



Use of alcohol and other drugs: interfaces with homeless people's vulnerabilities

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Objective: to know the interfaces of the use of alcohol and other drugs in the vulnerabilities of homeless people.



Methodology: a qualitative and exploratory-descriptive study, developed in Santa Catarina, Brazil. Fifteen homeless people participated. Information was collected through interviews and interpreted based on thematic content analysis. **Results:** several vulnerabilities were evidenced in the interviewees' statements, such as use of psychoactive substances and living on the streets. Some participants already used drugs and, especially, alcoholic beverages before living on the streets. They referred to the breaking of family ties and that they feel unsupported. Means to obtain alcohol and other drugs to minimize withdrawal symptoms and craving were mentioned. They spoke about the violence they sometimes face. The difficulty of this population regarding psychosocial rehabilitation was pointed out. **Conclusion:** the study shows that homeless people are exposed to individual, social and programmatic vulnerabilities. This condition is intertwined with the use of alcohol and other drugs, in addition to social issues that permeate this population.

Descriptors: Homeless Persons; Health Vulnerability; Nursing; Substance-Related Disorders; Mental Health.

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Uso de álcool e outras drogas: interfaces com vulnerabilidades de pessoas em situação de rua

Objetivo: conhecer as interfaces do uso de álcool e outras drogas nas vulnerabilidades de pessoas em situação de rua. **Metodologia:** estudo qualitativo, exploratório-descritivo, desenvolvido em Santa Catarina, Brasil. Participaram 15 pessoas em situação de rua. As informações foram coletadas por meio de entrevistas e interpretadas a partir da análise de conteúdo temática. **Resultados:** diversas vulnerabilidades foram evidenciadas nas falas dos entrevistados, como o uso de substâncias psicoativas e estar em situação de rua. Alguns participantes já usavam drogas e, sobretudo bebida alcoólica antes de estar em situação de rua. Referiram o rompimento de laços com a família e que se sentem sem apoio. Foram mencionados os meios para obtenção de álcool e outras drogas para minimização de sintomas de abstinência e fissura. Externaram sobre a violência que por vezes enfrentam. Foi apontada a dificuldade dessa população na reabilitação psicossocial. **Conclusão:** o estudo demonstra que as pessoas em situação de rua estão expostas às vulnerabilidades de âmbito individual, social e programático. Esta condição está imbricada pelo uso de álcool e outras drogas, além de questões sociais que permeiam essa população.

Descritores: Pessoas em Situação de Rua; Vulnerabilidade em Saúde; Enfermagem; Transtornos Relacionados ao Uso de Substâncias; Saúde Mental.

Uso de alcohol y otras drogas: interfaces con las vulnerabilidades de las personas en situación de calle

Objetivo: conocer las interfaces del uso de alcohol y otras drogas en las vulnerabilidades de las personas en situación de calle. **Metodología:** estudio cualitativo, exploratorio-descriptivo, desarrollado en Santa Catarina, Brasil. Participaron quince personas en situación de calle. La información se recopiló a través de entrevistas y la interpretación se llevó a cabo a partir del análisis de contenido temático. **Resultados:** se evidenciaron varias vulnerabilidades en las declaraciones de los entrevistados, como el uso de sustancias psicoactivas y estar en situación de calle. Algunos participantes ya consumían drogas y, sobre todo, bebidas alcohólicas antes de estar en situación de calle. Se refirieron a la ruptura de vínculos con la familia y al hecho de sentirse desamparados. Se mencionaron los medios para obtener alcohol y otras drogas para minimizar los síntomas de abstinencia y la ansiedad. Hablaron de la violencia a la que se enfrentan en ocasiones. Se señaló la dificultad de esta población en la rehabilitación psicossocial. **Conclusión:** el estudio demuestra que las personas en situación de calle están expuestas a vulnerabilidades individuales, sociales y programáticas. Esta condición se entrelaza con el uso de alcohol y otras drogas, advirtiéndose, además los problemas sociales que atraviesan a esta población.

Descriptores: Personas sin Hogar; Vulnerabilidad en Salud; Enfermería; Trastornos Relacionados con Sustancias; Salud Mental.

Introduction

The notion of vulnerability has been adopted in Brazil by the Ministry of Health since 2006 as an intervention object of the National Health Promotion Policy (*Política Nacional de Promoção de Saúde*, PNPS), promoting changes in the way of defining, identifying, intervening and prioritizing the population to be served, generating effects in the practices of workers and users of Public Health services in the country⁽¹⁾.

The term vulnerability⁽²⁾ designates the circumstances of the individual's exposure to illness, classified as follows: individual vulnerability, which is correlated to the degree and quality of information that the individual has regarding a given health problem, as well as to the possibility of using the information to protect themselves; social vulnerability, related to access to the communication means, availability of material resources and political factors; and programmatic vulnerability, related to the actions of programs aimed at prevention and care, which may be regional, local and national policies that must be made available in an effective and democratic way. It is important to state that these three aspects complement and interrelate with each other because human processes are dynamic and complex.

Therefore, being vulnerable is a condition inherent to every living being, as biological life is subjected to a constant risk of destruction. Human beings are not only threatened by biological attributes, but also by the social construction of human life at the existential level⁽³⁾. Thus, it is important to (re)know the aspects that strengthen and weaken human existence, so that ways of coping with vulnerabilities are developed individually and socially in - and by - the collective.

It is noteworthy that situations of vulnerability can be seen as a parameter for the interpretation of several health problems; especially when it comes to homeless populations, as they are individuals in a condition of extreme poverty and social exclusion with progressive loss of quality of life, for which fundamental rights have been denied. These people suffer restricted access to health and education, are subjected to precarious survival conditions and are exposed to different types of violence. Thus, as a consequence, people living on the streets suffer loss of self-esteem; and the longer they stay in this situation, they tend to remain static in relation to the search for improved quality of life, developing mental and other disorders related to the use of psychoactive substances⁽⁴⁾.

Variables such as sleeping poorly, feeling nervous, being tense and worried, having feelings of sadness, being unable to play a useful role in their life and suffering psychological distress are common factors in the lives of the people living on the streets and need to be considered for the promotion of health and quality of life⁽⁵⁾.

A systematic review and meta-analysis conducted on databases including PubMed, Scopus and Web of Science from studies published until February 2020 identified relevant papers that reported data on the prevalence of depressive symptoms and dysthymia in almost half of the homeless people⁽⁶⁾.

In recent decades, the homeless population began to receive greater political attention due to the increase in its contingent and to the presence of alcohol and other drugs abuse, especially use and abuse of crack. The Ministry of Health has reinforced the Policy on Care for Users of Alcohol and Other Drugs⁽⁷⁾, with a view to articulating actions developed by the three governmental spheres to promote health care for people with excessive use of alcohol and/or other drugs, organizing and implementing a strategic network of extra-hospital care services. In this context, the vulnerability to which homeless people are exposed was taken into account, aggravated by the use of psychoactive substances, as well as by the difficulties adhering to the traditional models of the health network services⁽⁸⁾.

Thus, the objective of this study is to know the interfaces of the use of alcohol and other drugs in the individual, social and programmatic vulnerabilities of homeless people.

Methodology

This is a qualitative and exploratory-descriptive research study, carried out in western Santa Catarina, Brazil. The participants were 15 homeless individuals. This number of participants was defined after the research team verified saturation of the data/information collected. The inclusion criteria were as follows: being over 18 years old and living on the streets for more than three months. The exclusion criteria were the following: individuals with verbal communication difficulties or who felt unable and/or constrained to answer the interview, being under the influence of some psychoactive substance.

Data collection took place in the second semester of 2019, through semi-structured interviews with open questions - elaborated by the researchers - about their daily life on the streets, the problems faced, the feelings experienced and their means of support. The interviews were carried out in a natural environment, that is, on the streets, and recorded with a digital recorder. The participants were approached with an introduction by the research team (Nursing professors and undergraduate students) and, subsequently, the study objectives and purpose were presented.

Among the difficulties during data collection, comments were made regarding the time needed to interview the fifteen homeless individuals, as they did not have specific places to be, which made it difficult for them to be found, considering that they went out

looking for recyclable materials for sale or stood at traffic lights like beggars during the day. In addition to that, when several people were found, they were not able to answer the questions, presented difficulties in verbal communication due to the prolonged effect of using psychoactive substances or because they were still under the effect of some substance, and were therefore excluded from the possibility of taking part in the study. The importance of their collaboration in the research was explained to those who participated, as they would be helping to understand important aspects in the public health area.

The information was interpreted following content analysis⁽⁹⁾, consisting of the following stages: pre-analysis, exploration of the material and treatment and interpretation of the results obtained. The pre-analysis consisted of choosing the documents to be analyzed and resuming the initial research objectives. Readings and re-readings were conducted for all the material collected from the interviews with the participants and the initial organization of the reports, aiming at having an overview of their testimonies and at perceiving the particularities. Exploration of the material allowed apprehending the relevance between each of the participants' statements, classifying the central ideas and organizing them into categories: Use of alcohol and illicit drugs by individuals living on the streets: daily experiences and confrontations; and Individual, social and programmatic vulnerabilities of homeless people. In the third and last stage, an interpretive synthesis of the category was elaborated, allowing for dialog between the themes, the objective and the theoretical foundation. The data analysis stage was carried out exclusively by professors with PhDs, with previous experience in the qualitative approach.

The research was carried out by signing the Informed Consent Form and was approved by the Research Ethics Committee of UDESC under opinion number 2,418,590/2017 and CAAE 79512517.9.0000.0118.

Results

Fourteen men and one woman, aged from 24 to 58 years old, took part in the study. The time the participants had been living on the streets varied from five months to 17 years. In relation to schooling, one interviewee was illiterate, eight mentioned three to eight years of study (from third grade to eighth grade of Elementary School), and four stated that they had complete high school, incomplete high school and technical education. The professions of carpenter, bricklayer, metal worker, packer, garbage collector, watchman, electrician and baker prevailed. Subsequently, the categories organized from the participants' statements will be presented.

Use of alcohol and illicit drugs by individuals living on the streets: daily experiences and confrontations

In the reports by the homeless people, it was found that use of alcohol and illicit drugs is present in their daily lives. Some report that they already used drugs and, especially, alcoholic beverages before they started living on the streets. They show that continuous and assiduous use of these substances harms them, as they trigger disagreements in the family environment and end up losing the family, a fact that definitely contributes to their going to live on the streets. This reality favors and intensifies more frequent consumption of alcohol and other drugs and it consequently worsens dependence.

I came to live on the streets because of my family and alcohol, cigarettes, I already smoke weed. [...] because drunkards fall asleep quickly. When I woke up my wife was gone. It's also a little because of this that I'm on the streets. [...] I drink to sleep or I don't sleep well at night, thinking about my daughter. (E3); They don't want me to drink [referring to the family members], that's why I left there. [...] I felt like having a drink and came here. A good thing of living on the streets, do you know what it is? Can't be without taking a sip! (E14).

They reinforce at all times that they need alcohol to be able to sleep and they show solidarity with each other when sharing alcoholic beverages, illicit drugs and cigarettes.

It takes at least some 13 liters of cachaça. [...] for me to sleep well I have to drink cachaça. Suddenly I smoke a joint, then I run out to find food. (E4); A liter of cachaça for each of us to be drinking a glass, it's all shared, or no one stays on the wheel, cigarettes too, I don't smoke, but one of us buys a cigarette and lets the "pinga" run for free. (E9); We really get money to drink cachaça, because we're addicted to it. [...] I've been drinking cachaça since I was 12. [...], my father drank it, I started drinking, drinking, drinking. And before I realized it, I was addicted. (E11); It's the reality, I can't work without drinking. I have several family members who died due to alcoholism. (E8).

Withdrawal syndrome and craving occur when they have no alcohol or other drugs in their bodies. To meet such shortage, they seek to collect and sell beer and soda cans and/or asking for alms at traffic lights. An informant explained that, if necessary, he steals to get the illicit drug.

I look for cans, but I pick them up for drinking cachaça, it's no use saying no. (E3); We know each and every alley. It's in the alleys that they sell. [...] I've been drinking alcohol for 3 years now. I start to shake, I get up and say to my friends on the streets, let's go to the traffic light and ask for some coins so we can take another, because it's lacking, I'm shaking too much, and when I drink alcohol, it stops. (E4); I'll ask for money, I'll steal to get the drug. I'm having an outbreak, I already think that everyone's following me, everyone's looking at me, because when I use drugs too much, I move my head. (E6).

In the statements, it can be noticed that the users experience situations of violence on the streets. In

particular, there are speeches about facing dangers, mainly when they are sleeping, exposed to attempted robberies and other aggressions.

Every now and then it happens [...], in fact, depending on where we sleep, if you're sleeping at the bus station, you're still safe because there are those people from the municipal guard. But when you're on the streets, you have to sleep with one eye shut and the other open because there's always some guy that comes to steal from you, [...] because there are some scoundrels that smoke crack, when they're on a trance, they don't ask for a license. They already come with a knife, they take the things. (E11).

Faith in God helps to withstand hardships. Churches and Christian communities promote collection and distribution of clothes, and they also provide meals, spiritual support and life hopes, constituting their spiritual and social support networks.

I got this blanket. That's why I trust in God, yesterday there was an evangelical guy who came and brought me this blanket. (E15); If it's difficult with God then imagine without Him. I go to the Catholic Church and from time to time to the Universal Church. (E5); They give us the mattress, here in the church, the pastor. (E4).

God is understood as a source of strength to overcome problems by these people. They show that God exerts a positive influence on their lives.

Individual, social and programmatic vulnerabilities of homeless people

Based on the interviewees' testimonies, individual, social and programmatic vulnerabilities in the life contexts of homeless people were identified. Individual and social vulnerabilities are interlinked and imprinted in the conditions of extreme poverty, precarious family ties, unemployment, social exclusion and, consequently, in the lack of access to material and social goods,

As their life trajectories are marked by precarious political, social and economic conditions, certain oppressed sociability was identified. These aspects are associated with alienations, inabilities and misinformation that characterize individual vulnerabilities. Moreover, this condition impacts on social vulnerability since, for not knowing their rights, they do not interfere in the social policies and segments and do not seek solutions to the obstacles they face in their living processes.

Social vulnerabilities operate in this set of factors, considering the scarce financial resources and the difficulties accessing work, housing and education opportunities. In addition, many of these individuals broke with their family relationships, lost contacts and feel unsupported, abandoned, despised, hurt and depressed. They want to see their family members again, but state that they no longer see themselves in the family context and, in order to withstand and forget about this distance, they indulge in the use of alcohol to neglect their living

conditions and be able to sleep. Some conceal their true state from their families.

When you're on the streets, after your mother threw you out of the house and hurt your heart, you have nowhere else to go, so you only think about drinking, your life is over, you died, no one will worry about you anymore. [...] I left my wife, I miss my family, but they despised me, so for me to sleep well I have to drink cachaça. [...] I wanted to see my wife and mother, but how am I going to get out of this situation, from this booze that I have been drinking. (E4); I only have my mother who lives here. I didn't hit it off with my stepfather. So she chose to stay with him, that's why I've been here for about 8 months. [...] I paid rent, I worked, paid rent and lived alone after I separated from my wife. In fact, I actually lost her to my own brother. [...] The guy goes into depression. Not having your family, they have their own corner and the guy doesn't. (E11).

The programmatic vulnerabilities appear in the weaknesses of the public policies because they do not ensure, in an effective way, the exercise of citizenship rights, education, health, work and social assistance actions targeted at homeless people. In the health context, in the statements it can be seen that some resort to treatments at the Psychosocial Care Center (*Centro de Atenção Psicossocial*, CAPS), the hospital or a therapeutic community, although with relapses. In the testimonies, it was noticed that these unsuccessful treatment experiences make them disbelieve and give up on an effective recovery, leading them to choose the path back to the world of alcohol and other drugs, as they feel weakened and imprisoned in their life realities.

There [referring to a Therapeutic Community] they gave Diazepam to sleep, but I didn't need that kind of thing. (E1); I was talking to you about undergoing some treatment, these drugs that we use, cachaça is a drug, cigarettes are a drug too. [...] I've already been admitted to the CAPS. (E3); [...] every two weeks I'm in the hospital, because of the hemorrhage. [...] every treatment that you do, relapse is worse, I used to take one bottle, and then I'll be drinking three. (E8); I got there for six months [referring to a period in a Therapeutic Community] without putting a single drop of alcohol to my mouth. (E9).

The reports show weaknesses in the treatments, especially in maintaining them and preventing relapses. It is noticed that psychological ailments coexist, related to depression and changes in sense-perception, behavior and personality.

I don't go, do you want to know why? That is just nonsense! There are a lot of people here, you can see madam, they were hospitalized and are in the same destination. [...] And I won't go, if I'm going to cure myself I'll stop right away and stop, but I really stop! (E12); The treatment for me would also be difficult, I won't stay, I won't be able to undergo treatment, knowing that I need to drink. (E4).

On the other hand, treatment is understood as a way out for, perhaps one day, getting out the streets,

seeing their children again and being able to prove to other people that they can be something in life.

I've never had any treatment [...] but if we could do it, we'd do it, because I want to get out of this, I want to get out of this world of cigarettes, drinking, and be fine, for me perhaps one day I'll get there and see my daughter again. (E4); I just want to get out of this life. How am I going to stay in this life here? With 50 something years with this burden, will I stay in this life there? No! I'm going to show to a lot of people that I can be something in life. (E1)

Discussion

This study with homeless people made it possible to identify the complexity of their daily lives due to the extreme poverty and dehumanization condition. According to their testimonies, the main reason that leads them to living on the streets is alcohol. According to the interviewees, as it is a legal drug, it can be consumed on public roads, has free trade and is low-cost. However, with a closer analysis, it is found that there are social and programmatic vulnerabilities in contexts – both past and present – that make them individually vulnerable.

Alcohol, followed by crack, is a commonly used drug in the context of homeless people. Those who adhere to alcohol are generally the oldest, while those who prefer crack are the youngest. To pay for alcohol, they usually adopt legal practices; however, to pay for illicit drugs, it is possible for them to incur in illegal practices. The social representation of alcohol seems to be associated with joy and pleasure. The social representation of crack includes components such as sadness, aversion and distress⁽¹⁰⁾.

Alcohol is not seen as a drug by society, as there is a conception that substances are only drugs if they are illicit, and that only illicit drugs cause harms to health. Both alcohol and illicit drugs are common substances to be consumed by people on the streets, because these individuals suffer injustice and discrimination and find in these substances a way of belonging to a group and being recognized in it⁽¹¹⁾. In addition to that, they are an alternative to resist adverse social conditions, survive and minimize physical and mental distress⁽¹²⁾.

As it is a legal substance, alcohol can be easily consumed on public roads without causing embarrassment or social discrimination. Some informants commented that, when they drink alcoholic beverages, they try to buy the lowest-cost options commonly found in most markets, a scenario that facilitates access and consumption. In the context of homeless people, it is common to use alcohol in a shared way, which contributes to a process of creating bonds between them, reliability and sociability of those who are part of this group⁽¹³⁾.

Family problems and broken ties with the family are some of the main factors that lead homeless people to using alcohol and other drugs. For some authors⁽¹⁴⁾, using

such substances may be the only way to replace the role of family relationships, such as affection. Both are presented as a tool to mediate distress, bringing about sensations of relief and forgetfulness about what they experienced in the past in their family and affective relationships.

Drinking alcoholic beverages helps relax and sleep, without worrying about the violence and abuse imposed by the streets. It is noted that homeless people drink alcohol and use drugs to sleep, denoting a feeling of insecurity and fear of facing possible physical aggressions and risks of death.

These issues have as a background the individual and social vulnerabilities imprinted in their lives, as they suffer lack of access to material and social goods due to the condition of poverty in which they are. In addition to that, these individuals are compared to criminals and outlaws, considered dangerous, a condition that reinforces the use of psychoactive substances⁽¹¹⁾. Some end up embodying the social role of a thief to get what they want, with the justification that money comes faster and easier by stealing it⁽¹⁴⁾.

It is noteworthy that the situations of individual and social vulnerabilities in which they are exert an impact on the maintenance of their lives, considering that the basic life needs and human rights -which should be guaranteed by the State- are neglected, considering that they survive in sub-human conditions and coexist with constant risks and unpredictability in life.

Although there are universal human rights policies, gaps are identified in relation to the homeless population, with a deficit in the welcoming of these people in different social segments, including the health services. In the specific area of health, a number of scholars warn about the need for greater articulation between the health services and professionals, highlighting the nurse as a professional who is prepared to better manage the health care process for the homeless population⁽¹⁵⁾. The success of an intervention for the reduction in drug use is related to the degree of abstinence, being fundamental that the professional guides the individual regarding the long way to go⁽¹⁶⁾.

Some homeless people in this study have already sought treatments for the dependence on alcohol and other drugs; however, they do not consider them resolute, as they relapse and return to drinking alcohol and using illicit drugs, some of them even doubling their use of these substances. Even so, they hope that they will be able to undergo treatment and get out the streets some day. The places they look for are mainly the CAPS, therapeutic communities and hospital institutions.

This reality denotes the weaknesses in the investments in solid policies with intersectoral and interprofessional actions to develop projects guided by human rights and by the integrality of the homeless

population. In the specific issue of alcohol and other drugs, the paradigm of Harms Reduction (HR) indicated by the Ministry of Health's Policy for the Comprehensive Care of Users of Alcohol and Other Drugs⁽⁷⁾ is central to rethinking and elaborating treatment strategies for the dependence on alcohol and other drugs, through a joint construction. However, what has been noticed is that traditional guidelines, grounded on models based on morality and disease, coexist with guidelines that are specific to the Harms Reduction model, featuring a mosaic of conceptions, values and practices, not always consistent with each other⁽¹⁷⁾.

It is necessary for society to be at the side of those who are in situations of vulnerability, who are suffering some type of social oppression and exclusion, as is the case of homeless people, and realize what these oppressions suffered by these subjects are, in order to react in a joint and democratic way⁽¹⁸⁾.

In this context, the importance of Primary Health Care (PHC) is highlighted, as it acts as a gateway to care for the population, in addition to managing referrals, coordinating and integrating the work carried out by other care levels, other sectors of the intersectoral network, and longitudinally monitoring users' health. PHC should provide a scenario of possibilities for better encounters and welcoming, allowing for a strategic perspective at the introduction of mental health care and actions and, thus, create a powerful field for a new way of thinking/doing health in the SUS that overcomes the asylum setting⁽¹⁹⁾. Knowing that PHC is a potential mental health care field for the homeless population, it is perceived that, as active participants in this service, nurses must be prepared to care for this population, ensuring assistance and helping to reduce harms, promoting health and fostering their dignity. These actions can be developed by street offices, a fundamental care strategy for homeless people in Primary Health Care.

Also from the perspective of the Psychosocial Care Network, another important service is the CAPSad, aimed at contributing to HR in users of alcohol and other drugs. There is a need for the professional health team to play a welcoming role so that there is greater acceptance by the users in the treatment process. It is fundamental that the workers establish good bonds with the users, in order to actively include them in the process of caring for their health, so that they acquire autonomy in the treatment⁽²⁰⁾.

The foundations and principles of the Unified Health System (*Sistema Único de Saúde*, SUS), care and assistance, should permeate the entire society in an equal way. However, given that there are weaknesses in the care of homeless people, there is a tendency to think that it does not happen as it should, in view of the programmatic vulnerability that they suffer, due to political changes and democratic ways of contemplating each person's rights.

It should be noted that the way of living on the streets differs from one individual to another, as each person has their own singularities. Therefore, there can be different individual vulnerabilities; those related to the social relationships, regarding the exposure to risks that cause harms to health, mainly those related to violence⁽²¹⁾.

It is noteworthy that it is the health professionals' role to intervene with homeless people, aiming to help them face the adverse circumstances in which they are. It is useless to talk about vulnerabilities without looking at the intervention axis and adapting to other health work methods. This intervention is characterized by technical-scientific wisdom, which is produced together with people's practical knowledge, as this same scientific knowledge often becomes almost naive when applied to reality⁽¹⁸⁾.

Lack of relationships with other individuals who are not in this environment is perceived by people on the streets; sadness becomes evident as a very present feeling among these people, as there is not always someone to talk to and vent about their difficulties. According to some researchers⁽²²⁾, use of alcohol and other drugs can exert an effect on affective relationships, which leads these people to isolating themselves even more, sometimes triggering suicidal thoughts. In this study, even in the situation they were in, facing physical and emotional challenges, none of the respondents stated having suicidal ideation.

A major impact of religiousness on this homeless population is also noticed, as well as the role of the Church in this environment, as it helps this population group with clothes and food, in addition to the fact that religiousness is a factor that gives hope and strength to move forward.

Within the limitations of this study, the difficulty communicating with this population group was perceived, as several interviews could not be carried out due to the individuals being under the influence of alcohol and other drugs. On the other hand, the study corroborated the knowledge produced, contributing important elements to the understanding and analysis of the vulnerabilities of people living on the streets, especially regarding use of alcohol and other illegal drugs.

Conclusion

It is noteworthy that the vulnerabilities of people living on the streets involve individual, social and programmatic dimensions. The main individual vulnerabilities highlighted by the interviewees are linked to misinformation and to their inability to change their life processes due to not knowing their rights and to the fact that social interventions are not promoted in their favor, especially in health aspects, considering that they use alcohol and other drugs in an exacerbated manner. However, it is perceived that, when living on the streets, this group suffers social distancing due to barriers in accessing the labor market, health services and other

segments of society, ratifying their social vulnerabilities. People who live on the streets relate almost exclusively to other individuals in this context, who make them experience the same vulnerabilities, such as prejudice and use of psychoactive substances.

In relation to the programmatic vulnerabilities, it was observed that, although there are mental health treatment services and programs that may help these people, there is a perceived deficit in the operational aspect, as not all homeless individuals seek these devices to find help and to get out of this situation, in addition to the care network not going to the streets for consultations and applying support measures, as in large cities, where there are street offices as a care strategy for Primary Health Care. As an integral component of the health team, nurses must create bonds with these people to help them initiate their treatment since, when homeless people are considered, dependence on alcohol and other drugs is perceived, which makes the therapeutic process even more difficult.

It was verified that most of the interviewees had already attended the Psychosocial Care Network (*Rede de Atenção Psicossocial*, RAPS) and sought treatment. However, when they returned to the homeless situation, they had relapses, which shows the importance of the need for continuous monitoring so that they do not return to this situation.

Nurses must learn the vulnerabilities of these homeless people through qualified listening and, together with the health team, create greater involvement with this population group. Actions such as guidelines on the health and disease process and the risks of alcohol and other drug abuse are necessary, as well as providing information about their rights to this collective.

Finally, studies with this population group are suggested with a view to allowing for greater social visibility, assisting in the elaboration of interventions to reduce harms and improve quality of life.

References

1. Mota ST, Vicentin MCG. Visibility, stigmatization and territorialization: perceptions about vulnerability in primary health care. *Distúrb Comum*. 2017;29(1):158-71. <https://doi.org/10.23925/2176-2724.2017v29i1p158-171>
2. Ayres JR, Calazans GJH, Saletti HC Filho, França-Júnior I. Risco, vulnerabilidade e práticas de prevenção e promoção da saúde. In: Campos GWSC, Bonfim JRA, Minayo MCS, Akerman M, Drumond M Júnior, Carvalho YM, organizators. *Tratado de Saúde Coletiva*. São Paulo: Hucitec; 2017. p. 375-417.
3. Silva MF. Informed consent: a strategy to mitigate vulnerability in hospital care. *Rev Bioét*. 2017;25(1):30-8. <https://doi.org/10.1590/1983-80422017251163>
4. Silva RP, Leão VAS, Santos ESV, Costa GN, Santos RV, Carvalho VT, et al. Assistência de enfermagem a pessoas em situação de rua. *Rev Recien* [Internet]. 2017 [cited 2021 June 26];20(7):31-9. Available from: <https://www.recien.com.br/index.php/Recien/article/view/133>
5. Patrício ACFA, Silva RAR, Araújo RF, Silva RF, Nascimento GTS, Rodrigues TDB, et al. Common mental disorders and resilience in homeless persons. *Rev Bras Enferm*. 2019;72(6). <https://doi.org/10.1590/0034-7167-2018-0541>
6. Ayano G, Belete A, Duko B, Tsegay L, Dachew BA. Systematic review and meta-analysis of the prevalence of depressive symptoms, dysthymia and major depressive disorders among homeless people. *BMJ Open*. 2021;11:e040061. <https://doi.org/10.1136/bmjopen-2020-040061>
7. Ministério da Saúde (BR). A Política do Ministério da Saúde para Atenção Integral a Usuários de Álcool e outras Drogas [Internet]. Brasília: Ministério da Saúde; 2003 [cited 2021 June 26]. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/pns_alcool_drogas.pdf
8. Ministério da Saúde (BR). Portaria GM/MS nº1.190/2009. Institui o Plano Emergencial de Ampliação do Acesso ao Tratamento e Prevenção em Álcool e outras Drogas no Sistema Único de Saúde – PEAD 2009-2010 – e define suas diretrizes gerais, ações e metas. Brasília: Diário Oficial da União, 4 jun 2009 [cited 2021 June 26];(seção 1):128. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2009/prt1190_04_06_2009.html
9. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14. ed. São Paulo: Hucitec; 2014. 407 p.
10. Spadoni L, Machado CP Júnior, Barroso LHM, Boni AL, Faria MRGV, Souza SMB. Perfil de drogadição e práticas sociais entre moradores de rua. *Psicol Saber Social*. 2017;6(1):113-28. <https://doi.org/10.12957/psi.saber.soc.2017.30670>
11. Rodrigues JS, Lima AF, Holanda RB. Identity, drugs and mental health: narratives of people living on streets. *Psicol Ciênc Prof*. 2018;38(3):424-36. <https://doi.org/10.1590/1982-37030004912017>
12. Sicari AA, Zanella AV. Homeless People in Brazil: A Systematic Review. *Psicol Ciênc Prof*. 2018;38(4):662-79. <https://doi.org/10.1590/1982-3703003292017>
13. Medeiros RP. Between the wanderings and the crossings in the streets of the city: territories and drug use by homeless people. *Civitas Rev Ciênc Soc*. 2019;19(1):142-58. <https://doi.org/10.15448/1984-7289.2019.1.30759>
14. Moura JF Junior, Ximenes VM. O lugar o uso de drogas na identidade de uma pessoa em situação de rua. *Gerais Rev Interinst Psicol* [Internet]. 2016 [cited 2021 June 26];9(2):259-76. Available from: <http://pepsic.bvsalud.org/pdf/gerais/v9n2/v9n2a08.pdf>
15. Koopmans FF, Daher DV, Acioli S, Sabóia M, Ribeiro CRB, Silva CSSL. Living on the streets: an integrative review about the care for homeless people.

- Rev Bras Enferm. 2018;72(1):211-20. <https://doi.org/10.1590/0034-7167-2017-0653>
16. Abal YS, Gugelmin SA. A redução de danos nas cenas abertas de uso de crack e outras drogas ilegalizadas: a perspectiva dos trabalhadores da saúde. Em Sociedade. 2018;1(1):24-43. <https://doi.org/10.5752/P.2595-7716.2018v1n1p24-43>
 17. Batista CB, Vasconcelos MPN, Dalla Vecchia M, Queiroz IS. Permanent education on harm reduction: the experience of psychosocial care course in alcohol and other drugs. Interface (Botucatu). 2019;23:e180071. <https://doi.org/10.1590/Interface.180071>
 18. Castellanos M, Baptista T, Ayres JR. Entrevista com José Ricardo Ayres. Saúde Soc. 2018;27(1):51-60. <https://doi.org/10.1590/S0104-12902018000002>
 19. Oliveira EC, Medeiros AT, Trajano FMP, Chaves G Neto, Almeida SA, Almeida LR. Mental health care in the territory: conceptions of primary health care professionals. Esc Anna Nery Rev Enferm. 2017;21(3):e20160040. <https://doi.org/10.1590/2177-9465-EAN-2017-0040>
 20. Wandekoken KD, Araujo MD, Borge LH. Desafios na produção do cuidado em um Centro de Atenção Psicossocial Álcool e Drogas. Rev Gest Saúde. 2019;10(Spec No):37-53. <https://doi.org/10.26512/gsv0i0.23318>
 21. Winkelmann MC, Lopes PR, Heidemann ITSB, Fernandes GCM, Dalmolin IS. Percepção das pessoas em situação de rua sobre os determinantes sociais da saúde. Rev Enferm UFSM. 2018;8(1):88-101. <https://doi.org/10.5902/2179769227259>
 22. Castro RAS, Padilha EB, Dias CM, Botti NCL. Vulnerabilities of the homeless population to suicide behavior. Rev Enferm UFPE Online [Internet]. 2019 [cited 2021 June 26];13(2):431-7. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/237023/31352>

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