

Portraits on the crack user built by the media

Retratos construídos pela mídia sobre o usuário de crack
Retratos construídos por los medios de comunicación sobre el usuario de crack

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ABSTRACT

Objective: evaluate how the crack user is portrayed by the media. **Method:** qualitative study, using fourth generation evaluation. The data were collected in interviews and field observations in a mental health network service of the Porto Alegre-RS metropolitan area. The participants were 10 users, 11 family members, 08 health service professionals and 07 managers. **Results:** the findings revealed that media relates the crack user profile to violence, crime and disease, which does not correspond to the reality experienced in the health service. This image disregards the different ways of using the drug and the different productions of life of these individuals, increasing social exclusion and stigma. **Final considerations:** The challenge is to build shared, integrated, clear and honest information.

Descriptors: Communications Media; Qualitative Research; Health Evaluation; Mental Health; Social Vulnerability.

RESUMO

Objetivo: avaliar como o usuário de crack é retratado pela mídia. **Método:** estudo qualitativo, utilizando-se avaliação de quarta geração. Os dados foram coletados em entrevistas e observações de campo em um serviço da rede de saúde mental da região metropolitana de Porto Alegre-RS. Os participantes foram 10 usuários, 11 familiares, oito profissionais do serviço de saúde e sete gestores. **Resultados:** os achados revelaram que a mídia divulga um perfil do usuário de crack ligado à violência, criminalidade e doença, o que não corresponde à realidade vivenciada no serviço de saúde. Essa imagem desconsidera as diferentes maneiras de uso da droga e as diferentes produções de vida desses indivíduos, aumentando a exclusão social e o estigma. **Considerações finais:** o desafio é construir informações compartilhadas, integradas, claras e honestas.

Descritores: Meios de Comunicação; Pesquisa Qualitativa; Avaliação em Saúde; Saúde Mental; Vulnerabilidade Social.

RESUMEN

Objetivo: evaluar cómo el usuario de crack es retratado por los medios de comunicación. **Método:** estudio cualitativo, utilizando la evaluación de cuarta generación. Los datos fueron recolectados en entrevistas y observaciones de campo en un servicio de la red de salud mental del área metropolitana de Porto Alegre-RS. Participaron 10 usuarios, 11 familiares, 08 profesionales del servicio de salud y 07 gestores. **Resultados:** Los resultados revelaron que los medios de comunicación divulgan un perfil del usuario de crack vinculado a la violencia, la criminalidad y la enfermedad, lo que no corresponde a la realidad vivida en el servicio de salud. Esta imagen desconsidera las diferentes maneras de uso de la droga y las diferentes producciones de vida de esos individuos, aumentando la exclusión social y el estigma. **Consideraciones finales:** el desafío es construir informaciones compartidas, integradas, claras y honestas.

Descritores: Medios de Comunicación; Investigación Cualitativa; Evaluación en Salud; Salud Mental; Vulnerabilidad Social.

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INTRODUCTION

In Brazil, the mass media, through constant exposure and exploitation of violence situations linked to drug use and trafficking, produce fear and indignation in the population. Such alarmist speech produces a negative image of the drug user and the introjection of the need for security actions and punishment to those inadequately inserted into the capitalist consumption logic. That is, an unjust selection among those who may or may not be part of society, through an authoritarian and repressive logic of exclusion and extermination of these “undesirables”⁽¹⁾.

Marginalized minorities are generally the population living in outlying ghettos, as well as the traffickers themselves, and this population is composed of black and northeastern migrant people of low income or in actual misery⁽²⁻⁴⁾. This emphasis on violence change the focus that should be directed to the conditions of social vulnerability, inequality and extreme poverty, contributing to the production of crime and engaging in a “micro-management” of small fears and permanent insecurity⁽⁵⁾.

Some statements, such as “all users get addicted in their first use,” “every cracker (especially the poor ones) becomes a criminal,” and “women end up prostituting themselves to support addiction,” come from mediatization of culture on drugs, especially presented by television that conveys negative symbolic forms about crack⁽⁶⁻⁷⁾.

The concern and recognition of drug use as a public health problem, especially crack, is reflected in this media look, which mostly addresses solutions based on reduced demand and supply of drugs. This reduction is mainly referenced on repressive approaches, usually represented by police actions in localities of outlying ghettos, loaded with moral judgments, and with health treatments aiming primarily at abstinence⁽⁷⁾.

OBJECTIVE

This study aims to evaluate how crack user is portrayed by the media. This is part of a research funded by the National Council for Scientific and Technological Development (CNPq), called “ViaREDE – Avaliação qualitativa da rede de serviços de saúde mental para atendimento a usuários de crack (Qualitative assessment of the mental health services network to serve crack users)”⁽⁸⁾.

METHOD

Ethical aspects

Ethical principles were ensured in accordance with Resolution No. 466/2012 of the National Health Council of the Brazilian Ministry of Health⁽⁹⁾, and the project was approved by the Ethics Committee of the Federal University of Rio Grande do Sul (CONEP UFRGS).

Theoretical-methodological framework

The theoretical-methodological reference of the study was the fourth-generation evaluation, which is characterized as a responsive constructivist evaluation, whose focus is the interest groups demands built together.

The term responsive is used to designate a different focus on the assessment, delimited by an interactive process and negotiation involving interest groups. The term constructivist, also called interpretive or hermeneutic, is a responsive way of focusing and a constructivist way of doing⁽¹⁰⁾.

In this sense, the fourth-generation evaluation allows, by an interactive process, to discover which demands or needs are pointed out from the interest groups, respecting different points of view. This evaluation is not concerned, a priori, with the definition of a group consensus, but mainly with the interpretation and respect to differences, in order to construct an image on the quotidian and its complex dimensions⁽¹⁰⁾.

Type of study

An evaluation study, of qualitative nature, developed in the metropolitan area of Porto Alegre, RS, Brazil, whose objective was to evaluate the network of mental health services to attend crack users.

Qualitative methodology can be considered as the product of the diverse interpretations made by humans about how they construct their life history, their relationships, their beliefs, their perceptions and their ideas. Thus, it allows to apply little known social processes to particular groups, helping the construction of new approaches and the revision and creation of new concepts during the investigative research⁽¹¹⁾.

Methodological procedures

The study scenario was a Psychosocial Care Center for Alcohol and Other Drugs (CAPS AD) in the metropolitan area of Porto Alegre-RS. This is a mental health service that takes care of health issues related to drug use.

The following interest groups were interviewed in the research: 10 users who attended the service, with good communication conditions, excluding those who were in a psychotic state, with a fissure or with an important cognitive deficit; 11 family members who were being followed up at the service during the data collection period; and 08 workers with at least six months of experience in the network of mental health services and who were not on leave of absence or on vacation during the collection period. The interviews were recorded and transcribed in their entirety and carried out through the hermeneutic-dialectic circle. The operation of this device will be discussed as follows.

The fourth-generation evaluation summarizes the data collection process in the following steps:

1. Contact with the field: at this moment of the research, the formal presentation of the evaluated object to the interest groups is carried out. This is the moment when the agreement between the participants of the evaluation is also settled.
2. Organization of the evaluation process: from the agreement of the evaluation process with the interest groups, the evaluators begin the previous ethnography, that is, a stage of entry into the field to know the reality and the context of the service, without being engaged in the evaluation activities yet. The previous ethnography stage was conducted between 8am and 6pm, from Monday to Friday, during a week, and recorded in field notes by the researchers, totaling 189 hours.

3. Identification of interest groups: identification of situations in which emblematic people from previously defined interest groups (users, managers, workers and family members) participated. This is also the moment that participants are invited to join the evaluators in the process.
4. Development of joint constructions: it involved the application of the technique announced by the fourth-generation evaluation (the hermeneutic-dialectic circle). In the application of the hermeneutic-dialectic circle, the initial respondent (R1) of each interest group is selected strategically by the researcher, due to his/her position regarding the investigation. The respondent participates in an open interview that aims to determine the initial construction regarding the object to be evaluated, describing the focus, how it is constructed, and making comments. The questions proposed by the respondent R1 are analyzed by the researcher, creating the initial construction, called C1. Data analysis is performed shortly after their collection, with R1 being completed before interviewing R2. Follow-on, R2 is interviewed, with the same freedom of expression as R1. When the respondent exposes all their questions, the analysis themes of R1 are inserted, and R2 is invited to comment on them. Consequently, R2 interview originates not only their information, but also criticizes the construction and information of R1. The investigator requests the indication of R3 and performs the analysis of R2, resulting in the formulation of C2, becoming a more enlightened and grounded construction with two sources considered: R1 and R2. This process is the principle of the final construction that is sought, repeated in subsequent interviews until closing the circle between the participants⁽¹⁰⁾.
5. Expansion of the joint constructions: other information and materials that could raise the sophistication level of the constructions were added in the circle. This means that the information brought by the participants was properly handled and refined to be introduced in the discussions with subsequent participants.
6. Preparation of the agenda for negotiation: stage of organizing the information and constructions of the group during the collection.
7. Performing the negotiation: stage of access to the information obtained in the data collection by interviewees, considered a moment of discussion, debate and clarification on the joint constructions, proposing a new common construction achieved by the possible consensus⁽¹⁰⁾.

In the data analysis, the Constant Comparative Method was used, allowing the data analysis and collection simultaneously. This method has two steps: identification of information units and categorization. The units of information are sentences or paragraphs obtained in the empirical material, registered accessibly to any reader, and not only to the researcher⁽¹¹⁾.

The final report of the research provided the opportunity to construct the following empirical categories: network conception, network management, network access, network articulation, media and crack, prejudice and stigma, prevention campaigns, characteristics of mental health work, user characteristics, mental health work strategies, worker profile and professional health training. The

results of this article were organized from the thematic category "media and crack," along with workers. For this, the subjects were identified with the letter "P" (of participant), followed by the interview order in the hermeneutic-dialectic circle. Example: P3.

RESULTS

The results point to some topics for discussion, mainly related to the crack user profile, full of stereotypes. Media eventually portrays to society a profile that reinforces the stigmatizing potential of the user:

Media portrays a reductionist view of the crack user's profile, as it explores the image of people with a high degradation degree because of use. This user is portrayed by the media just as the user who makes sporadic use. Degradation may be the cause or result of drug use. I believe that this crack user propagandized by the media exists, but media shows everyone as if they were the same. Here we really see the guy who uses it, using every now and then, sometimes managing to keep their things, being able to make sporadic use, which is also difficult because crack is an extremely reactive substance. But the good thing about those users is staying in the middle ground, then they come to CAPS, improve their situation, returning to their social life. Sometimes they even have a regular use and are able to do their things, then sooner or later they lose control, or maybe they don't. Things are not always that fluid, it is not such a black and white thing. (P1)

They are not those monsters shown by the media, I can see the users, the relationships. A lot of users managed to take a break. Right here, I do not see a profile, I see a 19 year-old boy together with a 40 year-old man using it. Especially when relating the crack user as someone living on the street, no, they can have a fixed residence and leave their house. (P5)

However, the interest groups evaluate that this partial view of the user does not fully match with other profiles seen in the daily services and, in this sense, little explored by the media:

People have a different profile than the one advertised by the media. This complexity we see here [in the service] is not evident in the photograph shown by the media. But any media, movies, music, any kind of information show only part of the thing, and not the thing itself, they show what they want to see. (P1)

The profile that media promotes about the crack user does not correspond to the reality experienced by the professionals. It increases prejudice. People work with more than 10 years of drug use, spontaneously seek treatment and then use other substances, such as alcohol. Those are not monsters, they are on the street, have no fixed residence or leave their home. At some point, they have a relapse, but then get up again and leave. What they show is the cracklandia in São Paulo, in Rio de Janeiro and, from that, draw conclusions from all users of alcohol and drugs. (P2)

In this sense, the relationship media establishes with society is what supports the construction of a social imaginary that prevents other perspectives, promoting moral panic and exclusion:

A kind of terrorism was created, because, in fact, there are much bigger problems. There are also political interests behind it, and we often see that alcohol destroys much more than crack, and that there is very low investment in the fight against alcohol, which, in my opinion, is the biggest villain in CAPS. (P3)

The social imaginary about drug user care is heavily influenced by the media. (P4)

The social complexity of the drug use phenomenon goes beyond this reductionist view, focused on the disease and patient. Media portrays only part of this complexity. (P1)

The need for more precise and a broader debate about the user profile is evidenced, in order to promote instrumentalization and avoid reductionism:

We need to be instrumentalized, it is our duty as health professional, I speak [of] all of us. If the media is doing this, it is not just their failure, this is also healthcare professionals' failure. That is what we have to know how to look at, and look at ourselves, and, well, it is very difficult, this is the beginning of the treatment here. [...] I think our stance towards the media with "yeah, that sucks, and all," we will not try to instrumentalize them too, because it is not something small. Media imposes certain standards, and that is true, but certain standards are also imposed by the population itself for the media to reflect it, so our role is to try and dialogue. (P1)

We should not be afraid to be honest, because I see parents, society, really afraid, talking about drugs as a taboo, saying: "look, if you smoke marijuana it will make you hungry, you'll laugh as hell, nice, until you still feel a little dizzy, but after a day you'll be ok, you'll be fine, and you can go back to work. If you start smoking too much, then maybe you can start having problems." It is a choice that people will make, and they are afraid to say this, to give them a choice, because they think people are stupid [...] "Marijuana legalization" spokespeople, Marcelo D2, for example, I find it complicated, he built his career speaking in favor of the substance. He does not talk about the harm it can cause, and that is not honesty either. (P8)

DISCUSSION

Throughout history, many drugs have been blamed for the great harms of society, and crack is currently the target of such "hysteria"⁽¹⁾. Such situation contributes to the establishment and/or maintenance of the idea that the drug user is delinquent/criminal or chronic ill, not able to be cured, creating a common consequence: punishment through jail in the first case, and hospitalization in therapeutic farms or psychiatric institutions in the second⁽¹²⁾.

However, in both conceptions—the user as criminal and the user as an ill person—this subject is related to a prohibitionist dialectic, which presents as a fundamental principle the punishment and repression of drug use⁽¹²⁾. Therefore, media reinforces and spreads the idea of a user with these profiles, which is not consistent with the experience in the mental health network services, showed by the workers' interest group.

The results show that there is more than only one crack user profile, that one shown by the media, of a deteriorated user that

lives in the *cracolândia*. Thereupon, user can have different profiles: the one who has a house, uses multiple drugs, seeks treatment, works and may not have a compulsive pattern towards the drug.

P1, P2 and P5 reports demonstrate that media, in addition to exploring a profile that does not correspond to all drug users' reality, especially crack users, creates a stereotype, generalizing them with a limited conception that overlaps the person, not contextualizing age, gender, characteristic color and dwelling place.

P1, P3, and P4 address that media creates a stereotype of crack users reinforcing their stigma in society, bringing a social imaginary of danger, fear and increasing the social exclusion of crack users. This stereotype does not cover the different ways of life and crack use in society. These lifestyles and ways of consumption include users with relationships, that can reduce or regulate crack consumption and that inhabit different territories.

There is a reproduction of labels that construct prejudice and stigma involving crack users represented by journalistic material, associating them with social danger evidence when exposing symbols that convey a suspicion of subjection. It is a way of social control that relates a chemical substance to a social group considered dangerous. Considering this, the poverty, along with State failures, would stimulate the subject's involvement with crack⁽¹³⁾.

Historically, stigma, mark or impression alludes to a negative aspect. As an example, stigmatized people in Greece were related to evil, madness and disease; in Classical Antiquity, the term referred to the existence of slave or criminal. And in the Christian Era it was a medical allusion to a physical disorder. Stigma has a discrediting effect, being used in reference to a deeply depreciative attribute, and these undesirable attributes are not always relevant, but they are stereotypes created for a particular group or individual⁽¹⁴⁾.

Regarding crack users, there is the stigma and stereotype of criminal and dangerous. This social danger, with emphasis on violence, generates a sense of fear in society and contributes to mechanisms of criminality production and potential mobilization towards the masses, attaching it to a "micro-management of petty fears, a permanent molecular insecurity"⁽⁵⁾, turning the attention to what really should be considered, such as social vulnerability and inequalities.

With reports from the interest group of health professionals, reflection can be made about media as an important vehicle for communication and political, cultural and social influence. Therefore, the use of licit drugs, such as alcohol and tobacco, which often mark the beginning of drug use and also produce biopsychosocial and addiction problems, is still little questioned. Thus, media has influence in social imaginary on drug use and on repercussions in care, as well as it is an important device in the prevention strategies and health promotion of the population.

These strategies range between the emphasis on public safety, which reaffirms the "war on drugs," and the emphasis on public health, which focuses on individual and collective harm. Regarding public health, policies reflect a multiple-interest arena, since, while crack use phenomenon is revealed as a social problem, public policies are still focused on drug consumption and abuse, with actions of repression and abstinence. That is, thinking of a public policy focused on social issues, without moral precepts that

classify subjects and their daily practices as good or bad, enforcing stigmas and prejudices is difficult⁽¹²⁾.

These difficulties also appear in media approaches, which are distorted and emphasize the transmission of information followed by fear and moral appeal, using techniques that could be summarized in the persuasion of individuals for abstinence, such as the slogan: "Say no to drugs." There is no concern about the different ways of drug use or about the factors that facilitate drug abuse. The interventions are punctual, in the form of "mantras" summarized in a "training model to resist" the pressures of drug involvement.

In summary, the mass media disseminate "health ideals" and "healthy behaviors," revealing the need to keep individuals within certain groups, portraying a dichotomy between what is considered healthy and what is claimed to be unhealthy, there is no middle ground; that is, one can only be abstinent, or drugged. Therefore, the modalities of treatment and diagnosis are directed to cure, since the use of drugs is still considered to be a pathology. This dichotomy disregards the fact that there are several ways to produce health, and there are no predetermined models that can pass both pleasure and suffering^(1,13).

P1 and P8 speak about the importance to disclose clear, objective information and devoid of right or wrong moral values; information that spread knowledge, so that people can consider their use choice based on "honest knowledge," as well as substantiate their opinions about those who use it. Dialogue between health workers and media professionals is also needed, reflecting on crack user's realities and bringing these experiences of health services to spread honest information. These information instrumentalize professionals, users and social actors.

The "honesty" mentioned in P8 speech shows the importance of expanding the debate on drug use, so it is possible to clarify the effects, the pleasurable sensations, but also the harms of its long-term use, seeking non-radicalism in the debate. Information is one of the ways to clarify and construct this "honest knowledge," since it makes possible to increase the dialogue on the subject. Therefore, it must be unique and coherent, permeating public policies and the media without distortion.

Limitations of the study

As a limitation of this study, stands out the realization of this research from a mental health service, the CAPS AD, since the results cannot be generalized to other services of the intersectoral care network. New studies on this perspective are suggested to be developed, contemplating the perception of social actors of the media on the crack issue.

Contributions to the field of nursing, health or public policy

This study brings contributions to think about how these stigmas and stereotypes produce impacts on the quality of life and care of crack users. The propagation of this negative image of dangerous individual reveals a reductionism of crack as a sociocultural issue; in this way, fields such as Nursing and Public Health must act in the prevention and promotion of health, seeking to problematize this theme and to instrumentalize health professionals, media and social actors.

FINAL CONSIDERATIONS

Media daily reveals a specific profile of the crack user, reaffirming stereotypes, which are, mostly, distorted and generalist, since they exclude the various ways in which life is processed, how the drug is used and how addiction happens. It also portrays the crack user as violent, marginalizing their way of life and classifying it as "unhealthy."

In this way, there are different types of users of this substance, from the one shown by the media, such as the residents of *cracolândia*, until those who have family and employment and make sporadic use of the substance, people who have relapses but can return to their lives normally, so it is impossible to generalize crack users.

A relationship between the image disseminated by the media about the crack user and the public policies, which still links the user to moral, criminal and pathological issues, is noticed. Therefore, actions are still focused on repression and biologicistic models that believe the only form of treatment is abstinence.

Thus, a change of focus directed to the agents of this consumption is suggested, such as inequalities and social vulnerability, thinking about the drug use as a multifactorial and social issue. For that, a process of negotiation and accountability is necessary, problematizing the media's disclosures. The challenge is to build shared, integrated, clear and honest information.

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