

**Integrative and complementary health practices as a harm reduction strategy for drug users***Práticas de saúde integrativas y complementarias como estrategia de reducción de daños para usuarios de drogas**Práticas integrativas e complementares em saúde enquanto estratégia de redução de danos para usuários de drogas***Amanda Karina Santos Vieira<sup>1\*</sup>**

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Vieira AKS, Domingos TS, Silva BP. Integrative and complementary health practices as a harm reduction strategy for drug users. *Glob Acad Nurs.* 2024;5(Sup.1):e408. <https://dx.doi.org/10.5935/2675-5602.20200408>

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This study aimed to identify the application of Integrative and Complementary Health Practices in the scientific literature as a care strategy for users of alcohol, tobacco, and other drugs from a harm reduction perspective. This integrative literature review was conducted using PubMed, Latin American and Caribbean Literature in Health Sciences, and Scopus. The study selection process was supported by EndNote® and Rayyan® software and conducted by two independent researchers. The Mixed Methods Appraisal Tool was used to analyze the quality of the studies. Of 2,505 articles, six articles comprised the review sample. Among the therapeutic resources used in the studies were integrative community therapy, music therapy, herbal medicine, and acupuncture, designed for problems related to the use of multiple substances, alcohol, and tobacco. Methodological quality was met in most studies. A gap was identified in the use of Integrative and Complementary Practices for the treatment and care of users of alcohol, tobacco, and other drugs, aligned with harm reduction. Specifically, there was a lack of use of integrative practices in territorial and community-based services, as well as the development of studies with more robust methodological designs.

**Descriptors:** Drug Users; Substance-Related Disorders; Harm Reduction; Complementary Therapies; Mental Health.

**Resumen**

El objetivo de este estudio fue identificar la aplicación de las Prácticas Integrativas y Complementarias de Salud en la literatura científica como estrategia de atención a usuarios de alcohol, tabaco y otras drogas desde una perspectiva de reducción de daños. Esta revisión integrativa de la literatura se realizó utilizando PubMed, Literatura Latinoamericana y del Caribe en Ciencias de la Salud y Scopus. El proceso de selección de estudios contó con el apoyo de los programas EndNote® y Rayyan® y fue realizado por dos investigadores independientes. La Herramienta de Evaluación de Métodos Mixtos se utilizó para analizar la calidad de los estudios. De 2505 artículos, seis conformaron la muestra revisada. Entre los recursos terapéuticos utilizados en los estudios se encontraban la terapia comunitaria integrativa, la musicoterapia, la fitoterapia y la acupuntura, diseñados para problemas relacionados con el consumo de múltiples sustancias, alcohol y tabaco. La calidad metodológica se cumplió en la mayoría de los estudios. Se identificó una brecha en el uso de las Prácticas Integrativas y Complementarias para el tratamiento y la atención de usuarios de alcohol, tabaco y otras drogas, alineados con la reducción de daños. En concreto, se observó una falta de utilización de prácticas integradoras en los servicios territoriales y comunitarios y el desarrollo de estudios con diseños metodológicos más robustos.

**Descriptores:** Consumidores de Drogas; Transtornos Relacionados con Sustancias; Reducción del Daño; Terapias Complementarias; Salud Mental.

**Resumo**

Objetivou-se identificar na literatura científica a aplicação das Práticas Integrativas e Complementares em Saúde enquanto uma estratégia de cuidado à usuários de álcool, tabaco e outras drogas na perspectiva da Redução de Danos. Revisão integrativa de literatura, realizada nos recursos informacionais PubMed, Literatura Latino-Americana e do Caribe em Ciências da Saúde e Scopus. O processo de seleção dos estudos foi apoiado pelos softwares EndNote® e Rayyan® e realizado por dois pesquisadores independentes. Para análise da qualidade dos estudos foi aplicado o instrumento *Mixed Methods Appraisal Tool*. De 2.505 artigos, foram analisados seis artigos que compuseram a amostra da revisão. Entre os recursos terapêuticos foram utilizadas nas pesquisas a terapia comunitária integrativa, musicoterapia, fitoterapia e acupuntura, destinadas para problemas relacionados ao uso de múltiplas substâncias, álcool e tabaco. Qualidade metodológica foi atendida na maioria dos estudos. Identificou-se como lacuna o uso das Práticas Integrativas e Complementares para tratamento e cuidado de usuários de álcool, tabaco e outras drogas alinhado à redução de danos. Concretamente, observou-se uma escassez do uso das práticas integrativas em serviços de base territorial e comunitária e o desenvolvimento de estudos com delineamentos metodológicos mais robustos.

**Descritores:** Usuários de Drogas; Transtornos Relacionados ao Uso de Substâncias; Redução do Dano; Terapias Complementares; Saúde Mental.



## Introduction

Integrative and Complementary Health Practices (IChP) have been part of public systems since the late 1970s, when the First International Conference on Primary Health Care took place (Alma-Ata, Russia, 1978), when the first recommendations for the implementation of traditional medicines and complementary practices spread throughout the world<sup>1</sup>.

In Brazil, this movement gained strength after the Eighth National Health Conference in 1986<sup>1</sup> and, since then, IChP have been gaining more space as health practices, until they were recognized in the Unified Health System (SUS) through the National Policy of Integrative and Complementary Practices (PNPIC), approved by Ordinance GM/MS No. 971<sup>2</sup>, of May 3, 2006 and enacted in March 2017 through Ordinance GM/MS No. 8493, which added 14 more practices.

Integrative therapies include a range of diverse health-related strategies that deviate from the conventional medical curriculum<sup>4</sup>. The aim is to explore the expansion of the health-disease process and the promotion of human care, seeking to preserve the integrity of the subjects and encompass the multifactorial processes related to illness and suffering, by examining both the physical and social aspects of individuals<sup>1</sup>.

The use of psychoactive substances (PAS) has ancient origins, being related to the discovery of plants and vegetable and animal extracts that caused alterations in consciousness, in addition to, like alcohol, having been widely used in festive and religious rituals in various cultures<sup>5</sup>. Additionally, the 15th-century voyages marked the rise of drug trafficking in substances such as opium and tobacco, and with the Industrial Revolution of the 18th century came the emergence of synthetic drugs such as cocaine. It's also important to note that the consolidation of capitalism in the 20th century boosted drug trafficking<sup>5</sup>. Thus, it becomes clear that to understand man's relationship with drug use, it is necessary to include its historical, social, economic, political, and cultural context in the discussion.

The desire to use PAS includes the search for pleasure, the relief of worries, tensions, and suffering, the possibility of modulating mood, and the expansion of consciousness<sup>6</sup>. Substance use can be described as the self-administration of any amount of drugs and includes the use of crack cocaine, alcohol, and other drugs. Heavy substance use, on the other hand, is associated with a pattern characterized by physical and psychological risks for the user<sup>7</sup> and may also be associated with social risk for the individual and/or others, more specifically defined as problematic use of PAS<sup>6</sup>.

From prohibitionism to lack of assistance as forms of controlling drug use, which have increased trafficking, consumption, stigma against users and their social exclusion<sup>5</sup>, Strategies emerged to minimize the social and health damage resulting from this use, the so-called Harm Reduction (HR), whose actions began to be regulated after the institution, in 2003, of the Policy for Comprehensive Care for Users of Alcohol and other Drugs (PAIUAD), of the Ministry of Health, the promulgation of Ordinance GM/MS

No. 1,028, of July 1, 2005 and, within the scope of the SUS, with the creation of the Psychosocial Care Network (RAPS) for people with mental suffering or disorders and with needs resulting from the use of alcohol, tobacco and other drugs, with Ordinance GM/MS No. 3,088, of December 23, 2011<sup>8,9</sup>.

PAIUAD is guided by the principle of comprehensiveness, and HR actions and strategies are focused on promoting the health of people with substance use disorders through care focused on autonomy and freedom. Abstinence is not the only treatment and healthcare option, and therapeutic plurality is advocated. It is worth noting that HR considers different aspects of life beyond health, such as justice, sports, leisure, culture, and work, actively incorporating the individual's social dynamics and, therefore, addressing the social determinants of health that predispose to drug use<sup>5</sup>. By advocating comprehensive care, HR promotes the need for new perspectives and new ways of caring for patients and, at the same time, instigates more horizontal practices that focus beyond the disease itself. In this sense, like IChP, HR strategies aim to disrupt the care centered on the historically adopted biomedical model<sup>10</sup>.

Additionally, in line with the reflection proposed by the study presented by Tesser and Sousa<sup>11</sup>, when it points out the affinities of objects of study, means and ends of work and care, existing between Psychosocial Care and IChP, and also taking into account the therapeutic plurality defended by the HR approach, it becomes valid to question the correlation and the probable power existing between integrative practices and HR, as health care strategies for people with needs arising from drug use.

Thus, the objective was to identify in the scientific literature the application of Integrative and Complementary Health Practices as a care strategy for users of alcohol, tobacco and other drugs from the perspective of Harm Reduction, based on the guiding question "Are Integrative and Complementary Health Practices considered in the literature as a Harm Reduction strategy for drug users?", better explained in the research method.

## Methodology

Integrative Review (IR) of the literature, an instrument of Evidence-Based Practice (EBP), which allowed the synthesis and analysis of the knowledge produced about the use of IChP as a HR strategy for people with needs arising from the use of alcohol, tobacco and other drugs, from the perspective of nursing, an area that has increasingly appropriated IR in an attempt to understand health care, both at an individual and collective level<sup>12</sup>. Data from the empirical and theoretical literature were combined, and it was possible, through the definition of concepts, identification of gaps, and review of theories<sup>13</sup>, to discuss the affinities, potentialities, and complementarities existing between IChP and HR.

The first stage of IR, which corresponds to the research question, was carried out using the PICo strategy (Population, Phenomenon of interest and Context), which seeks to obtain information and classify the quality of the results<sup>13</sup>, according to the guidelines of the Joanna Briggs



Institute (JBI). The Population (P) comprised drug users; the Phenomenon of Interest (P), the ICHP; and the Context (Co), the HR. Thus, the following question was formulated: "Are Integrative and Complementary Health Practices considered in the literature as a Harm Reduction strategy for drug users?".

To complete the second stage, descriptors were chosen from the literature review conducted to write the introduction. The selected descriptors were: "drug users," "substance-related disorders," "harm reduction," and "complementary therapies." To broaden the search for studies<sup>14</sup>, the free term "complementary and alternative

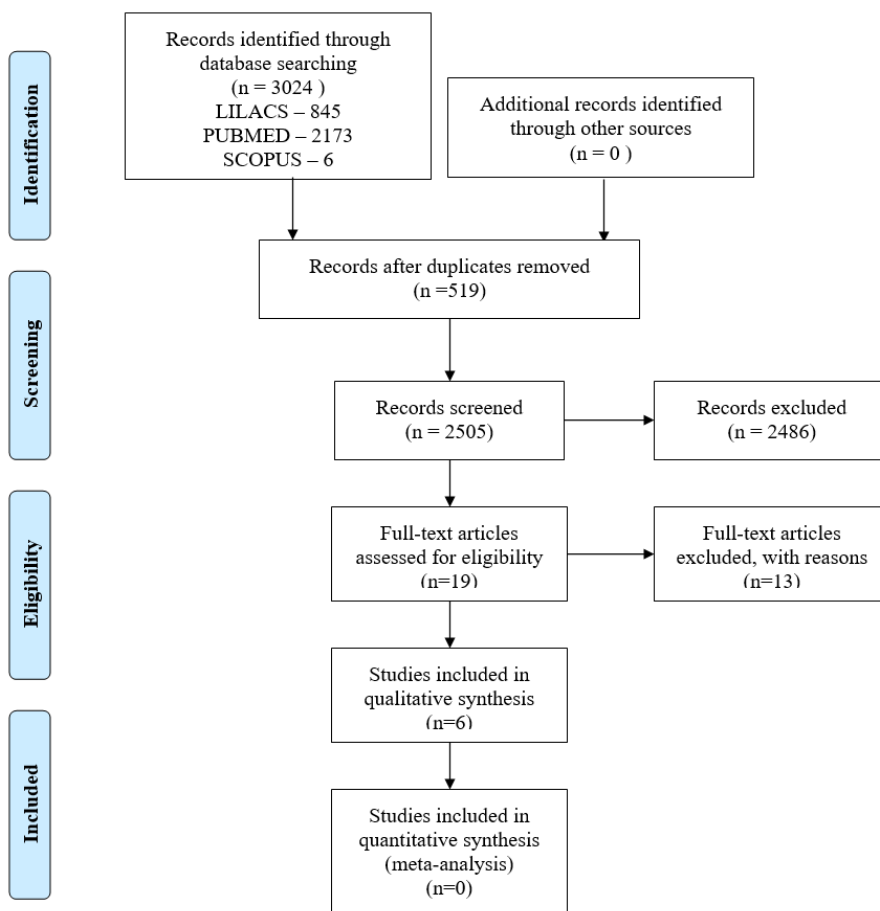
medicine" was chosen. In this work, the preferred term "people with needs arising from the use of alcohol, tobacco, and other drugs" was replaced by the term "MeSH", in Portuguese, "drug users", to reach a greater number of scientific findings.

The search strategies were different and adapted to the three selected databases - LILACS, PubMed, and Scopus - as shown in Chart 1 below. The searches were conducted on June 21, 2021, and the results were organized to eliminate duplicates using EndNote® software. Between July and November 2021, the papers were selected by title and abstract, followed by full-text reading.

Chart 1. Search strategies adapted to databases. São Paulo, SP, Brazil, 2021

Database	Search strategies
LILACS	(drug users) OR (substance-related disorders) AND (complementary therapies) OR (complementary AND alternative medicine) AND (year_cluster:[2016 TO 2021])
PubMed	((drug users [Title/Abstract] OR substance-related disorders [Title/Abstract] AND harm reduction) AND complementary therapies [Title/Abstract] OR complementary and alternative medicine [Title/Abstract])
Scopus	TITLE-ABS ("drug users") OR TITLE-ABS ("substance-related disorders") AND TITLE-ABS ("complementary therapies") OR TITLE-ABS ("complementary and alternative medicine")

Figure 1. Presentation of the selection of studies to compose the integrative review sample according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). São Paulo, SP, Brazil, 2021



Two professionals independently read the titles and abstracts using the Rayyan® review application, which incorporates a high level of usability and efficiency in the process<sup>15</sup> and facilitates initial screening using a reliable semi-automated process. After selection by title and abstract, the 55 studies that caused disagreement among the researchers were handed over to a third professional, responsible for making the inclusion or exclusion decision. The full texts were then read to define the final sample.

The following inclusion criteria were considered: primary and secondary studies, experience reports, inpatient and outpatient work, quantitative and qualitative research, studies involving all life cycles, sexes and genders, research in which ICHP were also used for family members of users, and work in Portuguese, English and Spanish, within the time frame from 2016 to 2021, to discuss the scientific evidence of the last five years. Publications with content not corresponding to the research topic, theses, dissertations, official documents, letters to the editor, in vivo and/or in vitro animal studies, ICHP not covered by the PNPIC, and duplicate articles in other databases were excluded. To ensure a greater number of papers for discussion, research addressing abstinence/cessation of drug use was not excluded, even though this study advocates the HR strategy.

Furthermore, the methodological quality of the articles was assessed, according to the Mixed Methods Appraisal Tool (MMAT. 2011)<sup>16</sup>, which allows for the assessment and description of the quality of the different methodological domains: mixed, qualitative, and quantitative<sup>17</sup>. Recommended by the Quebec National Institute for Excellence in Health Services (INESSS), the MMAT contains specific criteria for assessing the quality of systematic reviews with mixed methods<sup>18</sup> and, because the correct application of mixed research methodology is still a challenge for researchers in the field, the tool emerges as a strategy to enable the rigor and scientific solidity of studies with such methods<sup>19</sup>.

Finally, a critical and descriptive analysis was carried out to answer and explore the research question, reflecting on the current health scenario that permeates

ICHP, HR and the resources available to people with needs arising from the use of alcohol, tobacco and other drugs, respecting the authorship of the ideas, concepts and definitions present in the included articles.

The flowchart presented in Figure 1 demonstrates the paper selection process. Most papers were excluded because they did not address the research question, nor did they address ICHP and/or psychoactive substance use.

## Results

The searches yielded 2,505 references across the three databases used, after excluding duplicates. Selection by title and abstract yielded 55 articles, of which 19 were included following the decision of the third researcher. After the full reading, six studies were considered as the final sample for analysis and discussion.

Of the six articles in the final sample, four (approximately 67%) were available in English and two (approximately 33%) in Portuguese. Of the total, two by the same primary author present a documentary retrospective whose subject was Integrative Community Therapy (ICT) in Therapeutic Communities (TCs). The remaining works present different methodologies and approaches to ICHP: a quasi-experimental study on the effect of music therapy on stress in drug users; a secondary analysis of a wide variety of integrative practices for changing health behaviors; a review of preclinical and clinical studies on the use of acupuncture for people with heavy alcohol use; and semi-structured interviews with specialists from a treatment center for people who use PAS, involving Amazonian medicine practices. Chart 2 describes the works included in the final sample, and Chart 3 presents the assessment of methodological quality.

The methodological quality assessment of the studies met virtually all the criteria proposed by the methodological assessment tool. Regarding the study designs, the studies were qualitative and quantitative, descriptive, and non-randomized. Chart 3 details the criteria and analysis for each of the six articles analyzed in the review.

Chart 2. Characterization of studies. São Paulo, SP, Brazil, 2021

Authorship, year	Type of study	ICHP	PAS	Objectives
Lemes et al., 2017	Retrospective documentary research	ICT*	Multiple	Analyze the records of ICT rounds, regarding the problems listed by users and the coping strategies.
Lemes et al., 2020	Retrospective documentary research	ICT*	Multiple	Analyze the benefits perceived by participants in the ICT circles.
Taets et al., 2019	Quasi-experimental study	Music therapy	Multiple	Evaluate the effect of music therapy on the stress of drug addicts.
Bishop et al., 2019	Secondary analysis	Various	Alcohol and tobacco	Determine the extent to which individuals report that using ICHP motivates them to make positive changes in their health behaviors.
Chen et al., 2018	Review of pre-clinical and clinical studies	Acupuncture	Alcohol	Review preclinical and clinical studies on the use of acupuncture as a therapy to treat alcohol use disorder.



Berlowitz et al., 2018	Semi-structured interviews	Phytotherapy	Multiple	Investigate treatment alternatives and concepts of traditional Amazonian medicine adapted to substance use disorders.
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Note: \*Integrative Community Therapy.

Chart 3. Assessment of the methodological quality of the articles selected in the final sample. São Paulo, SP, Brazil, 2021

Author, year	Filter questions		Qualitative			
	Are there clear qualitative research questions or objectives?	Did the data collected answer the research question?	Are qualitative data sources relevant to answering the research question?	Is the process of analyzing quantitative data relevant to answering the research question?	Is appropriate consideration given to the relationship between the results and the context, e.g., the setting or context in which the data were collected?	Is appropriate consideration given to the relationship between the results and the influence of the investigators, e.g., by their interactions with participants?
Lemes et al., 2017	Y	Y	Y	Y	Y	U
Lemes et al., 2020	Y	Y	Y	Y	Y	Y
Berlowitz et al., 2018	Y	Y	Y	Y	Y	Y
Author, year	Filter questions		Descriptive quantitative			
	Are there clear qualitative research questions or objectives?	Did the data collected answer the research question?	Is the sampling strategy relevant to answering the quantitative research question?	Is the sample of the population under study representative?	Are the measurements appropriate (clear origin, known validity, standard instrument)?	Is there an acceptable response rate (60% or more)?
Bishop et al., 2019	Y	Y	Y	Y	Y	Y
Chen et al., 2018	Y	Y	Y	Y	Y	Y
Author, year	Filter questions		Non-random quantitative			
	Are there clear qualitative research questions or objectives?	Did the data collected answer the research question?	Are participants recruited in a way that minimizes selection bias?	Regarding exposure/intervention and outcomes, are the measurements appropriate?	Are the participants of the groups being compared comparable? Or do the researchers consider the differences between these groups?	Are there complete results data (80% or more)?
Taets et al., 2019	Y	Y	N	Y	Y	Y

Note: Y: Yes. N: No. U: Undetermined.

**Discussion**

ICT is defined by Ordinance No. 849<sup>3</sup> as a practice of intervention in social groups, through spaces for welcoming psychological suffering, where it fosters the recovery of identity, the restoration of self-esteem and self-confidence, and the expansion of perception and the possibility of problem-solving. It combines physical postures, breathing techniques, meditation, and relaxation, and therefore strengthens the musculoskeletal system, stimulates the endocrine system, expands respiratory capacity, and exercises the cognitive system.

The TCs, existing in the RAPS as "a temporary residential care facility for adults with stable clinical needs resulting from the use of crack, alcohol, and other drugs," according to Ordinance No. 3,088<sup>9</sup>, were settings for the application of the ICT. Due to the prohibitionist approach by which these communities are guided, contrary to the theoretical frameworks defended by this research, it is worth discussing the problems that arise from the inclusion of TCs in the RAPS.

There are intense discussions, in the context of Mental Health Policy in Brazil, regarding the inclusion of TCs in the assistance network, since, for those who defend Psychiatric Reform, this inclusion goes against the principles of deinstitutionalization and psychosocial rehabilitation,

advocated by Law No. 10,216, of April 6, 2001<sup>19</sup>. Most of these communities are linked to churches and religious organizations and are generally characterized by a routine of prayer and work activities. Many of them are located far from urban areas, aiming to completely distance users from anything that reminds them of addiction, which contradicts one of the axes of RAPS's work: care guided by social reintegration<sup>20</sup>.

For the population that uses drugs and is undergoing treatment in TC, ICT has proven effective in highlighting problems such as feelings of loss, anxiety, and fear, as well as representing a support strategy for participants<sup>21</sup>. Despite the limitations of the study, as it was a documentary analysis, without direct access to the participants, the records showed that the technique is capable of providing a favorable environment for welcoming the diverse and unique circumstances of life, which can help in the process of coping with suffering and promoting health and well-being, concluding that ICT is an important tool for the complementary care of people who use drugs.

Also with the same conclusion, but with small differences related to the interpretation of the findings, the other study by Lemes et al.<sup>22</sup> discusses the benefits of the practice and the impact of drug use, based on Maslow's theory of basic needs, an approach that classifies human



needs into five main categories: physiological, safety, belonging, esteem, and self-actualization, which emerge sequentially from birth to adulthood. The most basic, such as physiological needs, are at the base of the pyramid and, when unmet, according to the author, can lead to psychopathology. According to this theory, the greater the degree of satisfaction of needs, the better the individual's mental health<sup>23</sup>.

According to Ordinance No. 849<sup>3</sup>, music therapy is a practice that uses music and its elements to facilitate and promote communication, relationships, learning, mobilization, expression, organization, and others, to meet physical, emotional, mental, social, and cognitive needs.

In a quasi-experimental study using music therapy as the chosen ICHP<sup>24</sup>, salivary cortisol, a stress hormone, was collected from 18 individuals with substance use-related needs at three different time points: before and 60 and 120 minutes after a music therapy group intervention. A statistically significant reduction in mean salivary cortisol levels was observed ( $p < 0.001$ ). Statistical analysis adopted a significance level of  $p < 0.05$  and used the nonparametric Wilcoxon and Kruskal-Wallis tests.

According to research, stress is the factor that most contributes to compulsive drug use<sup>24</sup> and, music therapy, in addition to being beneficial for its reduction, is also capable of reducing cravings and helps in maintaining abstinence, when that is the choice, since during drug withdrawal, the user may present "irritability, anxiety, emotional stress, sleep disorders, dysphoria, aggressive behavior and cravings, associated with neuroadaptive changes in stress and the brain's reward circuits"<sup>24</sup>. Thus, the research concludes that music therapy can be used for complementary care for people with needs arising from alcohol, tobacco, and other drugs.

An investigation carried out in the United States through a secondary analysis of a survey<sup>25</sup> found that almost half (45.4%) of ICHP users feel more motivated to make some positive change in their health behavior, with 34.9% saying they exercise more regularly; 31.4% saying they eat healthier and 17.2% more organic foods; 16.6% of smokers reduced or stopped smoking; and 8.7% of those who use alcohol reduced or stopped using it.

The analysis concluded that ICHPs and the professionals who administer them can help improve the population's health behavior, which requires more attention from research and public health initiatives. It is worth noting the differences in the health systems of the United States and Brazil, as well as the socioeconomic discrepancies between the population in this study and the most problematic drug users in Brazil.

Acupuncture allows for the precise stimulation of anatomical regions through the insertion of metallic filiform needles to promote, maintain and restore health, as well as to prevent injuries and diseases<sup>2</sup> and was used to treat issues related to intensive alcohol use, including intake, alcohol withdrawal syndrome (AWS) and other changes caused by alcohol consumption, such as motor impairments, with positive results being found in all aspects<sup>26</sup>. In line with these results, an older review found other studies with favorable

results regarding the application of acupuncture for the management of anxiety symptoms related to use, craving, withdrawal, and relapse<sup>27</sup>.

Phytotherapy is a therapy characterized using medicinal plants in their different pharmaceutical forms, without the use of isolated active substances<sup>2</sup>. Respecting its singularities, traditional Amazonian medicine, an ancient healing system involving the use of medicinal plants and ritual techniques from the Amazon rainforest, reflects a mixture of traditions, modified by centuries of exposure to colonial and post-colonial influences, but essentially involves the use of local medicinal plants<sup>28</sup>.

To investigate alternative treatments for the care of substance users, the research by Berlowitz et al.<sup>29</sup> conducted semi-structured interviews with specialists from a drug treatment center in the Peruvian Amazon. The study considered various aspects of problematic drug use, including psychosocial, physical, and spiritual aspects, as well as the social and family environment, stressors, biological and hereditary factors, and the individual's sociocultural context. This analysis aligns with the views advocated by the ICHP and the HR. The article concludes that its findings broaden cross-cultural understanding of issues involving drug use and aim, in the long term, to improve treatment options for users. To achieve this, the study, like others, highlights the need for greater scientific research attention to this area.

Finally, regarding the methodological analysis, as shown in Chart 3, most of the studies present good methodological quality; on the other hand, the work of Taets et al.<sup>24</sup> has weaknesses regarding the recruitment of participants. In agreement with Chart 2, there is diversity in the methodological approach of the works that make up the final sample, namely: retrospective documentary research; quasi-experimental study; secondary analysis; review of pre-clinical and clinical studies; and semi-structured interviews.

### Final Considerations

A small number of studies explored the use of ICHP as a care tool for people who use drugs, and none included the HR approach in their discussions. This finding allows us to conclude the need to focus on research at the intersection of these themes, given the potential and similarities between them, as studied by Tesser and Sousa<sup>11</sup>: the centrality of care for users and their relationships and contexts; a community and family approach; dialogical and participatory relationships; and emancipation, prevention, and health promotion.

Additionally, corroborating some of the results found in this work, Souza and Souza et al.<sup>10</sup> conclude in their research that ICHP contributed to the reduction of anxiety and negative feelings; to the increase in reactions of relaxation and pleasure; to the creation of bonds between users and professionals, which promotes better care; and to physical-emotional balance, thus constituting an important care tool for people with needs arising from drug use.

As an indispensable criticism of the small sample of works found, it is worth making some provocations here that justify this result: first, the hegemony of the current



biomedical model, combined with the market trend in the health area, which impact limitations on the advances of ICHP as health care practices<sup>30</sup>; second, the low interest in public policies guided by HR to assist people who use multiple drugs and, specifically in Brazil, with the Bolsonaro government, the enactment of Decree 9761<sup>31</sup>, which promotes abstinence as the main care strategy and increases investments in TCs, a device with a methodology that is the opposite of HR, since it works to make the user assume responsibility for drug use, to the detriment of care that takes into account the social constructions that culminated in this harmful use.

As a limitation of the study, it should be noted that this IR only included studies available electronically, in certain databases, in English, Portuguese, and Spanish, from

the last five years; choices that may result in the omission of studies that meet other inclusion criteria related to the descriptors used.

The gaps in this study, mainly related to the absence of an HR approach in the studies that make up the final sample, will be further discussed in the concluding remarks. Thus, the contributions of this work involve reflections and provocations regarding the need to develop public policies for the application of ICHP to people with needs arising from the use of alcohol, tobacco, and other drugs, from a socio-community and HR perspective. Additionally, for nursing, the contribution of another practice to be used in both Primary Care services and Mental Health specialties, with Psychiatric Reform as the guiding principle for comprehensive and humanized care<sup>32</sup>.

## References

- Júnior ET. Práticas integrativas e complementares em saúde, uma nova eficácia para o SUS. *Estud Av.* 2016;30(86):193-206. doi:10.1590/S0103-40142016.00100007.
- Brasil. Ministério da Saúde. Portaria nº 971, de 3 de maio de 2006. Aprova a Política Nacional de Práticas Integrativas e Complementares (PNPIC) no Sistema Único de Saúde. *Diário Oficial da União.* 2006 May 4. Available from: [https://bvsms.saude.gov.br/bvs/saudelegis/gm/2006/prt0971\\_03\\_05\\_2006.html](https://bvsms.saude.gov.br/bvs/saudelegis/gm/2006/prt0971_03_05_2006.html)
- Brasil. Ministério da Saúde. Portaria nº 849, de 27 de março de 2017. *Diário Oficial da União.* 2017 Mar 3. Available from: [https://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt0849\\_28\\_03\\_2017.html](https://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt0849_28_03_2017.html)
- Fisher C, Adams J, Hickman L, Sibbritt D. The use of complementary and alternative medicine by 7427 Australian women with cyclic perimenstrual pain and discomfort: a cross-sectional study. *BMC Complement Altern Med.* 2016;16:129. doi:10.1186/s12906-016-1119-8.
- Gomes TB, Vecchia MD. Estratégias de redução de danos no uso prejudicial de álcool e outras drogas: revisão de literatura. *Ciênc Saúde Coletiva.* 2018;23(7):2327-36. doi:10.1590/1413-81232018237.21152016.
- Medeiros DG, Faria PH, Campos GWS, Tófoli LF. Política de drogas e Saúde Coletiva: diálogos necessários. *Cad Saúde Pública.* 2019;35(7):e00242618. doi:10.1590/0102-311X00242618.
- Tisott ZL, Terra MG, Hildebrandt LM, Soccol KLS, Souto VT. Motivos da ação do redutor de danos junto ao usuário de drogas: um estudo fenomenológico. *Rev Gaúcha Enferm.* 2019;40:e20180062. doi:10.1590/1983-1447.2019.20180062.
- Brasil. Ministério da Saúde. Portaria nº 1.028, de 1º de julho de 2005. *Diário Oficial da União.* 2005 Jul 5.
- Brasil. Ministério da Saúde. Portaria nº 3.088, de 23 de dezembro de 2011. *Diário Oficial da União.* 2020 Dec 30.
- Souza LP, Teixeira FL, Diniz AP, Souza AG, Delgado LHV, Vaz AM, et al. Práticas Integrativas e Complementares no Cuidado à Saúde Mental e aos Usuários de Drogas. *Id on Line Rev Multidiscip Psicol.* 2017;11(38).
- Tesser CD, Sousa IMC. Atenção primária, atenção psicossocial, práticas integrativas e complementares e suas afinidades eletivas. *Saúde Soc.* 2012;21(2):336-50.
- Soares CB, Hoga LAK, Peduzzi M, Sangaleti C, Yonekura T, Silva DRAD. Revisão integrativa: conceitos e métodos utilizados na enfermagem. *Rev Esc Enferm USP.* 2014;48(2):335-45.
- Daher DV, Ferrari MFM, Pereira LCCM, Faria M, Sveichtizer MC, Morete M, et al. Práticas de enfermagem ao paciente com dor crônica: revisão integrativa. *Acta Paul Enferm.* 2018;31(6):674-80.
- Lemos CS, Rodrigues AGL, Queiroz ACCM, Galdino Júnior H, Malaquias SG. Práticas integrativas e complementares em saúde no tratamento de feridas crônicas: revisão integrativa da literatura. *Aquichan.* 2018;18(3):327-42. doi:10.5294/aqui.2018.18.3.7.
- Ouzzani M, Hammady H, Fedorowicz Z, Elmagarmid A. Rayyan-a web and mobile app for systematic reviews. *Syst Rev.* 2016;5(1):210. doi:10.1186/s13643-016-0384-4.
- Pluye P, Robert E, Cargo M, Bartlett G, O'Cathain A, Griffiths F, et al. Proposal: a mixed methods appraisal tool for systematic mixed studies reviews. 2011. Available from: <http://mixedmethodsappraisaltoolpublic.pbworks.com>
- Hong QN, Pluye P, Fàbregues S, Bartlett G, Boardman F, Cargo M, et al. *Mixed Methods Appraisal Tool (MMAT), version 2018.* Montreal: McGill University; 2018.
- Souto RQ, Lima KSA, Pluye P, Hong QN, Barbosa KE, Araújo GKN. Translation and cross-cultural adaptation of the mixed methods appraisal tool to the Brazilian context. *Rev Fun Care Online.* 2020;12:510-6. doi:10.9789/2175-5361.rpcfo.v12.8615.
- Brasil. Lei nº 10.216, de 6 de abril de 2001. *Diário Oficial da União.* 2001 Apr 6. Available from: [https://www.planalto.gov.br/ccivil\\_03/leis/leis\\_2001/l10216.htm](https://www.planalto.gov.br/ccivil_03/leis/leis_2001/l10216.htm)
- Oliveira JLC, Magalhães AMM, Matsuda LM, Santos JLG, Souto RQ, Riboldi CO, et al. Mixed methods appraisal tool: fortalecimento do rigor metodológico de pesquisas de métodos mistos na enfermagem. *Texto Contexto Enferm.* 2021;30:e20200603. doi:10.1590/1980-265X-TCE-2020-0603.
- Silva ENC, Barcelos KR, Dalbello-Araujo M. Comunidades Terapêuticas: retrocesso na política de saúde mental. *Rev Dir Trab Polít Soc.* 2020;6(11). Available from: <https://periodicoscientificos.ufmt.br/ojs/index.php/rdtps/article/view/10662>



22. Lemes AG, Nascimento VF, Rocha EM, Moura AAM, Luis MAV, Macedo JQ. Terapia Comunitária Integrativa como estratégia de enfrentamento às drogas entre internos de comunidades terapêuticas. *Rev Eletrônica Saúde Ment Álcool Drog.* 2017;13(2):101-8. doi:10.11606/issn.1806-6976.v13i2p101-108.
23. Lemes AG, Rocha EM, Nascimento VF, Volpato RJ, Almeida MASO, Franco SEJ, et al. Benefícios da terapia comunitária integrativa revelados por usuários de substâncias psicoativas. *Acta Paul Enferm.* 2020;33:eAPE20190122. doi:10.37689/acta-ape/2020ao0122.
24. Cavalcanti TM, Gouveia VV, Medeiros ED, Mariano TE, Moura HM, Moizeis HBC. Hierarquia das Necessidades de Maslow: Validação de um Instrumento. *Psicol Ciênc Prof.* 2019;39:e184432. doi:10.1590/1982-3703003183408.
25. Taets GGC, Jomar RT, Abreu AMM, Capella MAM. Effect of music therapy on stress in chemically dependent people: a quasi-experimental study. *Rev Latino-Am Enfermagem.* 2019;27:e3115. doi:10.1590/1518-8345.2456.3115.
26. Bishop FL, Lauche R, Cramer H, Pinto JW, Leung B, Hall H, et al. Health behavior change and complementary medicine use: National Health Interview Survey 2012. *Medicina (Kaunas).* 2019;55(10):632. doi:10.3390/medicina55100632.
27. Chen P, Li J, Han X, Grech D, Xiong M, Bekker A, et al. Acupuncture for alcohol use disorder. *Int J Physiol Pathophysiol Pharmacol.* 2018;10(1):60-9.
28. Gelinski TC, Santos ARS. Eficácia da acupuntura no tratamento da dependência do álcool. *RIES.* 2012;1(2):91-6.
29. Berlowitz I, Ghasarian C, Walt H, Mendive F, Alvarado V, Martin-Soelch C. Conceptions and practices of an integrative treatment for substance use disorders involving Amazonian medicine: traditional healers' perspectives. *Braz J Psychiatry.* 2018;40(2):200-9. doi:10.1590/1516-4446-2016-2117.
30. Ruela LO, Moura CC, Gradim CVC, Stefanello J, Lunes DH, Prado RR. Implementação, acesso e uso das práticas integrativas e complementares no Sistema Único de Saúde: revisão da literatura. *Ciênc Saúde Coletiva.* 2019;24(11):4239-48. doi:10.1590/1413-812320182411.06132018.
31. Brasil. Decreto nº 9.761, de 11 de abril de 2019. *Diário Oficial da União.* 2019 Apr 11. Available from: [https://www.planalto.gov.br/ccivil\\_03/\\_ato2019-2022/2019/decreto/d9761.htm](https://www.planalto.gov.br/ccivil_03/_ato2019-2022/2019/decreto/d9761.htm)
32. Cairo JVF, Freitas THD, Francisco MTR, Lima ALR, Silva LA, Marta CB. Enfermagem em saúde mental: a assistência em um cenário de mudanças. *Glob Acad Nurs.* 2020;1(3):e56. <https://dx.doi.org/10.5935/2675-5602.20200056>

