

Perception of the nursing team about work in the Psychosocial Care Centers for Alcohol and Other Drugs (CAPSAd)

Percepção da equipe de enfermagem sobre o trabalho no Centro de Atenção Psicossocial Álcool e Outras Drogas (CAPSAd)

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ABSTRACT | OBJECTIVE: to identify the perception of the nursing team about work in the Psychosocial Care Centers for Alcohol and Other Drugs (CAPSAd). **METHOD:** this is a descriptive exploratory study with a qualitative approach. Semi-structured interviews were conducted with four nursing technicians and two nurses who worked at two CAPSAd in the city of Salvador. The analysis of the collected data was performed using the Bardin content analysis technique. **RESULTS:** four main categories were defined: Permanent Education in Mental Health at CAPSAd; Motivation at work with Mental Health; Specificities of the alcohol and other drugs field and Challenges and facilities in the alcohol and other drugs field. The workers have a dichotomous work practice, consistent with the Brazilian Psychiatric Reform (RPB) and Harm Reduction (RD), but also with activities centered on the hegemonic biomedical model. They are motivated to work for the autonomy of nursing actions in this context, however, challenges such as a fragmented care network and exposure to violence, are frequent. **FINAL CONSIDERATIONS:** the CAPSAd make it possible for nursing workers to exercise their practices in an expanded way, however, they have found difficulties to occupy this space, with a tendency to reproduce the scenario of their clinical and hospital practices.

DESCRIPTORS: Nursing team. Mental health. Mental health services. Substance abuse treatment centers. Drug users, Harm reduction.

RESUMO | OBJETIVO: identificar a percepção da equipe de enfermagem sobre o trabalho nos Centros de Atenção Psicossocial Álcool e Outras Drogas (CAPSAd). **MÉTODO:** trata-se de um estudo exploratório descritivo com abordagem qualitativa. Foram realizadas entrevistas semi-estruturadas com quatro técnicas de enfermagem e duas enfermeiras que trabalhavam em dois CAPSAd da cidade de Salvador. A análise dos dados coletados foi realizada através da técnica de análise do conteúdo de Bardin. **RESULTADOS:** foram definidas quatro categorias principais: Educação Permanente em Saúde Mental no CAPSAd; Motivação no trabalho com Saúde Mental; Especificidades do campo álcool e outras drogas e Desafios e facilidades no campo álcool e outras drogas. As trabalhadoras possuem uma prática dicotômica de trabalho, coerente com a Reforma Psiquiátrica Brasileira (RPB) e a Redução de Danos (RD), mas também com atividades centradas no modelo biomédico hegemônico. Se mostram motivadas para o trabalho pela autonomia das ações de enfermagem nesse contexto, entretanto desafios como uma rede de atenção fragmentada e exposição à violência, se mostram frequentes. **CONSIDERAÇÕES FINAIS:** os CAPSAd possibilitam às trabalhadoras de enfermagem exercerem suas práticas de forma ampliada, no entanto, as mesmas têm encontrado dificuldades para ocupar esse espaço, existindo uma tendência de reproduzir o cenário das suas práticas clínico-hospitalares.

DESCRITORES: Equipe de enfermagem. Saúde mental. Serviços de saúde mental. Centros de tratamento de abuso de substâncias. Usuários de drogas. Redução de danos.

Introduction

Until the 1970's, the Brazilian mental health system operated majorly within the traditional biomedical model, assisting the "mentally ill" in psychiatric hospitals, with the hegemonic treatment measure being psychiatric hospitalization. To confront this process, the movement for Brazilian Psychiatric Reform (BPR) was constructed envisioning a paradigm rupture that would not reproduce the theoretical basis and practices of this model¹.

Because of the consolidation and implementation of the Universal Health Care System (SUS), and the creation of public policies addressing mental health, under the monitoring and responsibility of the Ministry of Health, through acts and decrees, it was possible to change this scenario, which had its milestone in the consolidation of the Psychosocial Care Network in 2011². By the end of the 1980's and beginning of 1990's the Psychosocial Care Centers and Units (CAPS/NAPS) were created, enabling a national transformation of mental health assistance, whose objective was to foster and include individuals with mental disorders through ensuring social, citizenship, freedom and autonomy rights³.

CAPS is an open and communitarian health care service from SUS. It is a place of reference and treatment for people who suffer from severe and persistent mental illnesses, and need intensive, communitarian, custom, life-promoting care. The CAPS aim at providing its services to the population of surrounding areas. It monitors and promotes social reintegration of its users through access to work, leisure activities, exercise of civil rights and strengthening of family and community bonds. It was created to be a service that provides mental health care, replacing the hospitalizations in psychiatric hospitals⁴.

Psychosocial Care Centers for Alcohol and Other Drugs (CAPSad) were created in 2002, and are intended to people with severe and persistent mental illnesses, for which the use of alcohol and other drugs negatively affects the preservation of their autonomy over their own lives^{4,5}. The decree 336/02⁶ represents a milestone for nursing in regards to the psychoactive substances field, because when it states the minimum team necessary to provide these services, it also regulates the integration of a nursing team among

the essential workers that are needed for running the CAPSad. In this sense, considering that these services are expanding throughout the country, it can be inferred that there has also been an expansion in terms of labor market for nursing teams in this field⁷.

The assistance provided by the CAPSad is in need of inventive workers who are able to support these individuals with issues due to use and addiction to psychoactive substances in their process of constructing possible life projects. The nursing team is inserted in a multiprofessional team, that together articulate strategically the mental health network and policy in the territory, and are responsible for actions that promote health, culture, leisure, sports and education^{7,8}.

Taking into account the singularities involved in the care of people with issues due to the use of drugs, Harm Reduction (HR) appears as a work strategy and an ethical-technical direction for the actions of mental health workers. This rationale and mode of action towards work develop a series of interventions that aim at accessing and linking drug users to activities that promote the decrease of vulnerability associated to drug consumption, as well as inclusion in health services, human rights and citizenship safeguard and social reintegration^{9,10}.

Instead of establishing abstinence as the single acceptable goal for prevention and treatment, HR enables intermediate goals. The focus of this approach resides in the adoption of strategies that minimize the social and health harms associated to drug use, even if the intervention does not lead to an immediate decrease in consumption¹⁰.

Due to the existing singularities in the CAPSad, it is possible to understand the work of the nursing team is inserted in practices that go beyond what is known as "traditional resources", and that encompass not only but also therapeutic communication, interpersonal relationship, individual meetings, group activities through groups and workshops, civil rights protection services and therapeutic monitoring. The work proposed by the CAPS includes, besides the individual with the mental disorder, their families and the society, and demands activities that are directed towards an extended group. In working with this extended group, these workers must use

their accumulated professional knowledge and add it to the needs of everyday practice. The therapeutic workshops, interdisciplinary team meetings, family meetings, care activities, fostering and home visits all require flexibility from these workers¹¹⁻¹⁴.

By identifying the nursing team's perceptions of the work in the CAPSad, it is easier to identify the demands and needs of these workers. The information this study provides might contribute to managing the mental health care, also enabling the incorporation and meeting of demands and needs of nursing workers in the organization of work and its flow.

This study aims at identifying the nursing team's perception of the work in the CAPSad.

Methodology

This is a descriptive and exploratory study with qualitative approach, developed in two CAPSad services in the city of Salvador/Ba. There are other services in Salvador besides the CAPSad that are provided to the specific population of this study, which are part of the Psychosocial Network of Attention (RAPS); however, the CAPSad was chosen because it is a central service that has a holistic approach in the care of people with issues due to the use of alcohol and other drugs. This approach is in tune with the new model of psychosocial attention proposed by the BPR, and with the student's experience in practicing a component of "Nursing and Mental Health" during his undergraduate studies in nursing at a public university.

The study's participants were nurses and nursing technicians who work in the two CAPSad in the city. Some criteria for including them in the study were considered: they had to be members of the nursing team for at least six months, and this applied not only to the third-party workers but also to the public servants. Some exclusion criteria were the cases where the workers were on vacation or leave of absence.

To describe the perception of the nursing team in relation to the work at CAPSad, a semi structured questionnaire was applied that encompassed five

main questions: 1. What motivated you to work in the mental health field (CAPSad)? 2. Are there specificities in the field of alcohol and other drugs? 3. What are some of the easy aspects or challenges you face on your daily practice? 4. Do you suffer or have you ever suffered any kind of violence at work? 5. Would you accept this job again?

The questionnaire was applied at the participants' workplace. Six CAPSad workers were interviewed (four nurse technicians and two nurses). The interviews were conducted from August 2017 to January 2018, and lasted around 25 minutes each. Before the interviews took place, the student contacted the managers of the CAPSad and the interviewees to present the research objectives and the developments of the project. The interviewees speeches were recorded after they read and signed the Consent Form, and a copy was handed to all participants.

In the spirit of preserving the confidentiality of the participants, some codes were assigned, which follow the pattern EX and TX, where "E" refers to the Nurses and "T" refers to the Nurse Technicians, and X represents the order in which the interviews occurred. For example, the first interviewee has the code E1 (Nurse 1), the second has the code T1 (Nurse Technician 1), and so on. This was the way the researchers found to mention the participants later, without identifying them, in order to make it easier to organize the information obtained.

In this study, the Bardin¹⁵ content analysis technique was chosen. The content analysis is one of the methods used to analyse the data produced in qualitative studies. This methodology encompasses a set of techniques whose objective is the search for the meaning or meanings of a sample, from a multifaceted perspective¹⁶. This method of analysis comprised three fundamental phases: pre-analysis, sample exploration, and assessment of results – inferencing and interpreting.

The project was approved by the Research Ethics Committee and is in accordance with the resolution 466/12 of the National Health Board of Brazil (CAAE 70874017.9.0000.5531). All the participants signed the Consent Form.

Results and Discussion

Six workers took part in the study (all females), aged between 31 to 55 years old. In terms of race/skin color, all nurses and nurse technicians stated they were black (black/brown). Regarding their educational level, two workers have finished their undergraduate studies and have a postgraduate course; one worker has finished her undergraduate studies; another worker has not finished her undergraduate studies; and two have finished high school. Still about their education, the nursing workers have finished an undergraduate course or are enrolled in undergraduate courses (even those who are nurse technicians), and at times they are also specialized, which demonstrates that the workers are technically prepared to provide nursing care.

As for how long ago they graduated, three workers (two nurses and one nurse technician) have graduated more than six years ago, and the other three nurse technicians have graduated more than eleven years ago. In regard to how long they have been working in CAPS, four have been working there for five years or less, and two for more than five years.

In terms of wages of the nursing workers of the CAPS, two nurses and two nurse technicians are paid between two and seven minimum wages; however, two nurse technicians are paid between one and two minimum wages. When asked if they were satisfied with their wages, three interviewees (two nurse technicians and one nurse) said they are dissatisfied, while two nurse technicians and one nurse are satisfied. Among the interviewees, five (two nurses and three nurse technicians) perform house chores. Three research participants (one nurse and two nurse technicians) are public servants, and three workers (one nurse and two nurse technicians) are third party workers.

When asked if they have ever suffered violence at the workplace, five interviewees said they have been subjected to verbal abuse (one nurse and four nurse technicians), and one nurse said she has never experienced violence at the workplace. When asked if they would accept this job again, all answered yes. When asked how often they thought about quitting the job in the course of a year, four workers said they never considered it, and two workers, one nurse

and one nurse technician said they have considered changing workplaces up to twice a year.

It is necessary to emphasize the complexity of CAPS, considering it is a mental health service. The study results presented aspects related to the workers perception about their work, which is a methodological framework that presents limitations, taking into account that the assistance provided is broad and involves several practices. Therefore, from the exhaustive reading of the interviews, four categories were constructed: 1. Permanent education in mental health at CAPS; Motivation in working with mental health; 3. Specificities in the field of alcohol and other drugs; and 4. Points of conflict and positive aspects in the field of alcohol and other drugs

1. Permanent Education in Mental Health at CAPS

The Permanent Education in Health (PEH) is a policy that aims to provide continuous qualification in healthcare. It must be offered by employers and their institutions, and sometimes it is performed by the employees themselves. There were different perceptions among the participants in relation to this qualification strategy. The workers understand the relevance of PEH for the daily clinical practice in mental health services, but they think it fails to achieve its potential due to lack of investment and effort from local management:

Here at CAPS they do not exist, the Secretary of Health schedules some with us periodically, the last one was about crisis. (T1)

There is no Permanent Education here at CAPS, the municipality does not offer it. Usually there are lectures offered by UFBA, CETAD and other institutions that provide seminars about mental health. (T2)

There is an effort from our team, and sometimes we do some case studies, something like that, but nothing formal in permanent education, but we would like that. (E1)

[...]The team required that some topics would be addressed, the use of substances in healthcare services, violence at the workplace [...] An outsider came and stayed a week with us. There were roundtables for two days, with seminars and all. (E2)

It can be inferred from these excerpts from the interviews with the nursing workers, as well as in the study¹⁷, that there is a deficit in Permanent Education practices. They are not enough and are also incompatible with the process of expansion of CAPSad and other services specialized in mental health.

Besides, they depict clear vulnerabilities in the workers' training process, since they are still super specialized and isolated. This contrasts with the proposed interdisciplinary and multiprofessional approach to assistance under the psychosocial rationale^{18,19}. Significant limitations are imposed to mental health workers in the city of Salvador, especially considering that the last public exams to hire workers did not require any type of experience or specialization in mental health²⁰, which in turn enabled the hiring of workers who are not familiar with the psychosocial clinical approach. Therefore, Permanent Education in Mental Health is of the utmost importance, especially in the city of Salvador, so that more open and humanized interdisciplinary practices can be implemented.

These gaps in the processes of training and permanent education of the workers have immediate impact in the quality of care provided, given that at CAPSad the "technologies" used are essentially human. The whole dynamic of the service provided there depends on the interdisciplinary and multiprofessional team. Hence, the practices in permanent education become essential in this radically "humanized" field^{17,19}.

In the context of BPR, the CAPSad are a place where the nursing workers can exercise their practices broadly; however, they have been facing difficulties in occupying this new space, in the sense that there is a tendency to reproduce at CAPSad the scenario of their clinical and hospital practices, for which they consider themselves more prepared.

To explain this phenomenon, it is possible to identify training problems in the nursing team concerning their ability to perform in accordance to the new psychosocial care approach, as well as little knowledge of the specific contents that favor their insertion in the field of alcohol and other drugs.

2. Motivation in working with mental health

It is believed that if a job offers good working conditions, workers perform it with pleasure, creating feelings of professional accomplishment and, most of the times, personal fulfillment as well²¹. That said, the workers in CAPSad reported that their main motivation in working with Mental Health came from their educational background, their experiences related to practices in this field, as well as the particularity of working in this area, given that they have more freedom and autonomy than in other contexts. Professional fulfillment, as a factor of working with pleasure, is reflected on this excerpt:

I have always liked mental health as field, recognizing the other, like, as a human being [...] since I studied it in university, it was very obscure, I took lots of internships at the hospital, and I enjoyed it. I remember that even my extracurricular activities were done in mental health, in mental health clinic[...]Then it went by, I took the public exam, and it was okay for me, I wanted to work in mental health, and especially in alcohol and other drugs, something rare[...] (E2)

It can be noted that, despite the fact the worker mentions that the job was different, and offered a new dynamic, her motivation is shaped by the educational model still hegemonic at the time, namely the psychiatric hospitals.

I chose mental health in university [...] I wrote my thesis in the field of mental health and I took a course in it. At the time it was very different from the education in nursing, that thing full of protocols. (E1)

It can be observed in these excerpts from the interviews that the interviewees' motivation in working with mental health comes from their education and training; however, they all stated that during that time there was no contact with the new psychosocial care approach offered by CAPSad.

Nonetheless, other workers reported that they took the public exam to have a fixed wage and stability, not because they knew and/or liked the mental health field:

In the beginning I just wanted to pass the public exam, I did it in the mental health field [...] I wanted to be a public servant. And through the exam I got to know what CAPS was in practice, because I only knew it in theory, what I studied in my nurse technician course. (T2)

It is necessary to acknowledge that income is an indispensable variable, economically or socially, and it is present at all moments in the lives of individuals. The attitudes toward money is a relevant topic to understand how economic phenomena affect the lives of individuals, families and society in general. It is important to reinforce that, after the recent losses in rights suffered by Brazilian workers, the possibility of keeping the income steady and having a relatively stable job is attractive to healthcare professionals, whose work conditions have been getting worse over the last few years.

Nevertheless, performing their duties with pleasure and desire positively affects their disposition to invest in professional development in the field, as well as build a career²¹, which can be inferred from the workers' speeches, when they express that they will spend most of their lives in this environment:

I feel in love after harm reduction, when I would perform the work of harm reduction, I saw the patients' needs, and also, it is really good to work with homeless people and drug users. It is a different type of work. I feel like it is easy to work with them because I learned harm reduction. They are people I like to work with. (T3)

This relational dimension reflects on the motivation, and defines the way healthcare professionals perform their duties, because the daily experiences in their work, the organization, planning and operation, associated to the relationships created by the diverse actors, can give them a positive and/or negative meaning⁷.

The workers felt motivated to work in mental health when they were still in the university. The analysis of the reasons why they are satisfied or dissatisfied with the work at CAPSad points to the idea that enjoying what you do is influenced by the work conditions, as well as work relations.

A fragile RAPS, and at times precarious, as it is in the city of Salvador, has a negative impact in the satisfaction of nursing workers in CAPSad. It is of the utmost importance that there is economic and political investment in the care of people with issues due to the use of drugs, as well as in valuing the workers of CAPSad. This can be done by providing better wages, professional qualification,

strengthening collective and multiprofessional work and intersectoral practices, aiming at helping and correcting the problems with the assistance network and decrease the dissatisfaction of professionals and patients.

3. Specificities in the field of alcohol and other drugs

In the beginning of this century, the Ministry of Health became responsible for the healthcare of people with issues due to the use/abuse of alcohol and other drugs, as well as for defining the healthcare practices in accordance with the Universal Healthcare System (SUS) and through a HR policy.

In its most strict sense, the International Harm Reduction Association (IHRA) states that: "Harm reduction is a group of policies and practices whose objective is to reduce the harms associated with the use of psychoactive drugs by people that cannot or do not want to stop using drugs"(p.1). There are several activities that the nursing team carries out in the field of alcohol and other drugs at CAPSad. The workers say this field is very specific, especially considering that there are drugs in the care context, and that the work is different:

[...] The idea here is that the use of the substance already makes the context very different [...] The way of handling the situations here is way more complicated because of the use of the substance [...] Here we don't work with abstinence, we work with harm reduction and also raising awareness [...] (T2)

The treatment oriented by the HR rationale is described as "low in demand" because it does not demand abstinence from the users as a mandatory prerequisite, which does not mean, nonetheless, that the focus of harm reduction is opposed to abstinence as an ideal result for the treatment¹⁰. It is also worth mentioning that the team works with the HR rationale, and with this perspective we could identify the following speeches:

Maybe harm reduction, when we think about harm reduction, we think of life, we think of everything, but maybe harm reduction is directed to the use of substances [...] There are several people who have a base disorder, but our disorders here revolve around the substance. (E2)

It is important to highlight that the workers brought HR in their speeches directed solely towards the use of substances. However, the Ministry of Health brings the idea that HR strategies help develop a series of interventions which aim at accessing and binding the drug users to activities that promote decreasing vulnerability associated to drug consumption, insertion in healthcare services, and human rights and citizenship guarantees^{7,10,13}.

There is HR, and in the other CAPS there is no HR. This CAPS has reducers because of the work that has been done by the HR. (T3)

The issue of societal prejudice that the users suffer was broadly mentioned in the workers' speeches:

There is this idea of taking care, listening, and there are people that when they see a person arrive all dirty, they discriminate; not us. We welcome, talk, they hug us on the streets, so there is this kind of bond that is created. We talk, I speak to them. I have done harm reduction. (T4)

All the healthcare workers must apply HR strategies in their daily activities in the CAPSad, by practicing welcoming the users, promoting bonds between the person and the services provided, and also providing guidance in relation to the inherent harm that is related to the risk situations they are subjected to, including raising awareness about the use and harm of the drugs they use^{7,10,13}. The care provided to drug users must always prioritize the person, in the sense that the drug is only an aspect that interferes in their relationship to the world; however it never defines the individual.

4. Points of conflict and positive aspects in the field of alcohol and other drugs

In the excerpts presented, it is clear the need to construct an integrated work, part of a substituting network, that allows the user to circulate and occupy diverse spaces, but mainly that allows the user to be in the community, in accordance to the National Policy for Mental Health. The workers at the CAPSad report that their most significant challenge is the difficulty in connecting the dispositions and elements of the RAPS:

The most difficult challenge that I am talking about is the difficulty in connecting to the network when we need an outside service, like UPA or services with SAMU, or family practitioners, it is very hard to connect to this network. (T1)

There are several challenges, we have challenges that involve infrastructure, for example. There is always something missing, it is very difficult to work in the mental health network, in the social care network. (E2)

The network is really difficult. We have to remember that here in Salvador we have three CAPSad, and we have to take care of the whole population. (E2)

Some aspects that make it difficult are the lack of permanent education, and the inefficacy of the care network. Moreover, they can become obstacles to the development of group, interdisciplinary work, with constant knowledge exchanges, as proposed by the coordination network, for example²³.

Another issue that increases the nursing workers suffering and difficulties in the CAPSad considerably is the exposure to violence^{18,24}. Drug use and violence seem to be related, but it is not a simple or causal relationship. It is possible to observe in the following excerpts that some of the interviewees have suffered some kind of violence when the patients were under the influence of drugs:

Yes, mainly verbal violence, from the patients here, and patients due to the use of alcohol and drugs do not have this awareness of what they can or cannot do, they confront us all the time, about what we say, what they can and cannot do, and they do not accept this approach. There are episodes of verbal violence almost every week. (T1)

There has been verbal violence. He was under the influence of substances. (T4)

I have experienced violence here, almost every day, but it is not everyone, 1 or 2 patients threaten us, there is verbal abuse, but I have never been physically abused [...] we have to be extra careful. There are many times when they come under the influence of substances, and many times they do not use the medication, and they end up having psychotic episodes, they abuse us verbally, slam the doors, throw things in the air, and one colleague has had his life threatened, they said they would take his soul. (T2)

According to these excerpts from the interviewees, the most significant indicator of violence towards them is when the patient is under the influence of substances, and the same happens in situations of abstinence:

When they are in withdrawal from the use of drugs, they get nervous, they are abusive, they curse and all, but the day after, or even the same day after they calm down, they come and apologize. That only happens when they are agitated because they did not take the medication or because they are experiencing abstinence from the drug. (T3)

Withdrawal symptoms usually begin between 24 and 36 hours after interrupting or decreasing the substance use. Patients usually present tremors, gastrointestinal discomfort, anxiety, irritability, high blood pressure, tachycardia, autonomic hyperactivity, among other symptoms²⁵.

In this regard, it is necessary to consider that the harms associated to the abuse of alcohol and other drugs are beyond the physical dimension, reaching the interpersonal relationships of the individual, their work life, promoting varied vulnerabilities, such as the exposure to violence. This exposure to violence takes place not only for the individuals, but also to healthcare workers²⁴.

Some workers also state that, while working at the CAPSad, they have also experienced positive aspects of this type of work. A nurse technician refers that the absence of patients with “mental disorders” at CAPSad makes the work easier, revealing her inability to care for the population with severe mental disorders:

One good thing is that there are many patients that do not have a disorder, which makes it easier to talk to them, raise their awareness. When there is a disorder involved, you cannot do it. (T2)

I do not think it is difficult to work with this kind of patient. When it is something we enjoy, or do not enjoy, there can be difficulties, but I feel at ease to work with them, because I learned it in the harm reduction. They are people I like to work with. (T3)

It is possible to observe from the previous excerpt that one of the workers related this idea of “enjoying what you do” with being at ease to do her job.

This idea of “enjoying what you do” enabling the identification of oneself with the work performed makes the individual feel part of the process instead of just performing their assigned duties, alienated from the whole process. “Enjoying what you do” becomes a type of protection for the worker, contributing to the accomplishment of a job that is oriented by the projected purposes for each of the job’s activity²¹.

Final Considerations

The objective of this study was to identify the perception of the workers in the nursing team regarding their perception of the work at CAPSad. It was possible to identify that the work the nursing professionals do at CAPSad is still influenced by techniques that can be linked to the practices in closed healthcare services, such as the hospital sector, which are disconnected from the principles of BPR. The lack of training oriented by these principles, and the absence of Permanent Education in Mental Health devoted to the development of relational skills have brought obstacles to the care provided by the nursing teams.

In regard to the motivation to work and the meaning of the healthcare provided to drug users, the professionals outline they feel enjoyment in their daily activities because it is possible to take care of patients through dialogue, giving them more flexibility and autonomy. Besides, the possibility of entering the job market through a public exam provides them with a sense of safety, considering they can have job stability, something healthcare workers desire.

Caring for drug users, according to the nursing workers, has some specificities that they do not learn during their training, but are indispensable to the multiprofessional team at CAPSad. The HR principle is the defining rationale that guides the team in this process of care, for which the main goal in mental healthcare becomes the guarantee of the individual’s autonomy, responsibility and freedom. What guides the treatment is risk orientation and the search for harm reduction in the individuals’ daily lives.

For the nursing workers, one of their biggest challenges is the inefficacy of the healthcare network,

which reflects in the difficulty to connect with other areas of the network, in order to guarantee a holistic care to the patient who is suffering from drug abuse. Apart from this fragmented network and the lack of permanent education in mental health, the exposure to violence is yet a more significant challenge to the nursing team. According to the interviewees, the patients are more aggressive when they are under the influence of psychoactive substances or in withdrawal, and that is when they need more assistance from these professionals, so that they can keep their physical and psychological integrity. However, the work they do acquires a new meaning when they state that feel their work is relevant and makes a difference in people's lives, which provides them with the necessary motivation and enjoyment to keep working in this area.

Therefore, it is necessary to rethink the training of general nurses so that they are prepared to work in the mental healthcare sector with alcohol and drug users. This will provide them with the knowledge not only to act in their areas of expertise but will also give them the knowledge of collective practices of care in mental health, which will offer them tools to overcome standards still linked to mental hospitals.

That way, through the creation of new work possibilities at CAPS, the nursing workers saw their practices as innovative, promising and humanized care, which involves moments of autonomy, freedom and affection.

Author contributions

Santana AM planned, outlined, researched, interpreted and analysed the results, and wrote this scientific article. Carvalho AC planned, outlined, interpreted and analysed the results, and wrote this scientific article.

Competing interests

No conflict of interest has been declared, be it financial, legal or political including third parties (government, companies, foundations, etc.), in relation to any aspect of this paper (including, but not limited to grants and financing, participation in advisory boards, study design, manuscript preparation, statistical analysis, etc.).

References

1. Amarante P, Nunes MO. Psychiatric reform in the SUS and the struggle for a society without asylums. *Ciênc Saúde Colet*. 2018;23(6):2067-2074. doi: [10.1590/1413-81232018236.07082018](https://doi.org/10.1590/1413-81232018236.07082018)
2. Brasil. Ministério da Saúde. Portaria n. 3.088, de 23 de dezembro de 2011. Institui a rede de atenção Psicossocial para pessoas com sofrimento ou transtorno mental e com necessidades de correntes do uso de crack, álcool e outras drogas. Brasília: Ministério da Saúde; 2011.
3. Almeida Filho AJ, Fortes FLS, Queirós PJP, Peres MAA, Vidinha TSS, Rodrigues MA. Historical trajectory of the psychiatric reform in Portugal and in Brazil. *Rev Enf Ref*. 2015;4(4):117-25. doi: [10.12707/RIV14074](https://doi.org/10.12707/RIV14074)
4. Ribeiro MC, Chaves JB, Barros AC, Correia MS, Lessa RO, Tavares LN. O trabalho nos centros de atenção psicossocial em uma capital do nordeste: limites e desafios. *Rev Baiana Saúde Pública*. 2017;40(3):599-615. doi: [10.22278/2318-2660.2016.v40.n3.a2098](https://doi.org/10.22278/2318-2660.2016.v40.n3.a2098)
5. Ferreira JT, Mesquita NNM, Silva TA, Silva VF, Lucas WJ, Batista EC. Os Centros de Atenção Psicossocial (CAPS): Uma Instituição de Referência no Atendimento à Saúde Mental. *Rev Saberes, Rolim de Moura*. 2016;4(1):72-86.
6. Brasil. Ministério da Saúde. Portaria n. 336, de 19 de fevereiro de 2002. Estabelece CAPS I, CAPS II, CAPS III, CAPS i II e CAPS ad II. Brasília: Ministério da Saúde; 2002.
7. Zotesso MC, Marques LO, Paiva SMA. Centro de Atenção Psicossocial de álcool e outras drogas: práticas desenvolvidas pelos profissionais de saúde. *Rev Psicol Divers Saúde*. 2019;8(1):8-16. doi: [10.17267/2317-3394rpd.v8i1.2220](https://doi.org/10.17267/2317-3394rpd.v8i1.2220)
8. Silva JVS, Brandão TM, Oliveira KCPN. Ações e Atividade desenvolvidas pela enfermagem no Centro de Atenção Psicossocial: Revisão Integrativa. *Rev Enferm Atenção Saúde*. 2018;7(3):137-149. doi: [10.18554/reas.v7i3.3115](https://doi.org/10.18554/reas.v7i3.3115)
9. Silveira RWM. Redução de danos e acompanhamento terapêutico: aproximações possíveis. *Rev NUFEN*. 2016;8(1):110-28.
10. Machado LV, Boarini ML. Políticas sobre drogas no Brasil: a estratégia de redução de danos. *Psicol Ciênc Prof*. 2013;33(3):580-95. doi: [10.1590/S1414-98932013000300006](https://doi.org/10.1590/S1414-98932013000300006)
11. Larivoir COP, Alves MS, Thofehrn MB, Gondim GTAS. O Cotidiano do enfermeiro no centro de atenção psicossocial álcool e drogas III sob a perspectiva da organização do trabalho. *REAS*. 2020; Sup(45):1-8. doi: [10.25248/reas.e2966.2020](https://doi.org/10.25248/reas.e2966.2020)

12. Silva JVS, Brandão TM. A enfermagem dos centros de atenção psicossocial de uma capital do Nordeste do Brasil. *Rev Enferm Atenção Saúde*. 2019;8(1):27-38. doi: [10.18554/reas.v8i1.3379](https://doi.org/10.18554/reas.v8i1.3379)
13. Santana CS, Pereira MC, Silva DF, Ribeiro LB, Silva RM, Kimura CA. Percepção dos profissionais de enfermagem acerca da assistência prestada ao dependente químico nos centros de atenção psicossocial em álcool e outras drogas (CAPS AD). *Rev Cient Sena Aires*. 2018;7(3):248-54.
14. Sousa YG, Medeiros SM. Oficinas terapêuticas ressignificando o cuidar de enfermagem nos centros de atenção psicossocial. *Enfermagem Revista*. 2018;20(1):23-30.
15. Bardin L. *Análise de conteúdo*. São Paulo: Edições 70; 2011.
16. Moraes R. *Análise de conteúdo*. *Revista Educação*. 1999;22(37):7-32.
17. Lopes AG, Santos G, Ramos MM, Meira VF, Maia LFS. O desafio da educação permanente no trabalho da enfermagem. *Revista Remecs*. 2016;1(1):13-23. doi: [10.24281/rremecs2526-2874.2016.1.1.13-23](https://doi.org/10.24281/rremecs2526-2874.2016.1.1.13-23)
18. Souto RSF, Silva TV, Souza SAN, Santos WL. As dificuldades enfrentadas pelo enfermeiro no Centro de Atenção Psicossocial (CAPS)-revisão de literatura. *Rev Inic Cient e Ext*. 2018;1(Esp.2):226-36.
19. Lopes LLT, Silva MRS, Santos AM, Oliveira JF. Multidisciplinary team actions of a Brazilian Psychosocial Care Center for Alcohol and Drugs. *Rev Bras Enferm*. 2019; 72(6):1702-9. doi: [10.1590/0034-7167-2018-0760](https://doi.org/10.1590/0034-7167-2018-0760)
20. Secretaria Municipal de Planejamento, Tecnologia e Gestão - SEPLAG. Edital de Concurso Público nº 01/2011. Prefeitura Municipal de Salvador [Internet]. 2011. Disponível em: http://www.gestaopublica.salvador.ba.gov.br/concurso/arquivos/edital_2011_01.pdf
21. Moura AOR, Oliveira-Silva LC. Centralidade do trabalho, metas e realização profissional: interseções entre trabalho e carreira. *Rev Adm Mackenzie*. 2019;20(1):1-27. doi: [10.1590/1678-6971/eRAMG190087](https://doi.org/10.1590/1678-6971/eRAMG190087)
22. International Harm Reduction Association - IHRA. O que é redução de danos? Uma posição oficial da Associação Internacional de Redução de Danos (IHRA) [Internet]. 2010. Disponível em: https://www.hri.global/files/2010/06/01/Briefing_what_is_HR_Portuguese.pdf
23. Bispo Júnior JP, Moreira DC. Educação permanente e apoio matricial: formação, vivências e práticas dos profissionais dos Núcleos de Apoio à Saúde da Família e das equipes apoiadas. *Cad Saúde Pública* 2017;33(9): e00108116. doi: [10.1590/0102-311X00108116](https://doi.org/10.1590/0102-311X00108116)
24. Souza FS, Tarifa RR, Soares RH, Oliveira MAF. Violence experienced by workers of a psychosocial care center on alcohol and other drugs. *Revisa*. 2019; 8(4):439-50. doi: [10.36239/revisa.v8.n4.p439a450](https://doi.org/10.36239/revisa.v8.n4.p439a450)
25. Moll MF, Ventura CAA, Pires FC, Boff NN, Silva CBF, Oliveira PC. Síndrome de abstinência alcoólica: conhecimentos e cuidados da Enfermagem na clínica cirúrgica do hospital geral. *SMAD, Rev Eletrônica Saúde Mental Alcool Drog*. 2019;15(3):1-8. doi: [10.11606/issn.1806-6976.smad.2019.150193](https://doi.org/10.11606/issn.1806-6976.smad.2019.150193)