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*Primary health care physicians' knowledge on prophylactics
of drug abuse*

The problem of drug abuse has been observed for 20 years and is grounded in the transformations taking place in the contemporary civilized world and has become a serious social problem. Every year hundreds of young drug dependent people die and thousands of people become addicted to drugs becoming the slaves to their own addiction. The number of people using various drugs at varying frequencies is estimated at 200–300 thousand, and the number of addicts requiring therapy is evaluated at 20–25 thousand (4,8).

The reasons for drug abuse are numerous. One of the theories states that drug abuse results from the decline of traditional social ties, particularly family and school ties. This is a worrying symptom of difficulties in psychosocial maturation and particularly of emotional maturation of young people and their social incongruence. In such a case a drug becomes the means of defence against difficulties or the way of escape from life (3,5,7). Using drugs causes many different problems (family, school, legal ones) and also is a serious hazard to health of the society. One of such hazards is so called drug abuse syndrome and also severe and chronic diseases and complications due to intoxication or infection of the organism – including the most severe – HIV infection (1,2).

To limit the drug abuse (complete elimination seems to be impossible) we should take up activities in three directions: reducing the demand for addictive drugs, limiting their supply, creating awareness, the right way of thinking of youth and society and improving the knowledge during preventive activities of primary health care physicians (6).

The main purpose of the study was to evaluate realization of drug abuse prophylactics in the practice of primary health care physicians and to establish the possibilities of changes in the education of physicians that would favour the improvement and broadening of knowledge in this field.

METHODS

The survey of primary health care physicians on the assessment of their knowledge about drug addiction and further proceedings with a patient who is an addict was carried out among the physicians active in the area of the following provinces: lubelskie, chełmskie, zamojskie, białkopodlaskie, tarnobrzskie and rzeszowskie. The studied physicians are employed in the

Regional Health Care Units and Health Care Centres and they are specialists in general and family medicine. They are selected from among the primary health care physicians who had attended updating training courses on Family Medicine organized by the Institute of Rural Medicine in Lublin. They were people coming from various environments: city, town and village, and they were differentiated by age, place of work and work experience. And thus the condition of randomized trial has been met. The structure of people included in the study with relation to the place of work and professional specialization is presented in Table 1.

Table 1. Place of work and professional specialization of the respondents

Place of work	Professional specialization						Total	
	no	%	general medicine	%	family medicine	%	number of people	%
District health care unit	0	0.0	199	68.6	83	69.7	282	68.8
Health Care Centre	1	100	91	31.4	36	30.3	128	31.2
Total	1	0.2	290	70.7	119	29.1	410	100

The results were collected and analyzed statistically with the use of Excel, Statistica, Statgraph 6.0 and a specially designed software for the present study. The following tests were also used: Chi-square for independence, Chi-square for homogeneity and log-linear analysis.

RESULTS AND DISCUSSION

In the present paper the primary health care physicians' knowledge with relation to work seniority will be evaluated. The first question concerned the sources of information the studied person used about drug addiction (Tab. 2). The table shows the relationship between the sources of information and the work experience (seniority).

Table 2. Seniority and the sources of information on drug addiction

Sources	Seniority in years									
	... - 5	%	6-10	%	11-15	%	16-20	%	20 - ...	%
Mass media	70	72.9	77	77.8	73	76.8	43	78.2	54	83.1
$\chi^2 = 2.34$ $p > 0.05$ (-)										
Books	38	39.6	49	49.5	50	52.6	26	74.3	23	35.4
$\chi^2 = 6.69$ $p > 0.05$ (-)										
Scientific papers	28	29.2	24	24.2	33	34.7	9	16.4	17	26.2
$\chi^2 = 6.66$ $p > 0.05$ (-)										
n	96		99		95		55		65	

No significant differences concerning the sources of information about drug addiction for the studied subjects with relation to the seniority were confirmed. The percentage analysis indicates that the respondents obtain their information from the mass media (over 70%). In the

next place books were mentioned (35.4%–74.3%). The smallest number of persons (1/3) stated scientific resources (only 16.4%–34.7%).

From among the listed situations marked with letters A–H that define the reasons for taking up drugs the young people stated in the first place “company and friends’ encouragement” (Table 3).

Table 3. Seniority and the importance of situations which make the young people use drugs

Importance	Seniority in years									
	... - 5	%	6-10	%	11-15	%	16-20	%	20 - ...	%
1	B	46.9	B	48.5	B	56.8	B	54.5	B	61.5
2	E	28.1	E	30.3	E	29.5	E	25.5	E	29.2
3	E	22.9	H	19.2	D	17.9	F	16.4	H	20.0
4	D	16.7	A	14.1	C	16.8	H	16.4	F	16.9
5	C	13.5	A,C	14.1	A	17.9	D	16.4	H	12.3
6	A,C	11.5	D	11.1	H	16.8	F	10.9	D,G	10.8
7	F	15.6	G	14.1	G	16.8	C	14.5	G	15.4
8	G	32.3	G	21.2	G	31.6	G	21.8	G	18.5
n	96		99		95		55		65	

A – stress, B - company and friends’ encouragement, C - failures at school, D - solitude, E - no parents’ interest in their problems, F - copying of aggressive patterns, G - “betrayal of feelings”, H - family pathology (alcoholism)

The last place in the list of importance was given by all of the groups of seniority to “betrayal of feelings”. The studied subjects with the shortest work experience placed on the third and second place “no parents’ interest” and “solitude”, “failures at school”, “stress” and copying of aggressive behaviours. The subjects with 6–10 years’ work experience placed on the third place “family pathology” and “stress” as well as “school failures” and “solitude”. The physicians with 11–15 years’ work experience gave the following sequence: “solitude”, “school failures”, “stress”, “family pathology”, “betrayal of feelings”. And the persons with 16–20 years of work experience quoted: “copying of aggressive patterns”, “family pathology”, “solitude”, “aggression”, “school failures”. The respondents with work experience of over 20 years put on the third place “family pathology”; the fourth place was occupied by “aggression” and again “family pathology” and “solitude” as well as “betrayal of feelings”.

The test χ^2 for independence examined the recognition by the studied subjects of the symptoms of behaviour of people after taking drugs and if it depended on the work experience. The obtained value $\chi^2 = 8.96$; $p > 0.05$, means that the recognition of drug addiction symptoms does not depend on the seniority (Tab. 4).

The log-linear analysis allowed us to test if the number of years in the profession of a physician is related to their knowledge of various symptoms of drug addiction. Such a relationships was confirmed between the seniority and diagnosis of such symptoms as pinpricks and dilated pupils in drug addicts. The value $\chi^2 = 19.93$ was obtained; $p = 0.2237$. the physicians with 6–15 years of work most frequently reported dilated pupils in a patient (42.4% and 52.6%) and confirmed pinpricks (7.1% and 7.4%). In the group of physicians with work experience not exceeding 5 years, the fact of identification of the mentioned symptoms was respectively 38.55% and 4.2%. From among the physicians with work experience exceeding 15 years, a smaller number of subjects noticed the above mentioned symptoms. Dizziness and dilated

pupils were the traits that were mentioned with relation to the work experience. $\chi^2 = 40.48$; $p=0.8768$.

Table 4. Seniority and respondents' knowledge about the symptoms of drug addiction

Symptoms	Seniority in years									
	... - 5	%	6-10	%	11-15	%	16-20	%	20 - ...	%
Dilated pupils	37	38.5	42	42.4	50	52.6	16	29.1	21	32.3
$\chi^2 = 10.89$ $p < 0.05$ (*)										
Pinpricks	4	4,2	7	7,1	7	7,4	3	5,5	5	7.7
$\chi^2 = 1.29$ $p > 0.05$ (-)										
Excitation, slowing of movements	65	67.7	74	74.7	72	75.8	34	61.8	35	53.8
$\chi^2 = 11.72$ $p < 0.01$ (**)										
Dizziness	37	38.5	25	25.3	19	20.0	15	27.3	10	15.4
$\chi^2 = 13.55$ $p < 0.001$ (***)										
Unclear speech	15	15.6	20	20.2	14	14.7	9	16.4	8	12.3
$\chi^2 = 2.08$ $p > 0.05$ (-)										
Aggression	12	12.5	12	12.1	17	17.9	14	25.5	6	9.3
$\chi^2 = 8.20$ $p > 0.05$ (-)										
n	96		99		95		55		65	

The methods of drug addiction treatment are familiar to a small number of the studied subjects (Tab. 5). This number is close to 10% (precisely from 11% to 15.4%), whereas the majority of subjects confirm ignorance of this subject (more than 84.6%). However, it was not confirmed whether familiarity of those methods depended on the work experience.

Table 5. Seniority and knowledge about the associations supporting drug addiction therapy

Methods of drug abuse therapy	Seniority									
	... - 5	%	6-10	%	11-15	%	16-20	%	20 - ...	%
Yes	11	11.5	11	11.1	11	11.6	5	9.1	10	15.4
No	85	88.5	88	88.9	84	88.4	50	90.9	55	84.6
Total	96	100	99	100	95	100	55	100	65	100
$\chi^2 = 1.26$ $p > 0.05$ (-)										

A question concerning cooperation with others in the process of treating the drug addicts was answered by the respondents differently depending on the mentioned society or institution (Tab. 6). The same percentage of respondents, irrespective of work experience, answered that it

should be a custody, various kinds of societies and all of the institutions together. These were the opinions of 60%–70% of the respondents.

Cooperation with school was supported by the majority of studied subjects (90%) in the group with less than 15 years of work and in the group with the longest work experience: 85.5% and 60%. Next, cooperation with family was reported (here also the biggest number of persons in a group with 15 years of work experience supported this kind of cooperation, from 94% to 99%, and with longer work experience – only 76.4 and 72.3%). However, collaboration with Monar, which was mentioned separately from other associations, was supported by the biggest number of people with the longest work experience (81.8% and 90.8% with work experience more than 16 years), whereas the subjects with shorter work experience – only 71.9% and 67.4%).

Log-linear analysis has not confirmed the relationship between the seniority and opinion about the cooperation of a physician dealing with drug addicts with various institutions.. $\chi^2 = 31.09$; $p = 0.3513$.

Table 6. Seniority and the people or institutions the physicians should cooperation with during drug addiction therapy

Cooperation	Seniority in years									
	... - 5	%	6-10	%	11- 15	%	16- 20	%	20 - ...	%
Family	91	94.8	98	99.0	92	96.8	42	76.4	47	72.3
$\chi^2 = 51.34$ $p < 0.001$ (***)										
School	87	90.6	95	96.0	86	90.5	47	85.5	39	60.0
$\chi^2 = 48.95$ $p < 0.001$ (***)										
Custody	62	64.6	63	63.6	64	67.4	39	70.9	49	75.4
$\chi^2 = 3.18$ $p > 0.05$ (-)										
Asociations	62	64.6	62	62.6	65	68.4	40	72.7	47	72.3
$\chi^2 = 2.84$ $p > 0.05$ (-)										
Monar	69	71.9	71	71.7	64	67.4	45	81.8	59	90.8
$\chi^2 = 14.05$ $p < 0.01$ (**)										
All of them	62	64.6	62	62.6	63	66.3	39	70.9	46	70.8
$\chi^2 = 1.83$ $p > 0.05$ (-)										
n	96		99		95		55		65	

CONCLUSIONS

1. The sources of knowledge for primary health care physicians are mainly based on the information obtained from the mass media, to a smaller extent from books, not necessarily professional ones, and to a very small degree from scientific papers.

2. The respondents understood the significance of the situations which make the young people take the drugs in a different way from that described in references. In their opinion the situation which makes them interested in drug addiction is their peer group and suggestion of friends; the next reason is “no

parents' interest" elicited as the second or third motive. Failures at school and stress are listed on the fourth or fifth or sixth positions. The last two are "copying of aggressive behaviour" and "betray of feelings".

3. A very small percentage of respondents know the modern methods of drug addiction therapy. Also, the associations supporting drug addiction therapy are not known. The only association which is reported is Monar. The respondents state unanimously that it plays the re-socializing role for drug addicts.

4. The physicians' knowledge concerning the people or institutions they should cooperate with when dealing with drug addicts is satisfactory. Mainly, they mention family and school but it is advised to cooperate possibly with most of them.

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SUMMARY

The purpose of the study was the evaluation of the assumptions of drug addiction prophylactics and its realization in the practice of primary health care physicians as well as determination of the possibilities of introducing changes in the training of physicians which would favour the increase and extension of knowledge in this field. The method applied in the study was a survey based on the questionnaire distributed among 410 primary health care physicians who attended up-dating courses on family medicine organized by the Institute of Rural Medicine in Lublin. The results were statistically analyzed with application of Excel Statistica Stargraf 6.0 software and the authors' own programmes. The results indicate that primary health care physician's basic and limited knowledge on drug abuse originates from university studies and it is limited to information concerning the reasons, mechanisms, medical effects and some methods of treatment. In the procedures created for the practice of primary health care physicians direct activities related to the drug abuse prophylactics are not considered but only a general health care in the region. However, indirectly the primary health care physicians and family physicians realize so called educational care in the region by cooperating with the nurses and midwives employed in the region or in so called practice of a family physician where educational packages are created, ie. prophylactics of addiction.

Znajomość profilaktyki narkomanii wśród lekarzy podstawowej opieki zdrowotnej

Celem pracy była ocena założeń profilaktyki narkomanii i jej realizacja w praktyce lekarzy podstawowej opieki zdrowotnej oraz określenie możliwości zmian w szkoleniu lekarzy, sprzyjających zwiększeniu i poszerzeniu wiedzy na ten temat. Metodą wykorzystaną w badaniach był sondaż diagnostyczny, oparty na kwestionariuszu ankiety, wśród 410 lekarzy podstawowej opieki zdrowotnej. Badania przeprowadzono podczas szkolenia lekarzy pierwszego kontaktu, którzy uczestniczyli w kursach doszkalających z zakresu medycyny rodzinnej, organizowanych przez Instytut Medycyny Wsi w Lublinie. Wyniki zebrane za pomocą kwestionariusza ankiety poddano analizie statystycznej. Dokonano tego za pomocą programów komputerowych Excel Statistica Statgraf 6.0 oraz programów własnych. Wyniki badań potwierdzają, że wiedza lekarzy podstawowej opieki zdrowotnej na temat zjawiska narkomanii w wąskim zakresie jest zdobywana głównie na studiach i ograniczona do ogólnych informacji dotyczących przyczyn, mechanizmów narkomanii, skutków medycznych oraz niektórych metod leczenia. W procedurach tworzonych dla praktyki lekarzy podstawowej opieki zdrowotnej nie uwzględnia się bezpośrednich działań wskazujących na realizację profilaktyki narkomanii, a jedynie na ogólną opiekę zdrowotną w rejonie. Natomiast pośrednio lekarze podstawowej opieki zdrowotnej i lekarze rodziny realizują tzw. opiekę edukacyjną w rejonie poprzez współpracę z pielęgniarkami i położnymi, zatrudnionymi w rejonie lub w tzw. praktyce lekarza rodzinnego, gdzie są tworzone programy edukacyjne, np. profilaktyka uzależnień.