



**BUILDING THE
BARRICADES**

Eduardo Ribeiro

**THE PROFILES AND
SOCIAL DISINTEGRATION
OF REGULAR USERS
OF MARÉ'S DRUG AND
SUBSTANCE USE SCENES**

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1. INTRODUCTION

This article has used the materials produced in the scope of study 2 (of the Building The Barricades project) as its basis and focus. The overall project's aim is to survey the living conditions, well-being and (physical and mental) health of the people living in Maré's sixteen *favelas*. This study, in particular, focuses on people who frequent the open-use drug scenes in Maré and its immediate surroundings.

Building The Barricades has used a multidisciplinary and interdisciplinary perspective. Starting from particular points of view deriving from the experiences and perspectives of different disciplines, such as social sciences, and the fields of mental health and the economy of culture, it has sought to interpret a rich and extensive mass of data, both quantitative and qualitative information, related to different moments and data collection procedures. In another study, called Study 1, representative quantitative data was obtained for the entire adult population of Maré – 1211 people were interviewed. At the same time, focus groups and in-depth interviews were carried out with different actors.

For Study 2, quantitative interviews were carried out with 200 people who regularly frequent the open-use drug scenes in Maré and its surroundings. Qualitative investigations were also carried out – eight interviews (four carried out with users or visitors to the scenes and four with healthcare professionals) and a focus group, with the same set of people.

In this context, this article aims to provide an overview and make some brief methodological observations, specifically about the data and information survey carried out with the 200 people who frequent the open-use drug scenes. Whilst other texts in this publication have more specific questions and interests, the objective here is to present the profiles of the adult population who live at or use these scenes, and are part of Maré's community of residents, for the various dimensions investigated by this research,

Despite this descriptive proposal, to present the results in general, this text seeks to address some substantive and specific issues which concern reflections on this population's characteristics and on certain relationships between social phenomena and variables that could be investigated in more depth. These issues are the result of both a process of dialogue with the study's multidisciplinary team, which has led to specific directions and frameworks, and proposals for analysis and empirical cross-referencing, as well as a more individual process of appropriation and systematic exploration of the data.

The article is divided into four sections. After this introduction, the three following sections constitute the substantive core of the text. The second section considers the methodological notes, referring to how the study operated in its various stages. It seeks to give the specialised reader information about the research's technical and theoretical-methodological paths and decisions, including issues around design, procedures and details about data collection, processing and development of the analyses. Section 3 presents the data, looking at the profiles of people who regularly use Maré's open-use drug scenes. Finally, section 4 presents a brief discussion on processes of social exclusion and disintegration.

Concepts such as 'social disintegration' (Gaulejac and Léonetti, 1994) or 'social disqualification' (Paugam, 2003) have been used in analysing individual experiences of social isolation and detachment, the weakening and successive cutting of ties (community, institutional and even family ones), as well as for observing processes in which poverty combines with other markers (such as being homeless or using drugs) and take on a certain status of social representation, to the point of functioning as markers that symbolise the social failure or even the moral degradation of certain groups of people.

The analysis of the profiles of people who regularly use the open-use drug scenes in Maré provides a narrative line on which different positional markers of exclusion can be mapped to compose a frame of 'exclusion within exclusion', consistent with the proposed term 'dregs of the dregs' by Lima (2016).

2. METHODOLOGICAL NOTES AND CHARACTERISTICS OF THE INVESTIGATION

2.1. CHARACTERISTICS OF THE INVESTIGATION

The data with which the analyses of this text have been developed were obtained through a research method known as a survey – a type of social investigation that generates quantitative information about certain characteristics of populations or groups of people by conducting structured interviews carried out by researchers, with the use of questionnaires.

A large number of surveys are regularly administered by government statistical agencies, such as the IBGE, Brazil's Geography and Statistics Institute, but they do not always provide regular, up-to-date information on specific themes for certain subjects, territories and populations. For this reason, initiatives for producing quantitative data such as this one, which was carried out independently and was focused on a particular set of theoretical, empirical and practical questions, make a great heuristic contribution to their relevant academic fields. Such contributions are particularly relevant for rare, difficult to access, or poorly studied groups and populations.

With a multidisciplinary approach, the Building The Barricades project, and this survey in particular, offers data and information in the fields of mental health, epidemiology and collective health, as well as research into patterns of legal and illegal drug use. In the social sciences, such contributions also extend to research on favelas, exclusion and poverty; studies on leisure and cultural practices and consumption; quantitative analyses of living conditions, satisfaction, happiness and well-being; and fields dedicated to investigating exposure to community violence and its social impacts, fear and feelings of insecurity. More specifically, the research contributes to other initiatives that capture evidence and increase awareness of the recent developments pertaining to the living conditions and health of drug users and homeless people.

This survey can be described as a cross-sectional observational survey. Unlike experimental approaches, in which there is direct intervention in the research environment² in an intentional and controlled manner, observational studies involve empirical field research in which data is drawn directly from reality, being observed in a 'natural' locus and seeking to intervene as little as possible in the conditions in which the observed social phenomena and facts commonly occur.

A cross-sectional study has a 'synchronic' character, collecting data only once at a single point in time. Such studies present the portrait of a certain population during a fixed period of reference. The interviews that constitute this survey were mostly carried out in the second half of 2019, between the end of September and December. Subsequently, a smaller number of interviews was carried out between January and March 2020.

² For example, by assigning individuals to control groups established by random criteria; control of the research context to avoid interference from factors unrelated to the phenomena of interest; or even the researcher's direct intervention in the observed relationship, with the selection and imposition of variables functioning as 'causes'. The investigator introduces an artificial condition in order to verify the effect of this intervention on the investigated relationship.

2.2. TOPICS AND SECTIONS

From a comparative perspective and considering the understanding that people who use open-use drug scenes correspond to a relevant stratum of the population of the same – yet diverse – neighbourhoods of Maré, it was decided to apply practically the same questionnaire to 1411 residents of Maré – 1211 people living in households and 200 regular users of the open-use drug scenes. The few existing differences are about specific issues to do with living on the streets, as well as forms of violence suffered by this population, such as expulsion or losses suffered in interactions with state actors – loss of documents or medication, for example.

Thus, the base questionnaire used as the data collection instrument was structured into seven sections of questions. The first section was operational and contained meta-information about the interview, such as the identification of the questionnaire interviewee, the date it was carried out and the interviewer responsible. The other sections were analytical and contained substantive questions about the living conditions and profile of Maré's population. They dealt with: (a) the sociodemographic profile; (b) access to territorial networks and cultural and community practices; (c) health and mental health; (d) the pattern of legal and illegal drug use; (e) experiences of violence in the territory; and (f) well-being and quality of life. In addition to these sections, the instrument administered to people who use the open-use drug scenes had an additional section which raised questions about (g) the risk of contracting infectious diseases.

The first section surveyed the interviewee's sociodemographic profile. As well as sociodemographic questions, such as gender, age and ethnoracial identification, it dealt with information related to their education, income and employment profile. For the household survey, this section also dealt with migration and time of residence in Maré, as well as family characteristics and arrangements. These last questions were not included in the questionnaire for users of the open-use drug scenes but replaced by questions regarding homelessness, such as the time spent living on the streets, the places where they spend most nights and the search for social welfare centres. The section comprised basic contextual aspects which are used to describe social groups and establish distinctions between groups of people with certain characteristics.

The next section investigated access to territorial networks and cultural and community practices. In it, social networks in Maré were addressed based on questions about cultural, artistic and leisure habits, and practices carried out by residents, in addition to knowledge of arts and cultural venues and how often they used them, mapping the territory's network of cultural spaces and facilities. In addition to culture, art and leisure, the section made it possible to verify the profile of digital inclusion and internet use, and also raised questions about the practice of sports or physical activities, religious affiliations and attendance, and community participation. There was a specific question about the disruption to these practices because of the high level of violence in Maré.

The third section, on health and mental health, obtained information on knowledge and access to Maré's health services, including mental health facilities and local units. This section made it possible to estimate the conditions of the physical and emotional health of Maré's population, map the main health problems and symptoms, and check the demand for treatment. Here, there were specific questions about possible barriers to accessing health services due to the violence in the community.

A specific subsection on mental health focused on the so-called 'brief inventory of psychopathological symptoms' (BSI),³ a set of fifty-three questions on psychological symptoms noticed by the people interviewed in the week before the interview (Derogatis & Melisaratos, 1983). This psychological and symptomatological assessment made it possible to calculate a series of indicators used to assess situations of psychological and emotional distress and, therefore, estimate the mental health conditions of Maré's resident population.

The section on patterns of legal and illegal drug use investigated the consumption of different substances by the population, ranging from common legal substances (such as tobacco derivatives and alcohol), and common illegal substances (such as marijuana, cocaine and crack) through to illegal substances less common in Rio de Janeiro. An existing instrument called ASSIST⁴ (WHO ASSIST Working Group, 2002; SENAD, 2014) was used to screen and detect

3 Brief Symptom Inventory.

4 Alcohol, Smoking and Substance Involvement Screening Test.

the use of and involvement with alcohol, tobacco derivatives and other psychoactive substances. ASSIST addresses the frequency of use and problems associated with substance misuse, including questions about addiction and withdrawal, health problems, social, legal or financial problems and changes in routine. The instrument also allowed us to calculate specific involvement scores for each substance.

The fifth section referred to experiences of violence in the territory and mapped the different types of community violence experienced by Maré's residents on a daily basis, considering, above all, the exposure to armed violence. This section has gathered information on the incidence and intensity (frequency) of exposure suffered by victims, making it possible to observe phenomena such as repeat victimisation and multiple victimisation – to a plurality of sources of violence and risk. It is also concerned with subjective aspects of experiencing persistent violence in Maré, taking into account reports of fear and feelings of insecurity and the effects noticed by the population in terms of losses incurred, disruption to routines, trauma and impacts on physical and emotional health. For regular users of the open-use drug scenes, the questionnaire had three additional questions. Two of them asked specifically about violence suffered in relation to state actors (for example the police, the army, the municipal guards or special operations officers). They were also asked if they had lost documents and personal belongings in the last year, or if they had lost any medication due to the intervention of these actors. The third question asked if, in the last year, they had been evicted from or had to leave Maré or another place (another *favela* or region) due to fear or threats.

The sixth section dealt with the Maré participants' subjective feelings of well-being and quality of life, based on their perceived satisfaction in relation to different aspects of life. The questions in this section formed part of a condensed instrument called MANSA,⁵ for assessing subjective well-being and quality of life. MANSA asks questions about both a general feeling of satisfaction with life as a whole, and about personal satisfaction with more specific aspects such as employment and work, finances, family and household relationships and friendships, sex life, as well as satisfaction with housing conditions, safety, leisure, physical and mental health.

Finally, the seventh and last section, specific to the questionnaire given to users of the open-use drug scenes, dealt with the risk of infectious diseases. This section had questions about different risk behaviours: sharing drug using implements (pipes, cans or cups for smoking crack) with people with mouth sores; unsafe sex and bartering sex for drugs or money to buy drugs; HIV and hepatitis B and C testing and results; receiving blood transfusions; and getting tattoos or piercings.

2.3. THE MAIN ANALYTICAL CONSTRUCTS AND DIMENSIONS

In its planning, Building The Barricades formed a set of hypotheses about the relationships between experiences of violence and feelings of insecurity, and a set of psychosocial outcomes in the fields of mental and emotional health, well-being and quality of life for Maré's population and regular users of open-use drug scenes (and populations in general). Such relationships would also be mediated by experiences such as the exercise of cultural and leisure practices, patterns of drug use and access to formal and informal care networks. The relationships between all these dimensions are complex, multifactorial and organised in chains of interdependent relationships.

The theoretical understanding of the relational structure can be facilitated by its breakdown into simpler questions and hypotheses about how the relationships between certain dimensions work or how the phenomena of interest to the research behave. It should be noted that each of these dimensions and each of the listed phenomena (e.g., violence, insecurity, well-being and quality of life) correspond to intellectually constructed abstractions. They are notions or concepts and, as such, require processes to create and define them, making them ready to be observed and recorded as empirical evidence (a process known as measurement) and, later, described, classified or correlated – procedures known collectively as analysis.

The task of translating a concept into one or more measurable scales is called operationalisation. This, in turn, has a theoretical component in defining and representing a concept in a clear, precise and explicit way, providing enough information to unambiguously clarify and communicate which phenomenon is under investigation. The process of conceptual definition, included in the discussion of a specific field of knowledge, generates theoretical variables called constructs.

⁵ Manchester Short Assessment of Quality of Life.

A construct is a theoretical variable that is relevant from a substantive point of view and that, often, cannot be observed or measured directly (Cano, 2002). Classic examples of constructs in psychology and sociology are intelligence and personality, love, happiness and aggressiveness. Considering the objectives and hypotheses of our study, as well as the literature reviews and surveys carried out by the different project teams, several constructs can be listed. Amongst the main constructs used are: exposure to armed violence, subjective experiences of violence, fear and feeling insecure, barriers to access cultural practices and consumption, involvement with drugs and psychoactive substances, subjective well-being, mental or emotional health. There are a large number of questions that can be used to convert these theoretical variables into measurable indicators in the survey's different themed sections.

Since constructs are theoretical variables that commonly represent phenomena or theoretical concepts that are not directly observable or measurable in automatically recognisable natural units, such measurements must be carried out indirectly, based on operative variables. Hence, a second component of operationalisation is given by an operational definition – that is, a set of instructions or procedures for measuring conceptually explicit variables. Choosing the criteria and decision-making rules, however, is arbitrary and depends on the traditions and interests of the fields of knowledge, theoretical and analytical perspectives, the researcher's own intuition and experience, et cetera. Therefore, there are always different ways to operationalise a theoretical variable and to measure a construct. However, the most important thing is that all these rules and decisions are clear and well founded.

In our survey, there were at least three previous sets of constructs clearly operationalised using indicators that had already been consolidated and validated in previous works. These were addressed by specific instruments and collection protocols, and correspond to BSI, MANSA and ASSIST, each enabling the calculation of a set of indicators. In addition to these, exposure to armed violence, subjective violence and cultural participation are constructs where new proposals for operationalisation were exclusively developed within the scope of the Building The Barricades project.

Using the fifty-three questions of the BSI, the levels of mental and emotional distress could be measured by the General Symptom Index (GSI).⁶ It is calculated for each person by taking the average of the valid items – that is, the sum of the results of each answer divided by the total number of questions answered (Derogatis and Melisaratos, 1983; Canavarro, 1999). People who responded to at least forty-one of the fifty-three inventory items were accepted as valid cases, accepting a maximum loss of about 20%. A similar procedure was used to calculate specific indices for each of the nine dimensions of symptomatology: somatisation, obsessive-compulsive behaviour, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism.

Based on twelve of the twenty-four questions present in MANSA (Priebe et al., 1999), a Subjective Quality of Life Index (SQOL) has been calculated. The items to assess well-being correspond to subjective questions about the person's satisfaction in relation to different areas of life. In these twelve variables, satisfaction has been recorded on an ordinal scale of seven points, ranging from extreme 1 (very dissatisfied) to extreme 7 (very satisfied).⁷ The indicator has been calculated as the mean of the scores obtained in the answered questions. For a case to be considered valid, the person needed to answer at least nine of the twelve questions.

The section on patterns of drug and substance use introduced ASSIST, an instrument developed as a World Health Organisation (WHO) initiative to scan and detect substance abuse and consumption. Using six questions, the instrument enables empirical measures of 'involvement' to be calculated for each of the ten included substances. A protocol establishes a score given to each category or variable response.⁸ As an example, an index of involvement with alcohol is calculated for each person by adding up the scores assigned by the protocol. There is also a classification for the scores obtained by this sum as well as the severity of the diagnosis of use and consumption, indicating whether intervention by health services is needed or not and, once substance use is detected, if it requires moderate care (a brief intervention) or a more in-depth intervention and referral to more intensive care.

6 In English, the index was originally called the Global Severity Index (GSI), with a Portuguese translation being the Índice de Gravidade Global. The Índice Geral de Sintomas (IGS) (General Symptoms Index) appears in Canavarro (1999).

7 The classification of variables follows the scale: 1 – very dissatisfied; 2 – dissatisfied; 3 – somewhat dissatisfied; 4 – neither satisfied nor dissatisfied; 5 – somewhat satisfied; 6 – satisfied; 7 – very satisfied.

8 In the question about frequency of substance use, for example, if the person stated 'never' having used the drug or substance in question, the protocol indicates that they should receive a score of zero. If the answer is '1 or 2 times', the person receives a score of 2. If the answer is 'monthly', 'weekly' or 'daily or almost every day', the protocol indicates that the scores should be 3, 4 and 5, respectively. Every ASSIST question answered has a different set of points given according to the system.

The section on access to social networks and cultural practices has made it possible to observe social networks, lifestyles and cultural consumption amongst Maré's population, based on their habits and artistic and cultural practices. The participation in and frequency with which people accessed a series of arts, cultural and leisure practices, activities and facilities have been used to calculate cultural participation indices (CPI), which has sought to measure levels of cultural access, as done in other works (Grossi et al., 2011; Coccozza et al., 2020).

Measures have been defined that capture the incidence of certain activities and practices – basically, recording whether the person practised them or not. Frequency of participation has also been measured, using scores on a five-point ordinal scale, ranging from 0 (does not practise) to 4 (daily practise).⁹ In addition, such activities and practices were classified as internal or external, distinguishing those that occur (or can occur) inside the home from those practised outside the home. This has allowed for a means to interpret participants' thoughts on issues of community violence, in addition to aspects related to emotional and mental health symptoms, and even in contexts related to the Covid-19 pandemic. Similarly, activities and practices can be classified as individual or collective, helping to address another set of substantive issues. The questions asked respondents to record their internet use and leisure, culture and entertainment habits carried out online. Diagram 1 below shows the items considered for calculating the adopted indicators.

Table 1: Access to social networks and community and cultural practices

Leisure activities, entertainment and cultural consumption in the last three months	
Watched films and/or series	
at the cinema	
on the internet	
by other means (DVD, blu-ray, VHS, TV)	
Saw videos	
on the internet	
Watched television	
Saw a play at the theatre	
Listened to music	
live	
on the internet	
by other means (CD, tape, vinyl, radio)	
Read a book	
digital	
printed	
Visited a museum	
Visited a museum's website or one for works of art to find out information or explore content	
Artistic practices in the last three months	
Danced	Practised creative writing
Acted or performed theatre	Painted
Sang or played an instrument	Practised creative photography

Source: Research Data. Self-generated, 2021

⁹ The frequency of cultural, arts and leisure practices was registered with scales that had the following classification: 0 – does not practise; 1 – less than once a month; 2 – at least once a month; 3 – at least once a week; 4 – daily or almost every day.

In the section on experiences of violence in the territories, two indicators were calculated. The first was the Exposure to Armed Violence Index (EAVI), whilst the second was called the Subjective Violence Index (SVI). This section of the questionnaire included questions developed with the help of qualitative consultations, based on reports from the residents of Maré, as well as professionals working in the community, in addition to data produced regularly by the NGO *Redes da Maré*, and published in the newsletter *The Right to Public Security in Maré* (*Redes da Maré*, 2018). It also used content and questions from the Addiction Severity Index¹⁰ (Kessler et al., 2012).

The EAVI¹¹ was developed based on self-reported experiences of exposure to armed violence that occurred in Maré in the twelve months prior to the interviews. The index combines information on the incidence of episodes (taking into account the number of experiences objectively experienced by people) with information on the intensity of the experiences (taking into account the frequency with which such episodes were witnessed). In the latter case, experiences of (re)victimisation are included – when a person goes through the same type of episode more than once, as well as multiple victimisations – when they go through a variety of experiences. The EAVI has been calculated by the sum of four items related to the dynamics and consequences of the actions of armed groups in Maré's territory as well as the authorities' responses and police actions. It should be noted that the dynamics go beyond the occurrence of shootings, including the dynamics of territorial control and including interactions between armed groups, police and Maré's resident population – as in the case of assaults and beatings, for example. The questions used a seven-point ordinal scale of measurement,¹² and the four items' total score was divided by the number of valid cases. Only respondents who answered three out of the four items were considered valid cases. Diagram 2, below, shows the items considered in calculating the indicator.

Table 2: Objective experiences of exposure to armed violence

Events experienced in the last twelve months
Caught in the middle of a shooting in Maré.
Was in a situation where they saw someone being beaten up or assaulted in Maré.
Was in a situation where they saw someone being shot or killed/murdered in Maré.
Someone close to them was murdered or shot in Maré*.

*For this particular item there was no temporal reference of this having occurred in the last twelve months.

Source: Self-generated, 2021

The SVI¹³ has been drawn up based on reports of feelings of fear, perception of risk, concern and feelings of insecurity experienced by residents of Maré on a daily basis, related to the dynamics of the phenomenon of armed violence. In this sense, the reports can be interpreted as another (more subjective) way of being exposed to and experiencing armed violence. The index counts how often people feel threatened and express certain concerns about violence, incorporating them into their routines. The SVI is calculated as the sum of nine items, with a five-point ordinal scale to measure frequency.¹⁴ The sum of the scores for four items has been divided by the number of valid cases, so that only people who responded to at least seven of the nine items were considered valid cases. Table 3, below, presents the issues considered for calculating the index.

¹⁰ Addiction Severity Index (ASI-6).

¹¹ The Exposure to Armed Violence Index (EAVI) was appropriated in different ways by the Building The Barricades research teams, appearing under other names such as the Index of Violence Experienced (IVE, or of Objective Violence – IOV) as opposed to the Subjective Violence Index (SVI). It also appears as an Exposure to Community Violence Index (ECVI), in line with international literature.

¹² The frequency of episodes of exposure to armed violence scale had seven response options: 0 – never; 1 – once; 2 – twice; 3 – three times; 4 – four times; 5 – five times, 6 – more than 5 times.

¹³ Also known as the Fear and Feeling of Insecurity Index (FFII).

¹⁴ The ordinal scale of how often the person felt afraid had five response options: 0 – not afraid; 1 – rarely; 2 – sometimes; 3 – often; 4 – always.

Table 3: Subjective experiences of exposure to armed violence

How often do you feel afraid of ...
Being hit by a stray bullet in Maré?
A close acquaintance being hit by a stray bullet in Maré?
Suffering physical or verbal abuse in Maré?
A close acquaintance suffering physical or verbal abuse in Maré?
Suffering economic/material losses or losing work because of the violence in Maré?
Having to become involved in illicit or illegal activities?
A close acquaintance having to become involved in illicit or illegal activities?
Expressing thoughts or feelings in Maré?
Moving around Maré?

Source: Research data. Self-generated, 2021

2.4. THE SAMPLE'S CHARACTERISTICS AND REPRESENTATIVITY

Due to the characteristics of the population surveyed, consisting mostly of people without a fixed abode and thus have a transitory lifestyle that takes them to different places and territories, it was not possible to obtain a register or sampling frame¹⁵ that would enable the selection of a random sample of people to be interviewed. In addition, these same characteristics that made the preparation of a register unfeasible created logistical difficulties in accessing this population. Additionally, the levels of isolation, vulnerability and victimisation suffered by some people who use the open-use drug scenes meant that mistrust was high. This often resulted in them resisting efforts to be approached for research.

In this context, the sample used to carry out the survey with regular users of the open-use drug scenes in Maré is non-probabilistic, with no random selection of interviewees. The sampling scheme used is known as a convenience sample, in which the sample is generated without a register, and according to the ease of access and availability of the people to be interviewed. To reach out to people, the survey had the support of some of the scene's frequenters who were sporadically hired to introduce the research and invite other users to be interviewed.

It is important to note that, although there was no quota or filter according to, for example, sex or age, as with quota sampling in non-probabilistic studies held at high footfall locations, guidance was given and logistical efforts were made to visit different open-use drug scenes and invite people with different experiences of homelessness to take part in the survey. This perspective follows a rule commonly used in the selection of qualitative samples from multiple cases, known as the diversification principle. The idea is to diversify the cases, seeking the greatest possible variability of experiences within a group of people, in order to offer an exhaustive and in-depth portrait of the entire set of lived experiences. In practice, the experiences and daily lives of those who live and spend time on Avenida Brasil, one of Rio de Janeiro's most important transport routes, can be quite different from the experiences endured by those who live at an established open-use drug scene, as in the case of the scene on Rua Flávia Farnese, located in the territory of Maré.

The interviews were conducted at the Espaço Normal, a drugs support and information centre, inaugurated by Redes da Maré, and in operation since 2018. This is a place of fraternisation, care and harm reduction, which offers help to people with harmful drug use behaviours. The Espaço Normal and Redes da Maré's team of professionals were essential to establish the trust needed to carry out the interviews, as well as to meet and fulfil specific demands made at the time of the interviews.

¹⁵ This corresponds to a list with all the people who make up a population of interest to the research, from which the cases or elements which will make up the random sample are drawn.

The sample size, set at 200 people, was based on a set of estimates from different sources, whether from technical professionals who worked with this population or from institutional actors such as the *Espaço Normal* itself or ATENDA (Integrated Services Space). ATENDA brings together public services, from Rio de Janeiro's municipal health and social welfare departments as well as civil society organisations, which work together to offer integrated care to people who visit the open-use drug scenes in and around Maré. ATENDA's estimate is that around 200 people attend those open-use drug scenes in Maré every day, corroborated by information obtained from experts, professionals and other local organisations.

Along the same lines, a register of the movements of regulars of the Flávia Farnese scene alone, carried out by experts from the *Espaço Normal*, has identified that 165 people passed through the scene in 2019, including sporadic and regular visitors and residents. Around 80% had been seen at the scene for more than three months. The average number of people who register at the scene each month is 103.

The *Espaço Normal* has a registration database of the people it has seen. In 2019, 455 people were registered, which is the number of people who attended the *Espaço Normal* at least once that year.¹⁶ These people are not necessarily homeless, although a large number were. Of the first number of people seen in 2019, 43.3% are homeless and 15.8% are in living in shelters. Another 32.8% corresponds to people resident in Maré, mostly in Nova Holanda. The other people who came to the *Espaço Normal* in 2019 (8.1%) come from locations outside Maré, meaning that the total number registered does not only include people who use the scenes in Maré.

According to data from the register, the *Espaço Normal* saw an average of 120 people per month in 2019. The number of people seen is much higher in the second half of the year, with an average of 168 people served¹⁷ compared with an average of 72 in the first half of 2019. Of the 455 people registered with the *Espaço Normal* in 2019, it is estimated that around 40% (around 200 people) are regular visitors who visited the *Espaço Normal* for several consecutive months. A smaller group of just over 10% are very frequent users.¹⁸

As a theoretical exercise, considering the population size to be the total number of people registered by the *Espaço Normal* (455 people have already been seen at least once), and a confidence level of 95%, a sample size of 200 would imply a sampling error of about 5%. This would be the relative margin of error for simple percentage estimates for categorical questions, if the sample were probabilistic.

2.5. REFLECTIONS ABOUT THE CHALLENGES OF MULTI AND INTERDISCIPLINARY RESEARCH

2.5.1. MULTIDISCIPLINARY AND/OR INTERDISCIPLINARY

The Building The Barricades project proposed a methodological approach that was both multidisciplinary and interdisciplinary. From a multidisciplinary perspective, the project has brought together professionals from different academic fields who have investigated a set of topics and research questions. What characterises the multidisciplinary approach is the simultaneous study of the same object, observed using analytical perspectives and knowledge from different areas. The intention is for interpretations to be complementary and triangulated whilst recognising that different disciplines often approach the same object in separate ways. The interdisciplinary approach focused on cooperation and collaboration between different specialties, producing specialised knowledge through the exchange of information and the establishment of relationships between different contents and perspectives.

¹⁶ The register originally had 464 people, but there was no record of nine people.

¹⁷ It is worth remembering that a person can be seen several times.

¹⁸ Before its activities were disrupted and social distancing measures were put in place because of the Covid-19 pandemic in March 2020, the *Espaço Normal* was seeing an average of 60 people per day.

In its planning, *Building The Barricades* recommended a collaborative and interdisciplinary approach, highlighting the study's interinstitutional and transnational¹⁹ nature, which are fundamental constitutive aspects to be incorporated in all the studies and stages of the project. The research proposed involving several actors, such as residents, workers and members of Maré's communities, civil society collaborators and university investigation teams.

All the proposals came to fruition. Different research, data and content production initiatives were carried out, conducted by disciplinary teams from the social sciences, mental and collective health, cultural economics and the arts. There were regular meetings, with interaction and co-production between the teams. Besides this, several actors were heard and collaborated with the study. However, the fact that the multidisciplinary and interdisciplinary work was carried out did not necessarily mean that it took place in a linear and smooth manner.

In practice, differences in the way the 'scientific communities' carry out research work in their respective fields posed challenges. Such differences involved the research's agendas, interests and priorities, world views and political stances, methodological decision-making rules, and very different forms of interpretation and analysis. Divergent research cultures are configured, with conflicting approaches to the same episodes and phenomena and, ultimately, to the same data.

Carrying out the survey was a particular case in point. Constructing the questionnaire was an interdisciplinary exercise par excellence with the teams collaborating and interacting with each other. The joint effort to find the balance between cost, time and content to be verified made it possible to acknowledge the teams' different perspectives. They were each able to express their research agendas and priorities, their understanding of what the relevant information and data was, and about the level of detail and ways in which certain topics needed to be addressed.

Within this context, some subjects were very detailed, but had less analytical yield, whilst for other subjects it was later discovered that they should have been better explored and investigated with a greater level of detail. Some issues, common in survey-type research processes, were only observed during the analytical process, with the data already collected.

The work process guaranteed the plurality and complementarity planned at the beginning of the project, leading, in some cases, to difficulties in reconciling perspectives and maintaining a single narrative line (which can be considered positive) within the research proposal. This meant that the set of final products could give the project a more multidisciplinary rather than an interdisciplinary character. In the next sections, some of these issues will be presented.

2.5.2. THE USE OF SYNTHETIC INDICATORS VERSUS SPECIFIC VARIABLES

As seen, the survey has collected a large amount of data on substantive dimensions and themes, making it possible to observe the profile and living conditions of people who regularly use the open-use drug scenes in Maré from different perspectives. Several theoretical constructs have been proposed and put together in developing the analyses. This has led to the calculation of composite indicators, which have compiled different information in a single synthetic measure. This has been the case for indices already validated and consolidated in national and international works, such as those calculated from BSI, MANSA and ASSIST, but also for indices specifically proposed for this project, such as measures of how much Maré *favela* residents are exposed to armed violence, their fear and feelings of insecurity and indicators of cultural practices and consumption.

Synthetic indicators are widely used in several fields, such as epidemiology and public health, social psychology, and sociology. However, there were doubts regarding their use, mainly from the social sciences team. These issues had to do with the sense that some indicators gather a vast set of content that could cause some conceptual confusion, making data interpretation difficult. They also pointed to the risk of automatism and accentuated distancing, as well as a concern with a certain 'reification' of the indicator, as analysed by Jannuzzi (2002), in which the measure could become more important than the concept itself and the reality it expresses. In this sense, care has been taken so that the reports are not dehumanised by the excessive use of indicators.

¹⁹ The project was a partnership between Redes da Maré and People's Palace Projects, which made it possible to connect researchers from the UK (from Queen Mary University of London) and Brazil – from the Federal University of Rio de Janeiro (UFRJ), the Federal University of Rio Grande do Sul (UFRGS) and, later, the State University of Rio de Janeiro (UERJ).

In short, some of the works presented in this publication extensively explore the synthetic indicators and indices created, others use them less, opting for detail. Some prefer to use simpler variables, keeping the analyses closer to the direct reports given by the people interviewed.

2.5.3. POLITICAL AND ETHICAL ISSUES

Underpinning the discussion on the use of synthetic indicators is another striking feature of the project's environment. Social indicators and statistics send political messages and allow for different appropriations and interpretations. They can be used to inform points of view, opinions and even political decisions, as well as to define agendas and schedules or to assess public initiatives, amongst other uses. The same applies to other results and findings of the research. Besides this, in their technical and methodological development, the design and calculation of indicators requires a series of decisions and judgments to be taken into account in their interpretation, in order to avoid wrong or overly simple conclusions.

Taking care with the interpretations and the consequences of communicating results is a relevant topic, as the research touches on socially sensitive issues, such as patterns of drug use, narratives about mental health and the social and institutional contexts of public security. It is an even more delicate situation when it comes to drug users and homeless people. For all these subjects, there was always a concern about conducting the discussions and disseminating the research findings in an ethical manner, without entrenching stereotypes, and with attention to the political repercussions and their contributions to the planning and execution of social services and public policies.

2.6. SOCIOECONOMIC PROFILE AND HOW TO ESTABLISH COMPARISONS

One of the research's interests is to compare the living and health conditions of people who regularly use Maré's open-use drug scenes with the conditions surveyed for the entire adult population of that territory, as outlined in the article for Study 1.

It happens that the sociodemographic profile of the people who use the scenes is quite specific. Their populations have different characteristics from the profile recorded in the household survey. If the differences between the sociodemographic profiles of the samples are, precisely, a result to be observed, on the other hand they constitute a methodological obstacle to analysing certain comparisons. In fact, basic sociodemographic characteristics, such as gender and age, can greatly influence the behaviour of variables that represent, for example, levels of exposure to armed violence or fear of violence. In order to mitigate the impact of this difference in the comparative analyses, a decision was taken to use not only data from the adult population residing in Maré, but also from a specific subgroup of this resident population, with a profile closer to those interviewed at the open-use drug scenes.

To summarise the results, the sample of people interviewed at the open-use drug scenes are: (a) more male, with a percentage of 71.5% of men compared with 48.7% in the adult household population of Maré; (b) more black – 85% of the people in this sample are mixed race (36.5%) and black (48.5%), whilst for Maré's adult population this percentage is 65.8%, with 45.8% of the people interviewed identifying as mixed race and 20% as black. There is, therefore, a higher percentage of black people and an inversion in the weight of the black population, which is greater than the percentage of mixed race people. Regular users of the scenes are also (c) younger, since 75% are between eighteen and forty years old, compared with 57% in Maré's whole adult population; and (d) less educated because, whilst 64% of the people interviewed at the scenes had not finished primary education, this percentage is 40% in the Maré adult population.

To compensate for the weight of the demographic difference, a comparison group had been created based on the selection of specific cases from the household survey sample. The method used to create this group is a statistical technique known as 'propensity score matching' (Guo and Fraser, 2009). Put simply, a subsampling procedure was performed in which, for each of the 200 people interviewed at the open-use drug scenes, a person with exactly the same

age, sex and ethnoracial attributes²⁰ was sought in the household survey sample. When two or more people in the household sample matched the profile of a person at the scenes, selection took place randomly by drawing one of the matching options. The subsample resulting from this process had 160 cases (since not all cases could be matched) and corresponded to an equivalent comparison group, for which comparative statistics have been calculated.²¹

To verify the equivalence of the groups in the demographic dimensions used in the matching, the size of the differences observed can simply be checked with and without the comparison group being applied. The percentage of men in the comparison group is equal to 72.8%, a value very close to the 71.5% recorded in the scenes' sample and far from the 48.7% in Maré's adult household population. The black population makes up 83.8% of the comparison group (it is 85% in the scenes' sample and 65.8% for Maré's adult population), and 77% are people in the younger age groups, from eighteen to forty years old (compared with 75% in the scenes' sample and 57% of Maré's adult population). The use of the matched group enables the analyses to be independent from the demographic structure.

3. PROFILES OF THE POPULATION OF MARÉ'S SUBSTANCE USING SCENES

3.1. HOMELESSNESS

Of the 200 people interviewed at the *Espaço Normal* who frequent the open-use drug scenes, 179 are homeless – which corresponds to 89.5%. This percentage is at odds with the statistics recorded by the *Espaço Normal* staff, in which 43.3% are homeless, indicating that the audiences are different. In addition, 10.5% of the people interviewed at the scenes stated that they are not homeless, a number lower than the 32.8% registered by the *Espaço Normal*, which represents people living in Maré. This difference reinforces our confidence in the fact that the sample analysed in Study 2 does not only represent the population served by the *Espaço Normal* but a more general population of people who regularly use open-use drug scenes in and around Maré.

Homeless people who were interviewed were asked where they slept most nights in the three months before being interviewed. Of these, 72.3% reported sleeping at the open-use drug scenes, with the highest concentrations at the scenes on Avenida Brasil (30.5%), Flávia Farnese (23.7%) and at the scenes in the Ramos and Bonsucesso neighbourhoods (11.3%). In addition to these, a smaller percentage spent the night in other open-use drug scenes (6.8%). A considerable number of people interviewed (27.7%) revealed a wide variety of places: generally on the streets and, to a lesser extent, rooms in hotels, guesthouses, shelters and hostels, or even the homes of friends and family.

²⁰ The matching was performed from a database that combined the two samples, using a logistic regression that modelled the probability of a person belonging to the scenes' sample. These model-predicted probabilities of belonging are the propensity scores. People from different samples with very close propensity scores were matched.

²¹ The comparison group consisting of statistical matches was used in this text and in the one prepared by the social sciences team. In the latter text, a second comparison group was also used, formed by a selection of people residing in the Area 1 stratum, which is dominated by a drug-trafficking faction. This option was based on the fact that Maré's open-use drug scenes are geographically concentrated in this region.

In relation to the length of time they have been homeless, a significant statistic is that more than half the respondents (57.3%) have been homeless for two years or more, with 30.3% homeless for more than five years.

Diagram 4: How long have you been homeless?

PERCENTAGE AND TIME RANGES	
5.1%	Less than a month.
16.3%	Between one and six months.
5.1%	Between six months and a year.
16.3%	Between one and two years.
27.0%	Between one and two years.
30.3%	More than five years.

Source: Research data. Self-generated, 2021

3.2. PATTERN OF LEGAL AND ILLEGAL DRUG USE

With regard to the use of psychoactive substances, study 1 (household survey) estimates that 17% of Maré's adult population have never used any substances in their lives, even legal ones such as alcohol or tobacco. In the subsample with a demographic composition equivalent to people who use open-use drug scenes, this percentage is quite similar, so that 15.7% have never even tried any substance. In the sample analysed in Study 2, practically all the people interviewed (with the exception of one) stated that they have used one or more of the substances in the survey in their lifetime.

Besides this, people who regularly use the open-use drug scenes have cited trying a greater number of substances in their lives. The 200 people interviewed made 1037 references to substance use, which gives an average of 5.2 citations per person, from a list containing ten types of substance plus the possibility of citing other substances. The average number of substances cited as having been tried by the comparison group (with a profile equal to those who use the scenes) is 1.5; for Maré's adult population it is 1.4 per person.

Whilst the substance most cited by Maré's adult population and by the equivalent comparison group is alcohol (78.8% and 82.2%, respectively), amongst those who regularly use the scenes, the most cited substances are tobacco (92%), followed by cocaine (90%), marijuana (88.5%) and then alcohol (85.5%). In the general population and in the comparison group, the experience of having tried these substances is much lower: 36.7% and 35.1% for tobacco; 4.1% and 6.7% for cocaine; 13.8% and 18.1% for marijuana. The percentage of people who have used crack, which is negligible in the adult population in general (0.6%) and even amongst people in the equivalent comparison group (1.4%), is substantial amongst people who use the scenes (74%).

Two points deserve to be highlighted: first, although the proportion of people who have tried illegal substances is a little higher amongst those who are part of the comparison group, this is very different to the statistics recorded for the people interviewed at the open-use drug scenes; a second point worth mentioning is that, although at the level of social representations the emergence of open-use drug scenes is strongly associated with the harmful use of crack, around 26% of the people interviewed claim to have never even tried this drug.

In the section of the adult population that have tried at least one substance, 53.8% have tried just one and 32.6% have used only two drugs. Thus, 86.4% of the adult population who claim to have consumed some type of psychoactive product in their lifetime have tried one or two substances. In the comparison group, equivalent to the open-use drug scenes' population, these percentages are very similar, 50.9% and 32.8% – totalling 83.7%. For people who regularly use the scenes, the scale shifts upwards, so that 93% of people said they have tried three or more substances, with those who have used five (24.1%) or six substances also being more common (22.1%).

Besides this, repeated use of the same substances in the three months prior to the survey has been verified. As in the previous question, practically all the people interviewed at the open-use drug scenes reported having used a substance in

the last quarter; only three said they have not used any substance in this period. This percentage is 29.1% for Maré's adult population and 24% for the comparison group with similar characteristics.

Logically, the number of drugs and other substances used in the three months before being interviewed will be lower than those tried at any previous stage in life. As aforementioned, the people who frequent the open-use drug scenes cited a total of 1037 incidents involving different drugs in their lives, whilst the mentions of the number of drugs used in the three months prior to the survey drops to 680, a reduction of 34%. The average number of citations has drops from 5.2 to 3.4 citations per person.

The most used substance is tobacco, cited by 80.5% of this population. There is, however, a change in the list of most used substances: crack was the second substance most used recently by people at the scenes, having been cited by 63% of people interviewed, whilst marijuana is the third with a very similar percentage (62%). Cocaine, which has been tried at least once by 90% of people who use the scenes, was used by 55% of people recently. Only then does alcohol appear, cited by just over half (52%) of the people interviewed. It is worth highlighting the considerable percentage of people (24.5%) who claim to have used inhalants in the last three months. The percentage of people who have used three or more substances is 70.5%. The highest concentration of cases is in the range of those who have used four substances in the last three months (26.5%), followed by people who have used three (20.5%) and two substances (17%).

With regard to the frequency of substance use, we observed that people who have used tobacco and crack recently (in the last quarter), mostly use them daily – 92% of those using tobacco and 84.6% of those using crack reported using these substances every day. For marijuana use, this percentage is 64% and for inhalants, 48.6%. Alcohol has a lower percentage of daily use (29.8%) but weekly consumption is more common (46.4%).

Table 1: Experience and recent use of psychoactive substances by people who frequent the open-use drug scenes in Maré

SUBSTANCE	PERCENTAGE OF THE POPULATION FREQUENTING THE OPEN-USE DRUG SCENES IN MARÉ WHO...		
	HAVE TRIED IT ONCE IN THEIR LIVES	HAVE USED IT IN THE LAST THREE MONTHS	HAVE USED IT DAILY IN THE LAST THREE MONTHS
Tobacco	92.0%	80.5%	92.0%
Alcohol	85.5%	52.0%	29.8%
Marijuana	88.5%	62.0%	64.0%
Cocaine	90.0%	55.0%	25.3%
Crack	74.0%	63.0%	84.6%
Amphetamines or ecstasy	24.0%	2.0%	0.0%
Inhalants	47.5%	24.5%	48.6%
Hypnotics / sedatives	5.0%	0.5%	0.0%
Hallucinogens	8.5%	0.5%	0.0%
Opioids	2.0%	0.0%	0.0%
Other substances	1.5%	0.0%	0.0%

Source: Research data. Self-generated, 2021

In comparison with Maré's adult population and the equivalent control group with a profile similar to the people in the open-use drug scenes, we see that the average number of substances mentioned, which is already relatively low, drops even more. In the comparison group, it is equal to 0.84, and in Maré's adult population it is 0.7 per person. The most commonly consumed drugs are alcohol, cited by 49% of the general population and 55.6% of people in the comparison group, and tobacco, which has a much smaller percentage (14.5% in the adult population and 17.7% in the comparison group).

The use of other substances in these groups is small. Marijuana, which is the third substance most used, was cited by only 5% of the adult population and 6.7% of those in the comparison group. Cocaine and crack were cited by less than 0.5% of these people. In this sense, it is possible to see a different pattern of drug and substance use between people who frequent the open-use drug scenes and those belonging to the comparison group, the latter having the same sociodemographic profile but whose pattern of substance use is closer to Maré's general adult population.

The section on the pattern of (legal and illegal) psychoactive substance use adopted the aforementioned investigation protocol ASSIST (WHO ASSIST Working Group, 2002; SENAD, 2014) to detect the use and involvement with alcohol, tobacco and other psychoactive substances. ASSIST allows the calculation of involvement indices or scores that can be calculated for each substance studied, a measurement that gathers information on the frequency of use, patterns of abstinence and the desire to use, and the social consequences of substance abuse.

Diagram 5: ASSIST composition

ASSIST QUESTIONS	CATEGORIES (WEIGHT OF THE CATEGORY)
Frequency...	
of substance use.	Never (0), Once or twice (2), Monthly (3), Weekly (4), Daily (6)
with which you had a strong desire or need to use.	Never (0), Once or twice (3), Monthly (4), Weekly (5), Daily (6)
with which its use resulted in a health, social, legal or financial problem.	Never (0), Once or twice (4), Monthly (5), Weekly (6), Daily (7)
with which you failed to do things which were normally expected because of use.	Never (0), Once or twice (5), Monthly (6), Weekly (7), Daily (8)
Friends, relatives or other people showed concern with the substance use.	No, never (0)
Already tried to control, reduce or stop using the substance but did not succeed.	Yes, in the last three months (6) Yes, but not in the last three months (3)

Source: Research data. Self-generated. 2021

The results of the scores can be classified into ranges of 'levels of involvement', indicating groups of people with more abusive patterns of use (more recurrent and with potential risks and damage to their health and social life). For example, for each substance, it is possible to calculate the percentage of users with medium or high levels of involvement. The substance with the highest percentage of people with a high level of involvement is crack – 53.4% of users are in this category. For tobacco, this percentage is 23.7%, the second substance in terms of high levels of involvement in patterns of consumption.

Table 2: Levels of involvement with psychoactive substances

SUBSTANCE	MEDIUM LEVEL OF INVOLVEMENT			HIGH LEVEL OF INVOLVEMENT		
	IN MARÉ'S ADULT POPULATION OF RECENT USERS	AT THE DRUG USE SCENES	FOR THE COMPARISON GROUP	IN MARÉ'S ADULT POPULATION OF RECENT USERS	AT THE DRUG USE SCENES	FOR THE COMPARISON GROUP
Tobacco	38.4%	66.1%	51.9%	6.0%	23.7%	5.2%
Alcohol	16.1%	24.6%	16.2%	1.0%	16.4%	1.2%
Marijuana	42.6%	65.0%	49.2%	0.5%	14.1%	0.0%
Cocaine	39.2%	54.4%	58.9%	0.05%	18.7%	4.6%
Crack	NA*	38.5%	NA*	NA*	53.4%	NA*
Inhalants	NA*	53.1%	NA*	NA*	10.4%	NA*

*The number of people who consumed these substances was too small to calculate percentages.

Source: Research data. Self-generated, 2021

Once again, patterns of drug use are quite different between the people interviewed at the open-use drug scenes and Maré's adult population, even considering a comparison group with a similar sociodemographic profile. This distinction is both in terms of experiences and experimentation with different types of drugs, and in relation to recently and regularly used substances, frequency of use and level of involvement. People who regularly use the open-use drug scenes have experimented more with a greater variety of substances and have a registered pattern of recent and more frequent use.

Finally, the types of substances consumed and the degree of involvement are different. In the general adult population, alcohol consumption is predominant, being the only substance with recent consumption close to half of the population (49%). In this group, even the consumption of tobacco is not widespread – only 14.5% used it in the three months before the survey, and only 10.6% used it daily. The percentage of people whose routines and health are commonly affected by substance use is low. For the population who uses the open-use drug scenes, recent and regular consumption of a greater number of substances is registered: more than half had used drugs such as marijuana, cocaine and crack in the three months before being interviewed. In the case of crack, most users reported consuming it daily. In addition, nearly a quarter had recently used inhalants. Tobacco consumption is also higher for people who use the scenes: 80.5% had used tobacco in the last quarter; 92% use it daily and the percentage of people with high involvement is 23.7%.

3.3. LITERACY AND SCHOOLING

Amongst the people interviewed in Maré's open-use drug scenes, 92% know how to read and write. In Maré's resident adult population, the percentage is 93.7%, and in the comparison group (demographically equivalent to those who use the scenes), the percentage of literacy is 93.3%.

It should be noted that illiteracy has strong generational conditioning, with higher literacy rates for young people and lower rates for older people. Thus, the similarity of the literacy rate for Maré's general adult population and the specific rates for users of the open-use drug scenes and their equivalent comparison group is no more than an illusion. This is because, in practice, both groups are younger, with lower average ages (34.3 and 33.2) than that recorded in Maré's adult population, which is 39.9. In short, the fact that literacy levels are similar but age profiles are different shows that younger people in the open-use drug scenes know how to read and write proportionally less than younger people in the general population.

At the age of eighteen, ideally, a young person is expected to have completed – or at least be – in the final year of high school. If the percentage of adults who had completed high school is only 35.3% amongst Maré's adult population, the percentage is even lower for people using the scenes. In this group, only 18% had completed high school by 2019. It is interesting to note that, for the comparison group, with similar age, gender and race characteristics than those who frequent the open-use drug scenes, the percentage who had completed high school is the highest, at 47.4%. This result suggests that, in addition to the sociodemographic make-up, there are other factors in the experience of people who frequent the open-use drug scenes which act as comparative disadvantages, disrupting school lives and promoting educational disintegration.

Most of the people frequenting the open-use drug scenes (64%) have had no formal education, or had not even completed primary school. This percentage is 40.6% in Maré's adult population (on average, older), and only 29.2% in the comparison group with an equivalent composition but who live in households. Furthermore, only four of the 200 people were studying at the time of the interview.

3.4. EMPLOYMENT AND SALARY

A detailed investigation into the socioeconomic conditions of Maré's population is not one of the objectives of the household survey, nor is it an objective to estimate employment and unemployment rates, for example. Thus, both with regard to employment and the population's income, the measures and variables recorded give us inaccurate approximations of these conditions. With regard to the population that frequent the open-use drug scenes, made up of a high proportion of homeless people, this record takes on specific characteristics.

In reference to employment, the survey questioned the interviewee's situation regarding employment, offering the options: 'no work', 'voluntary work' or 'regular work'. This last category included types of informal and freelance work, as well as 'odd jobs' and sporadic informal services.

Since we did not check whether a person with 'no work' had taken any steps to return to economic activity, we cannot classify them as 'unemployed', but rather as 'non-employed', which includes those outside the labour market who are not in a position to look for a job, such as retirees or students.

When asked about work, 63% of people who frequent the open-use drug scenes said they were employed with regular (61.5%) or voluntary (1.5%) work. This percentage is slightly higher than that recorded in the household sample which estimates that, in 2019, 56.7% of Maré's adult population is employed. For the comparison group, selected with characteristics similar to the population that frequent the open-use drug scenes, the percentage of employment is 60.5%.

It is interesting to note that the information on employment (63%) and non-employment (37%) of people who frequent the scenes can be qualified from the open questions in the questionnaire. The question about income was a little different from the one applied to the household sample, which asked for a monthly household income. In the study presented here, they were asked how much they could earn, on average, for a day's work. This is a way to capture the instability and informality of the activities performed by this population. It was an open question. Together with another comment box that the interviewers could fill out freely, the question about income allowed us to explore, in detail, the activities and ways of earning a living by people using the open-use drug scenes.

During the interviews, work activities were cited 104 times, most of them involving small services. Most responses (43%) listed 'dumpster diving' activities, which refer to the work of collecting materials on the streets that can be sold, recycled or reused; 22.5% claimed to carry out this type of activity. Other activities that appeared frequently were street-selling and so-called 'odd jobs'. In short, the list of occupations corresponds, above all, to a set of freelance, informal and insecure activities, with an unstable character and uncertain daily income.

Table 3: Employment activities cited

EMPLOYMENT ACTIVITIES	% OF ACTIVITIES CITED (N = 104)	% OF THE TOTAL IN THE SAMPLE (N = 200)
'Dumpster diving', collecting and recycling tin cans.	43%	22.5%
Street vendors, selling on the streets.	13%	6.5%
'Odd jobs' and small sporadic services.	10%	5.0%
Civil construction works, installations and services.	9%	4.5%
Prostitution and escort services.	5%	2.5%
Other services (beauty services, car washing, etc.).	5%	2.5%
Asking for money on the streets.	4%	2.0%
Car parking security.	3%	1.5%
Arts and crafts.	2%	1.0%
Sales in shops, commerce and second-hand stores.	2%	1.0%
Market work.	2%	1.0%
Collective transport (fare collectors) or motorbike taxis.	2%	1.0%
Juggling and arts activities at traffic lights.	1%	0.5%
Cleaning services.	1%	0.5%
Total	100%	52.0%

Source: Research data. Self-generated, 2021

Of the 200 people interviewed, 126 said they were engaged in work and eighty-four (42%) offered additional qualitative information about the activities performed. However, contrary to what might be presumed, the overlap between the 126 employed people and the eighty-four who cited employment activities performed to earn an income is far from great. Amongst those employed, only 33.3% mentioned employment activities. Amongst the non-employed people, more than half (56.8%) mentioned some type of activity. At the intersection of the two pieces of information (employment and non-employment/citing or not citing an employment activity), we have four possibilities, and in only one of these were the people definitively not employed, i.e., they said they were not employed and did not mention performing any employment activity, which amounted to 16% of the 200 respondents. Further, 21% of the people interviewed mentioned activities carried out, even though they said they had no work or were not employed, and 42% said they were employed, but without mentioning what types of activities they performed.

Table 4: Employment status and employment activities cited

EMPLOYMENT STATUS AND EMPLOYMENT ACTIVITIES	AVERAGE DAILY INCOME
16% Non-employed and did not cite activities.	R\$22.65
21% Non-employed but cited activities.	R\$46.95
42% Employed and did not cite activities.	R\$51.20
21% Employed and cited activities.	R\$48.12

Source: Research data. Self-generated, 2021

It is important to note that some of the people interviewed simply did not class some of the activities carried out as *work*, perhaps precisely because the activities were excessively informal and insecure. However, these activities guarantee some income and help with survival, although they often pay below market prices. 'Odd jobs' and 'dumpster diving' activities, for example, tend not to be considered 'regular work'.

In relation to income, only 11.7% of the interviewees said they had no income, whilst 29.1% claimed to be able to earn, on average, R\$25.00 per day, and 35.7% reported earning between R\$26.00 and R\$50.00 per day of work. Therefore, just over 75% of people who frequent open-use drug scenes earn up to R\$50.00 per day. A quarter of the people claimed to have a daily income of more than R\$50.00.²²

The average daily income of employed people is R\$50.00, compared with R\$36.00 for non-employed people. For people who reported they are not employed and did not list any occupational activity, this average income drops to R\$22.00. When people cited some employment activity (whether they said they were employed or not), their average income is close to R\$47.00 and R\$48.00. The average daily income of people who claimed to have a job but did not explain their activity is R\$51.00.

The questionnaire has made it possible to assess people's satisfaction with their employment status and their financial status. First, it has been observed that only 10.8% of people using the open-use drug scenes are satisfied or very satisfied with their employment status. The level of satisfaction is slightly higher for employed people (12.8%), compared with non-employed people, for whom satisfaction is 7.1%. The levels of satisfaction with employment status amongst Maré's adult population is 24%, and it is 21% for people in the comparison group, with a profile equivalent to that of the scenes' population; both figures are slightly more than double that recorded for the people who frequent the open-use drug scenes.

In an exercise similar to the one undertaken for employment, we have verified people's levels of satisfaction with their financial situation. Amongst the people who frequent the scenes, only 7.6% are satisfied or very satisfied. This level of satisfaction is lower than the one registered for Maré's adult population and for people in the comparison group, who generally already have low levels of satisfaction with their income and financial situation – 14% and 11%, respectively.

3.5. PHYSICAL AND MENTAL HEALTH CONDITIONS

With regard to physical health conditions, the survey allowed us to observe that 42% of the people interviewed at the open-use drug scenes had a health problem in the three months prior to the interview. The majority of those who reported a physical health issue only reported a single problem (69%), but about 21.4% reported two problems, and 9.5%

²² In 2019, at the time of the survey, the exchange rate for the Real was an average of 5 to the US dollar, and 7 to the British pound, meaning 50 Reais would be approximately 10 USD or 7 GBP. From 2019 to 2021 the economic situation in Brazil has worsened, and exchange rates are now higher.

had three problems.²³ The incidence of physical health problems amongst respondents at the scenes is higher than the one recorded for Maré's adult population (36.9%), and is even further away from the figure observed in the comparison group, which was 22.3% in the three-month period.

With regard to mental health conditions, the percentage of people who regularly frequent the open-use drug scenes who reported having had health problems in the three months prior to the survey is 37.5%. Amongst people who cited they have a mental or emotional health problem, 85.3% reported a single problem, 10.7% reported two problems, and 4% highlighted three problems. In Maré's adult population, the percentage of people with a mental health problem is lower (19.5%), as is the percentage of those who reported a problem in the comparison group (14.2%).

Observing subjective health conditions, we have found the same percentage (10.1%) of those who are satisfied or very satisfied with their physical and mental health amongst people who frequent Maré's open-use drug scenes. In the adult population of Maré as a whole, this percentage is 19.2% for physical health and 22.8% for satisfaction with mental health. For the people in the comparison group, the difference compared with users of the scenes is even greater. In this group, 21.6% are satisfied or very satisfied with their physical health and 26.3% with their mental health.

3.6. SOCIAL NETWORKS AND CULTURAL HABITS

ARTS AND CULTURAL VENUES AND SPACES

In study 1 (household survey), for the adult population of Maré, the research was interested in observing whether people knew arts and cultural venues and spaces in the territory where artistic activities and cultural and leisure practices could be carried out. Whilst in the general population such places are known by 71.5% of people, in this study, carried out with people who frequent the open-use drug scenes, this percentage is lower – 34%. Considering that sociodemographic profiles have a strong influence on lifestyles, and that the sample of people in the open-use drug scenes is younger and predominantly male – populations that tend to go out more and travel around more – we can assume that the percentage would be higher. The percentage of people who know cultural spaces in the comparison group, formed by residents with the same sex, race and age characteristics as the people at the scenes, is 75.9% – higher than that recorded for Maré's adult population. This is consistent with the hypothesis about higher levels of movement amongst young people and men.

In both studies, the people interviewed were encouraged to cite some of the facilities they know, stating whether they have ever visited these places, in addition to indicating how often they did so. Amongst the people who frequent the scenes and who claimed to know some of the cultural spaces, 66% could only cite a single place and about 30% mentioned more than one. Amongst Maré's population, the percentage is 63%.

The arts and cultural venues most cited by people who frequent the open-use drug scenes are: the Maré Arts Centre (*Centre de Artes da Maré*, CAM), cited by half of the people; *Redes da Maré* (without any reference to a specific project), cited by 19.7%; the Bela Maré Cultural Centre (19.7%) and the Cultural Marquee (*Lona Cultural*) (10.6%). Places cited frequently by Maré's general population, such as the Maré Museum, mentioned by 37.7% of the adult population, and the Olympic Village (*Vila Olímpica*), mentioned by 29.8% of the adult population, hardly appeared amongst the people who use the open-use drug scenes – 4.5% and 3%, respectively.

Looking at the frequency with which people at the open-use drug scenes visit the arts, culture and leisure venues they know, in 69% of the responses²⁴ people had not visited these places in the three months before the survey; 7.6% of the places mentioned are visited less than once a month; 6.1% at least once a month; 15.2% at least once a week; and 9.9% daily. More than 20% of the places mentioned by people at the scenes are visited at least once a week.

²³ The survey only considered three health problems.

²⁴ This percentage refers to ninety-one responses given by 200 respondents. Each person could spontaneously cite up to three arts and cultural venues, and then how often they visited these spaces was checked.

DIGITAL INCLUSION

In terms of digital inclusion, 25.5% of people who frequent the open-use drug scenes said they had access to the internet in the three months before the survey. For Maré's adult population, the percentage is estimated at 82.7%, and for people in the comparison group, access levels are even higher (93.3%).

For users of the open-use drug scenes, the quality of the internet is classified as 'good' by the vast majority of people interviewed (78.4%) and as 'fair' by another 11.8%. The survey did not ask about internet access locations. In terms of leisure and culture, the internet is most frequently used to watch films and listen to music online: 31.4% of people who had accessed the internet in the three months prior to being interviewed said they watched films or series daily, and 41.2% said they listened to music on the internet daily.

PRACTICE OF ARTISTIC ACTIVITIES

The survey investigated how often some artistic, cultural and leisure activities are practised, which can be used to assess levels of access, engagement and participation in arts and culture by people using the scenes. The patterns identified reflect not only the types of practice and consumption of art, culture and leisure, but different types of sociability, lifestyles and interaction with the territory.

Table 5: Components of the Cultural Participation Index (CPI)

EXTERNAL AND COLLECTIVE ACTIVITIES: CULTURAL OUTINGS	SPORADIC PRACTICE			INTERNAL AND INDIVIDUAL ACTIVITIES: HOUSEHOLD AND DIGITAL CULTURE	SPORADIC PRACTICE		
	MARÉ ADULT POP.	SCENE POP.	COMP. GROUP		MARÉ ADULT POP.	SCENE POP.	COMP. GROUP
Films at the cinema	28.7%	4.5%	38.1%	Films/series on the internet	53.3% * (64.7%)	14.5% * (56.9%)	65.1% * (70.0%)
Play at the theatre	5.1%	5.5%	8.9%	Films/series other means	52.8%	37.5%	60.2%
Live music	34.6%	24.0%	45.9%	Saw videos on the internet	66.8% (80.9%)	14.0%* (54.9%)	78.9%* (84.5%)
Museum	9.3%	6.0%	14.8%	Watched television	94.2%	65.0%	94.7%
Danced	26.9%	28.0%	32.5%	Music on the internet	69.5% (84.2%)	17.0%* (66.7%)	81.7%* (87.5%)
Acted or did theatre	2.8%	3.5%	2.7%	Music by other means	50.6%	56.0%	40.8%
Sang or played an instrument	12.7%	14.5%	18.5%	Digital book	12.9% (15.7%)	3.0%* (11.8%)	16.5%* (17.5%)
				Printed book	33.8%	27.5%	28.8%
				Visited a museum website	6.5% (7.9%)	1.0%* (3.9%)	8.6%* (9.2%)
				Practised creative writing	32.1%	23.0%	38.6%
				Painted	5.0%	6.5%	4.6%
				Practised creative photography	34.1%	6.0%	41.4%

* Percentage of the total population (percentage of those who accessed the internet in the last three months).

Source: Research data. Self-generated, 2021

Some practices can be interpreted as types of cultural participation with external, extroverted activities and group practice, involving the public or some interaction and sociability with people outside the respondent's immediate circle. Another set of practices can be seen as representative of a certain type of cultural, artistic and leisure activity aimed at internal, introspective activities and with individual or solitary engagement, including activities carried out within the home and digital activities carried out over the internet. In the case of this study in which most of the people interviewed are homeless, the differences are clearly noticeable.

With some exceptions, such as in relation to reading habits, the levels of practice of internal, digital and individual activities are much lower for people who frequent the open-use drug scenes, especially in contrast to the percentages observed for the comparison group. In addition, there are certain markers of income and sociability that mean people at the open-use drug scenes have less access to external activities, such as going to the cinema or watching shows, for example.

On the other hand, for some artistic activities, such as acting, singing and dancing, or even painting, the levels of cultural practice are similar or, in some cases, even higher. The same is the case for reading printed books.

3.7. SATISFACTION AND SUBJECTIVE WELL-BEING

Subjective levels of well-being and quality of life were captured from questions that surveyed people's satisfaction with certain dimensions or areas of daily life. These questions are part of the aforementioned instrument called MANSÁ, and they classify the degree of satisfaction according to the scale: 1 – 'very dissatisfied'; 2 – 'dissatisfied'; 3 – 'somewhat dissatisfied'; 4 – 'neutral'; 5 – 'somewhat satisfied'; 6 – 'satisfied'; and 7 – 'very satisfied'.

For most of the dimensions consulted, the answers were concentrated in the scale's middle positions, specifically in categories 3 – 'somewhat dissatisfied' and 5 – 'somewhat satisfied'. These were the responses that most frequently emerged, but they do not occur uniformly across all dimensions. There are higher levels of dissatisfaction in areas that represent access to services and rights, such as leisure, housing and security. In these cases, the 'somewhat dissatisfied' category is higher, with percentages above 30%. The same situation occurs in the financial dimension, where the highest percentage is found (36.9%).

In areas related to personal experience (sex life or health), the category 'somewhat satisfied' is more popular, with percentages close to 40%; and for issues that refer to interpersonal relationships, such as the quality of friendships, family relationships and the satisfaction of living alone or with other people, the percentages are more balanced between 'somewhat dissatisfied' and 'somewhat satisfied'.

It is worth noting that, unlike what has been recorded for Maré's adult population and for the comparison group formed by people with a profile similar to those who frequent the open-use drug scenes, the percentages in the 'very dissatisfied' category are much higher, especially for areas such as their financial situation (29.3%), security (25.3%) and housing (21.7%). In addition, just over 20% of the people who frequent the scenes said they were 'very dissatisfied' with their lives, as a whole.

Table 6: Levels of dissatisfaction and satisfaction amongst the open-use drug scene population

SATISFACTION RELATED TO:	VERY DISSATISFIED			NEUTRAL		VERY SATISFIED	
	1	2	3	4	5	6	7
Life in general	20.6%	8.5%	21.1%	24.1%	14.6%	3.0%	8.0%
Work/main activity	15.9%	5.6%	27.2%	15.9%	24.6%	2.6%	8.2%
Financial situation	29.3%	2.5%	36.9%	12.1%	11.6%	3.5%	4.0%
Quantity and quality of friendships	15.2%	6.1%	25.4%	16.2%	25.4%	3.6%	8.1%
Leisure activities	14.6%	4.5%	31.8%	13.6%	26.3%	3.0%	6.1%
Housing	21.7%	3.5%	35.4%	10.1%	17.2%	3.5%	8.6%
Security	25.3%	4.5%	32.8%	9.6%	17.2%	4.0%	6.6%
Living alone or with people	13.6%	5.1%	26.3%	12.6%	29.8%	2.0%	10.6%
Sex life	13.3%	5.6%	13.8%	14.3%	41.8%	1.0%	10.2%
Family	15.8%	2.0%	30.1%	11.2%	30.1%	4.1%	6.6%
Physical health	11.1%	3.0%	19.6%	13.6%	42.7%	1.0%	9.0%
Mental/emotional health	11.6%	5.0%	19.6%	14.1%	39.7%	0.0%	10.1%

Source: Research data. Self-generated, 2021

Table 7: Levels of dissatisfaction and satisfaction amongst the comparison group

SATISFACTION RELATED TO:	VERY DISSATISFIED			NEUTRAL		VERY SATISFIED	
	1	2	3	4	5	6	7
Life in general	1.5%	7.8%	8.3%	16.0%	41.2%	4.3%	21.0%
Work/main activity	3.8%	11.8%	19.5%	10.5%	33.2%	2.3%	18.9%
Financial situation	6.3%	5.0%	20.0%	25.7%	31.3%	6.4%	5.3%
Quantity and quality of friendships	1.2%	9.8%	4.8%	15.4%	46.5%	2.9%	19.3%
Leisure activities	2.2%	5.9%	8.7%	22.3%	39.1%	7.3%	14.4%
Housing	2.3%	3.3%	8.2%	15.2%	41.3%	6.6%	23.1%
Security	13.9%	5.7%	23.8%	23.5%	22.5%	4.1%	6.4%
Living alone or with people	0.2%	4.9%	1.1%	6.8%	44.7%	0.1%	42.2%
Sex life	3.4%	5.7%	1.1%	6.4%	52.3%	2.3%	28.9%
Family	1.5%	4.7%	0.5%	11.3%	41.1%	1.7%	39.3%
Physical health	1.6%	8.0%	1.9%	16.0%	51.0%	1.3%	20.3%
Mental/emotional health	2.6%	7.1%	2.5%	8.6%	53.0%	2.1%	24.2%

Source: Research data. Self-generated, 2021

The gap of 'satisfaction' and 'dissatisfaction' in the comparison group is closer to that recorded for Maré's adult population than that observed in people who frequent the scenes, although the demographic profiles of both groups are equivalent.

The answers are concentrated in the middle of the scale, but leaning towards the category 'somewhat satisfied', with percentages higher than 30% and reaching 53%. In addition, responses in the 'very satisfied' category were more frequent, especially in areas related to personal aspects and relationships.

Exceptions to this pattern are in feelings of satisfaction with their financial situation and in relation to security. In both cases, there are no high percentages in the highest ranges of satisfaction but there is a concentration in the middle of the scale that registers greater dissatisfaction ('neutral' and 'somewhat dissatisfied'). Satisfaction with security is the only area where more than 10% of people are 'very dissatisfied'.

4. NOTES ABOUT SOCIAL DISINTEGRATION AMONGST PEOPLE WHO FREQUENT THE OPEN-USE DRUG SCENES

The processes and dynamics related to what is conventionally called social exclusion are multiple, and include a large number of events and lived experiences. These intersect and overlap, accumulating a whole range of deprivation and comparative disadvantages onto people and groups (Xiberras, 1993; Sposati, 1993). The phenomenon of exclusion can be conceived from a longitudinal perspective, based on the trajectories and life stories of people who are more or less affected by positional markers that distance them from institutional and social structures, and sever ties, bonds and participation in them.

In this sense, terms such as disintegration (Gaulejac and Léonetti, 1994) and social disqualification (Paugam, 2003) are used to provide interpretability for individual (and collective) trajectories and experiences of social isolation and withdrawal, with the successive weakening of community, institutional and even family ties.

The social dynamics which encompass processes of objective exclusion (and self-exclusion), subjective introjection and intersubjective social representations of exclusion, can be empirically analysed in different areas of social life, including (dis)insertion in the productive sphere, with unemployment, and jobs becoming more informal and insecure; processes of removal and disconnection from the trajectories of formal education (Ribeiro, 2019); poverty, inequalities and inequity in the distribution of income and wealth; social, political and community participation; breaches of trust and the severing of interpersonal bonds; and support and solidarity networks, amongst others. Some of these dimensions could be analysed here, from the different themed sections of the survey carried out.

Additionally, the methodological adoption of a comparison group, based on the household sample (applied in Study 1) of people who have similar sociodemographic characteristics to those at the open-use drug scenes, has allowed us to highlight the relevance of another set of markers (related to harmful drug use and homelessness), which appears in conjunction with all the aforementioned dynamics. Such markers increase the potential for exclusion and disintegration, increasing inequality and creating more material and immaterial – and objective and subjective – disadvantages related to goods and positions.

Since the comparison group had a similar sociodemographic composition by sex, race and age matched to the study sample of people who frequent the scenes, the big differences found in educational levels, physical and mental health conditions, access to culture, art and leisure, subjective satisfaction and well-being, suggest the existence of a range of other experiences and distinctive categories that promote disadvantages.

As mentioned, this text has a more exploratory, descriptive and general character. The other articles, and analysis developed by the other research teams, explore data and results from other themed sections, which are of substantive interest. In the text prepared by the social sciences team, for example, the experiences of victimisation and exposure to armed violence and the fear of violence are dealt with in more detail, exposing marked differences in the pattern,

type and intensity of violence experienced by the people who frequent the scenes. In the article written by the mental and collective health team, aspects related to mental health conditions are addressed, including analyses of specific dimensions of psychopathological symptoms (BSI) such as anxiety, paranoid ideation and interpersonal sensitivity, which allow reflections on subjective and intersubjective aspects of exclusion and disintegration, such as the dynamics of isolation, breaches of trust and the cutting of personal and family bonds.

Thus, we have results and analyses of the profiles of people who frequent the open-use drug scenes in Maré that point to different markers of exclusion and disintegration, observed successively. We have also confirmed higher levels of deprivation and exposure to violence, and experiences of humiliation, violation and discrimination suffered systematically, often associated with life on the streets and the harmful use of substances. These last two conditions result in pejorative social representations and stigmas which attribute a marker to people who frequent drug scenes that symbolises social failure and/or moral degradation.

We believe that analyses are justified for all the evidence along an interpretive line that highlights a dynamic of 'exclusion within exclusion', consistent with the concept of the 'dregs of the dregs' used by Lima (2016), and which offers a reflection on more intense disintegration, marginalisation and disqualification, which lead people to situations of discouragement. There is also a vast field of theoretical, empirical and practical issues to be addressed, and we believe that this study offers a relevant contribution, in addition to issuing an invitation and a provocation for future reflections.

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