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Factors associated with violence against homeless people: a cross-sectional study in Sorocaba (SP), Brazil, in 2023

Fatores associados à violência contra pessoas em situação de rua: um estudo transversal em Sorocaba (SP), Brasil, 2023

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ABSTRACT

The problem of homelessness (HLN) has been the subject of discussion in various spheres of public policy, given its complexity and the need for intervention from different sectors. Analyzing the factors associated with the types and perpetrators of violence against HLN, with special attention to drug use, social and demographic variables, and variables related to homelessness and health, is very important. This research refers to the HLN population present in the Municipality of Sorocaba. The interviews were carried out from August 2022 to July 2023, in places known to be frequented by HLN. This is a cross-sectional study involving 84 individuals. Data collection was conducted through interviews using a standardized questionnaire. This project was submitted to and approved by the Research Ethics Committee of the Faculty of Medical Sciences of Sorocaba. The results of the present study show high rates of drug use among the HLN population, with crack users presenting a more critical profile: irregular eating habits, history of arrest, history of psychiatric hospitalization, reports of various mental health problems, and non-adherence to prevention measures. The prevalence of reported morbidity and psychiatric hospitalizations is relevant in the sample. Victimization due to physical violence, predominantly by the police and mainly involving cocaine and crack users, is another aspect that deserves attention. The results showed that drug use is the main factor complicating access to healthcare among the HLN population, being the primary reason for the loss of housing, with family conflicts predominating as the main cause of homelessness among the individuals surveyed.

Keywords: ill-housed persons; violence; substance-related disorders; disease prevention; mental health; cross-sectional study.

RESUMO

O problema da população em situação de rua (PSR) tem sido objeto de discussão em diversas esferas de políticas públicas, dada a sua complexidade e a necessidade de intervenção de diferentes setores. Analisar os fatores associados aos tipos e perpetradores da violência contra a PSR, com atenção especial ao uso de drogas, variáveis sociais e demográficas, e variáveis relacionadas à falta de moradia e saúde, é muito importante. Esta pesquisa refere-se à PSR presentes no Município de Sorocaba. As entrevistas foram realizadas de agosto de 2022 a julho de 2023, em locais reconhecidamente frequentados por PSR. Trata-se de um estudo transversal com 84 indivíduos. A coleta de dados ocorreu por meio de entrevistas com questionário padronizado. Este projeto foi submetido e aprovado pelo Comitê de Ética em Pesquisa da Faculdade de Ciências Médicas de Sorocaba. Os resultados do presente estudo mostram altas taxas de uso de drogas pela PSR, com usuários de crack apresentando um perfil mais crítico: hábitos alimentares irregulares, histórico de prisão, histórico de internação psiquiátrica, relatos de diversos problemas de saúde mental e não adesão às medidas de prevenção. A prevalência de morbidade referida e de internações psiquiátricas é relevante na amostra. A vitimização por violência física, predominantemente policial e envolvendo principalmente usuários de cocaína e crack, é outro aspecto que merece atenção. Os resultados demonstraram que o uso de drogas é o principal fator dificultador do acesso à saúde na PSR, sendo o principal motivo para a perda de moradia, com os conflitos familiares predominando como responsáveis pela situação de rua dos indivíduos pesquisados.

Palavras-chave: pessoas mal alojadas; violência; transtornos relacionados ao uso de substâncias; prevenção de doenças; saúde mental; estudos transversais.

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INTRODUCTION

The problem of homelessness has been the subject of discussion in various spheres of public policy, given its complexity and the need for intervention from different sectors, such as health, social assistance, housing, and education. The homeless population (HLN) constantly faces a lack of guarantees and access to social rights established by the 1988 Federal Constitution, leaving them on the margins of a society that excludes and stigmatizes them. According to the HLN's National Social Inclusion Policy, it is possible to identify that this group, despite being heterogeneous, shares some characteristics in common. It is defined as a diverse population that, however, has in common the experience of poverty, the breakdown of family ties, the experience of social disconnection due to the lack of paid employment and the protections associated with this bond, the absence of regular housing, and the street as a space for social interaction, housing, and sustenance.[1]

There is a lack of updated information about the HLN profile. The research carried out by the Institute of Applied Economic Research, a public foundation linked to the Brazilian Ministry of Economy, with estimates based on information from the Single Registry for Social Programs of the Federal Government (CadÚnico) and the Unified Social Assistance System, allows us to estimate that in 2020 there were 221,869 HLN in Brazil, predominantly in the Southeast region, but with very significant growth in the North of the country.[2]

In relation to the factors that lead individuals to make the street their place of reference, also called the "streetization" process, according to Ferreira and Machado,[3] the reasons can be grouped into four major categories: experiences of violence, use and abuse of drugs, unemployment, and health problems, which can be identified separately or in combination, and are not always very easy to identify and separate.

It is explained that experiences of violence, including domestic violence directed mainly at women, the elderly, children, and the disabled, contribute to family breakdowns, leading some to leave their homes for long periods or permanently. Unemployment is also an essential factor, as the lack of stable employment or work opportunities forces some people to live on the streets, particularly when they cannot return home due to distances or fear of facing failure in front of their family. Furthermore, people suffering from socially stigmatized illnesses, such as HIV/AIDS, leprosy, mental disorders, or physical and mental disabilities, often face family difficulties due to a lack of resources to cope with these conditions or to cover medical costs. This may lead some to take refuge on the streets instead of returning home.

In this context of social exclusion, the health of HLN is significantly inferior to that of the general population. Their mortality rates are higher, and morbidity trends indicate a higher incidence of infections, a prevalence of cardiovascular and respiratory diseases, premature aging, and a notable increase in frailty scores compared to the general population.[4,5] Furthermore, the prevalence of diseases such as tuberculosis, HIV/AIDS, dermatitis, psychiatric comorbidities,[6] and drug abuse[7] is high.

Alcoholism and other drugs are generally related to both keeping people on the streets and exposing them to violence.

One of the causes that may explain the lack of health services offered to HLN – and consequently increased morbidity – is that the ability to perceive health needs is often absent in this vulnerable group.[8] Negative experiences can affect beliefs and expectations regarding health and, therefore, the patient's ability to perceive health needs; in some cases, the HLN were in a state of denial that they had any health needs.[9]

OBJECTIVES

Analyze the factors associated with the types and perpetrators of violence against HLN, with special attention to drug use, social and demographic variables, variables related to homelessness, and variables related to their health.

METHODOLOGY

This research refers to a portion of the HLN present in the Municipality of Sorocaba, which had an estimated population of 735,523 inhabitants in the 2022 CENSUS.[10] Located just 90 km from the capital of São Paulo, it is the hub of a region with 15 municipalities and approximately 2 million inhabitants. The interviews were carried out from August 2022 to July 2023 in places known to be frequented by HLN, such as the vicinity of the Sorocaba Cathedral, the surroundings of the Bus Station, the clientele of the "Bom Prato" Program, those who frequent the Center of Reference for Social Assistance and its support facilities, and mainly, individuals temporarily housed in philanthropic institutions.

This cross-sectional study employs a convenience sample, with sampling effort calculated to include 84 individuals. This sample size satisfies the assumptions of alpha = 0.05, beta = 0.20, and an estimated prevalence of events of 50%, given the absence of parameters in the literature. This proportion is considered the most conservative.

The variables and their categories are described in the tables in the results section. Data collection took place through interviews using a standardized, pre-formatted questionnaire approved by the Ethics Committee. The data were first transferred to an EXCEL spreadsheet and then coded for statistical analysis in STATA.[11] Data analysis included the description of the absolute and relative frequency (in %), the Chi-square test or Fisher's Exact Test for the analysis of associations, and the calculation of the Relative Risk Ratio (RRR) to explore the relationship between occurrence, types, and perpetrators of violence. A $p < 0.05$ was considered significant.

This project was submitted to and approved by the Research Ethics Committee of the Faculty of Medical Sciences of Sorocaba – Pontifical Catholic University of São Paulo, under registration CAAE 56407222.9.0000.5373. The interviewees were made aware of the Free and Informed Consent Form and expressly agreed to participate in the research.

RESULTS

The data presented here refer to the 81 research participants. In addition to this number, 4 interviews were discarded: one because the interviewee had answered the questionnaire twice, with different interviewers, and three because the interviewees were under the influence of substances**.**

In Table 1, it is observed that the predominant characteristics of the sample individuals were: male, over 40 years old, non-white, without steady partners, with income between 400 and 600 Reais, with secondary education or higher, not born in Sorocaba, and who report having some religion or occupation. The most frequently used drug is tobacco, followed by alcohol, cocaine, crack, and cannabis, in this order; the use of solvents is less frequent.

The prevalence of smoking varies from 100% among married individuals to 57% among those with income between 700 and 2.500 reais; the prevalence of alcohol use varies from 88.9% among married individuals to 54.2% among those with secondary or higher education; the prevalence of cannabis use varies from 77.8% among married individuals to 37.5% among females; the prevalence of cocaine use varies from 88.9% among married individuals to 48.9% among non-white individuals; the prevalence of crack use varies from 77.8% among married individuals to 35.5% among individuals with no income; and the prevalence of solvent use varies from 22.2% among married individuals to 4.3% among non-white individuals.

It appears that only 9 individuals reported not using any drugs, and on average, drug use involves 3 substances, with 5 individuals using all the drugs mentioned. Regarding the differences for each drug, it is observed: for tobacco, a higher prevalence among white people and married individuals; for cocaine, a higher prevalence among married individuals; for crack, a higher prevalence among individuals with income between 400 – 600 Reais, secondary education or higher, and no religion.

The other drugs do not show significant differences between social and demographic categories. Still, there are significant differences between drugs overall: the prevalence of smoking is higher, and the use of solvents is lower. When comparing different drugs across the categories of each social or demographic variable, no significant differences were observed.

Tabela 1. Distribution of the sample according to social and demographic variables and their association with drug use. Sorocaba – 2023.

Variable	Category	Sample Total	Tobacco	Alcohol	Cannabis	Cocaine	Crack	Solvent
		N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Sex								
	Male	73 (90.1)	51 (69.9)	44 (60.4)	39 (53.4)	42 (57.5)	39 (53.4)	6 (8.2)
	Female	8 (9.9)	5 (62.5)	5 (62.5)	3 (37.5)	5 (62.5)	4 (50)	1 (12.5)
Age (years)								
	18 – 40	36 (44.4)	26 (72.2)	22 (61.1)	23 (63.9)	21 (58.3)	22 (61.1)	3 (8.3)
	41 or +	45 (55.6)	30 (66.7)	27 (60)	19 (42.2)	26 (57.8)	21 (46.7)	4 (8.9)
Color/race								
	White	34 (42)	28 (82.3)*	22 (64.7)	21 (61.8)	24 (70.6)	17 (50)	5 (14.7)
	Others	47 (58)	28 (59.6)	27 (57.4)	21 (44.7)	23 (48.9)	26 (55.3)	2 (4.3)
Marital status								
	Single, divorced or widowed,	72 (88.9)	47 (65.3)	41 (56.9)	35 (48.6)	39 (54.2)	36 (50)	5 (6.9)
	married	9 (11.1)	9 (100)*	8 (88.9)	7 (77.8)	8 (88.9)*	7 (77.8)	2 (22.2)

Continua

Variable	Category	Sample Total	Tobacco	Alcohol	Cannabis	Cocaine	Crack	Solvent
Monthly income (Reais)								
	0	31 (38.2)	24 (77.4)	18 (58.1)	15 (48.4)	16 (51.6)	11 (35.5)	2 (6.4)
	400 – 600	36 (44.4)	24 (66.7)	23 (63.9)	19 (52.8)	23 (63.9)	25 (69.4)*	3 (8.3)
	700 – 2.500	14 (17.2)	8 (57.1)	8 (57.1)	8 (57.1)	8 (57.1)	7 (50)	2 (14.3)
Education								
	Elementary	33 (40.7)	21 (63.6)	23 (69.7)	17 (51.5)	17 (51.5)	12 (36.4)	2 (6.1)
	High school, University	48 (59.3)	35 (72.9)	26 (54.2)	25 (52.1)	30 (62.5)	31 (64.6)*	5 (10.4)
Place of birth								
	Sorocaba	21 (25.9)	18 (85.7)	15 (71.4)	8 (38.1)	12 (57.1)	11 (52.4)	1 (4.8)
	No	60 (74.1)	38 (63.3)	34 (56.7)	34 (56.7)	35 (58.3)	32 (53.3)	6 (10)
Occupation								
	Yes	61 (75.3)	43 (70.5)	37 (61)	33 (54.1)	37 (60.6)	33 (54.1)	6 (9.8)
	No	20 (24.7)	13 (65)	12 (60)	9 (45)	10 (50)	10 (50)	1 (5)
Religion								
	Yes	62 (76.5)	42 (67.7)	38 (61.3)	29 (46.8)	36 (58.1)	29 (46.8)	4 (6.5)
	No	19 (23.5)	14 (73.7)	11 (57.9)	13 (57.9)	11 (57.9)	14 (75.7)*	3 (15.8)
Total			56 (69.1)**	49 (60.5)	42 (51.8)	47 (58)	43 (53.1)	7 (8.6)**

* Significant difference between categories ($p < 0.05$). ** Significant difference between drugs ($p < 0.05$). Only 9 individuals reported not using any drugs, on average using 3 drugs, and 5 individuals using all the drugs mentioned.

In Table 2, there is a predominance of individuals who have been living on the streets for less than 6 months, who sleep in shelters, who have documents, who maintain regular hygiene and eating habits, who maintain contact with their families, who have never been arrested, who maintain social interaction but do not participate in NGOs, and who are interested in re-socialization through work or study.

Significant differences are observed for: time spent on the street for less than 6 months and a higher proportion of crack use; irregular eating habits and a higher proportion of crack use; a higher proportion of individuals with a history of arrest among cocaine, cannabis, and crack users; less contact with family among cocaine users; and a higher proportion of individuals without social interaction among solvent users.

Considering the same variable, there are no significant differences in the drug use profile between categories. For example, the use profile of different drugs is similar when comparing individuals who sleep in shelters versus those who sleep on the street, tobacco use predominates, and solvent use is less frequent.

Table 2. Distribution of the sample according to variables related to homelessness and its association with drug use. Sorocaba – 2023.

Variable	Category	Sample Total	Tobacco	Alcohol	Cannabis	Cocaine	Crack	Solvent
		N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Time as HLN								
	< 6 m	46 (56.8)	30 (65.2)	27 (58.7)	20 (43.4)	24 (52.2)	17 (37)*	3 (6.5)
	6 m or +	35 (43.2)	26 (74.3)	22 (62.9)	22 (62.9)	23 (65.7)	26 (24.3)*	4 (11.4)
Sleep as								
	Sheltered	71 (87.6)	49 (69)	45 (63.4)	38 (53.5)	43 (60.6)	40 (56.3)	5 (7)
	Unsheltered	10 (12.4)	7 (70)	4 (40)	4 (40)	4 (40)	3 (30)	2 (20)
Have documents								
	Yes	69 (85.2)	47 (68.1)	42 (60.9)	35 (50.7)	41 (59.4)	35 (50.7)	5 (7.2)
	No	12 (14.8)	9 (75)	7 (58.3)	7 (58.3)	6 (50)	8 (66.7)	2 (16.7)
Regular hygiene								
	Yes	73 (90.1)	50 (68.5)	45 (61.6)	38 (52)	41 (56.2)	37 (50.7)	6 (8.2)
	No	8 (9.9)	6 (75)	4 (50)	4 (50)	6 (75)	6 (75)	1 (12.5)
Regular feeding								
	Yes	65 (80.2)	43 (66.2)	40 (61.5)	36 (55.4)	36 (55.4)	30 (46.2)*	4 (6.2)
	No	16 (19.8)	13 (81.2)	9 (56.2)	6 (37.5)	11 (68.8)	13 (81.2)*	3 (18.8)
Arrested before								
	Yes	33 (40.7)	25 (75.8)	20 (60.6)	25 (75.6)*	24 (72.7)*	24 (72.7)*	3 (9.1)
	No	48 (59.3)	31 (64.6)	29 (60.4)	17 (35.4)*	23 (47.9)*	19 (39.6)*	4 (8.3)
Family contact maintenance								
	Yes	42 (51.9)	26 (61.9)	23 (54.8)	17 (40.5)*	18 (42.9)*	21 (56.4)	4 (10.2)
	No	39 (48.2)	30 (76.9)	26 (66.7)	25 (64.1)*	29 (74.4)*	21 (50)	3 (7.1)
Social life								
	Yes	44 (54.3)	31 (70.5)	26 (59.1)	22 (50)	24 (54.6)	24 (54.6)	0 (0)*
	No	37 (45.7)	25 (67.6)	23 (62.2)	20 (54)	23 (62.2)	19 (51.4)	7 (19)*

Continua

Variable	Category	Sample Total	Tobacco	Alcohol	Cannabis	Cocaine	Crack	Solvent
NGOs participation								
	Yes	5 (6.2)	3 (60)	3 (60)	0 (0)*	3 (60)	3 (60)	0 (0)
	No	76 (93.8)	53 (69.7)	46 (60.5)	42 (55.3)*	44 (57.8)	40 (51.6)	7 (9.2)
Interested in resocialization								
	Yes	51 (62.2)	35 (68.6)	30 (58.8)	29 (56.9)	31 (60.8)	28 (54.9)	4 (7.8)
	No	30 (37.8)	21 (70)	19 (63.3)	13 (43.3)	16 (53.3)	15 (50)	3 (10)

*Significant difference between categories ($p < 0.05$).

In Table 3, there is a predominance of individuals who do not engage in unprotected sex, who have had psychiatric hospitalizations, are not vaccinated, have had morbidity in the last 15 days, have not undergone recent medical treatment, report a mental health problem, do not engage in prevention practices, do not have chronic morbidity, have been hospitalized, and rate their quality of life as less than 5 on a scale from 0 to 10.

There is a significant association between unprotected sex and the use of alcohol, cannabis, cocaine, and crack: those who report unprotected sex are more likely to use these substances.

Individuals who report psychiatric hospitalization show a significant association with the use of all the drugs mentioned in the table; they are more likely to use tobacco, alcohol, cannabis, cocaine, crack, and solvents.

There is no significant association between vaccination and drug use. Those reporting morbidity in the last 15 days are more likely to use all drugs mentioned, except solvents.

There is no significant association between recent medical treatment and drug use.

People who report mental health problems are more likely to use all of the drugs mentioned, except solvents. Those who do not report prevention practices have a significant association with the use of crack and solvents.

There is no significant association between chronic morbidity and drug use. People who report hospitalization in a general hospital show a significant association with the use of tobacco and crack.

There is a significant association between quality of life and drug use: those with a quality of life below the median are more likely to use tobacco, alcohol, cannabis, and cocaine.

Table 3. Sample distribution according to health-related variables and their association with drug use. Sorocaba – 2023.

Variable	Category	Sample Total	Tobacco	Alcohol	Cannabis	Cocaine	Crack	Solvent
		N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Unsafe sex								
	Yes	30 (37)	22 (73.3)	19 (63.3)	13 (43.3)	17 (56.7)	14 (46.7)	1 (3.33)
	No	51 (63)	34 (66.6)	30 (58.8)	29 (56.9)	30 (58.8)	29 (56.9)	6 (11.8)
Psychiatric hospitalization								
	Yes	45 (54.9)	34 (75.6)	33 (73.3)*	30 (66.7)*	30 (66.7)	33 (73.3)*	7 (15.6)*
	No	37 (45.1)	22 (61.1)	16 (44.4)*	1 2(33.3)*	17 (47.2)	10 (27.8)*	0 (0)*

Continua

Variable	Category	Sample Total	Tobacco	Alcohol	Cannabis	Cocaine	Crack	Solvent
Vaccination								
	Yes	21 (25.9)	17 (81)	13 (61.9)	12 (57.1)	12 (57.1)	12 (57.1)	2 (9.52)
	No	60 (74.1)	39 (65)	36 (60)	30 (50)	35 (58.3)	31 (51.7)	5 (8.3)
Morbidity reported in the last 15 days								
	Yes	42 (51.8)	33 (78.6)	26 (61.9)	24 (57.1)	27 (64.3)	21 (50)	5 (11.9)
	No	39 (48.2)	23 (59)	23 (59)	18 (46.2)	20 (51.3)	22 (56.4)	2 (5.1)
Recent health treatment								
	Yes	20 (24.7)	10 (50)*	11 (55)	9 (45)	11 (55)	12 (60)	1 (5)
	No	61 (75.3)	46 (75.4)*	38 (62.3)	33 (54.1)	36 (59)	31 (50.8)	6 (9.8)
Mental health disorder								
	Yes	49 (60.5)	32 (65.3)	31 (63.3)	25 (51)	31 (63.3)	31 (63.3)*	6 (12.2)
	No	32 (39.5)	24 (75)	18 (56.3)	17 (53.1)	16 (50)	12 (37.5)*	1 (3.1)
Preventive Attitudes								
	Yes	39 (48)	23 (59)	22 (56.4)	17 (43.6)	20 (51.3)	15 (38.5)*	4 (10.3)
	No	42 (51.9)	33 (78.6)	27 (64.3)	25 (59.5)	27 (64.3)	28 (66.7)*	3 (7.1)
Chronic morbidity								
	Yes	39 (47.6)	26 (66.7)	24 (61.5)	19 (48.7)	21 (53.9)	20 (51.3)	3 (7.7)
	No	43 (52.4)	30 (71.4)	25 (59.5)	23 (54.8)	26 (61.9)	23 (54.8)	4 (9.5)
Hospitalization								
	Yes	50 (61.7)	32 (64)	30 (60)	29 (58)	27 (54)	30 (60)	6 (12)
	No	31 (38.3)	24 (77.4)	19 (61.3)	13 (41.9)	20 (64.5)	13 (41.9)	1 (3.2)
Quality of life (scores 0 – 10; median = 5)								
	median	49 (60.5)	35 (71.4)	30 (61.2)	25 (51.0)	30 (61.2)	28 (57.1)	3 (6)
	≥ median	32 (39.5)	21 (65.6)	19 (59.4)	17 (53.1)	17 (53.1)	15 (46.9)	4 (12.5)

* Significant difference between categories ($p < 0.05$).

In Table 4, physical violence perpetrated by the police predominates. The use of substances such as alcohol, cocaine, and crack tend to be more closely associated with violence committed by the police. Physical violence is also associated with increased use of tobacco, cannabis, cocaine, and crack.

Table 4. Analysis of Violence Suffered by HLN (type and authorship) and Drug Use.

Variable	Category	Sample Total	Tobacco	Alcohol	Cannabis	Cocaine	Crack	Solvent
		N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Author								
	None	29 (35.8)	18 (62.1)	16 (55.2)	12 (41.4)	13 (44.8)	9 (31)	2 (6.9)
	Police	24 (29.6)	17 (70.8)	18 (75)	16 (66.7)	18 (75)	18 (75)*	3 (12.5)
	Other HLN	18 (22.2)	12 (66.7)	10 (55.6)	11 (61.1)	10 (55.6)	11 (61.1)	1 (5.6)
	Third	10 (12.4)	9 (90)	5 (50)	3 (30)	6 (60)	5 (50)	1 (10)
Type								
	No	27 (33.3)	16 (59.3)	13 (48.2)	9 (33.3)	11 (40.7)	7 (25.9)	0 (0)
	Physical	33 (40.7)	25 (75.7)	22 (66.7)	26 (78.8)*	26 (78.9)*	26 (78.8)*	5 (15.2)
	Moral/psycho	18 (22.2)	13 (72.2)	13 (72.2)	7 (38.9)	10 (55.6)	10 (55.6)	2 (11.1)
	Economic	3 (3.7)	2 (66.7)	1 (33.3)	0 (0)	0 (0)	0 (0)	0 (0)

* Significant difference between categories ($p < 0.05$).

In Table 5, the Relative Risk Ratio (RRR) is significantly lower for economic violence among tobacco users. The RRR is also significantly lower for economic violence among alcohol users. Furthermore, the RRR is significantly lower for violence by third parties among alcohol users. Conversely, the RRR is significantly higher for violence perpetrated by other HLN individuals and third parties among cannabis users. The RRR is also significantly higher for physical violence among cannabis users.

Table 5. Multivariate analysis of factors associated with violence suffered by HLN (type and author).

Type of violence	Tobacco RRR		Alcohol RRR		Cannabis	
	Crude	Adjusted*	Crude	Adjusted*	Crude	Adjusted*
Author						
Police	0,94	1,10	1,12	1,08	1,33	3,08
Other HLN	0,72	1,51	0,69	0,68	0,92	10,12**
Third	0,44	3,07	0,25**	0,26**	0,25**	6,56**
Type						
Physical	1,56	1,82	1,69	1,60	2,89**	6,20**
Moral/psycho	0,81	1,74	1	1,05	0,78	2,05
Economic	0,12**	0,71	0,07**	0,08**	0,00	0,00

*Adjusted by the variables in Tables 1, 2, and 3 that were associated with drug use. **p < 0.05 RRR = Relative Risk Ratio.

DISCUSSION

HLN is defined as the group of individuals who do not have, or are at imminent risk of losing, a fixed, regular residence or a suitable place to stay overnight.[12] It is a global problem, and in the USA alone, it is estimated to affect 582,620 people.[13]

The results of the present study show high rates of drug use among HLN, with crack users presenting a more critical profile: irregular eating habits, history of arrest, history of psychiatric hospitalization, reports of various mental health problems, and non-adherence to preventive measures.

The prevalence of reported morbidity and psychiatric hospitalizations is relevant in the sample, as are hospitalizations for acute and chronic illnesses. Victimization due to physical violence, which is predominantly perpetrated by the police and mainly involves cocaine and crack users, is another aspect that deserves attention. This situation is similar to that described in the literature.[14,15]

Illicit drug use has added complexity to the younger homeless population, making access to healthcare more difficult and creating challenges for staff when treating them.[16] This proved to be the main reason for the loss of housing and/or family conflicts among the participants in this research, a result that is also reflected in the literature.[17]

Respondents reported that they began using drugs at school, drawn in by their classmates' use and curiosity. Others, however, believe that life on the street ultimately leads to this habit as a means of escaping reality. These effects are expected due to the vulnerable conditions in which they are found.[18]

In our study, only 11.1% of HLN claimed not to use drugs. The most commonly used drug is tobacco (69.1%), followed by alcohol (60.5%) and cocaine (58.0%); however, other Brazilian studies describe crack as the main substance consumed by HLN.[19]

Several studies from different countries report that HLN are at greater risk of substance use – both occasional use and dependence – with a tendency to worsen.[14] The combined use of three or four drugs is common among HLN.[20]

The most common drug among HLN cited in international literature is alcohol, with prevalence rates of 68 – 72%.[21,22] Other drugs commonly used by HLN include crack, cocaine, heroin, and cannabis.[21,22]

In our data, crack users had the most severe profile, which is also consistent with the literature.[23]

Regarding morbidity and psychiatric hospitalizations, unsheltered HLN are often associated with high rates of mental illness, including depression. As an aggravating factor, they have lower demand for health services.[24]

As for violence, more than 66% reported having suffered some type of violence since becoming homeless, and 53.7% identified other homeless individuals as the aggressors. This is attributed to the high number of drug users on the streets. Prejudice was frequently mentioned during our interviews, mainly involving police officers, the Municipal Civil Guard, and people passing by on the street.

Among the types of violence suffered, verbal abuse and physical assault were the most cited (73.6%). Of the 62.5% who had been hospitalized, 17.6% reported that the hospitalization was due to violence.

The literature highlights HLN as victims primarily of physical violence, often perpetrated by the police, particularly

targeting cocaine and crack users. In the research by Friedman et al.,[25] 42.2% of injecting drug users reported physical violence by the police, 62.3% suffered verbal abuse, 9.1% reported sexual violence, and 38.5% reported the confiscation of new, unused syringes.

According to Kerman et al.,[26] shelters are a central component of HLN service systems; however, the results of their systematic review demonstrate that these service environments can be perceived as dangerous by HLN due to the increased risk of both violent and non-violent victimization in these spaces.

The final questions of the interviews conducted in this research addressed the future perspectives of HLN. When asked how they see themselves in the next five years, more than half of the responses were hopeful and positive, mentioning family, employment, and permanent housing. However, there were some respondents – albeit fewer – who could not imagine a future, and some even saw themselves dead within that five-year period. In terms of proportions, 67.4% are considering returning to school, 63.3% are thinking about changing professions, and 78% are not satisfied with their current situation.

Some limitations of this research should be noted. Since many interviews took place in a shelter, the answers were limited to the characteristics of people who use this type of service, such as the number of meals they eat per day. Furthermore, a difficulty encountered when interviewing HLN is controlling the interviews to avoid interviewing the same person more than once, as not everyone has documents and the interviewee's identification may be lost. In this same context, sensitivity on the part of the interviewers is necessary in order to assess whether that interview was noteworthy or not, considering that the majority of interviewees are substance users and may be under the influence of these substances. Furthermore, it is important to consider the scarcity of qualitative approaches on the topic in our country, as already presented in literature reviews,[27] and the need to reverse this situation.

CONCLUSION

The results showed that drug use is the main factor complicating access to health in HLN, being the main reason for loss of housing, with family conflicts predominating as responsible for the homeless situation of the individuals in the research. The present study can contribute to a more in-depth understanding of the factors related to the problem of HLN. Furthermore, it is suggested that the development of public health policies should address the difficulties faced by this population.

Aknowlegments

SOS – Serviço de Obras Sociais de Sorocaba.

Conflicts of interest

No conflicts to declare.

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