

Conceptions of mid-level nursing professionals facing those with a chemical dependency

Concepções de profissionais de enfermagem de nível médio frente ao dependente químico

Concepciones de técnicos y auxiliares de Enfermería frente al dependiente químico

**Divane de Vargas¹, Marina Nolli Bittencourt¹, Anna Carolina Oliveira Silva¹,
Janaína Soares¹, Erika Giseth Leon Ramirez¹**

¹ Universidade de São Paulo, School of Nursing, Postgraduate Program in Health Sciences. São Paulo, Brazil.

² Universidade de São Paulo, School of Medicine, Hospital das Clínicas. São Paulo, Brazil.

How to cite this article:

Vargas D, Bittencourt MN, Silva ACO, Soares J, Ramirez EGL. Conceptions of mid-level nursing professionals facing those with a chemical dependency. Rev Bras Enferm. 2015;68(6):755-60. DOI: <http://dx.doi.org/10.1590/0034-7167.2015680610i>

Submission: 11-04-2014 **Approval:** 07-28-2015

ABSTRACT

Objective: to describe and understand the conceptions of nursing assistants working in Psychosocial Care Centers for alcohol and drugs (CAPS ad), about the patient with addictions. **Method:** sixteen nursing assistants and technicians from nine of the CAPS ad in São Paulo were interviewed, and data were analyzed using the constant comparative method. **Results:** performing the functions in the CAPS ad enabled the change in staff's conception from a stigmatizing and prejudiced view, to the concept of chemical dependence as a disease and those who are chemically dependent as patients with comorbidities and family problems, in need of help and treatment. **Conclusion:** professional practice in specialized services for alcohol and other drugs enables changes in the staff's conceptions about chemically dependent individuals, highlighting the need to include the subject of alcohol and drugs in the school curriculum. **Key words:** Nursing; Team; Substance-Related Disorders; Mental Health Services.

RESUMO

Objetivo: descrever e compreender as concepções dos profissionais de nível médio em enfermagem dos Centros de Atenção Psicossocial álcool e drogas (CAPS ad), perante o dependente químico. **Método:** foram entrevistados 16 auxiliares e técnicos de enfermagem de 9 CAPS ad do município de São Paulo, e os dados foram analisados utilizando-se o método de comparação constante. **Resultados:** o desempenho das funções no CAPS ad possibilitou a mudança de concepção dos trabalhadores, de uma visão estigmatizante e preconceituosa, para a concepção da dependência química como doença e dos dependentes químicos como pessoas doentes que possuem comorbidades e problemas familiares, que necessitam de auxílio e tratamento. **Conclusão:** a prática profissional em serviços especializados em álcool e outras drogas favorece a mudança nas concepções dos trabalhadores sobre o dependente químico, destacando-se a necessidade da inclusão do tema álcool e drogas no currículo escolares. **Descritores:** Equipe de Enfermagem; Transtornos Relacionados ao Uso de Substâncias; Serviços de Saúde Mental.

RESUMEN

Objetivo: describir y comprender las concepciones de técnicos y auxiliares de Enfermería de los Centros de Atención Psicossocial alcohol y drogas (CAPS ad), frente al dependiente químico. **Método:** fueron entrevistados 16 auxiliares y técnicos de enfermería de 9 CAPS ad del municipio de São Paulo, los datos fueron analizados utilizando el método de comparación constante. **Resultados:** el desempeño de las funciones en el CAPS ad facilitó el cambio de la concepción de los trabajadores, de una vision estigmatizante y prejuiciosa, hacia una concepción de la dependencia química como una enfermedad, y de los dependientes químicos como personas enfermas que poseen co-morbilidades y problemas familiares, que necesitan de auxilio y tratamiento. **Conclusión:** la práctica profesional en servicios especializados en alcohol y otras drogas favorece el cambio en las concepciones de los trabajadores sobre el dependiente químico, destacandose la necesidad de la inclusion del tema de alcohol y drogas en los currículos escolares. **Palabras clave:** Grupo de Enfermería; Trastornos Relacionados con Sustancias; Servicios de Salud Mental.

CORRESPONDING AUTHOR Marina Nolli Bittencourt E-mail: marinanolli@hotmail.com

INTRODUCTION

According to the First and Second Brazilian National Alcohol and Drugs Survey (BNADS -LENAD I, II), conducted in 2006 and 2012, alcohol consumption among the Brazilian population had significant changes, with regard to the pattern of use. In 2006, 71% of alcohol users reported drinking up to four servings of alcoholic beverages on a single occasion, and 29% reported drinking five or more servings. In 2012, the proportion observed of those who drink five or more servings increased to 39%, increasing both among men and women. These surveys also show alcohol as the most used drug, and shows more people with alcohol abuse and dependence⁽¹⁻²⁾.

The Psychosocial Care Centers for alcohol and drugs (CAPS ad) were created throughout the country, in 2002, to address the health needs of these people with problems related to alcohol and other drugs. They emerged with the advent of the psychiatric reform, comprising a network of primary care for patients with disorders resulting from the use of and dependence on psychoactive substances⁽³⁾.

In addition to creating the CAPS, the new policy regulates the minimum team that should compose these centers, among them, the nursing team, which consists of nurses, technicians and nursing assistants⁽³⁾. This meant an expansion of the space for integration of these workers in caring for Brazilian people with problems related to alcohol and other drugs.

However, despite the integration of mid-level nursing professionals into the context of care for chemical addicts in the CAPS ad, there is a gap in the national literature on the practices, attitudes and conceptions of these professionals when faced with the individual who is chemically dependent; most studies evaluated these issues among nursing students and nurses⁽⁴⁾.

The lack of studies involving this population deserves attention, especially considering that the nursing staff is the largest contingent of health workers in most of the CAPS ad. Additionally, these professionals can establish *bridges* in order to promote links between other professionals and patients, and provide a more comprehensive appraisal of their state and evolution⁽⁵⁾.

There is evidence in the literature that, despite the great potential of these nursing staff in identifying and guiding patients on the use and abuse of alcohol, acting in the identification and management of alcohol and alcohol-related problems, and their direct and continuous contact with this population, they remain an underutilized resource in health services⁽⁶⁾.

On the other hand, studies have shown that among health professionals, the mid-level nursing professionals are those who hold the most negative perception of patients with problems related to alcohol⁽⁷⁾, and are those who most agree with the moral etiology of addiction⁽⁸⁾. Nurses show greater prejudice against those with dependence on psychoactive substances when compared to other professionals in these services⁽⁸⁾.

In general, it is observed that, among the few studies involving these staff⁽⁵⁻⁸⁾, the majority studied perceptions, representations and attitudes, focusing on the alcoholic patient⁽⁵⁻⁷⁾.

Thus, considering the lack of research on the subject and the preponderant role that these professionals play in specialized services for alcohol and other drugs, this study aimed

to describe and understand the conceptions about those with chemical addictions from the standpoint of mid-level nursing professionals working in specialized services for alcohol and other drugs.

METHOD

To describe the perception of the mid-level nursing professionals about those with chemical dependency, and in order to obtain personal and professional experiences of these subjects, we opted for a qualitative approach based on the constant comparative method. This methodological theoretical framework was adopted because it allows an emphasis on "understanding of the phenomenon as it emerges from the data rather than the basis, concepts and theories of the investigator"⁽⁹⁾, so that the design of the connections between the data need accurate explanations of facts and the social scene in which they occur.

During the work, several measures were undertaken to ensure the rigor of research: data triangulation, regular sessions of discussions among the authors for encoding of the data, comparative use of notes made by the authors during the interviews, and data discussions, considering the scenario and the institutional policies of the CAPS ad. Throughout the process of data analysis, the model that would fit the best interpretation of the data was used.

Study subjects

Semi-structured interviews were conducted with 16 mid-level nursing professionals (nine assistants and seven nursing technicians) who were working in the CAPS ad in São Paulo and agreed to participate in the study. The number of subjects was determined through data saturation, that is, the participation of new subjects was suspended when data began to show some redundancy or repetition⁽⁹⁾.

Data collection

Data collection occurred from October to December of 2010. The interviews lasted approximately 30 minutes, were recorded on videotape with agreement of the subjects, and took place in a reserved location in the CAPS ad which was quiet and noiseless, without interruptions. The statements were fully transcribed, and in order to ensure anonymity, the letter E, followed by the interview number, was used to refer to the participants. The interview was guided by the question: "Who is the chemically dependent individual for you?" At the end of each interview, the participant was asked for any information or comment about his/her experience with the chemically dependent that he/she would like to add.

Data analysis

The data were analyzed using the constant comparative method⁽⁹⁾. During the process, the results of the authors' discussions and the notes taken during each interview were essential components of analysis. Once transcribed, the interviews were coded and compared. After the coding of the concepts of the individuals, the data analysis focused on

reconstructing the reality of the mid-level nursing professionals in the CAPS ad, where the common characteristics related to that data were isolated.

Ethical aspects

This project was approved by the Ethics Committee in Research involving Human Beings of the Municipal Health Department of São Paulo.

RESULTS

Regarding the socio-demographic data of the subjects, 57.89% were nursing technicians, 79% were female, and 50% were between 31-39 years of age. With regard to training, 57.89% studied in private schools and, in terms of the length of performance of these professionals, 50% had been working between 12 and 17 months in the profession. Regarding the preparation for work with those with a chemical dependence, 52.63% of respondents did not receive this during their training course as a nursing professional.

Among the mid-level professionals studied from the CAPS ad, the personal meaning attributed to those with a chemical dependence was reflected in two primary concepts that emerged from the data: the chemically dependent individual as a patient in need of assistance and treatment, and the change of the conception with the chemically dependent person, after this study. These concepts and their interrelationships are shown in sequence.

The chemically dependent individual as a patient in need of assistance and treatment

Several professionals referred to the chemically dependent individual as a patient who needs treatment and support from family, friends and professionals for their recovery. The idea that the chemically dependent individual is a sick person prevails in the statement of interviewed professionals, and is fundamental to the work of technicians and nursing assistants in these services, as it enables all of them to recognize the need for specialized care and technical care.

As a patient, he is a sick person; not a person who is different from the others seeking a medical service. (E.13)

The chemically dependent individual is a sick person, a person who has a disease and is looking for a cure. (E.15)

I understand and know he is a sick person, we understand that even he is a patient. (E.2)

In my view this is it, they are patients who need care as well as in any other disease. (E.4)

He is a sick person who needs attention, medication, monitoring. (E.7)

I think that those who work in this area, if they do not understand it as a disease, they have no business working here. (E.12)

Someone who needs help, need technicians, needs nursing, need to be reintegrated into society. (E.9)

We really need to help because it is difficult, any kind of dependence, addiction, it is very hard to quit, and they need our help, the help of family and even professionals. (E.5)

Family dysfunction

The professionals conceive of the addicted individual as a person who has a family dysfunction, related to conflicts, such as the lack of family support. This causes these patients to use psychoactive substances as a resource to supply their helplessness, and as a way of forgetting the problems in their relationship with family members.

They seek in the drug, what sometimes they do not have at home, because many do not have attention and then they seek from the drug what they will not find. (E.3)

[...] What led the person to join the world of drugs could be a problem with the wife, or children, or father and mother, a conflict, they seek an escape in the substance, and it is generally what happens. (E.10)

The comorbidities

Many professionals also understand the chemically dependent individual as a patient who has comorbidities. In the conception of these subjects, psychiatric disorders - among them depression and schizophrenia - are the most common. Despite reporting difficulty in identifying which of the two conditions is the first to occur, most of the subjects mentioned the psychiatric disorder as a triggering factor prior to chemical dependence, which reinforces the need for specialized treatment by trained professionals for such assistance.

I believe that no one is chemically dependent for nothing. They always have a previous condition that triggers something in the middle. Most patients that we have are schizophrenic, persecutory; there's always something. (E.8)

Depression occurs in every chemically dependent person because with depression the person is just looking for a way of escape in the drug world, is usually what happens. (E.10)

Changing the conception after working with chemically dependent

Working with the chemically dependent emerged as a determinant of change of staff conception in relation to these subjects, making outweighed the prejudices and the fear of contact with the patient. This is because in contact with the chemically dependent, the staff began to realize the "other side", the person behind the addiction, which allows a new "look" and therefore a more human care, devoid of moral judgment and fear.

We have a bit of prejudice. Now, after I started working here, my vision changed completely. The first time we work so directly, we learn to see the other side, not only that side that we imagine it to be, we learn to see the reality of the person. (E.1)

Before, I was kind of scared of substance abusers. It's funny, but with alcoholics, for example, I had great difficulty. I did not have much patience and I was prejudiced. and today alcoholics are those to whom I relate better. My view is different from what I used to have before going into the CAPS ad. (E.16)

Today I have another look in relation to the chemically dependent. Before, for me, everyone did drugs because they wanted it and it was kind of, "I do not care about life". (E.3)

DISCUSSION

The results of this study demonstrated that the mid-level nursing professionals reported having changed their view on chemically dependent individuals after practicing the profession in the CAPS ad, changing their prejudiced concept based on common beliefs, to seeing the chemical dependence as a disease, and the substance abusers as patients in need of the help of nursing technicians, family, friends and treatment. They also started to consider them as people with comorbidities, and serious problems within the family environment that are often precursors of drug abuse.

Considering chemical addiction as an illness is something new, occurring only beginning in the second half of the last century. The concept of dependence is no longer considered a character deviation, or as just a group of symptoms, but acquired contours of a mental disorder with specific characteristics⁽¹⁰⁾.

This points to the importance of practice with chemical dependent individuals, and the changing of the conceptions of these nursing professionals about the addict. However, it is important to reflect on the way in which these professionals perceive the disease, because although the phenomenon of drug addiction is complex and multifactorial, such as exclusively organic diseases, the psychosocial care model of health directed toward those with chemical dependency in the CAPS ad is different from the biomedical model. In this model, hospitals and teachers of nursing courses are still teaching⁽¹¹⁾ staff to consider the chemically dependent individual as a patient, directing the care toward individual, organic changes.

On the other hand, it is clear that, despite the change in the conception that professionals present when they are integrated into the context of the CAPS ad, some vestiges of common belief still remain where the use of psychoactive substances and emotional problems, or prior mental illness are associated. Even though these factors may trigger the beginning of use, they cannot be considered as a cause of addiction. This result refers to the low preparation of these staff to enable adequate understanding of the phenomenon, which leads, in the last analysis, to the realization that the professional failed to fulfill that knowledge gap. This fact was also observed in this study, which showed that more than half of respondents denied having received any preparation or content on the subject of alcohol and other drugs during training.

According to the above, and considering that the CAPS ad is configured as a workspace for mid-level nursing professionals in the care of the chemically dependent individual, it is essential to consider the formation and training of these

professionals. Once the addiction is understood as a disease, and the chemically dependent individual is seen as a patient, staff must be prepared to understand not only the physical and psychological consequences involved in problematic use of psychoactive substances, but also the social, political, economic, legal and cultural issues inherent to this phenomenon⁽¹²⁾. Thus, the knowledge will help these staff members to value the psychosocial approach, as opposed to the biological approach, and will give them greater clarification, in order to ensure care that is guided by scientific evidence and formal knowledge.

Regarding the assistance in treatment, the professionals consider the importance not only of technicians, but also of friends and family members. This demonstrates the recognition, by some of these professionals, of the importance of including participants from the social network of the chemically dependent person in his/her treatment process. This acknowledgment should always be present in the care for these individuals in the CAPS ad, as social networks are considered central to the sense of identity and competence, especially in the attention to health and adaptation in situations of crisis⁽¹²⁾, enabling treatment based on psychosocial strategies proposed by the Law 10.216 / 2001⁽¹²⁾.

Moreover, despite these professionals having identified family as part of the treatment, it must be seen in a particular manner, especially as the literature shows that for each subject involved with alcohol or drugs, four or five people, including spouses, partners, children and parents, are directly or indirectly affected⁽¹³⁻¹⁴⁾. Thus, it is necessary that these professionals are also prepared to be attentive to the needs and difficulties of the family and its illness, which can interfere directly in the worsening of the problems experienced by the family unit, particularly the drug user himself⁽¹⁵⁾, as illustrated by the interviewees.

Preparing these professionals for this aspect can help the nursing staff to conceive of the family as an essential partner in treatment, rather than a propellant of the drug use by the subjects. Still, they must recognize the family members that have the potential to act as partners in treatment, helping the team to work on the limitations, difficulties and feelings of family members and, in particular, from the partner that is better able to interact with the chemically dependent person. Once he assumes the role of caregiver and feels responsible for that, positive outcomes of treatment will occur more readily.

Professionals also pointed to psychiatric comorbidities as a cause of psychoactive substance abuse. Although the literature reveals a high prevalence of mental illness in those with chemical dependency⁽¹⁶⁻¹⁸⁾, it is often considered not to be a causative factor for the use of psychoactive substances, but a consequence of it⁽¹⁹⁾, conceiving of or associating the dependence to a mental illness contributes to a reductionist view of the problem. Thus, since these professionals identify the presence of mental disorders in some users and perceive it to be a triggering factor of using, it is important that the team can advise them about the care, preparing them, according to their professional skills, to intervene along with these patients. In accordance with the statements of the participants, the

occurrence of an additional disorder in the substance abuser can alter, in a negative manner, the symptoms, treatment and prognosis of both⁽¹⁹⁾.

Changing the concept about those with chemical dependency, after the beginning of professional practice in the CAPS ad, was an important finding consistent with literature findings⁽²⁰⁻²²⁾. According to a previous study⁽²⁰⁾, direct contact with users of alcohol and other drugs in specialized services for the care of the needs resulting from the use of psychoactive substances, enables the nursing staff to overcome the influence of the moral model of explanation for the use of psychoactive substances, still common among health professionals^(20,23), and the emergence of a concept based on the psychosocial model, which is consistent with the model of care of CAPS.

Although practice does not replace formal education on the issue - it contributes significantly to better understanding and consequently to the change of view that the professional has of these individuals; the findings of this and previous studies⁽²⁰⁻²²⁾, reinforce the need for practical experience with stigmatized populations during training. This experience will enable better preparation of the future professional, to act in this new scenario of practice, assisting the individual in seeking necessary support for his/her recovery and social reintegration.

This awareness and preparation to treat these patients will only be possible when the issue is considered important and satisfactorily included in the training of these professionals.

This study has limitations because it was conducted only with nursing assistants and technicians working in the CAPS ad in São Paulo, and therefore it is not possible to extrapolate these results to other contexts or locations. However, it can make a significant contribution to the area of treatment for alcohol and other drugs, in particular as regards the mid-level nursing professionals, because little is known about the

attitudes and conceptions of this category of staff about those with chemical dependency.

Moreover, it can support research aimed to propose improvement strategies in education, training and qualification of these professionals because, as suggested, they complete professional courses with conceptions of common beliefs but which have little technical-scientific basis, which are essential to treating and caring for those with chemical dependency in a comprehensive manner.

FINAL CONSIDERATIONS

The results of this qualitative study illustrate some important conceptions of mid-level nursing professionals that work with chemically dependent individuals, enabling the development of categories that can provide a basis to explain how the nursing assistants and technicians working in the CAPS ad understand the individuals who are dependent on alcohol and other drugs.

Those with chemical dependency are sick people, and social or family situations and their mental health are important factors to be considered in this illness. The results also make it possible to theorize that the contact and work with these patients in specialized services enable a change in the staff's conception of these individuals. This finding highlights the importance of including practical activities and internships in specialized services in the care of individuals with needs caused by the use of psychoactive substances in the Psychosocial Care Network (RAPS), in the curriculum of these mid-level nursing professionals. This will enable the formal education about alcohol and other drugs to be reinforced by practical activities with these users, and the future professional will be better prepared to work within the services of specialized care of RAPS - the CAPS ad.

REFERENCES

- Laranjeira R, Pinsky I, Zaleski M, Caetano R, Duarte P. I levantamento nacional sobre os padrões de consumo de álcool na população brasileira. Brasília: Secretaria Nacional Antidrogas; 2007.
- Laranjeira R, et al. II Levantamento Nacional de Álcool e Drogas—Consumo de Álcool no Brasil: Tendências entre 2006/2012. São Paulo: Inpad; 2013.
- Souza J, Kantorski LP, Gonçalves SE, Mielke FB, Guadalupe DB. Centro de atenção psicossocial álcool e drogas e redução de danos: novas propostas, novos desafios. *Rev Enferm UERJ* [Internet]. 2007[cited 2014 Apr 02];15(2):210-7. Available from: <http://www.facenf.uerj.br/v15n2/v15n2a09.pdf>
- Vargas D, Soares J. [Attitudes of nurses to alcoholism: a literature search]. *Cogitare enferm* [Internet]. 2011[cited 2014 Nov 02];16(2):340-7. Available from: ojs.c3sl.ufpr.br/ojs/index.php/cogitare/article/download/17619/14218. Portuguese.
- Jorge MSB, Pinto DM, Quinderé PHD, Sousa FSP, Cavalcante CM. [Promotion of mental health – technologies for care: emotional involvement, reception, co-responsibility and autonomy]. *CiêncSaúdeColet*[Internet]. 2011[cited 2014 Nov 02];16(7):3051-60. Available from: <http://www.scielo.org/pdf/csc/v16n7/05.pdf> Portuguese.
- Branco FMFC, et al. Atuação da equipe de enfermagem na atenção ao usuário de crack, álcool e outras drogas. *J Health Sci Inst* [Internet]. 2013[cited 2014 Nov 02];31(2):161-5. Available from: http://www.unip.br/comunicacao/publicacoes/ics/edicoes/2013/02_abr-jun/V31_n2_2013_p161a165.pdf.
- Vargas D, Bittencourt MN, Rocha FM, Oliveira MAF. [Social representation from nurses from psychosocial care centers for alcohol and drugs (CAPS AD), about the chemical dependent]. *Esc. Anna Nery* [Internet]. 2013[cited 2014 Nov 02];17(2):242-48. Available from: <http://www.scielo.br/pdf/eann/v17n2/v17n2a06.pdf>
- Vargas D, Soares J. Knowledge and attitudes of nurses towards alcohol and related problems: the impact of an educational intervention. *Rev Esc Enferm USP* [Internet]. 2013 Oct[cited 2014 Nov 02];47(5):1172-9 Available from: <http://www.scielo.br/pdf/reeusp/v47n5/0080-6234-reeusp-47-05-1172.pdf>

9. Strauss A, Corbin J. Basics of qualitative research. 3rd ed. London: Sage, 1993.
10. Ribeiro M. Organization of the services for the treatment of alcohol dependence. *Rev Bras Psiquiatr* [Internet]. 2004[cited 2014 Nov 02];26(Suppl 1):50-62. Available from: http://www.scielo.br/pdf/rbp/v26s1/en_a15v26s1.pdf
11. Alves SVF, Cortes PR, Freire SRC, Lemos SLB, Pillon SC, Siqueira MM. [The teaching of psychoactive substances at nursing degree courses at the Federal University of Espírito Santo]. *REME Rev Min Enferm* [Internet]. 2010[cited 2014 Nov 02];14(2):244-50. Available from: <http://www.reme.org.br/artigo/detalhes/113> Portuguese.
12. Cavalcante LP, Falcão RST, Lima HP, Marinho AM, Macedo JQ, Braga VAB. Rede de apoio social ao dependente químico: ecomapa como instrumental na assistência em saúde. *Rev Rene* [Internet]. 2012[cited 2014 Nov 02];13(2):321-31. Available from: <http://www.revistarene.ufc.br/revista/index.php/revista/article/view/215/pdf>
13. Paz FM, Colossi PM. Aspectos da dinâmica da família com dependência química. *Estud Psicol* [Internet]. 2013[cited 2014 Nov 02];18(4):551-8. Available from: <http://www.scielo.br/pdf/epsic/v18n4/a02v18n4.pdf>
14. Orford J1, Velleman R, Natera G, Templeton L, Copello A. Addiction in the family is a major but neglected contributor to the global burden of adult ill-health. *Soc Sci Med* [Internet]. 2013[cited 2014 Nov 02];78:70-7. Available from: <http://www.sciencedirect.com/science/article/pii/S0277953612007988>
15. Moraes LMP, Braga VAB, Souza AMA, Oriá, MOB. Expressão da codependência em familiares de dependentes químicos. *REME Rev Min Enferm* [Internet]. 2009[cited 2014 Nov 02];13(1):34-42. Available from: <http://www.reme.org.br/artigo/detalhes/160>
16. Capistrano FC, Ferreira ACZ, Silva TL, Kalinke LP, Maftum MA. [Clinical sociodemographic profile of chemically dependents under treatment: record analysis]. *Esc Anna Nery* [Internet]. 2013[cited 2014 Nov 02];17(2):234-41. Available from: <http://www.scielo.br/pdf/ean/v17n2/v17n2a05.pdf> Portuguese.
17. Lewis MA, Neighbors C, Geisner IM, Lee CM, Kilmer JR, Watkins DC. Examining the associations among severity of injunctive drinking norms, alcohol consumption, and alcohol-related negative consequences: the moderating roles of alcohol consumption and identity. *Psychol Addict Behav* [Internet]. 2010[cited 2014 Nov 02];24(2):177-89. Available from: <http://psycnet.apa.org/journals/adb/24/2/177/>
18. Hess ARB, Almeida RMM, Moraes AL. Comorbidades psiquiátricas em dependentes químicos em abstinência em ambiente protegido. *Est Psicol* [Internet]. 2012[cited 2014 Nov 02];17(1):171-8. Available from: <http://www.scielo.br/pdf/epsic/v17n1/21.pdf>
19. Silva TL, Maftum MA, Kalinke LP, Mathias TAF, Ferreira ACZ, Capistrano FC. Sociodemographic and clinical profile of patients treated at the psychiatric unit of a general hospital. *Cogitare Enferm* [Internet]. 2015[cited 2014 Nov 02];20(1):112-20. Available from: <http://ojs.c3sl.ufpr.br/ojs/index.php/cogitare/article/view/36414/24856>
20. Bittencourt MN, Vargas D. Attitudes towards alcohol and alcohol-related problems: Comparison among nurses from different Brazilian health care settings. *J Nurs Educ Pract* [Internet]. 2015[cited 2014 Nov 02];5(2):45-51. Available from: <http://www.sciedu.ca/journal/index.php/jnep/article/view/5374>
21. Israel-Pinto A. As dificuldades do toxicodependente na busca por tratamento: uma breve reflexão teórica. *Interação* [Internet]. 2013[cited 2014 Nov 02];17(2):207-15. Available from: <http://ojs.c3sl.ufpr.br/ojs/index.php/psicologia/article/viewFile/26552/22696>
22. Luis MAV, Lunetta ACF. [Alcohol and drugs: preliminary survey of brazilian nursing research]. *Rev Latino-Am Enferm*. 2005;3(esp):1219-30. Available from: <http://www.scielo.br/pdf/rlae/v13nsp2/v13nsp2a18.pdf> Portuguese.
23. Eslabão AD, Franchini B, Mauch LMI, Nunes CK, França SM, Fernandes HN. Grupo Oficina de mulheres dependentes químicas: um relato de experiência. *Cienc Cuid Saúde* [Internet]. 2012[cited 2014 Nov 02];Out/Dez;11(4):808-12. Available from: http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/15408/pdf_1

ERRATUM

page 759 that read:

"8. Vargas D, Soares J. Knowledge and attitudes of nurses towards alcohol and related problems: the impact of an educational intervention. *Rev Esc Enferm USP* [Internet]. 2013 Oct[cited 2014 Nov 02];47(5):1172-9 Available from: <http://www.scielo.br/pdf/reeusp/v47n5/0080-6234-reeusp-47-05-1172.pdf>".

Read:

"8. Vargas D, Soares J, Formigoni MLOS. Knowledge and attitudes of nurses towards alcohol and related problems: the impact of an educational intervention. *Rev Esc Enferm USP* [Internet]. 2013 Oct[cited 2014 Nov 02];47(5):1172-9 Available from: <http://www.scielo.br/pdf/reeusp/v47n5/0080-6234-reeusp-47-05-1172.pdf>".

Rev Bras Enferm. 2015 Nov-Dec;68(6):755-60.