

Virado: A New Method of Crack Consumption in Brazil

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Crack emerged in the late 1980s in Brazil. This emergence was a critical moment for public health; the growing AIDS epidemic led intravenous cocaine users to migrate toward crack use to avoid the use of injection drugs. At the same time, young consumers of marijuana also began using crack, largely due to market strategies in drug trafficking that led to a shortage of marijuana and the availability of crack as a substitute.¹ Twenty years later, crack use has spread throughout the country and among all social classes, creating a social burden on the State.^{2,3} This situation has led crack users to develop survival strategies, which, at times, increase the risks to users rather than protecting them.⁴

In this context, the use of *virado* has recently been identified in the city of Recife (northeast of Brazil). This letter is intended to comment on a new form of crack use, not previously described or quantified in epidemiological studies, which was identified during a large ethnographic study of crack cocaine use in Recife.

In this study, several “cracklands” (places where crack users gather to consume the drug) were observed, and in-depth interviews were conducted with crack users. They described the use of *virado*, which involves the transformation of crack cocaine rocks into a powder through the addition of an equal amount of boric acid, which is legally sold in drugstores as an antiseptic.⁵ The solid mass that results from heating this mixture is cut, and these slices are turned into powder, which is snorted through a straw. *Virado* is a salt form of cocaine (cocaine borate) that allows the drug to be absorbed through the nasal mucosa. According to users, this pathway of absorption provides a longer-lasting effect and lower levels of craving and paranoia than smoked crack.

The consumption of *virado* generally occurs in groups, in a ritual that combines the preparation of the drug and the sharing of the straw. Users often harm their nasal mucosa as a result of friction from the straw, abrasion from drug particles that are not properly pulverized, and the vasoconstrictive action of cocaine. Users report that the straw, which carries the blood and secretions of multiple users, is shared among the members of the group. This ritualistic straw sharing is the most alarming aspect of *virado* use because it exposes users to the risks of blood-borne illnesses.

Moreover, according to the users of *virado*, cocaine hydrochloride consumers are forced to produce *virado* to maintain their addiction in the absence of their drug of choice. The need to buy crack to process into a snorted powder introduces these users to crack culture and creates the possibility that they will become crack users. This situation is alarming to public health authorities because crack is more addictive than snorted cocaine and is associated with more social problems.¹

The use of *virado* has been increasing in the city of Recife and is reinforced by the actions of drug traffickers, who have taken cocaine hydrochloride out of circulation. In light of the evidence, we suggest the study of this behavior (turning crack rocks into *virado* powder) in other Brazilian cities and in other countries. A cross-sectional survey is recommended to quantify its distribution and pattern of consumption.

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Declaration of Interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this paper.

REFERENCES

1. Nappo SA, Galduróz JC, Noto AR. Crack use in São Paulo. *Subst Use Misuse*. 1996;31:565–579.

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2. Nappo SA, Sanchez ZM, Oliveira LG. Crack, AIDS, and women in São Paulo, Brazil. *Subst Use Misuse*. 2011;46:476–485.
3. Duailibi LB, Ribeiro M, Laranjeira R. Profile of cocaine and crack users in Brazil. *Cad Saúde Pública*. 2008;24:S545–S557.
4. Ribeiro LA, Sanchez ZM, Nappo SA. Surviving crack: A qualitative study of the strategies and tactics developed by Brazilian users to deal with the risks associated with the drug. *BMC Public Health* (on line). 2010;10:671.
5. Polícia Federal. Portaria 1274. February 02, 2004. Available from <http://www.dpf.gov.br/servicos/produtos-quimicos/legislacao/anexos-da-portaria-1274-03>. Accessed May 16, 2011.