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PREDICTION OF HEALTH STATUS IN UNIVERSITY STUDENTS DUE TO DRUG ABUSE

PREDICCIÓN DEL ESTADO DE SALUD EN ESTUDIANTES UNIVERSITARIOS POR ABUSO DE DROGAS



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## PREDICTION OF HEALTH STATUS IN UNIVERSITY STUDENTS DUE TO DRUG ABUSE

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### ABSTRACT

This article focused on developing an exploratory predictive model on the perception of health status and its relationship with drug abuse among university students. The SF-36 questionnaire was used to assess health status perception ( $\alpha=0.80$ ) and the *Drug Abuse Screening Test* to identify drug abuse ( $\alpha=0.93$ ), which examines the use of prescription or over-the-counter medications in excess of the indications, and any non-medical use of drugs. For example, *cannabis*, solvents, tranquilizers, barbiturates, cocaine, stimulants, hallucinogens, or narcotics. This study was conducted with a sample of 134 university students under the ethical principles applied in research through informed consent. A significant correlation was found between drug abuse and physical functioning ( $r=-0.548$ ), physical health ( $r=-0.457$ ), emotional problems ( $r=-0.395$ ), and energy/fatigue ( $r=-0.344$ ). Impacts on vitality and mental health were observed; more than 70% reported pain and fatigue, as well as social and emotional difficulties. Fifteen percent experienced loss of consciousness associated with drug abuse, and a low percentage perceived their health as excellent. Although problematic abuse was low, the relationship between drug use and deterioration in health perception was significant, highlighting the impact on emotional well-being ( $\beta=-.168$ ,  $p=.024$ ). It was concluded that physical functioning, emotional problems, general health, and emotional well-being are capable of predicting drug abuse.

**Keywords:** drug abuse, health status, students

### RESUMEN

Este artículo se enfocó en desarrollar un modelo predictivo exploratorio sobre la percepción en el estado de salud y su relación con el abuso de drogas en estudiantes universitarios. Se aplicó el cuestionario SF-36 para evaluar la percepción del estado de salud ( $\alpha=0.80$ ) y el *Drug Abuse Screening Test* para identificar abuso de drogas ( $\alpha=0.93$ ), el cual examina el uso de medicamentos recetados o de venta libre de exceso de las indicaciones, y cualquier uso no médico de drogas. Por ejemplo, *cannabis*, disolventes, tranquilizantes, barbitúricos, cocaína, estimulantes, alucinógenos o narcóticos. Dicho estudio se realizó con una muestra de 134 estudiantes universitarios bajo los principios éticos aplicado en investigación mediante el consentimiento informado. Se mostró una correlación significativa con el abuso de drogas y el Physical function ( $r=-0.548$ ), la Physical health ( $r=-0.457$ ), los Emotional problems ( $r=-0.395$ ) y la Energy/Fatigue ( $r=-0.344$ ). Se observaron afectaciones en vitalidad y salud mental; más del 70% reportó Pain y cansancio, además de dificultades sociales y emocionales. El 15% presentó pérdida de conciencia asociada al abuso de drogas y un bajo porcentaje percibió su salud como excelente. Aunque el abuso problemático fue bajo, la relación entre uso de drogas y deterioro en la percepción de salud fue significativa, destacando el impacto en el Emotional well-being ( $\beta=-.168$ ,  $p=.024$ ). Se concluyó que el Physical function, los Emotional problems, la General health y el Emotional well-being, son capaces de predecir el abuso de drogas.

**Palabras clave:** abuso de drogas, estado de salud, estudiantes

## 1. INTRODUCTION

The United Nations (Naciones Unidas, 2025) noted that global instability exacerbates the social, economic, and security impact of the global drug phenomenon. In this regard, drug use has increased significantly in recent years. In 2023, it was found that nearly 316 million people used some form of drug (excluding alcohol and tobacco). It was also found that consumption among the population aged 15 to 65 increased, from 5.2% in 2013 to 6% in 2023.

In addition, the United Nations pointed out that drug use has an enormous cost for individuals, communities, and health systems. It was reported that disorders related to drug use caused nearly half a million deaths and 28 million years of healthy life lost. For example, disability and premature death. In this sense, drug abuse alters the mood, perception, and functioning of the body and mind of the person who uses it. This leads to dependence and withdrawal syndrome (Saa-Casal et al., 2025).

On the other hand, the Pan American Health Organization ([OPS], 2021) pointed out that the consumption of psychoactive substances, both legal and illegal, increases chronic diseases and mental disorders. This affects quality of life, as the nervous system is altered. In other words, thinking, emotions, behaviors, and higher psychological functions begin to suffer irreparable consequences. Likewise, prolonged use of psychoactive substances leads to dependence. This has adverse consequences on health and interpersonal, family, academic, work, and legal functioning (OPS, 2021).

In this sense, psychoactive substance abuse is considered an inappropriate and persistent pattern of consumption that generates negative consequences in the social, occupational, psychological, or physical spheres. These substances, which can be natural or synthetic, act on the central nervous system and alter functions related to thinking, emotions, and behavior. Enriquez-Guerrero et al. (2021) pointed out that abuse is use that exceeds the limits of moderate consumption, while dependence implies a repeated need to consume in order to achieve well-being.

Hernández Pérez et al. (2017) and González et al. (2019) explained that, throughout history, drug use has evolved from ritual practices to a social phenomenon linked to addiction, mental health disorders, and crime. In addition, recent research has reinforced that consumption is linked to risks such as anxiety, depression, suicidal ideation, and risky sexual behavior (Manosalvas-Carrillo et al., 2022; UNODC, 2015). From a theoretical perspective, Pons Diez (2008) mentioned that drug use can be explained by various factors related to educational, socioeconomic, and psychological aspects.

On the other hand, the relationship between drug abuse and perceived health status is a topic of growing interest due to its physical, psychological, and social impact. However, the literature reveals gaps in prediction and multidimensional analysis among college students. Understanding this relationship is crucial, as young adults (aged

18-25) are going through a vulnerable stage characterized by biological, social, and academic changes that can increase the risk of consumption (Ginsburg, 2018).

In the university setting, students are trained to be critical and reflective, both towards themselves and others (Becerra Heraud, 2013). However, as young people face greater stress, consequences for their health have been observed (Lara Flores et al., 2015). In addition, there are conditioning factors such as friendships, leisure, work conflicts, and the need for social acceptance that directly influence consumption patterns (Noroña Salcedo et al., 2022). Likewise, the mental health of university students is deteriorating, with higher levels of fatigue, discouragement, and stress, which has a negative impact on their perception of their own health (Belduma Rentería, 2024).

In this regard, exploring predictions about patterns in drug use risks among university students will strengthen prevention and health promotion strategies. It will also enable the design of evidence-based educational interventions and improve quality of life for future generations. Despite advances, studies in Mexico—and especially in the state of Queretaro—remain limited, which justifies the need for this research.

## 2. METHOD OF RESEARCH

This research took a quantitative, non-experimental, cross-sectional, and predictive approach, aimed at constructing a model to identify the variables that predict health status and drug abuse among university students. The population consisted of 134 university students from different degree programs at a public university, ranging in age from 20 to 24 years, with 59.4% women and 40.6% men. The sample was selected using non-probabilistic convenience sampling. The research was conducted in accordance with the ethical principles established by national and international regulations for studies involving human subjects, ensuring the confidentiality of information, the anonymity of responses, and respect for the participants' right to withdraw from the study at any time without consequence.

Data collection was carried out using the Drug Abuse Screening Test (DAST-10) questionnaire with a Cronbach's alpha of 0.93. This test assesses psychoactive substance abuse, with dichotomous responses (yes/no). It also identifies psychological and medical disorders caused by substance use and recognizes four levels of risk. One point is awarded for a Yes response (except for question three, which is scored 1 for a No response), and a No response receives a score of zero. It is important to note that the application was self-administered and sociodemographic variables were added to characterize the population.

In addition, the SF-36 questionnaire was used to identify all relevant aspects for characterizing the participants' health. This instrument consists of 36 items with a Cronbach's alpha reliability coefficient of 0.56 to 0.84 in the Mexican population. It covers eight dimensions: *physical function*, *physical role*, *bodily pain*, *general health*, *vitality*, *social function*, *emotional role*, and *mental health*. The scoring scale is: the higher the score, the better the health status. It takes an average of eight to 12 minutes to complete, and the final score of the responses is on a scale from zero (*worst health*) to 100 (*best health*). In this sense, to calculate the scores, each response has a value, with 1 being the lowest and 5 to 6 being the highest; depending on the number of items per question, they were added up and classified according to the score obtained. (Table 1).

**Table 1**  
*SF-36 questionnaire scores*

Score	Level
zero to 19	Very low
20 to 39	Moderately low
40 to 59	Average
60 to 79	Moderately high
80 to 100	High

The data were processed using the *Statistical Package for the Social Sciences* (SPSS) statistical software, version 25.0. Descriptive analyses of the variables were performed using measures of central tendency and dispersion, as well as bivariate correlations. Subsequently, a predictive model was constructed using multiple linear regression, in addition to considering normality, homoscedasticity, independence of errors, and absence of multicollinearity. The level of statistical significance was set at  $p < .05$ . The fit of the model was evaluated using the coefficient of determination ( $R^2$ ) and the values of the  $\beta$  coefficients.

### 3. RESULTS

It was found that participants' perception of their health status and drug use frequently scored 100 points in the dimensions of *physical functioning*, *physical health*, and *emotional problems*. On the other hand, the dimensions with the lowest scores were: *energy/fatigue*, *emotional well-being*, and *general health*, with values ranging from 55 to 60 points.

With regard to drug use (DAST-10), it was found that the value 1 was reported most frequently. It should be noted that the SF-36, in its eight dimensions, has a range of possible values between zero and 100. In contrast, the values obtained with the DAST-10 ranged between zero and 9, with the value 1 being the most frequently reported (Table 2).

**Table 2**

*Analysis by dimension of health status (SF-36) and drug use (DAST-10) (n=134)*

	Median physical functioning (RIQ) - %	100 (10)
Median of <i>Physical health</i>		100 (6)
Median of <i>Emotional problems</i>		100 (67)
Median of <i>Energy/Fatigue</i>		55 (25)
Median of <i>Emotional well-being</i>		60 (24)
Median of <i>Social functioning</i>		63 (38)
Median of <i>Pain</i>		88 (30)
Median of <i>General health</i>		60 (25)
Median of <i>Drug consumption</i>		1 (2)

Note. RIQ: interquartile range.

With regard to the correlation analysis between the eight dimensions of health status and drug use, the highest correlations corresponded (in descending order) to: *general health* versus *social functioning*, *emotional well-being* versus *energy/fatigue*, *physical functioning* versus *drug use*, *physical health* versus *physical functioning*, *social functioning* versus *emotional well-being* and *social functioning* versus *energy/fatigue* (Table 3).

All correlations obtained a p-value lower than the significance level established for this research (0.05). Therefore, the correlations were positive (when one dimension increases, the other dimension also increases, or when one dimension decreases, the other dimension also decreases.), except for the correlation between *physical functioning* versus *drug consumption*, which was negative (when one dimension increases, the other decreases).

**Table 3**

*Correlations between drug consumption (DAST-10) and quality of life dimensions (SF-36) (n=134)*

<i>Drug consumption</i> (0-10)	<i>Physical functioning</i> (0-100)	<i>Physical health</i> (0-100)	<i>Emotional problems</i> (0-100)	<i>Energy/Fatigue</i> (0-100)	<i>Emotional well-being</i> (0-100)	<i>Social functioning</i> (0-100)	<i>Pain</i> (0-100)	<i>General health</i> (0-100)
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*Consumo de drogas* (0-10)      $r = 1$

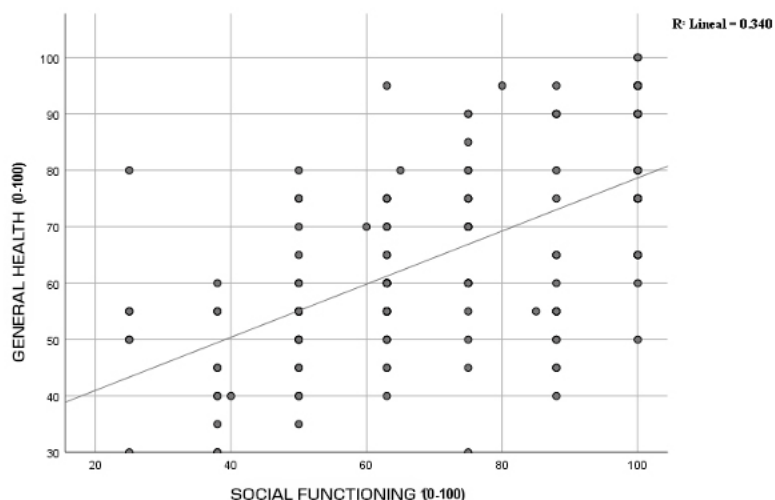
<i>Physical function</i> (0-100)	<i>r</i> -0.548	1							
	<i>p</i> <0.001								
<i>Physical health</i> (0-100)	<i>r</i> -0.457	0.534	1						
	<i>p</i> <0.001	<0.001							
<i>Emotional problems</i> (0-100)	<i>r</i> -0.395	0.225	0.282	1					
	<i>p</i> <0.001	0.009	0.001						
<i>Energy/Fatigue</i> (0-100)	<i>r</i> -0.344	0.142	0.230	0.411	1				
	<i>p</i> <0.001	0.101	0.007	<0.001					
<i>Emotional well-being</i> (0-100)	<i>r</i> -0.400	0.206	0.233	0.332	0.562	1			
	<i>p</i> <0.001	0.017	0.007	<0.001	<0.001				
<i>Social functioning</i> (0-100)	<i>r</i> -0.467	0.332	0.376	0.452	0.509	0.513	1		
	<i>p</i> <0.001	<0.001	<0.001	<0.001	<0.001	<0.001			
<i>Pain</i> (0-100)	<i>r</i> -0.248	0.281	0.428	0.248	0.287	0.258	0.440	1	
	<i>p</i> 0.004	0.001	<0.001	0.004	0.001	0.003	<0.001		
<i>General health</i> (0-100)	<i>r</i> -0.473	0.351	0.334	0.280	0.482	0.412	0.583	0.401	1
	<i>p</i> <0.001	<0.001	<0.001	0.001	<0.001	<0.001	<0.001	<0.001	

Note. *r*=Spearman's correlation. *p*= p-value.

In this regard, the dispersion of dimensions with the highest correlation was found in the study population. (Figure 1). For this, a coefficient of determination of 34% was calculated. This translates as: *Social functioning* explains *General health* of the students surveyed.

**Figure 1**

Correlation between dimensions of quality of life (SF-36): Social functioning & General health (n=134)



Note.  $R^2$ =coefficient of determination.

Finally, a multiple linear regression model was constructed to predict health status based on a series of predictor variables. Likewise, sociodemographic variables such as *age*, *gender*, and *semester* were discarded, as they did not show initial linearity with drug use and were therefore not included in the final model (Table 4).

**Table 4**

Multiple linear regression of health status dimensions (SF-36) predictors for drug consumption (DAST-10) (n=134)

	Non-standardized coefficients		Standardized coefficients	t	p-value	Collinearity statistics	
	B	Standard error	$\beta$			Tolerance	VIF
Constant	10.843	0.981		11.048	<0.001		
Physical function	-0.060	0.011	-0.396	-5.677	<0.001	0.858	1.165
Emotional problems	-0.010	0.004	-0.191	-2.724	0.007	0.851	1.175
General health	-0.026	0.009	-0.212	-2.828	0.005	0.745	1.342
Emotional well-being	-0.022	0.009	-0.168	-2.286	0.024	0.778	1.285

The variables *Physical function*, *Emotional problems*, *General health* and *Emotional well-being*, are able to predict drug consumption. These variables presented a negative unstandardized coefficient. Therefore, the lower the presence of the variable in question, the greater the likelihood of drug consumption. The standardized coefficients showed that the greatest predictive power lies in *Physical function* and the lowest capacity is for *Emotional well-being*.

For the overall evaluation of the model, an overall linearity was determined and demonstrated using the ANOVA test. (p-valor <0.001). Analysis of the residues revealed three important factors: a) *independence* (Durbin-Watson=1.77); b) *homocedasticity* (Levene's statistic, p-valor=0.454); y c) a *non-normal distribution* (Kolmogorov-Smirnov, p-valor=0.002). The diagnosis of collinearity was established with condition indices, presenting a value of 20.70.

## 4. DISCUSSION

The results showed a significant relationship between university students' perception of their health status and drug use. Although most participants reported low consumption, even at reduced levels, there were associated effects on the perception of health, particularly in *Physical function*, *Emotional well-being* and *General health*.

Similarly, according to Millingalli Ortega & Guarate Coronado (2024), the most commonly used psychoactive substances among university students are: coffee, cigarettes, alcohol, energy drinks, and drugs; among illicit drugs: marijuana and cocaine. This consumption has side effects such as headache, tachycardia, diaphoresis, nausea, diarrhea, vomiting, anxiety, irritability, and restlessness, among other significant effects.

As pointed out by Nawi et al. (2021), one of the reasons for drug use among adolescents is to improve their performance in the activities they engage in. It was also found that students use substances to escape their problems and suppress their levels of anxiety, depression, stress, and other conditions. In addition, academic performance was identified as a predisposing factor for drug use, as academic workload, family experiences, and lack of social support are triggering factors. This leads students to use drugs as a coping mechanism (Ogba et al., 2020).

In this regard, it was confirmed that university students are a population vulnerable to the development of various physical and emotional problems (Juárez Loya & Silva Gutiérrez, 2019). The predictive model confirmed that deterioration in emotional and overall health increases the likelihood of consumption. This suggests a vicious cycle between psychological distress and drug use as a coping strategy. Noroña Salcedo et al. (2022) confirmed

that family relationships and the need for social acceptance were associated with cocaine use. It is important to note that family dysfunction is linked to increased drug consumption. Therefore, members of a normally functioning family are less likely to use drugs (Pavón-León et al., 2024).

The findings were consistent with previous research documenting the impact of substance use on decreased physical and mental well-being in young people (Manosalvas-Carrillo et al., 2022; Belduma Rentería, 2024). The strong negative correlation between drug consumption and *Physical function* reinforced the idea that physical activity and physical condition are impaired by substance use, even at moderate levels. Among the limitations of the study was its cross-sectional design, which prevents causal relationships from being established. The results provided relevant evidence for the development of parsimonious predictive models that can be used as a basis for future longitudinal research.

## 5. CONCLUSIONS

The application of predictive models is a highly valuable methodological resource for understanding and anticipating the impact on health. It also allows for the identification of risk patterns, associated factors, and predisposing behaviors before serious consequences for physical, mental, and social health arise. Integrating variables such as family environment, school context, and various socio-emotional determinants in young people facilitates the creation of public initiatives for the design of timely interventions that promote healthy environments.

The research was able to predict that drug use among college students impacts their quality of life and health. Therefore, this research highlighted the need for comprehensive preventive programs in universities that promote the *Physical health* as well as the *Emotional well-being*. In this regard, it is important to implement strategies for psychological support, promotion of healthy lifestyles, and spaces for positive socialization to mitigate the identified risks. Future research should strengthen the model by incorporating additional variables, as well as validate its performance in larger and more diverse samples in order to increase its applicability and robustness.

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congreso virtual

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Está dirigido a investigadores(as), docentes de todas las modalidades y niveles del sistema educativo, estudiantes de pregrado y posgrado, gestores(as) educativos(as), directivos(as) y demás profesionales interesados(as) en la investigación empírica y documental sobre el uso de la tecnología y la transformación digital en diversos ámbitos sociales, por ejemplo, la salud, el ocio, el turismo, las finanzas, la educación, el desarrollo comunitario, la industria, etcétera.

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