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Homeless population and drug use in Brazil: scoping review*

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Objective: to analyze the scientific production on the profile of the homeless population that uses alcohol and other drugs published from 2009. **Methodology:** this is a scoping review conducted on articles published in the MEDLINE/PubMed, LILACS, Nursing Database (BDENF), and, Scientific Electronic Library Online (SciELO) databases. Gray literature was selected via Google Scholar and the search for unpublished studies and materials occurred via access to the repository of the Brazilian Digital Library of Theses and Dissertations (BDTD) and the Catalogue of Theses & Dissertations, linked to the Coordination for the Improvement of Higher Level Personnel (Capes) and in the Google Scholar search engine. We included complete studies, available online, published from 2009, in Portuguese, English, and Spanish. **Results:** seven articles were selected and included for data extraction. The analysis of the productions showed the literature produced in the Southeast and South regions of Brazil, besides the growth in the number of publications from 2015. The homeless population mostly comprises men, the predominant color/race brown, and with incomplete primary education. Staying on the street is often motivated by family conflicts and substance use, the most used alcohol, tobacco, and crack. **Conclusion:** the study allowed the identification of important characteristics for constructing the profile of the homeless population with mental health problems arising from alcohol and other drugs. Although it is perceptible progress in the Brazilian technical-scientific production on the subject, it highlights the lack of studies directed to the Midwest and North regions of the country.

Descriptors: Homeless; Substance Use Disorders; Mental Health; Review Literature as Topic.

População em situação de rua e o uso de drogas no Brasil: revisão de escopo

Objetivo: analisar a produção científica sobre o perfil da população em situação de rua que faz uso de álcool e outras drogas publicada a partir de 2009. **Metodologia:** trata-se de uma revisão de escopo realizada em artigos publicados nas bases de dados MEDLINE/PubMed, LILACS, Base de Dados de Enfermagem (BDENF) e *Scientific Electronic Library Online* (SciELO). A literatura cinzenta foi selecionada via *Google* Acadêmico e a pesquisa de estudos e materiais não publicados ocorreu via acesso ao repositório da Biblioteca Digital Brasileira de Teses e Dissertações (BDTD) e ao Catálogo de Teses & Dissertações, vinculado à Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES) e no buscador *Google* Acadêmico. Foram incluídos os estudos completos, disponíveis *online*, publicados a partir de 2009, nos idiomas português, inglês e espanhol. **Resultados:** sete artigos foram selecionados e incluídos para extração de dados. A análise das produções evidenciou a produção bibliográfica nas regiões sudeste e sul do Brasil, além do crescimento no número de publicações a partir de 2015. A população em situação de rua é majoritariamente formada por homens, sendo a cor/raça predominante parda e com estudos de nível de Ensino Fundamental incompleto. A permanência na rua frequentemente é motivada por conflitos familiares e o uso de substâncias, sendo as mais utilizadas o álcool, o tabaco e o *crack*. **Conclusão:** o estudo possibilitou a identificação de características importantes para a construção do perfil da população em situação de rua com os problemas de saúde mental decorrentes do uso de álcool e outras drogas. Embora seja perceptível o avanço na produção técnica-científica brasileira sobre o tema, destaca-se a carência de estudos dirigidos nas regiões Centro-Oeste e Norte do país.

Descritores: Pessoas em Situação de Rua; Transtornos Relacionados ao Uso de Substâncias; Saúde Mental; Revisão do Estado da Arte.

Personas sin hogar y uso de drogas en Brasil: revisión del alcance

Objetivo: analizar la producción científica sobre el perfil de la población en situación de calle que consume alcohol y otras drogas publicada a partir de 2009. **Metodología:** se trata de una revisión de alcance realizada sobre artículos publicados en las bases de datos MEDLINE/*PubMed*, LILACS, Base de Datos de Enfermería (BDENF) y Biblioteca Científica Electrónica en Línea (SciELO). La literatura gris fue seleccionada a través de *Google Scholar* y la búsqueda de estudios y materiales inéditos ocurrió a través del acceso al repositorio de la Biblioteca Digital Brasileña de Tesis y Disertaciones (BDTD) y al Catálogo de Tesis y Disertaciones. Se incluyeron estudios completos, disponibles en línea, publicados a partir de 2009, en portugués, inglés y español. **Resultados:** siete artículos fueron seleccionados e incluidos para la extracción de datos. El análisis mostró la producción bibliográfica en las regiones sureste y sur de Brasil, además del crecimiento en el número de publicaciones a partir de 2015. La población sin hogar está compuesta mayoritariamente por hombres de grandes centros urbanos, morenos/negros, solteros, desempleados, con bajo nivel educativo y acceso restringido a apoyos sociales y de salud. El perfil de uso de sustancias sugiere una prevalencia de consumo de alcohol, tabaco y *crack*. **Conclusión:** el estudio permitió identificar características importantes para la construcción del perfil de la población en situación de calle consumidora de alcohol y otras drogas, sin embargo, faltan estudios en las regiones Centro y Norte del país, así como encuestas a nivel nacional que aborden el uso de sustancias psicoactivas por parte de esta población.

Descriptores: Personas Sin Hogar; Trastornos Relacionados Con Sustancias; Salud Mental; Literatura de Revisión como Assunto.

Introduction

According to Decree No. 7. 053, of December 23, 2009, establishing the National Policy for the Homeless Population (PNPSR), it is understood as the homeless population, a "heterogeneous population group that has in common extreme poverty, interrupted or weakened family ties and the lack of regular conventional housing, and that uses the public streets and degraded areas as living space and sustenance, temporarily or permanently, as well as hostels for a temporary overnight stay or as temporary housing"[1].

Homelessness is known to be associated with health, social, and legal vulnerabilities, exacerbated especially by the use of Psychoactive Substances (SPAs)[2]. One of the main functions attributed to the use of substances on the streets is to help socialize with other people and minimize hunger and cold[3]. Being on the streets, associated with substance use, increases the difficulty of access to basic services, common to the rest of the population, such as education, health, work, housing, leisure, safety, and others[4-7].

Brazil does not systematically carry out an official count of the homeless population; consequently, the estimates depend on secondary data from the municipalities. A technical note released by the Institute for Applied Economic Research (IPEA) in June 2020 presented data for the period from September 2012 to March 2020, where there was an expressive increase of 140% in the homeless population. The growth was observed in all municipalities and suggested that the economic crisis, increased poverty, and unemployment are the explanatory factors for the phenomenon[8].

In 2019, the first "Censo Pop Rua" was published, whose goal was to detail the homeless population in Brazil, it contributed to the formulation of specific strategies and policies, closer to the reality experienced by the group. The survey covered 71 Brazilian cities, including 23 capitals and 48 cities with more than 300 thousand inhabitants. Of the 31,922 participating homeless adults, specifically about the use of alcohol and other drugs, 36% reported being on the streets for the use of alcohol or other drugs, being this the only data surveyed[9].

Although it is possible to find other surveys conducted in Brazil to characterize the street population, the theme use of alcohol and other drugs is not addressed in detail, which represents a gap in the field.

A systematic review conducted in 2019 analyzed the primary studies that addressed social determinants, poverty, stigma, race, and vulnerability, among the drug-using street population worldwide. A higher concentration of studies was observed in the United States (US) and Latin American countries. While the USA prioritizes large samples, whose focus is on risk analysis and quantification of categories, the studies of Latin origin seek to contextualize the conditions of inequality and poverty, using participatory methodologies with an analysis focused on issues of vulnerability[10].

The information collected through primary sources or secondary data from health information systems is fundamental, but insufficient to meet the health needs of the population. For this reason, it is extremely important to systematize national surveys that aim to know the health profile and the distribution of risk factors in a population, as well as to enable the evaluation of public policies implemented and the comparison of performance among services, social and institutional organizations[11].

When considering that the PNPSR identifies as one of the major difficulties in organizing the care of this population, its heterogeneity, mapping how the studies sought to know the profile or profiles of this public in Brazil, is expected to be one of the key elements for the development of good research and care practices for the homeless population with mental health problems arising from the use of alcohol and other drugs in Brazil[6].

In this sense, this review aims to analyze the scientific production published in 2009 on the profile of homeless people who use alcohol and other drugs. It seeks to identify how the studies are being conducted to characterize this group in Brazil and what are the characteristics of this population.

Methodology

This is a scoping review, a method that has as one of its objectives, besides exploring with the breadth of extension and scope the findings available in the literature, the possibility of identifying the key characteristics or factors related to a concept[12]. The review process followed the following steps proposed by the Joana Briggs Institute (JBI): (I) establishment of the research question; (II) identification of relevant studies; (III) selection and inclusion of studies; (IV) data organization; (V) collection, synthesis and reporting of results[12-14].

A previous search for records in databases where protocols and systematic or scope reviews are published was performed: International Prospective Register of Systematic Reviews (PROSPERO), Open Science Framework (OSF), Medical Literature Analysis and Retrieval System Online (MEDLINE/PubMed via National Library of Medicine), Cochrane Library, JBI, and no reviews (current or ongoing) on the topic were identified.

Inclusion criteria

The guiding question of the research and the main elements of the search were elaborated from the mnemonic Population, Concept, and Context (PCC), according to the method proposed by the JBI for scope reviews[12].

Thus, it was considered the population (P), the homeless people. For this study we considered: i) people

who stay on the streets, which have as characteristic, the situation of recent unemployment, insecurity in staying overnight on the street, maintaining ties with family members and prospects of leaving the street situation; ii) people who are on the streets, who have no fear of being on the streets, perform informal work activities (underemployments, among others) as a way of survival, maintain little contact with the family members, but, establish strong ties with other people in the same situation; iii) people who are from the street, have the street as a reference and relationship place, present precarious hygiene and eating conditions, besides being marked by a high standard of alcohol and other drugs consumption; the concept (C) refers to the use of alcohol and other drugs understood as the use of any substances, licit and illicit, which cause alterations in the structure and functions of the body, such as alcohol, crack, cocaine, and tobacco, among others and; the context[6] (C) Brazil.

Types of data sources

Both published and unpublished studies (theses and dissertations) with different methodological approaches were included, which can be qualitative or quantitative studies, as well as mixed methods.

Search strategy

An initial search was conducted in the MEDLINE/PubMed (via the National Library of Medicine) and Latin American and Caribbean Literature on Health Sciences (LILACS) databases to identify text words contained in the title and abstract, as well as any index terms that could be used as alternative searches.

For the search of the publications, a combination of descriptors and keywords was used: "Homeless People", "Substance Use Disorders", and "Illicit Drugs", in Portuguese, English, and Spanish (Figure 1).

	Population	Concept	Context
MEDLINE/ PubMed (MeSH *Terms*)	Drug Users OR Drug Abusers	Illicit Drugs OR Street Drugs Homelessness OR Homeless Persons OR Homeless People	Brazil
LILACS/BVS (DECs *Terms*)	Usuários de Drogas OR Drug Users OR Consumidores de Drogas Categories: M01.169	Drogas Ilícitas OR Illicit Drugs OR Drogas de Rua OR Street Drugs Categories: D26.878 OR VS2.002.001.016 Pessoas em Situação de Rua OR Homeless Persons OR Personas Sín Hogar Categories: M01.325	Pessoas em Situação de Rua OR Homeless Persons OR Personas Sín Hogar Categories: M01.325

Figure 1 - Descriptors used in MEDLINE and LILACS

Here is an example of a search strategy applied to the MEDLINE database (via PubMed): ((((((((("drug users"[MeSH Terms] OR ("drug"[All Fields] AND "users"[All Fields]) OR "drug users"[All Fields]) AND ("homeless persons"[MeSH Terms] OR ("homeless"[All Fields] AND "persons"[All Fields]) OR "homeless persons"[All Fields] OR "homeless"[All Fields] OR "homelessness"[All Fields])) OR ("illicit drugs"[MeSH Terms] OR ("illicit"[All Fields] AND "drugs"[All Fields]) OR "illicit drugs"[All Fields])) AND ("homeless persons"[MeSH Terms] OR ("homeless"[All Fields] AND "persons"[All Fields]) OR "homeless persons"[All Fields])) OR ("illicit drugs"[MeSH Terms] OR ("illicit"[All Fields] AND "drugs"[All Fields]) OR "illicit drugs"[All Fields])) AND (("homeless persons"[MeSH Terms] OR ("homeless"[All Fields] AND "persons"[All Fields]) OR "homeless persons"[All Fields] OR "homeless"[All Fields] OR "homelessness"[All Fields]) AND ("people

s"[All Fields] OR "peopled"[All Fields] OR "peopling"[All Fields] OR "persons"[MeSH Terms] OR "persons"[All Fields] OR "people"[All Fields] OR "peoples"[All Fields])) OR ("illicit drugs"[MeSH Terms] OR ("illicit"[All Fields] AND "drugs"[All Fields]) OR "illicit drugs"[All Fields] OR ("street"[All Fields] AND "drugs"[All Fields]) OR "street drugs"[All Fields])) AND ("homeless persons"[MeSH Terms] OR ("homeless"[All Fields] AND "persons"[All Fields]) OR "homeless persons"[All Fields])) OR ("illicit drugs"[MeSH Terms] OR ("illicit"[All Fields] AND "drugs"[All Fields]) OR "illicit drugs"[All Fields] OR ("street"[All Fields] AND "drugs"[All Fields]) OR "street drugs"[All Fields])) AND (("homeless persons"[MeSH Terms] OR ("homeless"[All Fields] AND "persons"[All Fields]) OR "homeless persons"[All Fields] OR "homeless"[All Fields] OR "homelessness"[All Fields]) AND ("people s"[All Fields] OR "peopled"[All Fields] OR "peopling"[All Fields] OR "persons"[MeSH Terms]

OR "persons"[All Fields] OR "people"[All Fields] OR "peoples"[All Fields]))

We included the texts in English, Spanish, or Portuguese languages, from 2009, the year of the institution of the National Policy for the Homeless Population, since this policy framework brought a new understanding of the heterogeneity of this population, in addition to the restructuring of assistance to the PSR in the psychosocial context. Some studies discussed the profile of the hospitalized homeless population, or that addressed the perspective of health professionals/ caregivers or a specific care program were excluded. There was a restriction to the context, selected only the documents that addressed the general population, the concept, and the context of Brazil, since the country has a very specific public policy, both for the public in question and for the care in the area of alcohol and other drugs use, which differs from other countries and justifies the limitation of context.

Information sources

A second, more detailed search was conducted in December 2020 in the following databases: MEDLINE/ PubMed (via the National Library of Medicine), LILACS, Nursing Database (BDENF), and Scientific Electronic Library Online (SciELO). Gray literature was selected via Google Scholar and the search for unpublished studies and materials occurred via access to the repository of the Brazilian Digital Library of Theses and Dissertations (BDTD) and the Catalogue of Theses & Dissertations, linked to the Coordination for the Improvement of Higher Level Personnel (CAPES). In addition, the reference list of the main articles included was checked to retrieve the pertinent articles.

Selection of studies

Two independent reviewers (MRCFS and PPH) reviewed the document selection process. In situations where the reviewers did not agree, a third reviewer, from the Alcohol and Drugs Study Group (GEAD) of the University of São Paulo School of Nursing, was requested to perform an evaluation.

The research results were presented in a Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) flow chart[15].

Data extraction

The data were extracted using an instrument previously developed by the authors, to categorize the findings. The following data were extracted: a) identification data of the studies (authors, year of publication), study methodology, the method applied for data collection, and objective; b) Population, Concept, and Context (PCC).

The data extraction process was reviewed by two reviewers (MRCFS and MMAC). In situations where the reviewers did not agree, a third reviewer, from the Alcohol and Drugs Study Group (GEAD) of the University of São Paulo School of Nursing (GAB), was requested.

Analysis and presentation of data

Based on JBI's scoping review guidelines to illustrate and summarize key findings, the data were presented in table and figure form. A narrative summary accompanied the tabulated results and described how they relate to the purpose and question of the review. All results were combined and classified according to the main conceptual categories of the mnemonic.

Results

The initial search resulted in a total of 1,631 documents. After removing the three duplicate documents, 1,628 studies were considered potentially eligible for the title and abstract reading. In the next step, 22 studies were selected for reading in full, and of these, seven were considered eligible. In the full-text reading stage, 15 documents were excluded according to the following criteria: Restricted to a gender (analyze only a specific gender); age limitation (under 18 years old); focus on mental illness (did not analyze the disorder related to the use of psychoactive substances, but only other types of mental disorders); focus on access to health services (analyzed data from health services); institutionalization (analyzed the data from the population that is institutionalized); work process of the Street Clinic - CnR (analyzed the relationship between the territory and the formation of support networks through the work of the street clinics).

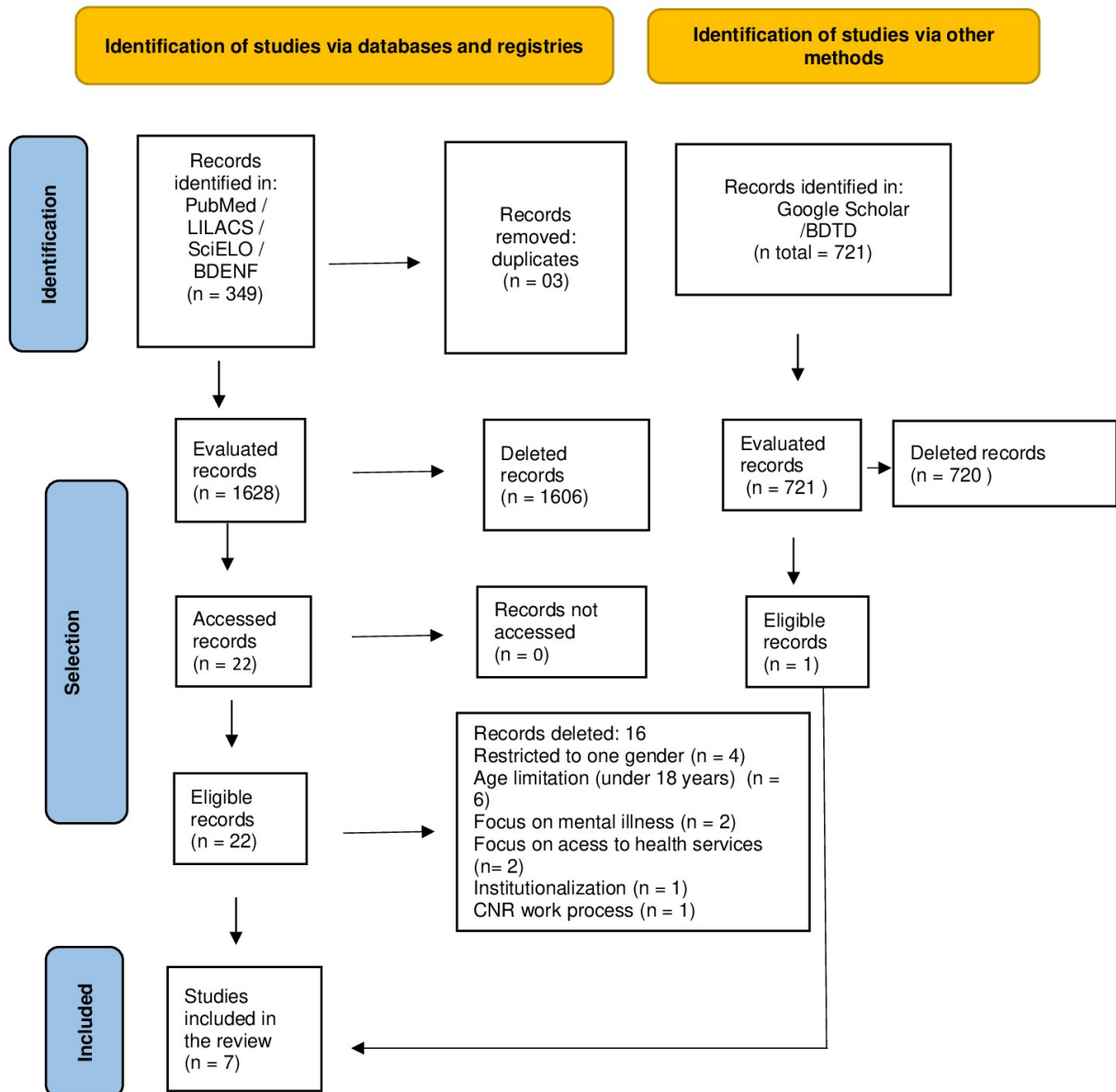The flow of this process is presented in Figure 2.

Figure 2 - Flow diagram of the review article selection process, according to PRISMA. São Paulo, SP, Brazil, 2020

General characterization of the studies

The studies included in the review were published between 2015[16-18], 2017[19], 2018[20], 2019[21] and 2020[22]. The predominant methodology was quantitative[16-18,21], followed by qualitative[19,22] and mixed methods[20]. The data collection methods were: semi-structured interviews[16,22], focus group and individual interviews[17,20], structured interviews[18-19], and ethnography[21]. The objectives for conducting the studies were predominantly to identify the sociodemographic characteristics of the homeless population in abuse of alcohol and other drugs[16-17,20-21]. The total population, summing all studies, was 1,603. Figure 3 below presents the general characterization of the included studies.

Author/year	Objective	N	Methodology	Data collection method	Context
Miguel, et al., 2018[20]	Characterize the sociodemographic data, crack use patterns, concomitant substance use disorders, and psychiatric symptoms.	65	Mixed	Individual interviews	Specialized outpatient service in the city of São Paulo

Author/year	Objective	N	Methodology	Data collection method	Context
Halpern, et al., 2017[19]	Assess the severity of substance use, situations of violence, physical and emotional health, and housing status.	564	A quantitative multicenter cross-sectional study	Semi-structured multidimensional interview	Psychosocial Care Centers for Alcohol and Drugs in six Brazilian capitals: Brasília, Porto Alegre, Rio de Janeiro, Salvador, São Paulo, and Vitória
Vernaglia, et al, 2015[16]	Identify how gender relations are constituted in everyday life, and analyze the dynamics that permeate the construction of these relations that involve the exchange and power.	31	Qualitative, descriptive, exploratory	Focus group and individual interview	Rio de Janeiro City
Húngaro, et al., 2020[22]	Analyze the characteristics and the factors associated with life on the streets.	701	Quantitative, descriptive	Census sectional study/ structured questionnaire	Medium-sized city in the northern region of the state of Paraná
Matoso, et al, 2018[21]	Describe experiences of health actions.	22	Qualitative, descriptive, exploratory	Experience report	Medium-sized city (Mossoró-RN)
Barata, et al., 2015[18]	Describing sociodemographic characteristics, health status, and access to services.†	251	Quantitative	Structured questionnaire	Downtown São Paulo Hostels
Raupp, 2015[17]	Issue of crack uses and circulation.‡	Not listed	Quantitative (ethnography)	Participant observation	Porto Alegre Downtown

*Although not explicit in the objectives, the work in question sought to identify the frequency distribution of drug use in life and the average age of experimentation, and the current use of the participants; †The work covers the data regarding health status, violence, alcohol, drug, and tobacco use; ‡The study used observations and informal interviews to characterize the users, the forms and effects of drug use, the health-disease process in their daily lives, and their coping strategies

Figure 3 - General characterization of the studies included in the review. São Paulo, SP, Brazil, 2020

Population

Figure 4 below presents the profile of the homeless population that uses drugs, according to the included studies.

Author/ year	Gender (% male)	Race/ color	Age	Education level	Marital status	Reason to be on the street	Employment/ occupation	Form of survival	Length of stay on the street (years)
Miguel, et al., 2018[20]	87.7%	NI*	35.3 (average)	35.4% less than nine years of school	69.2% single	NI*	83.1% unemployed	NI*	NI*
Halpern, et al., 2017[19]	81.5%	34.6% brown / 32.3% black	32.4 ± 8.7	50.4% Elementary School/35.3% High School	38.9% single / 34.3% separated. divorced or widowed	NI*	82% unemployed	NI*	NI*
Vernaglia, et al., 2015[16]	58%	NI*	NI*	80% of Elementary School	71% single	NI*	29% unemployed	NI*	NI*
Húngaro, et al., 2020[22]	90.7%	52.5% brown / 31.1% white	34.4% 25 a 34 / 25.2% 35 a 44	50% Elementary School /24.4% High School	58.5% single	47% drug use / 38.8% family problems / 25.5% unemployment	NI*	28.7% begging / - 24.4% look at cars on the street	72% 0 to 5
Matoso, et al., 2018[21]	82%	64% brown	68%30 e 59 anos	54% incomplete Elementary School / 28% High School	NI*	NI*	NI*	NI*	NI*
Barata, et al., 2015[18]	42.9%	53.2% non-white	53.8% 20-39 / 32.9% 40-59	39.2% Elementary School /29.2% High School	39.4% married	62.9% financial conditions / 32.3% absence of family	71% busy	NI*	33.2 > 5 years
Raupp, 2015[17]	male	NI*	young. adults and the elderly	incomplete Elementary School	NI*	NI*	NI*	shoe shining. work as a caretaker. work as a prostitute or beggar.	NI*

*NI = No information

Figure 4 - Characterization of the population included in the studies. São Paulo, SP, Brazil, 2020

Regarding the color/race indicator, only four of the seven articles analyzed brought this data[18-19,21-22]. However, the studies that contained this information pointed to predominant the color brown/black[18-19,21-22].

When considering the studies that presented data regarding age, it is possible to identify that this indicator did not follow a recording pattern, ranging from 25.5 to 59 years[16,18-21]. This data showed that a large part of the Brazilian homeless population with mental health problems arising from the use of alcohol and other drugs is composed of adults. It is necessary to highlight that all articles analyzed approached people older than 18 years[16-21], thus, not contemplating the data referring to children and adolescents users of alcohol and other drugs in street situations.

The male gender appears in evidence in six of the seven articles analyzed[17-22]. Of the studies that contained this indicator, only one showed a higher number of women than men[16]. They also highlighted that the reduced number of women among men occurs because many female users transit in the regions adjacent to the territory, in prostitution spots[18].

There is a prevalence of male gender among homeless people who stay overnight on public roads; however, among homeless people who used social devices such as the hostel to stay overnight, the predominant sex/gender is female[21]. The gender predominance changes from the context in which individuals were and can be justified by the fear of violence (physical, sexual, verbal) since many of the women who were on the streets were exposed[18-22].

In a study analyzed, in which gender issues are addressed more in-depth, the authors highlighted how motherhood is important within the context in which the RWH is inserted. Thus, when women become mothers, they assume a position of respect before the group, even if they do not remain in the custody of the child. The dynamic between couples is also strongly gendered. When questioned, users sometimes see it as the man's function/obligation to provide for the woman's needs, such as getting money, food, and protection, and even to enable the use of Psychoactive Substances (SPAs)[22].

As for education, the Brazilian publications analyzed pointed out that the target population has an incomplete Elementary School[16-22]. Regarding marital status, the results of this study showed us that people are predominantly single[16,18-20,22].

Begging appears as a form of survival, as does prostitution. The latter is more common among women, but it has also been experienced by men[16] mainly as a way to obtain drugs, in this case, crack. The handcrafted making of pipes for drug use, as a source of informal work/income generation is also presented[17].

About the characteristics concerning employment/occupation, unemployment, and discouragement are evidenced[16-22], and the so-called underemployment: low-skill jobs, with low pay, or informal jobs without ties and warranty[22]. Thus, it is common within the study population to perform casual labor activities (the famous odd jobs) and informal work (such as collecting recyclables and guarding cars/flanking cars on public roads)[16-18,20-21].

Unemployment, financial problems, and family disagreements (usually related to drug use before entering the street situation) are the main reasons that lead people to live on the streets[16-17,19,21].

Regarding the length of stay on the streets, the analyzed studies differed in the way this data is presented. However, it is possible to identify a range of two to six years recorded in the publications that contemplate this indicator[17-18,21]. Few studies addressed the data regarding the access of the PSR to social assistance devices, the most used, the municipal hostels[17-18,21], and for the health, the Psychosocial Care Center (CAPS), and CAPS AD, Basic Health Units (UBSs)/Family Health Strategies (ESFs) and Emergency Care Units (UPA)[16,21]. Only one study addressed the office as a facilitator of access to health care by the PSR[19].

Concept

In the mapping about the characteristics of the use of alcohol or other drugs by the homeless population, a diversity was observed regarding the type of substances consumed and what information was collected, such as a pattern of use and form of consumption.

The psychoactive substances mentioned were alcohol, tobacco, crack, marijuana, cocaine, and inhalants[16-22].

Considered licit drugs, alcohol and tobacco appear in several included documents. In the study published in 2020, both substances were cited as being of wide use in life and current, representing respectively 84.6/68.4% and 84.7/61.6%[22]. Whereas in another study published in 2018[21], 22% reported current alcohol use. The degree of dependence on tobacco and alcohol use was analyzed in the study published in 2018, whose results showed that 90.8% presented a diagnosis for tobacco dependence and 66.1% for alcohol[20]. A study conducted in 2015[17] identified problematic use of tobacco and alcohol among participants, the latter being used mainly among older people. Specifically, for alcohol, an investigation published in 2017[19] applied the Addiction Severity Index, the 6th version (ASI-6) instrument, and identified a mean with a standard deviation of 50.7 ± 9.9 for alcohol use. The study published in 2015[18] was the only one that identified the number of doses for alcohol

use, with a result of 18% of those for more than three doses at a time.

Regarding the use of illicit drugs, there was a variation between the types of information analyzed by the included papers, regarding the type of substance consumed and the pattern of use. The study published in 2020[22] analyzed the prevalence of lifetime and current use of the following substances: marijuana (67.9%/55.9%), cocaine (44.1%/11.9%), crack (63.9%/59.5%), amphetamine (25.4%/4.7%), inhalants (40.1%/11.5%), sedatives (13.5%/3.2%), hallucinogens (13.5%/1.7%), opioids (3.2%/0.8%), and injectables (8.4%/no information).

A 2018 study[21] also looked at other types of substances such as marijuana and crack alone (respectively 22% and 19%) or associated with alcohol (37%). The study published in 2017[19] applied the Addiction Severity Index, 6th version (ASI-6) instrument and identified a mean with a standard deviation of 50.9 ± 7.3 for the use of other drugs.

Dependence on marijuana use was analyzed in the study published in 2018[20], with a result of 12.3%. However, the main objective was to evaluate data on the use of crack and 100% of respondents were using the substance and had a diagnosis of dependence - in the same way as the study that analyzed the narratives of women and men crack users in street situations[16].

The survey published in 2015[18] analyzed the lifetime and six-month use of the following substances: marijuana (27.5%/6.4%), inhaled cocaine (13.7%/2.8%), crack (12.9%/3.2%), amphetamines (10.5%/1.6%), spear-perfume, glue, loló and other inhaled drugs (8.1%/0.4%), injectables (4.8%/0.4%), LSD (4%/0.4%), ecstasy (4%/0.4%).

The qualitative and quantitative studies that exclusively address crack use presented data on daily patterns of use as well as other information such as the age of onset, lifetime use, and the form of consumption. Specifically, regarding the pattern of use, the study published in 2018[20] identified approximately the consumption of 12 stones/day. Of the 65 participants, 26 (40%) reported using crack ≥ 5 days in the past three months, and 11 (16.9%) reported using crack less than once a week during the same period. Already in the study published in 2015[17], regarding the forms of crack consumption, according to the interviewees' reports, the initial use was by mixing crack with marijuana, however, during field observations, the researchers observed the use in pipes.

No data on the pattern of use of other substances by the homeless population were identified.

Context

Figure 5 shows the regions where the studies were conducted. Four studies were conducted in the Southeast Region[16,18-20], especially the State of São Paulo[18-20], and the others in the South[17,19,22] and Northeast[19,21].

Center-West Region.......01*
Northeast Region............02*
North Region...................00
Southeast Region...........04*
South Region..................03*

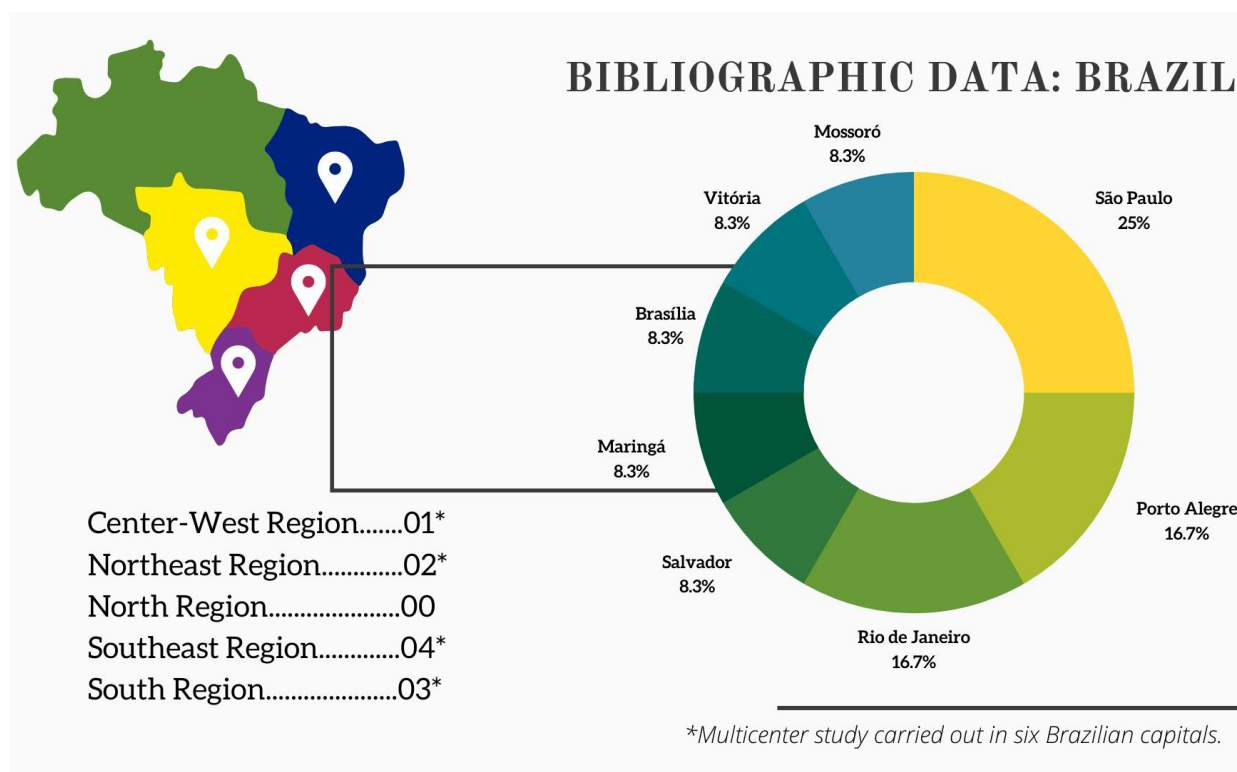*Multicenter study carried out in six Brazilian capitals.

Figure 5 - Description of the context. São Paulo, SP, Brazil, 2020

Discussion

This review analyzed the scientific production on the profile of homeless people who use alcohol and other drugs in Brazil. Only seven studies met the inclusion criteria, and by the diversity in publications, it was not possible to draw a general profile, especially about the use of psychoactive substances.

However, the results found corroborate the National Census of the Homeless Population conducted in 2019, and other studies, which allows stating that men are predominantly, single, brown/black, aged over 30 years, unemployed, and homeless in large urban centers, with low education and restricted access to the apparatus of social support and health[9,17,19-20,22-23].

Specifically on the possible characteristics and factors related to the concept of alcohol and other drug use for this population, all Brazilian studies had crack as the investigated substance and most addressed the frequency of use associated with qualitative data[16-17,19-20,21-22]. Only one study[20] identified a relationship between dependence on alcohol, tobacco, and crack, which does not allow concluding that this is the prevalent relationship among the homeless population. Moreover, the differences between the instruments used and the questions asked by the primary studies to investigate the consumption of psychoactive substances made it difficult to have a general understanding of this data.

The mapping showed that quantitative studies are more present, especially those that seek epidemiological data and that analyze the prevalence data. The scarcity of qualitative approaches may be a factor that limits a deeper understanding of the factors related to the problem of homelessness. The development of studies with a quanti-qualitative approach can help in the creation of effective health policies and services.

A more specific discussion of some observed characteristics can provide a greater reflection on the reality present in the scenario where the PSR is inserted and what it has as practice and care.

It was observed that the profile of the target population of this review presents aspects that can be identified in the international literature, thus, showing a worldwide trend. A Spanish study carried out with immigrants, in which part of the sample was homeless, points out similarities with the reality presented by Brazilian studies about marital status (single) and average age (32 years old). The data on color/race were not discussed, but, the sample mostly comes from the Maghreb and Sub-Saharan Africa regions. Low education, as well as unemployment or underemployment, is evident in the population that stays overnight on public roads[23].

These similarities are also presented in a study conducted in the United Kingdom. The data pointed to a population expressively composed of men, aged over 30 years and unemployed. However, when it comes to the level of education, unlike the Brazilian and Spanish studies, the English study pointed to a complete High School education[24].

Regarding race/color, the importance of creating inclusive actions for the black Brazilian population is noticeable, since it still suffers from the stigma of exclusion, social segregation, and the greatest difficulties to access health and social services[25].

As for the discussion on gender-related aspects, although it has been observed a smaller number of women on the streets, and that the definition of who is included in this group is little addressed, their presence is something that demands special attention, in terms of personal safety. For them, for instance, sheltering policies are essential, as staying overnight in the hostel promotes a greater sense of security. Other specific issues of women were addressed only by one article[16], however, they deserve greater attention due to the possible outcomes: motherhood and the position of superiority assumed within the relations between groups of alcohol and other drug users on the streets. "Being a mother" confers these women's respect within the context in which they find themselves. Due to this dynamic, some reports described that motherhood plays a function that reaffirms them as women[22].

The data on the level of education of the homeless population can be justified using Brazilian education indicators, which point to a high rate of children and young people out of school, late entry into the education system, low achievement/performance, and age/grade mismatch[26]. Moreover, unemployment, considered one of the main reasons for the street situation, is also associated with low education and the difficulty of access to education, which is aggravated by the condition of being on the street[27]. According to the national census, 64% of the homeless population did not finish Elementary School and 95% did not study at the time of the survey[9].

As for the concept use of alcohol and other drugs, alcohol and crack appeared as the most consumed substances among the homeless population in Brazil[16-17,20,22], a fact little explored by the national census. The studies related this prevalence of consumption to low cost, easy access, and also to the effects expected by the conditions of (over)living on the street, such as hunger, cold, and fatigue, which can generate a relationship of dependence[17,19,21-22]. Furthermore, the interest in the study of crack as a central issue expresses the challenges in structuring effective public policies to address also the social complexity that emerges from the street situation associated with the use of illicit substances.

The "street" context is a determining factor since a longer period on the street correlates to a more intense transit between the public spaces, institutions, and people, through which it is possible to obtain water, food, and shelter, among other needs[28].

Thus, Brazilian studies show the difficulty of access to health services and social support for the homeless population. The difficulties in accessing health services result from some problems, such as the lack of documents by the PSR and the training of health professionals to deal with this population, favoring social exclusion[29].

Although there are some programs/strategies such as the street clinics and the Specialized Reference Centers for the Homeless Population (Centro POP), both Brazilian and international studies reinforce the urgency of creating comprehensive public policies to implement the health programs, housing, and social assistance devices aimed at the homeless population, since this group has shown an accelerated growth[6].

This data meets the proposed SUS guidelines since access to health care should be extended to all universally and comprehensively, respecting equity[30].

Conclusion

Through this review, it was possible to identify the sociodemographic profile of the homeless population in Brazil and the limitations arising from data on the use of alcohol and other drugs. The set of information analyzed was very diverse, since there was a very large difference between the studies since their conception, execution, the information collected, and the form of analysis, made some conclusions difficult.

Thus, it is understood to be important to advance the discussion about the need for an official count of the homeless population, which includes all the information related to the use of alcohol and other drugs, which can support the construction of specific public policies for this population.

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