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Harm reduction conceptions: speeches of Primary Health Care nursing professionals

Concepções de redução de danos: discursos de profissionais de enfermagem da atenção primária à saúde

Concepciones de reducción de daños: discursos de profesionales de enfermería en Atención Primaria de Salud

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ABSTRACT

Objective: to analyze the discursive memories about the harm reduction strategy, which permeate the knowledge of Primary Health Care nursing professionals. **Method:** a qualitative and exploratory study based on the French Discourse Analysis theoretical-methodological framework. Semi-structured interviews were carried out with 14 Primary Health Care nursing professionals. **Results:** analysis indicated a predominance of discursive memories related to the biomedical model of health conception as well as religious and moral approaches regarding psychoactive substance use. The perspective of an "expanded clinic" was discreet, highlighting the link and prevention of risks and harms from psychoactive substance use that affect the physiological dimension. **Final considerations:** the impact of this study emphasizes the need for permanent education proposals on harm reduction concepts in training and qualifying nursing professionals.
Descriptors: Speech; Nurses; Primary Health Care; Mental Health; Harm Reduction.

RESUMO

Objetivo: analisar as memórias discursivas sobre a estratégia de Redução de Danos que perpassam os saberes de profissionais de enfermagem que atuam na Atenção Primária à Saúde. **Método:** estudo qualitativo e exploratório, fundamentado no referencial teórico-metodológico da Análise do Discurso de matriz francesa. Foram realizadas entrevistas semiestruturadas com 14 profissionais de enfermagem que atuam na Atenção Primária à Saúde. **Resultados:** a análise indicou predomínio de memórias discursivas relacionadas ao modelo biomédico de concepção da saúde, bem como das abordagens religiosa e moral referente ao uso de substâncias psicoativas. A perspectiva da chamada "clínica ampliada" foi discreta, salientando o vínculo e prevenção de riscos e danos do uso de substâncias psicoativas que afetam a dimensão fisiológica. **Considerações finais:** o impacto deste estudo evidencia a necessidade de propostas de educação permanente sobre os conceitos de Redução de Danos na formação e qualificação do profissional de enfermagem.
Descritores: Discurso; Profissionais de Enfermagem; Atenção Primária à Saúde; Saúde Mental; Redução do Dano.

RESUMEN

Objetivo: analizar las memorias discursivas sobre la estrategia de Reducción de Daño que permean el conocimiento de los profesionales de enfermería que laboran en Atención Primaria de Salud **Método:** estudio cualitativo y exploratorio, basado en el marco teórico-metodológico del Análisis Discurso de matriz francesa. Se realizaron entrevistas semiestructuradas a 14 profesionales de enfermería que laboran en Atención Primaria de Salud **Resultados:** el análisis indicó un predominio de memorias discursivas relacionadas con el modelo biomédico de concepción de la salud, así como enfoques religiosos y morales sobre el uso de sustancias psicoactivas. La perspectiva de la llamada "clínica ampliada" fue discreta, destacando la vinculación y prevención de riesgos y daños por el uso de sustancias psicoactivas que afectan la dimensión fisiológica. **Consideraciones finales:** el impacto de este estudio destaca la necesidad de propuestas de educación permanente sobre los conceptos de Reducción del Daño en la formación y calificación de los profesionales de enfermería.
Descriptores: Discurso; Enfermeras Practicantes; Atención Primaria de Salud; Salud Mental; Reducción del Daño.

INTRODUCTION

Harm reduction (HR) is a set of practical and political strategies that aim to minimize the risks and psychosocial, economic and biological harms derived from psychoactive substance (PAS) consumption, without necessarily reducing or extinguishing consumption. It has as principles the empathic approach, without judgments, commitment to collective health promotion, human rights assurance and collective engagement to promote social transformations. HR is an emancipatory practice that presupposes constructing self-care, protection, and health promotion strategies with users[1-2]. It was aligned with the principles of the Brazilian Psychiatric Reform; however, after Decree 9.761 of 11/11/2019 was sanctioned in 2019, which instituted the new Brazilian National Drug Policy (*Política Nacional sobre Drogas*), HR was excluded as a guiding strategy for care, privileging abstinence promotion and maintenance[3]. Despite these political changes, HR is still one of the theoretical frameworks that guides the care of people who use crack, alcohol and other drugs, materializing in the daily lives of health professionals.

HR uses strategies that are built and designed through bonding, dialogue and relationship between service, health professionals, and users, in order to ensure users' autonomy and citizenship. HR recognizes the subjects in their entirety and in their relational aspects with the social place it occupies, seeking to increase access and adherence to care[4-5]. Thus, HR would constitute a clinical strategy to be implemented by all the reception and access devices in which users travel, involving spaces for health, education and social assistance[2]. Therefore, the authors of this manuscript work under the assumption that HR is (re) put into action in all health devices, including Primary Health Care (PHC) devices. Scientific evidence that addresses the effectiveness of this strategy underlies this assumption[6-7].

PHC nursing professionals take over fundamental roles in caring for users, family members and the community by establishing bonds, meeting health needs, performing group activities, identifying physical, social and health determinants demands, as well as developing care plans[8]. Such practices are permeated by knowledge that involves socially and historically constructed ideologies. They enable PHC professionals to become powerful drivers of HR strategy. The knowledge put into practice by these professionals, as subjects of discourse, from the French Discourse Analysis' perspective, are constituted of ideologies and discursive memories that affect the production of effects of meanings[9] in relation to their conceptions about HR. Discursive memories, i.e., pre-built historical and social marks are materialized in the speeches[9] of these professionals and influence their knowledge in relation to user care from the HR's perspective.

National studies on health professionals' conceptions working in specialized services in PAS point to a lack of knowledge about HR policy, seeming to work with perspectives based on fear and moral prejudice[10-12]. Studies that address the relationship between HR and PHC and that involve nursing are limited to the context of a street outreach office[13-14], which denotes a knowledge gap in this theme. Considering the scarcity of studies that approach HR from the perspective of nursing professionals, mainly PHC professionals, and in light of the French Discourse Analysis, we seek to answer the research question: what are the effects of meaning of the ideological interpellations found in nursing professionals' speeches in relation to HR conceptions?

OBJECTIVE

To analyze the discursive memories that permeate the knowledge of nursing professionals who work in PHC, with regard to the HR strategy.

METHOD

Ethical aspects

This study respected the ethical precepts of research involving human beings, according to Resolution 510/2016 of the National Research Ethics Committee of the Brazilian National Health Council (*Conselho Nacional de Saúde*). It was approved by the Research Ethics Committee with Human Beings of a federal university in São Paulo State. All participants signed the Informed Consent Form. They have been informed about the aspects involved in the study.

Theoretical-methodological framework

The study is based on the French Discourse Analysis (DA), for which discourse is not only a linear process of conveying information and decoding messages, but an effect of meanings among speakers[9], i.e., production originating from enunciation. Enunciation is a set of statements, which are produced by the subjects' verbal and social interaction[15]. In this interlocution process, there are subjects and meanings being affected and being affected by ideology and history as well as being constituted at the moment of enunciation[16-17].

DA makes it possible to analyze the discourse by placing it in the relational process between language and context, identifying the traces and marks of ideological contradictions in linguistic materiality[16]. The subjects' speeches are constructed and conceived in a historical-social context and determined by ideology, in a way that they do not originate in enunciators themselves. Therefore, when analyzing them, such contexts must be considered[9]. DA seeks to understand the conditions in which speeches are produced. The production conditions include strict sense; in other words, the immediate context in which a speech is being delivered, and also the broad sense, which involves the socio-historical context, imaginary and ideological aspects[9].

The meanings produced by subjects are inscribed in Discursive Formations (DFs). According to Orlandi[9], a discursive formation is that which in a given position and in a specific situation determines what is allowed or not to be said. Two distinct axes run through DFs: intradiscourse and interdiscourse. Intradiscourse is at the core of formulation of a statement, i.e., what is said in a given given circumstance. Interdiscourse involves previously mentioned discursive memories, externally and independently. Therefore, a DF is crossed by several DSs, and every DF is crossed by interdiscourse. DFs are an interdiscursive relationship, in which DFs are exchanged with pre-designed components and produced outside them[14].

Discursive memories go through the constitution of meanings. They are considered as knowledge constructed before and outside

the subjects, and which return in the statement, affecting the meanings in a given discursive situation. All meanings produced before and elsewhere are inscribed in the speeches. The way in which discursive memories become present in the statement is considered fundamental to understand the constitution of subjects, production of meanings and discursive functioning[9].

Type of study

This is a qualitative and exploratory study based on French Discourse Analysis.

Methodological procedures

Study setting

The present study was carried out in a city in the countryside of São Paulo, in PHC network health units, comprising two Basic Health Units (BHU) and eight Family Health Units (FHU). It should be noted that there is at least one health unit representative of each territorial region of the specific municipality (in total there are five). This fact is justified by the intention of identifying nursing professionals' perceptions in these different territories.

Data source

The recruitment and sampling closure of research participants took place through the convenience sampling technique[18] of fourteen nursing professionals, nine nurses, four nursing assistants and one nursing technician. Such professionals were accessible and available in the nursing teams of the respective chosen health units during the data collection period. There was no withdrawal from the participants, after they agreed to participate. Participants aged 18 years or over, PHC professionals for at least 1 year (due to the strengthened bond with the health unit), with an effective and/or temporary bond have been included. Professionals with sick, paternity, or pregnancy leave during the period of data collection have been excluded.

However, this study sought to maintain methodological rigor during the researcher-researched relationship. The depth and multiplicity in understanding a certain group[19] about their conceptions concerning HR were obtained from a sample of participants, linked to DA.

Collection and organization of data

The semi-structured interviews were carried out from February to October 2019, with an average duration of 24 minutes, which contained the following guiding questions: do you know HR policies? Have you heard about them? What do you mean by HR? For you, what is the meaning and purpose of HR policies? Two pilot interviews were carried out, and the interview script was revised and improved. The interviews were pre-scheduled, audio recorded and transcribed in full.

Participants were identified as Discursive Subjects (DS), followed by sequential numbering corresponding to the order of interviews (e.g. DS1). The discursive sequences were represented by the acronym "ds", followed by the sequential numbering (e.g. ds5) and are underlined in this study.

Data analysis

Analytical devices of DA were used. Such devices make it possible to identify what has been said and not said beyond the evidence and to understand the determination of the historical and social meanings as well as the subject's unconscious and ideological constitution[9].

The analysis process comprises three stages. The first is known as passage from linguistic surface to a discursive object; there is a complete transcription of all interviews and listening to the material to constitute the analysis corpus. In this process, the researcher paid attention to vestiges, indications, clues, to the said and the unspoken, looking for regularities of discursive production processes, i.e., linguistic marks constituted by metaphorical, paraphrastic and polysemic effects[9]. It is possible to identify what is said and what is not said and how these sayings are affected by discursive memories during a discursive object construction[20].

The second stage is characterized by passage from the discursive object to the discursive process, in which it seeks to capture how history is substantiated in the discursive processes and brings together theory, corpus and analysis[20]. Still in this stage, relevant discursive sequences were identified, and the first clippings of the material were performed, selecting all discursive fragments that respond to the objective, constituting Discursive Formations.

In the third stage, there is a transformation of the discursive process into ideological formation, in which discursive clippings are grouped into discursive chunks, according to the common ideologies found[21]. Analysis of data showed a discursive chunk called: The discursive memories that give meaning effects to speeches about HR conceptions. It should be noted that in order to guarantee the aspects of validity and reliability of results[22], two expert nurse researchers (in HR and DA) assessed the discursive sequences, clippings and final discursive chunks.

RESULTS

The discursive chunk materialized the effects of meaning produced on HR concepts, which are ideologically challenged by discursive memories (interdiscourse) in nursing professionals' statements.

Clippings 1 to 5 list HR as a way to obtain abstinence through hospitalization and prevent relapse. DS2 related the meaning of HR as a means to obtain the ultimate goal of abstaining from drugs, through maximum effort by the user.

> Clipping 1: *I think that harm reduction would be a maximum effort for him* [user] *to get rid of this addiction* (ds1) (DS2).

Clippings 2 and 3 express traces of signifiers from the same discursive formation in which it is assumed that users, upon reaching abstention, may also experience relapse. However, clipping 3 shows the service's responsibility to follow them up.

> Clipping 2: *we had some cases of drug users, crack users who also had treatment here, who always came, had relapses* (ds10), *came, talked, cried, started again* (ds11). (DS10)

> Clipping 3: *any slip; sometimes, he can even be free* (ds9), *but if he has any slip* (ds10), *if he doesn't have a good follow-up he goes back to drugs, right?* (ds11). (DS11)

Clippings 4 and 5 emphasize the effects of meaning of hospitalization and confinement spaces, which constitute, from nursing professionals' perspectives, treatment institutions that take them off and avoid abandoning patients on the streets.

> Clipping 4: *yeah... places for hospitalization* (ds2). […]. *I think that simply leaving them like that, as it is today, is not good, it is bad.* (ds3) *it's bad for us now, for them and for future generations, right?* (ds4). (DS2)

> Clipping 5: *I think there should be a place* [with] trained people (ds4) *to take them off of the streets, and not treat them on the street* (ds5), *understand?* (DS3)

Clippings 6 and 7 reveal the influence of religious beliefs as an alternative to accepting treatment and recovering from drugs.

> Clipping 6: *Jesus Christ is my harm reduction* […] (ds12). [...] *ask God to help you get out of this life* (ds14), *because you have entered a path* (ds15) *of no return, boy* (ds16). (DS1)

> Clipping 7: *it's like a church;* (ds17) *if you go to church and you accept or you are open to accept, because you have to be open to accept, if you are open to accept, your heart will overflow and you will get better* (ds18). (DS6)

Clipping 8 highlights that HR involves users accepting their condition and having the willpower to want to change their lifestyle.

> Clipping 8: *people like that, whose heads are no longer...* (ds5); *they don't want to be attached to anything* (ds6). *It is hard for you to treat these people, they have to accept that they are alcoholics* (ds7), *and, generally, they do not accept that they are alcoholics* (ds8). (DS12)

Clipping 9 expresses how ease it is a person to start using drugs, but the difficulty to recovery, which requires time and steps.

> Clipping 9: *it seems that it is a very easy thing to start and difficult to cease* (ds32). [...] *but you take one step at a time* (ds33). (DS8)

Clippings 10 and 11 address HR, approaching an expanded clinic's perspective. The speeches are crossed by the effect of meanings of comprehensive care concept to PSA users; the focus is not limited to reducing and abstaining from drugs, but to preventing other situations of vulnerability that may arise from the harm of their consumption.

> Clipping 10: *it is not reducing harm, sometimes you only take the drug from them* (ds22), *but making people aware of what they may have in the future.* [...] *sometimes, we think we have to treat drug addicted patients only related to the disease, drug addiction, but we forget about other diseases, right? For example, you end up forgetting to tell a woman, sometimes, about preventing a pregnancy, about having a pap smear to prevent cervical cancer; in short, you only focus on drugs* [...] (ds3). *We have to see it as a group* (ds5), *right? Treating that woman's or that man's health fully* (ds6), *not only seeing mental health, but also seeing her biological aspect as a whole* (ds7). (DS6)

Clipping 11 presupposes approach of professionals for constructing and establishing bonds with users, in order to enable them to adhere to the health service and plan their care together with them.

> Clipping 11: [...] *going slow and winning over that person, to see if you can reach your final goal. For you not to drift this person away, you have to give pondered suggestions in relation to his or her point of view so that you do not lose him or her, because otherwise he or she drifts away* [...] *is to maintain a bond* [...] *to really reduce the harm what alcohol and drugs are doing to that person and decrease the severity, the social and physiological commitment of that person* (ds6). (DS5)

Clippings 12, 13 and 14 refer to the production of effects of meaning on risks and physical harm, such as neurological, as well as those related to sexual behavior, such as Sexually Transmitted Infections (STIs).

> Clipping 12: *harm is cognitive, for sure* (ds17). *I believe that a neuron that has withered or died will never* [...] (ds18) *only if there is a medicine so advanced that it recovers what has been lost, right?* (ds19). (DS8)

> Clipping 13: *for example, a patient who is an, I don't know user, injectable drug use, in addition to all the harm he or she can have from using the drug, he or she can get an STD* [Sexually Transmitted Disease] *from a syringe that he or she is using and everything. So, if we are unable to intervene so that he or she stops using it, maybe we can offer other resources, such as a sterile syringe and a sterile needle that are his or hers alone; I call it reduction* (ds24). (DS7)

Clipping 14 relates HR to the act of giving medication.

> Clipping 14: *taking medication is still a form of harm reduction, with controlled medication when a person wants to leave drugs* (ds10). (DS10)

DISCUSSION

Nursing professionals' speeches in this study on HR are permeated by different discursive knowledge, which are subsidized by the biological/disease/nursing home, moral, relapse prevention (cognitive-behavioral structure), religious and clinical models magnified. Therefore, to paraphrase Pêcheux[16] and Orlandi[9], it is a discursive memory that is not consciously accessible to these professionals, but is constitutive of them and that returns through interdiscourse.

Thus, clippings 1, 2 and 3 express meanings of a same subsidized DF in the discursive memories of the disease model, relapse prevention and moral model. The disease model assumes that PAS dependence a disease; therefore, the aim is to achieve a cure as a therapeutic goal, i.e., abstinence. However, relapse can occur, which can be prevented. Both models are the result of discursive memories constructed socially and historically hegemonic in the scenario of treatment of PAS users. Simultaneously, in clipping 1, ds1 ("*would be a maximum effort for him* [user] *to get rid of this addiction*") expresses a moral model discourse, which reveals that drug use is a personal choice that disrespects the norms and social rules[23]. Therefore, for a person to remain abstinent, willpower, individual effort and internal motivation are required to control addictive behavior[23].

The signifiers "relapse", "slips", "started again" in clippings 2 and 3 denote the metaphorical effects of meanings that PAS dependents can slide (slip smoothly) for the fall or several falls - "relapse". However, a person, when rising from a fall, starts walking again ("started again"); however, the situation experienced from a fall

can be reflected. The metaphorical effect as a semantic process produced by contextual transfer (in this study, the "slip") causes a drift of meaning in discourse, according to the ideological position occupied by a subject[9]. Such effects of meanings refer to interdiscourse of the relapse prevention (RP) model an approach of treatment of PAS users[24-25], which consists of a series of preventive actions, with a view to changing a person's behavior and maintaining abstinence using cognitive-behavioral therapy techniques.

Clippings 4 and 5 enunciate verbal signifiers "to leave" and "to take off", which are correlated and cause tense meanings, as they produce displacement for the purpose of confinement meanings. In ds3 (DS2), the verb "to leave" gives meaning to "abandonment", "without care", requiring a place to confine users, therefore, place of hospitalization and confinement as the only alternative ("*yeah... places for hospitalization*"- ds2 (DS2)). Such discourses are affected by the interdiscourse arising from the asylum model, which marked the beginning of the history of psychiatry, in which those considered "alienated" were subjected to confinement and treatment in hospices and colonies[26]. Such discursive essences above contradict the HR strategy. HR defends human rights, a person's autonomy and freedom of and for users, whether for their own choices regarding continuing to consume PASs or to decide on their living and housing conditions, corroborating the literature[27-29].

In clipping 5, the discursive sequence "*to take them off of the streets, and not treat them on the street*" provides slide for the metaphorical effect of meanings to save/remove users who disturb society. This discursive segment enunciates an Other knowledge, i.e., the discursive memory of Brazilian hygienist-disciplinary policy between the end of the 19th century and the beginning of the 20th, which consisted of hiding/removing people from social life[30]; this fact is a reflection of the expanded production conditions of the historical context at that time. This speech corroborates the current Brazilian National Drug Policy (Decree 9.761/19). This law calls for the construction of a society protected from PAS consumption through interventions to combat drugs, reduced demands (focusing on drug abstinence) and offers (public security actions)[3]. Contradicting the discursive sequence, Street Outreach Office teams deal with different health demands and needs of the homeless population[31]. This proposal is not intended to take someone off of the street, but rather to produce comprehensive health care for homeless people, offering them health prevention actions, HR and promoting access to health for all.

It is noticed that in clippings 1 to 5, discourse is affected by interdiscourse of an asylum and disease/cure model, which values abstention and hospitalization, respectively. The data support a study[32] that showed a discourse that defends the model of hospitalizations in "humanized" health institutions, under the prerogative of responding to the inefficiency of other public health devices. Similar findings were found in a study with PHC professionals. PHC professionals support a normative discourse to promote abstention, under the domain of the biomedical model of health, devaluing the complexity and uniqueness of PAS consumption[33].

Clippings 6 and 7 enunciate the effects of religious discourse meanings, considering that discourse subjects are challenged by the ideology of a Christian-religious belief system and attitudes. In clipping 6, there is a metaphorical effect that faith heals, when an enunciator attributes the meaning of HR to the personification of the figure of a Higher Being-Jesus Christ, who can help him or her and be the answer to his or her problems.

In the same clipping, ds14 ("*ask God to help you get out of this life*") and ds15 ("*that you entered this path*") enunciate a silencing of the signifiers "life" and "path", which hide and give opacity to an unspoken meaning of "perdition", "deviant path". In ds16, this "path of no return" refers to the idea that it is not possible for a person using PASs to ever have a different life or make different choices. In a single clipping, there are signs of two different discourses, that of religious and moral discourse. It is heterogeneity materializing in the discourse. It is considered that the discourse is always constituted, internally, with other discourses, i.e., it is crossed by other discourses, as well as by different subject positions assumed[9]. The respective DS, in its subject position as a health professional, tensions with another one of being Catholic, by presenting a religious discourse that places God as responsible for "transformation", and not users. Moral discourse is articulated to this clipping, recognizing that users do not have strength to abandon PASs, justifying by the weakness of their character and lack of control of their desires and actions, and they must anchor themselves to a Higher Being.

Clipping 7, DS6 enunciator, enables the effect of comparative meanings between a person being open and motivated to accept/adhere to treatment and being in the church and accepting God, reinforcing religious discourse. Reconciling with such discursive fragments, ds18 ("*if you are open to accept, your heart will overflow and you get better*") expresses linguistic marks and traces that derive metaphorical effects from which users, when recognizing themselves as sick, will accept treatment and therefore will recover. The signifier "heart" refers to a symbolic interpretation of a dominant discursive knowledge of "love and charity"; therefore, its openness allows good things to come in (acceptance of God and treatment); thus, users are filled with love, overflow that loving feeling and will improve (fullness of well-being and peace).

The outbreak of religious discourse knowledge of DS6 may be related to the condition of strict production in which this discourse was formed, as well as a subject position assumed by an interviewee as a religious and Christian woman. In addition to strict production conditions that influence discourses, the discursive memories of the predominant religions in Brazil and of a Higher Being permeate the experiences and productions of meaning. As a current trend in the political and assistance debate in Brazil, the growth of Therapeutic Communities that reinforce religious discourse[34] permeates knowledge related to user care.

In clipping 8, there is a metonymic effect in which ds5 expresses ("*people like that, whose heads are no longer...*"); and then redo and complement it with ds6 ("*they don't want to be attached to anything*"). The metonymic effect in DA consists in substitution of one meaning for another, of words from the same semantic universe. This substitution produces a displacement of meanings in which enunciators have an illusion of choosing words to make their speech clear, when, in fact, this discursive process is intertwined by historical and ideological questions that construct a meaning[35]. Therefore, "head" means mind or thoughts. Non-continuity of the statement's signifier gives evidence of silence; in other words, the unspoken, hides other possible meanings - from "head that doesn't work" to "thoughts that don't work", triggering an "empty mind" that makes users "don't attach to anything" (ds6). This silence

consists of hiding other possible meanings that cause discomfort, i.e., conceived as an inconvenience[36].

DS8, in clipping 9-ds32, emphasizes that the process to "cease" PAS consumption is something "difficult" and that involves "steps". DS33 ("*but you take one step at a time*"), in clipping 9, paraphrases the motto of the mutual aid group called Alcoholics Anonymous (AA), "One day at a time". Such a paraphrase is marked socially and historically by an interdiscourse coming from organizations like AA, an organization self-declared as "brotherhood" aimed at people who seek to completely stop using alcohol. Study points out that AA members understand alcoholism not only as an organic disease, but also a moral and spiritual one[37]. It is noticed that the moral paradigm crosses the discourses and knowledge of some discursive subjects. A study[11] on HR conceptions with users, CAPS AD professionals and Therapeutic Community professionals concluded that the moral and condemnatory logic of PAS use still prevails in these settings and is part of the professionals' conceptions; this fact makes it impossible for HR actions to be disseminated and implemented.

Clipping 10 points to indications of HR meanings associated with users' health care in its entirety, as announced by DS6 in their discursive sequences by the signifiers "fully" and "whole" ("*treating that woman's or that man's health fully*" (ds6) and "*we have to see it as a whole*" (ds5)). Although speeches emphasize comprehensive care for users, there is still a vestige of meanings directed to the demands and needs of users that involve physical harm, which require preventive actions. In the same clipping, other traces are identified that enunciate discursive knowledge of comprehensive care, such as, for example, the adjective "only" ("*it is not reducing harm, sometimes you only take the drug from them*" (ds22); "*sometimes, we think we have to treat drug addicted patients only related to the disease, drug addiction, but we forget about other diseases*" (ds3)). This fact makes it possible to understand that HR is not only focused on reducing PAS consumption and their health problems, but other care, such as women's health ("*preventing a pregnancy, about having a pap smear to prevent cervical cancer*"). In the clipping mentioned above, a metonymic effect of sliding the meanings from the adjective "only" to "whole" is perceived; from the unique and singular to the whole and fully; focus on PASs for comprehensive health. Although DS6 broadens its view on HR, it is clear that the concept of comprehensiveness is still limited to the physical scope. The meaning of comprehensiveness and comprehensive care is restricted to physiological health.

Clipping 11 enunciates the verbal signifiers "going slow" and "winning over", which produce meanings of approach with users. Such an approach manifests itself in a metonymic effect that it is a relationship that requires care from nursing professionals, as it can be "fragile" or "ephemeral". It is a relationship that involves taking care not to "lose", "drift users away". Thus, a relationship needs to be consolidated gradually, so that something does not get out of hand, does not "get lost".

DS5 mentions that it is possible to establish a bond by respecting users, offering them "pondered suggestions" and guidelines, according to users' opinions and perspectives, from their "point of view". Such a discursive sequence demonstrates meanings and knowledge that are close to the proposal of the HR strategy. Furthermore, DS5 provides for HR actions that are not restricted to the physical or social scope. DS5's discourse is close to the concept of comprehensiveness; therefore, it is consistent with the precepts pointed out in the literature[38]. Comprehensiveness consists of quality and sensitivity in embracing, connecting and responding to health demands that are not limited to the treatment, prevention and protection of physical diseases, but that, at the same time, do not neglect them.

It is perceived that HR conceptions, congruent with the theoretical and practical apparatus of the expanded clinic, are still discreet and little portrayed in DS' speeches. It is also understood that the discursive knowledge related to HR transit between different DFs and effects of meaning. The same DF is permeated by other DFs, which demonstrates a movement of contradictions and ambiguities in the same saying.

Clippings 12 to 14 enunciate HR's meanings in terms of physiological risks and harms. It is observed that emphasis on biological processes is a reflection of the expanded training conditions in which these speeches were formed, considering that training in health sciences are still very much focused on a biological-technicist and biomedical model[39]. Professionals trained under a biomedical model tend to have more difficulties in incorporating new approaches centered on health, and keep the focus of their actions on the disease[39].

There is a founding silencing effect of meanings in clipping 12, ds14 ("*I believe that a neuron that has withered or died will never*"), when the possible signifier "recover" or "live" is erased; contradictory effects of the signifiers "withered" and "died". The silence in the discursive sequence is not interpreted as a void, but that makes it possible to generate other meanings; it is a different way of meaning[36].

In clipping 13, DS7 ("*he or she can get an STD*"), despite mentioning biological harm to the detriment of psychological and social harm, among others, highlights STIs as possible harms derived from PAS consumption. For DS7, the strategy of distributing a Kit with sterile materials, in order to avoid incidence of this injury, is materialized in this speech ("*we can offer other resources, such as a sterile syringe and a sterile needle that are his or hers alone; I call it reduction*" (ds24)) and points out discursive memories of an interdiscourse challenged by the ideology of the first HR interventions in the context of STI prevention, focused mainly on the risk of HIV contamination[4].

Concerning clipping 14, ds10, the subject of the discourse understands that a HR action would be the offer of controlled drugs to those who want to cease using it. Discourse marked by historical and social remains on the culture of medicalization and the disease/cure model[40]. The signifier "controlled" has other possible meanings, depending on the DF in which it is inscribed, an effect called, in DA, polysemy. In polysemy, there is a process of breaking signification processes, depending on how they are affected by language and history, i.e., meanings can always undergo a transformation process and be felt by others[9]. A signifier can take on different meanings, that of regulation and inspection, since medicines have specific protocols, or that of containment and repression. Both meanings belong to the same universe of meanings, that of PAS users.

It is noticed that discursive knowledge is rooted mainly in the biomedical model of health, and speeches carry these marks in their materiality. Biological/physiological-centered care that does not consider the economic, social, cultural and psychological aspects of individuals and communities limits new perspectives and perspectives beyond the disease, the physical body, preventing the emergence of practices that enable new forms of care, relationships, autonomy and self-management of subjects[33]. Nursing professionals play a fundamental role in

PHC and in the relationship with users/population; therefore, it is important that they reflect on their perceptions on the concept of health[41] and HR.

Study limitations

The study limit is related to convenience sampling. However, there were significant differences in internal validity of results, including considering validation of results by peers. However, the results reflect thoughts and symbology of a group that is at the base of assistance and that needs to project perspectives of care towards PAS users.

Contributions to nursing, health, and public policies

The study can contribute to support proposals for permanent education on HR concepts in the training and qualification of nursing professionals. Moreover, it contributes to broaden the vision and commitment of public health managers regarding the role of PHC nursing professionals as a possibility to welcome and deal with the health needs of people addicted to PASs.

FINAL CONSIDERATIONS

The results show that producing meanings about HR conceptions in the speeches of PHC nursing professionals is permeated by dominant discursive memories from other speeches that contradict the precepts of this strategy. It should be noted that the effects of meaning on HR are ideologically challenged by an interdiscourse that advocates obtaining the abstain from PASs through hospitalization of users, as well as preventing relapse; therefore, the biomedical and cognitive-behavioral health models figure prominently. The findings demonstrate the existing tensions between memories arising from the moral and religious model, which result in condemning practices and an approach with users that limits their freedom of choice and self-management.

The concept of HR, from the perspective of "expanded clinics", which emphasizes establishing bonds and comprehensiveness of subjects, is still limited. Although some professionals demonstrate concepts consistent with the proposed HR strategy, they still remain focused on the consequences of using PASs, which affect the physiological dimension.

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