Research Article

NURSING STAFF TRAINING IN RELATION TO THE DEMAND FOR ADDICTIVE SUBSTANCES

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ARTICLE INFO

ABSTRACT

Introduction: The consumption of alcohol, tobacco and drugs is a worldwide, national and state public health problem (1). This problem has been around for decades, the programs and interventions that exist have not positively impacted, they are dedicated to explain the phenomenon, and they do not intervene efficiently and effectively (2). **Objective:** to evaluate the training of nursing students in relation to drug demand. **Method:** Quantitative, descriptive, correlational, prospective, cross-sectional and cohorts study (3), (4), (5), applying the NEADA scale (6), to 309 students of the Bachelor of Nursing. Results: according to the Kolmogorov and Smirnov test (7), the variables did not show normality, determining to apply the Spearman correlation test (8), knowledge of alcohol and tobacco obtained KS: .110>.05medical drugs (KS: .135>.05). Alcohol and tobacco beliefs (KS: .098>.05) and medical drugs (KS: .114>.05).**Conclusion and discussion:**85.0% have neutral knowledge about alcohol and tobacco, 9.0% positive and 6.0% negative, for 82.0% neutral medical drugs7.0% positive and 11.0% negative, 93.0% are not prepared to provide comprehensive care to people. Nursing training in alcohol and tobacco beliefs, 36.0% is positive, 40% is prepared to provide care, according to their academic training. In medical drugs, 60% positive, 47.0% half and 13.0% negative. Results coincide with research (9), (10), (11), *(12),*(13), approving the hypothesis: to more training in nursing students, better attention to drug demand, that is, those who have knowledge of the topic, alcohol, tobacco and medical drugs, develop better the grounded practice to care of the individual, object of being of the profession.

INTRODUCTION

According to the World Health Organization, every year there are 3.3 million deaths in the world due to the harmful consumption of alcohol, representing 5.9% of all deaths, this, because, abuse is a causal factor in more than 200 diseases and disorders(14). On the other hand, the number of consumers worldwide is 2 billion, a proportion that corresponds to about 40% (or 2 out of 5) of the world population over 15 years of age (15). In relation to tobacco consumption, which is a licit drug, it is one of the greatest threats to public health that the world has had to face. Kill more than 7 million people a year, of which more than 6 million are direct consumers and around 890,000 are non-smokers, that is to say, they are exposed to second-hand smoke (16), the level of this phenomenon is increasingly common, although the problem has been addressed using strategies to reduce tobacco smoke in different areas of coexistence, very few people resort to them.

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There are around 1.3 billion smokers in the world and every day 100,000 young people under 18 (of which 80% live in developing countries) start smoking (14).Thus, they have a great slip in society, because most of the time consumption begins by imitation or by being accepted in a social circle. The use of psychoactive substances is a widespread problem that affects the entire world population, the social consequences of drug abuse or trafficking affects the entire society, especially young people. Regarding drug dependence, it is of paramount importance to recognize the people who begin to generate an addiction because that way the problem can be attacked, giving priority to health promotion. According to the United Nations Office on Drugs and Crime world report on drugs, it is estimated that 1 in 20 adults, that is, around 250 million people between 15 and 64 years old consumed at least one drug in 2014. Although considerable, this figure is approximately equivalent to the sum of the Population of Germany, France, Italy and the United Kingdom together (17). The growing indices of drug use, especially in the child-youth population, and the insufficient responses to this problem require new coordinated actions from the different strata of society. In this

dynamic, both universities and public and private organizations in the health area, in particular the faculties of health sciences. The abuse of substances harmful to health (alcohol, tobacco and medical drugs), constitutes one of the problems of the current era, it occurs worldwide, national, state and local. This phenomenon affects, without distinction of gender, mainly affecting adolescents and university students, from any social stratum and to all regions of Mexico (18). The results of studies carried out by the World Health Organization (19), globally and nationally, show that the phenomenon is changing and occurs more frequently in young people and with increasingly harmful substances. There is also an increase in the use of medical drugs in women, both legal and illegal.

In the field of demand, great efforts have been made and in accordance with the health sector program (2007-2012), more than 6,600 million pesos were invested in the prevention and treatment of addictions; With these resources, primary care centers have been built that operate throughout the Republic, in the municipalities with the highest incidence. The service network constitutes the first link in treatment, managing to articulate public, private and social institutions in the system, currently having an offer of care that gives treatment and prevention in its three levels of health care.

According to the Ministry of Health (20), it expresses that alcohol consumption, perception of risk among the population, has been decreasing for a long time; while social tolerance has increased, which is consistent with the trend of increasing consumption of this substance. The latest survey conducted in 2008 shows that alcohol abuse / dependence increased significantly in 2002 for 2008. By gender, both had significant increases, men and much more in women. In Mexico, among adults 15 years and over 14.3 million people currently smoke tobacco (10.6 million men and 3.8 million women). In total, 7.6% were daily smokers (11.9% men, 3.6% women), while 8.8% were occasional smokers (13.3% men, 4.6% women) (20). On average, daily cigarette smokers smoke 7.7 cigarettes per day, men smoke 8.0 cig / day and women smoke 6.8 cig / day. The starting age of cigarette smoking among daily smokers aged 20-34 years was 16.5 years of age in general and 16.4 years in men and 17.1 years in women. In general, about 189,000 inhabitants currently use smokeless tobacco products (men 175,100 and women 14,600), (20).

On the other hand, in the National Survey of Drug, Alcohol and Tobacco consumption (20), expressed that the current smoking prevalence among Mexican adults did not show a statistically significant change between 2009 and 2015, but, an increase or by sex in men (24.8% to 25.2%) and in women (7.8% to 8.2%). The distribution of the starting age of daily smokers among those who had ever smoked daily from 20 to 34 years of age, showed a statistically significant reduction from 17.6 years old (2009) to 16.5 years old (2015) in general (men from 16.9 to 16.4 age range and women from 19.6 to 17.1).

The average number of cigarettes smoked per day decreased from 9.3 in 2009 to 7.7 cig / day in 2015 (men, 9.7 vs 8.0 cig / day, and women, 8.4 vs 6.8 cig / day). This decrease was statistically significant overall and for men, but not for women. Mexico, as in the rest of the world, the consumption of medical drugs shows periods of increase and decrease. Towards the year 2008, significant growths were found in utilization compared to what happened 6 years before; in the

following three years abuse has stabilized, there are no significant changes in consumption rates in the last year, in the total population studied. When data is analyzed by sex, a significant increase is seen in men. When analyzing the data by region, this increase manifests itself in the Western Region. In men and women, the use of medical drugs is increasing (20).

Consumption in adolescents did not change, but in women, consistent with the observed in 2008, it is higher than that observed for adult women, that reflects their most recent addition to the market. The data shows the need to reinforce the actions developed to reduce the demand for drugs; although use in general has taken root, it is important to broaden the prevention and treatment policy and direct more to actions towards the young adult population. Currently, the training of nursing students in relation to the demand for drugs is an extremely important topic, because people with a broad knowledge must be approached since it is essential to distinguish behaviors, attitudes and some risk factors.

Hypothesis: More training in nursing students, better attention to drug demand. *Objectives. General*: to evaluate the training of nursing students in relation to the demand for drugs. Specific: Point out the sociodemographic characteristics of the population. Analyze the consumption of alcohol, tobacco and medical drugs that nursing students have. Classify the knowledge of the population in relation to the demand for drugs (alcohol, tobacco and medical drugs). Identify beliefs in relation to the demand for drugs (alcohol, tobacco and medical drugs).

Method: Design: the present investigation, according to the analysis and scope of the results is quantitative, descriptive and correlational design, for the time of occurrence of the facts and records of the information is prospective, for the period and sequence of the study, it is cross-sectional, making a cut in the period August-November 2017, in order to evaluate the training in nursing students in relation to drug demand (3), (21), (4), (5). *Sample:* the study was carried out at the nursing faculty of the Universidad Veracruzana in the Orizaba-Córdoba region with a work universe of 745 enrolled in the August 2017 school period, people of both gender and different sociodemographic characteristics.

For the purposes of the research, the students of the 1200, 1300, 1400, 1500, 1600 and 1700 generations were taken into account, obtaining a total of 672. According to (21), applying the formula for finite populations, a sample of 311 was obtained, which represent 46.3% of the population of the chosen groups, given the selection criteria, 309 instruments were valid, which were analyzed and presented.

The sample was obtained through the conglomerate probalistic sampling method (22), (3), it is the form when it is carried out since there is no detailed list of cases to be studied, but the selection of the subsets to be studied is defined, from these selected we proceed to prepare a detailed and enumerated ordering of the units of the universe, to select the sample of each set and subgroup, the instrument was applied according to the stipulated selection criteria, until completing the sample. The selection criteria were; inclusion: students enrolled in the school period August 2017-January 2018, of the Orizaba nursing faculty who belonged to enrollments 1200, 1300, 1400, 1500, 1600 and 1700, with religion, age, sex, indistinct marital status, availability of time that they agreed to

participate, they received the orientation and explanation of the project the day the instrument was requested to be filled in electronically. Those participants who did not complete the online questionnaire, left it unfinished, or did not decide to send their response (23) were eliminated. Measuring instrument: A self-directed instrument was used, accompanied by an informed consent form approved by the interviewee, with the names of the interviewer and project manager, and a data identification card was also integrated, that allowed evaluating the sociodemographic characteristics of the study sample, containing age, sex, marital status, and religious practice. It was used as part of an alcohol and drug training program for nurses, students and teachers of Nursing in Conneticut, USA, with a reliability of Cronbach's Alpha of .698. The original scale has 29 items, has two dimensions: beliefs about care and knowledge of care for drug users. For this study, they were separated, it is important to highlight that the instrument for the present study was adapted for tobacco and medical drugs.

The Nursing Training Scale in Alcohol and Tobacco Knowledge (NEADA; for its acronym in Spanish) (6), evaluates the knowledge of nursing staff regarding the care of the alcohol user. It has 14 items, this scale has a response pattern of 0 to 2 where, 0 = indifferent, 1 = agree and 2 = disagree. For statistical purposes, items 1, 2, 3, 5, 11 and 13 are recoded with the value = 2, in order to interpret the score as follows: higher score, greater positive knowledge about care for the alcohol user. On the other hand, the Nursing Training Scale in of Medical Drugs Knowledge (NEADA) assesses the knowledge of nursing staff regarding the care of the medical drug user. It has 14 items, this scale has a response pattern of 0 to 2 where, 0 = indifferent, 1 = agree and 2 = disagree. For statistical purposes, items 1, 2, 3, 5, 11 and 13 are recoded with the value = 2, in order to interpret the score as follows: higher score, greater positive knowledge about care for the medical drug user.

The Nursing Training Scale in Alcohol and Tobacco beliefs (NEADA) evaluates the beliefs of the nursing staff regarding the care of the alcohol user. It has 15 items, this scale has a response pattern of 0 to 2 where, 0 = indifferent, 1 = agree and 2 = disagree. For statistical purposes, items 6, 7, 8, 9, 10, 11, 12, 13 and 15 are recoded with the value = 2, in order to interpret the score as follows: higher score, higher positive beliefs about care for the alcohol user. Finally, the Nursing Training Scale in Medical Drug Beliefs (NEADA), evaluates the beliefs of the nursing staff regarding the care of the medical drug user. It has 15 items, this scale has a response pattern of 0 to 2 where, 0 = indifferent, 1 = agree and 2 = disagree. For statistical purposes, items 6, 7, 8, 9, 10, 11, 12, 13 and 15 are recoded with the value = 2, in order to interpret the score as follows: higher score, greater positive belief about care for the medical drug user.

Data collection: the project was authorized by the Bioethics and Research Committee of the Orizaba Faculty of Nursing, previous request of those responsible, at the end of the ***Educational Experience:*** investigation methodology, after this, the Project Director was assigned and the research work began, exposing the study objective and purpose. Subsequently, we proceeded to work with the students of the Orizaba Nursing School, using the structured interview technique and the method, a previously selected instrument that covered the criteria of reliability, validity and internal consistency, to facilitate filling, It was adapted in electronic version to be answered in the different places where the participants were, in order to evaluate the variables: moral sensitivity and training of nursing students in relation to drug demand, at the undergraduate level.

Data analysis: to elaborate the analysis of the information, the statistical program: Statistical Package for the Social Sciences (SPSS) version 15 for Windows (24) was used, creating a database where the instruments were captured, after validation and review of the complete and correct filling of them. The analysis plan was integrated by descriptive statistics (25), applying percentages, frequency, and dispersion measures: average, median, mode, minimum, maximum and sum. To evaluate the normality of variables, the statistical test of Kolmogorov and Smirnov (7) was used, which determined to apply the correlation test of Rho Spearman (8).

RESULTS

To elaborate the analysis of the information, the statistical program: Statistical Package for the Social Sciences (24) version 15 for Windows was used, creating a database where the instruments were captured, after validation and review of the complete and correct filling of them. The analysis plan was made up of descriptive statistics (26), percentages, frequency, and measures of dispersion: average, median, mode, minimum, maximum and sum (27). To evaluate the normality of variables, the statistical Kolmogorov Smirnov test (7) was used, which determined to apply the correlation test Rho Spearman (8).

Table 1 Sociodemographic data of the participants

Gender	Marital status(*n*=309)									
	Singles		Married		Divorced		Separated		Free union	
	f	%	f	%	f	%	f	%	f	%
Woman	223	72.2	13	4.2	4	1.3	8	0.6	1	0.3
Man	63	20.4	2	0.6	1	0.3	0	0	0	0
Total	**286**	**92.6%**	**15**	**4.9%**	**5**	**1.6%**	**2**	**0.6%**	**1**	**0.3**
	Generation									
2012	1	0.3	0	0	0	0	0	0	1	0.3
2013	24	7.8	1	0.3	1	0.3	0	0	0	0
2014	64	20.1	5	1.6	1	0.3	1	0.3	0	0
2015	52	16.8	1	0.3	1	0.3	1	0.3	0	0
2016	58	18.8	6	1.9	1	0.3	0	0	0	0
2017	89	28.8	2	0.6	1	0.3	0	0	0	0
Total	**286**	**92.6%**	**15**	**4.9%**	**5**	**1.6%**	**2**	**0.6%**	**1**	**0.3%**
	Age group									
17-19 years	97	31.4	1	0.3	0	0	0	0	0	0
20-22 years	145	46.9	6	1.9	1	0.3	1	0.3	0	0
23-25 years	39	12.6	3	1	4	1.3	0	0	1	0.3
26-28 years	4	1.3	5	1.6	0	0	0	0	0	0
29 and 29 more years	1	0.3	0	0	0	0	1	0.3	0	0
Total	286	92.6%	15	4.9%	5	1.6%	2	0.6%	1	0.3%

Note: Source: data identification card.

Table 1, integrates the sociodemographic data of the population, in terms of gender, 78.6% were women, of whom 72.2% are single, 4.2% married, 1.3% divorced, with minimal separate percentages (0.6%) and free union (0.3%). 21.4% are men, predominantly in a single civil status (20.4%), married (0.6) and divorced (0.3%), there is less dispersion in relation with their couples and that apart from the activities that must do at school, they have an obligation in their home, thus, the representation of women is supported by what is expressed by (28), that the nursing profession is linked to women, moreover, the term nurse is feminine and is used to talk about the people that make it up (profession), being they, related to human

practices in relation to health. In relation to enrollment, the generation that predominates are those of 2017 (29.7%), followed by 22.3%, 2014 and 21.0%, 2016, of 100%, explaining that they are those people who enter a higher level, the that have more schedule availability and the Educational Experiences they take, are with a number of standard credits (52) or minimum (32), therefore, they attend to the different requests that are raised, in addition, they are more willing to participate in activities related to university life.

Regarding the age group, those who stand out are 20 to 22 years old (49.4%), followed by those from 17 to 19 years old (31.7%) and 23 to 25 (15.2%), people aged 26 and over, are positioned in 3.7%, having special coincidence with the Organization for Economic Co-operation and Development (29), comparing the median age, presenting a decrease from 25.2 to 24.7, the youngest graduated students, currently, is at 23.2, that is, in the present, young people have a greater opportunity to enter a higher level and complete their vocational training.

Table 2 Alcohol consumption and initiation age

| Age | Alcohol consumption(*n*=309) | | | |
| | Yes | | No | |
	f	%	f	%
0 - 9 años	7	2.3	33	10.7
10- 19 años	260	84.4	0	0
20 - 30 años	8	2.6	0	0
Total	**275**	**89.3%**	**33**	**10.7%**

Note: Source: drug consumption prevalence card.

Table 2, integrates alcohol consumption and age at which it started, there is a higher prevalence from 10 to 19 years (84.4%), 20 to 30 (2.6%) and 0 to 9 years (2.3%), It is determined that the first intake with a higher incidence in the basic and upper secondary education stage and is based on the new environment in which they operate and seek the greatest possible socialization for acceptance. Above mentioned is a very serious public health problem, since in Mexico the average age of initiation of alcohol consumption is 16 years old, with the minimum age difference between men and women, 15 and 16, according to the report of the National Institute of Statistics and Geography (30).

Table 3 Tobacco consumption and initiation age

| Age | Tobacco consumption(*n*=309) | | | | | |
| | Yes | | No | | Total | |
	f	%	f	%	f	%
0 - 9 años	4	1.3	140	45.3	144	46.6%
8 - 15 años	155	50.2	10	3.2	165	53.4%
Total	**156**	**51.5%**	**150**	**48.5%**	**309**	**100%**

Note: Source: drug consumption prevalence card.

Table 3, analyzes the variables of tobacco consumption and age of initiation, 1.3% of university students consume this substance from the first years of life (0 to 9 years), while 50.2% start from 10 to 15, on the other hand, it is seen that 51.5% of the total sample at some point in their life has used tobacco, taking as a reference that said exposed problem occurs due to different circumstances which can be from stress or simple imitation, thus taking them to a level of addiction. As can be seen in the result of starting consumption, it is caused by the influence of the social environment, the possibility that at this age the young man for biological reasons may be more vulnerable and sensitive to the effects of combined nicotine has been managed with other chemicals and are more likely to develop a tobacco addiction (19) (31).

Table 4 Drug Consumption and initiation age

| Age | Drug Consumption(*n*=309) | | | | | |
| | Yes | | No | | Total | |
	f	%	f	%	f	%
0- 6 años	11	3.6	185	59.9	196	63.4%
7 - 13 años	36	11.7	1	0.3	37	12%
14 - 21 años	72	23.3	4	1.3	76	24.6%
Total	**119**	**38.5%**	**190**	**61.5%**	**309**	**100%**

Note: Source: drug consumption prevalence card.

Table 4, studies the variables consumption of medications and age of initiation, 23.3% have the practice from 14 to 21 years of age, while 11.7% started from 7 to 13, and the minimum percentage 3.6%, taking as a reference that the majority of drugs are easily accessible due to their over-the-counter and over-the-counter sale issued by a professional, so an uncontrolled administration of medication is used. The early initiation to the consumption of drugs such as alcohol and tobacco usually occurs during adolescence or early youth, consumption tends to continue in much greater proportions as people age, some of these practices are combined with medications. , which enhance the effect of other substances, for this, is more common in young people (32) (33).

Table 5 Nursing training in alcohol and tobacco knowledge

| Question(*n*=309) | Agree | | Indifferent | | Disagree | |
	f	%	f	%	f	%
They can be helped by nurses	266	86.1	27	8.7	16	5.2
Ask when suspicious	276	89.3	23	7.4	10	3.2
Know how to recommend limits	275	89	24	7.8	10	3.2
Talk about toxic habits	133	43	35	11.3	141	45.6
Intervention as it is not the main reason	211	68.3	74	23.9	24	7.8
Difficulty talking about substances	170	55	61	19.7	78	25.2
Intervening referring a program	275	89	27	8.7	7	2.3
Discomfort about its consumption	233	75.4	49	15.9	27	8.7
Invasion of privacy in consumption	66	21.4	82	26.5	161	52.1
Intervention when presenting dependence	128	41.4	60	19.4	121	39.2
History about consumption	231	74.8	64	20.7	14	4.5
Dependents are unpleasant	51	16.5	80	25.9	178	57.6
Sincerity before consumption	283	91.3	20	6.5	6	1.9
Irritation when asking	197	63.8	83	26.9	29	9.4

Note: Source: Nursing training scale in alcohol and tobacco knowledge (NEADA).

Table 5, analyzes nursing training in alcohol and tobacco knowledge, the results show that more than 70% of university students have good ethical training and broad criteria for treating and identifying a consumer, 86.1% think that Nurses can treat a consumer of alcohol and tobacco, so they are in favor of the support, orientation of the user.

89.3% are aware that must be ask about consumption habits if they are suspected, in addition, they have the idea of how to mend limits in the situation (89%), although they are in a dilemma when talking about toxic habits (43%). Respondents feel the responsibility to intervene when patients are using alcohol and or tobacco, even though the consumption of these substances is not the main reason for treatment, with 68.3% in favor and 23.9% being indifferent, a little more than half (55%) find it difficult to talk about substances, although they have the notion of helping by referring a support program (89%), 75.4% are uncomfortable when asking about consumption, while most respondents think that asking is not an invasion of privacy (52.1%).

The sample, the majority, believes it is necessary to make a detailed history of the use of alcohol and tobacco (74.8%), more than half, denies that it is unpleasant to deal with a consumer of these substances (57.6%), and it is possible that patients do not answer truthfully when are interviewed (91.3%), keeping in mind that one of the reactions is that users

get irritated when asked about personal matters 63.8%. Nursing intervention in the school environment in the prevention of alcohol and other drug consumption is develop within the framework of a multidisciplinary work, being effective, achieving high professional satisfaction and bringing the professional closer to adolescents (34) (35). For the above, is important for the student to take into account the treatment and knowledge of a patient who consumes medications or other substances, since it is the fundamental basis for providing care.

Table 6 Nursing training in medical drugs knowledge

Question (*n*=309)	Agree		Indifferent		Disagree	
	f	%	f	%	f	%
Modification of consumption habits	257	83.2	37	12	15	4.9
Ask when suspecting consumption	268	86.7	29	9.4	12	3.9
Know how to recommend the level of consumption	285	92.2	22	7.1	2	0.6
Compete to speak about their consumption	286	92.6	21	6.8	2	0.6
Intervene even if it is not their treatment	142	46	53	17.2	114	36.9
Talking about medical drug consumption	230	74.4	63	20.4	16	52.2
Intervention when referring to a good program	192	62.1	53	17.2	64	20.7
Discomfort when asking about their consumption	270	87.4	30	9.7	9	2.9
Invasion of privacy when asking	238	77	55	17.8	6	5.2
Intervene only when there is dependency	91	29.4	80	25.9	138	44.7
Make a detailed history of consumption	162	52.4	59	19.1	88	28.5
Consumers are unpleasant	247	79.9	46	14.9	16	5.2
Honesty about their consumption	66	21.4	98	31.7	145	46.9
Irritability when talking about their consumption	272	88	29	9.4	8	2.6

Note: Source: Nursing training scale in medical drug knowledge (NEADA)

Table 6, denotes the agreement that the students have to the perception of helping, advising and educating users who consume, or have used illicit drugs (without a prescription), favoring nursing study and action. In addition, they integrate the data of knowledge and action before the population, for this, it is determined to analyze the training of students in knowledge of medical drugs, 83.2% agree that people who use medical drugs can be helped, because they think that nurses have an obligation to ask patients about their use (86.7%) when there is suspicion, On the other hand, 92.2% agree that they should know how to recommend a decrease in consumption or simply how to stop them. On the contrary, 92.6% think that it is not part of the nurse to talk about the patient's personal consumption, just less half (46%) agree that responsibility to intervene when there is consumption.

On the other hand, 74.4% think that it is not easy to talk to care subjects about the use of medical drugs and the majority (62.1%) agree to provide a support program, while 87.4% believe that the patient is uncomfortable when asked about consumption, they also believe that talking about it is invasion of privacy (77%). In relation to the above, 44.7% is disagree that the nurse can only intervene when there is consumption, they also think that it is necessary to make a history about the use of medical drugs (52.4%), 79.9% believe that people who consume are unpleasant when it comes to treatment, since the majority (46.9%) report that they disagree on the possibility that users tell the truth at the time of the interview. On the other hand, 70% of the sample is ethically apt to interact, identify and treat a medical drug user since they understand the situation that patients go through to interview and thus create better communication in the environment Thus achieving awareness to the person studied.

Table 7 Nursing training in alcohol and tobacco beliefs

Question(*n*=309)	Agree		Indifferent		Disagree	
	f	%	f	%	f	%
Ease in asking about consumption	222	71.8	62	20.1	25	8.1
Treats by specialists	157	50.8	63	20.4	89	28.8
Success in talking about dependence	85	27.5	73	23.6	151	48.9
Not knowing how to ask about consumption	135	43.7	95	30.7	79	25.6
Can be helped by bottoming out	80	25.9	70	22.7	159	51.5
Importance of distinguishing the consumer	555	17.8	34	11	220	71.2
Daily consumption is not harmful	260	84.1	33	10.7	16	5.2
Treatment cannot be sociable	39	12.6	25	8.1	245	79.3
Early diagnosis improves the process	42	13.6	91	29.4	176	57
Lack of control in dependents	276	89.3	27	8.7	6	1.9
Genetic predisposing factor	196	63.4	56	18.1	57	18.4
Occasional and dependent differences	124	40.1	78	25.2	107	34.6
Learning to control consumption	224	72.5	24	7.8	61	19.7
Signal of lack of morality	142	46	80	25.9	87	28.2
Adequate basic education	62	20.1	89	28.8	158	51.1

Note: Source: Nursing training scale in alcohol and tobacco beliefs (NEADA).

Table 7, evaluates the nursing training in beliefs of alcohol and tobacco consumption, 71.8% considers that it is not easy for the nurse to ask the patient about their use (alcohol and tobacco), half (50.8%) believe that only a specialist can treat them, on the contrary less than the total (48.9%) disagree that talking to a user is rarely successful and 43.7% know what questions to ask, to know if the person uses these substances. On the other hand, 51.5% disagree that a care subject cannot be helped until it bottoms out, 71.2% consider that it is important to distinguish occasional consumers and those who are dependent, because from this, can be establish focused nursing interventions. In addition, 81.1% believe that it is not necessarily harmful to consume alcohol and tobacco, while 79.3% disagree with a person who was treated, can no longer be a social user, on the other hand, a little over half (57%) do not believe that the timely diagnosis of alcoholism and smoking improves the opportunity for treatment success. Likewise, 89.3% believe that a dependent cannot control himself by drinking more than one drink in order to continue consuming or smoking, and 63.4% believe that the genetic load gives great weight to influence behavior. In the same way 40.1% refer that there is no difference in occasional and dependent consumers, while 72.5% think that patients can learn to reduce their consumption.

Too, 46.0% believe that alcoholism is a sign of a lack of morality, however, only a little more than half (51.1%) report that their education on substance dependence is not adequate. On the other hand, alcoholism, is seen today as a contemporary phenomenon in young university students, having free will to buy and consume, that is, the approval of another person is not required to carry it out (36). For the above, it is estimated that the student population, in its majority is apt, consents and empathetic towards these consumers, identifying with signs and symptoms the users, pointing out that it is better to be treated by a specialist than to make a timely diagnosis for a correct treatment against the two substances delimiting future problems. On the contrary, they believe that the consumer has the facility to learn how to reduce their use, in order to readjust to the society that surrounds them.

Table 8 Nursing training in medical drug beliefs

Question(*n*=309)	Agree		Indifferent		Disagree	
	f	%	f	f	%	f
Ease in asking about consumption	220	71.2	50	16.2	39	12.6
Treated by specialists	162	52.4	64	20.7	83	26.9
Success in talking about dependence	110	35.6	79	25.6	120	38.8
Not knowing how to ask about consumption	140	45.3	76	24.6	93	30.1
Can be helped by bottoming out	110	35.6	69	22.3	130	42.1
Importance of distinguishing the consumer	62	20.1	43	13.9	204	66
Daily consumption is not harmful	256	83.5	33	10.7	18	5.8

Treatment cannot be sociable	48	15.5	33	10.7	228	73.8
Early diagnosis improves the process	57	18.4	95	30.7	157	50.8
Lack of control in dependents	255	82.5	34	11	20	6.5
Genetic predisposing factor	191	61.8	54	17.5	4	20.7
Occasional and dependent differences	119	38.5	68	22	122	39.5
Learning to control consumption	141	45.6	67	21.7	101	32.7
Sign of lack of morality	212	68.6	53	17.2	44	14.2
Adequate basic education	79	25.6	86	27.8	144	46.6

Note: Source: Nursing training scale in alcohol and tobacco beliefs (NEADA).

Table 8, analyzes the nursing training in beliefs of medical drugs, 71.2%, believe that it is not easy to ask about the consumption of medical drugs to a patient, and half (52.4%) think that it is better to receive professional help specialized, since there is not much success when talking about the problem of drug dependence, 45.3% do not know what questions to ask to know if the patient uses medical drugs, while 42.1% believe that a consumer cannot be helped until they bottom out. 66% is disagree respect to it should be distinguished from occasional users and those who are dependent.

On the other hand, 83.5% affirm that the daily use of drugs is not necessarily harmful, likewise 73.8% disagree that a person who is drug free can no longer be and a social user, half of the sample (50.8%), said that a timely diagnosis cannot change the success of a treatment, on the contrary 82.5%, affirms that medical drug dependents cannot control their intake, once they have started, as well, 61.8% think that the history with genetic load has more influence to become drug addicts, therefore, the importance of distinguishing an occasional consumer from a dependent one was emphasized, but only 38.5% believe that it is essential to recognize it.

45.6%, indicate that patients can learn to reduce the use and its way of consumption, those studied (68.6%) think that the dependent medical drug user has a severe lack of morals, and that they do not have a good basic education on drug addiction at all. On the other hand, a certain consumption of drugs is found in each society and is conditioned by their customs (37), the possible negative effects, known to social groups, are attempted to be reduced by adapting consumption to inherited cultural patterns.

Table 9 Statistical indices of the study variables

Measures (*n*=309)	CAT	CDM	CRT	CRM
Average	51	50	58	57
Median	54	50	60	60
Mode	50	50	50	67
Standard deviation	11.848	13.565	16.115	19.596
Minimum	0	0	3	0
Maximum	79	79	90	97

Note: Source: data identification card. **CAT:** Nursing training in alcohol and tobacco knowledge. **CDM:** Nursing Training in medical drugs knowledge. **CRT:** Nursing Training in alcohol and tobacco beliefs. **CRM:** Nursing Training in medical drug beliefs.

Table 9, shows the statistical indices of the variables under study, to define the classification, the score assigned to the instruments of the Nursing Education in Alcohol and Drugs Education (NEADA), where 0 to 33, is a formation of negative knowledge or beliefs, 34 to 66, neutral or average and 67-100 positive. For the above, for the variable nursing training in alcohol and tobacco knowledge (CAT),with the average of 51 obtained, median 54 and standard deviation 11.84, it is determined that 85.0% have neutral knowledge, 9.0% positive and 6.0% negative, that is to say, there is no positive result, since they still lack fundamental tools that allow establishing effective strategies and impacting the drug phenomenon (91.0%). For the variable nursing training in knowledge of

medical drugs (CDM), a minimum score of 0 and maximum of 79, average and median 50, determining that 82.0% is neutral, 7.0%, positive and 11.0% negative, if the population that is not clear about the elements that leads to the use of medical drugs, it is determined that 93.0% is not prepared to provide comprehensive care to people, since a weakness is to be clear about the elements that help establish specific nursing diagnoses, according to the characteristics of the individuals, therefore, they must be immediately reinforced, since one of the aspects of nurse training is to participate in current health problems in the world and Mexico.

On the other hand, in the variable nursing training in alcohol and tobacco beliefs (CRT) the mode obtained was 50, standard deviation 16,115, and maximum score 90, pointing out that 36.0% is positive, that is, they have the necessary tools for the attention of the individual, since their beliefs are positive, therefore, their actions are modulated to the acceptance of the positive aspects, however, 64% do not, classifying that 59.0% are neutral and 5.0% negative. Finally, in aspects nursing training aspects in medical drug beliefs (CRM) according to the average of 57, median 60 and mode of 67, it is understood that 40% are prepared to provide nursing care, due to the beliefs acquired in their academic training, that is to say, the Educational Experiences carried out, have provided what is necessary to interact with the health team and implement measures to care for individuals, sin embargo, 60% (47.0% average and 13.0% negative) deduce that they still need to take experiences that allow them to acquire basic elements that will mark their professional training (**Table 10)**.

Table 10 Classification of study variables

Classification (*n*=309)	Classification							
	Negative		Neutral		Positive		Total	
	f	%	f	%	f	%	f	%
Alcohol and tobacco Knowledge	18	6.0	264	85.0	27	9.0	309	100%
Medical drugs Knowledge	34	11.0	253	82.0	22	7.0	309	100%
Alcohol and tobacco Beliefs	17	5.0	181	59.0	111	36.0	309	100%
Medical drugs Beliefs	40	13.0	146	47.0	123	40	309	100%

Note: Source: NEADA scales.

Table 11 Kolmogorov Smirnov test for the variables

Variables (*n*=309)	Kolmogorov-Smirnov(a)		
	Statistical	gl	Sig.
EDA	.140	309	.000
ESC	.485	309	.000
RLG	.455	309	.000
MTR	.179	309	.000
CAT	.110	309	.000
CDM	.135	309	.000
CRT	.098	309	.000
CRM	.114	309	.000

Note:**EDA:** age of the population, **ESC:** Marital status, **RLG:** Religion **MTR:** Enrollment, **CAT:** Nursing training in alcohol and tobacco knowledge, **CDM:** Nursing training in medical drug knowledge, **CRT:** Nursing training in alcohol and tobacco beliefs, **CRM:** Nursing training in medical drug beliefs.

Table 11, integrates the four study variables and those participants selected by those responsible for the study, before this, the Kolmogorov and Smirnov statistical test (7) that are applied to determine their behavior, it is concluded that the eight elements are not normal. The above, according to the scores obtained in: age (EDA, KS: .140> .05), schooling (ESC, KS: .485> .05), religion (RLG, KS: .455> .05), enrollment (MTR, KS: .179> .05) nursing training in alcohol and tobacco knowledge (**CAT,** KS: .110>.05) nursing training in medical drug knowledge (**CDM,** KS: .135>.05), nursing training in

alcohol and tobacco beliefs (CRT, KS: .098> .05) and Nursing Training in medical drug beliefs (CRM, KS: .114> .05), it was determined to use the Rho Spearman correlation test (Díaz, *et al.*, 2014), because no homoskedasticity of variables was obtained.

Table 12 Spearman's Rho correlation: study variables

Variables	Test analysis (n=309)	EDA	MTR	CAT	CDM	CRT	CRM
EDA	Correlation coefficent	1.000	-.661(**)	.148(**)	.131(*)	.165(**)	.185(**)
	Sig. (bilateral)	.	.000	.009	.021	.004	.001
RLG	Correlation coefficent	.160(**)	.075	.078	.088	.041	.010
	Sig. (bilateral)	.005	.190	.169	.122	.477	.867
MTR	Correlation coefficent	-.661(**)	1.000	-.076	-.063	-.149(**)	-.136(*)
	Sig. (bilateral)	.000	.	.182	.269	.009	.017
CAT	Correlation coefficent	.148(**)	-.076	1.000	.638(**)	.585(**)	.542(**)
	Sig. (bilateral)	.009	.182	.	.000	.000	.000
CDM	Correlation coefficent	.131(*)	-.063	.638(**)	1.000	.636(**)	.596(**)
	Sig. (bilateral)	.021	.269	.000	.	.000	.000

Note: **EDA:** Age, **RLG:** Religion, **MTR:** Enrollment, **CAT:** Nursing education in alcohol and tobacco knowledge, **CDM:** Nursing Training in medical drug knowledge, **CRT:** Nursing Training in alcohol and tobacco beliefs, **CRM:** Nursing Training in medical drug beliefs, **CR:** Correlation coefficent * The correlation is significant at the 0.05 level (bilateral). ** The correlation is significant at the 0.01 level (bilateral).

Table 12, presents the relationship of variables studied by the statistical test of Rho Spearman (8), which analyzes elements that do not present normality, determining that the students who form the enrollment of the Universidad Veracruzana, Nursing Faculty, are in accordance with the age in completed years (MTR, EDA,CS: -.661; <0.01). Likewise, nursing training in alcohol and tobacco knowledge, (CAT, EDA, CS: .148; <0.01), knowledge of medical drugs (CDM, EDA; CS: .131; <0.05),alcohol and tobacco beliefs (CRT, EDA, CS: .165; <0.01), and in medical drug beliefs (CRM, EDA CS: .185; <0.01), It is better developed in students who are older, that is, due to credit progress, they have already completed the Educational Experiences that formed them in different areas, which ensures obtaining knowledge, improves attitudes and offering comprehensive care to individuals, analyzing the spheres that comprise it, therefore, the more knowledge about drugs (alcohol, tobacco and medical drugs), the better care provided.Also, those who are younger, their religious beliefs are well-founded, an element that is favored, since a large part of the population are new students who are influenced by the ideologies of their parents or guardians, positively impacting sensitivity. Morale of attention to individuals (EDA, RLG CS: .160; <0.01).

On the other hand, in **Table 12**, when evaluating Nursing training in alcohol and tobacco beliefs (CRT), medical drug beliefs (CRM), It was determined that students with lower enrollment (MTR) (new entry), do not have the fundamental tools, therefore, it is necessary to observe their academic development to evaluate their behavior, supporting once again, that the Curriculum of the Bachelor of Nursing is organized in such a way that the student goes through their training, through different educational experiences which ensures comprehensive training (CRT, MTR CS: 1,149; <0.01) and (CRM, MTR CS: -. 136; <0.01) in the evaluation of the Nursing Training in knowledge of alcohol and tobacco (CAT), a positive value is obtained, this means that if they are better prepared in medical drugs knowledge (CDM), their alcohol and tobacco beliefs (CRT), will be greater, it is derived to the acceptability of the person and to provide specific care, favoring, the beliefs of medical drugs (CRM), that ends with

good attention to the consuming individuals (CAT, CDM CS: .638; <0.01), (CAT, CCT CS: .585; <0.01) and (CAT, CTM CS: .542; <0.01), on the other hand, to determine the Nursing training in medical drugs knowledge (CDM), those who better know it, develop the ability ofcare for the beliefs of alcohol, tobacco (CRT) and medical drugs (CRM), (CDM, CRT CS: .636; <0.01), (CDM CS: .596; <0.01), they are students who are prepared on the subject of the drug phenomenon, applying the fundamental tools that the profession; such as the nursing process, a scientific method that tests the student in assessment skills, issuing a nursing diagnosis, through the identification of related factors and manifestations, to plan and implement a care plan that allows measuring the impact of the interventions and foundations carried out, transforming and updating their professional practice through practice.

Therefore, the proposed working hypothesis is approved that to more training in nursing students, better attention to drug demand, it means, those who have basic knowledge on the subject: alcohol, tobacco and medical drugs, develop better the practice based on the care of the individual, object of the profession's being.

CONCLUSION AND DISCUSSION

Drug consumption is a problem that increases worldwide, year after year, more people carry out this practice, sociodemographic and cultural factors influence the young population, which sharpens behavior, at present, a large part of families integrates in their activities of coexistence to said substance. In Mexico, patriarchy prevails in many homes and machismo prevails, being the social and cultural aspects that empower men, dictating that they can consume alcohol and other substances, without being seen as something harmful to health, unfortunately, when in a family, this practice is performed, the risk increases for new members (teenagers and young people) the use of alcohol, tobacco or medicines, it is normal and part of social interaction (38).

To respond to the objectives, the results are explained initially by objective, for the first specific: to point out the sociodemographic characteristics of the population, it was determined that the age of consumption is in young people, who are prone and vulnerable for different reasons such as family conflicts, low self-esteem, influence of friends, and trying to forget their problems, among others, leading them to take refuge in drugs. Respect to the type of religion and hours spent, the highest percentage was Catholic and Christian, that is, extracurricular activities with the maximum use in time, when evaluating gender, 78.6% were women, single (4.2%) married (1.3%)) divorced, separated (0.6%) and free union (0.3%). In men (21.4%), singles (20.4%), married (0.6) and divorced (0.3%) predominated, finding less dispersion in relation to their partners.

In relation to enrollment, the generation that predominated were those of 2017 (29.7%), 2014 (22.3%) and 2016 (21.0%), of 100%, that is, new students, have greater availability to participate in the investigations carried out at the Orizaba Nursing School. About objective two: to analyze the consumption of tobacco, alcohol and medical drugs, the majority (89.3%) of the university students did it at some point in their lives, the last year (77.3%), month (50.2%) and seven days (twenty-one%). The use of alcoholic beverages is carried out in social meetings, although there is a perception of the

negative health and social consequences related to its toxic properties and the dependence it can produce, although it is known that women metabolize alcohol faster because they normally have less body mass and males have a greater proportion, the effects of alcohol last longer in women, and its liver damage is greater.

About tobacco, 51.5% of those surveyed have used it at some point in their lives, in the last year (35.9%), month (25.9%) and seven (18.4%), that is, there is a higher incidence during the last month However, less than half of the respondents are frequent active founders. For the variable consumption of medicines and those ingested, the minimum population (38.5%) does it without medical pre-registration, with those of antipyretic classification prevailing (21.7%), paracetamol is the most popular choice, although they do not know the degree of toxicity it causes in the body and does not know the dosage and consumption time, when was questioned whether the drug was indicated by a health professional, 100% said no, that is, it is already a common habit, given that they are in training in the health area, they consider that they can make their own decisions, without consider the risk of mismanagement.

In relation to specific objective three: to classify the knowledge of the population in relation to the demand for drugs (alcohol, tobacco and medical drugs), in order to determine, the score assigned to the instruments of the Nursing Education in Alcohol and Drugs Education (NEADA), from 0 to 33, knowledge formation or negative beliefs, 34 to 66 neutral or average and 67-100 positive. In relation to the variable of nursing training in alcohol and tobacco knowledge, 85.0% are neutral, 9.0% positive and 6.0% negative. For training in medical drugs, 82.0%, neutral, 7.0%, positive and 11.0% negative, that is, there are weaknesses in the students, since most are new to university, therefore, these must be reinforced areas for greater impact, thus, have a competent person who shows the knowledge, skills and attitudes to the drug phenomenon.

To finish objective four: identify beliefs in relation to the demand for drugs (alcohol, tobacco and medical drugs), more than half (71.8%) consider that it is not easy for the nurse to ask the patient about the use of alcohol and tobacco, half (50.8%) consider that an expert person is the indicated one to give a treatment, relegating the role of the nursing professional in the drug phenomenon, thus, almost half (48.9%) think that talking to a user is rarely successful, since in some cases, they do not know what questions to ask to assess consumption. More than half (51.5%), think that the person can start their rehabilitation until they hit bottom, that is, unless it happens, the nurse's work is fruitless since almost a quarter of the sample (71.2%), believes that it is important to distinguish between occasional and dependent consumers. On the other hand, 81.1% believe that it is not necessarily harmful to consume alcohol and tobacco and with a similar percentage (79.3%) they consider that a person who was treated could not be a social user, more than half (57%) does not believe that the timely diagnosis of alcoholism and smoking improves the opportunity for treatment success. On the other hand, 89.3% believe that a dependent person cannot control himself / herself after taking more than one drink in order to continue drinking or smoking, 63.4% believe that the genetic load gives great weight to influence the intake and 40.1% consider that there is no difference in occasional and dependent consumers and 72.5%, think that patients can learn to reduce their

consumption. Almost half of the total population (46.0%) has the belief that alcoholism is a sign of a lack of morality, however, only 51.1%, they know that their education on substance dependence is not adequate.

For the aforementioned, a punctual result of the general objective can be given: to evaluate the training of nursing students in relation to drug demand, however, as nursing students, it is very important to have attitudes, abilities and skills regarding addictive substances because in the field of health it is used more frequently, due to the increased dependence on them (addictive substances), thanks to technological advances and the great openness of education in different forms and fields, it is easier to have the knowledge and form the people'scriteria whose objective is the care and prevention of their consumption. The training in alcohol and tobacco knowledge, in the students of a Bachelor of Nursing at the Universidad Veracruzana, Orizaba, 85.0%, are neutral, 9.0% positive and 6.0% negative, and for medical drugs an average and median was obtained 50, classifying that 82.0% is neutral, 7.0%, positive and 11.0% negative, that is to say, 93.0% are not prepared to provide comprehensive care to people, because they lack the necessary knowledge, although most individuals are new students, that is, they have not developed the theory and foundation of their activities. Regarding nursing training in alcohol and tobacco beliefs, the mode obtained was 50, standard deviation 16,115, understanding that 36.0% is positive, that is,they have the necessary tools for the attention of the individual, because their beliefs are positive, therefore, their actions are modulated related to the acceptance of the positive aspects, however, 64% do not, classifying that 59.0% are neutral and 5.0% negatives.

DISCUSSION

Regarding the discussion of results, about sociodemographic data, according to (9), (11), (12), the choice of the sample were adults enrolled in the period August 2017-January 2018, which assured a real evaluation of the characteristics of the students' training, in addition, of the different attitudes acquired through the studied period. Regarding the study of (9), impact of the training and knowledge of nurses on the quality of care in drug addicts, since the results identify health students, who perceive the drug dependent, in general, as annoying, unpleasant and socially expensive patients (58% of the respondents).Although, in the results obtained, there are some differences in the perception of attitudes, with 83.2%, since students have the appreciation of helping, advising and educating users who consume, or have consumed, illicit drugs (without prescription), more as a social duty, favoring the acquired training.

Based on the research work of (10) Prevalence and knowledge of nursing students of a public university about the care of the person who consumes licit drugs, determines that licit drugs are a primary public health problem at the international level as well as national, with 53.9% in alcohol consumption in men and 19.9% in women. In the results obtained, a higher incidence is noted in women, since nursing is denoted female (28), since in these studies, due to the number of women in the faculty (78.6%), the incidence in women is higher. they, although in the amount consumed by consequent situations, men have a greater amount of consumption with (77%).

On the other hand, mention 51.1% of respondents smoke or have smoked, resembling what was observed in the selected

results, noting that students have ever used this type of drug with 51.1%, also, emphasizes drug use considering a worldwide public health problem that has increased in the last twenty years (3.3 million), pointing main causes that disturb life in communities, alters coexistence in families and society, in addition to risk and question the importance of values as guides to behavior and harmonious social coexistence (10). Likewise, in data obtained, the preoccupation of those studied is denoted, since the perception for said consumers is greater, with 86.1% agreeing to be able to help a person suffering from alcoholism, 83.2% those with tobacco use and 71.8% those of medical drugs. On the other hand (10), it indicates that those studied consumed alcohol at some time in their life, between the ages of 12 to 65 years, which was 42.9%.

Likewise, in the captured results, it is shown that the age of alcohol consumption initiation was 10 to 30 years with 87%, indicating the majority of the sample, assimilating the investigated data. In addition, it is mentioned the age range of consumption initiation with tobacco that is 15 years old, being 10.9 million Mexicans (15.9%), in the data generated 50.2% began to use tobacco, in the same age range, assimilating elements, for specific reasons such as the beginning of a life stage, acceptance in the social ambit or curiosity. Likewise, for (11), care is oriented to respond to current health needs such as non-communicable diseases caused mainly by the adoption of unhealthy and risky lifestyles, such as the alcohol, tobacco and illicit drugs consumption.

Regarding the components obtained, the similarity related to the training of the caregiver towards patients with some consumption of alcohol, tobacco and medical drugs can be noted, satisfying the need of said consumers, however, for the period studied not yet it is considered that they can provide quality care to a user, on the other hand, they have the attitude to help them, guiding them and considering that they are not a social burden, this referred to with 89% of the respondents. It is worth mentioning that in the research of (11) it is expressed that frequently in users who consume alcohol they have to fight with stereotypes, beliefs and social stigmas at the time they are given care, since the nursing staff considers them as unpleasant, difficult and unworthy of care, these knowledge and beliefs of the nursing staff may influence the relationship established between the nurse and the alcohol user, which may affect the quality of care provided to this group. The above is related to the present data, since 71.8% believe that it is not easy for the nurse to ask the patient about the alcohol and tobacco consumption and it becomes difficult to work with them, since it is necessary to distinguish between consumers Occasional and the recurring consumers, since in the user's attitude it can become irritating and in some cases irrational.

Likewise for (12), social representations of nursing students on drug consumption and the perception of the professional role, where is mentioned the professional role that a nursing student should have, where the knowledge of training oriented is locate to prevention, more than to the control of said pathologies (alcoholism, smoking or consumption of illicit drugs). Thus, in the elements collected, it can be seen with 72.1% of respondents, the level of knowledge acquired based on drugs, emphasizing prevention, but not treatment, likewise, the perception one has when asking on consumption. Observing, the user as a problem when talking about its consumption and in certain cases being treated by a specialist. In the World Drug Report United Nations Office on Drugs and Crime (13), it is mentioned that in drug consumption and its health consequences, is estimated that a total of 246 million people, or one of every 20 people aged between 15 and 64 years, used illicit drugs in 2013. Pointing out the global problem on drugs, it becomes more evident when you consider that more than 1 in 10 drug users is a problem user suffering from disorders caused by drug use or drug dependence. In the results obtained, on the consumption of some drug, indicating that the majority of respondents do not self-medicate (59.9%). With this result, the training that the students themselves have when not ingesting medical drugs is distinguished, however those who begin to consume, is an age range of 14 to 21 years with 23.3%, being the highest percentage at the time of compare age ranges with age of consumption (37).

Therefore, it is recommended that nursing professionals continue to design projects with quantitative, qualitative and mixed approaches, to obtain real information that serves as an experiential or empirical approach for the design of interventions. Developing different frameworks for quantitative studies: exploratory, of identification and qualitative: grounded theory, ethnographic, narrative and action research, in order to have a range of information that highlights the phenomenon of drugs: alcohol, tobacco and medical drugs in Bachelor of Nursing students from the Orizaba area, Córdoba and Ciudad Mendoza Veracruz. Regarding the project, it was executed with mixed designs; qualitative and quantitative approaches, in order to contrast the results and operationalize projects against this problem. Executing the design of the study in nursing professionals, in order to have a clear diagnosis of the problem and compare the results between people who are in training and those who are already in the operational field.

References

1. Secretaria de Salud. Encuesta Nacional de Adicciones 2008. [Internet]. 2008. [Consultado 4 de mayo 2019] Disponible en: http://www.conadic.salud.gob.mx/pdfs/ena08/ENA08_NACIONAL.pdf
2. Oficina de las NacionesUnidas Contra las Drogas y el Delito. Informe mundialsobre las drogas. EEUU. [Internet]. 2013. [Revisado 12 may 2019]. Disponible en: https://www.unodc.org/documents/mexicoandcentralamerica/eventos/2015/WDD2015/World_Drug_Report_2015.pdf
3. Canales F. Alvarado E. Pineda, E. Metodología de la investigación; Manual para el desarrollo de personal de salud. 2013. [Internet]. México: Limusa
4. Ortiz F. & García M. Metodología de la investigación; El proceso y sus técnicas. [Internet]. 2014. México: LIMUSA
5. Grove S. Gray J. Burns N. Investigación en enfermería; Desarrollo de la práctica de enfermeríabasadaen la evidencia (6ª Edición). [Internet]. 2016. Barcelona, España: ELSEVIER
6. Nursing Education in Alcohol And Other Drugs. PROJECT NEADA. Nursing Education in Alcohol and Drug Education, Storrs (EUA). Connecticut. [Internet] 1985. [Revisado 3 jun 2019]. Disponible en https://nursing.uconn.edu
7. García R. González J. Jornet J. SPSS: análisis de fiabilidad. Alpha de Cronbach. [Internet]. 2010.

[consultado 7 jun 2019]. Disponible en https://www.uv.es/innomide/spss/SPSS/ SPSS_0801B.pdf

8. Díaz I. García C. León M. Ruiz, F. Torres F. Lizama P. Boccardo G. Guía de asociación entre variables (Pearson y Spearman en SPSS). [Internet]. 2014. [Revisado 10 de jun 2019]. Disponible enfile:///C:/Users/enfermeria/Dow nloads/9_Coeficientes_ de_asociaci_n_Pearso n_y_Spearman_en_SPSS.pdf

9. Molina J. Hernández D. Simonet M. Gelabert A. Impacto de la formación y los conocimientos de las enfermerasen la calidad de los cuidadosendrogodependientes. SciELO. [Internet]. 2014. [Consultado 1 de jun 2019]. Disponible enhttp://scielo.isciii.es/sci elo.php?script=sci_arttext&pid=S1132-12962013000100 010

10. Medina J. Ortiz L. Prevalencia y conocimientos de estudiantes de enfermería de una universidadpúblicasobre el cuidado a la persona que consumedrogaslícitas. Universidad Autónoma de Yucatán. [Internet]. 2017. [Revisado 10 de may 2019]. Disponible en http://www.scielo.sa.cr/pdf/enfermeria/n 32/1409-4568-enfermeria-32-00066.pdf

11. Mateo Y. Armendáriz N. Alonso M. Martínez R. Conocimientos y creenciassobre el cuidado al usuario de alcohol por estudiantes de enfermería. [Internet]. 2017. [Consultado 12 de abr 2019]. Disponible en https://www.revistacuidart e.org/index.ph p/cuidarte/article/view/314

12. Jimenez V. Frías K. Martínez G. Zamora A. Hernández M. Gallegos R. Álvarez A. Garza B. Representacionessociales de estudiantes de Enfermeríasobre el consumo de drogas y la percepción del rol personal. [Internet]. 2017. [Consultado 8 de feb 2019]. Disponible en http://www.uaq.mx/investiga cion/revista_ciencia@uaq/ArchivosPDF/v6-n2/16Articulo.pdf

13. Oficina de las NacionesUnidas contra la Droga y el Delito. Informe Mundial Sobre las Drogas. [Internet]. 2015. [Consultado 2 de feb 2019]. Disponible en https://www.unodc.org/document s/wdr2015/WDR15_ExSum_S.pdf

14. Organización Mundial de la Salud. Alcohol, Nota descriptivaNº349. [Internet]. 2015. [Consultado 27 de mar 2019]. Disponible en http://www.who.int/mediacentre/factsheets/fs349/es/

15. Anthony J. Consumonocivo de alcohol: datosepidemiológicosmundiales. El alcohol y sus consecuencias: un enfoquemulticonceptual. [Internet]. 2015. [Consultado 27 may 2019]. Disponible en http://www.cisa.org.br/UserFiles/File/alcoolesuasconseq uen cias-es-cap1.pdf

16. Organización Mundial de la Salud. Tabaco. [Internet]. 2017. [Consultado 2 de jun 2019]. Disponible en http://www.who.int/mediacentre/factsheets/fs339/es/

17. Oficina de las NacionesUnidas Contra las Drogas y el Delito. Informe mundialsobre las drogas 2014. [Internet]. 2014. [Consultado 3 de jun 2019]. Disponible en https://www.unodc.org/documents/wdr2014/V1403603_ spanish.pdf

18. Organización Mundial de la Salud. Informe mundial de la OMS, destaca los impactosnegativos del alcohol en la Salud. [Internet]. 2014. [Consultado 19 de jun 2019]. Disponible en http://www.paho.org/uru/inde x.php?option=com_content&view=article&id=841:infor me-mundial-de-la-oms-destaca-los-impactos-negativos-del-alcohol-en-la-salud-&Itemid=340

19. Organización Mundial de la Salud. Consumo de bebidasalcohólicas. [Internet]. 2017. [Consultado 4 de jun 2019]. Disponible en http://www.who.int/topics/alcohol_drinking/es/

20. Secretaría de Salud. Encuesta Nacional de Consumo de Drogas, Alcohol y Tabaco 2016-107. [Internet]. 2017. [Consultado 3 de jun 2019]. Disponible enhttps://www.gob.mx/cms/uploads/attachment/file/234 856/CONSUMO_DE_DROGAS.pdf

21. Polit D. Hungler B. Investigación científica en Ciencias de la Salud. SextaEdición. [Internet]. 2000. México DF: Mc Graw-Hill interamericana.

22. Hernández R. Fernández C. Baptista P. Metodología de la investigación. [Internet]. 2000. (6ta Ed, vol. 1ervolumen, pp.1-634). México D.F., México: Interamericanaeditores, S.A de C.V.

23. Tamayo M. El proceso dela investigacióncientífica. [Internet]. 2000. México: LIMUSA.

24. SPSS, Inc. Guía breve de SPSS 15.0. [Internet]. 2006. [Consultado 18 de may 2019]. Disponible enhttp://www.um.es/ae/soloumu/pdfs/pdfs_manuales_sp ss /SPSS%20Brief%20Guide%2015.0.pdf

25. Arceo J. Ornelas J. Domínguez S. Manual de medicinabasadaenevidencias. [Internet]. 2010. México: El Manual Moderno

26. 26. Celis A. Labrada V. Bioestadística (3ª Edición) [Internet]. 2014. México: El Manual Moderno

27. 27. Orellana L. Estadísticadescriptiva. [Internet]. 2001. [Consultado 19 de may 2019]. Disponible en http://www.dm.uba.ar/materias/estadistica_Q/2011/1/m o dulo%20descriptiva.pdf

28. Rueda V. Condicionantes de género, en la profesiónenfermera. [Internet]. 2014. [Consultado 10 de jun 2019]. Disponible enhttps://biblioteca.unirioja.es/tfe_e/TFE001071.pdf

29. Organización para la Cooperación y el Desarrollo Económicos. Education indicators infocus. [Internet]. 2014. [Consultado 12 de jun 2019]. Disponible enhttps://www.mecd.gob.es/dctm/inee/indicator-in-focus/edif23-esp-2014-finalrevisado-y-corregido.pdf? documentId=0901e72b81b37015

30. Instituto Nacional de Estadística y Geografía. Jóvenescomienzan a beber a los 16 años. [Internet]. 2013. [Consultado 19 de may]. Disponible enhttp://www.24-horas.mx/jovenes-comienzan-a-beber-a-los-16-anos-inegi/

31. Navarro M. Espig H. Medina V. Consumo de tabaco enestudiantesuniversitarios de nuevo ingresoaescuelas de ciencias de salud. [Internet]. 2010. [Consultado 3 de feb]. Disponible enhttp://www.saludpublica.fcm.unc.e du.ar/sites/default/files/RSP10_1_09_art6_pp%2054_61 .pdf

32. Repullo J. Antequera J. Enfermeras y prescripción de medicamentos: máscooperación, mejormedicina y más y mejorenfermería. Médicos y pacientes. [Internet]. 2016. [Internet]. Disponible enhttp://www.medicosy

pacientes.com/opinion/j-r-repullo-y-jm-antequera-enfermeras-y-prescripcion-de-medicamentos-mas-cooperacion-mejor

33. Gonzalez Y.,Mann R.Hamilton H. Erickson P.Sapag J.Brands B.Strike C. Simich L.,Giesbrecht N. Wright M. Cumsille F.Khenti A. El uso de drogas entre los estudiantesuniversitarios y surelación con el maltratodurante la niñez y la adolescencia. [Internet]. 2015. [Consultado 5 de jun]. Disponible enhttp://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072015000 600088

34. Universidad Nacional Autónoma de México. La adicción al tabaco se identificaenuniversidades. PeriódicoUniversia México. [Internet]. 2012. [Consultado 2 de jun 2019]. Disponible enhttp://noticias.universia.net.mx/en-portada/noticia/2012/01/23/906819/adiccion-tabaco-identifica-universidades.html

35. Gonzáles M. Manzano M. Gonzales M. El profesional de enfermería ante la prevención del consumo de alcohol en los adolescentes. ¿Es eficaznuestraintervenciónen el medio escolar? [Internet]. 2017. [Consulta 16 de may 2019]. Disponible en file:///C:/Users/coppel/Downloads/11-46-5-PB.pdf

36. 36. Moreno J. Creencias y consumo de alcohol den estudiantesadolescentesmujeres. [Internet]. 2009. [Consultado 1 de jun 2019]. Disponible enhttps://www.aacademica.org/000-039/182.pdf

37. Vásquez E. Pillon S. La formación de enfermeras y el fenómeno de las drogasen Colombia: conocimientos, actitudes y creencias. Revista Latino-Americana de Enfermagem. [Internet]. 2005. [Consultado 18 de may 2019]. Disponible enhttp://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-1169200500070 0012

38. Oficina de las NacionesUnidas Contra las Drogas y el Delito. Informe mundialsobre las drogas 2016. [Internet]. 2016. [Consultado 12 de jun 2019]. Disponible en https://www.unodc.org/doc/wdr2016/WDR_2016_ExSum_spanish.pdf

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