

THE "CRACK PHENOMENON" AND ITS CONSEQUENCES: A REFLECTION NEEDED FOR CHANGES IN CARE PRACTICES

O "FENÔMENO CRACK" E SUAS CONSEQUÊNCIAS: UMA REFLEXÃO NECESSÁRIA PARA MUDANÇAS NAS PRÁTICAS ASSISTENCIAIS

EI "FENÓMENO CRACK" Y SUS CONSECUENCIAS: UNA REFLEXIÓN NECESARIA PARA CAMBIOS EN LAS PRÁCTICAS ASITENCIAL

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ABSTRACT

Objective: Analyze the "crack phenomenon" and its consequences in Brazilian territory and the necessary changes in care practices. **Method:** This is a theoretical-reflexive essay, based on texts on the same topic. **Results:** It is possible to see that users are more exposed to the situation of violence and vulnerability, increasing the risk factors for the health of the individual and the population, therefore a public health problem, including challenging professionals to understand the context of the consumption of psychoactive substances, in view of the difficulties of handling and approaching this adversity. **Conclusion:** It is necessary that the care programs and policies developed be more based on the scientific evidence already available on the treatment of chemical dependencies to be more effective, as well as reflect how health workers can help in the recovery, prevention and health promotion. From this study, we seek a re-signification of the health care practices, of the technical behaviors faced by people who use crack.

Descriptors: Crack cocaine; Street drugs; Drug users.

RESUMO

Objetivo: Analisar o "fenômeno crack" e suas consequências em território brasileiro e as mudanças necessárias para as práticas assistenciais. **Método:** Trata-se de um ensaio teórico-reflexivo baseada em textos que versam sobre a temática investigada. **Resultados:** É possível constatar que os usuários estão mais expostos à situação de violência e de vulnerabilidade, aumentando os fatores de risco para a saúde do indivíduo e da população, portanto um problema de saúde pública, inclusive desafiando profissionais a compreenderem o contexto do consumo das substâncias psicoativas, em vista das dificuldades de manejo e abordagem dessa adversidade. **Conclusão:** É necessário que os programas de atendimento e as políticas desenvolvidas sejam mais embasadas nas evidências científicas já disponíveis sobre o

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tratamento das dependências químicas para serem mais efetivas, bem como refletir como os trabalhadores da saúde podem ajudar na recuperação, prevenção e promoção da saúde. Busca-se a partir deste estudo uma ressignificação das práticas do cuidado em saúde, das condutas técnicas diante das pessoas que utilizam o crack.

Descritores: Cocaína crack; Drogas ilícitas; Usuários de drogas.

RESUMEN

Objetivo: Analizar el "fenómeno crack" y sus consecuencias en territorio brasileño y los cambios necesarios en las prácticas asistenciales. **Método:** Se trata de un ensayo teórico-reflexivo basado en textos que versan sobre la temática investigada. **Resultados:** Es posible constatar que los usuarios están más expuestos a la situación de violencia y vulnerabilidad, aumentando los factores de riesgo para la salud del individuo y de la población, por lo tanto un problema de salud pública, incluso desafiando a profesionales a comprender el contexto del consumo de las sustancias psicoactivas, en vista de las dificultades de manejo y abordaje de esa adversidad. **Conclusión:** Es necesario que los programas de atención y las políticas desarrolladas estén más fundamentadas en las evidencias científicas ya disponibles sobre el tratamiento de las dependencias químicas para ser más efectivas, así como reflejar cómo los trabajadores de la salud pueden ayudar en la recuperación, prevención y promoción de la salud. Se busca a partir de este estudio una resignificación de las prácticas del cuidado en salud, de las conductas técnicas ante las personas que utilizan el crack.

Descritores: Cocaína crack; Drogas ilícitas; Consumidores de drogas.

INTRODUCTION

Among the drugs used today, crack stands out as a powerful stimulant of the central nervous system with a high potential for addiction. Crack is made from cocaine hydrochloride which, when dissolved in water, mixed with sodium bicarbonate, kerosene and/or gas and heated, takes the form of stones, which are smokable. The drug reaches the lung, the most vascularized organ, with a large surface, which immediately absorbs the smoke inhaled and shortens the path to reach the brain, causing effects to arise much more quickly than from nasal and endovenous routes.¹

Rapid dependence is known as craving, causing stimulating and pleasurable effects. This cycle is rapid, however fleeting, making users "slaves" of the drug despite the damages to the body and risk situations experienced by them.²

In addition to the psychological and physical effects, it contributes significantly to the increase in delinquency, crime, as well as vulnerability and risk of diseases.³ Some of the social harm brought by drugs are thefts, robberies, violence and illegal acts, frequently causing rupture of relations and links of the users with the environment in which they live.⁴

Crack is considered a relatively new drug that emerged in Brazil in the 1980s, but still has significant attributes to be one

of the evils of the 21st Century. In the II household survey on the use of psychotropic drugs in Brazil, there was found an increase of 2.9% to 4% in the use of cocaine/crack between 2006 and 2012.⁵

In light of this context, drug addiction, with emphasis on crack, instigates an intense, continuous and repetitive pattern. The urgency for crack, along with the intensity of the effects caused by its search, places this drug as a serious public health problem.

Thus, this study aimed to analyze the "crack phenomenon" and its consequences in Brazilian territory, as well as the necessary changes in care practices.

METHODOLOGY

It is a reflective analysis research, based on texts focusing on the subject investigated, which were extracted from the indexed database, with scientific accuracy, to ensure the veracity of the information described.

Data collection took place from June to July 2018. The electronic search was conducted on the Virtual Health Library (VHL) covering only national publications made from 2002 to 2017, in the last 15 years, using key words such as: crack *and* drug users.

Of the 440 articles, 369 were available; however, related to Brazil only

65 articles and of these, 42 with full texts. Then, a thorough reading of the abstracts of the articles was done and, therefore, the researches of interest for this study were analyzed, according to representation of the thematic approach.

Researches that were not focused on the consequences of crack today in Brazilian territory were excluded. At the end of the data outline and material planning, a reflective analysis about the topic researched was done, based on twenty selected articles. Therefore, this study presents a theoretical framework, based in the reading and interpretation of the articles.

"CRACK PHENOMENON" AND ITS CONSEQUENCES

The scientific literature concerning the subject "Crack phenomenon" and its consequences today gets more and more the interest of researchers and presents great advances. It is an issue that implies a greater stimulus in the discussion among health professionals, students in the training process, family and community in general; therefore, it is a very current and relevant topic in the area of public health.

Crack is consumed by 0.3% of the world population and most of the users, about 70%, are concentrated in the Americas. In Brazil, the use of crack reaches 0.7% of the general population,

constituting the third most widely used illicit substance, second only to marijuana (8.8%) and the solvents (6.1%).⁶

As a national survey on the use of this drug, this problem affects 0.81% of the Brazilian population, with a higher proportion in the Northeast (1.29%) and South (1.05%). Even the general perception about the use is higher in the Southeast, specifically in the cities of São Paulo and Rio de Janeiro, the region scored 0.56%.⁷

Nowadays, consumption occurs in several spaces, in isolation or collectively, in their own homes, home of friends, relatives, differently than the media exposes as areas of use, such as the *cracolândias* and specific places, usually in the central site of the big cities. Thus, the place of consumption is tied to financial conditions; users with higher socioeconomic status make use of it in protected environments, avoiding contact with inhospitable areas.⁸

One believes that the use of crack has not the exclusive prevalence in less favored classes, since this has been intensely spread in all social classes. Thus, the use of drugs as a pattern of intense, continuous and repetitive consumption is highlighted, in which the urgency and need for consumption place the user in fragile situations, where they undergo risky strategies to obtain the drug, such as risk

situations. In this path taken, personal and social relationships are broken off.³

In this way, studies which identify the use of crack and its consequences are essential for the drug-addiction area and collective health, in order to direct the modalities of treatment and care to this population niche.

Therefore, the cross-sectional studies that move toward this clientele are essential, as the increase in demand for treatment for crack users in its various modalities is observed, including hospitalization for detoxification of this substance.⁹ The use of crack persists in Brazilian territory, despite the serious problems it causes to the consumers, as delinquency, crime and physical and psychic devastating effects.¹⁰

It is a drug which, in addition to harming the person who uses it, transcends the familiar context, so that the addict does not become the only victim of the drug, causing feelings of worthlessness to the family.¹¹

Among the risks of drug use, fissure conditions and the intense and controlled desire to consume drugs, are most often associated with the frame. Paranoia is also significant, causing physical injuries due to fights, bonds break, situations involving the police arising out of illicit acts and sexual behavior at risk.³

Physical injuries happen as a result of aggression that users attach to behavior change by the effect caused by the drug or by the fear of being without it; so they adopt hostile postures to get the substance.¹²

Regarding the financial question, this is one of the causes that leads the user to become a dealer, to commit assaults, robberies and other crimes, in his eagerness to get money to buy crack.¹³ The young users of crack face difficulties in accessing basic living conditions, marginalizing themselves in society surrounded, due to non-adequacy to the moral norms in force in the labor market, thus reflecting a social inequality and commitment of formal occupation. In this way, drug users become vulnerable, with trafficking and prostitution being access routes to obtaining income by setting a context of poverty and social exclusion.¹⁴

The social evils brought by drugs, such as theft, assaults, situations of violence and illicit acts are quite common in this "world", often causing the rupture of relations and links of the users with the environment in which they live. Researches claim that in face of the difficulties to be away from the drug, the user experiences significant losses in life, such as the work; in the affective context, he experiences loss of relationships with friends and family.⁴

The spaces in which this population lives together are marked by suffering, physical and moral aggression, as well as social discrimination, perpetuating the trivialization of violence and consternation. However, the scenes of the use of crack raise exposure to health problems, violence, social isolation and violation of rights. Therefore, one can consider the social exclusion a potential representative of the drug and its users, and the legislation has greater focus on repression, directing the fight against drugs and a ban on consumption.¹⁵

Thus, crack, today, takes an inevitable path associated with crime and violence, and users, especially during the phase of intensive use, features unimaginable acts, since they prefer to engage in illicit activities whose return is easy and fast, although hurt their personal and family morals.

Noting that most of the time these consequences are linked to the exclusion itself suffered by the users, crack is not the reason of this exclusion, but another element that reinforces social exclusion. Thus, revert addiction is possible through social public policies, health public policies of reintegration in the community and family.¹⁶

The confirmation of the consequences of the crack, nowadays, suggests interventions that should educate, prevent, indicating the best ways to achieve integration and reduction of damages in this population. The treatment of these clients must comprise this initial reception, respecting the adversities and constituting an individualized therapeutic plan, prioritizing the subjective needs of the consumer.¹⁷

Caring can be based on building up a new relationship of the individual with the drug, valuing the subject and blurring the drug itself, with rescue in the history of the subject's life, the real needs through an expanded clinic, providing new spaces of attention that recognize the territory.¹⁸

The family members must also be re-entered in the care process, as they are co-responsible agents in the treatment, having an active and important role in the life cycle of the drug addict, offering help and coping strategies in the face of suffering and rehabilitation.¹⁹

Furthermore, a process of participatory evaluation should be developed, with emphasis on the voice of users, families, and trained technicians, thus promoting reflections together with the possibility of discussion and changes to the construction of a citizen based on equality, unveiling the prejudice and

discrimination of those that surround him.²⁰

FINAL CONSIDERATIONS

The results of this reflective analysis reveal that the context of social inclusion of the crack consumption is strictly related to the damage of the user's health. Access to such drug is supported by the fragility of public policies, social values derived from the Brazilian territory, ease of access, in addition to the disastrous consequences caused by compulsive pattern of crack use.

Faced with this, it is worth mentioning that crack has called attention due to the increase of consumption in recent years, as well as the consequences, both for the user and his family and society, given that some crimes are committed by addicts on this drug. This has already become a public health problem, challenging professionals to understand the profile of the user of psychoactive substances, in view of the difficulties of handling and approaching it.

Therefore, in order to understand the phenomenon, more consistent strategies and interventions are mandatory by the health workers, adjusted with their control tools consumers use as protective factor of the adverse consequences of crack consumption. It is also necessary that the service programs and policies developed

are more grounded on scientific evidence already available on the treatment of drug addiction, so that they are more effective and there is greater control of this serious public health problem.

In this context, one believes in the importance of this research for providing reflection on the problem of drugs, besides investigating how professionals can help in recovery, prevention measures and health promotion. From this study, one seeks to a resignification of the health care practices and the professional conduct before crack users.

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