

Attitudes of professionals from Psychosocial Care Centers towards alcohol, alcoholism, and alcoholics*

Atitudes de profissionais de Centros de Atenção Psicossocial sobre álcool, alcoolismo e alcoolistas

How to cite this article:

Prates JG, Oliveira MAF, Claro HG, Pinho PH, Boska GA, Fernandes IFAL, et al. Attitudes of professionals from Psychosocial Care Centers towards alcohol, alcoholism, and alcoholics. Rev Rene. 2021;22:e62765. DOI: <https://doi.org/10.15253/2175-6783.20212262765>

-  José Gilberto Prates¹
-  Márcia Aparecida Ferreira de Oliveira¹
-  Heloísa Garcia Claro²
-  Paula Hayasi Pinho³
-  Gabriella de Andrade Boska¹
-  Ivan Filipe de Almeida Lopes Fernandes⁴
-  Júlia Carolina de Mattos Cerioni Silva¹

*Extracted from the doctoral Thesis “Avaliação global das necessidades individuais – na Rede de Atenção Psicossocial”, Universidade de São Paulo, 2019.

¹Universidade de São Paulo.
São Paulo, SP, Brazil.

²Universidade Estadual de Campinas.
Campinas, SP, Brazil.

³Universidade Federal do Recôncavo da Bahia.
Santa Cruz das Almas, BA, Brazil.

⁴Universidade Federal do ABC.
Santo André, SP, Brazil.

Corresponding author:

Júlia Carolina de Mattos Cerioni Silva
Escola de Enfermagem da Universidade de São Paulo.
Avenida Dr. Enéas de Carvalho Aguiar, 419
CEP: 05403-000. São Paulo, SP, Brazil.
E-mail: jucarol80@usp.br

EDITOR IN CHIEF: Ana Fatima Carvalho Fernandes
ASSOCIATE EDITOR: Renan Alves Silva

ABSTRACT

Objective: to assess the attitudes of professionals from Psychosocial Care Centers towards alcohol, alcoholism, and alcoholics. **Methods:** a cross-sectional evaluation study with 288 professionals from 12 healthcare services. Sociodemographic data, Patient Satisfaction Scale with Mental Health Services and Attitude Scale for alcohol, alcoholism, and alcoholics were collected. **Results:** the professionals who showed a more critical attitude towards their work routine and those who worked in the healthcare services for longer had positive attitudes towards alcohol, alcoholism, and alcoholics. Professionals from the administrative team and health technicians had more negative attitudes. **Conclusion:** the attitudes of professionals towards alcohol, alcoholism, and alcoholics, in general, are positive and were associated with longer working time in the field and the manifestation of disapproving situations with work.

Descriptors: Attitude; Health Personnel; Substance Abuse Treatment Centers; Alcohol-Induced Disorders; Alcoholism.

RESUMO

Objetivo: avaliar as atitudes dos profissionais de Centros de Atenção Psicossocial frente ao álcool, alcoolismo e alcoolista. **Métodos:** estudo transversal, avaliativo, com 288 profissionais de 12 serviços de saúde. Coletaram-se dados sociodemográficos, Escala de Satisfação dos Pacientes com os Serviços de Saúde Mental e Escala de Atitude para álcool, alcoolismo e alcoolistas. **Resultados:** os profissionais que demonstraram postura mais crítica em relação ao seu cotidiano de trabalho e os que atuavam nos serviços por mais tempo apresentaram atitudes positivas em relação ao álcool, alcoolismo e alcoolistas. Profissionais da equipe administrativa e técnicos de saúde apresentaram atitudes mais negativas. **Conclusão:** as atitudes dos profissionais ao álcool, alcoolismo e alcoolista, no geral, são positivas e associaram-se ao maior tempo de atuação na área e à expressão de incômodos com o trabalho.

Descritores: Atitude; Pessoal de Saúde; Centros de Tratamento de Abuso de Substâncias; Transtornos Induzidos por Álcool; Alcoolismo.

Introduction

Attitudes may be described as an expected result to always respond in a particular way to a certain class of objects in a situation. In the healthcare context, the attitudes of professionals are factors that establish the quality of care, as they considerably impact the type of response, generally classified as positive or negative attitudes. Specifically, in the care for people with problems related to alcohol consumption, professionals tend to have stigmatizing attitudes when compared to the general population, which may lead to avoidance behaviors when providing care and negatively interfere in the identification, referral, and treatment of these cases⁽¹⁻³⁾.

An experimental study on nurses' attitudes towards alcohol and alcoholism showed the prevalence of moral and judgmental conceptions, with a propensity to blame the alcoholic for his/her illness⁽²⁾. In general, personal and cultural beliefs and lack of ability to manage these cases reflect negative attitudes that need to be conducted by the multidisciplinary team within these services⁽⁴⁾.

According to recent reports, problematic alcohol consumption, even though is a legal substance, affects 43% of the global population⁽⁵⁾ and 18.8% of Brazilians⁽⁶⁾. In Brazil, individuals who have alcohol issues or dependence can be referred to the Psychosocial Care Centers Alcohol and Drugs.

The Psychosocial Care Centers Alcohol and Drugs are specialized services, open and for the community, belonging to the Psychosocial Care Network, which offers comprehensive care for people who use drugs. Composed of multidisciplinary teams, they work in an interdisciplinary way, are in direct touch with users, and plan mutual actions, being a reference in the promotion of care⁽⁷⁾.

In specialized care services such as these centers, the professionals' negative attitudes affect care, conceals the individual's real situation, lead to poor communication, break the therapeutic alliance and, therefore, impair the quality of care⁽⁸⁾. A study carried

out with Colombian nurses identified that professional experience in the field and the daily contact of professionals with alcoholics are related to more positive attitudes⁽⁹⁾.

The negative stereotype, which characterizes the alcoholic patient and alcoholism, has a strong influence on the professionals' attitudes⁽²⁾. Negative attitudes may occur because mental health professionals understand abstinence as the only possible option to cease the problematic alcohol and drug use and, consequently, are likely to consider users as difficult and complex people to provide care, far from the proposals of harm reduction recommended by the current national policy⁽¹⁰⁻¹¹⁾.

That said and considering the epidemiological data and the need for a trained team to meet the demand generated by the problematic use of drugs, investigating the attitudes of professionals working in Psychosocial Care Centers Alcohol and Drugs is of major importance. In this context, the study aimed to assess the attitudes of professionals from Psychosocial Care Centers towards alcohol, alcoholism, and alcoholics.

Methods

This is a cross-sectional evaluation study. Data collection was conducted between September 2017 and July 2018 with professionals from 12 Psychosocial Care Centers Alcohol and Drugs in the city of São Paulo, accredited by the Ministry of Health, with at least one year of operation and distributed among all regional municipal health coordinators.

As an inclusion criterion, professionals should have at least one year (12 months) of experience in the service. As exclusion criteria, those who did not answer the instrument's questions. Thus, the population was composed of all classes of workers in Psychosocial Care Centers Alcohol and Drugs (doctors, nurses, psychologists, occupational therapists, social workers, pharmacists, speech therapists, physical educators, Pharmacy technicians, Nursing technicians,

Nursing assistants, administrative officers, maintenance technicians, and workshop instructors).

The 12 Psychosocial Care Centers Alcohol and Drugs were selected by convenience. Once the 12 services were chosen, all workers were invited to participate in the survey. Of the 349 workers, 288 participated. There was a loss of 59 (17.4%) since they were on vacation, on leave, refused to participate, or were relocated to other services during data collection. Two professionals were excluded because the interview was not properly finished.

For data collection instrument, it was used a sociodemographic data questionnaire created by the researchers, with variables such as income (continuous), race/color, date of birth, education, among others, as well as the Patient Satisfaction Scale with Mental Health Services (SATIS-BR) and the Scale of Attitudes toward Alcohol, Alcoholism, and Alcoholics (EAFAAA).

The SATIS-BR scale was developed by the World Health Organization, adapted, and validated for use in Brazil in 2009, with a global Cronbach alpha of 0.84, and assesses patients, families, and professionals' satisfaction with mental health services through 13 questions encompassing: competence and understanding of the team, support, user embracement and physical structure of the service. The answers are organized on a Likert-type 5-point scale, with one - strongly disagree, two - disagree, three - indifferent, four - agree and five- strongly agree, the maximum degree of satisfaction⁽¹²⁻¹³⁾.

The EAFAAA was developed in Brazil in 2005 and validated in 2014. With a global Cronbach's alpha higher than 0.80 and tested in different settings, it was created to assess the main groups of health professionals' attitudes towards alcohol, alcoholism, and alcoholics (moral factor, disease factor, etiological factor, professional factor, and human factor). It has 50 items organized into four factors that assess the attitudes of professionals on a Likert-type 5-point scale. Higher scores correspond to more positive attitudes, with a mean of 3.15⁽³⁾ as a cutoff score for each factor. The attitudes of professionals were evaluated as posi-

tive when the general average of the EAFAAA reached this score.

The EAFAAA factor 1 factor addresses the professional's relationship with the alcoholic, addressing view, perception, opinion, feelings, and attitudes about the care provided. Factor 2 deals with the individual with an alcohol use disorder and what the professional thinks about the patient, their attitudes about individual characteristics, and expectations regarding the patient. Factor 3 is about the etiology of alcoholism and the professional's perceptions, assessment of biopsychosocial models, biological and moral aspects assigned to alcoholism and alcoholics. Factor 4 concerns items about alcoholic beverages, knowledge about alcohol use, and the right to use it⁽³⁾.

The dependent variable was the attitude of the professionals, which was measured using the EAFAAA scale. The independent variables adopted were: gender; color/race; age (continuous); time working at the Psychosocial Care Center Alcohol and Drugs; professional category; total income; marital status; graduate studies; change in working conditions; disapproving situations observed in the work environment; work flexibility; treatment modality; type of inclusion in the treatment (criteria considered for user embracement) and, finally, global satisfaction with the service measured by the general score of the SATIS-BR scale. This ranges from one to five, and the closer to five, the greater the user's satisfaction.

Data were analyzed using the IBM Statistics® program, Statistical Package for Social Sciences, version 20.0. A descriptive analysis was performed, and then univariate and multiple linear models were estimated to verify potential associations between variables. In the first stage of inferential analyses, univariate models were estimated whose results with a p-value of ≤ 0.3 were included in the multiple models.

This research was approved by the Ethics and Research Committee of the University of São Paulo School of Nursing under Opinion No. 2,125,494/2017 and registered with the Municipal Health Department of São Paulo.

Results

Participants were predominantly women, white, married or with partners, and with a mean age of 40 years. Most professionals (35.4%) have a graduate degree, followed by those with higher education (17.7%). A large portion of the sample (20.8%) have medium and elementary degrees of nursing, namely technician and nursing assistant; 12.8% have administrative activities; 11.5% are psychologists; 8% are doctors; 7.6% are nurses; 7.3% are social workers; 7.3% are occupational therapists, followed by workshop instructors (5.9%), Pharmacy technicians (4.2%), Physical Education professionals (3.1%), pharmacist (3.5%) and speech therapist (0.3%). It is observed that 43.4% of professionals work in Psychosocial Care Centers Alcohol and Drugs between two and four years. Most workers (71.9%) do not have another job and earn four to seven minimum wages (39.2%).

The satisfaction score calculated using the SATIS-BR scale, with a continuous numeric variable from

one to five, had a global mean of 3.77, indicating that, on average, the multidisciplinary team of the Psychosocial Care Centers Alcohol and Drugs in São Paulo is satisfied with the service. The professionals' satisfaction about their participation in the service had a lower score (3.64) when compared to the other factors evaluated (Table 1).

The mean score achieved in the EAFAAA was 3.57, showing that, on average, the multidisciplinary team of the Psychosocial Care Centers Alcohol and Drugs in São Paulo has positive attitudes towards alcohol, alcoholics, and alcoholism. Cronbach's alpha for the internal consistency of the EAFAAA scale was 0.867, (95% CI 0.844 - 0.888), indicating an internal consistency of the assessment measure for the attitudes of professionals in this study, as this value is greater than 0.7⁽¹²⁾. Factor 3 (attitudes towards alcoholism (etiology)) has the lowest score of positive attitudes (2.97) and the only score below the cutoff of 3.15 as described in Table 2.

Table 1 – Descriptive analysis of the Patient Satisfaction Scale with Mental Health Services according to professionals from Psychosocial Care Centers Alcohol and Drugs. São Paulo, SP, Brazil, 2017. (n=288)

Factor/Scale	Mean	Standard error	95% Confidence Interval		Median	Standard deviation
			Minimum	Maximum		
Factor 1. Team satisfaction with the quality of services offered to users	3.98	0.03	3.93	4.04	4.00	0.48
Factor 2. Team satisfaction with their participation in the service	3.64	0.04	3.56	3.72	3.71	0.65
Factor 3. Team satisfaction with working conditions in the service	3.99	0.04	3.91	4.06	4.00	0.67
Factor 4. Team satisfaction with their relationships in the service	3.88	0.04	3.80	3.96	4.00	0.70
Degree of global team satisfaction with the Mental Health Service	3.78	0.03	3.72	3.83	3.81	0.49

Table 2 – Descriptive analysis of the Attitudes towards Alcohol, Alcoholism, and global Alcoholics Scale and its factors. São Paulo, SP, Brazil, 2017. (n=288)

Factor/Scale	Mean	Standard error	95% Confidence Interval		Median	Standard deviation
			Minimum	Maximum		
Factor 1. Working and relating to the alcoholic	3.84	0.03	3.78	3.90	3.90	0.52
Factor 2. Attitudes towards alcoholics	3.97	0.04	3.88	4.06	4.10	0.76
Factor 3. Attitudes towards alcoholism (etiology)	2.97	0.03	2.92	3.02	3.00	0.44
Factor 4. Attitudes towards the use of alcohol	3.26	0.05	3.17	3.35	3.33	0.78
Scale of Attitudes toward Alcohol, Alcoholism and Alcoholics	3.57	0.03	3.52	3.62	3.63	0.45

Table 3 shows the analyzes of the predictor variables of more positive attitudes among professionals at the Psychosocial Care Centers Alcohol and Drugs. There is an association among those who work in the services from eight to ten years, that is, with a little more experience and who have a more critical view of the disapproving situations in the work environment. Attitudes were also negatively associated with belonging to the following professional categories, administrative, maintenance, and technicians in healthcare positions (especially Nursing, as it represents most of the sample), while workshop instructors and higher education professionals do not differ in terms of attitudes. The multiple model explains 33% of the variation in the EAFAAA scale score, according to the adjusted R².

Table 3 – Multiple model for professionals' attitudes. São Paulo, SP, Brazil, 2017. (n=288)

Variables	β standar- dized	p- value
Male sex*		
Female	0.058	0.270
Race/color: non-white*		
White	0.008	0.886
Works at the Psychosocial Care Center Alcohol and Drugs (years)		
1*		
2 - 4	-0.001	0.988
5 - 7	0.065	0.256
8 - 10	0.116	0.040
> 10	0.076	0.231
Professionals with higher education*		
Administrative/Maintenance	-0.352	≤0.001
Professionals with a technical degree in the health field	-0.273	0.001
Workshop instructors (professionals who conduct workshops with users)	-0.031	0.587
No income* (minimum wages)		
1 - 3	-0.069	0.364
4 - 7	-0.036	0.651
8 - 11	-0.003	0.969
12 - 15	0.032	0.635
>16	-0.015	0.805
Working conditions worsened*		
Improved or did not change	-0.039	0.457
Disapproving situations evidenced at work	0.127	0.037
Work possibility	0.088	0.161
Harm reduction*		
Flexibility to work with the user	0.088	0.161
Total abstinence	-0.089	0.084
Both modalities	-0.044	0.416
Do not know	-0.111	0.059
Global satisfaction score	0.097	0.128
Reasons for admitting users to the service*		
The consumption of alcohol and other drugs	-0.058	0.302
The impact of alcohol and other drug use	0.018	0.760
The global life impact of alcohol and other drug use	-0.049	0.360
Other reasons	0.093	0.071
Having a graduate degree	0.027	0.733

*Comparison Category or Indicator

Discussion

As for study limitations, although there was no refusal by the professionals, there were 61 losses, totaling 17% of the interviews carried out. Professionals on leave, on vacation, or a sick leave were not interviewed. It is worrisome, above all, the deficiency of information on leaves of absence, which can be an interesting object of study, as they may be related to the attitudes of professionals. The regression model explains about a third of the variation in the data, and further studies are needed to increase the understanding of the determinants of professionals' attitudes.

This study sought to contribute to the discussion of the training and characteristics of professionals with more positive attitudes in Psychosocial Care Centers Alcohol and Drugs. We could identify some variables that are predictors of better attitudes on the part of professionals, which will allow the planning of actions in health, continuing education, and the pursuit for better working conditions with a focus on improving the outcome of users of these services.

The positive attitudes of the multidisciplinary team of Psychosocial Care Centers Alcohol and Drugs towards alcohol, alcoholism, and alcoholics, when positive, seem to determine the provision of adequate care, influencing health promotion and adherence to care for these users⁽¹⁴⁾, as observed in this study. In a study carried out in Psychosocial Care Centers in the State of Goiás, it was found that global satisfaction was considered good, however, there was unanimity in the professionals' wish for improvements in the physical structure of the units and also for a salary improvement policy⁽¹⁵⁾.

A study conducted with nurses found that the professional experience acquired after a while working directly with patient care, as well as the sharing of knowledge and interdisciplinary experiences, lead to a change in attitude⁽¹⁰⁾, which seems to be observed in the data presented here since the professionals who have been working in the services for longer had more positive attitudes.

Research conducted in the context of a mental health hospital emergency unit identified that nurses who did not feel comfortable in treating alcoholics as patients had attitudes with a degree of rejection towards these people, especially males⁽¹⁶⁾. This perception can help nurses to acknowledge that people who have problems with alcohol consumption need mental health care, which is stimulated by the establishment of interpersonal relationships.

In a survey that evaluated the attitudes of multidisciplinary teams, it was observed that negative attitudes were associated with the age of professionals⁽¹⁴⁾, a variable not used in the multiple model of this research.

In another study on the theme, it was found that this type of conduct is associated with little consideration or absence of the subject during the training process, especially in technicians' training⁽⁸⁾. This fact denotes the need to include the themes of alcohol and other drugs in the training of professionals with a high-school degree. There is evidence that access to the discussion of the problematic use of alcohol and other drugs during training is associated with more positive attitudes⁽¹⁷⁾.

On the other hand, professionals still report difficulties in understanding that alcohol addiction is a health problem that can be treated in different ways, which results in approaches generally of a coercive and punitive nature^(9,16). They also reject considering moderate alcohol consumption as part of the treatment⁽¹⁴⁾, disregarding the precepts of harm reduction, which are part of the Brazilian Mental Health Policy.

Despite the advances achieved with the Psychiatric Reform and the pursuit for users' rights, it is understood that the stigmatization of these individuals happens when people attribute negative descriptions and stereotypes to certain behaviors. Throughout history, alcohol dependence has had deplorable attributes, such as subjects with personality deviation, weak personality, sinners, among many others, until nowadays, especially among professionals who do not

work directly with this population⁽¹⁸⁾.

Continuing Education in Health is a powerful learning practice at work that may serve as a strategy for technical, maintenance, and administrative professionals as a way to improve their attitudes⁽⁴⁾. Continuing Education in Health is planned based on the problems faced, considering the knowledge and experiences that the professionals involved already have. It is considered an essential part of institutional changes and, even being pointed out as a fundamental method for the improvement of the work process, it is rarely established as a sustainable strategy⁽¹⁹⁾. The data found here emphasize the importance that the literature gives to Permanent Education in Mental Health and the use of alcohol and other drugs. It is a noteworthy fact that technicians who work in these services have fewer positive attitudes towards users.

The perception of disapproving situations at work was another factor associated with the positive attitude of professionals, as those with better attitudes seem to be more critical about their work environment and process. Literature indicates that health workers constantly assess the service in which they are inserted. The professional's perception of the healthcare service in which he/she works allows diagnosing the characteristics and problems of the service, both in its administrative aspects and in the professional-user relationship⁽²⁾. However, it is worth noting that time working in the same service can promote security against these opinions, being more easily exposed.

Conclusion

Based on the assessment of the professionals' attitudes, it was found that attitudes towards alcohol, alcoholism, and alcoholics, in general, are positive and are associated with a longer experience in the field, as well as the acknowledgment of disapproving situations at work.

Collaborations

Prates JG and Oliveira MAF contributed to the project design and writing of the article. Claro HG collaborated in the writing of the article, analysis and interpretation of data, relevant critical review of the intellectual content, and approval of the final version to be published. Pinho PH contributed to the writing of the article and data interpretation. Boska GA, Fernandes IFAL, and Silva JCMC contributed to the writing of the article and relevant critical review of the intellectual content.

References

- Bezerra MET, Freitas NDO, Amendola F. Alcool, alcoolismo e alcoolista: atitudes dos enfermeiros da Estratégia Saúde da Família. *Enferm Foco*. 2020; 11(3):114-21. doi: <http://doi.org/10.21675/2357-707X.2020.v11.n3.2789>
- Giandinoto JA, Stephenson J, Edward KL. General hospital health professionals' attitudes and perceived dangerousness towards patients with comorbid mental and physical health conditions: systematic review and meta-analysis. *Int J Ment Health Nurs*. 2018; 27(3):942-55. doi: <https://doi.org/10.1111/inm.12433>
- Vargas D. Construct validation of the scale of attitudes toward alcohol, alcoholism and individuals with alcohol use disorders. *Rev Psiquiatr Clín*. 2014; 41(4):106-11. doi: <https://dx.doi.org/10.1590/0101-6083000000002>
- Mello AL, Brito LJS, Terra MG, Camelo SH. Organizational strategy for the development of nurses' competences: possibilities of Continuing Education in Health. *Esc Anna Nery*. 2018; 22(1):e20170192. doi: <https://doi.org/10.1590/2177-9465-ean-2017-0192>
- Organização Mundial da Saúde. Relatório Global sobre Alcool e Saúde [Internet]. 2018 [cited Jan. 10, 2021]. Available from: <https://cisa.org.br/index.php/pesquisa/dados-oficiais/artigo/item/71-relatorio-global-sobre-alcool-e-saude-2018>
- Garcia LP, Freitas LRS. Heavy drinking in Brazil: results from the 2013 National Health Survey. *Epidemiol Serv Saúde*. 2015; 24(2):227-37. doi: <https://dx.doi.org/10.5123/S1679-49742015000200005>
- Lacerda CB, Fuentes-Rojas M. Meanings attributed to Psychosocial Care Center - Alcohol and Other Drugs (CAPS AD) by its users: a case study. *Interface (Botucatu)*. 2017; 21(61):363-72. doi: <http://dx.doi.org/10.1590/1807-57622016.0060>
- Ashford RD, Brown AM, Curtis B. Systemic barriers in substance use disorder treatment: A prospective qualitative study of professionals in the field. *Drug Alcohol Depend*. 2018; 1(189):62-9. doi: <http://dx.doi.org/10.1016/j.drugalcdep.2018.04.033>
- Ramírez EGL, Vargas D, Luis MV. Attitudes of colombian nurses towards alcohol, alcoholism and individuals with alcohol use disorders. *Cogitare Enferm*. 2019; 24:e58795. doi: <https://dx.doi.org/10.5380/ce.v24i0.58795>
- Livingston JD, Adams E, Jordan M, MacMillan Z, Hering R. Primary care physicians' views about prescribing methadone to treat opioid use disorder. *Subst Use Misuse*. 2018; 53(2):344-53. doi: <https://dx.doi.org/10.1080/10826084.2017.1325376>
- Clarke DE, Gonzalez M, Pereira A, Boyce-Gaudreau K, Waldman C, Demczuk L. The impact of knowledge on attitudes of emergency department staff towards patients with substance related presentations: a quantitative systematic review protocol. *JBIS Database System Rev Implement Rep*. 2015; 13(10):133-45. doi: <http://dx.doi.org/10.11124/jbisrir-2015-2203>
- Bandeira M, Silva MA. Escala de Satisfação dos Pacientes com os Serviços de Saúde Mental (SATIS-BR): estudo de validação. *J Bras Psiquiatr*. 2012; 61(3):124-32. doi: <http://doi.org/10.1590/S0047-20852012000300002>
- Tavakol M, Dennick R. Making sense of Cronbach's alpha. *Int J Med Educ*. 2011; 2:53-5. doi: <https://doi.org/10.5116/ijme.4dfb.8dfd>
- Molina-Mula J, González-Trujillo A, Simonet-Bennassar M. Emergency and mental health nurses' perceptions and attitudes towards alcoholics. *Int J Environ Res Public Health*. 2018; 15(8):1733. doi: <https://doi.org/10.3390/ijerph15081733>

15. Arantes IS, Sousa IF, Almeida RJ. Avaliação da satisfação profissional de trabalhadores em Saúde Mental. *Rev Saúde Pública*. 2016; 17(1):92-100. doi: <https://doi.org/10.5433/15177130-2016v17n1p92>
16. Vargas D, Pereira CF, Ramírez EGL, Ponce TD. Health professionals' attitudes toward alcoholism and associated issues: a comparative study in a Brazilian sample. *J Addict Nurs*. 2020; 31(4):287-94. doi: <https://doi.org/10.1097/JAN.0000000000000369>
17. Lindsay DL, Hagle H, Lincoln P, Williams J, Luongo PF. Exploring medical students' conceptions of substance use: a follow-up evaluation. *Subst Abus*. 2017; 38(4):464-7. doi: <https://doi.org/10.1080/08897077.2017.1342735>
18. Oliveira AJ, Andrade FFF, Ferro LRM, Almeida MAR, Ventura CDF, Tagava RF. The historical construction of stigma on the concept of alcohol dependence. *Id on Line Rev Mult Psic*. 2019; 13(44):253-75. doi: <https://doi.org/10.14295/idonline.v13i44.1612>
19. Ramos CMA, Souza VS, Ferraz TE, Novakowski SD, Matsuda LM. Permanent education in health: the freire concept as an aid in care management. *Rev Pesqui Cuid Fundam Online*. 2018; 10(2):558-64. doi: <http://dx.doi.org/10.9789/2175-5361.2018.v10i2.558-564>



This is an Open Access article distributed under the terms of the Creative Commons