Influence of the family environment on individuals who use crack

Influência do ambiente familiar no consumo de *crack* em usuários

Maycon Rogério Seleghim[1]
Magda Lúcia Félix de Oliveira[2]

Keywords
Public health nursing; Primary care nursing; Street drugs; Crack cocaine; Family relations

Descritores
Enfermagem em saúde pública; Enfermagem de atenção primária; Drogas ilícitas; Cocaína crack; Relações familiares

Submitted
May 7, 2013

Accepted
June 6, 2013

Abstract

Objective: To analyze the influence of the family environment in use of crack among habitual and dependent users.

Methods: Qualitative research using a semi-structured interview with 15 family members of crack users who were under treatment at a specialized center.

Results: Influential factors observed were deficiency in family support, overprotection of children, presence of implicit culture of drug use, existence of conflicts and violence, and lack of information on drug use.

Conclusion: Families of crack users had several characteristics that are considered unfavorable in the family environment and that facilitated the use of crack.

Resumo

Objetivos: Analisar a influência do ambiente familiar no consumo de *crack* em usuários habituais ou dependentes.

Métodos: Pesquisa qualitativa, realizada com 15 familiares de usuários de *crack* em tratamento em um serviço especializado, por meio de entrevista semiestruturada. Os dados foram analisados de acordo com conteúdo temático e organizados em categorias.

Resultados: Dentre os fatores de influência, verificou-se a deficiência de suporte parental, a superproteção dos filhos, a presença de cultura implícita do uso de drogas, a existência de conflitos e violências, a desinformação e o desconhecimento sobre o uso de drogas.

Conclusão: Constatou-se que as famílias apresentaram vários elementos considerados desfavoráveis no ambiente familiar, os quais atuaram como elemento facilitador ao uso *crack*.

Corresponding author
Maycon Rogério Seleghim
Bandeirantes Avenue, 3900, Monte Alegre, Ribeirão Preto, SP, Brazil. Zip Code: 14040-902
mseleghim@usp.br

[1]Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo, Ribeirão Preto, SP, Brazil.
[2]Universidade Estadual de Maringá, Maringá, PR, Brazil.

Conflict of interests: the authors declare that they have no potential conflicts of interest.

Introduction

Crack is a subproduct of cocaine and a potent stimulator of the central nervous system that emerged in Brazil in the late 1980.[1] Although this substance was only recently introduced, the dramatic consequences of its use for individuals, families, and society have been a concern of the Brazilian states and society as whole.

In addition to individual and social impairments, use of crack is associated with problems such as sexually risky behaviors to acquire the drug or money (increasing exposure to HIV infection and other sexually transmitted diseases); involvement in violent and illegal activities, such as stealing, assault, and drug trafficking; and health issues, including malnutrition, lung injuries due to drug use involving aluminum cans, neurologic problems, and psychiatric comorbid conditions.[2-4]

Few Brazilian studies have assessed family characteristics associated with the use of crack.[5] One study on family bonds among crack users who were receiving care from an emergency psychiatric service found severe losses in relationships between users and their family and social environment, as well as the presence of drugs and violence in the family environment.[5]

Studies have also revealed that family cultural practices sometimes stimulate the curiosity to begin and to continue to use drugs; families provide culture and transmit beliefs and expectations about social roles, men's and women's roles, interpersonal relationships, and drug use.[6,7]

The problem of crack use can be understood beyond the scope provided by epidemiologic studies; toward that end, our study sought to address this problem in the context of family relationships. Our objective was to analyze the influence of family environment on individuals who use crack habitually or are dependent.

Methods

This qualitative study investigated the ways in which family relationships and the family environment influence the use of crack.[5,8]

Families were randomly selected (intentional sampling). We included crack users who were receiving treatment at a specialized service in Maringá, Paraná, Brazil, in May 2011. We considered as inclusion/exclusion criteria participants who were aged 18 years or older, and the presence of family bond.

We identified 20 crack users who were functionally classified according to definitions of the United Nations Educational, Scientific and Cultural Organization (UNESCO). Habitual users were considered those who often used crack, had sings of rupture in their relationships, but still had social functioning. Dependent or dysfunctional users were considered those who lived for the drug and were under influence of the drug; their social bonds were broken, which provokes isolation and marginalization.[9] Our study sample consisted of 15 family members of the crack users noted above.

The research instrument consisted of questions eliciting personal information, socioeconomic status, and details on the family environment.[10] Data were collected in private; interviews were recorded and then transcribed.

The collected data were submitted for technical analysis of content and were subsequently organized into categories for interpretation.[8] The study adhered to national and international ethical and legal principles for research on human participants.

Results

Respondents were seven mothers, five siblings, two fathers, and one aunt. Ages varied from 19 to 62 years. Most family members were married and had more than one child. The mean duration of formal education was 7 to 9 years. Almost all family members were Catholic (one family member was not religious) and were employed at the time of the interview.

Most members were at economic class B or C, independent of subdivisions. In general, families used the public health service, but some also used the private health system. The recreational activity most mentioned was lunch with the family.

Because the objective of this study was to observe the relationship between the drug-dependent users and their family members, we identified factors that influenced the use of crack and other drugs and organized them into three subject categories (Figure 1).

In the first category we identified four main topics related to deficient parental support to users. The first topic concerned the absence of a maternal/father role model in the family environment, with direct consequences on family relationships and the behavioral/educational development of users. Parental absences were due to separations and divorces, violence in the family, financial problems, parents' long work commutes, and lack of parental support for a pregnancy.

The second topic was related to a deficiency in affective bonds among family members stemming from a lack of respect and communication in the family, primarily with parents. The presence of overly rigid family rules, the third topic found in this category, led to frustration in the crack users. Paradoxically, the fourth topic was the existence of permissive family rules of parents, grandparents, or aunts, who were not capable of controlling or establishing limits for the users, which indicated an overprotection of the family.

In the second category, we identified a family culture of alcohol and drug use and family conflicts disseminated among the nuclear family and intergenerations. However, many families did not understand risk factors in the family environment (including parents who use drugs and violence within the family) because they considered drug use to be a widely accepted sociocultural phenomenon. In this category, we also identified unfavorable events, such as conflicts and fights in the family environment of crack users, identified by reports of physical, verbal, and/or psychological aggression.

The third category consisted of misinformation and lack of knowledge about crack and other drug use. Because of this misinformation, family members did not take actions to prevent, identify, or treat drug use. In addition, despite seeing damage caused by crack use, families reported that they did not know that their family member was a drug user.

We also observed that many families became informed about drugs only after the family members passed through other treatment programs; other family members had incomplete knowledge, and most of the knowledge they had was obtained from media resources.

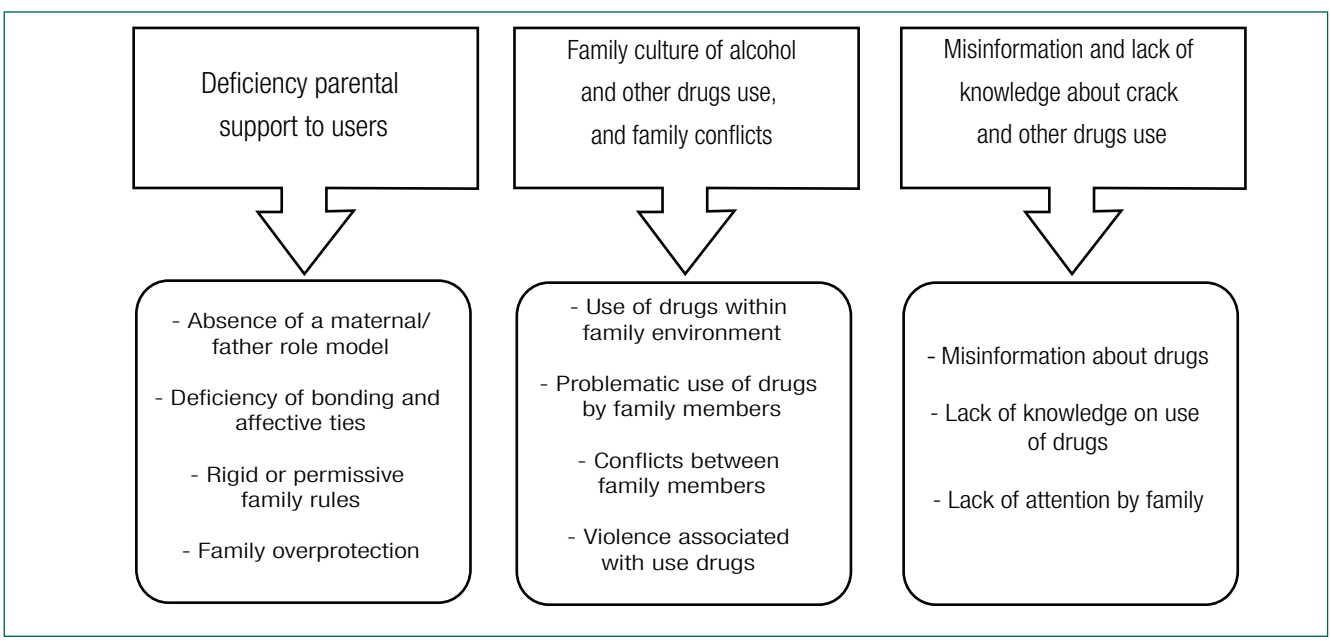

Figure 1. Category of topics of the study

Discussion

Limitations of this study are related to the method used. The qualitative approach uses an intentional sample, which restricts findings to the investigated population. The findings from such an approach cannot be extrapolated to the general population, and inferences to other populations cannot be made.

From our results, we verified the need to create public policies specific for prevention of drug use in the family environment that reflect diversity of family configurations.

The majority of respondents were mothers, leading to understand that there is a involvement of affective changes, which is remarkable for the individual and decisive for them in the way of being and acting with themselves and with others, enabling important role in the prevention of drugs use.[11]

We observed heterogeneous economic status of families included in the study (class B and C). This finding differs from other studies in the literature on social, demographic, and economic characteristics, which reported that most families in this metropolitan region of Brazil were at class C (48.8%) and B (28.4%).[12]

Most family members in our study used the public health service as their health care system. Some authors have pointed out an increase in crack users seeking treatment in the public health system, which highlights the need for restructuring of the system to guarantee that it continues to offer care for this population.[5] Nevertheless, although redefinitions of the mental health care model in the country represent an advance that avoids excluding sick people in society, Brazil is still unable to create enough substitute services to meet the demands of drugs user who need treatment.[5]

In the first category of characteristics identified in this study, the presence of only one parent drew our attention. Children in such a family model grew up and lived with a variety of situations and problems. One of these problems was the lack of one parent in daily life. Regardless of geographic location, presence of only one parent in general is associated with a decrease in purchasing power and can even cause poverty, which, in turn, influences the use of drugs.[13]

The development of appropriate strategies to deal with situations is influenced by the quality of affective relationships, cohesion, safety, lack of discord, and organization in the family or institution. Such aspects represent important protective factors to the individual, enabling the development of social skills and competencies and, as a result, the ability to adapt to daily life situations and deny the use of drugs.[14]

An earlier study of crack users pointed out that the family bond could often have an effect on the beginning and continuation of drug use. Few users in that study had contact with their families; most of the family bond had been weakened or totally broken.[5]

The absence of support from parents, the use of drugs by parents, parents' permissive behavior toward the use of drugs, and parental inability to control users all predisposed their son or daughter to start or continue using drugs.[15] Studies have pointed out that different styles of parenting concerning social relations and education practice, along with the relationship between parents and children, combine with psychosocial variables to influence adoption of behaviors that damage health of young people, including the use of psychoactive substances.[16]

Parenting style influences the construction of affective bonds and helps build models for relationships that are transferred to other contexts and social interactions.[16] For example, parents who punish and are coercive may provoke in their children unsafe behavior. They may also have difficulty establishing and maintaining a bond with their other children, and their behavior can cause their children to have social risk problems in school and adulthood. Affective ties guarantee psychological and social support between family members, which helps them withstand stress provoked by difficulties in daily life.[17]

The understanding of parents' role might contribute to create a conscience of the effect that their beliefs, values, and attitudes have in shaping the health behaviors and mental development of their

children. Young people who have more support and feel that their family understands them tend to use drugs less. In addition, parental affect and interest, time spent with their children, and the vigor of their disciplinary measures are related to abstention from drug use.[16]

Among risk factors for drug abuse, family culture is, without a doubt, one of the more important and relevant. Several studies have shown a strong association with presence of family antecedents of drug use and abuse of drug in adolescence and adulthood.[18,19] A 25-year longitudinal study suggested that development of use and abuse of illicit drugs in adolescence involved the accumulation of several risk factors, including exposure to adversity in childhood, personal factors, and family antecedents of drug abuse.[18]

Authors have also pointed out that violence and family conflicts may also damage children and adolescents by causing behavioral disturbances and drug abuse.[18,19] In addition, studies have shown an association between multigenerational patterns of violence in the family and abuse of alcohol; analysis of 42 genograms found a multigenerational reproduction of violence associated with abuse of alcohol and the influence of cultural aspects, beliefs, and family values.[20]

The availability and knowledge of information on drugs and the implications of drug use are important protective factors against the beginning of drug use. Among means of diffusion, information brought by the family is considered of higher impact and more efficient in preventing drug use.[21]

Incomplete or vague information might have an opposite effect to the one desired, causing curiosity and consequently experimentation and use or abuse. In general, among drug users, the lack of information or incomplete information on prevention is prevalent.[21]

Early intervention of families facing drug problems is essential to prevent an increase in use and future damage. An earlier study aimed to identify the sequence of drugs used by crack users and ex-users; the study found that early and intense use of one or more drugs led to a progression in drug use that culminated in the use of crack.[22]

Conclusion

The family environment of the crack users in the current study showed several elements that facilitate the use of drugs and abuse of crack, such as deficiency in parents' support, a family culture of using of alcohol and other drugs, family conflicts, and misinformation and lack of knowledge in the family about use of crack and other drugs.

Acknowledgements

This research was supported by the *Conselho Nacional de Desenvolvimento Científico e Tecnológico – CNPq* in partnership with *Ministério da Saúde – MS* and *Ministério de Ciência e Tecnologia – MCT*, process # 402805/2010-0.

Collaborations

Seleghim MR; Oliveira MLF contributed to the conception of the study, analysis and interpretation of data; drafting of the manuscript, critical review relevant for intellectual content and approval of proofs.

Referências

1. Raupp L, Adorno RC. [Crack usage circuits in the downtown area of the city of São Paulo (SP, Brazil)]. Ciênc Saúde Coletiva. 2011;16(5):2613-22. Portuguese.
2. Dias AC, Araújo MR, Dunn J, Sesso RC, Castro V, Laranjeira R. Mortality rate among crack/cocaine-dependent patients: a 12-year prospective cohort study conducted in Brazil. J Subst Abuse Treat. 2011;41(3):273-8.
3. Nappo SA, Sanchez Z, Oliveira LG. Crack, AIDS, and women in São Paulo, Brazil. Subst Use Misuse. 2011;46(4):476-85.
4. Oliveira LG, Nappo SA. Characterization of the crack cocaine culture in the city of São Paulo: a controlled pattern of use. Rev Saude Publica. 2008;42(4):664-71.
5. Seleghim MR, Marangoni SR, Marcon SS, Oliveira ML. Vínculo familiar de usuários de crack atendidos em uma unidade de emergência psiquiátrica. Rev Latinoam Enferm [Internet]. 2011 [citado 2012 Jan. 15]; 19(5): [cerca de 8 telas]. Disponível em: http://www.scielo.br/pdf/rlae/v19n5/pt_14.pdf
6. Bernardy CC, Oliveira ML.The role of family relationships in the initiation of street drug abuse by institutionalized youths. Rev Esc Enferm USP. 2010;44(1):11-7.
7. Horta RL, Horta BL, Pinheiro RT. [Drugs: families that protect and that expose teenagers to risk]. J Bras Psiquiatr. 2006;55(4):268-72. Portuguese.

8. Turato ER. Qualitative and quantitative methods in health: definitions, differences and research subjects. Rev Saude Publica. 2005;39(3):507-14.

9. Bucher R. Prevenindo contra drogas e DST/Aids: populações em situação de risco. Brasília(DF): Ministério da Saúde; 1995.

10. Associação Brasileira de Empresas de Pesquisa. Critério de classificação econômica Brasil [Internet]. São Paulo: ABEP; 2011 [citado 2011 Fev 15]. Disponível em: http://www.abep.org/novo/Utils/FileGenerate.ashx?id=197

11. Oliveira EB, Bittencourt LP, Carmo AC. A importância da família na prevenção do uso de drogas entre crianças e adolescentes: papel materno. SMAD, Rev Eletrônica Saúde Mental Álcool Drog [Internet]. 2008 [citado 2013 Abr 12];4(2): [cerca de 16p]. Disponível em: http://pepsic.bvsalud.org/pdf/smad/v4n2/v4n2a03.pdf.

12. Instituto Brasileiro de Geografia e Estatística.. Fecundidade, natalidade e mortalidade [Internet]. Brasília: IBGE; 2002 [citado 2011 Nov. 21]. Disponível em: http://www.ibge.gov.br/ibgeteen/pesquisas/fecundidade.html#anc3

13. Santos JB, Santos MS. Família monoparental brasileira. Rev Jurid [Internet]. 2009 [citado 2013 Abr 10];10(92):1-30. Disponível em: http://www.planalto.gov.br/ccivil_03/revista/revistajuridica/Artigos/PDF/JonabioBarbosa_Rev92.pdf

14. Chaves AM, Guirra RC, Borrione RT, Simões FG. [Means of protection to poor girls in Bahia in the 19th century]. Psicol Estud. 2003;8(1):85-95. Portuguese.

15. Bahr SJ, Hoffmann JP, Yang X. Parental and peer influences on the risk of adolescent drug use. J Prim Prev. 2005;26(6):529-51.

16. Paiva FS, Ronzani TM. [Parental styles and consumption of drugs among adolescents]. Psicol Estud. 2009;14(1):177-83. Portuguese.

17. Oliveira ML, Bastos AC. [Health care practices in family context: a comparative case study]. Psicol Reflex Crit. 2000;13(1);97-107. Portuguese.

18. Fergusson DM, Boden JM, Horwood LJ. The developmental antecedents of illicit drug use: evidence from a 25-year longitudinal study. Drug Alcohol Depend. 2008;96(1-2):65-177.

19. Rudolph AE, Jones KC, Crawford ND, Fuller CM. The association between parental risk behaviors during childhood and having high risk networks in adulthood. Drug Alcohol Depend. 2011;118(2-3):437-43.

20. Tondowski CS. Padrões multigeracionais de violência familiar associada ao abuso de bebidas alcoólicas: um estudo com genograma [dissertação]. São Paulo: Universidade Federal de São Paulo; 2008.

21. van der Meer Sanchez Z, Oliveira LG, Ribeiro LA, Nappo AS. The role of information as a preventive measure to the drug use among young people at risk. Ciênc Saúde Coletiva. 2010;15(3):699-708.

22. van der Meer Sanchez Z, Nappo SA. From the first drug to crack: the sequence of drugs taken in a group of users in the city of São Paulo. Subst Use Misuse. 2007;42(1):177-88.