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RESEARCH

Usuários de crack - desenvolvendo estratégias para enfrentar os riscos do uso

Crack users - developing strategies to face the risks of the consumption

Usuarios de crack- desenvolvendo estrategias para enfrentar los riesgos de su uso

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ABSTRACT

Objective: to know the developed strategies by crack users to deal with arising risks of drug consumption. **Method:** qualitative, descriptive and exploratory study. Data collection occurred in 2011, in a downtown city of Rio Grande do Sul, with five users of crack who made use of the drug for at least one year. Data was recollected through semi structured interview with the aid of a recorder. **Results:** the main risks pointed to crack users are psychological and physical. To reduce the risks, they mentioned the individual use, keep the self-care, condom use, marijuana after crack use, the control of quantity of drug used and pipe care. **Conclusion:** the most part of users knows the risks that come with the drug consumption, but not everyone adopts strategies of harm reduction. **Descriptors:** Crack cocaine, Risk groups, Strategies.

RESUMO

Objetivo: Conhecer as estratégias desenvolvidas por usuários de crack para lidar com os riscos decorrentes do consumo da droga. **Método:** Estudo qualitativo, descritivo e exploratório. A coleta de dados ocorreu no ano de 2011, em uma cidade do interior do Rio Grande do Sul com cinco usuários de crack que fizeram uso da droga por no mínimo um ano. Os dados foram coletados por meio de entrevista semiestruturada com o auxílio de gravador. **Resultados:** Os principais riscos apontados pelos usuários de crack são o psicológico e físico. Para reduzir os riscos os usuários referiram fazer o uso da droga individualmente, manter o autocuidado, o uso de preservativo, uso de maconha após o uso do crack, o controle da quantidade de droga usada e cuidados com o cachimbo. **Conclusão:** A maioria dos usuários conhece os riscos decorrentes do consumo da droga, mas nem todos adotam as estratégias de redução de danos. **Descritores:** Cocaína crack, Grupos de risco, Estratégias.

RESUMEN

Objetivo: Conocer estrategias desenvueltas por usuarios de crack para lidiar con riesgos derivados del consumo de la droga. **Método:** Estudio cualitativo, descriptivo y exploratorio. La recolección de datos ocurrió en el año 2011, en una ciudad del interior de Río Grande del Sur con 5 usuarios de crack que hicieron uso de la droga por lo menos un año. Los datos fueron recolectados por medio de entrevista semiestruturada con auxilio de grabador. **Resultados:** Los principales riesgos señalados por los usuarios son el psicológico y físico. Para reducir los riesgos los usuarios refirieron hacer uso de la droga individualmente, mantener el autocuidado, uso del preservativo, uso de marihuana después del uso de crack, el control de la cantidad de droga usada y cuidados con la pipa. **Conclusión:** La mayoría de los usuarios conoce los riesgos consiguientes del consumo de la droga, pero ni todos adoptan la estrategias de reducción de daños. **Descritores:** Cocaína Crack, Grupos Vulnerables, Estrategias.

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INTRODUCTION

The consumption of psychoactive substances is part of human culture for millennia and has not always been understood as a problem. For a long time these substances were used by different societies that associated the drugs to different contexts, as parties and celebrations, religious rituals, disease treatments, among others.¹

However, in the early 20th century it was observed that the use of these substances were linked to health problems and urban disorder, in this way, some substances have been given their use controlled and other prohibited.¹

A typical example that currently permeates our society, the consumption of crack which features strongly with notorious axes of threat to society and urban disorder. In the last five years, the drug has been spreading rapidly across the country, increased levels of violence, expanded its range of users for the middle class and achieved direct health services, either by own effects of addiction, but also by the risks that surround drug users: accidents, violence, sexually transmitted diseases, hepatitis, these last three more frequent among those who share the pipes, precariously built from aluminum cans and other metal objects.²

In addition to the physical problems, users of crack and other drugs, are susceptible to psychological, social and legal. Users suffer constantly with the losses in the family links, relational spaces, in studies and work, as well as the exchange of sex for drugs and also reaching the completion of misdemeanors for the acquisition of drugs. It is not known whether these ducts are in the State of consequences to use drugs, fissure or if is resulting from own intoxication. The fact is that the user enters a serious and complex social exclusion.³

Currently, the debate regarding the consumption of drugs is complex, because it is a subject that involves many areas, among them, the main ones are health, public safety and education, which don't delimit particular spaces of performance.⁴

According to a survey made by the Brazilian Centre for information on psychotropic drugs (Cebrid), connected to the Unifesp (Federal University of São Paulo) in 2005, there were 380 thousand crack users in Brazil. Today, the Ministry of Health estimates that this number will reach 600 thousand. Despite growing investments in Mental Health and the creation of a national policy for treatment of alcohol and drug-dependent, health services, in general, found themselves unprepared to give immediate response to such rapid evolution of the use of this drug, specifically.⁵

The approach in the area of health is directed to minimize the social harm and health attention related to drug use, even if the intervention does not produce an immediate lowering of consumption. The attention focuses on the social needs of the user's health, that needs to be engaged in respectfully outlining the goals for the treatment sought.⁶

Seen the importance of the subject and its complexity, we realize that it is not possible to ban the use of chemicals by society. Therefore, it becomes necessary to health interventions that aim to decrease the damage related to the use of crack, improving the quality of life of the user. Currently users of crack are being excluded from the conviviality of society, not having easy access to the health system, thus becoming susceptible to all risks correlated to the use of drugs, be they physical, psychological and social.

Thus, this article is anchored in the following question: what are the Strategies developed by crack users to deal with the risks of drug consumption? Aiming to meet the strategies developed by crack users to deal with the risks of drug consumption.

METHOD

Study of qualitative, descriptive and exploratory. This is part of a research entitled "Profile of crack users and usage patterns in the city of Pelotas," funded by the National Council for Scientific and Technological Development (CNPq) through the MCT/ CNPq 41/2010 notice. This project consists of two phases, a quantitative and a qualitative approach and aims to characterize the profile of crack users in the city of Pelotas and their usage patterns.

The study was conducted with five crack users. For inclusion of the research subjects, defined the crack user as one who took the drug for at least a year. This time was defined as rich enough to cover cases where crack the culture of information, ie, sufficient information to characterize the drug use situation.⁷ Respondents were selected in the city of Pelotas/RS and data collection occurred in the year 2011.

The method used in this research to select the subject to be interviewed, was the indication of damage reducers, who know the cases rich in information.

The researchers were accompanied by damage reducers in their different places of performance, and approached the crack users inviting to participate in the research, who accepted and signed the Term of Informed Consent (TIC).

The data collection instrument was semi-structured interviews, the script of the interview consisted of questions previously standardized and other elaborate during the interview, covering socio-demographic profile of the subject, the history of drug use, the risks arising from the use of crack and the strategies developed to deal with the risks. In the present work, the definition of "risk" is understood as the user's own interpretation, namely, that he understands and defines as risk.

The data were processed and analyzed from the thematic analysis being organized into three chronological topics: the pre-analysis, exploration of the material and the processing of results.⁸ After all the process of reading and processing the data it was

possible to construct, through the lines of the participants, two thematic categories: Risks arising from the use of the crack; strategies developed by users to deal with the risks.

The research was conducted after approval by the Municipal Health Department along Reduction Strategy damage (RD) of the city of Pelotas and after the favorable opinion of the Ethics and Research Committee of the Pelotas Nursing College under n° 65/2010. The anonymity of participants who signed the TIC was respected. Were also considered at all stages of the research, the determinations of the National Health Council Resolution 196/96 on research on human beings.⁹ The subjects were identified with the initial letter of the name, followed by age and sex.

RESULTS AND DISCUSSION

Characterization of the subject

The study subjects were four men and a woman, with age average of 31,8 years (varying between 22 and 42) and average time of use of crack of 5,2 years (ranging from 4 to 6 years of use). How to breed three were black, one white and one Brown. Most of the subjects had been unemployed or had some kind of informal work, being only a formal worker. The predominant civil State were single, being two of the respondents are married. Regarding schooling only a respondent had full high school, another elementary school, and the remaining incomplete elementary education.

Risks arising from the use of crack

The main risks identified by users of crack are the psychological and the physical after the use and/or abuse of the drug.

State that to be under the effect of the drug may engage in interpersonal conflict situations with other users or with any other person. When the supply of the drug starts to get scarce, disagreements intensify-if conflicts can be generated in discussions ranging from who used more drugs, even involved in theft and cheating attempts between a user and another. This can be detected through the lines.

Bah, walking in the middle of the slum, ghetto, meddle where you don't have to go, check out a quick stop for nothing like that, and the guy always leaves behind as well, always the guy gives a goal, because of the drugs, and there's always consequences, the fights. (J39M).

You can steal something there, and in front there have to fight, and do anything. Plus it's wrong, harming other people right. (B25M).

The symptoms of anxiety, depression and fissure, come accompanied by symptoms such as: impatience, irritability, paranoia and violent behavior, the latter being explained

by a prejudice in executive functions and by the release of norepinephrine, which can trigger fight or flight reactions when the individual believes to be in danger. And then, more possibilities for the user engage in conflicting situations.¹⁰

It is noted, that the crack user is often the victim of physical assaults, as may be evidenced in a study with users outside of treatment (n = 440), in which 63% of these reported they suffered assaults during life and 36% over the last year. In the total group, one-third reported doing melee weapon or fire, which makes the episode even more dangerous, so these episodes almost always require healthcare and its occurrence is directly related to the time of consumption.¹¹

One of the ways used for acquisition of the drug is prostitution in Exchange for money or drugs. At the time of fissure crack users assume risk behaviour, becoming so prone to contamination by some diseases/contagious.

Of course. I am already HIV. But I do not have any use right bro, when I do, I do not have any use (condom). (J39M).

The use of cocaine and crack cocaine induces reduction of immune defenses and expose the user contexts and risk behaviour, such as the trading of sex for drugs and the practice of unprotected sexual intercourse is directly linked to HIV infection. Risk behaviour more observed in the user population are: the large number of partners, unprotected sex and the exchange of sex for crack or money to buy the substance.^{1,12}

Another risky behavior adopted by users is sharing personal utensils such as pipe, which besides HIV can also transmit other infectious diseases such as tuberculosis, for example.

What I'm reckless, too, but I'm aware, is the Division of my pipe. (I31M).

Are common injuries in lips and mouth, caused by Burns by way of consumption of this substance, and in the event of the share, increases the risk of transmission of diseases like herpes and hepatitis C, and other infectious diseases.¹³ Generally, these accoutrements for drug use are improvised with cans, car antennas and other materials, to be handled may result in injury because they are sharp objects. As the crack is usually smoked in a group if there are injuries of mucous membrane, the danger of infection is placed.

Users have reported that when passing days awake doing drug use, the body feels very tired, and subsequently this tiredness becomes psychological, thus leaving the body as a whole in extreme exertion.

I get to be 5, 6 days awake, no sleep, just using drugs. (J39M).

It's hard for me to sleep, I spent days, nights awake. I'm like a zombie. (I22F).

The predominant pattern of use of crack, due to their specific characteristics psicofarmacológicas, tends to the user using the drugs for hours or even days on end, alternating days without use, which can last even whole months, with episodes of heavy use.¹ Crack cocaine also causes hyperactivity, insomnia, loss of feeling of tiredness, loss of appetite and consequent weight loss and malnutrition. With time and constant use of the drug, appear a intense fatigue, a severe depression and sexual disinterest.⁵

Depression post use of crack, occurs by a "depletion" of neurotransmitters in the

brain, thereby "dead" until these substances are again manufactured by the body. Usually lasts a short time, ranging from small hours some days, but the depressive symptoms can be so severe that some people even have ideas and suicide attempts.¹³

In which refer to psychological risks, users have cited discrimination on the part of society as one of the greatest risks, being for some of them this is the risk of greater relevance. Point out that when broken down and destratados, end up entering increasingly into the world of drugs.

The greatest risk so you exclude from society because every person she has a life, study, family, work, this is a normal life of a person, and the greatest risk of crack user, is to move away from that, and live for the use of crack cocaine. (B25M).

They are burning, the staff does not recognize, are burning, oh the guy indignantly. Oh okay then, so I will to noize then to madness. They associate the drug addict as a thief, scoundrel, broken. (J39M).

The user population of crack is exposed to a number of factors that make up a picture of abandonment, how to live on the streets and in precarious conditions. They are often excluded from formal education and work process and these factors lead them to marginalization, stigma, difficulty in social reintegration, and may result in diseases and harms to health in general.¹⁴

The loss of control of the amount of crack use, is also a risky behavior practiced by users, since when are on the drug, fissure and lose control over the amount they are using, they adopt other risky behaviors in search of the drug to feel again the feeling obtained with drug use.

I need to give it more grip. And there you go and put your foot in it in real. You sell your stuff, or sells something from the other, or guy asks you to do a hand, or a mine to sell her body. (I31M).

You go in search of that feeling, there's going to have to increase the amount, and each time more, because you demand everything, you get that feeling, there begins to make madness to acquire the drug, do something. (J39M).

The rift is characterized by the intense desire to use the drug, which can generate different degrees of anxiety, leading many times the user the impulsive attitudes with the sole purpose of obtaining the drug, how to commit thefts, selling personal items and even a prostitute.¹³

As the speaking time of drugs addicts are getting with low self-esteem, self-care degrades, are leaving their basic needs aside, stop eating, and consequently lose weight. End up leaving also take care of your body image, getting several days without showering, walking with dirty clothes and no shaving etc, becoming more susceptible to discrimination.

I think the harmful even is you live to drugs. You won't feed, will leave his own, will leave the food hygiene. (I31M).

The guy is falling apart gradually, goes up as your body. You lose weight, goes down the drain. The hygienic care you don't have, can't ball. You got it! Often you don't take bath. You don't

return any clothes. The self-esteem goes down the drain. (J39M).

Studies show that almost all respondents reported disregard basic needs such as food, sleep and hygiene due to drug abuse. Also reported poorer quality of life to prioritise the consumption of crack compared to all other activities. The fact that the vast majority of users follow this pattern of consumption associated with the employment of few (or no) self-care strategies and/or self-control in the administration of the drug, which aggravates the situation.¹⁵

Strategies developed by users of crack

Some users report that to reduce risk prefer to do drug use individually, because to make use in a group, there are people who can't keep track of its use, and thus can arise a conflict between users when they are about the paranoia and the fissure of the drug.

It sucks that I prefer to use alone. There are people who can't control that use, and always look for other things. Even sell things, and that is already causing you problems and risks. You at risk with the police, and there are more risks than you use yourself, know it you get your drug and go use alone, right guy you have your conscience. (B25M).

The collective use proved to be a way to use that increases the chances of losses, the data show that the confusion in the media collectives of use may occur in several ways, usually related to the delusions and harassing fissure, triggering episodes of physical clashes between users.¹⁰

Part of respondents acknowledge that maintain self-care is really important to mitigate the fallout generated by the continuous use of crack cocaine. Point out that you must have the minimal care, such as feed, hydrate, rest your body and mind, so to minimise the damage and live longer.

If I do exercise, if I feed myself well, if I take enough liquid, I'm definitely going to suffer these consequences of use up front. (B25M).

Must feed, rest, afuu liquid, if you want to continue smoking right, if you want to smoke and don't watch out, you're going to die and not smoking too. (I31M).

Users are guided by reducing damage to drink plenty of fluids, not to forget to feed themselves, the importance of take time to sleep and rest. This population is more susceptible to some diseases when weakened. Thus, it is necessary to have a renewed health care.¹³

The vast majority of users recognize the use of condoms as a protection of diseases. Nevertheless not all adopt this practice, however, some even under the effect of the drug can make the use of condom, thus giving a major step in the prevention of contamination by sexually transmitted diseases.

Gay appeared, giving you money for you to hang out with them, did

right, thank God I always did, I used a condom". (B25M).

The most effective method to prevent against many sexually transmitted diseases, such as aids, some types of hepatitis and syphilis, for example is the condom that prevents an unplanned pregnancy. The condom should not be an option only for those who are not infected with HIV. In addition to prevent the transmission of other diseases that can harm the immune system, prevent reinfection by the virus that causes aids, and may worsen the health of the person.¹⁶

Make use of marijuana after using the crack for the decrease of the fissure, and for a rest after the abuse of crack has also been shown as a strategy for reducing risks and damage to users of crack, since you claim that by using marijuana after the crack, become calmer, giving willingness to feed and rest.

When I see that it's too much, I'll go there and smoke a little, and smoke marijuana, and that eases. The biggest harm reduction that I did, was have smoked marijuana. (B25M).

And start smoking marijuana, then makes you want to eat, take a munchies right, and then I go to sleep, like, I eat. I mean that there the guy gives a sigh of relief. (J39M).

In Brazil, people use their own popular inventions-use less risky experimental drugs, the example of what happens when you use a marijuana cigarette to which they add crack. This is touted as the main strategy to reduce the undesirable effects of crack as anxiety, paranoia, and loss of control. According to users, it reduces anorexia, compulsion to use, aggression, depression and social isolation.¹³

Marijuana can be a therapeutic method for dependence on drugs. Can be used to combat addiction to crack and cocaine, because it stimulates the appetite and combat the anxiety, two serious problems faced by these users.¹⁵

Other harm reduction strategy used by users is achieving control of the amount of drug used, the same report that at the beginning of using this practice is difficult, but that over time, the user acquires a certain control over themselves, controlling its quantity used, knowing when enough is enough then.

Then an hour you have to know that it has to stop. Ended. You have to smoke, without harming anyone, respect in the first place. (I31M).

I prefer smoke because if has I smoke whatever, it ends up, I don't care. Smoke my cigarette, take my rum, keep quiet. I don't steal and I don't go out, I am always on my. (V42M).

In a survey conducted with users of crack, were able to observe that the minority of users interviewed, had reduced the frequency and amount of use of the drug, through external intervention methods, as for example: religious treatment, medicated or psychotherapy. The others managed to reach the controlled usage pattern with strategies of self-control or autorregulação, individual and intuitively developed. I.e. consist of individual strategies, internal protection factors developed by the user himself throughout his life, to be based in their own beliefs, values and experiences.¹⁵

The concern as to the type of instrument used for the use of crack, and not sharing

the same during use, for the prevention of contamination with diseases, was a harm reduction practice little cited and used by users. Most recognizes the importance, but not put into practice.

Nowadays, I use utensils do not share because I use alone, so it's a risk unless I have a separate to me. (B25M).

Use with antenna (awkward silence), or if not with pen (awkward silence). Doesn't burn, metal already you have to cover the tip. (J39M).

The use of pipe to crack users is a strategy employed by various damage reducers and emerged as a way to avoid the user to consume the drug in any container like tin cans and cups hygienic used that offer risk of intoxication due to residues of certain materials, such as plastic and metal. Directs that users don't do hookah already sharing that increase the risk of contamination of some diseases as previously stated.¹³

The pipes must be made of non-porous material, preventing detach any piece to be scraped, you must guide to their use is individual and is shared must have its point protected with a silicone or rubber cigarette holder, to avoid the transmission of diseases.¹³

The lip balm is also being used as a harm reduction measure, usually in addition to cocoa butter they can have Marigold, propolis and vitamin E, helping in the prevention and treatment of wounds caused by the continued use of the labial crack.¹⁷

Despite the change in drug law in the country (which the user consumer caught with narcotics is excused to go to the station), the reports and the data points to what could be termed a differential treatment for this audience.¹⁸ Reports show that the treatment of crack users by police processes so less than cordial. Being so necessary, over use, create strategies to minimize conflicts with the police.

Take several precautions, I follow the schedule of routes, too, if they are over at the Mariners I'm here when they're there, I'm out of here, I've been to another twisted there, and the rogue has the touch, that they're in such area, understand, we strayed. Depending on the way the guy walk, dress, everything that's right they so called who's run, the posture sends a lot, it's got to be a little artist huh, wonder. (J39M).

Yes, you makes it clear that you are not a stupid ignorant and that you know your rights, law is law only I have my right. The thing that I love, is that I am chemical dependent. So there's no way to say that you won't find a pipe in my house, you won't find a sweet wrapper, you won't find a lighter. (I31M).

As strategies to avoid possible episodes of aggression or any conflicts with the police, users adopt some precautions such as: using the drug after the purchase, so you won't run risk of the policemen caught with the same. Others assume the use, reporting that feel important to clarify the cops who are drug addicts, and they know their rights. Refer also, they already know the schedules of routes of police vehicles and thus can avoid the encounter with the same. It was possible to perceive, that some users due to the long time of drug addiction, gain some experience, and learn how to behave in front of cops.

CONCLUSION

In this study, it was possible to realize during the monography, users of crack are exposed to several risk factors during life, which generally increase the possibilities for negative results for the health of each individual, affecting your well-being and quality of life and consequently in the expulsion of the society.

Due to characteristics of drug treatment to be effective is often long and requires a lot of persistence on the part of dependent users of crack. As we have seen in this work most users end up being excluded from society, thus distancing also the health system. As a result of this distance of health services, users over use eventually develop ways to reduce the possible damage that may be caused by drug consumption.

Through the data collection was possible verify that users often are aware of the risk factors to which they are exposed, but still act in some circumstances so contradictory to your well-being, i.e., practice their health risks behaviors even knowing of the dangers they face.

The rift by use of crack has done with the user, assume an abusive pattern of consumption, characterized by social withdrawal, illicit activities and tendency to addiction to other psychotropic drugs such as alcohol or marijuana, for example, stepping up the process of social marginalisation and endangering their physical, mental and moral integrity. It is worth remembering that these behaviors are independent of socio-cultural context and coming becoming more common and severe in major cities.

Due to the risk behaviors practised by users of crack, has increased the chances of contamination by the HIV virus and other pathogens within this population. Given the growth rates of consumption of crack, infectious diseases such as HIV tend to spread quickly within the culture, which generates a great deal of concern.

The combination of use of crack with other drugs sometimes serves as an important harm reduction strategy as can be observed in the study. However this association may worsen even more the situation of the user, enabling the development of multiple drug dependence, making his recovery.

It is very important to understand the process of crack user's life, knowing the issues that surround, as for example: traffic, police, prostitution, among others. This knowledge is essential in the formulation of public policies for assistance to this population. It is extremely important that we have more studies on the topic, in order to have a better understanding of this population, so, who knows, to create public policies adapted to the reality of same.

The question that remains is that why most users know the risks from drug consumption, but not all adopt harm reduction strategies to minimize the consequences

that the drug can cause and the long way of health education that needs to be taken so that these individuals adopt some ways to reduce the damage done by crack.

REFERENCES

1. Raupp LM. Circuitos de uso de crack nas cidades de São Paulo e Porto Alegre: cotidiano, práticas e cuidado [tese]. São Paulo (SP): Faculdade de Saúde Pública; 2011.
2. Ministério da Saúde (BR). Conselho nacional de secretarias municipais de saúde. Crack: Um problema de todos. Brasília (BR): Ministério da Saúde; 2010.
3. Ministério da Saúde (BR). Coordenação Nacional de Saúde Mental, Álcool & Outras Drogas. O crack: como lidar com este grave problema. Brasília (BR): Ministério da Saúde; 2009.
4. Crack, comunicação e saúde [homepage na Internet]. Radis: comunicação e saúde, 2013 [atualizada em jul 2013; acesso em 2013 out 7]. Disponível em: <http://www6.ensp.fiocruz.br/radis/revista-radis/130/reportagens/crack-comunicacao-e-saude>
5. Rocha C. Crack, a pedra da morte - desafios da adicção e violência instantâneas. Brasília (BR): Câmara dos Deputados; 2010.
6. Tammi T, Hurme T. How the harm reduction movement contrasts itself against punitive prohibition. J Drug Policy [periódico na Internet]. 2007 [acesso em 2013 out 22]; 18:[84-7]. Disponível em: <http://dionysus.psych.wisc.edu/Lit/Articles/TammiT2007a.pdf>
7. Diehl A, Cordeiro DC, Laranjeira R, organizadores. Dependência química: prevenção, tratamento e políticas públicas. Porto Alegre (RS): Artmed; 2011.
8. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo (SP): Hucitec; 2010.
9. Ministério da Saúde (BR). Conselho Nacional de Saúde. Resolução N° 196, de 10 de outubro de 1996: diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Brasília; 1996.
10. 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. [periódico na Internet]. 2010 [acesso em 2013 nov 11]; 59(3): [210-8]. Disponível em: <http://www.scielo.br/pdf/jbpsiq/v59n3/a07v59n3.pdf>
11. Siegal HA, Falck RS, Wang J, Carlson RG. Crack-cocaine users as victims of physical attack. J Natl Med Assoc. [periódico na Internet]. 2000 fev [acesso em 2013 nov 26];92(2): [76-82]. Disponível em: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2640535/pdf/jnma00874-0027.pdf>
12. Nappo AS, Sanchez ZM, Oliveira LG, Santos AS, Couradete J, et al. colaboradores. Comportamento de Risco de Mulheres Usuárias de Crack em relação às DST/AIDS. São Paulo (SP): CEBRID; 2004.

13. Niel M, Silveira DX, colaboradores. Drogas e redução de danos: Uma cartilha para profissionais da saúde. Programa de orientação e atendimento a dependentes (PROAD). São Paulo (SP): 2008.
14. Almeida RBF. O caminho das pedras: conhecendo melhor os usuários de crack do município de Recife-PE [dissertação]. Recife (PE): Universidade Católica de Pernambuco; 2010.
15. Oliveira LG, Nappo SA. Caracterização da cultura de crack na cidade de São Paulo: padrão de uso controlado. Rev saúde pública [periódico na Internet]. 2008 [acesso em 2013 set 26]; 42(4): [664-71]. Disponível em <http://www.scielo.br/pdf/rsp/v42n4/6645.pdf>
16. Ministério da Saúde (BR). Secretaria de Vigilância em saúde departamento de DST, AIDS e Hepatites Virais. Recomendações para a atenção Integral a adolescentes e jovens vivendo com HIV/AIDS. Brasília (BR): Ministério da Saúde, 2013.
17. Ministério da Saúde (BR). Coordenação Nacional de Saúde Mental, Álcool & Outras Drogas. Prevenção de drogas e AIDS. Rio de Janeiro (RJ): Ministério da Saúde; 2007.
18. Raupp L, Adorno RCF. Circuitos de uso de crack na região central da cidade de São Paulo. Ciênc saúde coletiva [periódico na Internet]. 2009 [acesso em 2014 jan 12]; 16(5): [2613-22]. Disponível em: <http://www.scielo.br/pdf/csc/v16n5/a31v16n5.pdf>

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