

Nursing Students And Alcohol Consumption In The University Context

Estudantes de Enfermagem e o Consumo de Álcool no Contexto Universitário

Estudiantes De Enfermería Y Consumo De Alcohol En El Contexto Universitario

RESUMO

Objetivo: Identificar o padrão de consumo etílico por estudantes de enfermagem. Método: Estudo do tipo exploratório, com abordagem qualitativa, tendo como participantes estudantes do curso em Enfermagem. O instrumento de coleta de dados foi o Alcohol Use Disorders Identification Test. Resultados: Através das respostas coletadas com o emprego do Alcohol Use Disorders Identification Test, apresentaram-se 10 alunos (55%) na Zona 1, 4 (22%) na Zona II, 3 (17%) na Zona III e 1 (6%) na Zona IV. Conclusão: Identificou-se que 45% (8) dos estudantes participantes do estudo apresentam padrão de consumo acima do ideal. Desse total, 6% (1) apresenta padrão associado à dependência etílica. Destaca-se a necessidade de se reforçar a importância tanto da sociedade, quanto da família e da academia na prevenção e acolhimento a esse estudante que se apresenta em um elevado nível de vulnerabilidade.

DESCRIPTORIOS: Estudantes de Enfermagem; Consumo de álcool na faculdade; Redução do dano.

ABSTRACT

Objective: To identify the alcohol consumption pattern of nursing students. Method: Exploratory study with a qualitative approach, with nursing students as participants. The data collection instrument was the Alcohol Use Disorders Identification Test. Results: Based on the responses collected using the Alcohol Use Disorders Identification Test, 10 students (55%) were in Zone 1, 4 (22%) in Zone II, 3 (17%) in Zone III and 1 (6%) in Zone IV. Conclusion: It was identified that 45% (8) of the students participating in the study had a consumption pattern above the ideal. Of this total, 6% (1) had a pattern associated with alcohol dependence. It is important to emphasize the importance of society, family and academia in preventing and supporting these students who are highly vulnerable.

DESCRIPTORS: Nursing students; Alcohol consumption in college; Harm reduction.

RESUMEN

Objetivo: Identificar el patrón de consumo de alcohol en estudiantes de enfermería. Método: Estudio exploratorio, con enfoque cualitativo, con estudiantes del curso de Enfermería como participantes. El instrumento de recolección de datos fue el Alcohol Use Disorders Identification Test. Resultados: A través de las respuestas obtenidas mediante el Alcohol Use Disorders Identification Test, se presentaron 10 estudiantes (55%) en la Zona 1, 4 (22%) en la Zona II, 3 (17%) en la Zona III y 1 (6%) en la Zona IV. Conclusión: Se identificó que el 45% (8) de los estudiantes participantes del estudio presentan un patrón de consumo superior al ideal. De este total, el 6% (1) presenta un patrón asociado a la dependencia alcohólica. Se destaca la necesidad de reforzar la importancia tanto de la sociedad como de la familia y la academia en la prevención y apoyo a estos estudiantes que se encuentran en un nivel elevado de vulnerabilidad.

DESCRIPTORIOS: Estudiantes de Enfermería; Consumo de alcohol en la universidad; Reducción de daños.

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- ID** **Marcela Pimenta Guimarães Muniz**
Doctorate in Care Sciences. Department of Maternal-Child and Psychiatric Nursing, Aurora de Afonso Costa School of Nursing, Fluminense Federal University (DEP/EEAAC/UFF).
ORCID: <https://orcid.org/0000-0002-8615-7513>
- ID** **Yasmin Iide Batista**
Nurse Specialist in Surgical Nursing, State University of Rio de Janeiro (UERJ).
ORCID: <https://orcid.org/0000-0002-0265-2585>
- ID** **Amaralina Pimenta Muniz**
Master in Health Education. Nurse at the National Cancer Institute (INCA).
ORCID: <https://orcid.org/0000-0001-5994-3239>
- ID** **Eluana Borges Leitão de Figueiredo**
Doctorate in Care Sciences. School of Nursing, Rio de Janeiro State University (UERJ).
ORCID: <https://orcid.org/0000-0002-5462-3268>
- ID** **Eliane Oliveira de Andrade Paquiela**
Doctorate in Care Sciences. School of Nursing, Rio de Janeiro State University (UERJ).
ORCID: <https://orcid.org/0000-0002-0916-9203>

INTRODUCTION

Due to the increase in alcohol consumption perceived by nursing students and the weakness of academic research on the subject, it is important to seek the causes for this phenomenon. This is an excerpt from a final course work.

When entering higher education, "the individual is faced with the need to make decisions that will shape their future, in addition to being exposed to a world of new discoveries and experiences, and the formation of new bonds"⁽¹⁾, in addition to "the need to adapt to new school demands and obligations, the social and occupational responsibilities that make up the learning process, the need for better organization of daily tasks, interaction with other colleagues and frequent challenges regarding professional and personal choices"⁽²⁾ it's also a stress factor for this student. Some, when leaving their parents' home, moving to another city or even state, are faced with situations that are completely dissociated from their daily lives until then, with the prospect of greater freedom outside the parental home, becoming vulnerable to a range of experiences and the consumption of substances that were previously unknown, or not.

Young people go through many changes when they enroll in a higher education

course at a public university, and nursing school is no exception. During their undergraduate studies, from passing the entrance exam to graduating, many situations that students experience end up changing their lifestyle habits. At various times, the influence of peers is present, demonstrating their importance in the environment in which the university student finds himself.⁽³⁻⁴⁾

Some, when leaving their parents' home, moving to another city or even state, are faced with situations completely dissociated from their daily lives until then with the prospect of greater freedom outside the parental home, becoming vulnerable to a range of experiences and the consumption of substances that were previously unknown, or not.

Drinking, at this moment, plays a role in the socialization of this young university student⁽⁵⁾, who uses alcohol in festive activities such as "beer parties, known as chopadas", bars and republics due to its ease of access and popular acceptance, with its consumption often being trivialized and carried out in an unbridled manner.⁽¹⁾

The complexity of the course, the extensive workload and the constant (self) pressure on the student often end up making the university environment, which should play a role in the development of

the professional and be the basis of their training, sometimes the trigger for pathological processes, when there is an exacerbation of the problem of academic stress in students.⁽⁶⁾

Thus, this research was justified due to the increase in alcohol consumption among young people demonstrated in the literature^(1,4,8), and, paradoxically, due to the small number of studies related to the topic. This fragility of academic production on the topic of study is negatively surprising due to the relevance of the subject and the risks associated with the indiscriminate use of alcohol. Since it is a substance that has harmful effects both in the short term and in the long term, in the form of several chronic diseases, its impact should be noted not only on the life of the academic and the environment in which they are inserted, but also on public health, on their role as future nursing professionals and on society as a whole.

This study aimed to identify the pattern of alcohol consumption by nursing students through the Alcohol Use Disorders Identification Test questionnaire.

METHOD

This was an exploratory study with a qualitative approach. The data collection setting was a school offering an under-

graduate nursing course at a university located in the metropolitan region of Rio de Janeiro.

The study participants were undergraduate nursing students, and the following inclusion criteria were met: being a student in the final semester of the undergraduate course (since they had already completed the other stages of the course); and students who gave their express informed consent to participate in the study in accordance with applicable legislation. The exclusion criteria were: the student had recently returned from one or more

periods of enrollment suspension, since this student had been away from the academic world on the eve of data collection. Data collection was performed after the student had received information about the study and signed the Free and Informed Consent Form (FICF) and then administered the Alcohol Use Disorders Identification Test (AUDIT) questionnaire ⁽⁹⁾ with 18 students from the final year of their undergraduate studies.

This research was submitted to the Research Ethics Committee in accordance with current legislation on studies involv-

ing human beings (Resolution 466/2012 of the National Health Council) and received approval under number 2,617,378, CAAE:83646018.6.0000.5243.

RESULTS

The overall sample was defined as 18 students in the final period of the undergraduate Nursing course.

According to the scores measured with the questionnaires, the literature ⁹ indicates the following risk parameters:

Table 1 - SEQ * ARABIC 1 - Risk levels

Zone I	<i>Abstinence or risk-free consumption. Intervention not necessary or simple information about the risks of alcohol consumption.</i>	0 a 07
Zone II	<i>Risky consumption. Advice required</i>	08 a 15
Zone III	<i>Harmful consumption or even dependence. Treatment by a family doctor (brief intervention and monitoring).</i>	16 a 19
Zonae IV	<i>Dependence. Specialist treatment advised (if available).</i>	20 a 40

Source: Parameters extracted from the Test for Identifying Problems Related to Alcohol Use developed by Babor TF, Higgings-Biddle JC, Saunders JB and Monteiro MG ⁹.

Through the responses collected using AUDIT, 10 students (55%) were in Zone I, 4 (22%) in Zone II, 3 (17%) in Zone

III and 1 (6%) in Zone IV, as illustrated in table 2 below.

Tabela 2 - Respostas ao questionário AUDIT pelos estudantes

Question 1	1	1	1	1	2	3	3	2	2	2	2	2	2	3	3	3	3	3
Question 2	0	1	1	1	1	0	0	1	2	1	3	2	3	2	4	4	4	3
Question 3	0	1	0	0	1	2	2	1	1	1	2	2	1	2	3	3	3	3
Question 4	0	0	0	0	0	0	0	0	1	0	0	1	0	0	3	3	3	1
Question 5	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	3
Question 6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	1	0
Question 7	0	0	0	0	0	0	1	1	0	1	0	1	2	1	0	2	2	4
Question 8	0	0	0	1	0	0	0	1	1	1	1	1	2	1	0	2	2	2
Question 9	0	0	1	0	0	1	0	0	0	1	1	0	0	0	1	0	0	0
Question 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	1	2
Results	2	3	3	3	4	6	6	6	7	7	9	9	10	12	18	19	19	21

Source: Collection of this researched data collected.

Among the graduates, those classified in Zone I (10 students, 55%), it is clear that most of the scores refer to the initial questions. However, it is noted that 6 of them also scored between questions 7 and 10 which, according to Babor⁽⁹⁾, Higgins-Biddle, Saunders and Monteiro 9, indicate that alcohol-related harm has already been or is being experienced, suggesting discussion about the need for monitoring for this individual.

In the results of the responses to the AUDIT that point to Zone II, there are 4 subjects (22%), which already highlights the need for counseling regarding risky consumption. It is also observed that there are students with responses that point to Zones III and IV, 3 and 1 person, respectively. These participants show results that suggest harmful consumption or even alcohol dependence, with treatment with a family doctor, brief intervention and monitoring (Zone III) or specialized treatment if available (Zone IV) being indicated.

DISCUSSION

Drinking, at this moment, plays a role in the socialization of this young university student⁽⁵⁾ who uses alcohol in "chopadas", bars and dormitories due to its ease of access and popular acceptance, with its consumption often being trivialized and carried out in an unbridled manner.⁽¹⁾ Alcohol, often seen as a coping factor, is associated with relief, pleasure and status⁽²⁾, ends up exposing the user to greater risks than if they were sober, such as violence, reckless driving, unprotected sex, decreased academic performance, unplanned pregnancy, among others.

In general, when this study found that more than 50% of the participants (8 students) scored above the cutoff score (8 points), there is a need to re-evaluate the system in which the students are inserted.

Reflecting the trend presented in the assessment instrument by Babor, Higgins-Biddle, Saunders and Monteiro⁽⁹⁾:

In most cases, the total score on the AUDIT will reflect the level of alcohol-related risk. In general health care settings and in community surveys, most patients will score at the cut-off points and may be considered to be at low risk of alcohol-related problems. A smaller, but still significant, proportion of the population will likely score above the cut-off points but will score most of their scores on the first three questions. A much smaller proportion may score very high, with scores on the dependence-related questions as well as exhibiting alcohol-related problems.⁽⁹⁾

Observing that most graduates have high scores, one wonders why and in what situations these students are inserted in this moment of transition between academia and the job market. Of these, many study and take the residency exam, spend a large part of the week in internships and tutoring, in addition to carrying out activities to prepare the final project.

It was possible to observe that the results follow the pattern of another study where consumption increased as the degree progressed 1, however, other studies show that the standard at the university where the study was carried out differs, making it possible to inquire about the factors to which these students are exposed.^(2,5)

Both Brief Intervention and Expanded Clinic can benefit this student who scored higher than 8 on the AUDIT⁽⁹⁾, mainly from Zone III onwards. Both strategies are characterized by helping the individual to take responsibility for their choices and are based on the autonomy and protagonism of the subject in their care. Both can act both in prevention and in reducing use, thus having an impact on this professional in training.

Since alcohol intake can in many

cases occur due to its social acceptance, easy access or peer influence, it is necessary to develop strategies to reduce risks to the user or even create alternatives to deal with stressful situations to which they are subjected so that this and other substances are not used as the main coping strategy by these young people.⁽²⁾

The complexity of the course, the extensive workload and the constant pressure on students often end up making the university environment, which should play a role in the development of professionals and be the basis of their training, sometimes the trigger for psychological suffering, when there is an exacerbation of the problem of academic stress in students.⁽⁶⁾

It is also worth highlighting stress and burnout as causes of absenteeism, low academic performance, low concentration and memorization capacity, in addition to the decrease in the quality of care provided during internships⁽⁶⁾ there is still recreational alcohol intake with the aim of "relaxing and coping with the overloads, pressures and wear and tear of academic activities"⁽¹⁾, characterizing, then, as a strategy for coping with stress.⁽²⁾

It is also worth highlighting the presence of actions present in the National Health Promotion Policy⁽¹⁰⁾ that could benefit this subject either through educational and awareness-raising actions; promotion of campaigns warning about the consequences of "drunk driving"; development of initiatives to reduce harm from the consumption of alcohol and other drugs, emphasizing the co-responsibility and autonomy of the population; and support for restricting access to alcoholic beverages, protecting vulnerable segments, also in accordance with the National Policy on Alcohol.⁽¹¹⁾

The PNAD is based on the premise of protecting society from the use of illicit drugs and the misuse of licit drugs, using prevention as the main, most effective and cheapest strategy, employed both in relation to use and harm through the use of harm reduction. Differentiat-

ing between users, people who misuse drugs, addicts and drug traffickers, seeking to treat equally, without discrimination, people who use or are addicted to licit or illicit drugs in order to guarantee the right to receive adequate treatment for every individual with problems arising from the misuse of drugs.⁽¹¹⁾

Prevention, in the National Policy, is based on "shared responsibility" where it is the result of cooperation, commitment and partnership between different segments of society, as well as bodies from different spheres of government aiming at building social connections to improve living conditions and general health promotion.⁽¹¹⁾

Access to various forms of treatment, recovery, social and occupational reintegration must be guaranteed, identified and qualified, and made permanently available to users, dependents and family members. The State must encourage, guarantee and promote actions so that society can assume ethical responsibility for this process. In addition to highlighting and promoting family, social and occupational reintegration actions during the recovery phase, as they are characterized as a tool to interrupt the cycle of consumption and treatment in a significant portion of those affected, through agreements and partnerships with non-governmental organizations and State agencies, ensuring the decentralized distribution of technical and financial resources.⁽¹¹⁾

Mitigating the impact of socioeconomic and cultural problems and health problems associated with the use of alcohol and other drugs through the promotion of harm reduction strategies and actions focused on public health and human rights. The harm reduction strategy, supported by article 196 of the Federal Constitution, must be carried out in an inter- and intra-sectoral manner, aiming to reduce the risks, adverse consequences and damage associated with the use of alcohol and other drugs for the individual, the family and society, thus being an intervention measure

for prevention, assistance, health promotion and human rights.⁽¹¹⁾

The National Alcohol Policy was established by Presidential Decree No. 6,117, of May 22nd, 2007. It provides for actions to reduce the improper use of alcohol and its association with violence and crime, with the recognition of the importance of the coordination of several measures as a characteristic, thus bringing a set of attitudes that can be implemented by government agencies within the scope of their competences and others that can be coordinated with the Legislative branch and other sectors of society.⁽¹²⁾

This decree establishes the consumer's right to access and receive information about the harmful effects of alcohol use, as well as guidance on its responsible use. It also determines that the government, with the collaboration of society, is responsible for protecting individuals vulnerable to harmful consumption and the development of alcohol habits and dependence. It also establishes "the adoption of democratically discussed measures that mitigate and prevent harm resulting from alcohol consumption in specific situations such as transportation, work environments, mass events and in contexts of greater vulnerability."⁽¹³⁾ The issue of alcohol use is directly related to the theme of care within the scope of the Mental Health approach.

"Halfway along the way, I had a nervous breakdown. Gastritis corroded my stomach to the point of taking away my appetite and leading to intense nausea, followed by vomiting. On this road, very short deadlines were overtaken by the demands and neglect of my mentors. At the end of the road, I had a university degree."⁽¹⁴⁾ This is how a publication from *Jornal da França*, located on the Brazilian page of the blog aggregator HuffPost, begins. There has been a lot of talk about students' mental health lately, but little has been done in this regard.

To provide care in the context of al-

cohol use by students, it is necessary to include the complexity of this phenomenon in the logic of expanded clinical strategies, harm reduction and brief intervention.

The Expanded Clinic proposes the articulation of health models (biomedical, social and psychological) taking as a starting point the subject's needs at a given moment, considering that there may be a predominance of one theme or focus without this meaning the denial of the others. In this policy, the values that guide care are the autonomy and protagonism of the subjects, the co-responsibility between them, the bonds of solidarity and the collective participation in health practices, present both in the sharing of diagnoses and in the involvement of the sick subject in their therapeutic plan, remembering that the longer the treatment period, the greater the need for the individual's participation and adherence.⁽¹⁵⁻¹⁶⁾

This strategy focuses on integrating different disciplinary approaches to identify the particularities of each user and, based on this, the possibility of developing a unique therapeutic project so that, in its specificity, the pathological development of the service user can be understood and the professional can act in the most appropriate way possible according to the individual's health-disease process.

The ethical commitment of the health professional in the expanded clinic strategy requires that he or she constantly evaluate both the values in force in society and his or her own, since what may represent a state of normality for one may be a cause of illness for another. Therefore, his or her ethical commitment to the subject helps him or her to face, or at least perceive, these external casualties.

CONCLUSION

The study met its objective by identifying the profile of alcohol use among students, since the questions raised

throughout the research were answered. Furthermore, the study contributed by presenting new questions in this context that are yet to be explored in future studies.

It was noted that 45% (8) of the graduates participating in the study had a consumption pattern above the ideal, of which 6% (1) had a pattern associat-

ed with alcohol dependence. Thus, the question arises as to the role of both society and the family in informing, preventing, welcoming and caring for these young people who are at an exacerbated level of vulnerability due to the end of their degree and the significance of this event.

It is important to warn about the

need to expand the options and offers of strategies for protecting and promoting the health of students in the area of activity where the object of study is the care of the individual as a whole, always remembering the role of the nursing professional in preventing harm, promoting and protecting health and rehabilitating the individual.

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