

KNOWLEDGE, ATTITUDE AND PRACTICE STUDY ON EFFECTS OF SMOKING, ALCOHOL AND SUBSTANCE ABUSE ON HUMAN HEALTH AMONG STUDENTS

Abstract

Introduction

It is well documented that tobacco, alcohol and drug use can be detrimental to health. However, little is known about the effect of smoking, alcohol and substance abuse on human among students . The aim of this study was to study the effect of smoking, alcohol and substance abuse on human among students.

Methods

The study was carried out on 51 students comprising of 26 M.B.B.S and 25 non-M.B.B.S students. The students were given a pretested questionnaire and asked to fill up the questions. The responses were collected and analyzed using appropriate statistical tools for parametric and non-parametric data with the help of SPSS for Windows version 22 software.

Result

The knowledge of participants on Effects of smoking, alcohol and substance abuse was 73%. The participants had a positive attitude towards the complete ban of advertising of tobacco products and most of them (58%) had a positive attitude towards the complete ban of tobacco usage. 19.6% of participants consumed alcohol and 22.2% had at least once smoked a cigarette and 9.8% practiced substance abuse.

Conclusion

The study concludes that there is a definitive and palpable practice of smoking, alcohol and substance abuse among students. To prevent such practices awareness must spread among the students.

Keywords

Smoking, alcohol, students, health-effects, knowledge, addiction.

INTRODUCTION

Tobacco smoking is also one of the leading avoidable causes of premature death, illness and disability all over the world ^[1]. Tobacco use has shown to be the sixth of eight leading causes of the death worldwide ^[2]. Due to tobacco, an estimated 4.9 million deaths occurring every year. By the year 2020 this will be increased by 10 million, if the current tobacco use epidemic goes on and even more than two-thirds of these deaths are expected to happen in developing countries ^[3]. Substance abuse refers to the hazardous or harmful use of psychoactive substances, including alcohol, illicit drugs, and tobacco ^[4]. In substance abuse, user consumes the substance in amount which are harmful to themselves or others. Impairment in social and occupational functioning is often associated with substance use, which includes the inability to control use of or to discontinue use of the substance ^[5]. Worldwide, it is observed that consumption of alcohol, tobacco, or drug is common among medical and paramedical students in spite of their professional knowledge. Medical students are a well known community who are exposed to daily stress. This is one of the strongest risk factor for predilection towards the substance use. Psychedelics, tranquillizers and alcohol are the most common substances abused commonly by the medical students ^[6]. In India, it is also known that such practice usually starts during the period of training in medical institution, with equally contributing factor being, such substance is easily available for the students. Owing to various internal and external factors during professional training, students are under a lot of stress which makes them vulnerable for these substances. The increasing abuse and its impact on physical and psychosocial including cardiovascular health is a rising public health concern among medical fraternity. Alcohol is underline cause of 3.8% of total deaths and 4.5% of total loss of DALY irrespective of societies and occupation. Alcohol consumption will cause many negative health effects and an array of harmful social consequences, impaired environmental relations and family relations. Alcohol and tobacco remain one of the widely used drugs among college students ^[7]. Drinking and smoking behaviors among medical students have important implications not only for their own health but also of the general population since they are role models in terms of health-related behaviors ^[7].

The WHO estimates states that worldwide psychoactive substance use of around 2 billion alcohol users, 1.3 billion smokers, and 185 million drug users. For youth, the prevalence of alcohol and smoking is 19.0% and 8.3%, respectively. In India, the prevalence of current tobacco smoking among youth has been estimated to be 14.6% (19% in males and 8.3% in females). However, a national survey (2015–2016) in India revealed that 44.5% of adult men and 6.8% of women consume tobacco in some form and 29.2% and 1.2% consume alcohol, respectively ^[4].

This study therefore aimed to assess knowledge, attitude and practice on effects of smoking, alcohol and substance abuse among medical and non medical students. The study explores the existing knowledge gaps and provides evidence for planning interventions.

METHODS

After obtaining clearance from the International review board and after obtaining permission from the dean of the Saveetha medical college and Saveetha engineering college, the study was carried forward. The students were explained about the proposed study and were invited to take part in the study after providing informed written consent. The study was carried out on 51 students comprising of 26 M.B.B.S and 25 non-M.B.B.S students. The students were given a pretested questionnaire and asked to fill up the questions. The responses were collected and analysed using appropriate statistical tools for parametric and non-parametric data with the help of SPSS for Windows version 22 software.

RESULTS

A total of 51 students participated in this study comprising of 26 M.B.B.S(50%) and 25 non-M.B.B.S students(50%). As per sex, male students (64%) were more than female students (36%). A proportion of 60% were from final year and only few students were from 2nd year(18%) and 3rd year(22%). On asking which cancer is more prevalent among smokers, majority (78.4%) responded as lung cancer and 9.8% responded as oral cancer and the rest (11.8%) were not sure about the answer [Figure-1]. Most of them knew that nicotine is a drug and it's addictive (66%), while some responded that it's not addictive (15.7%) and some were not sure about it(17.6%). On asking, whether passive smoking is harmful, response of most of the participants were yes(82.4%) and 13.7% responded as no and the rest(3.9%) were not sure about the answer. On asking whether it is safe to smoke for one to two years, as long as they quit it after this period, 11.8% agreed to this and 54.9% disagreed and 31.4% had no idea about it. When the participants were asked about the permissible alcohol limit while driving(in 100ml of blood) in India, 49% answered it as 30mg, 27.5% answered it as 15mg, 15.7% answered it as 60 mg, 8% answered it as 120 mg [Figure 2]. 82.4% of the participants had the knowledge that alcohol can cause liver disease and 15.7% were against it. 94.1% of the participants were aware that drug addiction is a physical and mental illness and 62% of the participants also had knowledge of drug addiction had medication and it is treatable illness.

The participants had a positive attitude towards the complete ban of advertising of tobacco products and most of them (58%) had a positive attitude towards the complete ban of tobacco usage. 47.1%

strongly agree that alcohol consumption is dangerous to one's health. when the attitude of the participants were assessed on whether alcohol stimulates students to perform well in their exams about 41.2% strongly agreed, 33.3% agreed to it and 19.6% of the participants had no idea about it. The attitude of participants on alcohol consumption to one's health were, 33.3% strongly agree, 47.1% agree and 11.8% were neutral and 5.9% strongly disagree towards it. When a question was put forward stating that students who don't drink alcohol are perceived to be immature, their attitude was 7.8% agreed, 33.3% disagreed and 30.2% strongly disagreed and 15.7% had no opinion on it [Figure 3]. 12.9% of the participants had an attitude that using illegal drugs had a pleasant feeling and 62.7% disagreed to the same and 21.6% had no idea about it.

19.6% of participants consumes alcohol and 22.2% had at least once smoked a cigarette and 9.8% practice substance abuse.

Figure 1 : On asking which cancer is more prevalent among smokers, majority (78.4%) responded as lung cancer and 9.8% responded as oral cancer and the rest (11.8%) were not sure about the answer.

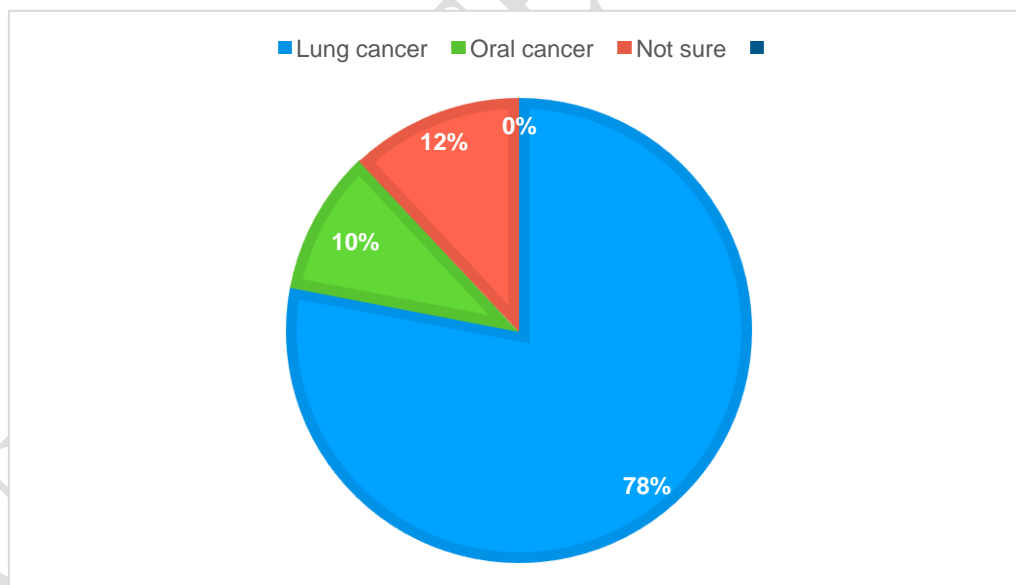


Figure : 2 When the participants were asked about the permissible alcohol limit while driving(in 100ml of blood) in India, 49% answered it as 30mg, 27.5% answered it as 15mg, 15.7% answered it as 60 mg, 8% answered it as 120 mg.

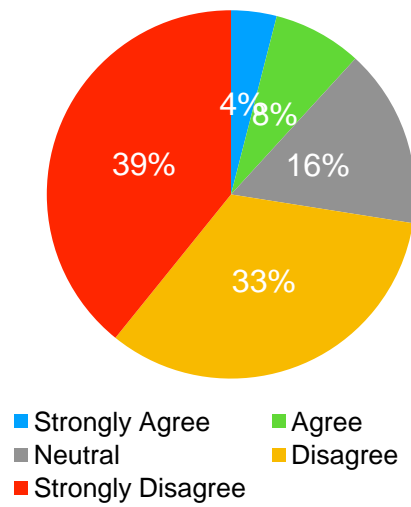


Figure : 3 When a question was put forward stating that students who don't drink alcohol are perceived to be immature, their attitude was 7.8% agreed , 33.3% disagreed and 30.2% strongly disagreed and 15.7% had no opinion on it.

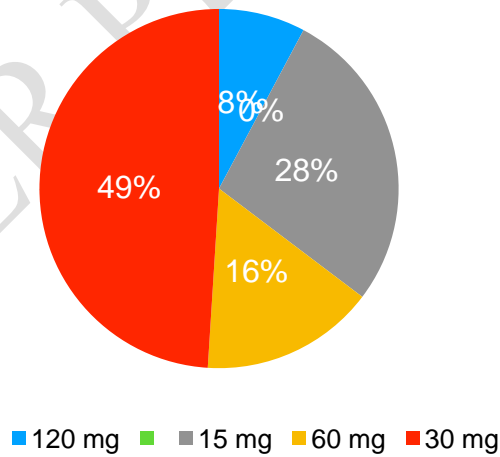
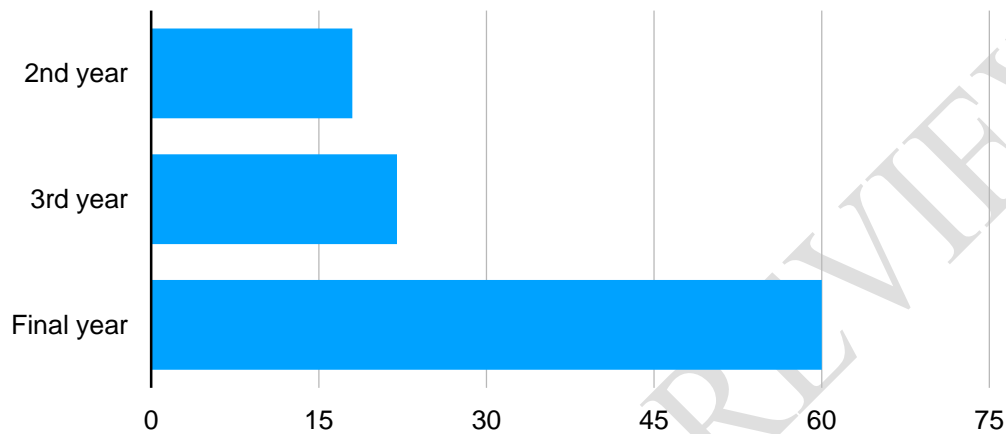


Figure: 4 In this study population, proportion of 60% were from final year and only few students were from 2nd year (18%) and 3rd year (22%).



DISCUSSION

This study scrutinized the about effect of smoking, alcohol and substance abuse among M.B.B.S and Non-M.B.B. S students.

In brief, from our study the level of knowledge about the effects of smoking, alcohol and substance abuse was high among the participants but they lacked detailed knowledge about the effects. In a similar study conducted in Kerala in a private medical college, the results were more or less similar [8]. While selected studies at international level revealed a prevalence of tobacco consumption at college level as 38.6% in Nepal, 38.2% in Italy, 27.0% in Bahrain, 23.1% in Pakistan, 24.7% in Nigeria which was higher than prevalence of tobacco consumption among our participants which was 22.7%, while few countries like Saudi Arabia and Iran had a lower prevalence of about 16.8%, 14.4%, respectively [9][10][11][12][13][14][15]. The reason for this less prevalence of smoking among our participants from our opinion was about 90% had a good knowledge about the health effects of smoking tobacco. In the current study, the participants had a positive attitude towards banning the advertisements of tobacco and to ban tobacco products that goes in accordance with a study done in Riyadh, KSA, where students showed positive attitude towards minimizing passive smoking through their support of banning smoking in public place as well as their willingness to discuss and advice

their participants to quit smoking^[16]. From our opinion the for this small prevalence was few participants about 11.8% agreed it is safe to smoke for one to two years, as long as you quit it after this period. The severity of alcohol problem among students tended to increase compared with Khan Karen University's study in 2005, which found that 6.4% of students had drinking problem whereas this study found 19.6% of students consumes alcohol^[17]. In our opinion the reason for majority group of alcohol consumers was they were not having enough knowledge about the health problem related to alcohol. Studies conducted worldwide have estimated a prevalence rate of substance abuse to be around 20-40% among students which was higher than the prevalence rate of substance abuse among our participants which is 9.8%^{[18][19][20][21][22]}. In our opinion the reason for this less prevalence was most the participants about 94% were aware about the physical and the mental illness caused by drug addiction. The rate of substance abuse (9.8%) was relatively lower than smoking tobacco (22%) and consumption of alcohol (19.6%).

CONCLUSION

The study concludes that there is a definitive and palpable practice of smoking, alcohol and substance abuse among students. It is noticed that "ever" smokers, alcohol consumers and substance abuse were 22%, 19.6% and 9.8% of students, respectively. Such practices must be condemned among students. Situation warrants continuous monitoring along with implementation of multi prolonged preventive measure which can include counselling of these students from the beginning of their college could help prevent further increase in the addiction.

ETHICAL CONSIDERATION:

Before starting the study, the Institution Review Board of Saveetha University has approved our protocol, later grant sanction form was obtained from HOD's of all department. Further informed oral consent was obtained from all the patients before they were included in the study.

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