

International Journal of Research in Pharmaceutical Sciences

Published by JK Welfare & Pharmascope Foundation

Journal Home Page: https://ijrps.com

Awareness of Drug Abuse Among Dental College Students

Nithyanandham Masilamani, Dhanraj Ganapathy*

Department of Prosthodontics, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Chennai, Tamil Nadu, India

Article History:

ABSTRACT



Received on: 19 Jul 2020 Revised on: 18 Aug 2020 Accepted on: 19 Aug 2020

Keywords:

Awareness, Substance, Drug, Abuse Drug abuse has been a serious medical concern worldwide. Given mortality, substance misuse is still liable for serious illness and also the marketing of illegal substances has a significant effect on the community. This study was conducted to determine the awareness of drug abuse amongst dental college students. A cross-sectional survey was done with a self-administered questionnaire comprising of ten questions pertaining to the awareness about drug abuse. The samples chosen for the study were 100 dental undergraduate students. The responses were collected and analysed.82% of the respondents were aware of the dangerous effects of drug abuse .68% said drug abuse is because of stress, 8% said because of peer pressure and 20% said because of family problems and 4% said because of pleasure seeking. 76 % feel deaddiction therapy can reduce drug abuse. 5% of the respondents have used some kind of drugs. 85% said they are aware of health risks associated with drug abuse. There is a high level of awareness among dental students regarding the abuse of drugs and associated health risks. However, more intense and wider community outreach programs should be initiated to spread awareness about drug abuse among the general public and the student community.

*Corresponding Author

Name: Dhanraj Ganapathy Phone: 9841504523

Email: dhanrajmganapathy@yahoo.co.in

ISSN: 0975-7538

DOI: https://doi.org/10.26452/ijrps.v11iSPL3.3318

Production and Hosted by

IJRPS | https://ijrps.com

© 2020 | All rights reserved.

INTRODUCTION

Drug abuse continues to be a significant health problem all over. The United Nations Office on Drugs and Crime (UNODC) estimates that about 5 per cent of the entire population used illicit drugs in 2010 and 27 million individuals, or 0.6 per cent of the world's adult population, can be counted as drug users. It is estimated that opium, cocaine and other

substances regularly add 0.1 to 0.2 million drops. Besides the mortality rate, drug abuse is still responsible for severe disease and the enforcement of illicit drugs control will have a significant effect on society (Botvin and Griffin, 2007).

Current studies have identified a strong relationship between youth and substance abuse (Strasburger et al., 2013). From now on, it appears to be deduced that almost all drug clients start using drugs from an extremely young age. In addition, accidental and intentional deaths due to substance abuse have been reported as one of the major avoidable causes of death in the 15-to 24-year-old population. Drug use in pre-adult populations presents a high risk of underperformance, mistreatment, adolescent pregnancy, and depression in schools (Peters and Mcmahon, 1996; Strasburger et al., 2013). Preventative measure analysis indicates that adverse health effects, such as those arising from drug misuse, could be avoided by reducing hazard factors as well as enhancing protective factors (Hawkins et al., 2002).

Counteracting young people's misuse of drugs includes experience with the characteristics that put youth at risk and a concentration on opportunity variables that can be changed. Numerous studies have been performed to determine threat factors linked to adolescent substance usage and alcohol usage. This survey was performed to assess the awareness of drug abuse amongst dental college students.

MATERIALS AND METHOD

A cross sectional survey was done with a self administered questionnaire comprising of ten questions pertaining to the awareness about drug abuse. The samples chosen for the study were 100 dental undergraduate students in Chennai. The responses were collected and analysed.

RESULTS

82% of the respondents were aware of the dangerous effects of drug abuse Figure 1 . 68% said drug abuse is because of stress,8% said because of peer pressure and 20% said because of family problems and 4% said because of pleasure seeking Figure 2. 76 % feel deaddiction therapy can reduce drug abuse Figure 3. 5.% of the respondents have used some kind of drugs Figure 4. 85% said they are aware of health risks associated with drug abuse Figure 5.

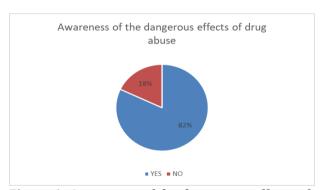


Figure 1: Awareness of the dangerous effects of drug abuse

DISCUSSION

From its 2010 report entitled 'Preventing Drug Use Among Children and Adolescents,' NIDA mentions many variables that may increase or reduce the risk of teenagers beginning or progressing to use narcotics. Such variables involve drug use, socio-economic status, parenting efficiency, peerto-peer control and genetic drug addiction susceptibility (Hawkins *et al.*, 2002; Robertson *et al.*,

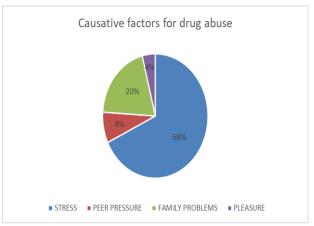


Figure 2: Causative factors for drug abuse

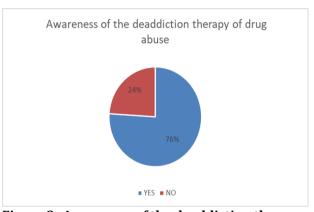


Figure 3: Awareness of the deaddiction therapy of drug abuse

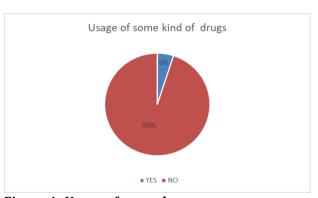


Figure 4: Usage of some drugs

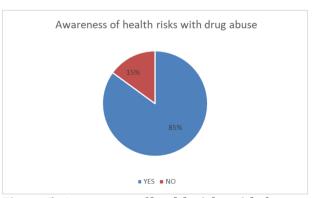


Figure 5: Awareness of health risks with drug abuse

2003). Longitudinal research by Dube *et al.* (2003) assessed the association between the amount of childhood maltreatment and subsequent drug abuse activity.

Unsympathetic conditions for young people involved abuse, neglect; growing up with the family, substance abuse, the shame of family members, emotional problems among family members. and parental dissension and illegal drug use. The analysis specifically evaluated the amount of Abusive Childhood Experiences (ACEs) that contributed to a higher likelihood of initiation of drugs under 14 years of age and further compared the sum of ACEs correlated with an increased risk of persuasion. The investigation found that each additional ACE boosted the likelihood of substance use under 14 years of age by two to four times and increased the risk of subsequent fixation by several times. Persons with at least 5 ACEs were required to report illicit drug usage seven or more times than someone with any (Dube et al., 2003).

Hawkins *et al.* (2002) has audited a number of assessments aimed at recognizing the risks of preadult substance abuse. They spoke about specific threat factors at the cultural / network scale and at the personal level. The following cultural danger factors have been recognized: good conduct laws and guidelines (lower drinking ages) and availability. Remarkably, economic security did not seem to be connected to an increased risk of substance addiction among youngsters; it was only in cases of scandalous need for youth-related social problems that an elevated risk was found (Botvin and Griffin, 2007).

Individual attributes that are closely linked to substance and liquor abuse are varied and include low-damage avoidance, poor regulation of driving, guardians with such a history marked by substance and alcohol abuse, high rates of family tension, lack of and additionally contradictory parental discipline, a background loaded with intellectual frustration, and a history packed with insecure and forcefulness (Liddle, 1999; Thompson *et al.*, 1997).

Evaluating these threat elements may assist people, well-being professionals, schools, as well as other channel staff identify at-risk individuals and help minimize or destroy risk factors through awareness and treatment services. The NIDA report underscores the strengthening of protective factors around the household, including the expansion of family resources and the use of effective order. The following family characteristics position adolescents at a greater risk of substance abuse: parents with a history marked with substance and alco-

hol abuse, severe rates of family distress, lack of or potentially contradictory parental influence.

It implies that perhaps the removal of such hazard parameters that reduce the risk of youthful mismanaging narcotics and liquor. When such hazard indicators are differentiated, parents can benefit from formal exhilaration initiatives that can seek to improve family holdings, caring for children skills (counting communications, imposing standards, appropriate corrective activities) and shifting parenting practices which might put youngsters at risk of future abuse.

Abuse of alcohol and narcotics has resulted in serious drowsiness and fatalities amongst young adults throughout the world. A huge proportion of such young people will ruin their lives because of narcotics and liquor, as well as a large percentage, are likely to be living in becoming drug customers. Regardless of the reality that perhaps the problem of drug abuse is complex and far-reaching, there is indeed a supportive measure of evidence-based review available to clinicians, network practitioners and educators to mediate with a view to rising the incidence of youth drug and alcohol abuse (Strasburger *et al.*, 2013).

Since this problem is not unique to any particular person or community, researchers are of the opinion that discrete mediations might not even be all around successful (Hallfors and Dorn, 2002). We, therefore, reinforce the approach of addressing modifiable factors and strengthening prevention strategies via family, school but also neighbourhood prevention efforts as both a general approach for healthcare and social activists and use it when evaluating initiatives and approaches that are ideally tailored to their own communities.

CONCLUSION

There is a high level of awareness among dental students regarding the abuse of drugs and associated health risks. However, more intense and wider community outreach programs should be initiated to spread awareness about drug abuse among the general public and the student community.

Funding Support

The authors declare that they have no funding support for this study.

Conflict of Interest

The authors declare that they have no conflict of interest for this study.

REFERENCES

- Botvin, G. J., Griffin, K. W. 2007. School-based programmes to prevent alcohol, tobacco and other drug use. *International Review of Psychiatry*, 19(6):607–615.
- Dube, S. R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., Anda, R. F. 2003. Childhood Abuse, Neglect, and Household Dysfunction and the Risk of Illicit Drug Use: The Adverse Childhood Experiences Study. *Pediatrics*, 111(3):564–572.
- Hallfors, D., Dorn, R. A. V. 2002. Strengthening the role of two key institutions in the prevention of adolescent substance abuse. *Journal of Adolescent Health*, 30(1):17–28.
- Hawkins, J. D., Catalano, R. F., Arthur, M. W. 2002. Promoting science-based prevention in communities. *Addictive Behaviors*, 27(6):951–976.
- Liddle, H. A. 1999. Theory Development in a Family-Based Therapy for Adolescent Drug Abuse. *Journal of Clinical Child Psychology*, 28(4):521–532.
- Peters, R. D., Mcmahon, R. J. 1996. Preventing Childhood Disorders, Substance Abuse, and Delinquency. SAGE Publications.
- Robertson, E. B., David, S. L., Rao, S. A. 2003. Preventing Drug Use Among Children and Adolescents: A Research-based Guide for Parents, Educators, and Community Leaders. Diane Publishing.
- Strasburger, V. C., Wilson, B. J., Jordan, A. B. 2013. Children, Adolescents, and the Media. SAGE Publications.
- Thompson, E. A., Horn, M., Herting, J. R., Eggert, L. L. 1997. Enhancing Outcomes in an Indicated Drug Prevention Program for High-Risk Youth. *Journal of Drug Education*, 27(1):19–41.