

Perception of an Urban Primary Health Center medical and paramedical staff on substance abuse in the community: A cross-sectional study

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Received: January 11, 2018; Accepted: February 15, 2018

ABSTRACT

Background: A recent World Health Organization estimate shows a burden of worldwide psychoactive substance use of around 2 billion alcohol users, 1.3 billion smokers, and 185 million drug users. Due to this increased trend of substance and alcohol abuse, it is necessary that healthcare providers catering to the needs of such an area take measures to help curb the menace by spreading awareness regarding negative effects of chemical dependency and to prevent overdose harm. **Objectives:** The objective of this study is to gain an insight into the perception of an Urban Primary Health Center (PHC) medical and paramedical staff on substance abuse prevalent in the community. **Materials and Methods:** This study was a cross-sectional study conducted among the staff of an urban non-governmental organization PHC - Doctors for You situated in Mankhurd. A total of 61 staff members were included in the study which was decided by means of convenient sampling. Staff was handed over a standard pre-tested questionnaire translated into Hindi. **Results:** 51% agreed that substance abuse was a common problem in the community, whereas 47% strongly agreed that it was a common problem. 44% perceived that substance abuse is most common in the age group of 18–30 years, while 28% felt that the age group of 30–45 is common. Alcohol (97%) and tobacco (87%) were the most commonly abused substances. 74% perceived that men had a higher tendency to lean toward substance abuse while 23% felt that gender did not matter. Depression, poverty, and peer pressure were found to be the major predisposing factors for substance abuse. **Conclusion:** There should be an integrated approach taken up by various health-care providers to curb the menace, by helping addicts in de-addiction and providing counseling services as well. In addition, we should also focus on skill development of these individuals to economically and socially rehabilitate them so as to not only provide means of income generation but also uplift their quality of life.


KEY WORDS: Substance Abuse; Chemical Dependency; Perception; Urban Primary Health Centre Staff

INTRODUCTION

According to the World Health Organization (WHO), substance abuse is “persistent or sporadic drug use inconsistent

with or unrelated to acceptable medical practice.”^[1] A recent WHO estimate shows a burden of worldwide psychoactive substance use of around 2 billion alcohol users, 1.3 billion smokers, and 185 million drug users.^[2] Drug abuse is a global health and social problem with conditions and problems that vary locally.^[3] The use of psychoactive substances among adolescents and young adults has become a subject of public concern worldwide partly because of its potential to contribute to unintentional and intentional injury.^[4,5]

UN-HABITAT defines a slum household as a group of individuals living under the same roof in an urban area who

Access this article online	
Website: http://www.ijmsph.com	Quick Response code
DOI: 10.5455/ijmsph.2018.0101415022018	

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lack one or more of the following: (1) Durable housing of a permanent nature that protects against extreme climate conditions, (2) sufficient living space which means not more than three people sharing the same room, (3) easy access to safe water in sufficient amounts at an affordable price, (4) access to adequate sanitation in the form of a private or public toilet shared by a reasonable number of people, (5) security of tenure that prevents forced evictions.^[6] One-third of the urban population of developing countries, or approximately one-seventh of the overall world population, live in slums^[7] and slums are coupled with a mixed variety of issues such as poor sanitation, poor hygiene, overcrowding, mental stress, and limited financial resources. The inhabitants of slums and slum resettlements in India are considered to be the most economically backward class of society. Owing to a variety of social and economic factors, substance abuse has become common in slum and slum resettlement population. These pressures combined with family and social stressors can leave many inhabitants feeling overwhelmed and struggling to cope with difficult situations. Eventually, this stress may lead to anxiety and depression, which wraps inhabitants up in a vicious circle of despair, thus adding to major risk factors for substance and alcohol abuse. In addition, factors such as peer-pressure, curiosity, and false notions of potential benefits such as stress reduction may also influence drug-seeking behavior in these inhabitants. All substances of abuse (including alcohol) are associated with risky sexual activities^[8] and criminal behaviors.^[9] Factors influencing the underdiagnosis of substance abuse may emerge from personal^[10] or societal biases,^[11] deficient medical education about addiction,^[12] false perception of poor response to interventions,^[13] and third-party payers' pressure on physicians to attend to more patients in less time.^[14] From the Northern part of India (Lucknow), Dubé and Handa observed^[15] 22.8 per one thousand prevalence rate of alcohol and drug abuse, whereas Thacore reported that 18.55/1000 were dependent on alcohol and drugs.^[16] From Mumbai Slums, Raut observed that the habit of substance abuse began early, with 14% beginning before 13 years of age. Majority (78.3%) had taken to substance abuse in adolescence. Around one-fifth of the monthly wages in 40% of substance abusers was spent on substance abuse.^[17] In view of this increasing trend of substance abuse, various professionals of health centers catering to slum and slum resettlement inhabitants should take measures to help curb the menace by spreading awareness regarding negative effects of chemical dependency, getting substance dependent patients for de-addiction, and also prevent overdose harm. Knowing the perception of staff attending to these, slum inhabitants/patients would help enable a better approach to not only prevent substance abuse primarily but also to prevent complications of major drug dependence. This is crucial as negative perception, and biased beliefs are an important barrier to substance abuse treatment services and quality health care. This study will thus examine the perceptions of an Urban Primary Health Center (PHC) staff toward substance abuse which is prevalent in the community.

MATERIALS AND METHODS

This study was a cross-sectional study conducted among the staff of the non-governmental organization - "Doctors for You" which operates 5 Urban Primary Health Care Centers situated in Mankhurd catering to the health needs of slum and slum resettlement inhabitants. The present study was conducted in compliance with all the ethical principles to be followed for medical research which involve human subjects. Prior informed consent was obtained from all participants and confidentiality of subjects was maintained. A total of 61 staff members were included in the study which was decided by means of convenient sampling. Inclusion criteria included staff working at the PHC, whereas exclusion criteria was any staff member unwilling to participate in the study. Staff members were handed over a standard pre-tested questionnaire which was translated into Hindi. The questionnaire was formulated by review of literature on the topic and discussion with other researchers from the center. The first part of the questionnaire covered the demographic data of the staff, while the second part covered questions to assess the perception related to substances commonly abused in the area such as cannabis, tobacco, and alcohol. The data were entered and analyzed using Statistical Package for the Social Sciences (Version 20). A descriptive analysis was done to analyze the data.

RESULTS

A total of 61 staff members participated in the study. There were 52 females and 9 males. The age group ranged from 16 to 65. Mean age of the participants was 25.9 with standard deviation 9.8. Various characteristics of the study participants are shown in Table 1.

Table 1: Characteristics of study participants

Variable	Subject	
Category	Subcategory	
	Frequency (%)	
Age	16–25	36 (59.02)
	26–35	18 (29.51)
	36–45	4 (6.56)
	46–55	1 (1.64)
	56–65	2 (3.28)
Sex	Male	9 (14.75)
	Female	52 (85.25)
Education level	10 th	23 (37.70)
	12 th	16 (26.23)
	Graduate	16 (26.23)
	Postgraduate	6 (9.84)
Occupation	Health assistants	41 (67.21)
	Health Center coordinators and outreach worker	6 (9.84)
	Medical and allied health professionals	14 (22.95)

31 participants (51%) agreed that substance abuse was a common problem in the community, whereas 29 (47%) of the participants strongly agreed while only 1 person did not know if it was a common problem in the area. 27 participants (44%) perceived that substance abuse is most common in the age group of 18–30 years while 17 participants (28%) felt that it is most common in the age group of 30–45 while 17 (28%) did not know the age group commonly affected.

Table 2 illustrates the perception to the usage of drugs commonly abused in the area.

45 participants (74%) perceived that men had a higher tendency to lean toward substance abuse while 14 participants (23%) felt that gender did not matter in respect to the tendency to lean toward substance abuse, whereas 2 respondents did not know if a particular gender had any association with substance abuse. Various social and psychological factors may serve as pre-disposing factors toward substance abuse. Inhabitants may take up substance abuse as a resort of escapism from social and economic issues faced by them.

Table 3 illustrates the common factors perceived as pre-disposing factors toward substance abuse.

Table 4 illustrates the perception toward factors which could serve as a restraint toward substance abuse and addiction.

All respondents agreed that any form of substance abuse taken daily was serious and implicated major drug dependence.

Table 2: Perception toward commonly abused substances

Substances which are commonly abused	Frequency (%)
Alcohol	59 (96.72)
Tobacco	53 (86.89)
Cannabis	25 (40.98)
Heroin	10 (16.39)
Cocaine	10 (16.39)
Amphetamines	9 (14.75)

Table 3: Perception regarding pre-disposing factors contributing toward substance abuse

Pre-disposing factors	Frequency (%)
Depression	38 (62.3)
Poverty	22 (36.07)
Peer pressure	21 (34.43)
Poor social life	20 (32.79)
Staying alone	20 (32.79)
Influenced by seniors	19 (31.15)
Poor self-esteem	18 (29.51)
Relationship stress	17 (27.87)
Curiosity	16 (26.23)
Academic stress	9 (14.75)

Table 5 illustrates the response of a staff member toward a patient involved in substance abuse.

Table 6 illustrates the beliefs of participants regarding the benefits of substance abuse.

The most common false notion about the benefits of substance abuse was found to be that it induces mental relaxation (depressor).

Table 7 illustrates the perception toward the source of drugs in the area.

14 of the participants (23%) perceived that the drugs were expensive, whereas as 20 (33%) disagreed. 17 (28%) perceived that maybe the drugs were expensive, whereas 10 (16%) did not know.

Table 8 illustrates the average amount spent by an inhabitant on substance abuse daily as perceived by a staff member.

Figure 1 illustrates the perception toward frequency of substance abuse taken by a patient.

Table 4: Perception toward factors which could serve as a restraint toward potential substance abuse

Factor	Frequency (%)
Fear of addiction	32 (52.46)
Fear of being caught	29 (47.54)
Risk of cancer	29 (47.54)
Fear of HIV/AIDS, HCV, and HBV through IV use	22 (36.07)
Fear of violent behavior	17 (27.87)
Cirrhosis	10 (16.39)
CNS depression	9 (14.75)
Fatty liver	8 (13.11)

HCV: Hepatitis C virus, HBV: Hepatitis B virus, IV: Intravenous, CNS: Central nervous system

Table 5: Response toward a patient involved in substance abuse

Response	Frequency (%)
Talk to him/her	44 (72.13)
Take him/her for counseling	38 (62.3)
Report the situation to a higher authority	27 (44.26)

Table 6: Beliefs regarding benefits of substance abuse

Factor	Frequency (%)
Yes	8 (13.11)
No	36 (59.02)
Maybe	9 (14.75)
I do not know	8 (13.11)

Table 7: Perception toward the source of drugs in the area

Factor	Frequency (%)
Peddlers	25 (40.98)
Dealers	21 (34.43)
Seniors and dealers	12 (19.67)
Peddlers and dealers	2 (3.28)
Seniors	1 (1.64)

Table 8: Perception toward financial expenditure on substance abuse

Expenditure in INR per day	Frequency (%)
<50	2 (3.28)
50–100	40 (65.57)
100–200	5 (8.20)
>200	10 (16.39)
I do not know	4 (6.56)

All respondents agreed that inhabitants were aware of the negative effects of long-term chemical dependency.

DISCUSSION

51% agreed that substance abuse was a common problem in the community, whereas 47% of the participants strongly agreed to the same. 44% perceived that substance abuse is the most common in the age group of 18–30 years, while 28% felt that it is most common in the age group of 30–45 and 28% did not know the age group affected. 74% perceived that men had a higher tendency to lean toward substance abuse, while 23% felt that gender did not matter in respect to the tendency to lean toward substance abuse. Depression, poverty, and peer pressure were found to be the major pre-disposing factors contributing to substance abuse in the community. Fear of addiction, being caught, and increased risk of cancer were found to be the major factors which could serve as a restraint toward substance abuse. All respondents agreed that any form of substance abuse taken daily was serious and implicated major drug dependence. Staff response toward a substance abuse patient was that of talking to the patient, taking him/her for counseling, and finally, reporting the situation to a higher authority. 13.11% agreed that patients do think that substance abuse has benefits of which the most common benefit was found to be that it induces mental relaxation. Peddlers and local dealers were found to be the major source of drug availability in the community. 23% perceived that the drugs were expensive, whereas 33% disagreed.

28% perceived that maybe the drugs were expensive, whereas 16% did not know. Majority of the participants (65.57%) perceived that the average amount spent daily on substance abuse by a patient was between 50 and 100 rupees. The maximum frequency of substance abuse done by a patient in a day was up to 3 times as perceived by the staff.

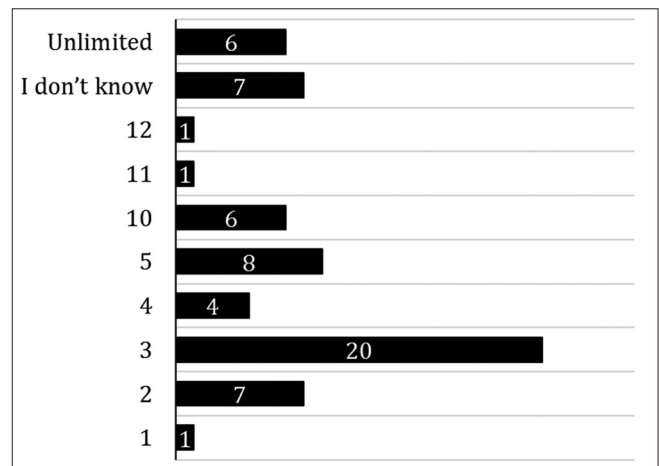


Figure 1: Perception toward frequency of substance abuse taken by a patient

All respondents agreed that inhabitants were aware of the negative effects of long-term chemical dependency.

Substance abuse is a major cause of concern globally. Healthcare professionals’ stigmatizing attitudes toward individuals with substance abuse addictive disorder may affect drug dependence treatment and care negatively and could lead to interception or avoidance of treatment.^[18] Majority of the participants (44%) perceived that substance abuse is the most common in the age group of 18–30 years. Similar results were found in a study by Swendsen *et al.*, in the United States, who reported that 43% of adolescents aged between 13 and 14 had used alcohol, and this increased to 78% among 17 and 18-year olds.^[19] In our study, variance in levels was obtained for the common substances abused [Table 2]. Alcohol (96.72%) was the most common substance of abuse followed by tobacco (86.89%). Similarly, Chavan *et al.* showed that alcohol was the primary substance of dependence for majority of urban slum substance users (93.08%).^[20] Also, Qadri *et al.* showed that alcohol was the most common substance being abused (44.49%), followed by tobacco smoking and chewing (35.69% and 35.0%, respectively).^[21] In contrast, Ghulam *et al.* found that tobacco was found to be the most common drug abused.^[22] The difference could be attributed to variation in catchment areas. Majority of the respondents (74%) felt that men had a higher tendency to lean toward substance abuse. Girls are often monitored and supervised by their families, which could be a reason for lesser chances of substance abuse in them. This could be one of the reasons that females consume less substance abuse due to parental supervision.^[23] Depression, poverty, and peer pressure were found to be the major predisposing factors for substance abuse. Two epidemiological studies have examined the prevalence of psychiatric and substance use disorders by conducting diagnostic interview surveys in representative community samples of adults: The National Institute of Mental Health Epidemiologic Catchment Area study^[24] was conducted in the early 1980s and the National

Comorbidity Survey was conducted in 1991.^[25] Both studies prove the direct relationship between psychiatric/mental disorders and substance abuse. Poverty is also a major predisposing factor toward substance abuse and addiction. Blas and Kurup proved that the prevalence of substance abuse is significantly greater among middle and lower socioeconomic sectors of youth and is increasingly prevalent in poorer parts of the world.^[26] Similarly, Niazi *et al.* showed that drugs such as cocaine, hashish, heroine, opiates, and cannabis are used more by poor people than wealthy people, particularly those who are unemployed, and have low literacy level.^[27] Peer pressure was found to be another important reason for increased tendencies to lean toward substance abuse. Our staff perceived that many adolescents and youth are often encouraged by their fellow peers to try various forms of substance abuse and give into the pressure. Atwoli *et al.* reveal that 75% of adolescents admitted that their friends introduced them to drug use.^[28] Fear of addiction and being caught along with an increased risk of cancer were perceived as the major factors which could serve as a restarting factor for inhabitants/patients to lean toward substance abuse. Majority of the participants would talk to a substance abuse patient and take him/her for counseling, which showed their desire to help patients overcome addiction and quit. Similarly, O'Gara *et al.* reported that health professionals feel responsible for helping those with illicit drug problems.^[29] The most common myth inhabitants have regarding substance abuse as perceived by participants was found to be mental relaxation, thereby illustrating that substance abuse is often seen as destressor to cope with problems. Similar results were obtained by Arabaci *et al.* who observed that nursing staff working in psychiatric hospitals in Turkey have the perception that a person takes substances to "cope with problems" and for reasons pertaining to his/her "social environment."^[30] The maximum frequency of substance abuse done by a patient in a day was up to 3 times as perceived by the staff. Similarly, Katoki *et al.* reported that most of the subjects abused substances 2–3 times (28, 46.7%).^[31]

Strengths

The major strength of our study was that majority of the staff belongs to the catchment area and have seen various patients taking illicit drugs and thus are well familiar with substance abuse prevalent in the community and various factors associated with it.

Limitations

Owing to the fact that the study was carried out only in few centers as there is no similar center available in the field area, there was a limitation of sample size. Thus, there was also a limitation to use better statistical measures due to the restriction of sample size. Our study results also cannot be generalized to all healthcare providers' perceptions regarding substance abuse.

RECOMMENDATIONS

1. Substance abuse is a huge problem in our target area. To curb substance abuse, there is a need for formal education on substance abuse and its effects on the community and the family unit covering all aspects - health, social, and economical for all health-care providers to help improve doctor–patient relationship for drug- and alcohol-dependent patients. Health assistants and outreach workers could act as a connecting link between the patients and doctors.
2. There should be specialized sessions for all health-care providers catering to similar target population such as slum and slum resettlement areas on how to deal with patients who are drug and alcohol dependent, and especially how to deal with overdose cases. Counseling skills should also be imparted as it is a major part of addiction treatment. Cognitive behavioral therapy and family counseling definitely play a major role in addiction treatment.
3. This study thus could work toward gap analysis and reinforcement learning for staff with respect to substance abuse in the long run if taken up on a higher scale.

CONCLUSION

Substance abuse is a major public health concern which needs to be addressed. There are very few studies done in India on perception of health-care providers toward substance abuse patients, and thus, the problem is highly neglected. There should be an integrated approach taken up by various health-care providers for such target areas where the health center staff cater to and belong to the same set of population. It is necessary to curb the menace by helping addicts in deaddiction and providing counseling services as well. In addition, we should also focus on skill development of these individuals to economically and socially rehabilitate them so as to not only provide means of income generation but also uplift their quality of life.

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How to cite this article: Nohwar A, Mulgaonkar V, Maheshwari, Singh R, Manghani P. Perception of an Urban Primary Health Center medical and paramedical staff on substance abuse in the community: A cross-sectional study. *Int J Med Sci Public Health* 2018;7(5):359-364.

Source of Support: Nil, **Conflict of Interest:** None declared.