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Homeless crack cocaine users: Territories and territorialities in the constitution of social support networks for health

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ABSTRACT

Homeless crack users are an important segment of the population living in extreme vulnerability in Brazil. In 2011, the *Consultório na Rua* – CnaR (Street Clinic) was created, to improve access to health care for this population. Considering building up social support networks as a strategy to face life's difficulties, this study aims to analyse how crack users, in Rio de Janeiro, relate to territory and build social support networks to deal with their everyday life challenges and health needs. We carried out in-depth interviews with 10 homeless crack users assisted by CnaR and 11 health professionals; one Focus Group with 6 users, and Participant Observation of CnaR's work during 2014–2016. Methodology was based on the use of an analytical matrix with theoretical and empirical categories of "Territory", "Territoriality", "Social Support Networks" and "Gift". Results revealed crack users' territorialities, alternating moments of concentration and disaggregation with high geographical mobility, except in periods of strong consumption of crack. Territorialities are unstable, marked by violent Police repression. In spite of the stories of losses and ruptures, forms of sociability among users and CnaR professionals were identified, as well as with different actors in the territory. All this favoured the formation of supportive networks providing friendship, health care, and other material and symbolic goods. The systematization of the users' informal networks, usually invisible to workers and administrators, is relevant because of its potential to expand the production of care and strengthen the associations in the territory. To understand users' territorialities and the social support networks formed in their everyday life is not only innovative, but also contributes to the formulation of public policies that aim to guarantee civil rights to people in a situation of vulnerability, suffering and social exclusion.

1. Introduction

There is, in Brazil, a large contingent of people living in conditions of extreme social vulnerability. Particularly vulnerable are those who actually live in the streets and use drugs in a harmful manner. The social, economic and political processes that force these people to live in the streets are directly related to poverty,deep social inequality, unemployment and insecurity of work relations, structural violence and the rupture with the ties of primary sociability, among other conditions of vulnerability associated with capitalism and neoliberal policies. Although the connection between living in the street and drug addiction is not a direct and straightforward one, at present we note an increase in the number of crack users among those who live in the street and in particular in the streets of the main metropolitan regions of the country (Bastos and Bertoni, 2014).

It is difficult to have a precise quantitative measure of those people living in the streets, because this is a population with large geographical mobility and the census data is mainly collected in households. The estimated number, in Rio de Janeiro, in the year 2015 was of approximately fifteen thousand people living in the street (IPEA, 2016). This number continues to increase if we take into consideration the present high levels of unemployment. From the second trimester of 2015 to the last trimester of 2016 the number of unemployed people in the city of Rio de Janeiro increased from 132 to 345 thousand people (FGV, 2017).

The situation of living in the streets and the use of crack are not individual problems but a result of poverty and social inequality. The Programme "Bolsa Família" (Family Allowance) helped to reduce material deprivation, but the amount is insufficient to eliminate extreme poverty. Moreover, in view of the government's budget restrictions, this

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Programme does not include the total population that actually needs it (Osorio et al., 2011).

Poverty, seen as the result of low monetary income, has been amply discussed and analysed in the literature (Osorio et al., 2011). In our view, however, low income is insufficient to explain the complexity of the phenomenon. Other studies (Sen, 1999; UNDP, 2015) point to the need to understand poverty as a multidimensional concept that includes, besides income, housing conditions and access to health, education, proper food, employment and to other civil rights. Poverty, says Sen (1999), would be a deprivation of personal freedom and of the basic abilities that permit an individual to choose their own way of living in the world and to concretize these choices; in this perspective, social rights are essential to ensure the capacity to exercise freedom and to make life achievements possible.

The homeless crack users find themselves at the margin of society and are deprived of basic social and civil rights. It is difficult for them to have access to health care, even if health care and social protection are rights of all individuals and a duty of the Brazilian State (Brasil, 1990). They may be considered excluded from the social system (Castel, 1993), that is, individuals who no longer have social ties and are outside the labour market.

With the objective of expanding the access to health care, in 2011, the *Consultório na Rua* – CnaR (Street Clinic) was created in Brazil as an important mechanism of Primary Health Care (APS) in more vulnerable areas and to provide total care for people living in the streets (Brasil, 2011; Engstrom et al., 2018). The CnaR team is made up of various professionals – doctors, nurses, dentists, social workers, psychologists, nursing technicians and social agents. These professionals carry out actions to promote health, using strategies to reduce health issues such as preventive care and the follow-up of patients, particularly in the case of health problems such as tuberculosis, sexually transmissible diseases, hepatitis, skin diseases and issues related to the harmful use of drugs. The activities are carried out in an itinerant way in the street and in the health unit, in partnership with the social and health care facilities of the area.

The understanding of territory and of the crack users' concept of territoriality is fundamental for the CnaR's health care actions. In the present study the territory incorporates the concept of critical social geography being understood as a lively and dynamic space, a locus of exchange, subjectivity, power, conflict and mediation, where individuals gradually build particular forms of appropriation of the space and of organization of their everyday life. That is, they gradually constitute their territorialities. This deeper understanding of the territory is fundamental for public health, since the concept of territory in health care tends to be restricted to the area covered by the services and omits power relations and the subjective and symbolic dimensions.

The present study turns to the crack users living in the street in the territory of Manguinhos and surrounding areas in the city of Rio de Janeiro, Brazil – where there exists a context of insecurity, violence, deprivation of rights and the fraying of the social fabric. It is our assumption that, in contexts of extreme vulnerability, people living in the street build support networks to survive. The objective of the study, therefore, is to analyse how homeless crack users in Rio de Janeiro city relate to the territory and build social networks to guarantee their survival, despite the violence and the adversities of everyday life. In this perspective, it is important to define the conception of social support networks adopted.

1.1. Social support networks

The term social support network or support network is frequently used in academic literature without an explicit conceptual definition and is assumed to be a common sense concept. Some studies suggest they are small, often informal networks built by ties of solidarity and trust through which various types of social support are exchanged (Cohen and Syme, 1985). The basic assumption behind these networks is that social support networks brings about benefits for people's health (Cohen and Syme, 1985; Umberson and Montez, 2010). Although every support network is a social network, the reverse is not true because we can have social networks that are not beneficial and through which social support is not provided.

The concept of social support networks that we adopt here is a new one based on the Theory of the Gift, systematized by Mauss (1985) as a complex system of social action based on the triad of giving, receiving and reciprocating material and symbolic goods through social relations. The various types of tangible or intangible social support - emotional, instrumental, informative, among others – are understood as gifts; that is, as material or symbolic goods that circulate between donors and donees (Lacerda, 2010).

The approach to social networks we propose emphasizes the relational dimension and the value of the social ties which differs from most analyses that tend to identify structural aspects such as composition, quantity of contacts, size of the networks and other aspects. According to Mercklé (2004, p. 105) such analyses are often “abstract models of relational systems” that do not lead on to a conceptual and methodological approach to the networks. There is a gap in the literature with regards to the analysis of the networks in the territories based on the gift theory, mainly in the context of the homeless people making harmful use of drugs. This shows the relevance of this study to social geography, to the sociology of health and to the public health fields.

2. Methodology

This qualitative research was carried out in two stages: the bibliographic research for the construction of the theoretical-methodological framework and the empirical investigation. An analytical matrix was prepared with the production and systematization of the categories by analytical axis.

The empirical investigation took place from 2014 to 2016, in the territory of Manguinhos, a north zone of the city of Rio de Janeiro, which is an area surrounded by slums. The choice of Manguinhos is justified by the fact that this is an area with several drug scenes that attracts an agglomerate crack users living in the street. Moreover, since the Oswaldo Cruz Foundation is located in this territory, there is an institutional interest and commitment to contribute to benefit this population.

The research participants are the homeless crack users being cared by the CnaR of Manguinhos, called “users” in this study; and the professionals in charge of this population. For the initial selection of the users we were helped by the key-informants – the community social workers of the CnaR.

The data collection techniques were semi-structured interviews, Focus Groups (FG) and Participant Observation (PO). Before each stage we explained the objective of the research, the selection criteria, the relevance of the participation, the confidentiality of the data, the

preservation of anonymity; and asked the professionals to sign an Informed Consent Form. Regarding the users, we read the terms of assent and they were supposed to express verbally their agreement to participate. All the interviews were recorded and transcripted.

2.1. The interviews

We conducted twenty-one semi-structured interviews – ten with users, nine with the CnaR team, one with a Mental Health professional and one with a Social Assistant, carried out in a room at the Clínica da Família Victor Valla (CFVV), a public service of Primary Health Care, where the CnaR of Manguinhos is located. To have a reserved space was important to guarantee the interviewees' privacy.

The criterion for inclusion in the research was to be a crack user, to have been living in the street for at least one year, to be above 18 years of age, and to be under the care of the Manguinhos CnaR. The initial suggestion to use the snowball methodology was not viable because the interviews depended on the users' availability and this was unforeseeable. It was possible to interview those who were at the CnaR waiting for assistance, or the users brought in by the community social workers.

The script of the users' interviews attempted to understand the trajectory of their lives, the ways they used the drug, the relations with the territory and their forms of sociability. That of the professionals focused on the work of the CnaR, the relation of the crack user with the territory and their perception of the relevance of public policies to guarantee the users' social rights.

The interviews lasted about 60 min each and were recorded with the interviewees' consent and transcribed in full. There was no nominal identification of the interviewees.

Fig. 1. Photo taken during Focus Group.

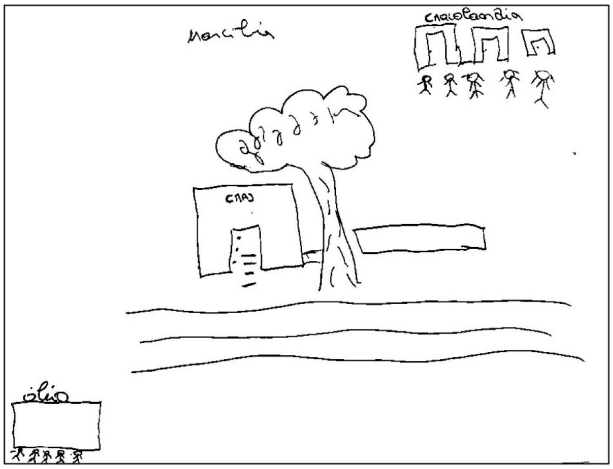

Fig. 2. Mental map drawn by one of the crack users at Focus Group, 2015.

2.2. Focus group

We conducted a focus group (FG) in 2015 in a room of a public institution near the Manguinhos Victor Valla Family Health Clinic (CFVV) where the health professionals involved in this study work. The focus group had the participation of six users, of which three were women and three men, all older than 18 years. It lasted for two and a half hours and counted on the mediation of three researchers and one research assistant. During the activity the users could help themselves to sandwiches and cold drinks, and at the end they were given a t-shirt for their participation. The FG was recorded and filmed with the users' verbal consent (Fig. 1).

The guiding questions of the FG tried to understand how the users get hold of the territory to guarantee the reproduction of the social group; the way they live; their daily needs are and if they manage (or not) to satisfy these needs; the main problems and risks they face daily; who helps and who hinders their daily life and how. We applied a social cartography methodology (Acselrad, 2008) with the production of maps of these individuals' territory in two moments: first the drawing of the individual mental map and next, the filling up of the collective map.

2.3. Individual drawing – mental map of the territory

As a methodological strategy we adopted the elaboration of mental maps to have a better grasp of the perception the users living in the street have of the territory. The mental map becomes an element of discussion, of exchange between the participants and the recognition of the territory and of the territoriality of these individuals. In this stage the users drew on an A3 sheet of paper the place where they live and the area where they circulate; next, each one explained his/her own drawing (Fig. 2).

2.4. Collective map – filling up of the collective map

At this stage the group carried out the elaboration of the collective map on an A1 sheet of paper and identified the important points and the barriers preventing the use of their territory. The objective here was to identify the intensity of use of the space, the rate of frequency in a given place and the respective reasons for it.

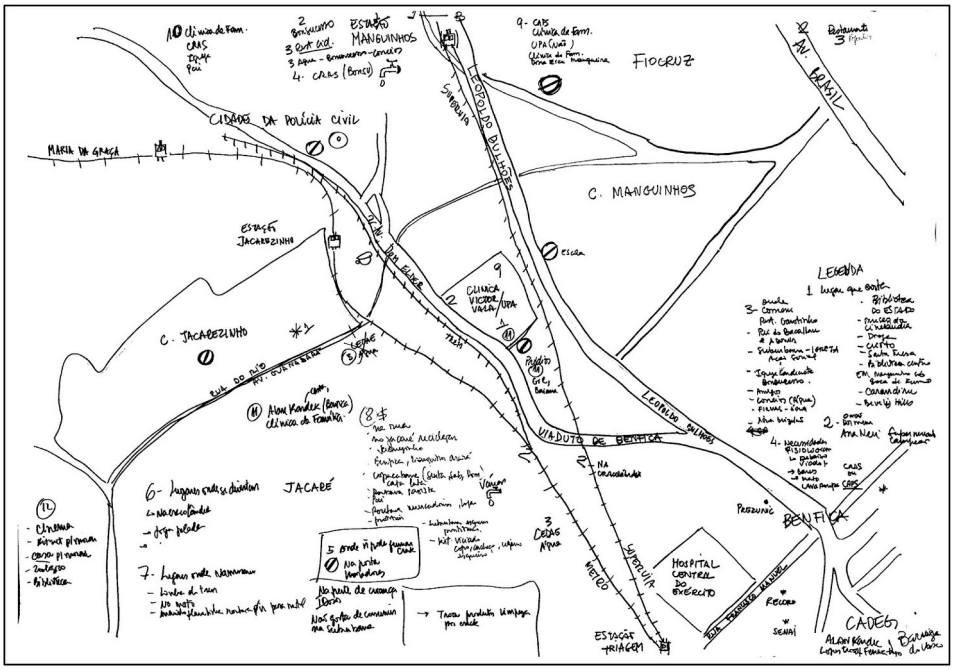

Fig. 3. Collective Map made by homeless crack users' of Manguinhos at Focus Group, 2015.

The filling up of the collective map was guided by leading questions previously written on cards to facilitate the users' visualization. We began by asking about their favourite places and then the places where they don't like to go to; places where they sleep; where they eat; where they wash and do their personal hygiene; places where they can use crack and where this is forbidden. We also asked them to show in the map the places where they have fun; date; get money; seek health care; where they feel cared for; and where the people that help them are. After finishing the collective map, the researchers asked them what things are absent in the territory but which they would like to have there. Through this map we tried to understand the routes and the fluxes that make up the territory and in a certain way to give materiality to the territorialities of this group of users (Fig. 3).

At the end of the FG, the users remarked that they were surprised the time had passed so quickly, during which they had managed to not want to use crack. One of them even commented that if he was frequently offered the possibility of doing some pleasurable activity, he believed he could drastically reduce the use of the drug.

To work with a Focus Group made up of homeless crack users, using the methodology of social cartography, was an innovative proposition. We have not found in the literature examples of experiences using this approach.

2.5. Participant observation

In the period between 2014 and 2015 we carried out the PO of the homeless crack users, by following up the work of the CnaR team, both at the CFVV and in the territories of Manguinhos and neighbouring areas. The presence of the research team in the field happened once or twice a week, covering a period of three hours each time and always in the company of one of the professionals of the CnaR team. The PO was only possible due to the help of professionals who, always being in the territory, know which the best moments are to go in and out of the area, considering the limits of circulation in an area dominated by the violence provoked by the confrontations between the drug traffickers and the Police.

It was possible to observe the CnaR's work process; the drug scenes; the places where the users live and circulate daily and talk with residents that offered them some type of social support. Although we talked with various users in our visits to the territory, those were not counted as participants of the research. All observations and information were registered in the field diary.

2.6. Data analysis

The material collected in the interviews, in the FG and in the PO was analysed with the help of the qualitative analysis software Atlas-TI®, having as base the categories of the analytical matrix. However, the four categories elected in the present study to achieve our objectives are: “Territory” and “Territoriality” (Raffestin, 1993; Sack, 1986; Santos, 1996) in which territory is understood in its concrete dimension (uses) as a material base for the social and biological reproduction of the social groups and in the subjective dimension linked to the relations of power, disputes and symbolic appropriation of the territory. Territory expresses the different territorialities that vary according to the historical, cultural and social contexts; “Gift” whose theory was systematized by Mauss (1985), as a triple movement of giving, receiving and reciprocating material and symbolical goods through social relations, was further developed by his followers (Caillé, 1989; Godbout, 2000), and finally, “Social Networks” (Godbout, 2000; Martins, 2009; Lacerda, 2010) where the networks are analysed as a web of social relations where gifts circulate. In this perspective the gift reveals what circulates in the interactions and brings the critical understanding about the constitution and maintenance of the social ties in everyday life. The Social Support Networks are included in this conception of social network (Lacerda, 2010).

It was through the triangulation of the techniques and the election of the mentioned categories that findings were analysed. To guarantee the confidentiality and secrecy of the information, the participants were codified in the analysis only by the initials U (users) and P (professionals).

3. Results and discussion

The CnaR in the territory of Manguinhos has 1000 registered people, the majority of whom are male (62%), non-white (82%) and with low education levels. The research reaffirms the findings of other studies (Bastos and Bertoni, 2014) which suggest that a large part of the homeless crack users began harmful drug use after experiencing social ties rupture, a lack of employment and housing, and problems of physical and symbolic violence.

The CnaR team identified 16 drugs scenes for crack in 2014. The largest scene observed during the Participant Observation was on the easement area of the railway line, along the wall that separates that area from the inhabited area. More than 300 crack users have been found in that scene. Users and drug traffickers went through holes they made in the wall for that purpose.

The most frequented areas where users circulate or stay temporarily are the spaces under viaducts; the debris of building works; alongside rail or underground lines; and in deserted spots, away from the sight of a large part of the population – in sum, places regarded as “non-places” (Augé, 1994). These are areas without sanitation, full of open sewage ditches, piles of rubbish and daily violence, that become territories of social exclusion or “geographies of exception” (Frúgoli and Cavalcanti, 2014; Frúgoli and Chizzolini, 2017).

Through the appropriation of these spaces crack cocaine users organize their daily life creating their own territories. Alternating moments of concentration and of disaggregation, the users describe a constant flux in the territory, except at times of strong consumption of the drug, when they remain for two to three days in the drug scenes without leaving the territory. On the other hand, they mention that in periods of greater circulation they go to other areas of the city in search of informal work to obtain money to buy the drug or for their own subsistence. Many of them travel quite often to other areas of the city, including to the seashore beaches, and downtown where it is easier to get some money, either from small jobs or begging. One of the users says:

> “I look for things to recycle, so as to get money to use drugs. When I am not going round looking for things I am in the crack land [drug scenes]” (U11)

There are moments when they hide from the Police, moving away from their territory; they may also return temporarily to their homes and families or spend some time in a rehabilitation centre.

The users' territorialities are highly unstable, changeable and subject to voluntary and involuntary fluctuations. These are mostly conditioned by police drug crackdown, compulsory withdrawal of people living in the street by the Secretariat of Social Work and even by the disputes between local traffickers. This territoriality is clearly marked by structural vulnerability and violence (Bourgois et al., 2017), which force crack cocaine users to constantly move, and change places of consumption (drug scenes), rest and shelter.

The territories situated in the poor areas of the city are subjected to police and drug dealer violence, revealing the nature of the social and spatial segregation (Zeneidi and Fleuret, 2007). Actions of police violence against drug users are described in other studies (Cooper et al., 2005), but in Rio de Janeiro there is a context of urban violence and repressive actions mostly against young people, poor and black. This is made obvious by the increase in imprisonment, with Brazil having the third highest jail population in the world (Brasil, 2017).

Fig. 4. Public water pipe where homeless crack users bathe, wash their clothes and do their personal hygiene.

Crack cocaine users are structurally vulnerable, not only by the risks and harms resulting from the use of drugs, but because they are exposed to the social disadvantages or inequalities that are not part of their individual choices (EMCCDA, 2008; Rhodes, 2009; Bourgois et al., 2017). Their poor living conditions limit their freedom and choices (Sen, 1999), creating social suffering. A woman user whom we interviewed, whose three children were handed over to the State and the last one to voluntary donation, speaks of her wish to build a family and her lack of perspective:

> “I wanted to find a partner who wanted a child and I could live with this partner”
>
> Interviewer: How do you see yourself a year from now?
>
> “Dead. With the devil, in hell.” (U4)

In the face of the structural vulnerability and of the social suffering, be it by the loss of children, by abandonments and ruptures, it was possible to identify in the interviews and in the FG and PO different forms of daily life organization in the territory. Some users receive offers of food and a better quality whereas others eat leftovers found in rubbish bins; some bathe daily, do their personal hygiene and wash their clothes in public taps or in leaking pipes of the town's water system (Fig. 4).

Others, however, abandoned the care of their body and of themselves, revealing the poor conditions of their lives. Another use says:

> “If I eat food from the rubbish bins? If it is fresh when I find it, I jump in, because hunger is something is very … you know? When our tummy is empty, what to do, we eat even stones. “

Interviewer: What about washing?

"I only wash when I'm dating someone" (U12).

There are also those who succeed in building their "houses" in the street, delimiting their spaces in the territory, thus favouring the meetings and the social interactions that may be potential elements for the building of networks. The professional says:

> "They [drug users] organized a new space, all tidy, got electricity. There everybody has a radio, have a big TV, so the bunch of them can watch TV together (P).

The users' perception of what it means living in the street is ambiguous, for sometimes they affirm to like the freedom that the street offers them, other times they show their apprehension with the danger and sacrifices, showing that they are aware of the vulnerability they live in. As one user remarks.

> "Life in the street is a hard life because it is not a life in which you have freedom or a lot of comfort. You must be very careful, it is a life surrounded by a lot of evil (…). You have to be on the watch a lot, watch next to whom you seat, who you are speaking to, and there comes the police in civil clothes to see who is using drugs, says we are bandits (…). What is good is the freedom, to be able to sleep when you want, on the ground … It is not just to sleep is to have everything when you want, nobody orders you about, you don't have to pay nothing, have no obligation with nothing" (U 7).

The social relations also influence the perception of living in the street. The user emphasizes happy moments, through meeting friends, with the circulation of friendships that favour the building of social support networks. He points to moments of suffering, to police violence, things that create ruptures and prevent the formation of networks:

> "To live in the street is … a life [with] happy moments, painful moments. Happy moments in the street is when you meet understanding friends, who like to talk, mates that understand you, with them you may speak what is in your heart, your problems. And we laugh a little among ourselves." (…) And the sad moments are those when we want to talk, and the police comes and makes us run away" (U 5)

The territory is the space of dispute, of power, of violence, of experiences of pain and suffering, but also of socialization. There are forms of organization of the space that often provide for interactions, as well as territorial dynamics that vary from day to night and contribute to foster the ties and build social support networks among the users, where the "gift of the words" (Caillé, 2002), and the drink, among other "gifts", circulate, as the professional points out:

> "We have been there at night and there is another atmosphere. The same people, but then the fire is on, the bonfire, the coal fire. And people are there. It is more like an atmosphere of fraternity. Of family interaction. They are there, around the fire, some talking, others drinking, others doing nothing. And during the day we find them more in a period of rest or of organizing themselves. They are in a different vibe." (P)

A characteristic of the users is to be always in a group, be it when they are in the drug scenes or in the places they sleep and circulate. This was regarded as a form of protection against abandonment, the police's aggressions and the dangers that surround them in the street. Although the discourse of not having friends in the street may be a common one, it was possible to observe through the PO that some help the others, share food, use the drug or ask for help from the CnaR team when other users are in need.

Various networks are woven in the territory and new familiar arrangements built in their everyday life. Some users mention that they have a new family and say they are married after some days in a relationship. Such situations may be understood when we observe that some sectors of the population, such as the popular classes, operate in the logic of provision and not of prevision (Valla, 1998). Prevision presupposes a perspective of a future, whereas the crack cocaine users, with all their painful experiences, conduct their life worrying about how to provide for today, since tomorrow is uncertain.

When we analyse the territorialities of the Manguinhos users, it is essential to take into consideration the work of the CnaR and the users' interactions with the professionals. Besides the traditional health care activities, the professionals help the users to obtain their personal documents, since many of them have no birth registration; or to obtain benefits such as *bolsa-família (family allowance)* or food-tickets, accompany them in their visits to a doctor, or in tests and other health services to make sure they will be seen to, among other caring actions. The dimension of solidarity strengthens the ties of trust and the building of social support networks. One of the main issues in health care work is that professionals and users feel themselves recognised as valuable subjects (Lacerda and Martins, 2013).

> "There is a patient who made me cry. He said: 'I want to thank you because before I was simply a person, who … nobody saw me, people looked at me and I was like a black rug in the middle of the road (…).' "Crying, he hugged me and said: 'everyone who lives in the street is a crack user but you saw me as you see yourself in the mirror, you came and shook my hand, you hugged me. And for me this was wonderful" (P),

> "I am being treated for tuberculosis and I couldn't come here yesterday but they (the CnaR team) brought the tuberculosis medicine for me, do you see? The beautiful thing is this bond they have" (U6).

In the face of the losses and ruptures that the users have had throughout their life and the adversities of their everyday life, the professionals and other actors in the territory -residents of the community, workers in the local commerce and religious leaders - were mentioned as important sources of tangible and intangible support, offering them from food to clothes, work, products of personal hygiene and attention and care. They thus form an informal social support network with the circulation of material and symbolic gifts. Some residents or retailers take care of the users' hygiene products, their medicines and their valuable objects so that they will not lose them or have them stolen. When receiving the gifts, the users feel recognised and reciprocate as they can, either making food for other users, sharing the gifts received, helping those who need some type of care or first aid and/or helping the residents and retailers by cleaning their land or doing small repair jobs in their establishments. This way, a circuit of exchanges is created with the potential to foster new support networks. The highlights of users' narratives are presented in Table 1.

Table 1
Highlights of users' narratives.

Places for meals	"Like at the boarding house, I go there, get lots of food and bring it here, to them. I don't eat food from the garbage. I don't eat it, I have not reached that extreme yet. Yes, I might eat it, I have eaten it unknowingly, but I have not gone to the extreme of eating food from the garbage, thank God (U1). - I eat food found in the garbage! What? And if there is fresh food, I'll jump in, because hunger is a thing that … you know? When your belly is empty, there is no such thing, you'd even eat rocks (U5).
Bathing places in the territory	"I'm going to put on the dress I was given after I shower." I can take a bath at the big shower, at the 'Lacerda hole' [the name of a public passage under an avenue]. The boarding house has already closed by now, you cannot take a shower there. I can take a bath at Brizolão [nick name for a kind of public school of Rio de Janeiro], in the rubber [gardening water hose], but it is on the street too (U1). "I only shower when I go out on a date, you know? Because in the cold weather, like this, it is not very good to shower all the time. There is a big water spout here at the train track (U5).
Places where they sleep	- I sleep on the street somewhere (U1) - I sleep in front of the Medical Office on the Street (health service) (U4). - Actually, I only use the room as a dormitory, because I'm always on the street smoking crack (U2).
Places where they use drugs	- Because you can only use the drug here at the Cracolândia. It is a place they gave us to use the drug, because you can't use it anywhere. (U7)
Small informal jobs	- I'll do anything. I wash, iron clothes, cook, do cleaning. People usually like me (U1). I go dumpster diving, but if someone needs to move, build a slab, remove rubble … I'll do anything (U5): Unfortunately my life is using crack and dumpster diving, you know? I dumpster dive for materials, recycling, to get the money to use drugs. When I'm not dumpster diving, I'm at Cracolândia [drug use site] (U11). - I dumpster dive, I sell water at Cracolândia (U15).
Bonding between the users and the CnaR team	I'm being treated for tuberculosis, and Maria [CnaR team professional] … you know, one of those wise people that knows how to work with these situations? She is a woman who goes to Cracolândia, someone who measures no efforts to help me have good quality of life, (…) I was unable to come here yesterday, they [CnaR team professionals] brought me the tuberculosis medication, you know? The cool thing is this bond they have (U6). - After I met Maria [professional on the CnaR team], a lot changed, things have not changed even more yet because of me. Because on the one hand, I preferred my companion more that her [CnaR team professional], who is my friend, she is everything to me, you know? Sometimes, my companion would give me a black eye, and I would feel ashamed, I would not come to the CnaR, but she would schedule several appointments for me. (U8). - It was they [CnaR team] who embraced me during my moment of total calamity; now, thank God, I'm fine [U9] I have no one to help me. Only the staff of the Clinic [Medical Office on the Street] (U15)
Circulation of material and symbolic gifts in the construction of social support networks	- There is a resident who gives me basic staple food baskets. If I go over there right now and say that I need some noodles, she will give me some, if I need some meat, she will serve it to me, you know? I have some cookies in my bag right now, look over there. It was Ms. Ana [the owner of the grocery store] who gave me them. I used to cook food every day, I cooked for them three times a day [crack users]. But I only prepared good food, you know?! (U1). - I'm a Red Cross first-aid monitor, and I mainly help at Cracolândia. I help when the "Street Clinic Team" is not there. They are all abandoned, the refuse of society … Rio de Janeiro mistreats you a lot (U2). - Ms. Joana [community resident] helps me with recycling, with food, with whatever I need … Even medications I need I can go get there. A sweater … She said: "Whatever I need, I can come here. The door is open." (U5) There's Aunt Lucia [the local merchant] who gives me food. One of these days, she said to me: "I have a plot of land to clean, to weed, but I need a boy (…) I do not like to charge her (U5). - When you see someone who has nothing, but whenever they do have something, they give something to us, (…) when you are asleep, the person is using crack, went scavenging, found things to eat and kept them. They come over, wake you up and give you food to eat. Then you do the same thing if the person is sleeping (U7). There are some church people who sometimes go to Cracolândia to take juice, give people food (U7). There's a lady who sees me sleeping on the street every day, and she's always walking her dog. Once she said - "Boy, I see you there every day, don't you have a family?", and I said, "yes, I do." - "So why are you on the street?", so I explained the whole situation to her. Then she said: "I am going to bring you something." Then she brought me a blanket, because it was very cold that day; she brought me the blanket, food; in the morning she would give me coffee. (…) She only gets back home from work at night, so by the time she gets there I can't see her; by then I'm already at the shelter; but I have already gone there to leave her a letter to tell her that I'm fine. (U9)

The mapping of the social support networks of crack users living in the street, in the logic of the circulation of gifts, reveals several social arrangements and the construction of new forms of sociability. In this scenario of need, when users are many times deprived of personal freedom and of the ability to choose, the formal and informal social support networks must be appreciated as they are essential in the struggle for social recognition and as part of confront and survival strategies. Although social support networks are often invisible for the public administrators and professionals, they may bring important contributions to subsidise public policies and actions of comprehensive care of the population in a situation of exclusion and social, economic and political vulnerability.

4. Final considerations

Poverty and social exclusion are problems to be confronted by the State's social policies as they seriously affect the most vulnerable populations such as homeless crack cocaine users. This is an increasing segment of the population in Brazil and in other countries. In the city of Rio de Janeiro drug scenes are frequently found mostly in poor districts and regions like Manguinhos where this study took place. Findings showed a fluid, fragmented and atomized territoriality of crack users interviewed.

The mapping of the social support networks in the logic of the circulation of gifts is a powerful tool for the identification of this population's social arrangements and its new forms of sociability in the building up of ties to optimize care. The CnaR-an itinerant strategy of offering services that meets the users wherever they are – has an important role in the building up of these social support networks insofar as it contributes towards the recognition of people as subjects of rights. Thus, despite the unstable territoriality marked by segregation and violence, it was possible to verify in this study, the building up of social support networks with residents and the circulation of gifts such as gestures of affection, friendly chats, care, donations of food and clothing, among other material and symbolic goods.

The recent change of Brazil's political and economic situation, together with the recrudescence of urban violence, led to the installation of a military intervention in the city of Rio de Janeiro, in February

2018. This intervention radically altered the territorial dynamic of the most sensitive and peripheral areas where crack cocaine users live and circulate, thus probably modifying their territorialities. In this scenario, the CnaR becomes even more essential, as it is one of the few remaining ties in adverse situations contributing to the constitution of social support networks.

This study reinforces that the recognition of homeless crack users' territorialities, with the identification of fluxes, scenes of use and other forms of appropriation of space, has shown to be essential to give visibility to the social support networks that are formed in their everyday lives. It also helps to improve the access for the provision of care to this population. Therefore, besides being an innovative strategy, the analysis of the territorialities from the social support networks point of view can contribute to the formulation of public policies aiming at guaranteeing health care and other civil rights for this vulnerable population group.

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Appendix A. Supplementary data

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