisome, since it is hypercaloric and may increase the risk of complications related to endocrinopathy . This is a question that points to the extreme importance of treating the individual in a holistic way, without labels, that is, has SRT, like cocaine / crack, but has diabetes mellitus, glaucoma, hypertension, COPD, has wants and personalities, has desires And vulnerabilities and who suffer from SRT and comorbidities. There are situations of homicide and other crimes that increases the risk of use of PAS.³⁵

When considering the frequency of the use of PAS in the last 30 days that preceded the interviews with each patient, it is possible to affirm that the individuals used not only crack. It is common to use crack associated with other PAS, which confirms that the crack user is a consumer of multiple drugs, such as alcohol, tobacco and marijuana, (for example, "jambrado" is a mixture of crack and marijuana for smoking). In a published article, in which the authors used a qualitative methodology to investigate the progression of drug use among 31 users or ex-users of smoked cocaine, it was reported that an PAS sequence seems to be more associated with external factors (pressures Group influence, traffic influence) rather than user preference. Among younger users, progression of smoking began with cigarette and / or alcohol and passed through marijuana and cocaine aspirated until crack use, and the older (> 30 years) began to use the PAS by cigarette and / Or alcohol, followed by marijuana, injectable drugs, aspirated cocaine, intravenous cocaine and, finally, crack.^{4-7,37}

All the patients interviewed were aware of the risks of using all PASs and recognized the diagnosis of SRT. However, there was, a misconception among them, that "chemical drug" (crack) was more dangerous than "natural drug" (Marijuana, "drink"), which led to increased consumption of "natural drugs" to try to compensate for the lack of "chemical drug", effect when they were in their home environments (home, streets, etc.).³⁸

CONCLUSION

It was possible to conclude that those users are mostly male, with a mean age of 32.38 years, most of them with BMI ≥ 23.5 kg / m², which indicates weight gain from living in Environments where there is no PAS offer. In addition, all crack users make use of other PASs, mainly alcohol, tobacco and marijuana, which are associated or in concomitant use.

Regarding the behavior, no user interviewed reported aggressive behavior, but most presented, during the interviews, deep emotional lability. The most reported vulnerabilities during interviews were the following: various frustrations, influence of friends, curiosity and craving is a vulnerability factor that keeps the individual in chronic use of crack.

All crack users have had drastic fractures in their networks of family and social relationships because of passion crimes committed by them or because they have suffered rape and violent crime. Except for a crack user (who studied Physiotherapy), most obtained their sources of income through general services (box operator, collector in the collective transportation, locksmith, hairdresser, hairdresser, dressmaker, painter, mason, carpenter, taxi driver, salesman, Metallurgist, electrician). In the sample surveyed, two patients were police officers, four were security guards. Also, in the sample studied, a computer teacher and a cartoonist. In conclusion, most patients reported crack and marijuana as the preferred PAS, and 100% of the respondents answered that the crack was the PAS they had problems with, and only one committed murder. In view of these results, it is imperative that the scientific community, together with the population, the leaders of the Brazilian political scene, the professionals of the multidisciplinary teams (physicians, psychologists, occupational therapists, nutritionists, nurses, Nursing technicians and assistants, social workers, surgeons Physicians, physical educators) to investigate and discuss vulnerability factors, including clinical comorbidities, that can generally lead individuals to abusive use of ABP and the risk of STR.

One must look more to the individual in his complex universe and give less emphasis to the substance, whatever it may be. Antonio Nery Filho already mentioned that: "drugs, even crack, are chemicals without a soul: they do not talk, they do not think and they do not symbolize. And oral cavity lesions were also observed in the subjects of this study, but it was not a subject of analysis. However, as

observed, crack users have comorbidities and suffer from the consequences of the relationship between drug use / abuse. In this way, it is an area whose potential for clinical research is ample and there is a demand. Including there is a real need for investigations of drug interactions versus cocaine / crack, considering that users assisted by PSCC may be under pharmacological treatment and In use of PAS, despite the psychosocial and clinical strategies of not recommending the associated use.

REFERENCES

1. Alfredsson B, Öberg M, Lai J. Propagation of physically short cracks in a bainitic high strength bearing steel due to fatigue load. *Int J Fatigue* [Internet]. 2016 [cited 2016 Oct 02]; 90:166-180. Available from: <http://www.sciencedirect.com/science/article/pii/S0142112316300858>
2. Lévesque A, Roy E, Jutras-Aswad D, Zang G, Artenie AA, Bruneau J. Examining the link between psychological distress, mental health disorders and sharing behaviors among cocaine users. *Addictive Behaviors* [Internet]. 2016 [cited 2016 Oct 02]; 62:54-59. Available from: <http://www.sciencedirect.com/science/article/pii/S0306460316302088>
3. Martin G, Macdonald S, Pakula B, Roth EA. A comparison of motivations for use among users of crack cocaine and cocaine powder in a sample of simultaneous cocaine and alcohol users. *Addictive Behaviors* [Internet]. 2014. [cited 2016 Oct 02];39:699-702. Available from: <http://www.sciencedirect.com/science/article/pii/S0306460313003316>
4. Carlini EA, Orlandi-Mattos PE. Cannabis sativa L (maconha): medicamento que renasce? *Bras Med* [Internet]. 2011. [cited 2016 Oct 02];48:409-15. Available from: http://www.ambr.org.br/backup/site_29032014/wp-content/uploads/2013/03/12_bsb_me_d_484_2011_cannabis_sativa.pdf
5. CEBRID. Centro brasileiro de informações sobre drogas psicotrópicas. Segundo levantamento domiciliar sobre o uso de drogas psicotrópicas no Brasil: estudo envolvendo as 108 maiores cidades do país: 2005. Escola Paulista de Medicina; 2006.
6. Costa SHN, Cunha LC, Doles LA, Yonamine M, Valente-Campos S, Penna KGBD, Nascente KRSM. Revisão crítica do uso de testes rápidos imunológicos para verificar o consumo de substâncias psicoativas. *Rev Bras Toxicol* [Internet]. 2005 [cited 2016 Oct 02];18:123-30. Available from:

Santos LR, Silva AR da, Barros JF et al.

Crack user profile and general density...

<http://saudepublica.bvs.br/pesquisa/resource/pt/lil-435875>

7. CEBRID. Centro brasileiro de informações sobre drogas psicotrópicas. Primeiro levantamento domiciliar sobre o uso de drogas psicotrópicas no Brasil: estudo envolvendo as 107 maiores cidades do país: 2001. Escola Paulista de Medicina. 2002.

8. Geter RS. Drug user settings: a crack house typology. *Int J Addict* [Internet]. 1994 [cited 2016 Oct 02]; 29:1015-27. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/7960297>

9. Ribeiro M, Laranjeira R. O tratamento do usuário de crack. São Paulo: Editora Artmed; 2012.

10. Dias AC, Araújo MR, Laranjeira R. Evolução do consumo de crack em coorte com histórico de tratamento. *Rev Saúde Públ* [Internet]. 2011 [cited 2016 Oct 02]; 45:38-48. Available from:

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102011000500016

11. De La Fuente L, Molist G, Espelt A, Barrio G, Guitart A, Bravo MJ, Brugal MT. Mortality risk factors and excess mortality in a cohort of cocaine users admitted to drug treatment in Spain. *J Subst Abus Treat* [Internet]. 2014 [cited 2016 Oct 02]; 46:219-26. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/24035555>

12. DSM-V. Manual Diagnóstico e Estatístico de Transtornos Mentais. American Psychiatric Association; 2014.

13. DMS-IV-TR. Manual Diagnóstico e Estatístico de Transtornos Mentais. American Psychiatric Association; 2002.

14. DMS-IV. Manual Diagnóstico e Estatístico de Transtornos Mentais. American Psychiatric Association; 1995.

15. Delegacia Estadual de Repressão a Narcóticos da Polícia Civil do Estado de Goiás - DENARC [homepage na internet]. Mapa da crackolândia em Goiânia [cited 2016 Mar 14]. Available from:

<http://www.policiacivil.go.gov.br/noticias/policia-civil-delegacia-estadual-de-repressao-a-narcoticos-tracao-o-mapa-da-cracolandia-em-goiania.html>

16. Briggs D. Emotions, ethnography and crack cocaine users. *Emo Spa Soc* [Internet]. 2013 [cited 2016 Oct 02]; 7:1-12. Available from: <http://www.sciencedirect.com/science/article/pii/S1755458611000636>

17. Raupp L, Adorno RCF. Uso de crack na cidade de São Paulo/Brasil. *Rev tox* [Internet]. 2010 [cited 2016 Oct 02]; 16:29-37. Available from:

http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S0874-48902010000200004

18. Reed SC, Evans SM. The effects of oral d-amphetamine on impulsivity in smoked and intranasal cocaine users. *Dru Alc Dep* [Internet]. 2016 [cited 2016 Oct 02]; 163:141-152. Available from:

<http://www.sciencedirect.com/science/article/pii/S0376871616300400>

19. Roy E, Leclerc P, Morissette C, Arruda N, Blanchette C, Blouin K, Alary M. Prevalence and temporal trends of crack injection among injection drug users in eastern central Canada. *Dru Alc Dep* [Internet]. 2013 [cited 2016 Oct 02]; 133:275-278. Available from: <http://www.sciencedirect.com/science/article/pii/S0376871613001889>

20. Tiet QQ, Leyva Y, Moos RH, Smith B. Diagnostic accuracy of a two-item screen for drug use developed from the alcohol, smoking and substance involvement-screening test (ASSIST). *Dru Alc Dep* [Internet]. 2016 [cited 2016 Oct 02]; 164:22-27. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/27234660>

21. De Micheli D, Formigoni MLOS. Screening of drug use in a teenage Brazilian sample using the drug use-screening inventory (DUSI). *Addictive Behaviors* [Internet]. 2000 [cited 2016 Oct 02]; 25:683-91. Available from: <http://www.sciencedirect.com/science/article/pii/S0306460300000654>

22. Tarter RE. Evaluation and treatment of adolescent substance abuse: A decision tree method. *Am J Drug Alc Abuse* [Internet]. 1990 [cited 2016 Oct 02]; 16:1-46. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/2330931>

23. Tarter RE, Mezzich A, Kirisci L. Reliability of drug use screening inventory in adolescent alcoholics. *J Child and Adolesc Sub Abuse* [Internet]. 1994 [cited 2016 Oct 02]; 3:25-36. Available from: http://www.tandfonline.com/doi/abs/10.1300/J029v03n01_03

24. Tarter RE, Laird SB, Bukstein O, Kaminer Y. Validation of the adolescent drug use-screening inventory: preliminary findings. *Psyc Add Behaviors* [Internet]. 1992 [cited 2016 Oct 02]; 6:233-36. Available from: http://psycnet.apa.org/index.cfm?fa=buy_opt_i_onToBuy&id=1993-20058-001

25. Brasil. Ministério da Justiça. Secretaria Nacional de Políticas sobre drogas. Tratamento da dependência de crack, álcool e outras drogas: aperfeiçoamento para profissionais de saúde e assistência social. Brasília: SENAD; 2012.

Santos LR, Silva AR da, Barros JF et al.

Crack user profile and general density...

26. Pulcherio G, Stoff AR, Pettenon M, Fensterseifer DP, Kessler F. Crack - da pedra ao tratamento. Rev Assoc Med RS [Internet]. 2010 [cited 2016 Oct 02];54:337-43. Available from: http://www.amrigs.org.br/revista/54-03/018-610_crack_NOVO.pdf
27. Horta RL, Horta BL, Rosset AP, Horta LC. Perfil dos usuários de crack que buscam atendimento em CAPS. Cad Saúde Pública [Internet]. 2011 [cited 2016 Oct 02];7:2263-70. Available from: http://www.scielo.br/scielo.php?pid=S0102-311X2011001100019&script=sci_abstract&tlng=pt
28. Horta RL, Esswein GC, Horta CL. Percepção de profissionais de saúde de CAPS I quanto a demandas relativas ao consumo de crack. Ciênc saúde coletiva [Internet]. 2013 [cited 2016 Oct 02]; 18:1099-08. Available from: <http://www.scielo.br/pdf/csc/v18n4/23.pdf>
29. Pedroso RS, Kessler F, Pechansky F. Treatments of female and male inpatient crack users: a qualitative study. Trends Psychiatry Psychoter [Internet]. 2013 [cited 2016 Oct 02];35:36-45. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S2237-60892013000100005
30. Chen CY, Anthony JC. Epidemiological estimates of risk in the process of becoming dependent upon cocaine: cocaine hydrochloride powder versus crack cocaine. Psychopharmacology [Internet]. 2004 [cited 2016 Oct 02];172:78-86. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/14598014>
31. Zeni TC, Araújo RB. O relaxamento respiratório no manejo do craving e dos sintomas de ansiedade em dependentes de crack. Rev Psiquiatr RS [Internet]. 2009 [cited 2016 Oct 02];31:116-19. Available from: <http://www.scielo.br/pdf/rprs/v31n2/v31n2a06.pdf>
32. Vargens RW, Cruz MS, Santos MA. Comparação entre usuários de crack e de outras drogas em serviço ambulatorial especializado de hospital universitário. Rev Latino-Am Enfermagem [Internet]. 2011 [cited 2016 Oct 02];19:804-12. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692011000700019
33. Marques ACPR, Ribeiro M. Projeto diretrizes: abordagem geral do usuário de substâncias com potencial de abuso. Ass Med Bras [Internet]. 2008 [cited 2016 Oct 02]; 1:1-18. Available from: http://www.bibliomed.com.br/diretrizes/pdf/abordagem_abuso.pdf

34. Marques ACPR, Ribeiro M, Laranjeira R, Andrada NC. Abuso e dependência: Crack. Rev Assoc Med Bras [Internet] 2012 [cited 2016 Oct 02];58(2):141-53. Available from: <http://www.scielo.br/pdf/ramb/v58n2/v58n2a08.pdf>
35. Marques ACPR, Ribeiro M, Laranjeira RR, Andrada NC. Abuso e dependência de crack. Rev Assoc Med Bras [Internet] 2012 [cited 2016 Oct 02];58:141-53. Available from: <http://www.scielo.br/pdf/ramb/v58n2/v58n2a08.pdf>
36. Ribeiro M, Dunn J, Sesso R, Dias AC, Laranjeira R. Causes of death among crack cocaine users. Rev Bras Psiquiatr [Internet]. 2006 [cited 2016 Oct 02];28:196-202. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1516-44462006000300010
37. Van Der Meer Sanchez Z, Nappo SA. Sequência de drogas consumidas por usuários de crack e fatores interferentes. Rev Saúde Públ [Internet]. 2002 [cited 2016 Oct 02]; 36:420-30. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102002000400007
38. Sayago CBW, Lucena-Santos P, Horta RL, Oliveira MS. Perfil clínico e cognitivo de usuários de crack internados. Psic Reflexão e Crítica [Internet]. 2014 [cited 2016 Oct 02];27:21-28. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-79722014000100003

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