Doi: 10.4025/psicolestud.v20i1.24697

STREET OUTREACH OFFICE:

ATTENTION TO PEOPLE ON PSYCHOACTIVE DRUG/SUBSTANCE ABUSE

Helizett Santos de Lima[1]
Prefeitura Municipal de Goiânia, Goiânia-Go, Brasil
Eliane Maria Fleury Seidl
Universidade de Brasília, Brasília-DF, Brasil

ABSTRACT. The present study aimed at investigating professional practices and characteristics of intervention with young adults living in the streets who make use of psychoactive substances (PAS), according to perceptions of Street Outreach Office (SOO) professionals in the city of Goiânia and of people served by the SOO. Participants were nine different categories of professionals, aged between 24 and 64 years old, four PAS users aged between 23 and 37 years old, alcohol and crack users. The methodology was of qualitative type with semi-structured interviews and used content analysis. The results based on reports from professionals configured the following theme axes: professional work at the SOO; facilitating aspects; difficulties; support needed for the work. The users' themes were: first contact with the team, the work of the SOO professionals, the most interesting thing about this work. There was consistency between the perceptions and positive aspects in the reports from professionals and PAS users about the work of the SOO, characterized by listening, reception and bond. The difficulties cited were: prejudice and lack of acceptance from civil society towards users; aggressive actions by the Military Police and the Municipal Guard; and lack of provisions for the work. The study indicated that the governing principles of the actions of the SOO are in accordance with those recommended by the public policy in the area of alcohol and other drugs in Brazil, based on respect for human rights, expansion of access to actions and services, and harm reduction to the users' health.
Keywords: Health professionals; drug abuse prevention; homeless.

CONSULTÓRIO NA RUA:

ATENÇÃO A PESSOAS EM USO DE SUBSTÂNCIAS PSICOATIVAS

RESUMO. O estudo objetivou investigar os modos de atuação e as características do trabalho de intervenção com adultos jovens em situação de rua e usuários de substâncias psicoativas, segundo percepções de profissionais do Consultório na Rua (CR) do município de Goiânia (GO) e de pessoas atendidas pelo mesmo. Os participantes foram nove profissionais de diferentes categorias com idades entre 24 e 64 anos e quatro usuários beneficiários do CR com idades entre 23 e 37 anos. A metodologia foi qualitativa com aplicação de roteiros semiestruturados de entrevista e realização de análise de conteúdo. Os resultados, a partir dos relatos dos profissionais, configuraram eixos temáticos, tais como: atuação profissional no CR; aspectos facilitadores e dificultadores e apoio necessário para o trabalho. Para os usuários, os eixos foram: primeiro contato com a equipe; atuação dos profissionais do CR e o mais interessante nesse trabalho. Observou-se consonância entre as percepções e predomínio de aspectos positivos nos relatos dos profissionais e dos usuários acerca da atuação do CR, caracterizada por acolhimento, escuta e vínculo. Quanto às dificuldades, foram citados: preconceito e falta de aceitação do usuário pela sociedade civil; atuação agressiva da Polícia Militar e da Guarda Municipal e falta de insumos para o trabalho. O estudo indicou que os modos de atuação do CR vão ao encontro daqueles preconizados nas políticas públicas de álcool e outras drogas do país, pautados no respeito aos direitos humanos, ampliação do acesso a ações e serviços e redução de danos à saúde da população usuária em situação de rua.

[1] *E-mail*: helizettlima@gmail.com

Palavras-chave: profissionais da saúde; prevenção do abuso de drogas; sem teto.

CONSULTORIO EN LA CALLE:
ATENCIÓN A LAS PERSONAS EN EL USO DE SUSTANCIAS PSICOACTIVAS

RESUMEN. El estudio tuvo el objetico de investigar los modos de actuación y las características del trabajo de intervención con adultos jóvenes habitantes de la calle y usuarios de sustancias psicoactivas, según percepciones de profesionales del Consultorio en la Calle (CC) del municipio de Goiânia (GO) y de personas atendidas por el CC. Los participantes fueron nueve profesionales de diferentes categorías con edades entre 24 y 64 años, y cuatro usuarios beneficiarios de CC con edades entre 23 y 37 años. Fue utilizada la metodología cualitativa con aplicación de guiones semiestructurados de entrevista y la realización de análisis de contenido. Los resultados, a partir de los relatos de los profesionales, se configuraron en ejes temáticos, tales como: actuación profesional en el CC; aspectos facilitadores y dificultadores; apoyo necesario para el trabajo. Para los usuarios, los ejes fueron: primer contacto con el equipo; actuación de los profesionales del CC; lo más interesante en ese trabajo. Se observó una coherencia entre las percepciones y el predominio de aspectos positivos en los relatos de los profesionales y de los usuarios, respecto a la actuación del CC, caracterizada como acogida, escucha y vínculo. En cuanto a las dificultades, fueron citados: prejuicio y falta de aceptación del usuario por la sociedad civil; acciones agresivas de la Policía Militar y Guardia Municipal; y la falta de insumos para el trabajo. El estudio indicó que los modos de actuación del CC cumplen aquellos preconizados en las políticas públicas de alcohol y otras drogas de Brasil, basados en el respeto a los derechos humanos, ampliación del acceso a acciones y servicios y la reducción de daños a la salud de esta población usuaria.
Palabras-clave: Profesionales de la salud; prevención en el abuso de drogas; sin vivienda.

Consumption of psychoactive substances (PAS) is a human practice since the dawn of humanity, and the decision on the type of drug to be consumed is based on a person's subjective and social needs and motivations. For this reason, it is important to understand how the individual – as a person with rights, desires and interests – perceives and interprets his or her experience with drugs and the importance of and need for such use (Nery Filho, 2010; Simões, 2008). It is imperative that the look to this individual is exempt from prejudices, turned to new and comprehensive forms of approach, respecting the different consumption ways, consumption reasons, beliefs about alcohol and other drugs, and life styles (MacRae & Martins, 2010). For this reason, the strategies and actions in this area should be carried out by a multiprofessional team, privileging the integration of several pieces of knowledge and fields of activity such as health, education, leisure, culture, justice and social service, and respecting local particularities.

With the aggravation of unemployment, of poverty and of social risk situations, it is possible to observe the quantitative growth of the population living in the streets, especially in urban environments. In the street context, individuals seek to settle down predominantly in central areas of the cities, where businesses and services in general predominate and where there is a larger flow of people. These spaces allow for access to food and financial resources and, during the night, they can turn into shelters (Andrade, 2010). There are several terminologies to designate this social group, and the term street people is the most popular nowadays, because it seeks to guarantee the complexity and the diversity of the street space, in addition to the often transitory character of this mode of living (Santana, 2010).

In the street context, there is a specific culture invisible to the majority of society, often seen in a pejorative and prejudicial manner. Each segment of the urban space is a culture as many others, with its values, specificities and complexities. Based on this reality, it is important to highlight that public organs, as well as professionals, need to provide this population with attention and care and to turn their eyes to it in a singular and respectful way (Santana, 2010). Learning about the situation of abusive consumption and/or use of PAS by searching for contributions of the social, human and health sciences can favor positive changes in this scenario. There is a need for considering the complexity of this phenomenon and the diversity of aspects regarding the users' lives, so that they can be approached in a comprehensive and humanized manner based on scientific knowledge but taking into account the subjects' reality (Brasil, 2009).

For this reason, the approach aimed at the use and abuse of PAS and at street people should be based on the construction and implementation of public policies, inter-sectorial intervention programs and strategies that prioritize health promotion and aggravation prevention. From this change of paradigm, there is a need for learning and assessing policy models concerning the use of PAS in the Brazilian scenario (Chaibub, 2009). The Ministry of Health's Policy for Comprehensive Attention to Users of Alcohol and Other Drugs is backed by Law No 10.216/01 of the National Mental Health Policy and by Ministerial Ordinance GM 336/02, which regulates the Centers of Psychosocial Attention (CAPS), including those specific for assistance to users of alcohol and other drugs. This policy stands out for identifying the abusive use of alcohol and other drugs as a public health matter and for establishing harm reduction (HR) as a priority for the work in the area (Brasil, 2011; Duarte 2010).

The Emergency Plan for the Expansion of the Access to Treatment and Prevention against Alcohol and Other Drugs (PEAD) implemented by the Brazilian Unified Health System (SUS) aims at the expansion of strategies towards treating and preventing the consumption of alcohol and other drugs by developing inter-sectorial actions, that is, joint actions of various sectors, in governmental and non-governmental spheres. Said plan was established as a priority for the 100 largest Brazilian cities, comprehending all of the country's capitals. It seeks for the expansion of access, aggravation prevention, health promotion and harm reduction related to the consumption of psychoactive substances, as well as the recovery of the human rights and citizenship of the user population (Brasil, 2011; Duarte, 2010).

The Street Outreach Offices (SOO) were implemented under this perspective, being assistance instruments that integrate the PEAD and adopt principles of the Brazilian Unified Health System (SUS): universality, comprehensive care, equity and interdisciplinary work. Its actions are guided by respect for the *modus vivendi* of the population assisted, promotion of human rights, social inclusion and reinsertion, prejudice confrontation and citizenship rescue. The difficulties of access to health services by the population that lives in the streets and uses alcohol and other drugs enabled the creation of the SOO, which count with a team that reaches this population wherever they are. Thus, the

> low rate of search for and access to public network services, especially by users of alcohol and other drugs in situation of extreme vulnerability and risks, justifies the implementation of in loco biopsychosocial interventions that are more effective and more integrated (Brasil, 2010, p. 8).

The SOs count with an itinerant multiprofessional team that travels on a Volkswagen type 2 with identification/logo, supplied with a stock of provisions for treatment of common clinical situations (e.g. dressing material and medicines) and for prevention, such as condoms, booklets and leaflets (Brasil, 2010; Oliveira, 2009). This new service strategy brings innumerous challenges, as the search for contact with the *in loco* user, in the street, as well as the identification of needs and demands of the clientele by listening to them. Its main goals are: to minimize social vulnerability, physical and mental suffering, to reduce health risks and damages, to develop health promotion and basic care actions in the "street space" and to guarantee the recovery of citizenship of and respect towards this population (Brasil, 2011; Oliveira, 2009; Valério & Menezes, 2010). The harm reduction policy guides the actions of the SOO and aims at minimizing health risks and damages related to the use of PAS without requiring abstinence, as well as offering comprehensive care to users of alcohol and other drugs, with priority to the formation of bonds, to listening, to respect for freedom of choice and to human rights (Oliveira, 2009).

Currently in Brazil there are 127 SOO teams, according to data of the National Register of Health Establishments (CNES) of the Ministry of Health (Brasil, 2015). Goiânia's SOO, instituted by the Municipal Secretariat of Health, follows what is preconized by the Ministry of Health, has been working since late 2010, but was officially inaugurated in April 2011, and has been recognized by its partner institutions at municipal level. The Street Outreach Offices is the merging of itinerant teams with focus on mental health and the Family Health Strategy for the Homeless program (Family Health Strategy with specific teams working for the comprehensive care of street people) (Brasil, 2012).

Considering the recent and innovative character of this initiative in the scope of policies on attention to users of alcohol and other drugs, this research aimed to investigate the modes of operation

and the characteristics of the intervention work with street young adults and users of psychoactive substances, according to perceptions of Goiânia's Street Office professionals and of users assisted by the SOO.

Method

This is a descriptive study of exploratory nature with qualitative methodology.

Participants

Nine professionals were interviewed, being three male and six female. The average age was 39 years old, ranging between 24 and 64 years old; as for schooling, three completed high school, and six completed college, three of which had *lato sensu* specialization. The time of activity at the SOO varied from one year and six months to one year and ten months. Concerning professional experience prior to the work at the SO, the participants were inserted into many areas such as mental health, social service aimed at street people, as well as harm reduction.

Regarding the users, two males and two females participated. Their age ranged from 23 to 37 years old; three of the users lived in a consensual union with partners that were living in the streets too, and one was single. All of them reported having incomplete elementary school. As for the substance used, they mentioned crack and alcohol, and one of them was a tobacco smoker as well. The two female users had children, and one of them was pregnant of her fourth child.

The participants were named after Brazilian personalities linked to separatist movements and the abolition of slavery. Thus, all nine professionals received the names Ana, Anita, Bárbara, Bento, Quitéria, Joana, Francisco, Garibaldi and Luisa. The four users interviewed were named Dandara, Cruz e Souza, Palmares and Veridiana.

Instruments

Scripts of individual semi-structured interviews were used. The script for professionals comprehended themes such as: the professional work at the SO; facilitating aspects of the work; work difficulties; support needed for the work. In the interviews with the users, the following themes were approached: the first contact with the team; the SO professionals' work; the most interesting thing about this work; the assistance received at the SO. The questions of the interview, in addition to guiding the identification of thematic axes, also guided the data analysis process. Sociodemographic data was obtained through the application of specific questionnaires.

Data collection procedure

This study was approved by the Ethics and Research Committee of the College of Health Sciences of the University of Brasília (Protocol 169/11). All participants signed a free consent form. The interviews with the professionals were conducted at the CAPS Girassol and lasted forty minutes on average. About the time of the interviews conducted with the users, they had an average duration of twenty minutes and took place in the street. All interviews were recorded with the participants' consent.

Data analysis

The interviews were fully transcribed and content analysis procedures (Bardin, 2009) were employed. First, the transcribed reports were skim-read. In a second moment, a more detailed reading was carried out, in accordance with the thematic axes guided by the script of the interview. The reports were analyzed and categorized by the two researchers, in an independent way. Then, the researchers took into account the agreement between their analyses with respect to the identification, designation

and frequency of the categories. Extracts from the participants' reports were selected to exemplify the categories identified.

Results

Interviews with the SOO professionals

Four thematic axes and their categories are presented and illustrated with extracts from the participants' reports.

Professional work at the SOO

This axis portraits the characterization of the work at the SOO, regardless of professional training, as well as the practice in a multidisciplinary team. Six categories were identified. In the first category – *work focused on the users' demands* – reports from three participants were evidenced, which value the importance for the actions of the SOO to be aimed at the users' requests and needs, exemplified by Bárbara's report: "*in the streets, my intervention is not my demand; it is the demand of who searches for me, of the user. And, depending on the demand, on what he or she asks of me, it is about the way that I will assist him or her*".

As for the category *teamwork*, there were reports from four participants who highlighted the importance of working in an interdisciplinary team, with the integration of different pieces of knowledge and the professionals' specificities, valuing the *in loco* work with the presence of two or three professionals, which can facilitate actions and making of decisions, besides prioritizing mutual care and attention among the members of the team, which appears in Ana's report:

> *… I count on myself, on my colleagues … if I am assisting a family, it is only about that family, I pay attention to that situation. Even if I am with somebody, there is a colleague who is always attentive, because many things can happen in the streets. I feel really happy for having colleagues giving me support so that I can dedicate myself, as if I were inside a room, listening to a person. And I know that I am being cared for, that nothing is going to happen.*

The category *work towards expanding the knowledge about STD* and drugs had the contribution of Garibaldi's report, which emphasizes the importance of approaching these themes without prejudice, using an accessible language, based on guidelines of the NPHR (National Policy for Harm Reduction):

> *Depending on the resources we have, this will be the gateway; one of the resources is the graphic material with information about STD and use of drugs, and one of the main provisions is condoms. Because the main drug we work with now is crack, we have to have a talk about the fact that the person has a pipe, whether and with whom he or she shares it … whether when everybody is high, under any kind of effect, and things get sexual, they remember about the condom.*

Reports from two participants contributed to the category *work without an office*, which described the challenge of providing assistance and performing health procedures in the streets, with the innumerous situations and events of the daily living of street people, exemplified in Bento's speech:

> *… challenging experience, change of perception, it is the office without the office. It means to be in what the person regards as his or her home, with no walls, with no roof, with cars passing by, cops threatening you, the drug dealer passing by and selling drugs, people looking, judging you, often because you are assisting a homeless person at the door of a store.*

The category *work with the heart/affection* emerged in Joana and Quitéria's discourses, who value the professional work at the SO based on emotions:

> *I work with my heart, and as a professional, when needed, I act according to the moment, because these are very sensitive people who perceive you as a human being. Last week, for example, I was not well, they noticed and were there for me, so it was the opposite* (Joana).

The category *work with users in groups* was exemplified by Luisa's report, who described her work from a collective perspective, with the interventions of the arts (music) turned to interpersonal relationship and to group interaction:

> *I act in a collective way, I play with everybody, I observe how the interpersonal relationship is going among them … Some of them have a little more trouble accepting the way the other plays, and criticizes, so I intervene: 'can you see how your relationships are?' Because we see how they act in a small group, and that is the way they act in the everyday life.*

Facilitating aspects of the work

This thematic axis sought to investigate the facilities of the work from the participants' view. Most of the interviewees reported the existence of more difficulties than facilities, but identified aspects that facilitate this work, which were defined in six categories. The first category – *the professional's profile/sensitivity for the work* – had reports from six participants who highlighted the importance of the profile for the work in this modality of activity, as well as of the professionals' inner sensitivity and availability for them to deal with ordinary challenges, exemplified with an extract from Bárbara's speech: "*… somebody who works in the streets has a greater sensitivity; a professional is sensitive towards others, towards the pain of others, he or she is a flexible professional; somebody who works in the streets usually has to have a great sense of humanity…*".

As for *teamwork*, this category had the contribution of four interviewees, with narratives about the importance of an interdisciplinary work in which the knowledge and specificities of each profession are mutually complemented and the professionals work with a comprehensive view on the human being:

> *The main facility for me is the team, an exceptional team; several professions, in terms of formation, are represented here. We have physicians, nurses, actors, social workers, so we have a very plural team in terms of formation and perception of each other, it is very complementary. It is a team that works, because in spite of its particularities and individualities, it is a team that complements itself, it is highly motivated, interested, available, and accessible.* (Bento)

The category *work of the team based on human rights* emerged in Bárbara's report, when she stressed the importance of the work of the SOO aimed at guaranteeing the human rights of PAS street users: "*As facilities, I believe that we must defend human rights; therefore, professionals who deal with this public have to remember all the time that the homeless has these rights that need to be made concrete.*"

The *construction of bonds/trust with the users* occurred in the reports from three participants who pointed out the importance of and need for a bond and trust between users and the team in order to facilitate the approach and production of care to this clientele, which is exemplified in Francisco' speech:

> *… all the affection that the team has ends up reaching these people at their most vulnerable points, and this makes them to awake for the construction of bonds, of trust; I think that that is the great facility. It is a challenge, but we have the main weapons, which is affection, ears, care.*

Concerning the category *health risk and harm reduction*, Garibaldi's report stood out, valuing as a facilitating aspect the actions that can contribute to family and social reinsertion (work, school) by taking the person away from the streets, and PAS consumption reduction: "*because the facilities and rewards we have are to take this person from the streets, the decrease in drug consumption, family reinsertion, reinsertion into a possible job market, reinsertion into the school*".

In relation to the category *no facilities*, Quitéria's report was illustrative, when she claims to face many difficulties and challenges while working at the SOO and, therefore, did not perceive any facility: "*Look, I do not know what the main facilities are, I do not know whether there is any facility at all, I think it is really hard*".

Hindering aspects of the work

This axis sought to analyze the difficulties of the work according to the participants, which culminated in six categories. The first of them – *suffering for the lack of respect to the users' human rights* – had reports from three professionals who talked about their everyday suffering before the situations experienced by the users, in which their human rights are disrespected, with highlight to Bárbara's report:

> *The difficulties appear when we see that their rights are not being respected … A human being's right that has the assurance of the constitution through article 227 … When we see that this is not respected by whom should actually effect those rights, each one of us suffer, especially me.*

As for the category *effort and struggle of the team to meet the users' needs*, Luisa states: "*Everything is achieved with a lot of struggle, a lot of pluck, a lot of fight. I think that this has a lot do with the question of gratefulness to us*".

The *aggressive approach of the Military Police and Municipal guards* was the category that obtained the highest frequency of comments, with six reports that made reference to violent actions of members of these public security institutions: "*the biggest difficulty I find is the action of cops and municipal guards, because every day, when we arrive at the streets, there are complaints from homeless people who have been assaulted … It is a continuous aggression*" (Joana).

Regarding the category *difficulty in assisting users at health units*, it was possible to observe the contribution of four participants, when they described the difficulties of assistance to the population served by the SOO at health centers. Among the situations reported, the questions of the norms set for service are worth highlighting, as well as the lack of flexibility in face of peculiar situations, as mentioned by Francisco:

> *About the difficulties, I think they come from the street culture itself, from society, from the service itself, SUS, from how it works in reality. Health units are not prepared to receive homeless people living in the streets, with no address, no papers, with not even basic hygiene to come to the health unit, with asepsis issues …. And they are not well received, because they end up being a disaggregating element to the norm, they visibly end up drawing attention to themselves and bothering everybody.*

In the category *prejudice and lack of acceptance of the user by the civil society*, reports from two participants stood out, highlighting the question of the prejudice from society in relation to people who use PAS and who are in the streets, as described in Bento's speech:

> *The main difficulty that we observe is this exact willingness others lack to change their conception … in the sense of breaking with this prejudice a little bit, whether towards the homeless or the drug user, who are often the same person. People should overcome this barrier of comprehension, see beyond that situation, and see that there is a person, but this does not depend on us* (on the SOO team).

In the category *lack of provisions and materials for the team's work*, which appeared in Anita's speech, there was mention to the absence of the harm reduction kit and of the uniform for the team, which results in inconveniences to the routine of the work and to the performance of actions by the SOO professionals.

> *The harm reduction kit was requested in February, March, before the official inauguration of the SOO. The uniform for the team has not arrived yet, so we decided to make it ourselves now. We lack*

> *simple resources, in addition to more complicated ones such as the professionals' compensation, gasoline, a driver; but even the simple ones that should be available as well, are not, because of bureaucracy and the Secretariat itself.*

Support needed for the work

The professionals reported about the support necessary for the performance of the work as well as of their ordinary activities. Four categories were found. On this thematic axis, the speeches made a criticism to the precariousness of certain supports. Concerning the *support from partner entities/institutions*, five reports were identified, in which the participants pointed out the importance of the support from partnerships for the development of actions and daily referrals along with the population served, just as verbalized by Joana:

> *We need to extend the partnerships. I see that the Office, that the team is struggling a lot, but this network as a whole, including the Municipal Secretariat of Health, does not invest as much as it should … So the Secretariat, the Ministry, the State and the population need to see that, we need to shout out and show what is happening, but we need partnerships, and we need these partnerships to be extended. We need to move further.*

As for the *support from Goiânia's Municipal Secretariat of Health*, this category was consolidated with reports from four participants who stressed that, for the promotion of actions and strategies at the SOO, the support from the Municipal Secretariat of Health is indispensable in all spheres, levels and services of the SUS in the city. Among the speeches, Anita's is worthy of highlight:

> *One should have in mind that these provision acquisition processes need to be quicker, that the SO needs water, the harm reduction kit, uniforms. The Secretariat itself could be a source of support to speed up these bureaucratic processes, because the team becomes vulnerable in situations that require a quick solution, otherwise our work gets harder.*

The category support from society appeared in Quitéria's report, who emphasized the importance of this support to the work of the SOO: "We have several needs in order to function well, in addition to the support from society in general. There should be respect towards this work and these people who are living in the streets, support from the police, from municipal guards, from the Secretariat of Social Service".

About the *support for better working conditions*, this category included Quitéria's report, which refers to the importance of improving the working conditions at the SOO:

> *The SO without the car and with no material for dressing does not work. So this is a support we need, which involves more or less the network support, because we act under the SUS logics regarding health, so we need the whole network.*

Interviews with users assisted by the SOO

Five thematic axes and their categories are presented, exemplified with extracts from the participants' reports.

The first contact with the team

This thematic axis sought to verify, from the participants' perception, how the first contact with the SO team was made. Four categories were identified. In the first one, *healthcare demands*, Dandara's speech was illustrative when highlighting her need for specific attention.

> *Back then, both of us were pregnant. I was in the beginning of my gestation, three months. I did not want to undergo prenatal care, but I saw that this kind of thing could be good to me and even to my baby. It was great to me, considering the situation in which I was.*

In the category *because of the presentation and information about the SO*, two reports stood out, just as exemplified in Dandara's speech: "*When it started, they came and talked to us; they came to me and asked about things and explained* (about the SOO)".

With respect to *they thought it was undercover cops*, this category was observed in Veridiana's speech, who reported her fear, as well as of other users, about the SOO professionals being possibly undercover cops:

> *We thought they were undercover cops, but they came as friends to us, saying for a big while that it was not what we were thinking about, that they were good people, calming us down; then we started to open up our hearts and talk with them. I really liked it.*

Concerning the category *the user did not want it, declined*, Palmares' report is illustrative when speaking of his impatience on the day of the approach and of him declining the first contact: "*I was impatient and did not want to do that*".

The work of the SOO professionals

This axis sought to analyze the work of the SOO professionals according to the users' perception, which culminated in four categories. The first one – *the SO works on set schedules and days* – appeared in Dandara's speech, highlighting that the SO works on previously established schedules and days: "*they have set schedules, defined days, and the service is good, they are good people*".

In the category *it improves life and reduces health risks and damages*, the speech of one of the participants showed the characteristics of the SOO work when it comes to behavioral changes that influence life improvement, as well as DR actions: "*It was very good, it is helping us to leave this life. Thank God I am making it, because I was a crack user, now I am better because of the Street Office*" (Cruz e Souza).

About the category *the SO provides affection and care*, three interviewees mentioned the presence of affection and attention from the SOO team towards them, according to Cruz e Souza's report: "*because they are like a mother to us, and they have a very kind attention to our things, to all of us living in the streets*".

In relation to *the SOO team talks with users*, this category emerged in Veridiana's report, when she speaks of the dialogue and communication between the team and PAS street users: "*We started to talk with them, I found it really good. We see that it is the kind of talk that shows that they do not want to harm us, they just want our well-being*".

The most interesting thing about this work

This thematic axis sought to investigate what the most interesting thing about the SO work was, from the users' perspective, which resulted in three categories. The category *concern and dedication of the team towards users* emerged in the speeches of three users, when they describe the SOO work regarding dedication, affection and concern about them: "*I think it is the dedication they have for us, and their concern, because they care a lot about us*" (Veridiana).

The perseverance of the SO appeared in Dandara's report, who stressed the importance of the perseverance and engagement of the SOO professionals for the success of the routine work:

> *Perseverance because when they see that the person wants to make an effort … when they see that the person wants help, no matter if he or she has a different style or is sometimes a lowbrow, they are always demanding, and when they see that the person has an open heart they continue, they are perseverant.*

The category *referrals and resolutions of users' demands* emerged in Dandara's report, when she talked about the importance for the team to allow the referrals necessary and seek for a resolution to the demands: "*Just say good morning as usual, and then let's resolve what has to be resolved, let's talk, observing the person' situation*".

Assistance received with the support of the SOO

This thematic axis sought to identify what type of assistance the users received through the SO at other units or institutions of the attention network, which culminated in four categories. The category *dental service* appeared in the speech of all interviewees, who valued the importance of this assistance modality as well as the dentist's differentiated work, as Palmares described:

> *The dentist there is amazing, you do not even need anesthesia to remove a tooth … Instead of crying, you laugh; he makes jokes and treats at the same time … We played hopscotch in Novo Mundo, he took pictures of us playing hopscotch. He is cool, I am going to tell you the truth, the man is a son of God too.*

The category *assistance at Nascer Cidadão Maternity Hospital* was evidenced in Dandara and Veridiana' speeches, when they described the actions of the team about their needs concerning the gestation:

> *I felt sick when I lost the baby, I almost died then, the doctor said that if it was not for them, if I had stayed in the street another two days, I would have died. I had hemorrhage twice; the first time, they took me, because I had lost the baby; they did the curettage, I was bleeding already, then I came back; the doctor (SO professional) would not leave the hospital until I was discharged* (Veridiana).

The category *assistance at Casa da Acolhida* appeared in Cruz e Souza's speech, when mentioned this assistance and the importance of the intervention of the team so that he could have a vacancy: "*they took me to Casa da Acolhida. I will be forever grateful and I pray to God for them. They helped me a lot, when the police beat me up they sheltered me, and I esteem them very much*".

Regarding the *assistance in the joint effort organized by SEMAS* (Municipal Secretariat of Social Service), Veridiana provided a report describing the procedures and orientations received during this joint effort specifically carried out for the street people:

> *In this joint effort, I did some exams, I talked to the doctor, because I have some big problems, I only talked to Q.* (SOO professional) *about my problems, and then she vanished. They gave me some papers, A.* (SEMAS employee) *took them, and she says she handed them in to God knows who, somebody at the Street Office.*

Appreciation on the assistance received

This axis sought to analyze how the assistance received was in the users' view, as well as what they liked and disliked, which resulted in two categories: *he/she liked the service* and *sometimes the team takes a while to come*. In the category he/she liked the service, there were reports from four participants, with highlight to Palmares and Cruz e Souza's, respectively: "*I liked it all, it was awesome*"; "*I liked it all*".

The category *sometimes the team takes a while to come* appeared in Veridiana's report when she complains about the delay of the team in visiting her:

> *sometimes they forget about coming to see us, then I get angry; they vanish, it seems that they forget about us, it seems that there are more important people over there, on the other side. Sometimes we are here, and there is somebody ill, with more problems, more serious problems, so we do not mind, but they should at least pass by here and say hi.*

Discussion

From the aspects present in the reports from the two segments participating in the study, it is possible to identify consonance between perceptions related to the actions developed by the SOO

regarding the construction of bonds, the listening and welcoming process, and the attention to the health of users towards harm reduction. This congruence between the reports from professionals and users in aspects that characterize the work of the SOO shows that what is performed by the team is in tune with what is received by the people assisted by this SUS instrument, expression of the equity of actions, and of the priority given to human rights, which are aspects preconized in public policies aimed at this population (Brasil, 2010).

The composition of the categories, from the analysis of the reports, allowed concluding that the work of the SOO in the city studied is in consonance with the SUS principles, especially when it comes to universality, equity and comprehensive care to the PAS user. The *in loco* assistance proposal by approaching people in their street space represents the concretization of the principle of universality. It is important to highlight that many SUS health units frequently violate the right to universal access of stigmatized populations due to several barriers, especially of bureaucratic nature – such as the requirement of personal documents for assistance –, in addition to the prejudice against street users of psychoactive substances. Souza, Pereira and Gontijo (2014) also observed these barriers in a study conducted with a SOO team in the metropolitan area of Recife. Another difficulty cited by these authors, also observed in the present study in the view of professionals, was the lack of provisions and material for the work of the team, an aspect that increases the challenges faced in the territory and can impair the quality of the care provided.

The *work focused on the users' demands* category exemplifies guidelines of the SOO with focus on DR such as formation of bonds, comprehensive care to PAS users and respect for human rights. Thus, the actions of the SOO were turned to the needs of the population assisted by means of quality listening and valuation of the subject. In consonance, the users supported the professionals' perception on their own work, when reporting facts and experiences that composed categories such as *referrals and resolution of demands, concern and dedication of the team towards users*, and assistance received with the aid of the SOO. Researches about health practices in street offices conducted in the cities of Olinda, Recife and Maceió found similar results concerning the construction of bonds, listening and comprehensive care, aspects regarded as essential to the work of SOO teams based on harm reduction (Jorge & Conradi-Webster, 2012; Silva, Frazão, & Linhares, 2014).

Another indispensable aspect – *sine qua non* condition for the work of the SOO – is the constitution of a multidisciplinary team. Categories expressed this dimension in the approach to facilities resulting from *teamwork* and *group activity* on the SOO professional work thematic axis, reinforcing the relevance of articulation and support among the professionals in order to promote security and trust for the performance of the work in the street, minimizing the challenges of this practice. The profile of the professionals that composed the SOO team is worth of highlight, because they had previous experience in the area of mental health, with street population and/or harm reduction, facilitating the work of Goiânia's team, an aspect that was not observed in a study conducted by Jorge and Conradi-Webster (2012) along with Maceió's SOO team.

Some relevant challenges and difficulties were evidenced in the work of the team, including the news itself of the care instrument for both professionals and users, as well as for society in general. For professionals, it is about the assistance in an open space, through a mobile service, with no schedule, and often with no privacy and equipment: *is the office without the office*. Therefore, this new form of assistance constitutes a daily challenge for professional work.

Among the challenges that indicate the fragility in intersectorial articulation there is the violence of sectors that were supposed to be partners, as the public safety area for example, an aspect evidenced in the speeches of professionals and users. The strengthening of the intersectorial network towards favoring a cultural change that can reduce prejudice and allow for the effective work of a service like the SOO – besides the ordinary and continuous articulation with other public sectors as social service, education and public safety –, are fundamental strategies to minimize said barriers, aspect evidenced by Jorge and Conradi-Webster (2012) as well. Moreover, there is a need for a better intrasectorial articulation, because difficulties of access to SUS health units at the municipal level were also referred by the two segments of participants.

It can be stated that the objectives of the research were achieved, but it is important to consider that there were limitations that point to the relevance of further studies. Researches with a larger

number of professionals and users, with a selection process for participants that allow some randomness, can be interesting to minimize social desirability effects, that is, when the interviewee verbalizes and answers based on the researcher's perspective. Observational studies with strategies like observing participation can provide valuable data in investigations about work modes of innovative instruments as the SOO. As for the interviews conducted with users, the following limitations stand out: reduced number of participants, the fact that the latter were appointed by the team, that the four users accepted the SOO service, embraced and established bonds with the team. These aspects may have influence the very positive evaluation of the work of the SOO in the present study.

Final Considerations

The results of this study enabled important findings, including: the legislation and public policies in Brazil in this area seem consolidated and turned to the priority of a comprehensive and humanized attention to PAS users; there are services like the SOO that act in accordance with the principles of the NPHR and of the National Policy on Mental Health; the work is performed by a multidisciplinary team; there is priority to the bond of the team with the clientele assisted. Some important milestones of the SOO emerged in the report from professionals and were reaffirmed in the speeches of users, such as the affection and bonds matter, which can guarantee compliance with, as well as acceptance and continuity of the SOO work. It is important to highlight that social reinsertion, in addition to the rehabilitation of these users, are permanent construction processes centered on guiding principles, as comprehensive care, intra and intersectorial actions, multiprofessional service, ethics and respect for human rights.

Researches conducted in other states, as Pernambuco and Alagoas, showed results similar to those of the present study, including the fact that the work of the SOO is in consonance with what the Ministry of Health and HR preconize, prejudice against the population served, difficulties in intersectorial articulation and in services at SUS health units. In face of this scenario, it is imperative that these researches can lead to changes in the current public policies, as well as to contribute to the transformation and improvement of health services, with priority to instruments like the SOOs.

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Received: Aug. 16, 2014
Approved: Mar.10, 2015

Helizett Santos de Lima: master in Psychology in the Human Development Processes and Health Program of the University of Brasília; in-house staff at Goiânia's City Hall, Brazil.

Eliane Maria Fleury Seidl: PhD in Psychology; professor at the Institute of Psychology of the University of Brasília, undergraduate and graduate levels (master's and doctoral degree); CNPq researcher with productivity grants.