

## Family Health Strategy and assistance to drug addicts: conjunct or isolated actions?

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### ABSTRACT

Our objective was to investigate the integrated assistance to drug addicts through the Psychosocial Attention Center and Family Health teams of a large city in the Southeast of Brazil. This is a historical descriptive study. From the 825 patients, most were males (82.3%), the 41 to 50 years age group was predominant (56.5%), and mental and behavioral disorders due to alcohol abuse were the most prevalent among males (38.1%) and, for females, the diagnostic caused by tobacco's use and abuse (60.9%). Analyzing the integrated attention to drug addicts, we verified by the special distribution that most patients (57.9%) were not integrately attended by CPA and FHSs. It becomes urgent to strengthen and consolidate the family health strategy as a priority attention point of care for drug addicts in the psychosocial attention network.

**Descriptors:** Substance-Related Disorders; Mental Health; Family Health Strategy; Psychiatric Nursing.

### INTRODUCTION

The Family Health Strategy (FHS) is considered the main tool that guides the structure of the Brazilian healthcare system, representing a public health milestone. In decurrence of its potentialities, it is recognized as the priority entrance door to the Brazilian Unified Health System (SUS), being configured as a welcoming place and that should offer a resolute answer for most health problems of the population<sup>(1)</sup>. Consequently, there is a trial to decrease harms and suffering, and this strategy becomes responsible for the effectiveness and integrality of care, even when attention is needed in other assistance points.

On the last years, there was a significant expansion of the FHS coverage, with more than half of the

Brazilian population registered on it, transforming itself in a powerful promoting strategy for equity. On the other hand, this scenario points to fragilities and challenges to guarantee integral attention, for example, the need of management improvements, resolutivity and integration with the network of health services<sup>(2)</sup>.

In this context, one of the fundamental attributions of the primary care is to provide care englobing mental health, being inserted in the FHS practice as an indispensable element to build care networks<sup>(3)</sup>. Mental and behavioral disorders represent about one quarter of all years lost by incapacity in the world. Besides, 7.4% of the world load of health problems, including the abuse of psychoactive substances and drug addiction, are attributed to these disorders<sup>(4)</sup>. Adding to that, it is estimated that approximately 27 million of people in the world harmfully uses drug, being half of them injectable users<sup>(5)</sup>. The II National Survey of Alcohol and Drugs<sup>(6)</sup> showed that drug addiction represents one of the most severe public health problems in Brazil nowadays, being Brazil the largest consumer of crack in the world and, with more than 11 million of people with problems related to alcohol abuse.

Problems related to abuse of alcohol and other drugs should be treated as chronic diseases' conditions. It is not sufficient to treat the symptoms, the user should be assisted in an integral manner, through strategies that can generate behavioral changes related to drug<sup>(7)</sup>. The drug addiction generates a high cost for all society, leading to productivity loss, higher transmission of sexually transmitted diseases and family violence, which affects quality of life of users and their families<sup>(8)</sup>.

The actual health politics to assist people with problems related to alcohol use and other drugs is centered in the principle of building and operationalizing psychosocial attention networks<sup>(3)</sup>. The finality of this network is the creation, amplification and articulation of health attention points in the SUS for people who suffer or who has mental disorder and people with needs caused by the use of crack, alcohol and other drugs<sup>(9)</sup>. A network compromised with the transformation of the assistential model is important, that considers the individual as a whole, inserted in the community, with the goal to fight prejudice and stigma that are still associated with this condition. The FHS represents the attention point with the largest potential to identify this vulnerable population, to welcome and articulate care with services of the attention network<sup>(10)</sup>.

The integration between mental and family health represents one of the largest challenges for the assistance to drug addicts. In Centers of Psychosocial Attention (CPA), alcohol and drugs are considered specialized attention points for the treatment of drug addicts, privilegedging more severe cases and with significant social and family vulnerability. However, the FHS should occupy a strategic role in this scenario, transposing the existing barrier of the communication difficulty and configuring itself as the preferential entrance door for this group in the healthcare system<sup>(11)</sup>.

The articulation between CPA and FHS causes growing interest of managers and of the scientific community, considering that the harmful use of alcohol and other drugs represents a significant parcel of the assistance demand. Another relevant question, it the possible existing distance between what is preconized in mental health politics and what is seen in practice, considering that frequently it is seen the logic of the

referral to the CPA, deferring care to this attention point. This articulation represents a new challenge in the scenario of health public policies in Brazil<sup>(12)</sup>.

This investigation intends to contribute with the organization of the psychosocial attention network to assist people with problems related to the drug abuse and chemical dependence, considering that still exists a gap concerning this theme in the scientific literature and, the need to consolidate the FHS to exercise this role. Thus, the objective of this study was to investigate the integrated assistance to drug addicts by the Psychosocial Attention Center and the Family Health teams of a large city in the Southeast of Brazil.

## METHODS

This is a descriptive historical study. The historical series allowed us to analyze of health assistance provided in a determined space throughout time. The descriptive approach allowed us to characterize and measure variables, providing information about the evolutions and changes in the studied universe.

We conducted the study in a large city in the Southeast region of Brazil, that has a population of approximately 213,016 thousand/inhabitants and which is configured as an economic, political and health reference for other 56 cities. The health network of this city is composed by 10 primary healthcare units, 28 family health strategy teams, one policlinic, one CPA III, one Emergency Care unit, one philanthropic hospital, one psychiatric hospital, and four hospitals for private healthcare attention. The focus of our study was the CPA III and the FHSs, because from those, we accessed data from drug addicts, and it was possible to describe and analyse the health assistance provided by referred services to this patients.

Data collection occurred in two steps, the first one was conducted by researchers through records located at the Medical and Statistical Archive Service from the CPA III, referred to the period of June 1<sup>st</sup> of 1997 (date when the service was inaugurated) until June 1<sup>st</sup> of 2013 (data collection date), a 16-year period. We adopted as inclusion criteria: 1) drug addiction diagnostic; 2) age equal or higher than 18 years. We excluded from the study: 1) patients with incomplete and/or wrong data; 2) patients not residing in the studied city. We used an instrument (binder) to extract information from the record, created by the researchers, with the following sociodemographic and clinical variables: gender, age, home address, diagnosis of alcohol/other drugs use (according to the International Classification of Diseases – CID 10)

The second data collection step was conducted from the data collected at the CPA III, and through them we did a survey of information in the National Registry of Health Establishments from the Brazilian Health Ministry, under the attention registry provided by FHSs of drug addict patients accompanied by the CPA III during the same period. For this step, the researchers used another binder created by them, containing variables as: name of the Family Health Strategy, address, patient's registry and date of attention/consultation.

We built the study database from the data collected on the CPA III and FHSs, which were entered on Microsoft Excel by pairing information of each patient. After, data were imported to the Statistical Package for the Social Science (20.0) program, to perform descriptive statistical analysis. We calculated percentages

of categories for variables and we explored them with univariate, bivariate and multivariate techniques, considering mean, standard deviation and confidence interval of 95%, minimum and maximum values. To map the attention to patients by referred health services from their home addresses, we used a geoprocessing technique through the free software Google Earth Pro.

We respected the legal ethical precepts based on the resolution of the Brazilian National Health Council nº 466/12 for the conduction of this study. The project was authorized by the Municipal Health Secretary and approved by the Ethics in Research Committee of Universidade Federal de São João Del Rei, Campus Centro-Oeste Dona Lindu, under the protocol nº 987807.

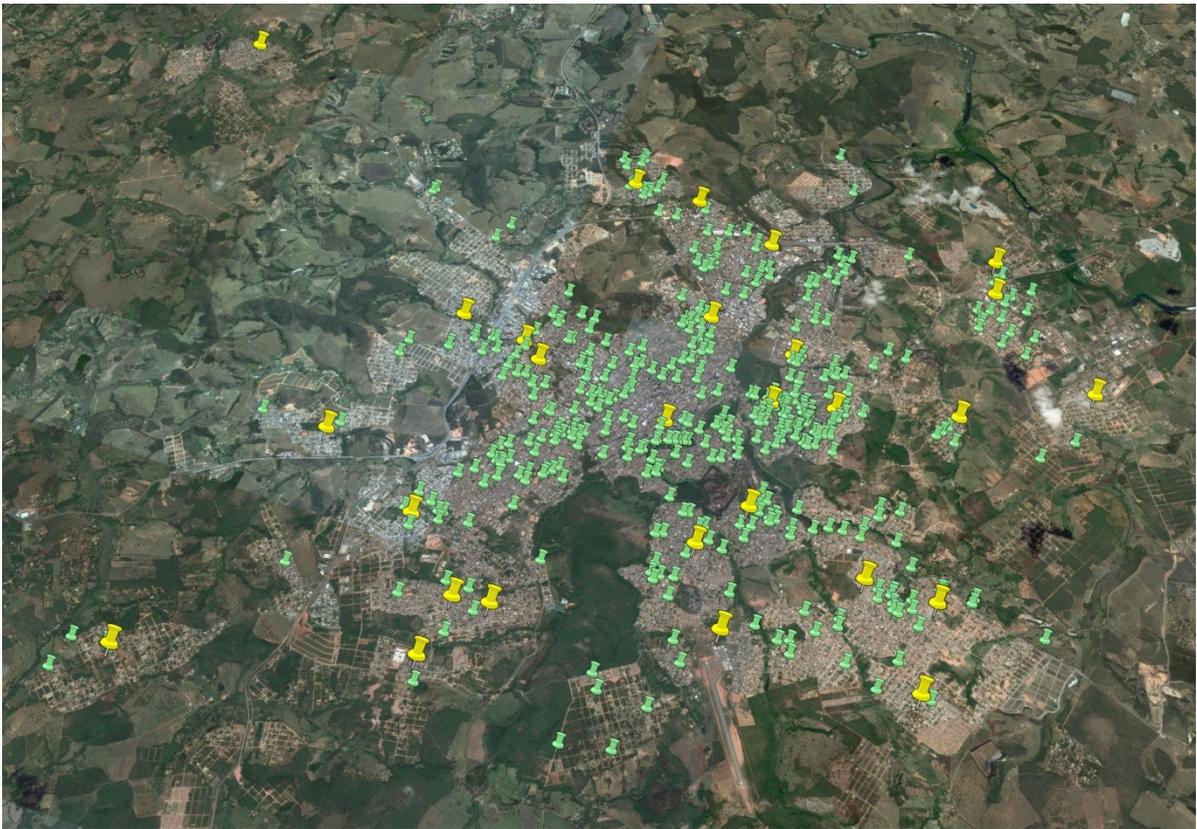
## RESULTS

Patients diagnosed with drug addiction represented a rate of 7.5% of the total (10,951) attended patients. From the 825 patients, most were male ( $n=679$ ; 82.3%), and only 146 (17.7%) females. The age group between 41 and 50 years ( $n=232$ ; 56.5%) was predominant and, mental and behavioral disorders due to alcohol abuse, diagnostic F10, was the most prevalent among males ( $n=259$ ; 38.1%). The diagnostic F17 resulting from smoking abuse was the most prevalent for females ( $n=89$ ; 60.9%). Figure 1 presents the spatial distribution of the 28 Family Health Teams in the studied city.



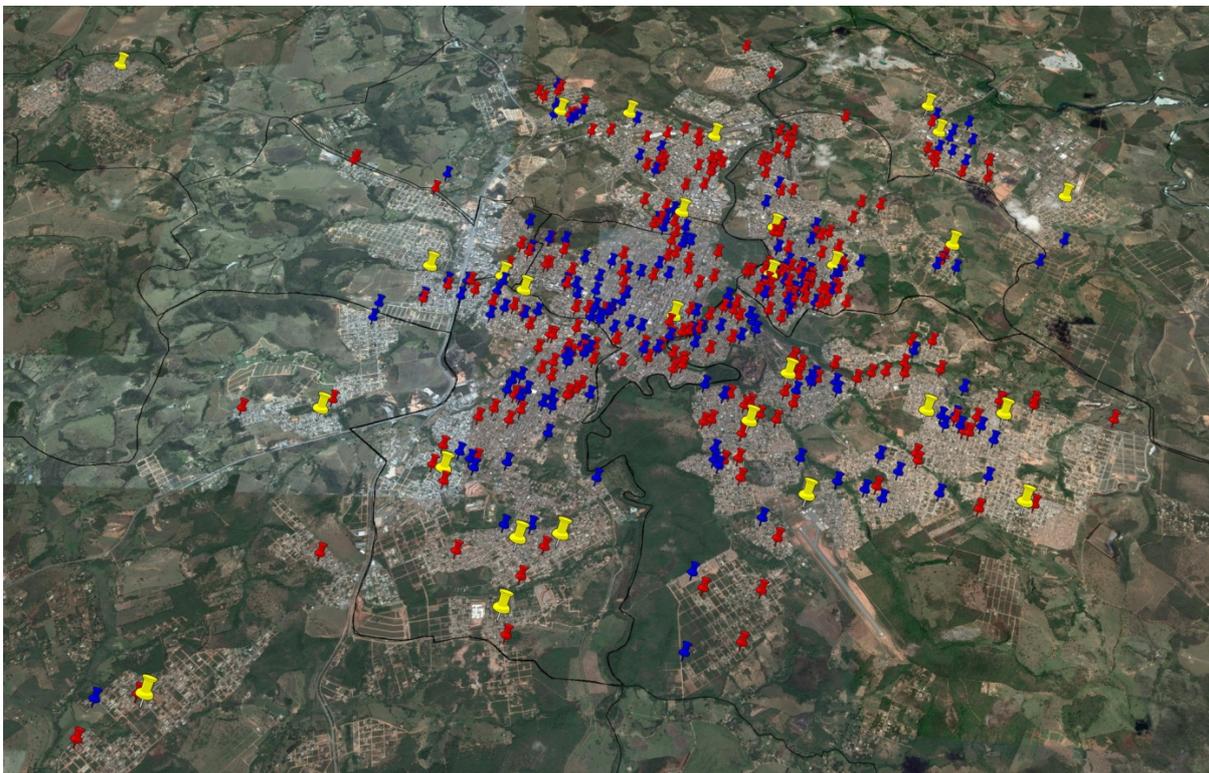
**Figure 1:** Spatial distribution of 28 Family Health Teams. Divinópolis, MG, Brazil, 2016.

Figure 2 presents the spatial distribution of 28 Family Health Teams in the studied city and all 825 drug addict patients attended at CPAs, according to their home addresses.



**Figure 2:** Spacial distribution of 28 Family Health Teams and all 825 drug addict patients attended at the Center of Psychosocial Attention III, according to their home addresses. Divinópolis, MG, Brazil, 2016.

Figure 3 presents the spacial distribution of 28 FHSs and, 825 drug addict patients attended at CPAs, visits by FHS (347 in blue) or not (478 in red).



**Figure 3:** Spacial distribution of 28 Family Health teams, all 825 drug addict patients attended at the Center of Psychosocial Attention III and, visits by the Family Health team (blue) or not (red). Divinópolis, MG, Brazil, 2016.

## DISCUSSION

From all 10,951 patients attended at the CPA during the studied period, 825 (7.5%) were diagnosed as drug addicts. An important and recent multicentric study<sup>(13)</sup> highlights that about 10% of the population uses alcohol and other drugs harmfully, independently of gender, race, education and social level. This situation is alarming, and it configures an important public health issue in a global level. Thus, the problem of the abusive use of drugs and chemical dependence is complex and multifaced, requiring the construction and implementation of public policies aimed at prevention, treatment and, psychosocial rehabilitation from governants.

Males were more affected by the disorder (n=679/82.3%), corresponding to a proportion of 4.6 men for each woman. Males are frequently associated to a higher prevalence of abusive use of drugs and drug addiction<sup>(14-15)</sup>. Possible reasons for this predominance relate to cultural factors resulting in men with a more challenging, aggressive and risky behavior. Other aspects that can also be involved, which are related to the need of more social interaction, disinhibition, and self-affirmation<sup>(15)</sup>. However, it is not possible to disconsider an increasing growth of the drug addiction prevalence among women<sup>(6)</sup>, requiring professionals and managers to reflect about this problem and to provide adequate care to both genders.

We observed a higher proportion of drug addicts (n=232;56.5%) between 41 and 50 years. In this age group, the physiological process of aging increases the vulnerability of changes caused by the consumption of psychoactive substances. Thus, their harmful use can cause important body changes, leading the user to a debilitation case. Due to these changes, the user can demand more assistance in health services, spontaneously or by family demand. Adding to that, it is observed that users in this age group presents a very accentuated dependence pattern and, many times, with associated comorbidity<sup>(16)</sup>. It is seen that the pattern for drug use varies significantly, and the abusive use is the most prevalent among younger individuals; and dependence with all their clinical and social repercussions, is more prevalent in those older than 40 years<sup>(14)</sup>.

The abusive use and the alcohol dependence (n=259; 38.1%) by males and smoking (n=89; 60.9%) by females, were the most prevalent diagnoses. The findings suggest that licit drugs were the most used, showing a worrying situation, considering that alcohol represents the most used drug in the eastern and it is a severe issue fought by health systems<sup>(17)</sup>. Alcohol dependence is associated with a high level of incapacity and mortality, and it can be influenced by cultural and social factors<sup>(18)</sup>. It is believed that the use of licit drugs is also motivated by the fact that they are substances of higher collective use and socially accepted, and in many times, it is stimulated by friends and family members in social events.

Early diagnosis and treatment are indispensable and can allow early identification of abusive use, avoiding the evolution to severe forms of dependence that can involve the use of multiple drugs, resulting in higher suffering of patients, prolonged treatment time, and excessive costs for the healthcare system<sup>(13)</sup>. Thus, primary healthcare, notably the FHS, assumes fundamental importance, because it is the closer attention point for users and their reality, and it can identify patterns of risky use and to provide early and needed attention<sup>(19)</sup>. Alcohol dependents are considered one of the most severe groups and with higher

number of comorbidities in the FHS level, however, they are not identified by most professionals, leaving them underdiagnosed and without assistance<sup>(20)</sup>. We suggest the implementation of early tracking and intervention strategies in the primary healthcare context through public policies and permanent education of professionals.

We observed that the number of FHS (n=28; 39.4%) does not meet the preconized by the actual national policy of basic attention<sup>(9)</sup>, which indicates that the city has, at least, 80% of their population covered by FHS. Besides, the total population should not pass 4.000 inhabitants per team, considering the level of vulnerability of families pertaining to the territory. The low coverage of FHS can harm the care provided to the drug addict, resulting in direct search to specialized attention levels, as the CPAs, besides the late assistance, a moment when complications and severe ruptures are already established in their social and family context<sup>(15)</sup>. Also, this reality can contribute with an assistential deficit to the user, especially those actions directed to mental health promotion in their territory, early detection of risky use, accompaniment with medicines and psychosocial rehabilitation strategies<sup>(10)</sup>.

The spacial distribution' analysis of the 28 FHSs allowed to verify that regardless of the low population coverage, existing teams are distributed in all sanitary territories of the city. However, this coverage does not guarantee compliance of equality and universality of the SUS principles. Factors inherent to teams cannot be disconsidered as well, once people with problems related to use of alcohol and other drugs are frequently stigmatized and seen through negative attitudes of professionals, turning the relationship tense. In part, this occurs due to practical and psychosocial challenges imposed by this condition<sup>(21)</sup>. It is important that professionals working at FHSs broaden their sight beyond physical health and recognize mental health as inseparable of any context and action. In this sense, drug addiction should be seen in a welcoming way and without prejudice from the FHS, considering the various aspects surrounding it, so that a singular and appropriated therapeutic project can be built for each case. A positive interpersonal relationship with the team and the adequate interpretation of the received treatment are essential factors in the adherence and search for treatment.

The spacial distribution allowed us to verify that from 825 patients attended by CPA, 57.9% were not attended by the FHS, and only 124 (25%) did not pertain to teams' reach area. It was verified that 354 (75%) of total drug addict patients that were not assisted pertained to the FHSs and they were not even registered, which can be an indication of fragilities regarding assistance to these users. It is observed that in Brazil, the curativist traditional model centered in the search for health assistance by free demand still is present, that is, actions remain centered within the physical dependencies of the unit, which distort with the preconized work model, which should be focused in integral health actions in the territory<sup>(3)</sup>. A study with crack users in Rio de Janeiro, found a limited access to health care, being influenced by bureaucratic matters, lack of resources and lack of professional skills to deal with this population and stigma<sup>(22)</sup>. It was seen that important barriers remain for the access of drug addicts to primary care services, and few are directly linked to the prepare and posture of professionals when facing the user.

It is important to highlight that, possibly, lacks an effective articulation between the CPS and the FHS in the city. We recognize that the primary health care through the CPS has a fundamental space for mental healthcare, particularly for care and foment of actions involving drug addicts, performing actions of responsibility and coordination of the provided attention, integrated with the psychosocial attention network. However, inconsistency is observed regarding the access to these attention points, having competency limits and, consequently, a double entrance door of users to the healthcare system<sup>(23)</sup>. It is noted that questions perspassing the management of health systems are also present in this complex and multi-factorial problem.

Another emergent matter is the need to propose and develop innovative strategies to potentialize the integration among services, prioritizing the FHS as preferential entrance door and care coordinator to users in the SUS. For that, permanent education processes for professionals and the creation of multi-disciplinary partnerships are indicated as actual strategies to fight drug addiction, considering all its complexity. Transdisciplinarity refers to the work based on knowledge and participation of different actors, from diverse areas, that can improve the care management as well as its quality<sup>(24)</sup>.

The support from diverse specialists in mental health from the FHS and the PSA is another alternative to improve integration within these attention points. This is a support strategy to FHS teams in what concerns mental health actions. This practice can support and provide subsidizes to the FHS to innovate practices, moments of discussion, and appropriation of cases, sharing of responsibilities and aspirations, decreasing unnecessary referrals and the improvement of access and reception of drug addict users<sup>(25)</sup>.

## CONCLUSION

We were able to observe that there is not an articulated mental health network to assist the drug addict user in the studied city. The international literature as well as the national, points to the need of this articulation for users to access the primary health care, notably the FHS. This context represents a large challenge to professionals and managers in the Brazilian scenario, considering that the issue of drug abuse and addiction is multifaceted and involves a complex net of political and social interactions. Thus, it becomes urgent to strengthen and consolidate the FHS while priority care strategy, providing tools and subsidizes based in the evident realities.

The organized and articulated psychosocial attention network is indispensable for a quality assistance to drug addicts. Besides the need of a consolidated FHS as ordinated care strategy, there are other demands and challenges that can influence this complex network. The indefinitions regarding access, low FHS coverage and, possible excess of referrals to PSAs are pointed as barriers to be surpassed. We propose the creation of strategies of multidisciplinary support, with the intention to strengthen and support mental health actions in the FHS, besides configuring it as constant point of support for professionals. In addition, we suggest the development of permanent educational programs directed to these professionals, as well as the development of innovative strategies and actions, with a multi-disciplinary focus.

We expect this study to can serve as a tool to plan actions that will improve the access of the drug addict to FHS, focused in more dynamic work processes and in the effective communication between attention points, especially between the PSAs and the FHS. We also indicate the perspective of future studies to better elucidate this relationship, overall, demonstrating the vision of involved professionals and the factors that can be associated to these issues.

## REFERENCES

1. Arantes LJ, Shimizu HE, Merchán-Hamann E. Contribuições e desafios da Estratégia Saúde da Família na Atenção Primária à Saúde no Brasil: revisão da literatura. *Ciênc. saúde coletiva* [Internet]. 2016 [acesso em: 22 jun. 2016];21(5):1499-1509. Disponível em: <http://www.scielo.br/pdf/csc/v21n5/1413-8123-csc-21-05-1499.pdf>
2. Fausto MCR, Giovanella L, Mendonça MHM, Seidl H, Gagnon J. A posição da Estratégia Saúde da Família na rede de atenção à saúde na perspectiva das equipes e usuários participantes do PMAQ-AB. *Saude Debate* [Internet]. 2014[acesso em: 22 jun. 2016];38(esp):13-33. Disponível em: <http://www.scielo.br/pdf/sdeb/v38nspe/0103-1104-sdeb-38-spe-0013.pdf>
3. Gryscek G, Pinto AAM. Saúde Mental: como as equipes de Saúde da Família podem integrar esse cuidado na Atenção Básica?. *Ciênc. saúde coletiva* [Internet].; 2015 [cited 2016 June 26];20(10): 3255-3262. Disponível em: [http://www.scielo.br/scielo.php?pid=S141381232015001003255&script=sci\\_abstract&tlng=pt](http://www.scielo.br/scielo.php?pid=S141381232015001003255&script=sci_abstract&tlng=pt)
4. Rebello T, Marques A, Gureje O, Pike K. Innovative strategies for closing the mental health gap globally. *Curr Opin Psychiatry*. [Internet]. 2014[acesso em: 22 jun. 2016]; 27(4):308-14. Disponível em: <http://www.ncbi.nlm.nih.gov/pubmed/24840160>
5. United Nations Office on Drugs and Crime, World Drug Report [Internet]. 2015[acesso em: 22 jun. 2016] (United Nations publication, Sales No. E.15.X.6). Disponível em: [https://www.unodc.org/documents/wdr2015/World\\_Drug\\_Report\\_2015.pdf](https://www.unodc.org/documents/wdr2015/World_Drug_Report_2015.pdf)
6. II Levantamento Nacional de Álcool e Drogas (LENAD) – 2012[acesso em: 23 jun. 2016]. Ronaldo Laranjeira (Supervisão), São Paulo: Instituto Nacional de Ciência e Tecnologia para Políticas Públicas de Álcool e Outras Drogas (INPAD), UNIFESP [Internet]. Disponível em: <http://inpad.org.br/wp-content/uploads/2014/03/Lenad-II-Relat%C3%B3rio.pdf>
7. Deborah I, Kamal k, and Shazly S. A qualitative study of referring agents' perceptions of access barriers to inpatient substance abuse treatment centres in the Western Cape. *Harm Reduct J*. [Internet]. 2015[acesso em: 23 jun. 2016]; 12: 36. Disponível em: [http://webcache.googleusercontent.com/search?q=cache:Y8tQS2\\_iPz8J:etd.uwc.ac.za/xmlui/bitstream/handle/11394/4060/Isobell\\_MA\\_2013.pdf%3Fsequence%3D1+&cd=1&hl=pt-BR&ct=clnk&gl=br](http://webcache.googleusercontent.com/search?q=cache:Y8tQS2_iPz8J:etd.uwc.ac.za/xmlui/bitstream/handle/11394/4060/Isobell_MA_2013.pdf%3Fsequence%3D1+&cd=1&hl=pt-BR&ct=clnk&gl=br)
8. Alvarez SQ, Gomes GC, Oliveira AMN, Xavier DM. Grupo de apoio/suporte como estratégia de cuidado: importância para familiares de usuários de drogas. *Rev. Gaúcha Enferm*. [Internet]. 2012[acesso em: 23 jun. 2016]; 33(2): 102-108. Disponível em: <http://www.scielo.br/pdf/rgenf/v33n2/15>
9. Ministério da Saúde. Portaria nº 3.088, de 23 de dezembro de 2011. [Internet]. Brasília; 2011 [acesso em: 23 jun. 2016]. Disponível em: [http://bvsmis.saude.gov.br/bvs/saudelegis/gm/2011/prt3088\\_23\\_12\\_2011\\_rep.html](http://bvsmis.saude.gov.br/bvs/saudelegis/gm/2011/prt3088_23_12_2011_rep.html).
10. Spector AY, et al. Implementation of Brazil's "family health strategy": Factors associated with community health workers', nurses', and physicians' delivery of drug use services. *International Journal of Drug Policy* [Internet]. 2015[acesso em: 23 jun. 2016], Disponível em: <http://dx.doi.org/10.1016/j.drugpo.2014.12.005>
11. Wenceslau LD, Ortega F. Mental health within primary health care and Global Mental Health: international perspectives and Brazilian context. *Interface* [Internet]. 2015[acesso em: 24 jun. 2016];19(55):1121-32. Disponível em: <http://www.scielo.br/pdf/icse/v19n55/1807-5762-icse-1807-576220141152.pdf>
12. Wetzel C, Pinho LB, Olschowsky A, Guedes AC, Camatta MW, Schneider JF. Rede de atenção à saúde mental a partir da Estratégia Saúde da Família. *Rev Gaúcha Enferm*. [Internet]. 2014[acesso em: 24 jun. 2016];35(2):27-32. Disponível em: [http://www.scielo.br/pdf/rgenf/v35n2/pt\\_1983-1447-rgenf-35-02-00027.pdf](http://www.scielo.br/pdf/rgenf/v35n2/pt_1983-1447-rgenf-35-02-00027.pdf)
13. Faller S, Peuker AC, Sordi A, Stolf A, Formigoni MLS, Cruz MS, et al. Who seeks public treatment for substance abuse in Brazil? Results of a multicenter study involving four Brazilian state capitals. *Trends Psychiatry Psychother*.

- [Internet]. 2014[acesso em: 24 jun. 2016]; 36(4). Disponível em: <http://www.scielo.br/pdf/trends/v36n4/2237-6089-trends-36-04-00193.pdf>
14. Grant BF, Saha TD, Ruan W, et al. Epidemiology of DSM-5 Drug Use Disorder: Results From the National Epidemiologic Survey on Alcohol and Related Conditions—III. *JAMA Psychiatry* [Internet]. 2016[acesso em: 28 jun. 2016];73(1):39-47.
15. Capistrano FC, Ferreira ACZ, Silva TL, Kalinke LP, Maftum MA. Perfil sociodemográfico e clínico de dependentes químicos em tratamento: análise de prontuários. *Esc. Anna Nery* [Internet]. 2013[acesso em: 28 jun. 2016]; 17(2): 234-241. Disponível em: <http://www.scielo.br/pdf/ean/v17n2/v17n2a05.pdf>
16. Miquel L, Barrio P, Moreno EJ, Ortega L, Manhey J, Rehm J, Gual A. Detection and prevalence of alcohol use disorders in primary health care in Catalonia. *Aten Primaria*; [Internet]. 2016[acesso em: 28 jun. 2016];48(3):175-182. Disponível em: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4281557>
17. Grant BF, Goldstein RB, Saha TD, et al. Epidemiology of DSM-5 Alcohol Use Disorder: Results From the National Epidemiologic Survey on Alcohol and Related Conditions III. *JAMA Psychiatry*. [Internet]. 2015[acesso em: 28 jun. 2016];72(8):757-766.
18. Rehm J, Anderson P, Barry J, Dimitrov P, Elekes Z, Feijão F, Frick U, Gual A, Gmel JG, Kraus L, Marmet S, Raninen J, Rehm MX, Scafato E, Shield KD, Trapencieris M, Gmel G, Prevalence of and Potential Influencing Factors for Alcohol Dependence in Europe. *Eur Addict Res* [Internet]. 2015[acesso em: 28 jun. 2016];21:6-18. Disponível em: [http://www.alicerap.eu/resources/documents/doc\\_download/158-deliverable-05-1-prevalence-of-substance-use-dependence-and-problematic-gambling-in-europe.html](http://www.alicerap.eu/resources/documents/doc_download/158-deliverable-05-1-prevalence-of-substance-use-dependence-and-problematic-gambling-in-europe.html)
19. Taufick MLC, Evangelista L, Silva M, Oliveira LCM de. Perfis de consumo alcoólico entre pacientes da atenção primária a saúde e seu reconhecimento pelos profissionais de saúde. *Cad. Saúde Pública* [Internet]. 2014[acesso em: 28 jun. 2016];30(2):427-432. Disponível em: <http://www.scielo.br/pdf/csp/v30n2/0102-311X-csp-30-2-0427.pdf>
20. Barrio P, Miquel L, Moreno-España J, Martínez A, Ortega L, Teixidor L, Manthey J, Rehm J, Gual A. Alcohol in Primary Care. Differential characteristics between alcohol-dependent patients who are receiving or not receiving treatment. *Adicciones*. [Internet]. 2016[acesso em: 29 jun. 2016];28(2):116-122. Disponível em: <http://www.adicciones.es/index.php/adicciones/article/download/779/738>
21. Katharine RP, Giselle ZZ, Gail G, Joseph C, Michael I. What patients with addiction disorders need from their primary care physicians: A qualitative study. *Fingerhood Substance Abuse* [Internet]. 2016[acesso em: 29 jun. 2016];37(2):349-55. Disponível em: <http://www.ncbi.nlm.nih.gov/pubmed/26360503>
22. Santos C et al. Patterns, determinants and barriers of health and social service utilization among young urban crack users in Brazil. *BMC Health Services Research* [Internet]. 2013[acesso em: 29 jun. 2016];13:536. Disponível em: <http://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-13-536>
23. Wenceslau LD, Ortega F. Mental health within primary health care and Global Mental Health: international perspectives and Brazilian context. *Interface* [Internet]. 2015[acesso em: 29 jun. 2016];19(55):1121-32. Disponível em: <http://www.scielo.br/pdf/icse/v19n55/1807-5762-icse-1807-576220141152.pdf>
24. Pinto RM, Spector AY, Yu G, & Campbell ANC. Transdisciplinary collaboration and endorsement of pharmacological and psychosocial evidence-based practices by medical and psychosocial substance abuse treatment providers in the United States. *Drugs (Abingdon, England)* [Internet]. 2013[acesso em: 29 jun. 2016];20(5), 408–416. Disponível em: <http://doi.org/10.3109/09687637.2013.783792>.
25. Quindere PHD, et al. Accessibility and resolution of mental health care: the matrix support experience. *Ciênc. saúde coletiva* [Internet]. 2013[acesso em: 29 jun. 2016];18(7):2157-2166. Disponível em: <http://dx.doi.org/10.1590/S1413-81232013000700031>.