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READINESS TO QUIT ADDICTION!: A STUDY AMONG PATIENTS ATTENDING TERTIARY CARE HOSPITAL IN WESTERN INDIA

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ABSTRACT

Introduction: Tobacco use has been an important public health problem in India. Information related to addiction habits among patients visiting GMERS Gotri General Hospital is scarce. Hence, it is necessary to know these habits and patients' readiness to quit for strengthening de-addiction services in this set up.

Methodology: A cross sectional study was conducted among outpatients of GMERS Gotri Hospital from 30th May - 6th June 2015 using a pretested semistructured questionnaire. Data was entered and analysed using Epi Info Software.

Results: Out of 626 addictive patients registered, half of them were in the middle age group and from rural areas. The most common form of addiction was tobacco chewing (66.4%) followed by smoking (32.7%) and alcohol (19.4%). 68.4% of these patients showed readiness to quit.

Conclusion: Moreover, majority of patients were ready to quit addiction, so there is a need to strengthen the available de-addiction services in this tertiary care hospital.

Key words: Tobacco, alcohol, addiction, readiness to quit, India

INTRODUCTION

World Health Organization (WHO) considers tobacco use as one of the leading preventable causes of death and estimates mortality of >8 million people by 2030 globally. [1] Tobacco use has been significantly increased in India either in form of smoking cigarettes, beedis, hookah or in the form of smokeless tobacco like gutka, pan,etc. [2]

According to The National Household Survey of Drug and Alcohol Abuse in India (NHSDAA) and National Family Health Survey 3, the overall prevalence of current tobacco use in India is 55.8% and 46.5% respectively. [3-4] Moreover, around one million deaths in India are due to tobacco related diseases annually.[5]

Tobacco cessation is considered as the cost effective intervention in controlling the tobacco epidemic in terms of preventable morbidity and mortality.[6-7] Readiness to quit is one of the key steps in the process towards tobacco cessation.[8]

However, it is important to know the addiction pattern in the particular region so as to initiate deaddiction initiatives in that set up. So the current study was carried out with an objective to find the addiction habits and readiness to quit addiction among patients visiting GMERS Gotri General Hospital, a tertiary care hospital attached to Medical College in Gujarat, India.

MATERIALS & METHODS

The current cross sectional study was carried out at GMERS Medical College & General Hospital, Gotri, Vadodara during a period of one week from 30th May 2015 to 6th June 2015 as a part of celebration of World No Tobacco Day (31st May) in the year of 2015. All the patients at the registration desk were randomly selected during the entire week from 30th May to 6th June 2015. So during this week 626 addicted patients came to the hospital. So, total sample of 626 addicted patients were enrolled in this study. All necessary permissions were obtained to conduct this study from hospital authority. Patients attending to Outpatient department were asked about their addiction at the kiosk near registration counter and out of all patients who have any form of the addiction were enrolled after taking written informed consent. The emergency/serious cases, debilitated and not willing to participate were excluded from study. Then all willing patients who wanted to participate, were informed in detail about the purpose of the study and asked voluntarily to participate in the study. Confidentiality of their information was assured. Then they were interviewed in local language using a predesigned semi structured questionnaire by trained medical social workers. Basic details including name, age, address, sex, and type, duration and frequency of tobacco or any other addictive agent were asked to them in detail. At the end of interview each participating person were explained in detail about the health hazards of the tobacco/smoking/alcohol abuse and some leaflets (IEC materials) were also provided to them. After this initial counseling session, those who showed readiness to quit tobacco/alcohol use were then referred to avail de-addiction counseling/treatment services available at the department of psychiatry in the same hospital.

Data was collected by trained paramedical staff including medical social workers and public health nurse. Data was then entered in Microsoft excel worksheet. Double data entry was done to maintain accuracy of data. Data was analysed using Epi info software version 6.0.

RESULTS

A total of 626 patients coming for general health problems at GMERS General Hospital, Gotri, Vadodara were enrolled in the study after taking written informed consent. As shown in Table 1, majority (96.9%) of them were males. The youngest age of participant was 17 years and nearly half of them were in the middle age group (31-50 yrs) and almost 60% were from rural areas. The most common form of addiction was tobacco chewing (66.4%) followed by smoking (32.7%) and alcohol (19.4%). Around 13% of the addictives were tobacco chewers and consumed alcohol while 6% were tobacco chewers and smokers. About 5% of addictives, consumed alcohol and tobacco smoking whereas 2% of the addictives had all three addiction habits (i.e. smoking, chewing and alcohol). The average duration of addiction was 2.5 years and average frequency of tobacco addiction was 5 times per day.

Table 1 Socio-demographic profile and addiction pattern of study population (N=626)

Variables	Frequency (%)
Age group	
11-30	154 (24.6)
31-50	318 (50.8)
51-70	128 (20.4)
71-90	26 (4.2)
Gender	
Male	607 (96.9)
Female	19 (3.1)
Place of residence	
Urban	255 (40.7)
Rural	371 (59.3)
Addiction*	
Tobacco chewing	416 (66.4)
Tobacco Smoking	205 (32.7)
Alcohol addiction	122 (19.4)
Tobacco chewing and tobacco smoking	38 (6.0)
Tobacco smoking and alcohol	35 (5.5)
Tobacco chewing and alcohol	81 (12.9)
All three addiction	14 (2.2)

*multiple responses possible

Table 2 Readiness to quit among study population

Variables	Frequency (%)
Ready to quit (n=626)	428 (68.4)
Registered at psychiatry (n=428)	198 (46.2)
Ready to quit among sub groups	
Tobacco chewers (n=416)	295 (70.9)
Tobacco smokers (n=205)	142 (69.2)
Alcohol users (n=122)	95 (77.8)
Tobacco chewers & smokers (n=38)	25 (65.7)
Tobacco smokers & alcohol (n=35)	22 (62.8)
Tobacco chewers & alcohol (n=81)	64 (79.0)
Smokers & chewers & alcohol (n=14)	7 (50.0)

As shown in Table 2, almost 2/3rd (68.4%) of the patients were ready to quit and 46% of them were registered to psychiatry department. Nearly 70% of smokers, 71% of tobacco chewers and 77.8% of alcoholics were ready to quit. While 65% of addictives who were smokers and chewers, 62% of addictives who were smokers and alcoholics and 79% of addictives who were tobacco chewers and alco-

holics were ready to quit. Almost half of the addictives who had all three addiction habits were ready to quit.

DISCUSSION

Health care settings, including tertiary care hospitals have become increasingly attractive as an avenue for promoting tobacco/alcohol de-addiction services. Hence, it is imperative to first know addiction habits of the patients coming to these hospitals and receptiveness/readiness of patients to quit for developing and implementing de-addiction initiatives in this set up.

The availability and the increasing consumption of variety of addictive products makes tobacco and alcohol epidemic in India a significant public health concern. Our study observed that majority of the patients having addiction were males, which has been consistent with other studies.[9,10] Indian cultural environment is such that even today men predominantly are habitual to addiction whereas it is not favorable for women. In the current study, addiction habits were more common in the middle age group 31-50 years followed by young age group 11-30 years. These findings have been very similar to national level global adult survey and a study conducted by Katz et al.[9,11] Starting age of addictions in majority were in their adolescent age (10-19 years) and this could be due to peer pressure. The addiction pattern more common among the younger age group and working class can be attributed to financial, social as well as psychological factors. Nearly 60% of the patients having addiction were from rural areas. This can be attributed to being a tertiary care government referral hospital so the proportion of rural patients itself has been quite high as compared to urban patients. However many of the addicts were aware about the health hazards of their addictions and also they were ready to quit their habits, but they were not aware of the facilities available for deaddiction in the hospital itself.

In the present study, addiction habits showed that tobacco chewing was commonly used followed by smoking and alcohol. Similar findings were observed in studies conducted by Gupta and Chaly.[12,13] Gujarat, being a dry state it has been a major concern that even then alcohol addiction practices were observed.

Quitting tobacco/alcohol use at any age will help in improving the quality of health and decreases the mortality risk too.[14] The current study aimed to find the readiness to quit addiction practices among the patients, and to the surprising fact as high as 68% showed their readiness to quit. Similar readiness to quit rate was reported in China and other developed countries with 65-81% having any intention to quit at some point in the future.[15] Similar finding of as high as 61% of quit rate was found in a study conducted by Katz et al.[9] Our finding was also higher as compared to the estimates from other low and middle income countries in the International Tobacco Control Project such as Malaysia (57.8%) and Thailand (40.2%).[16] "Readiness to Quit" in our study was high when compared to GATS survey or other Indian studies. [11, 17-18]

Patients using tobacco either in smoking or smokeless form, their readiness to quit is around 70% while alcoholics showed readiness to quit as high as 77%. Whereas, contradictory to this, Raute et al. has reported that smokers were more likely to depict an intention to quit as compared to smokeless tobacco users.[17] Moreover, earlier research has mentioned that readiness to quit can be considered as a strong predictor of future quitting.[19] Nearly half of these addictives who showed readiness to quit were also registered at the department of psychiatry in the same hospital.

There were some limitations to this study. The present study was limited to patients visiting one tertiary health centre in Gujarat. So the results are not representation of the entire state. The factors related to readiness to quit could not be studied because of cross sectional study design. Further study can be conducted to find the factors associated with readiness to quit.

CONCLUSION

Nearly 70% of addicted patients attending tertiary care hospital showed their readiness to quit. This finding clearly shows that there is a need to strengthen the de-addiction services available and also to create awareness among general public about these de-addiction services. It can be reasonably assumed that if skilled systematic support could be provided, then the successful quit rate might increase in the future.

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