


RESEARCH ARTICLE (ORIGINAL) 

Patient admission to specialized services as a care strategy for alcohol and other drug users

Acolhimento em serviço especializado como estratégia de cuidado ao consumidor de álcool e outras drogas

Acogida en un servicio especializado como estrategia de atención al consumidor de alcohol y otras drogas

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Abstract

Background: The patient admission procedure promotes alcohol and other drug users' active involvement, as it considers their individual needs and social context.

Objective: To examine patient admission to specialized services as a care strategy for alcohol and other drug users.

Methodology: This observational, descriptive-exploratory, analytical, and quantitative study was conducted in a specialized service by collecting information from 708 patient admission instruments.

Results: Nurses, social workers, and psychologists are responsible for admitting alcohol and other drug users. Users are predominantly male (69.8%), with incomplete elementary school education (40.5%), married or in a stable relationship (53.2%), without children (73.3%), employed (45.5%), and with a mean age of 42.67 years. The main precipitating factors for drug use are the influence of friends (52.1%), curiosity (22.3%), and fun and partying (15.7%).

Conclusion: This study highlights the importance of filling out the patient admission instrument in preparing individual therapeutic plans, promoting comprehensive care, building a database, and studying users' profiles to further the understanding of the drug use phenomenon.

Keywords: user embracement; drug users; nursing; drug-induced disorders; behavior, addictive

Resumo

Enquadramento: O acolhimento promove o protagonismo do consumidor de álcool e outras drogas, considerando as necessidades individuais e o contexto social.

Objetivo: Investigar o acolhimento em serviço especializado como estratégia de cuidado aos consumidores de álcool e outras drogas.

Metodologia: Trata-se de estudo observacional, descritivo-exploratório, analítico, abordagem quantitativa, realizado num serviço especializado, através de colheita de informações do instrumento de acolhimento de 708 utentes.

Resultados: O acolhimento é realizado pelo enfermeiro, assistente social e psicólogo. O perfil dos consumidores teve predominância de homens (69,8%), ensino fundamental incompleto (40,5%), casados/união estável (53,2%), sem filhos (73,3%), empregados (45,5%), média de idade de 42,67 anos. Destaca-se como fator precipitante do consumo a influência de amigos (52,1%), curiosidade (22,3%) e diversão e festas (15,7%).

Conclusão: Esta investigação evidenciou a importância do preenchimento completo do instrumento de acolhimento para a elaboração do projeto terapêutico individual, promoção da integralidade da prestação de cuidados e favorecer a construção de uma base de dados, bem como a investigação do perfil dos consumidores para melhorar a compreensão sobre o fenómeno do consumo de drogas.

Palavras-chave: acolhimento; consumidores de drogas; enfermagem; transtornos induzidos por drogas; comportamento aditivo

Resumen

Marco contextual: La acogida promueve el protagonismo del consumidor de alcohol y otras drogas, y considera las necesidades individuales y el contexto social.

Objetivo: Investigar la acogida en servicios especializados como estrategia de atención a los consumidores de alcohol y otras drogas.

Metodología: Se trata de un estudio observacional, descriptivo-exploratorio, analítico, con un enfoque cuantitativo, realizado en un servicio especializado, mediante la recogida de información del instrumento de acogida de 708 usuarios.

Resultados: La acogida la realizan enfermeros, trabajadores sociales y psicólogos. El perfil de los consumidores fue predominantemente masculino (69,8%), con educación elemental incompleta (40,5%), casados/unión estable (53,2%), sin hijos (73,3%), empleados (45,5%), con una edad media de 42,67 años. La influencia de los amigos (52,1%), la curiosidad (22,3%) y la diversión y las fiestas (15,7%) destacan como factores que precipitan el consumo.

Conclusión: Esta investigación puso de manifiesto la importancia de cumplimentar en su totalidad el instrumento de admisión para elaborar un proyecto terapéutico individual, lo que promueve la integridad de la prestación asistencial y favorece la construcción de una base de datos, además de la investigación del perfil de los usuarios para mejorar la comprensión del fenómeno del consumo de drogas.

Palabras clave: acogimiento; consumidores de drogas; enfermería; trastornos inducidos por drogas; conducta, adictiva

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Received: 25.01.22

Accepted: 22.09.22



How to cite this article: Sucar, J. M., Vasconcelos, S. C., & Carvalho, J. C. (2022). Patient admission to specialized services as a care strategy for alcohol and other drug users. *Revista de Enfermagem Referência*, 6(1), e22011. <https://doi.org/10.12707/RVI22011>



Introduction

Patient admission is a *soft technology* widely used as the first step in care delivery in the Brazilian Unified Health System. It seeks to promote universal access and improve the relationship between health professionals and patients through active listening and attending to patient needs (Belfort, 2021; Brehmer & Verdi, 2010; Macedo et al., 2018). In the specialized service where this study was conducted, the admission instrument is filled out to prepare the individual therapeutic plan for outpatient treatment, hospitalization, or transfer according to the identified situation.

In this context, alcohol and other drug users experience a complex and multifaceted phenomenon, with distinguished and specific characteristics that signal the relevance of studying each aspect of their lives (Araújo et al., 2018; Oliveira & Oliveira, 2021).

This study chose to examine a specialized service treating alcohol and other drug users, as knowing more allows for better care. The service is recognized as a source of scientific evidence for implementing evidence-based practice and hosting events and scientific discussions on the theme. Initially, this service admitted alcohol and other drug users and their families by filling out an identification form (simple listening). It also verified the indication for admission to the service in a screening-type procedure. To improve the first contact with alcohol and other drug users, the service's health team suggested using the nursing consultations instrument as the service's official patient admission instrument. This way, the screening logic was altered to focus on active listening and problem-solving, which are essential to patient admission.

This study examines patient admission to a specialized service as a care strategy for alcohol and other drug users.

Background

Within *soft technologies* or *relational technologies*, patient admission is characterized as a humanized procedure consisting of mutual respect, effective work relationships, problem-solving, and health information recording (Feitosa et al., 2021).

Soft technologies include the relationships between healthcare stakeholders. They guide health professionals' attitudes toward being patient-centered and viewing patients as subjective, indivisible beings with social origins and family ties (Lopes et al., 2021).

The alcohol and other drug use phenomenon requires understanding the health-disease process and recognizing substance dependence as a public health problem. Substance use leads to substance dependence, resulting from the interaction between use, users' personalities, and the social and cultural context they encounter. Dependence sets in when these three factors are unfavorable (Oliveira & Oliveira, 2021). It compromises the quality of life of users and family members, leads to medical and psychiatric complications, and increases morbidity and mortality rates (Santos et al., 2021).

Nurses are present in everything from admitting alcohol and other drug users to implementing the care process for those already under treatment. Therefore, nursing professionals stand out as qualified healthcare professionals to apply the soft technology of patient admission as, due to their training, they can provide care to these patients using a holistic approach. This holistic approach is necessary for developing individual therapeutic plans.

Research Question/Hypothesis

Is the admission to specialized services used as a care strategy for alcohol and other drug users?

Admission to specialized services is a care strategy for alcohol and other drug users.

Methodology

This observational, descriptive-exploratory, analytical, and quantitative study followed the methodological guidelines of STROBE (STrengthening the Reporting of OBservational studies in Epidemiology). It was conducted in a specialized service for treating substance dependence located in Natal (Rio Grande do Norte, Brazil). The service is constituted by a multi-professional team using an interdisciplinary work approach.

The principal investigator collected data by analyzing the admission instrument of 708 alcohol and other drug users under treatment. The instrument consists of eight modules: Module I - Identification; Module II - Origin of referral and motivations for treatment; Module III - Description of the alcohol and other drug use and abuse, precipitating factors for alcohol and other drug use, and user's awareness of having a dependence; Module IV - Drug user's general conditions at the time of admission; Module V - Definition of care and term of commitment; Module VI - Preparation of the Individual Therapeutic Plan: scheduling/dates; Module VII - Evaluation/Discharge; and Module VIII - Attendance map - user's returns to treatment.

Data were analyzed descriptively using absolute and relative frequencies for categorical variables and mean, standard deviation, and median for numeric variables.

Pearson's chi-square test and/ or Fisher's exact test were used to evaluate the occurrence of bivariate associations between alcohol and other drug use and the variables "demographic profile," "user's awareness of having a dependence," and "precipitating factors of drug use." The bivariate analysis revealed the significance values of each variable, the odds ratio (OR) of each category in relation to the base category, and the respective OR confidence intervals. In the multivariate logistic regression model, the same parameters were obtained in addition to each category's value of significance in relation to the base category, the model acceptance, and the percentage of correct classification of cases.

The error margin in the statistical test decisions was 5%, with 95.0% confidence intervals being obtained. The data were entered twice (double entry) using the EXCEL

software, and the IBM SPSS Statistics software, version 27.0, was used to do the statistical calculations.

The research followed the guidelines of Resolution 466/2012 of the National Council of Health and was approved by the Ethics Committee on Research with Human Beings under CAAE 50905615.2.000.5292 and opinion no. 1,344,527.

Results

The statistical treatment of the admission instrument described the socioeconomic profile of the alcohol and other drug users by presenting their characteristics.

The specialized service where this study was conducted suggests using the patient admission instrument as a *soft technology* to prepare the individual therapeutic plan. The goal is to promote comprehensive care, fostering problem-solving and inclusive practices from patient admission to the multi-professional team's subsequent interdisciplinary care intervention.

This *soft technology* is developed within the relationship between health professionals and alcohol and other drug users in the specialized service, allowing all involved to share responsibility in the care process.

The analysis of the admission instruments also reveals that the service has a fixed weekly schedule of nurses, social workers, and psychologists who take turns admitting alcohol and other drug users. Of the 983 admission instruments analyzed, 552 (56.1%) were completed by nurses, 261 (26.5%) by social workers, 147 (15.0%) by psychologists, and in 23 (2.4%) the health professional was not identified.

It is worth noting that 275 instruments were disregarded

due to incomplete information on the user's profile regarding the pattern of use, the user's awareness of having a dependence, and the precipitating factors behind use onset. These variables are the focus of this study.

Thus, the final sample consists of 708 instruments of alcohol and other drug users, among which 657 are alcohol and other drug users, and 51 are drug users without associated alcohol use.

Regarding the alcohol and other drug users' profiles, the sociodemographic description shows a majority of men (69.8%) with incomplete elementary school education (40.5%), married or in a stable relationship (53.2%), without children (73.3%), employed (45.5%), and with the mean age of 42.67 years.

The data regarding alcohol and other drug use and treatment, described in Table 1, shows that the main reasons for seeking treatment are: "wanting to do the treatment" (personal desire, 87.0%), "free will/ without imposition" (79.0%), and "health" (55.9%), and "social" (45.8%). The purpose of seeking treatment is divided into individual issues, such as "Treating licit and illicit drug use or abuse" (85.0%) and "Improving job performance" (59.3%), and collective issues, such as "Family restructuring" (50.4%) and "Social reintegration" (47.6%). The precipitating factors for alcohol and other drug use are also divided into individual and collective issues. The "Influence of friends" (52.1%) and "Fun and partying" (15.7%) stand out among the collective issues, while "Curiosity" (22.3%) is highlighted as an individual issue.

The problems presented by alcohol and other drug users reveal that they suffer from health (76.3%), psychological (67.9%), family (66.9%), and psychiatric (65.8%) harm. Also, most users are aware of their substance dependence (78.7%).

Table 1*Characteristics of the use or abuse of alcohol and other drugs identified during admission*

Variable	Quantity (%)
Reasons for seeking care ⁽¹⁾	
• Wanting to do the treatment	616 (87.0)
• Free will (without imposition)	559 (79.0)
• Health	396 (55.9)
• Social	324 (45.8)
• Imposed	49 (6.9)
• Judicial	18 (2.5)
Purpose of seeking care ⁽¹⁾	
• Treating licit and illicit drug use or abuse	602 (85.0)
• Improving job performance	420 (59.3)
• Family restructuring	357 (50.4)
• Social reintegration	337 (47.6)
• Health recovery	16 (2.3)
• Financial reorganization	15 (2.1)
Precipitating factors for initiating drug use	
• The influence of friends	369 (52.1)
• Curiosity	158 (22.3)
• Fun and partying	111 (15.7)
• Parental influence	59 (8.3)
• Personal conflicts	47 (6.6)
• Family influence	37 (5.2)
• Family problems	32 (4.5)
• Thinking it is good	28 (4.0)
• Social problems	14 (2.0)
• Illness	8 (1.1)
Problems presented by users	
• Health	540 (76.3)
• Psychological	481 (67.9)
• Family	474 (66.9)
• Psychiatric	466 (65.8)
• Work-related	461 (65.1)
Users are aware of their drug addiction	
• Yes	557 (78.7)
• No	151 (21.3)

Note. ⁽¹⁾ = Participants can present more than one answer, so the sum of the frequencies is higher than the study's sample.

The mean age of drug use onset is 15.81 years for alcohol (92.8%), 17.64 years for marijuana (39.8%), 22.18 years for cocaine (28.7%), and 24.70 years for crack (21.8%; Table 2), which demonstrates that the drug phenomenon enters people's lives during youth and in

the active phase. Thus, it can compromise the potential development and productive ability of alcohol and other drug users, with repercussions in society's behavioral dynamics and increased risks for health deterioration and life preservation.

Table 2*Mean age of drug use onset*

Type of drug	Quantity (%) ⁽¹⁾	Mean age \pm SD
Alcohol	657 (92.8)	15.81 \pm 5.12
Marijuana	282 (39.8)	17.64 \pm 5.76
Cocaine	203 (28.7)	22.18 \pm 6.70
Crack	154 (21.8)	24.70 \pm 8.59
Tobacco	82 (11.6)	Not reported
Psychotropic	69 (9.7)	29.63 \pm 15.50
Inhalants	61 (8.6)	16.02 \pm 5.04

Note. ⁽¹⁾ = The percentage values are obtained from the total 708 participants analyzed. It is worth noting that several participants use multiple drugs, so the sum of the frequencies is higher than the total.

This study conducted a bivariate analysis to further the research on the relevance of adequately completing the admission instrument for the care process of these patients. It also aims to broaden the understanding of alcohol and other drug use. The analysis established a significant association ($p < 0, 05$) between “alcohol and other drug use” and the “age group” ($p < 0.001$), with an OR of 9.17 for 13 to 29 years old; “male gender” ($p < 0.001$), “single marital status” ($p < 0.024$), with an OR of 2.95; “occupation” ($p < 0.001$), with an OR of 3.53 for “employee in public/private sector” and an OR of 2.24 for “self-employed”; and the “awareness of having a dependence” ($p < 0.005$), with an OR of 4.65

(Table 3). It also shows that the alcohol user, with or without other drug use, tends to develop alcohol abuse and dependence-related problems and suffer from the associated harm.

Having “Fun and partying” (OR of 4.87), followed by “Curiosity” (OR of 2.79) and “Influence of friends” (OR of 2.10) are the main factors precipitating alcohol use onset. These risk factors for use are statistically significant in the sample studied (Table 3) and considered in the strategies to prevent use and relapse. On the other hand, “Parental” and “Family influence” are identified as protective factors, as they are not statistically significant in this sample, according to Table 3.

Table 3

Precipitating factors for the onset of alcohol and other drug use

Precipitating factors	Alcohol and other drug use onset			P value	OR (95% CI)
	Yes N(%)	No N(%)	TOTAL N(%)		
Alcohol and other drug users	657(92.8)³	51(7.2)⁴	708(100.0)	-	-
Influence of friends					
Yes	351(95.1)	18(4.9)	369(100.0)	$p^{(1)}=0.013^*$	2.10 (1.16 to 3.81)
No	306(90.3)	33(9.7)	339(100.0)		1.00
Curiosity					
Yes	153(96.8)	5(3.2)	158(100.0)	$p^{(1)}=0.026^*$	2.79 (1.09 to 7.15)
No	504(91.6)	46(8.4)	550(100.0)		1.00
Fun and partying					
Yes	109(98.2)	2(1.8)	111(100.0)	$p^{(1)}=0.017^*$	4.87 (1.17 to 20.34)
No	548(91.8)	49(8.2)	597(100.0)		1.00
Parental influence					
Yes	49(83.1)	10(16.9)	59(100.0)	$p^{(2)}=0.006^*$	1.00
No	608(93.7)	41(6.3)	649(100.0)		3.03 (1.43 to 6.41)
Family influence					
Yes	37(97.4)	1(2.6)	38(100.0)	$p^{(2)} = 0.512$	**
No	620(92.5)	50(7.5)	670(100.0)		
Family problems					
Yes	31(96.9)	1(3.1)	32(100.0)	$p^{(2)} = 0.721$	**
No	626(92.6)	50(7.4)	676(100.0)		
Thinking it is good					
Yes	20(71.4)	8(28.6)	28(100.0)	$p^{(2)} < 0.001^*$	1.00
No	637(93.7)	43(6.3)	680(100.0)		5.93 (2.47 to 14.23)
Personal conflicts					
Yes	45(95.7)	2(4.3)	47(100.0)	$p^{(2)} = 0.568$	**
No	612(92.6)	49(7.4)	661(100.0)		
Social problems					
Yes	14(100.0)	-	14(100.0)	$p^{(2)} = 0.615$	**
No	643(92.7)	51(7.3)	694(100.0)		

Note. OR = Odds Ratio; CI = Confidence interval.

(¹) = Using Pearson's chi-square test; (²) = Using Fisher's exact test; (³) = Alcohol and other drug use; (⁴) = Other drug use without associated alcohol use. (*) 5% significance level association. (**) Unable to determine due to the occurrence of very low frequencies that produce very wide OR intervals.

Discussion

As a soft technology, using a specific instrument and active listening, admission favors the paradigm shift from the biomedical approach to a dialogue-based health surveillance model. The imposition of professional knowledge and unilateral communication characterizes the biomedical

approach. On the other hand, the dialogue-based health surveillance model focuses on comprehensive care and the shared responsibility of the care process, highlighting the concepts of empowerment, autonomy, and social transformation.

This way, the individuality and dignity of alcohol and other drug users and health professionals are recognized

as inalienable rights. In this context, all stakeholders can expand their actions beyond the technical and hierarchical spheres. Social interaction and different, more horizontal, and flexible types of knowledge can be explored, offering agents a greater possibility of creativity and encouraging the team's further integration.

The study of the admission instrument for alcohol and other drug users in a specialized outpatient service reveals the sociodemographic characteristics and motivations for treatment, such as improving job performance, family restructuring, and social reintegration, as well as the losses, as demonstrated by previous studies (Gusmão et al., 2017).

This study's results show that participants are aware of their dependence. However, scientific evidence points out that alcohol and other drug users struggle to recognize their dependence, often deny it, and display ambivalent behavior (Sousa et al., 2013).

Although drug use onset occurs during adolescence, users only seek treatment in adulthood. Their primary motivation is the desire to care for themselves and drug use-related health harm, a result similar to Silva et al.'s (2018) study that associates drug use with the emergence of comorbidities, including clinical and psychiatric pathologies.

Most study participants are married or in a stable relationship. This result differs from the study of Santana et al. (2021), which points out a higher prevalence of alcohol and other drug abuse among single individuals. Thus, in this study, users' marital status is statistically significant, reflecting a noteworthy change in socioeconomic and cultural behavior patterns.

The results also show a higher prevalence of alcohol and other drug abuse among people with formal or informal employment, which may be associated with work-related problems and the need to support drug use financially. This result differs from Luquini et al.'s (2018) study, which shows higher substance use in unemployed individuals. The data presented in this study concerning individual and collective motivational variables point to the ambivalent behavior pattern of alcohol and other drug users (Neto et al., 2017).

Thus, the multi-professional team must acquire the skills and ability to adequately manage these patients, using appropriate care strategies, among which patient admission must stand out (Silva et al., 2021).

Nurses' professional training and specific professional practice allow them to collaborate with other health professionals to improve care, develop individual therapeutic plans, and evaluate care practices (Matos et al., 2017). Thus, nurses play a pivotal role in the multi-professional team regarding patient admission and individual and collective care delivery.

The nursing team must understand the drug use/abuse phenomenon and provide care that includes the different healthcare levels. Nurses must also foster users' social integration to develop coping strategies for overcoming substance use and promote prevention actions as the main focus of health policies (Silva et al., 2021).

This study is limited by incomplete admission instruments, which lead to the loss of participants and conse-

quent reduction of the study's sample.

This study demonstrates that the innovative use of patient admission as a strategy to promote comprehensive care, using the admission instrument and active listening, supports the preparation of individual therapeutic plans. It shows the ambivalent behavior of alcohol and other drug users and reveals changes in users' sociodemographic profiles and motivations for seeking treatment. It also addresses little-explored topics such as the precipitating factors for substance use and users' awareness of having a substance dependence.

Finally, this study recommends using computer technology in association with the admission instrument to favor the creation of an online database. This database will promote the systematic development of research to improve care delivery and health services and the reflection on comprehensive care public policies for alcohol and other drug users.

Conclusion

In the service where this study was conducted, nurses, social workers, and psychologists admit patients using a specific admission instrument and active listening, which guides the collection of the information necessary for preparing individual therapeutic plans. The study demonstrates the relevance of recording the information collected and supports the creation of an online database and the research on the profiles of alcohol and other drug users to promote comprehensive care and broaden the understanding of drug use and drug users.

This study analyses how alcohol and other drug users are admitted into the specialized service. It demonstrates that users spontaneously seek treatment motivated by clinical and social harm. The study's participants are aware of their substance dependence, and the primary purpose for seeking the service is to treat "licit and illicit drug use or abuse" and improve "job performance."

The admission instrument can be used as a care strategy for alcohol and other drug users. It contributes to broadening the understanding of drug use, preparing individual therapeutic plans, and providing systematic information for research, service evaluation, and training on the theme. This study also allows reflection on the relevance of providing specialized care scenarios and promoting interdisciplinary clinical practice, scientific knowledge production, and care practice assessment, thus making its social and public health contribution.

This study and research aim to produce robust scientific evidence capable of guiding health professionals' decision-making in clinical practice, thus improving alcohol and other drug users' admission as well as their accompanying family members. Including the families of alcohol and other drug users and promoting a space of care for these family members must be reinforced, demonstrating that patient admission is a broad and adequate care strategy for all involved in the care process. Therefore, health services must adapt based on health phenomena and/or patient needs.

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