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Knowledge, territories, and drug use: street ways of life and reinventing care

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Abstract *Through the stigmatization of drug-using People Living on the Streets (PLS) and the reproduction of violence in health services, this paper reflected on this community and the street space beyond the view of decrepitude with which they are usually seen. In this sense, the research contours were shaped from the objective of knowing practice and knowledge constructed in the care processes among the drug-using PLS. A qualitative study was designed, using the triangulation of participant observation techniques, from the inclusion of one of the researchers in a "Street Clinic" (Consultório na Rua), in an inland city of the state of Pernambuco, Brazil, and two types of in-depth individual interviews: the episodic interview and the narrative interview. Three thematic categories were outlined from the data retrieved, as follows: "subjects, territorialities and contexts", "drugs, social problem medicalization, and control", and "harm reduction, singularities and care production in the territory". Thus, understandings about the norms and dichotomies that cross the view of PLS were constructed to consolidate the care offer guided by the perspective of harm reduction.*

Key words *Homeless persons, Drug users, Harm reduction*

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Introduction

Displacing the identity constructions established by escaping the relationships that dictate the universe of work and home, People Living on the Streets (PLS) denounce the false autonomy that permeated the ideas of freedom nurtured in the Middle Ages regarding the construction of cities. Thus, they show how social organizations in this space are anti-democratic, subtracting the existence of social groups as a result of economic interests[1].

The expansion of PLS in the country occurred in the mid-twentieth century, resulting from several factors, reaching subjects in migratory processes due to industrialization, unemployed, with problems associated with problematic drug use, and former inmates. Currently, this scenario has intensified by the strengthened neoliberal policy in the country, responsible for higher unemployment rates and weakening of public policies that ensure fundamental social rights, resulting in the growing criminalization of poverty[2].

This process can be seen in the stigmatization of PLS as "sluts, dirty, crazy, dangerous, and poor things"[3]. When talking about stigma, Goffman[4] approaches it as a socially constructed phenomenon, from which classification types are established, with the category of those considered normal and people or groups clashing with these constructions, enduring stigmatization processes. These constructions produce the social imaginary about PLS, which traverses the identity of these subjects, reproducing oppressive relationships[3]. The dichotomous and excluding vision that sustains them puts them in a place of decrepitude, reducing the perspective on the complexity and diversity that underpin the street's space[5].

Therefore, in this study, we propose to reflect on the street's space beyond the place of need and deprivation[5], considering the importance of this approach to the complexification of the perspective on care production. It is necessary to understand the possibility of building other existential territories facilitated by this space, allowing PLS to reinvent how they deal with themselves and the street world[5].

Within these understandings, a complexified perspective on current drug use is also critical, which is one of the great demands among the PLS. Drug use is one of the most determining factors for these individuals to go to the streets[6]. It is also responsible for the place of dual stigmatization to which most of this population is submitted[7].

This context relates to the very constitution of psychiatry as institutionalized knowledge and power. According to Foucault[8], this way of knowing managed to capture madness as a medical problem by creating the idea of abnormality and an understanding of the "normal" behavior. Thus, normality was institutionalized.

However, changes in these control measures were necessary for contemporaneity due to the organization of capitalist societies. The disciplinary measures of the 19th century became insufficient for the agency of ways of living, which gave rise to the emergence of the idea of subjects self-managing their lives[9].

However, we cannot perceive the existence of devices that operate in such a way as to allow the production of subjectivity to unfold in specific identity territories, which cannot unfold into any subjectivation. What transcends the established standards is placed as an expression of illness so that the subjects' desire becomes criminalized from indicating what healthy practices are[9].

Understandings were also permeated by the ideological war waged against drugs in the 20th century, which sought to deny the existence of the use of substances that alter states of consciousness in an ancient and universal way[10]. In this sense, the search for new existential territories is genuinely criminalized. Thus, we witness some subjection against people who use drugs from the imagery fabrication of the place captured by the addiction[9].

Contrary to these practices, this study defends the Harm Reduction (HR) perspective as a guide for the provision of care to drug users, especially within the Psychosocial Care Network (RAPS), established by Decree 3.088/11[11], which establishes the points of care for the care of people in psychological distress, including the harmful effects of drug use, including primary care, specialized psychosocial care, and urgent and emergency care.

In contrast to the HR perspective, which guided the Ministry of Health's policy for Comprehensive Care to Users of Alcohol and Other Drugs (Ordinance N° 2.197/04)[12], the Bolsonaro government established a "new" drug policy through Decree 9761/19[13]. Abstinence is its guiding axis, representing a setback within the Psychiatric Reform, which fights for social rights and care in freedom[14].

One of the guiding HR fundamentals is the possibility of enhancing strategies that minimize drug use-related harm to health. HR "considers the relevance of understanding the complexity

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that permeates the use of psychoactive substances, from the different modalities of use to the peculiarities of the subjects and the cultures in which they are inserted" (p. 99)[7].

In this sense, we highlight the importance of understanding how drug use encompasses the identity processes of most PLS, influencing the invention of other organization modes. Thus, we aim to take ownership of the knowledge built in the reterritorializations forged in the intense PLS journey[15] and recognize what unfolds as a care possibility.

These constructions occur within a space and time to elaborate on what is experienced in an established material, social and cultural reality, which configures a field of possibilities for the subject. Considering that social structures are not determinants of human actions, but the unique way each subject experiences them unfolds intertwined with the objective meaning of a sociocultural phenomenon[16].

Methodological course

The research assumed a qualitative nature to preserve the subjects and groups' historicity, considering this a methodology sensitive to the concrete situational contexts in which the phenomenon is established[17]. The research was carried out through the triangulation of participant observation techniques and two types of in-depth individual interviews: the episodic interview[18] and the narrative interview[19].

The participant observation occurred from the inclusion of one of the researchers in the Street Clinic (CnaR), in an inland city in the state of Pernambuco, in the sub-middle São Francisco hinterland, during the practice internship of the Multidisciplinary Mental Health Residency from the Vale do São Francisco Federal University.

This type of intervention facilitates access to knowledge about the group from experience within it, accessing information that would not be easily available[20]. It took place over six months, two days a week, during the service's opening hours. Field diaries were written to record the experience.

In turn, the narrative interview allowed exploring socio-historical contexts from the subjects' experience, enabling the knowledge of life stories. On the other hand, episodic interviews put in concrete terms the idea of internal triangulation to the method, combining narrative and argumentative approaches, allowing for an understanding of situations and relationships between employees and health devices.

The interviews were conducted with four men and one woman, using three conditions as criteria for choosing the participants: being homeless, considering having problematic drug use, and accepting to participate in the interviews. The interviews lasted an average of 50 minutes, taking place in different contexts, depending on the availability of employees. The statements were recorded using a cell phone and later transcribed for analysis and stored in digital files upon authorization. Fictitious names were adopted in the presentation of data in order to preserve the identity of users.

The six steps that underpin Schütze's proposal for the analysis of interviews were used[19] to construct the results, which allowed the reconstitution of the trajectories of each subject and the identification of opinions, concepts, and general theories, reflections, and divisions between the common and the unusual. The comparison of information organized from this process allowed the identification of collective trajectories correlated with the theoretical framework, enabling the structuring of three thematic categories.

Results and discussion

Subjects, territorialities, and contexts

In order to understand the phenomenon of using the streets as a space for living and surviving, it is essential to understand the diversity of circuits covered that precede this extreme situation[15]. Understanding the processes that lead PLS to the context of vulnerability in which they find themselves and the recognition of their specificities and potentials allows the complexified perspective on the analysis of the functioning of society[21] and the existing heterogeneity among this audience[22].

Paths are usually bordered by comings and goings to the street, loss of family connections, and skipping through several jobs[15]. Castel[23] points out that understanding the existing diversity among marginalized people is essential so that they are not placed on the same level of exclusion.

In this sense, it is essential to understand the different life stories for the development of this study, focusing on the subjects' practices through the understanding that they relate to the relationship established between the subject and society[2]. Thus, in this category, the life stories of males –

Raul, Guimarães, Galeano, and Bob – and female collaborators – Ana – will be briefly presented, but they will also be found in the entire discussion.

Raul

Raul is a 41-year-old man, born in an inland city of Pernambuco state, where the research took place. As a teenager, he moved to other cities with relatives. He later lived only in São Paulo, in the Cubica favela, where he claimed to have suffered a lot of police violence. He returned to his hometown at the age of 19. At 13, he used alcohol and marijuana, later starting to use crack. He said that he "snapped" during a period of discontinued substance use and was diagnosed with schizophrenia. Raul spent five years and six months in a forensic asylum, claiming that this is a thing of the past and that he currently "survives" one day at a time. He has two children from his former marriage and a daughter from another relationship, to whom he claims to be very attached. Also, according to his report, art was always very present in his life, first in the rock songs he likes so much, and then when writing poetry, which he brought in to deal with monotony and depression, which he says were related to recurrent suicide attempts.

Guimarães

Guimarães is 35 years old and currently works as a car watcher. He came from Minas Gerais, where his last job was in a shoe store. He is a crack, alcohol, and marijuana user and started using substances at eight. He mentioned having already been in charge of a multinational in Recife, Pernambuco, questioning me about: "*It doesn't even seem like it, right? I was the example*". He said he was fired after being diagnosed with HIV. He spoke about the desire to have a family, the death of his mother, to whom he was very attached, and later on his father, who was a police officer and with whom he had a conflicting relationship. During the same period, he separated from his ex-partner, with whom he has two daughters, and moved to his aunts' house in Recife, where he spent five years in a therapeutic community. After leaving the therapeutic community, he married and had a son he was forbidden to see because of his HIV diagnosis, claiming that this was "the biggest pain" of his life. Then he moved to an inland city of Pernambuco state at the invitation of a friend and was admitted to a therapeutic community after a suicide attempt. He has been living on the streets since leaving the institution four years ago. Currently, he spends most of his day at the "spot" where he works as a car watcher, a space where he has established relationships with local merchants, who always call him for side jobs. He said he began "practicing harm reduction", reducing the number of crack stones smoked during the day, replacing them with alcohol and marijuana. Within this context, he rented a "little house" with another individual living on the streets a few days before the start of the interviews, pointing out the importance of what happened to his care since substance use was widespread at night.

Galeano

Galeano is from the inland city of Pernambuco state, where this research took place and is currently 60 years old. He went to São Paulo at the age of 17, attributing the fact to his involvement in a "fight", and since then, he has traveled to several cities, moving from one to another, asking for a ride or a ticket. He lived for a while in Mato Grosso, from where he moved after his mother's death, going to Cuiabá, where he met his former partner, who also died shortly after. He related these losses to the onset of the use of the "base, the product that makes crack and cocaine". However, he only referred to alcohol and tobacco when talking about the current drug use. He mentioned the importance of the Psychosocial Care Center for Alcohol and Other Drugs (CAPS ad) in the city for his care process, citing Harm Reduction and the feasibility of some rights, such as the Free Pass. He is currently removed from service because he was involved in a "fight" with another individual in follow-up. His relationship with churches was also brought up, referring to these experiences, abstinence, and return to drug use. He has a young daughter, who is currently under the care of his mother-in-law because the child's mother is in a therapeutic community, and he talks about the difficulty of being able to see his daughter. During the interview, he also brought up the recently rented house he is sharing with Guimarães.

Bob

Bob is 35 years old, from Lagoa Grande, an inland city of Pernambuco state, and works as a car watcher. He was "raised" by his grandmother, who died when he was nine, and then

by his aunts. At age 15, he asked one of his aunts to meet his mother as a gift, discovering that she lived in poor conditions with nine other children. Thus, he remained with his aunts, going at the age of 16 to live in Maranhão with his father, where he stayed for 12 years. He related the onset of the practice of robberies to his father's "lack of guidance and support". He was imprisoned several times before being institutionalized and completed a socio-educational measure for nine months. A year after having fulfilled the measure, he was sentenced to nine years in the Pedrinhas penitentiary, which, according to him, is one of the most violent prisons in Latin America, where he learned to make a drug that, at the time, was called *merla* (cocaine chemical mix). He states that the relationship with his father worsened after being released and that other family members did not want to see him, highlighting the recurrence of reports of similar situations during the internship period at the CnaR. He returned to Pernambuco, living in the city where this research was conducted for seven years, escalating the use of drugs, and has been "steady" in his workplace for four years. Other homeless people stay in this space, known among them as "little favela", where they sleep, work, and use drugs.

Ana

Ana is a 37-year-old woman, usually at an open market, where other homeless people meet. Among them is Victor (fictitious name), the person with whom Ana has been in a relationship for 19 years. She was the only woman I was able to interview, a difficulty that possibly has to do with the lower percentage of women in this situation compared to the number of men, as already pointed out by the "First Census and National Survey on the Homeless Population"[6]. However, there was greater difficulty in talking about themselves among them in the service routine, which hampered the selection of subjects for the research. At the time of the interview, Ana was in a vulnerable situation resulting from Victor's arrest. He was serving time in the socio-educational measure due to the physical abuse against her, so she felt guilty for the situation at the time. Given the fragility, the interview with Ana had to be interrupted, and it was not possible to access it at other times for this purpose. Although reports of constant physical and verbal abuse against Ana are always brought up in visits to the CnaR, she also places Victor as her "protector". She has been in a relationship with him for 19 years, having two daughters and a son with him, whom she lost custody of. Currently, the oldest daughter lives with Ana's grandmother in another inland city in Pernambuco state, and the other two children live with Victor's father and mother, a context that Ana always brings up as something that causes her suffering due to the difficulty in seeing the children. During the interview, the loss of custody of the daughters and son, the loss of family members, and breaking bonds with them were constantly brought up, and she reported a feeling of loneliness related to the problematic use of alcohol. Ana still maintains the only family bond with her grandfather, so her routine alternates between periods when she stays at the market or his house. However, she has difficulty staying at home with him due to a lack of food and loneliness.

The report by Ana and other collaborators points to what the literature brings about when discussing how the situation of being on the streets or surviving from it is preceded by an overdetermination of factors that are difficult to grasp. These are cross-sectional to each subject's life story, occurring as a "marginal drift"[15]. Understanding these social inequalities from Robert Castel[23] onwards, one can speak of social "disidentity" or disaffiliation, a perception that reiterates the dynamics of exclusion preceding the completely desocializing effects of the marginalization of subjects.

In this sense, it is crucial to understand the determinants that encompass marginalization. When talking about his trajectory, Raul brings in his statement one of the leading social issues to PLS in Brazil, pointing out racism and the social organization that stems from it as the cause of impoverishment for a large portion of the population: "It is the social pyramid: all the money is up there, and nothing down here, and most of them are blacks" (Raul).

Thus, we see how Brazil "went from a slave labor market to a formally free one, but kept all slavery potentialities in the new situation". This class agreement reverberates in the structural racism that historically crossed the establishment of Brazilian society, decisively reverberating in the number of PLS[24]. The National Survey on the Homeless Population[6] expresses this reality by pointing out the sharp discrepancy between the number of black people (black and brown) (67%) and the number of white people (44.6%) within this excerpt, which is also observed in the city where this research was carried out.

Given the above, it can be seen that multiple reasons lead people to live off/on the streets, all

of which are expressive of the relationship with a process of loss or rupture. These are updated in daily life so that new breaks are imposed, and the need to weave other paths is materialized in the invented place[5].

Drugs, the medicalization of social problems, and control

This axis proposes to talk about drug use among the PLS, bringing the different meanings attributed and the relationships established within the socio-historical context in which this event is established. It starts from the perception brought by Antônio Nery[25] when addressing substance use as a human issue, referring to their personal and social needs. In this sense, he points out the importance of understanding the relationships established with drug use from the "gaps/faults" (p. 20) that underpin each subject's story.

By discussing this issue, Maria Rita Kehl[26] brings out the need for all subjects to escape to endure reality, considering the problematic use of drugs as a symptom highlighting the problematization of all relationships in contemporary life. This practice is also part of one of the underlying fabrics of being on the streets, implying means of sociability and addressing hunger and facing psychosocial difficulties[27].

Understandings in the statements of collaborators and the research collaborator, in which the fact of being on the streets for many years, hunger, the humiliation often suffered, loss of family and custody of children, disrupted bonds, and loneliness were brought as a motivation for use, as Guimarães states in the excerpt: "[...] I miss them all, I feel sad, it makes me want to kill myself. I hear voices and see things. So, I prefer to use and drink because I forget the voices and don't see anything. Drugs and cachaça cut all this off and kill my pain a little".

It is essential to consider the uniqueness of the relationship between any substance and the person who uses it[28]. It is crucial to understand the subjectivities and sociocultural contexts in which consumption occurs[29]. This sociocultural context concerns the physical, social, and cultural environment, enunciated as the "setting" where drug use takes place[30].

The social variables and control measures that make up the "setting" influence the drug use-related effects and the social consequences of this practice.[30] As a result, knowing the context in which the subjects experience substance use enables us to understand their experiences, which reflect or are related to social settings[31].

Besides the doses and pharmacological nature of drugs, the ideas and beliefs built around them also influence their subjective effects. In this sense, interpreting its effects and addressing the consequences of the experience unfold on the use modes[31].

Given the above, it is essential to reflect on how the negative discourses related to crack cross the relationship between PLS and this drug, considering that many users of this substance identify with these premises[32]. All of the four male informants reported using multiple substances, having already used or currently using crack.

In all the different contexts referred to the inclusion of crack in their consumption practices, they brought a very negative perspective on the drug, which was not necessarily compared to other substances, as can be seen in the following excerpts: "This crack is violent. It came to destroy many people. Whoever enters this crack really takes a while to get out. It takes a long time because it is very addictive." (Raul); "[...] then I came here to reduce my years because I didn't use crack. Then I started using crack here." (Galeano); "There are simple things that the drug [crack] makes you forget. Then, there is a time that you give up the drug life, and you start to see what you have truly become." (Bob).

Antônio Nery[29] points out structural determinants as the great producer of crack's disastrous effects, bringing the work of the media to publicize issues related to poverty and violence, without bringing, however, the social nature of the problem. Thus, he focuses on events such as crack use among layers of the population excluded by the current socioeconomic model from the place of individual pathologies.

Thus, the reality of the most affected subjects is disregarded[32]. Nor is it said about how the sensations caused by use are "highly subjective experiences, driven by the social imagination that claims immediacy, extreme pleasure, risk, dizziness, speed for our lives"[31]. Processes that contribute to forms of subjecting this public, from the imagery construction of the place of people captured by the drug. These subjects are socially killed so that they "resort even more to drugs, affronting society in broad daylight". (p. 16)[32]. It is a reality pointed out by the interlocutors in the statements such as Bob's, who stated that "society wants you to be ready to reintegrate, but it is never ready to accept you", and Raul, who points out the racist bias of these practices to which impoverished people are submitted:

Why is it that only the poor who live in the favela, who live in the ghettos, are the ones who are

discriminated against? [...]. Do you know what is missing? Opportunity, which they don't even give, right? It's the social pyramid. All the money is up there, and nothing at the bottom, where most are black [...] So, is it like this forever? (Raul)

In contrast to the several measures of control over the individual and collective body, HR proposes to look at the uniqueness of drug users. In this sense, it values the leading role of social actors, opposing care medicalization by promoting the autonomy and emancipation of subjects and groups[33].

Harm reduction, singularities, and care production in the territory

PLS statements about the difficulty of accessing health services were constant during the Street Clinic (CnaR) practice, which was also experienced in the articulation of CnaR with other services to ensure comprehensive care. Problems regarding care seem to deteriorate among PLS who use drugs through the dual process of stigmatization they endure, so that health services recurrently reproduce marginalization, placing this population on the sidelines, neglecting their care process[7].

Given this, to expand PLS access to health services, the CnaR was established by the National Primary Care Policy (PNAB)[34] in 2011, a service that makes up an intersectoral network, in which it is inserted to produce a unique therapy for PLS[35]. Care production modes were brought in the interviews through statements such as:

Some CnaR people like us. They accept us [...], and there are no frills to talk to us. People talk, sit, give a hug, a smile. Wow, it's so good to feel welcomed even when you're on the streets (RAUL).

They come after me for everything I need. I'm a drug addict, drink cachaça, and use drugs [...] they never judged me for what I am [...] My life is not easy, but they help me with everything: verbally, physically, and psychologically (GUIMARÃES).

In CnaR practices, the need to address the unpredictability that invades the routines of health services at all times, related to the "encounter with life stories in distressing contexts in its course", is intensified. (p.5)[35]. Care processes that dialogue with the physical, social, and cultural environment in which use occurs, the "setting" brought by Norman Zinberg[30], enable the understanding of the uniqueness of the relationship between the subject and their use practices.

These actions take place in the territory, in contact with the relational space of the subjects, dealing with the production of meanings forged in the fabrics between natural settings and social history[36]. The approximations of these territories transcend the physical context, enabling the understanding of social, economic, political, and cultural values that cross different existential territories[36].

When assisting people who make problematic drug use, we should consider the culture and knowledge of the local worlds of meaning to provide care. Thus, we can outline concrete issues and objectives, which dialogue with different realities and subjects[37]. This type of care production speaks of a participatory approach, bringing the importance of the different actors involved in the process having a voice, identifying problems and approach criteria[38].

This perspective helps us build practices in which possible ways of singularization are possible from the meeting, which allow the construction of new territories and new meanings within the care processes. Thus, possible interventions are established based on different consumption forms and consumer groups, producing autonomy and a certain "level of self-control"[35]. Constructions are brought up in the statements of Guimarães and Bob when talking about the singularities in the care strategies built in everyday life:

I used to smoke 30 to 40 stones a day in the past. Today if I use two or three, it's a lot, but my thing today is cachaça [...] I feel more side effects, but I eat and sleep better. Today I'm quitting the cachaça to be free. I've quit cigarettes, but I smoke one or two cigarettes a day [...] I also noticed that I couldn't smoke marijuana because I'm schizophrenic. I feel sick when I smoke marijuana. So, I avoid it, but I occasionally do a couple of puffs because it makes me hungry. I used to weigh 51 kg, 48 kg. Today, I weigh about 78 kg. (Guimarães)

I usually have my material for use. I hardly share a pipe. I don't do injectable drugs (they are very dangerous and more expensive). Whenever the opportunity arises, the CnaR team comes, they open the opportunity to test for the guy to see if there is any contamination, caught a virus, or something like that. I always do it because I will use drugs as much as I'm careful, and I won't be in my normal state. (Bob)

Final considerations

Given the above, the importance of reflecting on the drug-using PLS is highlighted beyond the

lenses of dichotomous normativity that organize existential space and territories. For the construction of care processes, it is necessary to look at "the process of recreation at the extremities"[5], moving understandings about ways of life that escape the logic of the hegemonic world. These possibilities can only be realized in the territory, where one can understand the PLS' and meetings' specificities that allow for singularization processes. It is necessary to be open to the encounter with the deterritorialization of meanings and practices to reinvent care that produces life in the street arena.

Collaborations

LS Marques worked on the conception, design, data interpretation, paper writing, and approval of the final version to be published. JHM Costa, MM Gomes, and MM Silva worked on the conception, design, critical review, and approval of the final version to be published.

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