



CRACK: FROM INDIVIDUAL ISSUES TO CONFRONTING POLICIES
CRACK: DA PROBLEMÁTICA INDIVIDUAL ÀS POLÍTICAS DE ENFRENTAMENTO
CRACK: DE LA PROBLEMÁTICA INDIVIDUAL A LAS POLÍTICAS DE ENFRENTAMIENTO

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ABSTRACT

Objective: to analyze the phenomenon of the use and abuse of crack from a contextual analysis focusing from the issue of individual use to policies for confronting consumption in Brazil. **Method:** theoretical essay, using the analysis framework proposed by Hinds, Chaves and Cypress. **Results:** the four contexts discussed were: the problem of crack, risk and protective factors to its use, the social vision of this phenomenon and, finally, policies to confront crack in Brazil. **Conclusion:** the current situation and complexity involved in crack users highlights the need to rethink, on an urgent basis, strategies to face the problem. One possible solution aims to provide comprehensive care to the user, involving the individual themselves, their family and the society in which they live. **Descriptors:** Mental Health; Crack Cocaine; Health policy.

RESUMO

Objetivo: analisar o fenômeno do uso e abuso do crack de maneira contextual enfocando desde a problemática do uso individual às políticas de enfrentamento do consumo no Brasil. **Método:** ensaio teórico, utilizando-se o referencial de análise de Hinds, Chaves e Cypress. **Resultados:** os quatro contextos abordados foram: a problemática do crack, os fatores de risco e de proteção ao seu uso, a visão social desse fenômeno e, por fim, as políticas de enfrentamento ao crack no Brasil. **Conclusão:** a atual situação e complexidade que envolve os usuários de crack ressalta a necessidade de se repensar, de forma urgente, estratégias para o enfrentamento do problema. Uma possível solução aponta para a atenção integral ao usuário, envolvendo o próprio indivíduo, sua família e a sociedade na qual ele se insere. **Descritores:** Saúde Mental; Cocaína Crack; Política de Saúde.

RESUMEN

Objetivo: analizar el fenómeno del uso y abuso del crack a partir de análisis contextual enfocando desde la problemática del uso individual a las políticas de enfrentamiento del consumo en Brasil. **Método:** ensayo teórico, utilizándose el referencial de análisis de Hinds, Chaves y Cypress. **Resultados:** los cuatro contextos abordados fueron: la problemática del crack, los factores de riesgo y de protección a su uso, la visión social de ese fenómeno y, por fin, las políticas de enfrentamiento al crack en Brasil. **Conclusión:** la actual situación y complejidad que envuelve los usuarios de crack resalta la necesidad de repensar, de forma urgente, estrategias para el enfrentamiento del problema. Una posible solución es la atención integral al usuario, envolviendo el propio individuo, su familia y la sociedad en la cual él se insiere. **Descriptors:** Salud Mental; Cocaína Crack; Política de Salud.

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INTRODUCTION

Psychoactive substances, more commonly known as psychoactive drugs, are substances that, when ingested, inhaled or injected, have the capacity to change the consciousness, mood or an individual's thinking processes, resulting in physiological or behavior changes.¹

The use and abuse of such substances constitutes a serious public health problem due to its serious consequences and its beginning increasingly early, spreading up in an almost epidemic manner among young people, regardless of gender, race or economic situation.^{2,3}

According to the world report of the United Nations Office on Drugs and Crime (UNODC), about 243 million people between 15 and 64 years of age, or 5% of the global population, used illicit drugs in 2012 and since then, there were no significant changes in the overall status of their use, production and health consequences.⁴

In Brazil, the most used illicit drugs are marijuana and cocaine, that includes crack,⁵ which has been emerging as a very important issue, and has been called "crack epidemic".

Crack, a cocaine derivative, is a potent stimulant of the central nervous system with a high potential for addiction, and contains 40-80% of cocaine. Its effect is short, lasts three to ten minutes, and the lack thereof causes very unpleasant feelings. This is a relatively new drug, of easy access, low cost, largely associated with criminality.⁶

Studies focus on the treatment of dependence of crack users, using different drugs such as buspirone,⁷ topiramate,⁸ biperiden,⁹ among others, but little is known about consumption patterns, coping difficulties, addiction and family, social and economic problems related to the use of crack.¹⁰

Considering the width, the diversity of aspects involved and the consequences the use and abuse of cocaine and its variations, especially crack, bring for the life of individuals, families and society, it is of utmost importance to reflect on the complexity of the problem,¹⁰ its social relevance, potential risk factors hampering the development of actions and existing political strategies in Brazil.

OBJECTIVE

- To analyze the phenomenon of the use and abuse of crack from contextual analysis focusing from the issue of individual use to policies for confronting consumption in Brazil.

METHOD

This is a reflection theoretical essay that follows the analytical framework proposed by Hinds, Chaves and Cypress, which ranks contextual levels in four interactive but distinct layers: the level immediate context, the level specific context, the level of general context and the metacontext.¹¹

The immediate context has as main characteristic the phenomenon itself with its focus on the present. In this work, this context is related to the crack user profile through socioeconomic characteristics and factors related to consumption.

The specific context, characterized by individualized and unique knowledge that encompasses the immediate past and relevant aspects of the current situation, includes the elements that are present in the environment and influence the phenomenon from past and current interactions. In this sense, individual risk and protective factors that influence the individual for the use of crack, either stimulating or restraining it, were included.

The general context involves the influence of the organization of events or behaviors in the phenomenon in question, associating meanings that individuals have developed over time. This context seeks to explain why the phenomenon occurs in the observed manner. In this study, we considered the influence of personal beliefs and cultural values for the growth of crack use by society, i.e., the social vision of the phenomenon.

Finally, the metacontext seeks to establish reasons for the behaviors and events, usually incorporating past and present and imposing conditions for a possible future. Thus, in this context, policies for confronting use and abuse of crack in Brazil were contemplated.

RESULTS

- ◆ Immediate context - user profile
- Although the use of crack had had its beginning in the 80's, only in 2014 a study was conducted that allowed to know the profile of crack users in the streets in Brazil,

pointing out the paucity of studies on this population.¹²

Brazilian crack users are characterized in general by being: man, young, multidrug user, low socioeconomic and educational level, marginalized, with the worst social and health indicators compared to other users, although in recent years the use of this drugs have spread to other social strata.¹⁰

There is a higher consumption among non-whites (blacks and mulattos) living in a context of social vulnerability, which represent 52% of the population, according to data obtained by the Brazilian Institute of Geography and Statistics - IBGE.¹³

The Brazilian profile does not differ from the profile found in other international studies,¹⁴⁻¹⁵ which reveals that crack use is globally associated with individuals with low educational and socioeconomic level, although there has been an increase in the use and abuse of this drug in higher social classes.

The fact of belonging to excluded social groups generates in the individual feelings of suffering and discrimination, which directly influences on individual choices and about health, predisposing them to inequities.

To better understand this phenomenon, one cannot ignore the influence of context and environment on the crack user. Thus, socioeconomic determinants are a propellant factor in the use and abuse of this substance, which, associated with the consumerism of capitalist society, with globalization and with increased urbanization, aggravate the consumption of this drug.¹⁰

As a matter of public health, it is important to concern with these determinants and their relation to the consumption of crack, since these users usually have a worse prognosis, with more severe addiction, involvement in crime, risky sexual behavior and major social losses when compared to users of other substances.¹⁶

The stereotype drawn to crack user assumes poverty and marginalization, establishing a situation of increasing isolation and breaking bonds of friendship, family and society. Thus, it establishes the unification of users in a solidarity relationship, deepening their condition more and more in their stigma.¹⁷

Given the seriousness of the abusive use of crack and considering the negative repercussions, both in individual and social level, related to this practice, it is essential to recognize this individual's profile, as well as the risk and protective factors for this use.¹⁸

♦ Specific context- Individual risk and protective factors

The drug abuse affects the human being in their various dimensions - biological, psychological and social, and is also a result of a number of factors (physical, emotional, psychological and social) correlated. In this sense, risk and protective factors are intrinsic attributes of the individual, group or social environment that predispose or minimize this risk. Therefore, in each domain (individual, family, peers), risk and protective factors can coexist.¹⁹

Adolescence is the most vulnerable age group to experimentation and drug use.²⁰ It is a transition period marked not only by physical development, but also by changes in emotional, mental and social aspects, which is critical to build the identity of the subject. It is in this confusing moment, permeated with contradictions, ambivalence, that the individual experiences new conducts and seeks social self-assertion, resorting to efforts in order to integrate themselves in the different social groups.²¹

In this age group, experimentation and drug use is generally related to youth's own factors, such as uneasiness, acceptance of a group, omnipotence, conflicts and challenges to social and family structure. Moreover, one can also add other relevant factors, such as ease of access, permissivity and lack of control.¹⁸ For adolescents, taking risks is a way to recognize the power they exercise over their new and unknown body, and drug use is a way of dealing with problem situations.²²

In modern societies, family is established as the primary social institution, whose main claim is to promote the development of the individual as a socio-cultural agent, also being assigned to it the role of moral construction of children and promotion of development of their personality. So, the family is an important component in the study of the factors related to the consumption of psychoactive substances and can be considered both as a risk factor, when other family members encourage and

make use of drugs, and as a protective factor, when members influence the cessation of the use and / or search for treatment.²³

Integration of family context as an important part in building strategies in prevention and treatment of addiction corroborates ecological thinking, which recognizes that everybody is interrelated and interconnected. So, one's change will reflect the change of the whole system.²²

The broad dimension that involves the phenomenon of crack consumption and the consequences highlighted in relation to the individual, family and society reflects the influence of social determinants as protection or risk predictors for this consumption.¹⁹

Such determinants destabilize the social network of that individual: friends, family and work, permitting the introduction of systems of recovery or depreciation of the life and self-esteem of an individual, a population or their social groups,¹⁰ and generating the crisis that permeates the life of the subject and the lack of motivation to move forward.

♦ General context - Social dimension of the phenomenon

Drug use and abuse is not a current phenomenon. The history of drugs is present in the history of mankind and permeates many contexts, from religious rituals to the promotion of immediate pleasure. An anthropological analysis of postmodern Western society denotes a contemporary society governed by the technological evolution of a globalized world and by the imperatives of consumerism, establishing a scenario of changing values, maximization of life and intensification of pleasure, bringing negative effects on individuals' physical and mental health.²⁴

The exaltation of values related to competitiveness, aesthetic, individualism and consumption, to which we are unconsciously driven every day,²⁵ fosters an environment where individuals become collectors of sensations, in search of instant pleasure as a way to escape from suffering. In this sense, cities have become a territory of fear and insecurity arising from the increasingly recurring violence.

Common sense sees the drug user as a violator of social rules that affects the proper functioning of society. This condition leads to proliferation of prejudice towards

minority groups, including the crack users, labeled as "drug addicts", to whom society blames for all existing violence. Interestingly, sometimes this label is awarded only to the vulnerable part of society, those who fall into the "suspicious biotype", and the other side of the coin, the "citizens", maintain their illegal practices unpunished. Faced with the existing socio-cultural diversity and the different possibilities of strategies aimed at addressing this phenomenon, the use of drugs can be tolerated or vetoed.²⁶

In seeking to explain the complex reality of the phenomenon of "drug abuse", science has tried to justify the relationship of users and society, which become an increasingly vehement part of the social scenarios.

Considering the complexity and the social relevance of the phenomenon, it is essential a panoramic and integrative analysis of the context to which it is inserted, identifying possible elements that contribute to support effective intervention actions.

The redefinition of values arising from a promiscuous society, whose value is assigned to that in evidence, established by the media, leads the human being to a search without limits to meet the needs of the body and not from their inner self. In this sense, moral values are becoming extinct and give space to the development of new values. Within this vacuum, contingent policies are drawn up, tirelessly seeking the "humanization of the human being"²⁴ and the confrontations of the pursuit of immediate pleasure obtained with the use and abuse of drugs.

♦ Metacontext - Confronting policies

The political vision of the phenomenon has always been linked to the systematic prohibition, which started in the US with the internal repression of narcotics.¹⁷ In 1988, the Brazilian government adhered to the Guiding Principles of Drug Demand Reduction, established by the United Nations (UN), with emphasis on commitment of investment in this demand reduction programs. That same year, the National Drug Policy (SENAD) was created with the mission to articulate, coordinate and integrate the public and private sectors of civil society to combat drugs.²⁷

The redirection of the national drug policy, in 2004, established the principle of shared liability, using a strategy of cooperation and joint efforts between

government, private sector, third sector and citizens in combating consumption of psychoactive substances, giving greater visibility to the decentralization of actions on drugs in the country.²⁷

The increase in crack use and the challenges proposed by this practice, with frequent association with crime and violence, required the establishment of actions exclusively aimed at this problem. Thus, in 2010, it was instituted the Integrated Plan to Combat Crack and Other Drugs, with policies aimed at "confronting" such a problem.

With the same connotation, in 2011, the federal government set the plan: "Crack can be overcome", based on three areas: *care*, which delegates attention to the user and their family, through the health care network and therapeutic communities; *prevention*, which aims to strengthen the network through coordinated actions, operating in schools; and, finally, *authority*, with crackdown on drug trafficking, "crack areas" and the fight against organized crime.²⁷

The national policy for "combating" drugs much resembles the model of "war on drugs", of repressive nature proposed in the United States and adopted in several countries,¹⁷ however, the problem of crack use goes beyond the walls of crime and establishes itself as a web that is slowly taking root in society, requiring not only the look prohibitive, but the chain of integrated and intersectoral actions that allow approaching the problem.

CONCLUSION

The use of crack emerged in Brazil in the late 80's and relevant factors such as ease of access to all social classes and low cost enabled its gradually increased consumption. In addition, social vulnerability also contributes to the spread of use.

The use and abuse of crack in the contemporary society is a serious problem not only for public health but also for social and cultural aspects, and goes through various contexts, from the micro-structural, where the individual and their family are present, to the macro-structural, which contains the social vision of the phenomenon and the policies for its confrontation.

This issue is still far from being solved due to various factors and contexts present in this consumption. This shows the need for health policies and practices that seek to accomplish a new look under mental health, provided with the psychiatric reform.

Surpassing the criticism to health policies, one must take the blindfolds that hinder seeing the social needs of such a phenomenon that go well beyond the therapeutic treatment and the "war on drugs", so that the holistic being is considered and inserted in a context.

REFERENCES

1. WHO. Neuroscience of Psychoactive Substance Use and Dependence. Geneva: World Health Organization; 2004. 288 p.
2. Fettes DL, Aarons GA, Green AE. Higher rates of adolescent substance use in child welfare versus community populations in the United States. J Stud Alcohol Drugs [Internet]. 2013 [cited 2015 Sept 13];74(6):825-34. <http://www.ncbi.nlm.nih.gov/pubmed/24172108>
3. Scandurra IR, García-Altés A, Nebot M. Impacto social del consumo abusivo de alcohol en el estado Español. consumo, coste y políticas. Rev Esp Salud Pública [Internet]. 2011 [cited 2015 Sept 13];85(2):141-7. Available from: http://www.scielosp.org/pdf/resp/v85n2/03_colaboracion2.pdf
4. UNODC. Relatório Mundial sobre Drogas. [Internet]. Vienna, AU: UNODC - United Nations Office on Drugs and Crime [Internet]. 2014 [cited 2015 Sept 13]. Available from: https://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf
5. Laranjeira R. Levantamento Nacional de Ilícitos e Drogas [Internet]. São Paulo, SP: INPAD - Instituto Nacional de Ciência e Tecnologia para Políticas Públicas do Alcool e Outras Drogas; 2012 [cited 2015 Sept 10]. Available from: <http://inpad.org.br/wp-content/uploads/2014/03/Lenad-II-Relat%C3%B3rio.pdf>
6. Pulcherio G, Stolf AR, Pettenon M, Fensterseifer DP, Kessler F. Crack-da pedra ao tratamento. Rev AMRIGS [Internet]. 2010 [cited 2015 Sept 13];54(3):337-43. Available from: http://amrigs.org.br/revista/54-03/018-610_crack_NOVO.pdf
7. Winhusen TM, Kropp F, Lindblad R, Douaihy A, Haynes L, Hodgkins C, et al.

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Multisite, randomized, double-blind, placebo-controlled pilot clinical trial to evaluate the efficacy of buspirona as a relapse-prevention treatment for cocaine dependence. *J Clin Psychiatry* [Internet]. 2014 [cited 2015 Sept 13];75(7):757-64. Available from:

<http://www.ncbi.nlm.nih.gov/pubmed/24911028>

8. Nuijten M, Blanken P, van den Brink W, Hendriks V. Treatment of crack-cocaine dependence with topiramate: A randomized controlled feasibility trial in The Netherlands. *Drug Alcohol Depend.* 2014;138:177-84.

<http://www.ncbi.nlm.nih.gov/pubmed/24629631>

9. Dieckmann LHJ, Ramos AC, Silva EA, Justo LP, Sabioni P, Frade IF, et al. Effects of biperiden on the treatment of cocaine/crack addiction: a randomised, double-blind, placebo-controlled trial. *Eur Neuropsychopharmacol J.* 2014;24(8):1196-202.

<http://www.ncbi.nlm.nih.gov/pubmed/?term=Effects+of+biperiden+on+the+treatment+of+cocaine%2Fcrack+addiction%3A+a+randomised%2C+double-blind%2C+placebo-controlled+trial>

10. Silva Jr FJG, Araújo OD, Melo BMS, Dourado G de OL, Monteiro CF de S, Rocha SS. Reflexões sobre o consumo de crack e sua interface com os determinantes sociais de saúde. *Rev Enferm UFPI* [Internet]. 2012 [cited 2015 Sept 13];1(2):139-42. Available from:

<http://www.ojs.ufpi.br/index.php/reufpi/article/view/746>

11. Hinds PS, Chaves DE, Cypess SM. Context as a Source of Meaning and Understanding. *Qual Health Res.* 1992;2(1):61-74.

12. Bastos FIPM, Bertoni N. Pesquisa Nacional sobre o uso de crack: quem são os usuários de crack e/ou similares do Brasil? quantos são nas capitais brasileiras? [Internet]. Rio de Janeiro, RJ: ICICT/FIOCRUZ; 2014 [cited 2015 Sept 13]. Available from:

<http://www.arca.fiocruz.br/handle/icict/10019>

13. IBGE. Censo demográfico 2010 [Internet]. IBGE - Censo 2010. 2010 [cited 2015 Sept 13]. Available from:

<http://censo2010.ibge.gov.br/>

14. Dickson-Gomez J, Bodnar G, Guevara CE, Rodriguez K, De Mendoza LR, Corbett

AM. With God's help i can do it: crack users? Formal and informal recovery experiences in El Salvador. *Subst Use Misuse.* 2011;46(4):426-39.

15. Pérez AO, Cruyff MJLF, Benschop A, Korf DJ. Estimating the prevalence of crack dependence using capture-recapture with institutional and field data: a three-city study in The Netherlands. *Subst Use Misuse.* 2013;48(1-2):173-80.

16. Vaughn MG, Fu Q, Perron BE, Bohnert ASB, Howard MO. Is crack cocaine use associated with greater violence than powdered cocaine use? Results from a national sample. *Am J Drug Alcohol Abuse.* 2010;36(4):181-6.

17. Machado LV, Boarini ML. Políticas sobre drogas no Brasil: a estratégia de redução de danos. *Psicol Cienc Prof* [Internet]. 2013 [cited 2015 Sept 13];33(3):580-95. Available from:

<http://www.scielo.br/pdf/pcp/v33n3/v33n3a06.pdf>

18. Silva ALMA, Frazão I da S, Bezerra SMM da S, Araújo EC de. Adolescents and young crack users: an integrative review of literature. *R Pesqui Cuid Fundam Online* [Internet]. 2012 [cited 2015 Sept 13];2874-80. Available from:

http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1753/pdf_628

19. Freires I de A, Gomes EM de A. O papel da família na prevenção ao uso de substâncias psicoativas. *Rev Bras Ciênc Saúde* [Internet]. 2012 [cited 2015 Sept 13];16(1):99-104. Available from:

<http://periodicos.ufpb.br/ojs/index.php/rbcs/article/view/10899/7098>

20. Figlie NB, Moraes E. Abuso de álcool, tabaco e outras drogas na adolescência. In: Figlie NB, Laranjeira RR, Bordin S, organizadores. *Aconselhamento em Dependência Química*. São Paulo, SP: Roca; 2004.

21. Pratta EMM, Santos MA dos. Reflexões sobre as relações entre drogadição, adolescência e família: um estudo bibliográfico. *Estud Psicol Natal* [Internet]. 2006 [cited 2015 Sept 13];11(3):315-22. Available from:

<http://www.scielo.br/pdf/epsic/v11n3/09.pdf>

22. Schenker M, Minayo MC de S. A importância da família no tratamento do uso abusivo de drogas: uma revisão da literatura. *Cad Saúde Pública* [Internet]. 2004 [cited 2015 Sept 13];20(3):649-59.

Available from:

<http://www.scielo.br/pdf/csp/v20n3/02.pdf>

23. Horta RL, Vieira LS, Balbinot AD, Oliveira GO de, Poletto S, Teixeira VA, et al. Influência da família no consumo de crack. J Bras Psiquiatr [Internet]. 2014 [cited 2015 Sept 13];63(2):104-12. Available from:

<http://www.scielo.br/pdf/jbpsiq/v63n2/0047-2085-jbpsiq-63-2-0104.pdf>

24. Lipovetsky G, Deutsch TM. A era do vazio: ensaios sobre o individualismo contemporâneo. Barueri, SP: Manole; 2005. 197 p.

25. Bauman Z. Vida em fragmentos: Sobre ética pós-moderna. Rio de Janeiro, RJ: Zahar; 2011.

26. Costa H. Análise das finalidades da pena nos crimes de tóxico - uma abordagem da criminalização do uso de entorpecentes à luz da prevenção geral positiva. In: Júnior MR, organizador. Drogas: aspectos penais e criminológicos. Rio de Janeiro, RJ: Editora Forense; 2005. p. 112-3.

27. Brasil. Secretaria Nacional Antidrogas. Legislação e Políticas Públicas sobre Drogas no Brasil [Internet]. SENAD; 2008 [cited 2015 Sept 13]. Available from: <http://www.obid.senad.gov.br/portais/OBI/D/biblioteca/documentos/Legislacao/327912.pdf>

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