

PROFILE OF ADOLESCENT USER OF CRACK IN TREATMENT IN THE PSYCHOSOCIAL CARE CENTER ALCOHOL AND DRUGS

Perfil do adolescente usuário de crack em tratamento no Centro de Atenção Psicossocial Álcool e Drogas

Perfil del adolescente usuario de crack en tratamiento en el Centro de Atención Psicosocial Alcohol y Drogas

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ABSTRACT

Objective: to characterize the profile of adolescent user of crack in treatment in the CAPS ADIII in Pelotas/Rio Grande do Sul. **Method:** a descriptive study with a quantitative approach performed with 14 teenage users of crack treatment in the CAPS ADIII. The data collection occurred through interviews using the Teen Addiction Severity Index. In the data analysis was employed descriptive statistics through simple frequency. **Results:** the majority are male, between 13 and 17 years old, single, black. The onset of drug use ranged from eight to 17 years. They present incomplete elementary education and drop out of school. It was identified the use of cocaine/crack and the relation with illegal activities. The existence of family conflicts was verified. Substance use is also identified among close friends. **Conclusion:** the results point to the need for investments in actions to promote health and prevent substance use.

Descriptors: Adolescent; Drug users; Crack; Cocaine; Mental health services; Comprehensive health care.

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RESUMO

Objetivo: caracterizar o perfil dos adolescentes usuários de crack em tratamento no CAPS ADIII de Pelotas/Rio Grande do Sul. **Método:** estudo descritivo de abordagem quantitativa realizado com 14 adolescentes usuários de crack em tratamento no CAPS ADIII. A coleta de dados ocorreu por meio de entrevistas utilizando o instrumento *Teen Addiction Severity Index*. Na análise dos dados empregou-se a estatística descritiva através de frequência simples. **Resultados:** a maioria é do sexo masculino, entre 13 e 17 anos, solteiros, negros. O início do uso de drogas variou de oito e 17 anos. Apresentam ensino fundamental incompleto e abandono escolar. Identificou-se o uso de cocaína/crack e a relação com atividades ilegais. Constatou-se a existência de conflitos familiares. O uso de substâncias também é identificado entre os amigos próximos. **Conclusão:** os resultados apontam para a necessidade de investimentos em ações de promoção à saúde e prevenção ao uso de substâncias.

Descritores: Adolescente; Usuários de drogas; Cocaína; Crack; Serviços de saúde mental; Assistência integral a saúde.

RESUMEN

Objetivo: caracterizar el perfil del adolescente usuario de crack en tratamiento en el CAPS ADIII de Pelotas/Rio Grande do Sul. **Método:** estudio descriptivo de abordaje cuantitativo realizado con 14 adolescentes usuarios de crack en tratamiento en el CAPS ADIII. La recolección de datos ocurrió a través de entrevistas utilizando el instrumento *Teen Addiction Severity Index*. En el análisis de los datos se empleó la estadística descriptiva a través de frecuencia simple. **Resultados:** la mayoría es del sexo masculino, entre 13 y 17 años, solteros, negros. El inicio del uso de drogas varía de ocho a 17 años. Se presenta una enseñanza fundamental incompleta y abandono escolar. Se identificó el uso de cocaína/crack y la relación con actividades ilegales. Se constató la existencia de conflictos familiares. El uso de sustancias también se identifica entre los amigos cercanos. **Conclusión:** los resultados apuntan a la necesidad de inversiones en acciones de promoción a la salud y prevención del uso de sustancias.

Descriptorios: Adolescente; Consumidores de drogas; Cocaína; Crack; Servicios de salud Mental; Atención integral de salud.

INTRODUCTION

Adolescence is a life phase marked by a complex process of biopsychosocial growth and development. There are transformations, discoveries, ruptures, and learning.^{1,2}

This critical phase is considered when it comes to the development of personal competences, skills acquisition, and decision making, as it involves personal and socio-cultural experiments.^{1,3} For this reason, the first experiences with drugs often occur in adolescence. Researchers associate drug use with the developmental phase experienced in adolescence.²

A survey conducted with crack users, whose majority of participants were between 18 and 24 years old, identified that curiosity and the influence of a group of friends were the main factors influencing crack use. It is underlined the growing trend of early use of socially accepted drugs among children and adolescents, such as alcohol and tobacco, and the use of design drugs and crack.⁴

The *Pesquisa Nacional de Saúde do Escolar (PeNSE)* [National Survey of School Health], conducted by the *Instituto*

Brasileiro de Geografia e Estatística (IBGE) [Brazilian Institute of Geography and Statistics] in 2012, showed that 7.3% of 9th-grade elementary school students had already taken illicit drugs in life.⁵ In 2015, the *PeNSE* data pointed to an increase, as 9.0% of 9th-grade students had used illicit drugs, and 5.5% reported crack use at some time in their lives.⁶

Increased use of drugs, especially crack, by adolescents has been considered an emergency situation, mobilizing the health system due to the seriousness of its consequences for drug users, families, and society in general. In this framework, the Ministry of Health has been coordinating its efforts to develop policies and strategies aimed at preventing crack use and comprehensive attention to substance users, in an integrated manner with the cultural environment and the community in which they operate.⁷

Among these strategies is the *Centro de Atenção Psicossocial de Álcool e Outras Drogas (CAPS AD)* [Psychosocial Care Center for Alcohol and Drugs], having the purpose to provide care to people who make harmful use of alcohol and other drugs through individualized therapeutic planning and continuous evolution. It is important to note that *CAPS AD* when attending adolescents must comply with the guidelines of the *Estatuto da Criança e do Adolescente (ECA)* [Child and Adolescent Statute], respecting the needs and specificities of the age group.³

Therefore, in the daily routine of these services it is essential to know the profile of their users so that there is the implementation of a care plan consistent with their real needs. Given the above, this study aims to characterize the profile of adolescent crack users undergoing treatment at a *CAPS AD III* in the City of Pelotas, Rio Grande do Sul State.

METHODS

This is a descriptive study with a quantitative approach, which is linked to a larger research project entitled “*(Des) caminhos percorridos pelo adolescente usuário de crack na rede de atenção psicossocial: contribuição para a Enfermagem*” [“Paths taken by the adolescent crack user in the psychosocial care network: contribution to Nursing”], performed in a municipality of mid-size of the interior of *Rio Grande do Sul* State that is part of the Program named “*Crack, é possível vencer*” [“Crack, it is possible to overcome it”].

The *CAPS AD III* was elected as a data collection place, as it has distinct characteristics from the plurality of the other services that make up the *Rede de Atenção Psicossocial do Município (RAPS)* [Municipal Psychosocial Care Network]. Most *RAPS* services are timely and time-limited, while the *CAPS AD III* is a comprehensive and continuing care service for people with alcohol, crack and other drug needs. Moreover, in the reality of the *RAPS* of the municipality in question, the cases of adolescent drug users directed and accompanied by the *CAPS* for teenagers is very small.

The study included 14 adolescents treated at a *CAPS AD III* from January to July 2017. The selection of participants was

intentional, according to the following inclusion criteria: The adolescents have to be crack users assisted at the *CAPS AD*. In this criterion, we considered as adolescent crack users all those whose medical records mention the consumption of this substance at least once in their lives, regardless of the time and frequency of use; between 10 and 20 years of age, according to the World Health Organization concept of adolescence.⁸ Adolescents who were hospitalized in specialized ward beds or therapeutic communities and unable to attend the interview were excluded from this study.

In order to ensure ethical principles for research involving human beings, participants were included in the study only after expressing their agreement to participate by signing the Informed Consent Form and the Term Informed Assent, when under eighteen years old.

Data collection took place in the first half of 2017 through interviews conducted in a service room, ensuring privacy and respecting the availability and operation of the *CAPS AD III*.

For the interviews, the Brazilian version of the Teen Addiction Severity Index (T-ASI) was used, an instrument that determines the severity of alcohol and other drug use by adolescents. The initial questions of the T-ASI refer to the profile of the adolescent user of alcohol and other drugs, including sociodemographic aspects such as gender, age, race, and religious preference. In addition to these, it has questions divided into seven areas: use of psychoactive substances; school situation; employment/livelihood; family relationships; friends/social relations; legal and psychiatric situation.⁹ Each area is explored using the Likert scale ranging from 0 to 4 which expresses opinions between two extremes: 0=no/nothing, 1=little, 2=moderately, 3=a lot, 4=too much/always.

For data analysis, descriptive statistics using simple frequency was used. The descriptive statistic aims to synthesize a series of values of the same nature, thus allowing an overview of the variation of values, the organization, and the description of data.¹⁰ It involves the distribution of frequencies, position measurements, and dispersion measures, being, in this study, the frequency distribution was used.

The ethical precepts of conducting research involving human beings were respected according to the Resolution No. 466 of December 12th, 2012.¹¹ The project was submitted to the Research Ethics Committee and approved by the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appreciation] No. 60649016.9. 0000.5324, Legal Opinion No. 4/2017.

RESULTS

The results obtained in this study will be presented in the following subcategories: Characterization of adolescents undergoing treatment at a *CAPS AD III*; Substance use; School situation; Employment/Support; Family relationships; Peer Relationship/Sociability, Legal Status and Psychiatric Status.

Characterization of the adolescents undergoing treatment at a *CAPS AD III*

Fourteen adolescents crack users assisted at a *CAPS AD III* participated in this study. Most of them were males, 85.7% (n=12), aged between 13 and 17 years old, predominating adolescents with 17 years old 42.8% (n=6). Nine adolescents (65.2%) reported having a religious preference, among them Catholicism 44.4% (n=4), Evangelical religion 44.4% (n=4) and c 11.0% (n=1).

The predominant race was black 50% (n=7), followed by white 42.8% (n=6) and Hispanic 7.1% (n=1). Concerning the marital status, all participants are single. The average treatment time at *CAPS AD III* was 146 days.

Substance use

The age of onset of drug use ranged from 8 to 17 years old, predominantly at 12 years old 50% (n=7). Regarding the substance use in the last 30 days, one (7.1%) adolescent reported not using any substance, four (30.7%) used one substance: alcohol (n=2), marijuana (n=1) or tobacco (n=1), nine (69.23%) used three or more substances, and of these, eight (88.8%) used crack cocaine.

Financial spending on drug use over the past 30 days ranged from R\$ 40.00 to R\$ 1,000. Observing how they obtained the drug, eight (61.5%) succeeded through trafficking, three (23.0%) through illegal activities and two (15.4%) through friends or family. Six (46.1%) adolescents reported having an episode of a blackout, did not remember what happened when they used drugs.

By investigating how troubled or upset teens were about drug problems over the past 30 days, the results show that for most 64.2% (n=9) of adolescents' drug problems bother nothing or very little, as the answers are concentrated between 0 and 1 of the Likert scale. On the other hand, adolescents 13 (n=92.6%) recognize the importance of treatment for drug problems, as responses at levels 2, 3 and 4 predominated (Table 1).

Table 1- Levels of the Likert Scale regarding the degree of discomfort or disturbance attributed to drug problems and the degree of importance assigned to treatment for drug problems. *Pelotas City, Rio Grande do Sul State, Brazil, 2017.*

Levels of the Likert Scale	Degree of discomfort or disturbance N (%)	Degree of importance N (%)
Nothing important		
0	04 (28.5)	03 (21.4)
1	05 (35.7)	
2	01 (7.1)	04 (28.5)
3	01 (7.1)	01 (7.1)
4	02 (14.2)	04 (28.5)
Too important		
Did not answer	01 (7.1)	02 (14.2)
Total	14 (100.0)	14 (100.0)

School situation

With regards to the school situation, twelve (85.7%) have incomplete primary education, one (7.1%) with incomplete high school and one (7.1%) did not report. Nine (64.2%) adolescents reported leaving school and five (35.7%) were attending school. Among the adolescents who remained in school, only one (20.0%) adolescent participated in extracurricular activities, two (40.0%) did not miss or were late in the last month. Three (60.0%) had five to 15 absences in the last month, arrived two to 10 days late in the last month, and four (80.0%) were punished for disciplinary reasons in the last month.

Employment/Financial support

Considering the 14 adolescents interviewed, three (21.4%) reported having an occupation, performing activities as a potter, attendant, and prostitute. One (33.3%) performed full-time work activities (40h/week) and the other two (66.6%) performed irregular hours of work. Of the three (21.4%) working adolescents, two (66.6%) reported that 70% to 80% of their income was generated by illegal activity.

Family relationships

Considering the 14 adolescents interviewed, nine (64.2.8%) currently live with only one parent and three (21.4%) with both parents. Concerning satisfaction with the current housing situation, 12 (85.0%) mentioned being satisfied.

Concerning the compliance/obedience with the rules, it was found that for seven adolescents (50.0%) the rules are never or little obeyed in their home. When exploring the existence of family conflicts, four (28.5%) adolescents reported no conflict with any family members, 10 (71.4%) reported conflicts with at least one family member. It is noteworthy that the mother was mentioned by all adolescents who reported family conflicts. Table 2 presents the family members with whom the adolescents pointed out conflicts.

Table 2 – Relatives with whom the adolescents experienced conflicts. Pelotas City, Rio Grande do Sul State, Brazil, 2017.

Familiar with conflict	N (%)
Mother	10 (71.4)
Father	3 (21.4)
Brothers	5 (35.7)
Other family members	2 (14.2)
Guardian	-

To further investigate family conflicts, adolescents were asked how much they could express and be heard in their family. In this item, it was found that most 71.4% (n=10) of adolescents indicated that they can express themselves and be heard in their family, since their answers were concentrated between levels 2 and 4.

Concerning the degree of support/help among family members, the results show that for adolescents 78.4% (n=11) there is a support/help relationship between family members, as the responses were concentrated between levels 2 and 4 of the scale. Also, most 85% (n=12) of adolescents feel they can rely too much or too much on their parents/guardians.

When exploring how much the adolescent felt troubled by family problems in the last month, it was found that nothing or very little bother, as the higher 57.1% (n=8) frequency of responses was concentrated at levels 0 and 1. Besides, eight (57.1%) reported counseling for family problems as little or unimportant.

Relationship with peers/Sociability

In regards to the number of close friends, the adolescents interviewed reported having one to 20 friends, except for one adolescent who reported not having friends and another who could not report the number of friends. When investigating substance use by close friends, two (14.3%) adolescents reported that their friends did not use any substance, however, among close friends of the other interviewees all regularly used at least one substance.

Ten teenagers (71.4%) reported no conflict or serious discussion with friends in the last month. Furthermore, adolescents 51.1% (n=8) indicated that they were satisfied with the quality of relationships with their friends, since the answers predominated at levels 2, 3 and 4 of the scale.

Six adolescents (42.8%) reported being in a relationship, dating time ranged from one month to five years. The boyfriend/girlfriend of two adolescents used at least one substance regularly. Only one adolescent reported conflict or serious discussion with her/his boyfriend/girlfriend in the last month. Regarding the satisfaction with the quality of the relationship with her boyfriend, 83.3% (n=5) adolescents indicated that they were very satisfied or too satisfied, since there was a predominance of responses at levels 3 and 4 of the scale.

In order to further investigate sociability and peer relationships, adolescents were asked about the people they spent most of their free time with. In this item, it was found that most 42.8% (n=6) of adolescents are with friends or family 21.4% (n=3) in their free time (Table 3).

Table 3 – People with whom the adolescent spends most of their free time with. Pelotas City, Rio Grande do Sul State, Brazil, 2017.

People	N (%)
Family	03 (21.4)
Friends	06 (42.8)
Gang	01 (7.1)
Boyfriend/Girlfriend	01 (7.1)
Alone	02 (14.2)
Did not answer	01 (7.1)
Total	14 (100)

Legal status

Admission to *CAPS AD* was imposed or suggested by the criminal justice system to two adolescents (14.2%). Regarding the legal situation, seven (50.0%) have already been charged and/or arrested for some crime. The charges include theft, illegal possession of a weapon, possession of drugs and trafficking. Five adolescents (35.7%) were convicted and arrested and/or placed in a detention center at least once for these charges.

Three adolescents (21.4%) reported being on probation or supervised, two (14.2%) were awaiting trials or sentences. Three (21.4%) reported having engaged in illegal activities for at least one day in the last month to profit. Most of them 35.7% (n=5).

Some adolescents involved in legal issues recognize the severity of their problems, as their answers were concentrated between levels 2 and 4 of the Likert scale (Table 4).

Table 4 – Assessment of adolescents vis-à-vis the severity of their problems with the law. Pelotas City, Rio Grande do Sul, Brazil, 2017.

Intensity degree	N (%)
None	
0	2 (28,5)
1	-
2	2 (28,5)
3	1 (14,2)
4	2 (28,5)
Too much/always	
Total	7 (100)

Psychiatric status

Seven adolescents (50.0%) reported having at least one psychiatric situation for a significant period, which was not a direct result of drug use (Figure 1).

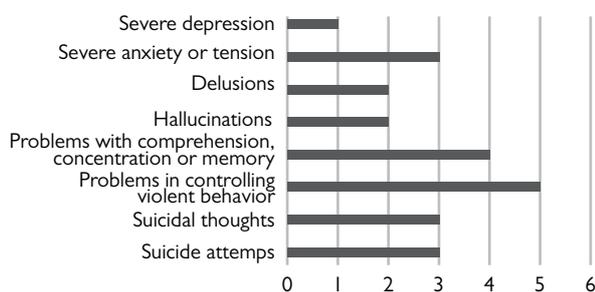


Figure 1 – Psychiatric situation presented for a significant period, which was not a direct result of drug use. Pelotas City, Rio Grande do Sul State, Brazil, 2017.

DISCUSSION

The abuse of drugs in adolescence has been worrying, due to the social relevance of the theme, as well as the significant increase in consumption rates, causing distresses to health and life early on.^{12,13} In this sense, efforts have been made to

understand the characteristics and dynamics of adolescents' use in order to contribute to solutions that can prevent minimizing the damage caused by drug abuse.

The findings of the present study specifically aimed at the adolescents undergoing treatment at *CAPS AD* find that most of them are men. These results corroborate the results of a survey conducted in a *CAPS AD* in Northeastern Brazil, which identified a predominance of adolescent and adult men undergoing treatment in this type of service.¹⁴

According to the Annual Report of the European Monitoring Center for Drugs and Drug Addiction, the number of drug-dependent men is four times higher than that of women in Europe.¹⁵ Accordingly, the *II Levantamento Nacional de Álcool e Drogas (LENAD)* [II National Alcohol and Drug Survey], among alcoholics, 10.5% were men and 3.6% were women. And this difference between the sexes remains in all substances.¹⁶

The present research also showed that adolescents have a religious preference. Researchers who investigated protective factors against drug use among college students pointed out that about 85% had some religious affiliation, with Catholicism being the most common, followed by evangelical/Protestant. Besides, it was found that those who do not practice religion were more likely to use alcohol, tobacco, marijuana and other drugs than those who practiced. For this reason, it is suggested that spiritual aspects be included in prevention programs and in the treatment of problems related to alcohol and drug use as a way to reduce the prevalence of use.¹⁷

Concerning the race, the data from this study are in line with research that profiled drug users at therapeutic centers in the State of *Rio Grande do Norte*, where a predominance of non-white patients was observed expressing an increased representation of black races and brown in therapeutic centers. Data from the studies are also similar concerning relation to the marital status of the participants, as most were single.¹

Regarding the age of initiation of drug use was observed very early onset (12 years old). This result is similar to data from a survey of adolescents and young people seen at a *CAPS AD* in *Bahia*, which identified the beginning of the consumption of licit and illicit substances before 14 years old.¹⁴

A study conducted with crack users in the City of *Santos*, *São Paulo* State, also showed early onset of consumption. The lowest age to start crack use was 8 and the maximum was 59 years old. The research still pointed out that most of the users gained the first drug consumed in life, being the curiosity the greatest propellant for the use.¹⁸

Observing the type of substance used by adolescents, the use of multiple drugs among them is crack cocaine. Nonetheless, researchers point out that in Brazil there is a strong overlap of crack or similar drug with licit drug use, with alcohol and tobacco being the most frequently consumed.¹⁹

In a study conducted in *São Paulo* City, with 310 individuals, which sought to verify the profile of street children and adolescents who use drugs showed that licit drugs are the most used, but among the illicit drugs that

obtained highest use rate was crack. The largest proportion of children and adolescents using licit drugs was between 15 and 18 years old, the same age group was representative of all illicit drugs.²⁰

Research conducted with crack users in the city of *Santos* City, *São Paulo* State, pointed out that the majority gained the first drug consumed in life, being curiosity the greatest propellant for the use. The lowest age for crack initiation was 8 and a maximum of 59 years old. Predominantly, crack use was associated with other drugs, most of which made use of this substance as a “*pipada*” [pipe smoking]. The number of stones consumed ranged from 2 to 150 stones/day and the value of the stone between R\$ 5.00 and R\$ 10.00.¹⁸

In this study it was found that financial expenses such as drug use vary greatly in the month, reaching a little over a minimum wage, and among the ways of obtaining, the relationship with trafficking and illegal activities is identified.

Currently, the progressive increase in crime has been linked to people who engage in drugs, either as a user or as a drug dealer, and is usually associated with financial needs linked to the lack of resources to obtain the drug. However, there is much to explore about this, considering that the dynamics of the context of drug use and trafficking, as well as the issue of violence in Brazil, are multi-determined and in need of broad analyzes that do not deal with the use of crack on crime rates in isolation but also involve the social, political and economic issues at stake.²¹

In regards to the experience of an episode of blackout, scholars point out that self-perception of what is overdose is quite difficult and inaccurate due to several other health problems (for instance, other serious respiratory and cardiovascular problems, such as pneumonia). Nevertheless, we highlight the significant proportion of users who reported having had such an experience in this research, as well as in the National Survey on the Use of Crack.¹⁹

The education of psychoactive substance users has also been the subject of several studies revealing that there is an important relationship between low education and the use of psychoactive substances. Also, according to the National Survey on the Use of Crack, the proportion of drug users in Brazil who attended/completed high school was low, in addition to the very low proportion of users with higher education. Most users (57.6%) attended the 4th and 8th grades of elementary school.¹⁹

Research that analyzed the profile of crack addicts hospitalized in *Porto Alegre* City, identified the low education among its 84 participants. The evidence demonstrates the statistical significance between low education and age at the beginning of drug use. Low education is an important feature of drug use involvement, and the more frequent drug use is, the more difficulty users have in pursuing their studies.²²

A study that verified the relationship between school problems and drug abuse, conducted with 965 individuals from 50 Brazilian public schools, showed that those who claimed to use some psychoactive substance had more

school problems compared to those who did not use. The most common problems mentioned included below-average grades, thoughts of dropping out of school, feeling bored in the school environment, not performing school activities, concentration problems, and constant failures.²³

Regarding the employment/income, the minority of participants in this study reported having an occupation. It is noteworthy that, among those who had an occupation, the majority performed activities of sporadic character, whose income generated came from illegal activities. The National Survey on the Use of Crack points out that the most common way for users to earn money is sporadic or self-employed work. Also noteworthy is the high frequency of reporting sex in exchange for money/drugs. Illicit activities such as drug trafficking and thefts/robberies were reported by the minority of users; not characterizing as their main source of income.¹⁹

Routinely, it is observed that the drug user moves away from work activities, because consumption becomes the priority of their life, and there is difficulty in fulfilling responsibilities due to the effects and the need for recovery after use.²⁴ The fact that, currently, the working world values and demands from the professional specific characteristics for the development of the proposed activities, including appearance, school level, and interpersonal relationship capacity, which the user presents difficulties in conceiving and adapting.²⁵

Concerning the family relationships of adolescent drug users treated at *CAPS AD* under study, the presence of conflicts in the family environment is identified. Nevertheless, the family is identified as a source of support.

A study that aimed to describe the characteristics of the family context of adolescents undergoing treatment at the Psychosocial Care Center for Alcohol and Drugs from *Cuiabá* found that despite the predominance of adolescents living in reconstituted families, family relationships were satisfactory. When the relationship difficulties were mentioned, the father figure predominated.²⁶ These data differ from the findings of the present study, in which the mother was the most referenced figure.

On this subject, another research conducted with users dependent on alcohol and drugs attended at a Psychosocial Care Center, a municipality of *Santa Catarina* Midwest, found that the majority, besides living with their families, also receive support from these entities. Family support is fundamental for the physical and social restoration of the user, as well as for their continued treatment. On the other hand, the family integration deficit, with discussions, discrimination and fights, encourages the use of alcohol and other drugs, distorting and destroying the self-confidence and self-esteem of users and the family itself.²⁷

In addition to family relationships, sociability relationships with peers also influence adolescent drug abuse behavior.²⁸ Data from the present study are in line with the literature, since most adolescents have relationships with friends who also use substances, with whom they stay most of the time.

Adolescent users are very vulnerable and easily influenced by groups of friends, as they have a greater need to search for the unknown, the exacerbation of curiosity and the contradiction of values established by family members.²⁹

Peers are considered important to determine the initiation and continuity of drug use by adolescents, the appreciation of non-parental ties and the establishment of peer bonds intensify, especially when there are family conflicts. In a way, peers contribute to the process of independence, become role models, exert social pressure and influence behavior, becoming important people for the adolescent.³⁰ In this sense, treatment for people who use drugs requires structuring of interactional resources, enabling conditions to develop and strengthen healthy and protective relationships for adolescents.

With regards to the legal situation of adolescents, the involvement with the judicial system is evidenced through prosecution and/or imprisonment for some crime. A cross-sectional study conducted with 229 adolescent users of psychoactive substances undergoing treatment at a Psychosocial Care Center for Infancy and Adolescence, it was found that most practice or have committed criminal offenses.³¹ The World Health Organization points out that there is a relationship between crime rates and drug use, since one accentuates the effects of the other and favors the addict being the victim or perpetrator of a violent act.³²

Epidemiological data show that in Russia about three to four percent of individuals arrested for murder had used some type of psychoactive substance before the act. In China, 50% of those arrested for assault had used some type of psychoactive substance before the act.³²

In Brazil, the National Survey on the Use of Crack found that almost half of the users (48.80%) had been arrested at least once in their lifetime, the detention grounds that stood out were: robbery/theft (20.40%), theft/fraud/home invasion (19.43%), aggression/fighting/domestic violence (13.95%) and drug trafficking or production (11.36%).¹⁹ In this sense, there is a need for investment in public policies to prevent drug use, with interventions aimed at promoting health and reducing social and individual harm to children and adolescents.

In addition to the court orders caused by drug abuse, there are also clinical health problems. The literature shows that psychiatric comorbidities diagnosed in crack users and multiple drugs are frequent²⁰⁻³³, which is an aggravating factor, especially in reports of suicide attempts.²⁰

Research that investigated the profile of drug addicts undergoing treatment in a psychiatric hospital in the metropolitan region of Curitiba City found that, before starting treatment, 99.4% of a total of 350 individuals had daily drug use.³⁴ In this sense, it should also be considered that there are difficulties in attributing a psychiatric diagnosis to drug users, since mental comorbidities are common.³⁵

Furthermore, there is difficulty in differentiating between previously existing disorders and secondary disorders to

addiction.³⁶ Therefore, it is of paramount importance that the assessment must be cautious to enable correct diagnosis of mental disorders in addicts and appropriate treatment.

CONCLUSIONS

The results of this study indicate that, in general, crack users treated at the CAPS AD in the City of Pelotas started substance use at a young age, ranging from 8 to 17 years old, and that adolescents, even being under treatment, used some substance in the last 30 days, keeping spending on consumption, relationship with traffickers and illegal activities. These results point to the need for investments in health promotion and substance use prevention actions within the framework of the harm reduction strategy, respecting the specifics of this audience, reinforcing their potential and valuing their advances, to motivate and engage them in the treatment.

It was found that the school situation is impaired, since most reported having dropped out of school, and those who continued to attend school showed disengagement with school activities, explained by delays, absences and punishment for disciplinary reasons. The fact that adolescents do not realize the damage that can be caused, they are not bothered by problems at school, nor do they recognize the importance of counseling for these problems.

For this reason, intersectoral articulation is important, combining the school space as a health promoter. Working on adolescents' future plans seems to be an important resource for modifying perceptions about school activities. Also, the role of the teacher is highlighted in identifying behaviors that denote substance use, as well as embarrassing and exclusionary attitudes in the school environment, due to the moral connotation of the drug, which may demotivate and alienate adolescents from this scenario.

In family relationships, it was evidenced as a worrying aspect that the adolescents reported not complying with/obeying the rules, which puts them in situations of family conflict, especially with the mother figure. Thus, it reinforces the importance of considering the family in the treatment of adolescents, not only as a care agent, but also to be cared for. In this sense, the results indicate that strategies can be traced by valuing listening and dialogue that enable adolescents to be heard and express themselves in the family, consolidating a supportive relationship between family members and trust in parents.

Relationship with peers/sociability is also another matter of concern, as adolescents reported spending most of their free time with their substance-using friends. Knowing the influence that the group has on the adolescent, CAPS AD must provide the construction of healthy relationships, which expands the resources and potentialities of the social network.

Regarding the legal situation, it is noteworthy that half of the adolescents under treatment have already been charged and/or arrested for a crime and recognize the seriousness of

their problems. Given this, it is evident the need for mental health services to use therapeutic approaches that value awareness of the problem and willingness to change, especially assisting in the use of strategies to modify problem behavior.

It was found that the few adolescents who maintain an occupation do not provide it as a means of livelihood, as they reported developing illegal activities for income generation. This issue reinforces the importance of working on adolescents' plans, as well as awareness of the problem and willingness to change.

Concerning the psychiatric situation, there is the need for a careful assessment to enable the identification of previously existing mental disorders and chemical dependency, as 50% of adolescents reported having at least one psychiatric situation not directly related to their substance use.

The results of this study can contribute significantly to the reorientation of actions, to promote the improvement of assistance to adolescent crack users. Once the characteristics of this public are known, strategies can be implemented according to the local reality, because of personal, family and social well-being, as well as the exercise of citizenship.

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