

## ENCOUNTERS WITH CRACK: BEGINNING, LENGTH OF USE, DAILY QUANTITY AND FORM OF USE

*Suelen Cardoso Leite<sup>1</sup>*  
*Michele Mandagará de Oliveira<sup>2</sup>*  
*Vania Dias Cruz<sup>3</sup>*

The aim of this study was to discover trajectories of use as well as consumption patterns among those who use crack. This is a descriptive-exploratory study with a qualitative approach, conducted with 14 individuals monitored by the Reduced Harm Strategy in the city of Pelotas/RS, using a semi-structured interview. The results indicate that the majority of users' first contact with illegal drugs was with marihuana and other forms of cocaine, before choosing crack as their drug of choice. Although crack use is compulsive, there are those who manage to control their use of substance.

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

<sup>1</sup> MSc.

<sup>2</sup> PhD, Adjunct Professor, Universidade Federal de Pelotas, Pelotas, RS, Brazil.

<sup>3</sup> Doctoral Student, Universidade Federal do Rio Grande, Rio Grande, RS, Brazil.

### Correspondence

Suelen Cardoso Leite  
Rua Osmar Da Rocha Grafulha, 222  
Bloco 17, Ap. 107  
Cohab Fernando Osório  
CEP: 96070-205, Pelotas, RS, Brasil  
E-mail: suellehn@gmail.com

## O ENCONTRO COM O *CRACK*: INICIO, TEMPO, QUANTIDADE DIÁRIA E FORMAS DE USO

O objetivo desta pesquisa foi conhecer as trajetórias de uso, assim como o padrão de consumo da substância entre pessoas que consomem *crack*. Trata-se de um estudo descritivo-exploratório com abordagem qualitativa, realizado por meio de entrevista semiestruturada, com 14 pessoas acompanhadas pela Estratégia de Redução de Danos da cidade de Pelotas/RS. Os resultados apontam que a maioria dos usuários teve o primeiro contato com drogas ilícitas utilizando a maconha e outras formas de administração da cocaína até elegerem o *crack* como droga de escolha. Embora o uso de *crack* seja de forma compulsiva há aqueles que conseguem fazer um uso controlado da substância.

Descritores: Usuários de Drogas; Cocaína Crack; Transtornos Relacionados ao uso de Substâncias.

## ENCUENTRO CON EL *CRACK*: INICIO, TIEMPO, CANTIDAD DIARIA Y FORMAS DE USO

El objetivo de esta investigación fue conocer las trayectorias de uso, así como el patrón de consumo de la sustancia entre consumidores de *crack*. Se trata de un estudio descriptivo-exploratorio con enfoque cualitativo, realizado por medio de entrevista semiestruturada, con 14 personas, acompañadas por la Estrategia de Reducción de Daños, realizada en la ciudad de Pelotas, estado Rio Grande do Sur. Los resultados apuntan que la mayoría de usuarios tuvo su primer contacto con la drogas ilícitas utilizando mariguana y otras formas de administración de la cocaína hasta que eligieron el *crack* como su droga personal. Aunque el *crack* genere uso compulsivo, algunas personal consiguen hacer un uso controlado de la sustancia.

Descriptores: Consumidores de Drogas; Cocaina Crack; Trastornos Relacionados con Sustancias.

### Introduction

One problem that is attracting attention, both of the public authorities, of health organizations and of society in general, is the growing consumption of psycho-tropic drugs, including crack use.

According to the literature, crack first appeared in poor neighborhoods of the United States in the 1980s, attracting mainly young people and users of injected cocaine, who found in smoking cocaine an alternative, low cost option

with equally intense effects and without the risk of contracting HIV, meaning the product was viewed as the cocaine of drugs accessible to the poorer levels of society<sup>(1)</sup>.

In Brazil, the first reported use of the drug was in the city of São Paulo in 1989, when information from police reports of the first arrests for the drug began to circulate in magazines and newspapers<sup>(2)</sup>.

Because of its stimulating, pleasurable effects, together with the low cost of dealing it, crack spread rapidly throughout Brazil in many

different social classes, becoming perceived as a serious public problem in daily life of hitherto unknown proportions and of great impact on family and social life<sup>(3)</sup>.

Results from the latest household survey on psych-tropic drug use in Brazil indicate that 2.9% of those surveyed had used cocaine at least once, while fewer than 1% had used crack and that consumption of this substance had grown progressively in children and adolescents living on the street, especially in the South and Southeast of Brazil<sup>(4)</sup>.

Although crack is not among the most commonly consumed illegal drugs in Brazil, the fact of its use being compulsive and the problems triggered by consuming it have made it a serious public health problem<sup>(5)</sup>.

Moreover, growing consumption and problems related to crack use now pose a great challenge to implementing a care policy for drug problems in Brazil. This challenge calls for an effective response from both government and society in constructing a program of integrated actions including practices related to promoting health<sup>(6)</sup>.

Thus, this study aims to discover the trajectories of use and patterns of consumption among those who use crack in the city of Pelotas/RS.

## Methodology

This study forms part of an integrated research program, "Profile of Crack Users and patterns of use", financed by the Conselho Nacional de Desenvolvimento Científico e Tecnológico, Edital MCT/CNPq 41/2010. It is a descriptive, exploratory study with a qualitative approach.

There were 14 participants, crack users monitored by the Reduced Harm Strategy (RHS) of the city of Pelotas/RS identified by the Reduced Harm Agents (RHA), taking into account the inclusion criteria: being a crack user monitored by the RHS, aged over 18 and who allowed their interview to be recorded.

Data were collected in January 2012 during RHA field work in different neighborhoods of the municipality in the context in which the users found themselves, in other words, places where they used drugs, their place of residence and the workplace (minding cars), in the center

of the city, with each interview lasting, on average, 45 minutes.

There was no previous contact or appointments with the participants and the aim of the study was explained at the time of approaching them to invite them to participate. Users were selected intentionally, depending on who was found in the residence, scenes of drug use and in the different locations in which the RHAs operate.

The data were obtained through a semi-scripted interview that was taped, transcribed and later analyzed following the stages of content analysis, more specifically thematic analysis<sup>(7)</sup>. The data, then, were analyzed in three different steps: pre-analysis, exploring the material and treating and interpreting the data obtained.

So as to guarantee anonymity, the subjects were identified using the name of a precious stone plus an initial for gender and age. The research was approved by the Research Ethics Committee of the Nursing Faculty of the Universidade Federal de Pelotas, record nº 301/2011 and follows all the ethical principles of the 196/96 National Health Council Resolution dealing with research involving human beings<sup>(8)</sup>.

## Results and Discussion

Regarding the socio-demographic aspects of the group studied, the crack users were predominantly young adults, with the prevailing age between 25 and 35 years old, single with elementary or high school level education, without regular employment. The data are similar to those found in the literature: single, low levels of schooling and aged between 18 and 35, without formal employment<sup>(9-10)</sup>.

As for the employment characteristics, the vast majority had informal employment and the most commonly cited professions were cleaner or car minder. Involvement with drug dealing and prostitution as ways obtaining income also emerged in the statements.

*I do a little of everything, cleaning, manicures, anything* (Ruby F31).

*[...] it depends on the day, cleaning, turning tricks, I do what I have to, it depends on the day, on the time, on the place* (Agate F25).

Almost all of the interviews had dropped out of school. Poor levels of education may imply, among other aspects, less activity in the formal labor market, fewer available financial resources and, consequently, greater social vulnerability and it may also be associated with drug use at an early age.

Moreover, few years of study and lack of experience in any work activity mean that informal employment continues to be the means of survival for the majority of crack users<sup>(11)</sup>. This characteristic is in agreement with this study, which indicates that the majority of interviewees found themselves in an autonomous situation.

Drugs consumption has been present in society since the early days of humanity and, in the majority of cases of crack addiction there is an escalation in drug consumption before the first contact with crack.

The first illegal drug used is usually marijuana and, after using this first psychoactive drug, over time, users tend to be motivated by curiosity to discover new pleasures and eventually experiment with other drugs such as snorting and injecting cocaine until they come to crack, the final drug consumed<sup>(12)</sup>.

In the statements, it was noted that using marijuana and cocaine formed part of the daily activities for the majority of interviewees. These data can be observed in the following extracts:

*[...] history of marijuana and cocaine use, then he went on to crack and we both tried it [...]* (Ruby F31)

*[...] I've been using crack since 2003 [...] I started to use cocaine, injecting it [...] I used all that shit, marijuana, everything [...]* (Amazonite F51)

*[...] just cocaine and marijuana, then crack arrived and I decided to try it [...]* (Emerald F35)

Constructing these trajectories shows that, of the 14 interviewees, only one's first experience of drug use was with crack. The other began by using other psychoactive substances, mainly marijuana, followed by cocaine, both snorting and injecting.

*[...] crack is my only drug, I've never smoked marijuana, or snorted [...]* (Amethyst F19)

The subjects' length of time using crack varied between 2 and 15 years and only two had been using crack for fewer than five years. The mean age of starting to use the drug was 26.4, similar data to those found in another study of crack users<sup>(13)</sup> in which the mean age of starting

to use crack was 23.87. This fact may be due to the age of the participants in the study, as 13 of them were 25 or older and crack is considered a recently arrived drug.

*[...] I started using at age 40 (Turquoise F42)*

*I was 19 [...]* (Onyx F28)

*[...] ah, it's more than 10 years, it was years ago, when it first arrived [...]* (Citrine M42)

Due to its specific pharmacology, the predominant pattern of crack use described by the users in this study was that of bingeing, in other words, the users tends to use for hours or even days on end, alternated with days without using, which can even last for entire months, followed by episodes of intense use<sup>(1,14)</sup>.

Of the consumption patterns identified, compulsive use was the most commonly related among the participants of this research, constituting daily crack use, perhaps extending over the entire day until the user reaches physical, psychological or financial exhaustion.

*[...] afterwards, I just sleep, it wears you out, after it I can't do anything, nothing at all [...] when I use it, it's for the whole day and all night too [...]* (Agate F25)

*[...] I use every day, I go through 30 maybe 40 rocks a day, I use it all the time [...]* (Diamond F30)

Statements such as these were manifested repeatedly by other interviewees, highlighting the characteristic compulsive pattern of consumption, outlining an apparent consensus on the difficulty of maintaining sporadic use or controlling the quantity used, attributing a fundamental role to cravings in keeping them addicted, making it difficult to give up the drug.

*[...] it's not easy for me to go for 2 or 3 days without using [...] it's more normal to use it every day [...] I wake up using every morning, and I go to sleep using every night [...]* (Quartz M31).

For the vast majority of the interviewees, the moment at which daily crack use became evident was shortly after beginning to use it. This period of beginning to use crack daily, with intensified use contributing to destabilizing day-to-day life and the relationship depending on it.

Uncontrolled crack use also evident in the quantity of the drug consumed daily attracts attention as the substance is sold not only in the form of small rocks worth around five Brazilian reais as described in many studies, but also per gram according to the interviewees' statements.

Buying crack by weight seems to be restricted to those users with higher purchasing power and when a decent amount of money is available, the crack is sold in grams. Sapphire reported that the highest amount of money spent on crack was 50 Brazilian reais, earned working as a cleaner.

*[...] one day I received my transport ticket for 27 days [...] I sold it for just over 48 Brazilian reais and I bought two grams [...] but you always end up owing, you know? [...]* (Sapphire F48).

Crack sold in grams represents a large quantity of the drug as, according to the information given by the subjects in their statements, one gram is around eight rocks of crack and using by weight is quite abusive. This is illustrated in the following excerpts:

*[...] Look, more than a gram is [...] a gram must be around 8 rocks, I must use around 15 rocks [...]* (Ruby F31)

*I can't even count it [...] it's grams and grams [...]* (Amazonite F51)

On average, the drug users used 68 rocks per week<sup>(15)</sup>. Calculating the values consumed by the users in this study, the practice represents an average of ten rocks a day and, in the case of those who use the drug daily, this figure can reach 300 rocks per month, adding up to around 1,500 Brazilian reais per month spent on crack.

As with the other employments in which crack users were involved, prostitution and drug dealing were also perpetuated in this study<sup>(1,9)</sup>. The women who revealed that they prostituted themselves did so in order to maintain their crack addiction, reporting that they spent everything they earned from selling their body on buying the drug.

*[...] I do it to use [...] I turned a trick, make 250 and went to the boss's home and smoked it all [...]* (Agate F25).

Only two of the users admitted to illegal activities such as drug dealing and petty theft to maintain their vice, the other referred to informal activities such as minding cars, cleaning and even begging for money on the street or from those closest to them.

Once crack has come to occupy an important place in the life of the individual, the urge to consume causes him to undertake activities that can place both moral and physical integrity at risk, as the only thing on which he focuses is using more crack.

For someone experiencing cravings, losing the family, not caring for their own body or spending large amounts, as reported by Topaz, who spent a large amount of money in one day of intense use, nothing seems as bad as not using crack.

*[...] a thousand Brazilian reais [...] it was from a job I did [...] Ah there was so much crack [...] I used it all in 24hs* (Topaz M37).

Although compulsive use was the most commonly reports, among the participants of a study, some were identified who had developed a series of strategies to make regular controlled use of the substance in a busy life, seeking to avoid the interference of substance consumption in their work, developing a time and a place reserved for consumption.

This type of user does what Norman Zimberg, a pioneer in describing patterns of drug consumption, calls controlled use, characterized by rational, non daily use in which the individual manages to maintain their preexisting social activities, without their routine coming to revolve around crack use<sup>(16)</sup>.

*[...] I don't do it every day, only when I feel the urge, like today, I don't want to smoke, it depends on the day* (Amethyst F19).

*[...] I eat, I work [...] that's all I did, I didn't use it during the day, only at night [...]* (Beryl M25).

Crack is usually smoked using homemade pipes, created from various types of materials, such as tin cans and PET bottle tops, among others.

The products used can be diverse, but the way of setting light to the rock is always the same, placing cigarette ash over the rock in the place where the it will be burnt, which is open so that the smoke can be inhaled<sup>(17)</sup>.

As the main material used for smoking the drug is the tin can, repeated contact with heated aluminum can lead to burns on the tongue, lips, face and fingers and, when shared with other users, can be a significant risk factor for catching infectious diseases<sup>(6)</sup>.

We saw that the majority of subjects in this study used crack in pipes improvised from a bottle top, aluminum and a television aerial and only one user reported using the substance in a tin can.

*[...] my pipe is a bottle top [...]* (Agate F25)

*[...] I have a pipe [...] this here is a metal pipe, a PVC bottle top and aluminum [...]* (Ruby F3).

*[...] we make the pipe from a PVC top [...]* (Onyx F28).

*[...] PVC lid and an antenna [...]* (Diamond F30).

Consuming crack from a tin can may be considered more harmful as they are generally picked up in the street or from garbage and may be contaminated with different infectious agents; on the other hand, more than half of the participants who reported using a homemade pipe stated that they shared it with others when they used it, which was also revealed to be a predisposing factor to transmitting contagious diseases.

The use of other drugs as well as of crack was unanimous among the subjects studied, the drugs used were alcohol, tobacco and marijuana. All of the users reported using tobacco when they used crack, this may be because of the need to use cigarette ash when burning the rock to smoke it.

Crack can be smoked in different ways, in pipes or in the form of cigarettes, with the rock placed inside the joint<sup>(17)</sup>. Of the 14 interviewees, eight mentioned using marijuana at the same time as crack, smoking it either together with or after the crack.

Using marijuana and crack together seems to have appeared as an alternative to ease the negative effects of the drug use, such as cravings and other anxiogenic effects. This association enables the user to discontinue use and return to his habitual activities, serving as a significant regulator of crack consumption<sup>(14)</sup>.

*Ah, marijuana after the crack, to relax, to eat, that's when I use marijuana.* (Sapphire F48).

Alcohol also appeared as a drug associated with crack use in the narratives of the subjects, one of the strategies found to reduce the paranoid effects, capable of easing the fear and anxiety<sup>(14)</sup>. Alcohol is also used to calm cravings; however, it can serve as a trigger for some users, encouraging them to consume other drugs.

*[...] always with a beer, always beer [...]* (Beryl M25).

*[...] I drink cachaça [...]* (Onyx F28).

Although many of the users reported frequent alcohol use, especially when using crack, only two of them reported problem use of this substance, revealing that not even crack makes them lose control like alcohol does.

*[...] crack doesn't make me go berserk, but cachaça does [...]* (Agate F25).

*[...] I have more problems with drink than with drugs, with drugs I lose all control [...]* (Ruby F31).

Using alcohol together with cocaine (regardless of the form in which it is taken) is the most frequent association of drugs. This combination results in the formation of a new compound named cocaethylene, the physiological effects of which are very similar to cocaine (strengthening euphoria), although with greater cardiac and hepatic toxicity<sup>(18)</sup>.

Consuming these two drugs together creates greater loss of control in consumption, social problems and violent behavior, leading to risky behavior, being the basis of the more serious clinical situations observed<sup>(18)</sup>.

Although users expose themselves to situations of risk when using the drug, it was noted that many managed to develop strategies to minimize the harm resulting from the substance use. Some users reported that they did not share their substance use apparatus, others limited use to a certain time of day, and there were even those who only used the drug after eating.

## Final considerations

It was possible to show that for almost all of the users, the encounter with crack only occurred after having begun a career of drug use with marijuana, passing through different forms of taking cocaine until reaching crack, the final drug of choice.

The pattern of compulsive use was the most commonly reported by the interviewees, characterized as daily use in which day-to-day life revolved around consuming crack. Faced with countless narratives, describing this experience is to describe compulsion and lack of control towards the drug in which free choice disappears and gives way to increasing crack consumption, even though the body cannot stand more.

There are, in contrast, those who have developed their own strategies to regulate consumption of the drug, turning to other psychoactive substances such as alcohol or marijuana to ease the effects of crack and reduce the harm from consuming this substance.

It was noted that there are other ways to think and discuss the topic that do not place the blame solely for the individual's behavior on the drug

but rather on the subject in the social context in which they find themselves, from the perspective of psychological, sociological and cultural factors that shape motivation, experience and behavior.

Another important factor in the lives of crack users was involvement with drug dealing or prostitution, as they could not control their intense use and began to practice petty theft and sell sex for money to buy crack. Illegal activities with a quick financial return eventually generate not only compromise the user morally and socially but can pose a great risk to their life.

It was also noted that crack is frequently associated with other types of drugs, which can worsen the actual state of addiction and produce codependence; however, it should be pointed out that combining crack with other drugs, especially marijuana, aims to ease crack cravings, serving as an important harm reducing strategy.

In the face of this, the need to concern ourselves not only with abusive use of crack but also with vulnerabilities generated by its use becomes evident, as the problem does not lie in the drug alone but in individuals and in their objective and subjective conditions of existence, justifying the importance and emergence of interventions as well as increasing knowledge of this area.

## References

- Oliveira LG, Nappo SA. Caracterização da cultura de crack na cidade de São Paulo: padrão de uso controlado. *Rev Saúde Pública*. 2008;42(4):664-71.
- Raupp L, Adorno RCF. Jovens em situação de rua e usos de crack: um estudo etnográfico em duas cidades. *Rev Bras Adolesc Conflitual*. 2011;(4):52-67.
- Kessler F, Pechansky F. Uma visão psiquiátrica sobre o fenômeno do crack na atualidade. *Rev Psiquiatr Rio Gd Sul*. 2008;30(2):96-8.
- Carlini EA, Galduroz JCF, Silva AAB, Noto AR, Fonseca AM, Carlini CM, et al. II Levantamento Domiciliar sobre o uso de drogas psicotrópicas no Brasil: estudo envolvendo as 108 maiores cidades do Brasil, 2005. São Paulo: Centro Brasileiro de Informações sobre Drogas Psicotrópicas/Secretaria Nacional Antidrogas; 2007.
- Chaves TV, Sanchez ZM, Ribeiro LA, Nappo SA. Fissura por crack: comportamentos e estratégias de controle de usuários e ex-usuários. *Rev Saúde Pública*. 2011;45(6):1168-75.
- Nonticuri AR. As vivências de adolescentes e jovens com o crack e suas relações com as políticas sociais protetoras neste contexto [dissertação]. Pelotas: Universidade Católica de Pelotas; 2010.
- Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec; 2010.
- Ministério da Saúde (BR). Conselho Nacional de Saúde. Comissão Nacional de Ética em Pesquisa. Resolução nº 196 de 10 de outubro de 1996: diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Brasília (DF): MS; 1996
- Oliveira LG, Nappo SA. Crack-cocaine in São Paulo: accessibility, market strategies and ways of use. *Rev Psiq Clin*. 2008;35(6):212-8.
- Araujo RB, Pansard M, Boeira BU, Rocha NS. As estratégias de coping para o manejo da fissura de dependentes de crack. *Rev HCPA*. 2010;30(1):36-42.
- Galduróz JC. O Uso de inalantes (solventes) entre estudantes de 1ª e 2ª graus em dez capitais brasileiras [tese]. São Paulo: Universidade Federal de São Paulo; 1993.
- Sanchez ZVDM, Nappo SA. Sequência de drogas consumidas por usuários de crack e fatores intervenientes. *Rev Saúde Pública*. 2002;36(4):420-30.
- Guimarães C, Santos D, Freitas R, Araújo R. Perfil do usuário de crack e fatores relacionados à criminalidade em unidade de internação para desintoxicação no Hospital Psiquiátrico São Pedro de Porto Alegre (RS). *Rev Psiquiatr Rio Gd Sul*. 2008;20(2):101-8.
- Ribeiro LA, Sanchez ZM, Nappo SA. Estratégias desenvolvidas por usuários de crack para lidar com os riscos decorrentes do consumo da droga. *J Bras Psiquiatr*. 2010;59(3):210-8.
- Zeni TC, Araújo RB. Relação entre o craving por tabaco e o craving por crack em pacientes internados para desintoxicação. *J Bras Psiquiatr*. 2011;60(1):28-33.
- Zinberg N. *Drug, Set and Setting*, New Haven, Yale University Press; 1984.
- Domanico A. “Craqueiros e cracados: bem vindo ao mundo dos nórias”. Estudo sobre a implementação da estratégia de redução de danos para usuários de crack nos cinco projetos-piloto

do Brasil [tese] Bahia: Universidade Federal da Bahia; 2006.

18. Prior NP, Payá JM, Company ES, Piqueres RF, Calvo MC, Barco RR. Transcendencia del cocaetileno en el consumo combinado de etanol y cocaína. Rev Española Drogodependencias. 2006;31(3y4):254-70.

Received: Aug. 5<sup>th</sup> 2014

Accepted: Feb. 3<sup>rd</sup> 2015