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RESEARCH

The teenagers' idea about the prevention of crack

Concepção de adolescentes sobre a prevenção do uso de crack

Concepción de los adolescentes en la prevención del crack

Juliana Macêdo Magalhães¹, Claudete Ferreira de Souza Monteiro², Maria do Livramento Fortes Figueiredo³

ABSTRACT

Objectives: To describe and understand ideas of adolescents on the crack use prevention. **Method:** A qualitative study with the action research method was conducted, located at the Family Health Strategy, a community located in the state of Maranhão. The subjects were eleven adolescents. The data were collected by means of seminars and analyzed using content analysis. **Results:** It was observed that adolescents have the conception that the use of crack can be triggered by a lack of information. They feel the need to be more prepared in order to better understand the possible ways of prevention, complications and risks resulting from crack abuse. **Conclusion:** It is concluded that the professionals of the Family Health Strategy need to be more prepared when it comes to adolescents, so they can actually recognize the real needs of these individuals. **Descriptors:** Crack cocaine, Adolescent, Family Health.

RESUMO

Objetivos: descrever e compreender concepções de adolescentes sobre a prevenção do uso de crack. **Método:** Foi realizado um estudo qualitativo, com o método da pesquisa-ação, cujo cenário foi a Estratégia Saúde da Família, localizada em uma comunidade do estado do Maranhão. Os sujeitos foram onze adolescentes. Os dados foram coletados por meio de seminários e analisados segundo a análise de conteúdo. **Resultados:** Na concepção dos adolescentes, a família, a escola e os profissionais da Estratégia Saúde da Família são aliados na prevenção do uso de crack. **Conclusão:** Conclui-se que os adolescentes têm concepções de que o uso de crack pode ser desencadeado pela falta de informações. Isso sugere que os mesmos sentem necessidade de serem mais preparados no sentido de entenderem melhor as possíveis formas de prevenção, complicações e riscos decorrentes do abuso de crack. **Descritores:** Cocaína crack, Adolescente, Saúde da Família.

RESUMEN

Objetivos: Describir y entender los concepciones de los adolescentes en la prevención del consumo de crack. **Método:** Se realizó un estudio cualitativo con el método de la investigación-acción, que fue el escenario de la Estrategia Salud de la Familia, una comunidad localizado en el estado de Maranhão. Los temas fueron: once adolescentes. Los datos fueron recolectados por medio de seminarios y analizados mediante análisis de contenido. **Resultados:** Se observó que los adolescentes tienen la concepción de que el uso del crack puede ser provocado por una falta de información. Sienten la necesidad de estar más preparado para entender mejor las posibles formas de prevención, las complicaciones y los riesgos del abuso del crack. **Conclusión:** Se concluye que los profesionales de la Estrategia de Salud Familiar necesitan nuevos ojos a la adolescencia, que en realidad pueda reconocer las necesidades reales de estas personas. **Descritores:** cocaína crack, Adolescente, Salud de la Familia.

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INTRODUCTION

One of the major problems experienced by society is the consumption of drugs. This consumption is characterized as a serious public health problem, in virtue of the physical, biological, psychological and social impacts of this phenomenon in the life of users and society in general.

Adolescents are more vulnerability to the use and abuse of drugs.¹ Scholars affirm that the adolescent is an essentially vulnerable being, because they are often involved in situations that bring risk, due to the ideas of immunity and power that permeate their mind, taking the same thinking which are exempted from the chemical dependence.² In this understanding, if the members of the group of friends are crack users, the greater the chances of occurring this experimenting leading to psychoactive substance use and its dependence.

The use of the crack, by its turn, interferes in the lives of adolescents, a time that may compromise substantially their dreams, planned before they become chemical addicts.

Chemical dependence has ceased to represent concern only for family members and healthcare professionals, making it a collective problem, especially because the losses originated from this dependence have repercussions in society, public management, in the preparation of budgets and in the formulation of government policies.³

In this context, it is essential that the work be primarily for the prevention and awareness of adolescents so that they feel prepared to say no to drugs. Furthermore, family should be present, being of great influence in the adolescent's

lifestyle. It is the family that transmits the first rules of ethical and moral values capable of making the adolescent have a good basis for the appropriate psycho-emotional development when they are an adult.⁴ Thus, families who use drugs, be they licit and/or illicit undermine the moral values, since the adult members tend to be the model for adolescents.

Faced With this reality, it is essential to know the ideas of adolescents on the prevention of crack use, because on that basis it can contribute to new public policies and guide actions developed by health professionals. Considering the above, the objectives of this study were to describe and understand ideas of adolescents on the prevention of crack use.

METHODOLOGY

An exploratory study with a qualitative approach was conducted, as this enables the closest approach with everyday life and experiences of the subjects. The study setting was a community in the city of Caxias - MA, Brazil. The subjects were 11 adolescents. The inclusion criteria were those who lived in that community and lived near the family health unit, because of being a rural area the micro areas are very scattered and it could hinder the participation of subjects in the research.

It is noteworthy that this study is part of a master's dissertation. This counted with the participation of 33 adolescents and they were called by the letter D, followed by a sequential number from 1 to 33. However in this cut are present 11 subjects who effectively participated in two seminars.

The data were produced in the months of May to December 2012, by the method of action research by facilitating the interaction between adolescents and researchers. This method favors a space for debate and search for new knowledge and practices, being a collective construction between the various actors involved in the problem.⁵ The techniques used for data collection were participant observation and the seminars, which obtained information related to the conceptions of adolescents on the prevention of crack use.

The data were submitted to the thematic analysis procedure, forming analytical categories. The data analysis and interpretation were performed by content analysis technique, which includes the thoughts of the subject through the content expressed in the text, in a clear conception of the language.⁶

All ethical procedures were adopted and the study was approved by the Ethics in Research Committee of the University Center UNINOVAFAP (CAAE No 0496.0.043.000 -11).

RESULTS AND DISCUSSION

The subjects were in the age range between 12 to 18 years, 7 females and 4 male, unmarried, living in places where there was drug trafficking. As for schooling, they were in elementary school. The subjects were Catholics. Most of The subjects of the study (8) lived with their parents and 3 lived with their mother.

Although drugs are prohibited for children under 18 years old, 07 subjects reported using alcohol and 03 reported having previously smoked cigarettes out of curiosity. In relation to the use of

illicit drugs, they informed that they have not used them.

Conceptions of adolescents on the prevention crack use

Drug consumption is increasing in Brazil and among the protective factors we can highlight the family. Considered as a responsible institution for promoting the education of children and influencing the behavior of those in the social environment, their essential role being the development of each individual.

The family's role in the development of each individual is of fundamental importance, since it is within the family that are transmitted the moral and social values that will serve as the basis for the adolescent's socialization process. The family environment should be a place where there is harmony, affection, protection, and all the support needed for the resolution of problems of its members. Therefore, they can give the adolescent the support needed to develop proactive attitudes, such as motivation, self-confidence and the construction of identity of an adolescent outside the world of drugs.

When prompted to adolescents, they relate crack with their life obtaining the following testimonies:

I don't use crack because I listen to my parent's advice (D 29).

Parents giving advice to children, they will not use drugs (D 33).

The government giving education to young people (D 02).

In the idea of the adolescents, family has the ability to be a protective factor in crack use,

because, through the constant dialog of parents with children, the family operates in an integrated and coherent way, as an articulated whole, thus benefiting the individual development of the adolescent being.

The Inter-American Commission for Control and Abuse of Drugs shows that those parents who are very involved in the lives of their adolescent children can almost always reduce the likelihood of drug use or avoid the advance for conduits for the consumption of more abusive drugs.⁷

The testimony below refers to the country as an important means of training, which must participate in the entire process of awareness, which is necessary for the children to prevent the use of the crack and its complications.

Parents talking about drugs, they will not use them (D 05).

The family can develop a protective effect, cultivating values; rules and routines, household availed through the components of each family nucleus, in addition to the sharing of information between the family members about their routines and daily practices, which provide the adolescent a shield against drugs.

Therefore, family cohesion added to education will provide the adolescent a good social dynamics, because both are not presented in an isolated form, there is considerable integration between them, and transversality. In addition, the protective factors must be associated with a quality of life and the appropriate information about drugs.

Information as a protective factor must be complete, correct and cover the majority of people from different social classes, a time that, the incomplete information, vague and of little utility

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can operate in opposite way desired, arousing curiosity and the desire to try drugs.⁸

Evidence of the negative effects obtained with the use of psychoactive substances is relevant, but when approached in an isolated way disregarding the critical reasoning of adolescent, generates a temporary and fragile assimilation.⁹ Information, and a good monitoring and family orientation in the experience of adolescents, exerts positive influence to say no to drugs.

It is worth pointing out that adolescents perceive the school education as an important ally in the prevention of drug use.

A person who studies has no relationship with drugs, they think only about studying (D 22).

[...] children have to go to school to stay away from drugs (D 30).

Moreover, the prevention of the use of crack is more effective when discussed within the context in which the adolescent is inserted. In this respect, the teacher is an excellent coordinator of preventive activities in function of their fundamental role in education, training of intellectual and emotional adolescents in schools.

[...] I study in a school that has - PROERD (Educational Program of Resistance to the Drugs and Violence), but not everyone can participate. Therefore, the teacher could speak in the classroom about drugs. I think it's good (D 15).

In the adolescent's conception, the teacher is an important ally in the prevention of crack use. This can develop health promotion and prevention activities through science fairs, lectures,

literature, extracurricular work and including the day-to-day classroom. These activities occur according to the student's need or according to a pedagogical school calendar.

The teaching environment that demonstrates clear and consistent rules on conduct deemed appropriate by society is also a protection factor, if this is part of a school-student educational process, which considers each time more the participation of students in decisions about school issues, with the inherent and progressive acquisition of responsibility.

Thus, education is viewed as a significant form of primary prevention for crack use by adolescents. However, it is possible to perceive the lack of actions that imprint in the speeches of the following subjects:

Talking more about crack in schools (D 09).

The school should address more topics such as drugs (D 29).

The adolescents in this study suggest that it is more about the topic addressed as drugs in schools; this is due to the need to be more prepared in a better understanding of the possible ways of prevention, complications and risks of crack abuse. Asserting that the school is an important means of information, being this institution, thus, relevant in the development of a critical vision reflective of adolescents in relation to drugs. Therefore, they can carry out an effective prevention the use of the same and even application of strategies to reduce damage.

In spite of the school, be considered an institution with potential to work the prevention of drug use, the teachers often feel they are not prepared to talk about this topic in the classroom. The teachers of elementary and middle level
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education often are not sufficiently trained to transmit information on drugs for their students, despite receiving training in the area.¹⁰

With this, they feel fear and insecurity to deal with the prevention of the use of drugs and end up delegating this role for the health professionals, being that to combat the drugs the most effective method is a shared responsibility, involving all social network, such as the school, family, health professionals, community and the government. However, if each one does not assume their role in this process, it ends up weakening the preventive process.

Conceptions of adolescents on the actuation of the Family Health Strategy towards crack use

The speeches of adolescents also reflect the thought that the existing policies and strategies, with respect to the use of crack, are not yet engaged, requiring a greater involvement of all those who are part of the health services.

[...] the doctors of the unit by giving lectures and guidance for people on crack cocaine, the drugs, they would not use them [...] (D 02).

Health professionals should lecture more (D 09).

In educational lectures, adolescents have to talk too, not just doctors (D 05).

Thus, it is perceived that the adolescents are important in the preventive process of crack use. Thus, because they are not health professionals only the protagonists, they must interact with adolescents and encourage reflective critical thinking so they can build their own opinions about crack.

The adolescent is an individual in formation, with modifications on the physical and psychological scope. They build their knowledge and ideas from the experiences of everyday life and a range of information that the world offers. Thus, it is expected that need to obtain more knowledge, always be informed and at the same time to express and be able to share their opinions, as observed in the speech of deponent 05.

It is important that, in drug prevention operations, health professionals let the adolescent expose their knowledge, because it will be possible to know their motivations for the consumption of drugs. In this context, it is important for professionals who are part of the Family Health Strategy (FHS) take into account the prior knowledge of each adolescent, enabling them to have a voice and time in educational activities and that, through discussions on these activities, can fortify them to make correct decisions in their lives.

Health education is a practice scheduled and assigned to all the professionals of the family health team. Thus, they may develop educational actions, mainly, through meetings in groups, lectures, home visits, and in the consultations in an individualized manner.

The role of health professionals is not only linked to the treatment of individuals and their respective disease, but also has a feature of preventive education, information and social re-introduction.¹¹

In the FHS, the multi-professional team knows the area in which it operates as well as those who are most vulnerable to the use of psychoactive substance, history of current use and consumption pattern of the substance. They are aware of the problems related to the use, these professionals can intervene by conducting

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educational campaigns, seeking partners such as the school, residents association, managers, churches, lastly, integrate the social network in which these subjects are inserted, in order to combat crack.

Despite the recognition that the preventive work on use of crack is indispensable and that the professionals of the FHT can play an important role in prevention, he needs to be prepared to develop strategies for self-care of individuals more vulnerable to crack use. According to the statement below:

The adolescents have to take care (D 01).

[...] the adolescents have to consult them (D12).

The doctor must practice health (D 04).

It is perceived that the subjects of the research see the consultation of health professionals able to contribute with significant changes in the lifestyle of the adolescents more vulnerable to crack use. This may be because in nursing consultations, the nurse also uses soft technologies, such as listening, openness, accountability and skills that foster professional-client relationship.

Nurses should interact with the family and educational institutions, towards a prevention consumption of more effective drugs, the youth aware of the problem, its causes and consequences.¹² Thus it becomes essential for nursing act in an interdisciplinary manner to sensitize the adolescent.

Therefore, the importance of nursing intervention, as a strategy to prevent the use of the crack, is of utmost importance, since this professional is closer to the community. The nurse,

as an educator and provider of health should use their knowledge to seek the adolescent, encourage them to participate in meetings, dynamic, debates and lectures, always with enhancement of active listening, allowing the speech of the young and the access to the health service.

In the nursing consultation care is provided focused on users thus listen to people's needs, not limited to the formal structure of consultation with a focus on individual patient, but rather expanding relations, to extend the look for the family and the context in which a person lives. The nurse can provide subsidies for adolescents find determinant factors that may keep them away from crack.

The preventive approach with respect to drugs in adolescence must include family and sociocultural factors, which may leave the adolescent exposed to contact with drugs. Thus, a more efficient and holistic prevention plan will be created.¹³

It Configures itself as advantageous include in the plan of prevention to the motivation of the adolescent, the rescue of their self-esteem in consultations, home visits, group meetings, and in educational lectures. The adolescent must present itself as the center of the matter and active participant of the activities to be performed.

CONCLUSION

It was considered that adolescents have ideas that crack use may be triggered by a lack of information. This suggests that they feel need to be better prepared in order to better understand the possible ways of prevention, complications and risks of crack abuse.

It appears, also, that the role of the Family Health Strategy in the practice of health education J. res.: fundam. care. online 2013. dec. 5(6):28-35

for prevention of drug use along this vulnerable clientele, namely adolescents. In addition, that education put adolescents as actors capable of being aware and promote awareness of their social group.

It is noteworthy that in order to combat the crack is necessary shared responsibility, involving all social networking such as school, family, health professionals, community and government. There is no transfer of responsibility and, yes, mutual help among the various sectors that involve being an adolescent.

The study demonstrated that the Family Health Strategy professionals need new eyes for the adolescent being, to actually recognize the real needs of these individuals. These primary care professionals, when conducting educational activities should involve the adolescent, family and community, as these tactics help adolescents in the formation of concepts and values , which will strengthen protective factors.

Thus, policy articulation, the reception of teens and their integration in large spaces are challenges present in daily practice, since it is necessary to include more access to information, knowledge of public policy on drugs, acceptance of these actions in their practice, communication and integration with other sectors of the network.

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