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# CHARACTERIZATION OF CRACK USERS SERVED IN CAPS FOR ALCOHOL AND OTHER DRUGS

## CARACTERIZAÇÃO DOS USUÁRIOS DE CRACK ATENDIDOS NO CAPS ÁLCOOL E OUTRAS DROGAS

## CARACTERIZACIÓN DE LOS USUARIOS DE CRACK ATENDIDOS EN CAPS ALCOHOL Y OTRAS DROGAS

*Eliany Nazaré Oliveira[1], Naiana Feitosa Nogueira[2], Mariana Peres Marinho[3], Denise Lima Nogueira[4], Nayana Nayla Vasconcelos Rocha[5], Sergio Rodrigues Duarte[6]*

## ABSTRACT

***Objectives:*** become aware about the specificities of the treatment of crack users who are attended in the Center of Psychological and Social Care for Alcohol and Other Drugs in Sobral/CE in 2010. ***Methodology:*** it is an exploratory-descriptive study, documentary, retrospective with a quantitative approach, performed at the Center of Psychological and Social Care for Alcohol and Other Drugs in Sobral/CE in 2011. As a sample, it had 97 medical records from crack users attended in the CAPS-AD in Sobral, in 2010. The data were organized in numerical order and tabulated in the Microsoft Office Excel, version 2007, and subsequently analyzed on the basis of statistical analysis. It is important to mention that this study is part of the project "Clinical comorbidities present in users of crack and alcohol in treatment at CAPS-AD, in Sobral/CE", approved by the Committee of Ethics and Research from the *Universidade Estadual Vale do Acaraú* through CAAE n° 0069.0.039.000-11 and under protocol n° 1033/2011. ***Results***: the majority of the users were male, aged between 11 and 29 years old, single, unfinished high school, unemployed, with their origins in Sobral, and entered in the CAPS AD spontaneously. The total period of consumption of crack is above 5 years and a daily frequency for most of the cases. The associated harms, in the majority of the cases, are related to family. In relation to treatment, 72% of users presented insomnia, 55,7% loss of appetite, 81,2% did not make complementary exams, 41,2% were interned for detoxification. ***Conclusion:*** the obtainment of meaningful results in the treatment of crack users depend on the implementation of public policies, the multi-professional involvement in the therapeutic plan and the interaction among the several segments of society. ***Descriptors***: drug users; therapeutic; mental health.

## RESUMO

***Objetivo:*** conhecer as especificidades no tratamento de usuários de *crack* atendidos no Centro de Atenção Psicossocial Álcool e outras Drogas. ***Metodologia:*** estudo exploratório-descritivo, documental, retrospectivo com abordagem quantitativa, realizado no Centro de Atenção Psicossocial Álcool e outras Drogas de Sobral/CE em 2011. Teve como amostra 97 prontuários de usuários de *crack* atendidos no ano de 2010. Para a coleta de dados foi utilizado um formulário elaborado a partir do Roteiro de Acolhimento do CAPS-AD. Os dados foram organizados em ordem numérica e tabulados no Microsoft Office Excel, versão 2007, e posteriormente analisados com base na análise estatística. Este estudo foi aprovado pelo Comitê de Ética e Pesquisa da Universidade Estadual Vale do Acaraú (UVA) mediante CAAE nº 0069.0.039.000-11 e sob Protocolo nº 1033/2011. ***Resultados:*** a maioria dos usuários era do sexo masculino, de 11 a 29 anos, solteira, com Ensino Fundamental incompleto, desempregada, oriunda de Sobral e deu entrada ao CAPS AD por demanda espontânea. O tempo de consumo do *crack* foi superior a cinco anos e a frequência foi diária na maioria dos estudados. O prejuízo associado, em sua maioria, relacionou-se à família. Em relação ao tratamento, 73% dos usuários não apresentaram comorbidade clínica, 72% apresentaram insônia, 55,7% perda de apetite, 81,2% não realizaram exames complementares, 41,2% internaram-se para desintoxicação. ***Conclusão:*** a obtenção de resultados significativos no tratamento de usuários de *crack* depende da implementação políticas públicas, do envolvimento multiprofissonal no plano terapêutico e da interação entre os diversos setores da sociedade. ***Descritores:*** usuários de drogas; terapêutica; centros de saúde.

## RESUMEN

***Objetivos:*** conocer las especificidades en el tratamiento de usuarios de *crack* atendidos en el Centro de Atención Psicosocial Alcohol y otras Drogas de Sobral/CE en 2010. ***Metodología:*** estudio exploratorio-descriptivo, documental, retrospectivo con abordaje cuantitativo, realizado en el Centro de Atención Psicosocial Alcohol y otras Drogas de Sobral/CE en 2011. Como muestra, se ha utilizado 97 prontuarios de usuarios de *crack* atendidos en CAPS-AD de Sobral, en 2010. Conviene sobresalir que dicho estudio forma parte del proyecto "Comorbidades clínicas presentes en usuarios de *crack* y alcohol en tratamiento en CAPS-AD, de Sobral/CE" aprobado por la Comisión de Ética e Investigación de la *Universidade Estadual Vale do Acaraú* por medio de CAAE nº0069.0.039.000-11 y bajo Protocolo nº1033/2011. ***Resultados:*** la mayoría de los usuarios era del sexo masculino, entre 11 y 29 años, soltera, con Enseñanza Fundamental incompleta, en paro, oriunda de Sobral y que ha ingresado en CAPS AD por demanda espontánea. El tiempo de consumo de *crack* es superior a 5 años y la frecuencia es diaria en la mayoría de los estudiados. El perjuicio asociado, en su mayoría, está relacionado a la familia. En relación al tratamiento, 72% presentaron insomnio, 55,7% pérdida de apetito, 81,2% no realizaron exámenes complementarios, 41,2% han ingresado para desintoxicación. ***Conclusión:*** la obtención de resultados significativos en el tratamiento de usuarios de *crack* depende de la aplicación de políticas públicas, del envolvimiento multiprofesional en el plan terapéutico y de la interacción entre los diversos sectores de la sociedad. ***Descriptores:*** usuarios de drogas; terapéutica; salud mental.

[1]Nurse. PhD in Nursing. Professor of Graduate Nursing Course from *Universidade Estadual Vale do Acaraú*/UVA. Sobral (CE), Brazil. E-mail: elianyy@hotmail.com; [2]Nurse graduated from Universidade Estadual Vale do Acaraú UVA. Sobral (CE), Brazil. E-mail: naianafeitosa@hotmail.com; [3]Nurse graduated from Universidade Estadual Vale do Acaraú UVA. Sobral (CE), Brazil. E-mail: marymipm@hotmail.com; [4]Nurse from *Santa Casa de Misericórdia de Sobral* (CE). Sobral (CE), Brazil. E-mail: deniseln2009@hotmail.com; [5]Nurse from the Integral Network for Mental Health from Sobral (CE). Sobral (CE), Brazil. E-mail: nanynha_nvr@hotmail.com; [6]Nurse from the Integral Network for Mental Health. Sobral (CE) Brazil. E-mail: sergiorodriguesduarte@hotmail.com

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## INTRODUCTION

The addiction can be considered a serious public health problem, considering the implications of the use, abuse and drug addiction entail to the person and society. The last report presented by the United Nations (UN), with data of 2007, shows that, approximately, 208 million people (4.8% of the world's adult population) had used illicit drugs at least once in that year. It also shows that 26 million (0.6% of world population) have chemical dependency and half of the global population uses some kind of drug at least once a month, and, on average, about 200.000 drug users died in 2007 as a result of consumption and too many others developed comorbidities.

In Brazil, the drug abuse is already considered a public health problem. The Brazilian National Secretariat for Policies About Drugs, responsible for National Drug Policy, proposes actions of preventive and educational nature in creating health programs for workers and their families.[1]Thus, among the most widely used drugs in the Brazilian population, the crack is highlighted[2] due to the impacts caused in various segments of society, such as the government sector of urban planning and security and the creation of research, programs and policies aimed at drug users.[3]

According to the Unique Central of Slums - *Central Única das Favelas* (Cufa), only in Fortaleza / CE (Brazil) there are 30.000 crack users, and, of these, 70% are aged between 15 and 24 years. Without a deep interpretation of the data relating youth, crime and drug addiction, the most common is that the youth of the suburbs is rated as an intrinsic part of the moment of social violence that persists. However, this fact is often related to drug trafficking in detriment of the systemic approach to social problems, which strengthens and supports the social stigma.

The crack started to be used by children and adolescents who lived at the streets in the late of 80s, especially, in the states of South and Southeast regions of Brazil. In the Northeast, the use of crack or cocaine was insignificant until 1997 (around 1%), rising, in 2003, to 10.3% in the city of Fortaleza, and 20.3% in the city of Recife, due to increased availability of such derivatives in the region.

The Minister of Health, in exercise of its statutory duties and considering the determinations of Law 10.216, of April 06th, 2001, launched the Ordinance GM / MS n.º 816 of April 30th, 2002, regulating the care of dependent of drugs and Alcohol in the Centers for Psychosocial Care (CAPS-AD), predicting the performance of a multidisciplinary team, from which nurses and nursing assistants are part.[4]The CAPS-AD works with patients and families seeking social inclusion and abstinence of patients, as well as harm reduction.

The CAPS establish a different logic of assistance, transforming the paradigms of classical psychiatry, where the goal is no longer the cure, but social inclusion, redirecting the gaze to other needs of the individual in the community setting, such as social needs, economic and biological.

Sobral, a city located in north-central of the hinterland (*Sertão)* of the State of Ceará(CE), has also adhered to the requirements proposed by the psychiatric reform, it was the first city in that State to implement one CAPS-AD, this program is part of the Integral Care Network for Mental Health - *Rede de Atenção Integral à Saúde Mental* (RAISM), which is considered an achievement to the mental health care of that municipality.

The CAPS of Sobral, according to the definitions of types of CAPS, attributed by the Brazilian Ministry of Health, can be classified as CAPS II, since it provides healthcare coverage to a population from 70.000 to 200.000 inhabitants, and it works in daytime and develops daily activities for mental health.

This service began its operations in September 2002, being a specialized reference to the care of addicted people from the cities of Sobral-CE, Forquilha-CE and Massapê-CE. The service has a minimum team of professionals required by the Ministry of Health, composed of one general practitioner, one psychiatrist, one psychologist, one social worker, one occupational therapist, one physical education teacher, two nurses, three nursing assistants, one administrative assistant, an assistant for general services, one cook, one workshop man, one typist and three guards.[5] An initial study on the profile of clients of CAPS AD from Sobral / CE, in year of 2010, showed that of 300 users, 123 (41%) had the crack as their main preference /problem; alcohol was the second one, with 97 (32%), and in the third place was the tobacco 64 (21%).

Therefore, understanding the impact of the use of crack and recognizing that the demand for treatment among adults, youth and

adolescents has increased over the past decade, requiring knowledge of health professionals about the specificities of the treatment of drug users and identification of comorbidities which are affecting these users. We sought, through this study, to know the specificities in the treatment of crack users attended in the Center for Psychosocial Care for Alcohol and Other Drugs.

## METHODOLOGY

It is an exploratory-descriptive study, documentary and retrospective with quantitative approach, performed at the Center for Psychosocial Care for Alcohol and Other Drugs from Sobral/CE, from the months of August to November 2011.

The sample of this study corresponded to 123 medical records of crack users, with a diagnosis F19, according to the International Codification of Diseases, attended during the year of 2010 in CAPS-AD from Sobral / CE. Of these records, 34 were excluded from the sample because they lacked the necessary information, it means, they were not properly filled, and two others were excluded due to insufficient data available on them. Therefore, the sample consisted of 97 medical records of crack users attended in the CAPS-AD, in the year of 2010.

To data collection, we used a form developed on the basis of the Roadmap of Hosting of the CAPS-AD, including questions about sex, municipality of origin, age, marital status, education, status to the labor market, hometown, substance of preference / problem, time of consumption, frequency of consumption and harm associated.

The data were organized in numerical order and tabulated in the Microsoft Office Excel, version 2007, and subsequently analyzed on the basis of statistical analysis that comprises the steps of characterization of data, performance of statistical tests and interpretation of statistical results.[6]

This study is part of the master project << Clinical comorbidities present in users of crack and alcohol in treatment in the CAPS-AD, from Sobral / CE >> approved by the Scientific Committee of the Secretariat of Health and Social Action from Sobral and the Ethics Committee and Research involving Human Beings of the *Universidade Estadual Vale do Acaraú* (UVA) with the number of the Certificate of Presentation for Ethics Appreciation - *Certificado de Apresentação para Apreciação Ética* (CAAE) 0069.0.039.000-11 and protocol number 1033/2011.

It should be noted that, in the course of this study, we adopted the basic principles of bioethics - autonomy, beneficence, non-maleficence and justice, considering that research involving human beings must ensure protection of these rights, in accordance with Resolution 196 / 96 from the Brazilian National Health Council.

## RESULTS AND DISCUSSION

After the analysis of the 97 medical records of crack users, it was found, on the socio-demographic characterization, that the majority (76%) corresponds to the male gender, of age group predominantly between 11 and 29 years old (80%), followed for ages 30 and 49 years (20%), that most users are single (57.8%), 14.4% are married, 19.6% live with a partner and 4.1% are separated. The level of schooling, it was found that 45.4% had not finished the elementary school, while 3.1% had concluded it; that 20.6% have not finished the high school and 18.5% had concluded it; that 5.1% are illiterate; 2.1% had finished the higher education teaching, and 3.1% had not finished the higher education. (TABLE 1).

Table 1. Distribution of the sociocultural characteristics of crack users attended in the CAPS AD from Sobral-CE/Brazil, 2010.

| Variables | n | % |
|---|---|---|
| **Sex** | **n** | **%** |
| Male | 74 | 76% |
| Female | 23 | 24% |
| Total | 97 | 100% |
| **Age Group** | **n** | **%** |
| From 11 to 29 years | 77 | 80% |
| From 30 to 49 years | 20 | 20% |
| Total | 97 | 100% |
| **Marital Status** | | |
| Single | **n** | **%** |
| Married | 56 | 57,8% |
| Just in a partnership | 14 | 14,4% |
| Divorced(separated) | 19 | 19,6% |
| No Response | 04 | 4,1% |
| Total | 04 | 4,1% |
| **Schooling** | 97 | 100% |
| Illiterate | **n** | **%** |
| Unfinished Elementary School | 05 | 5,1% |
| Complete Elementary School | 44 | 45,4% |
| Unfinished High School | 03 | 3,1% |
| Complete High School | 20 | 20,6% |
| Unfinished Higher Education | 18 | 18,5% |
| Complete Higher Education | 02 | 2,1% |
| No response | 03 | 3,1% |
| Total | 02 | 2,1% |
| **Sex** | 97 | 100% |

The majority of crack users start, early, the use of this substance. The expectation for this age group is that individuals are in education training or starting their life in the world of work, but, with the abuse of psychoactive substances, they often fail to study and become a risk group for the unemployment, and, furthermore, they are answering by legal problems, and getting involved in car accidents, violence actions or even suicide.

The low level of education observed among drug addicts is already addressed in the literature as a serious problem, resulting, often, from the own use of drugs, which usually be started early, contributing to truancy.[7] However, young users of chemical substances leave the school environment not only for making use of drugs, but also motivated by poor performance and learning difficulties, resulting from cognitive impairments triggered by the frequent use of this substances.

Similarly, in the city of São Paulo, crack users, most of them are male, young (age range between 18 and 35 years old), single, low socioeconomic status, low educational level and without formal employment bonds.[8]

In Carazinho, Cruz Alta and Passo Fundo, cities of the State of Rio Grande do Sul, a survey on the socio-epidemiological profile of crack users frequenting support groups of this cities showed that, approximately, half of respondents (54%) had the first contact with the drugs between 10 and 15 years old, and 60% of the subjects of the research cited alcohol as the first psychoactive drug used and 40% said they had initial contact with the crack in the ages which ranged between 15 and 20 years old.[9]

Referring to the situation in the labor market, 49.5% of subjects of the study are active workers, 46.4% do not work / unemployed and 1% are rural workers. With regard to family income, 40.2% have an income less than one salary, 27.8% have between one and two salaries and 15.5% have income greater than two salaries.

With regard to the professions, it was verified the areas of trade, industry, building, general services and students. The latter can be justified by the fact that shows a big number of youth involved with the use of crack.

Despite the high percentage of users are active workers, it is noteworthy that most of these workers belong to an autonomous category.

This occupation, by large portion of users, can be understood considering that the work with employment bond requires discipline and responsibility, which is not always the case of the crack users, since the periods of eagerness, the addict thinks only to consume drugs, leaving in the background, its family and work.

Accordingly, it can be stated that the income reported (less than a minimum salary) by the majority of the population of this study is directly related to the type of occupation of the users, since most do not have a formal job or are unemployed, further worsening the problem of dependence on crack.

A study on the sequence of drugs consumed by crack users and confounding factors, showed that the sample consisted of men with low education and, mostly, unemployed or without a formal bond with the work market, living on "part-time jobs" that , mostly consisted of taking care of cars.[10]

According to the results, users of CAPS-AD are, mostly, from Sobral (93%), followed by neighboring municipalities - Massapê and Forquilha- (4%), and by other districts (countryside villages) - (3%).

Most users (54.6%) sought the CAPS-AD by spontaneous demand, a fact which demonstrates that the institution is recognized as a referral service for treatment of psychoactive drug users and that its doors are open to receive the drug user, according to the Policy of Integral Care for Users of Alcohol and Other Drugs.[4]

The significant rate of users entering the service through spontaneous demand meets the basic principles of the Psychiatric Reform, which has in designing the idea on open door as "a central policy of territorial services and one of the principles that make up the production strategy of community mental health, collective and territorial ".[11]

The sector that most referred clients to the CAPS-AD was the General Hospital Dr. Estevam (11.3%). This fact can be inferred because of the users step into the hospital system in crisis situations and be forwarded, after discharge, for the CAPS AD, in order to continue the treatment.

According to the data in question, the Family Health Program - *Programa de Saúde da Família* (PSF) of Sobral sent only 9.3% of the users to the CAPS-AS and, according to the policy of the Unified Health System - *Sistema Único de Saúde*(SUS), the PSF is the unit responsible for making the articulation between the community network and mental health network, directing users to the service, since the CAPS-AD, as a resource for secondary care, should receive a greater proportion of users coming from the primary care.

The Centers for Psychosocial Care for Alcohol and Other Drugs are points of the network of care with the function of reorder the full attention to the user, promoting intersectoral approach between the areas of health, justice, education, social assistance and development, facilitating the linking between these services and social reinsertion of those drug users, the ultimate goal of treatment.[12]

**Table 2.** Distribution of the specificities in the treatment of crack users attended in the CAPS AD from Sobral-CE/Brazil, 2010.

| Variáveis | n | % |
|---|---|---|
| **Period of Consumption** | | |
| Less than 6 months | 10 | 10,3% |
| From 6 months to 2 years | 27 | 27,9% |
| From 2 to 5 years | 32 | 33,3% |
| From 5 to 10 years | 11 | 11,3% |
| From 10 to 15 years | 04 | 4,1% |
| From 15 a 20 years | 01 | 1% |
| No Response | 12 | 12,4% |
| Total | 97 | 100% |
| **Frequency of Consumption** | | |
| Daily | 67 | 69,1% |
| Weekly | 18 | 18,5% |
| Monthly | 01 | 1% |
| Sometimes | 05 | 5,2% |
| No Response | 06 | 6,2% |
| Total | 97 | 100% |
| **Medicaments(in use)** | **N** | **%** |
| Yes | 66 | 68% |
| No | 31 | 32% |
| Total | 97 | 100% |

As for the consumption time, as shown in Table 2, 33.3% had of 2 to 5 years of use, 27.9% of 6 months to 2 years, 11.3% of 5 to 10 years, 10.3% less than 6 months, 4.1% of 10 to 15 years of use and 1% of 15 to 20 years. Regarding the frequency in which they consumed the drug, most users (69.1%) had consumption daily and (18.5%) weekly. These data allow us to determine how the crack causes a rapid addiction, leading to increasing consumption and shorter intervals.

Previous studies in Sobral / CE demonstrate the predominance of crack in relation to the daily use of drugs by users from that city, revealing that for years the addiction is severe in this territory. [13] These data requires that health professionals seek therapeutic strategies and projects which attract attention from the addicts to the treatment.

It is very important to note that, due to low levels of motivation from the chemical dependents and, consequently, their low adherence to the treatment, the family and the social support network play a key role during the process of therapeutic intervention. However, most of reviewing studies on families of addicted confirm that the universe of this population is often dysfunctional.

Regarding the use of medications, 68% of users attended by the CAPS-AD make use of them as a measure of treatment for the symptoms generated by the misuse of drugs, of which disorders we can cite insomnia, loss of appetite and anxiety, in clear opposition to the 32% of users who do not its misuse.

According to the data in question, some users perform self-medication of tranquilizers and their family also medicate them aiming to control agitation and keep these crack users at home. However, it can be stated that pharmacological therapy should not be the only way to relieve the signs and symptoms of use of crack, especially when its use is done indiscriminately.

The relief of the signs and symptoms of abstinence and eagerness, reduction or elimination of the will and the extinction of the search behaviors, beyond the treatment of comorbidities, are some of the goals of the psyche-pharmacotherapy applied to drug addiction. However, in the situation of psychotherapy in cocaine dependence does not allow it to occupy a prominent role in treatment. The combination of pharmacotherapy with other approaches shows more effectiveness than isolated strategies.[14] The multidisciplinary treatment is the best form of intervention in these cases and allows a more complete response to the needs of crack users, who require more intensive and prolonged approaches that the dependents of other chemical substances.[15]

Thus, among the drugs used by users in question, we could mention the anticonvulsants, antipsychotics and antidepressants.

Table 3. Distribution of the initial reasons for the use and troubles associated with the consumption of crack by users attended in the CAPS AD from Sobral-CE/Brazil, 2010.

| Variables | n | % |
|---|---|---|
| **Initial reason to use** | | |
| Curiosity | 06 | 6,2% |
| Influency from the friends | 20 | 20,6% |
| Others Reasons | 06 | 6,2% |
| No Response | 65 | 67% |
| Total | 97 | 100% |
| **Associated Troubles** | **N** | **%** |
| Fights | 16 | 16,5% |
| Police | 25 | 25,8% |
| Family | 51 | 52,5% |
| Justice | 20 | 20,6% |
| Others | 25 | 25,8% |

In relation to the initial reasons to the use of crack, of the 97 medical records analyzed, 67% did not fill this data, either by lack of interest among health professionals to inquire the user about this matter, by the non-knowledge, from the user, on reason that led it to the consumption or it did not want reporting. However, after analysis of 32 medical records with this information, it was found that 6.2% of the users pointed out the curiosity as the initial reason, 20.6% mentioned the influence of friends and 6.2% other reasons, among them, the family conflicts and easy access to drugs.

Therefore, health professionals, especially those working in Mental Health Network should give importance to what led a person

to consume and become an addict, therefore knowing the problem that led the individual to addiction may facilitate the implementation of effective strategies to the treatment.

Studies show that the influence on decision-making power and adherence to a drug depends not only on the pharmacokinetic and pharmacodynamics aspects but also of environmental and social factors, among which we highlight the facilities of access and use.[16]

As for the problems associated with consumption of drugs, it was found that most were related to the family (52.5%), followed by the troubles related to the police (25.8%). The fact that the family is one of the most conflicting factors, usually, happens because of this part is located closer to the addicted, suffering from the addiction, the abstinences and comorbidities, and this, in most cases, do not accept having a drug addicted member and also do not accept addiction as a health problem.

The troubles with the justice (20.6%) and the police (25.8%), in many cases, occur as results of the users searching for getting goods or money illegally to use drugs. However, women in the study, when involved in justice issues, were on it to recover custody of their children, lost as a result of chemical dependency, and, when with the police, they were involved because of the physical aggressions suffered by the partner, and by dealing with drugs.

Table 4. Distribution of signs and symptoms seen in crack users attended in the CAPS AD from Sobral-CE/Brazil, 2010.

| Variables | n | % |
|---|---|---|
| **Complains, signs/symptoms** | | |
| Headache | 09 | 9,3% |
| Insomnia | 70 | 72% |
| Agitation/Irritability | 34 | 35% |
| Anxiety | 34 | 35% |
| Hallucinations: visual / hearing | 31 | 31,2% |
| Tingling / numbness in the limbs | 02 | 2,1% |
| Dyspnea | 04 | 4,1% |
| Precordial pain | 05 | 5,1 |
| Loss of Appetite | 54 | 55,7% |
| No Response | 05 | 5,1% |
| Others | 22 | 22,7% |

In relation to diseases diagnosed in users in question, Table 4 shows that only 27% of medical records contained this information and that among the diseases were diagnosed Tuberculosis, Pneumonia, Diabetes Mellitus, the Seizures, Syphilis and HIV, and the latter two were restricted to women, since we can deduce the exposure of women to the situations of prostitution and sexual abuse.

With these data, we can see the need for greater awareness and accountability of professionals in Mental Health Network in knowledge, research and treatment of disorders associated with consumption of drugs, due to several clinical complications which it entails.

The medical consequences of consumption ranging from burns and blisters on the fingertips[17], passing through airway[18] injury until the occurrence of acute damages and death[19] and they may result from acute or chronic use of chemical substances.[20]The cardiovascular system is the target of the complications most compromising and potentially life-threatening, such as: angina, myocardial infarction and increase of the heart volume, which are the most prominent effects observed on the heart.[21]Other serious complications include stroke, cardiac arrhythmias, pulmonary edema, crack lung, gastrointestinal ischemia, rhabdomyolysis, acute renal failure and fetus-maternal/neonatal complications.[18]

In this study, the organic problems most frequently reported were lack of appetite and severe weight loss, resulting from the association of the suppression of appetite, psychomotor restlessness and long walks in search for crack at times of eagerness; insomnia, due to the excitatory effect of the drug and desire to use more, favoring the continuous pursuit of the drug; and agitation / irritability and anxiety, caused, mainly, during periods of abstinence, which encourages the aggressiveness from users to the family members and closer people.

Table 5. Distribution of the characteristics of crack users in treatment attended in the CAPS AD from Sobral-CE/Brazil, 2010.

| Variables | n | % |
|---|---|---|
| **Complementary Exams** | | |
| Yes | 18 | 18,6% |
| No | 79 | 81,4% |
| Total | 97 | 100% |
| **Hospital Internment** | **n** | **%** |
| Yes | 40 | 41,2% |
| No | 57 | 58,8% |
| Total | 97 | 100% |
| **Therapeutic Project** | **n** | **%** |
| Nursing | 79 | 82,2% |
| Family Intervention | 06 | 6,2% |
| Monitoring of pharmacology | 40 | 41,6% |
| Psichology | 04 | 4,1% |
| Psychiatry | 08 | 8,3% |
| Social Work | 37 | 38,5% |
| Occupational Therapy | 35 | 36,4% |
| Medical Clinic | 76 | 79,1% |
| Dose(shot) Supervisioned | 18 | 18,75% |

In referring to the exams, 81.2% of the medical records analyzed revealed that crack users did not perform complementary tests during treatment in CAPS AD, and only 18.8% of the users did them. Among the tests performed, we could verify that those most frequent were: the request for complete blood count, urine tests and VDRL.

Regarding the number of hospitalizations resulting of consumption of crack, 41.2% of users were hospitalized for at least once in face of the 58.8% of users who have never been. According to the data, the users, usually, are hospitalized to undergo treatment for detoxification, and some could not be admitted, even in enough time for detoxification and improvement, evading before; in other cases, the hospitalization had occurred for reasons from injury with a firearm because of involvement in fights and crimes.

In Brazil, currently, there is a concern to study the profile of the crack users that accesses health services, since cross-sectional studies demonstrate an increased demand for treatment for crack users, including hospitalization for detoxification of this substance with or without association with other drugs, as well as showing that 46% of crack users do not improve or remain in the same situation after 1 year of internment.[22]

Regarding the therapeutic project, the results showed a prevalence of nursing consultations (82.2%) and medical clinic (79.1%), besides the attendances of social service and occupational therapy and monitoring of pharmacology. So, considering the complexity and chronicity of what is the addiction, we perceive the need for the acting of a multidisciplinary team in building therapeutic projects for an effective treatment.

The nurse is in a relevant professional to work with addicts, it is imperative to discuss the approach to the psychoactive substances during the training of this professional; since it has been seen as the essence of their practice the care to individuals and the families in bio-psychosocial aspects.

From specificities of crack users, the multidisciplinary team come to build strategies with the performance of each professional and their integrating in an attempt to improve the treatment. The spaces, in which these discussions and reflections are imbued in search of the computerization of the problem and assertive strategies for all professionals of the staff, come to be an important tool in process for improvement and integration of these professionals.

The Plan to Combat the Crack and Other Drugs is based on the coordination and integration between different sectors and in public policies at different levels of health care, as well as municipality hierarchies, states and federals, so, assuming a National Policy on Drugs, which aims to structure, integrate, coordinate and expand actions aimed at preventing the use, treatment and make the social reintegration of users of crack and other drugs, considering the involvement of family and attention to the vulnerable public, and strengthen networks of health care and social assistance for users of crack and other drugs, through the articulation of

the actions of SUS with the actions of the Unified Social Assistance Services - Sistema Único de Assistência Social (SUAS).[23]

## CONCLUSION

In face of the increasing number of drug users, especially, of crack, in the city of Sobral-CE, we sought to know the specificities of the users who entered in the CAPS-AD-EC from Sobral in year of 2010, in order to the creation of new strategies and approaches of the multidisciplinary team that accompany them.

From the reading the medical records, we could identify weaknesses in the filling and the evolution of most of them (users), as well as the updating of information, which lead to failure of various aspects of the anamnesis related to the effectiveness of a plan for coping with chemical dependency.

Therefore, considering that the record in health area, historically, has become problematic, and knowing the importance of these records for studies and continuity of care, it is essential that the welcoming script in health services be rightly fulfilled.

Therefore, to obtain significant results in the treatment of crack users, the building of public policies to face the health problems of this population, involvement of professionals in developing and implementing of a therapeutic plan with multi-professional approach are required, considering it is not able to view the drug user only in the biological aspect, but the social, psychological and spiritual too, valorizing their peculiarities; and it is necessary to have an interaction between all sectors of society, in order to promote rehabilitation and reintegration of those users into the community.

## REFERENCES

1. Silva VL, Bottiz NL. O consume de drogas lícitas e ilícitas pelos profissionais da área da saúde. Rev enferm UFPE on line [Internet]. 2011 July [cited 2012 July 8];5(5):1286-294. Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1340/pdf_563

2. Carlini EA. II Levantamento Domiciliar sobre o Uso de Drogas Psicotrópicas no Brasil: Estudo envolvendo as 108 maiores cidades do país – 2005. Centro Brasileiro de Informações sobre Drogas Psicotrópicas –CEBRID/Secretaria Nacional Antidrogas – SENAD; 2006.

3. Raupp LM, Adorno RCF. Circuitos de uso de crack na região central da cidade de São Paulo (SP, Brasil). Ciênc saúde coletiva [Internet]. 2011 May [cited 2012 July 08];16(5):2613-22. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232011000500031&lng=en.http://dx.doi.org/10.1590/S1413-81232011000500031.

4. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. SVS/CN-DST/AIDS. A Política do Ministério da Saúde para Atenção Integral a Usuários de Álcool e outras Drogas/Ministério da Saúde. 2ª ed. rev. ampl. Brasília: Ministério da Saúde; 2002.

5. Quinderé PHD, Tófoli LF. Análise do Perfil Epidemiológico dos clientes do Centro de Atenção Psicossocial para álcool e outras drogas (CAPS – AD) de Sobral–CE. SANARE-Revista de políticas públicas. Sobral (CE); 2007 Jul/Dez; 6(2):62-6.

6. Laville C, Dionne J. As estratégias de verificação. In: A construção do saber: manual de metodologia da pesquisa em Ciências Humanas. Porto Alegre: Artmed; 1999; p. 131-63.

7. Schenker M, Minayo MCS. Fatores de risco e de proteção para o uso de drogas na adolescência. Ciência & Saúde Coletiva [Internet]. 2005 [cited 2009 July 9];10(3):707-17. Available from: http://www.scielo.br/pdf/csc/v10n3/a27v10n3.pdf

8. Oliveira LG, Nappo SA. Crack na cidade de São Paulo: acessibilidade, estratégias de mercado e formas de uso. Rev psiquiatr clín [Internet]. 2008 [cited 2012 July 08];35(6):212-18. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0101-60832008000600002&lng=en.http://dx.doi.org/10.1590/S0101-60832008000600002.

9. Machado DF. Perfil sócio-epidemiológico dos usuários de crack frequentadores de grupos de apoio das cidades de Carazinho, Cruz Alta e Passo Fundo – RS [Tese]. Rio Grande do Sul: Universidade Luterana do Brasil. Campus Carazinho; 2009.

10. Sanchez ZVDM, Nappo SA. Sequência de drogas consumidas por usuários de crack e fatores interferentes. Rev Saúde Pública [Internet]. 2002 [cited 2009 June 14];36(4):420-30. Available from: www.fsp.usp.br/rsp.

11. Gastão FN, Campos GWS. Instituições "portas abertas": novas relações usuários-equipes contextos na atenção em saúde mental de base comunitário territorial. Rev

Ter Ocup Univ São Paulo; 2005 Jan/Apr; 16(1):40-6.

12. Velho SRBR. Perfil epidemiológico dos usuários de substâncias psicoativas atendidos no CAPS AD, Londrina/PR [dissertation]. Londrina (PR): Universidade Estadual de Londrina. Mestrado em Saúde Coletiva; 2010.

13. Aquino RDG. Caracterização do perfil dos usuários de crack assistidos pelo centro de assistência psicossocial – álcool e outras drogas (CAPS AD) no município de Sobral-CE [Monografia]. Sobral/CE: Universidade Estadual Vale do Acaraú; 2009.

14. Carroll KM, Rounsaville BJ, Gondon LT. Psychoterapy and pharmacotherapy fpr ambulatory cocaine abusers. Arch Gen Psychiatry. 1994 Mar;51(3): 177-87.

15. Duailibi LB, Ribeiro M, Laranjeira R. Profile of cocaine and crack users in Brazil. Cadernos de Saúde Pública. Rio de Janeiro; 2008; 24(4).

16. Oliveira MLF. Uso de drogas de abuso e evento sentinela: construindo uma proposta para avaliação de políticas públicas. Texto contexto - enferm [Internet]. 2007 Sept [cited 2012 July 08];16(3):488-94. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072007000300015&lng=en. http://dx.doi.org/10.1590/S0104-07072007000300015.

17. Lin M. Images in emergency medicine. Fingertip burns from a crack pipe. Ann Emerg Med. 2008; 681-95.

18. Restrepo CS, Carrillo JA. Pulmonary Complications from cocaine–bases substancies imaging manifestations. Radio Graphics. 2007; 27: 941-56.

19. Ribeiro M, Dunn J, Larangeira R. Causes of death among crack cocaine users. Rev Brasil Psiquiatr. 2006; 28(3): 196-202.

20. Boghdadi M, Henning RJ. Pathophysiology and Clinical toxicology. Heart e Lung. 1997; 26(6): 466-83.

21. Aslibekyan S, Levitan EB. Prevalent cocaine use and myocardial infarction.Am J Cardiol. 2008 Out; 102(8): 966-9.

21. Maraj S, Figueiredo VM, Lynn MSD. Cocaine and the heart. Clin Cardiol. 2010 May; 33(5):264-9.

22. Laranjeira R, Dunn J, Rassi R, Mitsushiro SS, Fernandes MS. Seguimento de usuários de crack após dois anos. Rev Bras Psiquiatr. 1998; 47(5):233-6.

23. Brasil. Secretaria Nacional de Políticas Sobre Drogas. Plano Integrado de Enfrentamento e Outras Drogas. Brasília: Observatório Brasileiro de Informações Sobre Drogas. Secretaria de Comunicação; 2010.

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**Corresponding Address**

Denise Lima Nogueira
Santa Casa de Misericórdia de Sobral
Rua Vicente Ferreira da Ponte, 148 – Cohab I
CEP: 62.050-490 – Sobral (CE), Brazil