

Original Article

O cotidiano da família que convive com um usuário de crack

The daily life of the family living with a crack user

La vida diaria de la familia que vive con un usuario de crack

Daiana Foggiato de Siqueira¹ ORCID 0000-0002-8592-379X
Claudete Moreschi² ORCID 0000-0003-3328-3521
Luís Felipe Pissaia³ ORCID 0000-0002-4903-0775
Dirce Stein Backes⁴ ORCID 0000-0001-9447-1126

¹Universidade Federal de Santa Maria. Santa Maria, RS, Brazil

²Universidade Regional Integrada do Alto Uruguai e das Missões. Santiago, RS, Brazil.

³Universidade do Vale do Taquari – Univates. Lajeado, RS, Brazil.

⁴Universidade Franciscana- UFN. Santa Maria, RS, Brazil.

Submitted:25/02/2020

Accepted:23/08/2020

Email: lpissaia@universo.univates.br

Address: Rua Avelino Talini, nº 171, Bairro Universitário, Lajeado/RS, Brazil

RESUMO

Justificativa e Objetivos: O uso de drogas é considerado um problema de saúde pública, em virtude das repercussões físicas, biológicas, psicológicas e sociais que este fenômeno ocasiona na vida dos usuários e da sociedade em geral. Este estudo tem como objetivo descrever o cotidiano da família que convive com um usuário de crack. **Métodos:** Trata-se de uma pesquisa qualitativa do tipo descritiva exploratória, realizada por meio de grupo focal, junto a dez familiares de indivíduos dependentes de crack internados em uma unidade de tratamento para desintoxicação de drogas de um hospital do Rio Grande do Sul. Os dados foram analisados conforme a análise de conteúdo. **Resultados:** Com base na análise dos resultados, emergiram duas categorias temáticas, a saber: “Sentimentos dos familiares” e “Convivências com preocupações”. **Conclusão:** A dependência de crack fragiliza as relações familiares com diferentes sentimentos, causando prejuízos no convívio em família e social.

Descritores: Cocaína Crack. Drogas ilícitas. Família. Relações familiares. Enfermagem.

ABSTRACT

Background and objectives: Drug use is considered a public health problem due to the physical, biological, psychological and social repercussions caused by this phenomenon in the lives of users and society in general. The aim of this study was to describe the daily life of the family living with a crack user. **Methods:** This is an exploratory-descriptive qualitative study. Data were collected through a focus group with ten family members of crack addicts admitted to a drug detox treatment unit in a hospital in Rio Grande do Sul. Data were analyzed according to content analysis. **Results:** Based on the analysis of results, two categories emerged, namely “Feelings of family members” and “Living with concerns”. **Conclusion:** Crack addiction weakens family relationships and disrupts the family and social life.

Keywords: Crack Cocaine. Illicit drugs. Family. Family Relations. Nursing.

RESUMEN

Justificación y objetivos: El consumo de drogas se considera un problema de salud pública, por las repercusiones físicas, biológicas, psicológicas y sociales que este fenómeno provoca en la vida de los usuarios y de la sociedad en general. Este estudio tiene como objetivo describir la vida diaria de la familia que vive con un usuario de *crack*. **Métodos:** Se trata de un estudio cualitativo, exploratorio-descriptivo. Los datos fueron recolectados a través de un grupo focal con diez familiares de usuarios de *crack* ingresados en una unidad de tratamiento de desintoxicación de drogas en un hospital de Rio Grande do Sul. Los datos se analizaron de acuerdo con el análisis de contenido. **Resultados:** A partir del análisis de los resultados, surgieron dos categorías, a saber, “Sentimientos de los miembros de la familia” y “Viviendo con preocupaciones”. **Conclusión:** La adicción al *crack* debilita las relaciones familiares y perturba la vida familiar y social.

Palabras clave: Cocaína Crack. Drogas ilícitas. Familia. Relaciones familiares. Enfermería.

INTRODUCTION

Drug use is considered a public health problem due to the physical, biological, psychological and social repercussions that this phenomenon causes in the lives of users and society in general. Among the drugs currently consumed, crack has been gaining national prominence, as it has brought challenges to public power, health services, public safety and social services.^{1,2}

Crack, a name received because of the noise it makes when smoked, is a relatively new drug that has been used for less than 20 years in Brazil. Derived from cocaine, but cheaper and easily accessible, it acts quickly and intensely on the brain, bringing more stimulating and pleasurable effects, which favors dependence. Right after using the drug, the user experiences an effect of exaltation and suppression of anxiety and an excessive feeling of confidence and self-esteem that disturb the critical judgment and lead to commitment of irresponsible, illegal acts without worrying about the consequences.^{3,4}

The immediate euphoria caused by the use of crack motivates users to use this drug again, establishing an almost uncontrollable dependence relationship between the subject and the drug. As a result, crack consumption increases significantly, exposing the user to imminent risks, such as risky sexual behavior for infectious diseases, including the human immunodeficiency virus (HIV), and vulnerability due to violence generated to obtain drugs in the midst of trafficking, contributing to the expansion of social exclusion.⁵⁻⁷

Given the widespread use of crack, it is noteworthy that this drug affects not only users, but also their social network, their family members and people with whom they live. When it comes to living with crack users, the family is at risk of being fragile, since crack has

a great impact on family life, because it is a stimulating drug for the central nervous system that has been spreading and frightening a large part of society. Research has demonstrated the need for more studies related to the establishment of a bond between family members for the advancement in knowledge on crack consumption.^{8,9}

The need to advance knowledge about family members who live with crack addicts and contribute to health promotion strategies justifies the relevance of this study. In addition, it is important to give a voice to family members in the sense of reflecting on the conduction of their lives. Thus, the aim of this study was to describe the daily life of the family that lives with a crack user.

METHODS

This is a descriptive, exploratory, qualitative study conducted in a drug detox center of a hospital located in the central region of the state of Rio Grande do Sul, Brazil, aimed at treating crack users.

A formal invitation was made to ten family members (fathers, mothers and grandparents aged between 30 and 60 years) of crack users undergoing the process of detoxification. Inclusion criteria were the availability and interest in participating in the study on the previously scheduled days and times.

Data collection was held in a private room, using the focus group technique based on the discussions of participants, as it allows the study of different opinions, attitudes and perceptions about a specific theme, fact or practice through group interaction^{10,11}. Four meetings were held with family members, with an average duration of 60 minutes. The audios were recorded and transcribed later. The main researcher acted as the coordinator (moderator) and a nurse was the observer.

Data were analyzed by categorization, based on the Content Analysis method, which consists of three moments: the first, evaluating the frequency of identification of the main perceptions of interviewees; the second, analyzing the content from which were identified the categories emerging from collected data; and the third, interpreting the categories.¹¹

The ethical principles recommended in Resolution Number 466/2012 of the National Health Council¹² were followed in the development of the study, which was approved by the Research Ethics Committee of the Centro Universitário Franciscano under opinion number 279.2009.02 and CONEP Registration number 1246. The letter "F" (first letter of the 'family' word) followed by a numeral identifying the order in which interviews were conducted was

used to guarantee participants' anonymity. The participants were informed about the purpose of this study and asked to sign the Informed Consent form.

RESULTS AND DISCUSSION

Based on the analysis of results, two thematic categories emerged, namely: "Feelings of family members" and "Living with concerns".

Feelings of family members

It was possible to get to know the feelings and perceptions of family members of crack users, as well as the repercussions caused by this drug in the family's daily life. The desire of family members to keep the crack user of the family out of the reach of drugs can be perceived. However, they are unable to change this situation, which causes feelings of helplessness and failure:

It is so good when we have small children, because as a child you can keep them close to you; after they're grown you can't do it anymore. [...] My family is a destroyed family, I think crack destroys any family, it is a challenge what I go through, I believe at the moment, there is no joy in our family, we don't have that victory yet, if it is not one thing, it's the other, but if it's God's will, one day we'll be able to be a big happy family. (F2)

Family members associate childhood memories, when the user was still protected and close to the parents. They recognize they used to have greater power over the decisions and control of the user's life, which shows the impotence felt by the family member in the face of the situation. When the person enters the world of drugs, the family can feel its negative effects while living with the user, and as the effects appear, there is also a family strain that causes anguish and suffering.⁹

The presence of crack can break family ties, and the family breakdown is one of the main consequences affecting relationships, coexistence and interdependence among its members. In addition, it can result in significant losses for both the user and their family members and cause disharmony and family distancing as a consequence of weakened emotional bonds.⁸

Despite the disharmony, the family members yearn for the reestablishment of family relationships, accompanied by a feeling of hope:

I know I will succeed, we will succeed, my daughter and I, but now, for the time being, I feel alone. I know it will be very tough, but I know I will succeed, because our children using these type of things, we parents look like users too, we get sick together, but I know I will succeed. I hope for that. (F3)

Hope is important, as it helps the family and assists in relieving their pain and suffering and acts as a motivation for family members in the cultivation of a cure, which is expected through the continuity of treatment, religious faith, among others.¹³

However, when the situation becomes intense and the fight against crack addiction is constant, the feeling of exhaustion is inevitable in the lives of these family members, as mentioned by F4: *I fight against drugs, I'm getting tired [...] It's a weight that I carry. I feel like taking her (crack addict) and running away from this nonsense (crying)*. Family members of crack users start to live with innumerable feelings for not knowing how to deal with the disorganization and/or family reorganization that results from addiction and they also have to be inserted in care within health services.^{8, 14}

Living with concerns

Living with concerns is part of the daily routine of family members of crack users, as different situations generate this discomfort.

I don't sleep well for fear that she will come home and take things to sell, and that is nothing close to what criminals can do to her to get money to buy more and more drugs. (F1)

When I get home from work, I sit on the couch and have a *chimarrão* (typical mate drink) and think about her. It's me at home thinking: how can the drug do this to her head? (F7)

The family member reflects on the consequences of crack and tries to understand how this drug interferes in the behavior and attitudes of addicts. Drug use is known to alter the physical, mental and moral status of the user, and it influences the social context of living with their family members and the social environment.¹⁵

In addition to the concern arising from the behavior of the crack user, another situation is the uncertainty of what can happen to him/her and the other family members who depend on the individual:

I worry a lot about her, I guess there is nothing else to be done. I mean: what I can do is raise her children, who are my grandchildren. And as a mother, continue to pick her up from the den and wait till the day I find her dead, because I know one day, they'll end up killing her. I know one day this is gonna happen. (F6)

My biggest fear is they'll do something to her son, that they do something to the poor thing. Imagine if they catch him and mistreat him to get back at her. What is the child's fault for having a mother like that, a junkie, so now, he is mine to care for. (F10)

This way, family members start to take over the responsibilities that should be of the crack user, just as the grandmother starts to take care of the grandchildren on behalf of the daughter, who, because of drug use, comes home late and/or remains little time at home.¹⁴

The use of crack can also interfere in the family and social dynamics because of the addict's behavior and result in the weakening of relationships⁴, including living with fear:

I spent the whole night in front of the crack den looking for him and I was afraid [...] (F5)

At the same time that we want to help, we are afraid, because when dealers decide to kill, they are not afraid, they kill anywhere and anyone in the family because they don't care, they want revenge. (F9)

The family members of crack users can express ambivalent feelings such as willingness to help, tolerance, fear and impotence in the face of the drug, whether due to the vulnerability of the family member, and the variation between feeling guilty and obtaining ways to minimize the feeling.¹⁶ They also feel victims of the attitudes of the drug addict,^{16,17} which causes even illness, as they attest that this coexistence is difficult and suffered.¹⁷

The use of drugs can lead to family breakdown, as it affects relationships and coexistence between members, leaves the family fragile and insecure, and requires a great effort to maintain the bonds and activities of daily living, as well as dealing with the consequences of drug use.³

In view of the above, it is evident that although family members try to keep the user away from drugs, they often cannot. And, as this user enters adulthood, it becomes more difficult to control him/her, aggravating family life, breaking ties and destroying the family. Thus, a feeling of hope emerges in conflict with exhaustion and fatigue. The family member starts to live with concerns, fears, guilt and, at the same time, is willing to help, but feels powerless.¹⁸

The results of the study show the consequences caused by crack addiction, which disrupt relationships in the daily life of the family living with a user. This was expressed by family members in feelings of fear, concern, insecurity and uncertainty in the face of the unknown, and had repercussions in relationships in the social sphere.

In this perspective, it is up to the nurse to recognize the family as a unit that also needs care and to guide family members to recognize their potential. This study allows the reflection on how nurses in Primary Health Care units have been working with drug users, including integration with other health professionals and articulation with other services, such as the Psychosocial Care Centers for Alcohol and Drugs -CAPS AD.

This study indicates the need to create groups of family members as a tool of coping strategies in communities in order to encourage them to take care of themselves. It is up to health/nursing professionals to act in the promotion of entrepreneurial and creative strategies aimed at enhancing the capacities and possibilities of the actors involved in the addiction process, always considering the individual, whether crack users or their family members, as the protagonists and authors of their story.

REFERENCES

1. Evans-Polce RJ, Jang BJ, Maggs JL, et al. Gender and age differences in the associations between family social roles and excessive alcohol use. *Social Science & Medicine*, 2020; 244, 112664. <https://doi.org/10.1016/j.socscimed.2019.112664>
2. Ministério da Justiça (Brasil). Secretaria Nacional de Políticas Sobre Drogas (SENAD). O uso de substâncias psicoativas no Brasil: Epidemiologia, Legislação, Políticas Públicas e Fatores Culturais- Módulo 1 . Brasília, 2008.
3. Dekkers A, Ruyscher C, Vanderplasschen W. Perspectives on addiction recovery: focus groups with individuals in recovery and family members. *Addiction Research & Theory*, 2020; 1-11. <https://doi.org/10.1080/16066359.2020.1714037>
4. Brasil. Glossário de álcool e drogas. Brasília: Secretaria Nacional Antidrogas; 2006.
5. Ballester L, Valero M, Orte C, et al. An analysis of family dynamics: a selective substance abuse prevention programme for adolescents. *European Journal of Social Work*, 2020; 23(1): 93-105. <https://doi.org/10.1080/13691457.2018.1473842>
6. Salgado GF, Bursac Z, Derefinko KJ. Cumulative Risk of Substance Use in Community College Students. *The American journal on addictions*. 2020; 29(2): 97-104. <https://doi.org/10.1111/ajad.12983>.
7. Turner R, Daneback K, Skårner A. Explaining trajectories of adolescent drunkenness, drug use, and criminality: A latent transition analysis with socio-ecological covariates. *Addictive Behaviors*, 2020; 102: 106145. <https://doi.org/10.1016/j.addbeh.2019.106145>
8. Siqueira DF, Moreschi C, Backes DS, et al. Repercussões do uso de *crack* no cotidiano familiar. *Cogitare Enfermagem*, 2012; 17(2): 248-54. Disponível em: <file:///C:/Users/Luis%20Felipe/Downloads/23518-102142-2-PB.pdf>
9. Mehanović E, Virk HK, Akanidomo I, et al. P. Correlates of cannabis and other illicit drugs use among secondary school adolescents in Nigeria. *Drug and Alcohol Dependence*, 2020; 206: 107457. <https://doi.org/10.1016/j.drugalcdep.2019.04.028>
10. Spagnuolo RS, Juliani CMCM, Spiri WC, et al. O enfermeiro e a estratégia saúde da família: desafios em coordenar a equipe multiprofissional. *Ciência, Cuidado e Saúde*, 2012; 11(2): 226-34. <https://doi.org/10.4025/ciencuccuidsaude.v11i2.10445>
11. Bardin L. *Análise de Conteúdo*. Tradução: Luís Augusto Pinheiro. São Paulo: Edições 70, 2016.

12. Ministério da Saúde (BR). Conselho Nacional de Saúde. *Diretrizes envolvendo seres humanos*. Resolução 466. 2012. Brasília, DF: CNS; 2012. Disponível em: <http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>
13. Peterson LE, Morgan ZJ, Borders TF. Practice predictors of buprenorphine prescribing by family physicians. *The Journal of the American Board of Family Medicine*, 2020; 33(1): 118-123. <https://doi.org/10.3122/jabfm.2020.01.190235>
14. Sanni KT, Aransi WO. Perceived Psychosocial Factors as Determinants of Drug Use and Abuse among Public Secondary School Youths in Osun State, Nigeria. *Learning*, 2020; 5(1): 13-23. <https://doi.org/10.20448/804.5.1.13.23>
15. Janssen E, Cadet-Taïrou A, Gérome C, et al. Estimating the size of *crack* cocaine users in France: Methods for an elusive population with high heterogeneity. *International Journal of Drug Policy*; 2020; 76: 102637. <https://doi.org/10.1016/j.drugpo.2019.102637>
16. Barbosa de Pinho L, Wetzel C, Schneider JF, et al. Avaliação de componentes da rede para o atendimento a usuários de *crack*. *Revista Brasileira de Enfermagem*; 2020; 73(1). <https://doi.org/10.1590/0034-7167-2017-0835>
17. Ventura J, Santos Silva MR, Gomes GC, et al. Stigma associated with pregnant/puerpera crack user: threats that represent institutions. *Research, Society and Development*, 2020; 9(2). <http://dx.doi.org/10.33448/rsd-v9i2.2083>
18. Bortolon CB, Signor L, Moreira TDC, et al. Family functioning and health issues associated with codependency in families of drug users. *Ciencia & Saude Coletiva*, 2016; 21: 101-107. <http://dx.doi.org/10.1590/1413-81232015211.20662014>.

Contribuições dos autores

Daiana Foggiato de Siqueira, Claudete Moreschi, Dirce Stein Backes e Luís Felipe Pissaia contribuíram para a concepção, planejamento, delineamento do artigo, análise, redação do artigo, revisão e aprovação final do artigo.

Todos os autores aprovaram a versão final a ser publicada e são responsáveis por todos os aspectos do trabalho, incluindo a garantia de sua precisão e integridade.