

PROMOTION OF RATIONAL USE OF DRUGS: AN EXPERIENCE IN THE FAMILY HEALTH STRATEGY

Promoção do uso racional de medicamentos: Uma experiência na Estratégia Saúde da Família

Promoción del uso racional de medicamentos: una experiencia de la estrategia salud de la familia

Description or evaluation of experiences, methods, techniques, procedures and tools

ABSTRACT

Objective: To describe experiences on rational use of drugs originated in the activities of a university extension program. **Data Synthesis:** The activities were conducted at a family health unit of a city in the state of Bahia, in the period from August 2010 to August 2013, involving the family health team, users (adults, elderly, and pregnant women), students and professors of a state university. Systematic observation, home visits, thematic workshops, waiting rooms, scientific events and research collaboration were held. The activities were developed in an articulate manner and had four objects: rational drug use by the elderly; rational dispensing of drugs in primary care; rational use of psychotropic drugs; and rational prescription of medications. **Conclusion:** The experiences revealed that the issue of drugs has not been inserted in the health team's work process. The extension activities, however, may have contributed to reflections on practices as well as to the development of skills and potentialities of those involved, aiming at the improvement of prescription, dispensing and use of medicines in the community.

Descriptors: Pharmaceutical Services; Health Promotion; Drug Utilization; Primary Health Care.

RESUMO

Objetivo: Descrever as experiências sobre o uso racional de medicamentos provenientes das atividades de um programa de extensão universitária. **Síntese dos dados:** Desenvolveram-se atividades em uma Unidade de Saúde da Família de um município baiano, no período de agosto de 2010 a agosto de 2013, com a equipe de saúde da família, usuários (adultos, idosos e gestantes), discentes e docentes de uma universidade estadual. Realizaram-se observação sistemática, visitas domiciliares, oficinas temáticas, salas de espera, eventos científicos e colaboração em pesquisa. As atividades foram desenvolvidas de modo articulado e tiveram quatro objetos: uso racional de medicamentos por idosos, dispensação racional de medicamentos na atenção básica, uso racional de medicamentos psicotrópicos, e prescrição racional de medicamentos. **Conclusão:** As experiências revelaram que a questão dos medicamentos não está inserida no processo de trabalho da equipe, contudo, as ações extensionistas podem ter contribuído para a reflexão sobre as práticas, bem como para o desenvolvimento de habilidades e potencialidades dos envolvidos, visando ao aprimoramento da prescrição, dispensação e uso dos medicamentos na comunidade.

Descritores: Assistência Farmacêutica; Promoção da Saúde; Uso de Medicamentos; Atenção Primária à Saúde.

Tatiane de Oliveira Silva Alencar⁽¹⁾
Bruno Rodrigues Alencar⁽¹⁾
Daiana Santos da Silva⁽¹⁾
Janay Stefany Carneiro Araújo⁽¹⁾
Silvana Maria Oliveira⁽¹⁾
Rafaela Dantas de Souza⁽¹⁾

1) Universidade Estadual de Feira de Santana - UESF - (Feira de Santana State University) - Feira de Santana (BA) - Brazil

Received on: 02/03/2014
Revised on: 04/19/2014
Accepted on: 10/08/2014

RESUMEN

Objetivo: Describir las experiencias del uso racional de medicamentos procedentes de las actividades de un programa de extensión universitaria. **Síntesis de los datos:** Se desarrollaron actividades en una Unidad Básica de Salud de la Familia en un municipio de Bahía entre agosto de 2010 y agosto 2013 con el equipo de salud de la familia, usuarios (adultos, mayores y embarazadas), alumnos y profesores de una universidad estadual. Se realizó observación sistemática, visitas domiciliarias, talleres temáticos, sala de espera, eventos científicos y colaboración en investigación. Las actividades fueron desarrolladas de forma articulada y con cuatro objetos: el uso racional de medicamentos de parte de los mayores, la dispensación racional de medicamentos en la atención básica, el uso racional de medicamentos psicotrópicos y la prescripción racional de medicamentos. **Conclusión:** Las experiencias revelaron que el tema de los medicamentos no está inserido en el proceso de trabajo del equipo, sin embargo, las acciones de extensión pueden haber contribuido para la reflexión de las prácticas así como para el desarrollo de habilidades y potencialidades de los involucrados para perfeccionar las prescripciones, dispensación y el uso de medicamentos en la comunidad.

Descriptores: Servicios Farmacéuticos; Promoción de la Salud; Utilización de Medicamentos; Atención Primaria de Salud.

INTRODUCTION

The medicine combines the technical, symbolic, economic, political and social dimensions⁽¹⁾, rendering it a complex element for the healthcare.

Primary care is characterized by a set of actions in individual and collective spheres, covering promotion and health protection, disease prevention, diagnosis, treatment, rehabilitation and health maintenance⁽²⁾. The medicine falls within all these actions, therefore being conferred the feature of an essential input.

In this sense, promoting the rational use of drugs must be top-priority for health systems all over the world⁽³⁾, representing a complex task, given that the rational drug use occurs when the patient receives medication appropriate to their clinical need, at suitable dosage and posology, for an adequate period of time, and at the lowest cost to them and the community⁽⁴⁾.

The concept suggests that the rational use of medicines is on the whole society's accountability, that is, on industries that develop and produce drugs, the consumer market, professionals who prescribe medications and their potential users⁽⁴⁾. Inserted in this set of actors, the university also reveals itself as the protagonist in the process of rational use promotion, to the extent that, by means of its educational,

research and extension activities, it provides conditions that imply the transformation of the society. Extension activities propose participatory proceedings, in a dynamic interaction with the society, able to lead to everyone's involvement, in a relationship resembling symbiosis.

From that understanding, and considering the primary care of the Brazilian Unified Health System (*Sistema Único de Saúde - SUS*), particularly the Family Health Strategy (FHS), the aim of this article is to describe the experiences on rational use of medicines originated from the activities of a university extension program.

DATA SYNTHESIS

The activities of the university extension program were developed in a Bahia municipality, encompassing 76 Family Health Units (FHU) and 83 health teams. As regards to the pharmaceutical assistance, there are pharmacists in municipal management activities (selection, programming, acquisition, storage, and distribution) and in strategic programs, such as leprosy control, STD/AIDS, tuberculosis, and hepatitis. In primary care, however, the pharmacist is absent⁽⁵⁾.

For the FHU selection, the following criteria were used: being located next to the university campus and absence of university extension or research activities. These criteria were defined in order to enable the program actions to be innovative for the unit and the team, as well as to ensure that the members would have more opportunities for the implementation of actions and integration within the community. The fact of being close to the university campus would facilitate the students' adherence and the transportation between the FHU and the university.

Within a total of five adjunct FHU, only in two the university actions were not being developed and, between those, the one nearest to the campus was selected. The study was conducted in a neighbourhood in the urban area, with population estimated at 47,060 inhabitants, 38,901 of whom were literate⁽⁶⁾, and whose assistance is provided by six FHU. The unit selected for the program was founded in 1993; it has 3,027 enrolled users (adults and elderly) and a team consisting of a doctor, a nurse, two nursing technicians, and nine community health workers. Therefore, it meets the criteria defined in the National Primary Health Care Policy⁽²⁾.

As for the services made available to the community, there are medical and nursing care for hypertension-diabetes programs (*Hiperdia*), family planning, prenatal care, child and adolescent health. Besides these, there are actions to prevent diseases, minor procedures and dispensing drugs, including psychotropic drugs.

In addition to the unit's physical space, its coverage area features collective spaces such as churches, a social welfare association's game court, and public schools, used for the program activities development, which also occurred in households and at the university.

As members of the activities were the adult and elderly users, unit workers, students from different periods in the Pharmacy course (four scholars and three volunteers), and the teachers. The involved scholars met a 12-hour weekly workload, while the volunteers fulfilled eight hours. The extension program obtained support from the Municipal Pharmaceutical Assistance Coordination and authorization of the Health Secretariat Continuing Education Sector.

The program was recognized by a Resolution of the University Education Council and has been carried out since August 2010. Upon specific internal edicts, the resources (permanent and consumable materials) required for the activities implementation are provided. It also has its own room, where group meetings, studies, and all other activities on development of educative materials take place.

The extension activities were divided into four work plans: rational drug use by the elderly, rational drugs dispensing in primary care, rational use of psychotropic medications, and rational medication prescription. Each plan was under the responsibility of a scholar, with delineation of specific activities, though developed in an articulate manner.

In the first moment, the strategies with the community involved contact with all the health team and exposition of the work plans. Presentation to the community occurred during the consultation waiting time.

Implementation of the planned actions required prior understanding of all the health organizational flow and, therefore, the systematic observation was adopted⁽⁷⁾, with use of field diary to register the perceptions. The observation period also contributed to better delimitate the actions of the work plans, adapting them to the community and health team needs.

In a general manner, the actions occurred from different strategies in the light of health education, so as to enable the development of critical reflective practice grounded on the analysis of the reality by identifying the population's health needs⁽⁸⁾. It was thus based in performing home visits, thematic workshops, waiting rooms, and scientific events, taking place at the unit in its daily life, directly with the users and workers in the healthcare process.

To provide theoretical support for the actions performed in the field, study groups were carried out addressing the Unified Health System (*Sistema Único de Saúde – SUS*), primary care, rational drug use, community work etc. Monthly meetings were also held for planning the activities.

The educative materials used for community work were developed by the students, including leaflets, posters, booklets, lectures, and devices for drugs packaging. Besides these, materials provided by the Ministry of Health, such as the National Therapeutic Form⁽⁹⁾ and the National List of Medicines⁽¹⁰⁾ were also employed.

The work plans comprised in the extension program had specific objectives and, therefore, particular results. However, the underlying central theme enabled a link between them, so that the actions taken were common to all four plans. The results are described based on the logic in which the activities were developed, in order to reveal the interaction among them, without separation of the plans.

The first month of the program operation was reserved for the systematic observation, aiming to enable understanding the flow of services, the actions schedule, and responsibilities of each team member. The difficulties and shortcomings of the care process were also identified, especially regarding the health promotion actions, which were underdeveloped, both by the health team and by the students of Medicine and Nursing courses in their curricular practical activities.

Dispensation consisted in quick delivery of medication by the nursing technician, without any communication or guidance to the user. The pharmacist was not inserted in the health team, being absent during the dispensation and any other activity. Additionally, continuing education activities for the workers were incipient and, as verified in the unit records up to the moment of the extension program action, they had not addressed the issue of rational use of medicines.

These aspects indicated the existence of problems in the activities within the user's care process, especially regarding the use of drugs. To meet the objectives defined in the four work plans, it was thus necessary to include previous activities that could result in the improvement of general actions related to medication.

To this end, in addition to data already obtained through systematic observation, community health workers (CHW) were requested to list needs and problems related to the use of medications by the community and by themselves, because the community worker, above all other members in the health team, knows intimately the phenomena and situations experienced by different users⁽¹¹⁾.

From these data, it was possible to establish which was the priority demanded for actions implementation as well as the resources and techniques to be employed in each one. The results listed below refer to the collective effort of the program executing team and the very health team who identified themselves with the program's objectives and felt

encouraged by the feasibility of changing those practices and the learning of new knowledge.

The actions were focused in a way to improve the workers and users' pre-notions about drugs use, aiming positive implications for already developed practices. Activities were thus developed for the qualification of CHW and workers in charge of dispensation, in most cases, nursing technicians.

Four thematic workshops were performed addressing: basic concepts related to drugs (medication x remedy; reference, generic, and similar medicines; psychotropic medicines; self-medication), dispensing, medication use by the elderly, medicines packaging in the households and medicines disposal. These workshops were scheduled in advance, subject to the availability of CHW and other workers, and were performed in the very health unit, without prejudice to its routine, with an average duration of two hours. For each thematic workshop, group dynamics and informative materials, such as booklets, posters, brochures, and resource books, were organized. After completing each four workshops, the participants received a certificate of participation.

With help of the CHA, home visits were carried out to monitor domestic usage and packaging of medicinal products, as well as to provide necessary explanations, according to the reality found in each household and difficulty experienced by the users. For that moment, informative material was also prepared, and subsequently made available to users, which showed ignorance about the medications rational practice.

Another problem identified was the presence of expired products in households, demanding intervention by the working group. With the users' consent, these past due products and the ones unfit for use were collected and delivered to the unit's nurse to be given proper final destination.

The visits have promoted greater integration with the community and the establishment of relationships of credibility, rendering it possible to programme larger activities. Three lectures occurred in the territory's collective spaces, serving a wider audience, where ideas were exposed approaching the medications provided by SUS, particularly those available in primary care, and the importance of rational use.

Thereafter, were implemented the actions more related to the medicines dispensing in the unit: clarification to users regarding the use of prescription drugs and the identification of the drug characteristics (name, expiry date, appearance and packaging), as well as guidance on ways of purchasing medicines.

Additionally, packs were confectioned for packaging the medicines in the pharmaceutical form of pills, including illustrations that made it easier to identify the medication timetable. This material was primarily made available to the elderly, given the amount of medications and limitations inherent to the aging process, and they were instructed to bring the package every time they would receive medicines in the unit.

Even though that was a simple measure, the use of packages became important and contributed to the proper usage, because the drugs – most of which are similar products – were dispensed in blister packs, so the users identified them based only on the tablets colour or shape, and that lead to confusion, increasing the risk of undue exchanges of the medications. That strategy was also useful to explain the need to identify drugs by the name of the active substance, thus supporting the correct use and adherence to treatment.

These actions required studies on the list of medicines provided by SUS primary care, pharmacological groups, communication with the user, and drugs dispensation. Discussions about those topics were held monthly within the study groups.

Articulations were subsequently established with the Support Centre for Family Health (*Núcleo de Apoio à Saúde da Família - NASF*) and the Open University for the Third Age (*Universidade Aberta à Terceira Idade - UATI*), and activities were jointly performed in other spaces, promoting the program participation in larger and more impactful activities such as health fairs and lectures, in which were discussed the issue of rational use, different pharmaceutical forms, precautions in dispensing, medication use by the elderly, psychotropic drugs, and self-medication. All the informative materials made available to participants were produced by members of the extension program.

Specifically for the elderly population, the RDU 2013 Campaign was organized, addressing several related issues throughout the month of May, which is considered the month of rational use of medicines in Brazil. Supported by NASF, lectures were scheduled and took place in the game court of a social welfare association of the neighbourhood, after the activity planned by the physical education teacher. It allowed greater adherence of the elderly to the activities, during which the following subjects were presented: controlled drugs (medicines labelled with black stripe or with red stripe subject to prescription retention), inappropriate medications for the elderly, drugs dispensing, correct identification of generic and reference medicines, and rational use of medicinal plants.

Other results achieved refer to the discussion on the rational drugs prescription, with the completion of three

activities. The first was the updating of the list of drugs available in primary care, which, besides being unknown by the professionals, was not present to be consulted at the unit. That implied not only the recognition of the users' right to medicines provided by SUS, as well as involved the prescriptions and, consequently, the forms of drugs acquisition by users. With collaboration of the pharmaceutical care coordination, the list of primary care drugs was organized and printed, and made available to the prescribers (doctor and nurse), the community workers, and the unit's pharmacy.

The other two activities corresponded to scientific events on the rational use of medicines. In 2011 there was a four-day regional symposium, in which professionals of regionally and nationally recognized relevance discussed the following topics: promotion of rational drugs use, medication administration errors, medical and pharmaceutical innovation and its impact on the phenomenon of medicalization. It also addressed the pharmacist within healthcare, the Bahia state's actions for the rational use of medicines, Bahia municipalities' experiences in promoting rational use of medicines, and social control in health.

In the following year, 2012, another seminar on rational use of medicines in primary care had the participation of 21 prescribers and 15 students from the last semester of Pharmacy School. The goal was to bring theoretical and practical elements, in addition to the legal aspects that lay the foundation of drug prescription.

In those events were presented and made available to the prescribers the National List of Essential Medicines and the National Therapeutic Form, through instruments sent by the Pharmaceutical Care Department of the Ministry of Health. They also evidenced the rational use of drugs as responsibility of everyone involved in the healthcare process, as well as instrumentalised the participants for a change of attitude in the daily tasks in favour of the rational use. Furthermore, they contributed to give greater visibility to the extension program. Those events occurred with support of the municipal pharmaceutical assistance coordination and continuing education sector, which allowed the professionals' participation.

Another type of result achieved was the presentation of 19 papers at scientific meetings, 12 of them presented at national events, four in regional events and three in local events. This allowed the disclosure of the rational use issue and results produced by the program.

The program also established coordination with the Integrated Centre for Research in Public Health (*NUPISC - Núcleo de Pesquisa Integrado em Saúde Coletiva*) to develop a study on the use of drugs by adult and elderly SUS users. The students contributed to the collection

instrument development and the household survey. After data collection, information was provided on the use of medicines, and the expired products were collected to be sent to the respondent's health unit. In addition, special situations requiring intervention of other professionals were recorded, and communication with the nurses was arranged for the necessary steps to be taken. This research has provided data to promote new actions of the extension program. As a result of the research and upon identifying deficiency in information on drug use by pregnant women, five lectures were presented for pregnant women of the five units, being held in the very FHU.

The recognition of the program has expanded the limits initially defined, so that the teachers involved in the working group were invited to discuss the rational use in other settings. There was the opportunity to participate in local TV news and radio broadcasts, discussing self-medication, irrational use of antibiotics and over-the-counter drugs.

The following chart briefly points out the activities in the program, the target audience, the amount of public attended, and the established partnerships.

The results reveal a disturbing reality in the context of the FHS, as the theme regarding the issue of drugs has not been included in health practices. Such situation can be corroborated by other studies^(5,12) on the work process in pharmaceutical care, upon revealing the incorrect and indiscriminate use of benzodiazepine anxiolytics by users of the FHS.

The actions developed by the extension program evidenced other possibilities for healthcare in the approached community, since information about the prescription, dispensing and use of medicines occurred in an innovative and articulated manner. As for the dispensation, it adopted the definition of the National Drug Policy as the pharmaceutical professional act of providing one or more drugs to a patient, usually in response to the presentation of a prescription prepared by an authorized professional. In such act, the pharmacist informs and guides the patient on the proper use of the medication⁽¹³⁾. Evidently, this concept still appears disengaged from the reported practice, as revealed by the results. Intervening in the dispensation is securely a coherent way to promote the rational use of medicines. The establishment of a dispensation practice that defends the right to health mediated by the pharmacist's participation, through interaction with the drug user, enables the offering of actions that can contribute to health promotion⁽¹⁴⁾.

Despite the clarity on the dispensation potential, the group's actions were conditioned by some aspects, such as the unit's structure, especially the dispensing area; dialogue difficulty with the prescriber of the unit; and

Chart I - Activities developed by the extension program Promotion of Rational Drug Use in Primary Care. Bahia, 2010-2013.

Description of the Activity	Target audience	Amount	Involved partnerships	Amount of public attended ¹
Household visitation	Users of the FHU under intervention	50	---	50
Health Fair	Users of the FHU, elderly of <i>UATI</i>	05	<i>UATI</i> <i>NASF</i> Other FHU in the neighbourhood	300
Thematic Workshops	CHW of five FHU	03	Other FHU in the neighbourhood	35
Lectures	Elderly	07	<i>NASF</i>	52
Lectures	Pregnant women	05	Other FHU	65
RDU Seminar	Prescribers of the primary care Pharmacy students	01	PA ² <i>SEPER</i> ³	36
RDU Symposium	Health students and workers	01	PA ² <i>SEPER</i> ³ PET-Family Health	450
Presentation of scientific papers in events	Health students and workers, teachers	19	---	Unavailable ⁴
Participation in research on RDU	Adult, pregnant women, and elderly users of the FHU	01	<i>NUPISC</i> ⁵	390
Participation in local TV newscast	Population of the 54 municipalities of the area reached by the broadcasting station's signal ⁶	03	-----	2 million potential TV spectators ⁶
Participation in radio broadcast	Population of the municipality and surrounding area with broadcasting stations' signal	06	-----	Unavailable ⁴

1-According to records in the minutes books of health facilities and Extension Program; 2-Municipal Pharmaceutical Assistance; 3-Continuing Education Sector; 4-Data unavailable at the sites of the events or broadcast stations; 5- Integrated Centre for Research in Public Health; 6-Data available at: <http://redebahia.rbt.com.br/empresas/tv-subae>.

particular skills of the students involved. Another result that caught attention was the amount of expired medications in households and the fact that some users utilize the drugs in such conditions. This situation was also identified by

another study⁽¹⁵⁾ in 70% of 90 households enrolled in a FHU in the same municipality of the current extension action. A similar situation was also perceived in another study⁽¹⁶⁾ in a coverage area of a FHU in a Bahia municipality.

It is noteworthy that, when the expired products collected from households were forwarded to the FHU, the problem of the disposal appeared, since the units did not have a waste management program, as determined by the National Health Surveillance Agency (ANVISA RDC No. 306/2004)⁽¹⁷⁾ and the National Environmental Council (CONAMA Resolution No. 358/2005)⁽¹⁸⁾.

This problem has indeed been the agenda of governments worldwide that are seeking strategies and actions for the disposal of the various technologies, including health products, which imply positively on environmental issues. This question proved more complex in the municipality of this action due to the lack of articulation among FHS, pharmaceutical care coordination and health surveillance regarding the responsibilities on the disposal of medicines⁽¹⁹⁾.

Besides these aspects, the absence of discussions on the rational use, prior to the extension action among the prescribers who participated in scientific events and among other workers of the health facilities, indicates the municipality's incipient involvement with the purposes of the rational use of medicines and their proper disposal when expired or damaged.

Despite this scenario, it was possible to bring to light certain aspects of the right to health, particularly with regard to the right to pharmaceutical assistance. By addressing issues such as the list provided by SUS, the responsibility of the health service on the management of waste medicines, and the need for pharmacists in the healthcare process, including in the dispensation, elements were provided for the subjects to assume their rights as citizens.

CONCLUSION

The actions undertaken and the results achieved by the extension program allow listing some positive implications for those involved. For the community, the provision of various information related to medications prompted a disrupt for the existing worries about that technology, empowering it about the right to access, the issues concerning the use of medicines, and on the implications on their health. For the workers, it provided opportunity for reflections on the professional practices.

Taking into account the academic nature of the program, the undertaken actions instrumentalised the students in building their vocational training, by means of the development of professional skills and potentialities mediated by the articulation between theory and practice.

In face of the given efforts and the achieved results, the actions have been able to prove to the involved subjects that rational use should be everyone's responsibility and priority for health practices.

The experiences revealed that the issue of medications is not inserted in the team's work process; however, the extension actions may have contributed to the reflection on the practices as well as to the development of skills and potentialities of those involved, in order to improve the prescription, dispensing and use of medicines within the community.

REFERENCES

1. Lefèvre F. O medicamento como mercadoria simbólica. São Paulo: Cortez; 1991.
2. Ministério da Saúde (BR). Portaria nº 2.488, de 21 de outubro de 2011. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes e normas para a organização da Atenção Básica, para a Estratégia Saúde da Família (ESF) e o Programa de Agentes Comunitários de Saúde (PACS). Brasília: Ministério da Saúde; 2011.
3. Aquino DS. Por que o uso racional de medicamentos deve ser uma prioridade? *Ciênc. Saúde Coletiva* 2008; 13(Sup):733-36.
4. Organización Mundial de la Salud. Conferencia de expertos sobre uso racional de los medicamentos. 1985, Nairobi, Kenia: OMS; 1985.
5. Alencar BR. Processo de trabalho no Programa Saúde da Família: um enfoque na Assistência Farmacêutica [dissertação]. Feira de Santana-BA: Universidade Estadual de Feira de Santana; 2013.
6. Instituto Brasileiro de Geografia e Estatística - IBGE. Estimativa populacional Feira de Santana: IBGE, 2013 [cited 2013 Set 6]. Available from: URL:<http://cidades.ibge.gov.br/xtras/perfil.php?codmun=291080>
7. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec/Abrasco; 2010.
8. Alves GG, Aerts D. As práticas educativas em saúde e a Estratégia Saúde da Família. *Ciênc Saúde Coletiva*. 2011;16(1):319-25.
9. Ministério da Saúde (BR), Secretaria de Ciência, Tecnologia e Insumos Estratégicos, Departamento de Assistência Farmacêutica e Insumos Estratégicos. Formulário terapêutico nacional 2010: Rename 2010. Brasília: Ministério da Saúde; 2010.
10. Ministério da Saúde (BR). Portaria GM/MS nº 1 de 2 de janeiro de 2015. Estabelece a Relação Nacional de Medicamentos Essenciais - RENAME 2014 no âmbito do Sistema Único de Saúde (SUS) por meio

- da atualização do elenco de medicamentos e insumos da Relação Nacional de Medicamentos Essenciais - RENAME 2012. Brasília: Ministério da Saúde; 2015.
11. Bornstein VJ, David HMSL. Contribuições da formação técnica do agente comunitário de saúde para o desenvolvimento do trabalho da equipe Saúde da Família. *Trab Educ Saúde*. 2014;12(1):107-28.
 12. Luz RLSA, Cruz CF, Santos APM, Neves Neto JL, Alencar BR, Oliveira LCF, et al. Uso de benzodiazepínicos na Estratégia Saúde da Família: um estudo qualitativo. *Infarma*. 2014;26(2):119-26.13
 13. Ministério da Saúde (BR). Portaria nº 3.916, de 30 de outubro de 1998. Aprova a Política Nacional de Medicamentos. Brasília: Ministério da Saúde; 1998.
 14. Alencar TOS, Bastos VP, Alencar BR, Freitas IV. Dispensação farmacêutica: uma análise dos conceitos legais em relação à prática profissional. *Rev Ciênc Farm Básica Apl*. 2011;32(1):89-94.
 15. Morais TC. Estoque Domiciliar de Medicamentos: a realidade de uma Unidade de Saúde da Família [monografia]. Feira de Santana-BA: Universidade Estadual de Feira de Santana; 2012.
 16. Ramos DC, Silva TO, Alencar BR, Freitas IV. Análise da prática do estoque domiciliar de medicamentos em um município do Estado da Bahia. *Infarma*. 2010;22(9/10):48-55.
 17. Ministério da Saúde (BR), Agência Nacional de Vigilância Sanitária. RDC nº 306, de 7 de dezembro de 2004. Dispõe sobre o Regulamento Técnico para o gerenciamento de resíduos de serviços de saúde. *Diário Oficial da União*, Brasília; 2007 Dez 10.
 18. Ministério do Meio Ambiente (BR), Conselho Nacional do Meio Ambiente. Resolução nº 358, de 29 de abril de 2005. Dispõe sobre o tratamento e a disposição final dos resíduos dos serviços de saúde e dá outras providências. *Diário Oficial da União*, Brasília; 2005 Maio 4.
 19. Alencar TOS, Machado CSR, Costa SCC, Alencar BR. Descarte de medicamentos: uma análise da prática no Programa Saúde da Família. *Ciênc Saúde Coletiva*. 2014;19(7):2157-66.

Mailing address

Tatiane de Oliveira Silva Alencar
Curso de Farmácia da Universidade Estadual de Feira de Santana
Avenida Transnordestina, s/n
Bairro: Novo Horizonte
CEP: 44.036-900 - Feira de Santana - BA - Brasil
E-mail: tatifarmauefs@yahoo.com.br