

Alcohol Consumption and Knowledge of Health Risks in Students That Enter to the University: Nursing Intervention

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Abstract

Introduction: Alcoholism is a disorder of behavior manifested by an uncontrolled consumption of alcoholic beverages. It interferes in mental, physical, social and/or family health. Each year, there are 3.3 million deaths related to abuse and substance use, unfortunately, every day, it is used with more frequency in young people, 50% are 18 to 29 years old.

Objective: To determine the consumption of alcohol and knowledge of health risks and to implement a psych educational intervention in University Degree's students of Nursing 2013, who enter to the university.

Methodology: A qualitative and quantitative study, correlational and longitudinal type, in 118 students of new admission to the Licenciatura en Enfermería, from the Veracruzana University, with psych educational intervention.

Result: 38% of women consume alcohol, 62% do not, 45.2% of men are consumers, the rest do not (54.8%). 82.2%, without alcoholism, has no cure, 75.4% of people who do it come from the lower social classes, on the other hand, 78.0%, said that so much people consume the substance, shows that it is not harmful as it is said.

Conclusion: The Statistical Package for the Social Sciences (SPSS) version 15 for Windows was used for the analysis of the information, using frequency, percentages and measures of central tendency: mean median and mode. Test of Kolmogorov Sminorv, Pearson correlation and parametric test of t paired student. A large part of the population do not consume alcohol (77.1%), who do it are a small amounts, about the knowledge 66.5% was low, 12.4%, are not aware of the negative effects, therefore the will be a precursor to the substance abuse, so, the nursing professional, should direct activities to promote and prevent health in aim of addictions, the intervention had an impact on consumption ($t_1=5.905$ and $t_2=3.853$; <0.01) and knowledge ($t_1=9.367$ and $t_2=3.015$; <0.01), approving the hypothesis: a lower knowledge of the negative effects of alcohol consumption, higher consumption ($r=0.280$; <0.01).

Keywords: Alcoholism; Knowledge; Risk group; Nursing students of health

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Introduction

Alcohol is the potentially addictive substance most commonly used by young adults, the National Addiction Survey [1-3], notes that 50% of young people between 18 and 29 years old have consumed alcoholic beverages at least once over the past month,

in Mexico City, half of women and about two-thirds of men in this age range, consume regularly drinks that contain alcohol.

For the World Health Organization [4], alcoholism is considered an alteration of behavior in the individual, which gradually leads them to the consumption of substances that have the

active ingredient, until achieving an imbalance in the spheres: psychological, biological, cultural, spiritual and above all in social and family circles. Fortunately, there is a large percentage of individuals who are not alcoholics, so it is necessary to pay attention to this vulnerable group, since there is a potential risk of becoming dependent, therefore, involves considering and addressing the issue in young people, who are more exposed to alcoholic beverages.

The World Health Organization (WHO) [5] classified harmful drinking as a global problem, endangering the development of the individual, family and community, causing 3.3 million deaths each year, with different characteristics and damages that go beyond the physical and psychological health of those who drink such as: violence, trauma, illegal traffic.

The consumption and dependence of substances, constitute a major problem in the global burden since 8.9% of the total morbidity is due to the consumption of psychoactive substances. According to the WHO [4], 320,000 young people aged 15-29 die from alcohol-related factors, representing 9% in this group. In particular, it is a common problem in Latin American and Caribbean countries, in relation to all the deaths of the world can be relate in a 0.5% and 4.5% in Latin and Caribbean countries [6].

Magri et al. [7] express that there is a high range of alterations related to the consumption of different drugs, highlighting the withdrawal síndrome (opiates, barbiturates, benzodiazepines), neurological disorders (cocaine, alcohol and benzodiazepines), teratogenicity effects (cocaine, alcohol, some benzodiazepines).

Hypothesis

knowledge of the negative effects of alcohol consumption, higher consumption.

General objective

To determine the consumption of alcohol and knowledge of health risks, and to implement a psych educational intervention in university Degree's students of Nursing 2013, who enter to the university.

Specific objectives

To specify the sociodemographic factors of the population. To describe the knowledge and consumption of alcohol that college students have. To evaluate qualitatively the effect of the intervention session to reinforce the knowledge of alcohol in the participants.

Materials and Methods

Design

Qualitative and quantitative study, correlational and longitudinal given that the collection was performed in two periods (before and after the intervention), to determine the consumption of alcohol and knowledge in university students, generation 2013 and the evaluation of the brief psychoeducational intervention of nursing [1,2].

Design of the intervention

Phase I

The first contact was made with the students of the 2013 generation, on August 5, 2014, consisting of the application of the instrument.

Phase II

Considering the results of the instruments applied, the development of the programming of the interventions to be applied in a single session called "Living without alcohol", focused on the students with the variables in study (consumption and knowledge).

Phase III

A group and a page are created in the social networks in order to disseminate information to reinforce the knowledge that the students have, keep them informed of any event that takes place, and it is only visible for the Generation 2013.

Phase IV

These actions are organized (Figure 1), making the joint programming of the variables to proceed to make the corresponding manuals.

Phase V

Once the manuals have been completed, the date of the interventions is scheduled, being set on October 4, 2013 (two months after the application of the instrument) at the Faculty of Nursing, Region Veracruz, at 13:00 h.

Phase VI

On September 4, 2013, the "live without alcohol" intervention was carried out in the nursing faculty, with 13:00 h. It started with the organization with the staff members, the coffee break was installed, the audiovisual room, where the participants were.

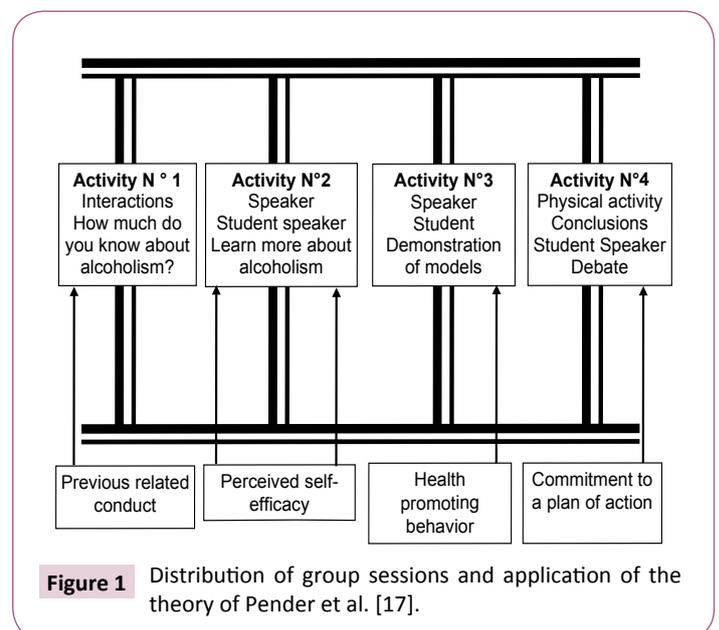


Figure 1 Distribution of group sessions and application of the theory of Pender et al. [17].

Phase VII

At 2:00 p.m., the opening ceremony of the event began with the presence of the school authorities; the introduction of the event was given, exposing important information about alcohol consumption by university students and the objectives of the session. The times used were 30 min.

Phase VIII

The activities already scheduled started, it began making some questions about the topic to be exposed, the students gave their answers and immediately began with the topic "learn more of alcoholism" where was explained what alcoholism is, causes that leads to a person being an alcoholic and those who become alcoholics, which takes 60 min. At the end of this, they were shown two anatomical organs, a heart and a liver which remained for a week in alcohol, which is equivalent to five years of consuming alcoholic beverages; these organs were shown to those present to observe the consequences of consumption of alcohol.

Phase IX

Discussed the aspects of knowledge, a physical activity routine was implemented that had a duration of 30 min and 30 more, for rest and hydration.

Phase X

In order to conclude with the activities, a discussion on the topic was started, where the participants will present their knowledge acquired during the session. Also, conclusions were shared, the time was 60 min.

Phase X1

At the end of these activities, those present were invited to the area outside the audiovisual where they were offered a coffee break, with coffee, water, soft drinks, cookies, chocolates and a source of chocolates to thank for their assistance (30 min), the total time was 210 min.

Universe

The study was conducted at the Faculty of Nursing Veracruz, of the universidad veracruzana, with a work universe of 570 students from different semesters in the school period August 2013-January 2014, with a socioeconomic level, age and sex indistinct. For the purposes of this study, the Generation 2013 was considered, with a total of 118 students, subjecting them to a series of actions established in intervention sessions. The sample was obtained through the non-probabilistic method of convenience [2,8], selecting only to students that entered to the university in that year.

Selection criteria

Inclusion

The students enrolled in the Nursing Degree of the Faculty of Region Veracruz, from August 2013 to January 2014, attending to the welcome health fair of the 2013 generation, age and gender, availability of time, willingness to participate in the investigation and to sign written consent.

Exclusion

Students studying another career, with motor impairment and pregnant women.

Elimination

People who decide to leave the investigation, who avoids to answer one of the questions or who have answered twice the same question.

Measurement instruments

A self-directed questionnaire was used, accompanied by an informed consent format signed by the interviewee and the interviewer. The instrument was the Alcohol Habits and Attitudes Scale [9], validated with Cronbach's Alpha of 0.91, with 251 and 142 articles, the authors sought to obtain an approximation to the analysis of the motivations that drive consumption and other drinking habits as well as explicit reasons for drinking and of which may be synthetic, the instrument, is divided into sections, for fines of the project, resumed the Scale of consumption and free time with an alpha Cronbach of 0.83 (measured alcohol consumption), in order to measure the knowledge variable, was retaken to the Attitudes and Knowledge Scale with a reliability of 0.76.

Data collection

The project was authorized by the Ethics and Research Committee of the Faculty of Nursing Veracruz, after which, a director was assigned who was the Master Javier Salazar Mendoza, and began the research work, exposing the objective of the study and purpose, also, we proceeded to work, using the technique of structured interview and the method was a previously selected instrument and that covered the criterion of validity and reliability.

Data analysis

The Statistical Package for the Social Sciences (SPSS) version 15 for Windows was used for the analysis of the information, using descriptive statistics: frequency, percentages and measures of central tendency (mean, median and mode), to evaluate the normality of the variables, we applied the statistical test of Kolmogorov-Smirnov, to check the hypothesis raised in the study, we used the Pearson correlation and evaluation of the intervention parametric test of t paired student, in the package of Office, the Excel program was designed tables.

Results

Instrument reliability

For the application of the research instrument, it was of great importance, the choice of one that evaluated the variables under study, as well as covering the requirements cited by Polit and Hungler [1], it means, an acceptable score on the Alcohol Consumption and Attitudes Scale [9], constructed by a group of experts, through the application, analysis, reconstruction, construction and validation of questions, met the requirements stipulated by the research (Table 1).

Analysis and interpretation

Once the information was captured in the SPSS statistical package, the data were loaded for analysis, with this; the database was constructed for the categorization of the responses of the participants where tables were created for visualization.

Table 2 refers to the age and sex of the population, 73.7% were female, while the rest (26.3%) were male, therefore women predominate in the 2013 generation, the age of the population oscillates between the 17 to 41 years of age, being the mean of 19, median and mode of 18.

Of the total population, 45.8% are 18 years old and 22.9% are 19 years old, justifying that it is a young population and it is at this age that they enter a higher university level, in this case, the Universidad Veracruzana, the maximum house of studies in the State of Veracruz Mexico. 100% of the participants referred to dedicate themselves exclusively to the study, being their parents or tutors who absorb the expenses that they can generate.

In **Table 3**, it is observed that 38% of the women, taking as the 100% to the 87 participants, are those who consume, while 62% do not, when comparing with the male, of the 31 participants such as 100%, 45.2% are alcohol consumers, the rest (54.8%), not, reason that leads to a decision making that is the woman, who makes more use of the substance, although they are the most frequent, thus decreasing, the percentage of female consumers compared with men.

Table 4 shows the ages of the beginning of the consumption of alcoholic beverages, the female sex, began at 10, 13 and 14 years of age (9.7%), compared to the man who was 12 and 15 years old (14%), there are people who used alcohol, until they complete the majority of age in Mexico (19 years), with 3.1%, for men and women. Likewise, only those who at some moments in their life have tried alcohol were considered, and of these, 17 people do not consume or use the substance, externalizing that they suspended consumption, given the influence of their parents or tutors.

Table 5 shows that the drink with the highest consumption by the students of the 2013 generation, the last month, it is the beer with 28% in frequency of few times, many and almost always, since the derivative of the barley, is cheaper and easy to acquire, in addition in the Port of Veracruz, there are a great number of places where they promote and consume the alcohol in this presentation. The second option consisted of snacks/liquors (23.7%), crazy waters (drink prepared with alcohol, soft drinks in Mexico), were ranked last (8.3%).

When we asked about the motivators perceived by students of alcohol consumption (**Table 6**), 95.8% mentioned that young people drink because their friends incited them, while 88.1% said that do it to forget some problems or situations that overwhelms them, also with the same percentage mentioned that people do it out of curiosity, or that incited them to it, 84.7% said that by evading the routine. Not less important but with lower percentages, other factors were: Disinhibition (87.3%), flirting (85.6%), feeling euphoria (83.1%) and 82.2% considered that those who drink alcohol do it to feel strong.

Table 1 Reliability of the instrument.

Instrument	Questions	Alpha of Cronbach
Scale of consumption and free time	62	0.83
Scale of attitudes and knowledge	38	0.76

Source: Scale of attitudes and habits in alcohol consumption

Table 2 Age and sex of the population.

Age in years	Sex (n=118)					Total	
	Female		Male		F		%
	F	%	F	%			
17	10	8.5	0	0	10	8.5	
18	41	34.7	13	11.0	54	45.8	
19	19	16.1	8	6.8	27	22.9	
20	11	9.3	4	3.4	15	12.7	
21	3	2.5	2	1.7	5	4.2	
23	1	0.8	2	1.7	3	2.5	
27	2	1.7	0	0	2	1.7	
32	0	0	1	0.8	1	0.8	
41	0	0	1	0.8	1	0.8	
Total	87	73.7%	31	26.3%	118	100%	

Source: Scale of attitudes and habits in alcohol consumption

Table 3 Drink consumption in the present.

Consumo	Sex (n=118)			
	Female		Male	
	F	%	F	%
Si	33	38.0	14	45.2
No	54	62.0	17	54.8
Total	87	100%	31	100%

Source: Scale of attitudes and habits in alcohol consumption

Table 4 Age of initiation of consumption.

Age	Sex (n=118)				Total	
	Female		Male		F	%
	F	%	F	%		
10	1	1.6	0	0	1	1.6
12	0	0	2	3.1	2	3.1
13	1	1.6	0	0	1	1.6
14	4	6.5	0	0	4	6.5
15	9	14.1	7	10.9	16	25
16	10	15.6	3	4.9	13	20.3
17	8	12.5	7	10.9	15	23.4
18	5	7.8	2	3.1	7	10.9
19	2	3.1	2	3.1	4	6.3
25	1	1.6	0	0	1	1.6
Total	41	64	23	36	64	100%

Source: Scale of attitudes and habits in alcohol consumption

Table 7 expresses the problems experienced by students who consume uncontrolled alcohol, with a greater percentage (11%), were: quarrels, discussion or other important conflict without aggression. 6.7%, fights with physical assaults, missing school for a whole day or longer (6.7%), police or law enforcement detention (2.9%), medical care due to problems or accidents due to the effects of alcohol and ethanol (1.6%), which first affects the brain centers responsible for self-control, so that the consumer

is carried away by its effect and leads to a stage of euphoria and disinhibition.

Table 8 shows the negative effects that university students have refuted with alcohol consumption, 82.2%, denied that there is no cure, 75.4% say that alcoholics come from low social classes, 78.0% said that so many people drink alcohol shows that it is not harmful as it is said. Likewise, 68.6% do not believe that alcoholism is not a big problem in society and 86.4% denied that to be an alcoholic one must be vicious and 59.4% that one person can become an alcoholic by drinking two beers a day.

Regarding the consumption variable (**Table 9**), according to the scores assigned to the instruments, the mean of this was 15.63, indicating that 77.1% do not have alcohol consumption and the rest do it, but in low quantities (22.9%), daily beers. For the variable knowledge of the negative effects of alcohol on the body, according to the assigned scores (**Table 10**), the mean obtained was 51.51, indicating that 21.1% have an mean knowledge, while 66.5% have a low knowledge and lastly 12.4%, do not have this knowledge, which is a concern, since knowledge is the first fundamental factor for the incidence of alcohol consumption.

To test the hypothesis

To a lesser knowledge of the negative effects of alcohol consumption, higher consumption, the Kolmogorov Smirnov statistical test (**Table 11**) was used to determine the normality of the variable, by the normal observed result in both variables, in the first and second measurements, we determined to run the Pearson correlation statistical test (**Table 12**) the analysis showed that it was statistically significant ($r: -0.280; <0.01$), approving the

Table 5 Type of drink consumed in the last month.

Type	Never		Rarely		Many times		Almost always	
	F	%	F	%	F	%	F	%
Wine	104	88.1	11	9.3	3	2.5	0	0
Appetizers/liquors	90	76.3	22	18.6	5	4.2	1	0.8
Beer	85	72	24	20.3	6	5.1	3	2.5
Crazy waters	108	91.7	5	4.2	4	3.3	1	0.8
Other	95	80.5	17	14.4	6	5	0	0

Source: Scale of attitudes and habits in the consumption of alcohol, n=118

Table 6 Reasons why people drink.

Reasons	Never		Rarely		Many times		Almost always	
	F	%	F	%	F	%	F	%
Forget	14	11.9	26	22.0	58	49.2	20	16.9
Avoid the routine	18	15.3	42	35.6	51	43.2	7	5.9
Friends drink	5	4.2	16	13.6	65	51.1	32	27.1
They incited it	14	11.9	25	21.2	60	50.8	19	16.1
Disinhibit	15	12.7	35	29.7	35	46.6	13	11.0
Flirt	17	14.4	30	25.4	56	47.5	15	12.7
Feel euphoria	20	16.9	38	32.2	44	37.2	16	13.6
Feeling more powerful	21	17.8	24	20.3	57	48.3	16	13.6
Curiosity	14	11.9	17	14.4	43	36.4	44	37.3

source: Scale of attitudes and habits in alcohol consumption, n=118

Table 7 Problems due to alcohol consumption.

Problematic	Never		Rarely		Many times	
	F	%	F	%	F	%
Accident-medical care	116	98.3	1	0.8	1	0.8
Medical care	115	97.5	3	2.5	0	0
Detention by the police	114	96.6	3	2.1	1	0.8
Do not go to school	110	93.2	5	4.2	3	2.5
Fight, discussion without aggression	105	89.0	10	8.5	3	2.5
Fighting or physical aggression	109	92.4	7	5.9	1	0.8

Source: Scale of attitudes and habits in alcohol consumption, n=118

Table 8 Knowledge of the effects of alcohol consumption.

Knowledge	Strongly disagree		Insecure		Strongly agree	
	F	%	F	%	F	%
Physical and mental disorders	8	6.7	1	0.8	109	92.4
Long-term unhappiness	12	10.2	12	10.2	94	79.7
It is not harmful as it is said	92	78.0	8	6.8	18	15.2
There is not cure	97	82.2	8	6.8	13	11.0
It is not a society problem	82	68.6	9	7.6	28	23.8
Alcoholic Drinking Beers	23	19.5	25	21.2	70	59.4
Alcoholic is to be a vicious	62	86.4	21	17.8	35	29.6
Alcoholics are low classes	89	75.4	17	14.4	12	10.1

Source: Scale of attitudes and habits in alcohol consumption, n=118

Table 9 Variable of alcohol consumption of alcohol.

Minimum value	Maximum value	Mean	Median	Mode
3	45	15.63	14.29	14

Source: Scale of attitudes and habits in alcohol consumption, n=118

Table 10 Index of knowledge about alcohol consumption.

Minimum value	Maximum value	Mean	Median	Mode
6	78	51.51	53.13	50

Source: Scale of attitudes and habits in alcohol consumption, n=118

Table 11 Kolmogorov Smirnov's proof.

Variables	First measurement		Second measurement	
	Z of KS	Sig. Asymptotic	Z of KS	Sig. Asymptotic
Alcohol consumption	0.606	0.857	0.732	0.658
Knowledge	0.669	0.762	0.977	0.296

Source: Scale of attitudes and habits in alcohol consumption, n=118

Table 12 Pearson correlation consumption and knowledge.

Consumption index	Variables	Consumption index	Knowledge index
	Pearson's Correlation	1	-0.280 (**)
Sig. (bilateral)		0.002	
N	118	118	
Knowledge index	Pearson's Correlation	-0.280 (**)	1
	Sig. (bilateral)	0.002	
N	118	118	

Note: ** The correlation is significant at the level 0.01 (bilateral), n=118

Table 13 Consumption and knowledge, proof t student.

Variables	First measurement		Second measurement		Bilateral significance
	$\bar{\chi}$	dt	$\bar{\chi}$	dt	
Consumption	15.63	5.905	6.23	3.853	0.000*
knowledge	51.51	9.367	13.23	3.015	0.000*

Note: * Correlation is significant at the level 0.01, n=118

Hypothesis raised, since the knowledge of the participants in a large percentage is low and some others do not have any, which indicates that the non-population having these fundamental tools, can fall into consumption, given this.

After the psych educational intervention (**Table 13**), a positive impact was observed by means of the statistical t test of student, that is to say, that the sessions allowed to reduce the consumption of the substance. ($t_1=5.905$ y $t_2=3.853$; <0.01) and reinforce the knowledge in relation to the effects that it produces in the organism ($t_1=9.367$ y $t_2=3.015$; <0.01), it is for that reason, that it is necessary to continue the work of the phenomenon of drugs, since they contribute fundamental tools to diminish the risks to the health.

Discussion

Consumption and dependence on substances are a major problem in the global burden. According to WHO [4], a large proportion of young people between the ages of 15 and 29 die from the consequences of alcohol consumption. Alcohol use in Latin America has become part of its culture, adding positive effects, although they ignore the effects of frequent and chronic consumption [6].

In the study carried out by Henríquez [10]. Knowledge of the third year nursing students about alcoholism before and after applying an educational program, where the analysis of the data was done through the application of the statistical Student's decision T and used the criterion of a level of significance of 5% ($p<0.05$).

The results indicated that there are differences between the mean percentage values of the indicators and variables, that is to say that the students increased their knowledge significantly, after the application of the educational program, confirming the hypothesis presented, coinciding with the present ones, after applying the same statistical test (t de student, which shows the effectiveness of the intervention and approval of the hypothesis where the result ($r: -0.280$; <0.01), affirmed it; less knowledge of the negative effects of alcohol consumption, higher consumption.

Likewise, Green [11] in his study states that knowledge and habits about aspects of reproductive health and consumption of alcoholic beverages in Nursing students, the population was formed by unmarried young people between 21-25 years of age, unlike the present research where 81.4% of participants, ages ranging from 18 to 20 years and the majority were women, coinciding with the perception of consumption as a harmful activity for health, 41.7% of the students surveyed perceived the consumption of alcohol as an activity harmful to health, unlike the results of this research, 92.4% denied this claim.

Cordoví [12] in their Health Education Program to raise the level of knowledge about alcoholism in adolescence found that 45.2% have a low knowledge about the impact of alcoholism, opposing these results since the 66.5% are low. In the study evaluating the knowledge of minors about drugs and alcohol, child sexual abuse, interfamily violence and sexually transmitted infections: the case of the United States of America school in which Hernández et al. [13] of the 180 participants: 53.9% were men and 46.1% were women, compared to 73.7% were female and the rest were male (26.3%).

Conclusion

The consumption of alcohol goes beyond human prehistory, but the social relevance of this behavior was not possible to prove, until in the Neolithic period it appears along with crafts and ceramics the possibility of producing it in suitable containers [14]. Abuse of it has been recognized since the earliest times as a social problem because of its harmful repercussion on human groups [15].

The consequences of alcohol consumption to the health are determined by two separate dimensions but interrelate: the total volume of alcohol ingested and the characteristics of the way of drinking [16]. A wide variety of forms of drinking, from occasional dangerous ingestion to intense daily consumption, generate significant public health problems. One of the hallmarks of dangerous drinking habit is that there are episodes of excessive ingestion which is defined as the consumption of the equivalent of 60 grams of pure alcohol or more [4].

The results of this study showed that the majority of the participants were female, the age of the participants ranged from 14 to 41 years, with the mean of 19, median and mode of 18, the religion of the predominant participants was catholic, in reference to the consumption of alcohol the woman is who has a greater of consumption to men.

Likewise, when assessing alcohol consumption as marked by objective two, the age at which alcoholic beverages were started was 10 years old for women and men 12, although many who started drinking stopped it, given the influence of their parents or guardians, although many of them usually go out to have fun and it is the woman who does, so the greater alcohol consumption of alcohol occurs on weekends, although in quantities, it is the man who consumes the most when he drinks.

The most consumed beverages in the total population were beer, because it is sold in the stores and stores near the homes and their value does not exceed thirty pesos, so it is also the same substance that is consumed the most in the homes and it is there where the students do it with their own relatives, followed by bars, friends and other people.

The motivators who took the students to the beginning of alcohol consumption, was the incitement to it, out of curiosity, because their friends did it and to evade the routine, although they perceived problems because of the consumption within them were: quarrels, discussion or another major conflict without aggression and in a small proportion said that alcohol led them to

quarrel and physical aggression, absence from school for a whole day or longer, police or law enforcement detention, medical care for problems or accidents due to alcohol and ethanol, which first affects the brain centers responsible for self-control, that is why the consumer is carried away by its effect and leads to a stage of euphoria and disinhibition.

The students who expressed not drink, when questioning the reason of that attitude, they responded that it is too expensive and alcohol make to get fat and goes with their religious principles, the taste that was unpleasant, they do not consume it because their parents are bothered to do it.

Regarding the third objective of describing the consumption of alcoholic beverages and the knowledge of university students, according to the indices made the majority of the population do not have alcohol consumption and those who do, are positioned in low consumption, thus attitudes 90.7%, with regard to knowledge, 66.5% were low, and 12.4% are not aware of the negative effects of alcohol consumption, which will be a precursor to consumption.

According to objective four, the implementation of the intervention session was carried out at the Faculty of Nursing Veracruz, the objective of this was to reinforce knowledge and decrease alcohol consumption in students, where the results showed acceptance by each of the students and active participation in each one of the indicated indications.

Objective five allowed to know the points of view of the students, where they expressed: "Thank you", those who were missing mentioned "I did not know what they said to me", "I would appreciate doing many more activities like this", "I liked what they gave us", "Thanks to what the affected organs show, I realize the damage I can do to my body" because of the last hypothesis proposed in the study was statistically accepted statistically ($r: -0.280; <0.01$), this, through the Pearson test and the student t test, was measured the impact of the intervention that was positive.

We conclude that the Health Promotion Model, according to Pender et al. [17] allowed the students to recognize the consumption and behavior of what they were doing, they were also taught the benefits of non-consumption and did not fall into the disease [18], which allowed the students to commit to a plan of action, thus leading them to acquire behaviors that would favor their health, but the most important these behaviors would be executed in their daily do.

The whole intervention would help them to predict health behaviors and formulate specific strategies for their action [19], allowing an action and reaching the end of the Health Promotion Model, promoting activities that promote health, reducing consumption in those who do and non-consumption of those who expressed whether to do it [20].

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