

## Understanding the use of psychotropic drugs among Nursing students: a Quaternary Prevention perspective

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**Objective:** to understand the perception of undergraduate Nursing students and the reasons that lead to the use of psychotropic drugs, from the perspective of Quaternary Prevention. **Methodology:** descriptive-exploratory qualitative research, carried out with 15 undergraduate Nursing students. The information was obtained through a questionnaire and focus groups, and interpreted based on Thematic Analysis. **Results:** of the participants, eight university students do not use medication and seven are users. Four categories emerged: 1) Factors that trigger psychological distress in university students; 2) Feelings and weaknesses of university students regarding the use of psychotropic drugs; 3) Access to psychotropic drugs; and 4) Practices that contribute to minimizing the use of psychotropic drugs. **Conclusion:** from the perspective of Quaternary Prevention, the sometimes exaggerated or unnecessary use of psychotropic drugs results in the risk of overmedicalization and illness. The nurse needs to be aware and become an agent promoting Quaternary Prevention.

**Descriptors:** Quaternary Prevention; Psychotropic Drugs; Nursing Students; Nursing.

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## Compreendendo o uso de psicotrópicos entre estudantes de Enfermagem: perspectiva da Prevenção Quaternária

**Objetivo:** conhecer a percepção de estudantes de graduação em Enfermagem e compreender os motivos que levam à utilização de psicotrópicos, na perspectiva da Prevenção Quaternária. **Metodologia:** pesquisa qualitativa descritivo-exploratória, realizada com 15 estudantes do curso de graduação em Enfermagem. As informações foram obtidas por meio de questionário e grupos focais, e interpretadas com base na Análise Temática. **Resultados:** dos participantes, oito universitários não utilizam medicamentos e sete são usuários. Emergiram quatro categorias: 1) Fatores que desencadeiam sofrimento psíquico nos universitários; 2) Sentimentos e fragilidades dos universitários frente ao uso de psicotrópicos; 3) Acesso aos psicotrópicos; e 4) Práticas que contribuem para a minimização do uso de psicotrópicos. **Conclusão:** sob a perspectiva da Prevenção Quaternária, a utilização, por vezes exagerada ou desnecessária, de psicotrópicos resulta no risco de hipermedicalização e adoecimento. O enfermeiro precisa estar ciente e tornar-se um agente promotor da Prevenção Quaternária.

**Descritores:** Prevenção Quaternária; Psicotrópicos; Estudantes de Enfermagem; Enfermagem.

## Comprender el uso de psicotrópicos entre estudiantes de Enfermería: una perspectiva de Prevención Cuaternaria

**Objetivo:** comprender la percepción de los estudiantes de grado en Enfermería y los motivos que llevan al uso de psicotrópicos, desde la perspectiva de la Prevención Cuaternaria. **Metodología:** investigación cualitativa descriptiva-exploratoria, realizada con 15 estudiantes de grado en Enfermería. La información se obtuvo por medio de un cuestionario y grupos focales, y se interpretó con base en el Análisis Temático. **Resultados:** de los participantes, ocho estudiantes universitarios no utilizan medicamentos y siete son consumidores. Surgieron cuatro categorías: 1) Factores que desencadenan malestar psicológico en estudiantes universitarios; 2) Sentimientos y debilidades de los estudiantes universitarios frente al uso de psicotrópicos; 3) Acceso a psicotrópicos; y 4) Prácticas que contribuyan a minimizar el uso de psicotrópicos. **Conclusión:** desde la perspectiva de la Prevención Cuaternaria, el uso, a veces exagerado o innecesario, de psicotrópicos resulta en riesgo de sobremedicalización y enfermedad. El enfermero necesita tomar conciencia y convertirse en agente promotor de la Prevención Cuaternaria.

**Descriptorios:** Prevención Cuaternaria; Psicotrópicos; Estudiantes de Enfermería; Enfermería.

## Introduction

Quaternary Prevention (P4) is recognized as the action of detecting individuals at risk of irrational or excessive use of medication, unnecessary clinical interventions and other overly invasive conduct, and protecting them from unnecessary actions, in order to avoid iatrogenic harm<sup>(1)</sup>. Currently, P4 in Primary Health Care (PHC) has gained visibility in the health work process, by signaling ethical alternatives aimed at qualifying professional action, including that of nurses. In this sense, it is important to highlight that attention must be paid to preventive actions that sometimes lead to harm, and are not acceptable or justifiable measures, as they encourage overmedicalization and overtreatment. It is with such contours that P4 is related to the part of social medicalization derived from clinical-health care, that is, the more P4, the less excessive medicalization, resulting from professional and institutional action<sup>(2)</sup>.

In the context of substance misuse, a study shows that Nursing students, with rates ranging from 22.0% to 31.8%, are subject to using psychotropic medications in high demand<sup>(3)</sup>. This situation arises from triggering factors in their daily life, including easy access to these drugs. During their studies, university students have direct contact with various drugs, in addition to knowing and understanding the mechanisms of action of each one, within and outside their curricular activities, favoring the acquisition of these medications<sup>(4)</sup>.

Sometimes, university students use these substances due to difficulties in dealing with the challenges of adult life, marked by major emotional and social transitions, which cause uncertainty and insecurity, changes in routine and the need for professional and financial independence<sup>(3)</sup>. Specifically, in the case of academics in the health field, such as Nursing undergraduates, it is also noted that the discomfort they experience is linked to a demand for excellent academic performance. Thus, the use of psychotropic medications is a way to alleviate suffering and improve academic performance. Furthermore, this group has greater access to such substances, suffers pressure when dealing with other human beings in their future work area and experiences, since graduation, the exhausting and stressful pace of the profession<sup>(4)</sup>.

It is a fact that the use of psychotropic drugs provides momentary disposition and pleasure, but once their effect has worn off, it brings unwanted physical and psychological consequences. At the same time, uncontrolled use, without medical diagnosis and appropriate therapy, exposes the user to risks, which negatively affect them, as well as their family, friends and the community<sup>(4)</sup>.

Therefore, there was a need to discuss and expand knowledge about the use of psychotropic drugs by university students in a Nursing course, correlating it with P4. This is necessary because they will, in the future, be the professionals responsible for promoting, preventing and protecting the health of human beings, as nurses.

It is worth noting that, in the current scientific literature, it is possible to find articles about the use of psychotropic drugs by university students in undergraduate courses in general<sup>(5-6)</sup> and in health courses, specifically<sup>(7)</sup>. However, there is a lack of research investigating the use of these substances, particularly by undergraduate Nursing students, and also studies that shed light on the importance of P4 in this regard. Therefore, based on this lack, the objectives of this study are to understand the perception of undergraduate Nursing students and the reasons that lead to the use of psychotropic drugs, from the perspective of Quaternary Prevention.

## Methodology

### Study design

This is a descriptive-exploratory qualitative research.

### Location where data collection took place

Data collection was carried out at a public university, located in the city of Chapecó, West of Santa Catarina (SC), Brazil. More specifically, in the Department where the full-time undergraduate Nursing course is offered.

### Period

The research was carried out between July and November 2022.

### Population

The population of this study consisted of undergraduate Nursing students.

### Selection criteria

The inclusion criteria were: being 18 years of age or older and enrolled in any phase of the course. Those who were on maternity leave or had a health certificate during the data collection period were excluded.

To recruit participants, the researchers approached them in the classrooms of all classes of the undergraduate Nursing course, after requesting the professor's permission to explain the research project and invite those interested to participate in the study. The research project was also publicized to

all undergraduate Nursing students via a messaging application (WhatsApp) in the academic community group. A digital invitation was created with brief information and interested parties were asked to contact the researchers for further clarification.

### Participants

Fifteen undergraduate Nursing students participated.

### Study variables

The study variables included sociodemographic and behavioral data of the participants, such as age, gender, marital status, profession, who they live with, whether they have used or are using psychotropic drugs, reason for using these medications and duration of use. The participants' perceptions about the use of psychotropic drugs by university students, their conceptions about P4, practices that can contribute to P4 in relation to the excessive use of psychotropic drugs and strategies for reducing the use of these medications, among university students and the general community, were also investigated.

### Instruments used to collect information

The instruments used to collect information were a questionnaire containing sociodemographic and behavioral questions about the participants and a focus group script with guiding topics that addressed the perception of the use of psychotropic drugs and P4.

### Data collection

The information was obtained through a questionnaire and using the focus group technique, a strategy that consists of a type of conversation in small, homogeneous groups, with six to twelve participants<sup>(8)</sup>. A focus group was held with nine university students and another with six university students, totaling 15 participating students. This number constituted the total number of people who expressed interest in participating in the study.

The procedures followed in the meetings respected the prerogative that a facilitator and a rapporteur must be present in the focus group, with the former intervening in order to focus and deepen the discussion. This management of groups, as it involves several people, highlights the need to introduce and keep the discussion alive; emphasize to the group that there are no right or wrong answers; observe the participants, in order to encourage each one to speak; look for "cues" for the continuity of the discussion itself and the speech of the people involved; build relationships with the participants to individually deepen answers and comments considered relevant by the group or the

researcher; and observe the non-verbal communications and the informants' own pace, within the time allotted for the meeting. Each meeting lasted an hour and a half, the maximum time suggested for the development of a focus group<sup>(8)</sup>.

This methodological resource also allows the researcher to construct perspectives on the participants' personal experiences, beliefs, attitudes and perceptions. Therefore, the focus group was considered an assertive data collection technique to investigate the use of psychotropic drugs and its relation with P4. A script with open questions and guiding topics was used, directing the group of Nursing students, which allowed them to share their experiences, in a debate that led to important testimonies emerging for achieving the research objectives. It is important to highlight that this format also contributed to building a relationship between participants, promoting encouragement for further discussions and the search for solutions relevant to the group.

### Data processing and analysis

The information was interpreted in light of the P4 framework, based on thematic analysis<sup>(9)</sup>, consisting of three steps: Pre-analysis; Material exploration; and Treatment of the results obtained and interpretation.

The Pre-analysis phase involved evaluating the materials collected and relating them to the research objectives. It is necessary to formulate indicators that allow the perception and interpretation of data collection. This step is divided into three tasks: Floating Reading, Corpus Constitution and Formulation and Reformulation of Hypotheses and Objectives, both of which were instruments for exploring attributes established so far in the research<sup>(9)</sup>.

The Material exploration phase provided mastery over the information collected and allowed for detailed classification according to the participants' speech. The categorization of the reports was a critical step, since it requires a cut of the text that can be composed of words, phrases, themes, characters and events, fragmenting them<sup>(9)</sup>.

The Treatment of the results obtained and interpretation phase provided the researcher with a broader view, with new perspectives to be applied to the research results. The information analyzed provided new fields for discussions and explanations about the themes of the proposed study<sup>(9)</sup>.

### Ethical aspects

The research was approved by the Human Research Ethics Committee according to opinion 5,539,215 of July 21, 2022. Participants signed the Free and Informed Consent Form (FICF) and the term authorizing the

recording of the focus groups, which were recorded on a digital device, for later transcription. To preserve anonymity, when illustrating their statements, the students' names were replaced by the letter P, for participant, and order number.

## Results

Of the 15 university students, two were men and 13 were women, aged between 19 and 27. All declared themselves to be single. 11 mentioned living with friends and four with family. Regarding the use of psychotropic drugs, eight stated that they did not use medication and seven were users. The four categories will be presented below, organized based on the statements of the two focus groups, which deal with the psychotropic drugs used by university students, the difficulties of the university routine and the academic environment that trigger psychological distress in students, feelings regarding the use of psychotropic drugs, how they manage to access these medications, and practices that contribute to minimizing the use of psychotropic drugs.

### Factors that trigger psychological distress in university students

The university students who used psychotropic drugs revealed that this use was related to anxiety and depression. All were diagnosed by professionals specialized in the area of psychiatry and needed to use continuous medications to control and improve symptoms. One student mentioned having Attention Deficit Hyperactivity Disorder (ADHD). The main medications mentioned, in general, were: Sertraline, Clonazepam, Paroxetine (Pondera®) and Methylphenidate hydrochloride (Ritalin®). Even with the support of a psychologist and/or psychiatrist, university students reported experiencing crises and pointed out that the overload of activities in university life made it difficult for the medication to have a beneficial effect.

*I have attention deficit disorder. I discovered it in 2018, I was already in high school, so I continued using it in college. It helps me to concentrate more and to be less anxious. There are times when, even with therapy from a psychologist, I still feel anxious. I have difficulty paying attention in class, formulating my thoughts, and when I try to speak, something comes out wrong, backwards. I use Ritalin and Pondera. (P15)*

Regarding the reasons for using psychotropic drugs, university students emphasized psychological problems related to the need to mature during their academic journey. The changes caused by leaving their parents' home, financial difficulties and responsibilities represented challenges for them that produced emotional imbalance in the short and long term.

*Financial difficulties, moving to another city, whether you like it or not, the cost of living is much higher than living with your parents, this has a big influence [...]. And I see a lot of this psychological pressure, for example, in the classroom, you have to be there, pay attention to everything because there will be a test next week, then you work, and you compare yourself, that one is studying at home and I was tired and slept, it is in that sense, psychological pressure. (P7)*

Another factor linked to the consumption of medication was the high demands of the university routine, with assignments, tests and extramural study time, which required dedication, willingness and attention. When this demand was associated with the need for the student to work to support themselves financially, their physical and mental health was compromised.

*College is overwhelming, it is very stressful and there is a lot of things at the same time. I see many people who have to work and go to college, and that is more difficult, and we do not know what the other person is going through. (P11)*

Another problem associated with the demands of the university routine was the comparison with colleagues, who carried out daily activities without interruptions, obtaining better grades. This caused a feeling of incapacity.

*I saw that everyone could do more things than me, got higher grades than me, did everything faster than me [...] What is wrong with me? It seemed like everyone else was fine, it was just me who was not fine. (P11)*

*We compare ourselves to others, but we do not know the reality of others. [...] I have so much to do and I only have 24 hours in my day, and I still need to sleep, eat and do physical activity. I need some time for myself, to stop at some point to watch a series, read a book, and then, when I stopped, I felt guilty. (P13)*

On the other hand, participants addressed the need for empathy from colleagues towards those who have psychiatric problems and are continuously using psychotropic drugs. The lack of empathy, according to them, was due to the lack of information and basic knowledge on the subject, which could be minimized with discussion groups and qualified listening in the university environment, to rethink the importance of understanding the needs of others.

*Asking a question and having your classmates make fun of you is something that makes me indignant, the know-it-all syndrome. (P13)*

According to testimonies, the ranking that the university made available in every semester became problematic, given the reality experienced in the academic environment.

*One thing that really bothers us who are anxious is academic validation, we want to see our grades and when we do not have them, we feel useless. [...]. This ranking issue, we are already*

*being held to too high a demand, and we already hold ourselves to too high a demand [...] we look at that and feel useless. (P12)*

Some participants spoke about the teacher-student relationship. It was clear that teachers played an essential role in the university student's education process, influencing them through pedagogical relationships in the classroom and in the practical field. However, sometimes this relationship made the student vulnerable.

*I am never the first to answer, I always wait for the others, like in the last ATP [theoretical-practical activity], the teacher asked, I knew the answer but I did not answer, and she said, and I said: "I was going to say that!" But I did not say it, and then the teacher does not understand. I had an experience with a teacher who, my God, when I left there, I had such a big crisis, because the teacher made me feel so useless [...] he humiliated me. (P12)*

The university scenario (environment) should be designed to meet the needs of university students; however, it was configured as a stressor, exacerbating existing problems.

*In my two rooms [classroom], when it rains the pipes make a lot of noise, and this makes me completely anxious, and makes it difficult for me to pay attention properly in class [...] it becomes a stressful environment. There were puffs there on that wall, now the wall is falling down, we cannot stay there anymore. The Academic Center is small, so people go there to eat, they cannot stay for long, then there are the rooms and we have the nursing technicians who sometimes want to sleep and we also have to respect that [...]. (P15)*

### **Feelings and weaknesses of university students regarding the use of psychotropic drugs**

The influence of social relationships on the use of psychotropic drugs was noted. Participants reported that romantic relationships and pressure from university had a direct impact on the development of depressive symptoms, such as frustration and anxiety.

*What really got me down was the relationship issue, love issues, that pulled the rug out from under me in general, made me drop out of college for 6 months. (P3)*

Students who used psychotropic drugs reported difficulty controlling some thoughts and feelings, which resulted in unwanted behaviors that were regulated by psychotropic drugs. This generated psychological dependence and, to a certain extent, insecurity if they stopped using them.

*When you do not take [medication], you are another person, sometimes I fight, I get irritated, I get very upset about little things, I think that I am completely dependent on the medicine [...] what will I do if I really do not need to take my medicine anymore? Am I a horrible person, and is it the medicine that makes me a nice person? [...] sometimes you forget to take*

*it, and then you feel like you have been controlled by the medication the whole time. (P15)*

University students from other locations expressed difficulties in accessing medication. They emphasized that, due to lack of time to travel from one city to another, they sought other forms of therapy, such as *Reiki* and other complementary integrative practices, provided by the university.

*I went a month without medication, because I could not go home, my doctor is from Rio Grande do Sul and I could not go there, it was the end of the semester, I was crazy, I was freaking out [...] That month that I was without my medicine I did not know what I was doing anymore, I was fighting with everyone and had anxiety attacks, I was really freaked out [...] The teacher told me, "You are not feeling well, shall we do Reiki?" and that is what helped me get through it until I could take my medicine again. (P12)*

### **Access to psychotropic drugs**

It was observed that not all users regularly consulted a specialized professional, and ended up having access to psychotropic drugs through other means, mainly through family and/or friends.

*In the beginning, my mother bought it, because she never accepted that I was sick. [...] She was the one who bought all the medication, until there was a time when I tried to commit suicide, I took all the medication, and then everything was hers [...] But today I can get it with a doctor's prescription. (P4)*

*It is very much part of our culture to self-medicate. I am in a certain situation, I know a place that sells something, it worked really well for me, and you are going through it too, I will go there and recommend it to you. (P13)*

Some students reported using medication indiscriminately, as did their families. There was easy access to medications, but some were passed on among family members without proper prescription.

*The recommendation is that you go to the doctor, take a blood test [...] I take a pill every day, I have a little pain, I think my hair is going to fall out, I am going to take vitamins plus medicine, I am going to take some bicarbonate for my stomach, I go and take it, I like taking medicine, I love the bitter taste. [...] My mother did it, she gave me some of hers left over [...]. In my family we have a history of depressed people on my mother's side, my grandfather, she has three brothers, two of whom use it [...] one gives the medicine to the other. (P3)*

Part of the group reported that they did not self-medicate; they started taking medication as prescribed, but stopped taking it on their own. When they thought they were better, they reduced the dosage and the length of time they took them, because they were afraid of depending on a medication to feel well or that it would be part of their daily life incessantly.

*I do not self-medicate, I think I am the terror of the nurses, because I am the person who takes the medication, gets better, stops taking it. (P5)*

*Sometimes I stop, but it is no use, I go down the hole again, it is better to take it properly, now I am taking it properly again, otherwise I would be going back to rock bottom, because sometimes you do not want this medication in your life, you want to live normally. Then I see that I am fine, if I have to take it three times a day, I only take it twice [...] and that is not how it works, after two or three months you are at rock bottom again. (P4)*

Some students did not self-medicate, opting for more natural practices to relieve symptoms, and when they did, they went to the primary health care unit to take the medication after consultation and carry out the treatment properly.

*I am very prejudiced, against medication, I put up with the pain as long as I can, to take the medicine [...] (P2)*

*I only use it when I'm at an extreme, I let them see what level my immunity is, if the antibodies are active, but lately my immunity was very low, I even thought I was anemic too [...] I always wait for my body to try to solve that problem, when I see that it has not, I go to the unit in my city [...] they see me, I get the medicine and I do the treatment. (P6)*

The university students reported that the use of substances such as Zolpidem among young people has become common nowadays. They said that, despite being obtained with a medical prescription, this medication is often used as a "drug", especially at parties.

*It became something that people started to use as a way of having fun, this has happened several times at parties where people have offered me Zolpidem. A friend of mine offered it to us, we were talking, drinking wine, and she asked if we wanted to take it, she said that when she drinks it and does not sleep, she hallucinates, and that is really what happens, she calls people, she does things that she does not do, and she offered it to us and I looked at her and said: are you crazy? (P11)*

### **Practices that contribute to minimizing the use of psychotropic drugs**

The use of integrative and complementary practices (ICPs) as an alternative to the use of medication generated divergence between students' opinions. Some of them underwent therapy with professionals and used flower remedies and meditation techniques, which helped to alleviate problems (mitigate the "triggers"), helping with everyday stress and, sometimes, resulting in the cessation of medication use.

*I have triggers. There are certain situations, moments, but today I prefer to control. I went to the psychologist, psychiatrist, at the end of medication weaning I did ICPs, I sought guidance from*

*the psychologist, maintained physical exercise, diet and sleep. [...] I took flower remedies when weaning and it helped. (P3)*  
*ICP is something at our university that is incredible [...]. I used to follow up with the teacher, I took flower remedies and auriculotherapy, but sometimes I did not even take flower remedies, just for the fact of talking, someone listening, that smell of incense, that environment. (P13)*

For others, the use of these practices did not bring benefits in the short term, making it necessary to use medications routinely. Even seeking other measures to alleviate symptoms, they did not achieve the expected effect, returning to the use of medication. Cigarettes appeared as a symptom relief mechanism.

*I have tried ICPs, done Reiki, walking, running. It is very difficult, I cannot exercise. We can no longer do that thing we used to like to do. It is not for lack of trying, we try, but it does not work. [...] I am very happy when I hear people who say they can do different things without having to use medication, but it is something that does not work for me. [...] Flower remedies had no effect on me, it was as if I did not take anything. (P5)*

Participants indirectly brought up the importance of P4, by mentioning non-drug alternatives for times of crisis. They sought dynamic alternatives in order to control undesirable feelings. Among the activities mentioned, some ICPs, physical activities, relaxing activities such as music, films, podcasts, and recording their feelings by writing stood out.

*She [referring to the psychologist] asked me to write exactly how I was going to do it, because in a crisis it seems like everything goes black. So, for me it is very rewarding to cook, make dessert, for me it is therapy, so much so that everyone says: 'you should do something in the gastronomy area', because I really like it, [...] watching cartoon movies, it is something that saves me a lot, and writing too, when I am in a crisis, I let it out a little, it is not that it always helps, but it relieves a little. (P9)*

*I started using other alternatives, it was really difficult but I managed, I started doing meditation, I discovered that one thing that helps me a lot is podcasts, I started to notice this when I am very anxious. What also calms me down is putting on music in the bath and listening, and that is my moment. (P11)*

### **Discussion**

The data revealed that the use of psychotropic medications is due to problems such as depression, anxiety and ADHD, associated with drug dependence caused by the demands of an exhausting routine. These results, which demonstrate a sometimes excessive use of psychotropic drugs, are in line with other Brazilian research, highlighting the prevalence of these disorders in university students, both in public and private institutions<sup>(5-7,9-10)</sup>.

The literature shows that users of psychotropic drugs are, in the majority, university students who seek drugs according to their needs, whether or not they have a mental disorder. The first psychotropic drug of choice is antidepressants, followed by anxiolytics, anticonvulsants and Central Nervous System stimulants. In this way, it can be seen how hypermedicalization is gradually increasing in today's society, especially in the academic environment, where emotional conflicts become directly linked to the demands of the university, making it necessary to seek forms of relief<sup>(11)</sup>.

Correlating the results with a study carried out at a university in Rio Grande do Sul in 2019, it was found that a large portion of the students who studied there had been using medication since adolescence, intensifying their use after entering university<sup>(6)</sup>. Based on the participants' testimonies, university assignments generate triggers that further intensify anxiety, as it is a phase of transformation, marked by the learning of new skills. Additionally, independence and new relationships contribute to forming their identity.

In this sense, stress and anxiety have been widely observed in various areas of education. The accumulation of tasks, institutional problems, personal and family demands, social life demands, and interpersonal relationships among university students are factors that can influence the development of mental suffering<sup>(5)</sup>.

Research carried out with 182 students at a Nursing school in Vale do Ribeira, in São Paulo, described that the consumption of psychotropic drugs at the beginning of the undergraduate course is related to curiosity, improvement in academic performance and ease of access, mainly because they are in the health area; in the final years, it may be associated with stress due to the end of the undergraduate course, overload of academic work, mandatory curricular internship and, consequently, preparation for insertion in the job market<sup>(10)</sup>. Another study, which investigated symptoms of depression and anxiety in 192 undergraduate Nursing students at the *Universidade Federal de Juiz de Fora*, identified that severe symptoms prevailed among students in the 6th and 10th semester<sup>(12)</sup>.

The ages of the students show that they are teenagers and young people. They reveal that they are influenced by the demands that increase with each semester of the academic year, and are overwhelmed by all the changes resulting from their personal construction process. Concomitant to this, they begin to develop psychological problems after entering university. The literature recommends that, faced with this type of experience, common in youth, it is necessary to seek support from a professional to help students in decision-making<sup>(13)</sup>.

The prescription of drugs to treat mental disorders should only be a therapeutic aid, first analyzing the risk and benefit of use, considering the possibility of unpleasant manifestations with adverse effects. However, it is questioned whether there is a tendency to prescribe the medication as the only solution, and whether it had been prescribed only for people in mental distress, or also with the aim of feeling better, which favors performance in daily activities, concentration and memory capacity. As a result, inappropriate and recurrent use, sometimes unnecessarily, contributes to biological, psychological and social dependence<sup>(5)</sup>.

In this context, this study notes the students' fear of ceasing the use of psychotropic drugs due to dependence and the return of symptoms. Therefore, the importance of psychotherapy associated with pharmacological treatment is highlighted, so that young people learn to deal with their feelings, even after stopping the medication.

Furthermore, the prolonged use of psychotropic drugs can result in significant damage to health, impacting the professional, personal and social lives of Nursing students. Future nurses should be encouraged to engage in activities that generate healthy behaviors related to self-care, so that they can motivate the community in which they are inserted<sup>(10)</sup>.

The practice of using Zolpidem inappropriately is noteworthy, which, according to testimonies, causes adverse reactions and sensations that are amusing during leisure time. This fact is proven by the literature, which is worrying due to the increase in the misuse of this substance in recent years, especially after the COVID-19 pandemic<sup>(14)</sup>.

Another aspect cited by participants was the ranking used in the academic environment. Sometimes, this type of strategy triggers frustrations that are observed with an increase in symptoms of anxiety and depression. Besides, the impartiality of teachers and other colleagues in understanding the differences between them, creating comparisons as a parameter to define the level of knowledge and skills, seems to be a problem for some.

Research that analyzed the perceptions and use of methylphenidate among university students demonstrated that some participants reported feeling pressured to perform well academically. Pressure was cited as a factor that encourages its use, since students feel compelled to be more successful in their studies and see this medication as a viable possibility for this objective. It is clear that this demand is characterized by good grades in tests or acquisition of knowledge itself and completion of the undergraduate course

within the initially proposed time, which does not necessarily mean quality in education<sup>(15)</sup>.

Individuals with compromised mental health reduce their performance, which can interfere with studies, work and daily tasks, in which young people are considered especially overloaded and unprotected, demanding efforts aimed at protecting and promoting health. Faced with the daily development and growth at university, young people appear to be weakened by the pressures imposed by the new routine that requires adaptations and behavioral changes. In this context, the possibility of experiencing stress and frustration is greater, which sometimes results in the search for self-medication<sup>(5)</sup>.

In this regard, the testimonies demonstrate that self-medication is present and that the use of psychotropic drugs is due to the influence of friends and/or family. Although this fact is not the most identified in users, it can be observed in the results of other studies and becomes an aggravating factor for drug dependence<sup>(5-7,9-10,15)</sup>.

It is important to emphasize that institutions that train human resources must offer favorable conditions for the practice of healthy lifestyle habits and provide tools that encourage acceptance of self-image, the development of problem-solving skills and the regular practice of physical activity<sup>(10)</sup>. In this sense, strategies used by participants to alleviate anxiety attacks were observed, such as ICPs, including: meditation, use of flower remedies, *Reiki* and auriculotherapy. These resources are part of the *Política Nacional de Tratamento Integral e Complementar* (PNPIC) established in the *Sistema Único de Saúde* (SUS), which imply beneficial results in the health-disease process<sup>(16)</sup>. One possibility for carrying out P4 is to incorporate and use ICPs as a therapeutic alternative in PHC, as they require technologies that are not financially expensive and can act as a convergent resource with P4. This implies adequate training and projects that facilitate the connection between teaching and practice of ICPs and health services, in addition to supporting municipalities to promote the insertion and use of ICPs in PHC<sup>(17)</sup>.

In view of this, the relevance of the role of the health professional in the appropriate prescription of psychotropic drugs is clear, to identify the individual's real need and relate it to the applicability of the drug. In this sense, P4 is essential in raising awareness among professionals and users regarding the rational use of psychotropic drugs, respecting the body's adaptation period<sup>(18-19)</sup>. P4 actions need to be understood even by the students themselves, as future prescribers, since they contribute to protecting individuals from excessive intervention.

Nurses, as prescribing professionals, when carrying out the Nursing Consultation in PHC, must collaborate with the reduction of injuries resulting from excessive medicalization and the unbridled search for longevity, without measuring the risks of some practices, characteristics of the hegemonic care model. The regulated activities of requesting additional tests and prescribing medications fall within the competences of nurses, including in shared care with other professionals, confirming their importance in ensuring care and responding to the health needs of the population. Therefore, there is the challenge of incorporating clinical management actions with a view to P4, avoiding repeating behaviors that lead to a cascade of exams and treatment, in addition to exercising its duties with support from scientific evidence<sup>(19)</sup>.

Based on these results, the study contributed to shedding light on the reasons that lead to the irrational use of psychotropic drugs among students, future nurses, which is a highly relevant problem and urgently requires intervention strategies, involving the academic community, as well as other sectors.

One limitation of the study is the impossibility of monitoring the group for longer, in order to verify a possible modification of this reality, as it is believed that group dialogue and the possibility of hearing similar experiences led to reflection and, possibly, a change in behavior. In view of this, further research is recommended to disseminate alternative possibilities for young users of psychotropic drugs. Moreover, it is necessary to point out that this research deals with a reality restricted to a group of young people, although the analysis indicates very close results in similar contexts.

## Conclusion

When recognizing the perception of undergraduate Nursing students and understanding the reasons that lead to the use of psychotropic drugs, related to possible disorders and, sometimes, to feelings typical of the undergraduate period, the role of the university community itself is clear. The fact that these are Nursing students, with all the specificities inherent to the profession, points to problems such as ease of access to medications, which indicates the need for education that addresses ethical and behavioral issues that are transversal to the curricular contents.

Integrative practices, such as meditation, use of flower remedies, *Reiki* and auriculotherapy, were mentioned as important therapies and should be incorporated as convergent resources with Quaternary Prevention, enabling a broader and more integrative approach to students' mental health.

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