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Socio-demographic Profile of Drug Use and Treatment in Cocaine/Crack Users

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ABSTRACT

Introduction: The current Brazilian scenario shows that abusive use of psychoactive substances directly influences social and public health problems. **Objective:** To describe the sociodemographic, drug use and treatment profile of cocaine and crack users under treatment at treatment units in the Arapiraca municipality, in the Agreste region of Alagoas. **Methodology:** This is a cross-sectional quantitative research carried out in welcoming communities in the Agreste of Alagoas, Brazil, and in the Specialized Reference Center for Population in Situation of the Street (POP Center). A sociodemographic data form was used that allowed to know the profile of the users. The data collected were inserted in a database using SPSS 21 (SPSS Inc., Chicago, United States). **Results:** Most of the interviewees have their own residence. Closely followed are those residing in unstable housing which reflects that this vulnerability has great influence on the use of crack. The education level of most of the interviewees is low and income less than a minimum wage, the latter factor considerable for the choice of crack. Regarding the profile of drug use, most interviewees started using marijuana drugs between 12 and 17 years of age, and between 18 and 25 years of age began using cocaine / crack. **Conclusion:** The study makes clear the high level of drug dependence and abuse, where users who have cocaine / crack as the drug of choice have a greater crack.

Keywords: Epidemiology, street drugs, health vulnerability, nursing.

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INTRODUCTION

The Brazilian scenario has demonstrated that the abuse of psychoactive substances has interference directly regarding social and public health problems¹. It stands out in this scenario, the abuse of cocaine, which is a psychotropic substance, which acts by stimulating the central nervous system. Being a drug resulting effects in about 15 seconds, and remains in the body acting around five minutes, you feel you need to ingest amounts higher and higher. As a consequence to this urgency to make use of the drug, and has no financial conditions, the addict is exposed to hazards such as assaults, trafficking, exchange of sex for money or by the drug².

On the context, indicators show that drug use has taken great proportions, through the commitment of affective labor relations, family and bringing serious damage to health, especially among teenagers. In addition to the secondary damage that abuse of these substances can cause, such as traffic accidents, various violence, poisoning, cardiovascular diseases, among others³. According to the Comprehensive Care Policy to Users of Alcohol and Other Drugs, 13% of the population on the streets makes use of Crack, which is configured as a predisposing factor for the use of psicoativas substances³. However, the street situation also appears as a consequence of drug use and abuse⁴.

Law 10.216/01, also known as the law of the Psychiatric Reform presupposes the continuous extinction of psychiatric hospitals and provides for the rights of people in mental distress, as well as those who make use of psychoactive substances, describing and directing the organization's network psychosocial attention⁵. Public policies focused on the care of people with needs resulting from the use and abuse of alcohol and other drugs bring social (re)insertion as one of their main actions, through access to work, income and solidarity housing⁶.

From the perspective of the new mental health policy, we work with substitutive tools of the asylum model, aiming at the deinstitutionalization of these individuals, in this context a new strategy for assisting addicts, brought by the Harm Reduction Policy, as another tool to focus the extinction of drug use, giving the right of autonomy to users, it being necessary to consider the uniqueness of each subject, with different possibilities and choices throughout the treatment, respecting the freedom of individuals who can not to totally give up the use, allowing gradual abandonment⁷.

According to the latest national survey on the Use of Psychotropic Drugs in Brazil, it was shown that 22.8% of the population has surveyed made use of any drugs except alcohol and tobacco. Among the most commonly consumed street drugs 2.9% of the population was or has already made use of cocaine and 0.7% of crack. In this study, it was possible to observe that this consumption has taken place at an earlier age, particularly in the age group between 12 to 17 years⁸.

Although drugs acting on distinct physical and mental structure of addicts due to its psychoactive compositions may interfere with the normal processes of the neural system thereof, resulting in a difficult clinical be reversed completely. In most cases, these situations are ignored by adctos and damage progress to respiratory problems, seizures, stroke, heart failure and difficulties in sexual relationships. Thus, it is necessary to identify the crack and cocaine users profile in treatment to the particular aspects of each individual are obtained, such as age, education, area of residence and work, and in that sense, actions can be developed that ensure health care regarding the prognosis, diagnosis and treatment for these users.

OBJETIVE

To describe the sociodemographic, drug use and treatment profile of cocaine and crack users under treatment in treatment units in the

Arapiraca municipality, in the Agreste region of Alagoas.

METHODS

This study consists of a quantitative study of the transversal type developed in the harsh host communities of Alagoas, Brazil, aimed at biopsychosocial treatment for drug users and Specialized Reference Center for Population Homeless (POP Center). Data collection took place in conjunction with the completion of extension activities of the project entitled Health Interventions cocaine users / crack in host communities: promoting community circles, approved by the Community Circles Program Extensionists Activities (ProCCAExt). The subjects were asked to participate in the study after the statement of research goals users attending the service of the host communities and participated in educational activities, such actions were conducted by students of nursing, psychology and nurses later we were invited to participate. After the invitation, the research volunteers, read the free and informed consent form (ICF), and those who agreed to participate signed a consent form to respond to socio-demographic form.

It included 30 crack users that make treatment for drug addiction in psychosocial care centers and therapeutic communities, over 18 years and who agree to participate and sign the consent form. patients who used psychiatric medication were excluded, the diagnosis of psychosis with a history of cocaine use, mental retardation, auditory, visual and cognitive disabilities and did not agree to participate. one sociodemographic

data form that allowed to know the profile of users, considering the following data was used: age, education, marital status, socioeconomic status, general health and personal and family health history and drug use, psychoactive substance use and various consumption of illegal substances. The collected data were entered into the database using the SPSS 21 (SPSS Inc., Chicago, United States). The study has been proven to perform field activities by the Research Ethics Committee of the Federal University of Alagoas (UFAL) under CAAE N° 67643417.3.0000.5013 and all participants signed the free and informed consent form (TCLE).

RESULTS

Of the 30 participants investigated in the present study it was found that all were male, 27 (90%) living in urban areas. When asked about race / color, 13 of them (43.34%) consider themselves mixed race. The age group with the highest prevalence was between 26 and 35 years, covering 13 (43.34%) of respondents; followed by those between 18 and 25 years (33.34%) of the participants. On the educational level, the highest prevalence was incomplete elementary level with 19 participants (63.34%) in relation to marital status, 24 (80%) were single, 29 (96.66%) have already developed some labor activity. As for income, 12 individuals had an income of around 1 to 3 minimum wages (40%) and 13 (43.34%) own house and 10 (33.34%) reported having unstable housing including homelessness (Table 1).

Table 1 - Socio-demographic characteristics, the pattern of drug use and treatment of respondents.

Variables	N = 30 (100%)
Male	30 (100)
Age Group	
26-35 years	13 (43.34)

18-25 years	10 (33.34)
36-45 years	5 (16.66)
46-55 years	2 (6.66)
Race / color	
Brown	13 (43.34)
White	8 (26.64)
Black	7 (23.33)
Yellow	2 (6.66)
Marital status	
Not married	24 (80)
Married	5 (16.66)
With partner	1 (3.34)
Area of residence	
Urban	27 (90)
Rural	3 (10)
Education	
Elementary school Incomplete	19 (63.34)
Complete high school	3 (10)
Complete primary education	3 (10)
Incomplete high school	2 (6.66)
Higher Education Incomplete	2 (6.66)
Illiterate	1 (3.34)
Occupation	
They have worked	29 (96.66)
They never worked	1 (3.34)

Monthly income

1 to 3 minimum wages	12 (40)
No Fixed Income	11 (36.66)
Up to 1 minimum wage	6 (20)
4 to 5 minimum wages	1 (3.34)

Home

House or apartment own	13 (43.34)
Unstable housing (including homelessness)	10 (33.34)
Shelter	5 (16.66)
House / apartment / rented room	2 (6.66)

Standard Drug Use

Home of drug use (age)

12-17 years	20 (66.66)
7-11 years	8 (26.66)
18-25 years	2 (6.68)

First drug used

Marijuana	18 (60)
Alcohol	5 (16.65)
Tablets (barbiturates)	1 (3.34)
Tobacco	1 (3.34)
Inhalant	1 (3.34)
Cocaine / Crack	1 (3.34)

Age of first use of cocaine / crack (age group)

18-25 years	14 (46.68)
12-17 years	12 (40)

36-45 years	4 (13.32)
Route of administration of cocaine / crack	
Via lung	16 (53.34)
Snorted	14 (46.66)
Multiple Drug Users	30 (100)
Treatment history (first treatment)	
Religious or high-help / support groups	16 (53.34)
Residential / hospital treatment	5 (16.66)
Primary attention	3 (10)
In the first treatment	6 (20)
Motivation treatment	
Own	20 (66.67)
External (judicial or intercession of third parties)	7 (23.33)
Not reported	3 (10)

Source: Author, 2018.

According to the drug profile, aged between 7 and 11 years, 8 participants (26.66%) was the most prevalent for early drug use. The first drug used in most cannabis was surveyed with 18 (60%) patients. The age of onset of cocaine / crack 14 participants falls into the age group between 18 and 25 years (n = 14; 46.68%). The routes of administration of cocaine / crack 16 participants reported using the pulmonary route - smoked by pipes homemade or by inhalation vapor (53.34%). All 30 participants (100%) are multi-drug users. In the history of treatment, 16 participants started the Religious nature of treatment or high-help / support groups (53.34%). and 20 of these participants have sought treatment own motivation (66.67%). Approximately 53, 34% of participants has preferably via pulmonary administration (for

pipes smoked homemade or by vapor inhalation) which refers to the use of crack and 46.66% of the participants prefer snorted (sniffed) pointing the use of cocaine. In the history of treatment, most of the study participants are not in treatment for the first time (80%), this element is associated with the power of addiction for the drug that takes the user to repeated unsuccessful attempts at treatment, even the primary motivation for the treatment starting from the user's own, mostly (66.67%).

There are few studies related to the profile of the population of cocaine users / crack, they indicate the importance of demographic evaluation of crack-dependent individuals in Brazil, contributing to better social understanding of them. The results obtained in this research were similar to the other studies, even in different

treatment regions and situations, with a predominance of men, with a high percentage of homelessness and low schooling⁹.

Most participants reported having worked, however, it was unclear whether they were currently working, which brings us to studies indicate that the majority of this population is not out of the labor market, are getting income families and / or third or through illegal means. The serious pattern of multiple drug use associated with crack use is confirmed by the regular use of the drug time and reaffirms its great power to crack. Considering the first drug used by participants interviewed, we note that cocaine / crack has a start late use, mostly around the age group 18-25 years¹⁰.

CONCLUSION

Our study offers us an important notion about the socio-demographic profile of individuals seeking treatment in host communities and CENTER POP Arapiraca city in Alagoas. The sample was composed entirely of men who reside predominantly in urban areas. Most respondents have own residence. Followed closely are those living in unstable housing (including homelessness) which reflects that this vulnerability has great influence on the use of crack. The level of education of most respondents is low and lower income than the minimum wage, the latter factor significant for the choice of crack. Regarding the profile of drug use, most respondents started using drugs with marijuana, between 12 to 17 years of age, and between 18 to 25 years started using cocaine / crack. The study makes it clear the high level of dependence and drug abuse, where users who have cocaine / crack as the drug of choice are at increased fissure.

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