REFACS

Relationships between social skills and substance use and discrimination and street situation*

Relações das habilidades sociais e do uso de substâncias com a discriminação e situação de rua

Relaciones de habilidades sociales y uso de sustancias con discriminación y falta de vivienda

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This is a quantitative and cross-sectional study carried out in the cities of São João da Boa Vista and Espírito Santo do Pinhal, in the state of São Paulo, Brazil, between 2018 and 2019; and it aims to verify the relationship between social skills and substance use with perception of daily discrimination and time of homelessness in adults. Social skills, perception of daily discrimination, consumption of alcohol and/or drugs were evaluated. 56 homeless people participated in institutional projects, with an average age of 42 years old (SD = 12.6), of which 48 were men. Time of homelessness was associated with perceived discrimination and the beginning of substance use in childhood, which can be considered important risk factors. Social skills were deficient for most of the participants, and a lower perception of discrimination and late start of substance use were correlated, suggesting a protective factor effect.
Descriptors: Social skills; Social discrimination; Street drugs; Ethanol; Homeless persons.

Este é um estudo quantitativo e transversal realizado nas cidades de São João da Boa Vista e Espírito Santo do Pinhal, ambas no estado de São Paulo, entre 2018 a 2019 e tem como objetivo verificar as relações das habilidades sociais e do consumo de substâncias com a percepção sobre a discriminação cotidiana e o tempo de situação de na rua em adultos. Foram avaliadas as habilidades sociais, percepção de discriminação diária, consumo de álcool e/ou drogas. Participaram 56 pessoas em situação de rua que fazem parte de projetos institucionais, com idade média de 42 anos (DP=12,6), das quais 48 eram homens. O tempo de rua foi associado à discriminação percebida e ao início de consumo de substâncias na infância, podendo estes serem considerados fatores de riscos importantes. As habilidades sociais foram deficitária para grande parte dos participantes e, correlacionou-se a menor percepção de discriminação e ao início tardio do uso de substâncias, sugerindo efeito de fator de proteção.
Descritores: Habilidades sociais; Discriminação social; Drogas ilícitas; Etanol; Pessoas em situação de rua.

Este es un estudio cuantitativo y transversal realizado en las ciudades de São João da Boa Vista y Espírito Santo do Pinhal, SP, entre 2018 y 2019 y tiene por objeto verificar las relaciones de las habilidades sociales y el consumo de sustancias con la percepción de la discriminación diaria y el tiempo de falta de vivienda en los adultos. Se evaluaron las habilidades sociales, la percepción de la discriminación diaria, el consumo de alcohol y/o drogas. Hubo 56 participantes en situación de calle que forman parte de proyectos institucionales, con una edad media de 42 años (SD=12,6), de los cuales 48 eran hombres. El tiempo en la calle se asoció con la discriminación percibida y el comienzo del consumo de sustancias en la infancia, que pueden considerarse importantes factores de riesgo. Las habilidades sociales fueron deficientes para la mayoría de los participantes y se correlacionaban con la menor percepción de discriminación y el inicio tardío del consumo de sustancias, lo que sugería un efecto de factor de protección.
Descriptores: Habilidades sociales; Discriminación social; Drogas ilícitas; Etanol; Personas sin hogar;

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INTRODUCTION

The Ministry of Social Development (*Ministério de Desenvolvimento Social - MDS*)[1], referring to Decree nº 7053/2009, defined homeless people as: "*Heterogeneous population group that has extreme poverty in common, broken or weakened family ties and lack of regular conventional housing, and that uses public places and degraded areas as a space for living and livelihood*"[1:23].

In 2016, according to a research carried out by the Institute for Applied Economic Research (*Instituto de Pesquisa Econômica Aplicada - IPEA*), approximately 102 thousand people were homeless in Brazil, with the expectation that this number would be higher in the following years[2]. Although interest in such a population is growing, homeless people have been the focus of little research in the area of Brazilian mental health, and it is noted that the number of studies decreases when the search is about protective factors.

It is known that living on the street can have a deleterious effect on the development process, identity construction[3] and mental health[3-7]. A recent systematic review study, including work done in several countries, showed that the homeless population was at high risk for severe mental illness[7]. In Ghana, the prevalence of moderate or severe psychological problems found in a sample of 227 homeless youth was high: 87%[4].

In Brazil, a survey[5] showed that 49.5% of the 245 people living on the street, assessed in the city of Belo Horizonte, had mental health issues, with depression and anxiety being more prevalent. A survey conducted in the northeastern region of Brazil tracked mental disorders in 71.4%, which was composed of 48 homeless adults[6]. Such data show the situation of homelessness as a condition that puts development and mental health at risk.

Living on the street causes suffering and discrimination. Discrimination refers to acts performed by third parties that are not fair or deserved and that occur because the person being discriminated against belongs to a stigmatized social group, for example, due to ethnicity, gender, or sexual orientation[8]. Suffering discrimination can lead to feelings of humiliation, interpersonal rejection, among others; which can compromise self-esteem, self-efficacy, mental health and development, hindering (as in a vicious circle) the ability to recover and cope with adversities present in street situation.

According to the National Survey on Homeless People (*Pesquisa Nacional sobre a População em Situação de Rua*)[9], the main reasons that lead people to live on the street are alcoholism and/or drug abuse, followed by unemployment and family conflicts. It is understood that such motivations are intertwined, insofar as family conflicts may be associated with drug abuse[10], and this, in turn, may be related to difficulty of maintaining or getting a job. In general, relationships experienced in the past by homeless people in may have been compromised.

A systematic review survey[10] that did not consider the homeless person, carried out by Brazilian researchers, analyzing studies of different nationalities (Brazil, Colombia, Denmark, Spain, United States, Portugal and Venezuela) highlighted family problems, mental health impairment and deficit in social skills as risk factors for drug use.

Substance use is part of street culture, and favors prostitution and criminality[11]. The risks of social maladjustment are more serious if substance use started in childhood and adolescence[12]. There are national studies that show that social skills can act as a protective factor in preventing use of alcohol and/or drugs and assist, as a resource, in coping and overcoming in case of substance dependence[10,12], as well as in overcoming problems in mental health[13,14].

It is believed that the strengthening of resources can be a measure to overcome adversity. The study presented here was based on the hypothesis of another investigation[14] which says that the presence of protective factors, when sufficient, contributes to mitigate risks and, in this condition, the person has sufficient resources to deal with different situations and achieve positive outcomes. In the absence of protective factors, the chance of negative outcomes increases and leaves the person more vulnerable to social and emotional problems[14]. Social

skills can be a resource for homeless people and act as a protective factor in such an adverse context.

Social skills can be defined as classes of behavior that make up a socially competent performance, which occur in social situations. The person with a good repertoire of social skills has social competence and, therefore, is able to maximize gains and reduce losses for themself and for others involved in social interaction through his behavior[15].

There are several classes of social skills. It can be highlighted assertiveness, which involves exercise of right, expression of communication, but with self-control and without harming and/or injuring the right of another person. Communication, which involves starting a conversation, asking questions, greeting with civility (say please, thank you, among others). Empathy, that is expressing support, reflecting on feelings. Work ability, which involves speaking in public, solving problems, mediating conflicts. And ability to express positive feelings, which consists of making friends, expressing solidarity; among others[18].

It is assumed that all of them can help people living on the streets in the exercise of their rights, such as being cared for in a basic health unit and in commerce, but they can also contribute in the search for jobs, in constitution and consolidation of a support network and resumption of family ties, which can result in changing the condition of homelessness.

A study[16] that evaluated drug users on the streets of a Brazilian city observed that some participants had better strategies to quit substance use and not have relapses, employing self-care and self-control strategies, the latter being notably a social skill.

In the international context, two studies were found in which social skills training was used in social rehabilitation programs[17,18]. One of them[17] presented a training and life skills program with increased network and social integration of people living on the street and also people who use substances in the United States. The work brought promising results, including abstention from post-program substances. The other study[18], carried out in the Netherlands, also focused on group activities and acquisition of social skills, and reported benefits to the homeless population. Both studies pointed out that social ability is a possible moderator of adversities of homelessness on human development, physical and mental health, being useful in interventional actions[15,18].

Despite the evidence pointed out, there are few studies that carried out an assessment of social skills of people living on the streets, and therefore, a gap to be explored. Aware of this panorama, this study seeks to verify the relationship between social skills and substance use with the perception of daily discrimination and the amount of time of homelessness status in adults.

METHOD

The present study followed a quantitative and cross-sectional design. The sample consisted of homeless people who used public places as a living space or who spent the night in shelters in the two participating cities: São João da Boa Vista and Espírito Santo do Pinhal, both in the state of São Paulo, between 2018 to 2019. The following inclusion criteria were applied: a) being registered in a project of the municipality's Social Assistance Department and b) being physically and psychologically fit for understanding and authorizing the terms informed consent on the day of the project presentation and data collection. All participants approached who met the criteria agreed to participate in the study.

One of the measurement instruments that was used is the Social Skill Inventory (SSI) [18], with 38 items that describe an interpersonal situation and a possible reaction to it, in which the respondent must mark their choice on a Likert-type scale, varying from 0 (never or rarely) to 4 (always). The items make up the total social skills and five factors - F1 - Coping and self-affirmation with risk, which bring together items that assess social skills regarding affirmation and defense of rights and self-esteem, assertiveness in situations that the reaction of the interlocutor may be undesirable; F2 - Self-affirmation in the expression of positive feelings,

composed of items that evaluate the expression of positive feelings and affirmation of self-esteem with little risk of unwanted reaction from the interlocutor; F3 - Conversation and social resourcefulness, a factor that presupposes rules of daily relationship for conversation, with minimal risk of unwanted reaction from the interlocutor; F4 - Self exposure to strangers and new situations, a factor that involves items related to approaching strangers; and, F5 - Self-control of aggression, a factor that suggests self-control of anger and aggression in situations where the interlocutor's actions are aversive.

The individual scores on the SSI scale are obtained from the sum of all items and can vary from zero to 152 points. The indication for training is made when the score of the total inventory or factors corresponds to the percentile equal to or less than 25%, according to parameters provided by the manual[15].

The values of internal consistency obtained in this study were: Social Skills (α = 0.84), F1 - Coping and self-affirmation with risk (α = 0.76), F2 - Self-affirmation in the expression of positive feelings (α = 0.57) , F3 - Conversation and social resourcefulness (α = 0.37), F4 - Self exposure to strangers and new situations (α = 0.43), and F5 - Self-control of aggression (α = 0.30). We opted for the use of the total inventory, F1 and F2 in the data analysis, according to the Cronbach's alpha values obtained.

To assess how participants perceive daily discrimination, the Daily Discrimination Scale was applied, a self-report instrument for assessing discrimination suffered in everyday context, which was prepared by William, Yan Yu, Jackson and Anderson[19], translated and validated for the context of young Portuguese people from Freitas, Coimbra, Marturano and Fontaine[8]. Adaptation with the Brazilian population is in process[20].

The Portuguese version is presented in two parts, the first consisting of 11 situations in which the participant must mark between 0 (never) to 5 (almost always/every day) for its occurrence over the last year. It has two factors in the validation study[8]: (1) Unfair treatment ("You are treated with less respect than other people"); (2) Personal rejection ("People act as if there is something wrong with you"). If participants report that any of these negative treatment situations occurred a few times over the past year, they must complete the second part[20]. This presents a set of 16 items, referring to the respondent's personal characteristics that can be considered as a reason for discrimination suffered. In this study, we opted to use the first part of the instrument, with the understanding that the higher the score in the first part, the greater the perception of daily discrimination suffered by the participant. The 11 items were grouped into one factor, whose Cronbach's alpha was 0.77.

Information was also obtained on sociodemographic data, time spent living on the streets, use of alcohol, tobacco and illicit drugs (cocaine, marijuana, crack, among others; and, if consumed, which substance and when the use started). Such data were obtained by consulting materials applied by social workers in the medium-sized municipality, with a view to reducing application time of the instruments. In the case of the small municipality, the questions were asked while other assessment instruments were applied.

All instruments were collected in the form of an interview, after the participants gave their free and informed consent, in rooms offered by the social assistance department. The project was evaluated and approved by the Research Ethics Committee of the Centro Universitário das Faculdades Associadas de Ensino - FAE under CAAE no. 95097618.0.0000.5382.

For data analysis, descriptive statistics (frequency survey, mean and standard deviation), correlation (Pearson r and Chi-square), comparison (Man-Whitney) with a 95% confidence leve, with the help of a SPSS statistical software - version 20.

RESULTS

Sociodemographic data

There were 56 adults, 48 men and 8 women, with ages varying from 18 to 75 years (mean = 42.0 years; SD = 12.6 years). It was observed that, in terms of ethnicity, the participants are *pardo*/black (66.7%) or white (33.3%). For marital status, the majority is single (76.7%), followed by separated (13.3%) and married (10%). In terms of education, 73.3% did not complete elementary school, and 26.6% completed elementary school.

Thirty-three participants attended projects of the Department of Social Assistance of a medium-sized city in the interior of the state of São Paulo, with about 90 thousand inhabitants and a Human Development Index (HDI) of 0.797, which offers shelter for the night and which was used by 22 participants in this sample. The other 14 were in a small city, also located in the interior of the state of São Paulo, with an HDI of 0.787 and about 42 thousand inhabitants, and all participants in this city lived entirely on the streets.

Homelessness

The time in which participants have lived on the street varied from 5 months to 20 years, with an average of 4.9 years (SD = 5.0 years). Thirty-four participants live entirely on the streets, and 22 stay overnight in shelters offered by the municipality.

Social abilities

Table 1 shows that the average of total social skills obtained by participants was 82 points, with a standard deviation of 18.6 points. The maximum value that could have been obtained would be 152 points.

The factor score attributed to each participant was calculated based on the simplified average, which can vary from zero to four points. The simplified mean of F1 - Coping with risk was 2.4 points with a standard deviation of 0.8 points, a score that corresponds to the point on the scale that indicates "With regular frequency" and F2 - Self-affirmation in the expression of positive affect was 2.8 points with a standard deviation of 0.6 points, represented by the point on the scale that indicates "Very often".

Table 1 also shows that 71.4% (n = 40) of participants had an indication for social skills training, and 10.7% (n = 6) had an extremely elaborate repertoire. In factor 1 - Coping with risk, and in factor 2 - Self-affirmation in the expression of affection, the number of participants with training indication was 30.4% (n = 17) and 25% (n = 14), respectively. In the same factors, the elaborated repertoire was observed for 25% (n = 14) and 37.5% (n = 21) of participants.

Substance use

Regarding substance use by participants in the past or at the time of the assessment, it was observed that, of the 56 participants, 29 answered; two of whom reported never having consumed alcohol, tobacco or illicit drugs. Of the 27 participants who used in the past or still use substances, 19 still consume some type today and eight stopped consuming.

Alcohol consumption was reported by the 27 participants, and is currently consumed by 13 participants, while 14 have quit. Tobacco was used by 19 participants, and continues to be consumed by 15 (four participants quit) and was never used by eight. Illicit drugs were consumed by 26 participants, were never consumed by seven respondents, stopped being used by five, and are still consumed by 14. One participant did not inform about his consumption of illicit drugs (Figure 1).

Table 1. Social skills and factors and number of participants by score classification. São João da Boa Vista / Espírito Santo do Pinhal, 2018-2019.

Variables	Descriptive			Number of participants by Score Rating n = 56		
	Mean	SD	Med	Indication for training	Around Median	Elaborate
Total Social Skills	82.0	18.6	79	40	10	6
Coping and self-affirmation with risk	2.4	0.8	2	17	25	14
Self-affirmation in the expression of positive affection	2.8	0.6	3	14	21	21

Nota: n= number of participants, SD = Standard Deviation, Med = Median.

The consumption of two or more substances (polydrugs) in the past was reported by 22 participants and, today, it occurs for 15 of them. Six participants consume alcohol, along with tobacco and illicit drugs, five participants consume tobacco and illicit drugs, three consume alcohol and illicit drugs, and one consumes alcohol and tobacco (Figure 1).

Regarding the age at which they started substance use, seven participants indicated that their first contact occurred in childhood (up to 12 years), for 15 participants, in adolescence (from 12 to 18 years old) and, for two participants, in adulthood (18 years or older). Three did not report the age at which they started using substances (Figure 1).
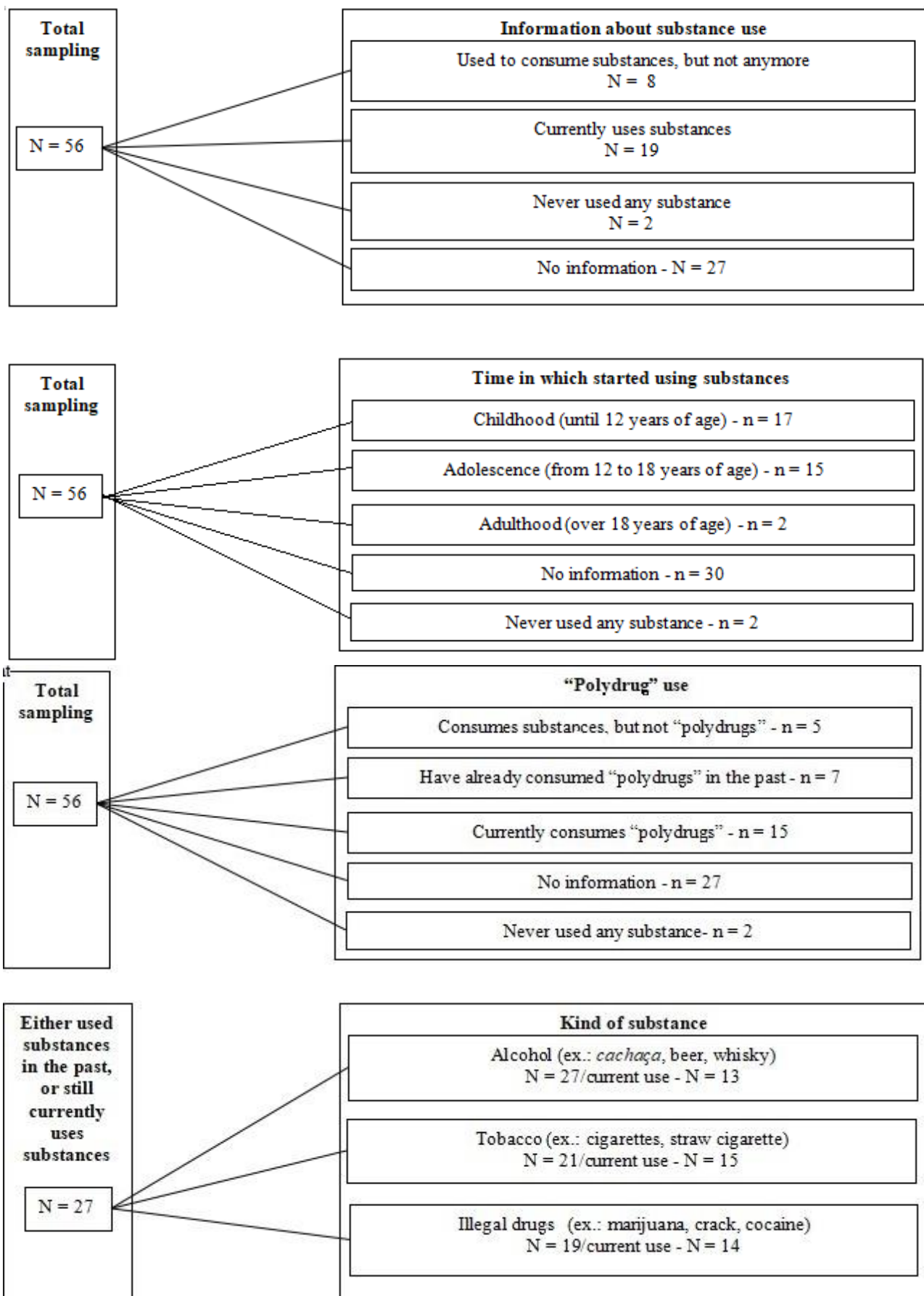
Perceived discrimination

Of the 56 participants, fifty-five suffered some type of unfair treatment in the last year, that is, they scored at least one point in assessment items. Considering the eleven items on the scale, 10.7% (n = 5) suffered from one to four situations of discrimination; 30.4% (n = 17) suffered from five to eight situations and a large part, 58.9% (n = 33), suffered from nine to 11 contexts of discrimination.

The average sum of items of discrimination perceived by participants was 22.6 points, with a standard deviation of 10 points. This value represents 41.1% of the maximum score that could be obtained in this part of the scale, which is 55 points. The simplified average of items was 2.0 (SD = 0.9), considering a score ranging from zero to five points, this value corresponds to the point on the scale "Rarely/Less than once a year", representing the frequency that situations of discrimination occurred in the last year.

Association among variables

Correlation analyzes were performed between social skills, time spent living on the street and perceived discrimination, whose coefficients are shown in Table 2.

As noted in Table 2, the time participants were on the street was positively, significantly and moderately associated with total perceived discrimination. The perception of discrimination was also associated with total social skills, in a negative way and with moderate intensity. There was no association between the time spent in homelessness and social skills and factors. There was also no association between perceived discrimination and social skills factors.

Total sampling

N = 56

Information about substance use

Used to consume substances, but not anymore
N = 8

Currently uses substances
N = 19

Never used any substance
N = 2

No information - N = 27

Total sampling

N = 56

Time in which started using substances

Childhood (until 12 years of age) - n = 17

Adolescence (from 12 to 18 years of age) - n = 15

Adulthood (over 18 years of age) - n = 2

No information - n = 30

Never used any substance - n = 2

Total sampling

N = 56

"Polydrug" use

Consumes substances, but not "polydrugs" - n = 5

Have already consumed "polydrugs" in the past - n = 7

Currently consumes "polydrugs" - n = 15

No information - n = 27

Never used any substance - n = 2

Either used substances in the past, or still currently uses substances

N = 27

Kind of substance

Alcohol (ex.: *cachaça*, beer, whisky)
N = 27/current use - N = 13

Tobacco (ex.: cigarettes, straw cigarette)
N = 21/current use - N = 15

Illegal drugs (ex.: marijuana, crack, cocaine)
N = 19/current use - N = 14

Figure 1. Variables related to substance use. São João da Boa Vista/Espírito Santo do Pinhal, 2018-2019.

Table 2. Correlations between time spent on the streets, discrimination and social skills. São João da Boa Vista/Espírito Santo do Pinhal, 2018-2019.

Variable	Item	*r* of Pearson
Time spent in homelessness (in years)	Perceived discrimination	0.60**
	Total Social Abilities	-0.107
	Coping with risks	-0.114
	Self-affirmation in the expression of positive affection	-0.025
Perceived discrimination	Time spent in homelessness (in years)	0.60**
	Total Social Abilities	-0.30*
	Coping with risks	-0.103
	Self-affirmation in the expression of positive affection	-0.052

Note: * $p < ,05$. ** $p < ,01$. *** $p < ,001$

It can be seen in Table 3 that classification of social skills was significantly associated with the beginning of substance use, with adjusted proportions suggesting that a large part of participants who started using drugs in childhood have relevant deficits in the total of social skills, presenting score that suggests indication for training social skills, compared to participants who started drinking in adolescence (participants who started using it as adults were not considered in this analysis, due to the low number of cases for analysis - n = 2).

F1 - Coping and self-affirmation with risk has been associated with tobacco consumption today, with a greater concentration of participants who do not have an indication for training social skills in the group that uses tobacco, compared to the group composed of participants who never did use or stopped consuming tobacco. There was no association of F2 - Self-affirmation in expression of positive affection with variables related to substance consumption (Table 3).

Table 3. Associations of classification with social skills with indicators of the beginning of substance use and consumption. São João da Boa Vista/Espírito Santo do Pinhal, 2018-2019.

Variables	Categories	Classification indicated for Training					
		Total Social Abilities		F1 – Coping and self-affirmation with risk		F2 - Self-affirmation in the expression of positive affection	
		Yes	No	Yes	No	Yes	No
Beginning of substance use	Childhood	6[a]	1	2	5	3	4
	Adolescence	5	10[b]	3	12	2	13
	x^2 (1#)	5.238**		0.200		2.369	
Current alcohol consumption	No	8	8	3	13	4	12
	Yes	8	5	4	9	2	11
	x^2 (1)	0.386		0.566		0.404	
Current tobacco consumption	No	10	4	6[a]	8	4	10
	Yes	6	9	1	14[b]	2	13
	x^2 (1)	2.892		5.179**		1.025	
Current consumption of illegal drugs	No	7	7	4	10	3	11
	Yes	8	6	3	11	3	11
	x^2 (1)	0.144		0.190		0.000	
Current polydrug consumption	No	7	7	4	10	3	11
	Yes	9	6	3	12	3	12
	x^2 (1)	0.144		0.286		0.806	
Sleeps in shelter	No	24	10	8	26	10	24
	Yes	16	6	6	16	7	15
	x^2 (1)	0.030		0.100		0.037	

Note: x^2 = Chi-square statistics; # = degree of freedom, ** p < 0,01.

Table 4 shows that time spent living on the streets is significantly longer for those who started substance use in childhood, compared to the group that started it in adolescence. The perceived discrimination was greater for the group that consumes illicit drugs nowadays, compared to the group that never used or stopped using illegal drugs.

The perception of discrimination is also associated with staying overnight on the street, being lower for those who stay overnight in shelter, when compared to the group that stays overnight on the streets. The time of homelessness and discrimination was not statistically different when considering the groups formed based on consumption of alcohol, tobacco and drugs (Table 4).

Table 4. Comparisons between mean time spent on the streets and perceived discrimination between groups formed based on substance use. São João da Boa Vista/Espírito Santo do Pinhal, 2018-2019.

Factor	Category	N	Time of homelessness		Discrimination	
			$\overline{X}$	SD	$\overline{X}$	SD
Current Alcohol consumption	No	16	6.3	5.6	18.2	11.8
	Yes	13	4.1	4.5	21.5	7.7
	U	25.000			81.000	
Current Tobacco consumption	No	14	8.0	7.7	20.1	12.0
	Yes	15	3.8	2.8	19.2	8.5
	U	29.000			102.000	
Current consumption of illegal drugs	No	14	5.1	6.8	15.4	11.5
	Yes	14	5.2	4.1	22.9	6.6
	U	31.000			46.000*	
Beginning of use	Childhood	7	5.8	2.6	18.6	9.9
	Adolescence	15	3.1	2.2	18.6	8.2
	U	6.500*			50.000	
Current polydrug use	No	14	9.3	9.5	17.9	13.5
	Yes	15	4.4	3.8	20.6	8.2
	U	16.500			75.500	
Sleeps in shelter	No	34	5.5	5.3	25.6	9.4
	Yes	22	2.6	2.6	18.0	9.2
	U	20.000			211.000**	

Note: n = number of participants; $\overline{X}$ = mean; SD = Standard Deviation; * $p < 0.05$, ** $p < 0.01$.

DISCUSSION

Most of those surveyed were adults, male, who declared themselves to be *pardo* or black, single, with low education, despite being in a city with a good HDI.

In social skills, most participants had significant deficits, with need for training, corroborating the idea that homeless people could have difficulties in social interaction. Such data can be worrying, as there are indications that survival on the streets depends on social interactions, help and solidarity, and deficit in social skills can be a risk factor for survival and health of this population[21].

In Coping and self-affirmation with risk and Self-affirmation in the expression of positive affection, the smallest part had important deficits: 30% and 25%, respectively, such a repertoire can be interpreted as evident resources that would be important as a basis for interventions with the street population. . It is assumed that having a good repertoire of social skills is relevant to leaving a homelessness situation, as it contributed to the search for a job, to deal with substance addiction and also with control of financial situation, in addition to improving the health network. social support.

A point to be highlighted was the fact that a large concentration of people who use tobacco did not obtain scores that indicate training in the factor Coping and self-affirmation with risk. Similar data were not found, the expectation, however, was that participants who use substances in general, including tobacco, have deficits[10]. It is inferred, however, that tobacco, as a legal substance, can be a substitute and more socially accepted alternative for the use of illicit drugs, which contributes to exposure and coping with adverse situations in social relationships, which should be viewed with caution, as such behavior requires assessment.

In a national context, no empirical studies were found that considered social skills of people living on the streets. In an international context, research[17,18] suggested that an intervention, focused on the promotion of social skills for people living on the street, made it possible to improve important social and psychological aspects, such as well-being, which promoted life skills, which here include social skills, to improve social support and integration network of homeless and substance dependent people.

The use of alcohol and/or drugs is a dimension of the culture of those who live on the streets. These consumptions serve, in some cases, to minimize cold, hunger and facilitate group socialization[11]. The consumption of alcohol, tobacco and other substances was only possible with a sub-sample composed of 29 participants, two of whom stated that they had never used it. These results are in line with the findings of another investigation[11], for which the vast majority of homeless people consume psychotropic substances.

The first contact with substances was in adolescence and childhood, and only two reported using substances for the first time as adults, confirming the hypothesis that the early onset of contact with psychoactive substances may be a risk factor for development and health[9,12], and in this study, the longest time spent on streets was associated, if the first contact occurred in childhood.

Among participants who had information on substance use, a large part consumes or consumed alcohol, tobacco (cigarettes) and illicit drugs (marijuana, crack, cocaine and others), characterizing a pattern of drug use, in agreement with statements of another research[11]. Such consumption can be considered as high risk, since the use of several drugs involves risky behavior, such as: sharing of syringes, prostitution and criminal practices for acquisition of substance, which can reduce chances of leaving homelessness situation.

Regarding daily perceived discrimination, all participants, except one, suffered at least one situation of daily discrimination. The average of items, considering the frequency of occurrence, suggests that at least once a year, or sometimes in the last year, participants suffered discrimination, which can have a negative impact on their socio-emotional development. Exclusion has economic and social aspects involved, but it is also related to a lack of personal perspective and low self-esteem, perpetuating a precarious situation, as well as the stereotype of the homeless person, who is always associated with their dirty clothes, shabby shoes, which can contribute to external characteristics being relevant in the perception of discrimination itself[3].

Time spent living on the streets was considered as an outcome in this study, as it represents a critical situation of social, physical and mental vulnerability. It is understood that the longer the time on the street, the greater the exposure and experience of adversities, which can interfere in the development and harm mental health of people living on the street. The average time that participants were living on the streets was 4.9 years and, considering the average age of the sample of 42 years, it can be believed that most of them started living on the streets as adults.

In this study, longer time on the street was associated with a greater perception of daily discrimination and beginning of substance use in childhood, suggesting that the last two variables may be important and should be considered when planning prevention and intervention studies with this population. No associations were observed between street time and social skills, as expected, but they were associated with perceived discrimination, in a negative way, and thus, it can be inferred that indirect relationships between social skills and street time may exist. In this sense, the deficit in social skills could give rise to greater negative treatment received by participants in the context of homelessness situation, contributing to chronicize the street situation.

There were also no significant differences in the repertoire of social skills and time spent on the streets by people who stay overnight in shelters or not. However, data showed that those who do not spend the night in shelters perceive greater discrimination, which may occur due

to basic hygiene care offered in shelters, which can contribute to better personal presentation and, perhaps, self-esteem, conditions that can be better investigated in other studies. However, they contribute to reinforce the role of institutions to help homeless people to overcome some adversities[18].

Thus, it is understood that, when it comes to rupturing homelessness situation, it is possible to think about some relevant variables: daily discrimination, substance use, especially in childhood, deficit in social skills and participation of institutional actions, as it is the case with shelters that offer an overnight stay for people living on the street.

CONCLUSION

Gaps were observed in investigations of protective factors and promotion of health and development of homeless people, although the interest in this population has been growing in the last two decades. In this sense, the present study explored the relationship of social skills, which are highlighted as a protective factor that is social, in a population that is difficult to access. It also identified the perception of discrimination that occurs in the daily context of homeless people, which can have negative impacts in the short, medium and long term, affecting identity and ability to overcome adversity.

The use of alcohol and/or drugs is part of the culture of those who live on the streets, as it helps to cope with some adversities, such as hunger and cold. However, it can contribute to crystallize homelessness situation and increase the chance of involvement in prostitution and criminality. Therefore, the relevance of this work lies in the fact that it explores relationships and characterizes such aspects in people who live on the streets, taking as a main outcome the time that the person is in a homelessness situation.

Despite the important theme, and the exploratory contribution that the study brings, there are limitations to be considered. This work is an outline of a complex reality, and other variables could have been taken into account, such as family ties, reason for being on the streets, work and also expectation for the future, as they may be relevant to guide interventions aimed at for welcoming and coping.

The small number of participants certainly influences generalization of findings of the present study. Further research should increase sample size; however, it is understood that this research had its local relevance, and can be useful for reflection and basis for interventions with the homeless population of the participating municipalities.

It should also be noted that there is difficulty in evaluating this population, as they need to be in physical and psychological conditions and not be under the influence of substances, so that they can understand the terms of the research and clearly consent to their participation. The use of secondary sources (medical records) to obtain some information from participants was chosen to decrease evaluation time with the population, however, it was not effective, as many were not complete, impairing sample composition with regard to the survey on substance use. The choice of the instrument to assess daily discrimination may also not have included other discriminatory acts suffered by this population, due to the fact that it is not specific to people living on the street.

It is also believed that the study made it possible to understand that social skills were deficient, and that it is necessary to improve the social repertoire to impact the search for treatment for alcohol and/drugs abuse, and to cope with adversities, construction and strengthening of healthy bonds and relationships, which can be the focus of actions by health professionals with this population.

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CONTRIBUTIONS
Marta Regina Gonçalves Correia-Zanini contributed on the conception, analysis and writing. **Mateus Henrique Doval Betti**, **Thales Henrique do Nascimento** and **Amanda Giovanna Martins Pancrácio** participated on the the collection and analysis of data. **Silvia Antakly Adib** and **Daniela Fonseca de Freitas** worked on critical revision.