

## Psychological complaints and drug consumption in university students served in a healthcare service

Regina de Cassia Rondina<sup>1</sup>  
Caio Augusto Teixeira Piovezzani<sup>2</sup>  
Debora Chiararia de Oliveira<sup>3</sup>  
Raul Aragão Martins<sup>4</sup>

**Aims:** to investigate the relationship between psychological complaints and drug consumption among undergraduate students seen in a psychological care center. **Methodology:** a survey was conducted in a University in São Paulo State in order to collect information on the complaints that led to the search for the psychology service and also the drug consumption pattern reported by students. **Results:** among the 165 students, 76.4% are female. The main complaints of the students are related to depressive symptoms and difficulties in emotional, social and family relationships. The percentage of students who reported marijuana use was higher among students who complained of depressed mood, difficulties in interpersonal relationships and suicidal behavior, compared to students with no complaints of this nature. **Conclusion:** preventive and/or therapeutic programs could contribute to improving the quality of life of students.

**Descriptors:** Drugs; Undergraduate Students; Psychological Assistance.

<sup>1</sup> Universidade Estadual Paulista Júlio de Mesquita Filho, Faculdade de Filosofia e Ciências, Marília, SP, Brazil.

<sup>2</sup> Associação de Pais e Amigos dos Excepcionais de Itamonte, Itamonte, MG, Brazil.


<sup>3</sup> Universidade de São Paulo, Faculdade de Odontologia de Bauru, Bauru, SP, Brazil.

<sup>4</sup> Universidade Estadual Paulista Júlio de Mesquita Filho, Instituto de Biociências, Letras e Ciências Exatas, São José do Rio Preto, SP, Brazil.

**Corresponding author:**

Regina de Cassia Rondina

E-mail: rcassiar@marilia.unesp.br

 <https://orcid.org/0000-0002-0588-8120>

## Queixas psicológicas e consumo de drogas em universitários atendidos em núcleo de assistência

Objetivo: investigar a relação entre queixas psicológicas e prevalência de consumo de drogas entre universitários atendidos em núcleo de assistência psicológica. Metodologia: realizou-se um levantamento em uma universidade paulista sobre as queixas que motivaram a busca pelo serviço de Psicologia e o padrão de consumo de drogas informado pela clientela. Resultados: dentre 165 estudantes avaliados, 76,4% são do sexo feminino. As principais queixas foram relacionadas a humor depressivo e dificuldades na esfera dos relacionamentos afetivos, sociais e familiares. O percentual dos que informaram consumir maconha foi maior entre participantes com queixas de humor depressivo, dificuldades em relacionamentos interpessoais e condutas do espectro suicida, em comparação a estudantes sem essas queixas. Conclusão: programas de natureza preventiva e/ou terapêutica poderiam promover melhorias na qualidade de vida dessa população.

Descritores: Drogas; Universitários; Assistência Psicológica.

## Quejas psicológicas y consumo de drogas en universitarios atendidos en un servicio de salud

Objectivos: investigar la relación entre quejas psicológicas y prevalencia de consumo de drogas entre universitarios atendidos en núcleo de asistencia psicológica. Metodología: se realizó un levantamiento en una universidad paulista, sobre las quejas que motivaron la búsqueda por el servicio de Psicología y el patrón de consumo de drogas informado por la clientela. Resultados: entre 165 estudiantes evaluados, el 76,4% son del sexo femenino. Las principales quejas fueron relacionadas con el humor depresivo y las dificultades en la esfera de las relaciones afectivas, sociales y familiares. El porcentaje de los que informaron consumir marihuana fue mayor, entre participantes con quejas de humor depresivo, dificultades en relaciones interpersonales y conductas del espectro suicida, en comparación con estudiantes sin esas quejas. Conclusión: los programas de carácter preventivo y / o terapéutico podrían promover mejoras en la calidad de vida de esa población.

Descriptores: Drogas; Universitarios; Asistencia Psicológica.

### Introduction

The incidence of psychological disorders in university students in Brazil and abroad is high<sup>(1-3)</sup>. It is assumed that higher education academics are vulnerable to psychic suffering due to the association between specific characteristics of this clientele, such as the transition stage in which they are, and the

condition of being a university student<sup>(2-3)</sup>. The transition to higher education tends to increase the vulnerability to psychological distress in many students, triggering psychological and pathological symptoms that may or may not evolve to psychiatric disorders<sup>(4)</sup>.

Emotional difficulties typical of this stage of the evolutionary cycle, associated with the challenges of adapting to university life, may expose the young

student to stress<sup>(4)</sup>. A set of variables can lead to stress, such as separating from family and friends, acquiring greater autonomy and independence, transition from the high school model to the higher education, new demands and responsibilities, dividing housing with strangers, financial difficulties, competition among peers, difficulty in organizing time, need to meet family expectations, conflicts in friendship/romantic relationships and problems related to sexual orientation, among others<sup>(1-2,5)</sup>. For some young people, access to higher education may favor the adoption of unhealthy coping mechanisms, such as the use of psychoactive substances (among other risk behaviors), which, in turn, may end up compromising physical/mental health and also academic performance<sup>(2,4,6-7)</sup>.

The frequency of use of drugs among university students in Brazil is higher than the prevalence of consumption in the general population between 18 and 24 years of age, although lower than that of North American university students<sup>(6)</sup>. Mental health care programs are needed to prevent the emergence of problems such as drug use, minimizing the psychic suffering of students and school dropout/failure rates and/or interruption of schooling, among other things<sup>(1,7)</sup>.

The identification of variables associated with psychic suffering among university students using drugs can broaden the understanding of the subject, providing feedback on preventive and therapeutic actions. In the literature on the relationship between mental health and problems related to drug use among university students, there is prevalence of epidemiological/statistical studies. There is still a relative scarcity of Brazilian research with a specific focus on the relation between the pattern of substance use and psychological complaints/difficulties/problems reported by university students seeking psychological care services.

This article aims to investigate the associations between the consumption pattern of psychoactive substances and the main complaints reported by academics seen at a psychology service at a public university in western São Paulo. The aim is to support the elaboration and/or improvement of mental health prevention/intervention programs specifically designed for higher education academics.

## Method

This is a documentary, descriptive, retrospective and quantitative study. It has a naturalistic approach and is intended to present a preliminary description of the theme<sup>(8)</sup>.

*Target-institution:* The research was carried out at the Center for Psychological and Educational Care and Research (NAPEP) at a public university in the west

of São Paulo that provides psychological assistance to undergraduate and graduate students. Students seeking this center are referred for initial interviews aimed at their evaluation and registration into the psychology service. At this stage, a preliminary survey of the main complaints/problems that motivated the search for psychological assistance is carried out. At the end of the interview, the student completes a registration form with sociodemographic and clinical data, as well as the psychoactive substance (PAS) use pattern. The main complaints/problems reported by the student during the interview are then registered by the interviewer in the registration form.

*Participants:* Participants of the present study were students over 18 enrolled in the NAPEP in the period between February 2011 and June 2013.

*Procedures:* Data collection was carried out through consultations in the registration forms. Information on sociodemographic data (sex, age, course, semester, religion, housing) and on the substance use pattern were extracted. The data were coded and transcribed in a spreadsheet, thus ensuring the confidentiality of the information. A compilation of the main complaints and problems presented by the students during the interviews was also performed. The complaints were analyzed, systematized and grouped into topics, in the form of thematic categories, and recorded in the electronic spreadsheet.

*Data analysis:* Tables with simple percentage frequencies were elaborated describing the prevalence of students who reported complaints in each category. To investigate the associations between the prevalence of psychoactive substance use and the categories of psychological complaints, the data underwent descriptive and association analyzes, using a significance level of 0.05.

*Ethical aspects:* The research project was approved by the Ethics Committee of the University (Opinion no. 047/2012). All the interviewees signed an Informed Consent Form (ICF), thus authorizing the use of their data in scientific research.

## Results

The records of 165 students were consulted, of whom 86.7% came from undergraduate courses and 13.3% from graduate courses. Among the participants, 76.4% were female. From the reading, analysis and systematization of the records found in the registration forms, 14 categories of complaints/symptoms emerged, described in Figure 1:

Category	Description
Depressive Humor	Complaints such as feelings of depression, crying, sadness, low self-esteem, feeling of emptiness, anguish, demotivation, uselessness, difficulties sleeping, excessive sleep, insecurity, pessimism, hopelessness, among others.
Anxiety	Reports of symptoms of anxiety, such as panic attacks, fear, phobias, worry, anxiety, among others.
Difficulties in Affective Relations	Complaints related to difficulties in relationships (with partners, boyfriends or spouses); complaints such as jealousy, emotional dependence on the partner, disagreements and conflicts in the affective area in general.
Difficulties in Family Relationships	Complaints related to conflicts in the interaction with relatives (father, mother, siblings, mother-in-law, children and other relatives).
Difficulties in Social/Interpersonal Relations	Complaints related to difficulties in interpersonal relationships in general (friends and/or co-workers and classmates, among others).
Academic Difficulties	Difficulties related to academic performance, such as lack of concentration and attention, memorization problems, lack of interest in classes and/or content, doubts about the choice of course and learning difficulties in general.
Suicidal spectrum	Suicidal thoughts and ideas, willingness to die, suicide attempt history.
Mood oscillation	Change in mood, aggressiveness, anger, impatience, nervousness, lack of emotional control, anger and hatred.
Sexuality	Conflicts related to sexual orientation, sexual disorders, traumatic experiences related to sexuality.
Food complaints	Complaints related to eating problems, such as lack of appetite, bulimia, binge eating, among others.
Stress	Reports such as feeling stressed or overloaded by tasks, among others.
History of psychiatric disorder	A previous or current diagnosis of a set of psychopathological signs and symptoms with psychic suffering or impairment in one or more areas of functioning.
History of sexual abuse	Reports of rape and/or sexual abuse during life.
Problems with substance use	Complaints regarding the use of psychoactive substances and the problems arising from such use; addiction, drug abuse, reports of being addicted in the recovery process.

Figure 1 – Categories of Complaints/Symptoms Reported by Students:

The percentage of students reporting complaints in each category is shown in Table 1.

The highest percentage found here (78.7%) refers to the Depressive Humor category (Table 1). There were also high percentages of students who reported complaints on “Anxiety”, “Difficulties in Family Relationships”, “Difficulties in Interpersonal Relationships” and “Academic Difficulties”. The difference between the percentages in the two sexes, found in the category “Difficulties in Affective Relationships”, is statistically significant ( $\chi^2 = 4.885$ ,  $p = 0.027$ ), being higher for males. In the other categories, the complaints were cited by relatively few students (less than seven), which makes it difficult to compare the incidences according to sex.

Among the interviewees, 66.7% reported consuming legal and/or illegal drugs (Table 2). Alcohol was the most cited substance (60.6%); following, marijuana, tobacco, and cocaine were cited. Amphetamines, mushroom tea, hashish, LSD, ecstasy, ether spray, among other substances, were cited in only a few reports.

The difference between percentages of alcohol, marijuana and tobacco consumption between the sexes is statistically significant, being higher in the male sex.

In the case of cocaine, the difference between the percentages did not reach significance.

Participants were also classified in relation to the number of substances used, which resulted in three groups: not using drugs, using one drug and using two or more drugs (Table 3). The prevalence of polydrug use (simultaneous consumption of two or more substances) is higher in males, and the difference between the sexes is statistically significant ( $\chi^2 = 11.570$ ,  $p = 0.003$ ).

The percentage of participants who reported psychological complaints was classified according to the amount of drugs consumed (Table 4). A significant association was found between the number of substances used and the categories “Difficulties in Family Relationships” and “Difficulties in Social Relationships”. The prevalence of use of one drug and also of two or more drugs is higher in students who presented complaints in these two categories compared to participants without the same complaints.

Finally, simple percentage frequencies for each substance (Alcohol, Tobacco, Marijuana and Cocaine) were calculated, separately, according to the categories of complaints in which frequency was equal to or greater than 10 (Table 5):

Table 1 – Frequency and percentage of students with psychological complaints in each category by sex

Complaints	Female		Male		Total	
	<i>f</i>	%	<i>F</i>	%	<i>f</i>	%
Depressive Humor	103	81.7	27	69.2	130	78.8
Anxiety	49	38.9	23	59.0	72	43.6
Difficulties in Affective Relations*	51	40.5	17	43.6	68	41.2
Difficulties in Family Relationships	56	44.4	12	30.8	68	41.2
Difficulties in Social/Interpersonal Relations	51	40.5	15	38.5	66	40.0
Academic Difficulties	47	37.3	17	43.6	64	38.8
Suicidal spectrum	15	11.9	7	17.9	22	13.3
Mood oscillation	13	10.3	6	15.4	19	11.5
Sexuality	6	4.8	0	0.0	6	3.6
Food complaints	2	1.6	4	2.4	6	3.6
Stress	6	4.8	0	0.0	6	3.6
History of psychiatric disorder	3	2.4	2	5.1	5	3.0
History of sexual abuse	3	2.4	0	0.0	3	1.8
Problems with substance use	1	0.8	0	0.0	1	0.6

\*p-value = 0.027

Table 2 - Frequency and percentage of substance use by sex.

Drug	Female		Male		Total	
	<i>F</i>	%	<i>f</i>	%	<i>f</i>	%
Alcohol*	70	59.6	30	85.7	100	65.8
Marijuana*	32	27.6	19	54.3	51	33.8
Tobacco*	23	19.8	14	40.0	37	24.5
Cocaine	9	60.0	6	40.0	15	9.9

\* p ≤ 0.05

Table 3 - Frequency and percentage of students by sex according to the number of substances used

Number of drugs used	Female		Male	
	<i>f</i>	%	<i>f</i>	%
None	47	37.3	8	20.1
One	45	35.7	9	23.1
Two or more	34	27.0	22	56.4

Table 4 - Frequency and percentage of participants reporting complaints by category according to the amount of drugs used

Category	No drugs		One drug		Two or more drugs		Total	
	<i>F</i>	%	<i>F</i>	%	<i>f</i>	%	<i>f</i>	%
Depressive Humor	42	76.4	46	85.2	42	75.0	130	78.8
Affective Relationships	19	34.5	26	48.1	27	48.2	72	43.6
Family relationships*	15	27.3	27	50.0	26	46.4	68	41.2
Social Relationships*	14	25.5	25	46.3	27	48.2	66	40.0
Academic Difficulties	26	47.3	16	29.6	22	39.3	64	38.8
Anxiety	22	40.0	20	37.0	26	46.4	68	41.2
Suicidal spectrum	4	7.3	5	3.0	10	6.1	19	11.5
Mood oscillation	8	14.5	3	5.6	11	19.6	22	13.3

\* p ≤ 0.05

Table 5 - Frequency and percentage of participants using each substance

Category	Alcohol		Tobacco		Marijuana		Cocaine	
	<i>f</i>	%	<i>F</i>	%	<i>f</i>	%	<i>f</i>	%
Depressive Humor	80	80.0	30	81.1	36	70.6*	10	66.7
Affective Relationships	47	47.0	18	48.6	23	45.1	5	33.3
Family relationships	45	45.0	16	43.2	27	52.9	7	46.7
Social/Interpersonal Relationships	45	45.0	18	48.6	29	56.9*	6	40.0
Academic Difficulties	35	35.0	14	37.8	19	37.3	3	20.0
Anxiety	44	67.7	17	45.9	23	45.1	7	46.7
Suicidal spectrum	12	12.0	7	18.9	11	21.6*	4	26.7
Mood oscillation	13	13.0	8	21.6	9	17.6	4	26.7

\*  $p \leq 0.05$

There was a significant association with marijuana use only. The percentages of use of this substance were higher among students who reported complaints regarding Depressive mood, Difficulties of social relationship and Suicidal spectrum, in comparison to those who did not present the same complaints.

## Discussion

### Main complaints:

It stood out the high percentage (78.7%) of respondents with complaints suggesting depressive symptoms, such as frequent crying, sadness, low self-esteem, feeling of emptiness, lack of motivation, feeling of worthlessness, difficulty sleeping, excessive sleep, insecurity, pessimism, hopelessness, among others. In this study, students were not evaluated for psychopathological diagnosis. However, this result suggests that the incidence of depressive disorders may be high among this clientele. In Brazil and abroad, studies have indicated a high prevalence of depression among college students<sup>(1,3,9)</sup>.

It is also possible that these complaints are in signs or manifestations that may or may not evolve into a psychopathological picture. The period of university admission is a phase of life conducive to the appearance of warning signs, also characterized as prodromes or precursors of mental disorders<sup>(2,10)</sup>. Prodromes are temporary reactions to stress and do not necessarily suggest mental illness; however, its early detection and immediate intervention may minimize the risks of evolution to psychopathology<sup>(2)</sup>.

The second highest percentage of complaints (43.6%) refers to problems in the area of affective relationships. There were still high percentages (38% or more) in the categories Difficulties in Family Relationships, Difficulties in Interpersonal Relations in General, Academic Difficulties and Anxiety. This scenario is similar to the results of Brazilian and foreign research

carried out with psychological and/or psychiatric care services for university students<sup>(2,11)</sup>.

### Consumption of substances informed by respondents:

Alcohol was the most frequently cited substance in this study, which is in line with epidemiological surveys carried out among university students in Brazil and abroad<sup>(6-7,12)</sup>. The second most cited substance was marijuana, followed by tobacco. This result differs from several epidemiological surveys in Brazil and abroad, in which tobacco tends to be the second most frequently mentioned substance among university students<sup>(6,13)</sup>. However, the sample of this study was exclusively composed of students who sought psychological counseling service, which provides specific characteristics and makes it difficult to compare with other studies. The percentage of polydrug use found here (33.9%) is similar to that foreseen in the literature in Brazil and abroad<sup>(14-15)</sup>. The predominance of polydrug use in male students is also compatible with epidemiological studies<sup>(12,15)</sup>.

### The relationship between the number of substances and the categories of psychological complaints

The percentages of respondents who reported consuming only one substance and also the percentages of polydrug use among those who presented complaints in each category were determined. Consumption of one substance, as well as polydrug use, were more frequent among students with complaints in the categories "Difficulties in family relationships" and "Difficulties in social relationships" compared to those who did not report the same complaints. The use of drugs may be a coping strategy for the management of difficulties in the interpersonal scope. The literature suggests that lack of interpersonal dexterity is strongly intertwined

with both drug use and psychopathological conditions, among other problems<sup>(16)</sup>. This result is in line with the idea that the typical demands of this transition phase may become some students vulnerable to adopting unhealthy coping mechanisms and, among them, drug use<sup>(2,5-7, 10)</sup>.

### Prevalence of substance consumption according to the categories of psychological complaints

We identified and compared the prevalence of specific substance use among university students presenting different categories of psychological complaints. However, the small number of students who reported consumption of some substances and the low percentages of reports observed in some categories are factors that make it difficult to statistically treat results and/or to make inferences about the relationship between drug use and psychological complaints as a whole. Thus, we analyzed only the prevalence of alcohol, tobacco, marijuana and cocaine use among students who presented complaints in the categories Depressive humor, Difficulties in affective relationships, Difficulties in family relationships, Difficulties in interpersonal relationships, academic difficulties, Anxiety, Suicidal spectrum and Mood oscillation.

Marijuana use was more frequent among academics reporting Depressive mood, Difficulties in interpersonal relationships, and Suicidal spectrum compared to those who did not report such complaints. No significant association was found with other substances.

Depressive symptoms are associated with the use of marijuana<sup>(17-20)</sup>. There are signs that marijuana may increase the risk of depression<sup>(18,20-21)</sup>. However, the association between the recreational use of *cannabis* and depression is unclear<sup>(18)</sup> and there is still no consensus on this<sup>(17-22)</sup>. This association may be mediated by a complex interaction of factors. The early initiation of consumption and its regular use may increase the risk of stressors, such as unemployment, educational difficulties and involvement in crimes, among others, favoring the onset of depression<sup>(21)</sup>. On the other hand, there are indications that the association between marijuana and the appearance of depressive symptoms is conditioned to the individual genetic composition<sup>(22)</sup>.

The higher prevalence of marijuana use observed in students with complaints in the Suicide spectrum category (compared to those who did not report such complaints) partially confirms what the literature predicts. The consumption of alcohol, tobacco and other drugs is considered a major risk factor for suicide<sup>(23)</sup>. Suicidal behavior is currently characterized as a spectrum or

continuum, involving ideation, affections, and behaviors ranging from ideas of death to consummation of the suicidal act<sup>(1,23)</sup>; being difficult to specify the limits and risks<sup>(1)</sup>. It is a public health problem. The incidence of suicide is particularly worrying in university populations. An increasing number of publications have addressed the association between drug use (among other variables) and suicidal spectrum behaviors among higher education students<sup>(1,24-25)</sup>. There is evidence that there is a higher prevalence of suicidal thoughts among adolescents and young adults who consume *cannabis*, although there is controversy about it<sup>(18)</sup>. If the relationship between marijuana and complaints of suicidal spectrum found here is confirmed in later studies, there will be the need to develop research on the mechanisms underlying this association. It is considered, for example, that a set of aspects, such as chronic intoxication, withdrawal symptoms, personality and adaptive disorders and, particularly in adolescents, the presence of emotional, developmental and social behavior disorders, may increase vulnerability to depression and suicidal spectrum behaviors in *cannabis* users<sup>(18)</sup>.

The higher prevalence of substance use found here among students with complaints of difficulties in interpersonal relationships is in line with the contemporary literature on social skills. Deficit in social skills are considered risk factors for problems related to drug use, especially in adolescents. On the other hand, there is evidence that the development of social skills may be a protective factor for the onset of the problem. Among adolescents, deficit in specific aspects of these skills are related to marijuana use<sup>(16,26-27)</sup>. A research with adolescents found that marijuana users had more deficits in social skills, cognitive aspects, anxiety and depression symptoms compared to non-users<sup>(26)</sup>. There is still controversy, however, as to the association between marijuana use and social skills in different population groups. In a recent study carried out with patients seen in a Psychosocial Care Center - Alcohol and Drugs (CAPS-AD), for example, there was no association between marijuana use and social skills deficit<sup>(28)</sup>. As a limitation of the present study, the authors mention the lack of evaluation on the influence of social skills in cases of polydrug use and emphasize the importance of further studies on the subject<sup>(28)</sup>. It is important to highlight in the present work found association between the number of substances used by the interviewees and the presence of complaints related to interpersonal difficulties.

The results found suggest that interpersonal difficulties are intertwined in a complex and synergistic way with the symptoms of depressive mood and the complaints of the suicidal spectrum, as informed

by the interviewees. For many students, marijuana consumption is a strategy to minimize the psychological suffering associated with situations of social interaction and/or depressive affections. Research with university students in Mexico has shown that female students with a history of physical and verbal domestic violence and who consume tobacco and other drugs are the most vulnerable to suicidal behavior<sup>(25)</sup>. It is assumed that the role of verbal violence during interpersonal situations has been underestimated in epidemiological studies on suicide. The perception of verbal violence in the form of offenses, disqualifications, induction of guilt and criticism directly affects low self-esteem of minors, resulting in self-destructive behaviors<sup>(25)</sup>. Research with adolescents and/or young adults also reveals an association between conflicts and/or family violence, suicidal behavior and psychopathology<sup>(23,29)</sup>.

All these data suggest the need to offer preventive and/or therapeutic interventions encompassing strategies aimed at promoting improvements in the social functioning of academics. Such actions may minimize the risk of adopting unhealthy coping strategies, such as marijuana use, among others.

## Final Thoughts

In this study, prevalences of marijuana use were higher among students with complaints of depressive mood, difficulties in interpersonal relationships, and reports of suicide attempt history and/or suicidal ideation compared to academics without the same complaints. The difficulties in managing interpersonal situations may be simultaneously linked to the consumption of marijuana and to the appearance of warning signs/prodromes of depressive disorders and of suicidal spectrum behaviors. This leads us to believe that university students with these characteristics represent a vulnerable group to psychic suffering and that, therefore, they need assistance in the area of mental health.

The high percentages of students with interpersonal complaints suggest the need for preventive actions, including interventions designed to promote improvements in social functioning. Multidisciplinary intervention programs involving the areas of Psychology, Nursing, Mental Health, Occupational Therapy and related areas could contribute to the prevention of risk behaviors and promotion of the quality of life of university populations.

It is important to highlight the limitations of this study. The relatively small sample size impaired the description of the characteristics of students coming from undergraduate and graduate courses, separately.

The comparative description between the sexes, regarding the incidence of drug use and according to the psychological complaints was not performed, nor the analysis of the incidence of combined consumption of substances (such as alcohol x tobacco, alcohol x marijuana, tobacco x marijuana) separately, according to the categories of complaints. These factors hamper comparison with other surveys. New studies, with larger sample size, could contribute to the understanding of this subject.

## References

1. Micin S, Bagladi V. Salud mental en estudiantes universitarios: Incidencia de psicopatología y antecedentes de conducta suicida en población que acude a un servicio de salud estudiantil. *Terap Psicol.* 2011;29(1):53-64.
2. Osse CMC. Saúde mental de universitários e serviços de assistência estudantil: estudo multiaxial em uma universidade brasileira. [Tese de Doutorado]. Brasília (DF): Universidade de Brasília, Brasília; 2013. 259 p.
3. Silveira C, Norton A, Brandão I, Roma-Torres A. Saúde mental em estudantes do ensino superior: experiência da consulta de psiquiatria do centro Hospitalar São João. *Acta Médica Portuguesa.* 2011;24:247-56.
4. Botti NCL, Monteiro AMC, Benjamim, MLN, Queiroz LC. Depression, drug addiction, ideation and suicide attempt among nursery students. *J Nurs UFPE on line.* 2016;10(7):2611-6. Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/11321>
5. de Assis AD, de Oliveira AGB. Vida universitária e Saúde Mental: Atendimento às demandas de saúde e Saúde Mental de estudantes de uma universidade brasileira. *Cad Brase Saúde Mental.* 2011;2(4-5):163-82.
6. Eckschmidt F, Andrade AG, Oliveira LG. Comparação do uso de drogas entre universitários brasileiros, norteamericanos e jovens da população geral brasileira. *J Bras Psiquiatr.* 2013;62(3):199-207.
7. Rodrigues PJDR. Vulnerabilidade ao stress, qualidade do sono, fadiga e consumo de substâncias em estudantes universitários. [Dissertação]. Capariga, Almada: Instituto Superior de Ciências da Saúde Egas Moniz; 2013. 52 p.
8. Selltiz C, Wrightsman LS, Cook SW. Dados de observação e de Arquivo In: Kidder L H. Organizador Métodos de pesquisa nas relações sociais 2. São Paulo, EPU: 1987. p. 95-120
9. Neves MCC, Dalgalarrodo P. Transtornos mentais auto-referidos em estudantes universitários. *J Bras Psiquiatr.* 2007;56(4):237-44.
10. Osse CMC, Costa IID. Mental health and quality of life at a student hall of residence at the Universidade de Brasília, Brazil. *Estudos Psicol.* 2011;28(1):115-22.



11. Peres RS, Santos, MAD, Coelho HMB. Perfil da clientela de um programa de pronto-atendimento psicológico a estudantes universitários. *Psicol Estudo*. 2004;9(1):47-54.
12. de Sousa MDPS, Nóbrega LS, Strike C, Brands B, Giesbrecht N, Khenti A. Policonsumo simultâneo de drogas entre estudantes de graduação da área de ciências da saúde de uma universidade: implicações de gênero, sociais e legais, Santo André, Brasil. *Texto Contexto Enferm*. 2012;21:25-33.
13. Andrade AG, Duarte PAV, Oliveira LGD. I levantamento nacional sobre o uso de álcool, tabaco e outras drogas entre universitários das 27 capitais brasileiras. Brasília: Secretaria Nacional de Políticas sobre Drogas 1. 2010. [Acesso 8 set 2017]. Disponível em: <http://palestras.diversas.com.br/Nelson%20-%20Temas%20Diversos%20XXXI/Levantamento%20Nacional%20Sobre%20Drogas.pdf>. A
14. Rodríguez AH, Silva RP, Gomez MV, Hernández GR, de Sousa MDPS, Mitchell C, Whitehorne-Smith P. Policonsumo simultâneo de drogas em estudantes de facultades de ciencias de la salud/ciencias médicas en siete universidades de cinco países de América Latina y un país del Caribe: implicaciones de género, legales y sociales. *Texto Contexto Enferm*. 2012;21:17-24.
15. de Oliveira LG, Nishimura R, de Andrade AG. Uso Múltiplo de drogas entre universitários. In: I Levantamento Nacional sobre o Uso de Álcool, Tabaco e Outras Drogas entre Universitários das 27 Capitais Brasileiras. Brasília: SENAD; 2010. p. 101-28.
16. Wagner MF, Oliveira MS. Habilidades sociais e abuso de drogas em adolescentes. *Psicol Clín*. 2009;19(2):101-16.
17. Almeida EB, Prêcoma DB, Marques, ACPR, Ribeiro M, Laranjeira RR, Andrada NC. Abuso e Dependência de Maconha. Projeto Diretrizes. AMB; 2012. Disponível em: [tp://projetodiretrizes.org.br/diretrizes11/abuso\\_e\\_depend%C3%Abuso e Dependencia de Maconha.pdf](tp://projetodiretrizes.org.br/diretrizes11/abuso_e_depend%C3%Abuso e Dependencia de Maconha.pdf). Acesso em 17.07.2014.
18. De Oliveira HPD Junior. Avaliação do perfil de comorbidades, gravidade da dependência e motivação para o tratamento em uma amostra de usuários de maconha que procuram tratamento [Dissertação]. São Paulo (SP): Universidade de São Paulo; 2010.
19. Diehl A, Cordeiro DC, Laranjeira R. Abuso de cannabis em pacientes com transtornos psiquiátricos: atualização para uma antiga evidência. *Rev Bras Psiquiatria*. 2010;32(Supl 1).
20. Andrade, TMR. Sintomas Depressivos em Adolescentes Usuários e Não Usuários de Maconha. [Dissertação] Porto Alegre, (PA): Pontifícia Universidade Católica do Rio Grande do Sul; 2006.104 p.
21. Sanches RF, Marques, JMDA. Cannabis and mood. *Rev Bras Psiquiatria*. 2010;32(2):173-80.
22. Otten R, Engels RC. Testing bidirectional effects between cannabis use and depressive symptoms: moderation by the serotonin transporter gene. *Addiction Biol*. 2013;18(5):826-35.
23. Serfaty E, Desouches A, Bartoli CG, Rivera LE, Masaútis A. de tabaco, alcohol, drogas y su relación con los intentos de suicidio en población asistida en la guardia de un hospital general polivalente. *Psicofarmacologia*. (B. Aires) 2011;11(66):9-19.
24. Castaño-Castrillón JJ, Mejía PB, Cañón SC, Atehortúa BE, García-Ruiz LK, Rincón Urrego E, ... Tovar Rodríguez CA. Factor de riesgo para suicidio según dos cuestionarios, y factores asociados en población estudiantil de una Universidad de Manizales. *Psicol Caribe*. 2012;29(3).
25. Espinoza-Gómez F, Zepeda-Pamplona V, Bautista-Hernández V, Hernández-Suárez CM, Newton-Sánchez OA, Plasencia-García GR. Violencia doméstica y riesgo de conducta suicida en universitarios adolescentes. *Salud Pública México*. 2010;52(3): 213-9.
26. Wagner MF, da Silva JG, Zanetello LB, da Silva-Oliveira M. O uso da maconha associado ao déficit de habilidades sociais em adolescentes. *SMAD. Rev Eletrônica Saúde Mental Álcool e Drogas*. 2010;6(2):255-73.
27. Macias EFS, Camargo YS. Factores asociados a ideación suicida en universitarios. *Psychologia*. 2015;9(1):71.