



## Interpersonal relationships between health professionals and psychoactive substance users: An integrative review


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**Objective:** to analyze the interpersonal relationships between health professionals and psychoactive substance users in health care. **Methodology:** this is an integrative review conducted in the Medical Literature Analysis and Retrieval System Online and *Literatura Latino-Americana e do Caribe em Ciências da Saúde* databases. The results were presented through the characterization of the studies and grouped into thematic categories according to semantic similarity of the contents. **Results:** 15 articles were selected, organized into three categories: Stigma; Professional unpreparedness; and Encounters and disagreements in relationships. Currently, a relationship between health professionals and psychoactive substance users that is impaired by the moral and cultural interface is still evident in health care. **Conclusion:** interpersonal relationships based on stigma, prejudice, hostility, violence, punishment, disrespect and embarrassment should be replaced by an empathetic, welcoming, safe, trusting and bonding relationship to reduce barriers to accessing services.

**Descriptors:** Substance-Related Disorders; Psychotropic Drugs; Health Personnel; Social Stigma; Humanization of Assistance.

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## Relações interpessoais entre profissionais de saúde e usuários de substâncias psicoativas: uma revisão integrativa

**Objetivo:** analisar a relação interpessoal entre profissionais de saúde e usuários de substâncias psicoativas no cuidado em saúde. **Metodologia:** trata-se de uma revisão integrativa nas bases de dados *Medical Literature Analysis and Retrieval System Online* e Literatura Latino-Americana e do Caribe em Ciências da Saúde. Os resultados foram apresentados por meio da caracterização dos estudos e agrupados em categorias temáticas conforme similaridade semântica dos conteúdos. **Resultados:** foram selecionados 15 artigos, organizados em três categorias: estigma; despreparo profissional; e encontros e desencontros nas relações. Atualmente, no cuidado em saúde, ainda se evidencia uma relação entre profissionais de saúde e usuários de substâncias psicoativas, prejudicada pela interface moral e cultural. **Conclusão:** relacionamentos interpessoais pautados no estigma, no preconceito, na hostilidade, na violência, na punição, no desrespeito e no constrangimento devem ser substituídos por um relacionamento empático, acolhedor, seguro, de confiança e vínculo para diminuir barreiras de acesso aos serviços.

**Descritores:** Transtornos Relacionados ao Uso de Substâncias; Psicotrópicos; Pessoal de Saúde; Estigma Social; Humanização da Assistência.

## Relaciones interpersonales entre profesionales de la salud y usuarios de sustancias psicoactivas: una revisión integradora

**Objetivo:** analizar las relaciones interpersonales entre profesionales de la salud y usuarios de sustancias psicoactivas en la atención a la salud. **Metodología:** revisión integradora realizada en las bases de datos *Medical Literature Analysis and Retrieval System Online* y Literatura Latinoamericana y del Caribe en Ciencias de la Salud. Los resultados se presentaron a través de la caracterización de los estudios y se agruparon en categorías temáticas según la similitud semántica de los contenidos. **Resultados:** se seleccionaron 15 artículos, organizados en tres categorías: Estigma; Falta de preparación profesional; y Encuentros y desacuerdos en las relaciones. Actualmente, en la atención a la salud aún se evidencia una relación entre profesionales de la salud y usuarios de sustancias psicoactivas deteriorada por la interfaz moral y cultural. **Conclusión:** las relaciones interpersonales basadas en el estigma, los prejuicios, la hostilidad, la violencia, el castigo, la falta de respeto y la vergüenza deben ser reemplazadas por una relación empática, acogedora, segura, de confianza y vinculante para reducir las barreras al acceso a los servicios.

**Descriptor:** Trastornos Relacionados con Sustancias; Psicotrópicos; Personal de Salud; Estigma Social; Humanización de la Atención.

## Introduction

Substance Use Disorder (SUD) is characterized by the presence of cognitive, behavioral and physiological symptoms that produce distress and/or impairment in areas of a person's life in which they maintain a continuous use pattern despite the problems that result from psychoactive substance (PAS) consumption<sup>(1)</sup>. Health services should ground their treatment for SUD on ethical and universal standards that guarantee the rights of the person treated, respecting human rights without any form of stigma or humiliation, valuing the patient's wishes and decisions and recognizing PAS use as a disease that requires treatment; in addition, the professionals should have adequate training to meet these demands<sup>(2)</sup>.

However, despite the existence of standards to be followed, it is still possible to currently identify SUD-related stigma in health care as well as the belief reproduced by professionals that PAS use is related to a moral failure, thus negatively affecting the relationship with the patients, who end up discouraged to seek treatment<sup>(3)</sup>.

The concept of a moral model is the result of a historical-social construction that, in Brazil, began in the second half of the 19<sup>th</sup> century, when the treatment model was focused on social exclusion of the subjects<sup>(4)</sup>. In this way, alcoholics, women considered hysterical and homosexuals, among many others identified as abnormal to the moral model of the time, were removed from community life, becoming hostages of their individual characteristics<sup>(5)</sup>.

The relationships that permeate these contexts have been going through a paradigm shift in terms of the way in which people with mental disorders, including SUD, have been treated since the establishment of the historical landmark known as the Brazilian Psychiatric Reform<sup>(6)</sup>. In Brazil, the Comprehensive Care Policy for Users of Alcohol and other Drugs addresses the need for reconfiguring health care networks and training the professionals who provide care services for this population segment. This policy recognizes the importance of providing treatment and preventing PAS use, in addition to presenting a proposal focused on a set of policies and practices whose objective is to reduce the harms associated with PAS use<sup>(7)</sup>.

However, since 2019 there has been a change in the national mental health policy, which considers abstinence as the only objective to be achieved in the treatment of PAS users and ignores the Harm Reduction policies and practices in force since 2003<sup>(8)</sup>. This change characterizes a setback in mental health care, as this "new" policy promotes discontinuity of the Brazilian Psychiatric Reform achievements, greatly affecting the relationship guidelines between health professionals and PAS users.

Interpersonal relationships in the health sector are used as a means to provide effective care and are developed through social skills such as empathy, communication, assertiveness and problem-solving, thus showing the need to study these relationships; otherwise, when not implemented, they can exert a negative impact in the care provided by health professionals<sup>(9)</sup>.

Therefore, professionals who provide care for PAS users should avoid interventions that reinforce stigma, prejudice and exclusion, as these aspects disrespect these individuals' dignity and violate their human rights<sup>(10)</sup>. Although necessary, the mere act of drafting laws is not enough to build citizenship. In the mental health field, citizenship will be developed through a social process, which will require a change in terms of thoughts, attitudes and social relationships<sup>(4)</sup>.

During care, health professionals should seek to understand each patient's social context, as well as the risk factors for PAS use to which they are exposed. In addition to helping define the treatment, this attitude will also help establish a bond based on trust and devise a unique recovery plan<sup>(11)</sup>.

The literature describes how health professionals generally approach PAS users, in addition to presenting the impact of this care service. In this sense, this study is an integrative review that aims at analyzing the interpersonal relationship between health professionals and psychoactive substance users in health care.

## Methodology

This study is an Integrative Review (IR) that aims at synthesizing previous research and at coming to general conclusions based on the analysis of different studies that deal with the same subject matter. To be carried out, the IR is divided into the following stages: 1) Formulation of the problem; 2) Data collection; 3) Data evaluation; 4) Data analysis and interpretation; and 5) Presentation of the results<sup>(12)</sup>.

The research question for this study was developed according to the PCC framework<sup>(13)</sup>: P: *Population* - Health professionals and PAS users; C: *Concept* - Interpersonal relationships; and C: *Context* - Health care. Thus, based on the questions that have been raised and considering the importance of humanized care in health practices, the following research question was formulated: "What is the interpersonal relationship between health professionals and PAS users in health care like?"

The bibliographic survey was carried out in scientifically relevant health care databases. The following databases were used: *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS), to present results that include Brazil and Latin America; and Medical Literature Analysis and Retrieval System Online (MEDLINE/

PubMed), to search for international studies, in accordance with the objectives of the current study.

The terms used in this research were defined through searches in the Descriptors in Health Sciences (*Descritores em Ciências da Saúde*, DeCS) and the Medical Subject Headings (MeSH). The OR and AND Boolean operators were used to combine the terms. The search strategy used in the databases was the following: ("Patient Care Team" OR "Health Personnel" OR "Allied Health Personnel" OR "Drug Users" OR "Substance-Related Disorders") AND ("Interpersonal Relations" OR "User Embrace" OR "Nurse-Patient Relations" OR "Physician-Patient Relations" OR "Social Stigma") AND ("Health Services" OR "Mental Health Services" OR "Health Facilities, Proprietary" OR "Public Health Services"). It was decided to add the "Social Stigma" descriptor to this strategy to place the stigma phenomenon in the context of the interpersonal relationships, as there has been an attempt to overcome it for many years. The database searches and the critical analysis stage were carried out by two reviewers with professional experience in the treatment of PAS users.

The inclusion criteria used in this research sample consisted of original articles with different designs (quantitative, qualitative, quantitative-qualitative and

mixed), case studies and experience reports published online, free of charge, available in full and in Portuguese, English and Spanish, and involving adults over 18 years of age. The publication period of the studies was from 2010 to 2021, covering the last 11 years, as this is the recommended time frame for carrying out comprehensive IRs that lack a specific time milestone related to an event<sup>(12)</sup>. Articles addressing undergraduate students were excluded, as they were not fully trained professionals, as well as literature reviews, editorials, reflections/essays and preliminary notes. After excluding articles based on their titles and abstracts and identifying duplicate studies, the remaining materials were read in full, and those that answered the research question were included in the sample, totaling 15 articles as shown in Figure 1, providing a minimum set of items based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). Thematic analysis was performed by grouping the perspectives of health professionals and PAS users who access health services, duly classified according to the topics presented in the studies.

Due to the bibliographic nature of the research, there was no need for ethical assessment. It should be noted that authorship rights were duly respected and referenced in the text.

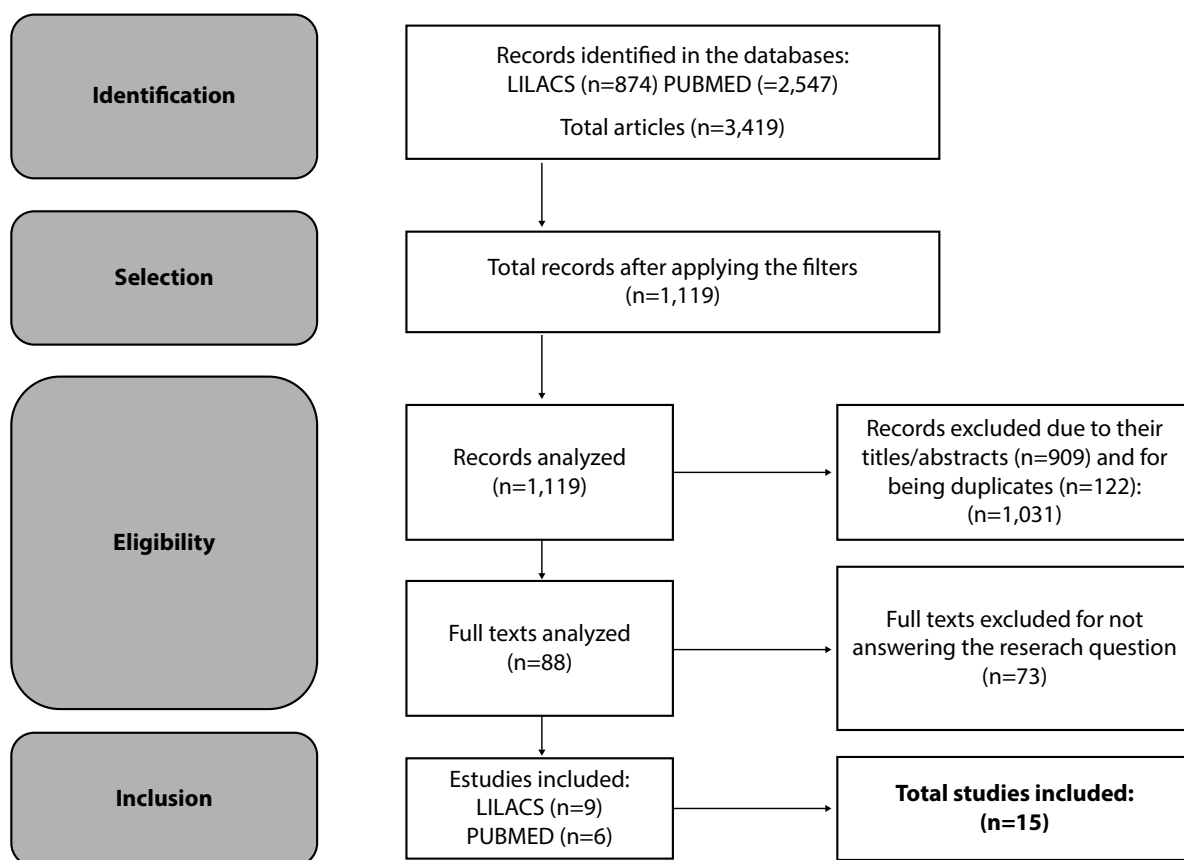


Figure 1 – Flowchart presenting the process of identification, selection and inclusion of the studies, developed based on the PRISMA recommendation. Porto Alegre, RS, Brazil, 2023

## Results

As a first step, the 15 selected articles were described according to their characteristics, objectives and main conclusions, as shown in Figure 2. Subsequently, the results

of this review were organized into three thematic categories, namely: Stigma; Professional unpreparedness; and Encounters and disagreements in relationships. These categories will be grouped according to semantic similarity of the contents that answered the research question.

1 <sup>st</sup> Author	Type of study	Country/ Year of publication	Study Objective	Main Conclusions
Otiashvili, et al. <sup>(14)</sup>	Qualitative	Georgia/ 2013	To understand the barriers, the sociocultural context and the factors that can exert impacts on women's access to treatment services related to PAS*.	Lack of women-oriented services. Judgmental attitude from professionals. The cost of treatment and the punitive approach related to PAS* use create barriers to accessing treatment.
Chakrapani, et al. <sup>(15)</sup>	Qualitative	India/ 2014	To understand the barriers faced by people who use injectable PAS* to accessing antiretroviral treatment.	Interventions to reduce stigma among health professionals towards HIV <sup>+</sup> patients and PAS* users.
Staton, et al. <sup>(16)</sup>	Quantitative	Tanzania/ 2018	To identify perceived barriers to implementing the Brief Negotiated Interview.	Significant stigma among health professionals towards alcohol users.
Li, et al. <sup>(17)</sup>	Quantitative	Vietnam/ 2020	To compare the stigma arising from community health agents towards people living with HIV <sup>+</sup> and PAS* users.	Greater stigma towards people who inject drugs than towards those with HIV <sup>+</sup> . Need for interventions to reduce stigma in health services.
Biancarelli, et al. <sup>(18)</sup>	Qualitative	United States/ 2019	To explore the impact of stigma on PAS* users when using health services.	Dehumanization experiences in health care environments and discrimination due to PAS* use. PAS* users develop strategies to avoid stigma when accessing health services.
Kruk, et al. <sup>(19)</sup>	Qualitative	Canada/ 2013	To understand the needs of women undergoing treatment for PAS*.	Hostile treatment and problem-focused interventions make it difficult for women to feel connected to health services.
Bittencourt, et al. <sup>(20)</sup>	Qualitative	Brazil/ 2019	To analyze care practices performed by professionals from the <i>Consultório na Rua</i> team regarding the care provided to PAS* users.	Strategies that ease care included harm reduction, creation of a bond with the users, and team commitment. Users' self-care deficit and health professionals' prejudice hinder bonding.
Urbanoski, et al. <sup>(21)</sup>	Qualitative	Canada/ 2020	To investigate how PAS* users understand cultural safety when accessing PHC <sup>+</sup> services.	Preservation of confidentiality and the feeling of being respected contribute to a sense of safety when accessing health services.
Silveira, et al. <sup>(22)</sup>	Quantitative	Brazil/ 2015	To investigate factors associated with social distancing towards PAS* users among health professionals.	Social distancing associated to the dangerousness of people who use cocaine and marijuana. Belief in recovery was only significant with alcohol users.
Murney, et al. <sup>(23)</sup>	Qualitative	Canada/ 2020	To explore the stigma and discrimination faced by people with mental health problems who use PAS* in PHC <sup>+</sup> environments.	Multiple forms of stigma create barriers to accessing health services.
Garpenhag, et al. <sup>(24)</sup>	Qualitative	Sweden/ 2021	To explore past and present experiences of patients undergoing opioid substitution therapy and the stigma suffered by PAS* users in health services.	Inadequate treatment makes PAS* users hide their consumption history. Interventions by health professionals to adequately welcome this population group.

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1 <sup>st</sup> Author	Type of study	Country/ Year of publication	Study Objective	Main Conclusions
Otálvaro, et al. <sup>(25)</sup>	Qualitative	Colombia/ 2019	To understand the stigma towards PAS* users in PHC* environments.	Stigmatization of PAS* users. Abstinence as the main objective to be achieved with the treatment.
Ferguson, et al. <sup>(26)</sup>	Qualitative	Australia/ 2019	To understand the experience of patients who have used ambulance services due to mental health problems and/or PAS* use.	Positive experiences involve welcoming communication. Negative experiences involve lack of professionalism during care transfers to another team.
Fong, et al. <sup>(27)</sup>	Quantitative	United States/ 2021	To create and validate a stigma scale regarding PAS* use focusing on the perspective of PAS* users through their experiences in health care environments.	Lower self-efficacy when interacting with health professionals due to stigma.
Maciel, et al. <sup>(28)</sup>	Qualitative	Brazil/ 2020	To understand the health professionals' perceptions of about the Public Health Care network for women who use crack and to investigate the health professionals' perceptions about female crack users and the specificities of the care to be provided to this population group.	The perceptions and beliefs related to female crack users are linked to the absence of a support network, violence, gender stigma, prostitution and clinical comorbidities.

\*PAS = Psychoactive Substances; \*HIV = Human Immunodeficiency Virus; \*PHC = Primary Health Care

Figure 2 – Synthesis of the studies included in the review. Porto Alegre, RS, Brazil, 2023

The studies selected in the sample (n = 15) were published between 2013 and 2021, with most of the publications between 2019 and 2021 (n = 10). The articles were published in 14 different journals, 11 of them international. *Psicologia, Ciência e Profissão* was the only journal with more than one article selected (n = 2).

As for the countries where the studies were carried out, most of them were conducted in Brazil and Canada (n = 6), followed by the United States (n = 2). The other countries feature only one article. It is possible to identify that most studies were carried out in North America (n = 5), followed by South America (n = 4), Europe (n = 2) and Asia (n = 2); in turn, Africa and Oceania had one publication each.

The diversity of countries is also reflected in the different health services offered in the places where the studies were carried out. As there is no internationally standardized nomenclature for naming the health services, it is noticed that there are locations with similar objectives, but with different names. It is noted that most of the studies were conducted in health services that use a harm reduction approach (n = 8), mainly evidenced in the treatment of people who inject substances, the majority located in North America (n = 4) and in Europe (n = 2).

It was observed that, among the studies selected, seven were carried out exclusively with health professionals and four with PAS users, and two of them included both groups in the sample. The studies carried out with health professionals included nurses<sup>(14,16-17,20,22,25,28)</sup>, physicians<sup>(14-17,22,25,28)</sup>,

psychologists<sup>(14,20,22,25,28)</sup>, social workers<sup>(14,20,25,28)</sup>, pharmacists<sup>(17)</sup>, nursing technicians<sup>(20,22,28)</sup>, social educators<sup>(20)</sup> and physiotherapists<sup>(22)</sup>. It should be noted that, among the 15 studies selected, two addressed only female patients and another two only male patients.

Based on the three analysis categories that emerged from this review (Stigma, Professional unpreparedness, Encounters and disagreements in relationships), the first category deals with issues related to the stigma experienced by PAS users in health services and its impact on the relationship between health professionals and patients<sup>(14-28)</sup>. The following aspects related to stigma were identified: disrespectful behaviors by health professionals<sup>(14-19,21,24,26-27)</sup>, association of PAS use with crime<sup>(17,20,22-25)</sup>, stigma with specific characteristics related to the female gender<sup>(14,23,28)</sup>, social distancing practiced by health professionals towards PAS users when there is self-care deficit<sup>(20,25)</sup> and anticipated stigma as a barrier to accessing health services<sup>(14-15,18-19,21,24)</sup>.

The second category shows characteristics related to professional unpreparedness regarding PAS use<sup>(14,18,21,23-25,28)</sup>. The findings point to overall lack of preparation and qualification in the health professionals to meet the demands associated with PAS use<sup>(14,23,25,28)</sup>, as well as to their inability to recognize PAS use as a disorder<sup>(18,21,24)</sup>.

Finally, the third category addresses encounters and disagreements in the relationship between health professionals and PAS users<sup>(18-19,21,24-27)</sup>. On the one

hand, the findings refer to the users' lack of trust in the professionals and to a feeling of receiving inferior treatment for being PAS users<sup>(18,21,24-27)</sup> and, on the other hand, they reveal aspects that can enhance humanization in the relationships<sup>(18-21,23-24,26)</sup>.

## Discussion

In this study, it was observed that the relationship between health professionals and PAS users is a relevant topic in national and international scenarios, as every continent featured at least one study. However, despite the desire for qualified care that overcomes prejudice, it was found that stigma continues to permeate the relationships between health professionals and PAS users, revealing that this is still a contemporary demand given the fact that most of the publications selected in this review were made in the last three years.

The studies selected identified the PAS users' perception concerning disrespectful behaviors by health professionals in care services<sup>(15,18-19,21,24,26-27)</sup>. Furthermore, these behaviors were also observed in other studies from the professionals' perspective<sup>(14,16-17)</sup>, revealing that both in the users' and the professionals' view, this type of behavior is frequent.

In a study carried out with different professionals (physicians, nurses, pharmacists), a feeling of anger towards PAS users was observed, and this problem was found to be more stigmatizing when compared to other diseases, such as the Human Immunodeficiency Virus (HIV)<sup>(17)</sup>. In emergency services, this same feeling of anger was identified towards alcohol users<sup>(16)</sup>. Regarding the female population, health workers observe judgmental attitudes and prejudice against female PAS users by the professionals themselves<sup>(14)</sup>, which negatively impacts the relationship with these patients.

In our society, the female gender is heavily burdened by stereotypes linked to the maternal role, in which kind behaviors and a female portrayal (feminine, docile and vain)<sup>(29)</sup> are expected. However, culturally, the image of female PAS users is linked to a position of vulnerability and psychological distress that reinforce prejudice and exclusion. This is justified by the fact that these women's behavior is not aligned with the gender standards pre-established by society in general, which can be reflected in the way in which health professionals deal with these women<sup>(29)</sup>.

PAS users have noticed disrespectful behaviors in all health care areas, taking place among workers from different professions with an emphasis on Nursing teams, especially because they are more numerous in health services; however, this disrespectful behavior also comes from other professionals, including property security guards<sup>(18)</sup>. PAS users characterize this disrespectful behavior by confrontational<sup>(19)</sup> and

impolite<sup>(24)</sup> attitudes, judgmental attitudes<sup>(21)</sup>, lack of compassion<sup>(24)</sup>, little empathy<sup>(26)</sup> and insults related to PAS use<sup>(27)</sup>. In addition to that, they highlight that, through non-verbal communication, it is also possible to identify disrespectful attitudes<sup>(15)</sup>, characterized by lack of eye contact and a sense of rush to complete the medical care, for example<sup>(15)</sup>.

The interpretation made by health professionals regarding PAS use oftentimes appears associated with criminal behaviors<sup>(17,20,22-25)</sup>, creating, in the users' perception, a feeling of being a threat to the safety of these professionals<sup>(24)</sup>. Thus, it can be inferred that the professionals' perspective exerts a negative impact on the view that users attribute to themselves regarding the role they play in the health context; in other words, they see themselves as potentially violent and dangerous outcasts.

One of the reasons that lead to this form of prejudice is linked to the users' involvement in judicial disputes<sup>(20)</sup>; however, this type of prejudice occurs even when there is no legal issue involved, as there is a tendency to associate PAS use with crime, especially when the substances are illicit<sup>(22-23)</sup>. This can be evidenced by the health professionals' low involvement and interest in caring for cocaine, marijuana<sup>(22)</sup> and crack<sup>(23)</sup> users. The health professionals' perspective that PAS users are dangerous<sup>(25)</sup> and responsible for social ills<sup>(23)</sup> increases their sense of rejection towards the users' demands<sup>(23,25)</sup>.

Regarding the gender perspective, there are specific stigmas associated with women<sup>(14,23,28)</sup>, such as the professionals' belief that female PAS users have a more severe clinical profile and are less compliant with treatments when compared to men<sup>(14)</sup>; they also believe that they must engage in sexual activities to maintain their use<sup>(23)</sup>. In addition, it is identified that the social demands linked to motherhood are reproduced<sup>(14,23)</sup>, making women, mothers or expected mothers, afraid of losing custody of their children upon revealing their substance use in health services<sup>(14,23)</sup>, thus discouraging them from seeking treatment<sup>(28)</sup>.

Another aspect found in the studies was the social distancing demonstrated by health professionals due to the self-care deficit presented by some patients<sup>(20,25)</sup>. In addition to characterizing PAS users as difficult patients to manage<sup>(25)</sup>, the professionals also distance themselves due to the lack of hygiene<sup>(20)</sup> and bad smell<sup>(25)</sup> present in some users, especially those who are living on the street<sup>(20)</sup>.

Stigma is based on normative social beliefs about groups of people who fail to follow a pre-established standard, which includes situations involving PAS use, thus emphasizing prejudice as a negative emotional and behavioral response. In this way, the stigma related to PAS use can be divided into public stigma

(present in the community at large), structural stigma (it refers to public policies or institutional actions, more common among health professionals) and self-stigma (it represents the internalized prejudice directed at PAS users themselves)<sup>(10)</sup>. In view of this, the presence of punitive treatment approaches stands out in the structural stigma, and is reinforced when it comes to the use of illegal PAS. It is worth noting that, among users of illicit substances, individuals who use crack are more vulnerable to suffering multiple types of stigma<sup>(10)</sup>.

The stigma experiences faced by PAS users in health services become a barrier to accessing treatment, thus leading to anticipated stigma<sup>(14-15,18-19,21,24)</sup>, characterized by self-stigma<sup>(10)</sup>. In addition to that, judgmental attitudes<sup>(14,19)</sup>, hostility<sup>(14-15)</sup> and confrontational behaviors<sup>(19)</sup> from the professionals are factors that make PAS users avoid seeking treatment<sup>(14-15,19)</sup>. As PAS users fear these attitudes and are labeled as a threat, for example, they end up looking for protective strategies when accessing health services in order to avoid the pain caused by stigma<sup>(21)</sup>.

People who take injectable PAS employ strategies to avoid anticipated stigma, which include delaying health care, not disclosing the fact that they are users when seeking care and minimizing the need for pain relievers<sup>(18)</sup>. They resort to the strategies to protect themselves from moral and punitive judgments during medical care<sup>(24)</sup>.

Overall, the reproduction of social stigma in health services makes it harder for those who have been damaged by PAS use to seek help; therefore, they end up ceasing to access these services due to anticipated stigma, as they believe that they will suffer prejudice as soon as they reveal their health care needs<sup>(14-15,19,24)</sup>.

Some studies show that health workers recognize their own professional unpreparedness and low qualification to meet the demands related to PAS use<sup>(14,23,25,28)</sup>.

The review also showed that health professionals usually associate their prejudice against PAS users to the fact that they fail to feel technically prepared to manage these cases<sup>(25)</sup>, such as dealing with intoxicated or homeless patients<sup>(23)</sup>. This fact is justified by the health professionals' belief that the care provided to PAS users is palliative work<sup>(23)</sup>, and they end up choosing to refer them to specialized services<sup>(25)</sup>. However, even in specialized services there are situations that require greater preparation for patient care, such as presence of psychiatric comorbidities, a factor that increases the sense of insecurity among the professionals<sup>(28)</sup>.

In a more unique context, that is, in relation to the female population, certain lack of professional qualification to carry out interventions aimed at women can be observed, as well as limited knowledge about

women's health needs<sup>(14)</sup>, negatively interfering in the implementation of actions that strengthen women's empowerment<sup>(28)</sup> and their bond with health services.

Furthermore, the professionals' academic background and the courses' curricular plans are extremely important because they significantly affect the training of professionals who will work with demands involving PAS use. When it comes to the psychologists' academic background, for example, it can be observed that PAS use is still a scarcely explored topic in undergraduate programs, which weakens the professionals' education based on scientific knowledge to act in an ethical way, committed to these demands<sup>(30)</sup>.

In addition, PAS users notice that health professionals usually fail to recognize substance use as a disorder<sup>(18,21,24)</sup> and reproduce the moral model, culturally developed by society. This model is based on the premise that the person maintains use due to a conscious choice related to a given lifestyle<sup>(24)</sup>, thus increasing the feelings of pain<sup>(18)</sup> and insecurity<sup>(21)</sup> among those who access health services to seek treatment.

Upon analyzing the studies selected in the review, the presence of aspects that reflect lack of trust in interpersonal relationships between PAS users and health professionals is also noted, reflected in the users' perception of receiving inferior treatment when compared to other patients<sup>(18,21,24-27)</sup>.

Health professionals consider that the lower the patient's motivation to stop using PAS, the lower their confidence in themselves<sup>(25)</sup>, showing little credibility in the care relationship as a way of interfering in this PAS abuse process. Regarding the opioid users' perception, for example, a number of studies have shown that they think they receive inferior health care services when compared to other patients, as they perceive a sense of distrust coming from the professionals in their relationship and, also, because they feel lack of concern regarding their health needs<sup>(18,24)</sup>.

Once again, it is noted that the presence of stigma in these relationships negatively impacts self-efficacy in the patients, who end up feeling less confident to talk about PAS use and communicate concerns, doubts and emotional demands to the health professionals<sup>(27)</sup>. The fears of receiving an erroneous diagnosis, having their information recorded incorrectly and being victims of incomplete transmission of data regarding their health condition are also present<sup>(21)</sup>.

Generally, PAS users believe that people with other mental health problems or clinical demands receive better care when compared to those who use PAS, highlighting the idea that dealing with this topic is not a priority for health professionals<sup>(26)</sup>.

However, despite the predominance of negative aspects in these mismatched relationships, there are



characteristics perceived by PAS users and professionals that make health services humanized<sup>(18,20,23-24)</sup>.

The patients' active participation in their therapy plan was a factor highlighted as extremely relevant for people seeking treatment for PAS use, showing that they want to be included in the planning stage of their treatment and in the decision-making process<sup>(21,26)</sup>, evidencing a preference for positive interventions focused on strengths related to their problematic PAS use, thus avoiding a perception limited to weaknesses and problems<sup>(19)</sup>. The importance of maintaining follow-up care with the same health professional is also highlighted, as it strengthens bonds and generates feelings of respect and dignity<sup>(21)</sup>.

When users feel a sense of receptiveness reflected in questions about how they are feeling as well as an interest in recognizing their needs, the patients feel comfortable enough to share their demands, thus strengthening their sense of belonging in these care spaces<sup>(18)</sup>. For example, injectable PAS users prefer to seek health services focused on harm reduction such as syringe exchange programs<sup>(24)</sup>, as these places create a feeling of respect and compassion, which is reflected in the way professionals treat them<sup>(18)</sup>.

PAS users' wish to receive treatment in which the focus of the interventions is not limited to problems and losses related to PAS use finds support in the Positive Psychology framework, which aims at understanding the qualities of the subjects, their potentialities and motivations, thus seeking a broader understanding of preventive and protective factors from a biopsychosocial perspective of health and disease<sup>(31)</sup>.

Regarding the professionals' perception, they recognize the importance of bonding with the users so they can overcome barriers to accessing health services, especially in the case of homeless people, as well as strengthening the necessary connections for follow-up care, as closeness to health teams plays a fundamental role as a support network<sup>(20)</sup>.

Health professionals also acknowledge that the terms they use to refer to PAS users may sound disrespectful, which includes terminologies such as being "clean" to refer to an abstinent person because it refers to the idea that whoever makes use of these substances is "dirty", for example<sup>(23)</sup>. Language is a way for human beings to share beliefs and values, and it can either support or combat stigmas<sup>(32)</sup>.

Therefore, terms such as "addict" or "freak" should not be used<sup>(32)</sup>, making it necessary for professionals to recognize this form of stigma as an important obstacle in the care relationship.

In addition to that, it is important to develop listening skills, as effective communication allows professionals to access to and understand the needs

of the person treated, thus helping them find meaning in their lives even if they still use PAS<sup>(23)</sup>. Thus, the professionals' empathy becomes a powerful tool for this connection to genuinely take place.

Based on the findings of the current study, it is suggested that research studies aimed at a transformative action in these relationships be carried out, which might benefit from the implementation of programs that meet PAS users' health needs, with an emphasis on approaches that focus on the potential of each individual. Having used only two databases to collect studies and excluding articles involving the adolescent population from the sample are identified as limitations of this study; therefore, new research is recommended to cover this topic due to its importance in the context of preventing PAS use.

## Conclusion

This review has shown that, although the literature presents recent studies focused on the relationship between health professionals and PAS users, the approach moral model, stigma, prejudice, professional unpreparedness, relationships of mutual distrust and lack of bond (mismatch) are present in health care, even in specialized services for this population group. In addition, interpersonal relationships that include social distancing, a sense of hostility and punishment, disrespect and embarrassment, all identified in the studies, serve as barriers to accessing health services.

In view of this, it is important to recognize these obstacles and take effective actions to overcome prejudiced and labeling relationships that move away from the principles of care based on human dignity and comprehensive health care. It is understood that strengthening this type of interpersonal relationship assists in overcoming these obstacles that are still present.

Regarding the professional practice, intersubjectivity is one of the main characteristics of health work that allows connections with others, which should be understood through attentive listening that seeks to understand the patients' path and establish an empathetic, welcoming, respectful, trustful, safe and bonding relationship, considering their uniqueness and the social determinants of the health-disease process, not limited to meeting demands (a given problem), but focusing on people's actual needs instead.

It should be noted that health professionals are also co-responsible for the PAS users' care path in the health care network, thus rendering it appropriate to provide spaces for continuous education focused on problematizing the professional-user interpersonal relationship in different health care services. In addition

to that, service managers and training institutions should focus on creating spaces for discussion so that interpersonal relationships are systematically addressed both in the training period and in the daily routine of health workers, which include aspects such as welcoming/admission, therapeutic groups, individual activities, meetings and visits, among others: these are examples of solid encounter moments that can transform the health care work process through interpersonal relationship.

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