INTRODUCTION

Substance use – including alcohol and tobacco consumption and psychotropic drug use – is a public health issue that requires analysis of its prevalence and consumption patterns. Due to their knowledge of and ease of access to various drugs, physicians and medical students have been assessed as a possible target of substance abuse. The high rate of psychotropic drug use among physicians is a well-established fact. This is a worrisome scenario in light of its professional consequences and possible social impacts.

It is therefore important to ascertain the prevalence and patterns of substance use among medical students. Newbury-Birch et al. (2001) investigated the prevalence of drug use in a group of students at Newcastle University Medical School (England) during their undergraduate studies and after their first year as house officers, and found that mean alcohol and illicit drug consumption increased significantly over this period. Conard et al. (1998) showed that tranquilizer use was highly prevalent among medical students; on the other hand, cannabis, cocaine, or tobacco consumption were infrequent in the study sample. Petroianu et al. (2000) reported that anxiolytics and stimulants were the drugs most often consumed by medical students. According to Passos et al. (2006), rates of alcohol and cannabis use by medical students in Rio de Janeiro were lower than those found in developed countries.

The objective of this study was to estimate the prevalence of alcohol and tobacco consumption and psychotropic drug use among medical students and ascertain which factors are associated with substance use in this population.

METHODS

This study was conducted at the Universidade Federal de Minas Gerais (UFMG) School of Medicine after approval had...
been granted by the UFMG Human Subjects Research Ethics Committee (request no. CAAE ETIC/0295.0.203.000-08; ruling no. ETIC/295/08). Medical students of all ages were notified of the purpose of this study and invited to take part on a volunteer, anonymous basis, with safeguards to ensure that responses would not be identifiable. Students who chose not to answer the questionnaire were allowed to refuse it altogether or turn it in blank.

After expressing consent, students received a self-administered structured questionnaire based on the World Health Organization’s guidelines for student drug-use surveys18 and validated for the Brazilian reality. The instrument comprised 25 questions on social characteristics and occupational and extracurricular activities. Data on substance use, frequency of substance use, first contact with drugs, and any relationships between substance use, exams, and holidays or vacationing were also assessed. Data were collected between December 2007 and March 2008. At the end of the collection period, 360 students from the first through sixth years of medical school had been interviewed.

Statistical analyses were conducted with the Epi Info 3.4.3 software package. Comparison of means was performed by the Student t test and proportions were compared with the chi-square test. The significance level was set at P < 0.05.

RESULTS

Of the 360 questionnaires handed out, 353 were returned, 332 of which were considered valid; 172 respondents (51.8%) were female and 160 (48.2%) were male. Age ranged between 18 and 41 years, with a predominance of the 21–24 year range (mean, 23 years).

Over half of respondents (195, 58.9%) took part in study-related activities, such as undergraduate research, extended and continuing education courses, or internships in the healthcare field. Most students (247, 74.3%) had no employment, 65 (19.6%) worked to pay for their medical studies, 19 (5.7%) worked to support themselves and one (0.3%) to support his family. Students with jobs were found to engage in significantly less consumption of cannabis (P = 0.033).

Concerning living conditions, 205 respondents (61.7%) lived with their parents, 50 (15.1%) with siblings, 50 (15.1%) at student cooperatives/fraternity housing, 23 (6.9%) alone and 4 (1.2%) at boarding houses. Consumption of hallucinogenic drugs was significantly lower among students living with their parents or guardians (P = 0.019), whereas solvents were most often used by students who lived alone (P = 0.01).

Most students (297, 89.7%) engaged in sports activities occasionally, whereas 217 (65.3%) were considered sedentary and only 115 (34.7%) engaged in sporting activities three or more times a week. Although there was no statistically valid association between sporting practices and substance use, sedentary students were found to consume alcoholic beverages more often (OR = 1.8; p = 0.06).

Alcohol consumption was reported by 283 students (85.2%), 156 of whom (46.9%) consumed alcohol only occasionally over the 12 months prior to administration of the survey, 125 (37.7%) consumed alcohol at least once a week and 2 (0.6%) drank on a daily basis (Table 1). There were no gender differences in alcohol consumption. Students who lived with their parents or guardians consumed less alcohol than other respondents (P = 0.021).

Alcohol consumption was associated with increased odds of stimulant use (1.09, P = 0.015), smoking (1.23, P = 0.00007), ethyl chloride inhalation (1.24, P = 0.00004), hallucinogen use (1.08, P = 0.02), and cannabis consumption (1.24, P = 0.00003).

Tobacco smoking was reported by 54 students (16.3%), 38 of whom (11.5%) had smoked only occasionally over the 12 months prior to administration of the survey, 5 (1.5%) smoked at least once a week and 11 (3.3%) did so on a daily basis (Table 1). Smoking was significantly more prevalent among men (23.1% of male vs. 9.9% of female students, P = 0.0008) (Table 2) and those who did not live with their parents or guardians (P = 0.03). Smoking was also less prevalent among students with jobs (P = 0.013).

Cannabis consumption (marijuana or hashish) was reported by 55 students (16.5%) (Tables 1 and 2). Again, cannabis use was less prevalent among students with jobs (P = 0.033).

Hallucinogens such as LSD or psychedelic mushroom tea were occasionally consumed by 23 students (6.9%) (Table 1). Consumption of hallucinogenetic substances was less prevalent among students who lived with their parents or guardians (P = 0.019).

On rare occasions, 56 students inhaled ethyl chloride (lança-perfume), paint thinner, glue, petroleum ether, or gasoline (16.8%) (Table 1).

Anxiolytics were used by 40 students (12%) (Tables 1 and 2), most of whom were women (P = 0.038). Stimulants were taken by 25 respondents (7.5%) to promote wakefulness (Tables 1 and 2), particularly during the final years of medical school (P = 0.02) and by male students (P < 0.001).

There was no association between substance use and age, study-related activities, or religion.

DISCUSSION

Alcohol, tobacco, and psychotropic drug use is a worldwide health problem, which has prompted a wealth of studies on the issue. University students, including medical students, are affected by substance use. In researching the issue, one must take particular care to avoid generalizing data analyzed from a preconceived standpoint, particularly in light of cultural, political, and social stances towards psychotropic substance use. Differences may be detected even between similar populations. Studies performed in various Brazilian states have revealed distinct results on several aspects.

Most students consume alcoholic beverages, even if only occasionally. Overall, studies have shown that alcohol is the most widely consumed drug worldwide. Country-specific and international results are similar in terms of alcohol consumption, differing mostly with respect to length of use and amount of alcoholic beverages consumed. In this study, alcoholism rates were not high and there were no differences in intensity of alcohol consumption over the course of respondents’ medical studies, corroborating previous research findings. Although there were no gender differences in alcohol consumption in this study, others have shown that men drink alcohol more frequently and in higher quantity than women.

An association between alcohol consumption and use of other...
Cannabis (marijuana or hashish) was the third most commonly used drug in this study sample. A similar study conducted in Rio de Janeiro found cannabis to be the fourth most-consumed drug by medical students (20.9%)\(^\text{14}\). In both studies, this was a lower preference than that reported in other countries\(^\text{9,11,15}\). Newbury-Birch et al. (2001) reported that marijuana was the most commonly used illicit drug in a sample of medical students and physicians in Newcastle, England, and regular consumption of cannabis was considered trivial by the majority of users. On the other hand, cannabis was not often consumed by medical students in a U.S. study\(^\text{7}\).

Stimulants and anxiolytics were used less often by respondents in the present study than in a sample of U.S. medical students reported by Conard et al. (1998). In a previous study by Petroianu et al. (2000), anxiolytics and stimulants were used by 29.3% and 67.7% of medical students respectively. Use of anxiolytics became more common from the second half of the course onwards\(^\text{13,14}\), whereas stimulant use decreased over this same period\(^\text{13}\). Female students consume anxiolytics more often, whereas stimulant use is more prevalent among male students\(^\text{14,17}\). These findings are in agreement with the results of the present study.

In this study, smoking was less common than in other countries\(^\text{11,20}\). In prior studies of Brazilian student populations, Petroianu et al. (2000) found a 35% rate of tobacco smoking, and Passoset et al. (2006), 54.3%. Conversely, Makanjuola et al. (2007) found that only 3.2% of Nigerian medical students smoked. Antismoking campaigns carried out over the past five years may account for this change in behavior. According to

### Table 1 – Frequency of substance use by medical students

<table>
<thead>
<tr>
<th>Substance</th>
<th>Not in the past 12 months</th>
<th>Occasionally over the past 12 months</th>
<th>At least once weekly</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>49</td>
<td>14.8</td>
<td>156</td>
<td>46.9</td>
</tr>
<tr>
<td>Cannabis (marijuana/hashish)</td>
<td>278</td>
<td>83.7</td>
<td>38</td>
<td>11.4</td>
</tr>
<tr>
<td>Hallucinogens (e.g. LSD, mushrooms)</td>
<td>307</td>
<td>93.1</td>
<td>23</td>
<td>6.9</td>
</tr>
<tr>
<td>Solvents</td>
<td>274</td>
<td>83.1</td>
<td>56</td>
<td>16.8</td>
</tr>
<tr>
<td>Stimulants</td>
<td>306</td>
<td>92.4</td>
<td>24</td>
<td>7.2</td>
</tr>
<tr>
<td>Anxiolytics</td>
<td>292</td>
<td>88.0</td>
<td>27</td>
<td>8.1</td>
</tr>
<tr>
<td>Anabolic steroids</td>
<td>330</td>
<td>99.7</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Opioids</td>
<td>329</td>
<td>99.4</td>
<td>2.0</td>
<td>0.6</td>
</tr>
<tr>
<td>Cocaine</td>
<td>325</td>
<td>98.2</td>
<td>6.0</td>
<td>1.8</td>
</tr>
<tr>
<td>Weight loss drugs</td>
<td>318</td>
<td>96.1</td>
<td>6.0</td>
<td>1.8</td>
</tr>
</tbody>
</table>

### Table 2 – Gender differences in substance use by medical students

<table>
<thead>
<tr>
<th>Substance</th>
<th>Male</th>
<th>Female</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>23.1%</td>
<td>9.9%</td>
<td>P &lt; 0.001</td>
</tr>
<tr>
<td>Cannabis (marijuana/hashish)</td>
<td>23.8%</td>
<td>9.9%</td>
<td>P &lt; 0.001</td>
</tr>
<tr>
<td>Hallucinogens (e.g. LSD, mushrooms)</td>
<td>11.3%</td>
<td>2.9%</td>
<td>P = 0.002</td>
</tr>
<tr>
<td>Anxiolytics</td>
<td>8.8%</td>
<td>15.1%</td>
<td>P = 0.038</td>
</tr>
<tr>
<td>Stimulants</td>
<td>13.1%</td>
<td>2.3%</td>
<td>P &lt; 0.001</td>
</tr>
<tr>
<td>Anabolic steroids</td>
<td>0.3%</td>
<td>0.0%</td>
<td>P = 0.430</td>
</tr>
<tr>
<td>Opioids</td>
<td>0.6%</td>
<td>0.0%</td>
<td>P = 0.260</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1.8%</td>
<td>0.0%</td>
<td>P = 0.001</td>
</tr>
<tr>
<td>Weight loss drugs</td>
<td>1.2%</td>
<td>2.7%</td>
<td>P = 0.150</td>
</tr>
</tbody>
</table>

Cannabis (marijuana or hashish) was the third most commonly used drug in this study sample. A similar study conducted in Rio de Janeiro found cannabis to be the fourth most-consumed drug by medical students (20.9%)\(^\text{14}\). In both studies, this was a lower preference than that reported in other countries\(^\text{9,11,15}\). Newbury-Birch et al. (2001) reported that marijuana was the most commonly used illicit drug in a sample of medical students and physicians in Newcastle, England, and regular consumption of cannabis was considered trivial by the majority of users. On the other hand, cannabis was not often consumed by medical students in a U.S. study\(^\text{7}\). Stimulants and anxiolytics were used less often by respondents in the present study than in a sample of U.S. medical students reported by Conard et al. (1998). In a previous study by Petroianu et al. (2000), anxiolytics and stimulants were used by 29.3% and 67.7% of medical students respectively. Use of anxiolytics became more common from the second half of the course onwards\(^\text{13,14}\), whereas stimulant use decreased over this same period\(^\text{13}\). Female students consume anxiolytics more often, whereas stimulant use is more prevalent among male students\(^\text{14,17}\). These findings are in agreement with the results of the present study.

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Newbury-Birch et al. (2001), smoking decreases over time among women.

The influence of lifestyle on substance use is a topic of frequent debate. Remarkably, and contrary to what might be expected, sporting practices have no influence on drug use. This was found in the present study and has previously been reported in the literature.\(^{27-31}\)

**CONCLUSION**

Substance use is common among medical students, with alcohol consumption being most prevalent. Drug use was most common among single male students who do not live with family members and do not depend on employment to support themselves or their families. The use of one substance predisposes to further dependence.

No conflicts of interest declared concerning the publication of this article.

**REFERENCES**


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