Knowledge and Attitude of the Adolescent Students Regarding Psychoactive Substance Abuse-Exploratory Study

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ABSTRACT

Background: An Exploratory Study to Assess the Knowledge and Attitude of the Adolescent Students Regarding Psychoactive Substance Abuse.

Purpose: The purpose of the study is to find out the deficit area in knowledge and attitude of the adolescent students regarding substance abuse and to prepare pamphlet on psychoactive substance abuse.

Method: The investigator selected a sample of 150 adolescents, out which 50 were from 10th, 50 were from 11th and 50 were from 12th classes. Simple random sampling followed by lottery system was used to select the sample. The self-reported questionnaire was framed to assess the knowledge of the adolescent students regarding psychoactive substance abuse. Five point Likert scales was used to assess the attitude of adolescent students

Results: The total sample consisted of 150 adolescents, out which 50 were from 10th, 50 were from 11th and 50 were from 12th classes. Most of the students appeared to have adequate knowledge about addictive substances and their harmful effects but only a minority had knowledge about the available treatment. Again only a minority had negative attitude towards substance abusers and agreed for substance use by themselves or their friends or family.

Conclusions: The following conclusions were drawn based on the findings of the study i.e the positive correlation was present between knowledge and attitude. The association between knowledge score of the adolescent students with education of father was found statistically significant. The association between attitude score of adolescent students with sex was statistically significant. Therefore, education of the father and sex of adolescents had an impact on adolescent knowledge and attitude. The study recommends the teaching programme, seminar, workshop can be concluded to improve the knowledge and attitude of adolescents students regarding psychoactive substance abuse. Pamphlet prepared by investigator to improve the knowledge and attitude.

Keywords: knowledge, attitude, psychoactive substance, adolescent students.

INTRODUCTION

The fact is that Drug abuse is not merely the problem of the addicts but of the entire society. Many, particularly children and youth, are prone to be easy prey to it because in their eagerness to appear "liberal" are open to 'social 'drinking, smoking and even taking drugs and often the victim is in need of dire help because he/she just cannot help himself/herself. Weaning away from any kind of addiction often needs some kind of support and intervention. This issue looks at some of these problems and identifies places where you could tap for help (Health Dialogue, 2005). Adolescent have significant energy, drive with abundant innovative ideas. So, they are enthusiastic with greater zeal to

experience the new things as a result they indulge into drug abuse. Research studies have shown that the initiation of substance abuse usually takes place in adolescence. A study conducted by United Nations' Office of Drug and Crime(UNODC) in India reported that 40% of individuals start taking drugs and other substances between 15-20 years. Other studies have reported the prevalence rate of about 15 %.

W.H.O Report (2002) Substance use and dependence cause a significant burden to individuals and societies throughout the world. The World Health Report 2002 indicated that 8.9% of the total burden of disease comes from the use of psychoactive substances. The report showed that tobacco accounted for 4.1%, alcohol 4%, and illicit drugs 0.8% of the burden of disease in 2000. Much of the burden attributable to substance use and dependence is the result of a wide variety of health and social problems, including HIV/AIDS, which is driven in many countries by injecting drug use.

Objectives:

1. To assess the knowledge of the adolescent students regarding psychoactive substance abuse.

2. To assess the attitude of adolescent students regarding psychoactive substance abuse.

3. To find out the relationship between knowledge and attitude of adolescent students regarding psychoactive substance abuse.

4.To determine the association between knowledge of adolescent students regarding psychoactive substance abuse with selected variables such as age, sex, religion, type of family, income of the family, education level of the parents, mass media exposure, use of recreational time.

5.To determine the association between attitude of adolescent students regarding psychoactive substances abuse with selected variables such as age, sex, religion, type of family, income of family, education level of the parents, mass media exposure, use of recreational time.

MATERIAL AND METHODS

For the present study, nonexperimental research design was utilized to achieve the stated objectives. The present study was conducted in three schools i.e. B.C.M. Senior Secondary School, Guru Nanak Khalsa Girls Senior Secondary School & Guru Nanak Khalsa Boys Senior Secondary School of Ludhiana, Punjab.

Population

Population of study was the adolescent students (15-19 years) studied in selected schools Ludhiana, Punjab.

Sample and Sampling Technique

Simple Random Sampling with lottery method was adopted to collect the sample. A total of 150 adolescents of the age group 15-19 years, were selected. The roll numbers of the students were written on a paper and put in a container and the investigator picked one paper and shuffled the container and again picked another paper. The student whose roll number appeared on the paper, were selected as a sample, so that every student has equal chance to be selected as a sample. Samples selected for pilot study were not included in the final sample.

ANALYSIS AND INTERPRETATION

SECTION-1: SAMPLE CHARACTERSTICS

Hence, it is concluded that majority of adolescent students belonged to age group 16-17 years, they were mostly female from Sikh religion and belonged to nuclear family, living in urban area, their education of parents were up to primary and secondary, their family income (monthly) \geq 5000 and majority used television and internet for gaining information and spend their recreational time with family members.

Table-1	PERCENTAGE	DISTRIBUTION	OF	SAMPLE
CHARA	CTERISTICS N=	150		

ERISTICS N=150	(0())	
Characteristics n Percentag	e (%)	
Age of adolescent	15	21.2
15-16 years	47	31.3
16-17 years	50	33.3
17-18years	38	25.3
18-19years	15	10.0
Sex		
Male	69	46.0
Female	81	54.0
Religion`		
Sikh	80	53.3
Muslim	1	0.7
Hindu	66	44.0
Christian	3	2.0
Others	0	0
Type of family		
Nuclear	73	48.7
Joint	68	45.3
Extended	9	6.0
Place of Residence		
Rural	17	11.3
Urban	133	88.7
Education of father		
Illiterate	28	18.7
Primary	34	22.7
Secondary	29	19.3
Senior secondary	9	6.0
Graduation	24	16.0
Post graduation	26	17.3
Education of Mother		
Illiterate	34	22.7
Primary	36	24.0
Secondary	26	17.3
Senior secondary	13	8.7
Graduation	19	12.7
Post graduation	22	14.7
Family income(monthly)		
≥ 5000	44	29.3
5001-10000	37	24.7
10001-15000	24	16.0
<15000	45	30.0
Mass Media Exposure		
Newspaper	47	31.3
Television & internet	90	60.0
Radio	6	4.0
Magazines & journals	6	4.0
Any other	1	0.7
Use of Recreational Time		
With friends	61	40.7
Using / surfing internet	20	13.3
With family members	64	42.7
Any other	5	3.3
J		2.2

OBJECTIVE 1. To assess the knowledge of the adolescent students regarding psychoactive substance abuse.

 Table-2:
 Mean
 percentage,
 Total
 knowledge
 score of

 adolescent
 students
 regarding
 psychoactive
 substance
 abuse

 according to areas.
 N=150

Knowledge score									
Areas of knowledge	Max.Score	Mean Score	Mean%						
General information regarding substance	9	6.1	67.7						
Causes	3	2.47	82.3						
Pattern of use	3	1.37	43.3						
Effects on body	4	2.53	63						
Adverse effects	5	3.20	64						
Withdrawal symptoms	3	1.15	38.4						
Treatment & prevention	3	2.4	78.6						
Total	30	19.08	63.6						

Maximum score=30 Minimum score=0

Table 2 shows that highest mean percentage knowledge score 82.3% in causes, 78.6% in treatment & prevention followed by 67.7% in general information regarding substances, adverse effects 64%, effects on body 63%, pattern of use 43.3% and least mean percentage knowledge score on withdrawal symptoms 38.4%. Adolescent students total mean percentage knowledge score was 63.6% regarding psychoactive substance abuse. The adolescent students had knowledge about the causes, treatment & prevention but least knowledge about withdrawal symptoms.

Thus, it can be suggested that the adolescent students had deficit knowledge in pattern of use and withdrawal symptoms regarding psychoactive substance abuse.

Table 3: Frequency and Percentage distribution of adolescentstudent's level of knowledge score regarding PsychoactiveSubstance Abuse. N=150

Level of knowle	dge	Knowledge	Knowledge score						
		Frequency	percentage						
Excellent	$\geq 80\%$	11	7.3						
Good	61-79%	75	50.0						
Average	41-60%	55	36.7						
Below average	$\leq 40\%$	9	6.0						
Maximum score=30									

Minimum score=0

Table 3 shows that only 7.3% obtained excellent knowledge score.50.0% obtained good score. 36.7% were having Average level of knowledge and 6.0% obtained below average score.

Hence, it is evident that majority of adolescent students had good knowledge regarding psychoactive substance abuse.

OBJECTIVE 2

To assess the attitude of the adolescent students regarding psychoactive substance abuse.

Table 4: Mean Percentage of Attitude	Score of Adolescent
Students According to Levels of Attitude	N=150

Level of attitude	Percentage	Mean percentage							
Positive	>90	94.0							
Negative	<90	6.0							
Maximum Score = 150									
Minimum Score $= 30$									

Table 4 shows that highest mean percentage related to positive attitude (94.0%) and negative attitude obtained (6.0) mean percentage.

3. OBJECTIVE

To find out the relationship between knowledge and attitude of adolescent students regarding psychoactive substance abuse.

Table 5: Mean Scor	e and Correlation	n between K	nowledge and
Attitude of Adole	escent Students	regarding	Psychoactive
Substance Abuse	N=150		

Relationship	Max.score	Mean	S.D	r						
Knowledge	30	19.19	4.235							
Attitude	150	113.72	18.473	0.037*						
Maximum Sco	Maximum Score=30 *=significant at p<0.05									

Minimum Score=0

Table 5 shows that Correlation is significant at p < 0.05 level. So correlation is present between knowledge and attitude.

 Table – 6: Frequency, percentage distribution and association of knowledge score of adolescent students regarding psychoactive substance abuse with Age. N=150

	Kn	Knowledge score											
	Excellent Good		Ave	rage	Belo	w average	Total	df	χ^2				
Age of Adolescent	F	%	f	%	f	%	f	%					
15-16 years	6	12.8	30	63.8	10	21.3	1	2.1	47	9	0.067^{NS}		
16-17 years	3	6.0	24	48.0	19	38.0	4	8.0	50				
17-18 years	2	5.3	15	39.5	17	44.7	4	10.5	38				
18-19 years	0	0	6	40.0	9	60.0	0	0	15				
		Ma	ximu	n score:	=30 N	S = Nor	n signif	licant					

Minimum score=0

Table 6 depicts that in age group 15-16 years 6(12.8%) of adolescent students obtained excellent score, 30(63.8%) obtained good score, 10(21.3%) obtained average score and only 1(2.1%) falls in below average category. In age group 16-17 maximum adolescent students years, 24(48.0%) obtained good knowledge score followed by 3(6.0%) obtained excellent, 19(38%) obtained average, 4(8.0%)obtained below average score. In age group years, 17(44.7%) scored 17-18 average knowledge score, 15(39.5%) obtained good,4(10.5%) obtained below average and minimum knowledge score 2(5.3%) found in excellent category.In age group 18-19 years,maximum knowledge score 9(60.0%) was found in average category and 6(40.0%) obtained good score.so,the association between knowledge score and age was found non significant at p<0.05 level.

Hence, it is evident that adolescent students age had no impact on knowledge regarding psychoactive substance abuse.

 Table-7: Frequency, percentage distribution and association of knowledge score of adolescent students regarding psychoactive substances abuse with sex. N=150

ſ	Sex	Kn	owledge	total	df	χ^2						
		Exe	cellent	Goo	d	Ave	Average Below Average					
		f	%	f	%	f	%	f	%			
Ī	Male	5	7.2	31	44.9	26	37.7	7	10.1	69	3	4.354
	Female	6	7.4	44	54.3	29	35.8	2	2.5	81		

Maximum score=30 NS=non significant

Minimum score=0

Table 7 depicts that in male category, Higher number 31(44.9%) obtained good knowledge score, 5(7.2%) obtained excellent, 26(37.7%) obtained average and 7(10.1%) were scored below average. In female category, Higher number 44(54.3%) obtained good knowledge score, 6(7.4%) obtained excellent, 29(35.8%)

obtained average score and 2(2.5%). The association between knowledge score of adolescent students and sex is found statistically non significant at p<0.05 level.

Thus, it is evident that the sex had no impact on knowledge of adolescent student.

Religion	Exc	ellent	Goo	Good		rage	Below Average		Total	df	χ2
	F	%	f	%	f	%	f	%			
Sikh	7	8.8	40	50.0	30	37.5	3	3.8	80	•	
Muslim	0	0	0	0.0	1	100.0	0	0.0	1	9	4.468 NS
Hindu	4	6.1	33	50.0	23	34.8	6	9.1	66		
Christian	0	0	2	66.7	10	33.3	0	0.0	3		
Others	0	0	0	0		0	0	0.0	0		

 Table- 8: Frequency and percentage distribution and association of knowledge score of adolescent students regarding psychoactive substances abuse with religion. N=150

Maximum score=35 NS: Non significant Minimum score=0

Table 8 depicts that In Sikh religion, Higher number of adolescent students 40(50.0%) were obtained good knowledge score, 30(37.5%) were obtained average score, 7(8.8%) were obtained excellent score followed by 3(3.8%) obtained below average score. Only 1(100%) adolescent student obtained average score. In Hindu religion, Higher number of adolescent students 33(50.0%) obtained good knowledge score, 23(34.8%) were scored average, 6(9.1%) scored below average and 4(6.1%) obtained excellent score. In Christian religion, Higher number of adolescent students 10(33.3%) obtained average knowledge score followed by 2(66.7%) obtained good knowledge score. The association between knowledge score of adolescent students and religion is found statistically non significant at p<0.05 level. Hence, it is concluded that religion had no impact on knowledge of adolescent students regarding psychoactive substance abuse.

Table-9: Frequency, percentage distribution and association of knowledge score of adolescent students regarding psychoactive substance abuse with type of family. N=150

Type of Family Knowledge score											
	Exe	cellent	Good A		Average Below Average		Total	df	χ2		
	F	%	f	%	f	%	f	%			
Nuclear	9	12.3	38	52.1	22	30.1	4	5.5	73		
Joint	2	2.9	36	52.9	25	36.8	5	7.4	68	6	16.15ns
Extended	0	0	1	11.1	8	88.9	0	0.0	9		

Maximum score=35 NS=non significant Minimum score=0

Table 9 shows that highest knowledge score in case of excellent category 12.3% belonged to nuclear family followed by 2.9% belonged to joint .In case of Good, adolescents higher number 52.9% belonged to joint as compared to 11.1% belonged to Extended category. In average belonged category,88.9% to extended category followed by 36.8% belonged to joint category as compare to 30.1 % belonged to nuclear category. In below

average the highest number of adolescents 7.4% belonged to joint as compare to 5.5% belonged to nuclear category. The association between knowledge of adolescent and type of family is found statistically non significant at p<0.05 level.

Hence, Type of Family had no impact on knowledge score of adolescent students regarding psychoactive substance abuse.

Table 10: Frequency, percentage distribution and association of knowledge score of adolescent students regarding psychoactive substance abuse with place of residence N=150

Place of	Place of residence Knowledge score													
	Exe	cellent	Good		Average		Below Average		Total	df	χ2			
	F	%	f	%	f	%	f	%						
Rural	2	11.8	6	35.3	8	47.1	1	5.9	17					
Urban	9	6.8	69	51.9	47	35.3	8	6.0	133	3	1.908 ^{NS}			
	Maximum Score=30 NS= non-significant													

Maximum Score=0

Table 10 shows that in rural Highest number of adolescent students 8(47.1%) obtained average score, 6(35.3%) obtained good score, 2(11.8%) obtained average score and 1(5%) obtained below average score. In urban, highest number of adolescent students 69(51.9%) obtained good score, 47(35.3%) obtained average score, 9(6.8%)scored the excellent score as compared to 8(6.0%) obtained to below average score. The association between knowledge score of adolescents and place of residence is found statistically non significant at p<0.05 level.

Hence, it is concluded that place of residence had no impact on knowledge of adolescent students regarding psychoactive substance abuse.

Table-11: Frequency, percentage distribution and association of knowledge score regarding psychoactive substance abuse adolescent students with Education of father N=150

Education of father	Kno	wledge	score								
	Exe	cellent	ellent Good			rage	Belov	w Average	Total	df	χ2
	F	%	f	%	f	%	f	%			
Illiterate	2	7.1	12	42.9	11	39.3	3	10.7	28		
Primary	0	0.0	17	50.0	16	47.1	1	2.9	34		
Secondary	1	3.4	11	37.9	16	55.2	1	3.4	29	15	26.286*
Senior Secondary	0	0.0	8	88.9	1	11.1	0	0.0	9		
Graduation	3	12.5	13	54.2	5	20.8	3	12.5	24		
Post Graduation	5	19.2	14	53.8	6	23.1	1	3.8	26		
		Maxim	um sc	ore=30	*=sig	nificant	at p<0	.05 level			

Minimum score=0

Table 11 reveals that In illiterate, the highest number 12(42.9%) obtained good score, 2(7.1%)obtained excellent,11(39.3%) obtained average followed by 3(10.7%)scored below average. In primary, the highest number 17(50%) scored good, 16(50%) obtained average followed by 1(55.2%) scored below average. In secondary, the highest number 16(55.2%)obtained average score, 1(3.4%) obtained excellent 11(37.9%) scored average and only 1(3.4%) scored below average. In senior secondary,8(88.9%) obtained good score followed by 1(11.1%) scored average. In graduation, 13(54.2%) were having good knowledge score, 3(12.5%) were obtained excellent, 5(20.8%) were average followed by 3(12.5%) scored below average. In post graduation, 14(53.8%) obtained good knowledge score, 5(19.2%) scored excellent, 6(23.1%) were average, only 1(3.8%) scored below average. The association between knowledge score of adolescent students and education of father is found statistically significant at p>0.05 level.

Hence, it is strongly concluded that Education of father had an impact on knowledge of adolescent students regarding psychoactive substance abuse.

 Table-12: Frequency, percentage distribution and association of knowledge score of adolescent students regarding psychoactive substance abuse with Education of mother. N=150

Education of mother Knowledge score														
	Excellent		Good		Average		Below	v Average	Total	df	χ2			
	F	%	f	%	f	%	f	%						
Illiterate	1	2.9	16	47.1	15	44.1	2	5.9	34					
Primary	2	5.6	17	47.2	15	41.7	2	5.6	36	15	10.689NS			
Secondary	1	3.8	13	50.0	11	42.3	1	3.8	26					
Senior Secondary	2	15.4	6	46.2	4	30.8	1	7.7	13					
Graduation	1	5.3	11	57.9	6	31.6	1	5.3	19					
Post Graduation	4	18.2	12	54.5	4	18.2	2	9.1	22					

Maximum Score=30 NS=non -significant

Minimum Score=0

Table 12 depicts that 16(47.1%) obtained good knowledge score were illiterate, followed by 1(2.9%) obtained excellent, 15(44.1%) were average, 2(5.95) obtained below average knowledge score. In primary, 17(47.2%) obtained good knowledge score, 2(5.6%) were came under below average knowledge score, 1(3.8%) were excellent,

11(42.3%) were average followed by 1(7.7%) obtained below average knowledge score. In graduation, the highest number 11 (57.9%) obtained good knowledge score, 1(5.3%) obtained excellent knowledge score. In post graduation, The highest obtained excellent number 12(18.2%) knowledge score, 4(18.2%)obtained excellent knowledge 4(18.2%) score,

obtained good score,4(18.2%) obtained below average score. The association between knowledge of adolescent and education of mother is found statistically non significant at p<0.05 level.

Hence, it is evident that education of mother had no impact on knowledge of adolescent students regarding psychoactive substance abuse.

Table-13: Frequency, percentage distribution & association of knowledge score of adolescent students regarding psychoactive substance abuse with family income (monthly) N=150

Family income(monthly)	Kn	owledge	e score	2							
	Exc	Excellent Good		Average		Below Average		Total	df	χ2	
	f	%	f	%	f	%	f	%			
<u>></u> 5000	1	2.3	25	56.8	16	36.4	2	4.5	44	9	13.422 NS
5001-10000	3	8.1	16	43.2	18	48.6	0	0.0	37		
10,001-15000	1	4.2	10	41.7	10	41.7	3	12.5	24		
>15,000	6	13.3	24	53.3	11	24.4	4	8.9	45		
		Maxi	mum s	score=3	0 NS=	non-sig	nifican	t			

Minimum score=0

Table 13 shows in \geq 5000, the highest number 25(56.8%) were having good knowledge score followed by 1(2.3%) obtained excellent knowledge score,16(36.4%)scored average and 2(4.5%) scored below average. In 5001-10000, the highest number 18(48.6%) were having average knowledge score followed by 3(8.1%) obtained excellent, 16(43.2%) obtained good knowledge score. The knowledge score in 10000-15000 were obtained similar score for good and average i.e. 10(41.7%), followed by 3(12.5%) scored below average. The highest number 24(53.3%) obtained the good knowledge score followed by 6(13.3%) obtained excellent knowledge score.

The association between knowledge and family income is found statistically non significant at p<0.05 level.

Hence, it is concluded that family income had no impact on knowledge score of adolescent students regarding psychoactive substance abuse.

Table-14: Frequency, percentage distribution & association of knowledge score of adolescent students regarding psychoactive substance abuse with mass media exposure N=150

Mass Media Exposure	Knowledge score												
	Exc	cellent	Goo	d	Ave	Average		Below Average		df	χ2		
	f	%	f	%	f	%	f	%					
Newspaper	2	4.3	21	44.7	21	44.7	3	6.4	47	12			
Television and internet	8	8.9	45	50.0	32	35.6	5	5.6	90		11.267 NS		
Radio	0	0.0	6	100.0	0	.0	0	0.0	6				
Magazines &journal	1	16.7	2	33.3	2	33.3	1	16.7	6				
Any other	0	0.0	1	100.0	0	0.0	0	0.0	1				

Maximum score=30 NS=non-significant Minimum score=0

Table 14 shows similar score 21(44.7%) belonged to good and average knowledge score got information from newspaper, followed by 2(4.3%) were excellent knowledge score, 3(6.4%) were obtained below average knowledge score. In television and internet, maximum number 45(50%) scored good knowledge score, 32(35.6%) were obtained average score,

8(8.9%) obtained excellent knowledge score, 5(35.6%) obtained below average knowledge score. 6(100%) were obtained information from radio. Similar 2(33.3%) scored good and average knowledge score got the information from magazines & journal and 1(16.7%) obtained excellent and below average score respectively.ony 1(100%) obtained information from any

other media. The association between knowledge and mass media exposure is found statistically non significant at p<0.05 level.

Hence, It is strongly concluded that mass media exposure had no impact on knowledge mean score of adolescent students regarding psychoactive substance abuse.

Table-15: Frequency, percentage distribution & association of knowledge score of adolescent students regarding psychoactive substance abuse with use of recreational time N=150

Use of representangletime Knowledge score												
Use of recreational time	Kno	Knowledge score										
	Excellent		Good		Average		Below Average		Total	df	χ2	
	f	%	f	%	f	%	f	%				
With friends	5	8.2	28	45.9	26	42.6	2	3.3	61			
Using /surfing internet	0	0.0	13	65.0	5	25.0	2	10.0	20	9	8.046 NS	
With family members	6	9.4	30	46.9	23	35.9	5	7.8	64			
Any other	0	0.0	4	80.0	1	20.0	0	0.0	5			
		Maxi	mum	score=3	0 NS=	non sig	nifican	t				

Minimum score=0

Table 15 shows that Higher number 28(45.9%) obtained good knowledge score spend their recreational time with friends, followed by 5(8.2%) obtained excellent 26(42.6%) obtained average, score. 2 (3.3%)obtained below average. In using/surfing internet category, the highest number 13(65.0%) were obtained good knowledge score followed by 5(25%) obtained average score, 2(10%) obtained below average knowledge score. In with family members category, The highest number 30(46.9%) obtained good knowledge score followed by 6(9.4%) 23(35.9%)obtained excellent score. obtained average score,5(7.8%) obtained score,4(80%) average obtained good knowledge score spend their recreational time with any other method. Only 1(20%) obtained average knowledge score.

The relationship between the use of recreational time and mean knowledge score is found statistically found non significant at p<0.05 level.

Hence, it is concluded that use of recreational time had no impact on knowledge mean score of adolescent students regarding psychoactive substance abuse.

SUMMARY, IMPLICATIONS & RECOMMENDATIONS

This chapter deals with brief account of study undertaken including the conclusion from findings, implications for future research. limitations and recommendation

SUMMARY

Substance abuse identifies as a maladaptive pattern of substance use manifested by significant recurrent and adverse consequences related to repeated use of substance. Substance abuse has also been referred to as any use of substances that poses significant Hazards to Health. Use of drugs can also have severe detrimental effects on the immediate family and society by disrupting its very social fabric. Psychological forms of treatment such as counselling and supportive psychotherapy are found to be useful in dealing with substance abuse.

The present study was undertaken by the investigator for assessing the knowledge and attitude of adolescent students regarding psychoactive substance abuse in selected schools, Ludhiana, Punjab

DESCRIPTION OF TOOL

Part-1 consist of questions related to demographic data of adolescent students such as age, sex, religion, type of family, income of the family, education level of parents, mass media exposure, use of recreational time.

Part-2 consist of structured questionnaire to assess the knowledge .Each question is having four option out of which one is correct answer. Each correct answer carries one mark.

Part-3 consists of 5 point likert scale to assess the attitude of adolescent students. It is having 30 items. It includes positive as well as negative statements.

MAJOR FINDINGS

The analysis of the data revealed the following findings.

- Maximum 50(33.3%) adolescent students belonged to age group 16-17 years, they were mostly female from Sikh religion and belonged to nuclear family, living in urban area, their education of parents were up to primary secondary, their and family income(monthly) >15000 and majority used television and internet for gaining information and spend their recreational time with family members.
- The total mean percentage of adolescent students knowledge score was 63.6% regarding psychoactive substance abuse and they had more knowledge in area causes and deficit in area pattern of use and withdrawal symptoms.
- Maximum of adolescent students (50%) had good knowledge score, (36.7%) had average knowledge and (6%) had below average knowledge score regarding psychoactive substance abuse.
- Majority of adolescent students (94%) had the positive attitude score and (6%) had the negative attitude regarding psychoactive substance abuse.
- The correlation between knowledge and attitude was found significant i.e. r=0.037 at p>0.05 level.
- Maximum adolescent students 30(63.8%) had the good knowledge score belongs to age group 15-16 years and below average score found in age group 18-19 age group.
- Maximum adolescent students 44(54.3%) had good knowledge were females and least 5(7.2%) had excellent knowledge score were found in males.
- Maximum of adolescent students 40(50%) had good knowledge were belongs to Sikh religion and only

1(100%) average knowledge score was Muslim.

- Maximum of adolescent students 38(52.1%) had good knowledge were from nuclear family and only 1(11.1%) good knowledge belongs to extended family.
- Majority of adolescent students 69(51.9%) had good knowledge were belongs to urban area and 1(5.9%) below average belongs to rural area.
- Maximum adolescents in education of father 17(50%) had average knowledge whose father were educated up to primary and least 1(3.4%) had the excellent knowledge score whose father were educated up to secondary.
- Maximum adolescents 17(47.2%) had good knowledge score whose mother were educated up to primary and least 1(2.9%) had excellent knowledge score whose mother were illiterate.
- Maximum adolescent students 25(56.8%) had good knowledge were belongs family income (monthly)≤5000. And least 1(2.3%) obtained the excellent knowledge also belongs to same group.
- Maximum adolescent students 45(50%) had good knowledge score exposed to television and internet for getting information and least 1(100%) had good knowledge score exposed to any other method for getting information.
- Maximum of adolescent students 30(46.9%) had good knowledge score used their recreational time with family members and least 1(80%) had average knowledge score was used any other method for using recreational time.
- Maximum of adolescent students 48(96%) of age group 16-17 years had the positive attitude and least 2(13.3%) of age group 18-19 years had the negative attitude.
- Maximum of adolescent students 79(97.5%) had positive attitude were females and least 7(10.1%) had negative attitude were males.

- Maximum of adolescent students 75(93.8%) had positive attitude were Sikh and 4(6.1%) had negative attitude were Hindu.
- Maximum of adolescent students 70(95.9%) had positive attitude belongs to nuclear family and 3(4.1%) had negative attitude were also belongs to same category.
- Majority of adolescent students 125(94%) had positive attitude belongs to urban area and 1(5.9%) had negative attitude belongs to rural area.
- Maximum adolescent students 32(94.1%) had the positive attitude whose father were educated up to primary and least 1(3.6%) had the negative attitude was illiterate.
- Maximum of adolescent students 35(97.2%) had the positive attitude whose mother were educated up to primary and least 1(4.5%) had the negative attitude whose mother were educated up to post graduation.
- Maximum adolescent students 43(97.7%) had the positive attitude belongs to income group ≤5000 and least 1(4.2%) had the negative attitude belongs ti income group 10001-15000.
- Majority of adolescent students 87(96.7%) had the positive attitude exposed television and internet in mass media exposure and 1(16.7%) had the negative attitude exposed to radio and magazines & journal.
- Maximum adolescent students 62(96.9%) had the positive attitude used their recreational time with family members and only 1(5%) had the negative attitude used recreational time with friends.

IMPLICATIONS OF THE STUDY

The findings of the present study have several implications, which are discussed in the following areas.

- 1. Nursing Practice
- 2. Nursing Education
- 3. Nursing Administration
- 4. General Education in Schools & Colleges

- 5. General Education to Public
- 6. Nursing Research

Psychiatric Nursing is a recent development in the Indian nursing set up. More & more Nurses are taking up this speciality. Gradually the role of the psychiatric nurses is expanding in to liaison nursing. The assessment of PASUD knowledge among college students will help nurses to plan organize health education in deficit areas of knowledge, guidance and counselling services for drug abusers and their families .This will assist in adopting healthy living and promote mental health.

NURSING PRACTICE

1. A regular health education program should be carried out by hospital nurse, primary health nurse and school health nurses in schools, colleges, hospital & communities.

2. Counselling centres may be organized to provide services

3. Teaching parents to provide the child with secure & healthy home environment to avoid drugs

4. Promote a well knit family feeling to interdependence, being wanted and loved.

5. Organize health camps to identify high risk people in the community.

NURSING EDUCATION

1. Nurse educators need to lay emphasis on drug abuse in the curriculum and orient the students to de-addiction centres during clinical postings.

2. Nurse educators should also give more emphasis in primary, secondary and tertiary prevention of PASUD.

3. Conducting in service education program for nurses & health workers.

NURSING ADMINISTRATION

1. Nurse administrators should take the initiatives in organising continuing education programs for nurses for PASUD.

2. Appropriate teaching/ learning material needs to be prepared and made available for nurses.

3. Helping in early identification of drug addict clients from other settings by providing proper tools and aids.

4. Legal control law enforcing agents of all the levels should be committed and more vigilant

GENERAL EDUCATION IN SCHOOLS AND COLLEGES

1. School & College curriculum may include drug education

2. Teachers n schools should allocate a certain period on the hazards of drug addiction

3. Seminars & discussions on the ill effects of drug abuse need to be organised in schools & colleges.

4 Short terms courses for teachers and parents of students should be conducted in educational institutions.

GENERAL EDUCATION TO PUBLIC

1. The mass-media could be used for drug education program with special caution.

2. An ideal channel would be face to face contact with small group discussion and attempt to answer questions

3. Action through the voluntary sector by setting up of counselling centres and different parts of the country

4. Setting of de-addiction centres and after care centres.

5. Face to face communication with specific target groups through street group through street groups through street plays, mine shows and house to house contacts.

NURSIN RESEARCH

1. More research is needed to find out the causes and factors predisposing to drug addictions. It can also help in finding out better alternatives for individuals at risk and the time when they are on the verge of becoming drug addicts.

Recommendations:

Based on the Result of the Study following Recommendation are made:

- The Study can be replicated to the large sample to validate and generalize its finding.
- The Study may be conducted in different community health settings.
- A Comparative study can be conducted to assess the knowledge and attitude of adolescent students regarding

psychoactive substance abuse in rural and urban community.

An Experimental study can be conducted to compare the knowledge and attitude of adolescent students regarding psychoactive substance abuse and its prevention after exposed to structured health education programme with students who have not been exposed to such programme.

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