

Knowledge attitude and practice among tobacco and alcohol addicts before and after psychological intervention

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Abstract

Background: Tobacco and alcohol use in adults have an impact on physical, social and economic aspect of an individual. Different strategies like counselling, behavioural intervention psychotherapy are used for de addiction. **Aim and objective:** To assess Knowledge Attitude and Practice among tobacco and alcohol addicts before and after psychological intervention **Methodology:** This study was a prospective experimental study carried out on individuals who were found to be addictive to tobacco or alcohol. Baseline information of addiction was noted. Psychological intervention included game therapy, story therapy and physical activity. The information on KAP related to tobacco and alcohol was collected from all the eligible participants before and after intervention. **Results:** Mean age of the patients was 35.5±9.3 years. Majority of the patients belonged to Upper middle socioeconomic class (46.67%). Majority of the patients were having addiction for 11-15 years (36.66%). At baseline we found that majority of the patients (63.33%) had inadequate KAP but after intervention majority of them (68.34%) had adequate KAP. There was significant increase in mean KAP score after intervention in tobacco addicts and alcohol addicts. (p<0.001)

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INTRODUCTION

Tobacco and alcohol use are major risk factors for disability and premature loss of life.¹ Ill effects of these includes health hazards, economic loss, loss of productivity etc.² Tobacco caused more than 100 million deaths in the 20th century. More than one-third of adults in India use tobacco, accounting for 275 million. Nearly, 14.1% of children (13–15 years) consume tobacco in some or other form. India is the second largest producer and

consumer of tobacco after china.³ According to Mathers and Loncar *et al.* rise in population growth lead to increased use of tobacco resulting in more than 80% of tobacco attributed mortality in low and middle income countries by the year 2030.⁴ Mortality in smokers in middle age (30-69 years) is nearly three times more than in non smokers. It leads to reduction in life span in somkers by 10 years.⁵ Tobacco consumption leads to lie threatening diseases like emphysema, chronic bronchitis, cardiovascular diseases and lung cancer.⁶ Alcohol consumption has serious side effects like ischaemic heart disease, liver cirrhosis. People who drink light or moderate amounts have a lower death rate than non-drinkers while those who drink large amount have higher death rate.⁷ Psychological interventions are based on the principle that any substance abuse is only due to psychological dependence of an individual toward them and no drug can substitute psychological dependence. Sports activity will reduce the craving and withdrawal symptoms by diverting patient's attention. Group discussion will motivate the person for quitting the habit. These discussions will help to

reduce the problems faced by the addicts. Recent research substantiates that psychosocial interventions for substance dependence can promote behaviour change.⁸ Psychological intervention is used for alcohol and tobacco addicts. Psychological intervention is the interaction between the addict person and a therapist, worker, helper or counsellor. Longer treatment/intervention will result in better long term prognosis. Present study was aimed to compare the Knowledge Attitude and Practice among tobacco and alcohol addicts before and after psychological intervention

Aim and objective: To assess Knowledge Attitude and Practice among tobacco and alcohol addicts before and after psychological intervention

MATERIAL AND METHODS

Present study was a prospective experimental study carried out at de addiction centre. Study population was individuals who were found to be addictive to tobacco or alcohol or both. Study was conducted over a period of 6 months.

Inclusion criteria:

1. Individuals with addiction of tobacco, alcohol or both
2. Individuals who agreed to stay as inpatients in the de-addiction centers
3. Individuals with moderate-to-high level of dependence (dependence score > 5 as per Fagerstrom scale)

Exclusion criteria: 1. Individuals who were addicted to other than tobacco or alcohol 2. Individuals undergoing psychopharmacological interventions 3. Individuals with chronic diseases Study was approved by ethical committee of the institute. A valid written consent was taken from the patients after explaining study to them. Data was collected with pre tested questionnaire. Data included sociodemographic data , clinical history and clinical examination. Dependence was assessed by Fagerstrom scale. All patients were examined for presence of leukoplakia, erythroplakia, submucous fibrosis, ulcer, or any growth by a dentist. Detailed information of tobacco and alcohol addiction including frequency, duration of consumption was noted. Baseline information of addiction was noted. The information on KAP related to tobacco and alcohol was collected from all the eligible participants before group allocation and intervention. KAP questionnaire included Structured knowledge questionnaires regarding tobacco and alcohol addiction. There was one correct answer and 3 distracters for each question. For every correct answer a score of one awarded and for every wrong answer a score of zero awarded. The total possible score was 20. The total score of each item

was calculated and converted in to percentage and interpreted as follows,

0-10 50 % and below - Inadequate knowledge

11-15 51- 74 % - Moderately adequate knowledge

15-20 75 % and above - Adequate knowledge

Individual Mean Knowledge, Attitude and Practice score were noted.

Initial detoxification of patients took 3 days to 1 week depending on level of dependence. Patients were given psychological intervention for a period of 1 month. Psychological intervention included motivational counselling, game or story therapy. Group counselling was done twice a day by two trained counsellors. Counselling session was for 1 hour covering topics like reasons of addiction, adverse effects of addiction, meditation etc. Along with group discussion Individual counseling sessions were given based on their behaviour and involvement of the participant. Participant's individual problems were discussed. Physical activity session (Yoga and Meditation) of 1 hour was carried out daily by trained persons. Motivational speech sessions were carried out once a week. In these sessions, patients discharged from de addiction centre spoke about their experiences. At discharge again KAP questionnaire was used and data was collected by the same investigator who recorded baseline information. KAP related to tobacco and alcohol was collected by means of face-to-face interview. The mean KAP scores between baseline examination and the follow-up examination were compared. Data was entered in excel sheet and analysed with SPSS version 20.

RESULTS

After considering inclusion and exclusion criteria we studied 60 patients. All the patients were male. Mean age of the patients was 35.5±9.3 years. Majority of the patients belonged to Upper middle socioeconomic class contributing 46.67% of the population. Lower middle SES was seen in 26.67% patients. Figure 1 shows distribution of patients according to duration of addiction. Majority of the patients were having addiction for 11-15 years (36.66%) followed by 6-10 years (25%). Addiction of 1-5 year duration was recorded in 13.34% patients. Patients with addiction duration of 16-20 years and more than 20 years were 15% and 10% respectively. Fig 2 shows comparison of baseline and post intervention KAP score of tobacco addicts. At baseline we found none of the participant had adequate knowledge, attitude and practice related to tobacco addiction. 36.67% participants had Moderately adequate KAP while 63.33% participants had inadequate KAP score. Post intervention score were noted at discharge of the participants. 68.34% of the participants had adequate KAP score while 28.33% had moderately adequate score. Only 3.33% participants had inadequate

score. Fig 3 shows comparison of baseline and post intervention score in alcohol addicts. Among the alcohol addicts at baseline 61.66% patients had inadequate score and 36.67% had moderately adequate score. Only 1.67% patients had adequate score. Post intervention score improved and 66.67% patients had adequate score and 33.33% patients had moderately adequate score. None of the patient had inadequate score. Table 1 and table 2 showed comparison of mean Knowledge, Attitude and practice Scores at baseline and at discharge from the de addiction centre in the tobacco and alcohol addict participants. Mean baseline Knowledge score improved from 4.1 ± 1.1 to 6.2 ± 0.8 at discharge. Difference between them is statistically significant. Mean attitude score at Baseline improved from 3.9 ± 1.2 to 6.0 ± 0.8 after intervention. Mean practice score at baseline was 3.6 ± 0.9 , it significantly improved to 5.5 ± 1.2 . ($p < 0.05$) Total KAP

score at baseline was 10.7 ± 2.1 and it was significantly increased to 16.3 ± 1.8 ($p < 0.05$). Thus we can conclude that there was significant increase in mean KAP score after intervention in tobacco addicts. Among the alcohol addicts, Mean knowledge score at baseline was 3.7 ± 0.5 which improved to 5.4 ± 1.1 . Difference between them was statistically significant. ($p < 0.0001$) The mean attitude score was 4.2 ± 0.8 and mean attitude score at discharge was 5.7 ± 0.9 . Difference between these score was statistically significant ($p < 0.001$). Mean Practice scores also showed significant increase from baseline (3.5 ± 0.6) to post intervention (5.1 ± 0.4). Total mean KAP score at baseline was 10.5 ± 1.2 which significantly improved to 15.6 ± 1.3 at discharge. Thus we can conclude that there was significant increase in mean KAP score after intervention in alcohol addicts.

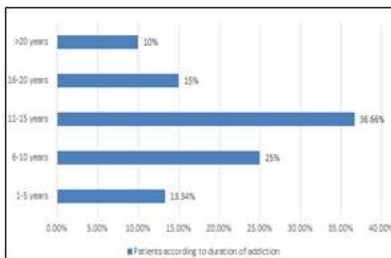


Figure 1

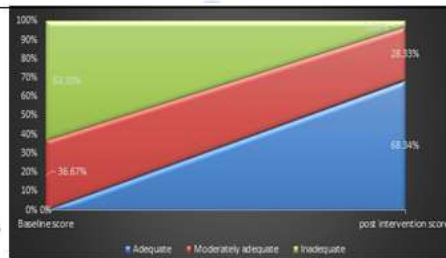


Figure 2

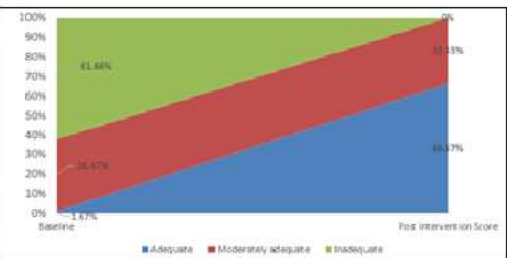


Figure 3

Figure 1: Distribution of patients according to duration of addiction; Figure 2: Comparison of Baseline and post intervention KAP score tobacco addicts; Figure 3: Comparison of Baseline and Post intervention KAP score in alcohol addicts

Table 1: Comparison of mean KAP score in tobacco addicts before and after intervention

Variables	Max score	Baseline score	Post intervention score	Mean diff.	P value
Knowledge	7	4.1 ± 1.1	6.2 ± 0.8	2.1	0.0001
Attitude	7	4.1 ± 1.1	4.1 ± 1.1	2.1	0.0001
Practice	6	4.1 ± 1.1	4.1 ± 1.1	1.9	0.0001
Total	20	4.1 ± 1.1	4.1 ± 1.1	5.6	0.0001

Table 2: Comparison of mean KAP score in alcohol addicts before and after intervention

Variables	Max score	Baseline score	Post intervention score	Mean diff.	P value
Knowledge	7	3.7 ± 0.5	5.4 ± 1.1	1.7	0.0001
Attitude	7	4.2 ± 0.8	5.7 ± 0.9	1.5	0.0001
Practice	6	3.5 ± 0.6	5.1 ± 0.4	1.6	0.0001
Total	20	10.5 ± 1.2	15.6 ± 1.3	5.1	0.0001

DISCUSSION

In our study, Mean age of the patients was 35.5 ± 9.3 years. Majority of the patients belonged to Upper middle socioeconomic class (46.67%) followed by Lower middle SES (26.67%). Majority of the patients were having addiction for 11-15 years (36.66%) followed by 6-10 years (25%). Among tobacco addicts, At baseline we found that majority of the patients (63.33%) had inadequate KAP but after intervention majority of them (68.34%) had adequate

KAP. Among the alcohol addicts, only one patient had adequate KAP which improved to 40 (66.67%) after intervention ($p < 0.0001$). In our study, there was significant increase in mean KAP score after intervention in tobacco addicts and alcohol addicts. ($p < 0.001$) Similar studies have been carried out in past. In a study by Salaudeen *et al.* there was significant awareness on adverse effects of smoking after health education. ⁹ A study was conducted on 76 alcohol-addicted persons in rehabilitation program in Italy

with intervention. Patients were followed up until 1 year. At 1 year from the intervention, the 42 participants who reached follow-up showed a great improvement in knowledge and attitude toward their health.¹⁰ In a study by Molina *et al.*, knowledge, attitudes, and beliefs about smoking among health science students was studied. They observed significant improvement knowledge, attitudes, and beliefs about smoking among health science students after 6 months of intervention.¹¹

CONCLUSION

Psychological intervention showed significant improvement in Knowledge Attitude and Practice among the tobacco and alcohol addicts.

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