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Research Article

Prevalence of alcohol abuse in the homeless population in the city of Olinda (PE)

Prevalência do uso abusivo de álcool na população em situação de rua no município de Olinda (PE)

Prevalencia del abuso de alcohol en la población sin hogar de la ciudad de Olinda (PE)

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Abstract

Introduction: Alcohol abuse is a public health problem in Brazil. This practice has been present throughout human history, and different meanings and values have been attributed to its consumption. However, with advances in science, the harmful effects of its abuse have become widely recognized, and the homeless population stands out in this context. Accordingly, understanding the context experienced by this group in the city of Olinda (PE), which saw an increase from 250 to 300 people living this way after the COVID-19 pandemic, becomes essential to strengthen health care practices such as harm reduction, as well as to strengthen the link between this population and health services. **Objective:** To analyze the prevalence of abusive alcohol use and its relationship with sociodemographic data among homeless individuals in the municipality of Olinda (PE) between 2022 and 2023. **Methods:** This was a cross-sectional, quantitative study involving 46 homeless individuals. The sampling was non-probabilistic and based on convenience, which limited the findings. Data collection occurred through interviews conducted during activities by the Street Clinic team ("Consultório na Rua"). Two instruments were used: a sociodemographic questionnaire and the Alcohol Use Disorder Identification Test (AUDIT). AUDIT consists of ten questions, with total scores ranging from 0 to 40, divided into four risk zones. **Results:** The study included 46 homeless individuals, predominantly male. Regarding alcohol use in the past three months, most reported consuming alcohol, with cachaça being the most consumed beverage. Family conflicts were among the most cited factors influencing alcohol use. Concerning the risk level associated with alcohol consumption, most participants fell into Zone IV of the AUDIT, indicating probable alcohol dependence. Notably, those classified in Zone IV were mostly males, had been homeless for five years or less, lived on the streets alone, and had some form of employment. **Conclusions:** Given the sociodemographic characteristics of the studied population and the factors associated with alcohol abuse, there is a clear need for strategies that ensure continuity of care and promote harm reduction. Furthermore, new studies are essential to broaden the discussion on this topic and to strengthen public policies that consider Brazil's diversity.

Keywords: Prevalence; Homeless people; Excessive alcohol consumption; Health policy.

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Resumo

Introdução: O consumo abusivo de álcool é um problema de saúde pública no Brasil. Essa prática perpassa a história da humanidade, sendo atribuídos diferentes significados e valores ao seu consumo. Entretanto, com o avanço da ciência, os malefícios de seu uso abusivo tornaram-se amplamente reconhecidos, e a população em situação de rua se destaca nesse contexto. Diante disso, entender o contexto vivenciado por esse grupo no município de Olinda (PE) — o qual apresentou aumento de 250 para 300 pessoas vivendo nesse contexto após a pandemia da COVID-19 — torna-se essencial para fortalecer práticas de cuidado em saúde, como a redução de danos, bem como o vínculo dessa população com os serviços de saúde. **Objetivo:** Analisar a prevalência do uso abusivo de álcool e sua relação com dados sociodemográficos de pessoas em situação de rua no município de Olinda (PE), entre 2022 e 2023. **Métodos:** Estudo transversal, quantitativo, realizado com 46 pessoas em situação de rua. A amostragem foi não probabilística por conveniência, limitando os resultados encontrados. A coleta de dados ocorreu por meio de entrevistas durante as atividades da equipe do Consultório na Rua (eCR). Foram utilizados dois instrumentos: questionário sociodemográfico e Alcohol Use Disorder Identification Test (AUDIT). O AUDIT é composto por dez perguntas, e o valor da sua soma varia de 0 a 40, sendo distribuído em quatro zonas de risco. **Resultados:** Participaram do estudo 46 pessoas em situação de rua, com predominância do sexo masculino. Sobre o uso de bebida alcoólica nos últimos 3 meses, a maioria afirmou que realizava o consumo, e a cachaça foi a bebida mais consumida. Entre os fatores que influenciam no consumo de álcool, os conflitos familiares se destacaram. Referente ao risco relacionado com o consumo de álcool, a maioria dos participantes encontra-se na Zona IV do AUDIT, o que indica provável dependência alcoólica. Destaca-se que o perfil dos usuários de álcool classificados como Zona IV é, em sua maioria, do sexo masculino, estão há ≤5 anos em situação de rua, vivem na rua sozinhos e trabalham. **Conclusões:** Diante da caracterização sociodemográfica da população estudada e da identificação de fatores que a levam ao consumo abusivo de álcool, evidencia-se a necessidade de estratégias que assegurem a longitudinalidade no cuidado desse grupo e promovam a redução de danos. Ademais, são imprescindíveis novos estudos, de modo a ampliar o debate sobre essa temática e fortalecer políticas públicas, considerando a pluralidade dos territórios brasileiros.

Palavras-chave: Prevalência; Pessoas em situação de rua; Consumo de álcool em excesso; Política de saúde.

Resumen

Introducción: El consumo abusivo de alcohol es un problema de salud pública en Brasil. Esta práctica abarca la historia de la humanidad, con diferentes significados y valores asociados a su consumo. Sin embargo, con el avance de la ciencia, los perjuicios de su uso abusivo se han vuelto ampliamente reconocidos, y la población en situación de calle se destaca en este contexto. Ante esto, entender el contexto vivido por este grupo en el municipio de Olinda (PE), el cual presentó un aumento de 250 a 300 personas viviendo en esa situación tras la pandemia de COVID-19, se vuelve esencial para fortalecer prácticas de cuidado en salud como la reducción de daños, así como para reforzar el vínculo de esta población con los servicios de salud. **Objetivo:** Analizar la prevalencia del uso abusivo de alcohol y su relación con datos sociodemográficos de personas en situación de calle en el municipio de Olinda (PE), entre 2022 y 2023. **Métodos:** Estudio transversal, cuantitativo, con 46 personas en situación de calle. El muestreo fue no probabilístico por conveniencia, lo que limita los resultados obtenidos. La recolección de datos se realizó mediante entrevistas durante las actividades del equipo del Consultorio en la Calle (eCR). Se utilizaron dos instrumentos: un cuestionario sociodemográfico y el Alcohol Use Disorder Identification Test (AUDIT). El AUDIT consta de diez preguntas, y el valor de su suma varía de 0 a 40, distribuyéndose en cuatro zonas de riesgo. **Resultados:** Participaron en el estudio 46 personas en situación de calle, con predominancia del sexo masculino. En cuanto al consumo de bebidas alcohólicas en los últimos 3 meses, la mayoría afirmó haber consumido, siendo la cachaça la bebida más consumida. Entre los factores que influyen en el consumo de alcohol, se destacaron los conflictos familiares. Con relación al riesgo asociado al consumo de alcohol, la mayoría de los participantes se encuentra en la Zona IV del AUDIT, lo que indica una probable dependencia alcohólica. Cabe destacar que el perfil de los usuarios de alcohol clasificados en la Zona IV son, en su mayoría, hombres, que llevan ≤5 años en situación de calle, viven en la calle solos y trabajan. **Conclusións:** Ante la caracterización sociodemográfica de la población estudiada y la identificación de factores que llevan a este grupo al consumo abusivo de alcohol, se evidencia la necesidad de estrategias que aseguren la continuidad del cuidado de este grupo y promuevan la reducción de daños. Además, es imprescindible la realización de nuevos estudios para ampliar el debate sobre este tema, fortaleciendo las políticas públicas y considerando la pluralidad de los territorios brasileños.

Palabras clave: Prevalencia; Personas con mala vivienda; Consumo excesivo de bebidas alcohólicas; Política de salud.

INTRODUCTION

Alcohol abuse is a public health problem in Brazil. This practice spans human history, with various meanings and values attributed to its consumption. However, with advances in science, the harmful effects of its abuse have become widely recognized, and the homeless population stands out in this context.[1]

Considered a psychoactive substance with potentially addictive properties, alcohol has a significant influence on the etiology and progression of various diseases, such as liver cirrhosis, cancer, cardiovascular

disease, and infectious diseases such as HIV (human immunodeficiency virus) and tuberculosis. It also increases the incidence of mental disorders and plays a significant role in traffic accidents and violence[2]

In this context of excessive alcohol consumption, the homeless population gains prominence. The National Policy for the Homeless Population[3] defines the homeless population as those characterized by extreme poverty, fragile family ties, and homelessness, in addition to using public spaces for temporary or permanent housing. Furthermore, data from the Ministry of Health[4] indicate that the homeless population is predominantly composed of men, primarily Black, who have some source of income. Furthermore, unemployment, family conflicts, and alcohol or other drug use are among the reasons that led this group to homelessness.

In the municipality of Olinda, Pernambuco, whose total population, according to the Brazilian Institute of Geography and Statistics (IBGE),[5] is approximately 350,000, a 2020 data survey by the coordinator of the Street Consultation team (eCR) reveals that the multidisciplinary team they coordinate used to serve approximately 250 homeless people. With the worsening of the COVID-19 pandemic, this number rose to 300, given the actions to support citizens' basic needs designed by the Humaniza Project, a partnership between municipal agencies and civil society.[6]

In this context, alcohol is seen as one of the causes of health problems among homeless individuals, making them more susceptible to other diseases and preventing them from returning to the job market. Given the scarcity of data on this topic for Olinda, this study aimed to analyze the prevalence of alcohol abuse among the city's homeless population. Our objective was to strengthen harm reduction practices that contribute to less harmful alcohol consumption, strengthen relationships with healthcare teams, and ensure these citizens' access to municipal healthcare services.[7]

METHODS

We conducted a cross-sectional study with a quantitative approach using primary data, conducted on the streets of Olinda between 2022 and 2023. The study aimed to analyze social and demographic data of the homeless population and its relationship with the prevalence of alcohol abuse.

Data collection occurred between May 2022 and May 2023 through interviews during eCR activities in Olinda in the area where eCR operates, providing healthcare to the population. Sociodemographic data and alcohol consumption patterns were collected, enabling the assessment and understanding of the living conditions of the study population. All study participants completed and signed an informed consent form, acknowledging the use of the information they provided for the study. The inclusion criteria for the study were homeless people in the municipality of Olinda, over 18 years of age, of both sexes, and who are monitored by the eCR. The exclusion criteria were incomplete questionnaires or situations in which the person presented some physical discomfort or altered mental state that prevented the interview.

To assess users who met the inclusion criteria, two questionnaires were used: the Alcohol Use Disorder Identification Test (AUDIT) and the Sociodemographic Form. The AUDIT consists of ten questions that investigate alcohol use patterns over the past 12 months. Each response results in a score from 0 to 4 points. The sum of the ten scores ranges from 0 to 40 points and indicates the presence and severity of alcohol-related problems. Based on each user's score, the healthcare professional would determine a course of action: 0 to 7 points indicates primary prevention; 8 to 15, basic counseling; 16 to 19, brief intervention and monitoring; and, finally, 20 to 40, referral to specialized services.[7]

Furthermore, the Sociodemographic Form allows for data collection on a group of people and understanding population profiles. Information collected included age range, economic class, sex, education

level, income, race, duration of homelessness, duration of alcohol consumption, factors influencing alcohol consumption, history of hospitalizations, and type of beverage consumed.

The sample was non-probabilistic because of the logistical challenges the eCR faced during this period with transportation, which directly influenced the research schedule. After collection, the data were organized in an Excel spreadsheet and analyzed using the statistical program Stata, version 13.0. Analysis was performed using absolute and relative frequencies, descriptive statistics (mean and standard deviation), and statistical association tests (Pearson's χ^2 or Fisher's exact test), defined according to the frequency of occurrence of the variables. The level of statistical significance for these tests was 5% (0.05).

When assessing the risks associated with the study, it was realized that, because it was a stigmatizing topic, users might feel embarrassed about reporting their alcohol use or fear the consequences of doing so. Therefore, certain precautions were taken, such as ensuring confidentiality, training interviewers, and allowing participants to choose the interview location, helping them to feel safe and comfortable.

Interviewer training included courses offered by the Open University of the Unified Health System (UNA-SUS), followed by a discussion among participants on the main points. Furthermore, mock interviews were conducted so that interviewers could familiarize themselves with the questions and practice completing them correctly.

Furthermore, when assessing the benefits associated with the study, some participants recognized that their relationship with alcohol use was causing greater harm. Thus, harm reduction approaches (guidance, provision of water and sweets) were implemented by the interviewers, and all interviewees, regardless of the extent of their alcohol use, received harm reduction guidance after the interview. In situations of risky and harmful alcohol use, individuals were advised about services available in the municipality of Olinda that offer specialized care for alcohol and other drug use.

The research was conducted in accordance with Resolution No. 466/12 of the National Health Council (CSN), approved by the Research Ethics Committee (CEP) of the Faculty of Medicine of Olinda (FMO), with the Certificate of Presentation of Ethical Appreciation (CAAE) No. 52979321.6.0000.8033.

RESULTS

The study included 46 homeless individuals, 41 (89.1%) males and 5 (10.9%) females. Of the respondents, 22 (47.8%) were between 25 and 44 years old, and 23 (50%) were 45 or older.

Regarding the time homeless, 19 (41.3%) had been homeless for 5 years or less, 10 (21.7%) for 7 to 12 years, and 12 (26.1%) for 13 to 44 years. The majority, 42 (91.3%), lived alone on the streets, and only 4 (8.7%) lived with a partner, other family members, and/or friends. Regarding income, 9 (19.6%) reported having no income, 6 (13%) received benefits, 8 (17.4%) received Auxílio Brasil (Brazilian Aid), 2 (4.35%) received retirement benefits, and 21 (45.6%) had some kind of job.

Regarding alcohol consumption in the last 3 months, 37 (80.4%) respondents reported drinking alcohol, and 8 (17.4%) denied it. Among the factors influencing alcohol consumption, 3 (6.5%) reported unemployment, 5 (10.9%) frustration, 8 (17.4%) the influence of friends, 2 (4.3%) stress, 15 (32.6%) family conflicts, and 11 (23.9%) other reasons. Cachaça was the most consumed alcoholic beverage — 40 (87%) participants said they consumed it — followed by beer with 3 (6.5%), and 2 (4.35%) participants reporting other beverages. Regarding hospitalization due to alcohol, 26 (56.4%) homeless people had needed to be hospitalized for this reason and 19 (41.3%) had never been hospitalized because of alcohol (Table 1).

Table 1. Sociodemographic characteristics homeless people. Olinda (PE), Brazil, 2022.

Variables	n=46	(%)
Age*		
25–44	22	47.8
≥45	23	50.0
Sex		
Men	41	89.1
Women	5	10.9
Years homeless†		
≤5	19	41.3
7–12	10	21.7
13–44	12	26.1
Lives on the street with someone		
No	42	91.3
Yes (partner, other family members and/or friends)	4	8.7
Income		
Does not have	9	19.6
Benefit	6	13.0
Brazil Assistance	8	17.4
Retirement	2	4.35
Work	21	45.6
Had alcoholic beverages in the last 3 months‡		
Yes	37	80.4
No	8	17.4
Factors that influence alcohol consumption§		
Unemployment	3	6.5
Frustration	5	10.9
Influence of friends	8	17.4
Stress	2	4.3
Family conflicts	15	32.6
Others	11	23.9
Most consumed alcoholic beverages//		
Beer	3	6.5
Cachaça	40	87.0
Other	2	4.35
Hospitalizations due to alcohol¶		
No	26	56.5
Yes	19	41.3

*1 missing value (does not know); †5 missing values (4 does not know and 1 did not want to answer); ‡1 missing value (did not want to answer); §2 missing values (1 does not know and did not want to answer); //1 missing value (did not want to answer); ¶1 missing value (did not want to answer).

Table 2 presents the distribution of risk zones according to the AUDIT. Regarding the risk related to alcohol consumption, 32 (69.6%) participants were in AUDIT zone IV (indicative of probable alcohol dependence), 5 (10.9%) in zone III (harmful use), 6 (13%) in zone II (risky use), and 3 (6.5%) in zone I (low risk).

Table 2. Distribution of risk zones related to AUDIT. Olinda (PE), Brazil, 2023

AUDIT risk zones	n	%
Zone I (0 to 7 points)	3	6.5
Zone II (8 to 15 points)	6	13.0
Zone III (16 to 19 points)	5	10.9
Zone IV (20 or more)	32	69.6
Total	46	100

Table 3 shows the absolute and relative values of the different patterns of alcohol use (distributed according to the AUDIT risk zone) and the association with the sociodemographic variables of the study.

It is noteworthy that the profile of alcohol users classified as zone IV was predominantly male (87.5%), who had been homeless for ≤5 years (50.0%), lived alone on the streets (87.5%), and worked (46.88%). Regarding alcohol consumption itself, the most influential factor was family conflicts (37.5%), the most consumed beverage was cachaça (96.9%), and for the most part, 56.3% were not hospitalized because of alcohol use.

Regarding the profile of homeless people who were at low risk for alcohol use, i.e., zone 1, they were mostly between 25 and 44 years old (66.7%), male (100%), and homeless for <5 years (66.7%), lived alone on the street (100%), and had no income (66.7%). The factors influencing alcohol consumption were unemployment (33.3%) and peer influence (33.3%), while the most consumed beverage was beer (66.7%).

DISCUSSION

There was a high prevalence of men (approximately 89.1%) experiencing homelessness, in contrast to the numbers for women, being a minority at 10.9%. This clearly represents a recurring pattern when compared to other cross-sectional studies on this topic. This can be exemplified by the 2023 Homeless Population Census, which indicates that 75.83% of this population in Recife is made up of cisgender men.[8]

Furthermore, the majority lived without a partner or other family and friends (91.3%), significantly contrasting with the 8.7% who lived with a partner. This reflects the harmful use of alcohol, which causes significant social and economic losses for individuals and society in general, as these individuals are left in a situation of abandonment.[2] Therefore, it is important to understand the difference between the terms *homeless population* and *homeless person*. In addition to grammatical semantics, the correct expression, *homeless person*, must be used, as this is an act of singularizing stories and demystifying stereotypes perpetuated in society.[9]

Furthermore, regarding age, half of the population was over 45. However, the number of young people, between 22 and 44 years old, experiencing homelessness (47.8%) is a warning sign, which is consistent with data from the Pan American Health Organization (PAHO) in 2023,[2] in which 13.5% of all deaths are attributable to alcohol among adults aged 20 to 39. Thus, it is clear that alcohol abuse among young people is occurring at an increasingly early age and has irreparable consequences for the future.[10]

The percentage of alcohol consumption among homeless people in the municipality of Olinda in the last three months was 80.4%. Corroborating this finding, an epidemiological study conducted with homeless boys by the Brazilian Center for Information on Psychotropic Drugs of the Department of Psychobiology at the Federal University of São Paulo (CEBRID/UNIFESP) showed that solvent use led all prevalence rates. In São Paulo and Porto Alegre, use was 86 and 74.5%, respectively. In Recife, 45.1% used some type of solvent daily.[11]

Table 3. Association of sociodemographic variables with risk zones related to AUDIT. Olinda (PE), Brazil, 2023.

Variables	n=46 (%)	AUDIT risk zone				p-value*
		Zone I	Zone II	Zone III	Zone IV	
Age†						
25–44	22 (47.8)	2 (66.7)	1 (16.7)	3 (60.0)	16 (50.0)	0.05
≥45	23 (50.0)	1 (33.3)	5 (83.3)	1 (20.0)	16 (50.0)	
Sex						
Women	5 (10.9)	0	0	1 (20.0)	4 (12.5)	0.656
Men	41 (89.1)	3 (100)	6 (100)	4 (80.0)	28 (87.5)	
Years homeless‡						
≤5	19 (41.3)	2 (66.7)	1 (16.7)	0	16 (50.0)	0.057
7–12	10 (21.7)	0	2 (33.3)	3 (60.0)	5 (15.6)	
13–44	12 (26.1)	0	1 (16.7)	1 (20.0)	10 (31.2)	
Lives on the street with someone						
No	42 (91.3)	3 (100)	6 (100)	5 (100)	28 (87.5)	0.590
Yes	4 (8.7)	0	0	0	4 (12.5)	
Income						
Does not have	9 (19.6)	2 (66.7)	2 (33.3)	0	5 (15.6)	0.203
Benefit	6 (13.0)	0	2 (33.3)	1 (20.0)	5 (15.6)	
Brazil Aid	8 (17.4)	1 (33.3)	0	0	6 (18.7)	
Retirement	2 (4.35)	0	1 (16.7)	0	1 (3.13)	
Work	21 (45.6)	0	1 (16.7)	4 (80.0)	15 (46.88)	
Had alcoholic beverages in the last 3 months§						
Yes	37 (80.4)	0	3 (50.0)	3 (60.0)	31 (96.9)	<0.001
No	8 (17.4)	2 (66.7)	3 (50.0)	2 (40.0)	1 (3.1)	
Factors that influence alcohol consumption//						
Unemployment	3 (6.5)	1 (33.3)	0	0	2 (6.25)	0.044
Frustration	5 (10.9)	0	1 (16.7)	1 (20.0)	4 (12.5)	
Friends' influence	8 (17.4)	1 (33.3)	1 (16.7)	0	6 (18.7)	
Stress	2 (4.3)	0	1 (16.7)	1 (20.0)	1 (3.1)	
Family conflicts	15 (32.6)	0	0	2 (40.0)	12 (37.5)	
Others	11 (23.9)	0	3 (50.0)	1 (20.0)	7 (21.8)	
Alcoholic beverages most consumed¶						
Beer	3 (6.5)	2 (66.7)	1 (16.7)	0	0	<0.001
Cachaça	40 (87.0)	0	4 (66.7)	5 (100)	31 (96.9)	
Other	2 (4.35)	0	1 (16.7)	0	1 (3.1)	
Hospitalizations due to alcohol#						
No	26 (56.5)	1 (33.3)	4 (66.7)	3 (60.0)	18 (56.3)	0.021
Yes	19 (41.3)	1 (33.3)	2 (33.3)	2 (40.0)	14 (43.7)	

*Fisher's exact test; †1 missing value (does not know); ‡5 missing values (4 does not know and 1 did not want to answer); §1 missing value (did not want to answer); //2 missing values (1 does not know and 1 did not want to answer); ¶1 missing value (did not want to answer); #1 missing value (did not want to answer).

95%CI: 95% confidence interval; PR: prevalence ratio.

Among the factors that influence alcohol consumption evaluated, family conflicts accounted for the highest percentage, representing 32.6% followed in decreasing order by: other factors (23.9%), friends' influence (17.4%), frustration (10.9%), unemployment (6.5%), and stress (4.3%). A 2023 study conducted in Santa Catarina with 15 homeless people reported the breakdown of family ties and helplessness, showing that continued alcohol use caused family disunity due to disagreements. This consequently culminated in people living on the streets, a factor that intensifies the frequency of alcohol and other drug use and increases dependence, as alcohol provides a feeling of relief, forgetfulness, and relaxation, allowing them to sleep without worrying about the violence and abuse that occur on the streets.[12]

Regarding the most consumed alcoholic beverages, the results revealed that 87.0% of participants consumed cachaça, while 6.5% drank beer, and 4.35% reported using other alcoholic beverages. Similarly, a study conducted in Ceará found that cachaça was the preferred substance. This choice is full of cultural representation, associated with virility and strength since the time of the outlaws, as in the example of the individual "taking a drink and going down burning."[12] Another 2019 study reported that the most consumed drink is "barrigudinha," a low-quality, inexpensive cachaça. It is shared among homeless people, especially on cold days, for the purpose of solidarity, donation, and connection. Furthermore, cachaça allows them to drink in public places without embarrassment due to social permissiveness. [13]

Regarding hospital admissions caused by chronic alcohol use, 56.5% of users did not require hospital interventions, while 41.3% required hospital care. In 2012, the Brazilian Ministry of Health published the first manual on health care for the homeless population, expanding access to health services through street clinics. The National Primary Care Policy (PNAB), through Ordinance No. 2,488 of October 21, 2011, considers everyone worthy of receiving care in accordance with the principles of the Unified Health System (SUS) of comprehensiveness, universality, and equity. Thus, street clinics, in conjunction with Psychosocial Care Centers (CAPS), emergency services, and other services, work to ensure access to healthcare for this population. However, some municipalities still face access barriers and weaknesses in accommodating homeless people. The reasons for seeking healthcare services were emergencies, such as being run over, physical assaults with knives and firearms, as well as chronic health problems and/or issues related to physical limitations and pain.[14]

Analyzing the income of the study population, it was found that 19.6% had no income; 13.0% received benefits; 17.4% received Auxílio Brasil (Brazilian Aid); and 4.35% had a pension, while 45.6% worked. The study found that the most common activities among the homeless population were collecting recyclable materials, construction, handicrafts, car parking, and painting, among others. In addition to income from these activities, some reported receiving Bolsa Família (Family Allowance) benefits. Thus, social programs play a significant role for homeless people, as they mitigate the effects of poverty.[15]

To assess alcohol consumption patterns, the AUDIT psychometric scale, developed by the World Health Organization (WHO), was used. The scale consists of 10 questions that assess alcohol consumption in the past 12 months as one of the data collection instruments. The consumption pattern was interpreted by adding the total AUDIT score, according to each risk zone. The zones are divided into four, based on severity. Zone I is considered low-risk because it has a pattern that does not present problems resulting from alcohol use, which can be addressed through alcohol education interventions. Scores range from 0 to 7 points (6.5%).[8]

In this sense, zone II, classified as hazardous use, has a score ranging from 8 to 15 points (13%), which is characterized by a pattern that increases the risk of dangerous consequences for the user and those around them. Even if no harm has occurred, it requires a simple counseling intervention.[8] Therefore, it

is important to remember that these data are collected through interviews that must be conducted with respect and attention, using straightforward and objective language.[8]

Zone III, on the other hand, is defined by harmful alcohol use, ranging from 16 to 19 (10.9%), which has patterns that result in physical, social, and mental harm to health. Therefore, interventions can be provided through basic guidance, light counseling, and user monitoring.[8]

In turn, zone IV of the AUDIT indicates probable alcohol dependence, ranging from 20 to 40 points (69.6%), and has a pattern that includes an extreme desire to use alcohol associated with difficulty controlling this use. Despite negative evidence of this use, increased alcohol tolerance, and withdrawal symptoms, referral for diagnosis and treatment can be considered an intervention.[8] Therefore, the implementation of the Single Registry is important, as it allows for the creation of a bond between the homeless person and the team that will conduct the registration, which is significant for the inclusion of each homeless person in the social protection network.[15]

Most of the sample were men (89.1%), most of whom were in the zone of probable dependency (87.5%), were over 45 (50%), had been homeless for less than 5 years (41.3%), and lived alone (91.3%). Thus, time is an important variable, as it ultimately determines an individual's chances of leaving homelessness: the shorter the time, the greater the probability; and, conversely, the longer the time, the lower the chances of leaving the streets. This percentage also reveals the fragile health of homeless men in Olinda, Pernambuco. The homeless population represents a state of extreme poverty, denied fundamental rights, reflecting the chronic process of social exclusion. This population is highly vulnerable, which is linked to extreme poverty. Therefore, their health problems can be explained by their unfavorable living conditions.[16]

Risky alcohol use is a factor that weakens the health of the homeless population, because of their greater susceptibility to illness, reduced chances of steady employment, physical exhaustion, and accidents. However, at the same time, alcohol promotes collective encounters and numbs suffering. It thus serves as a socializing element in this population, enabling the individual's integration into a tenuous and ephemeral network of emotional bonds. Thus, it appears that risky alcohol use entrenches people in homelessness, often hindering their ability to escape it.[8]

CONCLUSION

The study identified the sociodemographic characteristics of the homeless population in the municipality of Olinda, Pernambuco, as well as the main factors that lead to alcohol abuse. In this context, family conflicts are a significant factor in this excessive consumption, reflecting the breakdown of social bonds, which are fundamental to the construction of individuals' identities.

Furthermore, this study presented some limitations related to the difficulty in reaching an adequate sample size as per the initial project, either because of barriers faced during the academic dynamics and the eCR's activities, or because of obstacles in accessing the users themselves. Therefore, further studies on the topic under discussion are necessary to provide a better overview of the health situations of the target population and their visibility in the development of public health policies, guidelines, and health planning.

Furthermore, the results obtained enable the development of new strategies to ensure the longitudinality of care for homeless people and promote more conscious and critical alcohol consumption practices, prioritizing harm reduction and care tools that are more integrated with the reality experienced by the homeless population at different levels of care and territorial contexts.

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CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

AAS: Conceptualization, Writing–original draft, Writing–review & editing. APRC: Conceptualization, Writing–orginal draft, Writing–review & editing, Investigation, Methodology. AJPB: Conceptualization, Writing–original draft, Writing–review & editing, Investigation. JRCS: Project administration, Writing–review & editing, Methodology, Supervision, Validation. JFS: Writing–original draft, Writing–review & editing, Investigation. JMFRJ: Writing–original draft, Writing–review & editing, Research. LMSE: Conceptualization, Writing–original draft, Writing–-review & editing. LGSS: Writing–original draft, Writing–review & editing, Investigation. MCFFS: Writing–original draft, Writing–review & editing, Investigation. PTFGV: Conceptualization, Writing–original draft, Writing–review & editing, Methodology. VMT: Conceptualization; Writing–original draft, Writing–review & editing.

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