A Caracterização da cultura do crack, acessibilidade e formas de uso nos Centros de Atenção Psicossocial de álcool e drogas do Distrito Federal

The characterization of crack culture, accessibility and ways of use in Psychosocial Care Centres for alcohol and drugs in Distrito Federal

La Caracterización de la cultura del crack, accesibilidad y formas de uso en los Centros de Atención Psicosocial de alcohol y drogas del Distrito Federal

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RESUMO: Este trabalho caracteriza a situação do uso do crack no Centro de Atenção Psicossocial de álcool e drogas (CAPSad) do Distrito Federal, assim como acesso, formas de uso, perfil sociodemográfico, socioeconômico e sociocultural sob perspectiva do próprio usuário. Foram entrevistados 100 indivíduos, cada participante submeteu-se a responder um questionário durante os meses de fevereiro a maio de 2011. O perfil predominante do usuário de crack foi homem, jovem, solteiro, médio nível de escolaridade e média classe socioeconômica dentre os que apresentam vínculo empregatício. O acesso ao crack é simples e fácil, condicionado a estratégias de mercado (crack delivery). A forma de uso mais utilizada é lata de alumínio. As técnicas de consumo identificadas foram shotgun, "dar a segundinha" e mesclado (crack e maconha) entre os indivíduos estudados. Foram verificados aspectos de importância a serem investigados e aprofundados por mais estudos sociais e epidemiológicos a fim de buscar perspectivas que atuem na redução de fatores de risco decorrentes do uso de crack.
Palavras-chave: Cocaína Crack, Drogas ilícitas, Comportamentos de Riscos, Saúde Pública.

ABSTRACT: This study characterizes the situation of crack use in the Psychosocial Care Center of alcohol and drugs (CAPSad) of the Distrito Federal, as well as access, forms of use, sociodemographic, socioeconomic and socio - cultural profile from the user 's perspective. A total of 100 individuals were interviewed. Each participant underwent a questionnaire questionnaire during the months of February to May 2011. The predominant profile of the crack user was male, young, single, middle school and middle socioeconomic class among those who presented employment relationship The access to crack is simple and easy, conditioned to strategies of market (crack delivery). The most commonly used method of use is aluminum can. The identified techniques of consumption were

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shotgun, "give the second" and mixed (crack and marijuana) among the individuals studied. It was verified aspects of importance to be investigated and deepened by more social and epidemiological studies in order to seek perspectives that act in the reduction of risk factors due to the use of crack.
Keywords: Cocaine Crack, Illicit drugs, Risk Behaviors, Public health.

RESUMEN: Este trabajo caracteriza la situación del uso del crack en el Centro de Atención Psicosocial de alcohol y drogas (CAPSad) del Distrito Federal, así como acceso, formas de uso, perfil sociodemográfico, socioeconómico y sociocultural bajo perspectiva del propio usuario. Se entrevistó a 100 individuos, cada participante se sometió a responder un cuestionario durante los meses de febrero a mayo de 2011. El perfil predominante del usuario de crack fue hombre, joven, soltero, medio nivel de escolaridad y media clase socioeconómica entre los que presentan vínculo laboral. El acceso a crack es simple y fácil, condicionado a estrategias de mercado (crack delivery). La forma de uso más utilizada es lata de aluminio. Las técnicas de consumo identificadas fueron shotgun, "dar la segundinha" y mezclado (crack y marihuana) entre los individuos estudiados. Se verificaron aspectos de importancia a ser investigados y profundizados por más estudios sociales y epidemiológicos a fin de buscar perspectivas que actúen en la reducción de factores de riesgo derivados del uso de crack.
Palabras clave: Cocaína Crack, Drogas ilícitas, Comportamientos de Riesgos, Salud pública.

INTRODUCTION

Crack is a psychoactive substance that has the function to stimulate the central nervous system and to cause fast chemical dependence with physiological and behavioural changes[1]. It is made of cocaine hydrochloride processed with sodium bicarbonate or ammonia, turned into stones to be smoked[2].

According to the United Nations Office on Drugs and Crime (UNODC), in 2016, more than 29 million people have an addiction to a kind of drug, in comparison to 27 million reported in the previous year[3]. Illicit drugs have already surpassed all the borders over the Brazilian regions with an easy exportation of multiple drugs[4,5].

In Brazil, there is a crucial factor in this context: the formation of a network of mental health care based on the community, the Psychosocial Care Network (RAPS), that makes the articulation of various services possible for forming the reference benchmark for the foster the user with mental suffering[6]. The RAPS, sharing the principles of Unified Health System (SUS), enhances the relation between the Psychosocial Care Centres (CAPS) and the other public and private institutions, associations and cooperatives in the country, providing better conditions for treatment and social reintegration of drug users and with mental disorders[7].

The CAPS render a range of services of intensive care with a multidisciplinary team. In Federal District (DF), the first Psychosocial Care Centre was for alcohol and drugs (CAPSad), and it was created in 2004 in the Administrative Region (RA) of Guará. In 2006, a CAPSad was inaugurated in Sobradinho[8]. Sometimes, the projects of these facilities go beyond the physical structure through clinical follow-up, orientation on civil rights, access to work, familiar and

communitarian rapprochement by building an action boosting network of social support taking into consideration the user in a holistic way on his/her routine, history and culture[9,10].

Chemical dependency on psychoactive substances unveils a critical scenario for the public health system and has made the health professionals understand the profile of crack users and achieve promising results on treating those users[11]. This study has the goal to typify crack culture in DF by identifying the sociodemographic, socioeconomic and sociocultural profile of users. Besides that, this paper describes the access to and the use of crack among users undergoing treatment at CAPSad of Federal District.

METHODOLOGY

This is a quantitative[12], cross-sectional and descriptive study, the collected data were oriented through a questionnaire applied from February 25 to May 15, 2011 to crack users who attended the Psychosocial Care Centre for alcohol and drugs (CAPSad) of Federal District - CAPSad Guará and CAPSad Sobradinho. The sample was classified as intentional with 100 crack users of both sexes.

To be included in the sample, the individual should follow these criteria: to be over 18 years old, pattern of use (continuous crack consumption history of 1 year at least)[13], the association of crack with other drugs; and the elected ones were the crack users undergoing treatment at CAPSad of DF (in a "therapeutic environment", i.e., as the ones undergoing individual or group treatment sessions as the interaction with the service with therapeutic objective)[14]. The users who were excluded matched these criteria: presenting visibly altered consciousness due to drug use, detected objective possibility of understanding and articulating answers at the moment of the approach, and when drugs were elected but crack as a consumption pattern or not being under treatment at one of CAPS.

The sample selection was mediated by key informants, specialists e health professionals (psychiatrists and psychologists, from institutions devoted to assistance, treatment and reduction of damages, performing in Federal District) who fostered the approach to crack users from the que CAPS. Taking into account that the focus of this paper was to typify crack use in DF, the questionnaire script addressed the following topics: sociodemographic, socioeconomic and e sociocultural profile of the user, physiological effects, association of crack with other kinds of drugs, access to crack, ways of use and consequences from consumption and the identification of emerging behavioural practices.

Data analysis was taking by using data tabulation of Microsoft Excel software, in such way that the group of each question and its respective answers resulted in specific reports that were individually assessed and interpreted. Every questionnaire was identified by an alphanumeric code, consisting successively of the name of interviewed person, the initial letter of the person's sex and

the location - CAPSad Guará (G) or CAPSad Sobradinho (S). The consent of the participants was given by signing the Informed Consent (TCLE).

The procedures of this study are in accordance to Resolution 196/1996 (in effect at the time of the study), which regulates research execution with human beings, and were previously approved by the Ethics Committee in Research (CEP) from the Education and Research on Health Science (Fundação de Ensino e Pesquisa em Ciências da Saúde - FEPECS) under the protocol number 459/2010.

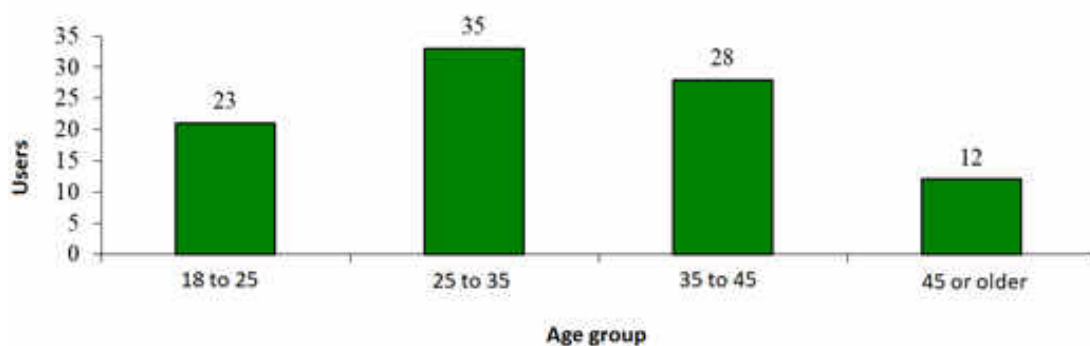## RESULTS AND DISCUSSION

Sociodemographic Data

In relation to the gender distribution, most of the interviewee reported themselves as male - 87% (Graphic 1). The main age range was from 25 to 35 years old, 35%, followed by the group from 35 to 45 years old, 30% (Graphic 2). The most common marital status was single - 62 users (Graphic 3).

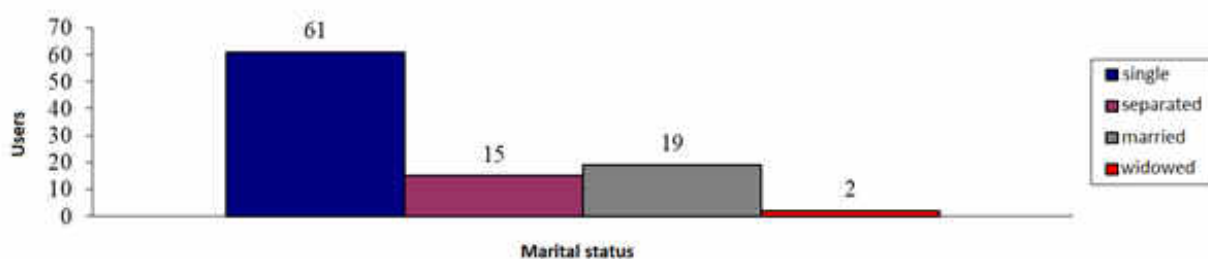**Graphic 1.** CAPSad crack user´s distribuition according to gender, DF, 2011.
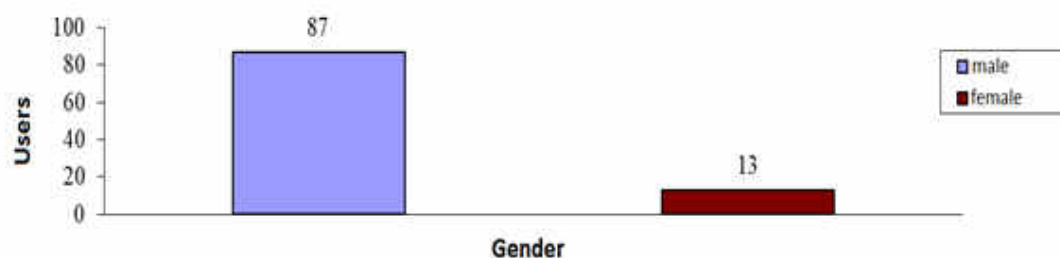
SOURCE: Elaborated by the authors

Graphic 2. CAPSad crack user´s distribuition by age group, DF, 2011.

Graphic 3. CAPSad crack user´s distribuition by marital status, DF, 2011.

The verified data concerning crack users from CAPSad in DF, compared to other data previously described by Oliveira and Nappo[15], did not differ in gender (male), marital status (single) and range age – from 25 to 35 years old (35%) and from 18 to 25 years old (23%), confirming the young public.

It is important to highlight that this research presented a high percentage of range age, from 35 to 45 years old (30%), endorsing Parry et al[16]. It also found a higher average (38 years old) when studying cocaine/crack dependents in South Africa. Therefore, it is possible to presume that this new risk group arose due to the fact that older users have migrated to crack because the use of cocaine through parenteral way before the 1980s had not been related to Acquired Immunodeficiency Syndrome (AIDS) yet[17,18]. By the end of the 1990s, Brazil had already had 3,000 AIDS new cases caused exclusively by injectable drugs, being 90% of them crack users[19,20].

In relation to education level, most of the users had high school education, 38% of the individuals (Graphic 4). These data differed from profiles obtained in studies conducted in São Paulo, which described the crack users as having mainly incomplete elementary school[17]. This discrepancy could be explained by the sample composition because the choice was intentional concerning the studied place. The place is a reference centre to alcohol and other drugs users who necessarily seek treatment and help or due to inhibition bias or embarrassment to answer the

questionnaire[21].

Graphic 4. CAPSad crack user´s percentual distribuition by education level, DF, 2011.

Socioeconomic Data

With reference to employment bond, 52% of crack users answered that they were working. Among the interviewees, most of them reported a monthly income from R$1,111.00 to R$2,000.00 - 35% (Graphic 5).

Graphic 5. CAPSad crack user´s percentual distribuition by mounth income, DF, 2011.

The analysed data among the individuals who answered having an employment bond showed an average pattern of crack users' purchasing power from CAPSad in DF, differing from other researches that presented a low socioeconomic level[21]. In this respect, the data collection places were public points of reference centres and could characterize a higher socioeconomic level than research samples which also or only study homeless[15,21]. However, Nappo et al[22] have already verified that different socioeconomic classes had begun the use of crack in recent years.

Taking into consideration the possibility of admission in a medical clinic treatment, 56% of the interviewees have already been interned in a private clinic at some point in their lives,

under an agreement with religious or philanthropic institutions, known as therapeutic communities. Validating Valderrutén[23], the therapeutic communities are designed to treat users with authoritarian controlling and functioning rules because the they are closed institutions that resume old models of social segregation, such as sanatoriums and leprosaria. It is essential to understand the perspectives of the treatment of therapeutic communities, to discuss and improve the functioning and facilities for a better insertion of drug users in accordance to the principles of RAPS.

According to the results from the questionnaires, the price of a crack "rock" ranged from R$5.00 to R$20.00. The pattern price reported was R$10.00 by 90% of the interviewees. However, the analysis made taking into consideration the weight ranges from R$10.00 to R$50.00 per gram. The data did not differ from those mentioned by Dunn[24] and Oliveira and Nappo[21], considering the price of the drug based on the "rock" or the weight.

Sociocultural Data

Sociocultural data of crack users were verified from behaviours, beliefs, values, and customs[12]. In this sense, religion stood out among Protestants and Catholics, each one representing 38 crack users, and Spiritists and those who declared not having a religion represented 12 crack users each. Those data did not diverge from literature[15] regarding religion according to Brazilian Institute of Geography and Statistics (Instituto Brasileiro de Geografia e Estatística - IBGE) that states that most Brazilian population is Christian[25]. Understanding the interface between religion and mental health is imperative to break stigma and prejudice barriers involving drug users in order to reinforce the recovery of users according to therapeutic logic and avoid that the religion internalisation segregates and isolates the individuals from social interaction[26].

Among the interviewees, 96% have already used marijuana and cocaine before using crack. All the interviewees have already used tobacco and 99% have already used alcohol before using crack. Kandel and Yamaguchi[27] identified two predisposing factors to a progression on the use of illicit drugs: early beginning of illicit drug use, such as alcohol and cigarette and the serious engagement with one or both drugs.

Lai et al[28] reported that the interviewed smokers showed a high tendency to use cocaine and crack. Similarly, it was verified that the unrestrained use of one or both drugs influences someone to use one as the compliment of the other. Crack use is connected to cigarettes since crack needs ashes to be burned and smoked.

Observing the customs and behavioural factors, Seibel[29] states that the amount of reduced sleep can result in insomnia, conforming to this research because 84% of the interviewees reported that they have difficulty sleeping. Moreover, gastrointestinal oscillation is very significant and involuntary among crack users, confirming the percentage of users (74%) who have suffered from nausea after and during drug use. Crack use can also cause diarrhoea, flatulence or vomit. It is still

possible to conclude that anorexia is an adverse consequence of the use, confronting the results of this study which states that 96% of the interviewees lost their appetite.

Regarding the investigated cases under risk situations, 77% of the individuals did not have sex in order to get crack e 67% used condoms during sexual intercourse. Endorsing Strathdee and Sherman[30], some individuals used with financial factors to get the drug and, as a consequence, this use assures the strong chemical dependence on crack. In addition, having sex in exchange for crack or money under physical or intellectual alteration of craving is the combination of exacerbated risks that jeopardised safe sex.

Concerning physiological aspects, 44% of crack users pointed out that sexual drive was reduced, 34% presented normality and 22% stated that sexual drive was increased after using drugs (Graphic 6). Sexual arousal feeling when associated to crack consumption can be explained by the adrenergic system effect, causing a possible spontaneous orgasm. Excessive persistent crack consumption implies reproductive system malfunctions. Among men, sexual impotence, difficulties of erection and ejaculation and gynecomastia were observed. Among women, changes in the menstrual cycle, galactorrhoea, amenorrhea, infertility and problems to reach orgasm[29].

Graphic 6. CAPSad crack user´s distribution by sexual drive after consuming drugs, DF, 2011.
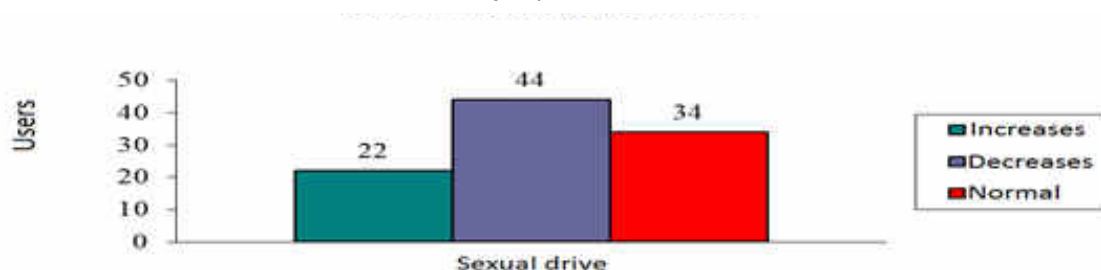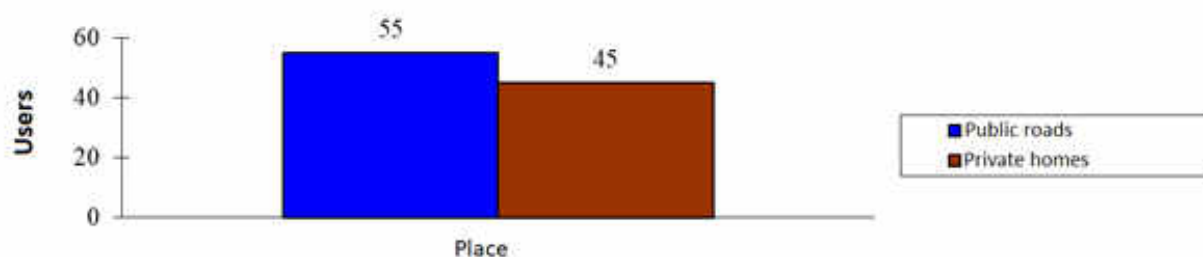

SOURCE: Elaborated by the authors

Accessibility to Crack

Regarding the accessibility to crack, 84% of the individuals informed that it is easy to get the drug and 85% emphasised that they can get the drug in one hour at the most – a simple and fast accessibility[15,31].

Among the studied places, 55% of the drugs are obtained on public roads and 45% in private homes (Graphic 7). The public road is still the main place to get crack. Nonetheless, the research showed almost the same level of parity between public roads and private homes (house of friends, colleagues, relatives, acquaintances or with other people who use the drug) in relation to obtaining crack. It is understood that many users do not show the drug use due to fear of being caught by the police or because the use will bring out their dependence to their families and friends. Furthermore,

other mechanisms of use lived by chemical dependents who settle in typical for dug consumptions (house of friends, buildings and abandoned facilities, under bridges)[5].

**Graphic 7.** CAPSad crack user´s distribuition by place of purchase, DF, 2011.

SOURCE: Elaborated by the authors

From the ease to get drugs come new strategies as the crack delivery (crack delivery at home), which was identified by 47% of the individuals interviewed in this study. The delivery does not change the price of the drug, many places that sell illicit products boost their business by using delivery – a good way to avoid the user's displacement.

Ways of Use

The most used material for crack consumption was aluminium cans reported by 70% of the interviewees, 16% put the "rock" inside the cigarettes, 7% use plastic materials and 7% use wooden pipes (Graphic 8). Comparing to other researches by Oliveira and Nappo[15], aluminium cans are the main consumption, but the chronic exposure to aluminium through the nasal cavity when inhaling is a great worry because it causes brain impacts, changing the cognitive and neurological functioning. This results in mental confusion, depression, apathy, nervousness, loss or reduction of time perception[32]. A hot aluminium can may also burn the skin, the tongue, fingers and lips of the user, generating wounds that can be gateways to infectious disease.[33,34,35].

Graphic 8. CAPSad crack user´s distribuition according to material type used when
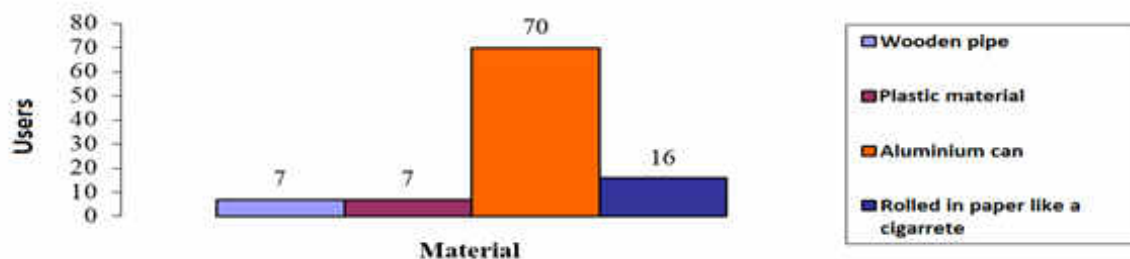
SOURCE: Elaborated by the authors

When considering crack and marijuana, 87% of the users reported having used both drugs together. This combined use is called mixed kind, balancing psychic effects and interrupting the compulsive crack use and restoring the user to everyday needs[36]. It is necessary to invest in the idea

of reducing damages. This approach is based on a qualified hearing, respecting the individuals, building bounds, reducing the effects caused by psychoactive substances. Then, it is possible to minimise health risk of the user population by reinforcing the conception that abstinence is not the only possibility and that it is essential to deal with indivídual singularity as well as his/her choices[37].

The shotgun technique was identified by 32% of individuals, described by Perlman[38], is the transfer of crack smoke, by direct contact from mouth to mouth or from pipes to mouths. It is used for economic and social purpose (sharing inhalation with other users), providing appreciable conditions of seduction and eroticism which raises the possibility of unsafe sexual intercourse[21].

Another way to use crack as reported by the interviewees is "dar a segundinha" ("give the second" – the first user burns the "rock" and covers the material, offering the remaining smoke to the second user to finish). More than half of the interviewees (63%) has performed this method of consuming the drug dos, leading to a social narrowing and cost saving. Inhalation techniques can cause infections of the respiratory tract due to chronic alveolar damage and to secondary aerial highway lesions[21].

CONCLUSION

In Federal District, crack culture was diagnosed in the beginning of the XXI century and it has been gradually increasing. Apart from that, the high potency of the drug and its power-dependence aspect result in physical, moral, mental and social consequences.

It is important to emphasise that the access to the drug is considered to be easy and fast, emerging in unusual ways, such as crack delivery. The toxicity effects of aluminium present in the everyday lives of the users, especially respiratory diseases, are alarming. It was also identified that crack use can alter sexual drive, bringing physiological and organic modifications in the individual. This report was made without institutional financing - it was one of the limitations to reach promptness in the field research. More specifically, another limitation was the user's embarrassment to answer the questionnaire.

It was observed that crack users are exposed to numerous risk situations and social vulnerabilities. Thus, it is a challenge for RAPS to articulate among the different social actors to promote a differentiated service for chemical dependents with polytoxocomania and co-morbidities (infectious and pulmonary diseases, mental disorders). Thus, it is possible that with RAPS's improvement, the care services offered to crack users could have better conditions of treatment and overcome the medical-centre and hygienist approach.

Finally, the information notified important aspects to be investigated and supported by social and epidemiological studies. The potentialities and singularities of the insurgency of new

participative arrangements on mental health and the already existing sharing - such as health conferences, health councils, CAPS's managing collegiate - will contribute take the data obtained be marked and warned to the responsible public authorities and health professionals. Prophylactic measures are needed in relation to risk groups, elaboration and development of intervention and control programmes and projects in order to diminish the risk factors related to crack use.

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