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Harm reduction and alcohol consumption among university students

Redução de danos e consumo de álcool entre estudantes universitários

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Abstract

This study investigated the application of harm reduction to alcohol consumption among students at Federal Rural University of Rio de Janeiro. The preliminary instrument indicated that 33.3% ($N = 63$) students increased consumption during the pandemic. The ASSIST 3.0 instrument showed a mean of 14.10 (indicative of abuse). The DTCQ-8-Alcohol instrument was divided into three situations: positive, negative and temptation; which presented, respectively, the averages 64.06; 82.29 and 74.79. The HRSEQ instrument with a structure divided into three scenarios and the domains: hygiene precautions, overdose prevention, safe consumption practices and health prevention; presented a mean of 5.93 for the abstinence scenario, 5.05 for the feeling depressed scenario and 5.83 for the social pressure scenario. There was a relationship between the DTCQ-8 and the HRSEQ, due to objection to alcohol consumption in the face of negative situations; however, when the students decided to drink, they did not adopt harm reduction measures.

Keywords: Mental health; Organizational policy; Psychoactive agent.

Resumo

Este estudo investigou a aplicação da estratégia de redução de danos no consumo de álcool entre estudantes da Universidade Federal Rural do Rio de Janeiro. O instrumento preliminar apontou que 33,3% ($N = 63$) aumentaram o consumo durante a pandemia. O instrumento ASSIST 3.0 apresentou uma média de 14,10 (indicativo de abuso). O instrumento DTCQ-8-Álcool foi dividido em três situações: positivas, negativas e de tentação; que apresentaram, respectivamente, as médias 64,06; 82,29 e 74,79. O instrumento HRSEQ com estrutura dividida em três cenários e os domínios: precauções de higiene, prevenção de overdose, práticas seguras de consumo e prevenção de saúde, apresentou uma média de 5,93 para o cenário de abstinência, 5,05 para o cenário se sentindo deprimido e 5,83 para o cenário de pressão social. Observou-se relação entre o DTCQ-8 e o HRSEQ, indicando objeção ao consumo de álcool diante de situações negativas, todavia, quando os estudantes decidem beber, não adotam medidas de redução de danos.

Palavras-chave: Saúde mental; Política institucional; Agente psicoativo.

Humanity has used drugs for thousands of years in rituals, culturally, for isolation or socialization, among other forms of use, and, until before the Industrial Revolution, the use of these substances was understood as medicinal (Laios et al., 2019).

During the 19th century, several countries placed drug use in the field of public safety and justice, creating prohibitionist, repressive rules and war on drugs models. This behavior is associated with criminal and moral pillars, with the adoption of mass incarceration of users and the treatment of drug use as a disease, imposing abstinence on the user as a condition for treatment, without considering the user's psychosocial context (Machado & Boarini, 2013).

Harm Reduction (HR) is a political health strategy that serves as a tool to ensure the rights of substance users and promote the principles of the Sistema Único de Saúde (SUS, Unified Health System), which are: universalization, comprehensiveness, and equity, since it decentralizes the focus of eradication and abstinence, considering issues concerning the use of psychoactive substances in the context of public health and not public safety or justice (Moreira et al., 2019). Still on HR, it aims to care for the users and respect their autonomy by dealing with the relationship that the subject establishes with the substance, that is, HR is a policy based on the user's reality (Rêgo et al., 2021).

In Brazil, the use of HR began in the city of Santos in 1989. The city had many cases of Acquired Immunodeficiency Syndrome (AIDS) resulting from the use of injectable drugs. Consequently the public health physician David Capistrano started programs to distribute syringes to injectable drug users, aiming to reduce the incidence of AIDS. These actions brought much resistance and controversy; it was alleged that this policy facilitated drug use on public funds, and, to this day, the practice is not understood by a large part of the population (Tatmatsu et al., 2019). HR made good progress from 2002 to 2012 in public policies and began to decline around 2015, as prohibitionist policies gained more strength (Vargas & Campos, 2019).

When the individuals enter higher education they start to seek new experiences due to the emancipation of the individuals during this period and, often, this is when the recreational use of legal and illegal drugs by young people begins. In this connection, the situation of drug use and HR in universities has been studied very little; actually the first and only national survey on drug use by university students was performed in 2010 (Andrade et al., 2010). It is worth noting that the research focuses on surveying substance use and little or no HR.

Alcohol Consumption Within the University Context

Alcohol (also known as ethanol) is a legal drug resulting from the fermentation of sugars, reduction of acetaldehyde or ethylene hydration, and is found in alcoholic beverages and in the pharmaceutical and perfume industries (Nagamatsu et al., 2021). Alcohol consumption dates back to the earliest times, when our ancestors began to intake alcohol derived from fruits, through ritualistic, medicinal, recreational and, later, problematic use (Heinz & Daedelow, 2021).

Because alcohol is a legalized drug, it takes a while for the triggering of the alarm indicating excessive alcohol consumption (Kacha-Ochana et al., 2022), which leads to alcoholism (pathological alcohol consumption) that compromises not only the user's health, but also affects their entire social life, causing physical, financial and emotional damage (Healer & Reader, 2021), increasing cases of domestic violence (Sontate et al., 2021), traffic accidents (Wright & Lee, 2021) and absence from work, and is a common phenomenon in all social classes (Gunnarsson & Törrönen, 2022).

The culture of alcohol consumption in Brazil is ancient, dating back to the sugar cycle in the 16th century when the cachaça began to be produced (marking the country's entry into the

alcoholic beverage market). Today the country is the third largest beer producer in the world (Koch & Sauerbronn, 2019; Plens et al., 2022).

From a harm reduction perspective, “the behavior of ‘experimenting a drug’ should not be understood as a failure in primary preventive work, but rather as one possibility, among others, in human life” (Sodelli, 2010, p. 642). Entering university life is a very important milestone in people’s lives, as it is when they have a first time contact with diverse experiences without family supervision; this is a critical period for the beginning or maintenance of psychotropic substances use, which can be carried out in search of acceptance and admiration in the new group (Stevens et al., 2022).

Among young people, alcohol is the most consumed drug, followed by tobacco, marijuana and stimulants, and consumption is even higher among college students when compared to high school students, non-college peers and the general population (Gonzalez & Vaughan, 2022; Welsh et al., 2019). Excessive consumption can also lead to risky behaviors such as drunk driving, unprotected sex (Tucker et al., 2022), violence (Bryant & Lightowlers, 2021) among others. The act of consuming alcohol is also seen as an act of rebellion and independence and, in certain groups, high consumption is encouraged (Folk et al., 2020).

Studies conducted in the United States have shown that 44% of college students are binge drinkers (i.e., that would be five drinks for men and four drinks for women). In addition, college students are twice as likely to develop alcohol use problems; 27% increase in the number of alcohol-related deaths among college students has been reported (Andrade et al., 2012), which highlights the relationship between alcohol abuse and the lack of HR in the college settings. The importance of studying the relationship between college students and alcohol consumption is justified by the need to understand behavior, personal influence and community life, since HR is little discussed and adopted in Brazilian universities.

Given the above, the purpose of this study was to identify alcohol consumption among students and assess whether HR was practiced at a Public University in the state of Rio de Janeiro, Brazil.

Method

Participants

All students from a public university in the southeastern region of Brazil, aged between 18 and 50 years, regardless of their graduation year with confirmed alcohol consumption were considered eligible for this study. Students who did not meet the eligibility criteria were excluded from the study.

Instruments

The following instruments were used in this study:

Application of a questionnaire to find out each student’s undergraduate course, as well as whether the students knew what HR was, whether they practiced it, whether there had been an increase in alcohol consumption during the pandemic and whether HR practices had been adopted during the pandemic. This was considered a preliminary instrument, as it was used to invite students who knew what HR was to further the survey.

Alcohol, Smoking and Substance Involvement Screening Test 3.0 (ASSIST 3.0) – screening instrument for involvement with tobacco, alcohol and other drugs. This is a widely used instrument,

with a translation validated for use in Brazil (Henrique et al., 2004), consisting of 8 questions that address the type of involvement that the volunteer has with drug use through a gradation of temporal use (daily, weekly, monthly, etc.) (World Health Organization, 2010). The questions on alcohol consumption relate to the frequency of use especially during the last three months. Problems related to alcohol use, concerns about the drug use by people close to the user, impairment in the performance of expected tasks and unsuccessful attempts to stop or reduce use were addressed. When reviewing the responses, a score was determined, ranging from 0 to 10 which is indicative of occasional use; from 11 to 26 is indicative of abuse and from 27 onwards suggestive of dependence;

Drug-Taking Confidence Questionnaire 8 Alcohol (DTCQ-8-Alcohol) – for the evaluation of the situation in which alcohol consumption is inserted, validated in Brazil. It consists of 8 questions that evaluate volunteers' situations of use and how willing they are to consume alcohol in certain situations or environments (Vasconcelos, 2015).

Harm Reduction Self-Efficacy Questionnaire (HRSEQ) – adapted to assess the adoption of HR measures by the user himself, when faced with alcohol consumption. The instrument consists of 15 statements in which the volunteer evaluates from 0 to 10 the confidence of having that attitude in 3 different scenarios: abstinence, feeling depressed or under social pressure (Phillips & Rosenberg, 2008). To this end, the instructions initially state the following: "Imagine how you are now in each of these situations. Circle a number from 0 (very little confident) to 10 (very confident) to say how confident you are that you could exhibit each of these behaviors in each situation". The scenarios were then presented, as follows:

Situation #1: Abstinence

Imagine that you are in a withdrawal condition from your drug of choice (alcohol). Think about how you have felt in withdrawal situations in the past. You may be feeling irritable, restless, sleepless, or craving. Imagine that you are not feeling depressed or sad, even though you feel physically ill. Imagine that you are alone. In this situation, how confident are you that you could...

Situation #2: Feeling depressed

Imagine that you are currently feeling sad or depressed. Imagine that you are not experiencing withdrawal and that you are alone. Think about how you have felt in this mood in the past. In this situation, how confident are you that you could...

Situation #3: Social pressure

Imagine that you are with another person (a friend or partner) or a group of friends and you are about to use your drug of choice. You may see that your friends are using the drug in a way that makes you feel unsafe. Imagine that you are not in a withdrawal situation and that you are not feeling sad or depressed. In this situation, how confident are you that you could...

In addition, the aspects of the HR for alcohol, organized into 15 statements, were deployed, namely: 1) Reduce the amount of alcohol you usually drink; 2) Use only alcohol without using other drugs at the same time; 3) Do a test-dose (using a smaller dose than usual); 4) Take a test-dose before the intake of another drink; 5) Use clean glasses, making sure the can and/or bottle have been sanitized; 6) Eat well before starting to drink; 7) Alternate between a drink with alcohol and another without alcohol; 8) Drink slowly, increasing the time between one drink and another; 9) Drive after alcohol intake; 10) Use a condom during sexual intercourse; 11) Use of alcoholic beverages of questionable quality; 12) Drink alcoholic beverages even with a hangover; 13) Drink in a clean and comfortable environment; 14) Resist the urge to get drunk; 15) Consuming tobacco while drinking.

Procedures

This is a prospective and exploratory cohort study whose study population consisted of students enrolled in a public university in the southeastern region of Brazil, who had a confirmed history of alcohol consumption. The students were assessed remotely using instruments to study alcohol consumption and HR.

The process for recruiting volunteers was disclosed to students using different communication channels and participation was established based on the inclusion criteria. The Free and Informed Consent Form (FICF) was made available digitally to the interested parties through remote contact.

The protocol for this study included assessments from the recruitment period, which began on September 1, 2021, up to the following 4 months, with the entire study being conducted remotely due to the pandemic.

Interviews were performed using instruments, as mentioned in the previous topic. The instruments were applied at least one week apart.

The variables of this study are related to the identification of the alcohol use profile, as well as the application of HR based on data obtained through instruments that aimed to cover the following aspects: frequency of consumption by the user; context of alcohol consumption; difference in consumption during the pandemic period and the application of HR by the user himself.

Data Analysis

The descriptive statistics for the preliminary instrument were expressed as percentage. In the ASSIST 3.0 instrument, to assess the relevance of each question, the rates of students who scored on it and the average score indicative of occasional use, abuse or dependence were calculated. In the DTCQ-8-Alcohol instrument, the following measures were considered: mean, standard deviation and coefficient of variation for the total instrument and for each secondary domain. This instrument was divided into three domains in the analysis, namely: negative situations, positive situations and temptation situations. The values expressed reflect the score converted into the rate of the participants' responses, where: 100 indicates that the individual was 100% confident to resist the desire for heavy drinking; 80 if the individual was 80% confident; 60 if the individual was 60% confident. If the individual was not very confident, he chose 40 to indicate that he was only 40% confident that he could resist craving heavy drinking; 20 for 20% confident; 0 if he had no confidence at all in each situation.

The HRSEQ instrument was divided into: hygiene precautions, overdose prevention, safe consumption practices and health prevention, inserted in situations of abstinence, depression and social pressure. The measures mean, standard deviation and coefficient of variation were considered for the HRSEQ instrument in each situation and in its divisions. The 15 aspects for HR were used in each of those three situations. To do so, the participant followed the instructions of the instrument, to imagine the situations articulated with the aspects considered for HR considering alcohol consumption. In this context, the option of a score 0 indicated very little confidence and a score 10 signaled being very confident in displaying each of the behaviors listed in the instrument.

This study complies with the ethical precepts in the research with humans and was approved by the Research Ethics Committee of the Federal Rural University of Rio de Janeiro under opinion number 1045/2021 in the process 23083.052006/2021-28.

Results

The preliminary questionnaire yielded 63 responses. The number of undergraduate courses represented by the students participating in the survey was 19, in which the Biological Sciences course had the highest student participation ($N = 24$). Next, there were 7 Veterinary Medicine students, 5 Psychology students, 4 Fine Arts students, 4 Agronomy students and 3 History students. The undergraduate courses in: Journalism, Law and Literature were represented by 2 students each. The undergraduate course such as Economics, Animal Science, Geography, Chemistry, Geology, Physics, International Relations, Forestry Engineering, Administration and Mathematics were represented by 1 student each. Among the 63 responses, 19% revealed that the respondent did not know what HR is, while 57.1% claimed to know what HR is and 23.9% said they would possibly know. To answer the last two categories, volunteers who knew what HR was and those who might know ($N = 51$) participated. Out of these, 50 students answered whether they practiced HR, did not practice it or sometimes practiced it, and the values were 28%, 22% and 50% respectively. A total of 41 respondents answered how long they had been practicing HR, and the values were as follows: 46.3% for more than 2 years, 26.8% for 1 to 2 years, 17.1% for 6 months to 1 year and 9.8% for less than 6 months. A total of 70.6% ($N = 36$) respondents stated that they did not know about HR before entering university. Regarding the question about the increase in alcohol consumption during the pandemic, 58.8% answered that they did not increase alcohol consumption, while 33.3% answered that they did. Regarding the increase in the adoption of HR during the pandemic, 47.1% responded that there was an increase, 37.3% responded that there was no increase and 15.7% said they did not know.

The second instrument applied was the ASSIST 3.0, which assesses involvement and frequency of drug use. This instrument received 38 responses, and among them, only one person responded that he/she had never consumed alcohol and was therefore excluded from the data evaluation. The responses were interpreted by score, where the average was 14.10, considered indicative of abuse. Among the study participants, 65.79% met the indication for a short intervention. However, 10.81% ($N = 4$) cases were identified with a score indicative of referral for more intensive treatment. Regarding the use of other drugs (non-medical use) besides alcohol, all those displayed in the instrument had been used, with the exception of injectable drugs. The most consumed were: cigarettes (86.48%) and marijuana (91.89%), and among other drugs Santo Daime and *Argyreia nervosa* were mentioned. Table 1 shows the results of questions 2, 3, 4 and 5, respectively. In response to the question about the frequency of alcohol consumption during the last three months (question 2), 48.64% indicated weekly consumption. As to question 3, 35.13% responded that they had a desire or strong urge to consume alcohol weekly. At the same time, 75.67% responded that alcohol use had never resulted in a health, social, legal or financial problem in the last three months (question 4). With regard to question 5, 59.45% responded that during the last three months, alcohol use had never prevented them from doing things that were normally expected in everyday activity.

Table 1

Responses in the ASSIST 3.0 instrument (percentage) to the questions about frequency of alcohol use

Question (Q)	Never	1 or 2 times	Monthly	Weekly	Daily or almost every day
	%				
Q2. During the past three months, how often have you used the substance you mentioned?	2.70	18.91	27.02	48.64	2.70
Q3. During the past three months, how often have you had a desire or strong urge to consume?	24.32	21.62	8.10	35.13	13.51
Q4. During the past three months, how often has your alcohol use resulted in a health, social, legal, or financial problem?	75.67	10.81	5.40	2.70	2.70
Q5. During the past three months, how often because of your alcohol use have you failed to do things that you normally expected to do?	59.45	27.02	8.10	5.40	0.00

Table 2 shows the responses to questions regarding concerns from friends or family, as well as attempts to control, reduce or stop alcohol consumption. In question 6, dealing with concerns from friends or family regarding alcohol consumption, 51.35% respondents stated that they had never been concerned about their drinking habit, 18.91% said that their loved ones had been concerned in the last 3 months and 29.72% claimed that they had been concerned in the past, but not during the last 3 months. In addition, in question 7, which addressed attempts to control binge drinking, reduce or stop alcohol use, 54.05% said that they had never had problems stopping drinking, 21.62% stated that they had had problems discontinuing drinking during the last 3 months and 24.32% claimed that they experienced problems reducing drinking, but not in the last 3 months.

Table 2

Response rate to questions 6 and 7 of the ASSIST 3.0 instrument

Question (Q)	NO, never	YES, in the last 3 months	YES, but not in the last 3 months
			%
Q6. Are there friends, relatives, or anyone else who has expressed concern about your use (first drug, then second drug, etc.)?	51.35	18.91	29.72
Q7. Have you ever tried to control, cut down or stop your use of (first drug, then second drug, etc.) without success?	54.05	21.62	24.32

The third instrument applied was the DTCQ-8-Alcohol, validated in Brazil and used to assess the user's confidence in refusing alcohol in risky situations. For a better analysis, the test was divided into 3 domains: negative situations (questions 1, 2 and 6), positive situations (questions 3 and 8) and temptation situations (questions 4, 5 and 7). The data are shown in Table 3.

Table 3

Statistics of DTCQ-8-Alcohol and its domains divided into negative, positive and temptation situations

DTCQ-8 complete instrument and secondary domains	Amounts (%)
Complete instrument	
Mean	74.92
Standard Deviation	31.44
Coefficient of Variation	41.97
Negative situations	
Mean	82.29
Standard Deviation	25.77
Coefficient of Variation	31.32
Positive situations	
Mean	64.06
Standard Deviation	36.54
Coefficient of Variation	57.05
Situations of temptation	
Mean	74.79
Standard Deviation	31.15
Coefficient of Variation	41.65

Note: DTCQ-8: Drug-Taking Confidence Questionnaire 8.

The fourth and final instrument applied was the HRSEQ adapted for alcohol, since it had been originally developed for injectable drugs. For better assessment of the results, it was divided

into 4 domains: hygiene precautions (questions 5 and 13), overdose prevention (questions: 1, 3, 6, 12 and 14), safe consumption practices (questions: 2, 4, 7, 8, 11 and 15) and health prevention (questions 9 and 10). In addition to the division of domains, the test is set within 3 situations: abstinence, feeling depressed and social pressure. The results are displayed in Table 4.

Table 4
HRSEQ test statistics

		1 of 2
HRSEQ Test		Amounts (%)
Abstinence situation (total)		
Mean		5.93
Standard Deviation		3.01
Coefficient of Variation		50.72
Hygiene precaution		
Mean		7.21
Standard Deviation		2.73
Coefficient of Variation		37.98
Overdose prevention		
Mean		6.13
Standard Deviation		2.77
Coefficient of Variation		45.29
Safe consumption practices		
Mean		5.9
Standard Deviation		2.95
Coefficient of Variation		50.05
Health prevention		
Mean		4.21
Standard Deviation		3.26
Coefficient of Variation		77.45
Depression situation (total)		
Mean		5.05
Standard Deviation		2.88
Coefficient of Variation		50.72
Hygiene prevention		
Mean		6.52
Standard Deviation		2.67
Coefficient of Variation		41.03
Overdose prevention		
Mean		4.93
Standard Deviation		2.60
Coefficient of Variation		52.80
Safe consumption practices		
Mean		4.94
Standard Deviation		2.88
Coefficient of Variation		58.33
Health prevention		
Mean		4.21
Standard Deviation		3.25
Coefficient of Variation		77.16
Social pressure situation (total)		
Mean		5.83
Standard Deviation		2.97
Coefficient of Variation		50.96

Table 4
HRSEQ test statistics

2 of 2

HRSEQ Test	Amounts (%)
Hygiene precaution	
Mean	7.31
Standard Deviation	2.27
Coefficient of Variation	31.07
Overdose prevention	
Mean	6.01
Standard Deviation	2.70
Coefficient of Variation	44.92
Coefficient of Variation	52.67
Health prevention	
Mean	4.38
Standard Deviation	3.48
Coefficient of Variation	79.41

Note: HRSEQ: Harm Reduction Self-Efficacy Questionnaire.

Discussion

The growth of alcohol consumption in the university context has been a concern for years, since this increase is significant in relation to the general population (Ferro et al., 2019). This fact highlights the need to adopt HR as part of institutional health policies in the universities, in conjunction with public policies aimed at mental health. In a survey of drug use by college students at a national level (Andrade et al., 2010), in which the ASSIST 3.0 instrument was also used, approximately 2.6% of the total sample had a score indicative of intensive treatment, while in our study this value is 10.81%, a value four times higher. This difference may be related to the pandemic period, which changed people's lives and alcohol consumption patterns (Garcia & Sanchez, 2020). In addition, the data presented in our study (33.3%) are very close to the 36% increase in alcohol consumption among the general population (Winstock et al., 2020), confirming what was observed during the pandemic. In addition, alcohol consumption is associated with the main global risk factor in the population aged 15 to 49 years (GBD 2016 Alcohol Collaborators, 2018).

Among the possible factors for this increase, Valério (2021) points out coping, when alcohol is consumed to balance negative emotions. This is considered a problematic type of consumption and may be related to the sudden change from the in-person university social scenario to isolation and a remote learning system. According to González-Ponce et al. (2022), in a study to identify psychological variables associated with the use of HR strategies among university students who consume alcohol, coping was associated with lower adoption of HR strategies corroborated by higher alcohol consumption.

In the analysis, the following factors were added: improvement, which is linked to positive emotions and moderate to high alcohol consumption; more free time; and the relaxing and uplifting properties of alcohol, which would alleviate the emotional cost of the pandemic. The fact that some students return to their family homes can be both a protective and a risk factor, depending on the family dynamics (Portela et al., 2022).

The understanding and practice of HR, once included in an institutional policy, becomes part of the range of actions aimed at students. Hepworth et al. (2018) pointed out in a study of HR for university students, the inclusion of practices to minimize harm caused by alcohol during the

students' first year in college, with emphasis on those living in student housing. In this sense, even in a scenario of longer stays at home, due to the Coronavirus Disease 2019 (COVID-19) pandemic, it is understood that HR measures would be encouraged by institutional actions in a remote context, given the possibility of alcohol consumption.

According to Reis et al. (2018), having an active listening posture towards students can help them deal better with what they call the "neglected side", helping the person to understand the factors that may be associated with drug use, that is, providing a safe and welcoming environment, whether within the family or at school, which can keep young people away from reckless drug use.

The DTCQ-8-Alcohol test showed higher averages than that of Vasconcelos (2015), the work we consider as a reference since it uses the same situation parameters. In our study, the only average that was below the aforementioned work data refers to positive situations (4.54 or less). The other values were above and the total instrument had a difference of 18.32 or more; negative situations showed a difference of 25.22 or more, and temptation situations showed a difference of 27.19 or more. These data indicate that people felt more confident not to drink excessively even in negative situations such as if they were angry, had trouble sleeping, or had suffered some injustice. These issues may be linked to the fact that social isolation has taken away from people the possibility of going out and stopping at an establishment that sells alcoholic beverages to alleviate the negative situation, often opting for remote meetings to maintain isolation (Pakdaman & Clapp, 2021). The positive situation, in which the person remembered something good that happened or wanted to celebrate with a friend, showed a small decrease in the average in relation to the Vasconcelos (2015) findings. It is understood as possible that this is due to the same isolation, in which it can be assumed that the person ends up preferring to drink for the good memories and the reunion with a friend, this being a way of celebrating life in such a turbulent period.

When reviewing the results of the HRSEQ instrument adapted to assess the adoption of HR measures in the face of alcohol consumption, we have a contradictory result to the DTCQ, since the scenario "feeling depressed" signaled the lowest averages not only in the complete instrument, but also in the separate domains, thus in situations where people appear to be more likely to be lax with alcohol consumption and, therefore, not reducing their harm. This fact is also contrasting with the value of 47.1% of individuals in our study who stated they had increased their HR measures during the pandemic. In "social pressure" and "abstinence", the averages appear slightly higher; however, they are similar to each other, with emphasis on the domains hygiene precautions and overdose prevention, which had the highest averages. In general, for all the scenarios, low averages for HR actions were evidenced. These findings indicate that the lack of institutional actions aimed at HR encourages students not to fully adopt a HR measure when consuming alcohol despite knowing what HR represents and how it can help them mitigate the consequences of alcohol use. In addition there is the need to include institutional policies aimed at the mental health of university students, as a way of addressing the psychosocial issues in everyday academic life.

Considering the negative situation, this study showed that people are more resistant to drinking excessively, but when they do, they are more negligent with their health and do not worry about reducing alcoholic beverages damage. The high score can be associated with the increase in alcohol consumption during the pandemic and the emotional factors arising from social isolation, such as mental health affected by the fear of getting sick, fear of dying or the weakened financial situation and fear of unemployment (Roberts et al., 2021). These aspects may have reflected in the lower score observed on the HRSEQ scale, linked to the situation of "feeling depressed".

There is an urgent need for higher education institutions to pay more attention to students' alcohol consumption and start treating it as a public health issue. The university studied here does not adopt an educational campaign or an internal HR policy even though this study indicated that 70% of this study's participants learned about HR after admission to the university. In addition, the activities of the *Serviço-Escola de Psicologia* (SEPsi, School of Psychology Service) do not include all students with mental health issues given the high demand for the service.

Conclusion

This study evaluated the application of HR among students at a public university in the southeastern region of Brazil, with the purpose of understanding the settings of alcohol use. Four instruments were used and considering that this investigation was carried out between September 2021 and April 2022, it was not possible to dissociate the data obtained from the pandemic context. This understanding enhances the need for the development of educational measures and institutional policies, making college students aware of their alcohol consumption and allow them decide what to do in view of HR.

One of the objectives of this study was to understand and evaluate the application of HR for alcohol consumption. This objective was achieved with the application of the following instruments: ASSIST 3.0, DTCQ-8-Alcohol and HRSEQ adapted for alcohol consumption. The dissemination of HR practices was also achieved with the application of the tests, allowing students to better understand their alcohol consumption as they responded.

This study showed that a considerable portion of students is aware of, but does not always practice, HR. An increase in alcohol consumption during the pandemic period was noted, and a greater rate of students presented an indication for brief intervention due to their consumption profile, corroborated by the indication of abuse indicated in the score. In addition, students showed greater resistance to excessive drinking if they were experiencing a bad situation. However, in this case, if they decided to drink excessively, they would be less concerned about HR.

Understanding consumption patterns, frequency and the scenario of alcohol use by college students is considered the first step in planning educational HR actions. This strategy aims to achieve the conscious use of alcoholic beverages, supported by an effective institutional HR policy that favors prior guidance, is concerned with the individuals' mental health during their college years and supports students when necessary.

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