Knowledge and Attitude of Health Network Staff toward Illegal Drug Use

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Letter to Editor

The Editor

Iran has fallen victim to the dire repercussion of malady certain historical, social, and geographic influence namely the proximity with Afghanistan as the largest producer of narcotics in the world.[1] With addition prevailing in Iran,[2] Iran has been reported to have the highest rate of opiate (opium and heroin) use worldwide (450 mt a year).[1,3,4] Available statistics, namely United Nations Office on Drugs and Crime (UNODC), has it that more than 2 million of Iranians (3.0% of population) were addicted to illegal drugs including opium, hashish, and stimulants in 2010.[1,4,5]

The study described attitude as "a tendency to respond positively or negatively toward a certain idea, object or person" which is "reflected in person's emotions and behavior." People's attitude has a very imperative role in their future performance, this effects accumulates with the depth of knowledge, experience, and education. Supporting addicts, or those under treatment and rehabilitation is directly influenced by the knowledge and understanding of addiction, treatment efficiency and rehabilitations benefits. Assessing people's attitude in any given time and also evaluating attitude changes through the time is one of the main components of interventional evolution, which is intended to improve attitude.[6,7]

Despite the key role of health care staff in promoting health goals and also their critical position in community education, there is a few study regard to their level of knowledge, attitude, and performance pertaining to drug use. This information is necessary for health care programmers to devise appropriate training programs for health care staff and their target community. We aimed to obtain these data in the study.

Our study population consisted of the health care staff employed in Sarakhs Health Network, Iran. This population included health care staff (physicians, nurses, midwives, paramedical staff, and professional health workers). The self-designed questionnaire for collecting information had three parts (demographic information and history of substance use-9 questions to evaluate knowledge in Likert scale-2 questions to assess attitude in Likert scale). To assess the reliability, two steps were taken: Item analyses method and test-retest method. Cronbach's score was measured 0.61-0.86 and 0.78-0.91 for knowledge and attitude assessment, respectively. The overall Cronbach's alpha of questionnaire was 0.84.

Before distributing questionnaires, participants were assured about the confidentiality of their responses and their choice of participation. 185 questionnaires were filled. The relations between variables were evaluated with crosstabs, Chi-square and Spearman tests by SPSS (version 11.5, SPSS Inc., Chicago, IL, USA). Mann-Whitney non-parametric test and Kruskal–Wallis were used to detect differences between means of independent variables. $P < 0.05$ was considered significant in all calculations.

The mean age of participants was 32 ± 7.4 (22-47) years and 50.0% were male (92 people). Ethnicity of participants were as follow: 126 Fars (68.0%), 32 Zaboli (17.0%), 19 Baloch (10.0%), 5 Turk (3.0%) and 3 others (2.0%). 163 persons (88.0%) were Muslim Shiite whereas 22 persons (12.0%) were Muslim Sunny.

9 participants (5.0%) reported smoking in their history while 10 participants (5.0%) had a history of illegal drug use. The prevalence of illegal drug use in family, relatives, and acquaintances (neighbors, co-workers and friends) were 5.4, 24.9,

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and 48.6 percentage, respectively. The participants estimated the prevalence of addiction in society between 20.57 ± 28.24.

As to the participants' self-assessment of their own knowledge of drug addiction, a fraction of 15.7% believed their insight to be rudimentary whereas 43.9% assumed they were well aware in this respect. Participants believed that psychiatrist, physiologist, and NA were related less influential compared to family, friends and acquaintances in this respect. Most of participant's believed that police actions have a limited role in addiction control.

As to efficacy of treatment modalities, the most effective methods were respectively "hospitalization in clinic" (37.9%), "staying in camp" (25.6%), and "maintenance treatment with methadone" (21.4%) respectively. The least effective methods included: "prison" (76.0%), "outpatient care/home care" (65.9%), and "ultra rapid opioid detoxification" (51.6%). We found a significant relation between the selected item of "methadone maintenance treatment" and ethnicity (P = 0.04). This highlights the importance of education as participants' awareness was apparently insufficient in this respect.

"Addicted friend" (79.2%), "lack of appropriate support" (75.1%), and "irresistible" (73.5%) were the most potent stimuli in incompliance or relapse. These results are similar to other studies conducted in Tehran and Bam, Iran.[6,8]

Participants believed that glass (methamphetamine) (81.7%), heroin (crystal/crack) (81.3%), and opium (79.5%) were the most dangerous drugs for individual health. On the other hand, most of the staffs had an appropriate level of information about the side effects of most available drugs in the community.

Considering participants answers, continuous and updating educational sessions on addiction-related topics, different types of illegal drugs and their harms must be planned for health care staff in their annual educational programs. It is also necessary to assess the efficacy of these educational sessions in promoting knowledge, attitude, and function afterward.

This study reflects the opinion of a group of health care staff about addiction and drug misuse, but these results cannot be generalized to all the health care workers or people in the community.

Ethnicity is diversity in Sarakhs, which is also applying to health care staff. Our results suggest that attention to culture and attitudes of different ethnicities and faiths absolutely essential, contributing substantially to healthcare planning. Therefore, it is suggested that similar studies should be performed, assessing other ethnicities and cultures; particularly their high-risk groups namely immigrants, with the aim of raising awareness as to the most effective means of education and mode of interaction.

Health care staff has a distinguished and influential position in advancing and improving community health. With this approach, considering health care staff, an important role in community education and also their role in preventive programs, their information and attitudes about addictive drugs, preventive programs and performing educational sessions are very vital.

In the last part of the questionnaire, there we included a space for opinions and suggestions. Most of the participants understood their need for more information and were keep on participating in educational programs or receiving educational material such as pamphlets, booklets, and videos. These suggestions showed health care staff high determination to participate in drug use prevention and addiction treatment programs.

Conflict of Interests

The Authors have no conflict of interest.

Acknowledgements

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