

## Lifeworld: socio-environmental influence on crack cocaine use by teenagers

*Mundo da vida: influência socioambiental para o consumo de crack por adolescentes*  
*Mundo de la vida: la influencia socioambiental para el consumo de crack por adolescentes*

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### ABSTRACT

**Objective:** To understand the influence of the lifeworld on crack cocaine use by teenagers undergoing treatment at the Psychosocial Care Center for users of alcohol and other drugs. **Method:** Qualitative research carried out with thirteen teenagers attended at the Psychosocial Care Center for users of alcohol and other drugs, from a municipality in the South of Brazil. The data were collected through semi-structured interviews and the Comprehensive Analysis was carried out from the Phenomenology of the Social World of Alfred Schütz. **Results:** In the lifeworld, there is influence of the community to which the teenager belongs; of the family, by the excess of permissibility and being in an environment of drug use and violence; and the school, where it is influenced by individuals to consume them. **Conclusion:** Elements from the lifeworld influence the teenager for the consumption of crack cocaine, being necessary actions contextualized with their world of life.

**Descriptors:** Adolescent; Substance-Related Disorders; Environment; Crack Cocaine; Nursing.

### RESUMO

**Objetivo:** Compreender a influência do mundo da vida no consumo de crack por adolescentes em tratamento em Centro de Atenção Psicossocial para usuários de álcool e outras drogas. **Método:** Pesquisa qualitativa realizada com treze adolescentes atendidos no Centro de Atenção Psicossocial para usuários de álcool e outras drogas, de um município do Sul do Brasil. Os dados foram coletados por meio de entrevistas semiestruturadas e a Análise Compreensiva realizou-se a partir da Fenomenologia Social de Alfred Schütz. **Resultado:** No mundo da vida, há influência da comunidade a qual o adolescente pertence; da família, pelo excesso de permissibilidade e estar em ambiente de uso de drogas e violência; e da escola, onde é influenciado por indivíduos a consumi-las. **Conclusão:** Elementos do mundo da vida influenciam o adolescente para o consumo de crack, sendo necessárias ações contextualizadas com seu mundo da vida.

**Descritores:** Adolescente; Transtornos Relacionados ao Uso de Substâncias; Meio Ambiente; Cocaína Crack; Enfermagem.

### RESUMEN

**Objetivo:** Comprender la influencia del mundo de la vida en el consumo de crack por adolescentes en tratamiento en un Centro de Atención Psicossocial para usuarios de alcohol y otras drogas. **Método:** Investigación cualitativa realizada con trece adolescentes atendidos en el Centro de Atención Psicossocial para usuarios de alcohol y otras drogas de un municipio del Sur de Brasil. Los datos fueron recolectados por medio de entrevistas semiestruturadas y el Análisis Comprensivo se realizó a partir de la Fenomenología Social de Alfred Schütz. **Resultado:** En el mundo de la vida, hay influencia de la comunidad a la que pertenece el adolescente; de la familia, por el exceso de permisibilidad y ser ambiente de uso de drogas y violencia; y de la escuela, donde es influenciado por los individuos a consumirlos. **Conclusión:** Los elementos del mundo de la vida influyen los adolescentes al consumo de crack, y son necesarias acciones contextualizadas con su mundo de la vida.

**Descritores:** Adolescente; Transtornos Relacionados con Substancias; Ambiente; Cocaína Crack; Enfermería.

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## INTRODUCTION

Drug use by teenagers is a serious public health problem. In 2013, it was estimated that 24.6 million Americans 12 years of age or older representing 9.4% of the teenager population were recurrent users of street drugs. In the United States, the number of new crack cocaine users was 58,000, with the average age of first use being 20.4 years<sup>(1)</sup>.

An investigation with 1157 individuals between 14 and 18 years old in Brazil estimated that crack was consumed by almost 3.2 million people. About 2 million Brazilians consumed this drug at least once in their life and 0.8% of them were teenagers<sup>(2)</sup>. A study of 310 street children and teenagers concluded that crack cocaine is the most frequently used illegal drug among teenagers between 11 and 18 years of age, both genders<sup>(3)</sup>.

Important transformations and direction of interests and intentions in adolescence influence the way in which social relations will be constructed. These relationships become more complex, giving the teenager new insights about reality, as well as about the world, about himself/herself and others<sup>(4)</sup>. It is a phase of impulsivity in which the teenager has little ability to assess the cause-effect relationship, especially when influenced by emotional aspects and the desire for immediate pleasure<sup>(5)</sup>. Because of these characteristics, the teenager may be more vulnerable to influences from the outside world, such as drug use.

Crack cocaine use by teenagers can be influenced by socio-environmental issues. A fact verified in a study that aimed to analyze the influence of the family environment on the use of this drug showed that the difficulty in playing parental roles, overprotection of children, drug use culture, conflicts and violence, the lack of information and knowledge on use of drugs may lead to its use<sup>(6)</sup>.

A research that aimed to know the perception of users of crack cocaine in relation to the use and treatment concluded that the beginning of the use is early, and is related to easy access to the drug, to the over study and work, stress, ignorance of the possibility of drug dependence and influence of friends and family<sup>(7)</sup>.

Regardless of which, the experiences are of and in the lifeworld being formed, oriented and tested in this. Lifeworld composes the sphere of all experiences, guidance and daily actions, through which the actors seek to fulfill their interests and business from the handling of objects, the interpretation with people, the elaboration of plans and their effectiveness. In this world of social action, the teenager as an actor is influenced by his/her behavior and is inclined and guided by instructions, exhortations and interpretations offered to him/her by others. The teenager constructs his/her perspective of the world that surrounds him/her and this construction is not possible without the help of the raw material that other actors offer him/her in this constant exposition before the similar ones<sup>(8)</sup>.

The teenager - as social actor - lives in this world through the way he/she subjectively defines the environment, the setting of action, and how he/she interprets the possibilities and difficulties. During life, each individual understands the world in the perspective of their own interests, motives, desires, and ideological and spiritual commitments<sup>(9)</sup>.

Thus, when the teenager is inserted in an environment where there are drugs like crack cocaine, the teenager can be influenced

to the use. Facing this problem, we ask: how do environments influence teenagers to use crack cocaine?

## OBJECTIVE

To understand the influence of the lifeworld on crack cocaine use by teenagers undergoing treatment at the Psychosocial Care Center for users of alcohol and other drugs.

## METHOD

### Ethical aspects

Regarding ethical aspects, the study obtained a favorable opinion by the Research Ethics Committee in the Health Area of the *Universidade Federal do Rio Grande*, in order to comply with the ethical precepts established in Resolution 466 of December 12, 2012.

Teenagers older than 18 years or responsible for minors have signed the Informed Consent Form. All teenagers, at the time of data collection, signed the Assent Form, agreeing to participate in the study. Anonymity was obtained by identifying the study participants by the letter "A", followed by the interview number.

### Type, place and period of the study

This is a descriptive and exploratory study of a qualitative nature, carried out in the second half of 2016, with thirteen crack cocaine teenagers users, linked to a Psychosocial Care Center for users of alcohol and other drugs (CAPS AD of a municipality in the South of Brazil). This is a public service linked to the Brazilian Unified Health System (*Sistema Único de Saúde- SUS*) and assists people under treatment for the use of drugs, and their relatives.

### Methodological procedures

The teenagers participating in the study met the criteria for inclusion: teenagers with a history of crack use adhering to CAPS AD treatment. Those who sought this service casually were excluded from the survey. A teenager was considered to be between 10 and 20 years of age<sup>(10)</sup>.

The data were collected by the researchers through a single semi-structured interview with each participant, which occurred in the service itself and had an average duration of 50 minutes of recording. The data collection tool held the open-ended question: "How was your childhood life like so far and your relationship to crack cocaine?".

After the transcription of the interviews, the data were submitted to the Comprehensive Analysis from the Phenomenology of the Social World of Alfred Schütz<sup>(8-11)</sup>. It was operationalized in three moments: careful reading of each interview in order to understand the overall meaning of the experience lived; thorough re-reading to identify the meaning units, that is, aspects relevant to the living context present in the speeches of social actors. Finally, the phenomenological reduction was accomplished; the meaning units were grouped by the convergence of the relevant aspects to compose the analytical categories, that is, the essence of the phenomenon.

Thus, three phenomenological categories were unveiled: Elements of the community environment in the lifeworld: access to crack cocaine, other drugs and violence; the structure of the family environment influencing the teenager in the use

of crack cocaine and other drugs; and the school environment, and the world of teenager's crack cocaine user life.

## RESULTS

The research had the participation of 13 teenagers, with a history of crack cocaine use, under treatment in CAPS AD. Of these, two were female and 11 were male. The age ranged from 14 years to 19 years, the most prevalent being 16 years. As for marital status, twelve were single and one teenager had been in stable relationship for two years. Two have children, and one of them does not live with the child. Twelve live with the family and one is in a shelter.

As to the level of schooling, eleven have incomplete elementary education, two have completed elementary education and only two continue with their studies. Eight said they were not working nor studying at the moment. Two worked as day laborers in the general services of a fish industry and one is kitchen assistant (line cook). One of the participants in the study said that he was an "aviãozinho", which is the person who takes the toxicant to a buyer and returns with the money to the drug dealer.

As for the beginning of consumption, the average was 13 years, ranging from seven to 15 years of age. The crack cocaine use time averaged seven years, ranging from two to eleven years. As for other drugs used, alcohol was mentioned as *cachaça* (a strong alcoholic drink similar to rum, made in Brazil from the juice of the sugar cane plant), woodcut, (3) ecstasy, (4) tobacco, four solvents and cola, (8) cocaine and all used marijuana.

### The structure of the family environment influencing the teenager in the use of crack and other drugs

Family is the first intersubjective space of social construction of individuals. It is a reference of behaviors, values, among others, that can define - through the collection of knowledge built from childhood - the action of social actors. Thus, the action of crack cocaine use in adolescence may have in essence the normalization/naturalization of the drug in the family environment:

*My father used to use and traffic drugs, my mother used and some uncles. And me and my brother, who was nine, we started using it. We have always had ease in achieving and freedom to use drugs. They even fought but it wasn't serious, like normal father and mother do. I used to see my father always so "high" [under drug effects]. (A3)*

*My father and my brothers use drugs, but they have a normal life. They have control. They aren't addicts like me. (A4)*

*My father and mother are drug users, my 14-year-old sister uses cocaine and lives in the street, my brother, who is 21, uses crack and is in prison. (A5)*

Intersubjectivity in the family environment reverberates in a lifeworld of hopelessness and discouragement in the teenager. It is observed that social actions of parental care, such as imposing limits, working frustrations, supporting and providing affection is expressed as desired and lacking in the teenagers' experience,

with crack cocaine and other drugs being an encouragement and a way of "anesthetizing" part of the knowledge:

*I know I have no one there for me, I make my life what I want and I don't have a mother to care about like everyone else. When I get sad the drug is my mate, my friend, my family, the warm bed and mother's love. I live like this, left alone and hanging around, since I was ten years old I use drugs and they don't care at all about me. (A3)*

*I think drug use is also influenced by adults. Because, for example, if I got drunk at a party at the end of the year, I'm not going to say that my dad thought he was nice, but he thought that was normal for a man, isn't it?? (A12)*

Although a significant part of teenagers identify that there are within their family environment individuals who use crack cocaine and other drugs, they have the discovery of use by the family as a milestone remembered. This fact may expose the teenager's needs for attention and care:

*My family discovered that I use drugs due to the way I got home, with red eyes, angry, agitated, and then I started to get very thin, thin to get people's attention [...]. (A4)*

*They knew why someone told them. And there is my whole story with drug trafficking, my cases with the police, that says everything. (A10)*

*People on the street would talk to my mother and then the Council went home because I was walking at dawn on the street. (A8)*

The family has an important role in the follow-up of drug addict teenagers under treatment. However, when it has a dynamic and dysfunctional structure, it tends to be unable to support it to start and maintain treatment:

*My mother tries to support me in the treatment, but the problem is that she also uses drugs. (A3)*

*In my house everybody uses drugs! Except my nephews. Everyone uses, everything happens [drugs]. So nothing ... nothing even prevents me from using ... I don't receive support. (A9)*

A teenager who has parents involved in drug trafficking has reported its use as an asset for sale. In such a way, she faces the separation of her parents as the moment where violence ends. With this, it is understood that in certain situations the family is a source of both psychological and physical violence:

*As I told you before, my father was a drug dealer, but now he's in jail. Thank God! He was too bad for me to do "things" that a father shouldn't do with a small daughter. That bastard used me as a "bait" to sell drugs. He used to make me sit on the lap of those nasty, stinking men and they used to touch me, my body. (A3)*

The consequence of drug trafficking by parents is reported by teenagers, and the desire is expressed not to follow this life story:

*My parents were arrested for drug trafficking and took 12 years in a closed prison. My mother went the second time and my father went by the eighth. It's not the life that I want. (A6)*

### **Elements of the community environment in the lifeworld: access to crack cocaine, other drugs and violence**

The community environment is part of the teenager's lifeworld, since it is also in this space and time that phenomena occur in his/her life. Thus, teenagers reported a high availability of the drug in the community spaces:

*I started using crack when I went to live at my boyfriend's house on the seashore; there are all kinds of drugs [...]. (A3)*

*I started using crack in my community. In the neighborhood I lived for many years there are millions of people who use drugs and crack. (A11)*

The community is an environment of face-to-face relationships and establishment of intersubjectivities with other members and, with this, its knowledge is built. In this, different influences contribute to them use crack cocaine, one of them are the "friends", either by the offer or reproduction of the behavior of use:

*[...] the dudes [friends] I used to walk with, used together and offered me drugs. (A1)*

*I used to see the others smoking, then I started smoking too and with cocaine it was the same thing ... seeing the others made me want. (A9)*

The influence of the "friends" of the community appears not only related to the beginning of the consumption of crack cocaine, but also after the search for treatment as risk of relapses:

*[...] Going back there, to the beach, just passing by gives me something. There's all kinds of drugs there and all my friends there use them. I couldn't resist! (A7).*

*The day I went to my job, one of my old friends showed up and came to offer me drugs, it was on Monday morning, at 8 a.m, and I said to him "no, man, I'm going to look for help, this life I'm living is done to me". Then he said "so, man, since you don't want I just wanted to make my presence." And I said "man, you can keep your presence to yourself." (A13)*

The consumption of crack cocaine and other drugs can favor violence in the community. The need to get money to buy crack causes some teenagers to commit offenses in the community, with the goal of maintaining consumption:

*Because I prostitute myself, sometimes I steal, until I end up at the police, but what can I do? ... This is me. And I myself am everything I have. (A3)*

*I was arrested at the age of 12 or 13 for drug trafficking, robbery, attempted murder and for shooting against the police. Last month I went to Jaguarão, with a gang to avenge the death of a friend of 16 years that the police killed there. I have even stolen from the dealer and now he wants my head*

*on a platter, but I'm not afraid, I've been through a lot and if I die another one comes better or worse to take my place. And this is the life, until when God wills! (A10)*

Although crack cocaine is commonly linked to situations of violence, it should not be stigmatized as a drug consumed only by offenders. It is also used by individuals who have no relation to drug trafficking or violence:

*I started using crack in my community and always bought with the money from my work. (A11)*

The work environment can be a risk factor, especially if the worker is a teenager due to the vulnerability phase of influences:

*At that time, I worked as a bricklayer's mate with a friend in the neighborhood, in that insistence offering me several times ended up giving in. He had been using drugs for a long time. When he called me, he said, "Come on, man, try it on, you will see what the taste is like!" And then I tasted it. I took the drug and tasted it. And you already know what happened next. (A13)*

*I worked unloading in a place that had everything! The staff used drugs a lot to work. I got depressed in this period and so I'm here. (A2)*

### **The school environment and the world of teenage crack cocaine users**

Besides the community and family environment, school is a common space for teenagers. In it, he/she learns about social coexistence, formal education, citizenship, among other principles that build him/her as a social actor in the lifeworld. However, in this case he/she has contact with individuals who use drugs, which can increase their vulnerability:

*When I was studying at my school I met thousands of people who used drugs. (A11)*

Crack cocaine consumption can affect the abandonment of an environment with transformative potential such as school. Thus, some face difficulties of conviviality in this so much by the cognitive difficulties, the consumption, as well as by the stigma of being the son of drug dealer:

*I'm not at school. First, because of shame, because everyone knew my father and they said "That is the daughter of the so-and-so, don't hang out with her, these people are no good!" I also couldn't learn, I had a lot of trouble. (A3)*

On the other hand, abandonment of school may arise due to its insertion in drug trafficking, which distances it from the school for the supposed obtaining of easy money or by the repercussion of the activity on the physical health of that:

*I think it's bad to study, as a drug dealer I earn more, I'm at risk, but I'm not afraid. (A10)*

*[...] sometimes I used to spend the night in [selling drugs] and go to class sleepy, then I gave up school because of tiredness. (A3)*

## DISCUSSION

The lifeworld is pre-structured, with elements that precede our existence. In this action setting, the social actor is led and provoked by elements established in the structure of this reality, which is learned by teenagers through constant socio-environmental interaction. Within this world, community is built through internal (members) and external (from others) conceptions, these multiple private interpretations combined form the common world view<sup>(8)</sup>.

In the context of the members, the cultural group, the family represents the first contact that the social actor has in the construction of knowledge. In it, individuals learn customs, values, behaviors, typifying the actions of the actors and responding to the standard of the group that belongs. The function of cultural standardization is to eliminate investigations by providing instructions that are ready to be used without the need for reflection. Within the cultural group, customs are heritages, and naturalizations transmitted as correct ways of dealing with individuals and things<sup>(8)</sup>. In the case of teenagers crack cocaine users, participants of the study observed a distortion of this social action, leading them to an understanding of normality and acceptance of the drug by constant exposure to drug use, typifying the consumption action within this internal cultural group.

Parental interaction is an important factor that influences teenagers' psychosocial development, drug use and delinquency<sup>(12)</sup>. In this way, the familiar culture of drug use, internal family conflicts, with the possibility of reaching physical, verbal and/or psychological aggression, especially in the family environment of crack cocaine users, although not understood by many families as factors risk can arise as a widely accepted sociocultural phenomenon<sup>(6)</sup>.

The speeches of the participants, especially of eight teenagers, show us that there is a fragility in family relationships which generates in teenagers the feeling of lack of love and the feeling of abandonment. In addition, the trivialization of drug use by parents produces weakening in family relationships and their use as an escape from problems. This behavior of parents was seen as a product of the omission of care, and the desired and expected attention, as demonstrated in the study<sup>(13)</sup>. This picture leads to early drug onset. Thus, the findings of the present study corroborate the current literature, alerting the importance of the professionals to visualize the environmental influence and the parental practices that compromise the health of the teenager<sup>(14)</sup>.

It is observed in the study that a significant part of the family environment present a disorganization and dysfunctionality that collaborated for the use of drugs. However, it is this family that needs to support it, and because of its dysfunctional and destructive nature, can make it difficult to start and maintain the treatment of dependence.

It is emphasized that the treatment of drug dependence is complex, especially with regard to crack cocaine. Thus, the family that accompanies the drug user may face problems, such as feelings of impotence and distrust, lack of financial resources and difficulties in accessing specialized mental health devices<sup>(15)</sup>. In such a way, the health professionals need to be attentive and supportive so that it can be restructured to rehabilitate the teenager.

Unstructured and dysfunctional environmental relationships can be seen in intrafamily conflicts, drug use and drug trafficking by partners and relatives, as well as a fragile affective bond<sup>(16)</sup>. However, emotional support from friends and family is essential and is an important catalyst that encourages the start of treatment.

In the conception of the community seen in inside, the participants' statements reveal to us that the high availability of drugs in this place is a facilitator of the consumption of crack cocaine and other drugs. This high availability is realized through its internal structure with the actors that inhabit it. Intersubjective relationships established in this environment can contribute to a normalization/naturalization of drug use in this.

A study that analyzed the relationship of the community and drug trafficking states that it is possible for individuals to become insensitive to the consumption and sale of drugs by their frequent testimony. This, being a socially normalized activity, their disapproval diminishes, leaving individuals at greater risk of drug use<sup>(17)</sup>.

This availability of drugs in the community, verified in the study, is also expressed by the offer of crack cocaine by friends and often influences teenagers to reproduce peer behavior. In adolescence, there is a need for a sense of belonging, which tends to change their behavior by bringing them closer to their peers, which exposes them to situations of vulnerability<sup>(18)</sup>. This process of classifying the action can lead to a first use of drugs, as well as to commit theft or burglary, among others, to receive the approval of the voluntary group.

The teenagers' friends in the study also appear as an influence that exposes the teenager, who is already in treatment, to the risk of relapses or lapses when approaching and offering crack. The relapse is linked to the proximity of the place of residence with drug trafficking and old friendships that make it difficult to maintain treatment<sup>(19)</sup>. The characteristics of the adolescence phase favor the involvement with consumption and drug trafficking<sup>(20)</sup>. Thus, it is necessary to create strategies to strengthen this teenager and, in some cases, to think of an initial change of spaces for later return to the community.

The search of the maintenance of consumption of drugs is the consequence of violence in this place. With this, there is a progressive transformation of the moral meanings, which can lead to violent actions, normally understood in their community, and the victims understood as guilty of being in the place<sup>(21)</sup>. Thus, in order to acquire crack cocaine, some individuals sell their goods, manipulate, steal, prostitute themselves, may also steal their own families, leading to a situation of conflict and leaving home.

It should be emphasized that crack cocaine users should not be stigmatized as being violent, drug dealers or thieves, but this is also used by individuals who have no involvement with drug trafficking or violence, sustaining their consumption with their own work. In addition, there are situations in which the work environment influences the consumption of crack cocaine by the supply of the drug by co-workers. The problem is not only linked to the pathogenic characteristic of work, it is also necessary to relate it to the life history of the individual, his actions and experiences that constitute the world of these workers<sup>(22)</sup>.

Although prostitution is not explicitly mentioned, it is a common activity of drug supply and drug acquisition. Australian

study on street prostitution revealed that drug use was the main cause for the performance of this activity to generate high levels of emotional exhaustion and low levels of job satisfaction, besides the feeling of not being able to leave this reality<sup>(23)</sup>.

The high drug availability in communities is a multifactorial problem, that is, political, economic and social. Within this context, dependence is not only an individual disease, but also social and collective, reflecting the cultural, economic and political realities in which individuals have been and are found<sup>(13)</sup>.

In addition to the community and the family, the school environment, although important for the development of the teenager, appears in the present study as a place of contact with individuals who use crack cocaine and other drugs. The school can make it vulnerable to the influence of fellow users, triggering the onset of consumption by acting as inductors in the search for new experiences<sup>(15)</sup>. In this environment, teenagers may feel more comfortable offering drugs to their peers they may seek the narrowing of friendships, being considered popular among them due to this behavior<sup>(24)</sup>.

A study that explored the coevolution of the choice of friendships and the behavior of drug use among 1,284 teenagers from 12 small schools and 976 teenagers of a large school showed tendency to form bonds with friends of their friends, generating a kind of hierarchy in these networks social policies. The non-drug-user teenager is relegated on this hierarchical scale<sup>(18)</sup>.

At school, situations of prejudice influence the contextual and interpersonal environment that teenagers experience on a daily basis, which can lead to the compromise of school performance and even the abandonment of this environment. Situations such as this show that the school may, at times, not be a totally healthy environment, and may have an impact on the mental health of teenagers, causing critical repercussions<sup>(25)</sup>.

Along with prejudice, other issues also arise, such as cognitive difficulties due to crack cocaine consumption leading to abandonment of school. These teenagers may present learning difficulties, since crack cocaine, as a psychoactive drug, stimulates the Central Nervous System, altering cognitive functions, especially attention, memory and executive functions, and this can lead to losses and school abandonment<sup>(26)</sup>. It is noteworthy that governmental actions have sought to transform this reality, such as the School Health Program, which seeks the integration and permanent articulation of education and health through actions to promote health, prevention of diseases and health problems, and attention to the vulnerabilities that compromise the development of children and teenagers.

Some teenagers have in drug trafficking a "choice" that reveals the contradiction of the discourse of equality of life of individuals regarding opportunities to study, to have a profession and to support itself, and that, even if illegal, becomes an option among few alternatives. The figure of the drug dealer is recognized and, even if within a society that idolizes and fears, shows the image of success. Besides the feeling of power and belonging, emerges as a possibility of inclusion in the capitalist social system that excluded them from access to consumption. In this context, work and study are considered as little compensatory, as they do not assure access to the desired

standard of living and idealized as a symbol of success and personal appreciation<sup>(27)</sup>.

### Study limitations

The results should be understood in the light of their limitations. These are due to the impossibility of generalization because they were carried out in a single setting in the wide lifeworld and because the biographical situation was approximate but never the same. In addition, there is the fact that it does not consider the possibility of the influence of psychiatric disorders and their comorbidities on the teenagers' behavior and their interference in the data supply.

### Contributions to the sector of nursing and health

The study contributes to the area of nursing and health by unveiling the phenomenon of crack use through a social phenomenological approach, allowing to understand the social and environmental influences that lead to this action by teenagers. Nursing is in the community's territory, integrating the Family Health Strategy (FHS) team or the School Health Program (SHP), thus understanding the family, school and community environments presented in the study serves as a Nursing allowance intervene directly in these contextualized contexts in the teenager's reality, increasing the efficiency and effectiveness of the interventions. Indirectly, the information subsidizes the rethinking of public policies by highlighting the socioeconomic and cultural vulnerability of teenagers. Thus, the knowledge generated in the study ratifies the need for investments in the application of public health and social assistance policies in the search for protection of children, teenagers, families and communities.

### CONCLUSION

In this study, we have verified that teenagers suffer with socio-environmental influences of three different environments: family, community and school. It is understood that in the lifeworld there is influence of the community to which the teenager belongs; of the family, by the excess of permissibility and being in an environment of drug use and violence; and the school, where there is contact with drugs and drug trafficking.

The teenager's lifeworld is influenced by the relationships established with the different social actors, impacting on their behavior and the construction of the world of the same. It is concluded that different elements of this influence the teenager to the consumption of crack, being necessary actions contextualized in the structures of the environments that make up his/her lifeworld.

With this, nursing needs to approach these environments in the search to contribute with care strategies based on these structures. Thus, the nurse can intervene through Primary Care, as well as through intersectoral articulation involving nursing/health, community, school and social assistance. He must also be close to the family, understanding their dynamics and relationships among their members in order to help early identification of problems and strengthen protective factors and develop their resilience.

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