

## REPRESENTATION OF CRACK ADDICTS RELAPSE

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Crack has become, in recent decades, a public health in Brazilian society. This study aimed to verify the relapse representations of crack addict, according to Moscovici's theory. We conducted this study with six participants who were in chemical dependency treatment in a therapeutic residence. For data collection we used a semi-structured interview, the data processing was performed with Content Analysis. The results point to respondents' difficulty to succeed the detoxification and abstinence objectives. We conclude that the idealization of abstinence objective is inseparable from the constant threat of relapse represented as any psychoactive substance consumption during or after treatment.

Descriptors: Social Behavior; Recurrence; Crack Cocaine.

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## REPRESENTAÇÃO DA RECAÍDA EM DEPENDENTES DE CRACK

O crack tornou-se, nas últimas décadas, uma problemática de saúde pública, na sociedade brasileira. Esta pesquisa teve como objetivo verificar as representações da recaída em dependentes de crack à luz da teoria de Moscovici. O estudo foi realizado com seis participantes, que estavam em tratamento de dependência química em uma residência terapêutica. Para coleta de dados foi utilizada uma entrevista semiestruturada; o tratamento dos dados foi feito com a Análise de Conteúdo. Os resultados apontam a dificuldade de os entrevistados ultrapassarem a desintoxicação e a meta da abstinência. Conclui-se que a idealização da meta da abstinência é indissociável da constante ameaça de recaída, representada como qualquer consumo de substância psicoativa durante ou após o tratamento.

Descritores: Comportamento Social; Recidiva; Cocaína Crack.

## REPRESENTACIÓN DE LA RECAÍDA EN DEPENDIENTES DE CRACK

El crack se volvió, en las últimas décadas, una problemática de salud pública, en la sociedad brasileña. Esta investigación tuvo como objetivo verificar las representaciones de la recaída en dependientes de crack a la luz de la teoría de Moscovici. El estudio fue realizado con seis participantes, que estaban en tratamiento de dependencia química en una residencia terapéutica. Para recogida de datos fue utilizada una entrevista-semiestruturada, el tratamiento de los datos fue hecho con el Análisis de Contenido. Los resultados apuntan la dificultad de que los entrevistados sobrepasen la desintoxicación y la meta de la abstinencia. Se concluye que la idealización de la meta de la abstinencia es indisociable de la constante amenaza de recaída, representada como cualquier consumo de sustancia psicoactiva durante o después del tratamiento.

Descriptores: Conducta Social; Recurrencia; Cocaína-Crack.

### Introduction

One of the biggest challenges about psychoactive substance dependence is the relapse. Despite expressions of concern of Brazilian society and some alarm over the increasing visibility of psychoactive substances in diverse social contexts, knowledge about *crack* are still incipient<sup>(1-2)</sup>.

As emphasized by researchers on the thematic “among psychoactive substances addicts seeking treatment, cocaine and *crack* still have the highest abandonment rate”<sup>(2)</sup>. Drug use resists psychological intervention. Even maintaining abstinence, artificially, through hospitalizations, relapses seem inevitable. In one side, there is the *crack* user and peculiarities of the addict individuals, and, on the other hand, the need for complex multiprofessional and interdisciplinary treatment, with actions on relapse process and management for any lapses.

However, there are different ways to approach and use the relapse concept and phenomenon. Since the most Manichean and naive to the most realistic and controversial. While some people tend to follow a abstinence/relapse dichotomous, i.e., the centrality of the phenomenon is the psychoactive substance. Therefore, dependence comprises the abstinence violation and will cause the previous pattern of psychoactive use, meaning the end of the relapse<sup>(3)</sup>. This dichotomous view that the person is sick or healthy has been described about relapse. It becomes a characteristic of traditional chemical dependency treatment and self-help groups, centered in total abstinence proposed. It is almost impossible to the individual not to stay in these two exclusive universes, or transit between them. That is, the addict people experience the conflict dimension to use or

not the psychoactive substance constantly after having an abstinence commitment. Other people seek a dimensional idiosyncrasy perspective, being a specific condition of whom experiences this situation, that evidences it “(...) the importance of the relapse process as an interactive process and floating can never be interrupted in some individuals”<sup>(4)</sup>.

It is also important to distinguish between “lapse”, which is the sporadic use of the substance, and “relapse”, which refers to the usage prior to the start of the intervention<sup>(5-6)</sup>. It may result when there is a positive change over the person’s behavior. However, in individuals who experience a “lapse” or even a “relapse”, violating abstinence, there is an affective component, that is related to feelings of shame, guilt, anger and hopelessness triggered by the discrepancy between their previous abstemious identity and their current lapse or relapse behavior<sup>(7-10)</sup>. “The use of substance after a period of abstinence - is a frustration, but it is part of the recovery process. High rates of relapse are found for several substance abuse, including opiates, cocaine, alcohol and tobacco. Most patients use some substance in the first year following treatment. The first thirty days after treatment are especially vulnerable. While many addicts acquire a permanent state of sobriety after several treatments, many others do not reach this condition. The objective of permanent abstinence is achieved by less than half of treated patients”<sup>(11)</sup>.

The different uses of the concept are difficult to compare between relapse studies, especially in the Brazilian population that has its specificities. Still regarding difficulties, the fact to be noted is that studies of these authors were carried out primarily with alcoholics. Another significant factor is relating relapse as a reinstallation of use pattern. Thus, the quantitative approach of the concept obscures the process and the consequences of relapse in users/addicts of *crack*.

The concept of social representation<sup>(12)</sup> is characterized through “a system of values, ideas and practices with a twofold function: first, to establish an order which will enable people to be guided in their material and social world and control it; and, secondly, to enable the communication is possible between members of a community by providing them with a code for naming and classifying, unambiguously, several aspects of their world in their individual and social history”.

Social representations have two functions, “first, they turn objects, people or events into patterns. They give them a definite shape, locate them in a particular category and gradually put them in a specific model, distinct and shared by a group of people. [...] Second, representations are prescriptive, i.e., they impose upon us with irresistible force. This force is a combination of a structure that is present even before we begin to think and a before tradition that decrees what must be thought”<sup>(12)</sup>. Therefore, the theory is that human interactions presuppose representations between two people or between two groups, which task is to create and send them. Once created, however, they acquire life of their own, circulate, meet, attract and repel each other and give opportunity to the birth of new representations, while the old representations die<sup>(12)</sup>.

## Objective

To investigate the representation of *crack* addicts relapse, admitted for treatment, in order to understand the dynamics of this phenomenon.

## Method

It is characterized as exploratory, descriptive and inductive study, starting from observation of facts or phenomena which causes are important to understand<sup>(13)</sup>. The approach is qualitative; works with the universe of meanings, motives, aspirations, beliefs, values and attitudes which corresponds to a deeper space of relationships, processes and phenomena that cannot be reduced to variables operationalization<sup>(14)</sup>.

### Participants

The study was conducted with six male patients between 18 and 50 years old. All of them had a history of relapses and were under treatment for disorders related to the use of *crack* in a Therapeutic Residence for drug addicts, in São Paulo, Brazil.

### Instruments

We used a semi-structured interview.

### Procedures

The contact with the co-research participant therapeutic center was established with the institution responsible, who was receptive and readily accepted hosting the research project. After institutional approval, the residents, in treatment, were invited to participate in the study. All of them agreed and signed the consent form, and after it was scheduled a period for interviews, conducted and recorded in a room of the psychological care of the institution.

### Data treatment

The obtained data were transcribed and processed by content analysis<sup>(15)</sup>. We have adopted the “fluctuating readings” technique<sup>(15)</sup> to establish the cuts and assessments of the interviews. We avoid value judgments and we preserved an empathetic treatment attitude of the obtained material. Thus, data analysis can be considered an interactive process, researcher - interviewee. Their answers were grouped according to categories related to the objective of this research.

## Results and discussion

The results were distributed according content thematic analysis, in five categories and two subcategories. We could verify, for the representation of relapse expressed by participants (P), that *crack*, cocaine and other psychoactive substances abstinence appears to be the treatment objective.

*Category 1 - Relapse: any substance use during or after treatment*

P1 – (...) *So I said, since I have relapsed I'll get lost. Because I have made a mistake once, if I drank a sip or a liter or several doses I had relapsed in the same way (...) sic.*

P2 {ut3 – (...) *My relapse was one day, two days, I smoked five stones in a day, five in the other day (...) sic.*

P3 – (...) *We went to the supermarket and I saw some cans of beer without alcohol, then I said: "Look, beer without alcohol. Can we take four?" Wife: "I am calling the clinic!" Then I said I didn't want it anymore [lol] (...) sic.*

P4 – (...) *So I see that relapse is using. My demand with myself is this way (...) sic.*

P5 – (...) *Now I see that from the moment I walk in the bar and take the first sip I am already having a relapse because it will fully activate my illness, and my compulsion (...) sic.*

P6 – (...) *It is one thing or the other; to be clean, to me, is not to use anything. It I used, I relapsed (...) sic.*

In the discourse above, we can see that there is a commitment to abstinence; therefore, any actual or envisioned use becomes a relapse. Thus, there is no lapse reference among them, which is the sporadic use of the substance. In social level, it is attempted to link the idea of "abstinence" = "cure" and "relapse" = "use". However, this representation on the relapse is fed back by commonsense, primarily in self-help groups and traditional treatments available to this population, generally guided by protocols focused on total abstinence of psychoactive substances use, more specifically illicit substances, which occurs through a method advocated by treatment models. We have to consider that social representations have two functions, it turns objects, events and people to prescriptive, i.e., they impose upon us with irresistible force that anything else is a combination of a structure that is present even before we begin to think and decrees what should be thought<sup>(12)</sup>. It should be considered the factors underlying the permanence of this social representation of relapse. This is a field marked with stereotypes firmly held by adherents to the 12-step program, and the presence of religious activities guided by the discourse of helping others. There is also a lack of specialized professionals and interdisciplinary health professionals, as well as planning and operation of institutions. Several factors intersect to fossilize this representation.

**Category 2 - Feelings and relapse**

P1 – (...) *I transfer the blame by having locked the way I disliked. Angry at myself, remorse, shame on me shame before God and my parents, to society, because people talked how I was well, I even tried to hide it a bit, but it was not possible (...) sic.*

P3 – (...) *When I saw through the twelve steps what was really the disease, it came the guilt feeling, I feel guilty, because I know that it is a disease, a programming problem, it is possible to get help not to use it and to use it. I felt a bit of remorse myself (...) sic.*

P6 – (...) *Of sadness, I was born and raised in evangelism, and living like that, I was very sad, because I could not live according to evangelism. Sadness, anxiety, loneliness, sadness, I put myself down; I'm a trash (...) sic.*

All sample participants had experiences (relapses) of a negative emotional state (or unpleasant) such as guilt, anger, remorse, shame, bitterness, frustration, loneliness, sadness or distress at the time of relapse. The participants' speeches confirm the results of other studies<sup>(7-10)</sup>. Thus, it is likely that the individual continue with the consumption of substances in an attempt to reduce unpleasant reactions, intensify and prolong the positive effects (pleasure). These feelings end up giving little space to questions about the meaning of "recovery" that can go through moments of reuse of the substance or even permanence in consumption. The individuals, then, are in a position to enter the institutional environment that advocates abstinence, or remain in an environment that guarantees the use. That is, the crack addict does not go effectively in the recovery process and starts the cycle of unsuccessful attempts to repair the drug use - abstinence/relapse cycle.

**Category 3 - Psychological Dimension: pre-relapse**

P1 – (...) *You know, what goes on in my mind is that when I go into recovery I want to show people I can do it, you know, I want to talk to people and say I'm in recovery, that I returned from the ashes, that I could get a job, I have a nice car with nice sound, with cool shoes, you know, I want to show off, then relapse comes (...) sic.*

P4 – (...) *I'm expecting something that does not come. It's insane. And this causes the relapse. And this takes me to relapse. I think 60% of relapses is because I was expecting things that have not happened and frustrated expectations made me lose it, damn. So I will use drugs. So when I have no desire, no motivation, I use drugs, and that's what makes me use drugs (...) sic.*

P6 – (...) *I was disgusted, I remember I was going to do something and failed it, you know, I was murmuring against God, that anger, that hatred. Who is this God? I am following God's will and this did not happen, you know, I'll do it my way, you know, I'll use it, there is a lot of negative things in my mind. So I did it (...) sic.*

There are tensions between the individual and society. Thus, the individual/spokesperson reveals the conflicts on family and social environment and announces the relapse process through a not explicit language of psychological representations. The psychopathological manifestations are structured during the tension between the individual and the environment. It is important to understand relapse as an interactive process and fluctuating<sup>(4)</sup>. Its nature is complex and dynamic; therefore, it cannot be restricted to an abstinence rupture.

*Category 4 - Psychopathology experiences during the relapse*

P1 – (...) *But I actually wanted immediate pleasure! The problem is that I started seeing beast, mouse, nothing to do with anything, these crazy crack things (...) sic.*

P3 – (...) *My daughter and my wife looked for a psychologist, so I went to an appointment with a psychologist, then he said: How is your life doing? Then I started talking. I only have one thing to say: you are sick, if you don't stop you will die. Then I freaked out, I was green smoking crack and drinking booze with mint, I was thinking that crack with mint was in my skin (...) sic.*

P5 – (...) *Then I have a relapse, and when I realized I had smoked several times. You know, I smoked and was locked inside the house, in panic, I closed all the windows, did the least possible noise, you know, the smell, I lived in an apartment, and thought the neighbor would smell it, they would knock on my door, I thought, you know, they would complain, I heard voices, you know, I think... I don't know, they were talking behind the door, you know, about the stink! Is he using drug in here? It was terrible, then I locked everything and tried to stay silent, I let the TV on minimal volume and I heard just that, and I sweated and sweated a lot, took a towel over there a t-shirt over here... I was drying and dropping on the corners this way, you know, and smoking it one after the other, you know, it was something kind of strange (...) sic.*

The reports of the interviews show that the classic symptoms of delirium and hallucinations may be present during the relapse. The *a priori* triggering of psychopathological experience emerges through the bias of acute intoxication and indiscriminate use of crack.

The individuals, in such circumstances, may limit their mental life and affective bonds, with loss of bonds and discrimination between discursive forms of intrapsychic reality and shared reality. The chronic consumption of crack, generally associated with other psychoactive substances, can cause implied complications such as heart and lung problems, lesions of the airways, vitamin deficiency, among others. Neurological complications may occur: headache, seizures, cerebral vascular accidents, movement disorder among others<sup>(16)</sup>.

#### Subcategory - Craving

P2 – (...) *I saw my mother watching the entire scene because I always hid it from my mother, she even knew I was using it, but has never seen it. After I got married I moved out, so she didn't know because I used during the weekend, and went to work on Monday, I even got very anxious when the drug ended, but I was inside the house and my wife ended up chatting a bit, and I used to get calmer. But this last time I saw her crying and she is evangelic and screamed a lot of things (...) sic.*

During relapse, the participant has symptoms associated with cessation or reduction of heavy and prolonged use of crack. *Craving* is not only desire but also anticipation of the positive outcome of substance use and relief of abstinence symptoms or negative affect<sup>(17)</sup>, intense causes, physiological and psychological changes, this change in its somatic and psychic dynamics, during or after use cause clinically significant distress or losses in social and occupational function or other important areas of the individual<sup>(18)</sup>.

#### Subcategory - Death

P6 – (...) *Suffering of not wanting to live, wanting to stop and being able to, and only see the darkness (...) sic.*

P4 – (...) *My life turn upside down, I was not working, I saw degradation, now fuck it, I'll smoke crack until I die (...) sic.*

In these quotes, we observed the destructive consequences and “existence of persistent desire or unsuccessful efforts to reduce or control the consumption of the substance”<sup>(18)</sup>. It is now that the object-crack assumes a position of prominence and prevalence in the lives of participants. To try to avoid the uncontrolled attempt to kill the pain. The compulsive pursuit for the substance is the main element of addiction [or psychological].

#### Category 5 - External control of relapse

P1 – (...) *So when I'm cool I am a little better physically, with a cool car, because I work and make some money, I do everything in the car, electric injection, automatic gear, anti-lock braking system. And when I come back I say: I am the man! Then I looked at people, and then I remembered how I was, how I am today, showing off, you know, I'm well externally but inside... (...) sic.*

P2 – (...) *The truth is that I transfer this to sex and game of cards. When my wife leaves home, I say: Leave me R\$100.00 so I can play cards. I transfer sex and game. Another thing is work, sometimes when I'm not okay, I ask to sleep in the company, working my ass off (...) sic.*

P3 – (...) *After this treatment what I'm trying to do is avoid going out or staying alone in the house, and stay with money, knowing you have money left is one of the factors that gets me (...) sic.*

P4 – (...) *I need activity, I am moved by entertainment, if I had not my job that takes 24 hours, I wouldn't use drugs. I have something to do. It's the only thing that holds me back, is having something to do (...) sic.*

P5 – (...) *I avoided a lot of things, looked at the bar and said I couldn't, then went to church, but I still went to the bar, I looked and said I couldn't, but I wanted to, I went to parties but I couldn't, I was risking myself, I was not holding myself anymore, I wanted more, something I couldn't but I was risky to use, but you know, I said: I can go, nothing is going to happen, this happened! I couldn't control me at times (...) sic.*

P6 – (...) *Stop doing what is working, stop reading a bible, going to church, heard other people, I start to manipulate, just because I'm clean, you know, I don't need God, you know, I don't need to hear the psychologist, not care to the treatment, the treatment is eternal (...) sic.*

Socially, the study participants “promise” abstinence, more closely they are threatened by relapse. There is, the centrality of mental and social life is shifted to the psychoactive substance. Thus, the participants assigned to external control, factors and situation that may delay relapse and remain abstinent. The category groups the discursive excerpts that show the individual's need to constantly stay in the sphere of treatment, even engaged in socially acceptable activities, and in abstinence, relapses seem

inevitable. The identity of the addict individuals, based on the disease, can cause stiffness in social bonds, particularly in groups not identified with their psychopathology.

### Final consideration

We conclude that the results on relapse representation of the surveyed *crack* addicts indicate that there are difficulties in the preparation process of this complex phenomenon. There is agreement among the participants that relapse is any psychoactive substance use. It can be identified that due to negative affective feelings during the relapse, the participants in this study, remain in use and abuse of psychoactive substances, trying to alleviate the unpleasant symptoms or anticipate positive effects (pleasure) of substance use. Thus, these individuals are far from interpersonal relationships and the difficulty of thinking emotional conflicts that contribute decisively to circumscribe their lives around the object-drug.

Therefore, it is essential to rethink strategies for relapse prevention plans, and management of any lapses that may occur along the individuals' life. We suggest, moreover, the need for expansion of cross-sectional studies and longitudinal research to include other population dependent of *crack*, with inclusion of different age groups and females, as well as the interaction between researchers and clinicians working in the area.

Clinicians and health professionals that assist *crack* addicts have the challenge of fostering the psychological work to learn from emotional experience of relapse and lapses of their patients. Thus, we can open the possibility of overcoming the Psychopathology knowledge of diagnostic codes and uncritical repetition of discourses of self-help groups, anonymous or not, that strengthen the culture of illness by determining the abstinence/relapse cycle of psychoactive substance consumption. Imposing the abstinence objective in lay and scientific hegemonic discourses press relapse, difficult understanding the need of psychopharmacological detoxification and aborts the birth of the protagonist subject of his/her life.

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