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Research paper

Key drug use, health and socio-economic characteristics of young crack users in two Brazilian cities

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ABSTRACT

Background: Crack use constitutes a major problem in cities across Brazil. While existing data suggest that crack use is generally concentrated among disenfranchised young people with extensive health problems and crime involvement, extensive data gaps exist. To address this issue, this study aimed to assess key characteristics of young crack users in two Brazilian cities.
Methods: $N = 160$ regular and young adult (ages 18–24) crack users were recruited by community-based methods in the cities of Rio de Janeiro (Southeast) and Salvador (Northeast). Assessments included an interviewer-administered questionnaire on key social, drug use, health and service use characteristics, as well as serological testing of HBV, HCV and HIV status, and were conducted anonymously between November 2010 and June 2011. Participants provided informed consent and received transportation vouchers following assessment completion. The study was approved by institutional ethics review boards.
Results: The majority of participants were: male, with less than high school education, unstably housed (Rio only); gained income from legal or illegal work; arrested by police in past year (Salvador only); had numerous daily crack use episodes and shared paraphernalia (Salvador only); co-used alcohol, tobacco, cannabis and cocaine; had no injection history; rated physical and mental health as 'fair' or lower (Salvador only); had unprotected sex; were never HIV tested; were not HIV, HBV or HCV positive; and did not use existing social or health services, but desired access to crack user specific services.
Conclusion: Crack users in the two Brazilian sites featured extensive socio-economic marginalization, crack and poly-drug use as well as sexual risk behaviours, and compromised health status. Social and health service utilization are low, yet needs are high. There is an urgent need for further research and for targeted interventions for crack use in Brazil.

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Introduction

Crack use has widely proliferated across Brazil since the early 1990s; it is described by many as an 'epidemic' and subject to extensive social and political debate (Andrade, Lurie, Medina, Anderson, & Dourado, 2001; Bastos, Caiaffa, Rossi, Vila, & Malta, 2007; Inciardi et al., 2006). Specifically, the images of '*cracolandias*' – urban neighbourhoods devastated by open crack use and related crime, sex work and violence – strongly shape public impressions of crack use in Brazil (Raupp & Adorno, 2011). Ongoing debates of policy options are torn between a 'war on crack' and more public health-oriented approaches (Brasil, 2010; Lyons, 2012).

Despite the alleged 'epidemic,' available epidemiological data are limited. A concrete estimation of the size of the crack user population is missing; the (lifetime) prevalence of crack use among general adult and student populations is estimated at <1% based on major national surveys; currently, there may be as many as 1 million active crack users in Brazil (Secretaria Nacional Antidrogas, 2006; De Andrade, Vierra Duarte, & de Oliveira, 2010). Similar to the socio-economic patterning of crack use in other countries, crack use is mainly concentrated in marginalized populations. For example, crack use is predominantly common among young and socio-economically disenfranchised street youth (Noto et al.,

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2004). Perhaps unsurprisingly, high levels of crack use have been found among inmates in adolescent detention settings (McLennan, Bordin, Bennett, Rigato, & Brinkerhoff, 2008; Priuli & de Moraes, 2007).

Furthermore, there are indications that treatment demand for crack use has considerably increased in Brazil; in select treatment services, crack and cocaine related treatment seeking increased from <20% to 50% or more (Dualibi, Ribeiro, & Laranjeira, 2008; Dunn, Laranjeira, Da Silveira, Lucia Formigini, & Ferri, 1996). National data on drug-related hospitalizations show that cocaine/crack comprised 5% of all hospitalizations for mental and behavioural disorders in 1999, the highest percentage of all illicit drugs (but still much less than the percentage of cases involving alcohol) (Noto, Moura, Nappo, Galduroz, & Carlini, 2002). However, little general information on drug use characteristics, health profiles, or service needs is available on crack users in Brazil.

Some important characteristics – specifically concerning morbidity, mortality and criminal involvement – have been documented for crack users in Brazil. For example – similar to findings from elsewhere – comorbid mental health problems and other substance abuse are highly prevalent (Zubaran, Foresti, Thorell, Franceschini, & Homero, 2010). In a study of 115 in-treatment crack users, 42% indicated alcohol dependence, 25% Antisocial Personality Disorder (APD), 21% anxiety disorder, 48% depression, and 47% suicidal ideation (Kessler et al., 2012). Several different types or formulations of crack are currently used across Brazil, depending on the region (Bastos, Mendes, Arruda Vierra Duarte, & Bertoni, 2011). Crack users typically report extensive co-use of other drugs – most commonly alcohol, tobacco, cannabis, and cocaine (Andrade, Santiago, Amari, & Fischer, 2011; Guindalini, Vallada, Breen, & Laranjeira, 2006; Nappo, Galduróz, & Noto, 1996; Oliveira & Nappo, 2008; Ribeiro, Sanchez, & Nappo, 2010).

There is evidence of common high-risk sexual behaviours and susceptibility to sexually transmitted infections (STIs) among crack users in Brazil (von Diemen, De Boni, Kessler, Benzano, & Pechansky, 2010). Among 350 street drug users in São Paulo, 40% never used a condom during sex; 14% exchanged sex for money, goods, or drugs, and almost half did so without using condoms (Carvalho & Seibel, 2009). Recent estimates of HIV/AIDS prevalence among illicit drug users in Brazil are 5.9% (Brazilian Ministry of Health, 2012), 10 times the rate in the general population. Importantly, injection drug use (IDU) has substantively decreased in prevalence among street users in recent years in most regions of Brazil, and most feature lower rates of Blood-borne virus (BBV) infections than found among street drug users elsewhere (Malta et al., 2010). Among 125 women crack users in Salvador, Brazil, 1.6% of the participants were HIV+ (Nunes, Andrade, Galvão-Castro, Bastos, & Reingold, 2007). Sexual risk behaviours (e.g., sex-for-drug exchanges) in the context of crack use have been identified as main risk factors for HIV seroprevalence among Brazilian street drug users (de Azevedo, Botega, & Guimaraes, 2007; Malta et al., 2010; Nunes et al., 2007; Passos & Figueiredo, 2004).

Brazilian crack users also exhibit substantively elevated mortality rates (Dualibi et al., 2008). In a 12-year prospective study of 131 crack users in São Paulo (Dias et al., 2011) 21% of the sample ($n = 27$) had died at follow-up, with homicide, HIV/AIDS, and drug overdose as the leading causes of death, representing a 12-fold higher mortality risk than the general population. Ribeiro, Dunn, Laranjeira, and Sesso, (2006) estimated markedly lower five-year survival rates for crack users with a history of IDU (63%) compared to those without (86%).

Similar to evidence from North America (Bennett, Holloway, & Farrington, 2008; Manzoni, Brochu, Fischer, & Rehm, 2006), criminal involvement is common among Brazilian crack users (Oliveira & Nappo, 2008; Ribeiro et al., 2010). Among 294 in-treatment crack/cocaine users, 56% had a history of arrest, and many engaged in illegal activity (e.g., thefts, robbery, drug dealing) to finance their drug use (Dunn & Laranjeira, 1999). Other studies have found higher involvement in property, drug and violent crime and incarceration histories among crack compared to other drug users (Buchanan et al., 2006; Carvalho & Seibel, 2009; Ferri & Gossop, 1999).

Despite these data, there are major data gaps specifically concerning key drug use, health, socio-economic and service need characteristics of crack users in Brazil. In this context, the purpose of this study was to assess these characteristics in a multi-site sample study of young, disenfranchised crack users in Rio de Janeiro (South-Eastern State of Rio de Janeiro) and Salvador (North-Eastern State of Bahia) located in two distinct regions of Brazil. On this basis, this study generated comprehensive data drug use histories and patterns, physical and mental health status, drug use related health risks, social and health service utilization, and key socio-economic markers among young crack users in two marginalized urban settings in Brazil.

Methods

Two community-based samples of street-involved crack users recruited from neighbourhoods of Rio de Janeiro (Jacarezinho) and Salvador (Pelourinho, Calabar, Ribeira, Fazenda Coutos and Valéria) previously identified as key areas for street drug use were assessed. Participant recruitment in both sites was facilitated by community-based contact persons (e.g., community workers) by disseminating information about the study to the study population. Interested potential participants were assessed for eligibility by a brief screening interview. If eligible, participants presented to the local study sites (Manguinhos Emergency Room Unit, Rio; community-based health service sites at the Federal University of Bahia) for assessment. The study's eligibility criteria included: (1) crack use on 3 or more days/week in the last 3 months; (2) 18–24 years of age; and (3) consent to participate in the full assessment protocol. The study excluded persons featuring acute intoxication or mental health episodes or other problematic behaviour impeding assessment.

Individual assessments were conducted in a private room in the local study sites, following provision of informed written consent. Assessments consisted of an interviewer-administered questionnaire with 31 items on socio-demographic, drug use health and service/treatment need characteristics. This questionnaire was developed based on instruments used for similar studies in Canada (Fischer et al., 2010), supplemented with standard Brazilian question items on socio-demographics and sexual risk behaviours (see Berquó & Barbosa, 2008). The draft instrument was pilot-tested ($n = 12$) in both sites, and revised and adapted for comprehension and cultural suitability. Assessments were conducted by 5 interviewers in Rio and 3 in Salvador, all experienced in field research with marginalized population and specifically trained for this study by the lead investigators. The assessments, on average, took 45 min to complete. Following the questionnaire, basic physical data (e.g., height and weight) and blood specimens were collected by a trained nurse for infectious disease testing by venipuncture with Vacutainer® tubes. Nurses also provided pre-BBV test counselling – including basic prevention and treatment information based on Brazilian standards (Ministério da Saúde, 1998)(due to anonymous study procedures test result feedback was not given) – and information on basic health and social services. Sera samples were separated by centrifugation ($1400 \times g$ for 5 min). Following assessment completion, participants received a transportation pass (approximate value: US$ 10) for time and effort.

A total of 175 (95 in Rio; 80 in Salvador) individuals were screened for study eligibility (14 were excluded for age, 1 for drug use criteria); a total of 160 study assessments (81/79)

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