ORIGINAL ARTICLE

REVISTA ENFERMAGEM ATUAL IN DERME

FLOW OF ACTIONS TO SUPPORT NURSE CARE FOR ALCOHOL USERS

FLUJO DE ACCIONES DE APOYO A LA ATENCIÓN DE ENFERMERÍA A USUARIOS DE ALCOHOL

FLUXO DE AÇÕES PARA APOIAR O CUIDADO DO ENFERMEIRO À USUÁRIOS DE ÁLCOOL

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ABSTRACT
Objective: Propose a flow of actions to support the work of nurse in the care of alcohol users in Primary Health Care. **Method:** Exploratory study, of the methodological type, carried out in August 2022, in a municipality in the interior of Mato Grosso, Brazil. Data collection was divided into two stages, the first with health service users and the second with Primary Health Care nurses, with the application of the Alcohol Use Disorders Identification Test. Data analysis was performed by thematic analysis. For the elaboration of the flow, the diagnosis that nurses and users made about what would be needed to improve the assistance was considered, arriving at the needs, grouped into thematic axes that consolidated a didactic structure, the flow of actions. **Results:** The flow was presented in three axes, knowledge of the territory and demands, awareness and training, and dialogue with specialized services. **Conclusion:** With this flow of actions, it will be possible to plan the assistance and support the work processes of the nurse and the team in the management of care for alcohol users, in a clear and strategic way.
Keywords: Alcoholism; Nursing Care; Nursing Methodology Research.

RESUMEN
Objetivo: Proponer un flujo de acciones para apoyar el trabajo de lo enfermero en el cuidado de los consumidores de alcohol en la Atención Primaria de Salud. **Método:** Estudio exploratorio, de tipo metodológico, realizado en agosto de 2022, en un municipio del interior de Mato Grosso, Brasil. La recolección de datos se dividió en dos etapas, la primera con usuarios de servicios de salud y la segunda con enfermeros de la Atención Primaria de Salud, con la aplicación del Test de Identificación de Trastornos por Consumo de Alcohol. El análisis de datos se realizó por análisis temático. Para la elaboración del flujo, se consideró el diagnóstico que los enfermeros y usuarios hicieron sobre lo que sería necesario para mejorar la asistencia, llegando a las necesidades, agrupadas en ejes temáticos que consolidaron una estructura didáctica, el flujo de acciones. **Resultados:** El flujo se presentó en tres ejes, conocimiento del territorio y demandas, sensibilización y formación, y diálogo con servicios especializados. **Conclusión:** Con ese flujo de acciones, será posible planificar la asistencia y apoyar los procesos de trabajo del enfermero y del equipo en la gestión del cuidado a los usuarios de alcohol, de forma clara y estratégica.
Palabras clave: Alcoholismo; Atención de Enfermería; Investigación Metodológica en Enfermería.

RESUMO
Objetivo: Propor um fluxo de ações para apoiar o trabalho do enfermeiro no cuidado à usuários de álcool na Atenção Primária à Saúde. **Métodos:** Estudo exploratório, do tipo metodológico, realizado em agosto de 2022, em município do interior de Mato Grosso, Brasil. A coleta de dados foi dividida em duas etapas, sendo a primeira junto a usuários do serviço de saúde e a segunda com enfermeiros da Atenção Primária à Saúde, com aplicação do Alcohol Use Disorders Identification Test. A análise dos dados, deu-se pela análise temática. Para a elaboração do fluxo, considerou-se o diagnóstico que enfermeiros e usuários fizeram sobre o que precisaria para melhorar a assistência, chegando as necessidades, agrupadas em eixos temáticos que consolidaram uma estrutura didática, o fluxo de ações. **Resultados:** O fluxo foi apresentado em três eixos: conhecimento do território e demandas, sensibilização e capacitação, e interlocução com serviços especializados. **Conclusão:** Com esse fluxo de ações será possível planejar a assistência e subsidiar os processos de trabalho do enfermeiro e equipe na gestão do cuidado à usuários de álcool, de forma clara e estratégica.
Palavras chave: Alcoolismo; Cuidados de Enfermagem; Pesquisa Metodológica em Enfermagem.

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INTRODUCTION

Alcohol is the most consumed and accepted psychoactive substance in the world. Globally, alcohol is responsible for almost 50% of annual deaths, mainly related to external factors[1]. There are numerous aspects that imply and interfere with alcohol consumption, such as culture and beliefs, availability of points of sale in the community, socioeconomic crises and problems, life cycles, family history, mental disorders, low effectiveness of actions and services in the community aimed at prevention and follow-up, and interference of cost-consumption variables (alcohol content, price and acquisition of the drink)[1-3].

In Brazil, the reasons that make women consume alcohol are related to socialization, and for men with the purpose of relieving tension and finding well-being[4]. However, although there are different reasons for this consumption and different prevalence between men and women[5], there are recommendations that disregard the difference between genders for defining policies and establishing care strategies, because, despite the physiological and psycho-emotional particularities, speed of intoxication, period of dependence and probabilities of recovery, health risks and social impacts are similar[6].

People in the condition of chemical dependency have higher rates of medical comorbidities, including liver disease, chronic kidney disease, ischemic vascular disease and chronic obstructive pulmonary disease[7]. In addition, they show a significantly higher level of anxiety, hostile behavior, depression and obsessive-compulsive symptoms, especially among those younger in age, people with low education and contact with alcohol in younger age groups[8].

Community-based services for non-emergency alcohol care provide users with greater security and support[9]. However, the stigmatization process stems from two perspectives, the moral/criminal and the disease itself[10]. This makes it difficult for many people with alcohol problems to access traditional services[11], often opting, when aware of the need for care, for support modalities, such as digital platforms, considered more flexible and/or with less exposure[12].

In the United States, alcohol screening and evaluation rates are relatively high among adults who attend health services, but intervention rates are low, even when individuals are identified as users, at risk consumption, harmful use and with disorders due to alcohol use[13]. This behavior impairs users' access and adherence to therapeutic projects, as the spontaneous search for help in the face of alcohol abuse and dependence in general is low[14].

In the national territory, the services that make up Primary Health Care (PHC) stand out as great welcoming and with the potential to manage the care demands required by this clientele profile, as well as there is evidence that

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interventions carried out from the first consultation of nursing in this care context are effective in reducing alcohol consumption in individuals with dangerous or harmful use patterns[15].

In PHC, nurses stand out for managing all the assistance provided in the health service, having a bond with the community under their responsibility and contributing directly to changing lifestyles, mitigating risk factors, as well as promoting the capacity for autonomy and self-assessment of the user in their own care[16]. On the other hand, some PHC nurses also have negative feelings regarding the demand of alcohol users, which can interfere in the care process[17].

In Brazil, not all PHC services use instruments for screening or identifying care needs. It is common to observe the use of several instruments only for scientific purposes and few directed to care practice, intervention to alcohol users. In Rio Grande do Sul (BR), to identify the consumption phase of alcohol users and the actions directed to their care, professionals base themselves on the periodicity of use; amount and type of substance used; repercussions of misuse; and the place it occupies in the person's life[18], but without the use of a specific standard instrument.

Specifically, in the nursing consultation with alcohol users, the inclusion of instruments facilitates, orders and personalizes care[19]. Thus, it was considered important to invest in the construction of a flow of actions that could help nurses' work during their work routine in PHC, in order to strengthen the work of the interdisciplinary team in the community, such as pointing out possible ways for nurses to provide qualified care for alcohol users. Therefore, this study aimed to propose a flow of actions to support the work of nurses in caring for alcohol users in PHC.

METHOD

This is an exploratory and methodological study. Studies with a methodological approach use methods of obtaining, organizing and analyzing data, which address the construction of instruments (scales, protocols, maps, flows, among other instruments) of a certain area of knowledge. The flows of actions can be presented in different ways, horizontal, vertical, circular and others, a graphic representation with an objective and clear description[20].

To support the construction of the flow, two data collections were carried out, by a single pre-trained nurse, with the subjects that integrate the nursing consultation: nurses and patients. These stages took place in a medium-sized municipality, with 107,631 inhabitants, in the interior of Mato Grosso, Central Region of Brazil[21]. This municipality was chosen because it corresponds to a regional health center and does not have a Psychosocial Care Network (RAPS) structured for the profile of the region.

The study consisted of two profiles of participants (service users and nurses). As for service users, inclusion criteria were being over

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18 years old, self-reporting consumption of some type of alcoholic beverage, regardless of frequency and quantity consumed. As an exclusion criterion, being currently participating in Alcoholics Anonymous (AA), Psychosocial Care Center (CAPS) or another type of service/group aimed at caring for people with demands on alcohol and/or other drugs; residing for less than six months in the neighborhoods under the responsibility of the local Family Health Strategy (ESF), considering the possible lack of familiarity with the community. Regarding nurses, as an inclusion criterion, working for two or more years in the ESF. Professionals on leave due to a medical certificate or on leave during the data collection period, or those absent after three interview attempts, were excluded.

To collect the information, interviews with a guiding script and the Alcohol Use Disorders Identification Test (AUDIT) were used. In the first stage of the study (with service users), sampling was non-probabilistic, random and the sample size was defined by the data saturation method, that is, until the objective of the study was reached (*n*=60). This stage took place from August to December 2020, in peripheral neighborhoods covered by ESF teams (inhabitant population between 4000 and 5000 people). The selection of streets and residences was random. If the residence visited was closed, there were no further attempts, and another residence was chosen at random. For the selection of the participant in the residency, the one who was at the time and the first one who met all the inclusion criteria was considered. These participants were interviewed, and only one member of the same house and family was included, regardless of the degree of kinship. The interview was guided by a semi-structured script, with closed questions (sociodemographic data) and open questions (aspects about care needs), prepared by the researchers themselves. This script was pre-tested to include possible adaptations, with a similar population that did not make up the final sample. Interviews with alcohol users lasted an average of 30 minutes.

In the second stage of the study (with the FHS nurses), the sampling was non-probabilistic, for convenience and the sample size was also defined by the data saturation method. This step took place in November and December 2021 with the invitation to all nurses who worked in the FHS in the investigated municipality (*n*=27), of which 16 met the eligibility criteria. Nurses were visited in loco at the health service in order to present the study and provide the necessary explanations. After that moment, according to the professional's acceptance and availability, the interview was scheduled or carried out following the acceptance, according to the participant's wish. The collection took place through individuais interviews, in a reserved room in the FHS itself, using a semi-structured script, with closed questions (sociodemographic data) and open questions (aspects about care for alcohol users) created by the researchers themselves, which was also tested with other professionals, with a view to adapting the final version of the script.

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The average duration of the interviews was 20 minutes.

To verify the pattern of alcohol use by the study participants (health service users and nurses), the AUDIT was used. A questionnaire developed in 1982 by the World Health Organization (WHO), developed especially to be used in PHC services, in the context of the world population. It consists of 10 questions, each question has a margin of 0 to 4, allowing a final score of 0 to 40 points. It results in low consumption (0 to 7 points), risky consumption (8 to 15 points), harmful use (16 to 19 points) and probable dependence (20 to 40 points). In 2003, the original version of the AUDIT was translated and validated in Brazil[22].

The AUDIT was applied to nurses, as there is evidence that these professionals who consume alcohol have more positive attitudes towards the patient who also consumes alcohol than other abstemious professionals, and this probably reveals other forms of care[17].

The empirical material from the interviews was organized into spreadsheets in Microsoft Excel 2019, with the construction of a Table (frequency distribution) and a Chart (thematic grouping). The analysis of the interviews took place through content analysis, in the thematic analysis modality, and from the thematic grouping, axes were reached that consolidated a didactic structure, a flow in the shape of a circle.

The study respected the ethical aspects of research, in accordance with Resolution 466/2012 of the National Health Council (CNS), having been approved by the Ethics Committee in Research with Human Beings of the State University of Mato Grosso (UNEMAT), with CAAE: 17172919.0.0000.5166 and opinion n. 3,501,822. All study participants signed the Free and Informed Consent Form (TCLE).

RESULTS AND DISCUSSION

The participating nurses were between 28 and 50 years old (*n*=16), predominantly female (93.7%), specialists in public health or family health (68.7%), with an average of five years of experience in the ESF. Most believe it is possible to treat and monitor drug users in Primary Care (93.7%), but none of these participants ESF has programs or actions aimed at this public. They claim not to know nor to use screening instruments. They never ask the patient about their consumption and a portion (62.5%) also does not control/record these patients.

Users were between 19 and 72 years old (*n*=60), of both sexes, most of them single (45.0%) and with incomplete primary education (58.3%). He does not mention having health problems (81.6%). They know where to seek care and treatment for alcoholism (75.0%), citing Therapeutic Communities (38.3%), CAPS (20.0%), ESF (6.6%) and AA (6.6%).

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Table 1 - Distribution of usage pattern between the two groups of participants, according to AUDIT. Mato Grosso, Brazil. (*n*=76)

Participants	**Nurses (*n*=16)**				**Service users (*n*=60)**			
	Female		**Male**		**Female**		**Male**	
Usage pattern	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Low consumption	12	75,0	-	-	11	18,3	4	6,6
Risk consumption	1	6,2	1	6,2	13	21,6	6	10,0
Harmful consumption	-	-	-	-	5	8,3	8	13,3
Probable consumption	-	-	-	-	1	1,6	12	20,0
Does not consume	2	12,5	-	-	-	-	-	-

Source: Authors.

In Table 1, it is verified among female users the predominance of risky consumption (21.6%) and the pattern of probable dependence in males (20.0%), also with emphasis on harmful consumption (13,3%). Among the nursing participants, the majority (75.0%) had a low consumption pattern.

Chart 1 presents the nurses' considerations regarding care for alcohol users, characterizing what they consider to be necessary to offer. On the side of the user participants, the needs that they would like to be met also appear.

Chart 1 - Thematic grouping on what could improve FHS care from the perspective of nurses (caring for drug users) and service users (their own care). Mato Grosso, Brazil. (*n*=76)

Participants/ Usage pattern	**Nuses (*n*=16)**		**Service users (*n*=60)**	
	Female	**Male**	**Female**	**Male**
Low consumption	Care provided by CAPS* professionals within the ESF**; Quality reception**** and a humanized look; Know the territory; Have a record of these patients (initial and follow-up); Presence of a multidisciplinary team: psychologist, therapists; Implement NASF***; Immediate reception of the user looking for the unit; Avoid appointments; Actively search for people in probable dependence, offer support; Adapt the physical plant of the ESF; Empower the team.	-	Able to schedule appointments and exams; Receive test results at home.	-
Risk consumption	Monthly follow-up and registration during treatment in conjunction with	Management incentive; Team understand the importance of assistance;	Have faster calls; To be referred and assisted (if professional was	Have faster calls.

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	CAPS AD; Forwarding when necessary.	Staff assist in forming groups; Have a common work plan to follow up with patients Proactivity of Community Health Agents.	absent or forwarding).	
Harmful consumption	ESF team training so that they can create a welcoming environment for this population.	-	Be better served; Solving what we need, and not wasting time.	There could be more doctors to attend to; Have faster calls; Sometimes medicines are missing.
Probable consumption	-	-	-	-
Does not consume	-	-	-	-

*CAPS: Psychosocial Care Center.
**ESF: Family Health Strategy.
***NASF: Family Health Support Center.
****Welcoming: a practice present in all care relationships, in real encounters between health workers and users, in the acts of receiving and listening to people, which can happen in different ways.

Considering the diagnosis that professionals make of the service, according to the pattern of alcohol consumption, it is clear that their priorities are located in three axes – people in the territory under their responsibility; user approach; and facilities and staff.

In the first axis, at low risk, they point to knowing the territory and carrying out an active search; the second axis, in the user's approach, providing a humane and immediate reception for those who seek help, the insertion of specialists in the service or an integration of the specialized service with the PHC, with a view to avoiding appointments and referrals to the specialized service; the third axis concerns the adequacy of the physical facilities, with a view to improving the spaces for welcoming this user and training the team in care.

Regarding high-risk consumption, in the second axis, they warn of the monthly follow-up of the user during treatment in a specialized service, the team helping to form educational groups with the same consumption profile, as a measure of support and discussion of care strategies, demanding more initiative Community Health Agents (ACS); and in the third axis, raising awareness and training the team and management to assist this client, which also promotes a welcoming climate.

In the case of users, according to their categorization by pattern of use, the main axis that refers to the quality of assistance provided in the service, there seems to be a delay for these users to have access to their treatment or for their demand to be met, either due to lack of medical professionals who attend, make a quick referral or schedule a new referral to a specialized service, either due to lack of medication. It is evident that most do not feel well attended.

In the elaboration of the flow, considering the diagnosis that nurses and users

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make about what needs to be done to improve care, the following needs are highlighted:

1. Knowledge of the territory in terms of the demands of alcohol users in the different patterns (screening with the frequent public in the service and active search).

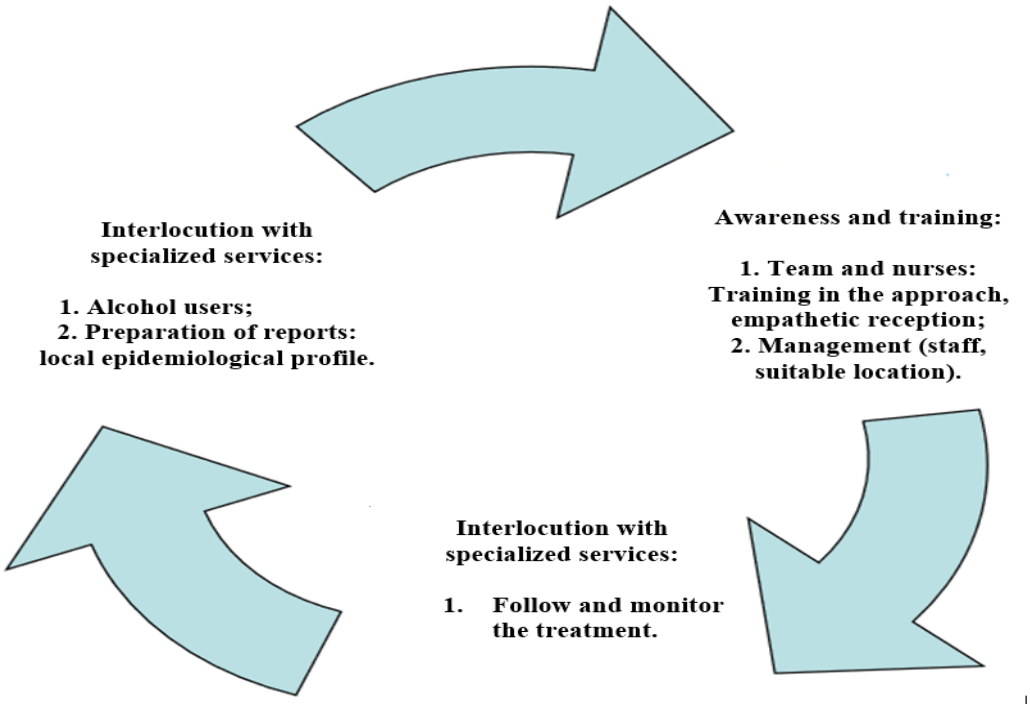
2. Sensitization and Training of the team in approaching the user (brief training with essential content - facilitating access to treatment, agility in consultations or referrals; ways of empathizing without moral judgments; training in the application of screening/diagnosis instruments and ways of intervention that can be used by nurses and staff, with registration in medical records and construction of the Singular Therapeutic Project -PTS).

3. Sensitization of Managers on the importance of the topic - present reports with a local epidemiological profile with existing demands: those met and those awaiting assistance due to lack of personnel and adequate spaces for assistance. Remember that low consumption patterns and risky consumption are easier to approach and treat than harmful use and addiction, in addition to the fact that the initial ones are less costly for public coffers.

4. Encourage contact with specialized services; record, track and monitor treatment; ask the specialized service for information about adherence to treatment, control the occurrence of lapses and relapses in the community through home visits, ask for the collaboration of the family or close companions, return PHC information to the specialized service.

In the end, it was observed that the axes were reduced to three that, acting in a circular and continuous way, can improve the quality of user assistance, a desire of this group.

Figure 1 - Flow of actions to support nurses' work in caring for alcohol users in Primary Health Care. October 2022. Mato Grosso, Brazil.



Source: Author

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The results show a very realistic perception of their workplace and, to a certain extent, of these users, however they lack resources of specialized knowledge (perhaps for this reason the request of psychologists in the service was mentioned), of dialogue with the specialized service and apparently, the sensitivity of managers to this problem, which may not be perceived as a health need of the population and faced with some level of prejudice. This does not differ from data from other Brazilian studies, in which a considerable number of professionals feel that they are not prepared to deal with prevention and health promotion due to their disease-centered training[23,24].

It is understood that it is important to invest in the continuing education of these professionals based on the principles of permanent education, questioning the social demands of the territory where they work and considering both the socioeconomic and structural conditions of professionals and users of health services[25]. Hence, the flow included the axis of knowledge of this territory with the demands of users who inhabit it and those who work there, acting in assistance.

As mentioned by the nurses participating in this study, in PHC factors such as lack of resources (human, financial and physical) and the lack of comprehensiveness and intersectoriality of the care network, limits and even makes promotion, prevention and rehabilitation actions impossible[26, 27]. Therefore, the work of preventing the use of alcohol and other drugs cannot be disconnected from conjunctural analyzes, aiming to raise awareness, in addition to population groups, professionals and managers[28]. Therefore, there are suggestions for actions/procedures presented in the flow axes.

As a limitation of the study, we highlight possible influences of the pandemic period of COVID-19 on the pattern of alcohol use verified; and the construction of a flow based on a specific context population, which, although similar to other territories, may require adaptations for application in other populations where RAPS is in different phases and structuring conditions. Even so, the construction of this flow of actions replaces mental health care, particularly with alcohol users, as a more achievable and feasible challenge from the PHC.

CONCLUSION

The course of construction of the flow of actions to support the care of nurses and staff to alcohol users, revealed that despite the recognition of nurses and the community itself in reducing alcohol consumption and the importance of its impacts not only on health physical and mental as well as in the social and economic dimension, alcoholism is still conceived as an acceptable and not serious habit, which indicates, among other aspects, less investment and motivation of professionals in seeking and assisting this demand. Therefore, with this flow of actions, it will be possible to plan assistance and organize the generation of

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information and work processes of nurses in this care management, in a clear and strategic way.

In addition, the use of this flow can encourage the principle of longitudinality, a central characteristic of this level of care, which is fundamental for alcohol users, as the established bonds resonate in strengthening the perception of support, perseverance and awareness about their health. and care, aspects that increase understanding of their needs and adherence to therapeutic care.

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