

Coping with crack consumption

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In Brazil and in Latin American countries, since the end of the 1980's, information about crack consumption has been published and has recently resulted in the adoption of strategic measures by some governments and institutions, aiming to cope with and prevent its use.

This drug consists of a mixture of basic cocaine paste with sodium bicarbonate. Its effects are that intense that users' behavior becomes exclusively centered on its consumption, forgetting about human needs like sleep, eating, sense of responsibility and survival.

Nowadays, the use of care has been identified among adolescents, adults and elderly people. The usage styles and culture confront these people with countless risk situations, such as sexually transmitted diseases, unwanted pregnancy, violent acts, robberies and drug traffic.

The implications of crack use represent an important problem for public health policies, for teaching and research about the clinical practice of healthcare professionals and particularly for nursing professionals, who are the most numerous categories in the health team.

In Brazil, in 2010, the Ministry of Health established the Integrated Plan for Coping with Crack and Other Drugs, aiming for usage prevention, treatment and social reinsertion of users and professional training, departing from the premise that crack users are entitled to health and to reestablishing their life project. It is highlighted that this program also comprises coping with the traffic of other illegal drugs⁽¹⁾.

The plan proposes the structuring, expansion and strengthening of healthcare and social service networks for users of crack and other drugs, through the articulation between the Unified Health System – SUS' actions and those of the Unified Social Service System – SUAS, involving the participation of family members and attention to vulnerable publics, including children, adolescents and street populations.

As regards professional preparation, the increasing availability of courses and training for health and education professionals is observed, as well as the introduction of contents about drug use in undergraduate programs in nursing and other health areas.

In research, our main challenge is to "approximate scientific evidence to professional practice"⁽²⁾. Two important aspects need to be highlighted in this challenge. The first is the actual production of scientific evidence about our practice or our intervention. The second relates to how to turn practice into evidence in all professional practice contexts.

What impedes or inhibits the transfer of useful knowledge to clinical nursing practice? Countless factors contribute to this challenging gap between theory and practice, including organizational and social processes in clinical contexts, the nature and level of evidence, the applicability and utility of the knowledge produced for clinical practice and the nurses' lack of knowledge and skills⁽³⁾. In that sense, we invite researchers who discuss the phenomenon of crack and other drugs to publish their research results in order to contribute with scientific evidences to cope with the use and prevent the consumption of crack.

References

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