

Crack consumption: characteristics of users undergoing treatment at a Psychosocial Alcohol-Drug Attention Center

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Objective: to characterize the sociodemographic and clinical profile of crack users attended at the Center for Psychosocial Care for Alcohol and Other Drugs (Caps AD) of a municipality in the northwestern mesoregion in the State of Ceará. **Method:** this is an exploratory-descriptive, documental and retrospective study of a quantitative approach, carried out in Caps AD, in 2014, using a form developed based on the Caps AD Reception Roadmap. **Results:** the study found the majority of crack users were men, with an average age of 25 years, singles and had not finished elementary school. **Conclusion:** the present study contributes for the health professional to know the profile, reality and challenges to be faced for this population, in which these results are based on strategies for disease prevention, health promotion and interventions based on Harm Reduction Strategies.

Descriptors: Drug Users; Mental Health Services; Cocaine; Drug; Psychosocial Support Systems.

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Consumo de crack: característica de usuários em tratamento em um Centro de Atenção Psicossocial Álcool e Drogas

Objetivo: caracterizar o perfil sociodemográfico e clínico de usuários de crack atendidos no Centro de Atenção Psicossocial Álcool e Drogas (Caps AD) de um município da mesorregião noroeste do Ceará. Método: estudo exploratório-descritivo, documental e retrospectivo, de abordagem quantitativa, realizado em 2014, utilizando um formulário desenvolvido a partir do roteiro de acolhimento do Caps AD. Resultados: constatou-se no estudo que a maior parte dos usuários de crack era do sexo masculino, com média etária de 25 anos, solteira e com Ensino Fundamental incompleto. Conclusão: o estudo contribuiu para que o profissional de saúde conheça o perfil, a realidade e os desafios enfrentados por esta população, elaborando estratégias de prevenção de doenças, promoção da saúde e intervenções fundamentadas nas estratégias de redução de danos.

Descritores: Usuários de Drogas; Serviços de Saúde Mental; Cocaína; Crack; Sistemas de Apoio Psicossocial.

Consumo de crack: característica de los usuarios en tratamiento en un Centro de Atención Psicosocial Alcohol-Drogas

Objetivo: caracterizar el perfil sociodemográfico y clínico de usuarios de crack atendidos en el Centro de Atención Psicosocial para Alcohol y Otras Drogas (Caps AD) de un municipio de la mesorregión en el noroeste del estado de Ceará. Método: estudio exploratorio-descriptivo, documental y retrospectivo de abordaje cuantitativo, realizado en el Caps AD, en 2014, utilizando un formulario desarrollado con base en la Hoja de Acogida del Caps AD. Resultados: se constató en el estudio que la mayor parte de los usuarios de crack eran hombres, con edad promedio de 25 años, solteros y no habían concluido la Enseñanza Fundamental. Conclusión: el presente estudio contribuye para que el profesional de salud conozca el perfil, realidad y desafíos a ser enfrentados para esta población, en lo que pautan estos resultados para elaborar estrategias de prevención de enfermedades, promoción de la salud, intervenciones fundamentadas en las Estrategias de Reducción de Daños.

Descriptorios: Usuarios de Drogas; Servicios de Salud Mental; Cocaína; Droga; Sistemas de Apoyo Psicossocial.

Introduction

The abusive consumption of alcohol and other drugs has increased in different regions of the world and affects large contingents of population, not only due to its effects but also due to the common association of such phenomenon with crime. This consumption has been showing to be a serious public health problem, requiring from countries concrete and effective responses. In Brazil, one of the latest drugs to be introduced was crack, whose use quickly spread – especially among populations with low economic level, becoming a subject of wide social repercussion due to the harmful and negative effects it causes⁽¹⁾.

Crack has been emphasized in the epidemiological scenario of drugs, as it has a great potential for causing dependence and damage on individual, family and social contexts. Uses of this substance have a distinct profile when compared to users of other drugs, with heightened risk factor for chronic-degenerative health problems and socially disruptive processes⁽²⁾.

Drug dependence is a multifactorial phenomenon, as it involves social, psychological, economic and political issues, related to heredity, psychopathology, peer pressure, situation and family relationships. Hence, it presents itself differently in each individual, with distinctions concerning reason for the first use, lingering into use, choice of drugs and social and family relationships of the user⁽³⁾.

Thus, one needs to prioritize a comprehensive, integral care to drug users, according to the Federal Law No. 10,216/2001, which legitimized the movement of psychiatric reform in Brazil. Such service must be provided in all levels of care of the Unified Health System (SUS), requiring that all health professionals have knowledge on risk groups of their working territory, to wisely approach this issue⁽⁴⁾. Due to the importance of the subject, the Ministry of Health has published in 2003 the Policy for Integral Care to Users of Alcohol and Other Drugs⁽⁵⁾.

In this perspective, the Primary Health Care (PHC) is referred to as the preferred gateway for mental health patients searching for a solution to their problems⁽⁵⁾. From this design, one should emphasize that the care provided to this population should be effected through the Psychosocial Care Network (Raps), which integrates health services such as the Center for Psychosocial Care for Alcohol and Other Drugs (Caps AD) and PHC, in conjunction with the Family Health Care Nucleus (Nasf), emergency rooms, and Emergency Care Units. However, there are still observable flaws in connecting these services, which led to fragmentation in the care to these individuals. Thus, the need for expanding the universal care to all used of the health care is emphasized, in order

to promote greater accessibility and effectiveness of actions that make up the Raps⁽⁶⁾.

To implement such service, it is necessary to understand crack consumption patterns and to trace of profile of the users, as one needs to first know a population to conduct an intervention in it. In addition, although the literature indicates a predominance of male users of crack⁽⁷⁾, it is believed the female population may also be a target of this substance – thus emerges the need to verify the differences in crack use according to gender.

Such study is fundamental for decision-making regarding the creation and adaptation of public policies geared towards prevention, education and treatment, understanding the incidence of crack use and acknowledging that the demand for treatment has increased in the last decade among adults, young people and adolescents, requiring increased knowledge from health professionals.

Therefore, we aim to characterize the socio-demographic and clinical profile of crack users attended at the Caps AD of a city in the northwestern mesoregion of Ceará.

Method

Exploratory-descriptive study, documentary and retrospective, of quantitative approach, held at the Center for Psychosocial Care for Alcohol and Drugs of a municipality in the northwestern mesoregion of Ceará, in 2014. The sample consisted of the medical records of users with F19 diagnosis, according to the International Classification of Diseases⁽⁸⁾.

The research universe corresponded to 239 medical records of crack users. As a criterion for inclusion, were chosen medical charts that were filled full of patients seen throughout 2014. Of these charts, 26 were excluded due to unreadable filling and unavailability for collection, diminishing thus the sample. Hence, the sample consisted of 213 medical records of crack users attended at the Caps AD.

For data collection, we used a form developed based on the Caps AD Reception Roadmap, including questions on gender, age, marital status, educational level, consumption frequency and pattern.

Consumption patterns referred to in the literature and recognized by WHO are: recreational use, harmful use/abuse, and dependence. In the recreational use pattern, the user consumes drugs in convivial or relaxing social contexts, usually in groups. The immediate purpose of consumption is associated with moments of leisure and relaxation. This level does not imply dependence and brings no physiological, psychic or

social problems to the user. Usually, this is related to the consumption of illicit drugs⁽⁹⁾.

The harmful use of drugs (also called abuse) and the dependence, as they led to harmful consequences to the user's body, arouse several approaches on the part of Health Sciences studies and demand a more thorough analysis⁽⁹⁾.

The harmful use of drugs is listed in the 10th Revision of the International Statistical Classification of Diseases (ICD-10) by WHO under code F19.1, being defined as a condition in which the use of a substance leads to impairment to health, with physical or mental complications. It is the same as abuse.

Dependence, in turn, implies the harmful use of chemicals, but with typical traits of tolerance, withdrawal syndrome and compulsion. In ICD-10 (code F19.2), this is called dependence syndrome⁽⁹⁾.

To support the systematization of data analysis, a database was developed in the Microsoft Excel (version 2010), considering the variables used in the data collection instrument. Thus, documentary and cross-sectional studies were presented through tables, using descriptive statistics.

Data were further analyzed in the Statistical Package for the Social Sciences (SPSS – version 21.0), using descriptive statistics with calculations of absolute frequency, percentage, and significance tests such as Chi-square ($\chi^2_{(3)} = 0.198$; $p = 0.978$) and ANOVA.

This study is part of a larger research entitled: "Clinical comorbidities in crack and alcohol users under treatment at the Caps AD of a municipality in the northwestern mesoregion of Ceará," approved by the Scientific Committee of the Secretariat of Health and Social Action of Sobral and by the Research Ethics Committee of Research With Human Beings of the State University Vale do Acaraú (UVA) under protocol 447,473.

Results

Table 1 shows the socio-demographic data of the crack users. One can see that most users were male ($n = 156$; 76.5%) and were between 11 and 47 years old, with an average of 25.6 years ($SD = \pm 7.7$). Of these, 129 were single (60.8%) and, regarding education level, 114 had not completed the elementary school (53.5%).

Regarding frequency of use, Table 2 shows that 162 (79.8%) consumed crack daily and 36 (17.7%), weekly. As for the consumption pattern, 73 (36.5%) showed harmful use and 68 (34.5%) were dependent. The criterion used for consumption pattern was observational, from the patient's clinic, considering the extent to which crack would have an influence on their activities of daily living.

Table 1 - Sociodemographic characteristics of crack users attended at Caps. Sobral, CE, Brasil, 2014

	n	%
Sex (n = 204)		
Male	156	76.5
Female	48	23.5
Age (n = 213)		
Average = 25.63	Min = 11	
Standard deviation = 7.78	Max = 47	
Marital status (n = 212)		
Single	129	60.8
Married	29	13.7
Living with partner	47	22.2
Divorced	7	3.3
Education level (n = 213)		
Illiterate	129	60.8
Some Elementary School	114	53.5
Elementary School	10	4.7
Some Middle School	41	19.2
Middle School	29	13.6
Some Higher Education	2	0.9
Higher Education	2	0.9

Table 2 - Consumption pattern of crack users attended at Caps. Sobral, CE, Brasil, 2014

	n	%	Missing cases
Frequency of consumption			
Daily	162	79.8	
Weekly	36	17.7	
Monthly or sporadically	5	2.5	
Total	203	100.0	There are 10 missing values (5.1% of sample)
Consumption pattern			
Recreational	13	6.6	
Abusive	44	22.3	
Harmful	72	36.5	
Dependent	68	34.5	
Total	197	100.0	There are 16 missing values (7.9% of sample)

Table 3 shows that, from crossing the data of consumption frequency with gender, 46 crack users were female, and of these, most preferred to use the drug on a daily basis ($n = 42$; 91.3%). In a comparison with the males, which represented a total public of 147 users, 112 (76.2%) of them presented daily consumption. Nonetheless, the differences observed are not statistically significant, according to the Chi-square test ($\chi^2_{(2)} = 5.264$; $p = 0.072$).

Table 4 highlights the percentage of crack consumption in a recreative manner is higher for males ($n = 9$; 6.3%), whereas the harmful use is higher for females ($n = 17$; 38.6%) when compared

to the total amount of female users selected in the study. However, the differences observed are not statistically significant, according to the Chi-square test ($\chi^2_{(3)} = 0.198$; $p = 0.978$).

Table 3 - Relation between frequency of use and gender. Sobral, CE, Brasil, 2014

Sex		Frequency of consumption		
		Daily	Weekly	Monthly or sporadically
Male	n	112	31	4
	% in the gender	76.2%	21.1%	2.7%
Female	n	42	3	1
	% in the gender	91.3%	6.5%	2.2%

Table 4 - Relation between consumption pattern and gender. Sobral, CE, Brasil, 2014

Sex		Consumption pattern				
		Recreational	Abusive	Harmful	Dependent	
Male	n	9	33	53	49	$\chi^2_{(3)} = 0.198$
	% in the gender	6.3%	22.9%	36.8%	34.0%	
Female	n	2	10	17	15	$p = 0.978$
	% in the gender	4.5%	22.7%	38.6%	34.1%	

Table 5 - Relation between frequency of crack use and marital status. Sobral, CE, Brasil, 2014

Marital status		Frequency of consumption			
		Daily	Weekly	Monthly or sporadically	
Single	n	102	18	3	$\chi^2_{(6)} = 7.585$
	% in the status	82.9%	14.6%	2.4%	
Married	n	17	9	1	$p = 0.270$
	% in the status	63.0%	33.3%	3.7%	
Living with partner	n	34	9	1	
	% in the status	77.3%	20.5%	2.3%	
Divorced	n	7	0	0	
	% in the status	100.0%	0.0%	0.0%	

In addition, the relation between frequency of use and marital status was also analyzed, as shown in Table 5, in which one can see the predominance of daily consumption of crack by 100% ($n = 7$) of the divorced, 63% ($n = 17$) of the married, and 82.9% ($n = 102$) of the single ones. The percentage of weekly users ($n = 9$; 33.3%) and those who use monthly or sporadically ($n = 1$; 3.7%) is higher for married people; however, the differences observed are not statistically significant according to the Chi-square test ($\chi^2_{(6)} = 7.585$; $p = 0.270$).

Discussion

The analysis of data obtained from the medical records showed the consumption of crack by users with age ranging from a minimum of 11 and a maximum of 47 years old, as well as an average of 25.63 years of age, male, single, and who have not completed elementary school. In this perspective, studies⁽¹⁰⁾ have shown the

young population becomes vulnerable, as this is a critical stage of human development and is characterized by a tendency to risk behaviors such as the use of illicit drugs. Therefore, when the drug use starts early, the period through which the use continues tends to be longer, thus increasing the chances of developing dependence.

Such demographic findings resemble those of other studies^(11,12) already carried out, which show that most of those dependent on psychoactive substances were male, ranging in age from 19 to 49 (average of 25.9), with predominance on the age range from 21 to 30 years old, and who have received little education, similar to the mean age presented in this study (25.6 years of age).

Regarding the education level of the sample, the number of users who have not complete Elementary School was very high ($n = 114$; 53.5%). The prevalence of low educational level is in agreement with a study⁽¹¹⁾ that describes the profile of crack users in a psychiatric hospital, noting that most participants were single

(n = 43; 81.1%) and had low education levels, as 58.5% of them had not completed Elementary School.

Regarding the low educational level, one can see that young users of substances abandon school, since the search and consumption of the product start to be the priority; in addition, they present poor performance and learning disability, resulting from cognitive deficiencies caused by the frequent use of crack^(13,14). Therefore, entrance in the labor market becomes harder due to the lack of professional qualification and, consequently, the unemployment increases among this public⁽¹³⁾.

Furthermore, crack is a drug with a high potential for addiction and, consequently, causes social exclusion, aggressiveness, and family breakdown, resulting in fragile social and family relationships⁽¹⁵⁾, which justified the marital status of single that prevails in this study.

In this sense, one may observe how greater is the consumption frequency among single users, corroborating the study that states that an individual alone, without a partner or a positive family relationship, usually increases the use of substances in general as a way to suppress this absence, which reinforces the importance of family in this process, acting as a protective factor against drug consumption⁽¹⁶⁾.

The use of this drug has been increasing out of proportion, representing a relevant public health problem. Among the main risk factors for dependence, are: drug use by parents or relatives, low perception of parental support, and less practice of physical activities, which lead to low levels of quality of life and increase the chances of use of psychotropic substances, as well as other risk behaviors⁽¹⁴⁻¹⁷⁾.

Data from this study indicate a great variation in the frequency of crack consumption, with the prevalence of daily use (n = 162; 79.8%) and a harmful consumption pattern (n = 72; 36.5%), followed by dependence (n = 68; 34.5%). This is in agreement with another study⁽¹⁸⁾ that states this increased frequency of use can progress as a result of organism adaptation, as the effect of the substance is less intense and more ephemeral for those who make a daily use of it and so, to obtain the same results, users increase consumption and dose. Specifically about crack, users can consume drugs for nine consecutive days and only stop upon physical, psychological or financial breakdown⁽¹⁹⁾.

When one tries to relate frequency of crack use and gender, the percentage of recreational users is higher among males (n = 9; 6.3%), whereas the harmful pattern is more frequent among females (n = 17; 38.6%). We observed that women have a higher frequency of crack consumption since, of the 46 users analyzed, 42 used the drug daily (91.3%). The harmful use of crack shows a degree of aggressiveness towards the own body,

a direct relation with comorbidities, leading to mood, anxiety, and psychotic disorders.

Hence, it should be noted that the presence of female users of crack requires attention, as these are more vulnerable to other harms to health, such as sexual abuse and prostitution⁽²⁾. Thus, an important difference to be considered in the female public is that the process between onset of use, early symptoms of dependence, and search for treatment is faster⁽²⁰⁾.

Another study⁽²¹⁾ addresses the use of drugs by women, sensing a similarity in drug consumption that is justified by changes in the lifestyle of these women, currently more active in the labor market and facing higher charges. Given this context, the woman drug user is placed in a situation of higher fragility, in which she is stigmatized twice: initially for fleeing the conventional female role within society and, secondly, by taking drugs.

Faced with such problem, there is a need to expand and practice existing policies, in order to implement the programs and processes of integrated and intersectoral intervention that address actions related to health promotion, prevention, awareness and information on the risks of crack consumption. In this perspective, the harm-reduction policy is one of the main approaches used currently, being more flexible, seeking the gradual reduction of damage cause by drugs, as well as actions of information, education, and advice for users⁽²²⁾.

Conclusion

We found that most crack users were male, with average of 25 years old, single, and with incomplete elementary education. We also noted the harmful consumption of crack is prevalent among women, despite male users showing a higher use in general. This research revealed the reality of crack users who were under treatment at the Caps AD of a municipality in the northwestern mesoregion of Ceará, and there was a striking resemblance to the reality faced by crack users around Brazil, as revealed by other studies.

Thus, this study contributed for the health professional to know the socioeconomic profile of these users, as well as issues that permeate the drug consumption patterns and frequency, raising awareness on the early use of crack, which leads to numerous damages in adult life. Therefore, difference actions aimed at preventing the use of such substances by young adults become necessary.

We highlight, as a limiting factor of the study, the un-systematic filling of some medical records, hindering the analysis of variables relevant to this research. Thus, we should emphasize the importance of raising awareness among health services professionals to the

fulfilling of socio-demographic characterization and evolution of the patient's clinical framework, facilitating a holistic and individualized care.

In addition, we propose the elaboration of other studies to contribute to a better understanding of this population, aimed at strengthening the existing public policies, which have been generating satisfactory results in the model of assistance to chemical dependents between different genders.

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