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ORIGINAL ARTICLE

For the homeless, drugs are destruction and fun: a study in social representations

Na rua, a droga é destruição e curtição: um estudo em representações sociais

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ABSTRACT

This study aimed to analyze the structure of social representations of the homeless regarding drugs. It is a qualitative study, with 158 homeless people, who responded to a Word Association Test, with the stimulus "drugs", from November/2017 to January/2018. The data were processed using two types of software that enabled analysis based on the Social Representations Theory. In the graphic representations generated by the software, the terms "destruction", "bad thing", and "sadness" indicate a negative connotation in relation to drugs, in contrast to the term "fun", which revealed usage as an action to promote pleasure, or survival, related to the context of homelessness. For the investigated group, drugs represent an element of survival, which may enhance other vulnerabilities. The importance of a Damage Reduction Strategy in the care of the homeless stands out, as it considers the subject, their representations and specificities.

Descriptors: Drug; Homeless Persons; Free Association; Social Vulnerability.

RESUMO

Este estudo objetiva analisar a estrutura das representações sociais de pessoas em situação de rua sobre drogas. Pesquisa qualitativa, com 158 pessoas em situação de rua, que responderam ao Teste de Associação Livre de Palavras, com o estímulo "drogas" de novembro/2017 a janeiro/2018. Os dados foram processados por dois *softwares* que permitiram análise fundamentada na Teoria das Representações Sociais. Nas representações gráficas geradas pelos *softwares*, os termos "destruição", "coisa ruim", "tristeza" sinalizam uma conotação negativa sobre as drogas em contraponto ao termo "curtição" que revela o uso como ação que promove prazer, sobrevivência, relacionada ao contexto da rua. Para o grupo investigado, as drogas representam elemento de sobrevivência, que podem potencializar outras vulnerabilidades. Destaca-se a importância da Estratégia de Redução de Danos no cuidado às pessoas em situação de rua, pela possibilidade desta considerar o sujeito, suas representações e especificidades.

Descritores: Drogas; Pessoas em Situação de Rua; Associação Livre; Vulnerabilidade Social.

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INTRODUCTION

Drugs and being homeless are historical phenomena, characterized by overlapping vulnerabilities that result in social damage and damage to the health of people in this situation, as well as harming society. These phenomena are linked to social, cultural, moral, and economic questions and policies that generate inequalities, promoting exclusion and invisibility[1].

The magnitude of these phenomena makes them social and health problems of a worldwide order, for which public policies with specific strategies are required. Trying to deny or nullify their existence, through actions and campaigns covered with moral discourse under the argument of danger, does not remove the problem. It is necessary to reflect on why such phenomena appeared, and the political-social meaning and conjuncture[2], considering that involvement with drugs occurs in various forms.

Drug consumption is part of the daily life of human beings, with various reasons for their use, such as experimentation, relief from suffering, fun, family conflict, and use in festive environments. Depending on the context, type of substance consumed, and/or the person using, this conduct can result in situations of discrimination, condemnation, and/or social exclusion, especially when the substance is illegal and consumed by vulnerable populations, as in the case of crack[3].

Data from the World Drug Report 2018[4] indicates that in 2016, around 275 million people used drugs, representing around 5.6% of the world population between 15 and 64 years of age. Although drug consumption can provoke physical and psychological alterations, social damage, and damage to health, their use also represents a survival strategy insofar as their effects alter the perception of reality and produce sensations of pleasure, euphoria, and power[1]. Nevertheless, a moralistic, prohibitionist, and segregationist view still prevails regarding drug use. This establishes the classification of drugs into legal and illegal, which can result in situations of discrimination and/or social exclusion. In general, legal drugs are widely and legally commercialized and their use is encouraged, such that situations of abuse are socially accepted, which is different to the use, even when experimental, of illegal drugs. With illegal drugs, the user is labelled as an addict and a threat to individual and collective safety.

Consequently, being homeless may promote or enhance drug use, including as a form of sociability, acceptance and belonging to the homeless group[5,6]. The homeless population is considered a heterogeneous group, which has in common extreme poverty, broken or fragile family ties, and the absence of regular conventional housing, using public spaces on a temporary or permanent basis[7].

In Brazil, between 2007 and 2008, a study was carried out that reached 31,922 people experiencing homelessness (PEH)[8]. After 12 years, and despite excluding large municipalities, it remains the most important study carried out in the country. The identified socioeconomic profile revealed a predominance of males (82%), young adults, aged between 25 and 44, and afro-descendants with a low level of education[8]. The characteristics were similar to those of other countries, such as the United States, where of the 567,715 PEH, 61% were men, 73% were adults aged 25 or older, 19% were children, 48% self-declared as white, 40% as black or African-American, and 22% as Hispanic or Latino[9].

In general, PEH are "invisible", although they are present in the most diverse places on a daily basis. Their presence seems to constitute a threat to individual and collective safety, with the manifestation of reactions of distancing and discrimination. These reactions probably result from the stigma and prejudice arising from hegemonic representations constructed and attributed to PEH and their association with drugs.

The way in which people understand and react to the things around them generates a consensus of knowledge, which may interfere in daily practices[10]. Thus, accessing the representations of PEH regarding drugs results from the attitudinal dimension, as representation permeates the construction and expression of individuals. The study of social representations (SR) exhibits particularities of the represented object as it integrates the importance of binding to the group of belonging into the analysis of these processes, considering the importance of social and cultural participation[11].

Despite these phenomena, and the fact that drugs and PEH are widely discussed in national and international literature, no studies were identified that approximate to that discussed in the present study. It is noted that focus is given to the substance, diseases associated with consumption, and/or living on the street. Reinforcing these correlations corroborates the historical and social stigma that these people experience and is a doubly discriminatory recognition of those that use drugs. Thus, the aim of this study was to analyze the structure of social representations of people experiencing homelessness in regard to drugs.

METHODS

This is a qualitative study, based on Social Representations Theory (SRT)[10], focused on a structural approach. According to this approach, the elements of social representation present a socio-cognitive system, composed of elements organized hierarchically into two complementary systems, the central nucleus (CN) and the peripheral system[10].

Within this perspective, the CN is characterized as stable, rigid, and resistant to change, while the peripheral system is mobile and flexible and constitutes the most accessible and live part of the representational field. The main role of the peripheral system consists of protecting the CN, regulating

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and prescribing behaviors, given that it is fed through the intermediary of individual experiences, integrating data from what is experienced in accordance with the context from which they emerge[9]. It includes most of the elements of representation, which have a conditional nature as a result of their resilience and practice adapting representations to daily experiences[10,11].

The data were produced from November/2017 to January/2018, with 158 PEH, of any race/color, level of education, aged 18 or over, and linked to activities/services developed in the catchment area of a Psychosocial Care Center in the AD modality (Alcohol and other drugs), situated in the municipality of Salvador, Bahia, Brazil.

Data collection was carried out using two instruments: a questionnaire to identify participants with the purpose of obtaining the following information: age, gender, race/color, education, time experiencing homelessness, main reason leading to homelessness, drug use, work activity, and if they maintain contact with their family; and the TALP Word Association Test[12].

The TALP enables the acquisition of information that configures the central and peripheral elements. As a projective technique, it makes it possible for the researcher to structure the presented responses based on a term and/or expression stimulus, in situations of immediate, spontaneous evocation. It also makes it possible to identify possible consensual semantic universes of a determined group in relation to a given stimulus[11]. This technique has been widely used with SRT in national research in the area of Nursing[13,14], besides having provided important support to national[15] and international[16,17] studies in psychology, assisting in understanding the issue as one consisting of social interactions with other individuals.

Application of the TALP occurred individually, in the context of the street, in a reserved location, favoring the participants' free expression. The participants were asked to say up to five words that quickly came to mind upon hearing the stimulus term "drugs". The responses were recorded by trained members of the research team due to some participants' difficulty with writing. After recording the responses, the participants were asked to classify the evocated terms in order of importance (1 to 5), indicating the most important and justifying their choice. It should be highlighted that prior to applying the instrument there was a period of approximation of the research team, with one of the team members being a nurse at the PSCC AD, which favored tightening the bond of trust for collection.

The evocated responses were typed up, systematized, and grouped according to semantic content, aiming at homogeneity and analytical consistency of the *corpus*. Then, the data were processed through two specific programs[18,19], which enabled prototypical analysis and production of the maximum similitude tree, respectively. The processing on these programs enabled demonstration of the structural conformation of the representational field through the frequency hierarchy and mean order of evocations (MOE).

In the similitude analysis, structural conformation of the representational field occurs based on graph theory, from co-occurrences and connections established between the terms[19]. This is represented by a maximum similitude tree in which the standout words, in bold and considering font size, demonstrate traces of centrality and importance to the connection established between the elements, based on the thickness of the lines connecting one term to another. Thus, the greater the font size, the greater its frequency and contribution to the formation of connections of the respective tree.

Processing on one of the programs[18] is based on the frequency hierarchy and MOE, enabling identification of the evocations with greater frequency and lower MOE to compose the four-quadrant table. Its organization contains the CN (top left quadrant), the first peripheral (top right quadrant), the contrast zone (bottom left quadrant), and the second peripheral (bottom right quadrant)[10]. The set of words that makes up the four-quadrant table shows the elements, ideas, values, and beliefs socially and culturally propagated about a determined object, as well as specificities of the group in relation to the investigated object. For better understanding of the data, we identify fragments of speech in the results and discussion.

The research project was approved by the Research Ethics Committee of the Nursing School of the Federal University of Bahia (UFBA), in adherence to the current rules for research ethics. Participation of the interlocutors was voluntary, after reading, explanation, and signing of an Informed Consent Form.

RESULTS AND DISCUSSION

The profile of the participants is relevant to research in general, and especially to research on SRT, as it is based on the principle that a given social representation is of someone, or of a group, or about something. Thus, knowing who this someone is and where they are talking about are basic conditions for grasping the SR.

The group investigated in the present study was composed mainly of men, aged between 26 and 39, from Salvador, BA, black/brown in race/color, and with incomplete basic education. Among the reasons for being homeless, family conflicts arising from the use of alcohol and other drugs stand out. The mean length of time in a situation of homelessness was 10 years. Regarding work activity, there was a predominance of informal activities for payment, namely: car washing and/or minding, collecting recyclable material,

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street trade of candy, drinks and handicrafts, and working in civil construction.

In the organization and processing of the data, it was found that 676 words were evoked for the term "drugs", among which 107 were distinct. To compose the structural elements, the evocations with a frequency below five were discarded, resulting in the use of 94.5% of the *corpus*. In accordance with the Rangmot report produced using EVOC software, the four-quadrant table (Table 1) was formed with terms that present minimum frequency 5, intermediate frequency 18 and MOE 2.9.

Distribution of the terms in the table quadrants is conditioned to the frequency percentages and the MOE percentages. The frequency is in respect to the number of times that the term was evoked by the participants and the MOE indicates the evocation order, such that the lower the MOE, the more often the term was evoked. Thus, the elements of the CN, placed in the top left quadrant, present high frequency and an MOE lower than the overall mean. These characteristics reveal that the terms of the CN have a high symbolic value to the investigated group, being related to collective memory[10]. It is worth remembering that the terms of the other quadrants are organized around the CN,

Table 1. Structural configuration of the representations of people experiencing homelessness to the stimulus term "drugs": central and peripheral elements (n=158). Salvador, BA, Brazil, 2018.

Elements of the central nucleus			Elements of the 1st peripheral		
Frequency ≥ 18 – MOE < 2,9			Frequency ≥ 18 – MOE ≥ 2,9		
Element	Freq.	MOE	Element	Freq.	MOE
Destruction	84	2,119	Losses	26	3,423
Bad thing	79	2,253	Destroys health	18	2,944
Sadness	30	2,467			
Fun	22	2,318			
Elements of the contrast zone			Elements of the 2nd peripheral		
Frequency <18 – MOE < 2,9			Frequency < 18 – MOE ≥ 2,9		
Element	Freq.	MOE	Element	Freq.	MOE
Death	16	2,688	Abandonment	17	3,471
Don't use	15	2,533	Discrimination	17	3,647
Suffering	15	2,533			
Addiction	14	2,857			

Freq.: frequency; MOE: mean order of evocations.

anchored on a specific reality, due to their flexible, mobile nature and their sensitivity to the immediate context[10,11].

As can be seen in Table 1, the term "destruction" (f=84; MOE=2,119) presented the highest frequency and the lowest MOE. Moreover, according to the database, it was indicated as the most important term by the 38 participants.

In the maximum similitude tree (Figure 1), the terms "destruction" and "bad thing" appear as central elements, with a strong connection between them, aggregating the highest number of elements between them. It is worth noting that the expression "bad thing" was indicated as the most important by 28 people. The position of the terms and their connections with other terms reveal two distinct axes with a connection between both, revealing a negative connotation in relation to the investigated object. Among the connected elements "sadness", "losses", "no future", "abandonment" and "death" stand out, connected to the term "destruction", "destroys health" and "discrimination", which are directly linked to "bad thing".

The connections between the terms presented in the maximum similitude tree reveal that, for the investigated group, drugs represent a way of filling a void, given that the majority of the PEH that participated in the study referred to the sensation of abandonment as a reason to begin using drugs. Drugs were also referred to as a means of interaction in the group to which they belong, and as a survival strategy on the streets. However, they bring sadness, regret, and a sensation of abandonment, through situations of discrimination from the overlap of vulnerabilities determined, not only by homelessness and drug use, but also by sociodemographic profile elements, such as race/color and economic condition.

The sociodemographic, economic, and racial conditions constitute elements that impact social grievances or social harm and the health of the population. Factors such as unemployment, drug use, poverty and inaccessibility to goods and services, besides experiencing racism, discrimination, and violence, are elements that can enhance the vulnerability experienced by individuals and social groups[20].

The content of the justifications for the terms "destruction and bad thing" attribute a "personification" to drugs, with a negative connotation, as demonstrated by the following justifications:

[...] *drugs ruin everything, they destroy society. Drugs kill, destroy... it's murder. (P31; male; 20 years homeless; uses tobacco, marijuana, and crack).*

[...] *drugs came to destroy the life of human beings. (P91; female; 42 years homeless; uses multiple drugs).*

Personification can be understood as a figure of speech through which inanimate objects act as if they were people. Applied to drugs, they are given life and action, making
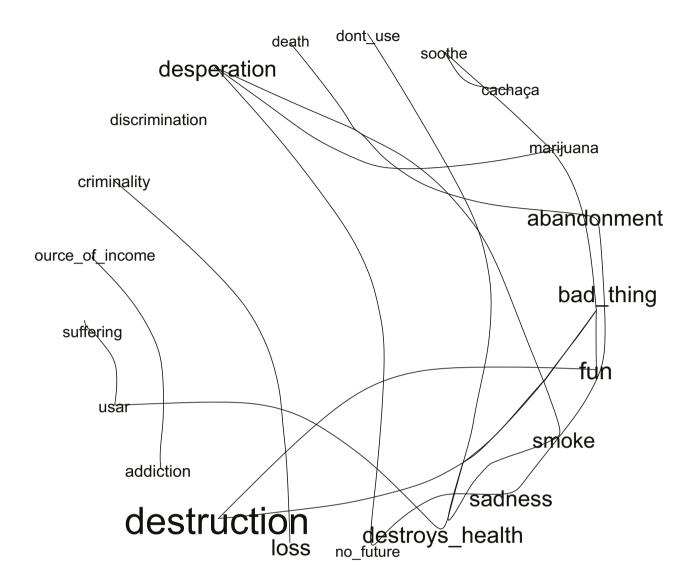
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Figure 1. Similitude tree, to the stimulus "drugs" (n=158). Salvador, BA, Brazil, 2018.

it impossible for them to be perceived as part of a social process[21]. Personification can promote nullification of the subject, assuming the drug as a being endowed with its own will and autonomy. This idea places the user as a subject incapable of resisting the desire to use drugs[22].

Drugs were also represented as an element of destruction in studies developed with other groups of people, such as prisoners[22] and adolescents[23]. In the above-mentioned studies, drugs were indicated as the object responsible for the destruction of the person, the family, and society, causing conflicts with the law, isolation from the nuclear family, and rupture of emotional ties.

The negative connotation attributed to the stimulus "drugs" by the participants is not limited to the evocations that make up the CN. The set of words that form the four-quadrant table reinforces this connotation with terms that portray situations experienced by the participants, such as "sadness, losses, destroys health, abandonment, discrimination, death, and suffering". The justifications presented by the participants for the terms indicated as most important, demonstrate the negative connotation attributed to drugs:

Because it takes away respect, trust, and credibility. (P14; female; 15 years homeless; uses marijuana, cocaine, and glue).

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It destroys us... in every sense, health, beauty. (P103; transvestite; 2 years homeless; uses alcohol and crack).

[...] the person that has no control, goes down the drain. (P91; female; 42 years homeless; uses multiple drugs).

Therefore, both personification and the negative connotation attributed to drugs are disseminated by the media. The means of communication affect discourses and practices of individuals by exercising impact upon social roles in interaction. A juridical-moral blame of drug users can be observed in journalistic, social, political, and religious discourse, blaming them for the social consequences arising from drug use[3].

In contrast to this connotation and revealing aspects inherent to the life context of the investigated group, the term "fun" appears in the CN with a frequency of 22 and in the maximum similitude tree with a weak connection to the expression "bad thing". It is interesting to observe that in the similitude tree, the term "fun" connects to "soothe, cachaça, cigarettes, smoking, marijuana, powder, rock (*pedra*), and medication", revealing the type of substance used to such an end. The double position of the term "fun", in the CN and with weak connection with the central terms of the similitude tree, reveals a specificity of the investigated group in relation to the object of the study. This is related to the context in which the group is placed, as revealed in the justifications for the referred term:

The homeless population uses drugs for fun... it is the same feeling, when I was a boy I flew kites for fun. I played soccer for fun. (P135; male; 38 years homeless; uses alcohol, marijuana, and cocaine).

When I drink, it is for fun, not to cause confusion. (P08; female; 20 years homeless; uses cigarettes and alcohol).

Because to put one in the mind... it's fun, enjoying a part of life. (P70; male; more than 20 years homeless; uses marijuana and alcohol).

It can be observed that, at some moments, drugs take on a positive connotation, as their effects provide sensations of well-being, relaxation, euphoria, and pleasure[24], as well as facilitating social interactions, being associated with the representation of fun, joy, and parties. Moreover, they have a soothing character, contributing to confronting adverse situations and providing relief from suffering.

The terms "death" (f=16; MOE=2,688), "don't use", "suffering" (both with f=15; MOE=2,533) and "addiction" (f=14; MOE=2,857), were placed in the bottom left quadrant in the four-quadrant table, denominated the contrast zone.

The elements present in this quadrant may support or contradict the elements of the probable CN, in the sense of understanding the crystallization or transformation of a social representation[6]. In this specific case, they maintain a negative connotation in relation to drugs.

The expression "don't use" reflects a way of serving social standards established for abusive use, making up common sense, used in the context of family, religion, and healthcare. Furthermore, the principles that rule the prohibitionist policy of repression, discrimination, and punishment for drug use also propagate said connotation.

The bottom right quadrant corresponds to the second peripheral and contains the terms "abandonment" (f=17; MOE=3,471) and "discrimination" (f=17; MOE=3,647). In a way, the meanings attributed to these terms appear explicitly and implicitly in other quadrants of the four-quadrant table and reveal the invisibility, social exclusion, and lack of recognition as citizens.

All the terms of the quadrant are organized around the CN, anchored on a certain reality due to their flexible, mobile nature sensitive to the immediate context[10]. However, these terms suggest private opinions of individuals that make up the group, thus revealing the individual and dynamic nature of the SR. By concatenating the elements of the CN with those of the peripheral system, meanings can be understood and interpreted as the elements in the probable CN, if they materialize in the daily actions of the studied group.

Drug consumption generates an ambiguity, which comes from the need to produce sensations of euphoria and pleasure, to satisfy the effects of tolerance, and to meet personal needs as a way of caring for oneself. On the other hand, it increases problems, constituting a possibility for the person to bring harm to themselves and to others with whom they coexist[3,24,25].

The predominance of the negative character attributed to drugs confirms the elaboration principle of the SR supported in social and cultural aspects, and in experiences. Nevertheless, in the context of the streets, drugs also promote moments of fun, attributing a functional dimension, which demonstrates a particularity of the investigated group.

FINAL CONSIDERATIONS

The predominantly negative character in the evocations attributed to drugs portrays aspects of the life of the investigated group. In their day-to-day life of vulnerabilities imposed by the social, cultural, and political order, for PEH, drugs present as another element of vulnerability at one moment and as an element of survival at another.

Although the data presented refer to a limited number of PEH, it can be observed that the structure of the SR of PEH regarding drugs, reveals representative elements linked

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to the contexts of the lives of the participants that should be considered in the care offered by healthcare services to people living (surviving) on the streets. The absence of these elements in the healthcare network indicates weaknesses in the principle of integrality and, consequently involves vulnerability for the people receiving care.

As a possible alternative to rectify and\or minimize these weaknesses, the importance of a Damage Reduction Strategy stands out as a care possibility, as it considers the individual and their specificities. This could contribute to the deconstruction of the mostly negative hegemonic representations surrounding drugs and the various possibilities of involvement that they occasion.

Thus, it is necessary to carry out new studies that take into consideration the context of this segment of the population, with understanding in relation to the development of practices and the life dynamic in which the homeless are found, given the complexity and overlapping of vulnerabilities. Healthcare should be based on respectful interlocution, articulated with social, economic, institutional, and political questions, considering the precepts of the Unified Health System.

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