Substance Abuse at the Municipal Level: Perspective for Social Change

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Background: Illicit drug use is emerging as an important Public Health issue among Filipinos nowadays. This calls for all primary health care facilities to provide services to persons who use drugs.
Objectives: The study aimed to determine the socio-demographic profile of substance abuse at the municipal level.
Methods: This study was conducted in the Municipality of Rosario, Agusan del Sur with fifty (50) study participants who were identified as low to moderate risk drug users. Data gathering procedure utilized the Key Informant Interview with a structured survey questionnaire.
Results: Results of the study showed that the majority of the drug abusers were male adults between 20-30 years of age with low educational attainment and engagement in risky and hard labored occupations. Methamphetamine was the most commonly-abused drug with curiosity and stamina at work as the major causes of drug abuse. Analysis of Variance as to extent of drug use between and among age groups indicates significant difference which strongly suggests that interventions should be responsive to the needs of the different age groups.
Conclusion: Drug-free community is not far if concerted efforts from all sectors of society be done to help the users become partners for social change.

Keywords: Substance abuse, social change, methamphetamine, community-based treatment

Introduction

TThe menace of substance abuse is not only a socially unacceptable reality, but in its entirety is a disease and emerging as a major public health challenge.[1,2] The use of illicit substances has increased worldwide with the important health and social consequences including the loss of people productive years and their lives.[3] According to the United Nations Office on Drug and Crime it is estimated that 243 million people aged 15–64 worldwide are users of some illicit drugs.[3] In the Philippines, the recent survey conducted by the Dangerous Drug Board in CY 2015 revealed that the prevalence rate of current drug users in the country is at 2.3% or equivalent to 1.8 million people of the population within the age range of 10-69 years. Lifetime users comprise around 6.1% or 4.8M people who used addictive drugs at least once in their lifetime.[4] As published by Philstar in December 8, 2017, the Philippine Drug Enforcement Agency (PDEA) now estimates that there are 4.7 million drug personalities in the country. This global

problem not only affects cities but also at the municipal level.

Substance Abuse is a complex phenomenon, which has various social, cultural, biological, geographical, historical, and economic aspects.[5] Several studies showed that indeed socio- demographic profiles characterize the substance abuser. The result of the survey conducted by the Dangerous Drug Board of the Philippines last CY 2015 showed that in terms of demographics, drug abuse is prevalent among males, employed adults with at least a high school education, but no clear distinction is revealed in terms of civil status and whether prevalence is inversely or directly proportional to income level. In terms of weight of consumption, Marijuana is the leading drug, followed by methamphetamine (shabu). With regards to reasons for using drugs for the first time, curiosity or the desire to experience is the topmost reason for trying a drug followed closely by peer pressure. Regarding reasons for quitting on using drugs, concerns about the physical health tops the list of reasons for not using the drug again after trying it followed by the fear of addiction.[4]

The results cited above do not specify the true picture in every municipality of this country. It is important for every municipality to know the general features of its own substance abusers in order to develop effective treatment programs. Hence, this study addressed the question "what are the demographics and social profile of substance abusers" and aimed to gather needed data that will guide primary care providers of Community-Based Treatment in providing relevant interventions for a drug free community.

This study sought to determine the different factors affecting the drug abuse in the Municipality of Rosario, Agusan del Sur. Specifically, this study intended to present the following:

1. The predisposing factors that influenced drug abuse in terms of :
   1.1. Demographic Profile
   1.2. Social Structure,
   1.3 Life Before Drug Use, and
   1.4 Family Relationship and Functionality
2. The drug related variables that influence drug abuse in terms of:
   2.1 Kind of drug used,
   2.2 Age on first drug use,
   2.3 Reason for using drugs,
   2.4 Effect of drug upon use and upon withdrawal,
   2.5 Knowledge on drugs before use and source of knowledge,
3. The motivational factors that influence drug abuse in terms of:
   3.1 Current status of using drugs, and
   3.2 Reasons for quitting

Materials and Methods

This descriptive study was conducted in the Municipality of Rosario, a third class and a highway municipality of the Province of Agusan del Sur, composed of eleven barangays with a total population of 42,016. In CY 2016, it has a total number of 800 surrendered drug users reported by the Philippine National Police to the Municipal Anti-Drug Abuse Council of the Municipality.[6] Out of the 800 Surrendered Drug Users, 394 were screened using the alcohol, smoking, substance involvement screening test (ASSIST), a brief screening questionnaire composed of 8 questions developed by an international research team in 1997 which provides a valid measure of substance-related risk (low, moderate, or high risk).[7] Of the 394 screened drug users, 5 were categorized as high risk, 153 were moderate risk and 236 were low risk.

To select the sample population, Convenience Sampling was employed wherein participants were selected because of their convenient accessibility and proximity to the researcher.[8] Only those who were residing at highway barangays of the municipality having low to moderate risk were considered to be participants of the study since they were the ones eligible for Community Based Rehabilitation Program as per DOH Circular number 2017-0018. Those screened drug users who were identified high risk category

were excluded for they were slated for referral as in patients to Treatment Rehabilitation Center. Moreover, those low to moderate risk drug users who cannot read and write were also excluded.

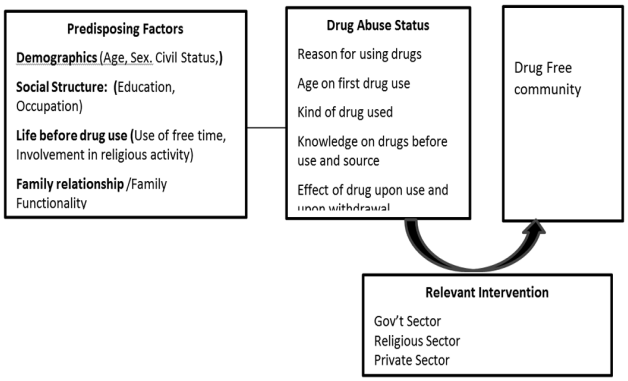
Of the 389 drug users with low and moderate categories under ASSIST screening, only 149 were residing at highway barangays of the Municipality and were considered as sample size. The investigator aimed to present results with 95% level of Confidence. Using the Sample Size Calculator,[9] the Confidence Interval was set at 8.03. However, during the actual conduct of data collection, only 50 respondents qualified the inclusion and exclusion criteria set above. Hence, with Confidence level set at 95% and a sample size of 50, the Confidence Interval was adjusted to 13.86.

Data collection took place in July to December 2017. An invitation was sent to 149 screened drug users identified as low to moderate risk category users and were residing at highway barangays of the Municipality. There were only 60 participants who responded to the invitation. The Informed Consent Form was explained to them and those who verbally consented to join the study were asked to answer a pretested and pre-designed questionnaire.

The questionnaire was written in Cebuano dialect mostly to profile the eligible respondents. The instrument was presented and presumed ethically acceptable as it was more of profiling to determine their socio-demographic profile. It covered details regarding age, sex, civil status, education, occupation, family relationship, kind of drug used, age on first drug use, reasons for using drugs, effect of drug upon use and upon withdrawal, knowledge on drugs before use and source as well as current status of use which included the year they stopped using drugs and the corresponding reason for stopping.

Collection of data was conducted in a quiet room by the Staff of the Local Government Unit assigned on Community Based Rehabilitation Program who had undergone orientation on the conduct of interview. The participants were made to answer all items in the questionnaire and were required to affix their signature to attest the authenticity of the data they gave in the questionnaire. There were only 50 respondents who qualified in the inclusion and exclusion criteria and thus only considered in the sample population.

Conceptual Framework and Variables of the Study:



Data Analysis

After the data were collected, it was collated and consolidated according to the different variables shown in the conceptual framework and variables of the study diagram depicted above. Frequency counts, percentages and means were used to describe the circumstances of the said variables. Analysis of Variance (ANOVA) was also employed to determine possible factors to be considered in the case of an intervention that may be formulated.

Ethical Consideration

As mandated by the Local Government Unit of the Municipality of Rosario though Executive Order no. series of 26 series of 2017 issued by the Local Chief Executive last September 12, 2017 designating the investigator of this study as the Chairperson for the Community Based Rehabilitation Program of the Municipality and as a Municipal Health Officer, with the responsibility to promote and ensure a healthy citizenry. Knowing that drug addiction is a disease and that patients have human rights, the principles of 'do no harm' and confidentiality were ensured. Thus, an informed consent form was integrated in the

survey form which was prepared by the investigator. Prior to the administration of the questionnaires, verbal informed consent was obtained from the participants.

Limitation of the Study

In achieving the objectives set above, there were only 50 respondents with primarily low to moderate risk level for drug abuse and dependence at 95% level of confidence with ± 13.86 margin of error. The results possibly differ if study participants included those with high risk category and those drug users in the interior barangays.

Results and Discussion

A. Predisposing Factors

A.1. Demographics

The demographic profile of the respondents was considered as influencing factors in drug abuse. Table 1 shows demographics of the respondents of this study.

As shown in the table, majority of the respondents were males which suggest that more males are involved in drug addiction than females. In terms of marital status, there are about the same number of single persons as there are married ones who are into drug abuse. The table also shows that the majority of drug users were between 20-30 years of age followed by above thirty years old. However, there were also users below 20 years of age with the youngest age of 15 and the oldest of 48 years of age. This implies that children who are still under the supervision and control of their parents or guardians are already affected such that drug prevention advocacy may start at this age group.

A.2. Social Structure

Since drug abuse is social in nature, the study looked into possible variables in the construct of social structure that could have influenced the respondents into drug abuse. These are the educational attainment and occupation of the respondents.

Majority of the respondents were somehow literate, with 46% finished the elementary level; 44% attained at least high school level and 10% gone to college for their education. This finding suggests that the higher the educational attainment, the lesser chance to be involved in drug abuse. This may be due to their knowledge about the ill effects of drugs in schools. Data on educational level are also useful in preparing IEC materials to be used in drug prevention and control. Furthermore, this finding emphasizes the importance of education in drug prevention.

As to work before drug use: the majority (52%) was laborers and tunnel workers; 24% were students; 10% were farmers; and the rest 14% were jobless. This denotes that risky and hard labored occupations are associated with drug abuse since it may boost their stamina. This

Table 1. Demographic profile of the respondents in terms of age, sex and civil status.

Sex			Civil Status			Age group	
Frequency		Percent	Frequency	Percent		Frequency	Percent
					Below 20Y.O.	10	20.0
Male	48	96.0	Single	26	52 .0	20-30 Y.O	23	46.0
Female	2	4.0	Married	24	48.0	Above 30 Y.O.	17	34.0
Total	50	100.0	Total	50	100.0	Total	50	100.0

implies further that advocacy on drug free work place must be strengthened and coordination with Department of Labor and Employment should be done to strengthen implementation of laws on drug free workplace.

A.3. Life Before Drug Use

Most of the respondents spent most of their free time at home (48%); otherwise they spent it with their barkadas (22%) or play sports (24%), usually basketball with friends. Only about 6% of them used their free time on side line work to augment their family income.

As to frequency of involvement in religious activities, data reveal that only 4% of the respondents were always involved in religious activities. This finding suggests that the values and moral fiber of the respondents are wanting and that there needs to be some intervention of this sector for moral enhancement and values reorientation.

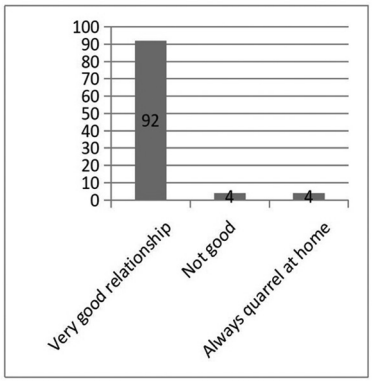


Figure 1. Family relationship

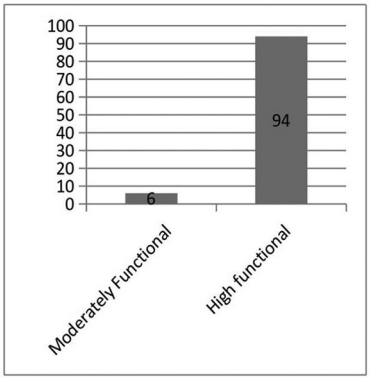


Figure 2. Family functionality

A.4 Family relationship and family functionality

The data on Family Relationship show that 92% of the respondents had very good family relationship with only 4% having bad family relationship or experienced frequent quarrel at home. This is confirmed by the data in Figure 6 which show that the bigger majority of the respondents have highly functional families, a finding that debunks many hypotheses about drug abuse.

B. Drug-Related Variables

B.1.Reasons for Using Drugs

Figure 1 shows the different reasons that cause drug use. Curiosity with peer pressure or barkada tops among the causes of drug use followed by work for stamina and the rest due to curiosity as influenced by classmates and home problems. Meanwhile, curiosity influenced by relatives ranks last.

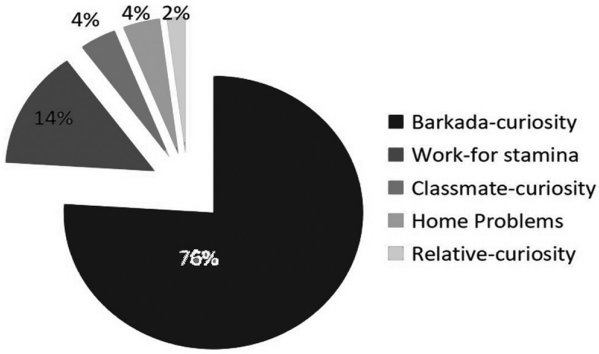


Figure 3. Causes of drug use.

B.2 Age on First Drug Use

Majority started drug use at below 20 years old which was about 24% of the respondents followed by ages 20-30 years of age which was about 46% the respondents and 30% at age above 30.

ANOVA revealed a very significant difference in the use of drugs across age groups. Age groups 20-30 and above 30 years of age differed significantly in their reasons for using drugs.

Table 2. Analysis of variance on cause of drug use across age groups.

Source of Variation	Sum of Squares	df	Mean Square	F	p-value
Between Groups	12.396	2	6.198	4.254	.020
Within Groups	68.484	47	1.457		
Total	80.880	49			

B.4 Kinds of Drugs Abused

The commonly used drugs include Shabu which was about 88%% of the respondents and 4% for Marijuana. About 8% of the respondents both use Shabu and Marijuana.

B.5.Knowledge on Drugs Before Use

All respondents have some knowledge about the effects of drugs before drug use. Majority of the source of information about drugs were from barkada or peers which was about 44% followed by information through television which was 32% , other co-workers (22%) and 2% from school thus, their knowledge may be limited only on the short term effects of drugs rather than the long term effects which are hazardous to their health and social relationships.

B.6 Effect of Drug Upon Use and Upon Withdrawal

Various effects of drug upon use were experienced by the respondents. 24% of them experienced good effects such as not tired or full of energy and good memory. 32% experienced bad effects like they became quarrelsome and others could not describe their feelings which they generally thought as negative effects. Majority (44%) said they did not experience any effects.

As to effects of drugs after using drugs: 40% signified no withdrawal effects, 28% said they had loss of appetite and insomnia, 16% had increased stamina while other effects included blank mind, fear, loss of appetite, hallucinations, cough, headache, profuse sweating and dryness of throat. Two percent could not describe their feelings.

C. Motivational Factors

On the current status of drug use, 66% stopped using drugs in the year 2016. Twenty six percent stopped in 2015. About 4% stopped in the year 2017 and 4% stopped in the year 2014 and 2011. The reasons for stopping drugs are enumerated in table 3.

Table 3. Reasons for stopping drug use.

Reasons for stopping drug use	Frequency	Percent
Not feeling good anymore	11	22.0
Tokhang	12	24.0
Family sake	18	36.0
Away from barkada	4	8.0
Poverty	4	8.0
Not experienced effects	1	2.0
Total	50	100.0

Drug-Free Community

In consideration of the findings of the study, an intervention program is deemed necessary. Since the menace of drug abuse affects all sectors of the community, the intervention should be a concerted effort of the government, the private sector and the religious sector. Another factor that must be taken into consideration is the diversity of the ages of the persons involved in the study.

Conclusions

The major cause of drug abuse was claimed to be curiosity. This implies that the information drive about drug use had been very inadequate to educate the majority of the elements of the community. This calls for an intensive and extensive information and education campaign about

drug use to the communities, across age groups and family orientations. The functionality of families is a very rich avenue for this drive, especially that family sake is claimed to be the main motivation for stopping drug abuse.

Since majority of drug abusers stopped using drugs during the heightened campaign against illegal drugs by the government, most of the drug users have extrinsic motivation of not using drugs anymore. This also calls for interventions that will help develop intrinsic motivation among them so that even if the government ceased its war against illegal drugs, they will continue to abstain using illegal drugs.

Attaining a drug-free community is not difficult for communities that are willing to exert concerted efforts to help the user and eliminate the reasons for taking illegal drugs. Consequently, every element in the community should take part actively in creating a drug-free community.

References

1. DOH Administrative Order No. 2017-0018 'Guidelines for Community –Based treatment and Support Services for Person Who Use Drugs in Primary Health Care Settings. p 3
2. Rather YH, Bashir W, Sheikh AA, Amin M, Zahgeer YA. Socio-demographic and clinical profile of substance abusers attending a regional drug de-addiction centre in chronic conflict area: Kashmir, India. Malays J Med Sci. 2013;20(3):31–8. [PubMed]
3. United Nations Office on Drugs and Crime, World Drug Report United Nations Publication, New York,2014
4. 2015 Nationwide Survey on the Nature and Extent of Drug Abuse in the Philippines. p 54-55
5. DSM-IV-TR Criteria for Substance Abuse, Synopsis of Psychiatry. p383
6. PNP Report to Municipal Anti-Drug Abuse Council of the Municipality of Rosario, Agusan del Sur, August 2016.
7. http://www.who.int/substance_abuse/publications/assist/en/
8. Convenience Sampling- Research Methodology https://research methodology.net /sampling-in primary-data…/convenience-sampling/
9. https://www.surveysystem.com/sscalc.htm