ORIGINAL ARTICLE

Emergence of cannabis as the second most commonly used psychoactive substance among students

Thaíse Vincenzi[1], Débora Nunes Mario[2], Graziela Oro Cericato[2], Michele Natara Portilio[1], Lilian Rigo[2]

[1]Dentistry student of Faculdade Meridional/IMED, RS, Brazil

[2]Department of Dentistry, Faculdade Meridional, Brazil

Corresponding author:
lilianrigo@imed.edu.br/lilianrigo@via-rs.net

Abstract

Introduction: People use psychoactive substances (PAS) historically; however, from the 1960s on, this use has increased considerably, becoming known for compromising health and causing the death of millions of people every year.

Objective: This study aimed to verify the prevalence of psychoactive substances consumed by dentistry students, as well as to analyze the influence of sociodemographic variables and identify the level of life satisfaction among Dentistry students.

Methods: It is a cross-sectional observational study including 159 students of an educational institution in a city of southern Brazil enrolled in the eight course periods. They were anonymously asked to a self-administered questionnaire regarding sociodemographic variables and use of psychoactive substances (PAS), questions were adapted by the validated instrument called Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), and the assessment of level of life satisfaction by the Satisfaction With Life Scale (SWLS).

Results: The use of PAS at some point in life had prevalence of 90.6%. Alcohol was the most used PAS by students, followed by cannabis. The use of drugs for depression showed association with alcohol and cannabis consumption, cannabis was predominately consumed by male . The majority of students reported dissatisfaction with life.

Conclusion: The prevalence of PAS use is high among the Dentistry students interviewed. The PAS most consumed by students was alcohol, followed by cannabis, psychoactive drugs, and tobacco.

Keywords: street drugs, drug users, narcotics, students, dental, cannabis

◼ INTRODUCTION

People use psychoactive substances (PAS) historically ; however, from the 1960s on, this use has increased considerably, becoming known for compromising health and causing the death of millions of people every year[1,2]. Psychoactive substances include illicit and licit drugs, and psychoactive drugs. Alcohol and tobacco are licit drugs, while cannabis, cocaine, heroin, lysergic acid diethylamide (LSD), crack, and ecstasy are illicit drugs in many countries, just like in Brazil, where this study was done. The abuse of stimulants such as amphetamines, either prescribed or not, has also been reported[3,4].

Physical changes among PAS users have been also reported. In oral health, for example, there are periodontal problems, bone losses, change in salivary flow, frequent caries, xerostomia, pain, and bruxism[5].

The early use of PAS affects all social levels and is increasingly among young students, causing a global concern[6]. Age, gender, level of education of users and parents, and having family members or friends who are addicted to drugs, are factors known for influencing PAS use[6]. The use of PAS among university students of the health field deserves special attention, mostly because those future professionals are responsible for identifying and referring patients with problems related to drug use, and for being a role model behavior for their patients[7]. This research has scientific and social relevance, which aims to contribute with evidence for further research on the profile of the future student/professional and the use of psychoactive substances.

Despite the increasing number of drug users, this class of special patients is still little explored, this could affect the way how health professionals are handling those patients[8].

The present study aimed to verify the prevalence of psychoactive substances (PAS) among Dentistry students, analyze the influence of sociodemographic variables and identify the level of life satisfaction of those students.

◼ METHODS

Sample qualification and study location

This is an observational research with quantitative approach and cross-sectional design. The sample included all students enrolled in the eight terms of the Dentistry course of Faculdade Meridional (IMED), Passo Fundo, Rio Grande do Sul, Brazil. The total population of students enrolled was 190 at that given time, from data collected in the department of academic records of the institution. A 95% confidence interval was used to calculate the sample and a further 16% was added, which was finalized in 159 dentistry students. The data collection period was August 2015.

The study verified the guidelines of Resolution n. 466/12 of the National Health Council, and was approved by the Research Ethics Committee of IMED, under number 752.939. Participants were explained about the research objectives, received information on the method, and consented to participate in the study, which was made official by signing the Informed Consent Form (ICF) for data collection.

Procedures and instruments for data collection

Data were collected through the application of an anonymous self-administered questionnaire including questions regarding PAS use, complemented by sociodemographic variables and the Satisfaction With Life Scale. The questions about PAS use were supported by the validated instrument known as Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)[9]. This questionnaire used in primary care aims to perform a screening of the abuse of alcohol, tobacco, and illicit drugs, but it is not a self-administered questionnaire. Thus, we used an adaptation of this instrument, proposed by Rocha *et al.*[10], who developed the self-administered questionnaire allowing identifying the prevalence and pattern of alcohol and drug use among health professionals. In addition, the Satisfaction With Life Scale (SWLS), created in the early 1980s, is a self-administered instrument of five items which intends to assess the cognitive component of the subjective well-being, that is, life satisfaction (very dissatisfied, dissatisfied, slightly dissatisfied, neither satisfied nor dissatisfied, slightly satisfied, satisfied, and very satisfied). Through a global assessment rather than specific aspects of life, respondents themselves may choose what is essential for their satisfaction with life[11]. The questionnaire was applied as follows: the objective of the research was explained and all students present in the classroom were invited to participate, with anonymity guarantee.

Variables were grouped through criteria, in order to categorize study variables and frequency distribution: 1) sociodemographic data - course term (4 years), age group, gender, marital status, home residents, work outside the home; 2) data on life satisfaction - very dissatisfied, dissatisfied, slightly dissatisfied, neither satisfied nor dissatisfied, slightly satisfied, satisfied, and very satisfied. 3) data on psychoactive substance use - alcoholic beverages, anxiolytics, tranquilizers, sedatives, weight loss drugs, tobacco derivatives, cannabis, cocaine, crack, ecstasy; use for - relaxing/stress relief, rejoice/celebrate, control depression/fear, control need to eat, public speaking, studying, pain control, sleeping, others; frequency of drug use over the last days - none, once a week, more than once a week, almost every day, daily; classroom absence due to alcohol and drug use; is/was diagnosed with depression; and use of drugs for depression (self-reported chronic diseases - depression).

Data analysis

Data were electronically processed with the Statistical Package for Social Science software (SPSS), version 18.0. Thus, prevalence and frequencies of all variables were analyzed by descriptive statistics. Inferential statistics were used to assess the association between the dependent variables chosen by the highest prevalence of substances used by students: 1. Alcohol consumption- (yes and no, and 2). Cannabis use- (yes

and no), and sociodemographic independent variables: course terms (terms I to IV and terms V to VIII), gender (male and female), age group (16-25 years and 26 years or older), marital status (single and married/stable union),

home residents (alone and friends/family members), work outside home (no and yes), use of drugs for depression (no and yes), life satisfaction (1- very dissatisfied/dissatisfied and 2 to 7- other categories- others).

■ RESULTS

Table 1 describes data on the occurrence of independent variables (distribution of sociodemographic and satisfaction with life (SWLS) variables of Dentistry students of IMED. The prevailing age group was 19 to 25 years (87.4%), and the majority was of the female gender (77.4%) (Table 1).

Table 2 describes data on the occurrence of PAS use variables. It was verified that 90.6% of students used it at some point in life. The substance most used by students was alcohol (90.6%), followed by cannabis (31.4%). In addition, when questioned about depression diagnosis, 87.4% affirmed having never been diagnosed with it or being under treatment with antidepressant drugs (Table 2).

Table 1: Distribution of sociodemographic and satisfaction with life (SWLS) variables of Dentistry students of Faculdade Meridional (IMED), 2015.

Sociodemographic variables	n (159)	% (100)
Term (year)		
Year I	51	32.1
Year II	37	23.3
Year III	30	18.9
Year IV	41	25.8
Age group		
16-18 years	5	3.1
19-25 years	139	87.4
26 years or older	15	9.5
Gender		
Male	36	22.6
Female	123	77.4
Marital Status		
Single	150	94.3
Married/Stable Union	9	5.7
Home residents		
Alone	38	23.9
Family members	85	53.5
Friends	36	22.6
Work outside the home		
No	152	95.6
Yes	7	4.4
Satisfaction with life variables		
Very dissatisfied	63	39.6
Dissatisfied	72	45.3
Slightly dissatisfied	20	12.6
Neither satisfied nor dissatisfied	3	1.9
Slightly satisfied and satisfied	1	0.6
Very satisfied	0	0

For the bivariate analysis, two models were created to verify associations and were used to test the hypothesis of equality and equivalence among proportions, at 95% confidence interval and 5% significance level, between independent variables and two of the PAS mostly used by students. Hence, in one of the models, the dependent variable included use of alcoholic substance, and in the other model, the variable was use of cannabis.

The results of inferential analysis by Person's chi-square test and Fisher's exact test showed the variable of

use of drugs for depression was associated with alcohol consumption (p= 0.049). When analyzing the dependent variable of use of cannabis, there was a statistically significant relation between the use of this substance and gender of users (p= 0.046), whereas 72.4% of women had never used cannabis. Another statistical relation was verified for the use of drugs for depression (p= 0.004), showing that 73.6% of individuals who does not use this type of drug also do not use cannabis, as presented in Table 3.

Table 2: Distribution of variables related to the use of psychoactive substances by Dentistry students of Faculdade Meridional (IMED), 2015.

Use of psychoactive substance variables	n (159)	% (100)
Alcoholic beverage		
No	15	9.4
Yes	144	90.6
Anxiolytics, tranquilizers, sedatives, weight loss drugs		
No	116	73.0
Yes	43	27.0
Tobacco derivatives		
No	125	78.6
Yes	34	21.4
Cannabis		
No	109	68.6
Yes	50	31.4
Cocaine		
No	156	98.1
Yes	3	1.9
Crack		
No	159	100
LSD, ecstasy		
No	141	88.7
Yes	18	11.3
Relaxation/stress relief		
No	63	39.6
Yes	96	60.4
Rejoice/celebrate		
No	33	20.8
Yes	125	78.6
Depression/fear control		
No	129	81.1
Yes	30	18.9
Need to eat control		
No	148	93.1
Yes	11	6.9
Public speaking		
No	158	99.4
Yes	1	0.6
Studying		
No	153	96.2
Yes	6	3.8
Pain control		
No	151	95.0
Yes	8	5.0
Sleeping		
No	152	95.6
Yes	7	4.4
Others		
No	99	62.3
Yes	60	38.7

Frequency of drug use over the last days		
None	14	8.8
Once a week	89	56.0
Twice a week or more	39	24.5
Almost every day	13	8.2
Daily	4	2.5
Absence from class due to alcohol and drug use		
No	117	73.6
Yes	42	26.4
Depression diagnosis		
No	139	87.4
Yes	20	12.6
Use of drugs for depression		
No	129	81.1
Yes	30	18.9

Table 3- Bivariate analysis of factors associated with the use of alcoholic beverage and cannabis by Dentistry students of Faculdade Meridional (IMED), 2015.

Independent Variables	Use of alcoholic beverage					Use of cannabis				
	No		Yes			No		Yes		
	n	%	n	%	p	n	%		%	p
Terms					0.460					0.475
I To IV (1st and 2ND year)	9	10.2	79	89.8		61	69.3	27	30.7	
V To VIII (3rd and 4th year)	6	8.5	65	91.5		48	67.6	23	32.4	
Gender					0.293					*0.046
Male	2	5.6	34	94.4		20	55.0	16	44.4	
Female	13	10.6	110	89.4		89	72.4	34	27.6	
Age group					0.574					0.316
16-25 years	14	9.7	130	90.3		100	69.4	44	30.6	
26 Years or older	1	6.7	14	93.3		9	60.0	6	40.0	
Marital Status					0.600					0.164
Single	14	9.3	136	90.7		101	67.3	49	32.7	
Married/Stable Union	1	11.1	8	88.9		8	88.9	1	1.1	
RESIDENTS					0.503					0.079
Alone/friends	4	10.5	34	89.5		22	57.9	16	42.1	
Family members	11	9.1	110	90.9		87	71.9	34	28.1	
Work					0.076					0.317
No	13	8.6	139	91.4		103	67.8	49	32.2	
Yes	2	28.6	5	71.4		6	85.7	1	14.3	
Use of drugs for depression					*0.049					*0.004
No	15	11.6	114	88.4		95	73.6	34	26.4	
Yes	0	0.0	30	100.		14	46.7	16	53.3	
Life Satisfaction					0.193					0.183
1(Very dissatisfied/ dissatisfied)	8	12.7	55	87.3		47	74.6	16	25.4	
2 to 7 (others)	7	7.3	89	92.7		62	64.6	34	31.4	

*p<0.05- Statistically significant difference.

■ DISCUSSION

The use of licit and illicit drugs is a public health issue worldwide, which leads to the performance of related studies. University students are often introduced to some of these substances. Young individuals aged 15 to 24 years are the target audience of many consumption and leisure industries as they are considered potential consumers of PAS[12,13].

In this study, we observed that most of the interviewed university students uses or has used some type of PAS, predominantly alcohol followed by cannabis; a big portion of these students feels the negative influence of this practice on their studies. Almost all respondents use PAS with the purpose of well-being, which matched the high rate of dissatisfaction with life hereby reported.

According to data obtained in studies performed in different states of Brazil and in other countries, alcohol is the most used drug[13-15]. This substance depresses the central nervous system and affects reasoning abilities, logical thinking, judgment, and causes changes in motor coordination and reflexes. At the same time, it promotes a feeling of relaxation and pleasure. However, the use of licit drugs usually precedes the use of other psychoactive substances, such as cannabis and cocaine[16].

The reasons for psychoactive substance use are related to the development stage of young individuals. Behaviors and characteristics of adolescence such as curiosity, peer pressure, entertainment, or pleasure incite drug use[17]. The easy access to licit or illicit drugs makes easier its experimentation by young individuals. Factors that induce uneasiness, anxieties, and depression greatly contribute for students to try several narcotic substances, which vary according to the emotional and psychological profile of each individual[18]. The present study showed that the main purpose of students who use PAS is relaxation, celebration, and depression control. In a similar study with medical students of Faculdade de Salvador, BA, Brazil, the motivation for use was pleasure and no course-related stress[8]. However, in a study performed with post-graduation students, work overload and easy access to drugs enabled their use[10]. The use of PAS has been increasing among university students, given that starting university is an unknown experience for many individuals, and therefore, they may acquire more than new knowledge, but also new habits and new ways of acting and relating with people. Hence, trying this new territory, living with new groups, and other factors may contribute to PAS use[19].

According to the II Household Survey performed in Brazil on drug use, conducted by the Brazilian Center of Information on Psychotropic Drugs (Cebrid), the prevalence of cocaine use assessed in 108 cities of the country was 2.9% in comparison to crack[20] use of 1.5%. No students reported the use of crack in the present study. As for cocaine, 1.9% of students maintained the use at some point in life.

In this study, PAS most used by dentistry students was alcohol, followed by cannabis, psychoactive drugs, tobacco, LSD, and cocaine. The results of other studies are unanimous when affirming that tobacco figures as the second most used PAS in any geographical location and in any age group[12-14,21]. However, the present study shows tobacco in fourth place among the PAS most used by students, and cannabis in second place. It is observed that cannabis is the first initiation drug chosen among illicit drugs, whereas its use begins from 12 to 16 years old[22]. In this context a study called Monitoring Future, which consists of a series of national surveys with data collected annually from North-American university students since 1980, demonstrated that in 2014, for the first time the daily use of cannabis surpassed the use of tobacco, because increasingly because fewer young individuals and young adults consider the use of cannabis as dangerous[19].

There was no distinction between licit and illicit drugs in our study. If that was the case, tobacco would be the second most used licit PAS and cannabis would be the first illicit PAS choice. Data from the household survey of 2001, which covered 107 Brazilian cities with over 200 thousand inhabitants, showed that cannabis was the favorite illicit drug among respondents[23]. In the present study, the rate of young individuals that reported having used cannabis was expressively higher than data from the household survey of 2001, and it was closer to countries with the highest rates of cannabis use, such as the Unites States and Spain[23]. This fact should not be analyzed separately, but rather associated with the social context, especially with family relations, which have an undeniable influence on individual formation. Moreover, peer pressure is also considered a relevant factor for initiation and maintenance of cannabis use[24].

We used a scale in an attempt to relate the life satisfaction of the individual. The Satisfaction With Life Scale (SWLS) aims to estimate from a global assessment, individual satisfaction with current life situation and a life standard established as desirable. The assessments on quality of life and its components represent a new health indicator and may consist of a new alternative for clinical outcome[25]. In the present study, regarding the variable of life satisfaction, dentistry students were overall dissatisfied with their current life situations in terms of the standard pursued for a desirable life. In this aspect, most students are dissatisfied or very dissatisfied. The scores obtained for life satisfaction in this study differ from data presented by another study performed in southern Brazil, where university students of public and private institutions reported higher rate of satisfaction with their life situations when compared to dissatisfied students[26].

For almost 80% of the students who participated in the research, alcohol or other drugs have an influence on intellectual development. More than one quarter of the respondents also reported that the use of these substances was responsible for the absence in academic activities at some point. This was also shown in the study performed with university students of a nursing school, where after drinking, 21% of students admitted missing class, 16.5% had driven, and 2.3% had suffered accidents or missed work[12]. Some authors affirm, based on researches, that the chronic use of cannabis may cause learning, attention, and memory deficits, decreasing motivation, visual ability, and motor coordination, as well as anxiety and depression[27].

Programs supporting the full health of adolescents, such as the Life Skills Education by the World Health Organization[28], promotes the intellectual development of young individuals, encouraging them to face complex situations or daily issues.

The present study showed a relation between the independent variable "use of drugs for depression" and use of alcohol and cannabis. Studies showed that cannabis use increases the probability to develop a psychotic disease[29] and their use in adolescence has been associated with higher risk[30]. The association between depression and cannabis use is long known there is a higher risk for the male gender; this observation is also shown in this study. Besides depression, other psychotic diseases such as anxiety, bipolar disorder, and schizophrenia show association with cannabis use[31]. Along with this, a study suggests that individuals with higher genetic predisposition for schizophrenia are as much more likely to use cannabis as and in more quantity than those with no genetic predisposition. Thus, besides epidemiological data showing these relations, clinical studies also confirm this findings[32].

Data hereby presented were collected through a self-administered anonymous questionnaire, collectively filled in the classroom. Hence, the fact that questions were represented by self-reports may have led to memory bias and underreporting. Although the present research included a small number of university students from a specific course it intends to add relevant aspects for understanding social issues about the practice of PAS use, especially for illicit drugs. This may contribute to assessing the need for application of a multi-professional care service to PAS users within universities.

CONCLUSION

The prevalence of PAS use is high among the Dentistry students interviewed. The PAS most used by students was alcohol, followed by cannabis, psychoactive drugs, and tobacco. Evidences indicate that some variables influence the use psychoactive substances by students. Regarding the life satisfaction aspect, most respondents reported dissatisfaction with their current life conditions.

Data hereby presented suggest the need for interventions in the academic environment, mainly in the institution studied, regarding PAS use. The design and implementation of programs for preventing PAS use and promoting health could contribute to reducing the number of users, especially in vulnerable populations, such as adolescents and university students.

New studies should be performed to determine the level of drug abuse and/or addiction, and its consequences for health. Finally, the importance of conceiving and implementing a rescue program for those who are already addicted in PAS also deserve attention.

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Resumo

Introdução: O uso de substâncias psicoativas (SPA) é uma prática utilizada pelo homem desde seus primórdios. Entretanto, a partir dos anos 60, teve seu consumo substancialmente aumentado, e se tornou conhecida por comprometer a saúde e ocasionar a morte de milhões de pessoas todos os anos.

Objetivo: O uso de substâncias psicoativas é uma prática utilizada há muitos anos, porém, a partir dos anos 60, teve seu consumo substancialmente aumentado. O objetivo deste estudo foi verificar a prevalência do uso de substâncias psicoativas entre estudantes de Odontologia, bem como analisar a influência das variáveis sociodemográficas e identificar o nível de satisfação com a vida entre os estudantes.

Método: O delineamento é do tipo transversal composto por 159 estudantes de Odontologia de uma instituição de ensino de um município do sul do Brasil matriculados nos oito períodos do curso. Os sujeitos forma submetidos anonimamente a um questionário autoaplicável com perguntas referentes a variáveis sociodemográficas, uso de substâncias psicoativas (SPA) adaptadas pelo instrumento validado Teste de Triagem para Álcool, Tabaco e Substâncias (ASSIST), e a avaliação do grau de satisfação com a vida, a partir da Escala de Satisfação com a Vida (ESVC).

Resultados: O uso de SPA em algum momento da vida teve prevalência de 90,6%, sendo, o álcool, a droga mais consumida, seguida pela maconha. O uso de medicamentos para depressão mostrou associação ao consumo de álcool. O consumo de maconha também esteve associado ao uso de antidepressivos, sendo a maconha mais consumida pelos homens. A maior parte da amostra relatou insatisfação com sua vida.

Conclusão: A prevalência do uso PAS é alta entre os estudantes de Odontologia entrevistados. O PAS mais utilizado pelos alunos foi o álcool, seguido de maconha, drogas psicoativas, e tabaco.

Palavras-chave: drogas ilícitas, usuários de drogas, entorpecentes, estudantes de odontologia