

Knowledge and attitude of Indian adolescents towards addiction: Findings from an exploratory survey

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Abstract : *Addiction among adolescents is a major public health issue in developing countries. We performed an exploratory study to assess the knowledge and attitude towards addiction among Indian school children. Students (from randomly selected sections of classes 9 to 12) from a high school in Kharar (Punjab) were studied. The Knowledge and Attitude Addiction Questionnaire for Adolescents (KAAQA), a self-reported questionnaire was employed in this cross-sectional study. The sample consisted of 117 boys and 108 girls of which around one-fourth students were from rural areas. Most of the students appeared to have adequate knowledge about addictive substance but not in depth. Their attitude and knowledge towards addiction appeared to have many flaws. The study subjects were unaware of any treatment availability for substance dependence. It is important to assess knowledge and attitude of adolescents towards addiction. Periodic surveys of trends are essential to formulate intervention programmes for the students.*

Keywords: Addiction, adolescents, knowledge, attitude, developing countries

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INTRODUCTION

Adolescence is a transition phase when the mind is naturally motivated to experimentation and exploration of the world. It is the age when the majority of drug users start use of substances like inhalants¹ and tobacco², later followed by addiction to alcohol³ and others in third decade of life.

Use of cigarettes, alcohol and illicit drugs by adolescents is a matter of concern world-wide. Drug use in this age group is associated with increased risk of accidents, violence and high-risk sexual behavior and hence infections such as HIV, interpersonal problems, decline in academic performance and failure to complete education etc. Drug use puts them to high risk of suffering from conduct and mood disorders.

Considering the plasticity of cognition of the adolescent mind it is evident that lesser degree

of intervention is needed to bring them to normalcy than the adults who are already dependent on substances. It has also been observed that those who give up don't later become dependent.

Helping young people to avoid starting addictive substances is a widely endorsed goal of public health, but there is uncertainty about how to achieve the goal. Schools provide a route for communicating with a large proportion of young people, and school-based programmes for smoking prevention have been widely developed and evaluated.⁴ Most of studies targeted western populations, but there is paucity of attempts to assess the level and extent of knowledge of the adolescents in developing country like India. This paper reports the findings of a study which assessed attitude of adolescents' towards addiction in a developing country.

MATERIAL & METHODS

Chandigarh is the capital of Union territory (U.T.) Chandigarh, located in the Northern India. The study was conducted in high school, Kharar (Punjab) at the outskirts of Chandigarh U.T area in 2005. The school is managed by a non-governmental society and falls under the catchments area of outreach de-addiction clinic, Kharar. This de-addiction clinic is run weekly by a team of doctors from Drug De-addiction and Treatment Center (DDTC) (detailed functioning described elsewhere)³ from the department of Psychiatry, Postgraduate Institute of Medical Education & Research (PGIMER) (a tertiary-care teaching and training hospital), Chandigarh. The study was conducted as a part of series of de-addiction awareness programmes meant for general public.

The study subjects were high school students aged 13-17 years, from 9th to 12th standard/class (according to Indian School System). Although it was planned to recruit the entire student population, it was not possible because of examination commitments, absenteeism and school outings. In the first stage of sampling, the class/standard having at least 75% attendance was screened out. This procedure was performed after obtaining the attendance registers of all sections from classes 9th to 12th. In the selected classes, six sections were randomly selected. All students from the selected classes were found to be eligible to participate. The questionnaire was anonymous and voluntary.

The Knowledge and Attitude Addiction Questionnaire for Adolescents (KAAQA), self-report questionnaire, (Table1) an eleven item semi-structured questionnaire developed after a series of de-addiction awareness programmes meant for school children. The items were first discussed among community de-addiction team and opinion also sought from two independent mental health experts (DB & SK) in order to reach consensus.

This questionnaire was tested in a group of 35 adolescents (one section of class 10th of the same school) and was further modified with simple spoken English. Finally, this questionnaire developed aimed at assessing knowledge and attitude of the students towards drug addiction. Few of the questions had some sub-items, and some of the questions allowed answers like no response. The subjects were given adequate understanding of the questionnaire before administration.

Teachers were asked to ensure that pupils understood that the questionnaire was not an examination and that there were no rights or wrong answers, that pupils did not have to participate if they did not want to, and that they could withdraw from the survey at any time. Teachers were also asked to stress that the survey was completely confidential and that identification of individuals was impossible.

The questionnaire was administered after the classes got over by investigators (OP, OPG & AKM) and in the absence of teacher. Study participants were instructed to choose only a single answer to each question. The participants were assured of the anonymity of the information. Due consent was obtained from the school authorities and the subjects. The administration of questionnaire was carried out in two sittings. Quantitative results from Questionnaire were presented as proportions (percentages).

RESULTS

Out of total of 269 students in the selected classes, 225 filled the questionnaire with a response rate of 83.64%. The sample consisted of 117 boys (52%) and 108 girls (48%). Around one-fourth (22.2%) were from rural areas. Most of the girls were from urban background. Two-third of the subjects from the sample belonged to nuclear families. One third of them hailed from joint families. More than 75% of the subjects belonged to higher income group (above 7500 Indian Rupees).

Knowledge and Attitude Addiction Questionnaire for Adolescents (KAAQA)

Most of subjects admitted having known or having read about addictive substances. Most of them came to know about addiction from mass media

e.g. Radio or TV or Print media.

On being asked that whether they considered addiction to be a medical or physical illness? Most of them (92%) agreed that it is an illness

Table 1

Showing Knowledge and Attitude Addiction Questionnaire for Adolescents (KAAQA) and its responses

SI No.	Question	Responses allowed	Frequency	%
1	Have you heard or read about addiction and addictive substances?	Yes	223	99
		No	02	0.9
2	Did you know about addiction and addictive substances from the mass media - (Radio/TV/Print media)?	Yes	219	97.3
		No	06	2.7
3	Addiction is a physical and medical illness- do you agree?	True	207	92.0
		False	13	5.8
		Not sure	05	2.2
4	Addiction is social evil not disease - what do you say?	True	186	82.7
		False	39	17.3
5	Using addictive substance(s) is harmful to body.	True	224	99.6
		False	01	0.4
6	If I were to tell you that you are at high risk for addiction, what's your reaction?	(a) Much concerned	150	66.7
		Not concerned	05	2.2
		Not sure	70	31.1
		(b) Afraid	82	36.4
		Not afraid	56	24.9
		Not sure	87	38.7
		(c) Take precautions	192	85.3
		No need of precautions	33	14.7
7	How open are you to discuss about addiction with your friends or other addicts?	(d)Gather Knowledge	167	74.2
		No need to bother	58	25.8
8	Would you like to maintain contact with a friend who has recently indulged in drug abuse?	Never	22	9.8
		occasionally	99	44.0
		often	66	29.3
		Very frequently	35	15.6
		Not sure /can't say	03	1.3
9	Are there any medicines for addiction?	Yes	78	34.7
		No	124	55.1
		Can't say	23	10.2
10	Do you consider that addiction is preventable?	Yes	168	74.7
		No	54	24.0
		Can't say	3	1.3
11	Once addiction has developed do you consider it to be treatable?	Yes	218	96.9
		No	07	3.1
		Not sure	01	0.4

and can lead to harmful effects. The question of addiction being a physical illness was further clarified by putting the question other way around. The next question also tested their attitude towards addiction being more of a social evil or a physical illness. The result contradicted the findings of the previous question. The majority (87.7%) considered it more of a social evil rather than a physical illness. More subjects from lower family income thought that addiction is a social evil rather than a disease.

The question of the addictive substances being harmful to physical health was put again in a different manner to assess their knowledge further. Most (99.6 %) of them admitted the substances being harmful to health. The question next tested the risk behavior and their attitude towards addiction. They were asked that "If I were to tell you that you are at high risk for addiction, what's your reaction?" It was strange to note that though most of them admitted having some preliminary knowledge about addiction, one third of them were not sure of what they will do if they were at risk of addiction. One third of them were afraid of the fact that they might become addicted. 24.9% of the participants reported they were not bothered even if they were at risk of addiction. More importantly, the majority i.e. 38.7% of the participants were not sure what to do in this situation. In case of any such risk 15% of the participants felt that there was no need to take any precautions. Nearly 26% of them did not feel the need to gather information regarding the risk behavior.

It was observed that nearly 10 % of the participants never discussed about the issue of addiction to anyone. But most (44%) admitted having discussed about the issue only occasionally. There were very few (15.6%) who admitted discussing about the issue frequently. Among the subjects who admitted discussing the issue often & very frequently with friends and other addicts were from higher income group.

Majority of the participants did not want to maintain any contact with any of their friends who have indulged in addiction recently. But among the participants who showed willingness in maintaining relationship with friends who had recently been addicted to drugs many were females. Among the group of participants who preferred maintaining contact with a friend who had recently got into addiction were from higher income group.

On being asked about the therapeutic prospects of addiction the relative unawareness of the participants was quite obvious. One fourth of them believed that there is no treatment for addiction. Most subjects from higher income group thought that there is any treatment for addiction.

Regarding the preventive aspect of the process, most of them (96.9%) considered addiction and the related behavior to be non-preventable. The knowledge of the participants regarding the treatment was further explored by putting the question other way around. They were asked that if addiction has already developed, could it be treated. This time the responses were different. Subjects with higher income group thought that there is any treatment for addiction. Interestingly, 95.6 % of them felt that it was treatable.

DISCUSSION

Adolescence is a phase of transition to adulthood. The transition is not only physical. Significant cognitive changes also take place. The phase where the individual seeks novelty, he is naturally prone to become dependent on substances of abuse. Skill based training in schools has been found to be effective in deterring early drug use in schools in Italy.⁵ In India where addiction itself not considered as disease but social evil,⁶ it is very natural that the adolescents get confused about the ill effects of the substances.

Studies on pattern of tobacco use by school going students were reported by some of Indian studies.^{2,7-8} But studies on attitude and knowledge of school going adolescents towards substance abuse were not well documented. The present study which was exploratory in nature has attempted gaining insight in this arena.

The constitution of the sample was incidental as whosoever agreed to participate in the study was recruited. As far as locality is concerned the catchments where study was conducted was at the outskirts of Chandigarh city, hence demarcation of urban and rural area was not clear. Nuclear families' being the emerging trend of Indian society is evident from the data.

Most of the participants reported having known about addiction and related issues through mass media e.g. Radio or TV or Print media. This shows the impact of media as major source of information in the current scenario. This also points towards the potential role of the media in educating the adolescents in health issues though it is unfortunate that the negative view about the illness behavior is overprojected.⁹

Though most of the participants expressed having some amount of awareness towards the substances, but it had many flaws to the depth. It was evident in the fact that most of them considered it to be social evil rather than a medical illness. Many of them did not know what to do if they were at risk of becoming dependent on substances, whether to take any precautions in such a situation or to gather knowledge. This issue appears to raise serious concerns and may probably be a potential area of intervention.

Most of the participants hardly engaged into discussion regarding addiction and dependence, and did not like to maintain contact with someone who is already substance dependent. This may depict the social stigma attached to the issue, and be a probable explanation for the isolation of

the persons indulging in addiction. The stigma attached in a way could lead vicious cycle of isolation, non-treatment and addiction.

The study subjects were unaware of any treatment availability for substance dependence. The level of unawareness raises grave concerns and needs to be addressed with best of efforts. This is one of the important findings of the study and emphasizes the need for urgent address of the health systems.

Despite the prospective design of the study, it had its own limitations. The instrument utilized to assess the knowledge and attitude was not a standardized one. The results can be generalized if identical number of subjects are chosen and matched from Government school from rural and urban areas.

CONCLUSION

This exploratory study shows that Indian adolescents have awareness of the issue but the depth of the knowledge required to have clear understanding and to adopt healthy lifestyle is missing. There was a clear lack of appropriate understanding of the health hazard among adolescents for reducing unhealthy behaviors and practices. Keeping in mind the findings of the study, our recommendation is to include the topic of addictive substances, their dangers and prevention in the official school curriculum. Using the proposed novel prevention strategy, the developing countries like India could save and reduce the impact of addiction to their populations.

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