

Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Motivações para o tratamento de usuários de crack em uma comunidade terapêutica

Motivations for the treatment of crack users in a therapeutic community

Motivaciones para el tratamiento de usuarios de crack en una comunidad terapéutica

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ABSTRACT

Objective: To know the motivation of crack users for the treatment in internment environments. **Method:** This is a descriptive and qualitative research, which delineates a series of cases. 20 crack users of the male gender were interviewed, aged equal or over 18 years old, who were admitted in a Therapeutic Community in the South region of Brazil. A semi-structured interview script was used and the data were analyzed by means of thematic content analysis. **Results:** Three categories that reflect the motivations for treatment were found: "Perceiving the harmful consequences of the crack", "The compulsive use of drugs as a triggering factor of the treatment" and "Family participation in the search for treatment". **Conclusion:** Significant events (turning points) favored the cessation of the crack use and the family assumed a very important role in the behavior of individuals in relation to the exclusivity with the drug. **Descriptors:** Illegal drugs, Crack, Cocaine, Treatment centers against the abuse of Substances, Family.

RESUMO

Objetivo: Conhecer a motivação de usuários de crack para o tratamento em ambientes de internação. **Método:** Pesquisa descritiva e qualitativa, com delineamento de série de casos. Foram entrevistados 20 usuários de crack do sexo masculino, com idade igual ou superior a 18 anos, internados em uma Comunidade Terapêutica da região Sul do Brasil. Foi utilizado um roteiro de entrevista semiestruturada e os dados analisados por meio da análise de conteúdo temática. **Resultados:** Foram encontradas três categorias que refletem as motivações para o tratamento: "Percebendo as consequências prejudiciais do crack", "O uso compulsivo de drogas como desencadeador do tratamento" e "A participação da família na busca pelo tratamento". **Conclusão:** Eventos significativos (turning points) favoreceram a interrupção do uso de crack e a família assumiu um papel importante no comportamento dos indivíduos em relação à exclusividade com a droga. **Descritores:** Drogas ilícitas, Cocaína crack, Centros de tratamento de abuso de substâncias, Família.

RESUMEN

Objetivo: Conocer la motivación de usuarios de crack para el tratamiento en ambientes de internación. **Método:** Investigación descriptiva y cualitativa, con delineamiento de serie de casos. Fueron entrevistados 20 usuarios de crack, de sexo masculino, con edad igual o superior a 18 años, internados en una Comunidad Terapéutica del Sur de Brasil. Fue utilizado un guión de entrevista semiestruturada y los datos analizados por análisis de contenido temático. **Resultados:** Fueron encontradas tres categorías que reflejan las motivaciones al tratamiento: "Percibiendo las consecuencias perjudiciales del crack", "El uso compulsivo de drogas como desencadenador del tratamiento" y "La participación de la familia en la búsqueda por el tratamiento". **Conclusión:** Eventos significativos (*turning points*) favorecieron la interrupción del uso de crack y la familia asumió un papel importante en el comportamiento de los individuos relativo a la exclusividad con la droga. **Descriptor:** Drogas ilícitas, Cocaína, Crack, Centros de tratamiento de abuso de sustancias, Familia.

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INTRODUCTION

Drug use is a complex phenomenon, which has origins and consequences in various sectors of society. In face of this assertion, the crack has caused concern because of the serious health and social consequences related to its use, such as increases in violence indexes, high mortality rates, transmission of infectious diseases and, lastly, family and social disengagement among users.¹⁻²

The crack is a byproduct of cocaine, resulting from the combination with sodium bicarbonate, and potent stimulator of the central nervous system, which appeared in Brazil in the late 1980s.³⁻⁴ As for the epidemiology of the use, a research performed in the 108 largest Brazilian cities, with individuals from 12 to 65 years old, found that the proportion of individuals who used crack at least once in their lifetime was 0,7%, and, among students, latest data indicate that this percentage is 0,4.⁵⁻⁶

Although crack is not the most consumed drug in Brazil, its severe consequences and the increased demand for treatment, especially in Therapeutic Communities (TC), have attracted attention of the public power and of the organized civil society.⁷ According to the National Health Surveillance Agency (ANVISA), TC is the name given to the care services for individuals with disorders related to use, abuse or dependence on psychoactive substances, which operate under a regime of residence in line with the psychosocial model.⁸

The expansion of TC might be seen as a response to increased drug use, associated with the shortage of consistent and comprehensive public policies in this area. In this context, the increased consumption of crack has burdened the public health system, which was in a fragile status, devoid of specific environments for treatment and of integrated care networks aimed at assisting drug users.⁷

In general, the crack user tends to be refractory to treatment and takes long periods to achieve stable patterns of abstinence.⁹ In contrast, studies addressing the reasons that lead users to cease drug use and adhere to treatments in hospital environments are still scarce, and much of the existing ones drive their results to the ability of users to maintain recovery.

Therefore, one should observe a gap in the knowledge about the motivations that lead users to come off drugs, as well as in their relationship with the search for treatment. Author indicates the need for investigations on the elucidation of the so-called turning points, which are significant life events that tend to favor the interruption of crack use, and the relevance of detecting moments of the life course of individuals in whom other devices (health, social and cultural) that are not the formal treatments emerge as supporters of the amendment of the exclusive relationship with the drug.⁹

In light of the foregoing, the aim of this study was to understand the motivation of crack users for the treatment in internment environments.

METHOD

This is a descriptive study, with qualitative nature, which delineates a series of cases, performed in a TC from the South region of Brazil. The study of series of cases consists in describing a group of ten or more individuals with a disease or problem in particular, and it is common having a retrospective analysis of analyzed cases.¹⁰

The TC in question is a non-governmental institution that serves drug users of the male gender, from the age of 12 years. It follows the operational criteria advocated by the ANVISA and is linked to the Municipal Council on Drug Policies from the municipality where it is located and to the Brazilian Federation of Therapeutic Communities.

The study participants were 20 male crack users, aged over 18 years, who were being treated in the TC during the period from May to July 2011. In order to select the participants, consultations to the “report of stages” were conducted. This report is a specific form of the institution that contains the name of the users according to the stage of treatment, in which an item was included to identify the type of drug used, filled from information elaborated by supervisors and/or health professionals who worked in the Community.

The individuals were individually approached by the researcher and a supervisor and /or health professional from the institution to participate in the study. After this initial approach, the users were sent to a private room of the Community for being clarified about the reasons and ethical aspects inherent to the study. Then, the Free and Informed Consent Form was signed in two copies and, subsequently, the interview was performed.

The semi-structured interview script was composed of two parts: the first aimed at collecting socioeconomic data (age, breed/color, years of schooling, marital status, children, religion and occupational status) and identifying the trajectory of drug use; and the second consisting of open questions about the triggering factors for treatment.

In order to achieve greater data reliability, the interviews were recorded in digital media and had an average length of 30 minutes. The full transcription of the collected data was conducted by the researcher and three academic students of the Nursing Graduate Course, after their previous qualification, and the records were checked by the main researcher after the typing process.

In order to analyze the collected material, the technique of content analysis was used, in its mode of thematic analysis. Thematic analysis is aimed at discovering the units of meaning that comprise a communicational context, whose presence or frequency has some significance for the targeted analytical objective, and, operationally, covers the phases of pre-analysis, material exploration, treatment of obtained results and interpretation.¹¹ To that end, the records of the interviews were wearily read, followed by the organization of data into three categories.

The accomplishment of this study was authorized by the TC and approved by the Standing Committee on Ethics in Researches with Human Beings from the State University of Maringá (Opinion nº 040/11). All regulatory guidelines and norms for researches with humans were respected. In order to ensure anonymity, the users were identified by means of the letter E, followed by Arabic numerals, according to the sequence of the interviews.

RESULTS AND DISCUSSION

The age of the investigated subjects ranged from 18 to 44 years, with the majority of them in the age group from 20 to 39 years; they were identified as mixed breed/color or black, unmarried, childless, with defined religion, had completed the High School and were unemployed before the admission to the TC. In general, the trajectory of drug use started with alcohol, tobacco and marijuana, and ended with the abusive use of cocaine and/ or crack.

The socioeconomic profile found in this study was similar to what is described in the literature for drug users: young people or adults, in economically active and reproductive phase, without employment links, with low income and level of schooling incompatible for their ages, thus conforming to the vicious cycle of repetition and school dropout.¹²⁻³

The presence of users in youth years or in early adulthood is characteristic of the “crack phenomenon”, which denotes a type of use more associated with disruptive processes in relation to social life. The low schooling entails, among other things, a lesser inclusion in the formal market, lower availability of funds and, consequently, greater social vulnerability.^{1,4}

The unfavorable socioeconomic condition is also related to inadequate housing conditions, schooling incompatible with age, underemployment or unemployment, in addition to other conditions that, associated with poverty, contribute to increased violence indexes and the participation, direct or indirect, in trafficking and in criminality.¹⁴

The importance of identifying the trajectory of drug use is justified for being an effective tool in building strategies to stop the increased exposure to the risk provided by a progression of drugs.¹⁵ It was found that most interviewees started using drugs with alcohol and/or tobacco, substances with broad commercial availability among young people, although the sale is prohibited by law, which appear as elements of great cultural acceptance, disseminated in all socioeconomic classes.^{13,16}

The use of crack as the last usage drug was also identified in a study performed with crack users, whose aim was to identify a progression in drug use. The study found that the crack was the last drug used by 31 interviewees, thus concluding that the drug users

advance in search for new emotions until they meet the crack, which prevents exchange or return due to addiction and/or compulsion that is installed after using.¹⁵

The reasons for treatment were grouped into three thematic categories: “Perceiving the harmful consequences of the crack”, “The compulsive use of drugs as a triggering factor of the treatment” and “Family participation in the search for treatment”, which will be presented below.

Perceiving the harmful consequences of the crack

In this category, the perception of users about the harmful consequences of the crack appeared as initial motivator in the search for treatment, as follows: “[...] *I started using crack, and then I started to know that crack is a drug that could kill one person little by little, that would terminate everything I had, so I decided to seek help.*” (E3)

The harmful consequences of the crack were perceived by users in different aspects, mainly through the losses of emotional/psychological and economic/financial order.

The crack had already killed all the love and hope I had inside me, all my willingness to live, I had lost everything. (E18)

I was starting to sell some belongings; crack was not being a good thing for me. (E2)

[...] then it brought me that desire to smoke crack, so I spent all my money, I changed all my clothes, sneakers, I came home only with an old sandal and a short. (E4)

Physical and professional consequences were also perceived by the interviewees, as seen in the following statement: “*I started to lose weight, to lose physiognomy, I was losing my principles, which were my occupations, which I liked to do, and abandoned everything because of crack.*” (E7)

The social and family disengagement, reported by crack users, was not observed in the speeches of many users, but according to information from health professionals who worked in the TC, many of them had a history of family ruptures and experience on the streets. It is noteworthy to highlight the following report in this category: “[...] *at the age of 19, I tried the crack, and it was through the crack use that I ended up everything, motorbike, car...So I decided to go out of the country, in order to try to get my family back.*” (E15)

Regarding the motives and reasons described by crack users to perform the treatment in the TC, it was found that the perception of the harmful consequences of crack was predominantly one of the first motivating events for stopping drug use and seeking some form of treatment.

Study conducted with crack users in a psychiatric emergency unit has drawn attention to the spontaneous search on the part of users to chemical dependency treatment, mainly because of the fact that the crack is considered a disturbing drug in relation to critical judgment. Nonetheless, in some individuals, it was perceived that the

demand for care has emerged as a means to “relieve” the long periods of drug use on the streets, without signals of motivation for stopping the crack use.¹

Unlike the aforementioned study, it might be stated that, due to the specific characteristics of the TC, which operates under a regime of residence (nine months), the desire for treatment is one of the first requirements assessed by the technical staff and by the psychologist for admitting users. Furthermore, it was observed, in most of the analyzed cases, actual behaviors toward interruption of crack use, influenced by the recognition of the damages caused by this drug and, to some extent, by the actions and behaviors of their family members.

Accordingly, prevention strategies with information about the harmful consequences of drugs must, therefore, be started in school age, because users have access to drugs at earlier ages. Thus, it becomes essential having a special care by health professionals from primary care, by using the Family Health Strategy and the action together with schools to raise awareness and foster the establishment of educational activities for preventing the drug use by children and teenagers.¹⁷

The availability and the knowledge of information about drugs and implications of their use are highlighted in the literature as important protective factors against the drug use initiation. Among the means of dissemination, the information brought by the family is considered the one with the greatest impact and it is the most efficient in preventing drug use.¹⁸

The compulsive use of drugs as a triggering factor of the treatment

The compulsive use of crack and of other drugs, characterized by lack of control over the use of psychoactive substances (PAS), was identified by users as an important element in stopping the crack use and in searching for some treatment form. *“I started using it and didn’t kept control of myself, I started smoking ‘mesclado’ (mixture of crack with marijuana) and then I already went to the can, that’s why I’m here.” (E1)*

The pattern of compulsive use of crack and of other drugs might be defined as the daily intake, during up to nine consecutive days, and that generally only ends when the user reaches the physical, mental or financial exhaustion¹², and it is identified as an important aspect for conducting the treatment by users in the category at stake.

Accordingly, the determination of the pattern of use of the PAS must be used by health professionals, especially in the primary care scope, since it allows to classify users to the composition of groups with regard to the types of drugs, establish the level of consumption of each one of the drugs, identify the reasons for use and the severity of dependency, thus enabling the staff to assess the effectiveness of therapeutic schemes and outcomes of the applied therapy through the change in the consumption pattern.

Conversely, authors have also indicated the existence of a controlled use in the crack culture, defined as a more rational use, with smaller individual and social implications, and that deserves more detailing, mainly regarding the strategies adopted to achieve it, since these users have fewer disruptions with their network of social, working and family relationships, and, therefore, are less likely to seek treatment.¹²

The uncontrolled use of crack, associated or isolated from other drugs, was a characteristic often identified among the statements, as can be seen in the following reports:

Three years ago, I started drinking again, I have been excited until now... Also smoked marijuana, smelled cocaine a lot, I spent the whole night smelling, it was killing me. (E19)

I used too much crack, marijuana, cocaine and alcohol, that's no longer a use, that's an abuse, I no longer had control of nothing, had no respect from anyone. (E4)

The use of multiple drugs associated with crack, characteristic often observed among crack users¹⁹, can hinder the suitable identification of disorders resulting from the use of existing substances, thus serving as a confounding factor in relation to the interference of a certain substance on health, in addition to hampering the treatment adherence and its respective success.

Furthermore, it was observed that the involvement with drug trafficking and the perception of risks of this activity was reported by many users as one of the reasons for treatment in the category at stake.

I dealt with crack, sold, bought, I was not able to control myself, so I decided to ask for help, because I was marked to die. (E7)

[...] at night I was selling drugs, it was very dangerous, and during the day I worked. (E20)

The involvement with drug trafficking, mentioned by users, as well as the selling of their own or family belongings, participation in criminal and illegal activities, and the fact of making sex for crack or money, might be present in the lives of crack users, which are considered as important markers of severity.

Study conducted on the strategies developed by these users to deal with the risks resulting from the drug consumption found that the rules of drug trafficking must be thoroughly followed, because the consequences might be severe, such as, for example, murders, beatings and other damages, as well as the arrest and violence coming from the police forces. The recognition of these risks seems to have motivated the users participating in this study to stop the crack use.²⁰

Family participation in the search for treatment

In this category, it was evidenced the support of families in relation to the factors related to the search for treatment in the speeches of the interviewees: *"My sister always said: don't you want an internment? Suddenly, she took a flyer talking about this place, so I saw it, how beautiful it was! Then I decided to seek internment."* (E2)

Accordingly, the family participation plays an important role in the behavior of individuals who make use of drugs. This fact is configured as a result of relationships and

bonds established with families throughout the process of emotional growth and maturation of such individuals.¹

Nevertheless, the lack of information, understood as the absence of knowledge on the theme of drugs, encompassing effects, consequences of use, abuse and dependence, might be evidenced in many families. Incomplete, vague and useless information might work in a contrary manner to the desired purpose, thus arousing the curiosity and consequent experimentation and use/abuse by individuals. Given the above, in general, among drug users, the lack of information is prevailing or they are available in an incomplete and ineffective form in terms of prevention.¹⁸

Early family intervention in the face of the issue of drugs is essential to stop an escalation in the use and prevent future damages. Study aimed at identifying the sequence of drugs used by users and former users of crack found that the early and strong consumption of one or more drugs were determinants for the progression in drug use until the crack.²¹

In general, family participation in the issue of drugs is considered an important element, because the existence of healthy relational bonds between individuals and their family members, as delimitation of responsibilities, family support and affection, is indicated as a protective factor in relation to the drug use. Accordingly, prevention programs against drug abuse must elaborate guiding strategies to involve families.²²

Despite the support of families, the presence of violence in the family environment, characterized as fights and discussions for the cessation of the crack use, was found in many investigated cases.

The culminating event for my admission was a heavy fight I had at home, she (mother) asked me if I wanted to be helped, and I told her she couldn't help me. She said: "Don't you want to be admitted?" I did a moment of silence and accepted the treatment. (E6)

A weakened family context can act as a trigger of drug use, and the domestic violence is indicated as an important factor of family dysfunction. The existence of a drug user in the family scope generates a strong impact on the user and its family, thus leading to family crises, situations of violence, increased hospital admissions and deaths.²³

Another aspect that draws attention refers to the recognition of the importance of the participation of families in the search for treatment, which is mentioned by many users as one of the only solutions, i.e., "one last cry for help", in view of the situation in which they were involved.

They had never seen me come home in that condition (my relatives), that was the day in which I asked for help, I told them I could not take that anymore, I wanted to be interned, then they helped me. I don't know what I would have done without their help. (E4)

Heavier consumption patterns and worst social indicators are commonly observed characteristics in crack users seeking treatment, in relation to other users of the same substance.⁴ In the certainty that the family plays an important and often decisive role in this process, health professionals, especially those who are members of the Family Health Teams, must know these families and develop works that enable the protection of their members, provide them sureness and support for dealing with these situations, besides trying to reduce the vulnerability to drug use in these families.²⁴

Moreover, it is known that the user of cocaine and crack, among psychoactive substance-dependent individuals seeking treatment, is the one who has the highest dropout indexes. In a literature review on this topic, the existence of legal problems, low level of social competencies (coping skills), loss of parents in childhood, diagnosis of mental disorder in the family and disorder associated with alcohol dependence were listed as predictive factors for withdrawal. In turn, the multiplicity of proposals of attendance was an important factor in treatment adherence. This reinforces the idea that users of cocaine and crack need more intensive and prolonged approaches than the dependent on other substances.⁴ Predictive factors for adherence and withdrawal, although not addressed in this study, deserve to be investigated in future researches.

CONCLUSION

By considering that the crack culture has specific contextual characteristics, significant events that favored the cessation of the crack use (turning points) were evidenced among the investigated cases, as well as the importance of family participation in the behavior of individuals in relation to the exclusivity with the drug.

The compulsive use of crack culminated in a series of losses in the lives of the participants of this study, such as, for example, the emotional/psychological, social and economic and health-related damages. Furthermore, it was identified their engagement in illegal and criminal activities, such as drug trafficking. Nonetheless, the perception of these facts and of their consequences in the lives of these users was one of the factors that motivated them to seek treatment in the TC.

It is known that family relationships can influence the behavior of individuals regarding the use of drugs. Accordingly, the support of family members, especially in situations in which the user was at the “bottom of the shaft”, proved to be a motivating and triggering factor for internment.

The Therapeutic Communities are specialized internment environments that provide structured and intensive treatment programs with a strong indication for users who make noxious use of psychoactive substances. In the case of crack users, treatments based on long-term hospitalizations seem to demonstrate better indexes of post-treatment

abstinence, which gives significant importance to the TC in the treatment of this target audience.

Based on the aforementioned results, one should highlight the need for early prevention strategies with information about the harms of drug use. Given that the information transmitted by the family members is considered as the one of the greatest impact and the most efficient in preventing drug use, they must be involved in the actions of professionals from the Family Health Teams, in order to ensure more satisfactory results.

Although one can emphasize the relevant data that this study shows, there are limitations inherent to the method that must be taken into consideration. The qualitative methodology, which makes use of an intentional sample, ends up limiting the findings to the surveyed population and, therefore, not allowing making a generalization of findings to the overall population or inferences to other populations.

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Received on: 16/07/2014
Required for review: No
Approved on: 14/04/2015
Published on: 01/07/2015

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