

ORIGINAL ARTICLE

RELAPSES AND THE SEARCH FOR THE TREATMENT OF CRACK USERS*

RECAÍDAS E A BUSCA PELO TRATAMENTO DE USUÁRIOS DE CRACK

RECAÍDAS Y LA BÚSQUEDA POR EL TRATAMIENTO DE USUARIOS CRACK

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ABSTRACT

Objective: to identify the reasons that lead users to seek treatment for crack addiction and those that lead to relapse. **Method:** this is a qualitative, descriptive, exploratory study, with 21 crack users who were hospitalized for the treatment of drug addiction. Data were collected through recorded semi-structured interviews, transcribed in full, using the Content Analysis technique, in the Thematic Analysis modality. **Results:** two empirical categories emerged: Determinants that propel relapse in crack users after treatment for addiction and Motivations for treatment. **Conclusion:** it is revealed that the reasons for relapse are: the use of multiple drugs, environments that favor consumption and conflicting family relationships. It stands out as to the reasons for seeking treatment: desire to reestablish intrafamily relationships and reduce problems arising or aggravated by the use of drugs. **Descriptors:** Cocaine; Crack; Substance-Related Disorders; Drug users; Street Drugs; Drug-Seeking Behavior.

RESUMO

Objetivo: identificar os motivos que levam os usuários a buscar o tratamento para a dependência de crack e os que os levam à recaída. **Método:** trata-se de um estudo qualitativo, descritivo, exploratório, com 21 usuários de crack que estiveram hospitalizados para o tratamento da dependência de drogas. Realizou-se a coleta de dados por meio de entrevistas semiestruturadas gravadas, transcritas na íntegra, empregando-se a técnica de Análise de Conteúdo, na modalidade Análise Temática. **Resultados:** emergiram-se duas categorias empíricas: Determinantes que propulsionam a recaída em usuários de crack após o tratamento para dependência e Motivações para o tratamento. **Conclusão:** revela-se que os motivos que propiciam a recaída são: uso de múltiplas drogas, ambientes que favoreçam o consumo e relações familiares conflituosas. Destaca-se quanto aos motivos para procurar o tratamento: desejo de reestabelecer as relações intrafamiliares e reduzir problemas oriundos ou agravados pelo uso das drogas. **Descritores:** Cocaína; Crack; Transtornos Relacionados ao Uso de Substâncias; Usuários de Drogas; Drogas Ilícitas; Comportamento de Procura de Droga.

RESUMEN

Objetivo: identificar las razones que llevan a los usuarios a buscar tratamiento para la adicción al crack y aquellos que los llevan a una recaída. **Método:** este es un estudio cualitativo, descriptivo, exploratorio, con 21 usuarios de crack que fueron hospitalizados para el tratamiento de la drogadicción. La recolección de datos se realizó a través de entrevistas semiestructuradas grabadas, transcritas en su totalidad, utilizando la técnica de Análisis de Contenido, en la modalidad de Análisis Temático. **Resultados:** surgieron dos categorías empíricas: Determinantes que impulsan la recaída en usuarios de crack después del tratamiento para la adicción y Motivaciones para el tratamiento. **Conclusión:** se revela que las razones de la recaída son: el uso de múltiples drogas, entornos que favorecen el consumo y las relaciones familiares conflictivas. Destaca por las razones para buscar tratamiento: el deseo de restablecer las relaciones intrafamiliares y reducir los problemas que surgen o se agravan por el uso de drogas. **Descriptor:** Cocaína; Crack; Trastornos Relacionados con Sustancias; Consumidores de Drogas; Drogas Ilícitas; Comportamiento de Búsqueda de Drogas.

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INTRODUCTION

The World Health Organization considers abusive drug use as a chronic and frequent disease, constituting itself as a public health problem, which has been going beyond social and emotional limits, afflicting all areas of society due to the rapid dissemination of consumption and its complexity, recommending therapeutic actions aimed at integration, prevention, rehabilitation, education and health promotion in the field of practices.¹⁻²

It is noted that, in the world, in 2015, approximately 5% of the population had used illicit drugs at least once, in the age group between 15 to 64 years of age, and of these, 29 million developed disorders due to the use of these drugs, which resulted in loss of quality of life, premature death, infections by Human Immunodeficiency Virus (HIV) and hepatitis C.³ It was identified, in a study developed in the main Brazilian capitals, that, in 2014, there were approximately 370 thousand crack users, which corresponds to 35% of people who use illegal substances, with the exception of cannabis. It was also found that the average consumption of crack and similar in Brazil is around 13.42 stones / portion / day.⁴

It is understood that the treatment of drug addiction is complex, interdisciplinary, demands time, sometimes painful, due to withdrawal symptoms, and difficult to manage, triggering onerous costs to health services.⁵ It is indicated that the main factors that lead to the consumption of drugs are the influence of friendships, the feeling of curiosity, the search for new sensations, the reduction of anxiety, tension and the relief of physical pain.⁶

It is recurrent, when performing the treatment, in the lives of users, relapse to the use of drugs. Relapse occurs due to internal and external factors that the user cannot deal with and face, and may be of an environmental, social, family and psychological nature.⁵

Treatment is understood as an action that makes it possible to raise awareness of addiction, change behaviors, increase control over oneself, mitigate the losses caused by the indiscriminate use of drugs, contributing to the user's perception of recognizing the factors that precede the relapse.⁷

It is known that crack users are more susceptible to violence and crime due to their context of use and, thus, to social exclusion and expropriation. The conduction of therapies for addiction is impaired by such aspects, and must be carefully analyzed, so that one can understand the factors that can hinder and / or facilitate the success of interventions, aiming at well-being and improving quality life of this population.

It is necessary, in face of this problem, to develop studies that address the perceptions and experiences of drug users, regarding the factors that trigger relapses and compromise the treatment, as well as those that motivate them to seek professional help, thus contributing to the care planning, by assigning specificities that make interventions more effective by contemplating aspects close to the user's reality.

In view of the above, the following question arose: "What are the reasons that lead the user to relapse and to seek treatment for crack addiction?"

OBJECTIVE

- To identify the reasons that lead users to seek treatment for crack addiction and those that lead to relapse.

METHOD

This is a qualitative, descriptive, exploratory study, carried out in a psychiatric hospital located in a municipality in the southern region of the country. It is noteworthy that, for the preparation of this study, the guidelines proposed by the Consolidated Criteria for Reporting Qualitative Research (COREQ) were adopted .

Initially, a documentary survey was carried out to characterize hospitalized drug dependent users, such as: history of drug use; date of hospitalization; number of hospitalizations and type of substance in use.

For the selection of participants, the following inclusion criteria were adopted: age equal to or greater than 18 years; being dependent on crack, regardless of the association of other drugs (licit or illicit); being hospitalized for at least 15 days prior to the research and being lucid, oriented and coherent to participate in the interview.

Participants' authorization was requested after identifying their eligibility. Thus, 21 male users were interviewed. Interviews ended when the data became close and repetitive, allowing to answer the research objectives.⁸ It is noteworthy that the researchers who conducted the dialogues are nurses and undergraduates, with experience in this area of knowledge. Data was collected through individual interviews, previously scheduled, according to service availability, so as not to interfere with therapeutic conduct.

The speeches started with the triggering questions: "What factors led you to relapse and which motivated you to seek treatment for crack addiction?". Others emerged from these, as the contents emerged from the speeches, and the interviews lasted, on average, 40 minutes each. A semi-structured script, developed by the researchers, containing open and closed questions,

was used to help guide the conversations, being used from August to September 2014.

The speeches were recorded with audio resources, transcribing them in full, and then the lines were edited to remove language vices and grammatical errors in order to give more fluidity to the reading without changing its content.⁸ The audios were properly discarded after this phase. In order to preserve the interviewees' identity, a code was assigned to the interviewees, consisting of the letter U (for being the initial user), followed by the number of the order in which the interviews took place (U1, U2...).

The Content Analysis technique, in the Thematic modality, was used for the textual corpus resulting from the interviews, which consists of three moments: pre-analysis; exploration of the material and inference and interpretation.⁸ One hundred and twenty units of records originated from the analysis, from the thematic grouping, forming sixteen subcategories and, finally, two categories emerged entitled: Determinants that propel relapse in crack users after treatment for dependence and Motivations for treatment.

The study followed in line with resolution No. 466/12, approving it by the Research Ethics Committee Involving Human Beings under CAAE No. 32118814.4.0000.5539 and opinion No. 701231/2014. All participants were guided about the objective of this research, risk and benefits, as well as the character of voluntary participation. They were also asked to sign the Free and Informed Consent Term (FICT) in two copies of equal content.

RESULTS

It is revealed, among the 21 study participants, that all were male, aged between 18 to 47 years; of these, 15 were single, with eight having children; four were married, two had children and the rest were also divorced with children. As for religion, nine interviewees were evangelical, eight were Catholic and the rest did not belong to any religion; as for education, 14 had incomplete elementary school, five, complete high school and two, incomplete high school.

It was also identified that everyone started using drugs in adolescence, starting with cocaine and marijuana, in addition to experimenting with other substances, leading to crack. It is noteworthy that the interviewees have already been hospitalized at least once before the date of the interviews. It was noticed, when identifying the type of profession, that the majority did not have formal ties, keeping to informal jobs due to the difficulty of establishing employment relationships and, still, some were on the street.

◆ Determinants that promote relapse in crack users after treatment for addiction

In this category, the determinants attributed to relapse were presented, identified in: use of multiple drugs - characterized by the consumption of more than one drug or type of substances; at the same time or sequentially - with the intention of enhancing or neutralizing the effects of another drug; environment and drug-related friendships; feelings of loneliness; non-belonging; weakness in the support network; difficulty in dealing with conflicts and idleness, which will be described below.

It is noted that a large part of the interviewees went through a path permeated by several drugs until they reached crack, including legal substances, such as alcohol and tobacco, characterizing them as users of multiple drugs. In this sense, it was reported by the interviewees that seeing someone using any type of substance, even if alcoholic drinks, aroused the desire to use crack.

What causes me to relapse is to see someone using [drugs], or when I smell it, it causes me to relapse. And when I feel angry, when I can't take it anymore, I seek treatment. (U1)

Even a cigarette is good enough for me to relapse. If I see someone using it, it helps me to relapse too. The smell of the drug attracts me. (U13)

It was also found that staying in environments they used to go to before treatment and visiting places frequented by other users or where there is drug trafficking proved to be conducive to triggering relapses.

All my friends are drug dealers, they are bandits, muggers, I have no other type of friends to go out with. At night, I take my motorcycle and go out with money in my pocket, a lot of money, I go to the bar or cafeteria and everything starts with a beer, I drink a beer, I drink another one, I look to the side, there is no one who interests me and I end up buying crack. Every time this happens. (U2)

Keep talking to people who use or socialize, all of which leads to relapse. (U13)

When I get close to my old friends, I see that they are going to use [drugs], so I feel like [using] and I end up falling. (U14)

I chose the street to live and live. So, my relapse I attribute to that, when I stay on the street abstinent, I freak out, I can't. (U16)

You have nothing to cling to. Every place I go has drugs. A ballad, a bar. Everything is very fragile and becomes a cause for relapse. (U21)

Relapses were also associated with feelings of abandonment, loneliness, weakened intra-family relationships, absence of parental ties and separations. It can be identified that weaknesses in the support network, such as the absence of healthy and long-lasting relationships with friends

and family, make users seek to compensate for this lack of drug use.

Staying away from the people we love is one reason [to use drugs]. (U3)

Solitude because, when I had my family, it didn't exist. And, being alone, that's what welcomes me [drug use]. (U15)

My relapse has several reasons, since I got divorced, left the house and abandoned everything. I didn't want to know anything anymore, family, friends, nothing. (U16)

Notwithstanding, the vulnerability of family relationships, the difficulty in overcoming the stresses experienced in daily life, such as the experience of negative emotional states, interpersonal conflicts and pressure in the social environment, which favor the return to use, are added of abuse drugs.

Family fights, badly resolved things, not that this is an excuse for a relapse, but it helps. Sometimes, you have a hot head and find that friend right on the day that you are not very, you are a little weak. Most relapses were as soon as they happened. (U5)

Most of the time it is fights with the family. The last time I fell was a separation that I had. (U9)

Family fights, friendships, fights with his wife, all this contributed to my relapse. (U17)

Another point that stands out is the false feeling of control of addiction, as some participants reported alleged "cures" and, thus, claimed to be able to use drugs without becoming dependent on it.

I had several moments while I was abstinence that would be good reasons for me to go back to using drugs, like fights with his girlfriend, but I didn't succumb. The problem is when I am very well, I think that, in case I am at that good level, well stabilized, I am mistaken thinking that I can control myself and I end up using a drug here, there, and I end up losing control. When I don't stop here [hospital], I'll stop elsewhere, that's what happens to me. (U4)

Through this statement, meanings were expressed in the face of the use of drugs sent at the best times of his life, showing that this user, even resisting in the difficult moments that would be prone to relapse, feels powerless in the face of his dependence that makes him fall no reasons.

It also contributed negatively, due to idleness, in the treatment and maintenance of abstinence from crack users, since the absence of scheduled activities, distractions or work occupation resulted in the feeling of emptiness and irritability, causing them to try to suppress such feelings through the use of drugs.

Sometimes, the lack of a job, a material good, I see that I have no opportunity in society. And not to be nervous and do nonsense, I use drugs, I always fall back. (U11)

Due to the prejudice and stigma of society towards users, opportunities to enter the labor

market are undermined, generating a feeling of non-belonging, which can result in relapses.

◆ Motivations for treatment

In this thematic category, it is demonstrated that, despite all the negative aspects mentioned above, the interviewees still revealed, in their speeches, that there is reason to seek and engage in treatment. It was divided, in order to better clarify it, in two subcategories: treatment as an important tool in the fight against addiction and, recognizing the losses arising from the use of drugs.

◆ Treatment as an important tool in the fight against addiction

In this subcategory, the user's recognition of the need for treatment is perceived, as he understands that, alone, it is difficult to stand firm in the fight against addiction. Emphasis is placed on the need for multidisciplinary and interdisciplinary professional monitoring so that, in fact, people are assisted in a comprehensive and humanized way, as well as that the user can be reinserted into the community.

I seek treatment because I liked it, I want to be cured! I don't want this addiction anymore, I don't want to be suffering from the drug anymore. I was alone on the street, did not sleep, did not eat. Now, I am even chubby, I have a full face I was not like that; I was thin, really thin. When I came here [hospital], I was thin because of my addiction. (U7)

I seek treatment because I want a change, but it is difficult. It's not easy. I search myself because I know I can't stop alone. My family didn't want to hospitalize me anymore because I always relapse. (U9)

I accept treatment in order to get out of this life, this life is not worthy, living on the street is the most terrible thing. And I accept of my own free will to be able to rescue my life, my dignity as a man. I saw the police kill two drug dealers near me; if I had it together, I would be dead too; after that, I realized that this is not life. So, I went to the Psychosocial Care Center for Alcohol and Drugs (CAPS-ad) and they sent me to hospital. If you do not want to accept the treatment, it is useless for others to want it. And today I want it. (U17)

I seek treatment because I want to recover, to be a normal person. Today, I want to be a normal person. (U20)

◆ Recognize losses from drug use

It was noticed, from the testimonies, the desire to recover the affection and the family bond that, due to the dependence, weakened. It contributes positively by the fear of losing the love of children, wife, friends, loved ones, so that users take an attitude towards dependency.

I can't stand to see my family suffer anymore. Because, in my family, we are ten grandchildren, the only one who went wrong was me. (U2)

I look at my father, my mother, at my brother's bride and I see them suffer together with me, which motivates me to try to improve my life, to be better with myself, physically and personally, and to be able to look at them, give peace, tranquility and see that I owe them nothing [family]. (U4)

I seek treatment because my marriage is going to rock bottom, all because of crack. I want to recover my family that, in fact, I haven't seen my children for a month, and I want to regain everything again. (U6)

I want to improve for my family, I want to win over my son and my ex-wife. I spent two years without using drugs with my family, but I happened to relapse, and my ex-wife left with my son. (U8)

I sought treatment because I can't take it anymore, I'm hurting my family, my girlfriend and myself. (U18)

It was revealed that recognizing that the use of drugs triggers suffering, not only for the user, but for the people closest to him, usually family and friends, is one of the main reasons that led them to seek professional help driven by the hope of reestablishing the family nucleus.

It is added that, in addition to discerning the suffering caused to the other, the respondents expressed the desire to improve the symptoms caused by comorbidities, especially mental disorders, such as depression and anxiety, as a determinant to seek treatment for addiction. or suicidal ideation, which were directly related to crack consumption, time and amount of use, and psychological suffering increased the likelihood of relapses.

You use the drug and then you feel depressed, you want to kill yourself. I never tried to commit suicide, but I got to thinking. The anxiety is so much, the more I use [drugs], the more I feel sad, I end up increasing the dose to see if this sadness passes and I see that it doesn't. I end up using more and more, then I seek treatment because I think I'm going crazy. (U18)

I seek treatment to improve my life, to improve my health! I am depressed, we use, use drugs and then come the damn depression, irritability, the desire to die. This is very tense. (U19)

Unleashed, by the use of drugs, physical and psychic alterations that transform the user's life, making him susceptible to relapses, which, for some, became insights, arousing the desire and the need to seek professional help and consequently, treatment for drug addiction.

DISCUSSION

It is pointed out that the data presented in this study did not intend to determine the generalization of the determinants that influence people dependent on drugs to relapse or to seek treatment, however, they contribute to the

understanding of the repercussions on the dynamics of the therapeutic path of users.

It should be remembered that the interviewees were young adults (ages 18 to 47), an age group considered productive in the country, but due to the use of drugs, users were unable to remain in a fixed job. It is noted, in this perspective, that the findings were consonant with the literature, as, in a survey conducted with crack users, it was identified that they did not have an employment relationship and 57.7% have stolen some time in their lives in order to maintain their basic needs, such as food and financing drug use.⁹

Unemployment proved to be a major factor in relapse. Thus, it was evidenced in a study, that the absence of a working relationship contributes negatively to relapse and increase the feeling of emptiness, causing users to fill this perception with the use of drugs.¹⁰ It is known that the problem of dependency does not affect only a specific social class, however, it is the people with less purchasing power who experience social inequality most strongly, the lack of basic sanitation, access to culture, education and work, who suffer directly and effectively with the context that permeates drug use, such as violence and trafficking.¹¹

Among the reasons for crack users who led them to relapse, the use of multiple drugs, discussions and family conflicts, as well as the deficiency in the support network were reported, which caused loneliness. It is noticed that these results were similar to those obtained with drug users who, in addition to these motivations, also identified the social context, dissatisfaction with treatment and the presence of financial difficulties.⁵

In this sense, the family is configured as a crucial factor that should be considered by health professionals when designing therapeutic projects, since this institution can provide protection, love, affection, care, welcome, in addition to sharing ethics, culture and customs with the subject in chemical dependence.

Thus, the need to address the demands of family members of drug users is evident, as they also suffer from the problems involved by use, such as threats from drug dealers, financial problems and even symptoms of depression and / or anxiety and, when well oriented, become co-responsible for the care and success of the treatment, together with the user, making the actions more tangible and effective. However, it is warned, when the group is disregarded, that stigmas can be fostered and situations that act as risk can be reinforced, allowing for relapses as a result of fights, humiliations, demands and the lack of adequate support.^{5,12-5}

It is noteworthy that, in these situations, the action of health professionals, especially those

within the scope of primary care, is essential in order to work on their potential and that of the whole family, to empower these people, so that they can understand their importance, help direct assistance to their real needs, in order to increase the chances of interventions to act positively on the quality of life and well-being of all.¹⁶⁻⁷

It was also noted that staying in places where they once frequented, where there is free movement and trade in illicit drugs, made it difficult to maintain the treatment, making it conducive to relapses. It is necessary, therefore, that health services, in partnership with other sectors of society, such as education, companies and security, develop actions that can allow the subjects to reintegrate into the community, develop educational and generation activities income, so that they can have subsidies to maintain food, housing and leisure and, thus, move away from the emerging factors that lead them to relapse or expose themselves to drug trafficking.¹⁻²

It is evident, regarding the factors that led to the demand and acceptance of treatment, the user's recognition of the need for professional help to break the vicious cycle of dependence, as well as the desire to improve the quality of life, which is compromised by the use of drugs of abuse due, for example, to depression, sadness, a feeling of helplessness and loneliness, and may even trigger suicidal ideation.¹⁷

It should be noted that, although admitting that help is indispensable, it is only the first step towards therapeutic success, and the user's commitment and motivation and the support of close people, such as family and friends, are vitally important. It was found, according to a study carried out with crack and cocaine users, that, for the therapy to be effective, a set of measures is necessary, including family affection and safety, consolidated support network, quality health services, motivation personal, among others.¹⁶

It is noteworthy that the Ministry of Health launched the national harm reduction policy, a therapeutic approach aimed at users of alcohol and other drugs which attempts to control possible problems associated with their consumption without, however, interfering with supply or consumption, considering free will, not just the strict imposition of abstinence and the social inclusion of users. It is also aimed at the co-responsibility of care, with the individual and the family, involving them in a participatory environment.^{11,19}

Therefore, it is essential that health professionals, especially nurses, for dealing directly with care, become aware of the policy, stripping away the existing stigma and prejudice, in order to break silent resistances represented by

excluding behaviors, which reproduce the traditional psychiatric model, centered on the disease and not on the individual, departing from the living conditions, culture, morals and customs of each population, which affect the health-disease processes and, nevertheless, have abstinence as the only goal to be followed.^{11,19} It is noteworthy that assistance based on harm reduction is not contrary to abstinence, but recognizes renouncing the use of drugs only as a possibility of treatment, and what is done is to reduce the risks arising from the pattern of abusive consumption, as well as offer alternatives that work gradually, valuing small daily gains and victories.¹¹

It is emphasized that, although alcohol and tobacco are considered legal substances and easy to access, their consumption must be discouraged, as well as there is a need for the public authorities to invest in efforts to hinder the sale and commercialization, because, as seen in the reports, these substances were precursors or acted as a trigger for the consumption of other drugs, such as crack, cocaine and cannabis. It is known that Brazil has invested in treatment programs for smoking and policies that inhibit its consumption in public places and advertisements that stimulate its acquisition.²⁰

Such conduct also needs to be adopted as regards coping with alcohol, as this drug has become increasingly popular among people, especially among young people, naturalizing its consumption, attributing it to socialization and self-confidence, so that the risks to physical and mental health are weighed because it can sensitize the subject to other substances and provoke dependence.

As a limitation, the fact that the participants are only men, not bringing a counterpoint to the experiences of women or pregnant women, however, the findings of this research bring great contributions to the understanding of the representations of the crack user's life, elucidating the predictive factors of relapse and treatment acceptance, providing subsidies for professional practice to develop strategies that provide effective treatment against drug addiction and improve the quality of life of the user and their social actors.

Finally, it was found that there is a need to deepen the investigations associated with the prevention and protection of crack consumption, as it takes the user to extreme social exclusion, exposing them to violence, subintegration, trafficking and diseases.

CONCLUSION

The results showed that the reasons attributed to relapse to crack use are related to the use of multiple drugs, to the environment or to friends

who hold the substance or encourage its consumption. Other important information consists of family relationships, noting that conflicts, fights, dysfunctions and the absence of affection and support become a considerable risk for possible relapses.

It was identified, with regard to the motivation to adhere to or seek treatment, the desire to reintegrate into the family, reduce problems arising or aggravated by the use of drugs, such as sadness, loneliness and depression, which have catastrophic repercussions to the user, leading them to suicidal ideation.

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