

PATTERNS OF ALCOHOL AND DRUG CONSUMPTION IN HEALTH CARE PROFESSIONALS: A PORTRAIT OF STUDENTS OF LATO SENSU COURSES IN A PUBLIC INSTITUTION

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This was a quantitative, descriptive and exploratory piece of research conducted with 111 students of lato sensu Postgraduate courses in a public nursing faculty in the city of Rio de Janeiro. The aim was to describe and discuss the prevalence and patterns of alcohol and other drug consumption in health care professionals, as well as the ways in which the worker and the institution in which they are employed deal with this. Alcohol was the most commonly used drug, followed by psycho-active substances. Around 67.6% agreed that drug use in employees may be related to stress and/or working conditions. The issue of drug use in the workplace must, then be approached by promoting prevention programs and workers' quality of life.

Descriptors: Alcoholism; Street Drugs; Health Personnel; Occupational Health.

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PADRÃO DE CONSUMO DE ÁLCOOL E OUTRAS DROGAS ENTRE PROFISSIONAIS DE SAÚDE: RETRATO DE ALUNOS DE CURSOS LATO SENSU DE UMA INSTITUIÇÃO PÚBLICA

Pesquisa quantitativa, descritiva e exploratória, realizada com 111 alunos de cursos de Pós-Graduação lato sensu, de uma faculdade pública de enfermagem da cidade do Rio de Janeiro. O objetivo foi descrever e discutir a prevalência e padrão de consumo de álcool e outras drogas entre profissionais de saúde, assim como, as formas de enfrentamento do trabalhador e das instituições empregadoras. O álcool foi a droga mais utilizada, seguido pelas substâncias psicoativas. Cerca de 67,6% concordaram que o uso de drogas por funcionários pode estar relacionado ao estresse e/ou condições de trabalho. Portanto, deve-se abordar a questão das drogas no ambiente de trabalho, promovendo programas de prevenção e qualidade de vida ao trabalhador.

Descritores: Alcoolismo; Drogas Ilícitas; Pessoal de Saúde; Saúde do Trabalhador.

PATRÓN DE CONSUMO DE ALCOHOL Y OTRAS DROGAS ENTRE PROFESIONALES DE LA SALUD: RETRATO DE ALUMNOS DE CURSOS LATO SENSU DE UNA INSTITUCIÓN PÚBLICA

Investigación cuantitativa, descriptiva y exploratoria, realizada con 111 alumnos de cursos de Pos-Graduación lato sensu, de una facultad pública de enfermería de la ciudad de Rio de Janeiro. El objetivo fue describir y discutir la prevalencia y el patrón de consumo de alcohol y otras drogas entre profesionales de la salud, así como, las formas de enfrentamiento del trabajador y de las instituciones empleadoras. El alcohol fue la droga más utilizada, seguido por las sustancias psicoactivas. Cerca de 67,6% estuvieron de acuerdo en que el uso de drogas por los empleados puede estar relacionado con el estrés y/o condiciones de trabajo. Por tanto, se debe abordar la cuestión de las drogas en el ambiente de trabajo, promoviendo programas de prevención y calidad de vida del trabajador.

Descriptores: Alcoholism; Drogas Ilícitas; Personal de Salud; Salud Laboral.

Introduction

Drug abuse and addiction is a phenomenon that has no respect for borders, geographic spaces, gender or social group and occurs irrespective of socio-economic class, culture, ethnicity or politics⁽¹⁾.

When discussing the possible consequences this problem has for the world of work, it was

found that certain companies showed concern with their workers using and abusing both legal and illegal drugs, especially alcohol, due to negative effects observed on production⁽²⁾.

Thus, studies covering legal and illegal drug use in workers and the relationship between work conditions and drug consumption are highly important to workers' health, as "in Brazil, there is still insufficient understanding of the

relationship between work and drug use"⁽³⁾. This is also the case for research on abuse of legal and illegal drugs in Brazilian health care professionals and on health care workers' and institutions' ways of dealing with drug use in employees and the conditions that lead them to such use.

There have been several studies indicating the health care professionals, doctors and nurses are more susceptible to using and becoming addicted to certain psychotropic substances due to the higher chances of self-administering them, as they have free access to such substances in their workplace, as they are responsible for storing and managing them⁽⁴⁾.

It is worth pointing out that nursing is characterized by a large number of female workers and by women's increasing participation in the labor market in Brazil, breaking the cultural stereotype of the "well-behaved woman". The hypothesis is that work may be a factor in alcohol and drug abuse in women, as a woman who works feels free and independent and begins to adopt different behavior, no longer being accountable to anyone, in contrast to women who are economically dependent on their partners or family. This is a situation requiring attention, as drug consumption tripled among women in Brazil between 1993 and 1998⁽³⁾.

In order to examine this issue in more depth, a study was conducted into the prevalence and pattern of alcohol and drug use in health care professionals in a public university in Rio de Janeiro, also aiming to include variables concerning the subjects' employability and work. The aim of this study was to describe and discuss the prevalence and patterns of consumption of alcohol and drugs among health care professionals, as well as the ways the workers and institutions that employ them deal with this. This study forms part of a set of studies by the Research Group "Configurations of the World of Work, Health of Nursing Workers", certified by the National Centre of Scientific and Technological Development - *Centro Nacional de Desenvolvimento Científico e Tecnológico* - CNPq.

Material and Methods

This was a quantitative transversal descriptive exploratory study using an intentional

sample, conducted in the nursing faculty of a public university in Rio de Janeiro. The population (N = 172) included students from six lato sensu Postgraduate courses in this faculty: Occupational Nursing; Family health Management; Intensive Nursing; Neonatal Nursing; Stomatherapy Nursing; and Obstetric Nursing. It should be noted that there was a doctor on the Family Health Management course. On the other courses, only one category of health care professional was present: the nurse.

The research was conducted with five of the six specializations, as the students from the Obstetric Nursing course were having practical lessons at a variety of health care institutions, making it difficult to collect data.

The calculated sample size was 120 subjects, assuming precision of 95%, sample error of 5% and prevalence of the phenomenon 50%. The subjects were selected according to their availability to complete the questionnaire, given to the students who were present in the classroom at the times the professor made available, totaling 111 participants.

Self-applied questionnaire was used in order to maintain confidentiality and the workers' anonymity, thus providing more reliable answers. The questionnaire was developed based on a bibliographic review concerning instruments and research into drugs, such as that conducted by the National Secretariat of Drug Policy - *Secretaria Nacional de Políticas sobre Drogas* (SENAD) and the Brazilian Institute of Geography and Statistics (IBGE). The Alcohol Use Disorders Identification Test - AUDIT scale, validated for self-applied use in Brazil⁽⁵⁾ was also used, having been used in various studies to detect alcohol dependence and problems associated with alcohol use.

The variables on the questionnaire were organized into the following groups: socio-demographic; occupational; on alcohol and other drug consumption; and on alcohol and other drug use prevention policies in the health care institution in which the subject works.

It should be emphasized that the questionnaire drawn up highlights the use of alcohol, this being a drug that is culturally widespread within society and therefore deemed a public health issue due to its epidemiological dimension and the

high social and economic costs it brings with it for the government (road accidents, hospital care and hospitalizations)⁽⁶⁾.

The data were collected between September and October 2009, in classrooms, after having previously contacted their professor. Participants were given guidance about participation being voluntary and signed an informed consent form. They were assured that confidentiality and anonymity would be respected at all times during the research and they were free to withdraw at any time as per Resolution n° 196/96⁽⁷⁾. The statistic treatment of the data was conducted using the Statistical Package for the Social Sciences (SPSS®) software.

Results

It stood out that around 89% of participants were female, a predominant characteristic in nursing; and the mean age was 29. As for their marital status, 60% were single and 31% were married. Around 64.9% were qualified in other specializations, 7.2% had Master's degrees and 27.9% had merely completed high school. Mean household income was R\$ 5,529.00 and mean monthly individual salary was around R\$2,834.00. Regarding the number of hours worked per week, the mean was 50 hours.

Table 1 – Distribution of the population on the lato sensu Postgraduate courses. Rio de Janeiro, RJ, Brazil, 2010

Specialization	F	%
Intensive Nursing	41	36.9
Occupational Nursing	25	22.5
Neonatal Nursing	19	17.1
Stomatherapy Nursing	17	15.3
Family Health Management	9	8.1
Total	111	100.0

The number of years that each participant had been working in the health care institution varied between one and two years, 29.7%; for less than one year, 21.6%; and between six and 10 years, 18.9%. It was found that 36.8% were civil servants 21.1% were contracted workers.

Regarding having ever tried or used drugs, 83% of participants had tried or used drugs, mostly alcohol (51.4%), followed by tobacco products (17.9%) and anxiolytics and sedatives

(10.4%). The mean age at which they had tried these substances was 16.8 years old.

As for regular drug use (individual who uses drugs three times or more per week), a mere 9% (8) responded in the affirmative. Of these, two had been using for ten years and two others between 20 and 30 years. The most commonly consumed drugs were alcohol (21.7%) and tobacco products (17.4%). The mean age at which regular drug use began was 16.3 years old.

Of those participants who regularly used drugs, the explanations offered included: to relax when tense (12%), to celebrate special occasions (12%), to relieve anxiety (10%) and to cheer up when sad (8%).

A quarter of the regular users reported that in the three months preceding the research others had shown concern or suggested they give up taking the drugs. When questioned whether they had already made some attempt to control, decrease or stop their drug use, 30% of the regular users said they had not, and 10% reported that they had tried to do so within the last three months, but without success.

The participants who consumed alcohol, regularly or otherwise, generally consumed more at parties (22.5%), bar/clubs (20.8%), at home (13.3%) and at friends' houses (12.5%). When asked whether consuming alcohol and other drugs affected them carrying out their work, 33.3% of the users strongly disagreed, whereas 10% agreed.

The reasons for never having consumed alcohol were: religion (5.4%), health reasons (3.6%) and others (7.2%), such as not linking it and never having felt the urge to try it. As for the reasons that lead to giving up alcohol, the most commonly cited reasons were: religion (7.9%), health reasons (4.5%) and others (9.0%), such as not liking the taste of alcohol.

On the AUDIT, the points for each option marked summed together give the total score, varying between zero and 40. The higher the score, the higher alcohol consumption, addiction and harm. It was found that the majority of users did not have alcohol-related problems. However, 63% had total scores of between eight and 15 points, a medium level of problems related to alcohol; and 1.8% had scores above 16 points, signifying a high level of alcohol-related problems.

It was found that 30.6% of the participants had scores of one or more when the points for questions two and three were added, indicating a risky level of alcohol consumption; 7.2% scored more than zero in questions four to six, indicating the onset or existence of alcohol addiction; and 19.8% scored on questions seven to 10, suggesting the individual had already experienced some hard related to alcohol use

The majority of participants (62.2%) stated that the health care institution in which they worked did not have any alcohol or drug prevention programs, whereas 18.9% reported that there was some type of prevention program, the most frequent prevention activities being: preventing tobacco use (20%), support groups (16,7%), referrals to specialist care (13.3%) and seminars (13.3%).

As for alcohol and/or other drug use on the part of employees being related to stress at work and/or work conditions, 67.6% of participants agreed. Workers who suffered from drug-related problems sought support from their family (30.4%), church (26.8%) or other (15.2%), such as specialist institutions (Alcoholics Anonymous and Psychosocial Care Centers), friends, workmates (14.5%) and health care professionals (13.0%).

We investigated what changes could help decrease alcohol and other drug use in workers. In this case, 18.7% marked “improvements in the workplace environment”, followed by the option “changes to the workload” (15.9%).

As for developing alcohol and other drug use prevention programs, 82% of participants would like the institution in which they work to do more. The most frequently indicated activities were: “distribute educational material” (11.1%); “seminars” (10.4%); “presenting personal experience” (9.2%); “forums and seminars about drugs” (8.5%); and “forming links with other companies to encourage promoting preventative actions for drug abuse” (8.5%).

Suggestions as to what might facilitate/improve work activities included: organizational issues (39.9%) – reducing the workload, followed by better working conditions and more stable employment relationships; and social relationships (14.6%) – recognition, better interpersonal relationships with management and leisure. Many participants also suggested raises and employing more staff.

Discussion

The health care workers’ proportion of responses on ever having used alcohol or tobacco products was in line with data from a household survey on psychotropic drug use in Brazil between 2001 and 2005. Ever having tried alcohol was 68.7% and 74.6%, respectively. These drugs stand out as the most frequently consumed in Brazil, responsible for the highest rates of problems from their abuse⁽⁸⁻⁹⁾.

Such data portray the position of alcohol and tobacco in Brazilian society, socio-culturally accepted by the population, linked to the fact that these drugs can be legally produced, used and sold, even encouraged in some communities.

Studies have shown that working conditions can be a trigger for drug use in nursing professionals. It was found that inadequate working conditions, overload of work and easy access to drugs are some possible motives for drug use in these professionals⁽¹⁰⁾.

Those who work in nursing use psycho-active substances as a way of reducing tension and stress. This mechanism for negating or reducing perceived suffering in a reality that is often associated with poor working conditions, exposing the safety of the worker and the clients they care for⁽¹⁰⁾.

The proportion of ever having used benzodiazepines (10.4%), barbiturates and amphetamines (stimulants) differs from the national level study (proportion of benzodiazepines in 2001 of 3.3% and in 2005 5.6%), as the populations compared have distinct characteristics, one study referring to a specific group, health professionals, and the other to the Brazilian general population⁽⁸⁻⁹⁾.

According to the I National Survey on Patterns of alcohol Consumption in the Brazilian population, in 2007, the mean age at which adults aged 18 to 25 began to consume alcohol regularly was 17.3 years old⁽⁶⁾. It is worth noting that, in this study, the age at which regular drug use began was 16.3, in other words, some of the health care professionals had begun to use drugs before the age of 18, the legal age for buying legal drugs in Brazilian legislation.

In the 1005 household survey, drug addiction in those interviewed was higher for alcohol

(12.3%) and tobacco (10.1%)⁽⁸⁾. This is in line with the data from this study, in which alcohol addiction was 21.7% and 17.4% for tobacco.

By using the AUDIT, it was possible to compare the participants' mean (2.47) total score with the mean total score (2.85) in the study conducted by the Industry Social Service - *Serviço Social da Indústria* (SESI), and see no significant difference⁽¹¹⁾. It could be inferred that neither population has many problems with alcohol use and the measuring capacity was similar in both cases.

Religion was shown to be a protective factor against later regular alcohol consumption. Not being brought up in a household in which religion is relevant increases the chances of consuming alcohol. Moreover, the individual's current religion, the frequency with which they participate in religious activities and leisure time activities may also be associated with illegal drug use⁽¹²⁻¹³⁾. Being part of a religion was confirmed as one of the predominant reasons for health care workers never having drunk alcohol, or having stopped drinking.

In the 2007 nationwide survey on alcohol consumption patterns, over the last 12 months, for the Brazilian population, the greatest quantities of alcoholic drinks were consumed in bars/clubs (27%), at home (23%), at parties (17%) and at friends' homes (11%)⁽⁶⁾. This is similar to the results of this study.

Although there was disagreement among the health care professionals as to drug use and carrying out their work, 82% of participants would like it if the health institution in which they worked conducted some kind of drug use prevention program, as only 18.9% reported that such a program already existed.

According to mapping of alcohol and other drug consumption in Brazil, activities carried out with employees aiming at preventing and/or reducing alcohol and other drug abuse are: preventing alcohol and other drug abuse (all mentioned this); treatment, recovery and social re-inclusion (72.4%); reducing social and health damage (39.9%); and teaching and research (4.3%)⁽¹⁴⁾. This is in contrast to the findings of this study, in which the majority if reported activities concerned preventing tobacco use, support group, referrals to specialist treatment and seminars.

These data need to be analyzed in the light of recent findings on how nursing is a category subject to high demand work, according to the classification proposed by Georges Theorell. This occurs when the demands of the job are deemed challenging, intense or capable of producing physical and/or psychological overload. When this situation mismatches with the workers ability to control their work, or even when there is no mediating effect of social support from workmates, family or other social circles, an imbalance establishes itself with regards the risk of stress occurring in the job⁽¹⁵⁾.

Changes in the world of health care work have come to mean that a large part of professionals depend more on an employment relationship, representing an overload in terms of physical displacement, organizational changes and difficulty finding personal or family time, among other factors.

It should be noted that 11.1% of the participants had difficulty understanding that the term "drugs" also referred to legal drugs, suggesting more specificity about the term drugs in the question. This is a disturbing fact, given that the population was made up of educated health care professionals.

It is therefore important to discover the level of workers' satisfaction in the institution in which the work so as to recognize risk and protection factors for drug use, as dissatisfaction at work is produced by the mismatch between the worker's expectations and the way in which they must carry out their functions.

Conclusions

The most frequently used drug, as expected, was alcohol, being culturally accepted in this society. Apart from alcohol and tobacco, the most frequently consumed drugs were amphetamines and benzodiazepines, in contrast to the general population. This may be due to these professionals having more access to such types of drugs, using them to reduce stress levels and tiredness at work resulting from the long, multiple working days.

Some participants expected the institute in which they worked to conduct some kind of alcohol or other drug use prevention programs.

They suggested the following as ways to facilitate and/or improve how they carried out their work: reduced workload, better working conditions, break room, better interpersonal-relationships, events, continuous educational courses and better physical layout of the workplace, among others.

Another feat that stands out is that more than half of the participants, educated health care workers do not consider alcohol and tobacco to be drugs. It therefore became imperative that the topic of drugs and alcohol be included in degree courses in the health care area, in workplaces and in permanent education processes.

In short, institutions/companies need to become increasingly aware of the issue of drugs, overcoming the punitive vision and mystification concerning substance use and abuse. Moreover, it is necessary that both workers and employers take on the burden of facing this issue, since there is no denying that the problems from abuse, especially of alcohol, are present in daily work.

References

1. Vásquez Mendoza E, Pillon SC. La formación de enfermeras y el fenómeno de las drogas em Colombia: conocimientos, actitudes y creencias. *Rev. Latino-Am. Enfermagem*. 2005 Set-Out; 13(n.esp):845-53.
2. Rocha PR, David HMSL. Protection and risk factors associated to initial use of cannabis: systematic review. *SMAD, Rev. Eletrônica Saúde Mental Álcool Drog.* (Ed. port.). [Internet]. 2011 [acesso 11 jan 2012]; 7:98-106. Disponível em: Disponível em: <http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1806-69762011000200008&lng=pt&nrm=iso>. ISSN 1806-6976.
3. David HMSL, Caufield C. Mudando o foco: um estudo exploratório sobre uso de drogas e violência no trabalho entre mulheres das classes populares da cidade do Rio de Janeiro, Brasil. *Rev. Latino-Am. Enfermagem*. 2005 Nov-Dez;13(n.esp):1148-54.
4. Zeferino MT, Santos VEP, Radünz V, Carraro TE, Frello AT. Enfermeiros e uso abusivo de drogas: comprometendo o cuidado de si e do outro. *Rev Enferm UERJ*. 2006;14(4):599-605.
5. Méndez EB. Uma versão brasileira do AUDIT – Alcohol Use Disorders Identification Test [Dissertação de Mestrado em Epidemiologia]. Pelotas: Departamento de Medicina Social, Faculdade de Medicina da Universidade Federal de Pelotas; 1999. 128 p.
6. Laranjeira R, Pinsky I, Zaleski M, Caetano R, organizadores. I Levantamento Nacional sobre os Padrões de Consumo de Álcool na População Brasileira [Internet]. Brasília (DF): SENAD; 2007. [acesso 25 nov 2007]. Disponível em: www.obid.senad.gov.br.
7. Conselho Nacional de Saúde – CNS (BR). Resolução CNS n.º 196 de 10 de outubro de 1996. Diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Brasília (DF): CNS; 1996.
8. Centro Brasileiro de Informações Sobre Drogas Psicotrópicas – CEBRID (BR). II Levantamento domiciliar sobre o uso de drogas psicotrópicas no Brasil: estudo envolvendo as 108 maiores cidades do país: 2005. São Paulo (SP): CEBRID; 2006.
9. Secretaria Nacional de Políticas Sobre Drogas – SENAD (BR). A Prevenção do Uso de Drogas e a Terapia Comunitária [Internet]. Brasília (DF): SENAD; 2006. [acesso 20 out 2009]. Disponível em: <http://www.obid.senad.gov.br>.
10. Martins ERC, Zeitoune RCG. As condições de trabalho como fator desencadeador do uso de substâncias psicoativas pelos trabalhadores de enfermagem. *Esc Anna Nery*. 2007;11(4): 639-44.
11. Serviço Social da Indústria – SESI (BR). Levantamento sobre Uso de Drogas entre Trabalhadores da Indústria. Brasília (DF): SESI; 2000.
12. Bastos FI, Bertoni N, Hacker MA. Consumo de álcool e drogas: principais achados de pesquisa de âmbito nacional, Brasil 2005. *Rev Saúde Pública*. 2008;42(supl 1):109-17.
13. Faria MGA, David HMSL, Rocha PR. Inserção e prática religiosa entre mulheres: Aspectos protetores ao uso de álcool e violência. *SMAD, Rev. Eletrônica Saúde Mental Álcool Drog.* (Ed. port.). jan-abr 2011;7(1):32-7.
14. Carvalho DBB, coordenação geral. Mapeamento das instituições governamentais e não-governamentais de atenção às questões relacionadas ao consumo de álcool e outras drogas

no Brasil - 2006/2007: Relatório. Brasília (DF): Secretaria Nacional Antidrogas; 2007.

15. Campos JF. Estresse ocupacional segundo o modelo demanda-controle e suas repercussões na saúde do trabalhador de enfermagem: análise das variações de cortisol salivar. [Tese de Doutorado em Enfermagem]. Rio de Janeiro: Faculdade de Enfermagem da Universidade do Estado do Rio de Janeiro; 2013. 121 p.

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