IMPLICATIONS OF THE USE OF ALCOHOL, TOBACCO AND OTHER DRUGS IN THE UNIVERSITY STUDENT'S LIFE

Implicações do uso de álcool, tabaco e outras drogas na vida do universitário

Implicaciones del consumo de alcohol, tabaco y otras drogas en la vida del universitario

Original Article

Gilmar Antoniassi Júnior[1]
Carolina de Meneses Gaya[2]

ABSTRACT

Objective: *To assess risk behaviours related to the use of alcohol and other drugs among university students.* ***Methods:*** *Cross-sectional descriptive study, conducted in 2012 in a town of Alto Paranaíba region, in Minas Gerais State, with a sample of 123 university students, who answered questionnaires containing the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), the Alcohol Use Disorders Identification Test (AUDIT), and the questionnaire on Risk Behaviours Associated with Alcohol and Other Drugs Abuse. Statistical analyses were performed with a significance level of p<0.05.* ***Results:*** *ASSIST results indicated that 50.9% (24) of the university students are alcohol users, 46.2% (56) are tobacco users, and 16.4% (4) of the marijuana users presented risk behaviours associated with drugs use, such as accidents, constraints with the law, and different diseases.* ***Conclusion:*** *The study evidenced, among the university students, risk behaviours associated with alcohol and drugs use, like accidents, constraints with the law, and non-use of condom.*

Descriptors: Illicit Drugs; Risk-Taking; Students.

RESUMO

Objetivo: *Verificar os comportamentos de risco relacionados ao uso de álcool e outras drogas entre universitários.* **Métodos:** *Estudo descritivo, transversal, realizado em 2012 em um município da Região do Alto Paranaíba, Minas Gerais, com amostra de 123 estudantes universitários, os quais responderam a questionários contendo o teste para Triagem do Envolvimento com Fumo, Álcool e Outras Drogas (ASSIST), o teste para Identificação de Problemas Relacionados ao Uso de Álcool (AUDIT) e o questionário sobre Comportamentos de Risco Associados ao Abuso de Álcool e Outras Drogas. As análises estatísticas foram realizadas com nível de significância de p<0,05.* **Resultados:** *Os resultados do ASSIST indicaram que 50,9% (24) dos universitários são usuários de álcool, 46,2% (56) são usuários de tabaco e 16,4% (4) dos consumidores de maconha apresentaram consumo de risco associado ao uso de drogas, como acidentes, constrangimentos com a lei e diferentes doenças.* **Conclusão:** *O presente estudo constatou, nos universitários investigados, comportamentos de risco relacionados ao uso de álcool e drogas, como envolvimento em acidentes, constrangimento com a lei e ausência de uso de preservativo.*

Descritores: *Drogas Ilícitas; Assunção de Riscos; Estudantes.*

RESUMEN

Objetivo: *Verificar las conductas de riesgo relacionadas al consumo del alcohol y otras drogas en los universitarios.* **Métodos:** *Estudio descriptivo y transversal realizado en 2012 en un municipio de la Región del Alto de Paranaíba, Minas Gerais, con una muestra de 123 estudiantes universitarios los cuales contestaron a cuestionarios con el teste de*

1) Patos de Minas College (*Faculdade Cidade Patos de Minas - FPM*) - Patos de Minas (MG) - Brazil

2) University of Franca (*Universidade de Franca - UNIFRAN*) - Franca (SP) - Brazil.

Received on: *10/09/2014*
Revised on: *12/16/2014*
Accepted on: *01/25/2015*

Selección del Envolvimiento con el Tabaco, el Alcohol y otras Drogas (ASSIST), el teste para la Identificación de Problemas Relacionados al consumo del Alcohol (AUDIT) y el cuestionario de Conductas de Riesgo Asociadas al abuso del Alcohol y otras drogas. Los análisis estadísticos fueron realizados con el nivel de significación de p<0,05. **Resultados:** *Los resultados del ASSIST indicaron que el 50,9% (24) de los universitarios eran usuarios del alcohol, el 46,2% (56) eran usuarios del tabaco y el 16,4% (4) de los consumidores de marihuana presentaron conductas de riesgo asociado al uso de drogas.* **Conclusión:** *El estudio constató conductas de riesgo relacionadas al alcohol y drogas en los universitarios investigados como la participación en accidentes, el constreñimiento con la ley y la ausencia del uso del condón.*

Descriptores: *Drogas Ilícitas; Asunción de Riesgos; Estudiantes.*

INTRODUCTION

Entering university is the moment of greatest vulnerability for young people, mainly due to the new experiences, the fact of being away from home, and the new bonds of friendship. It is known that social-environmental characteristics may influence drug abuse and the occurrence of risk behavior. In this sense, the university environment may favor the use of substances, due to the numerous parties containing alcohol and the social pressure to use these substances[1-3].

Additionally, for young people, the immediate effects of alcohol consumption are quite alluring and rewarding, since alcohol is perceived as a social facilitator to increase the feeling of self-adequacy and decrease anxiety[4]. Studies show that expectations related to drug use are linked to an increase in self-confidence, sociability, the feeling of happiness and relaxation, and social disinhibition[2,5].

It is observed that drug use has become increasingly recurrent in the university environment. Studies show that students present higher consumption rates than the general population. According to Brazil's National Secretariat for Policies on Drugs (*Secretaria Nacional de Políticas sobre Drogas - SENAD*), 80% of students said they had consumed some type of alcoholic beverage and 49% have tried an illicit drug at least once in their life[6,7].

It is worth noting that drug abuse can increase risk behavior, evidenced by harms caused by the exposure of family, social, legal and health problems. Studies reveal that 48.7% of students did not use condoms during their last sexual intercourses, 27.3% had headache, and 3% had slipped into an alcoholic coma. Besides favoring the failure and harms to oneself or someone else (12.8%), 1.4% of individuals reported involvement in traffic accidents, 50.7% had gastrointestinal problems, in addition to compromising the fulfillment of academic and occupational expectations[8,9,10].

Importantly, the knowledge and the identification of risk factors for drug use, as well as early intervention of substance abuse and dependence, can favor prevention and avoid the worsening of problems related to the consumption[11,12].

In order to promote the health of university students, the inclusion in academic disciplines of discussions about the National Alcohol Policy and other related laws seeks to raise awareness – in terms of education – of the responsible use of alcohol, as more than 92.7% of students had acquired habits before entering the university and 93.3% of university students live with friends, far from parents[10,13].

Health promotion actions demonstrate new knowledge and attitudes to face the drug problem, one of them being the harm reduction strategy. For prevention programs to exercise the role of health promoters, they should be in line with the sociocultural reality of each society, being adapted to each age, particularly in terms of local language and culture[14].

Health prevention requires early action based on knowledge, and projects of health prevention and education are developed based on the dissemination of scientific information and normative suggestions of habits change[15,16]. However, it should be considered that only preventive measures are not sufficient to prevent or reduce drug abuse; it becomes imperative to reflect on health promotion actions[17].

There are numerous difficulties involving health promotion and prevention of drug use in Brazil[18]. A program designed for that purpose needs to understand humanity's almost inevitable quest for pleasure and for something that produces some different feeling[19].

The theme at issue exposes a worldwide concern due to the high number of problems associated with drug abuse involving university students.

Given the above, the objective of the present study was to assess risk behaviors related to alcohol and other drugs among university students.

METHODS

It is a descriptive cross-sectional research conducted in 2012 with university students of a college located in a municipality in the Alto Paranaíba region in the state of Minas Gerais, Brazil.

The inclusion criteria for the study encompassed university students over 18 years old, of both sexes, who were regularly enrolled in any undergraduate course of the

institution and agreed to participate in the study by signing the Free Informed Consent and Form (FICF). The study excluded students who participated in the questionnaire pre-test and did not meet the inclusion criteria or erased the research instruments.

Based on the enrollment list offered by the institution, the population comprised 1,266 students. The selection of members for the sample was performed at random by drawing lots, with the election of the first 10 names on the enrollment list to start the draw. From the first name drawn, we counted 10 others to draw the second one, and so on, until reaching the end of the list. Thus, a total of 150 students were invited to participate in the study, 123 of whom met the inclusion criteria.

As data collection instrument, we used a structured questionnaire with 45 questions about sociodemographic characteristics, relationship with the social and university context, general health, use of alcohol and other drugs, and risk behaviors associated with drug use, based on the literature[20-22]. We also used the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)[23] and the Alcohol Use Disorders Identification Test (AUDIT)[24].

The students were invited to attend, at a specified day and time, the Clinical School of Psychology (*Clínica Escola de Psicologia*) of the college assessed in order to answer the instruments, all of which are self-administered, to perform the collection, which occurred in the period of one week, dividing the participants into groups of up to 15 people. The collective application of the instruments took place in a private room, in which there were two ballot boxes in different locations: one for the FICF and the other for the instruments.

Students were instructed by the researcher to first withdraw the FICF, fill out the information and then immediately deposit it into the ballot box after signing it. Next, they should take the envelope and deposit it into another ballot box; then, they could leave the room. The average time spent in application of the instruments was 50 minutes.

The variables expressed in ASSIST refer to the use of nine classes of psychoactive substances: tobacco, alcohol, cannabis, cocaine, stimulants, sedatives, inhalants, hallucinogens and opioids. The questions address: the frequency of use of these substances in lifetime and in the last three months; the problems related to the use; the concern expressed by someone close to the user; inferences with role responsibilities; the failed attempts to cut down or stop use; the strong desire or urge to use the substance, and the injection of substances.

AUDIT is a questionnaire that assesses alcohol consumption during the last 12 months. The first three questions enable the assessment of the quantity and frequency of use; the following three questions point to the occurrence of symptoms of dependence; the last four address problems in life related to alcohol consumption[23,24].

The questionnaire was structured with 45 questions divided into: sociodemographic characteristics, relationship with the social and university context, use of alcohol and other drugs, risk behaviors associated with alcohol and other drugs, and questions on general health. Risk behaviors referred to those that caused any harms to the university student over the past 12 months, such as: involvement in accidents or conflicts, problems with the law, driving under the influence of a drug, drug use and sex intercourse, any harms to themselves or to others.

Data were directly entered in Epi Info® software, version 3.5.2 (25), creating a database that was subsequently treated by means of descriptive statistics and frequencies between the variables studied by the Chi-squared test, respecting the significance level of $p \leq 0.05$, with a 95% confidence interval.

It is important to highlight that the participants were totally free to refuse to participate or withdraw consent at any time during the study without any problems or embarrassment. Moreover, it was guaranteed the confidentiality of information and anonymity of the participants according to the ethical standards for research involving human beings, respecting Resolution 466/12 of the National Health Council. The study was authorized by the Human Research Ethics Committee of the University of Franca (Opinion No. 177.941) and the Board of Directors of the higher education institute investigated through written consent.

RESULTS

According to the structured questionnaire, it was observed in this study an increased participation of health sciences students, who accounted for 92% (n=113) of the total sample of 123 university students who completed all research questionnaires. There was an expressive enrollment of students in 2010 – 44.7% (n=55), in 2012 – 31.7% (n=39), and along the years 2008, 2009 and 2011 – 23.6% (n=29).

According to the profile of students, they were predominantly female (62.6%; n=77), aged 18-27 years (75.6%; n=93), single (78.9%; n=97), lived with parents (54.5%; n=67), were catholic (73.2%; n=90), belonged to socioeconomic class B (58.2%; n=71) and did not have a paid job (62.6%; n=77).

Regarding the involvement with alcohol and other substances, it was verified that 89.4% (n=110) of the

university students consumed alcohol, 42.3% (n=52) smoked tobacco and 20.3% (n=25) smoked cannabis. The use of inhalants, hypnotics and/or sedatives was reported by 10.6% (n=13) of the participants, and the use of cocaine and/or crack was reported by 8.9% (n=11).

As to ASSIST, among users of alcohol, 27.3% (n=30) used it monthly, 23.6% (n=26) weekly and 0.9% (n=1) daily. It was verified that 71.4% (n=10) of smokers smoked ten or less cigarettes per day and smoked the first cigarette 60 minutes after waking up. With regard to the use of other substances, the majority of users – 80% (n=13) – used them occasionally (less than once a month) and only 1.6% (n=2) kept a frequent use.

According to the results of AUDIT, 40% (n=35) of alcohol users presented a risky consumption or dependence. According to the results of ASSIST, 50.9% (n=56) of alcohol users, 46.2% (n=24) of tobacco users, 30.8% (n=4) of hypnotics and/or sedatives users needed brief intervention; 100% (n=7) of amphetamine users, 100% (n=13) of inhalants users, 100% (n=6) of hallucinogens users and 100% (n=2) of opioids users presented indication for intensive treatment. These results are shown in Table I.

With regard to the locations of highest frequencies of alcohol consumption, according to the questionnaire data concerning the characteristics of alcohol consumption, the bars and discos were reported by 70.9% (n=78) of the students, followed by the house of friends and relatives – 60.9% (n=67). It was found that 74.5% (n=82) of the students have been drunk at least once in life, and 19.2% (n=20) had been drunk for the last time last month.

As to the simultaneous use of alcohol and other substances, 77% (n=85) of the students who drank made use of alcohol with other substances, such as tobacco, energy drinks, cannabis, cocaine, *merla*, crack, tranquilizers, amphetamines, antidepressants, barbiturates, anticholinergics, ecstasy and synthetic drugs. Alcohol consumption associated with the use of energy drinks – 51.8% (n=44) – and cigarettes – 36.5% (n=31) – were the most frequent among university students. The other have not presented significant values.

Considering the objective of the study, we sought to verify risk behaviors related to alcohol and other substances among university students, and the implications in the lives of respondents. It was found that 40% (n=44) of university students had driven under the influence of alcohol in the last year, 68.2% (n=75) of alcohol users hitched a ride with drunk drivers and 16.4% (n=18) were involved in accidents. Among nonusers of alcohol, 46.2% (n=6) hitched a ride with a drunk driver.

Following the purpose of the study, with regard to the harmful effects of alcohol consumption, it was found that 38% (n=21) of users reported problems in social life, 35% (n=18) with their life goals, 37% (n=21) in relationships, 24% (n=13) financial problems, 17% (n=9) problems at work, and 37% (n=20) reported health-related problems. With regard to academic problems, the results indicated that 16.4% (n=18) of alcohol users and 14.3% (n=4) of users of other substances had occasionally had problems with activities due to the use.

One of the most frequent risk behaviors associated with drug use is the unprotected sexual intercourse. Considering the implications of this behavior, we sought to observe its occurrence keeping the study proposal; we verified that 94.3% (n=105) of students had sex, and most of them – 64%

Table I - Distribution of university students according to types of intervention needed, obtained through the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). Alto Paranaíba Region, MG, 2012.

Psychoactive Drugs	Brief intervention [n (%)]	More intensive treatment [n (%)]	No Intervention [n (%)]
Tobacco derivatives (n=52)	24 (46.2)	3 (5.8)	25 (48.1)
Alcoholic beverages (n=110)	56 (50.9)	7 (6.4)	47 (42.7)
Cannabis (n=25)	4 (16)	2 (8)	19 (76)
Cocaine, crack (n=11)	1 (9.1)	1 (9.1)	9 (81.8)
Amphetamines or ecstasy (n=7)	-	7 (100)	-
Inhalants (n=13)	-	13 (100)	-
Hypnotics/sedatives (n=13)	4 (30.8)	1 (7.7)	8 (61.5)
Hallucinogens (n=6)	-	6 (100)	-
Opioids (n=2)	-	2 (100)	-
Other (n=1)	-	1 (100)	-

n=number; %=percentage

(n=67) – did not use (or used sometimes only) condoms during intercourse. It should be considered that most (78.1%; n=82) of students reported they had never done an HIV test. It was observed that 32.9% (n=27) of alcohol users and 38.9% (n=7) of the users of other substances did not use condoms when they were under the influence of the substance and did not undergo HIV testing. It was also found that 34.3% (n=36) of alcohol users and 14.3% (n=4) of the users of other substances made use of these substances to stimulate the sexual relation.

DISCUSSION

It was observed in this study that a large percentage of students (89.4%) has tried alcohol throughout life, being the most used drug in the university environment. Similarly, studies conducted with health sciences students found that about 90% of the participants reported using alcohol in lifetime[25-27].

It should be highlighted that entering the university may represent an important risk factor for drug use and abuse[1,20,28]. It must be considered that the easy access and the constant encouragement of alcohol consumption in festive and social environments involving university students can favor and expand the consumption of alcohol among students[29,30]. In addition to alcohol consumption, there is a very frequent use of illicit substances, particularly cannabis[30]. It should be considered that for many students, leisure is associated with drug use[27,29].

According to the AUDIT classification, it was observed in the present study a higher frequency of low-risk alcohol consumption among students; however, a significant portion of students presented risky consumption and problems in life related to the use. These results are consistent with another study conducted with university students[8]. It must be considered that university students considered abusive drinkers exceptionally see their consumption as excessive or potentially problematic. This undermines the perception of the potential risks involved in the use and decreases the motivation to reduce the harmful habits[8.31].

Thus, there is a need for educational programs on drug abuse in addition to public policies for restriction on alcohol consumption, as the present study found that 35% of university students already had problems in social life, confirmed by data similar to the study in which 72.8% of the students felt unwell due to the use of alcohol[3.31].

With regard to evidence on the use of tobacco, 42.3% of the university students in the present study reported they have tried cigarettes and about 26% were current smokers. Similar data have been highlighted in the First National Survey on the Use of Alcohol, Tobacco and Other Substances among University Students of the 27 Brazilian Capital Cities (*I Levantamento Nacional sobre o Uso de Álcool, Tabaco e Outras Drogas entre Universitários das 27 Capitais Brasileiras*), which revealed that 46.7% of the students assessed had tried tobacco[28]. US epidemiological studies have indicated that approximately 30% of university students reported having used tobacco in the past month[25].

It was observed that the majority of users had occasionally used drugs other than alcohol and tobacco. In fact, studies have shown an increase in the recreational use of drugs among university students, especially in festive events, accompanied by friends[32-34]. In addition, it was identified a simultaneous use of alcohol, energy drinks, tobacco, cannabis and cocaine, confirmed in studies that found that the use of multiple drugs at the same time increases the risk of health implications[28,35].

These results point to the need for universities to formalize student guidance and support services, particularly in relation to drug use. The present study showed that a significant number of students presented risk behaviors associated with drug use. These results were also similar to those of a survey conducted with university students in 27 Brazilian capital cities, which showed that the risk of university students driving under influence is four times higher among those who consumed alcohol at moderate levels compared to those who had consumed one single dose. It also showed that students who drink five or more doses are 4.5 times more likely to be involved in a traffic accident[28]. It is worth noting that the discussion on the harmful use of alcohol and other drugs should consider a broader context – not only the effects of alcohol on the individual's health, but all the harmful consequences that consumption can cause[36].

Furthermore, it is known that one of the most frequent risk behaviors associated with drug use is sexual intercourse without condoms[37], and in the present study there was prevalence of this behavior among users and nonusers. Surprisingly, despite being at risk of contracting a sexually transmitted disease (STD), most students investigated in the current study had never done an HIV test.

Studies with university students who use drugs show that drunk individuals are more likely to have sex without a condom than individuals who are not drunk[38]. The exposure to the risk of contracting an STD is a serious public health problem in almost every country in the world[37-39]. The data presented in this study showed that 78.1% of the university students have sex but do not undergo HIV testing, a fact that draws attention to the need to develop and review health prevention and promotion actions to raise university students' awareness of risk behaviors using the dialogue as the main tool[16,39].

It is necessary to emphasize that the present study had limitations that could have been explored better, such as seeking an egalitarian sample of university students in order to compare the results. In addition, statistical analysis using the chi-squared test showed that there was no significance in the variables compared.

It is of utmost importance to reflect on effective intervention strategies, such as: approaching the "freshmen"; tracking problems related to drug use among students; promoting debates to encourage discussion about the responsible use of alcohol, risk behaviors and the consequences of harmful use; fostering a closer relationship between students who present with behaviors considered risky and the faculty.

The present study found that a significant number of students presented risky consumption and risk behavior associated with drug use, confirming that the university student is more susceptible to problems related to substance use. Moreover, it pointed out that the university students already have problems in life related to drug use, which may indicate that it is associated with parties and contexts that favor the experimentation and use. These data indicate a wide road ahead, both in science and public policies on drug use and risk behaviors among university students. It should be considered, above all, the important role of the university in developing actions that allow the awareness and prevention of drug use among university students.

CONCLUSION

The present study found – in the university students assessed – risk behaviors related to alcohol and drug use, such as accident involvement, problems with the law and lack of condom use. The fact exposes the vulnerability of university students regarding health care.

ACKNOWLEDGMENTS

To the colleagues from the Master and Doctoral Program in Health Promotion of the University of Franca and Patos de Minas College. TO Renata Ferreira dos Santos Nayara e Franciele Lima.

REFERENCES

1. Wagner GA, Andrade AG. Uso de álcool, tabaco e outras drogas entre estudantes universitários brasileiros. Rev Psiquiatr Clín. 2008; 35(Supl 1):48-54.
2. Porto GM, Soares TK, Coutinho LTM, Carreiro DL, Santos CA, Coutinho WLM. Uso ocasional, abusivo o dependência de sustancias psicoactivas entre los estudiantes de un curso de graduación em fisioterapia. Rev Dig EFDeportes.com. 2012;17(170):1.
3. Hauck Filho N, Teixeira MAP. Motivos para beber e situações de consumo de bebidas alcoólicas: um estudo explortatório. Mudanças. 2012;20(1-2):1-6.
4. Brito HC, Nóbrega AF. Programa de redução de Danos: perspectiva histórica e uma análise compreensiva das práticas antes e depois da lei nº 11.343/06. Rev Interfaces. 2013; 1(2):1-23.
5. Musse AB. Apologia ao uso e abuso de álcool entre universitários: uma análise de cartazes de propagandas de festas universitárias. SMAD Rev Eletrônica Saúde Mental Álcool Drog. 2008;4(1):1-10.
6. Marangoni SR, Oliveira MLFO. Uso de Crack por multípara em vulnerabilidade social: história de vida. Ciênc Cuid Saúde. 2012;11(1):166-72.
7. Ministério da Justiça (BR), Secretaria Nacional de Políticas sobre Drogas, Centro Brasileiro de Informações sobre Drogas Psicotrópicas. Livreto Informativo sobre Drogas Psicotrópicas. 5ª ed. Brasilia: CIBRID/SENAD; 2011.
8. American Psychiatry Association. Diagnostic and Statistical Manual of Mental disorders - DSM-5. 5Th ed. Washington: American Psychiatric Association; 2013.
9. Hacuck Filho N, Teixeira MAP. Funcionamento diferencial do item no Alcohol Use Disorders Idenfication Test. Aval Psicol. 2013;12(1):19-25.
10. Baumgarten LZ, Gomes VLO, Fonseca AD. Consumo alcoólico entre universitários(as) da área da saúde da Universidade Federal do rio Grande/RS: subsidios para enfermagem. Esc Anna Nery Rev Enferm. 2012;16(3):530-53.
11. Gobierno Nacional de la República de Colombia. Instituto Colombiano de Bienestar Familiar. Dirección Nacional de Estupefacientes. Estudio nacional de consumo de sustancias Psicoactivas en adolescentes en conflicto Con la ley en colombia. Bogotá: DC; 2010.
12. Sodelli M. Drogas e ser humano: a prevenção do possível. In: Conselho Regional de Psicologia da 6ª Região. Álcool e Outras Drogas. São Paulo: CRPSP; 2012. p. 15-21.
13. Ramis TR, Mielke GI, Habeyche EC, Oliz MM, Azevedo MR, Hallal PC. Tabagismo e consumo de álcool em estudantes universitários: prevalência e fatores associados. Rev Bras Epidemiol. 2012;15(2):376-85.
14. Zemel MLS. Prevenção - novas formas de pensar e enfrentar o problema. In: Ministério da Justiça

(BR), Secretaria Nacional de Políticas sobre Drogas. Prevenção ao uso indevido de drogas: capacitação para conselheiros e lideranças comunitárias. 4ª ed. Brasília: SENAD; 2011.

15. Oliveira MAF, Sócrates BA, Alves DC. Políticas públicas sobre drogas: situação atual, desafios e perspectivas. In: Conselho Regional de Psicologia da 6ª Região. Álcool e outras drogas. São Paulo: CRPSP; 2012. p. 95-108.

16. Freires IA, Gomes EMA. O papel da família na prevenção ao uso de substâncias psicoativas. Rev Bras Ciênc Saúde. 2012;16(1):99-104.

17. Czeresnia D, Freitas CM, organizadores. Promoção da Saúde: conceitos, reflexões, tendências. Rio de Janeiro: Ed. Fiocruz; 2014.

18. Medina G. Drogas e juventude: outro caminho. In: Conselho Regional de Psicologia da 6ª Região. Álcool e outras drogas. São Paulo: CRPSP; 2012. p. 115-21.

19. Silva EA. Intervenções clínicas: o uso, abuso e dependência de drogas. In: Conselho Regional de Psicologia da 6ª Região. Álcool e outras drogas. São Paulo: CRPSP; 2012. p. 35-40.

20. Wagner GA, Barroso LP, Stempliuk VA, Andrade AG. Álcool e drogas: terceira pesquisa sobre atitudes e uso entre alunos na Universidade de São Paulo. Campi Cidade Universitária, complexo de Saúde e Faculdade de Direito. In: Andrade AG, Duarte PCAV, Oliveira LG. I Levantamento Nacional sobre o Uso de Álcool, Tabaco e Outras Drogas entre Universitários das 27 Capitais Brasileiras. Brasilia: SENAD; 2010. p. 129-147.

21. Nunes JM, Campolina LR, Vieira MA, Caldeira AP. Consumo de bebidas alcoólicas e prática do binge drinking entre acadêmicos da área da saúde. Rev Psiquiatr Clín. 2012;39(3):94-9.

22. Ortega-Pérez CA, Costa-Júnior ML, Vasters GP. Perfil epidemiológico da toxicodependência em estudantes universitários. Rev Latinoam Enferm. 2011;19(Nespe):665-72.

23. Henrique IFS, De Michele D, Lacerda RB, Lacerda LA, Formigoni MLOS. Validação da versão brasileira do teste de triagem do envolvimento com álcool, cigarro e outras substâncias (ASSIST). AMB Rev Assoc Med Bras. 2004;50(2):199-206.

24. Figlie NBP, Neliana B, Pillon SC, Laranjeira RR, Dunn J. Audit identifica a necessidade de interconsulta específica para dependentes de álcool no hospital geral? J Bras Psiquiatr. 1997;46(11):589-93.

25. Centers for Disease Control and Prevention. [homepage na Internet]. Download Epi Info. [accessed on 2013 Feb 07]. Available at: http:// http://www.cdc.gov/

26. United Nations Office on Drug and Crime. World Drug Report 2012. New York, United Nations; 2012.

27. Pedrosa AAS, Camacho LAB, Passos SRL, Oliveira RVC. Consumo de álcool entre estudantes universitários. Cad Saúde Pública. 2011;27(8): 1611-21.

28. Andrade AG, Duarte PCAV, Oliveira LG. I Levantamento Nacional sobre o Uso de Álcool, Tabaco e Outras Drogas entre Universitários das 27 Capitais Brasileiras. Brasília: SENAD; 2010.

29. Fortesk R, Faria JG. Estratégias de redução de danos: um exercício de equidade e cidadania na atenção a usuários de Drogas. Rev Saúde Pública Santa Catarina. 2013;6(2):78-91.

30. Nicastri S, Oliveira LG, Wagner GA, Andrade AG. Prevalência e padrão de uso de tabaco e outras drogas (exceto álcool): estimativa de abuso e dependência. In: Andrade AG, Duarte PCAV, Oliveira LG. I Levantamento Nacional sobre o uso de álcool, tabaco e outras drogas entre universitários das 27 capitais brasileiras. Brasilia: SENAD; 2010. p. 53-82.

31. Carvalho DA, Gomes RIB, Sousa VEC, Sardinha AHL, Costa Filho MR. Hábitos alcoólicos entre Universitários de uma instituição Pública. Ciênc Cuid Saúde. 2011;10(3):571-7.

32. Manzatto L, Rocha TBX, Vilela Jr GB, Lopes GM. Consumo de álcool e qualidade de vida entre estudantes universitários. Rev Conexões. 2011;9(1):37-53.

33. Silva BP, Sales CMM, França MG, Siqueira MM. Uso do tabaco entre estudantes de enfermagem de uma faculdade privada. SMAD Rev Eletrônica Saúde Mental Álcool Drog. 2012;8(2):64-70.

34. Martinho AF. Uso de álcool e drogas por acadêmicos dos cursos de Enfermagem, Biologia e Medicina da Pontifícia Universidade Católica de São Paulo. Rev Fac Ciênc Méd. 2009;11(1):11-5.

35. Araújo LF, Sá EC, Amaral EB, Azevedo RLW, Lobo Filho JG. Estudo Psicossocial da Maconha entre Adolescentes do Arquipélago de Fernando de Noronha-PE. Psico (Porto Alegre). 2013;44(2):160-6.

36. Presidência da República (BR), Secretaria Nacional Antidrogas. Legislação e políticas públicas sobre drogas no Brasil. Brasília: SENAD; 2011.

37. Reis IF, Silva JLL, Andrade M. Utilização da Política de redução de danos de álcool e outras drogas em saúde da família. Inf Prom Saúde. 2010;6(2):16-9.

38. Giacomozzi AI. Social representation of drugs and vulnerability of CAPSad users to HIV/AIDS. Estud Pesqui Psicol. 2011;11(3):776-95.

39. Gomes VLO, Amarijo CL, Baumgarten LZ, Arejano CB, Fonseca AD, Tomaschewski-Barlem JG. Vulnerability of nursing and medicine students by ingestion of alcoholic drinks. Rev Enferm UFPE On line. 2013;7(1):128-34.

Mailing address:
Gilmar Antoniassi Júnior
Rua Major Gote, 1901, 2º Andar/ Unidade Shopping
Bairro: Centro
CEP: 38700-001 - Patos de Minas - MG - Brasil.
E-mail: jrantoniassi@bol.com.br