

## Care for women involved with drugs: social representations of nurses

*Cuidado a mulheres envolvidas com drogas: representações sociais de enfermeiras*  
*Cuidado a mujeres consumidoras de drogas: representaciones sociales de enfermeras*

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### How to cite this article:

Rodrigues AS, Oliveira JF, Suto CSS, Coutinho MPL, Paiva MS, Souza SS. Care for women involved with drugs: social representations of nurses. Rev Bras Enferm [Internet]. 2017;70(1):65-72. DOI: <http://dx.doi.org/10.1590/0034-7167-2016-0339>

Submission: 05-31-2016

Approval: 09-01-2016

### ABSTRACT

**Objective:** analyze social representations of nurses related to the care for women involved with drugs. **Method:** qualitative research founded on the theory of social representations, with 42 nurses from a public maternity ward of Salvador-BA, using identification questionnaire, test of free association of words, and semi-structured interview. We analyzed the structure of social representations and the similarity tree of free evocations, and also analyzed the content of interviews. **Results:** care for women involved with drugs is represented by a set of words that shows theoretical questions and scientific techniques, but faced with experiences in the training, in the daily work and in ideas and values assigned to the consumption of drugs especially in the gravidic-puerperal period. **Conclusion:** The social representations of nurses show conflicts between social and cultural aspects around the problem of drugs and the health care provided to women involved with drugs.

**Descriptors:** Nursing Care; Nurses; Women's Health; Disorders Related to Drug Use; Drug Users.

### RESUMO

**Objetivo:** analisar representações sociais de enfermeiras acerca do cuidado à mulher envolvida com drogas. **Método:** pesquisa qualitativa fundamentada na teoria das representações sociais, com 42 enfermeiras de uma maternidade pública de Salvador-BA, mediante questionário de identificação, teste de associação livre de palavras e entrevista semiestruturada. Realizou-se a análise da estrutura das representações sociais e da árvore de similitude das evocações livres, assim como análise de conteúdo das entrevistas. **Resultados:** o cuidado a mulheres envolvidas com drogas é representado por um conjunto de palavras que evidencia questões teóricas e técnicas científicas, mas confrontadas com experiências na formação, no cotidiano laboral e em ideias e valores atribuídos ao consumo de drogas no período gravídico-puerperal sobretudo. **Conclusão:** As representações sociais das enfermeiras revelam conflitos entre e aspectos sociais e culturais em torno da problemática das drogas e o cuidado demandado a saúde de mulheres envolvidas com drogas.

**Descritores:** Cuidados de Enfermagem; Enfermeiras; Saúde da Mulher; Transtornos Relacionados ao Uso de Substâncias; Usuários de Drogas.

### RESUMEN

**Objetivo:** analizar representaciones sociales de enfermeras acerca del cuidado a la mujer consumidora de drogas. **Método:** investigación cualitativa, fundamentada en teoría de las representaciones sociales, con 42 enfermeras de maternidad pública de Salvador-BA, mediante cuestionario de identificación, test de asociación libre de palabras y entrevista semiestruturada. Se efectuó análisis de estructura de las representaciones sociales y del árbol de similitud de las evocaciones libres, y análisis de contenido de las entrevistas. **Resultados:** el cuidado a mujeres consumidoras de drogas está representado por un conjunto de palabras que evidencia cuestiones teóricas y técnicas científicas, contrastadas con experiencias de formación, de cotidianidad laboral y de ideas y valores atribuidos al consumo de drogas, particularmente en períodos de embarazo y posparto. **Conclusión:**

las representaciones sociales de las enfermeras expresan conflictos entre aspectos sociales y culturales referidos a la problemática de las drogas y el cuidado de salud demandado por las consumidoras de drogas.

**Descripciones:** Atención de Enfermería; Enfermeras; Salud de la Mujer; Trastornos Relacionados con Sustancias; Consumidores de Drogas.

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## INTRODUCTION

Women's involvement with drugs is characterized by production, trade, consumption, or by coexistence with persons amid this problem. This condition is socially invisibilized by gender issues that determine roles and conducts for women and has established essential elements for the development of social representations, from the recognition – in the current conjecture on drugs – of its repercussions.

According to national<sup>(1-2)</sup> and international<sup>(3)</sup> epidemiological data, the number of women who consume and/or traffic drugs has increased significantly compared to men. Such female protagonism unleashes individual and collective repercussions, which intensify when the woman is in the gravidic- puerperal period, because of: the abuse of drugs that causes health problems to them and to their fetuses or newborns; the production and trafficking of illicit substances, when the female figure takes positions and carries out activities that constitute crime; and/or, the woman lives with people who have some form of involvement with drugs, often by abuse and trafficking.

Being a woman and being involved with drugs in the gravidic- puerperal period requires specific health care. After all, care is an existential, relational, and contextual phenomenon. When exercised by the nursing professional, it requires knowledge, skills, and decision-making evidenced in their actions in relation to the being under care, comprising the potentialities of individuals considering the process of life and death inherent in the human condition<sup>(4-5)</sup>.

The maternity ward is a proper place to provide care to women in the gravidic- puerperal period and to newborns, being socially conceived as environment for generation of life, of family, emblematic location in which the established social role of being a mother is founded. This idea comes from studies that address issues of the gravidic- puerperal period and the female condition, which point subjectivities of women and of reproductive health<sup>(6-7)</sup>.

With regard to the role of nurses in the maternity ward, they manage the nursing staff and implement standardized activities for women using the service. However, these activities should also be geared to women involved with the problem of drugs, a theme which is surrounded by prejudice and discrimination that are part of the social representations about drugs<sup>(8-10)</sup>. As a result, nurses, while part of society, show many of these representations<sup>(11)</sup>.

Social representations are constituted as conditions of practices, and these act as agents of transformation<sup>(12)</sup>. In this sense, it is considered that there are particularities of the drug problem that come with these professionals and consequently

influence their representations. The particularities of nurses who work both in the primary and in the secondary and tertiary health care can be exemplified with the superficial awareness as to care for drug users and as to institutional and staff inadequacies in addressing the issue<sup>(13-15)</sup>.

Thus, maternity ward nurses, besides the aforementioned particularities, show peculiarities as to care for women involved with drugs in the gravidic- puerperal period, such as: more complex care, which requires technical and psychosocial competences from nurses, in addition to requiring systematic and integral follow-up for identification and intervention in special cases related to drugs; the existence of gaps in institutional projects and public policies for the inclusion of issues related to the completeness of assistance for these users of the service and for the staff that assist them; being a subject involving prejudice and discrimination, and society's condemnation of this woman's conduct in the problem; constitutes a period of prolonged coexistence with this woman and companion, in family planning, prenatal care, childbirth, abortion, and/or puerperium, the latter being commonly impacted by obstetric and neonatal complications associated with drug use.

Thus, this research was developed with the purpose of analyzing the social representations of nurses related to the care for women involved with drugs.

## METHOD

### Ethical aspects

The data presented are excerpts from a thesis developed in the graduate program of the School of Nursing of the Federal University of Bahia (UFBA), whose project was approved by the Research Ethics Committee.

### Type of study

It is characterized as a qualitative research, founded on the theory of social representations, with the structural approach. This approach is advocated by Abric<sup>(16)</sup> with contributions from Celso Sá<sup>(16)</sup>, employing the central nucleus theory, which seeks to demonstrate the internal organization of social representations with regard to the cognitive content, based on the central and peripheral system.

### Methodological procedures

#### Study location

The location for production of data was a public maternity hospital in the city of Salvador-BA. This unit is part of the National Program for Maternal and Neonatal Health of the Ministry of Health, usually implementing care actions geared

towards the disadvantaged population. Additionally, it is a practice field for activities related to teaching, research, and extension in agreements with UFBA and other universities and colleges of the Bahian capital and metropolitan region.

### **Data source**

The social group studied was composed of nurses working in the research location. All 42 nurses who were working in the maternity ward became participants in the research, as they met the inclusion criteria, had been working for at least six months in the institution, in care and/or administrative activity.

### **Data collection and organization**

Data production occurred in the period from February 2015 to January 2016 by employing the following techniques: free evocation of words and semi-structured interview.

After the period to become acquainted with the location and with the service professionals, we initiated application of the test of free association of words (TFAW), composed of an identification questionnaire and of the stimulus: "care for female drug user." The conception of women's involvement with drugs is still little disclosed in the media and in the means of common sense. In this sense, we chose the term "female drug user" to compose the inductor stimulus.

The technique of free association of words, due to its spontaneous character, enables easier and faster access to the semantic elements of the term or object under study, which — since they are implicit, hidden or latent — would be lost, suppressed or masked in the discursive productions<sup>(17)</sup>.

The TFAW was applied individually on days and in times that were previously scheduled with the 42 participants. We requested from the nurses the evocation of up to five words for the aforementioned stimulus and the justification of the word considered more important.

The interviews were carried out with 21 professionals considering the criterion of saturation of ideas<sup>(18)</sup>; and occurred in the workplace, on day and in time previously scheduled with the participants.

### **Analysis of data from the test of free association of words**

The evocations obtained with the TFAW were processed by the EVOC 2005 software, which enabled analysis of the four-frame house, this being a prototypical analysis that favors visualization of the arrangement of social representations, ensuring greater objectivity in the inferential analysis of representations<sup>(19)</sup>. Use of the EVOC enabled identification of the elements of the central and peripheral nucleus based on frequency hierarchy and average order of evocations (AOE) revealed in the four-frame houses<sup>(16)</sup>.

In considering that the multimethodological analysis can assist in configuring the terms that would structure the central nucleus<sup>(19)</sup>, we adopted in this study the similarity analysis, proposed by Flament in 1986<sup>(16)</sup>. Thus, the participants' evocations were organized and processed in the IRAMUTEQ (Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires) 0.7 alpha2 software, which also allows the prototypical analysis.

Prototypical analysis has its validity based on evaluation of the salience of representational elements quantitatively, in crossing the frequency and order of evocation, and the central elements of social representations are more salient, being more present in the discourse. However, salience is an information which can be found also in peripheral elements<sup>(20)</sup>.

In the textual statistical analysis made by IRAMUTEQ we obtained a similarity tree for free evocations, guided by hierarchization of values of connections between terms and their adjacences for each house identified. This analysis is founded on graph theory, identifying the concurrences between the words and, consequently, showing the indications of the connectivity between the terms, which contributes to the knowledge of the structure of a textual *corpus*, assigning the common elements and the specificities according to the illustrative variables indicated in the analysis<sup>(21)</sup>.

### **Analysis of data from the interviews**

The content of the interviews was recorded, transcribed fully, and analyzed following the steps of the analysis of thematic content, allowing for objective, systematic description of the content expressed in the communication<sup>(22)</sup>. In this process, we identified three categories with seven sub-categories, which show aspects of nursing care in the daily work in the maternity ward.

## **RESULTS**

The results are presented from the characterization of social group, followed by the description of the four-frame houses, the similarity tree and, finally, the content analysis. We assume that determining firstly the structure of social representations is required to understand the results of the similarity analysis<sup>(23)</sup>.

The social group studied (42) was mostly composed of female nurses (39), aged 30 to 40 years (26), of self-reported black and brown skin color (37), of the Catholic religion (22), from the city of Salvador-BA (27), with income above BRL 4,000 (25). Half the participants had more than one employment, and most (29) reported less than 5 years of work in maternity ward. Regarding being up to date on the subject of drugs, eight of the participants reported having participated in a course/activity.

In response to the stimulus "care for female drug user", nurses evoked 207 words; of these, 40 were different and 26 were pointed out as the most important.

The four-frame houses were built by calculation and combined analysis of the average order of evocations (represented on the vertical axis and generated around 2.9) and by the average frequency of words (represented on the horizontal axis and generated around 8, when there was an inversion based on Zipf's Law), as shown in Table 1.

The set of words that appears in the first superior quadrant is pointed as probable central nucleus because these words were evoked more often and more readily<sup>(23)</sup>. In that quadrant, the terms "support" and "patience" appear highlighted. The first due to presenting the highest frequency among the terms

evoked, and the second due to the lowest average order of frequency, indicating that this term is the most readily evoked. These characteristics confer a character of consensual organization of senses to the group's social representation. The words in the central system have some associated characteristics: they are part of the individuals' thinking through the fixation of collective memory; they constitute the consensual base that is shared collectively, which favors the homogeneity of the group; they are stable and coherent ideas, and, finally; they are a little sensitive to the social conditions<sup>(16)</sup>.

**Table 1** – Four-frame houses of the nurses' evocations for the inductor stimulus "care for female drug user", Salvador, Bahia, Brazil, 2016

Average frequency	AOE < 2,9			AOE ≥ 2,9		
	Term evoked central elements	Frequency	AOE	Term evoked 1st Periphery	Frequency	AOE
≥ 8	Support	13	2.846	Guidance	11	3.545
	Attention	12	2.833	Reception	8	3.000
	Incompetence	12	2.417	Strength	8	4.250
	Difficult	12	2.083			
	Patience	9	2.000			
	No judgement	8	2.750			
Average frequency	Term evoked central elements	Frequency	AOE	Term evoked 2nd Periphery	Frequency	AOE
< 8	Treatment	7	2.857	Prejudice	7	3.429
	Understanding	7	1.857	Fear	7	3.000
	Assist	6	2.167	Love	5	4.600
	Humanization	4	2.500	Refer	5	4.400
	Sexually transmitted infections	4	2.500	Vulnerability	5	3.400
				Respect	5	3.200
				Services	4	3.750
				Intensified care	4	3.500
				Multiprofessional		
				Care	4	3.500
				Exhausting	4	3.000
					4	3.000

Source: Data processed in the EVOC software  
Note: AOE = average order of evocations

In this probable central nucleus, we identified elements of different dimensions of care: while on the one hand there is the latent content of the nurses about the "support" and "attention" directed to the woman involved with drugs; on the other hand, there is that term which reveals problems that directly affect this perception of care — the aforementioned observation of the "incompetence" and that this care is "difficult", requiring the act of making "no judgement."

The transition elements, present in the first periphery, second superior quadrant ("guidance", "reception," and "strength") reinforce the ideas of the probable central nucleus. Generally, these elements promote the association between that which is lived (concrete reality) and the central system, hence they enable contextualization, mobility, flexibility, and integration of personal experiences and individual histories<sup>(24)</sup>.

In the 2nd periphery, the fourth quadrant of Table 1, despite containing elements that are less frequent and considered less important in the evocations<sup>(19,16)</sup>, there are evocations that refer to actions and limitations of nurses in the care for women involved with drugs. Thus, the terms "intensified care, exhausting, fear, prejudice, and vulnerability" represent the limitations present in the mentioned central nucleus. This finding contrasts with elements that collaborate to the development of care, when appear the words "love, care, refer, multiprofessional, respect, and services".

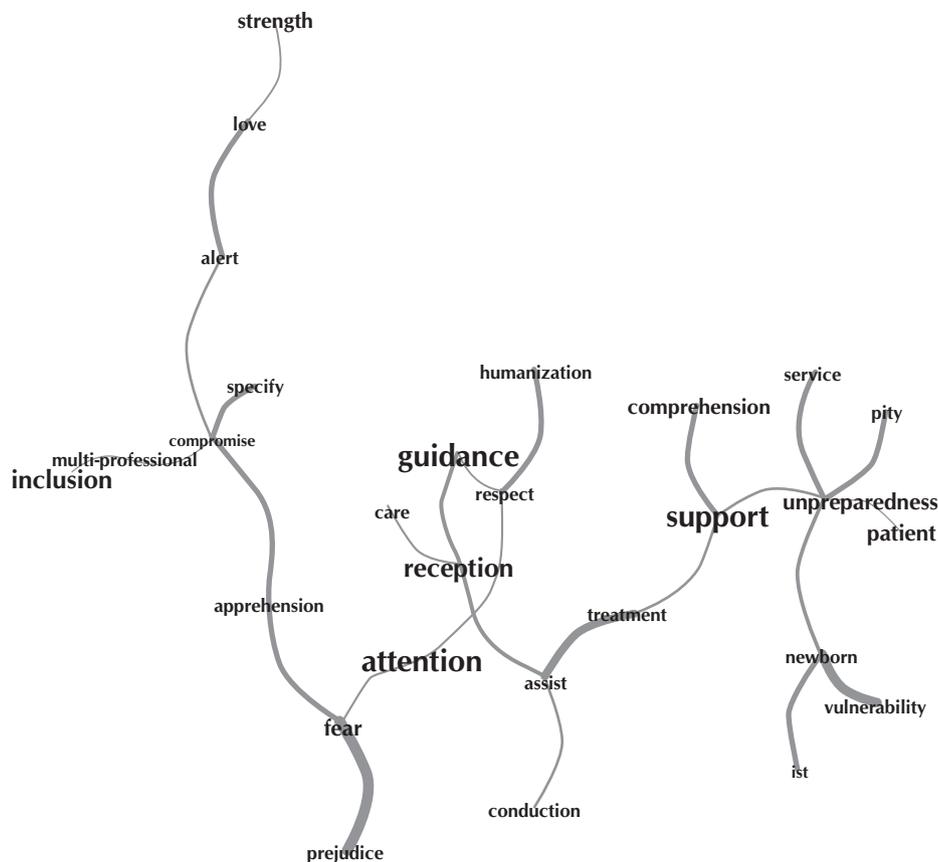
The elements with low frequency but considered important to the nurses about the phenomenon studied are in the contrast zone: "treatment, understanding, assist, humanization, and sexually transmitted infections." The terms evoked are in line with normative aspects of care expressed by the central elements. The contrast zone of the four-frame houses comprises evocations that mean changes or transitions of social representations. These elements characterize the variations of representations without, however, changing neither the essence of the central nucleus nor the own representations<sup>(25)</sup>.

In the perspective of detection of the connectivity of the elements considered as structuring of the social representations of the nurses about the care for female drug user, the same free evocations underwent

similarity analysis through the tree (Figure 1) resulting from processing by the IRAMUTEQ software.

Results from this analysis confirmed the structure of the representational field about the stimulus studied through prototypical analysis and analysis of concurrences between words and connections with other terms configuring axes: support (13); attention (12); incompetence (11); guidance (10); patience (9); strength and reception (8); understanding and fear (7).

Based on the interpretation of the four-frame houses and of the similarity tree, we can point the centrality of the social representations and the relation between the central nucleus of the evocations. In this sense, in Figure 1 there is a linear tree that shows the elements of the four-frame houses arranged so as to understand the centrality of the social representations of the nurses about the care for female drug user.



Source: corpus of analysis processed by the IRAMUTEQ 0.7 alpha2 software

**Figure 1** – Tree illustrating the similarity analysis for free evocations of nurses for the inductor stimulus “care for female drug user”, Salvador, Bahia, Brazil, 2016

At the central level in the tree there are terms that match with aspects that are intrinsic to the process of care; however, these are surrounded by elements that impact negatively on care.

Thus, it can be said that, in relation to the terms of the central nucleus of Table 1, the words “support, attention, and patience” represent care as part of humanization for nursing assistance. The words “incompetence” and “difficult” represent cultural and social aspects related to drugs and to consumption of these substances by women, as well as to professional training and institutional structure.

The expression “no judgement” emphasizes the need to overcome prejudices related to the woman who uses drugs. Following this itinerary, the word “patience” reflects a characteristic considered by participants as necessary to care for women who use drugs, due to processes of abstinence and aggressive acts. The terms “reception” and “guidance” are interwoven in the process of care, as shown by their positions in the similarity tree, being evoked as a complement to the care developed by nurses.

The word “strength” represents the idea that it is something that requires willingness and desire as a way of coping, and, consequently, justify the permanence of the elements “incompetence” and “difficult” in the central system.

In order to understand the context of the representations under study, we analyzed the interviews, from which emerged a

central theme associated with the care for women involved with drugs with three categories: support; incompetence and difficult; fear and prejudice. From such categories, 7 subcategories were obtained (Chart 1).

Nurses in the context of care for women involved with drugs develop as main actions: support and referral of these users of the service. The category “support” is subcategorized as “reception, actions of guidance, and specialized referral.” These subcategories involve listening, giving attention in an attempt to improve the self-esteem of women aiming to foster self-care and care for the newborns in the perspective of them quitting the use of drugs.

The subcategories “actions of guidance” and “specialized referral” reveal that these are the common activities of the interviewees in seeking that other specialized professional(s) address the demands of the women, with regard to the consumption

of drugs. Therefore, it is emphasized that this category reinforces the structure of the social representations of nurses about the care for female drug users, showing situations and ideas about the practice of these professionals.

With regard to the categories “incompetence and difficult” and “fear and prejudice”, the participants reveal the incompetence of professionals and health services to implement specific care for women who use drugs. Nurses point out aspects of the lack of knowledge both in the level of training and of permanent education and institutional gaps (of public services), which hinder the care in the context under study.

Moreover, these professionals emphasize the need for intensified care, in the sense of alertness when providing care to these users in the maternity ward, reporting, for example: fear of violence from users of the service and their companions; transmissible infections prevalent due to the low education level of these women; when they need to investigate the women’s type of involvement with drugs and their companions to establish the nursing care plan.

## DISCUSSION

The social representations analyzed match the care reported in the interviews, based on the categories of Chart 1

**Chart 1** – Analysis of the Thematic Content of reports from nurses operating on a public maternity ward about care for women involved with drugs, Salvador, Bahia, Brazil, 2016 (N = 21)

Theme	Categories	Subcategories	Thematic units
Care for women involved with drugs	Support	Reception	<i>... we are very cordial here at the maternity [...] we encourage the women [...] raising their self esteem [...].</i>
		Actions of guidance	<i>... I talk to them and I think this is our role as well [...] explain to them the procedures that will be done [sic]. [...] female drug users are socially deprived, have no type of guidance, education, have no prenatal care, so they don't have the real sense of what the use of drugs can cause to pregnancy.</i>
		Specialized referral	<i>... it is the psychology sector that ends up referring to some CAPS (Center for Psychosocial Care)[...] I report to the Child Protective Services [...] in case of abstinence, we usually ask the the obstetrician to prescribe a medication to pacify them [...] we call social services [...] the therapist, psychologist, social worker, and the physician issue [...].</i>
	Incompetence and difficult	Lack of training	<i>... and if I tell you that I have training? [...] in undergraduate, graduate programs, there is no training for this professional [...] more qualified.</i>
		Programmatic gaps	<i>The services have to be more prepared, more trained.</i>
	Fear and prejudice	Violence	<i>... in the situation she is out of control, there's the matter of fear, of vulnerability [...]. Sometimes, we're afraid to ask, to get close, say something and the patient overreact and feel offended.</i>
		Transmission of infections	<i>... be careful with the PPEs, [...] Aids is often associated [...] with drug use and other communicable diseases [...].</i>

Source: corpus of thematic content analysis

“support” and “specialized referral”, also present in the evocations, with “support” being an element of the central nucleus of the representations and “referral” a peripheral element that reinforces the “support” as element that structures the representation of care for female drug user. The representation of support pervades the practices adopted by the nurses, since all nurses report the support for the woman involved with drugs as fundamental for the implementation of other actions in the pursuit of integral care.

Integral and humanized care requires multidisciplinary approach in serving to the needs of the person to be assisted<sup>(26-27)</sup>. The results show that nurses represent the care for woman

involved with drugs while multiprofessional work that requires referral to specialized professionals and services in order to provide support, attention, reception, and guidance to these women.

However, these actions are permeated by the reported incompetence of the staff and of health services considering the difficulties pointed out, implicitly leading to neglect the problem situation. This finding is similar to the results of a research on the social representations of nursing professionals about the care for individuals with HIV<sup>(11)</sup>.

The limitations that emerged in the second subcategory of Chart 1 are associated with evocations with high frequency in the central system — incompetence (12) and difficult (12) — and with the transition elements of social representations — prejudice, fear, vulnerability, intensified care, and exhausting. Even if not exclusively associated with women who use drugs, these same limitations for care also appear in researches on the professional activity of the nurse<sup>(28)</sup> in the context of women's health<sup>(27)</sup>.

Importantly, the lack of training of the health team with regard to care for people who use drugs is one of the concerns of the Ministry of Health since 2004. The policy of care for people that use alcohol and other drugs mentions the lack of curricula with multidisciplinary approach and the counterproductive perception of health professionals regarding individuals who abuse drugs<sup>(29)</sup>.

It can be affirmed that the participants consider, in their practice, the relevant care for women's health; however, the female involvement with drugs modifies this practice, when they report limitations as to professional training to deal with these women and lack of support for this demand in the service, presenting problems, difficulties, stresses, and vulnerabilities both for the individuals assisted and for themselves.

In this sense, the results indicate that the social representations of nurses about the care for women involved with drugs are associated with cognitive-affective aspects influenced by knowledge, values and beliefs and are part of experiences in the professional and private life. The participants of the study acknowledge the existence of a growing problem and of the demands of women who use drugs, pointing personal limitations and shortcomings of the public health service. Their social representations are associated with values, knowledge,

and practices that guide the conduct in daily social relations and are emphasized by means of discourses, expressions, attitudes, stereotypes, and feelings.

It is observed that, similarly to a study on the professional practices of nurses<sup>(28,30)</sup>, the care for women in general is provided at individual level; however, in the case of women involved with drugs, the care is restricted to common procedures for women in the context of maternity.

In this sense, the nurses recognize elements that guide the care for these users of health services, but report several factors that interfere with their actions. Among them: they deem themselves as lacking training to address the problem of drugs when women in gravidic-puerperal period are involved; programmatic gaps of the health care for women involved with drugs; and feeling of helplessness due to specific situations experienced in the context of care under study. These factors appear in the discourse of these professionals to indicate reasons why they restrict the care for these women, distancing from issues related to the problem of drugs.

## FINAL CONSIDERATIONS

The social representations about women involved with drugs show to be influenced by technical and scientific issues

apprehended in the training process and in the everyday work of maternity nurses. Thus, positively, these representations are founded on principles that advocate the integral care and humanization in health care for women. However, there are representations, based on everyday issues of the maternity and of the private life of each participant while social subject, that show difficulties for the empowerment of nurses in the care for these women, that is, being trained to provide cordial handling, to manage the nursing staff, and to conduct the promotion, recovery, and maintenance of the health of women involved with drugs in the gravidic-puerperal period. Overcoming these issues requires individual, social, cultural, and political changes.

This study indicates that the context of care for women involved with drugs is complex and comprises, in addition to aspects of the care practice, problem situations related to the group's representation about the care for women involved with drugs.

The frequent occurrence of women in the gravidic-puerperal period with the conduct of consuming and/or trafficking drugs or, even, with companions that use drugs confirms the existence of a social and health problem that requires new perspectives and political and managerial actions not only in health services but also in professional training.

## REFERENCES

1. Brasil. Ministério da Justiça. Relatórios Estatísticos: análises do sistema prisional de cada Estado da Federação. In: InfoPen: Sistema Integrado de Informações Penitenciárias. Ministério da Justiça, 2011.
2. Vargas D, Bittencourt MN, Silva ACO, Soares J, Ramirez EGL. Concepções de profissionais de enfermagem de nível médio perante o dependente químico. *Rev Bras Enferm* [Internet]. 2015[cited 2015 Jul 10]; 68(6):1063-8. Available from: [http://www.scielo.br/pdf/reben/v68n6/en\\_0034-7167-reben-68-06-1063.pdf](http://www.scielo.br/pdf/reben/v68n6/en_0034-7167-reben-68-06-1063.pdf)
3. United Nations Publications. World Drug Report [Internet]. UNOD; 2014. [cited 2016 Jun 30]. Available from: [https://www.unodc.org/documents/wdr2014/World\\_Drug\\_Report\\_2014\\_web.pdf](https://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf)
4. Collière MF. Cuidar... A primeira arte da vida. 2 ed. Luso-ciência: Parias; 2003.
5. Waldow VR. Cuidar, expressão humanizadora da enfermagem. 3ª Ed. Petrópolis: Vozes; 2010.
6. Oliveira DS. Vivências e enfrentamentos de mulheres que usam drogas no exercício da maternidade [dissertação]. Salvador (BA): Escola de Enfermagem UFBA; 2015.
7. Rodrigues DP, Guerreiro EM, Ferreira MA, Queiroz ABA, Barbosa DFC, Fialho AVM. Social representations of women in pregnancy, postpartum, and educational actions. *Online Braz J Nurs* [Internet]. 2013[cited 2016 Aug 14];12(4):911-22. Available from: <http://www.objnursing.uff.br/index.php/nursing/article/view/4287>
8. Rodrigues AS, Oliveira JF, Paiva MS, Oliveira DS, Marinho MN. Nursing technician students' social representations on drugs. *Esc Anna Nery Rev Enferm* [Internet]. 2015[cited 2016 Aug 20];19(2):226-32. Available from: [http://www.scielo.br/pdf/ean/v19n2/en\\_1414-8145-ean-19-02-0226.pdf](http://www.scielo.br/pdf/ean/v19n2/en_1414-8145-ean-19-02-0226.pdf)
9. Oliveira JF, Rodrigues AS, Porcino C, Reale MJOU. Imaginário de presidiárias sobre o fenômeno das drogas. *Rev Eletr Enferm* [Internet] 2016[cited 2016 May 18];18:e1154. Available from: <https://revistas.ufg.br/fen/article/view/31072/21205>
10. Jacob A, Oliveira JF, Rodrigues AS, Silva JRA, Serra RS, Souza SS. Problemática das drogas: representações sociais de estudantes de curso técnico de enfermagem. *Rev Baiana Enferm* [Internet]. 2012 [cited 2016 Aug 21];26(2):510-22. Available from: <http://www.portalseer.ufba.br/index.php/enfermagem/article/view/6389/6352>
11. Formozo GA, Oliveira DC. Representações sociais do cuidado prestado aos pacientes soropositivos ao HIV. *Rev Bras Enferm* [Internet]. 2010[cited 2016 Aug 26];63(2):230-7. Available from: <http://www.scielo.br/pdf/reben/v63n2/10.pdf>
12. Wolter RP, Sá CP. As relações entre representações e práticas: o caminho esquecido. *Rev Int Cienc Soc Hum* [Internet]. 2013 [cited 2015 Oct 20];XXXIII(1-2):87-105. Available from: [http://www.academia.edu/11700993/As\\_rela%C3%A7%C3%B5es\\_entre\\_representa%C3%A7%C3%B5es\\_e\\_pr%C3%A1ticas\\_o\\_caminho\\_esquecido](http://www.academia.edu/11700993/As_rela%C3%A7%C3%B5es_entre_representa%C3%A7%C3%B5es_e_pr%C3%A1ticas_o_caminho_esquecido)
13. Kassada DS, Marcon SS, Waidman MAP. Percepções e práticas de gestantes atendidas na atenção primária frente ao uso de drogas. *Esc Anna Nery Rev Enferm* [Internet]. 2014[cited 2016 Aug 26]; 18(3):428-34. Available from: <http://www.>

- scielo.br/pdf/ean/v18n3/en\_1414-8145-ean-18-03-0428.pdf
14. Neville KRN, Roan N. Challenges in Nursing Practice: Nurses' Perceptions in Caring for Hospitalized Medical-Surgical Patients With Substance Abuse/Dependence. *J Nurs Admin* [Internet]. 2014[cited 2016 Aug 10];44(6):339-46. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/24835142>
  15. Ortega LB, Ventura CA. I am alone: the experience of nurses delivering care to alcohol and drug users. *Rev Esc Enferm USP* [Internet]. 2013[cited 2016 Aug 26];47(6):1381-8. Available from: [http://www.scielo.br/pdf/reeusp/v47n6/en\\_0080-6234-reeusp-47-6-01381.pdf](http://www.scielo.br/pdf/reeusp/v47n6/en_0080-6234-reeusp-47-6-01381.pdf)
  16. Sá CP. Núcleo Central das Representações Sociais. 2. ed. Petrópolis: Vozes; 2002.
  17. Coutinho MPL, Saraiva ERA. Métodos de pesquisa em psicologia social: perspectivas qualitativas e quantitativas. João Pessoa: Editora Universitária; 2011.
  18. Minayo MCS. O Desafio do Conhecimento: pesquisa qualitativa em saúde. 14. ed. São Paulo: Hucitec; 2014.
  19. Sarubbi VJ, Reis AOA, Bertolino Neto MM, Rolim Neto ML. Tecnologias computacionais para o auxílio em pesquisa qualitativa: Software EVOC. São Paulo: Schoba; 2013.
  20. Polli GM, Wachelke J. Confirmação de centralidade das representações sociais pela análise gráfica do questionário de caracterização. *Temas Psicol* [Internet]. 2013[cited 2016 Aug 15];21(1):97-104. Available from: <http://pepsic.bvsalud.org/pdf/tp/v21n1/v21n1a07.pdf>
  21. Camargo BV, Justo AM. Tutorial para uso do software de análise textual IRAMUTEQ. Laboratório de Psicologia Social da Comunicação e Cognição – LACCOS. Universidade Federal de Santa Catarina, Brasil, 2013.
  22. Bardin L. Análise de Conteúdo. Lisboa: Edições 70; 2011.
  23. Pontes APM, Oliveira DC, Gomes AMT. The principles of the Brazilian Unified Health System, studied based on similitude analysis. *Rev Latino-Am Enfermagem* [Internet]. 2014[cited 2016 Aug 26];22(1):59-67. Available from: <http://www.scielo.br/pdf/rlae/v22n1/0104-1169-rlae-22-01-00059.pdf>
  24. Wachelke JFR. Índice de centralidade de representações sociais a partir de evocações (INCEV): exemplo de aplicação no estudo da representação social sobre envelhecimento. *Psicol Refl Crit* [Internet]. 2009[cited 2016 Aug 21];22(1):102-10. Available from: <http://www.scielo.br/pdf/prc/v22n1/14.pdf>
  25. Machado LB, Anicetto RA. Núcleo central e periferia das representações sociais de ciclos de aprendizagem entre professores. *Ensaio* [Internet]. 2010[cited 2016 Mar 10];18(67):345-64. Available from: <http://www.scielo.br/pdf/ensaio/v18n67/a09v1867.pdf>
  26. Chernicharo IM, Freitas FDS, Ferreira MA. Humanização no cuidado de enfermagem: contribuição ao debate sobre a Política Nacional de Humanização. *Rev Bras Enferm* [Internet]. 2013[cited 2016 Aug 14];66(4):564-70. Available from: <http://www.scielo.br/pdf/reben/v66n4/v66n4a15.pdf>
  27. Guerreiro EM, Rodrigues DP, Silveira MAM, Lucena NBF. O cuidado pré-natal na atenção básica de saúde sob o olhar de gestantes e enfermeiros. *REME Rev Min Enferm* [Internet]. 2012[cited 2016 Mar 12];16(3): 315-23. Available from: <http://reme.org.br/artigo/detalhes/533>
  28. Freitas RS. Modos de pensar e de fazer: o cuidado de enfermagem à pessoa com HIV/Aids representado pela equipe de enfermagem [dissertação]. Rio de Janeiro: Universidade do Estado do Rio de Janeiro; 2014.
  29. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. SVS/CN-DST/AIDS. A Política do Ministério da Saúde para Atenção Integral a Usuários de Álcool e outras Drogas. 2ª ed. Rev. Ampl. Brasília: MS; 2004.
  30. Xavier AG, Santos SMP, Sousa FLP, Silva FL, Gonçalves RL, Paixão GPN. Análise das práticas profissionais de enfermeiras na perspectiva da integralidade da assistência à mulher. *Rev Rene* [Internet]. 2014[cited 2016 Jun 21];15(5):851-9. Available from: <http://www.redalyc.org/articulo.oa?id=324032944015>