**International Journal of Medical and Pharmaceutical Research**
**Website**: https://ijmpr.in/| Print ISSN: 2958-3675 | Online ISSN: 2958-3683
**NLM ID:** 9918523075206676
Volume: 4 Issue:2 (Feb-Mar 2023); Page No: 30-35

**Research Article**

IJMPR



# Knowledge About Effects Of Substance Abuse Among Adolescents

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## ABSTRACT

**Introduction**: Abuse of substances creates a great threat to the health, social and economic condition of individual, family, community and to the nation. In the past two decades' abuse of substances is an important public health concern among people, especially among adolescents. **Objective**: The major aims of the study were to assess the level of knowledge about effects of substance abuse among adolescents. **Methods**: This was a cross-sectional descriptive study carried out among 70 adolescents. Data analysis was done using SPSS version 25. **Results**: The socio-demographic characteristics of the adolescents were as fallows. 57.14% of respondents' age was 16-17 years, approximately 82% of respondents belonged to Muslim religion. The majority believed that substance use would lead to unsatisfactory health such as respiratory problems 61.4%, 82.8% think that depression is the main mental effects and 61.42% said that, lack of parent understanding is the main social effect.62% Percentage distribution of knowledge of adolescents, 37.14% participants had poor knowledge, 55.71% respondents had average knowledge and only 37.14% had good knowledge regarding effects of substance abuse. **Conclusion**: After thorough analysis of the data, concluded that adolescents' knowledge regarding effects of substance abuse should be increased in order to promote their health and there by avoid the consequences occurring due to substance abuse.

**Key Words**: *Knowledge, Substance Abuse, Adolescents.*

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## INTRODUCTION

Substance abuse is a social evil. It destroys not only vitals of the society, but also adversely affects the economic growth of the country. Use of substances knows no bonds or limitations. It spreads all over a country, from nation to nation; to the entire globe, infecting every civilized society irrespective of caste, creed, culture and the geographical location. Globally, substance abuse is a serious public health and social issue. With changes into the lifestyle, globalization in substance marketing, the erosion of powers of censure that have existed in traditional societies, and an increased acceptance of such substances, it is clear that their use is growing in low and middle income countries, particularly among the children, adolescents and the youth. The recent Government strategy for effective healthcare in the 1990`s identified smoking and alcohol misuse as two of the key priority areas which need to be tackled if the health of our country is to improve and our life expectancy is to increase. Smoking related disease causes over 6,000 deaths in Ireland every year and remains our chief cause of premature death. Ireland also continues to have a serious problem with alcohol misuse with nearly 25% of admissions to psychiatric hospitals being related to alcohol. Alcohol also remains a key factor in road traffic accidents. It was also noted that the degree of alcohol misuse among young people is causing growing concern [1]. The most recent study of substance use among Dublin adolescents has found a markedly increased prevalence of alcohol use over recent years in this young population [2]. Although the threat posed to the public health by legal drugs such as tobacco and alcohol is currently much greater than by illicit drugs [3,4,5], the evidence suggests that use of potentially hazardous illicit drugs is increasing. While cannabis is considered a relatively innocous drug, it is associated like tobacco with cancer and respiratory problems with prolonged use. Also in this age group the effect on cannabis on short-term memory and learning can cause problems with education and impair future employment opportunities [6].A report to the European Commission in 1990 on the determinants of cigarette smoking among adolescent girls in Ireland, surveyed 1,731 girls in 6th class of primary school and 2nd year of post-primary school (corresponding to ages 11 - 13 years and 13 - 15 years respectively). Among the primary school students (mean age: 12.3 years) the lifetime prevalence of smoking was 32%. The majority were still experimenters, 23.5%, while 8.5% were occasional or regular smokers (6% occasional and 2.5% regular). Among the secondary school students (mean age: 14.2 years) lifetime prevalence was 65%. 35% were still experimenters, but 17% were occasional smokers and 13% were

regular smokers (30% overall were current smokers). Initiation to smoking took place between 10.3 and 11.6 years on average [7].

**Objectives**

**General Objectives:**

1. To assess the level of knowledge about effects of substance abuse among adolescents.

**Specific objectives:**

2. To assess the knowledge on concept of substance abuse, concept about substance, physical effects, psychological effects, social effects among adolescents.
3. To assess the socio-demographic status of the respondents.

**Methodology**

Study Design: A descriptive cross-sectional study was carry out.
Study period: Study Design: A descriptive cross-sectional study was carry out.
Study Area: Banani & Agargone.
Study Population: Adolescents (aged12-17 years)
Sample Size Calculation: The data collection time was short and the resource was limited. So, for this research purpose, 47 respondents were selected as a feasible sample size.

**Inclusion Criteria**

- Those who was present in this area.
- The respondent who was given consent and participate to fill up the questionnaire.

**Exclusion Criteria**

- Primary selected participants who can't understand the purpose of the study.
- Unwillingness to participate or to provide consent and interview in the study.

Data Collection Tool: Semi-structured questionnaire was used to collect data.
Data Collection Method: Data was collected through face to face interview of the respondents.
Plans for Data collection: During collection of data, informed consent was taken from the respondents. The nature & the purpose of the study was explained to them. Data was collected by face to face interview.

Data Processing and Analysis: Data including age, gender, weight and height, clinical findings, laboratory tests and diagnosis was collected on a structured preform and analyzed using Statistical Package for Social Science (SPSS) version 23. The analyzed data was presented in tables, graphs, charts and bars. Descriptive statistics was used for the interpretation of the finding.

**Results**

Total 70 adolescents were selected for interview. All the findings obtained from the study are presented mainly by using different types of tables and graphs. Majority of the respondents; 16-17 years of age were 57.14 % (40), 18-19 years of age were 28.57% (20), 14-15 years of age were 14.28% (10). Mean age were 16.98, Minimum age were 13, Maximum age were 19, and Standard deviation were ± 1.139.

**Table-1: Distribution of respondents according to age (n=70)**

| Age( year) | Number(n) | Percentage (%) |
|---|---|---|
| 13-15 | 10 | 14.28% |
| 16-17 | 40 | 57.14 % |
| 18-19 | 20 | 28.57% |
| Total | 70 | 100% |

Mean±SD=16.98±1.139

This table shows that, among 70 respondents 57(81.4%) were Muslim, 6 (8.57%) were Hindu and 7 (10%) were others.

**Table-2: Distribution of respondents according to religion (n=70)**

| Religion | Number(n) | Percentage (%) |
|---|---|---|
| Muslim | 57 | 81.4 |
| Hindu | 6 | 8.57 |
| Others | 7 | 10.0 |
| Total | 70 | 100.0 |

The table explored that, 70(57.14%) of the respondents read in class 9th, 18(25.71%) respondents read in class 10th and 12 (17.14%) read in class 8th.

**Table-3: Distribution of the respondents by their education level (n=70)**

| Education level | Number (n) | Percentage (%) |
|---|---|---|
| Class 8th | 12 | 17.14 |
| Class 9th | 40 | 57.14 |
| Class 10th | 18 | 25.71 |
| Total | 70 | 100.0 |

The figures illustrates that 52.3% of the respondents were lower class followed by 32.30% were middle class and 15.4 % were upper class students.

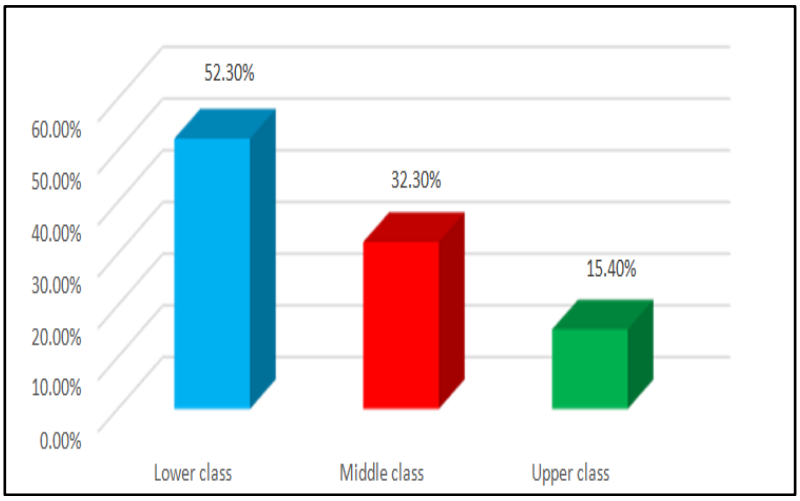


**Figure-1: Distribution of the respondents according to socioeconomic status.**

Regarding monthly family income, majority 35.7% respondents informed that their monthly income were tk 36000-40000and about 31.4% respondents monthly family income were tk 31000-35000 considered as high income group.

**Table No-4: Distribution of respondent by average monthly family income (n=70)**

| Monthly income(BDT) | Number(n) | Percentage(%) |
|---|---|---|
| 25000-30000tk | 13 | 18.5 |
| 31000-35000tk | 22 | 31.4 |
| 36000-40000tk | 25 | 35.7 |
| 41000-45000tk | 10 | 14.2 |
| **Total** | **70** | **100** |

The Figure explored that, 77.14 % (54) of the respondents heard about effects of substance abuse and approximately 22.86% (16) did not know about effects of substance abuse.

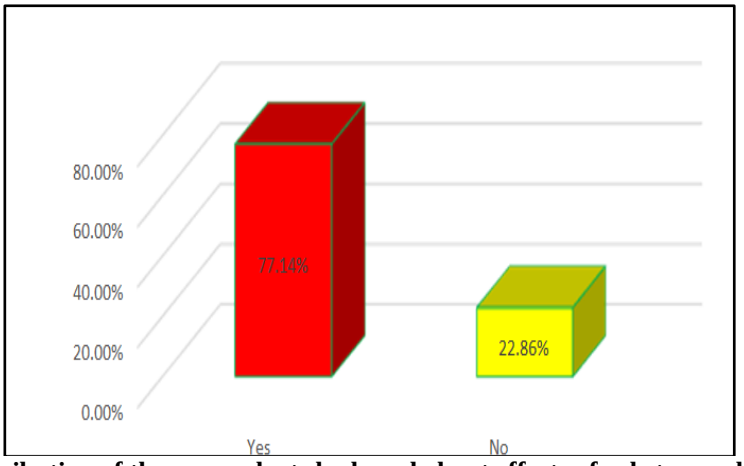


**Figure-2: Distribution of the respondents by heard about effects of substance abuse.**

Table shows that, the maximum number of respondents heard about effects of substance abuse from mass media at 50 %,

30 % respondents heard about effects of substance abuse by their parents. Approximately 17.14% heard by friends and relatives.

**Table-5: Distribution of the respondents according to source of information.**

| Source of information | Number | Percentage (%) |
|---|---|---|
| Parents | 21 | 30.0 |
| Friends & Relatives | 12 | 17.1 |
| Mass Media | 35 | 50.0 |
| Others | 2 | 2.9 |
| Total | 70 | 100 |

Nearly half (49.5%) knew about various forms of substance abuse including intoxicating drugs such as alcohol, cocaine, tobacco and other drugs and another half (50.5%) did not know the various forms of substance abuse.

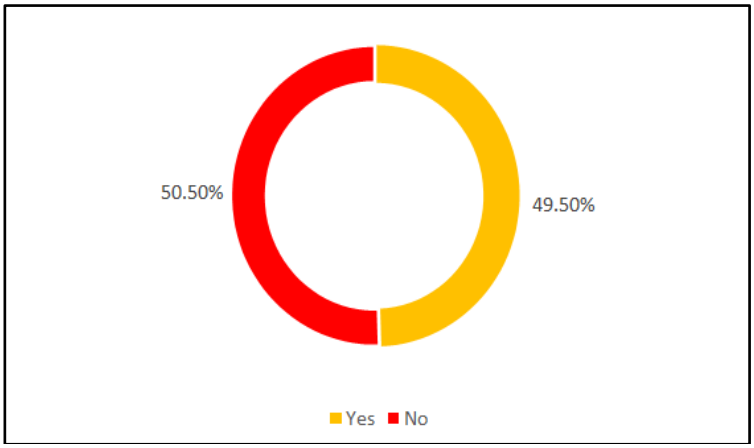


**Figure-3: Distribution of the respondents by knowledge about various forms of substance abuse.**

The majority believed that substance use would lead to unsatisfactory health such as respiratory problems 61.4%, heart diseases 52.8% and cancer 34.7%.

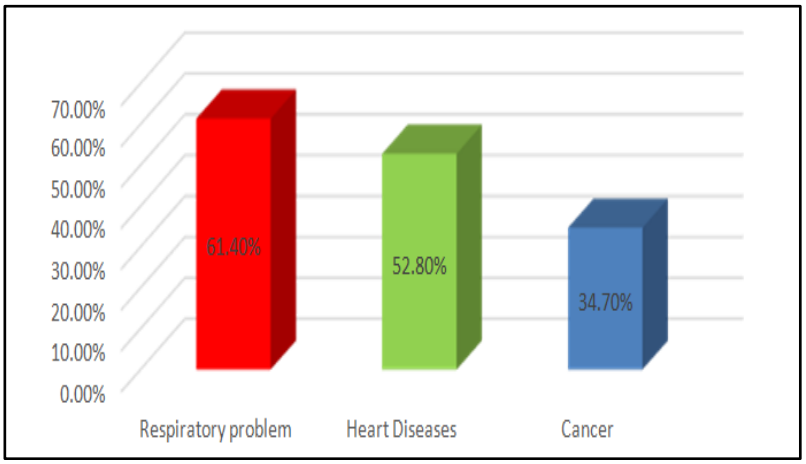


**Figure-4: Distribution of the respondents by knowledge about physical effects of substance abuse.**

Most of the respondents 58(82.8%) think that depression is the main mental effects of substance use, then loneliness 20(28.5%), 13(18.5%) tension

**Table-6: Distribution of the respondents by knowledge about mental effects of substance abuse (n=70)**

| Mental Effects | Number | Percentage (%) |
|---|---|---|
| Loneliness | 20 | 28.5 |
| Depression | 58 | 82.8 |
| Tension | 13 | 18.5 |
| Don't know | 10 | 14.2 |

Table shows that, the maximum number of respondents 43(61.42%) said that, lack of parent understanding is the main

social effects, than (28.5%) said that lack of peer support.

**Table-7: Distribution of the respondents by knowledge about social effects of substance abuse (n=70)**

| Social Effects | Number | Percentage (%) |
|---|---|---|
| Lack of parents understanding | 43 | 61.42% |
| Lack of peer support | 20 | 28.57% |
| Lack of parents attention | 5 | 7.14% |

Knowledge means understanding of adolescent regarding effects of substance abuse. I had seven knowledge related question to the respondents to assess level of knowledge. Among them, about 7.14% respondents had scored more than six questions that mean good knowledge, about 55.71% respondents had scored 4-5 questions that mean average knowledge and about 37.14% respondents had scored less than four questions that mean poor knowledge about effects of substance abuse.

**Table-8: Distribution of the respondents by level of knowledge about effects of substance abuse.**

| Level of Knowledge | Number | Percentage |
|---|---|---|
| Good knowledge | 5 | 7.14% |
| Average Knowledge | 39 | 55.71% |
| Poor Knowledge | 26 | 37.14% |
| Total | 70 | 100% |

## DISCUSSION

The current study was designed to measure the knowledge among adolescents on the effects of substance abuse in a selected area. In view of the nature of the problem under study and to achieve the objectives, a quantitative approach with a descriptive design was found to be appropriate to describe the study. Multi stage random sampling technique was used to select the samples. The data was collected from 70 adolescents. The findings of this study were supported by another study conducted on knowledge, attitude and perception of school going Bangladeshi adolescents on substance abuse. The study findings revealed that 70% of the sample knew the addictive properties of tobacco and 40% had the knowledge about the harmful effects of addictive substances on the body and society. The area-wise analysis revealed that the adolescents scored highest in area of physical effects of substance abuse. The study findings were supported by a study conducted on tobacco consumption and awareness of their health hazards in National Capital Territory of Delhi. The samples for the study were from lower income group school children. It was found that nearly 80% of the study subjects were aware about the fact that tobacco consumption is injurious to health. The parents of 59% of the children shown interest to discuss the harmful effects of tobacco consumption with their children. Among our sample, tobacco (9.5%) and hashish (2%) were the most commonly used substances. Our results aligned with the results of a recent meta-analyses of the most commonly used substances other GCC countries: amphetamines (4-70.7%), heroin (6.6-83.6%), alcohol (9- 70.3%) and hashish (1-60%) [8].There were no significance differences in the attitudes, subjective norms, self-efficacy, perceived behavioral control, and alcohol and/or substance use behavioral intentions of those students who lived off campus (82.9%) when compared with those who lived on campus. Our findings may have been skewed by the fact that the majority of our sample lived off campus. There has been previous work that looked at substance use behavior in the context of living on or off campus. For example, Al-Lawati et al [3] found that substance use behavior for college students who lived on campus (59.7%) were not significantly different from those who lived off campus. Research has also indicated that certain university residences, such as sorority and fraternity houses, facilitate college students' alcohol and/or substance consumption through the social influence of peers in these settings [9,10]. Our findings are consistent with studies done in other countries, where male gender was associated with higher alcohol and/or substance use behaviors such as tobacco smoking [11]. In addition, Jone et al [7] concluded that Omani male high school students were more likely than females to practice alcohol and/or substance use behavior; 4.6 % (6.4% males, 2.9% females) were current smokers and 14.9% (26.2%males, 3.8% females) had ever smoked, while 4.3% (6.6% males, 2.0% females) had drunk alcohol and 4.6% (7.2% males, 2.2% females) had been persuaded to take drugs by their peers. The association between male gender and tobacco use may be explained by the fact that smoking is a more acceptable social behavior for males and, thus, may be underreported by female students [3,7].

## CONCLUSION

The overall findings of the study revealed that the adolescents have average knowledge regarding effects of substance abuse. In conclusion, the results of this study offer important directions for developing programs on drug abuse prevention for adolescent. These programs need to focus on school settings and local public health organizations to address the developmental level and perceptions of this vulnerable population. These programs should also be initiated at both the local and national levels to maximize effects and for efficiency. Given that young people constitute the majority of the Bangladeshi population today, the implications of prevention programs are extremely important to continued economic progress and national development. Young adults and adolescents represent the future of Bangladesh; a healthy today will support a healthy tomorrow.

**Limitations of the study**

The study was carry out in an area by purposive sampling process. A wide study would not possible due to lack of time and financial constrain. Data was collected from selected area of Bangladesh; this may not reflect the generalize information the country. If enough time was available more respondents could be covered, since the sample size could not be determined on statistical basis the result may not reflect the population characteristics.

**Recommendations**

Based on the findings of the present study, the following recommendations are offered for further research:

- The early age at which children have their first cigarette, 12 years old, means that children should be targeted while still at primary school with smoking prevention programmes.
- Due to the young age of first experience with alcohol, it may be necessary to start alcohol programmes in primary schools. Alcohol education if not properly implemented can result in an increase in drinking rates, as was found in this study.
- Availability of drugs has been identified as being associated with increased drug use. Through the use of the server training courses which have been previously discussed, the sales of abusable volatile substances, the second most commonly abused drug by adolescents could be reduced.

Conflict of Interest: None.
Source of fund: Nil.

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