

PROFILE AND PATTERN OF CRACK USE BY CHILDREN AND ADOLESCENTS LIVING ON THE STREETS: AN INTEGRATIVE REVIEW

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It was performed an integrative literature review to gather information about the profile and standard of crack use by children and adolescents living on the streets. 19 articles in international databases were selected, published between 2000-2010. It was found that the use is a harmful pattern, especially frequent in dysfunctional families, in social fragility, in contexts of violence and exclusion, where are used multiple drugs and suffer injuries, especially sexually transmitted diseases, injuries associated with violence, respiratory and cardiovascular problems, and psychosocial implications. This scenario requires intersectoral action, still scarce in the international situation, in the areas of education, health, security and assistance for the implementation of strategies for prevention and treatment of crack and complications.

Descriptors: Crack Cocaine; Homeless Youth; Child; Adolescent.

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PERFIL E PADRÃO DE USO DE CRACK DE CRIANÇAS E ADOLESCENTES EM SITUAÇÃO DE RUA: UMA REVISÃO INTEGRATIVA

Foi realizada revisão integrativa da literatura para reunir informações sobre o perfil e padrão de uso de crack de crianças e adolescentes em situação de rua. Foram selecionados 19 artigos em bases internacionais, publicados entre os anos 2000 e 2010. Encontrou-se que o uso é de padrão prejudicial, frequente, principalmente em famílias disfuncionais, em fragilidade social, em contextos de violência e exclusão, utilizando-se múltiplas drogas e sofrendo agravos, destacando-se doenças sexualmente transmissíveis, lesões associadas à violência, problemas respiratórios e cardiovasculares, além de implicações psicossociais. Esse quadro demanda ações intersetoriais, ainda escassas na realidade internacional, nas áreas de educação, saúde, segurança e assistência, para a implementação de estratégias de prevenção e tratamento do uso de crack e complicações.

Descritores: Cocaína Crack; Menores de Rua; Criança; Adolescente.

PERFIL Y PADRÓN DE USO DE CRACK DE NIÑOS Y ADOLESCENTES EN SITUACIÓN DE CALLE: UNA REVISIÓN INTEGRATIVA

Fue realizada una revisión integrativa de la literatura para reunir informaciones sobre el perfil y calidad de uso de crack de niños y adolescentes en situación de calle. Fueron seleccionados 19 artículos en bases internacionales, publicados entre los años de 2000 a 2010. Se encontró que el uso es de calidad prejudicial, frecuente principalmente en familias disfuncionales, en fragilidad social, en contextos de violencia y exclusión, que utiliza diversas drogas y sufre agravios, destacándose, enfermedades sexualmente transmisibles, lesiones asociadas a la violencia, problemas respiratorios y cardiovasculares, además de implicaciones psicossociales. Éste cuadro demanda acciones intersectoriales, aún escasas en la realidad internacional, en las áreas de educación, salud, seguridad y asistencia, para la implementación de estrategias de prevención y tratamiento del uso de crack y complicaciones.

Descriptores: Cocaína Crack; Jóvenes sin Hogar, Niño; Adolescente.

Introduction

The studies that were carried out until the early 80s in the last century did not report the alarming drug consumption among children and adolescents. However, surveys conducted since 1987 have documented a trend to increased use of several classes of drugs for this population. These surveys were conducted among students of first and second degrees in ten Brazilian capitals and also in samples of hospitalized adolescents and among street children. In 1997 one of these studies showed a trend to increased consumption of inhalants,

marijuana, cocaine and crack (cocaine derivative) in certain capitals⁽¹⁾.

The consumption of crack is considered as a phenomenon on the rise in recent years with serious repercussions to a substantial number of children and adolescents, and ends up becoming a safe market among populations of low-income of neighborhoods of large cities; and this phenomenon is even more marked among boys and girls on the street, a group excluded from society with little or no assistance and high risk to injuries to the integral health of its members⁽²⁾.

In a study with the population of children and adolescents were investigated 21 individuals aged between 11 and 17 years. Through the analysis of the data it can be notice a predominance of males (85.7%) in the total sample. The start of drug use occurred around the age of 11, being the gateway the use of alcohol, evolving rapidly to tobacco, marijuana, solvents, opioids, inhaled cocaine and eventually crack around 14 years. The drugs more used were alcohol, marijuana, inhaled cocaine, solvents and crack, in this order, data that differ from those found in national surveys that indicate drugs such as solvents, marijuana, anticholinergic and cocaine as more used drugs in this population⁽³⁾.

Of all patients studied, 57.1% used crack and more than half of these individuals made regular use of the drug. These users presented, compared to the group of users of other drugs, evidence of greater school damages, involvement in illegal activities, as well as problems in their social networks (especially with their families) more pronounced. Different from that found for other drugs, regular use of crack is associated with the occurrence of problems in 100% of cases. In this study it was concluded that the use of crack emerged in the late stages of drug use with most serious problems, especially with regard to studies and family relationships, as well as involvement in illegal activity⁽³⁾.

Cocaine and especially crack are drugs that may develop quickly dependence. Thus, illegal activities may be the way in which children and adolescents, who do not have their own income, acquire drugs⁽¹⁾.

Although the above exposed, data on the profile and standard of crack use in adolescents in street situation are scarce in the national literature. More information about these topics can support future actions to face this problem, which justifies studies that walk in this direction.

Objectives

This study aimed to perform an integrative review of national and international literature on the profile and pattern of crack use by children and adolescents in street situation.

Methods

The literature review is a type of study that allows the knowledge about a particular subject to be identified, analyzed and presented in a succinctly way highlighting its relevance. The synthesis of knowledge is indispensable for its applicability in the practice area⁽⁴⁾.

A literature review of the integrative type allows the literature to be examined broadly, encompassing experimental and non-experimental studies. The authors intend, through this study, to present data related to the profile and pattern of crack use by children and adolescents living on the streets.

The integrative review aims to gather and synthesize the knowledge produced about a topic, ie, allows to search,

evaluate and synthesize the available evidence for their incorporation into practice.

This type of analysis provides a review of the literature what is useful for scientific area by bringing contributions for future discussions, identifying and pointing new needs to other research in the area. The knowledge generated through integrative review can be used in the area of health policy, basing the evidence-based practice⁽⁵⁻⁶⁾. In this study, the integrative review was performed in six steps, described below:

First stage (theme and guiding question)

Through a preliminary analysis of the literature it was noticed great reference to street children and adolescents *crack* users. Seeking to promote research and focused interventions in this population, information about the needs of this population were sought which prompted the following question: What is the profile and pattern of *crack* use by children and adolescents in street situation described by the national and international literature?

Second stage (literature search)

It was performed a literature search and were selected 19 works published in the period 2000 to 2010, in English and Portuguese, available in databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval Sistem Online (Medline), Scientific Electronic Library Online (SciELO) and U.S. National Library of Medicine, National Institutes of Health (PubMed). The following descriptors were used (MeSH): street child, adolescent, crack and cocaine.

Third stage (categorization)

The information of the articles considered relevant to the research objectives were met in records to facilitate the data analysis. These records had information fields to fill such as: information on socio-demographic data, information related to family and social network, usage pattern, institutions that users frequent or frequented, among others considered important to achieve the objective of this study.

Fourth stage (evaluation of the studies)

The selected and cataloged publications were read in full and their respective records were subjected to a second reading to ensure that the relevant information of the items were present in the same.

Fifth and Sixth stages (Synthesis of knowledge, interpretation and discussion)

At this stage the data were subjected to a comparative analysis organized in tables, making it easier for the reader to evaluate the results, synthesising the acquired knowledge and making it accessible⁽⁷⁾. Through the analysis of the tables it was possible to get relevant information about the

profile and pattern of crack use by children and adolescents in street situation presented in the following section.

Results

Until the late 90's of last century, studies indicate that the predominant profile of crack users were men in poverty, aged less than 30 years old, unemployed, mostly homeless and semi-illiterate. Through the analysis of the articles, it is realized that this consumption is still dominant today in lower social classes, but in the last ten years people from higher social classes have progressively started this drug use, causing a major concern of society on this subject. The Brazilian children and adolescents in street situation began using crack in the late 80's of last century, especially in the south and southeast area. There was an increase in this consumption evidenced in surveys conducted in 1987, 1989, 1993, 1997 and 2003. This increase in crack consumption is found in several texts of national literature⁽⁸⁾.

Crack users mostly make use of multiple drugs, starting young the use of illicit psychoactive substances. Individuals with a family history of addiction or drug abuse (especially alcohol) are more likely to crack consumption. However, a study using statistical methods to associate variables to crack consumption interestingly found that individuals who had family problems associated with the use of crack were less likely to use this substance since they experienced serious consequences resulting from such use⁽⁹⁾.

After experimenting legal drugs, especially alcohol, these individuals made use of illicit drugs, coming finally to crack consumption. Marijuana is usually the first illicit drug which they make use. It was found reference that these individuals mostly also made prior use of injectable and intranasal cocaine. As the pattern of use, most people use the drug daily in quantities sufficient to consider them as "heavy" users of crack. It was also found that the pattern of crack use in individuals outside of any type of treatment is higher than in individuals in treatment (regardless of the used methodology)⁽⁸⁾.

One of the studies conducted interviews with users, and respondents reported having controlled the drug use at some point because they do not like the effects of drugs or because they perceived that the drug use was harmful to their situation, particularly with regard to involvement in illicit activities. These respondents simply decided to stop using drugs and succeeded without any professional intervention. When the supply of the drug was not available, they reported not having any trouble by not using. None of the respondents in this study seemed to regard drug use as simply positive without any negative consequence. All of them were aware that drug use was harmful, either physically or with respect to their behavior. For many, however, the drug use continued to play an important role in the condition to try and make a living on the streets⁽¹⁰⁾.

These individuals also make use of injectable drugs contributing to the transmission of various diseases. It

is also present the report of the occurrence of unplanned pregnancies due to unprotected sex^(8,9,11-13).

As stated previously, the use of crack is reported in the literature as prevalent in situations of social impoverishment among individuals in situation of various psychosocial risks and are widely present in contexts of poor housing or homelessness. Considering this context, citations are found about non-governmental organizations that assist these individuals in some way, which are an important source of social support for them. Often, individuals start using crack as a form of initiation ritual of groups. Without this use the individuals often (especially children and adolescents) are not accepted in groups which are important to facilitate their survival in the environment of the streets^(9,14).

The environment in which the individual lives is considered as the main factor in his journey of emotional development and the full maturity of the individual is not possible in an immature and ill social environment. In these places the object drug is presented as a response to the failures of social and environmental provisions⁽¹⁵⁾.

In national and international articles it is found reference of accumulation of places of purchase and crack use in the central regions of large cities, locations with large numbers of people living on the streets^(8-11, 14).

All the articles made reference to family and social ties highly impoverished. Individuals report that they leave their homes due to the economic and emotional misery, physical and psychological abuse. It was shown in some articles that in the use of psychoactive substances is the hope of removal of the disturbing and fragmented environment where there are no affective spaces. Some studies have found evidence to suggest that crack users have poorer social relationships than users of other drugs, and these individuals mostly belong to dysfunctional families where acts of verbal and physical violence are common. Also stand out the frequent reports of sexual abuse suffered by these individuals, contributing to home and/or family abandonment. The strongest relationships of these individuals are due to drug use as there is reference to links with other users of crack, collective action to get the drug (individuals come together to perform illegal activities), as well as links to the drugs suppliers^(2,9).

As a funding source for drug use, it was found, in particular, references to illegal activities such as small theft and shoplifting, prostitution and also participate in activities related to drug trafficking. In the context of child sexual exploration, drugs are mentioned in the initiation process of girls in prostitution, as a help and a way to reduce (or fitness) of the risk to acceptable values with respect to their situation of oppression and suffering. These individuals also perform informal activities such as street vendors, car keepers, beggars. There is a strong reference to abandon school activities, contributing to the low educational level of this population^(8,16-18).

There are reports of "exchanges" for drugs or foods involving sexual favors. For boys, homosexual relations, when in the passive role, are signs of weakness and lack of masculinity, not having a transitory character. Differently

for girls, for which experiments are circumstantial. Although it is not a constant, homosexuality and prostitution permeate the universe of these boys and girls^(13,19).

The health status of these individuals is aggravated especially due to unprotected sex and violence resulting in a high number of contaminations by sexually transmitted diseases. One study presents the data that 70% of crack users studied were sexually abused at some point in life. Another study conducted in the city of São Paulo showed cases of children and adolescents living on the street that suffer sexual violence daily, including reports of violence by police officers, as well as individuals who end up working and relating to persons who manage clients for prostitution^(8-9,11-13,16).

U.S. studies have detected evidence of a strong association between crack use and transactions of sex for drugs or money. This type of trading made the search for treatment by crack users increased in recent years. Despite evidence of the growing consumption of crack, it was found that few studies have been conducted to understand this use potentially compromising. In a recent survey, it seems clear the increased use of this substance in Brazil, especially in São Paulo and Rio de Janeiro. The growing use of crack is much more evident in São Paulo than in other cities; there is a significant difference in the prevalence of the use of this drug and its administration in different regions of the country⁽¹⁴⁾.

Studies have references to psychiatric comorbidities diagnosed in individuals using *crack* and multiple drugs, highlighting the reported suicide attempts, particularly among female users of *crack*. There is also the association of pathologies of the circulatory and respiratory tract, resulting from the use of these substances^(16,20-21).

The demand for health care institutions by individuals studied by articles is limited to occasional interventions in emergency rooms for the purpose of detoxification. It was found no references to actions or interventions of primary care in this population on researched articles. On average, 70% of patients admitted to hospitals for treatment of problems related to cocaine use are crack users. A study with approximately 400 crack users in Santos presented the data that at least 20% of these reported at least one episode of overdose⁽²¹⁾. It is also found the suggestion that the interventions of health professionals walk towards the overall observation, establishing individual intervention plans and also attention to specialized services⁽¹⁾.

Discussion

The results of this study are supported by previous studies. An example of this is the fact that some studies conclude that the demographic profile of crack users suffered slight changes over the last 30 years and the use is still compulsive with significant commitment of physical, moral and social of the user. The exclusive use of crack was evident here as little present since it is often associated with other drugs, characterizing these individuals as users of multiple drugs⁽²²⁾.

The literature suggests that the effects of crack are related to physical, psychological, social and financial damage, forcing their users to participate in illegal activities and making them vulnerable to infectious diseases and deaths due to external causes related to violence resulting from these activities.

The main complications of crack use related to health raised by this study are contamination by sexually transmitted diseases, injuries resulting from abuse and violence, homicide and episodes such as overdose. This finding coincides with the data raised earlier, which show data on causes of death related to the use of crack, listing, respectively, episodes of overdose, conditions arising from the HIV virus and homicides⁽²³⁾.

One can also say that the data found about prostitution as a way to get the drug are of extreme concern in the scientific literature. According to previous studies, arguments, fights, threats, robberies and drug trafficking represent the majority of crimes and violence committed by crack users. This finding was also confirmed in the results presented here, showing a prevalence of involvement in illegal activities to mobilize resources and achieve the drug⁽²⁴⁾.

The mobilization and the different ways of getting the drug are subjects of several studies, deserving attention the environment in which these children and adolescents live. Crack users seek relief from an everyday life that is traversed by different forms of oppression and few prospects for change, which is consistent with the results presented in which the socio-family environment is described as a hostile environment, with violence, poverty and negative experiences⁽²⁵⁻²⁶⁾.

The drug creates the ability of immediate pleasure which diminishes the pleasure of living other interests, in which it is possible to highlight the abandon the studies and few reports about play as a form of occupation, giving rise to the demands related to getting money in order to survive and maintenance of drug use, which intensifies the process of marginalization and exclusion of these children and adolescents⁽¹⁴⁾.

Despite this worrying picture of crack use, especially in the big cities, to be proven in the literature, this study showed that the service policies to these users do not appear deployed and implemented in these metropolises, which represents a mismatch between demand and supply care, since are carried disjointed interventions by non-governmental organizations, hospitals and other equipment without intersectoral projects, and especially without the necessary articulation of the network of integral care to people who use alcohol and other drugs.

The controlled use of crack was present in some studies related to the user's own desire to stop using or in work performed by health teams, street offices and some specialized services. These were highlighted by users as positive, however it is noted in the results that there are no reports of primary care interventions related to the crack use, which would be of utmost importance for the establishment of a network of care for this population. Taken together, the implications associated with crack use

constitute an important public health problem due to the severity of the problems associated with the abuse, being necessary the development of intervention programs and public policies to their control, being extremely importance the union of the sectors of education, social care, public safety and health , as well as the third sector initiatives, so that interventions become actually effective⁽²⁷⁾.

In relation to the vulnerability of children and adolescents, especially in the streets, little was discussed in the articles surveyed. This is a fact that stands out, since it is widely widespread that adolescence is a period of transition, both physical and emotional, making the adolescent vulnerable, particularly in relation to drugs, due to adverse conditions presented in this phase, such as the influence of the group of friends, search for the unknown, curiosity, escape from difficulties, contradiction of values established by family members, among others⁽²⁸⁾.

Conclusions

This study aimed to gather information about the profile and standard of crack use by children and adolescents in street situation. By the results raised and discussion of scientific literature, it is concluded that the use of crack is highly frequent in this population, causing health and social problems in everyday of these individuals. These are mostly marginalized individuals outside the formal system of education and employment, belonging to groups that perform illegal activities to obtain drugs, becoming increasingly vulnerable and excluded. Mostly use the drug in an “ abusive “ way, even being aware of the negative effects thereof, in association with the use of several other drugs, which exposes them to more risk because the issue of most concern with respect to drugs is not their use but their abuse, a pattern of substance use that can lead to harm to the individual.

Despite more frequent among the population of the lower social strata (highlighting individuals on the street), it currently affects society as a whole, whether as a result of this drug use, as well as suffering the social damage that result from it and reinforce.

To deal with this problem, it is necessary to involve the various sectors of society in order to organize a network of care to crack user, ie a network of integral care to users of alcohol and other drugs. This network should be able to include everything from primary care, to avoid the use of experimental drugs, until the detoxification of users. Should be involved in these actions, especially the sectors of social care, education, health and safety, to ensure full rehabilitation of patients who suffer the consequences of drug use.

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