

Perception Regarding Substance Abuse in Medical Students & their Society

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ABSTRACT

Substance abuse or addictions are major issues in our society & in developing countries because of enormous personal, social & economic cost world wide substance abuse in medical students and in society is alarming.

AIM:

To assess knowledge & attitude of Medical Student regarding substance abuse.

To make recommendations for rehabilitation of substance abuse. (Not the aim of study. May be the aim of general project of which this study is a part)

METHODOLOGY:

This was a cross sectional study among the undergraduate medical students & their societies at MMC MPK. After a pilot testing a self administered questionnaire was filled by 100 students.

RESULTS:

Substance Abuse in Medical Students & in Society

We surveyed Substance abuse Perception Surveyed in Male Students 46%, Female Students 44%, the mean Age was 21 year, while average family Size was 8, Substance abusers Medical Students number was 7, in which Cigarette smokers were 5, Opium derivative addiction was 2, Substance abusers in Society addicted persons were 25%, in which peoples are of view that Use substance to avoid stress 46%, Abusers in favor to quit were 62%, Perception of Substance abuse Undergraduates Knowledge of Adverse effects was 71%, the view of difficult to withdraw addiction 76% & person of view that addiction Interfere with sleeping is 40%.

CONCLUSION:

Medical undergraduates are adequately aware about the hazards of psychoactive substance abuse & efforts need to increase awareness in the society regarding dangers and adverse effects of substance abuse especially to adults that is vulnerable group of our society.

RECOMMENDATION:

Government & NGOs should take preventive measures against addiction.

Society should make efforts to remove the possible causes responsible for substance abuse.

There should be proper legislation of dealing with offenders.

Educational & recreational units should be for rehabilitation of substance abusers.

Key Words:

Substance abuse, addiction, adverse effects.

INTRODUCTION:

Substance abuse or addictions are major issues in our society & in developing countries because of enormous personal, social & economic cost world wide substance abuse in medical students and in society is alarming.

Tobacco use has become a rapidly growing problem worldwide as well as in many developing countries. It is projected that over the next 50 years close to 450 million deaths would be caused by tobacco use¹. While it has been established that many smokers start before the age of 18 years², of serious concern, is the increasing trend in smoking prevalence amongst youths and the likelihood that many of these young people who begin to smoke at an early age, will continue to do so throughout adulthood³. Furthermore, the years of potential life lost attributable to tobacco related diseases will continue to increase if we do not target interventions to

prevent smoking initiation among youths. Factors associated with increasing uptake of smoking behavior among youths include low self-esteem, stressful life events, friends who smoke, advertisement and living with a smoker^{4,6}.

AIM:

To assess knowledge & attitude of Medical Student regarding substance abuse.

To make recommendations for rehabilitation of substance abuse.

METHODOLOGY:

This was a cross sectional study among the undergraduate medical students & their societies at Muhammad Medical College, Mirpurkhas (MMC). After a pilot testing a self administered questionnaire was filled by 100 students out of 500 students by systematic random sampling every fifth student was approached to fill the questionnaire responses, Data was summarized and analyzed on MS Excel.

RESULTS:

TABLE 1: Perception of Substance Abuse in Medical Students & in Society

1. MBBS, MPH. Assistant Professor, Community Medicine, MMC MPK.

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DEMOGRAPHIC DETAILS		
Substance abuse Perception Surveyed in (in 100 Students systematic random)		
Male Students	46%	
Female Students	44%	
Students of first year to final year.		
Mean Age in years	21 (18–25 range)	
Average family Size	8(range 3–14)	
Substance abusers Medical Students #		
Total	7	
Cigarette smokers	5	71.40%
Opium Derivatives addiction	2	28.60%
In Society by History of Students relatives		
Addicted persons	25%	
Use substance to avoid stress	46%	
Abusers in favour to quit	62%	
Knowledge of Medical Students regarding Adverse effects	71%	

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DISCUSSION:

Adolescence is a period of identity forming and great pressure. As this period presents an opportunity for picking up bad habits, it also presents a golden opportunity for behaviour modification. However, out-of-school youths are especially vulnerable to wrong information from sources that lack credibility⁷. Because they are outside a formal school system they also miss out of the opportunity for learning in conducive environments. Our study pervades 46% male and 44% female medical students with mean age of 21 years , *majority of unmarried persons consisted of 8 persons in their families, with 71% from middle class societies.*

In our study there were 7 persons as substance abusers of which 71.4% were cigarette smokers and 28.6% were opium derivative users. While other literature studies shows that , One-fifth of the respondents have ever used tobacco. Conversely among secondary school students in Oyo State, Nigeria, Yisa and co-workers reported a lifetime prevalence of 10.6%¹¹. Out-of-school adolescents sometimes go through many stressful life events compared to their in-school counterparts. For instance, in this current study, up to 60% of these youths have non-

stable sources of income. Stressful life events have been shown to be associated with increased risk for smoking and alcohol use⁵.

Not surprisingly, a smaller fraction of those who had ever used tobacco were self reported current users (20.5% vs. 11.6%); this suggests that about 9% had stopped using tobacco as at the time of survey, however, we do not know how many of these only experimented and how many actually progressed to regular use and quit. Nevertheless we know that youths often experiment with psychoactive substances¹². More males used tobacco than females and this is consistent across various studies^{4,5,8,13}. Our study also show more substance users of tobacco are male rather than females-

Introduction to tobacco use among current users was usually by friends and this reflects the tremendous influence of peer pressure in initiating and sustaining youth behaviour. Previous studies have also shown significant relationship between peer influence and smoking behavior among youths^{14,15}. Major reasons for previous use and current use of tobacco were similar and include "to feel high and bold" and peer-influence (because friends are using it). These major reasons emphasize the twin driving forces of quest for excitement and "belonging" in the life of adolescents.

A cross country comparison of youth tobacco use revealed that majority of current smokers purchased their cigarettes from a store⁷. This study revealed a similar pattern of buying spots in the motor parks being the greatest source of regular tobacco acquisition followed by non-commercial sources like friends and relatives. Although a group of researchers posited that proliferation of point-of sale restrictions may contribute to increase in non-commercial acquisition, it will be a wise decision to consider point-of-sale restriction within the context of a comprehensive youth programming approach¹⁶.

When we looked at society it showed that 18% were substance abusers in 12 i.e 48% were of the view that so as to avoid stress and do more work , 5 persons i.e 62.5% are in favour to quit the addiction because it seems social scale step by step in the society

About 40% of respondents believed that tobacco is not harmful to health. This is quite similar to the findings of a study done among senior secondary school students in an urban area where only 57% knew that smoking was harmful to their health⁸. Furthermore, our study shows that among current tobacco users, 84% did not know that tobacco use was harmful. This may suggests that current education programmes on tobacco use prevention in this area may be inadequate or inappropriate, while our study depicts that 71% of undergraduate medical students have knowledge about adverse effects of substance abuse .

When ever in society our study shows that 19 persons out of 25 i.e 76% are of the view that it is difficult to live with out substance /drugs & 10 persons i.e 40 %

Medical schools may dismiss disabled students who pose a distinct risk of substantial harm to the health and safety of others. They may also dismiss otherwise qualified disabled students when reasonable accommodations have been provided and the student cannot satisfy

the fundamental academic requirements, or when no reasonable accommodation is possible. Evidence shows that treated physicians are no more of a risk to the public than other physicians¹⁷.

CONCLUSION:

Medical undergraduates are adequately aware about the hazards of psychoactive substance abuse & efforts need to increase awareness in the society regarding dangers and adverse effects of substance abuse especially to adults that is vulnerable group of our society.

RECOMMENDATION:

Government & NGOs should take preventive measures against addiction.

Society should make efforts to remove the possible causes responsible for substance abuse.

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REERENCES:

1. Peto R, Lopez AD: Future worldwide health effects of current smoking patterns. In *Critical issues in global health*. Edited by: Koop CD, Pearson C, Schwarz MR. New York, NY: Jossey-Bass; 2001.
2. Secretary of State for Health and Secretaries of State for Scotland, Wales and Northern Ireland: Smoking kills. In *A White Paper on tobacco*. London, HM Stationery Office; 1999.
3. US Department of Health and Human Services: Preventing tobacco use among young people. In *A report of the Surgeon General, 1994*. Atlanta, Georgia: Public Health Service, Centers for Disease Control and Prevention, Office on Smoking and Health; 1994.
4. Odeyemi KA, Osibogun A, Akinsete AO, Sadiq L: The Prevalence and Predictors of Cigarette Smoking among Secondary School Students in Nigeria. *Niger Postgrad Med J* 2009 , 16(1):40-5.
5. Simantov E, Schoen C, Klein JD: Health - compromising behaviours: why do adolescents smoke or drink. *Arch Pediatr Adolesc Med* 2000 , 154:1025-1033.
6. Osungbade KO, Oshiname FO: Determinants of cigarette smoking among senior secondary school students in a rural community of southwest Nigeria. *Niger J Med* 2008 , 17(1):40-4.
7. Reaching Out-of-School Youth with Reproductive Health and HIV/AIDS Information and Services. A. August Burns, Claudia Daileader Ruland, and William Finger with Erin Murphy-Graham, Rosemary McCarney, and Jane Schueller: *Youth Issues*. Family Health International, YouthNet Program;
8. Connecticut Department of Labour: Clarification of the Definition of Out-of-School Youth. [<http://www.ctdol.state.ct.us/wia/memos/2006/ap06-5.htm>]
9. Buttross LS, Kastner JW: A brief review of adolescents and tobacco: what we know and don't know. *Am J Med Sci* 2003 , 326.
10. National Population Commission (NPC) [Nigeria] and ICF Macro: *Nigeria Demographic and Health Survey 2008*. Abuja, Nigeria: National Population Commission and ICF Macro; 2009.

11. Yisa IO, Lawoyin TO, Fatiregun AA, Emelumadu OF: Pattern of substance use among senior students of command secondary schools in Ibadan, Nigeria. *Niger J Med* 2009 , 18(1):98-102.

12. Nevadomsky J: Self-reported drug use among secondary school students in two rapidly developing Nigerian towns. [http://www.unodc.org/unodc/en/data-and-analysis/bulletin/bulletin_1982-01-01_3_page003.html]

13. S iziya S, Muula AS, Rudatsikira E: Prevalence and correlates of current cigarette smoking among adolescents in East Timor-Leste. *Indian Pediatr* 2008 , 45(12):963-8.

14. Wang C, Ma G, Zhai C, Cao P: Smoking status among urban family and the measures of smoking control. *Wei Sheng Yan Jiu* 2009 , 38(1):78-81.

15. Marcinkova D, Majdan M, Gergelova P, Rusnak M, Pekarcikova J, Baska T: Socioeconomic predictors of smoking behaviour among school-aged children, in the Slovakia. *Bratisl Lek Listy* 2009 , 110(6):345-9.

16. Oastrucci BA, Gerlach KK, Kaufman NJ, Orleans CT: Adolescent acquisition of cigarettes through non commercial sources. *Adolesc Hlth* 2002 , 31(4):322-326.

17. Femino J, Nirenberg TD. Treatment outcome studies on physician impairment: a review of the literature. *Rhode Island Med*. 1994;77:345-350.