Irrational use of psychotropic drugs and quaternary prevention: culture circle with university students

Uso irracional de psicotrópicos e prevenção quaternária: círculo de cultura com universitários

Uso irracional de psicotrópicos y prevención cuaternaria: círculo de cultura con universitarios

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ABSTRACT

Objective: To promote reflection among undergraduate nursing students on the consequences of the irrational use of psychotropic drugs in light of Quaternary Prevention. Method: Participatory research, carried out with 15 undergraduate Nursing students, regularly enrolled in the course, and selected during an elective course. The information was obtained through two Culture Circles, in three stages: thematic investigation, coding and decoding, and critical unveiling. These were analyzed concurrently with their collection, as specified in the method. Results: Three themes emerged: 1) University generates anxiety. Anxiety and fear lead to medicalization; 2) The university community needs to have empathy and propose alternatives; 3) People need to learn about emotional expression and alternatives to suffering. The perceptions touch on what the literature presents about Quaternary Prevention concerning the misuse of psychotropic drugs, as well as the need to encourage the use of alternative practices among them. Final Considerations: The university context causes anxiety and can lead to sometimes unnecessary medicalization. Participatory research contributed to problematizing the topic, encouraging students to reflect, and presented potential behavior change.

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

RESUMO

Objetivo: *Promover a reflexão de estudantes de graduação em Enfermagem sobre as consequências do uso irracional de psicotrópicos à luz da Prevenção Quaternária.* ***Método:*** *Pesquisa participante, realizada com 15 estudantes do curso de graduação em Enfermagem, regularmente matriculados no curso e selecionados durante uma disciplina eletiva. As informações foram obtidas por meio de dois Círculos de Cultura, em três etapas: investigação temática; codificação e descodificação; e desvelamento crítico. Estas foram analisadas concomitante a sua coleta, conforme está previsto no método.* ***Resultados:*** *Resultaram três temas geradores: 1) A universidade gera ansiedade. Ansiedade e medo levam à medicalização; 2) A comunidade universitária precisa ter empatia e propor alternativas; 3) As pessoas precisam aprender sobre expressão emocional e alternativas para o sofrimento. As percepções tangenciam o que a literatura apresenta sobre a Prevenção Quaternária em relação ao uso indevido de psicotrópicos,*
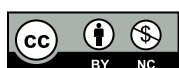
bem como sobre a necessidade de incentivar o uso de práticas alternativas entre eles. **Considerações Finais:** *O contexto universitário provoca ansiedade, e pode levar à medicalização, por vezes, desnecessária. A pesquisa participante contribuiu para a problematização sobre a temática, para a reflexão dos estudantes, e apresentou potencial mudança de comportamento.*

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

RESUMEN

Objetivo: Promover la reflexión de estudiantes de grado en Enfermería sobre las consecuencias del uso irracional de psicotrópicos a la luz de la Prevención Cuaternaria. **Método:** *Investigación participativa realizada con 15 estudiantes del curso de pregrado en Enfermería, regularmente matriculados y seleccionados durante una asignatura optativa. Las informaciones fueron recolectadas mediante dos Círculos de Cultura, desarrollados en tres etapas: investigación temática, codificación y decodificación, y develamiento crítico. Estas fueron analizadas de manera simultánea a su recolección, conforme lo establece el método.* **Resultados:** *Surgieron tres temas generadores: 1) La universidad genera ansiedad. La ansiedad y el miedo conducen a la medicalización; 2) La comunidad universitaria necesita tener empatía y proponer alternativas; 3) Las personas necesitan aprender sobre expresión emocional y alternativas al sufrimiento. Las percepciones recogidas se aproximan a lo que la literatura expone sobre la Prevención Cuaternaria en relación con el uso indebido de psicotrópicos, así como a la necesidad de fomentar el uso de prácticas alternativas entre los estudiantes.* **Consideraciones finales:** *El contexto universitario provoca ansiedad y puede conducir a una medicalización, en ocasiones innecesaria. La investigación participativa contribuyó a la problematización del tema, a la reflexión por parte de los estudiantes y mostró potencial para el cambio de comportamiento.*

Descriptores: Prevención Cuaternaria; Psicotrópicos; Estudiantes de Enfermería; Enfermería.

INTRODUCTION

The excessive or irrational use of psychotropic drugs is a growing concern for public health, especially when used by young people, possibly due to the tensions that are a hallmark of the current times. Among university students, the pressure is distressing and results in problems that can lead to the unnecessary use of medications, such as anxiolytics, antidepressants, and psychostimulants. The use and indication of psychotropic drugs have increased in recent decades, not only in quantity, but also in the period of use. This irrationality is associated with sociodemographic aspects, such as age and sex, as well as certain psychosocial factors, and the influence of friends and family[1-2]. Although drugs of this nature are consumed by the general population, there is a greater use of psychotropic drugs among university students. In Brazil, the most consumed psychoactive substances are: alcohol (74.6%), cigarettes (44.0%), marijuana (8.8%), solvents (6.1%), benzodiazepines (5.6%), appetite stimulants (4.1%), and other stimulants (3.2%). These drugs are the ones that generate the greatest dependence, presenting, respectively, in percentage value 12.3%, 10.1%, 1.2%, 0.5%, 0.2% and 0.2% for chemical dependence[3].

The III National Survey on Drug Use by the Brazilian Population, carried out in 2017, assessed the use of medications not prescribed by health professionals or used in a way other than that prescribed. The results showed that the classes of medicines most commonly consumed in this way throughout life were benzodiazepines (3.9%), opiates (2.9%), and amphetamines (1.4%). The use of non-prescription medicines in the last 30 days ranged from 0.3% among individuals aged 12 to 17 years to 1.6% among individuals aged 25 to 34 years[4].

It should be noted that these medications are easily accessible and, in some cases, are prescribed by Primary Health Care (PHC) professionals. This level of care has expanded significantly in the Unified Health System (SUS), through the work of health teams, whose mission is to replace medicalized care with more alternative actions. Even so, due to the high rates of psychotropic drug consumption, it is relevant to disseminate, through the SUS, the concept and possible preventive actions, considering Quaternary Prevention (P4)[2]. The preventive level P4 is based on two principles: one is proportionality, in which the benefits of interventions must outweigh the risks; and the other is precaution, derived from the Latin term *primum non nocere*, meaning that it is essential not to cause any type of injury to the patient[5].

P4 is a recent definition. It means the action of recognizing people at risk of irrational or excessive use of medication, unnecessary interventions, or overly invasive procedures, and protecting the patient from these actions, avoiding iatrogenic harm by bringing morally acceptable standards of care[6]. This concept has been discussed mainly in the Nursing field, as nurses are prescribing professionals and, in some countries, are qualified to prescribe this type of controlled medication. It is relevant to highlight that, especially in Brazil, nurses have a crucial vocation for health education, this being one of the dimensions of their work, along with clinical and managerial activities[7]. This makes it relevant to recognize P4 as one of the levels of prevention[8].

Medication misuse has been prevalent among university students. This issue remains largely ignored, despite representing a serious public health problem, with no specific measures or policies for preventive action[9]. In Brazil, psychotropic medications must be sold exclusively with a medical indication and controlled prescription. Despite this, the number of patients using them without an appropriate prescription is increasing[4,10]. A study shows that, in Brazil, university students use medications such as anxiolytics, barbiturates, and amphetamines inappropriately, which they acquire from friends or family members who already use these medications[11]. Furthermore, health students end up having access to drugs and, therefore, among them, the frequency of use is even higher[9-10]. Regarding Nursing students, there are reports of situations that require excellent academic performance, in addition to feeling the pressure of dealing with the exhausting and stressful elements of the profession [12-14]. The relevance of the study lies in the fact that there are few investigations into drug use by students of different health courses, especially comparative analysis research, with a gap of a decade or more[3].

Therefore, it was decided to carry out an intervention to raise awareness about this issue at the university, given the scarcity of studies that investigate the use of these substances in light of P4, especially those anchored in participatory methodologies, with a view to raising awareness about the harm and changing behavior. Thus, the research aims to promote reflection among undergraduate Nursing students on the consequences of the irrational use of psychotropic drugs, in light of Quaternary Prevention.

METHOD

Qualitative research of the participatory action type. It is configured as an educational practice, a political-pedagogical thinking/doing, which is based on the idea of sharing knowledge, with a strong influence of praxis as a unity between theory and practice, combined with the perspective of permanent action-reflection-action[15].

Paulo Freire's Research Itinerary was adopted, consisting of the following interconnected stages: (1) thematic investigation – aims to discover the participants' vocabulary universe, words or themes from their daily lives, which give rise to the generating themes (GT); (2) coding and decoding – seeks the meanings of GT and allows for expanding knowledge and awareness; and (3) critical unveiling – presents the reflection of what was proposed in the objective coding to interpret the reality and the possibilities of intervention, reducing the GT, that is, grouping them based on the participants' rereading (16-17).

Figure 1 below presents a diagram that illustrates Paulo Freire's Itinerary, whose research stages occur in a "back and forth", not necessarily following an order.

Figure 1 – Culture Circle Method by Paulo Freire
Source: elaborated by the authors

The production of the information was carried out between February and June 2023, at a public university located in the west of Santa Catarina (SC), Brazil, more specifically, in the department where the full-time undergraduate Nursing course is developed. The population consisted of undergraduate Nursing students.

The inclusion criteria were: undergraduate Nursing students, aged 18 or over, regularly enrolled in the undergraduate course, in the elective subject Pedagogical Processes. Students who were on maternity leave, had a health certificate, or who did not attend class on the day the information was produced were excluded.

It was decided to invite students from an elective course, as there were representatives from various phases. They didn't need to use medication. The invitation was made in the class that preceded each meeting, where it was explained what it was about, as well as establishing that only those who wished to participate in the activity should remain in the room after the class.

Of the 21 students enrolled in the course, seven participated in the first meeting and another eight in the second, totaling 15 participants. The lack of attendance at the first meeting is related to a holiday that would follow, as some students needed to leave before the end of the class to take transportation to their family's homes. To this end, dialogue trigger questions and playful materials were prepared to encourage critical reflection.

Paulo Freire's Research Itinerary is developed through two Culture Circles, which bring researchers and research participants closer together, transforming the researcher's topic of interest into collective utility. Circles can be held with a smaller and variable number of participants, and epistemological precision is guaranteed through a deep and integral reflection of reality, developing the autonomy of those involved in the investigation process[18].

The two meetings had an average individual duration of one hour. The procedures respected the prerogative of having a moderator and a rapporteur, with the former intervening to focus and deepen the discussion, and the latter taking notes and recording the audio testimonies.

The information analysis procedure took place through careful reading of the recorded information. The significant themes of each moment of the intervention carried out were identified, relating them to the study theme. Then, the highlighted data guided the reflection with the participants of the Culture Circles to decode and extract the GT identified by the group. The facilitators transcribed the material using audio recordings and organized the records of participant observation and material produced by participants in the Culture Circles[16].

The research was approved by the Human Research Ethics Committee, according to opinion 5,539,215. Participants signed the Free and Informed Consent Form (FICF), and the term authorizing the recording of the Circles, which were recorded on a digital device for later transcription. The anonymity of the students was ensured in the results by presenting their statements with the coding US (for university students), followed by a serial number.

RESULTS AND DISCUSSION

The results of this research will be presented and discussed in the context of each stage of Freire's Itinerary, which generated the coded, decoded, and unveiled GT. They are:(1) The university generates anxiety, anxiety and fear lead to medicalization; (2) The university community needs to have empathy and propose alternatives; (3) People need to learn about emotional expression and alternatives to suffering.

Thematic Research: University generates anxiety, anxiety and fear lead to medicalization

In the thematic investigation, the objective was to extract significant words, originating from their semantic load, from the participants' vocabulary universe. These words, the GT, through the combination of their basic elements, promote the formation of others. They are meanings constituted or reconstituted in behaviors, which illustrate existential situations[17].

In the first meeting, the mediator distributed colored sheets of paper and asked the students to express, through drawings or symbols, feelings of peace, harmony, well-being, and sadness. Afterwards, he suggested that they analyze their drawing in search of ways to minimize the most difficult situations, and that they remember moments in which they chose to use some substance for this purpose. They could also think about people who use such a strategy, since the participants were not necessarily substance users, and the intervention had an educational/preventive purpose.

Considering that the Culture Circle proposal is configured as a health-promoting space, it is suggested that the mediator organizes a creative and playful strategy to go through the stages of the Itinerary, to reach the reality of the participants in a concrete way. Playfulness during the educational process provides a closer connection with reality and activates interaction and the construction of collective knowledge, enhancing the protagonism of those involved in the activity through the expression of feelings and ideas[18].

The moderator explained the reflection they would make at that moment, looking for meaning in their drawings. They expressed situations they experienced, demonstrating different emotions. The following testimonials illustrate some of the situations discussed. They discuss the feeling of security and affection that emerges when remembering home and family life:

> "[...] I thought about my house and my grandparents' house. Notice they're drinking chimarrão (laughs) and, I don't know, my house came to mind because, when I think about love, my house comes to mind, my family, the

countryside, my little dog [...] about sadness, anxiety, not knowing where I can go, maybe what I can do or not [pause] and medicine, I don't know if I would take it, but if I need to take it, I don't know if I will be able to". (US2)

There was a noticeable feeling of sadness due to the loss of loved ones, the absence/distance from a partner, and even a certain relief when they no longer needed substances to alleviate the sadness. The drawings and explanations refer to the use of medications in moments of anxiety, caused, among other things, by the university. Joys relate to family, the presence of people who represent security, affection, and religion. Some said they did not find it necessary or liked to use medications, whatever type they were.

The study of psychoanalysis indicates that suffering is usually understood as something that torments human beings, generating anguish and frustration. It is constantly represented by lack, which makes it inherent to human beings, causing people to develop mechanisms of psychic relief to deal with it, forging elements that help to replace their absences and emptiness. Among these mechanisms for seeking satisfaction and escaping displeasure are drugs[19].

"[...] my house: me, my mother, my father, my brother, my little bird [laughs], and my dog. I put a sunny day, a happy day, then, which is what brings a lot of love [...]. And, the sad part, I put several points [question marks], because I've been taking medication for a little over a year. Right now, I don't use it anymore. I managed to stop, I started because my father had a heart attack, my grandmother died in a car accident, and that brought me a lot of insecurities. [....]. Another thing that makes me sad is because I'm in a long-distance relationship, and I have to stay away from my boyfriend. [...]". (US1)

"[...] the people in my life, who make me happy, my friends, my family [...] make me sad [pause] the tests, like when there are a lot of practical tests, it makes me very anxious. About the medication, I personally think I would need to take medication". (US7)

"[...] the cross to represent Jesus, because I am from a church and I believe in God and I can find relief [...] It makes me sadder to know that you tried hard in the course, that you gave your best and that it wasn't enough and I compare myself a lot with other people in the class [...] and the issue of medications, not that I'm going to use them now, but if necessary, it's no problem, it's science, you have to follow it!". (US4)

"[...] university, wow, is "punk" for me [laughs], so sometimes I hear the alarm clock and I'm like: my God, will I go today? Will I stay home and sleep? And medication, I've already been to the psychologist, he said no, but I think I have to take it, because I'm very anxious, I'm never in the present, I'm always thinking about the future, you know? My mind doesn't stop". (US6)

Higher education represents a very relevant phase in a student's life and a period of change, whether personal, social, or familiar. Entering university can be considered the realization of a dream, as well as an opportunity to carry out life projects. However, it is crucial to understand that entering this scenario does not mean being prepared for the changes that accompany this transition period, especially for students in the health field. Experiencing the academic process can cause separation from home, in addition to generating feelings of insecurity and fear, which can negatively affect the student's trajectory[20].

According to studies[1,21], university students seek substances according to their needs, without necessarily presenting any mental disorder. The first-choice psychotropic drug is from the antidepressant class, followed by anxiolytics, anticonvulsants, and Central Nervous System stimulants. As a result, the irrational use of these medications has been gradually increasing in society, especially in the academic environment, markedly due to the emotional conflicts linked to the demands of university, which makes it necessary to seek forms of relief.

The data from this study converge with the results of a survey carried out in Goiânia with 105 students from the Physiotherapy, Physical Education, and Biomedicine courses, where the majority of students (70.5%) used psychotropic drugs, but not for the treatment of mental disorders. The most commonly used medications were: antidepressants, mood stabilizers, anxiolytics, and antipsychotics. Furthermore, 8.6% of participants used psychotropic drugs to improve cognitive performance by increasing concentration, memory, and alertness, with Venvanse®, Ritalin®, or Concerta® being used for this purpose[22].

Something that needs to be warned is that the indiscriminate use of psychotropic medications raises health concerns, as it may be related to a pattern of substance use that requires attention and care[23-24]. The testimonies revealed demonstrate that medicalization is part of the daily lives of some young students, even though the study did not intend to capture student users. The use of psychotropic drugs permeates their existence, whether due to life's hardships, the influence of friends and/or family, comparisons, or even their approach to health sciences.

Reports emerged that sometimes had to do with delicate situations experienced by students in the past, such as cases of abuse and family conflicts.

"[...] I'm facing a lawsuit, and it's causing me a lot of anxiety, because I'm afraid even to leave the house. It was horrible, because I'd already gone through this as a child [...] If the police hadn't come, it would have happened again. I've been taking a lot of medication for about five years now. I have borderline personality and bipolar disorder [...] I'm going to start a new medication, but I still don't feel ready, because we know it has a lot of side effects, I feel nauseous, I can't sleep, I can't eat, so I'm waiting for the ATP [Theoretical-Practical Activity] week to pass so I can start, but I depend a lot on it, I don't know how to live without it [...]". (US3)

This participant's narrative covers a case that borders on violence. In Brazil, this is a complex phenomenon, with historical roots and crucial social inequalities. In this sense, attempts to address the problem need to be integrated into a health promotion policy, and they require an interdisciplinary approach that involves inclusive social policies. In recent years, actions to combat violence have been implemented through coordinated public policies, including the understanding that drug use also generates violence. However, there is still a need to reduce problems caused by violence, and it should be a priority cause for managers, health professionals, and society in general[25].

Student testimonies indicate that anxiety and fear related to the academic environment can lead to medicalization. This perception is in line with previous studies that indicate an increase in the use of psychotropic drugs among university students, even without a formal diagnosis of mental disorders [23-25]. However, critical reflection on reality[17] must consider not only individual experience, but also social and collective determinants. Thus, it becomes necessary to discuss to what extent the use of these substances is the result of an individual decision or a social context that naturalizes medicalization as a solution to emotional challenges.

Encoding and Decoding: the university community needs to have empathy and propose alternatives

Coding and decoding constitute joint stages, in which the contextualization and problematization of GT occur, which enable awareness of the world. When dialogue is used, this awareness arises naturally regarding the interests of the participants. These replace pre-existing views of everyday life and develop a critical and conscious view of their reality. Decoding is the analysis of the situation experienced, a dialectical moment in which participants begin to reflect on their actions and question themselves. Furthermore, they rebuild their reflective power and recognize themselves as beings capable of transforming the world[18].

The moderator resumed the previous dialogues and presented some figures to the participants (exercises, florals, yoga, meditation, psychotherapy, family, auriculotherapy, healthy eating). The discussion, at this stage, brought to light extreme situations, which are obstacles to be overcome[17], based on the meanings attributed to such figures, such as: absence of family and affection, which generates anxiety; fear of the unknown; fear of reliving situations that were traumatic; anxiety, caused by the frustration of trying hard and still getting low grades in tests.

The moderator then asked them to reflect on possible solutions to the extreme situations encountered, without requiring the use of medication, and alternatives emerged, such as: *"physical activity"* (US3)*; "good nutrition"* (US 2)*; "running, meditation"* (US 1)*; "family"* (US 5)*; "alternative therapies, such as PICS [Integrative and Complementary Practices]"* (US 4).

21st-century society is a consumer society of illusions, in which it is not uncommon to sell an image, for example, as if it were an elixir for happiness. When people fail to fit into the image repeatedly displayed by the media or fail to achieve a product that is a status symbol, they do not consider themselves adequate and do not identify themselves as successful. Furthermore, the speed of information, the fluidity of relationships, and immediacy are mechanisms that contribute to the origin of psychological pathologies, such as anxiety, depression, etc[1]. For all these reasons, the significant increase in the use of medication among young people is taking place at an unstable social and political time. Latin American educational data, in some countries, where conditions are very unfavorable regarding the quality of education, are merciless, especially when analyzed from the perspective of school performance rates. These data do not include Brazil[24]. In our country, a study indicates that the non-prescription use of stimulants (NMUPS), such as Adderall and Ritalin, is strongly associated with the consumption of other substances, including alcohol, marijuana, cocaine, and hallucinogens. Students who use these stimulants without a prescription are more likely to engage in problematic patterns of using other drugs[23].

Some testimonies that were part of this stage involved understanding what can be done in relation to the feelings previously revealed:

"[...] understand that no pain is greater than the other, everyone feels differently, everyone has their problems, which, sometimes, no matter how small, is a problem, bothers, and we need to understand that, regardless of the situation, the person, the problem, it is a matter for the other, we need to have empathy and respect". (US3)

"It's knowing that my problem isn't unique, and neither is anyone else's, everyone is equal". (US6)

"[...] the teachers and the university itself could be more understanding, more welcoming of our problems". (US15)

"[...] It was really good, to have hope, right? To understand that it passes, that everything will be okay.". (US7)

"[...] empathy is necessary, because I think everyone here, if needed, would support each other, and it's a safe environment". (US3)

In many cases, when a person faces difficulties in adapting to the norms imposed by the media, companies, or society, they seek help through medication. It occurs, among other factors, because this approach can be perceived as a quick and affordable solution to deal with individual and structural challenges[25]. However, there is a risk that, by becoming a recurring strategy, medicalization will end up masking deeper issues, creating increasing dependence and a continuous search for an idealized state of well-being.

It is relevant to naturalize certain events inherent in life that can generate sadness. The family and society play a relevant role in this upbringing, and educational institutions also have their part in responsibility. They need to create favorable conditions for practicing healthy lifestyle habits and offer tools that encourage self-image acceptance, the development of problem-solving skills, and regular physical activity[26].

During the Circle, the moderator invites participants to reflect on possible solutions to extreme situations, without necessarily opting to use medication. Among the responses, the option for alternative solutions emerges, such as Integrative and Complementary Health Practices (PICS). Although these are recommended for PHC services and positively evaluated by science and health systems, it is a slow and marginal process with debate over their inclusion or integration into these services. Furthermore, this process is not without criticism and resistance from professionals[27].

The medicalization of academic suffering cannot be viewed solely as an individual student's choice. Studies indicate that institutional factors like pressure to perform, lack of emotional support, and the structure of university courses contribute to the pursuit of substances that claim to ease anxiety and boost concentration [25-26]. Additionally, the widespread acceptance of psychotropic drug use in society and academic culture reinforces this practice. Thus, interpreting this phenomenon only from an individual standpoint can reinforce stigmas and overlook the need for structural reforms in higher education.

Critical Unveiling: People need to learn about emotional expression and alternatives to suffering

Critical unveiling is the moment of knowledge construction through the revelation of emerging concepts, starting from the individual to the collective. It represents the effective awareness of reality in which the situation experienced and shared in the coding phase is problematized and decoded. This reality begins to be reworked. As a result, what was previously unknown or unperceived becomes known and revealed, implying a transformation of the current context. So, the process of action-reflection-action occurs[17].

In the second Circle, there was a critical unveiling of the generating themes, validating, with the students, themes that emerged and reinforcing reflections on alternatives to excessive medication consumption and the relationship with P4. It also reflected on the role of nursing in this context.

On that day, a trail with 20 stations was organized. The students were organized into pairs and were presented with two cubes (dice) numbered from 1 to 6, which they had to throw. After this action, students could advance along the trail, answering questions written on EVA paper at each station.

On arriving at the station, the student faced questions such as: How do you feel about the topics listed? What can be done about them? What do you understand by P4? Name, in one word, something that represents an action of P4. What is the role of Nursing in this perspective? The proposal prompted reflection among those involved, and as they moved through the stages of the trail, a kind of dispute arose between peers, supporting the dialogic process.

The students' testimonies validated previous perceptions and advanced, based on the demonstration of an understanding of the P4 concept of preventive practices to avoid harm, prevent errors, and offer the patient alternative care possibilities:

"I understand Quaternary Prevention as a way to avoid harm to the patient, so he doesn't have to take medication for anything.". (US2)

"P4 is a preventive way of caring for the patient, preventing medication errors". (US8)

"As future professionals, we have to establish a different way of treating patients, listening to them in a more welcoming way, going beyond the complaint". (US4)

"In my view, the synonym for P4 is knowledge; it goes beyond the basics, along with an educational process for users". (US12)

At the end of the activity, the mediator discussed the topic – P4 – with those present, highlighting the concept present in the literature and scientific evidence, and the role of the nurse as a prescriber, in this practice context.

The relevance of the health professional role in the appropriate prescription of psychotropic drugs was revealed to identify the individual's real need and relate it to the applicability of the drug. In this sense, P4 is a concept whose discussion has evolved in training centers and even in health services. P4 actions must be understood, including by the students themselves, future prescribers, who will contribute to protecting individuals from excessive intervention[28].

Students' perceptions touch on and, at times, come close to understanding the importance of care measures in the face of excessive and, at times, unnecessary therapeutic behaviors, especially the abusive use of drugs. They mapped out less invasive and optional care alternatives, such as physical activity, diet, and alternative therapies.

The irrational use of medications and disease screening, which generates cascades of potentially iatrogenic interventions, poses a risk of illness to the population and requires the application of the precautionary principle[5,8]. This guides that in case of risk of significant harm to health (any additive prevention action), there must be consistent scientific demonstration of the results (evidence), attesting that the damage is null or minimal and the benefits are broad. However, this does not always occur in preventive actions, which include the use of medications, for example, as it involves critical updating through updated scientific literature, to advance the quality of decisions on care recommendations[29].

Currently, P4 in PHC has gained visibility in the health work process by signaling ethical alternatives aimed at improving professional actions, including those of nurses. It is important to emphasize that attention must be paid to preventive actions, which sometimes cause harm and are neither acceptable nor justifiable, as they promote over-medicalization and overtreatment. P4 relates to the aspect of social medicalization resulting from clinical health care; that is, the more P4, the less excessive medicalization originating from professional and institutional actions.

It is relevant to recognize that some health situations do not always require immediate medical intervention, such as flu, insomnia, excessive academic or work activities, and grief, among others. These experiences are part of life, and although they can generate discomfort and insecurity, they are often temporary and can be overcome without the need for early medication[30]. In this study, students reflected on this issue and understood that, in many cases, it is possible to overcome these difficulties without the use of medication, relying on time and natural coping strategies. The phrase "everything will be fine" illustrates these reflections in the context of the dialogue.

This research, therefore, contributes to the critical reflection of university students on the use of psychotropic drugs, especially regarding the risks caused by this habit, indiscriminately both for their health and for that of patients. These, in the future, will be cared for by them, as health professionals. It is also worth noting that students in the health field are often seen as models of social behavior when it comes to drug use. This professional's credibility is primarily focused on health promotion actions, and can become fragile when the student has a habit of using drugs. In this direction, we hope to encourage future nurses to be agents of change and inspiration for a healthy, addiction-free lifestyle, contributing positively to the profession's valorization, through P4.

Furthermore, approaching this issue in a dialogical manner, through Culture Circles, supports the management of the student's health care. It proposes ways to reassure you in the face of your weaknesses, bringing to light your particularities and individuality as a means of promoting health and preventing harm.

When analyzing the use of psychotropic drugs among university students, it is essential to consider social and structural determinants that influence this behavior. The lack of investment in mental health support policies in academic environments, the exacerbated competitiveness, and the precariousness of teaching conditions are aspects that need to be discussed. As Freire[17] points out, education must be a space for emancipation and not an environment that reinforces logics of suffering and exclusion. Therefore, thinking about collective alternatives to deal with students' psychological suffering is essential to break cycles of medicalization and stigmatization.

As a limitation of this article, the low participation of students in the first meeting stands out, although the method was not harmed. It is recommended that participatory research be carried out, aligned with the needs of individuals, as a way of producing knowledge. Furthermore, it is suggested to propose alternatives to resolve them pedagogically and collectively, awakening the future nurse to a critical and protagonist attitude, in addition to changing behavior.

FINAL CONSIDERATIONS

Being at university and everything it entails causes anxiety for students. Anxiety and fear of the unknown sometimes lead to unnecessary medication. It is relevant to understand that waiting and expressing emotions may be necessary before seeking medication, in addition to alternative resources such as exercise, sleep, and healthy eating. In this process, society also plays a crucial role, offering support, understanding, and creating environments that favor the emotional well-being and overall health of everyone. Understanding that, as a rule, "everything will be fine" was also an outcome revealed by the students, as some level of anxiety among young university students is natural.

The GT indicates that P4 needs to be addressed in more depth during academic training, especially since students demonstrated a superficial understanding of this preventive level. Students' perceptions are partially aligned with what the literature presents on P4, highlighting issues such as the irrational use of psychotropic drugs and the growing need for alternative practices, such as PICS or changing habits in health promotion.

Finally, the Culture Circles provided a moment of exchange, venting and empathy, awakening critical reflection and, possibly, a change in habits.

CONFLICTS OF INTEREST

There is no conflict of interest whatsoever.

CONTRIBUTIONS

Carine Vendruscolo and **Rui Carlos do Sacramento** contributed to the preparation and design of the study, as well as the acquisition, analysis, and interpretation of data, and writing of the manuscript. **Ediliz da Silva** and **Maria Izabel de Abreu Bertuzzi** contributed to the preparation and design of the study, as well as the acquisition, analysis, and interpretation of the data. **Leila Zanatta** and **Andréa Noeremberg Guimarães** contributed to writing the manuscript.

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