

KNOWLEDGE OF YOUNG MALE CRACK USERS ON HIV<sup>1</sup>

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## ABSTRACT

This study aimed to identify the knowledge that young people who are crack users have on HIV and their situations of vulnerability. This is an exploratory, descriptive and qualitative research conducted in a therapeutic community in the city of Fortaleza, between January and March 2012. The study included 10 young men aged between 18 and 24 years. Information was collected through notes in a field diary and semi-structured interviews and data were analyzed using content analysis. The results indicated four thematic categories: who are the users of crack?; knowledge about HIV; prevention; and situations of vulnerability to HIV. The young men showed to have little knowledge about AIDS, especially believing in myths, and they are considered vulnerable to HIV, since they share pipes for the use of crack and lose consciousness favoring the practice of sex with multiple partners and without condoms. The research brings important information for the use health care professionals regarding the needs reported by young men and for them to plan educational strategies that might allow a reflection on the theme of drugs and its complex relationship with the various factors surrounding this issue, including HIV.

**Palavras-chave:** Adolescent. Acquired Immune Deficiency Syndrome. Cocaine. Crack cocaine. Health Education.

## INTRODUCTION

The crack phenomenon emerges as a complex element in the process experienced in the adolescence and the youth that may have a significant impact on multiple dimensions of life, seducing adolescents with the disguises of transgression, affirmation of autonomy, obtention of pleasure, relief of distress and supposed openness to new realities<sup>(1)</sup>.

Crack users represent a population that is very vulnerable to infection by the Human Immunodeficiency Virus (HIV). A national study found that the consumption of this drug has been associated directly with HIV infection, and the most common risky behaviors observed are the high number of partners, unprotected sex and the exchange of sex for crack or for money to buy drugs, and the habit of sharing the same pipe for using crack<sup>(2)</sup>. In addition, users often have sores

and cracks in the nose and mouth, what could facilitate viral transmission<sup>(3)</sup>.

Brazilian survey of crack users in 2013 revealed a prevalence of HIV infection among crack users and/or similar drugs of 4.97%, about eight times the prevalence of HIV estimated for the Brazilian general population. About 1/3 of these users are concentrated in the age group of 18 to 24 years and are mostly male<sup>(4)</sup>. Therefore, this group has attracted the attention of professionals that work with HIV prevention and health promotion<sup>(4)</sup>.

Given the relationship between vulnerability, HIV and young crack users, it is important that professionals who work in various scenarios of health care get closer to the reality of these young people, so that they may plan prevention strategies for drug users aimed at modifying their behavior related to drug use and risky sexual behavior.

When considering the epidemiological and clinical relevance of the disease, in addition to individual and collective consequences related to

<sup>1</sup>Dissertation cut "Culture Circle with young users of cocaine/crack aimed at preventing HIV/AIDS", presented to the Graduate Program in Nursing at the Federal University of Ceará (UFC) in 2013.

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the risk of HIV infection and implications for the evolution of the disease in this group of patients, it is suggested that strategies of prevention, early

This study aimed to identify the knowledge that young men who are crack users have on HIV and their situations of vulnerability.

## METHODOLOGY

Exploratory and descriptive study with qualitative approach. The techniques for gathering information included semistructured interviews and notes in field diaries in which informal conversations were recorded as well as gestures, behaviors and expressions related to the theme HIV/crack.

A total of ten young crack users assisted in a reference therapy community in Fortaleza-CE and for the selection of subjects, the following inclusion criteria were used: users of the treatment units for drug addicts and who reported having made use of crack. The age groups indicated by the Estatute of Youth (Law 12,852 / 13) was adopted as reference. This indicates that young people refer to individuals between 15 and 29 years old, as the internment center is exclusive for men over 16 years<sup>(5)</sup>.

Data collection was conducted from January to March 2012 and January-February was the period when the researcher immersed into the research setting. In March, pre-scheduled individual interviews with young people and with the institution were carried out.

Data were submitted to thematic content analysis and were organized in accordance with the following stages: pre-analysis, material exploration and treatment of results, inference and interpretation<sup>(6)</sup>. The corpus was made up of ten interviews, and after reviewing the reports, four categories emerged: who are the users of crack?; knowledge about HIV; prevention; and situations of vulnerability to HIV.

The interpretation of the material took place in dialogue with the literature on the subject, with consideration of the theoretical bases considered relevant and enriching for critical study of the speeches.

The study followed the ethical and legal aspects of research involving human beings<sup>(7)</sup> and it was approved by the Ethics Committee of the Federal University of Ceará, Protocol n°

detection and treatment take into account the particularities of crack users.

303/11. The Informed Consent (IC) was signed by young men and their guardians. In this sense, young people have been identified by the term user (U), followed by serial number of lines.

## RESULTS AND DISCUSSION

The ten young people were male and between 18 and 24 years old. Regarding the level of education, one had incomplete primary school, two had complete elementary school, five teenagers had not completed high school and only two had finished high school.

Regarding marital status, two were married, two coexisted maritally and six were single. Most adolescents had some kind of informal employment and were removed to treat crack addiction, because it was impossible to work under the effect of drugs.

The following categories emerged from the interviews, and are compiled in Table 1 and they present the description of crack users and their statements as to knowledge, prevention and vulnerabilities to HIV experienced by them.

The profile of crack users in this study confirm the results of national survey on the use of crack held in 2013. In this study, most users stated singleness 60.64%, and according to the 2010 Census, the proportion of singles in the Brazilian general population is 55.3%. Thus, there is an over representation of single people in crack scenes, as is often observed in different situations of loosening of family ties. The proportion of users in Brazil who attended/completed high school (16.49) showed to be below the very low proportion of users with higher education (2.35%), similar to this study<sup>(8)</sup>.

Authors have evaluated the relationship of school problems and the use of alcohol, tobacco and illicit drugs among 965 adolescents from Diadema (SP), and they found a correlation between the use of substances and repetition of school years, lack of concentration, poor grades, desire to leave school, feeling bored at school, not doing homework, missing/arriving late and losses resulting from drug use<sup>(9)</sup>.

CATEGORIES/TESTIMONIALS				
Crack users	Who are the users of crack?	Knowledge about HIV	Prevention	Situations of vulnerability to HIV
User 1 (U1)	<i>I'm 24, I live with my wife and my two year old daughter. I started using drugs at age of 14, first marijuana, after that alcohol and tobacco to cocaine and crack. The first time I used cocaine, was at a friend's house, with four other colleagues, and everyone bought the drug. Today I am doing outpatient treatment and I am "clean" for six months (U1).</i>	<i>AIDS is a sexually transmitted disease, which has no cure yet. I know you can get the disease by blood and sexual intercourse (U1).</i>	<i>I know I can avoid getting the disease by using condoms and respecting my wife. I know my wife never used drugs (U1).</i>	<i>When I use to get drugged, I would "have relations" very often, I had relations with people who used crack, and I underwent sex in exchange of money or drugs, but I used condoms in all relations. I have had sex with prostitutes, and even using condoms, I could not trust the mind of these women, I wouldn't know if that condom had been altered in any way purposely by them (U1).</i>
User 2 (U2)	<i>I'm 23, I live with my aunt and at the age of 13 I started using drugs. First cigarette and then mixed (marijuana with crack). The first time I used crack was with a friend at school, I took marijuana and he took the crack so that we mixed with marijuana, thus forming the mixed, a much more potent drug. Today I am in hospital treatment and "clean" for 40 days. I have a two kids from different women, a boy and a girl, they are the same age, seven. I only know the girl, the boy I know only by photo (U2).</i>	<i>I know it is a sexually transmitted disease that has no cure. I think the disease can be transmitted through sex without a condom, if the person was wounded in the mouth, bad tooth, or if born with the disease, if the mother has the virus and breastfeed the child, and also by contaminated sharp objects (U2).</i>	<i>By the time my wife was pregnant she used to use crack but then she stopped using because of the child and she never used it again. I've had sex for money or to exchange drugs, but I prevent myself using a condom during intercourse. But I had a "heating" in the genital area and had to use medicine that the doctor passed me, it was an STD (U2). I know I can prevent myself against HIV by using condoms during intercourse and looking for steady partner (U2).</i>	<i>I do not have a steady partner. I'm seeing a girl, but I don't even remember her name (U2). I think some situations I experienced could have facilitated HIV infection: when making homemade tattoo, when using drugs and when I took multiple stab wounds in a fight (U2).</i>
User 3 (U3)	<i>I am 18 years old, live with my mother, sister and two uncles. Two years ago I started using drugs. First I used marijuana, and added cocaine/crack and ecstasy. I myself bought the crack and used alone, in a party. I am undergoing treatment for two months. I have only girlfriend and I have no children (U3).</i>	<i>AIDS is a sexually transmitted disease whose transmission can be through syringes and straws (the person uses when using cocaine), if shared among people who have HIV, and sexual intercourse without condom (U3).</i>	<i>I have sex relationships without condom only with my girlfriend, and if I have sex with someone else, I will use a condom (U3).</i>	<i>I had sex with women crack users (U3).</i>
User 4 (U4)	<i>I'm 20, I live with father, mother, wife and a two year old daughter. I started using drugs when I was 15, I spent five years only using cocaine/crack. The first time I used it I was at home and alone. I am in hospital treatment for two months (U4).</i>	<i>AIDS is a serious and sexually transmitted disease that can be transmitted through drug and sexual intercourse without a condom (U4).</i>	<i>My wife never used drugs, and I never shared a relationship with anyone who used drugs, nor did sex for money or exchange of drugs (U4).</i>	<i>When I was under the influence of cocaine, I experienced situations where I could have been infected with HIV, that's why I consider that there is a relationship between being drug user and HIV infection (U4).</i>
User 5 (U5)	<i>I am 21 years old, I'm living with my father and mother. I started using drugs at age of 15. For six long years I used marijuana, cocaine/crack, alcohol, cigarette, rohypnol and "spider". I used crack for the first time at a party at the home of a colleague, with four other friends, they bought it. I am in treatment and "clean" for one month and five days (U5).</i>	<i>AIDS is a disease that has no cure, but treatment exists, and I assure that the individual who uses drugs certainly can contract HIV and other STDs. HIV transmission can also happen through the fluids if the person does not use a condom, the blood, and the kiss. People say that the kiss did not pass HIV, but I disagree, because if the infected person is a cut in the mouth and kiss another person who does not have the virus, the person will certainly be contaminated, because of the blood that was shared by kissing (U5).</i>	<i>I have a stable partner, and my girlfriend has never used drugs. I have never used injected drugs, nor had sex for money/drugs (U5).</i>	<i>I had sex with people who used drugs. I could have been infected with HIV and other STDs, because I was having sex without a condom. I believe that there is an association between being drug users and HIV infection, since the individual is vulnerable because of the effect of the drug, and sometimes the person wanted to have sex, have sex with someone and did not remember of protecting oneself, to use condoms (U5).</i>

CATEGORIES/TESTIMONIALS				
Crack users	Who are the users of crack?	Knowledge about HIV	Prevention	Situations of vulnerability to HIV
User 6 (U6)	<i>I'm 24, I live with my mother. At 16 I started using drugs, first alcohol, then marijuana and finally crack. I used this the first time with a friend in an abandoned house, I bought it. It has two months that I am undergoing treatment at the hospital (U6).</i>	<i>AIDS is a serious disease. I think I can get the disease by having sex without condom and sharing contaminated materials, such as syringes (U6).</i>	<i>I have no partner right now, but I always use condoms during sexual intercourse (U6).</i>	<i>When I used drugs, I had sex with other people who also used (U6).</i>
User 7 (U7)	<i>I'm 19, I live with my father, sister, brother and paternal grandmother. My mother abandoned me when I was only two years old. I started using drugs at age of 15. First alcohol and then cocaine and crack. The first time I used crack was in the house of two friends, I drank some alcohol and for not to come home with the effects of the drink, my friends offered me crack, telling me it would eliminate the effect of the drink, then I used it and kept in this "wave". I am for three months under hospital treatment (U7).</i>	<i>About AIDS, I have heard very little, and I think it is a disease, which can get it by making sex and perhaps consuming drugs (U7).</i>	<i>I have never had sexual intercourse (U7)</i>	<i>I believe that by not having sex, I had no risk of getting this virus (U7).</i>
User 8 (U8)	<i>I am 21 years old and I live with my mother. At 18 I started using drugs, first marijuana, then mixed and finally cocaine/crack. I do not remember where or who I was when I used crack for the first time. I'm in outpatient treatment but yesterday used it: rohypnol, Rivotril and cocaine (U8).</i>	<i>About AIDS, recently I watched the news that said that the cure of this disease had been found. I think if the individual has sexual intercourse without condom can get the HIV virus and I think that there is no relationship between being drug users and HIV infection, because I believe that even when the person is under the influence of drugs, the person is aware of what is doing (U8).</i>	<i>I never had a serious relationship with a woman "drug user" because I do not like (U8).</i>	<i>I got sexually involved with many prostitutes and women that were drug users (U8).</i>
User 9 (U9)	<i>I'm 19 and I live with my aunt and cousin. My parents live in Salvador and they are getting separated. I have used only crack and it was when I was 18 because of the influence of my cousins in their house. Today I am in outpatient treatment and I'm six months without it (U9).</i>	<i>About AIDS, I just know it's a disease. How you get it, how to prevent, I do not know much (U9).</i>	<i>After I lost my virginity, I did not have sex with anyone else (U9).</i>	<i>I lost my virginity in the "tacky", and I could have get infected (U9).</i>
User 10 (U10)	<i>I'm 24 years old and live with my wife. At 19, I started using drugs: marijuana, ecstasy, alcohol and cocaine. The first time I used cocaine, it was aspirin, I was at the home of a friend, who bought the drug, with three friends. I'm in outpatient treatment and "clean" for nine months (U10).</i>	<i>About AIDS, I know it's a disease that affects and weakens the immune system, and that the person does not die from AIDS, but it's a disease that the individual acquires. I think only through unprotected sex and sharing contaminated syringes is how one can get HIV (U10).</i>	<i>I have a steady partner, my wife. But at the time I used to use drugs I never had sex with women that are drug users" (U10).</i>	<i>I've had unprotected sex, which could have facilitated infection. I believe that there is a relationship between being drug users and HIV infection, but only with injecting drug users (U10).</i>

**Quadro 1.** Descrição dos depoimentos dos usuários de crack e sua relação com as quatro categorias temáticas: quem são os usuários de crack?; o conhecimento acerca do HIV; prevenção; e situações de vulnerabilidade ao HIV, Fortaleza, CE, 2013.

It should be noted, however, that all young people in this study were at some point in school. This reinforces the importance of prevention programs in the school environment

to be implemented since the initial levels of education, so that young people receive proper training, as well as the importance to increase the capacity of schools to deal with a population

grappling with significant psychosocial problems<sup>(10)</sup>.

In this study, none of the young people were on the streets, which diverges from the reality found in the national survey on the use of crack, which found a significant proportion of users in this situation, around 40%<sup>(8)</sup>. Study carried out with children living on the streets shows that these adolescents have also the street as a place of easy sex, prostitution and indiscriminate use of drugs, factors that increase vulnerability to STD/AIDS<sup>(11)</sup>.

The most common way of getting money reported by users of crack and/or similar drugs in Brazil comprises sporadic or self-employment, representing about 65% of cases, which is similar to the present research<sup>(8)</sup>.

The male gender, the adolescence, low job prospects and family breakdown are related to increasing contact with drugs and drug use itself, features present in the studied group and confirmed by scholars who conducted a review of 114 articles published between 2000 and 2010 on the risk factors associated with drug use by American teens<sup>(12)</sup>.

Crack users in Brazil and the youth of this study are basically poliusers, that is, crack is only one of a broad "portfolio" of psychoactive substances that they consume. Strong superposition of crack use with the consumption of licit drugs is observed, and alcohol and tobacco are the most frequently consumed<sup>(8,13)</sup>. It is known that the greater the variety of drugs consumed, the greater the damage to the body and the lower the chances of abandonment, because this creates dependence for different substances<sup>(13)</sup>.

The profile of young people in this study did not differ from a study of 196 adolescents that showed a prevalence of 17.9% drug consume, which occurs more frequently at friends (42.9%) and in the clubs and bars (34.3%). Noteworthy is that this consumption was started mainly in the age group of 14 to 16 years (57.1%). The most prevalent illicit drug used is marijuana (60%), followed by crack (20%), and the solvents (11.4%)<sup>(14)</sup>.

When questioned about the reasons that led them to try crack cocaine, most young people said that consumption occurred under the influence of friends. Curiosity and relatives who

use drugs have also been reported. Similarly, studies show that having friends who consume any drugs is something that increases the possibility of the teen to use it, and it has been found that the young people try drugs as a result of misinformation, curiosity, dissatisfaction with life or when a parent uses drugs<sup>(15-17)</sup>.

Study on crack users pointed out the reasons that led them to consume crack at first, and over half of the users of Brazil said that such consumption was due to the curiosity of experiencing/feeling the drug effect (58.28 % [95% CI: 55.21 to 61.28]). Family problems or emotional loss was the main reason for starting using crack, reported by 29.19% of users (95% CI: 26.67-31.84), and the pressure/influence of friends was reported by 26.73% (95% CI: 23.94-29.72) of users<sup>(8)</sup>.

In the speeches of young people about knowledge on the subject of HIV, the content of the reports showed that some of the participants had some idea of what is the disease, its severity and that unprotected sex is the main route of infection. Some participants revealed that they had attended a lecture in the therapeutic community a few days ago, which shows that some information was actually assimilated by them. But most had a superficial knowledge, permeated by many myths about the disease. When they expressed that ignored the issue of HIV was realized that it was not just the lack of knowledge, but also the shame of addressing the issue that prevented teenagers from receiving the necessary guidelines for prevention.

Study with adolescents on the streets found that most young people were aware of the STD/AIDS and how to prevent, but they cannot realise the mode of infection of these diseases in their daily lives and in their relationships. For some of them, the risk of becoming infected with an STD is not reason enough to adopt appropriate preventive measures<sup>(11)</sup>.

As for prevention, the majority of young people reported that they already had active sex life. They mentioned the need to know if the partner is drug user or not, as they believe users offer a higher risk of infection with HIV. Study in Fortaleza with 69 adolescents followed by an institute specialized in chemical dependency showed that 47 (72.3%) of respondents preferred

to relate with partners who are non-users because they feel safer<sup>(13)</sup>.

Some said that the most adopted method to prevent against HIV was by using condoms, although among those who had serious relationship, condom was not used. None of the young people raised concerns about pregnancy or other STDs. Study corroborates these results when point out that, although part of drug users have knowledge about preventive measures against HIV, they do not always use condoms<sup>(13)</sup>.

With regard to situations of vulnerability to HIV of young people as drug users, it was observed that most of them do not recognize or do not know if they were in a vulnerable situation because they are drug users, although others affirm that the relationship drug use/HIV exists, particularly when sharing pipes for the use of crack. Furthermore, loss of awareness or plain judgment may have favored the non-use of condoms during sex, and multiple partners, according to testimonies.

The adolescents in this study believe that only the injecting drug user can get infected with HIV, and that female prostitutes and women who use drugs, can be an additional risk to contract the disease, as well as by they reason that the fact of not having intercourse protects them from HIV. The fact that they are not injecting drug users and, therefore, would not be exposed to HIV through drug addiction is an untruth at the expense of other effects that the drug causes, leading the individual to unprotected sexual practices and to the practice of sex with unknown partners.

It was evident that the consideration of the issue of HIV in this population is essential and that the actions must not be restricted to the transmission of information, but must stimulate in young people a critical reflection about their vulnerability to HIV as crack users.

## FINAL CONSIDERATIONS

Young people are a public that is vulnerable to HIV infection, and this vulnerability is associated with factors related to the family, to oneself, to school, to the availability of drugs and to social factors. As for the young crack users, additionally to the various factors listed above, the stimulating effects caused by this substance consists in making the the individual feel invulnerable for a few seconds, and then immediately feel the urge to repeat the use. That is why the substance causes dependence in a few weeks of use.

Adolescents in the study showed inarticulated knowledge with predominance of myths about HIV prevention. They reported never having used injecting drugs, but the minority recognized that they still consider themselves vulnerable to HIV, since sharing pipes for the use of crack, and loss of consciousness or judgment may favor the non-use of condom during sex, as well as the practice of sex with multiple partners. Friends of these young people were the main influencers making them come to experience the crack.

In the midst of this reality, the professionals who work in the various sectors of health care and that promote prevention and health promotion need to be increasingly trained in order to assist the young drug addict in his entirety.

In this sense, health professionals may be better able to plan and execute interventions that facilitate a reflection on HIV among the users of crack and other drugs, and must favor the exchange of experiences between young people by using participatory methodologies such as Paulo Freire's, sensitizing subjects to develop critical thinking, decision making, problem solving, that is, the skills for a healthier life.

We emphasize the need for further studies with a larger sample and using instruments that allow the use of educational strategies that may promote the construction of critical and reflective space on the prevention against HIV among young users of crack.

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## CONHECIMENTO DE HOMENS JOVENS USUÁRIOS DE CRACK PERANTE O HIV

### RESUMO

Objetivou-se identificar o conhecimento e as situações de vulnerabilidade de homens jovens usuários de crack perante o HIV. Trata-se de pesquisa exploratória, descritiva e qualitativa, realizada em uma comunidade terapêutica do município de Fortaleza-CE, entre janeiro e março de 2012. Participaram do estudo 10 jovens, com idades entre 18 e 24 anos. As informações foram coletadas por meio de anotações em diário de campo e de entrevista semiestruturada, e os dados obtidos foram analisados pela técnica de análise de conteúdo. Os

resultados indicaram quatro categorias temáticas: quem são os usuários de crack?; o conhecimento acerca do HIV; prevenção; e situações de vulnerabilidade ao HIV. Os jovens demonstraram pouco conhecimento sobre a AIDS, com predominância de mitos, e se consideravam vulneráveis ao HIV, visto que o compartilhamento de cachimbos para o uso do crack e a perda da consciência favoreciam o não uso do preservativo durante as relações sexuais e a multiplicidade de parceiros. A pesquisa traz subsídios para que o profissional de saúde se aproprie das necessidades relatadas pelos jovens e planeje estratégias educativas que possam permitir uma reflexão sobre a temática das drogas e sua relação complexa com os vários fatores que cercam essa questão, inclusive o HIV.

**Palavras-chave:** Adolescente; Síndrome da Imunodeficiência Adquirida; Cocaína; Crack; Educação em Saúde..

## CONOCIMIENTO DE HOMBRES JÓVENES USUARIOS DE CRACK ANTE EL VIH

### RESUMEN

El objetivo fue identificar el conocimiento y las situaciones de vulnerabilidad de hombres jóvenes usuarios de crack ante el VIH. Se trata una investigación exploratoria-descriptiva, cualitativa, realizada en una comunidad terapéutica del municipio de Fortaleza-CE, entre enero y marzo de 2012. Participaron del estudio 10 jóvenes, con edades entre 18 y 24 años. Las informaciones fueron recolectadas por medio de apuntes en diario de campo y de entrevista semi estructurada, y los datos obtenidos fueron analizados por la técnica de análisis de contenido. Los resultados indicaron cuatro categorías temáticas: ¿quiénes son los usuarios de crack?; el conocimiento acerca del VIH; prevención; y situaciones de vulnerabilidad al VIH. Los jóvenes demostraron poco conocimiento sobre el SIDA, con predominancia de mitos, y se consideraban vulnerables al VIH, visto que el intercambio de pipas para el uso del crack y la pérdida de la conciencia favorecían el no uso del preservativo durante las relaciones sexuales y la multiplicidad de compañeros. La investigación trae contribuciones para que el profesional de salud se apropie de las necesidades relatadas por los jóvenes y planee estrategias educativas que puedan permitir una reflexión sobre la temática de las drogas y su relación compleja con los varios factores que cercan esta cuestión, incluso, el VIH.

**Palabras clave:** Adolescente. Síndrome de Inmunodeficiencia Adquirida. Cocaína. Crack. Educación en Salud.

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**Submitted:** 17/01/2016

**Accepted:** 16/08/2016