

COMMUNITY HEALTH AGENT TRAINING REGARDING ASSISTANCE TO ALCOHOL USERS

TREINAMENTO AOS AGENTES COMUNITÁRIOS DE SAÚDE FRENTE À ASSISTÊNCIA AOS USUÁRIOS DE ÁLCOOL

ENTRENAMIENTO DE AGENTES DE SALUD CON RESPECTO A LA ASISTENCIA A USUARIOS DE ALCOHOL

Bruna Carla Vernilho Liotti¹
Sandra Cristina Pillon²

How to cite this article: Liotti BCV, Pillon SC. Community health agent training regarding assistance to alcohol users Rev. baiana enferm. 2024; 38 e48604.

Objective: To evaluate the perceptions, knowledge, and attitudes, before and after a training session provided to community health workers (CHW). **Method:** Quasi-experimental, quantitative study, carried out in the countryside of the state of São Paulo. For data collection, we used Seaman and Manello's sociodemographic identification form and the Short Alcohol and Alcohol Problems Perception Questionnaire, applied to 31 CHWs of primary health care services. The study was submitted and approved by the research ethics committee. **Results:** Perceptions were positive, but there are still practical obstacles regarding the actual work. The knowledge related to signs and symptoms of alcohol use and related attitudes was changed, as were the attitudes. There were no significant changes after training. **Conclusion:** training is a strategy that enables changes in health practices for integral care. It should be incorporated in the routine of Primary Health Care (PHC) units.

Descriptors: Primary Health Care. Inservice Training. Health Knowledge, Attitudes, Practice Community Health Workers. Alcohol.

Objetivo: avaliar as percepções, conhecimentos e atitudes antes e após a realização de um treinamento aos Agentes Comunitários de Saúde (ACS). *Método:* estudo quase experimental e quantitativo, realizado no interior do estado de São Paulo. Para a coleta de dados foi utilizado ficha de identificação sociodemográfica, Seaman & Manello e Short Alcohol and Alcohol Problems Perception Questionnaire, aplicados em 31 ACS de serviços de Atenção Primária à Saúde. O estudo foi submetido e aprovado pelo Comitê de Ética. *Resultados:* as percepções foram positivas, mas ainda existem dificuldades para trabalhar na prática, os conhecimentos apresentaram mudanças em relação aos sinais e sintomas relacionados ao uso de álcool e as atitudes. Não foram observadas mudanças significativas após o treinamento. *Conclusão:* o treinamento é uma estratégia que possibilita mudanças nas práticas de saúde para a assistência integral e que deve ser incorporada nas rotinas das unidades de Atenção Primária à Saúde (APS).

Descritores: Atenção Primária à Saúde. Capacitação em Serviço. Atitudes e Práticas em Saúde. Agentes Comunitários de Saúde. Álcool.

Autor(a) Correspondente: Bruna Carla Vernilho Liotti, brunacarliotti@gmail.com

¹ Universidade de São Paulo, São Paulo, SP, Brasil. <https://orcid.org/0000-0003-0675-1748>.

² Universidade de São Paulo, São Paulo, SP, Brasil. <https://orcid.org/0000-0001-8902-7549>.

Objetivo: evaluar percepciones, conocimientos, y actitudes antes y después de un entrenamiento de Agentes Comunitarios de Salud (ACS). Método: estudio cuasiexperimental y cuantitativo, realizado en el interior del estado de São Paulo. Para coleccionar a los datos se utilizó un formulario de identificación sociodemográfica, el Seaman & Manello y el Short Alcohol and Alcohol Problems Perception Questionnaire, aplicados a 31 ACS en servicios de atención primaria a la salud. El estudio fue aprobado por el comité de ética. Resultados: las percepciones fueran positivas, pero hay dificultades en la práctica del trabajo. Los conocimientos cambiaron con respecto a las señales y síntomas relacionados al uso de alcohol y a las actitudes. No se observó cambios significativos después del entrenamiento. Conclusión: el entrenamiento posibilita cambios en las prácticas de salud para la asistencia integral, y debe ser incorporado en las rutinas de las unidades de atención primaria a la salud (APS).

Descriptores: Atención Primaria de Salud; Capacitación en Servicio; Actitudes y Práctica en Salud; Agentes Comunitarios de Salud; Alcohol.

Introduction

In recent decades, alcohol consumption has been increasing in the general population, especially in young people. The consequences of alcohol abuse include the development of chronic noncommunicable diseases (CNCD), which lead to several social and economic consequences⁽¹⁾, transforming the issue in a major public health problem. This type of behavior can be avoided in primary health care (PHC). PHC is the entryway of users into the health system, and, as such, it is the ideal place to uncover the reality in which the patient lives, which is essential for actions to prevent issues and promote health.

These behaviors and attitudes compromise and hinder the early identification of signs and symptoms. A study with community health workers (CHWs) carried out an intervention with these users in the PHC⁽²⁾, finding that these are adequate and convenient places for screenings, small interventions, and to prevent relapses, which do not mean any treatment failures⁽³⁾.

The construct "attitudes" involves the components: affective, cognitive, and behavioral. It tends to a certain course of action as a response to certain stimuli or object⁽⁴⁾. Thus, evidence shows there are associations between attitudes and the learning of new abilities⁽⁵⁾.

On the other hand, it is noteworthy that the stigma⁽⁶⁾ from health workers has affected the quality of care and the low adherence to treatment, while empathetic attitudes promote hope, motivate users to self-care and guide

decision makings towards a healthy life and proactive life in their future⁽⁷⁾.

A study pointed at the importance of training a series of professionals, as well as the fact that training helps professionals to change their attitudes regarding alcohol⁽⁸⁾. A research with CHWs also carried out training sessions with PHC professionals, showing that it is an important strategy regarding care for patients who use alcohol⁽⁹⁾. Another study analyzed the practice of CHWs, finding barriers in the management of care and shortcomings in their formative process⁽¹⁰⁾.

The CHWs and the families are, usually, the first to recognize alcohol and drug related issues. There are still many obstacles, such as lack of knowledge, which highlights the need for permanent PHC education, with the goal of providing assistance to people who use alcohol and other drugs⁽¹¹⁾. The training of the CHWs can favor the Psychosocial Care Network, promote quality of life, prevent health issues, reduce damage, and reduce negative effects of the use of alcohol not only of the users, but also of their relatives and community⁽¹²⁾.

Permanent health education aims to change professional practice, based on the reality of work processes as a tool to change and improve care. This methodology must be included in the routine of health services in order to identify limitations and gaps in the work practice. This method must be constant and reevaluated, in order to guarantee quality care, since this

strategy/methodology improves management and promotes integral care^(13, 14, 15, 16).

In this regard, historically, after the insertion and recognition of CHWs as health workers, in addition to Law 13.595 from January 5, 2018, there has been a growing educational transition, contributing for these workers to search for better educational levels⁽¹⁷⁾.

Finally, considering the above and how broad the issues caused by alcohol can be, it is essential to increase the experience and efficacy and promote permanent education and training for CHWs who care for alcohol users in the PHC, in order to promote a work environment where there is support, where they can embrace and empathize with the user, improving their security in the exercise of their role and their therapeutic commitment. Thus, this study aimed to evaluate perceptions, knowledge, and attitudes, before and after providing training for CHWs.

Method

Quasi-experimental study, involving the pre- and post-training of a group of participants, with a quantitative approach. The study was carried out in the PHC units of a city in the countryside of São Paulo, in three Family Health Strategy units and four Primary Health Units. All units were visited, and the CHWs were invited to participate in the research. The sample was formed by 31 CHWs, and the participants before and after training were the same.

Inclusion criteria were: being PHC health workers (CHW) and accepting to participate in all training sessions. We excluded workers who were on health leave, vacations, or any other type of leave at time of data collection and training. No one refused to participate.

For data collection, we elaborated an instrument that included⁽¹⁾ a sociodemographic identification form, with closed questions about age, sex, religion, educational level, role in the team, time of service, assistance to patients with problems related to alcohol use in the PHC;⁽²⁾ the Seaman and Manello's Nurse's Attitudes Toward Alcohol and Alcoholism Questionnaire,

an instrument formed by 30 evaluations, divided into five parts. This scale was developed to evaluate beliefs, attitudes, and care associated with problems associated with alcohol use and alcoholism. The answers were in a five-point Likert type scale, which varied from 1 = entirely disagree to 5 = entirely agree. This instrument was adapted and validated for use in Brazil by Pillon⁽²⁰⁰³⁾⁽¹⁸⁾; 3) *We also used the Short Alcohol and Alcohol Problems Perception Questionnaire (SAAPPQ)*. The SAAPPQ is an instrument that measures perceptions about problems related to alcohol use and alcoholism. It is a self-explanatory scale that measures the attitudes of nursing professionals and students, and of professionals from other fields of health, regarding the health problems of individuals that are related with alcohol use and abuse. The SAAPPQ is derived from the Alcohol and Alcohol Problems Perceptions Questionnaire (AAPPQ-30), which was developed and validated in English by Cartwright⁽¹⁹⁸⁰⁾. The sum of the subscales measures the therapeutic attitude, that is, the intentions of the professional in their involvement with the care for alcohol users. The AAPPQ is formed by scales that measure therapeutic commitment (professional self-esteem, willingness to work with alcohol users, and satisfaction expectations), and scales related to the role of safety, as well as their ability to adapt (the sense of competence of professionals) and the legitimacy of their role.

The training was carried out in two stages, for four hours. The topics addressed were: a) Psychoactive substances (concepts); b) Care humanization (preparation for the practice); c) Brief interventions (BI) for alcohol-related issues; d) Principles of motivational interviews. The training had the support of the permanent education team of the municipality, in the form of three professionals from the psychosocial health network who worked as facilitators. They were two psychologists and one occupational therapist. The professionals who participated were invited to sit in a circle, to facilitate the dialog and experience exchange in the classes.

To read and analyze data, a database was elaborated using the Statistical Package for the Social Sciences (SPSS) for descriptive analyses, using frequencies (n), percentages (%), central tendency measures (mean and standard deviation) of variables. The significance value (p-value) was 5% for all variables. For the bivariate analysis of the data, we used the nonparametric statistical tests. Wilcoxon's was used to compare the variables of two dependent samples found via pairing, while Mann-Whitney's U was used to compare variables from two independent samples, found through the pairing scheme.

This study was submitted to the research ethics committee, respecting resolution No 466,

from December 12, 2018, from the National Council of Research Ethics of the Ministry of Health, which addresses ethics in research involving human beings. It was approved under CAAE: 00767018900005393.

Results

The sample included 31 CHWs who were appropriately trained. Most were young adults, with a mean age of 33.8 (standard deviation=7.7), ranging from 23 to 51 years old. Most participants were female (83.9%), half were married, 54.8% were catholic, and 64.5% had finished high school.

Table 1 - Sociodemographic characterization of the CHWs (N=31), Pintangueiras, SP, 2019.

	n (%)
Sex	Male 5 (16.1)
	Female 26 (83.9)
Marital Status	Single 14 (46.7)
	Married 15 (50.0)
	Divorced 1 (3.3)
Religion	Catholic 17 (54.8)
	Protestant 9 (29.0)
	Spiritist 2 (6.5)
	None 3 (9.7)
Educational level	High school 20 (64.5)
	Higher education 11 (35.5)

Source: created by the authors.

Data from Table 2 show the differences between CHW perceptions in both periods. Regarding the way CHW workers have helped patients who drink alcohol and the difficulties

found to care for these clients. It is noteworthy that, after the training, these positions were even greater than before.

Table 2 - Perceptions about health care and its relevance, evaluated before and after the training, according to the CHWs (N=31), Pintangueiras, SP, 2019 (continued)

		Mean (SD) (Minimum-Maximum)	Mean position	P-value
How CHW professionals have helped alcohol users.	Pre	3.7±2.5 (0-10)	26.74	0,036*
	Post	4.7±7.7 (1-9)	36.26 *	
Alcohol users benefit from the care provided in treatments at PHC.	Pre	4.2±2.7 (0-10)	29.05	0,281
	Post	4.9±2.6 (0-10)	33.95	
You noticed that alcohol use is among the issues attended in PHC.	Pre	5.8±3.3 (0-10)	32.15	0,776
	Post	5.7±2.3 (0-10)	30.85	

Table 2 - Perceptions about health care and its relevance, evaluated before and after the training, according to the CHWs (N=31), Pintangueiras, SP, 2019 (conclusion)

		Mean (SD)	Mean	P-value
		(Minimum-Maximum)	position	
You have found trouble caring for alcohol users in PHC.	Pre	3.5 ±2.4 (0-8)	26.74	0,036*
	Post	4.8 ±2.3 (0-10)	36.26*	
How important is it to provide care for alcohol users?	Pre	7.9±2.5 (2-10)	32.55	0,632
	Post	7.9±2.4 (2-10)	30.45	

Source: created by the authors.

Note: P-value < 0.05*

Data from Table 3 shows that, prior to their training, CHWs had little to no information about alcohol use and care in all variables related to knowledge. After training, the knowledge levels increased regarding how to gather knowledge about signs and symptoms of alcohol use, abuse,

and dependence. The same is true regarding how to provide orientation towards behavioral changes associated to the use of this substance. This includes Motivating the patient to treat dependence, as well as factors related to barriers to the diagnosis and the treatment.

Table 3 - Knowledge about assistance, evaluated before and after a brief intervention course (N=31), Pintangueiras, SP, 2010 (continued)

		Training [n (%)]		P-value
		Pre	Post	
Identification of signs and symptoms of alcohol use, abuse, and dependence	None	5 (100.)	--	0.010*
	Few	22 (53.7)	19 (46.3)	
	Many	4 (25.0)	12 (75.0)	
How to act professionally, according to your education, regarding the treatment of issues related to alcohol abuse and dependence	None	5 (62.5)	3 (37.5)	0.657
	Few	21 (51.2)	20 (48.8)	
	Many	5 (41.7)	7 (58.3)	
Ways to treat for alcohol detoxification	None	13 (68.4)	6 (31.6)	0.125
	Few	16 (41.0)	23 (59.0)	
	Many	1 (33.3)	2 (66.7)	
Ways to council	None	10 (76.9)	3 (23.1)	0.010*
	Few	19 (51.4)	18 (48.6)	
	Many	2 (16.7)	10 (83.3)	
How to motivate the patient to treat alcohol dependence	None	8 (80.0)	2 (20.0)	0.027*
	Few	21 (52.5)	19 (47.5)	
	Many	2 (20.0)	8 (80.0)	
Techniques regarding brief interventions for problems related to alcohol use	None	11 (68.8)	5 (31.2)	0.113
	Few	18 (47.4)	20 (52.6)	
	Many	2 (25.0)	6 (75.0)	
Barriers to diagnosis and treatment	None	15 (71.4)	6 (28.6)	0.031*
	Few	15 (44.1)	19 (55.9)	
	Many	1 (16.7)	5 (83.3)	

Table 3 - Knowledge about assistance, evaluated before and after a brief intervention course (N=31), Pintangueiras, SP, 2010 (conclusion)

		Training [n (%)]		P-value
		Pre	Post	
Detailed medical history regarding alcohol use, abuse, and dependence	None	8 (57.1)	6 (42.9)	0.827
	Few	19 (50.0)	19 (50.0)	
	Many	4 (44.4)	5 (55.6)	
National policies to treat drug use	None	11 (73.3)	4 (26.7)	0.052
	Few	16 (39.0)	25 (61.0)	
	Many	4 (66.7)	2 (33.3)	

Source: created by the authors.

Note: P-value < 0.05*

Table 4 shows significant changes after training, regarding the knowledge and abilities specific and necessary to provide adequate care

to patients with issues related to alcohol use, on the part of the CHWs.

Table 4 - Perceptions regarding issues due to alcohol use and alcoholism (SAAPQ), according to the CHWs (N=31), Pintangueiras, SP, 2019

		Mean/ Standard Deviation (Min-Max)	Mean position	P-value
Professional training/adaptation	Pre	4.9±1.4 (2-9)	26,58	0,028*
	Post	5.4±1.6 (2-8)	36.42	
Self-esteem in the assistance to alcoholics	Pre	5.5±1.7 (2-9)	29,29	0,326
	Post	6.1±1.6 (2-10)	33.71	
Motivations for work	Pre	5.5±1.6 (2-9)	32,50	0,654
	Post	5.3±1.5 (2-8)	30.50	
Knowledge of professional rights/legitimacy	Pre	6.1±1.5 (4-9)	31,97	0,835
	Post	5.9±1.5 (4-10)	31.03	
Job satisfaction	Pre	6.1±1.5 (4-9)	31,21	0,896
	Post	5.8±1.5 (2-9)	31.79	

Source: created by the authors.

Note: P-value < 0.05*

Data from table 5 shows that the attitudes of CHWs, after training, did not change. Values were higher in the scores of the subscale of attitudes related to abilities to help patients with

problems related to alcohol use, suggesting negative attitudes when it comes to the ability and inclination to deal with this public.

Table 5 - Mean value, standard deviation, and mean position of the factors of Seaman-Manello's scale of nurse's attitudes toward alcohol and alcoholism (N=31), Pintangueiras, SP, 2019 (continued)

		Mean/SD (Min-Max)	Mean position	P-value
Availability of treatment for cases	Pre	13.0±3.2 (07-21)	31.10	0.794
	Post	12.8±2.1 (09-18)	29.94	

Table 5 - Mean value, standard deviation, and mean position of the factors of Seaman-Manello's scale of nurse's attitudes toward alcohol and alcoholism (N=31), Pintangueiras, SP, 2019 (conclusion)

		Mean/SD (Min-Max)	Mean position	P-value
Personal/professional satisfaction in working with alcohol dependents	Pre	17.8±2.8 (12–23)	28.40	0.778
	Post	18.6±2.0 (16–23)	29.63	
Ability to help alcoholics	Pre	19.1±2.1 (15–26)	31.40	0.966
	Post	18.9±2.1 (14–24)	31.60	
Perception of the personal characteristics of alcoholics	Pre	15.9±5.4 (07–23)	34.15	0.245
	Post	15.3±3.4 (07–20)	28.85	
5. Personal attitudes regarding alcohol use	Pre	15.9±3.4 (07–23)	34.15	0.245
	Post	15.3±3.4 (07–20)	28.85	

Source: created by the authors.

Note: p-value <0.05

Discussion

This study evaluated the attitudes, knowledge, and perceptions before and after CHW training.

CHWs have an essential role in preventing issues and promoting, contributing for the treatment of people with health issues related to alcohol and/or other drugs in many different communities. Thus, the qualification of their knowledge and skills related to maneuvers, procedures, and clinical reasoning, supported by warning protocols, active search strategies, and screening, can improve the interventions carried out in daily life, case management, and the coordination of care, promoting integral care⁽¹⁹⁾.

Regarding their sociodemographic characteristics, most CHWs were young, female, and catholic. It is worth noting that these characteristics are not only common in CHWs, but also in other classes of health care workers in Brazil, where most health workforce is female^(20,21).

Regarding their education, it is relevant to note that half CHWs had complete high school. The education and qualification of these workers is a historic process that went through several changes through time, considering the complexity of the work developed by these workers, which is mainly characterized by its educational

dimension. Their professional formation was marked by precariousness and discontinuity. Under the previous law, the CHWs only needed elementary education. The current law, on the other hand (Law 13.595, from January 5, 2018) requires complete high school⁽¹⁷⁾.

The perceptions of the CHWs regarding the care itself and its importance were better after training, when it comes to the question "how to help alcohol users in the PHC". However, they pointed out that, even with training, they still had trouble providing care to these clients in the PHC services (Table 2).

Concerning these results, we could infer that the CHWs possibly know how the professionals help the patients, due to the high demand of people with issues in their daily practices. After all, most pointed out that they deal with issues related to alcohol and/or drug use, in addition to mental disorders, in the clients under their responsibility. Furthermore, the training may also have contributed significantly for a better understanding and valuing of their health care practices.

Among the responsibilities and roles of CHWs, such as the use of damage reduction strategies used in their approaches during home visits, public health policy prescribes: a more expanded and routine view of care practices

in multiprofessional teams. However, the issue of how to provide care, in addition to several factors and problems involved, such as relapses, and many social contexts that facilitate alcohol consumption, may be barriers and difficulties to its application to health care practices⁽¹⁰⁾.

After training, the only result that changed was related to knowledge, and specific and necessary skills (professional training/adaptation [SAPPQ]) of CHWs, when it comes to providing adequate care to patients related to alcohol use (Table 4). This piece of data is noteworthy, since it indicates good levels of knowledge, adequate technical skills, and the ability to care for people with alcohol use related issues, enabling them to perform their roles better, even in contrast with trouble providing this care to these clients in PHC services (Table 2).

Educational interventions contribute to the knowledge, and the specific and necessary skills the CHWs need to provide care. Data suggests that, more than once, educational issues are important elements to provide a quality practice of care⁽²²⁾.

A research carried out by the Healthy Start found some needs during the work process of health workers, such as knowing the services provided by the unit and providing council. They implemented a training program for CHWs, in which they presented a variety of knowledge and abilities to cater for the needs of patients and their families, finding the training to be a positive investment⁽²³⁾.

Data from Table 5 shows that CHW attitudes, after the training, did not change, even considering those related to skills used to help patients who do use alcohol. A study with 129 CHWs from Jequié, in Bahia, Brazil, showed negative attitudes towards patients that use alcohol. The authors pointed out, however, the need to invest in studies about the attitudes of health workers⁽²⁴⁾. Nursing technicians and community health agents were found to have a negative attitude when it comes to patients with suicidal behavior⁽²⁵⁾.

Finally, it is worth noting that, in this study, the intervention strategy used was based on

permanent education, aiming to contribute for changes in professional practices, starting with the reality of work processes as tools to change, qualify, and contribute to the integral care of the PHC user^(13,14,15,16).

Final Considerations

The findings of this research showed how educational actions contribute for CHW workers and alcohol users. This shows the need for continued and permanent work, targeted at health care practices (direct supervision, follow up, management, and case studies targeted at care), together with the CHWs in the PHC services, in addition to public health policies.

Collaborations:

1 – project design and planning: Bruna Carla Vernilho Liotti/Sandra Cristina Pillon

2 – data analysis and interpretation: Bruna Carla Vernilho Liotti/Sandra Cristina Pillon

3 – writing and/or critical review: Bruna Carla Vernilho Liotti/Sandra Cristina Pillon

4 – approval of the final version: Bruna Carla Vernilho Liotti/Sandra Cristina Pillon

Conflicts of interest

There are no conflicts of interest.

Acknowledgements

Ana Paula Salomé Utimati

André Yan César Silvério

Camila Mariana Bonifácio da Silva Gatto

References

1. World Health Organization. World Health Statistics 2019: monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization, 2019.
2. Melo ZM de, Pegoraro NPJ, Santos MA dos, Pillon SC. Atitudes e conhecimentos de técnicos de enfermagem sobre cuidados a pacientes com transtornos mentais. Rev. Eletr. Enferm. [Internet].

- 31º de março de 2016. Available from: <https://revistas.ufg.br/fen/article/view/37746>
3. Diehl A, Cordeiro DC, Laranjeira R. Dependência Química: Prevenção, Tratamento e Políticas Públicas. 2. ed. Porto Alegre: Artmed, 2019.
 4. Harling MR, Turner W. Student nurses' attitudes to illicit drugs: a grounded theory study. *Nurse Educ Today*. 2012 Apr;32(3):235-40. doi: 10.1016/j.nedt.2011.05.002. Epub 2011 Jun 1. PMID: 21636182.
 5. Barros-Junqueira MA, Santos MA, Pillon SC. Competências atitudinais de estudantes de enfermagem na assistência a usuários de álcool. *Revista de Enfermagem e Atenção à Saúde*, v. 3, n. 2, 2014.
 6. Kilian C, Manthey J, Carr S, Hanschmidt F, Rehm J, Speerforck S, Schomerus G. Stigmatization of people with alcohol use disorders: Na updated systematic review of population studies. *Alcoholism: Clinical and Experimental Research*. (2021).;45(5):899-911.doi: 10.1111/ACER.14598
 7. Franklin TA, Santana JDS, da Silva MCP, Silva FG, Silva MTA, Fernandes JD, Vilela ABA. Alcoholism and Stigma: an analysis of scientific production. *Braz. J. Develop*. [Internet]. 2021 Aug. 11 [cited 2023 Jan. 17];7(8):79257-71. Available from: <https://ojs.brazilianjournals.com.br/ojs/index.php/BRJD/article/view/34237>
 8. Souza RCF, Siqueira, MM. Profissionais da segurança pública e suas atitudes frente ao álcool, alcoolismo e alcoolista. *Rev. Bras. Pesq. Saúde*, Vitória, v. 17, n. 4, p. 17-26, out./dez. 2015. <https://doi.org/10.21722/rbps.v17i4.14327>
 9. Rossi NF. Capacitação e avaliação de agentes comunitários de saúde na abordagem e na intervenção de usuários em uso abusivo de álcool [dissertation]. Ribeirão Preto: University of São Paulo, Faculdade de medicina de Ribeirão Preto; 2021 [cited 2023-01-15]. Doi:10.11606/D.17.2021.tde-11042022-115826
 10. Barreto ICHC, Pessoa VM, Sousa MFA, Nuto SAS, Freitas RWJF, Ribeiro kG et al. Complexidade e potencialidade do trabalho dos Agentes Comunitários de Saúde no Brasil contemporâneo. *Saúde debate*, Rio de Janeiro, v. 42, n. esp. 1, p. 114-129, set. 2018. Available from: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-11042018000500114&lng=en&nrm=iso>. Acesso em: 12 nov. 2019.
 11. Souza LM de, Pinto MG. The care of alcohol and other drug users by Family Health nurses. *Rev. Eletr. Enferm*. [Internet]. 2012 Jun. 30 [cited 2023 Jan. 12];14(2):374-83. Available from: <https://revistas.ufg.br/fen/article/view/11245>
 12. Machado L, Rodacoski, G, Caldarelli, P. Capacitação de agentes comunitários de saúde para abordagem de pacientes usuários de drogas na perspectiva da redução de danos. *Revista de Saúde Pública do Paraná* [Internet]. 19jul.2019; 2:100-12. Available from: <http://revista.escoladesaude.pr.gov.br/index.php/rspp/article/view/247>
 13. Vallegas AB, Souza Ândrea C de, Sanches L dos S, Alves LA. Permanent health education in the work process of community health workers. *RSD*[Internet]. 2020Mar.20 [cited 2023Jan.15];9(4):e129942962. Available from: <https://rsdjournal.org/index.php/rsd/article/view/2962>
 14. Santana N, Rodrigues M da SB, Freitas CLM, Oliveira RL, Santos DS dos, Barbosa LKO de S. Educação Permanente como Estratégia para Aprimoramento de Registros de Enfermagem. *Rev. baiana enferm*. [Internet]. 9º de março de 2020 [cited 10º de janeiro de 2023];33. Available from em: <https://periodicos.ufba.br/index.php/enfermagem/article/view/33378>
 15. Jesus MC de, Silva VA da, Mota RS, Costa JCB, Mendes AS, Oliveira M de J. Repercussões da Educação Permanente nas Práticas Assistenciais dos Profissionais de Enfermagem. *Rev. baiana enferm*. [Internet]. 18º de junho de 2019 [cited 10º de janeiro de 2023];33. Available from em: <https://periodicos.ufba.br/index.php/enfermagem/article/view/27555>
 16. de Souza AP, Rezende K, Marin MJ, Tonhom S. Estratégia Saúde da Família e a Integralidade do Cuidado: Percepção dos Profissionais. *Rev. baiana enferm*. [Internet]. 4º de maio de 2020 [cited 13º de janeiro de 2023];34. Available from: <https://periodicos.ufba.br/index.php/enfermagem/article/view/34935>
 17. Morosini, M V G, Fonseca, A F. Os agentes comunitários na Atenção Primária à Saúde no Brasil: inventário de conquistas e desafios. *Saúde debate*, Rio de Janeiro, v. 42, n. esp. 1, p. 261-274, set. 2018. Available from: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-11042018000500261&lng=en&nrm=iso>. cited: 12 ago. 2019.

18. Pillon SC. O uso do álcool a educação formal dos enfermeiros. 2003. 91 f. Tese (Doutorado em Ciências) – Escola Paulista de Medicina, Universidade Federal de São Paulo, São Paulo, 2003.
19. Facchini L A, Tomasi E D, Alitéia S. Qualidade da Atenção Primária à Saúde no Brasil: avanços, desafios e perspectivas. *Saúde em Debate* [online]. 2018, v. 42, n. spe1, pp. 208-223. Available from: <<https://doi.org/10.1590/0103-11042018S114>>. ISSN 2358-2898. <https://doi.org/10.1590/0103-11042018S114>
20. Pedraza, D F, Santos, I. Perfil e atuação do agente comunitário de saúde no contexto da Estratégia Saúde da Família em dois municípios da Paraíba. *Interações (Campo Grande)* [online]. 2017, v. 18, n. 3, pp. 97-105. Available from: <<https://doi.org/10.20435/inter.v18i3.1507>>. ISSN 1984-042X. <https://doi.org/10.20435/inter.v18i3.1507>
21. Nascimento V, Santos E, Santos J, Silva F de S, Nunes SG. CARACTERIZAÇÃO DO PERFIL SÓCIO DEMOGRÁFICO DOS AGENTES COMUNITÁRIOS DE SAÚDE. *Edipe* [Internet]. 14º de novembro de 2022 [cited 15º de janeiro de 2023];1(01):e202213 Available from.: <https://www.revistas.uneb.br/index.php/edpe/article/view/15466>
22. Liotti, BCV. Atitudes dos profissionais da atenção primária frente à assistência aos usuários de álcool [dissertação]. Ribeirão Preto: Universidade de São Paulo, Escola de Enfermagem de Ribeirão Preto; 2020 [citado 2023-12-07]. doi:10.11606/D.22.2020.tde-06072020-134213. Available from.: www.teses.usp.br.
23. DeAngelis KR, Doré KF, Dean D, Osterman P. Strengthening the Healthy Start Workforce: A Mixed-Methods Study to Understand the Roles of Community Health Workers in Healthy Start and Inform the Development of a Standardized Training Program. *Matern Child Health J*. 2017 Dec;21(Suppl 1):65-74. doi: 10.1007/s10995-017-2377-x. PMID: 29151163; PMCID: PMC5736785.
24. FlanKlin T, Fernandes J D, Vilela A B A. Attitudes of community health agents against alcoholism and alcoholists. *Research, Society and Development, [S. l.]*, v. 9, n. 9, p. e285997139, 2020. DOI: 10.33448/rsd-v9i9.7139. Available from: <https://rsdjournal.org/index.php/rsd/article/view/7139>. Acesso em: 28 sep. 2021.
25. Storino BD, Campos CF, Chicata LCO, Campos MA, Matos MSC, Nunes RMCM, et al. Atitudes de profissionais da saúde em relação ao comportamento suicida. *Cadernos Saúde Coletiva* [online]. 2018, v. 26, n. 4 [Acessado 16 janeiro 2023], pp. 369-377. Available from: <<https://doi.org/10.1590/1414-462X201800040191>>. ISSN 2358-291X. <https://doi.org/10.1590/1414-462X201800040191>.

Received: March 25, 2022

Approved: March 12, 2024

Published: April 11, 2024



The *Revista Baiana de Enfermagem* use the Creative Commons license – Attribution -NonCommercial 4.0 International.

<https://creativecommons.org/licenses/by-nc/4.0/>

This article is an Open Access distributed under the terms of the Creative Commons (CC BY-NC). This license lets others remix, adapt and create upon your work to non-commercial use, and although new works must give its due credit and can not be for comercial purposes, the users do not have to license such derivative works under the same terms