



SOCIODEMOGRAPHIC CHARACTERISTICS AND PATTERN OF USE OF CRACK AND OTHER DRUGS IN A CAPS AD

CARACTERÍSTICAS SOCIODEMOGRÁFICAS E PADRÃO DE USO DE CRACK E OUTRAS DROGAS EM UM CAPS AD

CARACTERÍSTICAS SOCIODEMOGRÁFICAS Y PADRÓN DE USO DE CRACK Y OTRAS DROGAS EN UM CAPS AD

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ABSTRACT

Objective: to analyze the sociodemographic profile of *crack* users undergoing treatment in a CAPS AD type II and identify the pattern of use of other psychoactive substances, as well as the onset of use. **Method:** Descriptive study with qualitative approach. Semi-structured interviews were performed with 17 patients in the first interview and six in the second interview. Data were analyzed by Content analysis technique, in the thematic mode. **Results:** the onset of consumption occurred with the use of licit substances during adolescence. The use of *crack* occurred only years later. The relationship of users with other substances was ambivalent. **Conclusion:** the onset of drug use occurred within the family sphere and due to the influence of the environment. Nursing must work the triggers of use along with these users. **Descriptors:** Nursing; Cocaine Crack; Family Relationships; Mental Health.

RESUMO

Objetivos: analisar o perfil sociodemográfico de usuários de crack em tratamento, em um CAPS AD do tipo II, e identificar qual o padrão de uso de outras substâncias psicoativas, assim como o seu início do uso. **Método:** estudo descritivo, de abordagem qualitativa. Foram realizadas entrevistas semiestruturadas com 17 pacientes na primeira entrevista e seis na segunda. Os dados foram analisados pela técnica de Análise de conteúdo na modalidade Análise temática. **Resultados:** o início do consumo ocorreu com o uso de substâncias lícitas na adolescência. O uso de *crack* ocorreu apenas anos mais tarde. A relação dos usuários com as demais substâncias mostrou-se ambivalente. **Conclusão:** o início do uso de drogas ocorreu no âmbito familiar e devido à influência do meio. Cabe à enfermagem trabalhar em conjunto com esse usuário os gatilhos de uso. **Descritores:** Enfermagem; Cocaína Crack; Relações Familiares; Saúde Mental.

RESUMEN

Objetivos: analizar el perfil sociodemográfico de usuarios de crack en tratamiento, en un CAPS AD del tipo II, e identificar cuál es el padrón de uso de otras sustancias psicoactivas, así como su inicio de uso. **Método:** estudio descriptivo, de enfoque cualitativo. Fueron realizadas entrevistas semi-estructuradas con 17 pacientes en la primera entrevista y seis en la segunda. Los datos fueron analizados por la técnica de Análisis de contenido en la modalidad Análisis temático. **Resultados:** el inicio del consumo fue con el uso de sustancias lícitas en la adolescencia. El uso de crack se dio apenas años más tarde. La relación de los usuarios con las demás sustancias se mostró ambivalente. **Conclusión:** el inicio del uso de drogas fue en el ámbito familiar y debido a la influencia del medio. Cabe a la enfermería trabajar en conjunto con ese usuario los gatillos de uso. **Descriptores:** Enfermería; Crack, Relación Familiar; Salud Mental.

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INTRODUCTION

The use of psychoactive substances (PAS) is present in the history of humankind from its beginnings.¹ In each season, a given PAS occupies a prominent place, and nowadays *crack* has proved to be a serious Public Health problem, related to complex effects on the health and quality of life of users.²

Crack causes great concern for being a psychotropic drug, stimulant of the central nervous system.³ It causes euphoria in the user, leading to a strong and compulsive desire to use the drug.⁴ It brings complications such as mental disorders, overdose-related early death, unprotected sex, and diseases such as Hepatitis and HIV.^{3,5}

In addition to mental and clinical complications, *crack* users are considered to be out of the social context⁴; even among other PAS users, there is prejudice against the use of *crack*. *Crack* users are considered as an evil for society, exteriorizing a degraded society.⁴ Due to this exclusion and prejudices, the use of *crack* by the individual becomes a way of overcoming his fragility.^{4,5}

The use of PAS in general, and in particular of *crack*, affects not only the individual, but the whole society, in view of the increased public expense with health and safety.⁶ Although *crack* users account for less than 1% of PAS users, they are responsible for about 70% of admissions in therapeutic communities or psychosocial care centers.²

Psychosocial Care Centers for users of alcohol and other drugs (CAPS AD) have been created by the Ministry of Health (MOH) as a form to treat users of psychoactive substances. CAPS AD were designed to be an innovative initiative, surpassing asylum-like practices and in accordance with the psychiatric reform.^{2,7} They represent today the main health care strategy for users of alcohol and other drugs.²

CAPS AD use the harm reduction strategy as a tool of prevention and health promotion actions, based on the reintegration of users to their community, promoting their social rehabilitation.^{2,7} Despite the advances observed since the Psychiatric Reform and other policies of the Ministry of Health, such as the Policy for Comprehensive Care to Alcohol and Drug Users launched in 2003, there is a small number of CAPS AD in the country. Furthermore, the CAPS AD are becoming centers focused on biomedical knowledge, to the detriment of multiprofessional treatment.⁸ The risk of adopting a biomedical model in Psychosocial Care Centers lies on the possibility of turning

the user dependent on the service, without autonomy for changes or for deciding the best form of treatment.^{2,8} The psychosocial care network (PCN) is also not structured, and users face difficulties and barriers to access Primary Health Care and other services offered by the Unified Health System (SUS).⁴

Within this context of prejudice and flaws in the System, the user is voiceless and is treated as a passive subject of the interventions imposed by third parties. This is in contrast with the recommendations of the MOH, which emphasizes that subjects need to be active in the decision-making process of their treatment.

OBJECTIVES

- To analyze the sociodemographic profile of *crack* users treated in an CAPS AD type II.
- To identify the pattern of use of other PASs, as well as their onset of use.

METHOD

Descriptive study with qualitative approach⁹⁻¹⁰ carried out in a CAPS AD type II. This type of service does not operate 24 hours a day, but only during the morning and evening hours. It is located in a city in the countryside of the state of Minas Gerais, in the Center-West region. It has 85,396 inhabitants and has a typical urban profile.

The study used a convenience sample.¹¹ Inclusion criteria were: subjects over 18 years of age or emancipated, under treatment, who reported at least one episode of relapse, without severe cognitive impairment that could make it impossible to answer the interview, and fit into the diagnosis of psychoactive substance addiction according to CID- 10. The sample consisted of 17 patients in the first interview and six in the second.

Semi-structured interviews were used to collect information.¹¹ In the first stage, 17 users were interviewed. These patients used *crack* as main substance, but most also made use of other PAS. All participants signed an informed consent (IC) form. On that occasion, participants were explained that after three months, another interview would be held.

After three months, the same participants were approached, as explained during the first interview. This second interview aimed to compare the participant's condition of use or abstinence of drugs to verify if there were any significant changes.

Only six out of the initial 17 users participated in the second interview. The same scheduling criteria of the first interview were followed, with several additional attempts to locate the participants. The main

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reasons for the absence in the interview were: non-attendance on the scheduled dates of medical and psychological consultations, hospitalization in a therapeutic community, change of city and abandonment of the health service (return to the use of psychoactive substances).

All interviews were performed individually in the CAPS AD, in a private place, and recorded. The average duration was 25 minutes.

The material collected in interviews was transcribed, read and subjected to the steps of the Content Analysis technique in the Thematic modality.¹² Each interview, once completed, received an alphanumeric code that ran in the following order: Initials of the respondent's name followed by his/her age.

The project was approved by the Research Ethics Committee of the Ribeirão Preto Nursing School, University of São Paulo (CAAE number 19403913.2.0000.5393).

RESULTS

◆ Socio-demographic characteristics of participants

The study included participants between 17 and 54 years of age, with a mean age of 36.9 years. In terms of gender, 14 participants were male and three female. The predominant schooling level was complete primary education with 47% (eight) interviewees, followed by incomplete secondary education with 23% (four) interviewees, and complete superior education with 9% (two) interviewees. The predominant marital status was single, with nine interviewees in this situation (53%). As for race, the 17 interviewees self-reported to be brown (53%), followed by white, with five individuals (29.4%), and only three (17.6%) participants considered themselves black.

Nine (53%) participants reported having some source of income, ranging from retirement, benefit or employment. In terms of religion, there was an even number of Catholics and Protestants, six of each, or 35.3%; one individual said to follow the Spiritist doctrine (5.9%) and four (23.5%) said not to have any religion.

◆ Onset of crack use

During the reports, participants were asked about the age of onset of crack use and how it occurred. The participants reported that they got in contact with crack through other PASs, particularly marijuana, during adolescence and only after a few years crack was introduced:

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At 15, I already used marijuana. Crack, it's been 20 years that I use it. But I do not know what made me do this. (WLM41)

Another factor observed was that the PASs previously or concomitantly used with crack were not perceived as harmful.

First I started with marijuana and then crack. Then it became a mess! (NCM16); While I used only marijuana, I used to work there as a technician, but after I started with crack, all ended up [...] (MRAF33).

Regarding the acquisition of the drug, purchase was the main mean, with the user's own resources.

I would all spend all my salary with that. The last salary of the company was R\$ 840.00 and I went to the crack house. (WLM41)

Because every time I have a setback, it has the same consequences, it's a cell phone that goes away, it's my car that I pawn in the crack house, I've done it a lot, get my car and give it to the dealer because of the stone and then I get my car. It's complicated. (WEN28)

Another means of obtaining the drug mentioned was the sale of personal objects and the attachment of objects of lesser or greater value, even selling food.

I would sell everything, I sold the TV, my radio, motorcycle [...] everything [...] (JMMS41)

(I) have to get something that is mine and sell it to use crack. Now I do not have any money left to use. My last sale was a pound of meat that he (husband) bought. (FAG35)

Of the women interviewed, two reported obtaining the psychoactive substance through the practice of prostitution.

I prostituted myself actually (CAGL29)

◆ Drug use before and during treatment in CAPS AD

During the first interview, participants were asked on how often they use crack at present and how often they used it before treatment. Most patients reported frequent use, more than four times a week. But there was also heavy use or Binge, heavy use on weekends. These were the main reasons that led participants to seek treatment.

I used (crack) twice in the month [...] but I used 70 crack stones (in each use) (MRAF33) It was not every day, I had this positive point! It was on the weekend, mainly. But lately, before I came here, it was too much. I was spending too much [...] (RCR54)

Wow, it was day and night before I came here. After I came in here, I've changed my mind, I'm not using it [...] it's rare. (VAG52)

With the beginning of the treatment, there was a change in the frequency and/or amount used, with a tendency to decrease. Three months after the first interview, the participants who continued to attend the

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service (six respondents) reported decreased use and/or even abstinence. *It has 15 days (without use), this week, I'm taking the medicine. (VJF44) and Today it's been [...]*

about nine months that I do not use anything. (HJM47)

The following table summarizes the pattern of crack and cocaine use of participants prior to treatment in CAPS AD.

Table 1. Use of crack and cocaine prior to treatment. Minas Gerais (MG), Brazil, 2013.

n	Crack (n %)	Cocaine (n %)
Daily	12(70.6%)	2 (11.7%)
Weekly	4 (23.5%)	2(11.7%)
Monthly	1 (5.9%)	1 (5.9%)
He (she) had not used it for more than three weeks	-	2 (11.7%)
He (she) doesn't use it	-	10 (59%)

The Table corroborates the speeches of the participants, showing that 70.6% of the interviewees used to make daily use of crack. The use of cocaine was not frequent in patients undergoing treatment for the use of crack, since 59% did not use it.

However, the use of other psychoactive substances was also present as demonstrated by the previous speeches and evidenced in the table below (Table 2).

Table 2. Use of other psychoactive substances prior to treatment. Minas Gerais (MG), Brazil, 2013.

	Alcohol (n %)	Tobacco (n %)	Marijuana (n %)
He (she) does not use any	5 (29.4%)	3 (17.7%)	7 (41.2%)
Daily	7 (41.2%)	12 (70.6%)	7 (41.2%)
Weekly	3 (17.7%)	—	—
Sporadic	2 (11.7%)	2 (11.7%)	3 (17.7%)

The PAS most used by participants in the first interview was tobacco, with daily use by 70.6%. This data is confirmed as follows: *Smoke, I cannot quit. I try, I think it's the hardest drug to drop. (RCR54) and What I want is a cigarette, a normal cigarette. (VJF44)*

Marijuana and alcohol were used with the same daily frequency by 41.2% of the interviewees. Marijuana and alcohol have been perceived as calming substances, which causes the fissure to pass and increases appetite. *Marijuana makes the desire to use it (crack) go away, it helps a lot! (NCM16); Sometimes, marijuana to give appetite, but little. (VJF44)*

Alcohol was also mentioned as a trigger or gateway for crack: *It makes me want it (crack) if I drink. (EALS27)*

For me, drinking and the drug are a combination, when I would drink I wanted to use the drug and when I used the drug made me want to drink. Then I was drinking too much and using too much drugs, and my money was all going away with this. (RAS31)

In the second interview, the frequency of crack use was observed to decrease, as already reported. But in the case of other PASs, their use was maintained due to the therapeutic benefits reported. *Normal cigarette, to help when the desire comes, to use it (crack). (VJF44); It's like, past week I lost my medicines, then I would not sleep, then I used alcohol to help me sleep. (VJF44)*

DISCUSSION

◆ General characteristics of interviewees

The study showed that the participants assisted by the CAPS AD in a municipality of Minas Gerais are mostly men, young adults, single, who completed primary education self-reported to be brown skinned. These data corroborate national and international studies that show that the majority of users of crack are male and have low education level^{6,13-15}

The low education level of participants may be related to school dropout in adolescence due to the early use of PAS. A vicious cycle is observed; school demotivation can lead to the use of drugs, and this use leads to the school dropout.¹³ Regarding gender, a study^{16,17} reports that the male gender has a greater chance, up to 4.4 times more likely, to make use of PAS than women.

The greater number of men under treatment in relation to women in the CAPS AD can also be explained by the fact that women seek less health services due to the use of PAS. This is due to the stigma attached to female drug users.⁶ A study carried out in a CAPS AD in Curitiba showed that when women manage to reach mental health services, they give up more frequently than men because of prejudice within the service itself, besides family and social pressures.¹⁵

Regarding gender, the literature shows the increase in the use of PAS by women,³ but this

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data is not perceived proportionally in health services. It is extremely important that more studies on the phenomenon of drug use among women be carried out, as well as studies evaluating the health services that assist them, to investigate if they meet the specific and unique needs of female users, which are associated to the pattern of use, pregnancy, children and prostitution.¹⁸

The use of sex in exchange for PAS (situation reported in this research by two of the three female interviewees) is intrinsically related to the female gender. Research shows that women users of *crack* prostitute themselves as a means of sustaining their use, not engaging in crime. This would be seen as emancipation and demonstration of autonomy in achieving the PAS.¹⁸

Single marital status appears to be predominant among study subjects, and this is in line with the literature.^{2,19} PAS users are more likely to experience marital abandonment, especially when it is the woman who uses drugs.²⁰ Social isolation and loss of family ties hamper the search for treatment by users.² Those who still had a family bond, especially children, are more likely to start treatment and succeed.^{2,20} The present study agrees with the studies in which patients who had family support had higher expectations of treatment success than those who did not.

Families who attended the CAPS AD often did not believe in the user's recovery.² They requested immediate strategies and often hospitalizations in community communities or psychiatric hospitals as a way of relief for the family. The facts observed in the study are in agreement with the literature.^{2,7,18} One of the alternatives to include the family in the treatment of the user would be through meetings, festivities and home visits, seeking to resize the image of the user before the relatives.⁷

As for race, the researches differ on which is the predominant race in the CAPS AD. Some report that black or brown skin are predominant, but other investigations say that whites are the majority in the services of treatment.^{6,14-5}

These divergences can be explained by considering the city where the survey was conducted and the location where CAPS AD is located. Another aspect is that blacks and poor people have greater difficulties in accessing health services, due to physical, social and cultural barriers.^{2,6}

The mean age of the study participants was 36.9 years, higher than that presented in a national study whose average was 30.28²¹,

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but in consonance with Brazilian regional studies in which the age of users under treatment ranged from 25 to 40 years.^{6,15,19}

The consumption of PAS usually begins in the adolescence with psychoactive substances considered licit, such as alcohol and tobacco, progressing to the use of marijuana and later *crack* and cocaine.¹⁷

Studies show that alcohol use is starting earlier in adolescence, with reports of adolescents aged 11/12 years already using it²². This will consequently lead them to use illicit drugs at a younger age and demand treatment earlier.¹⁷ This causes greater expenses to the State and brings permanent damages to the physical and mental health of the user.

Regarding the source of income, more than half (53%) of participants reported having some income, and some (five) participants received social security benefits due to PAS treatment. This differs from the national survey on the use of *crack*²¹ in which the main source of income would be sporadic or autonomous jobs.

PAS users have difficulties to administrate their income, as confirmed in the present study.²¹ Another author considers having some source of income as a protective factor, because it improves the self-esteem of the individual.²⁰ Still on financial resources, a study revealed that the vast majority of *crack* users has no source of income²³, which is not in line with the present research. In the present, most interviewees receive benefits or have some employment bond.

Religion appeared as an important source of comfort for 76.5% of the participants. It cannot be stated whether such data predate or follow the passage of these users through religious rehabilitation clinics. Studies have shown that having a religion helps recovery, as it replaces the drug-centered life, besides linking the individual to a community where drug use is not accepted.²³ Religion also appears as a protective factor for non-use of drugs, with indications that the stronger is the religious belief, the lower is the probability of initiating the use of PAS. This fact may be related to the internalization of traditional values, causing the individual to have less tolerance for social deviations not allowed by the religious community.²⁴

♦ Onset of use and acquisition of the substance

The onset of use of PASs occurred in adolescence (14-15 years), with the use of licit substances. This corroborates other studies that point to the early onset of use of

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any PAS as a risk factor for the use of *crack* and/or *cocaine* in adulthood.³

Some of the factors pointed out as motivators for the use PAS during adolescence were the curiosity, associations and use of alcohol and other drugs by relatives. This is corroborated by the literature which still shows that the excess of freedom granted by parents can be a risk factor.³

The family does not seem to perceive alcohol use in adolescence as a risk factor for the use of other drugs in adult life.²³ Early use of alcohol is related to poor educational outcome, school dropout and failure to advance in schooling, increase of violent and risky behaviors such as early sexual initiation and unprotected sex, besides representing a trigger for the use of other drugs.²⁴ The first illegal drug used by the participants was marijuana, a fact that is also cited by studies.^{15,24}

As for the means of obtaining the drug, no participant reported theft or robbery as a way of obtaining it. The participants either exchanged personal or family objects for the substance or used the salary. Attachment or exchange of familiar objects was not perceived by the users as thefts. This was also verified in a national study in which only 6.4% of respondents reported involvement in illegal activities to obtain *crack*.²¹ Theft or crime that are often committed by these individuals are not related to the use of *crack*, but to the structure of life and social context.¹⁸

♦ Drug use before and during treatment in CAPS AD

The use of PAS during treatment in CAPS AD was also reported by participants, with tobacco as the most used substance. This finding is confirmed in another study reporting that the use of *crack*/cocaine is closely related to the use of tobacco.^{3,21}

Tobacco is still cited by participants as the most difficult drug to quit. This also appears in other studies reporting that the use of other substances makes it more difficult to stop smoking, and that smoking cessation treatment increases the likelihood of abstinence from other substances.²³ Thus there seems to be a complementary relationship between tobacco and other substances; the fact is that in this research, tobacco was used by *crack* users before and during treatment (in the latter case to reduce fissure).

The use of alcohol and marijuana appeared with the same degree of relevance in the present study. Marijuana was cited as a sedative by the interviewees, as a substance that reduces fissure, a fact also presented in

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another research. Study also reports that *crack* users smoke marijuana more frequently than users of other drugs.²⁵

Alcohol also appeared as a sedative, and at the same time, was mentioned as a trigger for the use of other drugs.^{6,26} This finding agrees with another study that reports that this combination is the most frequently practiced by *crack* users, as it causes euphoria but also less toxicity.³ Regarding treatment, there is a negative relation between alcohol use and the transition to abstinence.²⁷

Alcohol abuse is considered precedent within the context of use of other PAS, occurring before the onset of illicit drug use, with decreased consumption with this onset. In turn, the opposite occurs with cocaine use; alcohol dependence is secondary. It occurs after the onset of cocaine dependence, as a way to mitigate the negative effects of *crack*/cocaine and stimulate the euphoric effect. Thus, alcohol leads to relapse.²⁷

These data are fundamental for health professionals, where nursing care represents the front line. With this information, these professionals can effectively plan the reception of these users, plan the actions to be implemented and the possible referrals. Research has shown that the nursing team's knowledge of mental health processes, in particular on the use of PAS, its determinants and therapeutics options, is a decisive factor for recovery, social reintegration and success in harm reduction in cases of PAS users.²⁸

CONCLUSION

The group studied showed that they started to use drugs with licit substances in adolescence (14-15 years). It is noteworthy that, contrary to the daily evidence, the drug was not obtained through theft or violence, but at the expense of labor resources or sale/attachment of personal property or of the users' relatives.

It was verified that the search for institutional treatment (CAPS) by women users is incipient, with the presence of greater prejudice and stigma. The relationship of *crack* users with the other PASs (licit and illicit) proved to be ambivalent, since they were perceived as beneficial to the control of use (marijuana, alcohol and tobacco), particularly alcohol, and also perceived as a trigger or gateway for *crack* use. Thus, it is inferred the need to increase studies on the use of PASs, especially by women. Nursing, as the front line of care, must carry out the necessary care to these users with qualified listening, reception, working groups and necessary referrals.

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