

## A Study of Reasons for not Seeking Treatment for Substance Abuse in Community

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### ABSTRACT

Prevalence of alcohol and drug abuse is very high. Majority of drug users do not seek treatment which is a major concern for professionals. This study was undertaken to find out the reasons of not seeking treatment for substance use in the community and the factors which motivate drug users to seek treatment from various treatment services. Sample consisted of 2 groups. Group 1 consisted of 100 persons who were dependent on alcohol & drugs and were not receiving any treatment. Group 2 comprised of 48 patients of substance abuse from the same area who were seeking treatment. Both the groups were administered specially designed proforma for assessing reasons of seeking and not seeking treatment. Psychological well being was reported by majority as a reason for not seeking treatment. Other reasons for not seeking treatment were short term useful effects of drugs, lack of awareness about drug related complications, fear of withdrawal symptoms and not being aware of treatment facilities. Wish to improve oneself was the most common reason for seeking treatment. Other reason for treatment seeking were availability and awareness of treatment facility, internal motivation and easy availability and awareness of treatment. Implications of the findings are discussed.

### Introduction

Despite having multiple problems related to use of alcohol and drugs, large number of people do not seek help. Not seeking treatment is a major concern for the professionals as well as policy makers. Very little attempt has been made to know about the drug users who do not seek treatment. Motivation to seek treatment influences the course and outcome of treatment. Marlatt (1985 a, b) argued that motivation is important because it relates to client's commitment to bring about change in their own lives. However, motivation cannot be viewed in isolation. Client's personalized beliefs and attitude, social support, ability to cope with stress and ability to exercise control during crisis situations are also important variables affecting treatment outcome. Murphy et al (1989) reported that "private affairs motivation" (concern about health and close relationship) and "public affair motivation" (employment and impending court cases) are important factors affecting treatment seeking in heroin users. Many patients of alcohol and drug abuse seek treatment because of external factors including social pressure, fear of loosing job, threat of breaking relationship and legal problems. Many such patients develop intrinsic motivation for treatment after coming in contact with health professionals. It is possible that these persons have treatment related fears which are removed once they undergo treatment.

Keeping in view the objectives of National Mental Health Programme of providing minimum mental health facilities which are easily available and affordable, particularly to vulnerable and underprivileged section of the society, mental health professionals working in the area of alcohol and substance use must reach to people who are not seeking treatment and design novel strategies to motivate them. Such a strategy will bring them in treatment at an early stage. There is enough evidence that substance use treatment is effective and that early entry into treatment leads to reduction in substance abuse and improves social functioning. (McLellan et al, 1996; Simpson et al, 1997). The department of psychiatry is providing community based services for the patients of drug and alcohol abuse for last six years. These services include community based detoxification camps, weekly community clinics and day care centre. Large number of patients who did not seek treatment in the past have reported to these services. The present study was planned to assess the patients of alcohol and drug abuse who did not seek treatment despite having multiple substance related problems.

### Objectives

This study was undertaken with the objectives of finding out:

1. Reasons of not seeking treatment in persons with substance use in the community.

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2. Reasons of seeking treatment in persons who are enrolled in treatment.

## Materials and Methods

### Sample

100 adult males (above 15 years of age) residing in J J Colony and villages of U.T. Chandigarh, who were dependent on alcohol & drugs (ICD-10) formed the study group. This random sample was drawn from a previous study carried out by the authors to find out the prevalence of alcohol & drug dependence in J J Colony and rural area of Chandigarh. In the above mentioned study, 3000 individuals above 15 years from 5 villages and 5 J J Colonies were selected randomly. Head of families were interviewed to find out about alcohol and drug abuse by any of the family member. Those who were taking drugs and alcohol were assessed in detail (n=168) by using a semi-structured interview schedule. Out of 168 substance users, 100 were randomly selected for inclusion in the present study. This formed the not seeking treatment (NST) group. Another group of 48 consecutive patients from rural and J J Colony of Chandigarh (same catchments area) who were attending the drug and alcohol treatment services at Govt. Medical College & Hospital and 3 community clinics which are being run on a weekly basis in village Palsaura, Maloya and Daddu Majra Colony formed the seeking treatment (ST) group.

### Tools

1. Sociodemographic proforma which is routinely used for all patients in the Department of Psychiatry, GMCH.
2. Checklist of reasons for not seeking treatment which was compiled by investigators for the purpose of study. It consists of 36 commonly cited reasons for not seeking treatment for alcohol & drug dependence. These items pertain to areas like feelings, coping with stress (family, financial and personal), perceived useful effects of drugs, cost of treatment, perceived effectiveness, treatment related fears and social reasons. The answers were recorded as Yes / No.
3. Checklist of reasons for seeking treatment. This checklist was compiled by investigators for the purpose of study and consisted of 20 items. These items pertain to the areas of wish to improve oneself, family responsibility, difficulty in procuring the drugs, physical illness, social reasons, treatment and job related issues.

## Methodology

Each subject included in the study was administered sociodemographic proforma and was assessed for details of drug use by trained field workers. Semi-structured proforma for assessing details of drug use was administered. 48 patients attending treatment services were assessed by a consultant psychiatrist. They were administered checklist of reasons for seeking treatment. 100 subjects who did not seek treatment were interviewed at their residence and they were administered sociodemographic proforma, drug use proforma and checklist of reasons for not seeking treatment by the same investigators.

## Statistical Analysis

T-Test, Chi-square and contingency coefficient were used.

## Results

Mean age of both the groups was comparable. There was no statistically significant difference in number of patients from rural areas or urban slums. 60% of patients from both the groups belonged to nuclear families. Majority were Hindu (NST-75%; ST-60%), married (NST-86%, ST-77%), educated upto class VIII (NST-46%, ST-52%) and in job (NST-60%, ST-50%). There was no statistically significant difference in both the groups on these variables.

In the group who sought treatment (ST Group), wish to improve oneself was the most common reason to seek treatment and it was reported by almost all the patients. The statements which measured this parameter were: "I have decided to become a better person", "I want to safeguard my future and future of my children", "I am sick and tired of being known as an addict", "I feel ashamed at having become an alcoholic/drug addict", "I am wasting my life and resources on it", "Because of my drinking the atmosphere in my house is tense" and "there are frequent fights and arguments at home". Second most frequently cited reason was availability and awareness of treatment. 92% persons came for treatment because there was a detoxification camp in the community, they had recently become aware of treatment facilities through TV/Radio/ Newspaper, their friend/relative had improved significantly after treatment and so they also wanted to try it.

Other reasons for seeking treatment were fear of intolerable withdrawal symptoms at home due to non availability of drug (85%) and family responsibility or pressure. They were either forced by family members to seek treatment, or they

realized their responsibility to look after the family rather than spending money on alcohol/drugs. A significant number also reported that alcohol/drugs were coming in the way of marriage of self/daughter or sister and therefore they decided to quit the habit and seek treatment. Social rejection as a reason to seek treatment was reported by 83% of persons. 75% of persons came for treatment as they had either developed or were afraid of developing a physical illness. Alcohol or drugs having lead to debt was reported by 52%, difficulty in procuring drugs 48%, fear of loosing job 31% and use of alcohol/drugs was against religious preaching or leaving alcohol/drugs as thanks to God for a wish being fulfilled were the other reasons for seeking treatment. In brief, among the list of reasons to seek treatment, wish to improve oneself was reported by majority as **first preference**, financial problems ranked as **second** and family responsibility or family pressure was **third** most important reason to seek treatment. The fourth and fifth reason were fear of withdrawal symptoms and social rejection respectively.

The group which did not seek treatment reported feeling of psychological well being as the most common reason. Other reasons reported were : “it helps to forget family and financial problems”, “reduction in anxieties and worries (96%)”, feeling of physical well being (91%). “non availability of treatment facilities (88%)”, “treatment was costly and far away from residence (88%)”, “alcohol/drug is not injurious to health”, “easy availability of alcohol/drug (81%)”, “fear of withdrawal symptoms during the treatment (75%)”, “treatment is of no use (75%)”, “fear of addiction to prescribed medicines (41%)”, “high relapse rate (41%)” and “stigma of admission in psychiatry ward (22%)”

Marital status, education and occupation were analyzed for correlation using contingency coefficient. Marital status and education were not correlated with any reason in both the groups. Occupation was correlating with physical well being in NST group at 0.05 significance, and in ST group with family responsibility at significance level of 0.01.

## **Discussion**

A major challenge before treatment providers is to motivate patients to seek treatment. The pretreatment attrition is reported to be as high as 29-42% (Hu et al., 1997, Weisner et al., 2001). Downey et al. (2001) identified four motivation dimensions for abstinence viz. self concept issues, health concerns, legal issues and social influence. In present study self concept issues and social influences came out to be important motivating factors for seeking treatment. Though

fear of physical illness was reported by 75% persons but it was not ranked higher in order of preference.

Miller (1998) highlighted the importance of spiritual/religious involvement as a protective factor against alcohol / drug abuse. In the present study, although no specific attempt was made to study role of religion, but 23% patient sought treatment for religious reasons. Internal motivating factors like wish to improve oneself and family responsibility were reported by majority. The findings indirectly indicate strong emotional bonding by expressing strong need to improve oneself and take family responsibilities. External motivating factors like fear of loosing job and difficulty in procuring drugs was reported only by one third of the sample. These findings need to be considered while planning community intervention strategies.

While looking at the reasons for not seeking treatment, psychological well being was reported by almost all the subjects. Short term useful effects of drugs and lack of awareness about future drug related complications were conspicuous as majority reported physical well being and did not perceive treatment need. Almost three fourth of sample reported having physical withdrawal and cited it as one of the reasons for not seeking treatment. These subjects expressed fear of experiencing similar withdrawal during treatment. Significant proportion (88%) were not aware of treatment facilities and thus did not seek treatment. On the other hand, 92% of ST group reported becoming aware of treatment facilities as one of the reasons for seeking treatment. It is apparent from these findings that more efforts should be made to spread awareness about treatment facilities. Community based approaches need to be strengthened so that treatment is available near the doorsteps. Snowballing effect of treatment is apparent from the finding that many patients reported for treatment after learning from their friends, relatives or close family members. These subjects not only came to know about the treatment facility but also got convinced about its effectiveness.

## **Conclusion**

The findings of the study suggest that persons who did not seek treatment are looking at short term benefits of drugs and they may not be aware of long term complications. It is also possible that they are not aware of treatment facilities. These persons are also carrying many fears about treatment process. It is expected that if these issues are addressed by the treatment providing agencies many more patients may seek treatment. Those who sought treatment had internal motivation, gave more emphasis to family and social

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responsibility and reported that easy availability of treatment increased their chances of getting into the treatment. These factors may be incorporated in intervention strategies.

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TABLE I

Sociodemographic Variables	Not seeking treatment (N=100)	Seeking Treatment (N = 48)	Chi Square X <sup>2</sup>
<b>Mean age</b>	38 years	36 years	
<b>Residence</b>			
Rural	45	24 (50%)	
J J Colony	55	24 (48%)	
<b>Family Type</b>			
Nuclear	64	29 (60.4%)	0.622
Joint/Extended	33	18 (37.5%)	
Not known	03	01 (02%)	
<b>Religion</b>			
Hindu	75	29 (60.4%)	0.007
Sikh	21	17 (35.4%)	
Others	04	02 (4.2%)	
<b>Marital Status</b>			
Unmarried	07	08 (16.6%)	0.0095
Married	86	37 (77%)	
Widowed/Divorced /separated	07	03 (06.3%)	
<b>Education (Schooling)</b>			
Illiterate	35	11 (23%)	0.0934
01 – 08 yrs	46	25 (52%)	
10 yrs	15	10 (20.8%)	
> 15 yrs	04	2 (04.2%)	
<b>Occupation</b>			
Semiprofessional/Govt. or private job	60	24 (50%)	0.0635
Skilled worker	21	10 (20.8%)	
Unskilled worker	11	08 (16.6%)	
Unemployed / retired	08	06 (12.5%)	

TABLE II

## REASON FOR SEEKING TREATMENT

	Total n = 48
<b>Wish to improve oneself</b> I have just decided to become a better person; I want to safeguard future of my children & myself; I am sick & tired of being known as an addict; I feel ashamed at having become an alcoholic/drug addict and wasting my life & resources on it	47 (98%)
<b>Availability &amp; awareness of treatment</b> My friend/relative has improved significantly after treatment; I have recently become aware of treatment facilities; There is a de-addiction camp in our locality.	44 (92%)
<b>Treatment of withdrawal symptoms</b> I am scared of the withdrawal symptoms so have come to doctors to help me leave alcohol / drugs	41 (85%)
<b>Family responsibility / Pressure</b> I have been forced to leave alcohol/drugs by my family; I have to look after my family's needs; My alcohol / drugs is coming in the way of marrying my daughter/sister; I want to get married for which I have to leave alcohol/drugs	41 (85%)
<b>Social rejection</b> Because of drinking the society has rejected me. My company is not being liked by others, people avoid me.	40 (80%)
<b>Fear of physical illness</b> Drug/alcohol abuse has lead to or will lead to physical illness	36 (75%)
<b>Financial problems</b>	25 (52%)
<b>Difficulty in procuring the drug</b>	23 (48%)
<b>Fear of loosing job</b>	15 (31%)
<b>Religious reasons</b>	11 (23%)

TABLE III

## REASONS FOR NOT SEEKING TREATMENT

<b>Psychological well being</b> Helps to forget family/financial problems, anxieties, worries disappear, I feel happy.	96%
<b>Physical well being</b> Decreases tiredness, keeps me physically fit	91%
<b>Treatment Availability</b> Not aware of treatment facilities, treatment is costly, faraway place, no facility in our locality, family does not believe in treatment, do not want treatment in psychiatry departments.	88%
<b>Treatment not needed</b> Alcohol / drugs is not injurious to health, I can leave it whenever I want, I do not get intoxicated, it is not a problem with me.	88%
<b>Easy availability of drugs/alcohol</b>	81%
<b>Physical withdrawal</b> No body can help me to leave it, withdrawal symptoms, its too late to leave drug / alcohol	76%
<b>Treatment acceptability</b> Treatment is of no use, I might get addicted to medicines given during treatment, people restart so no use trying to leave it.	73%