

Profiling nursing researchers studying the Street Clinic and their related production

Análise do perfil e das produções dos pesquisadores de enfermagem sobre o Consultório na Rua

Análisis del perfil y de las producciones de investigadores de enfermería sobre el Consultorio en la Calle

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ABSTRACT

Objective: to examine the profile of nursing researchers studying the Street Clinic (*Consultório na Rua*) and their related production. **Method:** in this electronic documentary study, data were collected from the Lattes Platform and analyzed in terms of authors on the subject, professional categories, titles and main research productions on the Street Clinic. **Results:** researchers with a specialist degree were the most prominent (n = 114; 27.8%), and the theme most studied were health promotion actions (n = 66; 16.1%), drug use (n = 59; 14.4%), mental health-related actions (n = 43; 10.5%), sexually transmitted infections (n = 21; 5.1%), and factors facilitating or hindering action (n = 21; 5.1%). **Conclusion:** the findings are in line with what the scientific research community has been describing: the prevalent scenario is one of education and health promotion, converging on action to improve the mental health of the homeless.

Descriptors: Nursing Care; Primary Health Care; Health Promotion; Health Vulnerability; Homeless Persons.

RESUMO

Objetivo: analisar o perfil e as produções de conhecimento dos pesquisadores de enfermagem no Consultório na Rua. **Método:** estudo documental eletrônico, realizado na Plataforma Lattes. Após a coleta, os dados foram analisados de acordo com pesquisadores da área, categorias profissionais, titulações e principais produções acerca das pesquisas no Consultório na Rua. **Resultados:** o estudo apontou que os pesquisadores com titulação de especialista tiveram maior destaque (n=114; 27,8%) e, dentre os diversos temas encontrados, os mais estudados foram: ações de promoção à saúde (n=66; 16,1%), uso de drogas (n=59; 14,4%), ações relacionadas à saúde mental (n=43; 10,5%), infecções sexualmente transmissíveis (n=21; 5,1%) e facilidades/dificuldades de atuação (n=21; 5,1%). **Conclusão:** os achados coadunam com o que a comunidade científica vem descrevendo em suas pesquisas, prevalecendo o cenário da educação e promoção à saúde e convergindo para ações de melhoria da saúde mental dos usuários em situação de rua.

Descritores: Cuidados de Enfermagem; Atenção Primária à Saúde; Promoção da Saúde; Vulnerabilidade em Saúde; Pessoas em Situação de Rua.

RESUMEN

Objetivo: analizar el perfil y la producción de conocimiento de los investigadores en enfermería del *Consultorio na Rua* (Consultorio en la Calle). **Método:** investigación documental electrónica realizada en la Plataforma Lattes. Después de la recolección, se analizaron los datos según investigadores del área, categorías profesionales, títulos y principales producciones sobre la investigación en el Consultorio en la Calle. **Resultados:** el estudio señaló que los investigadores con título de especialista se destacaron (n=114; 27,8%), y entre los diversos temas encontrados, los más estudiados fueron: acciones de promoción de la salud (n=66; 16,1%), consumo de drogas (n=59; 14,4%), acciones relacionadas con la salud mental (n=43; 10,5%), infecciones de transmisión sexual (n=21; 5,1%) y facilidades/ dificultades para actuar (n=21; 5,1%). **Conclusión:** los hallazgos están acordes con lo que la comunidad científica viene describiendo en sus investigaciones, prevaleciendo el escenario de educación y promoción de la salud y convergiendo en acciones para mejorar la salud mental de los usuarios que en situación de calle.

Descriptores: Atención de Enfermería; Atención Primaria de Salud; Promoción de la Salud; Vulnerabilidad en Salud; Personas sin Hogar.

INTRODUCTION

It is known that the socioeconomic conditions of the population, in the most varied continents, are quite diversified, and these differences are heightened, mainly, in underdeveloped and developing countries. Faced with this impasse that has lasted for centuries in society, there are more and more people who, unable to maintain themselves in a traditional family context – which ends up triggering a dissociation process from the family institution –, seek as a last resort the experience in public spaces of urban centers¹.

Living and surviving on the streets is a daily challenge that involves the constant search for basic survival items, aiming to minimally meet the main human needs, whether physiological or not, such as the search for housing or protection, food, sleep and rest. As time passes, opportunities become scarcer, a situation that leads many of these

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individuals to use illegal drugs in an attempt to alleviate the weight of social exclusion, however, these substances end up enhancing their stay on the streets^{2,3}.

According to a population estimate released in 2020 by the Institute for Applied Economic Research (Ipea)⁴, there was a 140% increase in the homeless population in Brazil in the period between September 2012 and March 2020, reaching approximately 222,000 individuals in this condition. However, these data may still be underestimated, since there are difficulties in carrying out an accurate count of these individuals and, also, due to the consequences of the worsening socioeconomic situation caused by the COVID-19 pandemic in Brazil, in early 2020.

In an attempt to provide an answer to these social and health problems, public policies in recent decades have expanded their activities with this public. Thus, on January 25, 2011, through Decree No. 122, guidelines for the organization and operation of Street Clinic⁵ teams were established.

Street Clinic is a program that seeks to address the different health problems and needs of the homeless population, including active search and care for alcohol and drug users. It is made up of multidisciplinary teams that provide comprehensive health care to these individuals *in loco*. The activities are carried out on an itinerant basis, developing shared and integrated actions with the Basic Health Units and, when necessary, also with the Psychosocial Care Centers (CAPS) teams, Urgency and Emergency services and other places of care, according to the users' needs⁶.

In this sense, the Street Clinic initiative is an important milestone in the implementation of policies to promote equity. Its health actions are guided, above all, by the establishment of bonds with the homeless, through strategies that include harm mitigation and a humanizing perspective, promotion, prevention and primary health care outside institutional spaces⁷.

Considering the Street Clinic Program as a fruitful space for nursing interventions and the productions generated on the subject, this study proposes to answer the following questions: Who are the researchers in the field of nursing who have produced studies on the Street Clinic Program? What are the main topics studied that generate productions on the Street Clinic Program?

Thus, this study aimed to analyze the profile and knowledge production of nursing researchers investigating the Street Clinic Program.

METHOD

This is an electronic documentary, descriptive, retrospective study with a quantitative approach, guided by the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE)⁸ tool. As a method of scientific investigation, it appropriates documents that have not undergone an analytical approach or that can still be re-signified according to the objectives proposed by the study. The accessibility of document archives electronically, in the case of the Street Clinic Program, allows scholars in the area to know who these nursing professionals are and what they have been researching⁹.

Data were collected between March 1 and April 21, 2021, using the Lattes Platform as a source. When selecting the search by Lattes Curriculum, the term "Street Clinic" was used in the "Subject (Title or keyword of the production)" search mode; the databases of "doctors" and "other researchers (masters, graduates, students, technicians, etc.)" were included. For this search, the term "researchers" was considered for all individuals who work or are in the process of graduating in Nursing and who have their curriculum listed on the Lattes Platform. The filter "Professional practice" was applied, selecting "Health Sciences" and "Nursing" for the section of "Area" as the main area. A total of 423 results were obtained.

From this survey, two authors searched simultaneously, viewing the curricula individually, as a way of cataloging the main findings according to the guiding questions of the study, and the third researcher helped in the grouping of the main terms found. At first, the highest degree was visualized, and secondly, we searched within the curricula for "Street Clinic Program"; based on this finding, the keywords related to the term were selected.

As an inclusion criterion for the analysis of the curriculum, the minimum nursing technician degree was adopted. As an exclusion criterion, a curriculum that presented errors at the time of the search or from researchers from other professional categories not related to nursing was excluded.

The collected data were entered into a Microsoft Excel® 2016 software spreadsheet, according to the professional class of the study researchers, based on synthesis and description, defined according to the document analysis technique⁹, which consists of two phases: systematization of documents and synthesis of information, seeking to produce considerations about the data collected through the curricula registered on the Lattes Platform. Data

grouping was performed, with the following categories: degree (including technician, scholar, undergraduate, specialization, master's, doctorate, post-doctorate) and key terms related to the Street Clinic Program. Afterwards, a simple descriptive statistical analysis was performed, based on tables, presenting the absolute and relative frequencies.

As this is a study whose collected materials are in the public domain and which does not directly involve human beings during the collection, there was no need for approval by a research ethics committee or indication of the National Health Council.

RESULTS

The search on the Lattes Platform was developed based on a previously established protocol that allowed the selection of 423 researchers. Of these, six were excluded because they did not belong to the nursing category, namely: a psychologist; a social worker; a physical therapist; a nutritionist; a dentist, and an occupational therapist. At the time of the search, eight resumes were unavailable, with the following platform error message: "State file handle"; therefore, 409 resumes were selected for analysis, arranged as shown in Table 1.

TABLE 1: Distribution by researchers in the nursing field (n=409). Niterói (RJ), Brazil, 2021

Qualification	N (%)
Nursing technician	3 (0,7)
Nursing student	22 (5,3)
Nursing undergraduate	47 (11,4)
Specialization	114 (27,8)
Master	97 (23,7)
Doctorate	87 (21,2)
Post-Doctorate	39 (9,5)
Total	409 (99,6)

It is observed that, under an individual analysis, the group that produced the most work on the Street Clinic Program was the researchers' group with the title of specialist, followed by those with master's and doctoral degrees. However, it should be considered that, if analyzed together, the groups referring to researchers who have a *Stricto Sensu* postgraduate degree had a greater number of productions. Table 2 highlights the main themes related to research by nursing researchers on the Street Clinic Program.

Thirty-one topics were identified directly related to the health process of homeless individuals, among which we can highlight: health promotion actions (n=66; 16.1%), drug use (n= 59; 14.4%), actions related to mental health (n=43; 10.5%), sexually transmitted infections (n=21; 5.1%) and operational easy/difficulty aspects (n=21; 5.1%).

TABLE 2: Main themes identified in the Street Clinic Program research (n=409). Niterói (RJ), Brazil, 2021

Identified themes	n (%)
Health promotion actions	66 (16,13)
Use of legal/illegal drugs	59 (14,42)
Actions related to mental health	43 (10,51)
Sexually transmitted infections	21 (5,13)
Operational easy/difficult aspects	21 (5,13)
Vulnerability	20 (4,88)
Professional care actions	20 (4,88)
Team performance	19 (4,64)
Harm reduction actions	18 (4,40)
Interviews/lectures actions	18 (4,40)
Access to the Street Clinic Program	15 (3,66)
Interdisciplinary actions	15 (3,66)
Universality/integrity/equity	8 (1,95)
Chronic non-communicable diseases	7 (1,71)
Public policies	7 (1,71)
Population profile	7 (1,71)
Actions' impacts	6 (1,46)
Professionals' perception	6 (1,46)
Nursing care management	5 (1,22)
Social representations	4 (0,97)
Care territory	4 (0,97)
Implementation of the Street Clinic Program	3 (0,73)
Maternal-infant	3 (0,73)
Urgency/emergency situations	2 (0,48)
Therapeutic itinerary	2 (0,48)
Homeless sex workers	2 (0,48)
Homeless adolescent health	2 (0,48)
Professional qualification/training	2 (0,48)
Therapeutic bond	2 (0,48)
Homeless indigenous population	1 (0,24)
Violence situations	1 (0,24)
Total	409 (99,61)

DISCUSSION

Initially, it is analyzed that the main theme associated with the Street Clinic Program was “Health promotion actions”, which is configured as one of the guiding backbones of care actions among the activities developed by professionals in the health field, particularly those in Nursing, comprehending health as an expanded concept that goes beyond the biomedical vision.

On the other hand, the National Primary Health Care Policy (PNAB) brings with it the autonomy and responsibility of individuals regarding their health care, which makes us reflect on the Brazilian social inequality that presents different realities and generates practices of differentiated health, since not all individuals manage to regulate their life, health, and risk condition to which they are exposed, due to different situations, needing intervention and support for the promotion and recovery of their health¹⁰.

Thus, the actions taken vary according to the identified health needs, from the most specific to the most chronic – situations that end up demanding a longitudinal follow-up by the professionals involved in the care¹¹.

Subsequently, the use of legal and illegal drugs by these users was identified, which is often one of the reasons why they started living on the street, in addition to being one of the determinants for the precariousness of hospitality by conventional health services. As this is a foreseen situation, the scope of actions of the Street Clinic teams encompasses these demands related to problems or complications arising from the use and abuse of alcohol and other drugs generally consumed by this specific public^{12,13}.

A large part of this population uses drugs available on the street as a way to alleviate the process of social invisibility they suffer, and these substances are often the only daily companion when facing the challenges that the situation imposes. However, the constant and regular use of drugs in a short amount of time leads to chemical

dependence, causing another public health problem, since, in view of the excessive use of these products, users become more susceptible and vulnerable to other diseases that the living and being on the street causes, such as aggression, fights and even theft¹⁴.

Even occupying the third place in the volume of results found, we understand that actions related to mental health are the core of the Street Clinic Program performance. First, because it was the observation of the use of alcohol and drugs by this population that guided the harm reduction strategies for the most vulnerable users. Even so, the routine use of other types of illegal drugs, such as cocaine and its byproducts (such as crack), "*cheirinho da loló*" and "*lança-perfume*", increases the risk of progression to addiction and chemical dependence¹³.

Regarding the prevention of drug use and the promotion of harm reduction, they are based on practical policies and programs that aim, firstly, to minimize the adverse consequences for health, considering the social and economic aspects that the use of legal and illegal drugs brings, without necessarily reducing consumption¹⁵.

The concept of harm reduction was first adopted in England, in 1926, in the Rolleston Report, which concluded that users in a situation of dependence on opiate derivatives could receive the drugs under the prescription of a specialized medical professional, aiming to take a more stable and useful life in society. It was considered that, even in the face of drug addiction, these users could reduce the most harmful consequences and harmful effects on their health¹⁶.

As for the easy and difficult aspects faced by the teams and the nurses, it is observed that these professionals need to strategically know their territory of action. As it is a public made up of itinerant users, often without a fixed place of stay, the professional must enter the homeless scenario to gain confidence and credibility from users, in order to be able to carry out the actions of promotion and education¹⁷.

It is understood that a possible facilitating aspect for the work of these professionals in the Street Clinic Program is the need for part of this population to create bonds, since these users are on the margins of society, invisible mainly in relation to citizenship issues. When a professional embraces them, as well as makes use of the process of active listening, the creation of these bonds of trust between users and professionals is facilitated. However, for those users who have already had experiences with other professionals in which these bonds were not created or ended up being broken, it is necessary to adopt other strategies. This type of experience, for some users, makes the process of creating bonds more difficult, making any type of social action unfeasible. In this situation, it is up to the working professionals to persist and create ways to circumvent the issue^{18,19}.

With regard to the context of vulnerability, it manifests itself in all situations faced by homeless individuals, and in general they are bonded to individual, social and programmatic factors. Homeless people can present the most varied cultural levels, from functional illiteracy to higher education. However, it is believed that the lower the cultural level, the more susceptible the individual will be, which ends up making it difficult even to search for his rights as a citizen. Social vulnerability concerns the context in which this user is inserted, which sometimes makes it impossible for them to overcome and face the social barriers to which they are subject. Finally, programmatic vulnerability is related to the way in which social services must carry out their strategic planning in order to act in the promotion of life quality, seeking to avoid risks through actions to promote and protect physical and mental health²⁰.

Regarding professional care actions, it is observed that these are closely related to direct care, that is, assistance to the most diverse types of situations in which nurses and their team can intervene. Actions aimed at making bandages can be highlighted, such as in vasculogenic injuries or post-surgical injuries. In the scenario of 2021, with the severe acute respiratory syndrome caused by the Coronavirus2 (SARS-CoV-2) pandemic, known worldwide as COVID-19, preventive actions involving mainly the distribution of protection kits with alcohol gel and masks are necessary, in order to protect these users from the virus^{21,22}.

Although it occupies the ninth position among the topics most frequently related to the Street Clinic Program, harm reduction actions can be seen as one of the great challenges. Health workers need to be free of prejudice and focus on what is most viable and feasible for the user, creating possibilities for harm reduction. It is necessary to think about the most varied scenarios, especially those related to the sharing of drugs or utensils for use, which increases the risk of infection by various diseases, a situation that must be advocated by these professionals¹⁶.

Following are the actions of interviews/lectures of professionals working in this field aimed at lay audiences, since the Street Clinic Program is a modality little known, even by professionals in the area. Thus, disclosing how nurses work in this specific area is a way to reach not only related health areas, but a heterogeneous public that can contribute to the effectiveness of the actions of this program.

Although access to the Street Clinic Program is on demand, it is necessary that professionals, at first, gain the trust of users, in order to make them aware of the importance of performing some treatment or accepting the approach. This process, however, does not always occur quickly, demanding time, patience and persistence on the part of health workers to achieve success in their approaches¹⁷.

It is not possible to think about the work in the Street Clinic Program without using a multidisciplinary approach, focusing on issues of matrix or matrix support, which can be translated as a way of producing health in two or more teams, aiming at a process of shared construction with a proposal of pedagogical-therapeutic intervention. In general, Street Clinic Program managers create support networks to deal with day-to-day unpredictability. As these are generally users with an itinerant life, who change territory as if in the blink of an eye, if there is no support network, the health promotion work becomes unfeasible²³.

As for the other themes identified related to Street Clinic Program, it is possible to weave some relationships between them, such as chronic non-communicable diseases, public policies and population profile. It is known that these diseases are found mainly among users over 40 years of age, and although Brazil has a policy aimed at prevention and health promotion, it is still far from covering all individuals, let alone those who are homeless²⁴.

Another data to be considered concerns the impacts of the actions and the professional profile. It is expected that personnel who work with this public have at least the ability to welcome and listen to users, skills that can be enhanced through specialization in the area of mental health. In addition, competences are built according to experience, after all, no specialization course, whether *Lato Sensu* or at residency level, prepares us for all situations that we will face as health professionals, since individuals are unique and each territory has its own characteristics, regardless of whether it is connected to nearby areas²⁵.

As for the themes “social representations” and “territories of care”, it is understood that they are related, since each territory has its particularities that need to be considered. By understanding that the individual is a unique being with distinct characteristics, social representations likely have repercussions on the territory where this individual lives²⁶.

It is noteworthy that the therapeutic bond is one of the themes addressed that permeates different actions developed by professionals, because it is through it, established by embracing and active listening, that power relations between health professionals and individuals are broken, especially for those who are in a vulnerable situation. The relationships of trust between Street Clinic teams and homeless people bring together and create a support network that favors care for this social group that is in a situation of invisibility due to lack of documents and the stigma caused by their appearance¹¹.

The other topics raised have their particular degree of importance and are covered both directly and indirectly by the categories already listed. Among them, the following stand out: implementation of the Street Clinic Program, maternal-infant, urgent/emergency situations, therapeutic itinerary, homeless sex workers, homeless adolescent health, homeless indigenous population and situations of violence situations.

In view of the themes presented, it is analyzed that the actions inherent to the Street Clinic Program are the most diverse, with specific characteristics of this scenario permeated by uncertainties in professional performance, bearing in mind the diverse conditions of vulnerability to which this social group is exposed and affect even more their health conditions, highlighting among them: exposure to climate variations, precarious housing and food conditions and repressive actions by public security¹¹.

In Brazil, although there are several postgraduate programs in all five regions, it is noted that more in-depth published studies about the Street Clinic Program are still few in number since the implementation of the program in 2011. However, it is expected with the execution of this research, to foster discussions and reflections on this topic that is so current nowadays, given the situation we find ourselves in the midst of the COVID-19 pandemic.

Study limitations

Among the limitations of the study, it is analyzed that many of the researchers in the nursing field, working directly or indirectly in the Street Clinic Program, do not have a *Lattes curriculum*, and when they do, there is no habit of updating it, especially among those who do not integrate *Stricto Sensu* research programs, characterizing a scenario that does not contemplate all the actions carried out by these professionals in the national territory.

As a contribution, it is expected that the present research will give more notoriety to nursing actions related to the Street Clinic Program issues and, at the same time, highlight possible gaps in knowledge or themes that have not been explored by these researchers as yet.

CONCLUSION

The present survey carried out on the Lattes platform made it possible to analyze the profile of nursing researchers and relate the main themes addressed in research within the Street Clinic Program context. In this study, the findings are in line with what the scientific community has been describing in their research, prevailing the scenario of education and health promotion and converging on actions to improve the mental health of homeless users. In addition, the research made it possible to have a national overview of what has been produced academically and showing the themes most studied by these researchers.

REFERENCES

1. Silva NC, Oliveira HD. Reflections on equity and its applicability to the nursing work process. *Rev Bras Enferm.* 2020 [cited 2022 Oct 18]; 73(3):e20190783. DOI: <https://doi.org/10.1590/0034-7167-2019-0783>.
2. Brasil. Ministério da Saúde. Secretaria Municipal de Saúde do Rio de Janeiro. Fundação Oswaldo Cruz. Produzindo saúde nas ruas: o trabalho das equipes de Consultório na Rua. Rio de Janeiro: Ministério da Saúde; 2017 [cited 2022 Oct 18]. Available from: https://www.arca.fiocruz.br/bitstream/icict/26704/2/Cartilha_modificada_5a-versao%20%281%29.pdf.
3. Koopmans FF, Daher DV, Acioli S, Sabóia VM, Ribeiro CR, Silva CS. Living on the streets: an integrative review about the care for homeless people. *Rev Bras Enferm.* 2018 [cited 2022 Oct 18]; 72(1):211-20. DOI: <http://dx.doi.org/10.1590/0034-7167-2017-0653>.
4. Natalino M. Nota Técnica. Estimativa da população em situação de rua no Brasil (setembro de 2012 a março de 2020). Brasília, DF: Instituto de Pesquisa Econômica Aplicada; 2020 [cited 2022 Oct 18]. Available from: https://www.ipea.gov.br/portal/images/stories/PDFs/nota_tecnica/200612_nt_disoc_n_73.pdf.
5. Brasil. Ministério da Saúde. Portaria nº 122, de 25 de janeiro de 2011. Define as diretrizes de organização e funcionamento das Equipes de Consultório na Rua. *Diário Oficial da União, Brasília, DF: Diário Oficial da União*; 2012 [cited 2022 Oct 18]. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2012/prt0122_25_01_2012.html.
6. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Manual sobre cuidado à saúde junto a população em situação de rua. Brasília, DF: Ministério da Saúde; 2012 [cited 2022 Oct 18]. Available from: http://189.28.128.100/dab/docs/publicacoes/geral/manual_cuidado_populacao_rua.pdf.
7. Pinto AH, Fermo VC, Peiter CC, Fernandes VM, Heideman IT. Social determinants, equity and doctor's office in the street. *Rev Enferm UFPE on line.* 2018 [cited 2022 Oct 18]; 12(12):3513-20. DOI: <https://doi.org/10.5205/1981-8963-v12i12a236025p3513-3520-2018>.
8. Von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP. The Strengthening of Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. *Ann Intern Med.* 2007 [cited 2022 Oct 18]; 147(8):573-7. DOI: <https://doi.org/10.7326/0003-4819-147-8-200710160-00010>.
9. Andrade SR, Schmitt MD, Storck BC, Piccoli T, Ruoff AB. Documentary analysis in nursing theses: data collection techniques and research methods. *Cogit Enferm (Online).* 2018 [cited 2022 Oct 18]; 23(1):e53598. DOI: <https://doi.org/10.5380/ce.v23i1.53598>.
10. Ministério da Saúde (Br). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. PNA. Política Nacional de Atenção Básica. Brasília, DF: Ministério da Saúde; 2012 [cited 2022 Oct 18]. Available from: <http://189.28.128.100/dab/docs/publicacoes/geral/pnab.pdf>.
11. Vargas ER, Macerata I. Contributions of Street Outreach teams to primary health care and management. *Rev Panam Salud Pública.* 2018 [cited 2022 Oct 18]; 42:e170. Portuguese. DOI: <https://doi.org/10.26633/RPSP.2018.170>.
12. Hallais JA, Barros NF. [Street Outreach Offices: visibility, invisibility, and enhanced visibility]. *Cad Saúde Pública.* 2015 [cited 2022 Oct 18]; 31(7):1497-504. Portuguese. DOI: <https://doi.org/10.1590/0102-311X00143114>.
13. Bittencourt MN, Pantoja PV, Silva Júnior PC, Pena JL, Nemer CR, Moreira RP. Street clinic: the care practices with users of alcohol and other drugs in Macapá. *Esc Anna Nery.* 2019 [cited 2022 Oct 18]; 23(1):e20180261. DOI: <https://doi.org/10.1590/2177-9465-EAN-2018-0261>.
14. Silva AB, Olschowsky A, Nunes CK, Braga FS, Botega MS. Homeless persons and villages: drugs, social marginalization, and territory of care. *Rev Bras Enferm.* 2020 [cited 2022 Oct 18]; 73(Suppl 1):e20190225. DOI: <https://doi.org/10.1590/0034-7167-2019-0225>.
15. International Harm Reduction Association (IHRA). IHRA Briefing. O que é redução de danos: uma posição oficial da Associação Internacional de Redução de Danos. London: IHRA; 2010 [cited 2022 Oct 18]. Available from: https://www.hri.global/files/2010/06/01/Briefing_what_is_HR_Portuguese.pdf.
16. Santos VE, Soares CB, Campos CM. Redução de danos: análise das concepções que orientam as práticas no Brasil. *Physis.* 2010 [cited 2022 Oct 18]; 20(3):995-1015. DOI: <https://doi.org/10.1590/S0103-73312010000300016>.
17. Paula HC, Daher DV, Koopmans FF, Faria MG, Brandão PS, Scoralick GB. Implementation of the Street Outreach Office in the perspective of health care. *Rev Bras Enferm.* 2018 [cited 2022 Oct 18]; 71(Suppl 6):2843-7. DOI: <http://dx.doi.org/10.1590/0034-7167-2017-0616>.
18. Hino P, Santos JO, Rosa AS. People living on the street from the health point of view. *Rev Bras Enferm.* 2018 [cited 2022 Oct 18]; 71(Suppl 1):684-92. DOI: <https://doi.org/10.1590/0034-7167-2017-0547>.
19. Vale AR, Vecchia MD. The health care of people living in the streets: possibilities and challenges. *Estud Psicol.* 2019 [cited 2022 Oct 18]; 24(1):42-51. DOI: <https://doi.org/10.22491/1678-4669.20190005>.

20. França IS, Basílio EE, Aragão JS, Magalhães IM, Pereira AB, Coura AS. Original article programmatic vulnerability to STI/AIDS in primary health care: a habitus permeated by symbolic violence. *Cogit Enferm*. 2021 [cited 2022 Oct 18]; 26:e74976. DOI: <https://doi.org/10.5380/ce.v26i0.74976>.
21. Honorato BE, Oliveira AC. Homeless population and COVID-19. *Rev Adm Pública*. 2020 [cited 2022 Oct 18]; 54(4):1064-78. DOI: <https://doi.org/10.1590/0034-761220200268x>.
22. Instituto de Pesquisa Econômica Aplicada (Ipea). População em situação de rua cresce e fica mais exposta à Covid-19. Brasília, DF: Ipea; 2020 [cited 2022 Oct 18]. Available from: https://www.ipea.gov.br/portal/index.php?option=com_content&view=article&id=35811.
23. Gonçalves DA, Ballester D, Chiaverini DH, Tófoli LF, Chazan LF, Almeida N, et al. Guia prático de matriciamento em saúde mental. Ministério da Saúde: Centro de Estudo e Pesquisa em Saúde Coletiva; 2011 [cited 2022 Oct 18]. Available from: https://bvsm.ssaude.gov.br/bvs/publicacoes/guia_pratico_matriciamento_saude_mental.pdf.
24. Valle FA, Farah BF. A saúde de quem está em situação de rua: (in)visibilidades no acesso ao Sistema Único de Saúde. *Physis*. 2020 [cited 2022 Oct 18]; 30(2):e300226. DOI: <https://doi.org/10.1590/S0103-73312020300226>.
25. Pinho RJ, Pereira AP, Lussi IA. Homeless, the world of work and the specialized reference centers for population in street situation (centro pop): perspectives on actions for productive inclusion. *Cad Bras Ter Ocup*. 2019 [cited 2022 Oct 18]; 27(3):480-95. DOI: <https://doi.org/10.4322/2526-8910.ctoAO1842>.
26. Campos LC, Oliveira JF, Porcino C, Reale MJ, Santos MV, Jesus ME. Social representations held by homeless individuals regarding homeless individuals who consume drugs. *Rev Baiana Enferm*. 2019 [cited 2022 Oct 18]; 33:e26778. DOI: <https://doi.org/10.18471/rbe.v33.26778>.