

Usuários de *crack* atendidos em unidade de emergência psiquiátrica: perfil de uma série de casos

Crack users treated in psychiatric emergency units: profile of a series of cases

Usuarios de crack atendidos en unidad de emergencia psiquiátrica: perfil de una serie de casos

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ABSTRACT

Objective: To establish the sociodemographic profile and of the use of crack and other drugs of a series of cases composed of ten crack users. **Methods:** This is a descriptive research, conducted in a psychiatric emergency unit in the city of Maringá/PR, through a semi-structured interview script. **Results:** The surveyed subjects were men, aged between 20 and 49 years, with more than nine years of schooling, separated, fathers, catholic and unemployed. Most of them began using drugs by means of alcohol or tobacco, at 14 years old, on average, customarily smoked crack by using a metal pipe for less than eight years and had already practiced criminal activities with the purpose of acquiring the drug at stake. **Conclusion:** The users' profile was similar to what is described in the literature, but presented the level of schooling and the means used to consume crack as specificities.

Descriptors: Illegal Drugs; Crack; Cocaine; Psychiatric Emergency Services.

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RESUMO

Objetivo: Estabelecer o perfil sociodemográfico e do uso de *crack* e outras drogas de uma série de casos composta de dez usuários de *crack*. **Métodos:** Pesquisa descritiva, realizada em uma unidade de emergência psiquiátrica em Maringá/PR, por meio de um roteiro de entrevista semiestruturado. **Resultados:** Os sujeitos pesquisados eram homens, com idades entre 20 a 49 anos, com mais de nove anos de estudo, separados, pais, católicos e desempregados. Grande parte iniciou o uso de drogas com álcool ou tabaco, em média, aos 14 anos de idade, fumava habitualmente o crack em cachimbo de metal há menos de oito anos e já havia praticado atividades criminosas para aquisição da droga. **Conclusão:** O perfil dos usuários foi semelhante ao descrito na literatura, mas apresentou como especificidades o nível de escolaridade e o meio utilizado para consumir o *crack*. **Descritores:** Drogas Ilícitas; Cocaína; Crack; Serviços de Emergência. Psiquiátrica.

RESUMEN

Objetivo: Establecer el perfil sociodemográfico y del uso de crack y otras drogas a partir de una serie de casos compuesta por diez consumidores de crack. **Métodos:** Se trata de una investigación descriptiva, efectuada en una unidad de emergencia psiquiátrica en Maringá/PR, utilizando un guión de entrevista semi-estructurada. **Resultados:** Los sujetos estudiados eran hombres, con edades entre 20 a 49 años, con más de nueve años de escolaridad, separados, padres de familia, católicos y desempleados. Una buena parte de ellos empezó a usar drogas por medio del alcohol o el tabaco, en promedio, a los 14 años de edad, fumaba generalmente el crack en una pipa de metal hace menos de ocho años y ya había practicado actividades delictivas para obtener la droga. **Conclusión:** El perfil de usuario fue similar al descrito en la literatura, pero ha presentado el nivel de escolaridad y los medios utilizados para consumir el crack como particularidades. **Descriptor:** Drogas Ilícitas; Cocaína; Crack; Servicios de Urgencia Psiquiátrica.

INTRODUCTION

The crack has been highlighted in the epidemiological scenario of drug use for being a substance introduced in recent decades; it has great potential for dependency and for causing significant damages in individual, family and social levels. People who use crack have a distinct profile, when compared with other groups of drug users, and have boosted risk factors for chronic degenerative health problems and disruptive processes with social life.¹

Among the reported health problems, HIV infection and other sexually transmitted diseases, by hepatitis B and C viruses and by *mycobacterium tuberculosis* are related to lack of financial resources to acquire the drug and the practice of exchanging sexual intercourses for crack and/or money, to shared use of devices to consume crack – pipes made of improvised metal and aluminum cans – and, moreover, to lung damages due to drug consumption.²⁻⁴

Among the social damages, school drop-out and failure, job loss, exposure to violence forms and family conflicts are often found in the social context of crack users.⁵⁻⁶

Furthermore, the lack of specific health services to meet this population has overburdened the health system and pointed out flaws in the quality and effectiveness of care network to such users. Currently, there is a deficiency in the dialogue established between hospital services for emergency care to these users and other services of the health care network, which denotes the need to improve regular and targeted actions to enhance the communication among the network services.⁶

The identification of the profile of crack users allows us to know the risk and protective factors associated with its use, as well as driving the elaboration of public policies to fight the problem at stake.⁷⁻⁸ Studies conducted in recent decades have enabled the expansion of knowledge related to the profile of these users, however, most researches have investigated the users in their social environment or in health services that enable a monitoring for a prolonged period – outpatient clinics and psychiatric hospitals –, thus disregarding when they access urgency/emergency units.⁷⁻⁹ It should be considered that these users are more likely to seek treatment in emergency units than in primary health services.⁴

The investigation of this population in hospitals units of urgency/emergency could indicate new behaviors and changes in the pattern of use of this substance, in addition to indirectly allow an assessment of the social context of users and the effectiveness of health services. In light of the foregoing, this study aimed at establishing the sociodemographic profile and of the use of crack and other drugs of a series of cases of crack users treated in a psychiatric emergency unit. This work is initially configured in a research on the characterization of family bonds in this population.

METHOD

This is a descriptive research, with description of a series of cases, performed from April to June 2010, in a psychiatric emergency unit (PEU) of a public hospital of intermediate complexity in the Northwest region of the Paraná State. The study of a series of cases enables a greater depth description of a disease or problem in particular of a group of ten or more individuals and it is common to have an analysis of the life of the investigated subjects.¹⁰

The composition of the present series of cases was held from the appreciation of criteria of qualitative representation, called intentional sample.¹¹ Interviews were performed with all crack users who were admitted to the PEU in the days of data collection, after fulfilling the following inclusion/exclusion criteria: being at least 18 years of age and being in favorable mental and clinical conditions according to the assessment of the health staff of the unit under study to answer the instrument of data collection.

The PEU under study is considered a benchmark in the psychiatric emergency care to 67 municipalities that comprise three regional health districts of Paraná. It serves

in permanent on-duty regime and has 26 beds for clinical observation of patients, which are also used for short-term admissions, since there is a lack of psychiatric beds for inter-hospital transfers in the region.

For location and selection of study participants, daily consultations to “maps” of admitted patients were held, with subsequent separation of the medical records of the selected cases. The interviews were individually conducted in a private place in the unit itself and had an average duration of one hour. All of them had the participation of two researchers – one responsible for the conduction and the other one for the registration. Because of the specificity of the population under study, interviews were not recorded, but the statements issued were fully recorded in the interview script. It is noteworthy emphasizing that, after the end of each interview, records were read to the interviewees, so that they could confirm, complete or even change what had initially reported.

The interview script, developed by the researchers themselves, with semi-structured questions, was composed of two parts: one for the identification of respondents in relation to sociodemographic and economic data, and relating to the use of crack and other abusive drugs; and the other one consisting of issues related to the family environment and bonds.

We have used data from the first part of the interview script of the user for this series of cases, by considering the need to better understand the profile of this population. The selected variables for analysis were: 1) sociodemographic data – gender, age, years of schooling, marital status, children, religion and occupational situation; 2) data on the use of other abusive drugs – beginning age, time and sequence of use; and 3) data on the crack use – time, frequency and means of use, involvement in illegal activities and selling of own and/or family goods.

The interviews were conducted in a private place in the unit and identified by means of the letter E, followed by Roman numerals, according to the sequence of their accomplishment. The data were tabulated and analyzed through simple descriptive statistics in the Statistical 9.1 software, presented in tables and frameworks with absolute and percentage numbers and, finally, discussed in the light of the relevant scientific literature.

This study was approved by the Permanent Ethics Committee on Researches involving Human Beings from the State University of Maringá (Opinion nº 291/10) and has strictly respected all ethical principles.

RESULTS AND DATA DISCUSSION

Ten crack users were interviewed, whose sociodemographic data can be observed in Table 1. It can be said that, in general, the sociodemographic profile of surveyed users has corroborated with the literature.

Table 1 – Distribution of crack users according to socioeconomic and demographic characteristics. Maringá/PR, 2010

Variables	N
Gender	
Male	7
Female	3
Age group (years)	
20 - 29	5
30 - 39	3
40 - 49	2
Years of schooling	
1 - 4	2
5 - 8	2
9 - 11	5
≥ 12	1
Marital status	
Single	4
Separated	6
Children	
Childless	4
1 - 2	4
3 - 4	2
Religion	
Catholic	7
Evangelical	2
None	1
Occupational situation	
Employed	1
Unemployed	6
Street dweller	3

It was found that seven subjects were male and only three were female. The higher incidence of men is usually reported in the national and international literature, thus referring to the phenomenon of masculinization of the crack “epidemic”.

The description of the crack’s culture after a decade of its introduction in Brazil showed that 74% (62) of the interviewees belonged to the male gender.⁵ In line with this result, a recent Canadian study on risk factors for the beginning of the crack use found that, of the 203 surveyed users, 69,5% were male.¹²

In general, drug use is prevalent in men due to greater exposure to risk factors. Nevertheless, the number of women using crack deserves attention, since these are more vulnerable to sexual abuse and injuries from physical nature. Thus, the crack consumption is also associated with prostitution, which can result in an increased risk for HIV contagion and transmission, in addition to the possibility of pregnancies and fetal malformations.^{6,13} There is also evidence that women who use crack experience significant health problems and are more isolated with regard to

accessing harm reduction programs and other health care services.¹³

In a series of cases of pregnant crack users, it was found low socioeconomic conditions among the surveyed women; difficulty of health services in accessing this population group, indicated by the low access and linkage to prenatal care; problems in pregnancy and in the fetus/newborn, indicated by postpartum complications, low birth weight and use of highly complex neonatal care; and, moreover, the presence of HIV infection in the surveyed group.¹⁴

The age of crack users has been a research focus due to high rates of mortality and also the presence of users with several years of consumption, which could indicate an adaptation of the user in relation to the drug culture.¹⁵ In the present study, the age ranged from 20 to 49 years, with an average of 30,90 years (standard deviation of 9,74 and a median of 29,00 years). Nonetheless, the majority (8) of users were aged up to 39 years, with five of them belonging to the age group from 20 to 29 years, thus corroborating other studies that indicate that, in general, there is a predominance of younger users.^{5,15}

The average number of years of schooling was 8,33 (standard deviation of 2,64 and a median of 9 years), ranging from three to 12 years, with a user excluded from this calculation due to the fact that he did not exactly remember the number of years studied. The low schooling of users is also a characteristic usually associated with the phenomenon of crack. Nonetheless, this study has evidenced that more than half (6) of the interviewees had more than nine years of study, which differs from what is said the literature regarding this aspect.⁵

Currently, it is argued that the use of crack has “reached” higher social classes and, from the authors’ experience in research with crack users, one can state the existence of users with higher socioeconomic conditions. Such situation is linked to the previous use of inhaled cocaine, which would require the completion of further studies to confirm this assumption.

Nevertheless, it is worth highlighting that most users still have low education levels, leading, among other things, to a lesser insertion into the formal labor market, measured in this study by unemployment and by users living on the streets, less financial availability and, consequently, increased vulnerability to drug use.⁶

In relation to marital status, more than half (6) of the users were divorced/separated, and four were married. The average number of children per individual was 1,10 (standard deviation of 1,44 and a median of 0,50 children); the minimum number found was zero children and the greater was four children. Young users or in early adulthood present a crack use strongly associated with disruptive processes with social life, indicated in this study through the high incidence of marital separations, which requires an investigation of the family environment because of the

occurrence of violence forms and intra-family conflicts in these users.⁶

Almost all (9) reported having a religion, with seven Catholics and two Protestants, besides one that said that he was not adept of any religion, but he did not consider himself as an atheist. With regard to occupation, only one user had formal employment link, six were unemployed and three were street dwellers.

Accordingly, authors report a close relationship of crack use with the life context of the users, by emphasizing the existence of individuals in situation of social disaffiliation, with total or partial loss of economic and affective bonds, and many come in contact with crack when they are already living on the streets.¹⁶

Regarding the use of abusive drugs, the beginning age ranged from 11 to 17 years, with an average of 14 years (standard deviation of 2,12 and a median of 15 years), with five users reported having started the use at the age of 15 (Table 2); one user was not included in this calculation, due to not remembering the beginning age of drug use. The average time of drug use ranged from five to 39 years, with an average of 14,55 (standard deviation of 6,57 and a median of 12 years).

Table 2 - Distribution of crack users according to beginning age and usage time of abusive drugs. Maringá/PR, 2010

Variables	N
Beginning age (years)	
≤ 12	2
14	1
15	5
17	1
Without memories	1
Usage time (years)	
05 - 09	2
10 - 19	3
20 - 29	2
30 - 39	2

The initiation and/or experimentation phase of drug use generally occurs in adolescence, a phase of extreme curiosity and appreciation of the group of friends, and, in spite of occurring in an experimentally manner, one can verify behaviors that are observed in adulthood.¹⁷ This might be evidenced in the studied cases, since the average time of use of abusive drugs was 14,55 years, which indicates that drug use started in adolescence and remained in adulthood.

The family practices are usually incentives for the phase of experimentation and continuity of drug use.¹⁷⁻¹⁸ The presence of adverse events in the family environment, such as dysfunctional families, restrictive socioeconomic conditions, family violence and family history of use of illegal drugs might act as inductive factors to drug use.¹⁸ Accordingly, there is an urgent need for researches focusing

on the relationship of crack users with their families, in order to understand how the relationships in the family environment are and what their influence for the crack use.

The importance of identifying the sequence of drug use is justified for being an effective tool in the attempt to detain an increasing exposure to the risk provided by a progression of drugs.¹⁹ The vast majority (8) of the investigated users started using drugs with alcohol and/or tobacco; marijuana was mentioned as a substitute drug by six interviewees; all reported crack as the last drug of use (Figure 1).

Figure 1 - Distribution of crack users according to the sequence/trajectory of drug use. Maringá/PR, 2010

User	Sequence of drug use
E1	Alcohol / tobacco, shoemaker's glue, marijuana, cocaine and crack
E2	Tobacco, marijuana, cocaine and crack
E3	Marijuana, cocaine and crack
E4	Alcohol/tobacco, marijuana and crack
E5	Alcohol/tobacco, marijuana and crack
E6	Alcohol, marijuana, cocaine and crack
E7	Alcohol/tobacco, marijuana and crack
E8	Cocaine, Alcohol/tobacco and crack
E9	Alcohol, crack, marijuana
E10	Alcohol/tobacco, marijuana, cocaine and crack

In Brazil, alcohol has a wide commercial availability among young people, although it is prohibited by law, and appears as an element of great cultural acceptance, which is disseminated in all socioeconomic classes.²⁰

The earliness of the beginning age of alcohol use is one of the most important predicting factors for future problems, which significantly increases the risk for heavy drinking in adulthood, in both genders.²¹ Furthermore, the early use of alcohol, tobacco, or both, might lead to the use of marijuana and other drugs, or even to serious behavioral problems during adulthood.²²

The crack as the last drug of use is also reported in the literature. A study conducted with crack users, in order to identify a progression in drug use, found that crack was the last drug of use in 31 interviewees and concluded that 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.¹⁹

The time of crack use ranged from two to 17 years (standard deviation of 5,91 and a median of 5,50 years), with an average of 7,50 years, with seven users reporting the crack use for less than eight years. A study conducted about the strategies developed by users to cope with the risks of consuming the drug at stake found an average time of crack use of 11,5 years, which indicates that changes in the crack's culture might contribute - in some cases - to an increased life expectancy of consumers, as it is common to find users with more than five years of consumption.¹⁵

Regarding the frequency of use, the majority (7) reported using crack daily or from two to three times a week. The compulsive crack use was identified in four of the surveyed users, characterized by "as much as you have".

The pattern of crack use has been classified into two main forms - the compulsive use, which is characterized by daily consumption, with the possibility of being extended to up to nine continuous days and that generally only ends up when the user reaches the physical, mental or financial exhaustion -, and the controlled use, which is a more rational crack use, with smaller individual and social implications.⁵

In light of the foregoing, it can be inferred that the majority (7) of the interviewees of this study have made a compulsive use of crack. Despite these users comprise the majority, the existence of controlled use deserves a more detailed investigation, especially regarding the strategies adopted to achieve them, since these users have fewer ruptures with their networks of social, working and family relationships.⁵⁻⁶

An improvised metal pipe was the usage form reported by six interviewees, aluminum cans by two and use associated with marijuana by two other subjects, this last way is called "mesclado". Although most users have reported the crack use in metal pipes, the identification of consumption in aluminum cans requires more attention, due to the damages that this usage form might cause. In addition to the permanent risk of lip burns, a study has identified elevated serum aluminum levels in users, which could bring more damages to the central nervous system.²³

According to the interviewees approached in this study, the use of crack associated with marijuana emerged as a possibility of reducing its negative effects. Based on these effects, some authors mention the adoption of marijuana as an important strategy for reducing damages associated to the chronic crack use with a view to reducing willingness to take drug and other symptoms associated with its withdrawal syndrome, which would allow social and working reintegration of the user over the long-term.²⁴

Six users reported being engaged in illegal activities to acquire crack, such as practice of robberies and involvement with drug trafficking, and five said that they had already sold some own and/or family good.

The sale of own and/or family belongings, besides the accomplishment of criminal activities, is very common among crack users, due, among other factors, to the feeling of urgency in relation to this drug, which "encourages" the user to perform illegal activities with the aim at acquiring crack.^{5,23}

CONCLUSIONS

Despite the researches related to the identification of the profile of crack users who seek the emergency units are incipient in Brazilian territory, this series of cases showed potentiality, with a lot of information from a small number of cases.

The profile of the ten investigated crack users was formed by male gender, with up to 39 years old, with more than nine years of schooling, divorced/separated, with children, Catholics and without formal employment link. A large part of them started the drug use with alcohol and/or tobacco, on average, at the age of 14, and the crack was mentioned as the last drug of use. The majority made use of crack for less than eight years, compulsively, through improvised metal pipes, and had already been involved in illegal activities to acquire crack and sold some own/or family good.

It is concluded that the profile of crack users was similar to what is described in the literature, but presented the level of schooling and the means used to consume crack as specificities.

This study suggests that strategies aimed at reducing the damages associated with crack use, as well as an educational program for prevention, must be urgently implemented, in order to reduce the serious consequences of the use of such narcotic. Furthermore, the accomplishment of studies seeking to identify a profile of users who access the urgency/emergency services needs to be stimulated, with a view to holding a more specific action in relation to the possibilities of prevention and treatment.

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