

Social and demographical aspects of crack users assisted by psychological-social attention network

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There was the objective of analyzing the social and demographical profile of a group of crack users assisted by health services and social network of support. Descriptive exploratory study with quantitative approach, carried out in the city of Fortaleza-CE. The results indicate 92,5% male people, with ages from 30 to 39 years old (50%), who reside with relatives (59%), complete high school (37,5%). It was enabled the deconstruction of socially set out stereotypes about the life perspective of those people. Erroneous conceptions about crack users can lead to mistaken interventions, requiring deeper studies about the same.

Descriptors: Public Health; Crack Cocaine; Population Characteristics.

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Aspectos sociodemográficos dos usuários de crack assistidos pela rede de atenção psicossocial

Objetivou-se analisar o perfil sociodemográfico de um grupo de usuários de crack assistidos pelos serviços de saúde e rede social de apoio. Estudo exploratório descritivo com abordagem quantitativa, realizado na cidade de Fortaleza-CE. Os resultados apontam para 92,5% de indivíduos do sexo masculino, com idade entre 30 e 39 anos (50%), que residem com familiares (59%), ensino médio completo (37,5%). Possibilitou-se desconstruir estereótipos estabelecidos socialmente sobre a perspectiva de vida desses sujeitos. Concepções errôneas sobre usuários de crack podem levar a intervenções equivocadas, necessitando aprofundamento de estudos sobre os mesmos.

Descritores: Saúde Pública; Cocaína Crack; Características da População.

Aspectos sociodemográficos de los usuarios de crack asistidos por la red de atención psicossocial

Se objetivó analizar el perfil sociodemográfico de un grupo de usuarios de crack asistidos por los servicios de salud y red social de apoyo. Estudio exploratorio descriptivo con abordaje cuantitativo, realizado en la ciudad de Fortaleza-CE. Los resultados apuntan para 92,5% de individuos del sexo masculino, con edad entre 30 y 39 años (50%), que residen con familiares (59%), bachillerato (37,5%). Se posibilitó desconstruir estereotipos establecidos socialmente sobre la perspectiva de vida de esos sujetos. Concepciones erróneas sobre usuarios de crack pueden llevar a intervenciones equivocadas, necesitando profundización de estudios sobre los mismos.

Descriptores: Salud Pública; Cocaína Crack; Características de la Población.

Introduction

The use of psychotropic substance crack has been focus of discussions about the use of drugs in Brazil. News broadcasted by the media overestimate the physical-chemical principles of this substance as the great generator of problems resulting from its consumption⁽¹⁾.

The scientific production about this problematic is still small and its publication cannot reach the population in large scale. Thus, the produced

knowledge usually remains limited to academic field and the general population is limited only to information disclosed by the media.

A study recently conducted by Fiocruz⁽²⁾ indicates the use of crack as responsible for only 35% of total consumption of illicit drugs in the country, which makes us believe that there are still many discrepancies related to the subject and it is required more detailed and deeper studies.

The first Brazilian study approaching the profile of crack user, in 1989, shows the description of

a population of men, younger than 30 years old, unemployed, with low education and purchase power⁽³⁾. Following both studies, the most recent one and the first one conducted over twenty years ago, we can observe an important similarity between both, despite the social-cultural changes occurred in the country in the last years. Nevertheless, it is not known much about the population assisted in health services of public network, who are those people who seek assistance and in which situation they are.

In this scenery, it is important the alert about the discussion on drugs, specially by influence of media, which tends to produce manichaeist speeches and polarizations that add nothing to a more complex understanding about the phenomena⁽⁴⁾.

A research⁽⁵⁾ conducted with users who seek assistance in a Psychological-Social Care Center (CAPS), is a warning to the small amount of information available approaching this subject. Those productions usually have a community base or in services, submitting a profile of crack users, in almost its entirety, as being of very young men, poor, illiterate and of dysfunctional families.

In this regard, it is important to observe the specific characteristics of each group of users, in a social-cultural context and their implications on the effect of psychotropic substances in those individuals⁽⁶⁾. By means of conducted studies⁽⁶⁾ it was observed that those effects are apprehended through groups where the person is included and the meanings and significances produced there. Thus, it is emerged the requirement of deepening with regard to life contexts and health necessities of those people and, consequently, it is required the preparation of new steps of care that are more adequate to their routine, which causes direct impacts in planning and performance of public policies destined to such public.

Thus, it is required to map the profile of crack users, to identify the epidemiological profile of crack users in treatment, so that there are the particular characteristics of each group, in addition to local characteristics, of each region, so that actions can impact in a more efficient way, specially with the assurance of health care of those users. Thus, this study has the objective of analyzing the social and demographical profile of a group of crack users, followed by health services and social support network.

Methodology

It is a descriptive exploratory study, carried out in the city of Fortaleza-CE, in services that form the

social network of support to crack users of Regional Secretaries (SR) IV and V. The choice by political-administrative territory of Regional Executive Secretaries (SER) IV and V is owing to the fact that the same are included in Health-School City System (SMSE), where UECE and Fortaleza City Hall work in partnership with the objective of developing formative and social-cultural activities. The present study is a development of project funded by CNPQ "The attention in clinics in the production of care to crack users – assistance to health and social networks of support".

Through Psychological-Social Care centers to Alcohol and Other Drugs (Caps-ad), of interactions with other users, information of health workers and relatives, it was indicated the support social networks used in respective territories. It was chosen, from the services that were part of support social network of this group of users, a therapeutical community and the self help group Narcotics Anonymous, both of them located at SER IV.

It was interviewed a total of 40 crack users, 70% of which were being followed by CAPS-ad, and 12% of them had previously carried out some follow up in such basic units of reference health and 18% of interviewed were in follow up in social network of support, specifically a therapeutic community and the self help group Narcotics Anonymous.

With the research instrument, it was prepared a closed questionnaire from study objectives, approaching social and demographical aspects of users, such as age group, gender, education, occupation and dwelling. This instrument was filled in by researchers and the data organized through EPIINFO 3.52 version, that were organized in tables and graphs, according to the same disposition. The obtained results were analyzed with researched literature.

The research was submitted to Ethics Committee in Research of Federal University of Ceará, with approval for purposes of its conduction, according to rules of aforementioned committee under Procedure number 10724251-6.

Results and discussions

The group of crack users in follow up was characterized for being of men (92,5%), in age group of 30-39 years old (50%), residing with relatives (59%), with medium education (37,5%) and carrying out any type of remunerated activity (60,5%), as represented in Table 1.

Table 1- Social and demographical distribution of crack users followed up by Psychological-Social Care Network at SER IV and V. Fortaleza, CE, Brazil, 2014

Variables	N	%
Gender		
Male	37	92,5
Female	3	7,5
Age group		
15-19	1	2,5
20-24	5	12,5
25-29	9	22,5
30-39	20	50
40-49	3	7,5
50-beyond	2	5
Education		
Incomplete Elementary School	8	20
Complete Elementary School	12	30
Incomplete High School	4	10
Complete High School	15	37,5
Incomplete Upper Education	1	2,5
Occupation		
Remunerated activity	23	60,5
Unemployed	9	23,7
Student	5	13,2
Retired	1	2,6
Dwelling		
Alone	3	7,7
Relatives	23	59
Wife and children	13	33,3

The researched data of this group of users indicate characteristics matching data found in other studies carried out in Brazil. However, it brings some reflections on people who have problems with use of crack and seek some type of help in health network or social network of support, related to variables: Gender, age group, education and income of those users, such as discussed below:

Consumption of crack and women

The study observed that in this group of crack users who were being followed up by health services and social support network, only 7.5% of them were women. Differently from what is found in literature, women are those who seek health services more often. Nevertheless, when it is seeking services to

treat chemical dependency, they are still in small number than men.

When it is the percentage of people that seek treatment to chemical dependency the data confirm the findings of some researches⁽⁷⁻⁸⁾ where the present of crack use is more accentuated among men and smaller among women. The smaller proportion of crack users in health services can be related to feeling of embarrassment for being seen as a minority inside institutions, in addition to jealousy of respective husbands and greater interaction difficulty inside the group, which is mostly masculine.

A study⁽⁹⁾ that approaches the use of drugs by women observes a tendency to "Gender equality" in consumption of drug, being justified by changes in the lifestyle of those women, who are nowadays more active in the labor market, with greater pressures and, consequently, more independent. Throughout the entire historical process, women have been marked by predetermined behavior standards, being women connected to maternity attributions, being involved specifically in the act of caring, not being cared of. Furthermore, upon being inserted in the labor market, the amount of activities increased and many women and subject to double or triple work loads⁽¹⁰⁾.

In general population, the studies indicate the crack use as being predominant among men. In Brazilian population, the crack use is predominantly bigger among men, and 78,68% of users are men and 21,32% of users are women⁽²⁾.

It brings the reflection that women who are crack users who seek some type of support in health services, do not seek the specialized network to treat the chemical dependency, but access other services that can be more adequate and skilled to meet the requirements of this population.

Even though only 7,5% of this group is formed by women, the data indicate the care that must exist with regard to users of this population. A study⁽¹⁰⁾ carried out in the city of Salvador indicates that, among drugs most used by women in the street context, crack is highlighted, specially due to facility to obtain this substance in exchange for sex. This practice has been considered as one of facilitators to increase the consumption of crack by women, in the same way that it is highlighted to be a important vulnerability factor to which women are exposed and the health units must be alert to this other factor.

In this context, the woman who uses drugs is inserted in a situation of greater fragility, where she is stigmatized twice. Firstly, to be different from the conventional feminine role in the society and, secondly, because she consumes drugs. Considering there is a increase in use/consumption of drugs by this public, as well as specificities that let it more vulnerable, it is extremely important to foster more discussions with the services about how they have approached those women who use crack.

Crack consumption by age groups

The age group of 30-39 years old was predominant in this group of users, with 50% of researched people, having a prevalence of public of more advanced ages, despite the apparent increase of consumption by children and teenagers, which has directed the actions of Ministry of Health to this segment of greater vulnerability in a more explicit way, as of 2009, through Emergency Plan of Broadening Access to Treatment and Prevention in Alcohol and other Drugs at SUS - PEAD⁽¹¹⁾.

The study carried out by Fiocruz⁽²⁾ submits its results, the age groups of greatest consumption of crack, the 18-29 years old and 30-39 years old, with respective indexes of 52% and 33%. Such fact indicates the necessity of a greater concern with this group in productive age and with the great impact in economy of country, being relevant to increase the investment in public policies towards the solidary economy and income generation, expliciting the fact that the drug does only attract the young public⁽²⁾.

It must be emphasized the data found in this group of people, that 5% of crack users are aged beyond 50 years old. The national study about crack shows a percentage of 2,93% of crack users beyond 50 years old⁽²⁾. This data, even if not having a important quantitative representativity, indicates the use of this substance in middle aged and elderly age groups, who are usually not considered and have a small representativity in statistics of big studies about the consumption of crack.

Moreover, the use of crack in this elderly population can be related to the current model of society, which values Young age and virility⁽¹⁾. In current days, there is a pressure for people to remain young. Getting old is a synonym of incapacity and invalidity. Therefore, the elderly person feels despised, devalued in the

consumption society, as it no longer produces and it is discharged as any obsolete object.

The social and cultural context, the expectations and particularities of the person, who wants to meet the social demands, to feel active, as well as the effect of substance, are fundamental to understand the problems resulting from crack use. But those elements cannot be dichotomically detached, as they are part of the whole, a complex, that is coupled and that cannot be separately determined. In other words, it is not only the drug that causes all those other dimensions, it is the expectations of the person, what society expects from people and, of course, the substance effect. Thus, the effect of crack, intense, pleasurable and ephemeral seems to perfectly connect to the anxieties of contemporary society.

Education and income of crack users in treatment

With regard to education, the data allow us to claim that a considerable part of those crack users have full high school, 37,5%, being a different data from what is pictured in other studies, where the crack user is shown as a individual of no or reduced education and, consequently, without skills to assess its problematic and incapable of making decisions. Confirming the aforementioned data, a study⁽⁸⁾ upon analyzing the profile of users assisted in a CAPS-ad, shows a relationship set out between the type of used substance and education level, which highlights a greater index of crack consumption among subjects who reached the high school.

Nevertheless, another study⁽¹²⁾ portrays the profile of crack users in a discrepant way from the aforementioned information. In this study⁽¹²⁾ carried out with cocaine users in hospital, the author⁽¹²⁾ shows smaller education levels among users of smoked cocaine crack. This fact is justified by the lack of attention, understanding and responsibility that crack use can generate in person, preventing him from carrying out his school activities. On the other hand, it can be indicated that using aspirated cocaine happens in upper economical classes and, consequently, with greater education levels.

The national research⁽²⁾ about crack use informed that 57,6% of users only studied up to 4th and 5th

grade and there is a direct relationship between the use and low education indexes. However, it cannot be claimed for certain if its is the use of crack that directly interferes with studies or if it is the fact that those people are out of school which favors and makes people vulnerable to use this substance. The fact is that this population attended school at any moment, which shows that public policies can interfere with prevention actions at school field.

Thus, the low education level would be a consequence of use of drugs, and the school dropping can be shown as the greatest risk factor to the person start using those substances⁽¹³⁾. In this regard, the data of this study allow us to reflect about a change in the profile of crack users related to education, considering the use of it, by itself, can no longer answer by the low education level of users, conforming the idea that the substance in itself is not a determinant factor to development and consequences of situations where it is involved.

The problems that come from the relationship of men with crack cannot be considered in a casual way as a direct consequence of poverty or social deprivation, but as a entire complex of problems that worsen due to many factors, either psychological, physical or social ones.

About the matter related to income source, it is observed that in the research period, 60,5% of interviewed people was carrying out any type of remunerated activity, while 2,5% of them were retired. Although the study cannot say exactly which type of activity was being carried out, it is a important point to highlight, as the image of drug user, specifically the crack user, is of a unproductive person, who cannot handle the activities of his life. This researched group, formed by people who seek follow up, still keep their labor activities.

Confirming this idea, the data of national study⁽²⁾ about crack disclosed that obtaining money by users is related to odd jobs or free lancer, corresponding to 60% of sample. In other words, over half crack users develop some kind of activity so that they obtain some financial resources, showing that it is a economically productive group.

It must also be highlighted that the study⁽²⁾ indicated that obtaining income from illegal activities is small, corresponding only to 6,2% of interviewed

people. Thus, it is demystified the ideals that crack users necessarily develop illegal activities to obtain the drug, showing that those substances can be purchased with money obtained in a legal way.

Differently from conceptions of common sense that the drug user is a passive person and completely affected by harmful effects of drug in his body, causing a total disruption of his life and his daily activities, the drug users have a lifestyle that has similar characteristics to other models. There are traditions, codes, behavior rules, where the user develops social competences to evolve in his consumption and hone the activities connected to it. It includes activities that, related to circuit of illegal market, require of users tactics that mean risks, sanctions and challenges⁽¹⁴⁾.

Conclusion

The study indicated the crack use by elderly population, requiring deeper studies about the use in third age, as it is a more vulnerable population on social grounds. It was allowed to deconstruct certain stereotypes that were socially defined that users of this substance have their activities disrupted by the use of drug, that they do not carry out remunerated activities and have their affective and family connections interrupted due to the use.

It is highlighted that there is a economically active public and in productive age, among crack users who seek treatment, requiring from health services and its employees an adjustment to this reality in order to stimulate it, adjusting, among other things, the assistance schedule to assure the access conditions to services, respecting the existing activities in the life of users, in addition to indicate a necessity to potencialize and explore their aptitudes as a way to foster the social reinsertion.

It reaffirms the huge male predominance among users, being required a deeper investigation about access conditions of women who are somehow not looking for treatment. It allowed to observe that women seek health services, but it is very small the number of those who seek specialized treatment services, being required studies that deepen this subject.

Thus, erroneous conceptions about specific groups of crack users can lead to mistaken interventions, requiring deeper studies about certain

populations that use this drug. As it was shown, there is no general characteristic to crack user, considering the heterogeneity of people and social groups who use this substance.

In this regard, it is highlighted the importance of health professionals, specially nurses, to know the profile of population they assist, in order to hone a professional practice, as well as developing strategies that provide a concrete improvement of assistance. Moreover, the nurse needs to have those new knowledge, so that he can provide a integral assistance to the user, fostering the construction of a wider care project, both citizenship-oriented and resolute.

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