Inequalities and Social Exclusion among Homeless People: A Brazilian Study

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Abstract

Objective: *Analyze the factors that form the basis of the ruptures separating homeless people from their social support networks, as well as to understand everyday living.* ***Method:*** *Qualitative ethnographic study, data collection consisted of open interviews about life stories and participants were 15 homeless people.* ***Results:*** *Participants were born in households whose past generations had already integrated areas of social vulnerability and poverty. Family relations were marked by violence and disintegration. The daily lives of these individuals included proximity to violence and crime, the presence of inequities and lack of access to decent living standards with the predominance of early death caused by murder, injuries, infectious and sexually transmitted diseases.* ***Conclusions:*** *the instability of public policy, social assistance and health programs targeting this population and the tendency to medicate a problem that transcends the clinical setting, presenting as a result of social determinants that are historically constructed in contemporary society.* ***Descriptors:*** *social vulnerability, poverty, social inequalities, social determinants of health, alcoholism, street drugs*

Introduction

The phenomenon of homelessness affects several countries worldwide. It is polysemic and results from a multiple determination process, such as economic crises, deterioration of working conditions and relationships, and impairment of social security systems. This hampers the insertion of individuals and groups into economic and social structures, leading to a situation of social vulnerability that refers to the impact resulting from the configuration of structures and socioeconomic institutions on communities, families, and individuals in different dimensions of social life. These individuals and groups are in a zone of instability between integration and exclusion that results in difficulty in accessing the social, economic, and cultural opportunities provided by the state, the market, and society. This difficulty of access generates weaknesses or disadvantages for the performance and social mobility of the actors and increased insecurity and defenselessness, which highlights the sense of exclusion as well as delinquency problems, resulting in sub-human survival conditions, below the standards of a dignified life (Adorno, 2011; Beijer, et al, 2011).

This social phenomenon is of paramount importance to the composition of poverty in capitalist societies, pointing to the increase in the number of socially excluded people as a direct result of new configurations between the economy and work (Moene and Wallerstein, 2001).

Some social analyses indicate the crisis of the welfare state, the globalization of the economy, and the neoliberal orientation of economic policies as important factors that generate exclusion of large sections of the world population. These factors result in the ending of social protection mechanisms, with a consequent increase in the number of people in extreme poverty, and a rupture in social networks of support, as well as the weakening of the bonds of social solidarity that are responsible for the social cohesion of groups and societies (Castel, 2001; Domingues, 2005; Sorj and Martuccelli, 2008; Sapir, 2006).

With the deterioration of the labor market, the weakening of work relationships, and continuing unemployment, there is an increase in those social segments that experience conditions of exclusion. These groups suffer exclusion from labor markets and a breaking of social bonds based on their lack of access to the media and associations of social belonging; this leads to a rupture in social networks of support. Such a situation results in intense fragilities in the lives of these people, leading them to depend on social work services (Paugan, 2007; Salem, 2013)

In Brazil, this phenomenon originated in the process of industrialization that occurred in the period from 1930 to 1980, replacing the agro-export accumulation model in the country (Silva, 2009). However, historical causes have been identified for the permanence of populations in extreme poverty in Brazil, with strong rates of social, economic, and political differences that endanger the democratization of society. As a result, there is a coexistence with a logic that is present in several aspects of economic, social, cultural, and political relationships that allow a portion of the population to live in situations of deprivation, including poverty, subservience, inequity, inaccessibility, and public misrepresentation (Travassos, Oliveira and Viacava, 2006).

A census study including 71 Brazilian cities identifying a contingent of 31,922 homeless adults shows that most of them live on the streets during the productive period of life and present high rates of social vulnerability associated with poor income-generating activities on the streets. Thus, this study shows the profile of this population, highlighting that there is a predominance of males (82%) and that more than half (53%) are in the economically productive age, ranging from 25 to 44 years old. Among the reasons for living on the streets they mention alcohol and drug abuse (35.5%), unemployment (29.8%), and family disagreements (29.1%). Such a population presents low income levels; most of them (52.6%) earn between R$20 and R$80 per week. Their main activities are as: recyclable material collectors (27.5%), car washers (14.1%), construction workers (6.3%), cleaners (4.2%), and baggage men/dock workers (3.1%). Fifteen percent of the interviewees reported asking for money as the main means of survival. These data are important to demystify the idea that the homeless population consists of beggars, as these comprise a minority (Brasil, 2008).

The Course of Occupational Therapy of the Ribeirão Preto Medical School at the University of São Paulo began its educational/extension activities with homeless people in 2011, based on academic practices developed at the Reference and Specialized Social Assistance Center for Homeless People of Ribeirão Preto (CREAS-POP-RP). By means of group dynamics developed with users of this service and through reports, situations frequently experienced by this population marked by social stigma and prejudice were identified, as well as inaccessibility to health care services, including primary health care (PHC) and other levels of care (secondary and tertiary). Moreover, lack of access to other essential public services was also identified, including: work and income, education, housing, transport, culture, sports, sustainable environment, and decent life quality.

In order to better understand the daily reality of this population and the factors that have led to the rupture of their social networks of support, we conducted research in 2012 and 2013 aiming to understand and identify, through the life histories of the homeless population, the factors that generated those ruptures of social networks of support (family, community, education, and work). The specific objectives were to (a) identify the sociocultural and historical contexts in which the rupture of the social networks of support—familial, community, school, and work—occurred, (b) to identify the social, economic, historical, and cultural factors that triggered the rupture with social networks of support, and (c) to produce a documentary film about the daily life conditions of homeless people, aiming to enhance discussion in social centers such as schools, state departments, and society as a whole. The idea of producing the documentary resulted from the following factors: identification, by means of the mentioned experiences, of socially discriminatory attitudes by the population in general in relation to poor and homeless people; preconceived ideas in relation to homeless people and with respect to the conditions that generate their situations; lack of effective public policies to eradicate poverty and social inequities; and verification of the existence of welfarism and palliative policies that just reinforce such situations instead of confronting them.

The research was conducted by the Course of Occupational Therapy of the Ribeirão Preto Medical School at the University of São Paulo (TO-FMRP/USP) in the city of Ribeirão Preto-SP, Brazil.

The research was submitted and approved by the Research Ethics Committee of the Health Center of the Ribeirão Preto Medical School at the University of São Paulo under protocol number 136596.

Methods

The research was characterized as an ethnographic study based on a qualitative approach. Thus, it was premised on understanding the factors that led the individuals to inhabit, work, live, and socialize in public spaces/streets from their own perception of the phenomenon, that is, to understand, from the perspective of homeless people, the factors that led them to that situation. Therefore, visits were made to places commonly frequented by homeless people, such as squares, streets, and abandoned/unattended sites, among other places, which under the circumstances of the context are considered as the natural environment of these individuals. Based on the ethnographic method, producing knowledge that results from longstanding contact with people in their natural environment, represents a central element in the research (Minayo, 2008; Nakamura, 2011).

In addition, interviews were conducted in a commonly frequented social service organization specializing in care for homeless people, the Reference and Social Care Center Specializing in Homeless People of Ribeirão Preto (CREAS-POP-RP), which is affiliated with the Social Service Department of Ribeirão Preto. CREAS-POP is a service that operates only during the day and its function is providing food, personal hygiene, and clothing, as well as social services such as documents, links to work opportunities, and contact with families. It does not provide night shelter. Those who want night shelter are referred to another service that provides such a function (Ribeirão Preto, 2011).

The researchers' team also found it important to conduct interviews in this place, as it is a social service establishment often frequented by the studied population that attempts to meet the guidelines of the Brazilian National Social Service Policy, integrating the services of the Unified Social Service System (SUAS-BR), which is accessible to municipalities with over 250,000 inhabitants (Brasil, 2010). The research team aimed to identify whether there were differences between what the homeless people who were interviewed on the streets said and what was said by those who were receiving attention from a social care service. Accordingly, six interviews were conducted on the streets and nine at the CREAS-POP, totaling 15 interviews.

Therefore, the participants of the research were homeless people, that is, people who at the time of the research were inhabiting, working, living, and surviving in public spaces such as streets, squares, viaducts, bridges, and abandoned/unattended sites, among others.

The criteria for selection of individuals were: homeless people of both genders, over 18 years old, from different ethnicities, and who agreed to participate in the research and be recorded.

The criterion of sampling by saturation was used to stop the selection of new individuals. The interviews with the participants were recorded, and this was followed by in-depth analysis of content through careful and repeated reading and listening to the recorded material. This enabled us to learn the deepest meanings of the speech and the meanings given to the phenomenon by the individuals. Sampling chosen by theoretical saturation is operationally defined as the suspension of inclusion of new participants when the data obtained start to present, in the evaluation of the researcher, a broad representation, indicating that further interviews would be redundant for the understanding of the topic under study, and therefore the persistence of data collection is considered irrelevant. In other words, the information provided by new participants in the research would not make a significant difference to the material already obtained; thus it would not significantly contribute to the improvement of the theoretical reflection based on the data being collected (Fontanella, Ricas and Turato, 2008).

Our approach to the individuals in public spaces/streets and CREAS-POP was direct, with an introduction of the research, its objectives, and methodology. The interviews were characterized as being open-type and involving life histories. They were recorded and filmed because, after the end of the study, a video-documentary was produced. Its purpose was to introduce discussion into society of the issues imposed by the social reality under study by means of scientific-cultural events in social service, health care, and cultural and educational establishments in the city of Ribeirão Preto and in the state of São Paulo.

It is important to note that the production of the documentary occurred in tandem with the research, as the production of the video coincided with the data collection process; that is, the data collected are contained in the filmed reports. The production of the film began with the development of a screenplay in which the scenes, shifts, and locations (sets) of filming, and the characteristics of the homeless people, the argument, and the recording team functions were included. In turn, these were generated from the objectives of the research.

The research team that carried out the approaches was composed as follows: one research coordinator, interviewer and documentary director; one assistant director for the documentary and recording camera operator; one technical occupational therapist specializing in laboratory training via the course of OT-FMRPUSP, who operated as the producer of the film; and three students of the course: one as production assistant and two integrating the direction of photography in the daily field record and storage in the database. In addition, two professors participated in the stage of argument development and research planning.

Fifteen individuals were willing to participate; however, there were also five refusals. The justification for such refusals was reported to be fear of being recognized by family or acquaintances who might recognize them in that situation, which would cause an immense sense of shame. Those who agreed to participate received a free and informed consent form with information about the research. Upon agreeing, each participant signed it. The form was provided in two copies—one for the individual and one for the researcher. A second consent form was presented to the individuals—outlining the terms of use of image and voice—commonly used in film production activities.

The initial question posed to the individuals asked them to tell their life histories, including family background, birth, and continuing until the present moment.

The data analysis was performed with the use of theoretical reference to the critical hermeneutics of Jürgen Habermas, which provided a basis for a reconstructive interpretative approach to the data. In complementary perspective, on the one hand the ethnographic methodology provided us with the tools for a description of the data based on the self-perception of the individuals; on the other hand, Habermas' hermeneutics instrumentalized us for an interpretation of the individuals' statements, that is, considering how and what the interviewees think and why they think in a given way. This enabled us to assign certain reasons to the factors that led them to their homeless situation, and we could hermeneutically contextualize their statements—culturally and historically—thereby obtaining an expanded and comprehensive knowledge of the phenomenon under study (Habermas, 1990; Bauer and Gaskel, 2002).

The critical hermeneutic reference allows an interpretative analysis of the statements, their cultural contextualization and historicizing, how and why such statements—and not others—were produced at this historic and cultural conjunction (Habermas, 2007)

The stages of the data analysis were as follows:

- Data arrangement was carried out through the activity performed by the research team, which as a group watched all of the interviews repeatedly (a task similar to the process of reading and rereading the texts), carrying out a data analysis of the printed material from the interviews according to the thematic content analysis method. From this stage, the following thematic axes were developed: (1) family history and birth of the individual; (2) educational experiences; (3) rupture of family ties; (4) work experiences and ruptures; (5) daily life and; (6) perspectives on life.
- Identification of emerging themes that outlined certain symbolic universes shared between the participants in the research and a crossover with data in the literature.
- Establishment of relations with the field of fundamental determinants, such as: cultural, political, economic, and social conjunctures in which the statements find reference for their construction.
- Establishment of relations between the thematic axes and the historical constitution process of the social group being researched and why they build such conceptions about the phenomenon under study.

Thus, meaningful sections of each interview were selected pertinent to each category above; that is, the selected sections corresponding to the statements were arranged according to each thematic category. These sections were then studied by the research team, which recorded, through the statements of the individuals, prevailing information that outlined discursive patterns with similarities of historical and cultural data and current events among all the statements.

Based on the repetition of the filmed interviews, i.e., of the selected sections, it was possible to point out the connections between the various life histories and contextualize them in light of the literature on the subject in terms of the social, cultural, historical, political, and economic development of Brazilian society.

Although the information obtained through this research is significant and has shown that it can be generalized when compared to other studies reported in the literature, there are limitations of the collected data. Thus, the need to extend this study to other municipalities in the state of São Paulo and other Brazilian capitals is pointed out. It is also pointed out that there is a need to conduct further research that combines qualitative and quantitative methods, that is, combines life histories and census information based on sociodemographic data treated statistically.

To conduct the present study, the research protocol was previously submitted for approval by the Research Ethics Committee of the School Health Center of the Ribeirão Preto Medical School of the University of São Paulo. Participants were requested to sign the Free and Informed Consent form and the Terms of Image and Voice form upon full and detailed clarification of the research, its objectives, methods, expected benefits, potential risks, and any inconvenience that might occur. This was done in order to guarantee that the use and publication of the collected data would maintain confidentiality about the identity of the participants and the reliability of the data in accordance with the ethical aspects advocated for research involving human beings, as provided for in Resolution 466/2012 (Brazil, 2012). The data collection was initiated only after approval of the project at all levels of analysis of the ethical procedures of the research.

Results

The interviewees and their life histories consisted of homeless people of both genders, aged between 18 and 64 years old, living in Ribeirão Preto-SP, Brazil at the time of data collection.

According to the results, most of the surveyed individuals were born in other states and cities. Only two had been born in Ribeirão Preto. The prevailing states of origin of the individuals were Pernambuco and Minas Gerais, states in the northeastern and southeastern regions of Brazil respectively.

The individuals claimed to be literate; however all of them presented with low educational levels. Dropout usually occurred during primary school. Although they were literate, they had difficulty in signing the consent forms. They also reported that all of their family members (grandparents, parents, and siblings) had dropped out during primary school or that they had not even attended school.

Through their life histories it was verified that for several generations the families of the individuals in the study had existed in a social segment of extreme poverty linked to low-income working activities and integrating zones of social vulnerability, which presented multiple deprivations of economic, cultural, social, and health-related orders.

"...my parents, siblings, no one in my family attended school." (Otavio)
"...I studied up to the second grade..." (Wilson)
"...I was born cleaning cow manure. I have no knowledge nor reading..." (Benverlandio)

The interviewees also reported having worked in low-income activities. Only two had worked as laborers in companies. It was observed that the individuals over 40 years old mentioned formal professional activities (laborer, mason, painter), but the younger individuals (between 18 and 30 years old) reported that they had not developed any formal professional activity. Activities for income reported for this age group were: drug trafficking, recycling, car washing, and begging.

Family ties in all of the reports showed intense processes of rupture. Older participants pointed to the early death of parents and siblings. Younger individuals mentioned the existence of family members; however, the bonds were poor, with ruptures occurring during childhood and adolescence and frequent parental absence. The causes of this absence include both abandonment due to affective-loving relations with new partners, and parental imprisonment. In addition, other factors were pointed out as causes of breakdowns of family cohesion: poverty and famine in the family, sexual abuse, psychological and physical violence imposed by adults, and problematic use of psychoactive substances.

"...I lived with my uncle and aunt; I have never met my parents..." (Luís Carlos)
"...my father went out into the world and had 17 other children with other women; that's how life is: going out to the world like my father did is the way…" (José Cosme)
"...I was abused by my father and my mother blamed me..." (Naiara)

Everyday life on the streets was pointed out as an experience marked by poverty, abusive relationships, links with crime, prejudice, impotence, loneliness, and despair. The individuals reported situations in which they had been robbed, raped, abused, involved in fights for objects or territory, and suffered generalized prejudice and acts of violence by society. Also, most of them were continuously involved with the problematic use of psychoactive substances. They also reported the occurrence of early death. The main causes included murder, tuberculosis, and sexually transmitted diseases, particularly human immunodeficiency virus (HIV).

"On the streets one has to kill or die..." (Gladison)
"Life is not easy on the streets; it is very hard..." (Otavio)
"Rascals steals everything from us; they stole even my shoes..." (José)
"I lost all my documents...they stole my watch, my rings, my necklaces..." (Benverlanio)
"They abuse the girls on the streets..." (Telma)
"For women it is very hard to live on the streets, particularly those who have children..." (Roseli)
"You cannot sleep because someone may come to kill you; one day a guy attacked me, I hit him with a stick and he fainted..." (Gladison)

Three interviewees presented life projects in which the wish to have a job and a house was present. However, three respondents indicated that their most likely fate would be death, and three others said that they would probably die if they could not change their life condition. The rest of the individuals presented ambiguous life projects that included a wish for life changes; however there was strong hopelessness in the discursive content and discredit of the alternatives offered by health and social assistance programs.

Therefore, the interviewees presented different definitive reasons for living on the streets: death in the family; sexual abuse and violence by parents; marital separation; new marital configurations with rejection of children from the first marriage, or abandonment by parents of children from a previous marriage; prison sentences and release from prison; and violence, alcohol, and drug abuse, predominantly rum and crack as psychoactive substances.

One aspect in particular became relevant in the presented results, as it appeared in all of the life reports and comprised the definitive self-perception of all of the participants in relation to the factors that led them to become homeless, actually concentrated in only one factor: the problematic use of psychoactive substances. Most of the interviewees had already attended rehabilitation clinics for chemical dependency; a few had attended the Psychosocial Care Center for users of alcohol and other drugs (CAPS-ad), a community mental health service linked to the Brazilian Unified Health System (SUS). Others were not informed about this health facility. Still others did not believe in the existence of an effective means of treatment.

"...my father died on alcohol, my uncle died on alcohol...I am on alcohol since I was 7..." (Wilson)
"...my mother is addicted, my sister is addicted..." (Naiara)
"...I am on alcohol since I was 14..." (Luís Carlos)
"...my sister is also addicted and her case is even worse because I am on the streets and she is in prison..." (Roseli)
"...when I left the clinic my family did not want me at home, so I had to stay with the traffickers or go to the streets.."(José Marcos)

Discussion

The life histories showed that social vulnerability and exclusion prevail in family histories, from past generations to the present. Invariably, people descend from a family structure whose history is marked by illiteracy or low educational level as well as low-income employment. They reported dropping out of school to work on informal income-generating activities as immediate measures to fight poverty or misery. This reality coincides with other studies with this population, including those in other countries (Granjeiro et al, 2012; Baggett, et al, 2013; Sarajlija, et al, 2014; Sarmiento, 2013).

The reports showed a prevalence of vulnerability, poverty, and fragile ties that appears from past generations and seems to worsen in the present, in which the rupture of the current individual is found to be the "tip of the iceberg" of a process that was already underway. These data are inserted into an analysis of a national conjuncture in which historical, social, political, economic, and cultural factors are articulated to establish a society in which economic policies are the producers of immense social inequalities. These factors are aggravated by palliative programs, the inconstancy of government projects that are unable to manage effective social and intersectoral public policies, and the recurring prevalence of the private interests of ruling groups over public interests (Dedecca, 2010)

Brazilian society is also marked by a characteristic inherited from its slaveholding past, which through a culture of naturalization of poverty remains indifferent to social inequalities, understanding the huge inequalities as the "natural" qualities of misfits that disqualifies individuals from higher education, qualified jobs, and social life (Henriques, 2003). This "naturalization" of inequality is an engineered cultural product based on an exclusionary social agreement that does not recognize full citizenship in a universal manner. In this process, the citizenship of included individuals is distinct from the citizenship of excluded ones. As a result rights, access to services, public goods and facilities, and opportunities are distinct as well (Accorsi, Scarparo and Guareschi, 2012).

Recent studies have pointed out the reduction of poverty rates in Brazil from the last decade, in the 2000s, as a result of income transfer programs and policies. However, other studies show that, from a multidimensional perspective of the inequalities in Brazilian society in which the income factor is not exclusively taken into account, the inequalities remain present in other important areas that affect a good life quality, such as access to public goods and services, education, health care, land, the formal labor market, transport, nutrition, sanitation, water, and housing. Thus, reducing income-related poverty is not enough. It is also necessary to fight socioeconomic risks, the prevailing informality in the labor market, school disparities, and the poor health conditions that prevail among the poorest population. Eradication of social injustices and full social investment with egalitarian access to social rights are also necessary (Lavinas, 2007; Haag, 2012).

Conditions of extreme social vulnerability, multiple deprivations, inaccessibility of health services, and sub-human life conditions related to the prevalence of tuberculosis and sexually transmitted diseases are identified by several studies in Brazil and other countries (Brito et al, 2007; Granjeiro et al, 2012; Laurenti, et al, 2012; Lee et al, 2013). However, it is pointed out that there is a tendency in large Brazilian centers to treat this problem through a single approach technique, which reduces all of the complexity involving the homeless to medicalized actions.

The use of alcohol and other drugs was inserted in the life reports as the main cause that promotes all of the other ruptures experienced by the individuals, and that generates the homeless condition. This discourse also prevails among social workers, as well as among health care and mental health professionals.However, when we make the intersection of these descriptions with the life histories we find a contradiction, namely the history of vulnerability and poverty that has been taking this social segment away from the impartial life standards for generations and past decades.

Thus, we can interpret the reductionist discourse, in which the exclusion of these individuals to life on the streets is exclusively caused by the abuse of psychoactive substances, as originated in social representations spread from preconceptions formulated through a media-produced "common sense" influenced by certain ideological interests that eventually generate a *poverty psychiatrization* process. This interpretation of reality reveals the process of appropriation by the medical institution of social, political, and economic issues, and of treating them under a clinical perspective. This does not take into account factors and aspects deeply rooted in the culture and history of the social formation of Brazilian society. Thus, in assigning the huge problem of poverty in this population to a result primarily of the "chemical dependency" condition (according to medical terminology) and reducing it to a solely clinical problem, the problem is legitimized as being possible to institutionalize and justifying the confinement of homeless people in hospital institutions and on compulsory treatments (Alves, 2009).

Moreover, this process of reducing homelessness and the whole problem experienced by this population to the condition of a synonym for abuse of alcohol and other drugs has, in our view, the function of hiding determining factors related to the condition of poverty in Brazilian society as a particular form of social organization and its political and economic orientation that promotes social inequalities and maintains the social exclusion of several segments of the population.

The discourse of "chemical dependency" as it is propagated by health care and social service organizations and institutions and by the media in general is fully appropriated by the homeless people we interviewed, particularly those who are receiving direct attention from such institutions. This appropriation has a dual function: the first is inserting and legitimizing the condition of homeless people as depending on the health and social services into which they are inserted as users; the second is the form found by homeless people to be socially included. If individuals present another discourse that differs from accepting themselves as addicts and as patients under medical treatment, they may not find any social insertion at all. Thus, even though individuals do not quit the use of psychoactive substances, it is necessary to reproduce the discourse that this is the only cause of their homeless condition.

In the presented perspective, we do not aim to minimize the phenomenon of the problematic use of psychoactive substances, whose prevalence is extremely important among homeless people, but to understand that considering this problem as the sole triggering factor of the homeless situation and extreme poverty is a dangerous reductionism that neglects other social, political, and economic factors that are also important and are present at the root of the problem as generators and reproducers of poverty and social inequalities in Brazil.

As a social and public health problem, the abuse of psychoactive substances is within the occurrences approached by the Social Determinants of Health (SDH), and it is produced in the extent of the social inequities that mark the increasing vulnerability of the poorest sections of the population (Zione and Westphal, 2007; Assis et al, 2009).

The social determinants of health are defined, with a few differences among the existing references, as the social, economic, cultural, ethical/racial, psychological, and behavioral factors that influence the occurrence of health problems and their risk factors in the population. According to the WHO model on the Social Determinants of Health (CDSH), the social determinants of health (DSS) are defined on three levels: structural and intermediate determinants; sociopolitical context; and the contexts in which it is possible to deal with social inequities. In turn, all of these factors are conditioned by the political macro-determinant linked to the globalization of the economy and its effects on national economies, resulting in political organizations that are focused on economic development to the detriment of social policies (WHO, 2012; Commission on Social Determinants of Health, 2008).

Although the SDH also include the ways that people, groups, and populations work, their cultural manifestations and their conceptions about health, disease, and means of treatment, the iniquitous conditions in which many social segments are inserted have most impacted and determined the persistence of diseases, conditions, and status that could be eradicated. In other words, there is technology and knowledge for this, but an effective resolution cannot be achieved, thus configuring an avoidable, unfair, and unnecessary reality experienced by this group of populations in their social vulnerability (Moene and Wallerstein, 2001).

We emphasize that social inequities are unfair, unnecessary, and avoidable by themselves, as they essentially consist of inaccessibility to basic dignified human life conditions. Therefore, these discriminatory conditions are iniquitous by nature, because they are unjustifiable under any aspect, as they are inhuman, unnecessary, and avoidable, because they are inequalities imposed by other human agents in their social relationships, relationships marked by inequities of power (economic, political, and sociocultural) rather than by natural or technological agents (biological and/or lack of knowledge or technology to cope with diseases).

Thus, based on the reports of the interviewees, it is verified that there is a developed family history immersed in a reality of social inequities, and these life histories reflect, in turn, a reality experienced by a significant number of populations in this country that are socially vulnerable. The spreading observation of the abuse of psychoactive substances is immersed in this history of social vulnerability, and it is reproduced from those existential conditions marked by inequities. Therefore, we point to the need to look more deeply at the problem of homeless people from the social, political, and economic determinants that generate social inequalities and trigger and exacerbate social and health problems in Brazil and worldwide.

Conclusion

In Brazil, with the democratization of the political and health care sectors, among others, from the 1980s, important results have emerged, such as the implementation of the Unified Health System (SUS) and the Unified Social Assistance System (SUAS), which brought attention to social assistance and health care within public policies and in universal character.

Thus, by contemplating articulated and continuous attention at the three levels of complexity, comprising prevention/promotion of health and the right to social assistance, income, work, education, housing, transport, and a sustainable environment, it is a relevant social advancement, aiming at integration of both actions and being.

However, the presence of a reality that is strongly marked by social injustice and inequalities is also noted. Thus, taking into account the social determinants of health and the eradication of social inequities, it is necessary to meet the local contexts, which are still marked by difficulties in accessibility to material and non-material goods and social opportunities. For this, we propose the creation of comprehensive care programs that are articulated in networks in a multiprofessional and intersectoral manner, uniting the health care, social assistance, and public administration sectors with civil society to seek policies and programs to eradicate poverty and social inequities.

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