SMAD, Rev. Eletrônica Saúde Mental Álcool Drog.

2020 July-Aug.;16(4):58-64

DOI: 10.11606/issn.1806-6976.smad.2020.163178

www.revistas.usp.br/smad/



Original Article

Reasons and feelings that link crack use to suicide attempt*

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Objective: to know the reasons and feelings that influenced crack users to attempt suicide. Method: qualitative research carried out at a Psychosocial Care Center for Alcohol and other drugs. Ten users participated in the study. Semistructured interview and thematic analysis were performed. Results: social vulnerability, first contact with the drug and the time of use associated with abuse were factors that influenced the depressive symptoms and lack of motivation to live and that served as a trigger for attempted suicide. Conclusion: the reasons elected by the participants to end their lives expose, to health professionals, the need to qualify listening and attending in a way that welcomes the individual and social demands of people who use crack.

Descriptors: Crack Cocaine; Suicide; Suicide, Attempted; Health Care.

How to cite this article

Weiser AV, Oliveira MM, Ramos CI, Weiss CV, Lemos DSC, Silveira KL. Reasons and feelings that link crack use to suicide attempt. SMAD, Rev Eletrônica Saúde Mental Álcool Drog. 2020;16(4):58-64. doi: https://dx.doi.org/10.11606/issn.1806-6976.smad.2020.163178

^{*} This article refers to the call "Self-inflicted violence: nonsuicidal self-injury and suicidal behavior".

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Motivos e sentimentos que conectam o uso de *crack* à tentativa de suicídio

Objetivo: conhecer os motivos e os sentimentos que influenciaram usuários de *crack* a tentar suicídio. Método: pesquisa qualitativa realizada em um Centro de Atenção Psicossocial Álcool e outras drogas. Participaram do estudo dez usuários. Realizaram-se entrevista semiestruturada e análise temática. Resultados: a vulnerabilidade social, o primeiro contato com a droga e o tempo de utilização associados ao uso abusivo foram fatores que influenciaram os sintomas depressivos e a falta de motivação para viver e que serviram de gatilho para a tentativa de suicídio. Conclusão: as razões eleitas pelos participantes para terminar com a sua vida expõem, aos profissionais de saúde, a necessidade de qualificar a escuta e o atendimento de forma a acolher as demandas individuais e sociais das pessoas que utilizam *crack*.

Descritores: Cocaína Crack; Suicídio; Tentativa de Suicídio; Atenção à Saúde.

Razones y sentimientos que relacionan el uso de crack con el intento de suicídio

Objetivo: conocer los motivos y sentimientos que influyeron en los usuarios de crack para intentar suicidarse. Método: investigación cualitativa realizada en un Centro de Atención Psicosocial Alcohol y otras drogas. Diez usuarios participaron en el estudio. Se realizó una entrevista semiestructurada y un análisis temático. Resultados: la vulnerabilidad social, el primer contacto con la droga, la duración del uso asociado con el abuso fueron factores que influyeron en los síntomas depresivos y la falta de motivación para vivir, lo que desencadenó el intento de suicidio. Conclusión: las razones elegidas por los participantes para el final de sus vidas exponen a los profesionales de la salud a la necesidad de evaluar la escucha y la atención para satisfacer las demandas individuales y sociales de las personas que usan crack.

Descriptores: Cocaína Crack; Suicidio; Intento de Suicidio; Atención a la Salud.

Introduction

Although crack is not the most widely used illicit psychoactive substance in Brazil⁽¹⁾, the impact on the physical and social integrity of users makes abusive use and addiction a public health problem. The World Health Organization (WHO) pointed out in its report that substance abuse is a risk factor for suicidal behavior, since both are influenced by social, psychological and cultural factors⁽²⁾.

The literature shows a much higher prevalence of attempted suicide among addicted people (32.52%) compared to the general population (2.8%)⁽³⁾. This increase may be related to the unfavorable bio-psychosocial context in which the substance user finds himself, especially crack users.

The profile of crack users, studied by the Oswaldo Cruz Foundation in use scenes, showed that the substance is predominantly used by men, non-white, up to 30 years old, single, with low schooling, no income and among people in street situation⁽⁴⁾. It is also observed that the abuse of crack can reflect in emotional overload resulting from family and social conflicts, in view of the difficulty in maintaining relationships that can survive the conflicts generated by the abuse of psychoactive substances⁽³⁾.

Psychiatric comorbidities associated with the abuse of crack can also occur, which act as an aggravating factor, inducer and/or perpetuator of the condition of dependence or substance abuse. Mood and anxiety disorders, for example, increase the risk of suicide in users of psychoactive substances⁽⁵⁻⁶⁾.

The objective of this study, considering the importance of knowing the circumstances and thoughts involved in suicide ideation, was to provide effective care to these crack users in vulnerable situations, to know the reasons that lead crack users to suicide attempt, as well as the feelings involved.

Method

Qualitative, descriptive and exploratory study carried out at the Psychosocial Care Center for Alcohol and other drugs (PSCC AD) located in the city of Pelotas, in the extreme south of Brazil. Ten crack users who had already committed suicide attempts were invited to participate in the study.

The participating users were identified with the letter U, shortening the word "user", followed by a number, this being from one to ten. Example: U10. The survey participants were indicated by the technical team of the service. Inclusion criteria were: being a crack user (not exclusively); having at least one suicide attempt

in his or her history and being in physical and mental condition to respond to the interview. There were no exclusion criteria, since all the users registered in the service in which there were records of attempted suicide were interviewed.

The data was collected from a semi-structured interview, recorded and applied individually in a room reserved for the guarantee of anonymity. The collection was carried out in September and October 2013. Thematic analysis of the data was used, which follows the following criteria: pre-analysis, data exploitation and data processing⁽⁷⁾. The work complied with the ethical principles in research, obtaining the authorization of the Committee of Ethics in Research from the opinion number: 22516713.1.0000.5316.

Results

Ten people who used drugs and attempted suicide participated in the study. Of these, eight were male and were between 17 and 36 years of age. With regard to schooling, most did not complete primary school or were not literate, including adolescents. Regarding professions or occupations, none of the interviewees had a fixed employment relationship at the time of the interview and most of them were linked to informal work, such as general services, garbage collectors, bricklayers and vigilantes. Some used prostitution as a source of income, as can be seen in the following statements.

- [...] At seven o'clock at night, I was going to Rio Grande to do a show. (U1)
- [...] but I'm gonna have to use it, so I just went to the corner, made some money on the block. (U2)

Several factors may be related to the use of psychoactive substances and attempted suicide. In view of this, it is important to understand how the beginning of the use of crack occurs, from the first contact with the drug. Participants in this study reported that curiosity, the influence of friends and family, lack of knowledge about the consequences of using the substance and even its presence in the "pitico" (marijuana cigarette) and use of another substance influenced the experimentation of crack, as can be seen in the reports below.

I started using crack because I had a boyfriend... and he was a crack user and I was a cocaine user... And when I arrived, he was in a state of calamity and I didn't understand... sometimes he ran away from me and I looked for him, I couldn't find him...and then I said to him like this: "that m... even crap because you're not gonna, uh, stay with me, uh, to stay with that crap." Then he said, "Oh... you don't understand why you don't use it." And I got it then, I'm gonna use this crap to see what it feels like to me. I ended up using the crack. (U1)

Yeah, the reasons weren't for me. Five years ago I was smoking marijuana on the corner with some friends and I didn't see that it was "pitico", that there was a rock in the middle of the marijuana, so I smoked it and from there I liked it, I kept using it. Five years ago I've been smoking marijuana with stone. (U5)

[...] because I only smelled it before, but then I didn't have any more money to smell because I talked. The dust got more expensive and then I started smoking crack, which was cheaper. From then on I started smoking, until yesterday. Then I spent six years, seven years smoking. (U8)

Regarding the use of crack with the suicide attempt, it was found that some were in a period of use, others were in abstinence, and one of the users was hospitalized at the time of the suicide attempt. No mention was made of the relationship of attempted suicide to withdrawal symptoms. In the reports, there is a relation that, after the abusive use of the drug, people found themselves without alternatives, without knowing how to act and found in the suicide a way to end the suffering.

Ah, the drug, nah, because of the drugs. I didn't know what else to do, so... (U7)

A lot of drugs, we don't see where to go anymore and in the last case we really try to kill ourselves. You don't see a way out. (U4)

Yeah, use, use, when you see, there's no way out [...] at the moment, you don't think, I with that, I want to smoke and make out. When it was wearing off, there was depression, that's what I did. (U8)

When I use there, when I see it, it's all over, and then I try to kill myself, and then I have no reason to "be" alive anymore, there is depression, I mean, my life is no longer fixed... I used directly and had no solution anymore, I didn't have it, I threw it all away, I didn't have it anymore. (U9)

The participants reported that after some time of using the substance associated with abusive use, they began to feel depressed and unmotivated to live, facts that served as a trigger for attempted suicide, as can be seen below.

It was after a certain amount that I used, I went into depression. For certain reasons, it's loneliness, panic, fear, that's what led me to do, to try suicide. (U1)

[...] there, depression on top of depression, there, you bah... smoked even more, then a day goes by, then two, then you lose control. Then you're all drugged up, then you wake up in the morning, bah, how am I gonna get money to smoke today!? (U5)

It was sought to understand whether the participants in this study carried out the suicide attempt knowing the likely outcome of the act, i.e. death. Some lines indicate that yes, so a deepening of the motivations for committing suicide was sought. The feeling of anger/return at their current situation was cited by some users; others mentioned the family.

I wanted to die anyway, if not, one way, another way. If I couldn't kill myself using it, it would kill me [...] fear, the will to really die, I didn't want that situation anymore, but I couldn't get rid of it [...] revolt, it is, revolt. Saudade, a fear, loneliness. (U1)

I, in the hour of desperation, I felt in despair, nay, I really wanted to die, until the hour of repentance that you gave me, but at the point I did that there, I wanted to die [...] anger, sorrow, a lot of sadness is what I remember most of that situation, that moment. That thing like that, it was a sadness, with anger, with sorrow, all together. It was such a strong feeling that it is inexplicable. (U4)

I wanted, I wanted to kill myself because I could no longer stand myself, I had had enough of myself [...] not only had I destroyed my life, but also that of my relatives, nah. Since I was suffering, they were suffering too, so it's a pain not only for me but also for them. The fathers, the mothers, the brothers suffer much more. (U8)

My daughters, I regretted distancing myself and doing what I did, I was ashamed. (U1)

[...] I argued with my father, it was an argument, we argued and I went there and tried to kill myself. I've cut myself several times. (U2)

I felt for my mother alone, I looked back, I'd lost everything to drugs. It's a feeling of guilt. (U9)

After the suicide attempt, participants reported being frustrated with the family's support and support for not receiving the help they had hoped for. In contrast, even amidst hurt and trauma, it was the family of some participants who were the only ones to provide help after the users attempted suicide.

I wish we had more support, [...] I think we should have more support for people who live in the street, you know. (U1)

It has no support from anyone; yeah, I look back, I'm exhausted. (U2)

No one because everything I did I kept to myself. (U8)

Some participants in the study also mentioned the family as a support network.

Ah, my wife who was helping me and took me to the sanatorium. (U6)

Ah, I had support, help from my wife in the first place, who was with me at the time, and from my parents who, together with her, committed me. (U5)

I received support from my sister, neh, during; I remember they called her when I had my wrist open and she came and took me to the hospital and she always supports me. (U1)

In this context, we tried to analyze the existence of intervention of some health service and, mainly, of PSCC AD where the study data was collected. It should be noted that most of the participants in the study, when they made their suicide attempts, had not yet undergone treatment in PSCC AD. However, one of the users, who already had a link with the service, evidences that he received help after the attempt.

[...]Until that time I was with a psychologist in the treatment at PSCC and she told my mother to take it to the ER and not to have the risk of death, right, and there they treated me [...] was the only person I remembered to count on her even to know how was the procedure to do even because I had repented. (U4)

Discussion

The theme of suicidal ideation related to the use of SPA presents itself as a challenge in the literature due to the scarcity of localized studies. One of the points involved in the use of substances is the profile of crack users which, in this study, is similar, in part, to the data presented in the III National Survey on Drug Use by the Brazilian Population - LENAD, in which most of the users of illicit substances are men in the young adult age bracket.

As for schooling, since it does not present a category of analysis of crack but of illicit substances in the same group (crack, cocaine, etc.), the data show that the higher the level of schooling the greater the use of the substances⁽¹⁾ which is different from the profile found in this study. In addition, a study⁽⁵⁾ showed, in its data, the majority being men and in the same age group.

In another study⁽⁸⁾, over 70% of the participants were unemployed or out of work. In addition, the authors drew attention in their research to the relationship between living on the street and the use of crack, reinforcing that this living condition ends up associating to the user a series of other social vulnerabilities. In this same study, the need for completeness in crack user care and the evaluation of depressive symptoms were pointed out, since most of the interviewees showed a desire to die or give up life. A study conducted in six Brazilian capitals with crack users assisted in PSCC AD revealed that more than 50% had depressive symptoms. Living on the street, using a drug that involves numerous stigmas and prejudices, low schooling, no employment link and the distance from families have appeared recurrently in literature as significant crossers in the lives of these subjects.

On social vulnerabilities, the use of psychoactive substances, in life situations of vulnerability and poverty, can appear as a way to alleviate the suffering and pain of living on the social margin⁽⁹⁾. It is revealed, in the case of the beginning of substance use, that the majority of the participants made association with the social group of conviviality or even the family supporting, what was seen in another study (boyfriend, people who smoked together)⁽¹⁰⁾.

The relationship between crack use and attempted suicide is one of the components that need to be addressed in the treatment of the psychoactive substance user. As in this study, other research⁽¹¹⁾ highlighted that the use of drugs, as well as the experience of violent situations, is a factor associated with attempted suicide among young people in Brazil, facts that reinforce that suicide is a problem that needs to be further studied and thought through in Brazilian society since the numbers are alarming (11,821 cases in 2012)⁽⁵⁾. Another study, corroborating the data presented so far, showed that being a street dweller and a crack user appear as factors that attribute more risk to suicide attempts⁽⁸⁾. And another study⁽¹¹⁾ showed that 46% of alcohol and other drug users had already attempted suicide.

As for the perception of oneself, many of the participants show, in their speeches, the giving up of their life perspectives, which is in line with the work published in 2013⁽¹²⁾ in which people reported the "loss of enchantment" for their life. This loss of enchantment can also be associated with the suffering of being socially excluded and the stigma suffered by users, and the way the media present these users reinforces life on the margins of what is socially accepted⁽¹³⁾.

It was found in a study⁽⁹⁾ that crack users are more involved with illicit activities and have lived on the street. Again, the observable character and the difference of crack users compared to the use of other substances are discussed. The very exposure of the use that, for the most part, is carried out in the street makes the use of the drug the object of speculation and observation carried out by society, as opposed to using the substance inside the homes in more protected spaces. About the symptoms of depression, they appear as a factor that will influence the higher risk of attempted suicide in accordance with the results presented in this study^(5,8,14).

The family appears both as a risk factor and as a protection factor according to the results shown in this study and in others also performed with people who use crack^(10,14-15). Still in relation to the family, another study⁽¹⁴⁾ pointed out the importance of having, in its history, the support of family members as a relevant and protective factor.

To help people who use psychoactive substances, one should think about the strategies of care and assistance and, at this point, the importance of attachment and trust⁽¹²⁻¹⁵⁾. It is important to stress that trust and work need to focus on the support of family and services.

This study has limitations as to the collection having been performed with users of only one service, which restricts the data to this source. In addition, the subject of suicide ideation presents itself as an object difficult to access in research due to the density of the subject.

Final considerations

This study aimed to know the reasons that lead crack users to attempt suicide. The use of substances can be evidenced in the results as causing a loss in the meaning of their life and making the attempted suicide a possibility of relief from the pain experienced. It is also worth mentioning in the debate how much social exclusion and the feeling of doing something considered wrong and undignified by society corroborate the suffering already experienced by users.

The reasons why the participants list the choice to end their lives exposes to health professionals the need to qualify listening and care in order to welcome the demands of people who are so suffering and alone.

Knowing the socio-demographic profile of the participants can help in strategies to prevent suicide attempts, as well as guide actions within the health services that help promote psychic health far beyond being abstinent or not.

It is important to highlight treatment in freedom as a way of enhancing the importance of the subject's life in therapy and not just his treatment. Its social context, family and social network, return to studies and life projects can help to prevent the worsening of depressive symptoms and suicide attempts.

This work contributes to broadening the debate on crack use beyond individual issues, taking into account social issues and life contexts.

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All authors approved the final version of the text.

Conflict of interest: the authors have declared that there is no conflict of interest.

Received: Oct 13th 2019 Accepted: July 29th 2020

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