

Pilot Study

From the First Drug to Crack: The Sequence of Drugs Taken in a Group of Users in the City of São Paulo

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To identify a progression in drug use and influencing factors among crack users, a qualitative methodology was used for a more in-depth investigation, taking into consideration the view that the interviewee has of the problem. A long duration and a semi-structured interview was used; a purposeful sampling was outlined and a criterion sampling was achieved. Thirty-one crack users or ex-users were interviewed in order to reach theoretical saturation. Two distinct phases of drug use were detected. The first, with licit drugs, where alcohol and tobacco were the most frequent, the relatives and friends were the ones who encouraged use, and the need for self-assurance was the reason most often reported. The early start and the “heavy use” of one or both drugs were determinant for the beginning of a progression towards illicit drugs. Marijuana was the first drug of the second phase. A stronger attitude for the search of a drug as a source of pleasure replaced the reason previously stated. The study reveals that the progression in drug use seems to be associated more with external decisions (e.g., peer pressure, dealing influence, etc.) than to the preference of the user. Two different progressions were identified: among the younger (<30): tobacco and/or alcohol, marijuana, snorted cocaine, and crack, and among the older (>30): tobacco and/or alcohol, marijuana, intravenous medication, snorted cocaine, intravenous cocaine, and crack. This pilot study's findings are limited in generalizability to its sample. Further research is needed.

Keywords crack; drug use progression; qualitative study; influencing factors; drug use; theoretical saturation

Introduction

The identification of a sequence of drugs used in the period that comprises adolescence to adult age has been a major concern for many investigators (Kandel and Yamaguchi, 1993;

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Mackesy-Amity, Fendrich, and Goldstein, 1997; Scivoletto, Henriques, and Andrade, 1996; Stebancka, Allebeck, and Romelsjo, 1993; Yamaguchi and Kandel, 1984).

Findings show that factors other than the adolescent's own decisions are involved in the establishment of this progression in drug use, such as the user's age and environment rather than to the specific effects the drugs may produce (Yamaguchi and Kandel, 1984).

In Brazil, another fact that corroborates this observation is the influence of drug trafficking, which was a determinant in imposing certain drugs; i.e., crack in São Paulo (Nappo, Galduróz, and Noto, 1996).

Knowing the sequence of stages of drug use within a population could be an effective tool for successful intervention measures. Authors are categorical in stating that only through the analysis of a drug use sequence within a given population can prevention programs be established (Scivoletto et al., 1996).

The present study aimed to identify a sequence of drugs used among crack users and ex-users, the influencing factors this progression, the possible identification of risk groups, and the first and last drugs of this sequence, looking for adequate intervention in prevention programs.

The main feature of this work was the use of a qualitative methodology, which assured a more in-depth investigation of the problem. Moreover, it was based on the interviewee's opinion and how he faced the problem (Patton, 1990; World Health Organization [WHO], 1994).

Methodology

The Choice of a Qualitative Methodology

The aim of this methodological approach was to provide resources for an insight into how crack users view the drug use progression in which they were involved (Diaz, Barruti, and Doncel, 1992).

Sample. The purposeful sample used in this study was the criterion sample (Patton, 1990). The criteria used were male crack users or ex-users, aged 18 or over, and belonging to the lower middle class or lower class (Nappo et al., 1996). The inclusion of "experimental users" or beginners (Siegel, 1985) could interfere in the identification of a drug use path. Hence, subjects were considered to be crack users or ex-users if they had made use of the drug at least 25 times in their lifetime. Subjects were considered ex-users if their last use of crack had occurred 6 months prior to the interview.

The size of the sample was large enough to include all profiles of crack users to match the pre-established criteria. This fact could be detected when all interviewees reached redundancy (Diaz et al., 1992; Patton, 1990; WHO, 1994). The point of theoretical saturation was reached with $N = 31$ subjects.

Interviews with key informants (KI), people (2 psychiatrists, 1 psychologist, 2 ex-crackers users, and 1 drug dealer) with considerable knowledge of the population under study, was the first step in obtaining the sample (WHO, 1994). The sample was recruited through the *snowball technique* (Biernacki and Waldorf, 1981), where eight distinct chains of users were investigated.

Instruments Used. Interviews and a questionnaire. The questionnaire contained open-ended questions and previously standardized questions based comprised the following topics: social-demographic data (12 questions); family history (31 questions); histories of drug use (40 questions); drug consumption patterns (12 questions); and interviewee's perception of

the sequence of drugs (5 questions). Some questions considered more polemic were repeated throughout the questionnaire in order to test the credibility of the answers (Creswell, 1998). The interview with the KIs was carried out as an informal conversational interview; there were no pre-established questions. (Creswell, 1998; Patton, 1990). The interviews were carried out after sample members had received all of the information about the research and had agreed to participate. The interviews took about 70 minutes; were anonymous, taped with the interviewee's prior agreement; and took place at an appropriate venue for this kind of encounter (neutral, safe).

Analysis of the Contents of the Interviews. It proceeded according to the following steps: floating readings of the interviews in order to get acquainted with the material; exploratory procedures, used in order to allow the emergence of a hypothesis; preparation of the material, where interviews were split and grouped according to the topics and questions. The information was then categorized by the different behavior of the interviewees by the analysis of this material, and the results were analyzed, which allowed the investigators to highlight the information obtained through simple operations, such as absolute frequency. With this analysis as the starting point, inferences were made on the theme investigated, as well as interpretations and hypotheses (Bryman and Burgess, 1999).

Results

Social-Demographic Data

The sample was composed of men who had little schooling; most of them were unemployed or had no formal work ties. They did odd jobs, mainly guarding cars parked on the streets. As shown in Table 1, the vast majority (N = 24) had previously had, or still had, a stable relationship with a partner, and nearly all of them lived with someone; that is, with their original family, with their present family or with friends.

The sample was composed of 18 crack ex-users and 13 crack users. A larger number of single interviewees were found among the users, and a larger number of separated ones were found among ex-users (Table 1).

Serious Involvement with Drugs in the Family

The serious involvement with drugs (licit and/or illicit) of any family member prior to the interviewee's first use was investigated as a possible influencing factor in drug use progression. Most of the interviewees (n = 28) reported serious involvement of one or more family members with at least one drug; some (n = 5) reported involvement with more than three drugs. Alcohol, followed by tobacco, was the drug most often mentioned. The father was the most frequent user of both drugs, but not always the only one. There are reports of up to 4 people involved with drugs in the same family.

It is important to stress that illicit drugs, such as marijuana and cocaine in its various routes of administration, were not the drugs most frequently used in the families of those interviewees.

The First Drug Used

Tobacco, alcohol, and inhalants were the most often mentioned as being the first drugs. The prevalence of licit drugs was only flawed by the report of a volunteer who cited marijuana as the first drug used. The prevalent age group for the initiation of drug use was between ages 10 and 13, the beginning of adolescence (Tables 2 and 3), but there are reports of ages younger than 9 years old. Without exception in this sample, someone close to the

Table 1
Social-demographic data

Interviewee*	Schooling**	Marital status***	Employment	Living with others
A27E	J.H.S.C.	Married	Employed	Wife and children
A30E	H.S.I.	Separated	Unemployed	Brother
A38U	J.H.S.I.	Single	Odd jobs	Mother
C25E	H.S.I.	Single	Odd jobs	Parents
C38E	H.S.I.	Married	Odd jobs	Wife and children
E19U	H.S.I.	Married	Unemployed	Wife, son and parents
E24U	J.H.S.I.	Married	Odd jobs	Wife and children
F28U	H.S.I.	Single	Unemployed	Mother
F29E	J.H.S.C.	Separated	Odd jobs	Sister
F55E	H.S.C.	Separated	Unemployed	Alone, in the streets
G29U	J.H.S.I.	Married	Odd jobs	Wife and son
G34E	H.S.C.	Married	Odd jobs	Wife and son
I35U	H.S.C.	Married	Odd jobs	Wife
J21U	J.H.S.C.	Single	Unemployed	Aunt
J36E	J.H.S.I.	Separated	Odd jobs	Alone, in the streets
L27E	J.H.S.I.	Married	Unemployed	Wife
M21E	J.H.S.C.	Single	Odd jobs	Alone
M27U	J.H.S.I.	Married	Odd jobs	Wife
M28U	J.H.S.I.	Separated	Odd jobs	Mother and children
M31E	J.H.S.C.	Separated	Unemployed	Parents
M35U	H.S.I.	Married	Odd jobs	Parents
M42E	J.H.S.I.	Separated	Odd jobs	Alone
P31E	H.S.C.	Married	Unemployed	Wife and children
P36U	J.H.S.I.	Separated	Odd jobs	Friends
P37U	J.H.S.I.	Single	Odd jobs	Parents
R25U	H.S.C.	Single	Odd jobs	Alone, in the streets
R27E	H.S.I.	Married	Unemployed	Wife and son
R30E	J.H.S.I.	Married	Unemployed	Wife and son
R43E	C.I.	Separated	Odd jobs	Friends
S39E	J.H.S.I.	Separated	Odd jobs	Alone
W45E	C.C.	Separated	Employed	Alone

Notes. *Code of the interviewee: First initial + age + U (user) or E (ex-user).

**J.H.S.: junior high school; H.S.: high school; C.: college; C.: complete; I.: incomplete.

***Married/separated: interviewee's statements, independent of a marriage certificate.

***Single: those who never lived with someone.

interviewee offered this first drug. The reason for accepting it was described by expressions such as "to show off," "to belong to the group," or "my father encouraged me."

The First Illicit Drug Used

Marijuana was the first illicit drug used by most of the components in the sample (Tables 2 and 3), with two exceptions (hallucinogenic tea and snorted cocaine). The age at first use varied mainly between 12 and 16 (Tables 2 and 3). "Curiosity" was the reason most often

Table 2

Sequence of drugs taken by <30-year-old crack users and ex-users and age at first use of each drug

E19U—(1st) alcohol (12), (2nd) tobacco (12), (3rd) marijuana (12), (4th) snorted cocaine (13), (5th) crack (15)
M21E—(1st) tobacco (11), (2nd) alcohol (12), (3rd) marijuana (13), (4th) inhalant (13), (5th) snorted cocaine (14), (6th) crack (18)
J21U—(1st) tobacco (9), (2nd) inhalant (9), (3rd) alcohol (10), (4th) marijuana (12), (5th) snorted cocaine (12), (6th) tea (13), (7th) medication (16), (8th) crack (16)
E24U—(1st) alcohol (13), (2nd) tobacco (13), (3rd) marijuana (17), (4th) inhalant (17), (5th) snorted cocaine (18), (6th) crack (20)
R25U—(1st) alcohol (7), (2nd) tobacco (12), (3rd) inhalant (12), (4th) marijuana (16), (5th) snorted cocaine (19), (6th) crack (20)
C25E—(1st) alcohol (15), (2nd) marijuana (23), (3rd) snorted cocaine (23), (4th) crack (24)
A27E—(1st) tobacco (12), (2nd) alcohol (12), (3rd) inhalant (14) (4th) marijuana (5th) medication (17), (6th) tea (17), (7th) snorted cocaine (18), (8th) crack (21)
M27U—(1st) tobacco (10), (2nd) alcohol (12), (3rd) marijuana (12), (4th) inhalant (14), (5th) medication (15), (6th) snorted cocaine (16), (7th) crack (18)
L27E—(1st) inhalant (10), (2nd) alcohol (11), (3rd) tobacco (12), (4th) marijuana (13), (5th) medication (14), (6th) snorted cocaine (15), (7th) crack (23)
R27E—(1st) tobacco (12), (2nd) alcohol (12), (3rd) snorted cocaine (15), (4th) marijuana (15), (5th) medication (16), (6th) tea (16), (7th) crack (18)
M28U—(1st) alcohol (9), (2nd) tobacco (14), (3rd) marijuana (14), (4th) inhalant (16), (5th) snorted cocaine (19), (6th) crack (19)
F28U—(1st) alcohol (11), (2nd) tobacco (11), (3rd) inhalant (14), (4th) marijuana (14), (5th) snorted cocaine (16), (6th) tea (17), (7th) crack (21)
G29U—(1st) tobacco (9), (2nd) marijuana (11), (3rd) inhalant (16), (4th) snorted cocaine (16), (5th) intravenous cocaine (19), (6th) medication (20), (7th) crack (21)
F29E—(1st) tobacco (14), (2nd) marijuana (16), (3rd) inhalant (18), (4th) tea (20), (5th) alcohol (21), (6th) snorted cocaine (24), (7th) crack (24)
R30E—(1st) inhalant (14), (2nd) tobacco (14), (3rd) alcohol (14), (4th) marijuana (19), (5th) snorted cocaine (22), (6th) crack (26)
A30E—(1st) tobacco (11), (2nd) alcohol (12), (3rd) marijuana (14), (4th) inhalant (15), (5th) snorted cocaine (21), (6th) crack (25)

cited for the consumption of illicit drugs. The following phrases give an idea of change in behavior in relation to how drug was obtained: “asked someone” (an acquaintance most of the times); “bought”; “found somewhere,” which meant they took a stub of marijuana cigarette from the floor or the ashtray; and finally, “relatives/friends offered,” mainly brothers.

Drugs Reported and the Interviewee’s Involvement with Them

After the consumption of the first illicit drug, a series of other drugs was reported before they opted for crack, namely inhalants (glue, “lança-perfume” and “cheirinho da loló”);¹ psychotropic medications containing trihexyphenidyl, biperiden, and diethylpropion; marijuana; snorted cocaine; intravenous cocaine; hallucinogenic teas (lily and mushroom); opiates (heroin); LSD-25; and ecstasy (Tables 2 and 3). The role of some of these drugs was not expressive, since the involvement of some users with them was merely experimental.

Table 3

Sequence of drugs taken by >30-year-old crack users and ex-users and age at first use of each drug

P31E—(1st) inhalant (11), (2nd) alcohol (11), (3rd) tobacco (14), (4th) marijuana (17), (5th) snorted cocaine (21), (6th) crack (26)
M31E—(1st) tobacco (13), (2nd) alcohol (14), (3rd) medication (14), (4th) marijuana (14), (5th) tea (15), (6th) inhalant (15), (7th) LSD (17), (8th) snorted cocaine (18), (9th) crack (28)
G34E—(1st) alcohol (14), (2nd) tobacco (14), (3rd) marijuana (15), (4th) tea (15), (5th) medication (15), (6th) inhalant (15), (7th) snorted cocaine (21), (8th) crack (27)
I35E—(1st) marijuana (13), (2nd) alcohol (13), (3rd) inhalants (14), (4th) medication (15), (5th) tea (16), (6th) snorted cocaine (19), (7th) intravenous cocaine (20), (8th) heroin (20), (9th) tobacco (23), (10th) LSD (28), (11th) crack (30)
M35U—(1st) alcohol (8), (2nd) tobacco (12), (3rd) inhalant (13), (4th) tea (15), (5th) marijuana (17), (6th) medication (17), (7th) snorted cocaine (18), (8th) crack (24)
J36E—(1st) inhalant (13), (2nd) medication (14), (3rd) marijuana (16), (4th) snorted cocaine (26), (5th) intravenous cocaine (29), (6th) ecstasy (34), (7th) crack (34)
P36U—(1st) tobacco (9), (2nd) alcohol (9), (3rd) marijuana (14), (4th) medication (15), (5th) inhalant (15), (6th) tea (18), (7th) LSD (19), (8th) snorted cocaine (19), (9th) crack (29)
P37U—(1st) alcohol (6), (2nd) tobacco (11), (3rd) marijuana (13), (4th) medication (17), (5th) tea (17), (6th) inhalant (17), (7th) snorted cocaine (24), (8th) intravenous cocaine (25), (9th) LSD (28), (10th) crack (30)
A38U—(1st) tobacco (12), (2nd) alcohol (12), (3rd) marijuana (12), (4th) medication (14), (5th) inhalant (27), (6th) snorted cocaine (32), (7th) crack (34)
C38E—(1st) tobacco (11), (2nd) marijuana (12), (3rd) tea (13), (4th) medication (20), (5th) snorted cocaine (27), (6th) intravenous cocaine (27), (7th) crack (35)
S39E—(1st) tobacco (11), (2nd) alcohol (11), (3rd) marijuana (13), (4th) medication (20), (5th) snorted cocaine (23), (6th) intravenous cocaine (25), (7th) tea (26), (8th) crack (29)
M42E—(1st) tobacco (10), (2nd) alcohol (12), (3rd) marijuana (15), (4th) inhalant (16), (5th) LSD (17), (6th) medication (18), (7th) snorted cocaine (18), (8th) intravenous cocaine (19), (9th) crack (28)
R43E—(1st) alcohol (14), (2nd) tobacco (14), (3rd) marijuana (20), (4th) inhalant (21), (5th) LSD (21), (6th) snorted cocaine (25), (7th) intravenous cocaine (27), (8th) crack (33)
W45E—(1st) alcohol (10), (2nd) tobacco (10), (3rd) marijuana (10), (4th) medication (12), (5th) LSD (15), (6th) snorted cocaine (16), (7th) intravenous cocaine (17), (8th) heroin (21), (9th) crack (35)
F55E—(1st) alcohol (9), (2nd) tobacco (10), (3rd) marijuana (17), (4th) medication (22), (5th) snorted cocaine (48), (6th) intravenous cocaine (50), (7th) crack (52)

Discussion

Characteristics of the Sample

The poor schooling of the interviewees stands out when their age is matched to their school performance. All of them were over 18, more than half of them had dropped out of elementary school or junior high school (Table 1). According to the interviewees, their

drug use, the need to work in order to provide money, either for the family or to buy drugs, seemed to be the reasons for dropping out. Unemployment is another characteristic. They pointed out drugs as the chief reason for losing their jobs. Another reason reported was the possibility of engaging in illicit activities, and thus earning “easy” money.

Influence on the First Drug Use

As already stated, the first drug was offered to the interviewees by someone close to them.

Relatives. Alcohol and/or tobacco were the most often mentioned, and the father was the person who had the highest consumption. First use was between 10 and 13 years, a period of a strong family influence (mainly the father) on a boy’s life; therefore, we can assume that drug use in the family made this first use “less prohibited.” The following report shows this “initiation” to be encouraged by relatives.

My father and my stepmother were drinking and they gave me a glass of “pinga”² and said, “A man has to drink”—and I drank. (M21E)

Kandel and Yamaguchi (1993) and Scivoletto et al. (1996) also mention this drugs as the first one in a sequence. Yamaguchi and Kandel (1984) are more emphatic about this start, stating that adolescents hardly ever experiment with marijuana without having used tobacco and alcohol before.

Friends. Friends also played an important role in this initial phase of alcohol and tobacco consumption. The feeling of transgression about the use of drugs, even the licit ones, had too strong an appeal for the adolescent to refuse a friend’s offer.

Reasons for the First Use

The reasons were, nearly always, to show where they stood in relation to the person who was offering the drug, not to disappoint them, assuring “respect” and “acceptance” in return. The wish to use the drug and feel its effects is not clearly present in this first use. “Curiosity” as a reason for this first use was mentioned less often.

First Illicit Drug

Marijuana was mentioned (n = 29) in the sample (n = 31) as the first illicit drug used (Tables 2 and 3), as described before by others (Kandel and Yamaguchi, 1993; Scivoletto et al., 1996). Besides, as a rule, the interviewees had a rather exaggerated notion of the “positive” effects of marijuana by the time of their first use considering it a “light, non-addictive” drug. The use of marijuana by their friends and the belief that it was not hazardous to their health were determining factors in this initial use. The tendency toward searching for drugs can also be clearly observed (they bought, asked for, found) and the aim of experimenting is now for the interviewee’s own desire to feel the effects of drugs and the passive attitude toward taking drugs is replaced by a more active attitude.

Sequence of Drugs

After the first illicit drug, the interviewees reported the consumption of other drugs, which in one case was up to ten drugs before crack (Table 3). The reason for this diversity in drug consumption is not very clear, and all the interviewees justified it with a “curiosity to feel new effects,”

I don't know. I think when one drug is not that effective anymore. When we got tired of the insanity of one we moved on to another. (M27U)

Kandel and Yamaguchi (1993) identified two predisposing factors toward a drug use progression: early involvement with licit drugs such as alcohol and tobacco and serious involvement with one of the drugs or both of them. The sample fulfilled this requirement, since this consumption took place mainly between 10 and 13 years of age and the serious involvement with alcohol, tobacco, and also marijuana is a characteristic observed among these users.

Availability of Drugs and Period when Consumption Started. Nappo et al. (1996) described the preference of drug dealers in São Paulo for an abundant supply of crack, larger than that of marijuana. This caused a shortage of other drugs, which led many users to gravitate toward crack for lack of other options. This preference for selling crack is due to its high addictive potential, its low cost by unit (stone) and its easy handling. Finally, the short-term profit seems to be the strongest appeal for dealers for spreading the use of crack (Nappo et al., 1996). The first crack apprehensions in São Paulo took in place in 1991 when dealers encouraged the users of that time to use crack (Nappo et al., 1996). Since there was a shortage of other illicit drugs on the “market,” they started their use of crack at a much earlier phase of drug consumption. The interviewees below 30 years of age (younger), who started consumption less than ten years ago, made use of only 6 to 7 different drugs on average before crack. The older interviewees started using the drug at least 15 years ago, had an ample drug choice, since their availability was only restricted from 1991 on. The presence of hallucinogenic drugs (LSD-25), anticholinergic medications, and the use of intravenous cocaine could be identified in this group (Table 3).

Kinds of Drugs Traded at the Time of Use. Even though the drug classes were similar in the younger and older groups, the drugs belonging to those classes were different. For example, inhalants were common to both groups, but the younger used glue or *cheirinho da loló* and older ones an extensive use of *lança-perfume*, a solvent that was prohibited in Brazil in the 1960s. The older ones also reported the use of amphetamines and anticholinergic medications (Akineton[®] and Asmosterona[®], the latter had its trade discontinued 4 years ago). Both medications had been administered intravenously thus facilitating the later use of intravenous cocaine.

The medications reported by the younger ones were not used intravenously. Among the amphetamines, they mentioned medications taken orally. They are diethylpropion-based, amphetamine-like substance used medically as appetite suppressants. Trihexyphenidyl is the most appreciated anticholinergic by the younger group. For the younger, the outbreak of AIDS and the massive campaigns about the hazards of the intravenous route inhibited its use. The older ones were familiar with this route and they also reported the use of intravenous cocaine (Table 3). Crack enters their lives as a substitute for intravenous cocaine, as an

easier route of administration, not requiring the use of syringes and needles. LSD-25 was only reported by the older ones (Table 3). Its use was discontinued due to its cost and replaced, according to the younger interviewees, by lily tea (*Datura* sp.), also known as “trombeteira” (trumpeter) or “saia branca” (white skirt). In both groups, however, the users invariably started taking cocaine by means of snorting (Tables 2 and 3)

Drugs That Had no Impact on the Consumption Progression. Thirteen interviewees mentioned hallucinogenic teas (lily and mushroom; Tables 2 and 3), but only one reported having had a serious involvement with this kind of drug. The effects produced by these drugs do not seem to be pleasant:

I had lily tea only once, and it made me sure I didn't want to have it ever again.
(M31E)

Nineteen interviewees (Tables 2 and 3) used medications, but only 8 had a more serious involvement. The majority of them were older interviewees, who made intravenous use of these drugs.

There was a time when I didn't have money to buy the powder, so I started having a fix of amphetamine. I did it everyday and many times. (I35U).

Crack leads to the complementary use of other drugs. For instance, the use of tobacco furnishes ashes to be burned with crack. Marijuana is also very popular among crack users, as it reduces the paranoia caused by cocaine, especially crack. They claim that alcohol, too, reduces the unpleasant effects and prolongs the pleasant ones. In fact, cocaine is metabolized in the presence of alcohol to cocaethylene, which produces effects similar to those of cocaine, thus prolonging the effects of the latter (McCance, Price, Kosten, and Jatlow, 1995).

I use marijuana for the craving to wear off. But I use alcohol more, I always drink after I use crack. (J21U)

The identification of the sequence of drugs used prior to crack indicates external factors about the drug used: availability at the time of consumption, influence of trafficking, prevention campaigns, period when they started using it, peer pressure, etc. There does not seem to be a causal connection among the drugs that make up this sequence. The two different drug sequences in the present study (younger: tobacco and/or alcohol, marijuana, snorted cocaine, and crack; older: tobacco and/or alcohol, marijuana, intravenous medication, snorted cocaine, intravenous cocaine, and crack) clearly supports this statement.

According to the interviewees, the sequence of drugs is not determined by the preference for one drug or another. A similar behavior is observed among those users searching for new sensations and challenges, including an increased risk in drug use. So much so that they declared marijuana to be a “problem-free” drug. Nevertheless, they search for other drugs that provide new sensations and generate more risks. They may progress from using snorted cocaine to intravenous or smoked cocaine (Tables 2 and 3), more devastating than the first kind. They persevere with this search until a drug that makes it difficult to go back due to the dependence and/or compulsion that takes place. In the case of our sample, this drug was crack (Tables 2 and 3).

Therefore, we believe that the identification of a drug sequence can be a tool in the attempt to stop this growing exposure of users to the risks posed by drug use progression.

Study's Limitations

The aim of this qualitative pilot study was not necessarily to be representative, and this is why the sample was intentional. One must be cautious not to generalize these results to all crack users.

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RÉSUMÉ

De la première drogue au crack: la séquence de drogues consommées par un groupe d'utilisateurs dans la ville de São Paulo: une étude pilote

Identifier, entre des utilisateurs de crack, une progression d'utilisation de drogues et des facteurs qui l'influencent. Méthodologie qualitative a été utilisée pour une recherche en profondeur en étant porté en considération la vision que les consommateurs ont du problème. A été utilisée une entrevue semi-structurée de longue durée; un échantillon intentionnel par des critères a été construit; 31 utilisateurs ou ex utilisateurs de crack étaient interviewés jusqu'à être atteinte la saturation théorique des informations. Deux phases différentes étaient détectées. La première avec des drogues licites où l'alcool et le tabac ont été citées, les amis et familiales ont été les animateurs de l'utilisation et la nécessité d'auto-confiance a été la raison la plus signalée. Le début précoce et la consommation forte d'une ou de les deux drogues ont été déterminants pour le début d'une progression avec des drogues illicites. Marijuana a été la première drogue de la seconde phase. Une forte tendance à la recherche d'une drogue comme source de plaisir, remplace la raison précédent commentée. L'étude révèle que la progression dans l'utilisation de drogues paraît être associé plus avec des décisions externes (ex: pression du groupe; influence du trafic; etc.) qui la préférence de l'utilisateur. Deux différentes progressions ont été identifiées: entre les jeunes (<30)—tabac et/ou alcool, marijuana, cocaïne aspiré et crack; et entre les plus grands (>30)—tabac et/ou alcool, marijuana, médicament intraveineux, cocaïne aspiré, cocaïne intraveineuse et crack. Ceux trouvés de cette étude pilote sont limités dans leur généralisation à cet échantillon. Des recherches futures sont nécessaires. crack, progression de la consommation de drogues, étude qualitative, facteurs d'influence, utilisation de drogue, saturation théorique.

RESUMEN

De la primera droga al crack: la secuencia de drogas consumidas por un grupo de usuarios en la ciudad de São Paulo: un estudio piloto

Identificar, entre usuarios de crack, una progresión de uso de drogas y factores que la influyen. Metodología cualitativa fue usada para una investigación en profundidad llevándose en consideración la visión que los consumidores tienen del problema. Fue utilizada una entrevista semi-estructurada de larga duración; una muestra intencional por criterios fue construida; 31 usuarios o ex usuarios de crack fueron entrevistados hasta alcanzarse la saturación teórica de las informaciones. Dos fases distintas fueron detectadas. La primera con drogas lícitas donde el alcohol y tabaco fueron las más citadas, los amigos y familiares

fueron los animadores del uso y la necesidad de auto-confianza fue la razón más apuntada. El inicio precoz y el consumo fuerte de una o ambas drogas fueron determinantes para el inicio de una progresión con drogas ilícitas. Marijuana fue la primera droga de la segunda fase. Una fuerte tendencia a la búsqueda de una droga como fuente de placer, substituye la razón previamente comentada. El estudio revela que la progresión en el uso de drogas parece estar asociada más con decisiones externas (ex: presión del grupo; influencia del tráfico; etc) que la preferencia del usuario. Dos diferentes progresiones habían sido identificadas: entre los jóvenes (<30)—tabaco y/o alcohol, marijuana, cocaína esnifada y crack; y entre los mayores (>30)—tabaco y/o alcohol, marijuana, medicamento intravenoso, cocaína esnifada, cocaína intravenosa y crack. Los hallados de este estudio piloto son limitados en su generalización a esta muestra. Investigaciones futuras son necesarias.

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Glossary

Theoretical Saturation: when the interviewees reach redundancy; that is, even though all potential sources of variation had been explored, no new information was obtained (Diaz et al., 1992; Patton, 1990; WHO, 1994).

Notes

1. Lança-perfume, an ethyl chloride-based solvent, was banned from Brazil in the 1960s. It was gradually replaced by glue and “cheirinho da loló.” The latter, chloroform-based, and other solvents (ketone, gasoline), are also called “lança” nowadays.
2. “Pinga” is strong spirits made of sugar cane.

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