

EPIDEMIOLOGICAL PROFILE OF HOMELESS PEOPLE IN A MUNICIPALITY IN THE STATE OF SÃO PAULO - BRAZIL

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Highlights:

1. Epidemiological data from a hard-to-reach population group.
2. Intense use of psychoactive substances, with crack having the highest prevalence.
3. Life and health conditions that highlight the need for comprehensive care.

PRE-PROOF

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ABSTRACT: Objective: understand the epidemiological profile of homeless people assisted by the street clinic in a municipality in the state of São Paulo, focused on alcohol and drug abuse. **Methods:** this is a descriptive, cross-sectional study using secondary data on homeless people in Jundiaí obtained from the records of care provided in 2020 by the street clinic team. Descriptive statistics were used with the aid of the Statistical Package for the Social Sciences (SPSS) software version 20.0 to analyze the variables gender, age, color/race, sexual orientation, use of health services, comorbidities, substance use, and consumption pattern. A 5% significance level was adopted. **Results:** A total of 836 visits were recorded. The sample was mostly male (68.7%), heterosexual (33.3%), self-declared brown (30.2%), with an average age of 41 years old. It was found that only 4.8% of the sample used the services of the Basic Health Units. There were comorbidities such as systemic arterial hypertension (3.1%), diabetes mellitus (1.2%), syphilis (1.1%) and HIV (1%). 52.9% of the individuals reported using substances, either one drug (18.9%) or two (18.6%). The most commonly used substance was crack (36.8%), followed by alcohol (34.0%) and tobacco (21.7%). **Conclusion:** it is possible to see the need for policies and services that take into account the longitudinality and comprehensiveness of care for homeless people, considering their vulnerabilities and specificities, such as the most prevalent ailments and the context of drug addiction while living on the streets.

Keywords: Homeless People. Health Profile. Public health. Drug dependence.

INTRODUCTION

Homeless people (HP) represent a population group with particularities resulting from the influence of factors produced by a social structure promoting inequalities in individual aspects¹. It is currently estimated that Brazil has around 281,472 homeless citizens². The only census of HP in Brazil was carried out between August 2007 and March 2008, where an analysis of 71 cities identified 31,922 homeless people³. It is worth noting that some capitals were not included in the national census because they carry out their censuses, such as the city of São Paulo, which had an HP of 13,666 in 2009. According to the 2019 municipal census, the city now has 24,344 homeless people⁴. It is estimated that after the COVID-19 pandemic, these numbers have increased significantly, making it clear that there is a need to study the

epidemiological profile of this group, which is often invisible to the population and public decision-makers.

The term “homeless” clearly demonstrates the condition of imprecision, transience, precariousness and vulnerability experienced by these individuals. In contrast to these aspects, there is the process of social production and the determination of each person's place in the social environment through the affirmation of identity⁵. Homeless people are framed in a subversive identity, laden with depreciation, frustrating the expectations of normal society. The incessant humiliation caused by stigma generates feelings of contempt and strengthens social exclusion, even creating barriers to accessing public services, such as health services, and also generating difficulties in carrying out research focused on this population⁶.

After social mobilizations, Decree No. 7,053 established the National Policy for Homeless People in 2009, which aims to ensure broad access for this group to the various services and programs that make up the various public policies in the areas of health, education, social assistance, human rights and others⁷. This political support was a major step forward in ensuring the rights of this extremely vulnerable group, however, it did not ensure in isolation the breaking down of barriers that make it impossible for them to access public services, such as the health system, and delimits their social exclusion. Data collected by the national survey indicates that around 18% of those interviewed have already been prevented from receiving care in the health network³.

The process of experiencing homelessness may not be triggered by a single factor, but by the interaction of individual, collective, social and contextual factors. It can be seen that alcoholism or drug abuse, unemployment, and disagreements with family members are the most prevalent predisposing factors⁸. Even though the abusive use of licit and illicit substances appears in a significant way – being mentioned by 35.5% of the people interviewed in the national census mentioned above – there is, in many cases, a certain difficulty in establishing a causal relationship between this habit and the situation on the streets, given that the use of substances may have been aggravated by the condition to anesthetize it³. The use of psychoactive substances should not be considered solely for its organic effect, pleasure, or dependence. It is important to look at the range of aspects that involve these individuals, such as their social context, culture, and life stories⁹.

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In the 1980s, the Street Bank project was created in Salvador aiming to break down the access barriers to public health for young users of psychoactive substances who lived in squares in the city center¹⁰. In 1999, the first Street Clinic (*Consultório de Rua*, CR) was set up in Salvador, Bahia, to provide health care for children and adolescents with drug addiction problems. At the same location, in 2004, the CR was set up in the Psychosocial Care Center for alcohol and drug treatment (*Centro de Atenção Psicossocial para o atendimento em álcool e drogas*, Caps-ad) referenced by the National Mental Health Policy. Also in 2004, in the primary care network, the Family Health Programs without homes were created, which currently operate as "Street Clinics" (*Consultório na Rua*), given that, in 2012, this equipment became the responsibility of the National Primary Care Policy, changing the nomenclature *Consultório "de"* to *Consultório "na" Rua*¹⁰.

In the meantime, this population group has been fully assisted, recognizing that health needs are not only related to alcohol and drug consumption. The Street Clinic teams provide first aid for urgent/emergency cases, as well as health promotion and prevention¹¹. According to Aguiar and Iriart¹², other health problems reported by people, in addition to psychoactive substance abuse, are HIV/AIDS, mental/psychiatric disorders, tuberculosis, sexually transmitted infections (STIs), dental, dermatological and gastrointestinal problems, the latter two being more frequently associated with more precarious daily care, housing and eating conditions.

It is important to know the epidemiological profile of homeless people to guide decision-making in public health management, especially regarding lines of care and services for this population. This study contributes to the visibility of homeless people, deconstructing prejudices and making it possible to know their health condition to develop specific strategies for this population group. Thus, this study aimed to understand the epidemiological profile of homeless people assisted by the street clinic in a municipality in the state of São Paulo, with a focus on alcohol and drug abuse.

METHODS

This is a descriptive, cross-sectional study that used secondary data on the health conditions of homeless people, acquired from the records of the population assisted by the Street Clinic in Jundiaí, São Paulo (SP), Brazil.

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The municipality of Jundiaí, in which the study was carried out, is located 57 km from São Paulo, the state capital, has a territorial area of 431,207 km² and an estimated population of 423,006 inhabitants (medium-sized municipality), the Municipal Human Development Index (MHDI) was 0.822 in 2010, according to the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística*, IBGE)¹³.

The purpose of the Street Clinic (*Consultório na Rua*, CnaR) is to provide basic care services to HP exclusively and to provide comprehensive care to this population¹⁴. The multi-professional team that makes up the CnaR is made up of a doctor, a nursing assistant, and two harm reduction professionals, one of whom is the driver. In Jundiaí, CnaR has 835 people registered and provided 2,774 services at the POP Center in 2020.

To trace the epidemiological profile of the aforementioned population, all the data on health conditions from the visits made by the Jundiaí CnaR during 2020 were analyzed. Data from individuals with missing health information in the database was excluded.

The database was fed by the CnaR team and made available in Excel format, where the available information was coded to enable statistical analysis. Sociodemographic variables were analyzed, such as: age, gender, color/race, sexual orientation, income generation, ties to the support network and time on the streets; as well as the variables access to health services, use and pattern of consumption of psychoactive substances, in addition to the comorbidities evidenced to draw up the health profile.

Initially, a descriptive analysis was carried out with the mean, standard deviation and percentage of the data collected from the population, identifying the epidemiological profile and, above all, the health conditions of the population studied, using the Statistical Package for the Social Sciences (SPSS) software, version 20.0.

This study was submitted to the Research Ethics Committee of the Jundiaí Medical School and approved under protocol 4.915.622. Authorization to carry out the collection was requested from the Municipal Health Department, Street Clinic and Epidemiological Surveillance of the municipality.

RESULTS

After analyzing the data obtained from 836 registrations made available by CnaR in Jundiaí, it can be seen that the sample has an average age of 41 years and that most of the sample is made up of men, corresponding to 68.7% of the sample (N = 574), with the majority self-declared as brown (30.2%, N = 252). Thus, 42.9% of homeless people assisted by the street clinic in Jundiaí in 2020 are black, given the sum of blacks and browns as reported by the IBGE (N= 358). In terms of sexual orientation, the majority (33.3%, N = 278) claimed to be heterosexual. It should be noted that in this variable there were 5 people described as transsexuals, although this is not a term referring to sexual orientation, but rather to gender (Table 1).

Among the activities listed by users for income generation, activities such as “panhandling” – jargon used to describe the act of receiving handouts (N = 6), prostitution (N = 4) and recycling (N = 2) were mentioned. Concerning bonds, only 12.8% (N = 107) had some kind of bond that could be described as a possible support network and 14.7% (N = 123) had been homeless for a period of 5 to 10 years. Only 1.4% (N = 12) claimed to be domiciled, that is, staying in shelters or boarding houses. Only 1 person in the sample reported having been in a therapeutic community. A total of 78.4% of the sample (N = 655) declared having access to some kind of health service, including the CnaR (Table 1).

Considering the use of substances, it can be seen that this is a habit of great frequency since it was declared by 52.9% (N = 442); being users of a single drug (18.9%) or two (18.6%). Among the most commonly used substances were crack (36.8%), followed by alcohol (34.0%) and tobacco (21.7%). The specific pattern for crack, the most used drug, corresponds on average to the use of up to 10 crack stones a day (Table 2).

Among Jundiaí's HP, the presence of other pathologies in addition to substance abuse was observed, such as systemic arterial hypertension (3.1%), diabetes mellitus (1.2%), people with syphilis (1.1%, including those with active infection and those undergoing treatment) and HIV (1%). Furthermore, it was noted that these comorbidities do not appear in isolation in each individual, since 18.3% of the individuals deal with two conditions concomitantly (Table 3).

The CnaR itself stands out as the main form of ongoing care for 74.9% of people who have been seen at least once at the CnaR; while only 4.8% of those who responded reported using the service of Basic Health Units. Other services used were the POP Center by 16.3% (N

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= 136) of the HP and the Psychosocial Care Center (CAPS) by 4.6% (N = 38) of the HP, Specialized Reference Centre for Homeless People (POP Center) (16.3%). Only 1.3% (N = 11) had access to specialized care services, such as diagnostic imaging services, and 1.7% (N = 14) reported using care and assistance services linked to religious institutions, such as Vinha da Luz (Spiritist Home), Missão Belém, Casa Santa Marta and Centro Terapêutico Educacional Cristão (CTEC) (Table 4).

Table 1 – Sociodemographic characteristics of the sample, Jundiaí, SP, 2020.

Variable	N	Mean	Median
Age	711	41 years old	47 years old
Variables	N	%	
Gender			
Transsexual	4	0.5	
Female	219	26.2	
Male	574	68.7	
Not reported	38	4.6	
Color			
Black	106	12.7	
Brown	252	30.2	
White	217	26	
Yellow	2	0.2	
Not reported	258	30.9	
Sexual orientation			
Heterosexual	278	33.3	
Homosexual	14	1.7	
Transsexual*	5	0.6	
Others	2	0.2	
Not reported	536	64.2	
Income Generation			
Recycling	2	0.2	
"Panhandling"	6	0.7	
Donation	1	0.1	
Prostitution	4	0.5	
Not reported	822	98.4	
Bond with support network			
Yes, family	106	12.7	
Yes, friend	1	0.1	
No	177	21.2	
Not reported	551	66	
Time on the streets			
< 1 month	10	1.2	
1-6 months	75	9	
6-12 months	37	4.4	

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1 - 5 years	57	6.8
5 - 10 years	123	14.7
10-15 years	3	0.4
> 15 years	4	0.5
Domiciled	12	1.4
Not reported	514	61.6
Staying in a Therapeutic Community		
Yes	1	0.1
Not reported	834	99.9
Access to health services		
Yes	655	78.4
No	10	1.2
Not reported	170	20.4

** option mentioned in the data provided, despite the inconsistency with the variable*

Table 2 – Description of substance use reported by HP, Jundiaí, SP, 2020.

Variables	N	%
Do you use them?		
Yes	442	52.9
No	11	1.3
Not reported	382	45.7
Tobacco		
Yes	181	21.7
No	257	30.8
Not reported	397	47.5
Alcohol		
Yes	284	34
No	154	18.4
Not reported	397	47.5
Marijuana		
Yes	72	8.6
No	366	43.8
Not reported	397	47.5
Cocaine		
Yes	34	4.1
No	404	48.4
Not reported	397	47.5
Crack		
Yes	302	36.2
No	136	16.3
Not reported	397	47.5

Frequency of crack use

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Up to 5 stones/day	32	3.8
Up to 10 stones/day	72	8.6
Up to 20 stones/day	33	4
Up to 30 stones/day	7	0.8
More than 30 stones/day	4	0.5
It stopped	1	0.1
Has been using for 3 years	1	0.1
Not reported	685	82
Quantity of substance used		
One	158	18.9
Two	155	18.6
Three	94	11.3
Four	32	3.8
Multiple (>4)	3	0.4
Not reported	393	47.1

Table 3 – Analysis of comorbidities and pathologies reported by the HP, Jundiaí, SP, 2020.

Variables	N	%
Heart disease		
SAH	26	3.1
Arrhythmias	1	0.1
Cardiac insufficiency	1	0.1
DM	10	1.2
Obesity	1	0.1
Genitourinary diseases		
Bartholinitis	1	0.1
Ovarian cysts	1	0.1
Kidney Failure	1	0.1
Lithiasis	1	0.1
Tuberculosis		
Being treated	2	0.2
Treatment interrupted	1	0.1
Had in the past	1	0.1
Leprosy	1	0.1
Syphilis		
In treatment	3	0.4
Active syphilis	6	0.7
Had in the past	1	0.1
HIV	8	1

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Hepatitis	2	0.2
Uric acid	1	0.1
Trauma	1	0.1
Skin manifestations		
Skin lesions	5	0.6
Mycosis	3	0.4
Scabies	1	0.1
Mental Disorders		
Epilepsy	1	0.1
Bipolarity	2	0.2
Association of pathologies/comorbidities		
One	48	5.7
Two	153	18.3
Three	23	2.8
Not reported	611	73.2

Table 4 – Description of the use of health services by the HP, Jundiaí, SP, 2020.

Variables	N	%
Street Office		
Yes	625	74.9
No	30	3.6
Not reported	180	21.6
CAPS		
Yes	38	4.6
No	617	73.9
Not reported	180	21.6
POP Center		
Yes	136	16.3
No	519	62.2
Not reported	180	21.6
Basic Health Unit		
Yes	40	4.8
No	615	73.7
Not reported	180	21.6
Religious institutions		
Yes	14	1.7
No	641	76.8
Not reported	180	21.6

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Specialized care		
Yes	11	1.3
No	644	77.1
Not reported	180	21.6

DISCUSSION

This study aimed to understand the epidemiological profile of homeless people cared for by the CnaR in the municipality of Jundiaí-SP to produce relevant data for health planning, targeting specific actions and services for this little-studied population group. The sociodemographic data found corroborates the available scientific literature, since the sample was mostly made up of men, blacks and of economically active age^{3,6,15}. The consumption of psychoactive substances by most of the population studied is noteworthy, with crack being the main drug, followed by alcohol. Chronic non-communicable diseases and STIs were also reported, which deserve attention and health planning for proper management and comprehensive care. Understanding the reality of this population, which lives on the margins of society, is extremely important and the responsibility of the scientific community, health managers, and the population.

From the intersection of these multiple vulnerabilities that cross this population, it is possible to base discussions on the prevalence of the use of psychoactive substances, which is extremely significant in this study. From the analysis, it can be seen how this behavior is consolidated in this segment of the population, making it necessary to manage important policies and interventions aimed at HP, since the use of addicting substances reverberates both in the intensification and perpetuation of the situation of vulnerability, as well as in the risk factors for individuals to have the street as their main environment of survival^{15,16}.

The process of drug addiction does not represent exclusively individualized experiences but is part of the individual's social interactions with the context of life and belonging to a social group¹⁷. From this perspective, it should be emphasized that care integrates the relationships built by street dwellers, and can consider psychoactive substances as elements of lifestyle, culture, and communication, given the reality of deprivation and hostility in which they live¹⁷. In a way, substance use may be part of the reason why a portion of this population is on the streets, but it is also a means of surviving anesthetized to the conditions of the streets from the

perspective of individual and collective suffering. Thus, future studies need to broaden and deepen this debate.

The use of drugs brings together a large part of the HP as a support mechanism for the common problems faced when living on the streets. In this way, culture emerges in response to the challenges faced by the collective¹⁶. Analyzing this context with cultural complexity, it can be said that HP and drug use represent a subculture since they oppose the so-called dominant behaviors and rules, and the idea of consuming psychoactive substances to strengthen relationships and as a result of a socialization ritual prevails^{15,17}. However, it is important to reflect on the impact on the mental health of street dwellers to understand the possibilities of associating the reason for going to the streets with disordered consumption of psychoactive substances, vulnerabilities and the process of social disaffiliation imposed by the ruling class.

CnaR's work is extremely important in the “scenes of use”, in other words, in places where psychoactive substances are consumed intensively, because the logic of harm reduction (HR) prevails in its work practice. HR considers understanding the complexity of the phenomenon of psychoactive consumption, from the forms of use, the individualities of street dwellers and the cultures they are part of. Therefore, from the perspective of HR, the main intention is not to “force” individuals to eliminate drug use, but to enhance strategies that minimize the damage to health caused by the use of psychoactive substances, such as overdose prevention, guidance, and promotion of abstinence, distribution of supplies such as condoms, lubricants, water and others, to reduce the risk of exposure to health problems and intervene to strengthen the protagonism of the subject and stimulate changes in the lives of these people in situations of psychosocial vulnerability¹⁹. It was observed in this study that the consumption of psychoactive substances was mainly crack and the pattern of consumption was an average of ten stones a day.

In order not to summarize this population in isolation by the harmful use of psychoactive substances, it is necessary to consider the existence of other conditions and, above all, that measures for the management and treatment of chronic conditions and sexually transmitted infections should be designed and adjusted according to the specificities not only of the population, to guarantee access to the various health services, but also of each individual who makes it up, such as the conditions found in this study²⁰.

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Interpreting the diseases described in this study within Neglected Tropical Diseases (NTDs) is important. In Brazil, this group is defined based on the prevalence among neglected populations, and the following diseases are prioritized: tuberculosis, Chagas disease, leprosy, malaria, leishmaniasis, dengue, and schistosomiasis²¹. Considering the data observed in this research, such as the prevalence of tuberculosis, leprosy, and even skin lesions that need to be clarified, it is important to encourage research that encompasses the areas of prevention and treatment, exploring everything from the cheapening of medications to the viability of the method applied to the particularities of each neglected population, with HP being one of them to be considered. Another important factor when discussing the prevention of NTDs is the role of primary care in promoting health education, which in turn also helps to identify cases early and prevent new ones²¹. Thus, the importance of the CnaR is reiterated, as it is an important device for facilitating access to primary care and other health services of different complexities. There is little use of Basic Health Units, as well as Psychosocial Care Centers (CAPS), and this may be a reflection of the stigmatization of street dwellers, which has consequences such as the non-inclusion of this population in health services.

The PRS is constantly dealing with various inequalities structured in different spheres that range from individual factors - which in turn include predispositions to establish homelessness - to social and programmatic factors. The existence of individual vulnerability associated with the inability of society and institutions, which can be called social and programmatic vulnerabilities respectively, to manage inclusion and offer services to these individuals in an equitable manner is what promotes and maintains the existence of invisible populations, deepening the existing inequality²².

One of the first and main difficulties encountered in carrying out the descriptive analysis of the data was the failure to fill in all the variables in the registration questionnaire. Variables not filled in or filled in incorrectly, such as the characterization of “transsexuals” in the sexual orientation variable, reveal the lack of standardization and systematization in filling in the instrument, which made it difficult to be more assertive in the descriptive analysis carried out. Despite these barriers, this study has the great importance of providing data on a little-studied population, which has been growing in large urban centers and is an important public health problem.

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Based on this data, it is possible, above all, to see the need for policies and services that ensure longitudinal care for each street dweller, understanding their vulnerabilities and demands, and also working to promote, prevent, and educate health in the everyday reality of this population^{15,18,20}.

CONCLUSION

The study pointed to heavy consumption of psychoactive substances, especially crack by HP. Concerning comorbidities, several health conditions deserve attention from public health management decision-makers, such as mental illness, heart disease, respiratory diseases, and STIs, among others. Concerning the health services used by HP, it was found that the CnaR prevailed when compared to the Basic Health Units.

It was possible to understand and reaffirm the importance of developing specific and coordinated strategies to meet the diverse needs of this population, such as the care of users of psychoactive substances, considering the importance of overcoming the stigma they face on a daily basis so that health care is carried out efficiently, encompassing promotion, prevention and guaranteeing treatment for certain health conditions, whether chronic or transmissible, including the transversalization of care with harm reduction. In addition, it reinforces the need to know who is part of homeless people so that these strategies can be well targeted, feeding the development of new research and enabling the implementation of public policies.

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