

## PERCEPTION OF CRACK USERS IN RELATION TO USE AND TREATMENT

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### ABSTRACT

The aim was to know the perception of crack/cocaine users about the use and treatment in a midsize general hospital, located in Rio Grande do Sul. It is a qualitative, descriptive and exploratory research that used semi-structured interviews with eight crack users, from September to October 2010. To analyze the data, we used content analysis from which two semantic categories emerged: drug use and seeking treatment. It was evidenced that drug use initiation in adolescence is related to social access or easy economic access, excessive load on studies and work, stress and not knowing about the possibility of chemical dependency, friends and family members influences, who also influence them on seeking treatment. We conclude that it is necessary to investigate the issue of crack users better and support actions on consume reduction, prevention and education to users.

**Descriptors:** Drug Users. Crack Cocaine. Hospitalization. Nursing.

### RESUMO

O objetivo foi conhecer a percepção dos usuários de crack em relação ao uso e ao tratamento, em hospital geral, de médio porte, localizado no Rio Grande do Sul. Trata-se de uma pesquisa qualitativa, descritiva e exploratória, que utilizou a entrevista semiestruturada, com oito usuários de crack, de setembro a outubro de 2010. Para analisar os dados, utilizou-se a análise de conteúdo da qual emergiram duas categorias temáticas: uso de drogas e busca por tratamento. Evidenciou-se que o início do uso das drogas, na adolescência, relaciona-se ao acesso social ou econômico fácil, à carga excessiva no estudo e trabalho, ao estresse e ao desconhecimento da possibilidade de dependência química, influências de amigos e de familiares, sendo que estes também influenciam na busca pelo tratamento. Concluiu-se que é necessário conhecer melhor o problema do crack e apoiar as ações voltadas à redução do consumo, da prevenção e da educação aos usuários.

**Descritores:** Usuários de drogas. Cocaína crack. Hospitalização. Enfermagem.

**Título:** Percepção dos usuários de crack em relação ao uso e tratamento.

### RESUMEN

El objetivo fue conocer la percepción de los consumidores de crack sobre el uso y tratamiento en un hospital general de tamaño mediano, que se encuentra en Río Grande do Sul. Se trata de una investigación cualitativa, descriptiva y exploratoria que utilizó la entrevista semiestructurada con ocho usuarios de crack, de septiembre a octubre de 2010. Para analizar los datos, se utilizó el análisis de contenido a partir de la cual emergieron dos temas: el uso de drogas y la búsqueda de tratamiento. Se evidenció que el inicio del consumo de drogas en la adolescencia se relaciona con acceso social o económico fácil, la carga excesiva de los estudios y trabajo, estrés y no saber acerca de la posibilidad de la dependencia química, amigos y miembros de la familia influye tanto que estos influyen también en la búsqueda de tratamiento. Llegamos a la conclusión de que es necesario conocer mejor el problema del crack y apoyar las acciones de reducción de consumo, prevención y educación a los usuarios.

**Descriptores:** Consumidores de drogas. Cocaína Crack. Hospitalización. Enfermería.

**Título:** Percepciones de los consumidores de crack sobre su uso y su tratamiento.

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## INTRODUCTION

The use of crack is one of the most important public health problems worldwide, considering the magnitude and harm to users, their families and the community<sup>(1)</sup>. Among the concerns related to the theme, we may include: the challenges for health professionals in relation to the approach to the user; increasingly early use in children and adolescents; difficulties in treatment and preventive measures; and increased criminality. This refers not only to the responsibility of governments and government agencies, trying to reverse the situation, but also the community who expect definitive and concrete solutions<sup>(2)</sup>.

In Brazil there is a difficulty in studying the profile of crack users, since the results are obtained only in general hospitals with those hospitalized to treatment in clinical detoxification and therapeutic communities, which becomes a barrier to the development of strategies and measures to control use<sup>(1)</sup>. It was estimated, in 2005, there were 380,000 addicts and crack users, almost 600,000 today. This drug appeared in the country in a progressive manner, easy access and low price, causing physical harm and rapidly dependence, affecting all social classes, especially the most vulnerable such as children and adolescents who live in the street<sup>(3)</sup>.

The crack addicted user may have health complications, such as psychological and motor disorders, and affect various organs functionality; also, he/she may suffer imminent death by overdose or by complications arising from social trafficker and police<sup>(4)</sup>. It is observed that these complications generate high social costs as users end up moving away from their jobs, not producing anymore and need health services of high complexity. The growing consumption is reflected in the health services, which need to adapt itself to meet the increased demand for treatment. This was reflected in recent years by increasing the number of hospitals beds, which demonstrates a growing concern about the approach in relation to drug issues arising from professionals and health institutions because they feel unprepared and afraid to deal with drug users in treatment.

It is also evident that educational institutions are not adequate to provide the necessary training to future professionals, since the advent of drug use grew rapidly and its consequences are still being studied<sup>(5)</sup>.

In 2009, the federal government invested R\$ 215 million reais in prevention and treatment of alcohol and other drugs users, as well as to those with mental disorders, allowing 73 new Psychosocial Care Centers. Besides that, there were incentives for short hospitalization, up to 20 days, for patients in crisis, there was an increase of 31.85% of the daily value per patient in psychiatric hospitals in general<sup>(6)</sup>.

Given the above, it is important to ask: what is the perception of crack users in relation to their treatment in general hospitals? And, as our objective: To know the perception of crack users in the use and treatment in general hospitals.

## METHODOLOGY

This is a study with a qualitative, descriptive and exploratory approach performed in a hospitalization unit of a midsize institution in a city in the state of Rio Grande do Sul, accredited by the Unified Health System to assist drug users. This research was extracted from a conclusion course thesis<sup>(7)</sup>.

The data collection, through semi-structured recorded interviews, which were previously scheduled, was conducted in September and October of 2010, with eight male participants, aged 19-41 years, with elementary and high school education, some unemployed and other workers (bricklayer, metalworkers and working on logistics), who had initiated drug use between 9 and 27 years. The number of participants was defined by the principle of data saturation<sup>(8)</sup>. Criteria inclusion were: to be crack users, to be hospitalized for at least 7 days and find themselves clean, oriented and coherent to participate in the interview, as well as being in adulthood (between 19 and 59 years). Therefore, their permission was requested by signing a Consent Form (CF). To ensure and maintain the users anonymity, statements were identified by the letter P (P1, P2 ...), because it is the initial letter of the word participant.

After the interviews, the statements were transcribed and content analysis was used in the semantics categories<sup>(9)</sup>, which was divided into three stages: pre-analysis, material exploration, processing and interpretation of results.

The protocol for the research project was approved by the Ethics Committee on Human Research of the Federal University of Santa Maria, under the No. 0.226.0.243.000-10, according

to Resolution N° 196/96 of the National Health Council which provides for the legal standards for research involving humans<sup>(10)</sup>.

## RESULTS AND DISCUSSION

The following sessions will present the topics that served as subsidies for developing the semantic categories of the study, which were: drug use and seeking treatment.

### Drug use

In this semantic category we present the data which refer to drug use. It can be seen in the interviewees' statements that the initiation of drug use was related to the influence of friends and curiosity.

*I started using crack, as you could say, a curiosity, sometimes we put our noses where we are not invited [...] today for me, it means, you could say that a demon gets inside the person and for the person to get rid of that is very difficult, easy to enter and hard to leave, then it destroys your family, disrupts your everyday work, you lose trust, you lose everything and even the dignity that you have, you end up losing because of this drug, then I started using crack and now I regret it, it is really not easy to get rid of it (P4).*

The drug usage is first associated with the offer or with exchange for respect and acceptance, access and social pressure, as well as the desire to be part of a group. Moreover, it may be associated with the excessive load of study and work, stress, the issue of easy economical conditions and the lack feasibility of a chemical dependency<sup>(2)</sup>. At the beginning of drug use, there are movements of seeking by users, whose experience is not intended to get acceptance, the challenge or respect for others. But willingly to feel the effects of the drug, more active posture to the choice of drug. Also, it is related to the influences of friends family.

*I started using crack in the same way that I started cocaine, influence, friendships, when I was using marijuana it was the same thing, problems at home. We usually begin and think, think the world will solve this problem, because your family does not care about you and then you think I'll get into that drug [...] then maybe they will feel. Of course any user who does it, does not understand that in the future, we are the ones who suffer the consequences, because the moment that you*

*have today as 26 and 25 years, and then your parents do not respond, they cannot do anything for you and then you realize you did something wrong. Because then there is no return and your family is there, they are living and you haven't reached them, maybe only their feelings were affected, but the rest just hurt us [...] as if to draw attention, but we drew wrong attention (P7).*

In the perception of P7, family members do not seem to worry about the problems of their children or sometimes do not know how to help them. With this attitude of the family that nothing is happening, it makes the adolescent to feel abandoned. This situation comes across with a study in which it was identified that the use of illicit drugs among adolescents comes from familiar relationship problems in their homes where there is no dialogue, violence and lack of interest in relation to parents<sup>(11)</sup>. The origin of drug use transcends the dimension of family relationships, it is necessary to consider genetic factors (influencing cognitive, behavioral and affective individual functioning) that partly destabilizes the family context contributing to drug use<sup>(12)</sup>. Moreover, the correlation between the use of this and other drugs and the family relationship showed that they reported an excellent or good quality relationship with their parents<sup>(13)</sup>. Thus, the family context may be considered both in the sense of risk as the protection.

The following statement from P5 emerge that the drug use starts early, out of curiosity and experience with friendships. It begins with lighter drugs and then they migrate to heavier ones. Interestingly, in a study conducted in 14 Brazilian capitals described as the cause of illicit drug use by teenagers, besides familiar problems, have been due to the influence of friends, peer pressure, search for pleasure, personal conflicts and ingenuity of young<sup>(14)</sup> and also by misinformation on the subject<sup>(15)</sup>.

*I started because of friendships and a little curiosity, I had used other types of drugs, but I had never tried crack, actually I was curious about crack. I used marijuana and cocaine and then crack (P5).*

The user preference for either drug use is not the factor that determines the continuation, identifying the user's behavior in search for new sensations and challenges, including with it an increased risk of drug consumption. In addition, users that work during the day, use the drug at night

and on weekends, spending all the money they earn with drug use<sup>(2)</sup>.

*It was total madness, I worked, but when I was not earning money, I could stay a month without using crack, and when the income came, I earned 1000 reais per month, when the money arrived, it was perdition, I spent it all on crack, but at work I never smoked (P3).*

In statement from P3, one realizes that the user had a 'controlled' use, when he did not possess resources to acquire the drug, worrying about his duties and not committing crimes. Still, the statement revealed the destruction that drugs cause the user's life, since he ends up selling or exchanging all it takes to get the drug.

*The daily routine was, during the day I worked, and then during the night, at 6-7pm, with the money I earned during the day or with the bonus my boss would give me, I spent everything on crack and then I already had some friends and I was already exchanging my clothes, a TV, my things, and putting all my stuff in the drug, so it came to a point where I had nothing else. I had already no light and the water service and everything, so in the end I was the one who was suffering, but I thought that day, but the next day I would go again, I had no control of it (P6).*

It is common for drug users to sell or exchange their belongings such as television and radio, to buy the drug<sup>(11)</sup>. They know the effects and agree that drugs are bad for health. But they are naive and young<sup>(12)</sup> and also they did not believe that they would be dependent from using it only a few times which shows misinformation on the subject<sup>(13,16)</sup>.

The statement below reflects the suffering caused to individuals by drug use, bringing this person serious consequences such as hallucinations:

*[...]It was sad, I tried to commit suicide, attempted, I saw shadowy forms, a bunch of shadowy forms, demons, these things, black shadowy forms, I saw a type of storm flying past me, heavy storms, and it wasn't a rainy day, but it was, I felt that the trees were moving and I was in the woods, the trees moving [...] (P2).*

The users are divided onto mental and physical effects of crack, positive effects of pleasure followed by negative and unpleasant ones (hallucinations, delusions, cravings, feelings of depression, desire for repeat use, are associated with feelings

of persecution and fear arousing anxiety and encouraging adherence to repetitive and atypical behaviors)<sup>(17)</sup>. Moreover, the use of drugs can lead an individual to commit crimes:

*[...]I was caught with drugs and stuff, and then I had only for personal use, but then the judge sentenced me equal, like I was a dealer [...] (P8).*

The indiscriminate use of drugs is associated with antisocial practices, crime, the irresponsible behavior of the user who commits acts of crime, becoming involved in legal problems, leading to individual and social losses<sup>(18)</sup>. Still, the drug becomes a priority in life and in the end, under its influence, they commit crimes:

*[...]all the money earned you want to spend only using drugs, you do not think about anything else. You know? You can only think about the drug, the drug is the priority of life, you make things you wouldn't if it wasn't for the drug, but with the drug in your mind, you end up doing it (P1).*

This statement shows that crack users are more vulnerable, increasing health risk factors and they are also more exposed to violence, with higher risk of death than the general population<sup>(1)</sup>. The drug user's thought focuses on the crack, so that sleep, food, survival and responsibility lose their meaning. The sense of urgency for drug forces the drug user to engage in illicit activities such as robbery, burglary and trafficking<sup>(17)</sup>.

### Seeking treatment

This category presents questions concerning search, as to what users seek treatment from the help of family or friends or because of problems occurred, but with resistance by not recognizing over usage. It is observed in the statement of P4, the possibility of relapse in drug as he/she has previously already undergone treatment.

*[...]I sought treatment because it was too much, I was using a lot of drugs, and then I asked my family to help me, and I decided to admit and treat myself, recover from drug and no longer use it, and then I came with my mother [...]. (P8)*

*The treatment happened like this, I was walking [...] I had used drugs the night before, I had used all night,*

*me and another friend of mine, so I was walking and I met a friend of mine, who had gone through treatment, I had already undergone treatment with him, so he suggested me this treatment, he did not want to see me in the state I was walking wandering, walking the streets aimlessly, without nothing [...]. (P4)*

Studies indicate that the difficulty of treatment adherence of drug users is a bigger problem than the small number of vacancies. There are various specialized treatments, but they need to be intensive and focused on everyday problem-solving user as well as having a multidisciplinary approach in which it can adhere to treatment or not. Crack users are the least help seekers among those who use illicit drugs. Therefore, it is important that there is mutual commitment regarding the activities developed during treatment in favor of the desired changes in behavior in relation to drug use<sup>(16)</sup>.

The need for treatment is most often determined by the user's obsessive involvement with the drug harming many aspects of their life. The therapeutic process begins with measures that bring the drug user to the assistance services, and the drug user, in general, seek treatment in risk situations involving family, work, financial problems, legal and disruption of affective relationship<sup>(19)</sup>.

It is important to pay attention to interventions and procedures performed in hospital for detoxification, because 43.3% of the drug users have been hospitalized at least once for treatment of crack, realizing that drug users can hardly remain clean after discharge<sup>(1)</sup>.

Regarding the prevention of drug experiences, a study shows that the major influence has been the mother and the best relationship has been with her than with his/her father. Young people who seek to respect their mother feelings seem to have more influence in the decision not to use drugs<sup>(13)</sup>. Besides family and friends, drug users come to hospitalization by court order.

*In the first time my family brought me, the second time it was by a court order, and today I'm by myself, on my own, the first time I tried, as you could say, was in vain. Was it solved? [...] To hold the crack you have to hold the swig, the drink and after the crack, the drink is the gateway [...]. (P3)*

*The first treatment I had to do lots of crazy things there, until I end up in jail, in prison, and then I just thought about it, deciding that I should change my life that jail was not a place for me, so I asked for treatment. (P1)*

Some drug users only realize the dangers of drug use in their arrests, asking for treatment by court orders, and this is a way to get rid of the prison. Regarding treatment, drug users reported having hope and desire to remain clean.

*I hope to improve, hopefully I won't go back because it was in the past, a past that I don't want to come back to, I had my own experience, for me and several other colleagues who are in a worse point than me, they never sought for help, a family member or something, then I expect to pull me out of this to maybe be an example that people looking for help can recover. (P6)*

Drug users, when in treatment, expect at some point in life that they can stop using crack, realizing that it damaged his life and sometimes their families. Study shows that 96.7% of patients wanted to quit smoking crack after hospitalization at some point in their lives. However, 46% of those who underwent detoxification treatment, failed to remain clean after discharge, increasing mortality and prison statistics, thus demonstrating the high potential for dependence on crack<sup>(1)</sup>.

The therapeutic process of recovering drug users encompasses multiple aspects, leading from months to years of drug abstinence. In this process pharmacological aspects, basic principles of disease, relapse prevention, psycho-educational aspects, social, family involvement with individual and family therapy, self-help groups, seeking alternative activities, health care professionals included in hospitalization treatment and therapeutic communities<sup>(19)</sup>. Still, a cohesive support group plays a significant role as an auxiliary space for listening to the needs and anxieties of each, because all of its members can share their experiences with the group (conflicts, losses, victories and relapse)<sup>(20)</sup>.

In this sense, it is essential that professionals who assist drug users in particular nurses are a transforming agent of the society for the conduct of their everyday situations and are qualified to provide comprehensive and humane care.

## FINAL CONSIDERATIONS

The study results indicate that the initial drugs use and crack is related to curiosity, influences of family and friends, showing that the drug user, in order to purchase drugs, spends all his money, getting involved in crime several times, increasing

health risks. Regarding the search for treatment, it was revealed that family and friends have a strong influence. The damage that drug causes is recognized in the perception of drug users, it was also pointed out, they have the prospect of getting rid of it eventually.

It is believed that health professionals who work with drug users, require qualification in order to develop prevention programs related to health policies that address this issue. It is also essential that public policies and measures to prevent drugs are related and involve primary health care, educational institutions, the family and society. Also, preventive measures need to be related to adolescents because that is the beginning of drug use, a fact also confirmed in this study. The nurse needs to promote health education with adolescents and families, placing them in health promotion activities, contributing to a healthier life style and thus reducing risks.

It is suggested that the topic is widely discussed in nursing education, both in teaching and in research, equipping future professionals to be more prepared to work with this population. It is hoped that this study may also contribute to the practice of nursing, as it brings contributions on the use and treatment of drugs in the perception of the drug users. It was evident that drug users crave to leave drugs, but note that this is a difficult task to be achieved, it requires a joint effort from all sectors: education, health, justice and society in general. Therefore, it is essential to create an integrated network of care encompassing ambulatory care until the rehabilitation.

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