Consumption of alcoholic beverages, tobacco and illicit drugs among university freshmen in the nursing field

Consumo de bebida alcoólica, tabaco e drogas ilícitas em ingressantes universitários da área de enfermagem

Consumo de bebidas alcohólicas, tabaco y drogas ilícitas entre estudiantes universitarios de primer año en el campo de la enfermería

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RESUMO

Objetivo: Descrever o consumo de bebida alcoólica, tabaco e drogas ilícitas em ingressantes universitários da área de enfermagem. Método: Estudo descritivo, com 119 ingressantes de uma universidade pública, em Salvador-BA. Utilizou-se o AUDIT e instrumentos para caracterização sociodemográfica, consumo de tabaco e drogas ilícitas. Os dados foram analisados por estatística descritiva. Resultados: A idade média foi 20 anos (dp 4). Predominaram mulheres, classe social C, raça/cor negra e solteiras(os). Nenhum estudante fumava, mas 17,6% eram fumantes passivos e um consumia droga ilícita. Cinquenta e cinco por cento usavam bebida alcoólica e destes 33,2% consumiam mais que cinco doses em uma ocasião. Classificaram-se na Zona I do AUDIT 89,9%, na II 8,4% e na III 1,7%. Conclusão: Com o predomínio da Zona I, sugere-se a monitorização do consumo de drogas durante a formação e as ações de prevenção e controle devem ser instituídas de forma coletiva e individual. O estudo ilumina a importância do cuidado em enfermagem e saúde destinado a proteção dos universitários quanto ao uso abusivo de drogas.
Descritores: Estudantes de enfermagem; Alcoolismo; Fumar; Drogas ilícitas.

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ABSTRACT

Objective: Describe the consumption of alcoholic beverages, tobacco and illicit drugs among university freshmen in the nursing field. **Method:** Descriptive, quantitative study, with 119 entering a public university, in Salvador-Ba. AUDIT and instruments were used for sociodemographic characterization, tobacco consumption and illicit drugs. Data analyzed by descriptive statistics. **Results:** The average age was 20 years (SD 4). Women, social class C, black race / color and single women predominated. No student smoked, but 17.6% were passive smokers and one used illicit drugs. Fifty-five percent used alcohol and of these 33.2% consumed more than five drinks on one occasion. AUDIT's Zone I was 89.9%, II 8.4% and III 1.7%. **Conclusion:** With the predominance of Zone I, monitoring of drug use during training is suggested, and prevention and control actions should be instituted collectively and individually. It highlights the importance of nursing and health care aimed at protecting university students from drug abuse.
Descriptors: Nursing students; Alcoholism; Smoking; Street Drugs.

RESUMEN

Objetivo: describir el consumo de bebidas alcohólicas, tabaco y drogas ilícitas entre los estudiantes universitarios de primer año en el campo de la enfermería. **Método:** Estudio descriptivo, con 119 estudiantes de primer año de una universidad pública, en Salvador-Ba. AUDIT e instrumentos fueron utilizados para la caracterización sociodemográfica, el consumo de tabaco y las drogas ilícitas. Los datos se analizaron mediante estadística descriptiva. **Resultados:** la edad media fue de 20 años (DE 4). Predominaron las mujeres, la clase social C, la raza / color negro y las solteras. Ningún estudiante fumaba, pero el 17.6% eran fumadores pasivos y uno usaba drogas ilícitas. El 55% consumió alcohol y de estos 33.2% consumió más de cinco bebidas en una ocasión. La Zona I de AUDIT fue 89.9%, II 8.4% y III 1.7%. **Conclusión:** Con el predominio de la Zona I, se sugiere monitorear el uso de drogas durante el entrenamiento y las acciones de prevención y control deben instituirse de manera colectiva e individual. El estudio resalta la importancia de la enfermería y la atención médica destinadas a proteger a los estudiantes universitarios del abuso de drogas.
Descriptores: Estudiantes de Enfermería; Alcoholismo; Fumar; Drogas Ilícitas.

Introduction

Excessive consumption of alcohol, tobacco and illicit drugs is an important public health problem, due to the devastating effects on personal, family and social life, increased disability, deaths, family and work breakdown[1], in addition to traffic accidents.[2] Among legal and illegal drugs or alcohol, it is the most consumed by young people in Brazil, followed by tobacco, marijuana and stimulants.[3]

Alcoholic drink is a legal drug, its use is habitual and is starting earlier every day, in different age groups, mainly among young people.[2-3] Men consume a greater proportion (36.3%) than women (13.0%) and start the habit earlier (mean age 17.9 years versus 20.6 years), with the average age of initiation 18.7 years.[2]

The first contact with drinking happens during adolescence, a period in which young people, driven by curiosity and the desire for new experiences, the search for fun or pleasure[4-5], consuming it generally without discrimination. Commercial ads, movies, lyrics, invitations from friends and family members at dinners and celebrations influence this consumption.[1-6] The presentation of these substances in the media associated with desirable factors such as pleasure, beauty, success and power represents a risk factor stimulating their use.[3]

In recent years, alcohol consumption among young people has become a growing concern, especially among university students.[1-6] A national survey showed that 86.2% of the 12,673 Brazilian university students used alcohol at some point in their lives. The prevalence of this consumption in the last month was 67% for men and 56% for women.[3]

Among the reasons for this consumption among students entering the academic environment, problems of adaptation to the demands of the course have been highlighted, such as the workload, failure and relationship difficulties[7], and for those who are in more advanced stages of the course the greater overload of stress that adds to feelings of anxiety in anticipation of future employment.[8] It is important to monitor these behaviors and identify trends towards starting a preventive program for freshmen.[5,7]

The indiscriminate use of alcoholic beverages causes psychological distress, traffic accidents, family and street violence, in addition to favoring unprotected sexual activity[5-6], the appearance of arterial hypertension, cancer, liver disease, encephalopathy and pancreatitis.

The consumption of alcoholic beverages may also be associated with tobacco and illicit drugs.[4-6] The prevalence of smokers in Brazil is 10.8%, being 12.8% for men and 9% for women. The habit of smoking is present among young Brazilians and the mean age of initiation is 16 years for both sexes. Survey carried out with university students from 27 capitals in Brazil showed that 46.7% had already used tobacco at least once in their lives and 27.8% in the last 12 months.[3]

Smoking is responsible for a multitude of chronic diseases, such as cardiovascular and lung diseases, various types of cancer, in addition to eye problems such as cataracts and blindness[9] and for 50% of all preventable deaths.[10] It is estimated that during 2011, smoking was responsible for 147,072 deaths, which represented 14.7% of the total deaths that occur in Brazil.[11] Passive smokers have a 30% higher risk of developing cardiovascular disease compared to non-smokers.[12]

The use of illicit drugs is also a relevant public health problem due to its social, economic impacts and damage to physical and mental health.[3,7] It can cause intoxication or overdose, with lasting or even irreversible changes.[9-13]

Psychoactive substances are often tried during adolescence, a phase marked by intense behavioral changes of a biopsychosocial nature.[3,14] The consumption of illicit drugs may be associated with ease and proximity to access. Its beginning is related to the user's sociocultural context and the desire to break the routine in the friends company, in order to enjoy its effects and reduce anxiety.[13] Marijuana is the most consumed illicit drug in the world, with the prevalence of use in the last 12 months in Brazil being 2.5%[15] and among university students this prevalence was 13.8%.[3] Cocaine use has a national prevalence of 1.7%[14] also increasing among university students (3.0%).[3] Therefore, the consumption of illicit drugs in this population group is significant.[14]

The consumption of alcohol, tobacco and other drugs among university students is more frequent than in the general population[3], which reinforces the urgency in the detection and early treatment, the development of prevention and control actions by health professionals and the preparation of policies for this specific audience.[4]

Several studies with students have been developed in different institutions and courses[3-5,8], but there is a gap in literature on the pattern of consumption of alcoholic beverages, tobacco and illicit drugs in recent university students, especially in undergraduate nursing students. Knowing this consumption early in university nursing students is of fundamental importance to guide the creation of prevention and control programs in young people who will be future health professionals, thus avoiding the beginning of the habit and/ or the excessive use of these substances.

Based on the foregoing, this study aimed to describe the consumption of alcoholic beverages, tobacco and illicit drugs among university freshmen in the field of nursing.

Method

This is a cross-sectional study, with students starting a nursing course at a public university, located in the city of Salvador, Bahia, Brazil.

The study population consisted of students attending the first semester of the course. Of the 206 newcomers, 119 accepted to participate in the research. Of these, 35 entered the 2013-1 semester, 34 in 2013-2, 27 in 2014-1 and 23 in 2014-2. The inclusion criteria were being enrolled and attending the second month of the first semester of the course, minimum age of 18 years and both sexes. Those students who completed or attended a university course in the field of health and students who were not enrolled in the course were excluded.

The research is linked to the Matrix Project "Cardiovascular risk factors in nursing students: implications for health care (FRCENF)" and was approved by the Research Ethics Committee, receiving approval under protocol 353,038. Participants were guaranteed content clarification of the Free and Informed Consent Form, personal secrecy, privacy and the right to withdraw from research at any stage, with no losses of any kind.

For data collection, three instruments were used, consisting of closed and semi-structured questions. The first referred to the survey of sociodemographic

data, which included the socioeconomic status assessment according to the criteria of the Brazil Economic Classification.[15] The second raised information was about habit of smoking, living with people who smoke and the use of illicit drugs.[16] The third instrument was the Alcohol Use Disorders Identification (AUDIT) developed by the World Health Organization[17] to assess alcohol consumption, allowing to identify problems related to this consumption, especially in the last 12 months.

AUDIT consists of 10 questions, each of them has a score ranging from 0 to 4, summing a maximum of 40 points. The first three questions of the instrument refer to the frequency and amount of alcohol consumption, another three questions explore the possibility of dependence on alcohol consumption, and the last four questions refer to health damage resulting from excessive alcohol consumption. As a result of the values obtained by this questionnaire, the World Health Organization recommends four levels of risks and their respective interventions distributed as follows: Zone I (<8 points) indicates as education intervention on alcohol consumption; Zone II (8-15 points) indicates advice on alcohol consumption; Zone III (16-19 points) indicates as intervention advice on alcohol consumption and continuous monitoring; Zone IV (≥ 20 points) indicates as an intervention, referral of individuals to a specialist for evaluation, diagnosis and treatment.

The participants were approached by the researcher in the classroom, who explained the objectives and importance of the study, benefits and risks. Students who agreed to participate in the study were instructed on the Free and Informed Consent Term (ICF), being signed in two copies.

Data collection took place in two meetings scheduled in the classroom according to student availability. In the first, the socio-demographic characterization instrument and the one related to the personal history of smoking and consumption of illicit drugs were applied and, in the second, the AUDIT was applied.

The data were encoded and entered into the Statistical Package for the Social Sciences (SPSS) version 20.0 and analyzed using absolute (n) and relative(%) frequencies, mean and standard deviation.

Results

Sociodemographic characteristics

The sample consisted of 119 students with an average age of 20.7 years (SD 4), with a predominance of the age group from 18 to 19 years (48.7%). Of the total, 88.2% were female and 11.8% male. There was a predominance of self-declared students of black race/color (84.7%), singles (95%), socioeconomic class C (51.3%), with monthly family income of 3 to 5 minimum wages (46, 2%) and monthly personal expenditure below one minimum wage (86.6%) (Table 1).

Table 1 –Distribution of undergraduate nursing students according to sociodemographic characteristics. Salvador, Bahia, 2015.

Sociodemographic characteristics	n (%)
Age Group	
18 to 19 years	58 (48.8)
20 to 22 years	39 (32.8)
23 years or more	22 (18.4)
Sex	
Male	14 (11.8)
Female	105 (88.2)
Race/Color	
White and others	17 (14.3)
Black (Black and brown)	102 (84.7)
Marital Status	
Married/Stable Union	5 (4.2)
Single	113 (95.0)
Others (Engaged, Widower)	1 (0.8)
Socioeconomic condition	
A	2 (1,7)
B	35 (29,4)
C	61 (51,3)
D	21 (17,6)
Monthly family income	
Until 2 Minimum Wages	34 (28,6)
3 to 5 Minimum Wages	55 (46,2)
6 to 8 Minimum Wages	16 (13,4)
≥ 9 Minimum Wages	14 (11,8)
Monthly personal expenditure in minimum wages (MW)	
Until 1	103 (86,6)
1 to 2	13 (10,9)
3 and more	3 (2,5)

Pattern of consumption of tobacco, illicit drugs and alcoholic beverages

None of the students had a smoking habit, however 17.6% were passive smokers. As for the consumption of illicit drugs, one used marijuana.

Of the 119 students, 44.5% never consumed alcohol. For the 55.5% who reported alcohol use, the highest frequency of consumption was once a month (62.1%) followed by 2 to 4 times a month (34.8%). Regarding the number of doses, the consumption of 1 to 2 doses (51.5%) predominated, followed by 5 to 6 doses (24.2%). Regarding the frequency of consumption of 6 or more doses in one occasion, there was a higher proportion of students without this habit (42.4%), but 33.3% had this pattern of consumption less than once a month, 18.2% once per month and 6.1% once a week.

Most students never noticed an inability to control the use of alcoholic beverages (93.9%), never missed commitments for this reason (90.9%) and never felt the need of drinking in the morning, after excessive consumption, to feel better (98.5%) (Table 2).

Table 2 – Distribution of undergraduate nursing students according to the pattern of alcohol consumption. Salvador, Bahia, 2015.

Pattern of alcohol consumption	n (%)
How often do you drink alcohol?(n =119)	
Never	53 (44.5)
Once a month	41 (34.5)
Two to four times a month	23 (19.3)
Once to three times a week	2 (1.7)
Number of doses. glasses or bottles you usually take (n = 66)	
1 to 2 doses	34 (51.5)
3 to 4 doses	10 (15.2)
5 to 6 doses	16 (24.2)
7 doses or more	3 (4.5)
10 or more doses	3 (4.5)
Frequency of consumption of 6 or + doses on one occasion (n = 66)	
Never	28 (42.4)
Less than once a month	22 (33.3)
Once a month	12 (18.2)
Once a week	4 (6.1)
Frequency of perceived inability to control alcohol use (n=66)	
Never	62 (93.9)
Less than once a month	2 (3.0)
Once a month	1 (1.5)
Once a week	1 (1.5)
Frequency of missing appointments due to drinking (n=66)	
Never	60 (90.9)
Less than once a month	4 (6.1)
Once a month	2 (3.0)
Frequency of the need to drink in the morning after excessive consumption to feel better (n = 66)	
Never	65 (98.5)
Once a month	1 (1.5)

As for the problems related to the alcoholic beverages use, most students (78.8%) never felt guilt or remorse after consumption, 83.3% reported never having suffered the absence of remembering what happened the night before due to the alcoholic beverages, 90.8% had no losses in their personal or other people's

lives due to having drunk and 94.1% reported absence of concern or request to stop drinking by a relative, friend, doctor or other health professional (Table 3).

Table 3– Distribution of students according to problems related to alcohol consumption. Salvador, Bahia, 2015.

Problems related to consumption	n (%)
Frequency of guilt or remorse after drinking (66)	
Never	52 (78.8)
Less than once a month	9 (13.6)
Once a month	5 (7.6)
Frequency of not remembering events from the previous night due to drinking (66)	
Never	55 (83.3)
Less than once a month	6 (9.1)
Once a month	3 (4.5)
Everyday or almost everydar	2 (3.0)
Damage to personal or other person's life due to drinking (119)	
No	108 (90.8)
Yes, but not in the last year	7 (5.9)
Yes, in the last year	4 (3.4)
Concern or request to stop drinking by a relative, friend, doctor or other health professional (119)	
No	112 (94.1)
Yes, but not in the last year	3 (2.5)
Yes, in the last year	4 (3.4)

As for the risk levels and their respective interventions obtained from the AUDIT results, there was a higher proportion of students in Zone I (89.9%), but few students were found in Zone II (8.4%) and Zone III (1.7%).

Discussion

The studied group - composed of young students, mostly between 18 and 19 years old- is part of the expected age range for entering university.[3-5] The predominance of females (88.2%) corroborates with studies that investigate students in undergraduate nursing courses.[5-7] In the population, young single people predominated, which characterizes the marital status of university students.[1-8] The higher prevalence of self-declared race / black color, confirms the predominant characteristic in the population of Salvador-BA, the city locus of the study.[18]

A positive aspect identified in this study was that the newcomers to the university did not smoke, what differs of a study conducted in Bogotá, in which 24% of nursing students consumed tobacco.[8] However, a relevant proportion was

passive smokers and this condition increases the risk of cancer, atherosclerosis and reduces the respiratory functional capacity.[19]

Even at lower levels, exposure to cigarette smoke must be combated, as it is considered the third leading cause of preventable death in the world in passive smokers. Prevention measures must be implemented with students by nurses and teachers of this area, such as educational activities during academic training. The risks of staying indoors for a long time exposed to smoking pollution need to be emphasized, as well as exposure to tobacco smoke at friends' houses, at home and in public places. In addition, parents, relatives and friends should be made aware of the benefits of smoking cessation.[20]

In this study, the consumption of illicit drugs was low, differing from the national survey carried out with university students between 18 and 24 years of age, in which a higher prevalence of marijuana use was observed in the last 12 months (16.9%). This same survey showed that male university students consumed more illicit substances than women, and that the highest frequency of use of illegal substances in the last year was among university students in the area of exact sciences (15.9%), followed by human (14.3%) and biological (10%).[3]

Through an open and welcoming dialogue, at the university itself, it is recommended to assess the degree of involvement of every student with illicit drugs early and, when necessary, refer them to a specialist professional for prevention. the dependence related to the use and abuse of these drugs.[4]

In this study, although 44.5% of students had never consumed alcoholic beverages, their experimentation had already occurred for 55.5%, in the last twelve months, many times before entering university. According to the National Health Survey[2], the alcohol consumption initiation occurs earlier and earlier in almost all countries. The national survey on alcohol use among university students (2010) revealed that 86.2% reported drinking at some point in their lives, and in the last 12 months, 77.3% men and 68.0% of women had already consumed alcoholic beverage.[3]

Although more than half of students used alcohol in the past twelve months, the frequency of drinking was not high for most of them. However, two students consumed it from one to three times a week or more. The frequency of consumption found for these students was lower than that identified by the National Health Survey in 2013, as the percentage of the population aged 18 or over who consumed alcoholic beverages, once or more per week, was 24.0%.[2]

The number of doses consumed in one occasion was also not high for more than half of the sample, but the number of doses greater than five or more in one occasion was considered high for more than a third of students. This data shows that, even though the consumption frequency is low, when this students drink, they exaggerates in the doses. It is noteworthy that in relation to the frequency of consumption of six or more doses in one occasion, there was a greater proportion of students without this habit (42.4%), but 18.2% preserved this consumption once a month and 6.1% once a week. Some students are extrapolating the recommend doses when they drink- that is, at most, a daily intake of 30g of ethanol for men and 15g for women. This daily consumption, in the case of beer, is equivalent to 350 ml, 150 ml for wine and 45 ml for distilled drink (whiskey or vodka).[21]

Excessive consumption of alcoholic beverages by some students reveals the need for intervention in the academic environment, since entering university, in

order to this behavior is not aggravated during university life and that future health professionals are encouraged to adopt healthy habits throughout life.

Considered as one of the biggest public health issues, alcohol intake is also present in the Brazilian population life, as shown by the national survey of alcohol and drugs. In 2006, alcohol consumption was reported by 29% of Brazilians, in the frequency of five doses or more on a regular occasion. In 2012, there was an increase of approximately 10 percentage points, since 39% of the surveyed population declared drinking five or more drinks.[14]

In this study, data evidencing alcohol dependence by students were not found. Although there was a high frequency of students who never missed commitments due to drinking, 6.1% reported this episode less than once a month and 3.0% once a month. This finding is important when considering that the student is new to the university and needs to adapt to new academic routines, what requires his effective presence in activities.[1-3] In addition, 6% perceived an inability to control the use of alcoholic beverages from less than once a month to once a week and 1.5% identified the need to drink in the morning after "excessive drinking". Even if in small proportions, these findings can damage personal and academic life and require individual attention and monitoring to control alcohol consumption.

Problems or negative feelings related to alcohol use were not frequent. However, 21.2% reported that alcohol consumption caused guilt or remorse after drinking less or at least once a month and that 16.6% had no memory of what happened the previous night due to alcoholic beverages (3.0% every day or almost every day). These results were less pronounced when compared to those obtained from university students in the São Paulo state, where 29.3% caused shame or embarrassment to someone, 28.5% showed no memory of what happened and 26.6% was unable to fulfill their responsibilities.[22]

In addition, damage to personal life or to another person due to having drunk in the last year was identified for 9.3% of students, confirming the literature findings about the impact of drinking on the social group. This behavior was also present in students from Greece[13], São Paulo[22] and England.[23]

Regarding the concern or request to stop drinking by a relative, friend, doctor or other health professional, 5.9% of students revealed this fact in the last year. These results were similar to those found by Saridi et al. (2018) who identified that 5.4% of students received a recommendation to stop drinking by relatives, friends or doctors.[13]

Data from this investigation reveal the need for participation of both family members and nurses and other health professionals in the process of counseling and prevention of excessive alcohol use among university students.[1-14] It is recommended that specific health education programs be developed for young people at universities in order to prevent dependence, as well as to detect and refer students with problems related to drug use and abuse for treatment.[4]

Regarding the classification in risk areas of the AUDIT, students in zone I (89.9%) should be educated on alcohol consumption, in zone II (8.4%) they should receive advice on alcohol consumption and in Zone III (1.7%) they need intervention and advice on alcohol consumption and continuous monitoring.[13,17]

The approach to the treatment of alcohol use will depend on the degree of risk related to alcohol consumption. Counseling focused on behavior change

aims to help understand the emotional states that precede the use of alcohol and have been shown to be effective in reducing alcohol consumption.[22-23]

Several interventions have been pointed out by the literature for the treatment and prevention of alcohol and drug use among university students, which range from pharmacological treatments, motivational techniques, self-monitoring of alcohol to the harm reduction approach. The latter, based on the Basics method, has already been used successfully with a university students group in the United States and, in Brazil, with undergraduate students at the Universidade Estadual Paulista (UNESP) through the project living well. Basics is a program focused on moderation instead of abstinence, and aimed to reduce risky behaviors and the harmful effects of drinking through continuous changes in lifestyle. Through this method, college students learn to drink in moderation, improving their performance at university, quality of life and decreasing risk behaviors, such as unprotected sex, use of other drugs, car accidents and involvement in fights.[7,14]

The culture of our society, motivated by the media (mainly the advertising industry), influences the population alcohol consumption patterns, which means that from childhood to old age the subjects will come into contact with some type of drink, either through contact with other individuals, such as parents or at the invitation of friends at parties and meetings.[3,7,14]

In this sense, professionals should use the technology of the media and social networks as vehicles to propagate information that make university students aware of the social and academic losses arising from alcohol abuse. It is also recommended to take advantage of the university itself as a space for debate with teachers about the drug use issue, as well as for guidance on identifying students who consume alcohol and other drugs and referrals for treatment in appropriate therapeutic modalities.[1-14]

Although the consumption of tobacco, alcohol and illicit drugs was not significant among the assessed students, prevention and control in the university environment must begin with newcomers, and nursing plays a significant role in the planning, operationalization and evaluation of actions of university students who do not use these drugs.

Conclusion

Although there was no smoking habit among students, a part of them was passive smokers and the use of illicit drugs was uncommon. More than half consumed alcoholic beverages and more than a third of those who ingested alcoholic beverages consumed more than five in one occasion. AUDIT's Zone I was 89.9%, II 8.4% and III 1.7%. With the predominance of risk zone I, it is suggested to monitor drug consumption upon entering university and during academic training, as well as prevention and control actions that should be instituted by teachers collectively, individually, and in a continued way.

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