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## Impact of educational intervention on knowledge and coping abilities related to substance abuse among inmates of de-addiction centers of selected districts, Rajasthan

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### ABSTRACT

**BACKGROUND:** Substance abuse is one of the major health and social problems all over the world. Globally Substance/drug abuse is growing problem and out of this it is more common among young children and adolescent, Substance dependency cause violence, trauma, pre mature death, unsafe sex, organ systems failure, peptic and gastric ulcers, cirrhosis of liver and poor nutritional status of the family. Families of substance dependent persons have often faulty, inappropriate communication leading to emotional isolation among the society and family members. **AIM:** This study is aimed to assess the impact of educational intervention on knowledge and coping abilities related to substance abuse among inmates in de-addiction centers of selected districts, Rajasthan. **METHODS:** Quantitative research approach and Pre experimental one group pre test post test research design was used to assess the impact of educational intervention among inmates of de-addiction centres. 300 inmates selected by non probability, convenience sampling technique. Data were collected by using socio demographic sheet, knowledge questionnaire and coping abilities scale. **RESULTS:** Pre-test mean score of substance users for knowledge and coping abilities was very low. A statistically significant increase in mean knowledge and coping abilities score from baseline to post-test ( $p < 0.001$ ) was seen after intervention. **CONCLUSION:** Thus, findings conclude that educational intervention was highly effective in improving knowledge and coping abilities of substance users at post test.

## INTRODUCTION

Substance abuse is one of the major health and social problems all over the world. According to the latest global estimates, about 5.5 per cent of the population aged between 15 and 64 years have used drugs at least once in the past year, while 36.3 million people, or 13 per cent of the total number of persons who use drugs, suffer from drug use disorders<sup>1</sup>

Drug addiction, also called substance use disorder, is a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication. Substances such as alcohol, marijuana and nicotine also are considered drugs<sup>2</sup>

Substance use among adolescents ranges from experimentation to severe substance use disorders. All substance use, even experimental use, puts adolescents at risk of short-term problems, such as accidents, fights, unwanted sexual activity, and overdose. Substance use also interferes with adolescent brain development. Adolescents are vulnerable to the effects of substance use and are at increased risk of developing long-term consequences, such as mental health disorders, underachievement in school, a substance use disorder, and higher rates of addiction, if they regularly use alcohol, marijuana, nicotine, or other drugs during adolescence.<sup>3</sup>

Many studies and reports document adverse effects of substance use disorders (SUDs) on the family system and individual members, including children. These disorders often creating a burden for the family and its members. Family members may feel anger, frustration, anxiety, fear, worry, depression, shame and guilt, or embarrassment. This may be caused by money spent on substances, or money problems associated with the loss of jobs or reliance on public assistance. Families may experience high rates of tension and conflict related to the SUD and problems it causes in the family. This may result from abuse or violence, or family breakup due to separation, divorce, or removal of children from the home by Children and Youth Services.<sup>4</sup>

The connection between drugs and crime is reflected in at least three types of crimes: 1. Drug-defined crimes, such as the possession, use, or sale of controlled substances, which violates drug laws. 2. Crimes committed by drug users to get money to buy more drugs or crimes committed by persons under the influence of drugs. 3. Organized criminal activities, such as money laundering and political corruption, in support of the drug trade.<sup>5</sup>

According to the Global Burden of Disease Study, illicit drugs are estimated to have killed nearly 7.5 lakh people worldwide in 2017 alone. The estimated number of lives lost in India was 22,000. According to some estimates, the global drug trafficking trade is worth a staggering \$650 billion. According to a government report, India had 2.3 crore opioid users, in 2018, a five-fold jump in 14 years. Nearly 1.3 crore people use ganja or charas in India, From traditional plant-based drugs such as cannabis, cocaine,

and heroin to synthetic drugs such as tramadol, consumption of narcotic substances in India has increased manifold in recent years. <sup>6</sup>

## **MATERIALS AND METHOD**

A quantitative approach and pre-experimental, one group pre-test post-test research design was used to assess impact of educational intervention on knowledge and coping abilities related to substance abuse among inmates in eleven de-addiction centers of selected districts, Rajasthan. The population under study was inmates of de-addiction and sample consisted of those meeting the inclusion criteria were selected by the researcher for the study. A sample of 348 inmates selected by non probability, convenience sampling technique out of which 300 completed the study. Tools were used to measure variable under study divide in 3 section, Section 1 Socio-demographic variable sheet, Section 2 Structured knowledge questionnaire regarding substance abuse and Section 3 Structured rating scale to assess the coping ability related to substance abuse

### **Development of intervention**

Researchers did in-depth review of literature to understand the concept of substance abuse behaviour. With the help of available literature (print and electronic) and subject's expert suggestions a short lectures cum discussion educational intervention program of one hour was developed.

Study approval was taken from ethical committee of the Tania University, Sriganganagar to protect the rights of the subjects. Participants who were willing to participate were included in the study. A written permission to conduct study was taken from the directors/ Medical Superintendent of various de-addictions centers or institutions.

In the starting researcher explain the purpose of the study to participant. On first day, data were collected from all three tools which are followed by educational intervention program as planned related to substance abuse. It took nearly one hour. Post test data was collected on 7<sup>th</sup> day with knowledge questionnaire, attitude scale and coping abilities scale

The data was analyzed by Statistical Package for Social Sciences (SPSS) version 24. The  $p < 0.05$  level was established as a criterion of statistical significance for all the statistical procedures performed. Appropriate descriptive and inferential statistics were employed to analyze data.

**RESULTS AND DISCUSSION****Table 1: Percentage distribution of subjects according to their socio-demographic characteristics (N=300)**

Socio-demographic characteristics		f	%
Age in Years	18-21 yrs	36	12.0
	22-25 yrs	87	29.0
	26-29 yrs	123	41.0
	30-34 yrs	54	18.0
Sex	Male	300	100.0
	Female	00	00
Religion	Hindu	247	82.3
	Muslim	17	5.7
	Sikh	36	12.0
Type of family	Nuclear family	167	55.7
	Joint family	52	17.3
	Extended family	81	27.0
Educational status	Primary	108	36.0
	Secondary	51	17.0
	Sr Secondary	70	23.3
	Tertiary	44	14.7
	No formal education	27	9.0
Occupational status	Govt. employee	18	6.0
	Private employee	114	38.0
	Self employed	36	12.0
	Agriculture	62	20.7
	Unemployed	43	14.3
	Student	27	9.0
Area of residence	Rural	185	61.7

	Urban	115	38.3
Residence type	Parent's house	247	82.3
	Rented house	35	11.7
	Paying guest / hostel	18	6.0
Marital status	Married	211	70.3
	Unmarried	80	26.7
	Widowed/ divorced	9	3.0
Monthly per capita family income (Rs.)	≤ 10000	123	41.0
	10001 – 25000	106	35.3
	25001 – 50000	53	17.7
	>50000	18	6.0

Table 1 shows the descriptive statistics such as frequency and percentage to describe socio-demographic characteristics of the 300 study subject

Regarding age, highest frequency and percentage 123 (41%) of the subjects were in between 26- 29 years of age group category followed by 87 (29%) in 22-25 years of age group category, 54 (18 %) in 30-34 years of age group category and 36 (12%) in 18-21 years of age group category.

With respect to gender, all the subjects (100%) were male. None of the subject were female.

With regard to religion, majority (82.3%) of the subjects belong to Hindu religion followed by 36 (12%) of the subjects belong to Sikh and 17 (5.7%) of the subjects belong to Muslim religion.

Regarding type of family, majority 167 (55.7%) of the subjects were staying with nuclear family where as 81 (27%) of the subjects were staying with extended family. Only 52 (17.3%) of the subjects were staying in joint family.

With respect educational status, majority 108(36%) of the subjects were educated up to primary level followed by 70 (23.3%) in senior secondary level, 51 (17%) secondary level, 44 (14.7%) tertiary level and 27 (9%) had no formal education.

Eith regard occupational status, majority 114 (38%) of the subjects were private employee followed by 62 (20.7%) were in agriculture field, 43 (14.3%) were unemployed, 36 (12%) were self employed and only 18 (6%) were govt. employee. Nearly 27 (9%) of the subjects were students.

Regarding area of residence, majority 185 (61.7%) of the subjects were residing in rural area where as 115 (38.3%) of the subjects were living in urban area.

Regarding residence type, majority 247 (82.3%) of the subjects were staying in parents house where as 35 (11.7%) of the subjects were staying in rented house and 18 (6%) of the subjects were staying in paying guest house or hostel.

With regard marital status, highest percentage 211 (70.3%) of the subjects was married where 80 (26.7%) of the subjects were unmarried. Only 9 (3%) of the subjects were widowed or divorced.

With respect monthly family income, majority 123 (41%) of the subjects has monthly income Rs. ≤ 10000 category followed by 3106 (5.3%) in Rs. 10001 – 25000, 53 (17.7%) in Rs. 25001-50000 and 18 (6%) in Rs. >50000 category.

**Table 2: Frequency distribution of subjects as per their level of knowledge and coping abilities at pre and post test (N=300)**

	Category	Pre-test		Post-test	
		f	%	F	%
Knowledge	Poor	204	68.0	00	00
	Good	96	32.0	195	65
	Very Good	00	00	105	35
Coping abilities	Unhealthy	220	73.3	52	17.3
	Healthy	80	26.7	248	82.7

Table 2 shows the frequency distribution of subjects as per their level of knowledge and coping abilities at pre and post test. The frequency distribution of subjects as per their level of knowledge at baseline and it is found that maximum of the subjects 204 (68%) had poor knowledge regarding substance abuse. Only 96 (32%) of the subjects had good knowledge regarding substance abuse. None of the subjects had very good knowledge regarding substance abuse. Frequency distribution of subjects as per their level of knowledge at post test and it is found that maximum of the subjects 195 (65%) had good knowledge regarding substance abuse. 105 (35%) of the subjects had very good knowledge regarding substance abuse. None of the subjects had poor knowledge regarding substance abuse.

Hence, it can be said that maximum of the subjects had poor knowledge regarding substance abuse in pre test and maximum of the subjects had good to very good knowledge regarding substance abuse at post test.

Regarding coping ability the frequency distribution of subjects as per their level of coping abilities at baseline and it is found that maximum of the subjects 220 (73.3%) had unhealthy coping abilities regarding substance abuse. Only 80 (26.7%) of the subjects had healthy coping abilities regarding substance abuse. The frequency distribution of subjects as per their level of coping abilities at post test and it is found that maximum of the subjects (82.7%) had healthy coping abilities regarding substance abuse. Only 17.3% of the subjects had unhealthy coping abilities regarding substance abuse.

Hence, it can be said that maximum of the subjects had poor knowledge regarding substance abuse and maximum of the subjects had unhealthy coping abilities regarding substance abuse and maximum of the subjects had healthy coping abilities regarding substance abuse at post test.

**Table 3: Comparison of pre test and post-test mean knowledge and coping abilities score in experimental group (N=300)**

<b>Outcome variables</b>	<b>Pre test score</b> Mean (SD)	<b>Post-test score</b> Mean (SD)	<b>Paired t-test</b>	<b>df</b>	<b>p value</b>
Knowledge related to substance abuse	10.95 (3.65)	16.85 (2.96)	-51.90	299	< 0.001
Coping abilities related to substance abuse	28.54 (8.94)	38.96 (6.66)	-33.75	299	< 0.001

As shown in table 3, mean (SD) knowledge, attitude and coping abilities score at pre-test was compared with post test using paired t test and it was found that there was a statistically significant increase in mean knowledge and coping abilities score from baseline to post-test ( $p < 0.001$ ). Thus, findings indicate that educational intervention was highly effective in improving knowledge and coping abilities in experimental group at post test.

## CONCLUSION

On the basis on findings of present study, it can be understand that inmates with substance abuse had poor knowledge and unhealthy coping abilities regarding substance abuse at pre test. Structured educational intervention programme regarding substance abuse was effective in improving knowledge, and coping abilities of patients with substance abuse.

## IMPLICATIONS AND RECOMMENDATIONS

The findings suggest that educational intervention should include in treatment of de addiction so inmates can improve knowledge and can adopt healthy coping abilities. A large scale community campaign need to organized by policy makers to help the public in increasing awareness and understanding of the problematic nature of substance abuse behavior.

## LIMITATIONS

Present study was limited to only eleven de-addiction centers/ institutions were taken for study in selected Dist. of Rajasthan. Structured educational intervention program was delivered in group of 8-10 patients and if it would have given in some other way like individual training, the result may vary (group based approach).

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**CONFLICTS OF INTEREST:** Nil

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