

## **Crack is my medicine: crack users in the perception of their own health\***

Suélen Cardoso Leite Bica<sup>1,2</sup>  
Michele Mandagará de Oliveira<sup>1</sup>  
Vania Dias Cruz<sup>3</sup>

**Objective:** to know the perception of crack users on their health. **Method:** a descriptive-exploratory research with qualitative approach was carried out through semi-structured interview with 14 people who used crack, registered in the Harm Reduction Strategy in Pelotas/RS, in January of 2012. **Results:** the participants of this study have a good perception about their health, referred to the use of drug as a way alleviate the pains and sufferings of everyday life. **Conclusion:** these results highlight the subjectivity of health-related issues and the need for an articulated network of health services that respect users as citizens and address self-care strategies according to their health needs.

**Descriptors:** Self-Concept; Crack Cocaine; Drug Users; Substance-Related Disorders.

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<sup>1</sup> Universidade Federal de Pelotas, Faculdade de Enfermagem, Pelotas, RS, Brazil.


<sup>2</sup> Prefeitura Municipal de Pelotas, Secretaria Municipal de Assistência Social, Pelotas, RS, Brazil.

<sup>3</sup> Prefeitura Municipal de Pelotas, Secretaria Municipal de Saúde, Pelotas, RS, Brazil.

**Corresponding author:**

Suélen Cardoso Leite Bica

E-mail: [suellehn@gmail.com](mailto:suellehn@gmail.com)

 <https://orcid.org/0000-0001-7513-9769>

## **A pedra é o meu remédio: usuários de *crack* na percepção da própria saúde**

Objetivo: conhecer a percepção de usuários de *crack* sobre a sua saúde. Método: realizou-se uma pesquisa descritivo-exploratória com abordagem qualitativa, por meio de entrevista semiestruturada, com 14 pessoas que faziam uso de *crack* cadastradas na Estratégia de Redução de Danos da cidade de Pelotas/RS, em janeiro de 2012. Resultados: os participantes deste estudo possuem uma boa percepção de sua saúde, referindo o uso da droga como uma forma de aliviar as dores e sofrimentos do cotidiano. Conclusão: esses resultados enfatizam a subjetividade das questões relacionadas à saúde e da necessidade de uma rede articulada de serviços de saúde que respeitem os usuários enquanto cidadãos e trabalhem estratégias de autocuidado de acordo com suas necessidades de saúde.

Descritores: Auto percepção; Cocaína Crack; Usuários de Drogas; Transtornos Relacionados ao Uso de Substâncias.

## **La piedra es mi remedio: usuários de *crack* en la percepción de su propia salud**

Objetivo: el objetivo de la pesquisa fue conocer la percepción de usuarios de crack sobre la salud. Método: se realizó una pesquisa descriptiva-exploratoria con abordaje cualitativa, por medio de entrevista semi estructurada, con 14 personas que hacían uso de crack, indexadas en la Estrategia de Reducción de Danos de la ciudad de Pelotas/RS, en enero de 2012. Resultado: los participantes de este estudio tienen una buena percepción de su salud, referiendo el uso de la droga como forma de aliviar los dolores y sufrimientos del cotidiano. Conclusión: esos resultados enfatizan la subjetividad de cuestiones relacionadas a la salud u de la necesidad de una red articulada de servicios de salud que respeten los usuarios mientras ciudadanos y trabajen estrategias de autocuidado de acuerdo con sus reales necesidades de salud.

Descriptorios: Autoimagen; Cocaína Crack; Consumidores de Droga; Trastornos Relacionados con Sustancias.

### **Introduction**

Drug consumption is a universal and millenarian practice. Since the early days of mankind, the use of psychoactive substances has been widespread in societies, but this consumption varies according to the purpose and the way these substances are used. Also, the way in which the use is conceived and experienced varies historically and culturally<sup>(1)</sup>.

The abusive use of psychoactive substances in today's society has been one of the greatest social

problems in Brazil. This issue goes beyond the public health sphere and has an impact on society in general, either because of the influence that licit and illicit substances exert on external factors, such as violence and family problems, or because of drug use or trafficking<sup>(2)</sup>.

Results of the last survey on psychotropic drugs in Brazil indicate that cocaine use corresponds to 2.9%, whereas crack use represents less than 1%<sup>(3)</sup>. Although crack is not among the most consumed illicit drugs in Brazil, the pattern of abusive consumption

and the problems resulting from it are a major public health problem<sup>(4)</sup>.

The issue of the use of psychoactive substances should be approached in a broader conception, considering all the aspects of life of the individuals, directing them to actions of health promotion, valorization of the quality of life, with a view to the expansion of one's social commitments in relation to oneself, to the other and to the community<sup>(5)</sup>.

Violence, social inequality, concentration of income, and lack of perspective for people, especially the poorer classes, are determining factors in drug abuse. Therefore, political, economic, educational and cultural measures are necessary in any serious proposal to address this problem<sup>(6)</sup>.

The subjective perception of the individual is an important element in the evaluation of his/her health status, although the biological factors play a fundamental role in the quality of life. Subjectivity refers to how people feel or perceive their lives, being important in the evaluation of what makes life good and desirable, because the objective factors alone are insufficient to explain the experience of quality of life that has direct influence of self-perception of health<sup>(7)</sup>.

Perceived health must be understood as a synthesized measure of all dimensions of health relevant to the individual, so self-perception of this state becomes relevant, since it can be considered a quick and simple method of collecting information about people's health<sup>(8)</sup>.

In addition to reflecting health aspects and assessing the physical and mental state, self-perception of health also encompasses many aspects of the individual's lifestyle, since the behavioral factors have a strong association with health perception, often interfering negatively in the its evaluation<sup>(9)</sup>.

Therefore, knowing crack user's perception of their health status may favor the comprehensive care by health teams, which will result in greater adherence to treatment and consequent improvement in quality of life and dependence, practices that have often disregarded the specificities of each subject and the physical, psychological and social factors capable of interfering in the self-regulation of consumption<sup>(10)</sup>. In view of the above, this work aims to know the perception of crack users on their own health.

## Method

The present study is linked to the research "Profile of crack users and consumption patterns". The research

was developed by the Faculty of Nursing of the Federal University of Pelotas - UFPel and financed through Edict MCT/CNPq 041/2010. This is a descriptive, exploratory study with a qualitative approach.

The data collection was carried out in January 2012 during the field work of the Harm Reduction Agents (ARDs in Portuguese) of the Harm Reduction Strategy (ERD in Portuguese) in the different districts of the city of Pelotas, Rio Grande do Sul. The collection was conducted the participants' context, that is, in their homes, crack houses and in the workplace (car keepers), in the center of the city, with an average duration of 45 minutes.

We interviewed 14 people indicated by the harm reducers, respecting the following requirements: being a crack user accompanied by the ERD, living in Pelotas/RS, being over 18 years old and accepting to sign the Informed Consent Form).

The selection of the participants occurred intentionally, according to who was in the homes and the different places of access of the ARDs. There was no previous contact, nor scheduling with the participants, and the objective of the research was explained at the moment of the interview.

The data were obtained through semi-structured interviews, which were recorded, transcribed in their entirety and analyzed according to the content analysis stages, in thematic analysis modality<sup>(11)</sup>. Thus, the data were analyzed in three distinct phases: pre-analysis, exploration of the material and data processing and interpretation. To guarantee anonymity, the subjects were identified by the letter P (participant) followed by the order in which they were interviewed, for example, P1, P2 ..., being added the initial of the gender and age. The research was approved by the Research Ethics Committee of the Faculty of Nursing of UFPel, with favorable opinion No. 301/2011, and obeyed the ethical principles of Resolution 196/96<sup>(12)</sup> of the National Health Council that deals with research involving human beings.

## Results

According to the reports of the study participants, crack users have a good perception about their health and evaluate it in a positive way.

*It is good, I have a problem in the leg from a motorcycle accident that I had, but otherwise I have nothing. (P1M37). My health is good, thanks God. (P2F25). For me it is a normal health, I do not feel anything [...] (P4F48). It is great. (P8F42)*

For some of the participants, the use of crack is not considered a problem, but a lifestyle they chose to live, being compared even with a medicine, that is, a way to feel healthy and consequently to maintain a good quality of life.

*[...] I enjoy this life [...] I decided that I want it because I like it, I feel good, I use it and my mood gets good [...]* (P6F31). *[...] The stone is my medicine [...] I wake up like a 100-year-old woman, I smoke and I feel like a 15-year-old girl; crack does not hinder me at all* (P9F51). *[...] When people try to stop they often get depressed, and that is what made me realize that I do not want to stop, I do not want to stop [...] I want to continue smoking, I want to continue my life [...]* (P12M31)

The participants' speeches express the alternation of negative and positive perceptions related to the experience of crack use, attributing to the drug a way of feeling good, which relates to health and to well-being. In addition, the use of crack use has also been an attempt to alleviate the difficulties and sufferings of daily life.

*[...] I thought using it would erase a little the pain I feel, you know? I miss my children, this whole thing, you know? But I do not think so, I think it gets worse, this pain I feel.* (P4F48). *[...] The thing is I feel alone, so I think it... I don't know...it will make me happy, I do not know, we think it does, but after it is gone, it is gone.* (P7F35). *[...] When I am angry with life, with something [...]. What usually leads me to use it is the stress.* (P5M25)

There is little attention to body and food care during periods of compulsive use of crack, and consumption becomes the only activity in this period.

*We stay up, we stay up all night [...] using crack [...]*. (P1M37). *[...] I have not slept because I have used it, I have used it until 2 a.m. [...]*. (P3F19). *[...] I have smoked [...] all night long [...]* (P11F30). *[...] I have not slept, I was up all night [...] I have used it a lot* (P12M31).

However, the predisposition to maintain self-care is directly related to the pattern of drug use, and although the rampant use is almost routine for most users, they have developed strategies with a view to reduce harm from crack use.

*[...] I had lunch so I could smoke. [...]*. (P7F35). *[...] I ate something and used the stone [...]*. (P8F42).

In other cases, the strategy adopted to reduce risks related to drug use was to limit use to specific times of the day, for example, only at night.

*[...] Now I will try to use it only at night.* (P4F48). *[...] I do not use it during the day, only at night [...]*. (P5M25).

## Discussion

The process of living with or without health is not only limited to organic, natural and objective

evidence, nor is it only a state of balance, but it is closely linked to the particularities of the socio-cultural context that the individual is inserted, as well as to the meaning that each one attributes to his/her way of walking in life<sup>(13)</sup>.

In analyzing the crack users' reports, it was noticed the importance of the individual's subjectivity in issues related to health, to their condition, their history and their experiences. In fact, it became evident that what a person considers and recognizes as health and well-being will not necessarily be experienced and perceived by other people living in different social contexts and situations, especially in the context of using crack.

The changes caused by the use of psychoactive substances are object of the questions commonly asked by the experts, who tend to seek the reason why people use drugs or the meanings involved in these uses. However, more important than to understand the reason is to understand what happens in these practices, what people feel and what experiences they seek so vehemently<sup>(14)</sup>.

The participants' statements pointed out that one's conception of crack and its use is a consequence of their experience with the drug and this makes us think beyond the use of drugs as a disease in the subject's life, but rather in the encounter of the subject with the substance. Also, the perception of health status can vary according to individual experiences, translated by factors such as substance, individual and context of life, since the ability to tell whether the body is sick or healthy belongs to the individual him/herself, through his/her cultural and particular norms.

Because it is a subjective judgment, the health perception brings different answers due to the different interpretations regarding health issues. Cultural differences also determine that, in certain contexts, individuals consider a damaged health as natural and report having good health even in very adverse conditions<sup>(15)</sup>.

In this sense, health must be conceived as an individual process in which the subject him/herself recognizes what the body needs, not what it should need. For, to the extent that experiencing health also implies experiencing the health-disease process, precarious and imperfect conditions experienced by people are also part of health<sup>(16)</sup>.

The individuals' motivation for crack consumption has changed over the years. In the early 1990s, the "search for a feeling of pleasure" was the most important justification and, at the end of the same decade, consumption was stimulated by compulsion,

dependence or as a way of dealing with family problems and frustrations<sup>(17)</sup>.

Given this, it is observed that the way in which the crack use is perceived transcends the characterizations of the drug itself, denoting perceptions built relationally. In this line, the use of drugs is endowed with specific feelings and functions for their consumers.

The way crack users seek to face the risks of drug use symbolizes the mediation to which the subject undergoes in the search for a satisfactory return obtained with the use of the substance<sup>(18)</sup>.

Although abusive use of crack is the most reported, and abstinence is considered very difficult by users, some discourses still show notions of self-care and ways of avoiding risks and damages to health. For example, some reported the concern to eat before using the drug, since after smoking, it becomes very difficult due to loss of appetite; other also reported using the drug at a particular time of day for less risk exposure.

Crack is a drug that produces a great euphoria, but of short duration, followed by an almost uncontrollable desire to use the substance once more. People who make a problematic use of crack often find difficult to maintain control over its use, spending nights and days consuming the drug until becoming completely exhausted, without sleep and without eating, thus increasing the vulnerability and generating clinical and physiological problems<sup>(19)</sup>.

However, many people who use drugs use have strategies to mitigate their effects and reduce any harm caused by such use. The strategies adopted include ingesting liquids, feeding before use, sleeping, intercalating, or associating crack with drugs that are considered lighter, such as marijuana, cigarettes, and alcohol<sup>(20)</sup>.

These positive changes in the use of crack denote the users' perception of health in relation to the context of drug use. Thus, these strategies of care with their own health may explain why people in such unfavorable conditions, especially with regard to drug user status, positively assess their health condition, making it possible to understand how the risks of use are perceived and administered on a daily basis.

It is undeniable that the crack use has been a serious health problem and drug addiction has serious implications in the user's life. The way the body asks for the drug shows how difficult it is not to give in to the compulsion to use crack.

Dependence can be characterized as a mental and often physical state, resulting from the interaction

between a living organism and a drug, generating a compulsion to use the substance, experience its psychic effect and sometimes avoid the discomfort caused by its absence. It is necessary to identify the consequences and the reasons that led to this compulsion, thinking the individual in their totality, so that other references and subsidies can be offered to generate changes of behavior regarding the use of the drug<sup>(21)</sup>.

Thus, it becomes extremely important to seek to know and have contact with the reality of crack users and to work with them on their choices and concrete possibilities of change, aiming at reducing risks and damages associated with these potentially harmful behaviors not only to health, but also to the whole life context of these individuals. In this way, small changes in lifestyle can be achieved without requiring radical changes in the practices and personal choices of users, always seeking to improve care for those people who cannot or do not want stop using this drug.

## Conclusion

When analyzing the perception that crack users of this study have about their health, it was possible to perceive the way they see the use of crack, attributing to the 'stone' very peculiar meanings. The drug is, to them, as a remedy, both to relieve pain and suffering and to maintain the sense of healthy body and mind.

Using crack is a way of coping with life. It is a way of walking alive through life, that is, what allows one to feel alive, even if in an anesthetized life, the anesthesia of the effects of the psychoactive substance.

These findings reinforce the issue of self-perception of health as a way of assessing health endowed with subjective meanings and that an individual's understanding of one's health will not necessarily be experienced in the same way by different people in different life contexts, since subjectivity refers to how people feel or perceive themselves about their lives.

In view of these results, there is the need for an articulated health service network that meet the health needs of crack users, respecting their rights as citizens, including professionals sensitive to the principles of humanization and psychosocial attention and willing to break the controlling and excluding practices that are so deeply rooted in health services and society as a whole.

Professionals that work in the fulfillment of this demand are challenged to prioritize actions that seek

the creation of bond and qualified listening in the identification of the individuality of each subject and without judgment, so that this user helps the health team to develop strategies to incentive their self-care and self-control in the use of crack.

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