VOLUME - 10, ISSUE - 04, APRIL- 2021 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

Psychiatry

SCREENING FOR TOBACCO ABUSE IN THE WORKPLACE SETTING: - A CROSS SECTIONAL SURVEY.

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ABSTRACT **Background: -** Abuse of drugs is one of the biggest curse that modern society has come across. It is not confined to any one country or region alone, but has widely afflicted the globe. Of the various drugs abused, the most widely distributed and commonly used drug in the India is tobacco. **Objective: -** To assess the patterns of tobacco use among auto rickshaw workers in Rohtak City. **Materials and Methods: -** This was a cross sectional hospital based study and included 50 auto rickshaw workers. A semi structured questionnaire with questions regarding socio demographic profile, tobacco use pattern, knowledge about harmful effects of tobacco use and Fagerstrom test for nicotine dependence were administered. **Results: -** The mean age of the participants were 32.68 years with average monthly income of 9400 rupees. Maximum participants were having middle and primary level of education and most of them were married. Most of them were having rural background (38%) and smoking was the major mode of tobacco use among majority of subjects (70%). Majority of the smokers and tobacco chewers reported moderate to high dependence (56%) as per Fagerstrom test. **Conclusion: -** We observed a high dependence level on nicotine in terms of smoking and smokeless tobacco use in the workplace setting. We needs to adopt a more holistic and coercive approach to fight the problem of tobacco. But the dim part of the management is that people were unable to accept the dependency that become a hurdle for them to seek professional help.

KEYWORDS : Tobacco abuse, Screening, Workplace

INTRODUCTION

Substance use disorder (SUD) is a prevalent health issue with serious personal and societal consequences. Abuse of drugs is one of the biggest curse that modern society has come across. It is not confined to any one country or region alone, but has widely afflicted the globe. Today, no part of the world is free from the curse of drug trafficking and drug addiction. About 190 million people all over the world consume one drug or the other, including tobacco. Of the various drugs abused, the most widely distributed and commonly used drug in the world is 'Tobacco'. [1] Many social, economic and political factors have contributed to the global spread of tobacco consumption. The fast changing social milieus, social sanctions and other factors are mainly contributing to this propagation and has posed serious challenge to individuals, families, societies and nations. [2] Over the past four decades, tobacco use has caused an estimated 12 million deaths in the world, including 4.1 million deaths from cancer, 5.5 million deaths from cardiovascular diseases, 2.1 million deaths from respiratory diseases and 94,000 infant deaths related to mothers smoking during pregnancy. [3] These are often associated with various physical health problems, and implicated in significant social and economic consequences. [4,5] The available data suggest an alarming increase of tobacco use in the north Indian setting [6, 7]. Therefore, the present study assessed the patterns of tobacco use among auto rickshaw workers in Rohtak City, Haryana.

MATERIALS AND METHODS

This was a cross sectional community based study, carried out at Rohtak City, Haryana. Fifty auto rickshaw workers were selected by using purposive sampling technique. A semi structured questionnaire with questions regarding socio demographic profile, tobacco use pattern, knowledge about harmful effects of tobacco use and Fagerstrom test for nicotine dependence were administered. The Fagerström Test for Nicotine Dependence is a standard instrument for assessing the intensity of physical addiction to nicotine. The test was designed to provide an ordinal measure of nicotine dependence related to cigarette smoking. The higher the total *Fagerström score*, the more intense is the patient's physical *dependence* on *nicotine* (The Score 8+ = high dependence Score 5-7 = moderate dependence Score 3-4 = low to moderate dependence Score 0-2 = low dependence).[8]

STATISTICAL ANALYSIS

Data entry and analysis was done using SPSS version 16.0. The descriptive statistics were used to interpret the data.

RESULTS

Socio-demographic profile: The mean age of the participants were 32.68 years with average monthly income of 9400 rupees. Maximum participants were having senior secondary level of education and most of them were married. More than half of the participants are from nuclear family and one third of them were belong to rural background. Most of them were having rural background (60%) Table (1).

Table 1 Socio-demographic profile of the subjects

Variable	Frequency (N=50)
Mean Age (Years)	32.68
Education	
Illiterate	01
Primary	12
Senior Secondary	31
Graduate	06
Marital Status	
Married	35
Unmarried	14
Separated	01
Type of family	
Nuclear	31
Joint	19
Area of residence	
Urban	09
Semi-urban	11
Rural	30

Patterns of tobacco use:- Smoking was the major mode of tobacco use among majority of subjects (70%). Most of them attributed the peer influence for the current pattern of tobacco use. Many of the subjects not tried for quitting and did not approached for any consultation for tobacco de-addiction. A major proportion of the subjects did not reported any family conflict and guilt feelings associated with their current pattern of tobacco use. Majority of the smokers and tobacco chewers reported moderate to high dependence (56%) as per Fagerstrom test (Table 2).

Table 2 Patterns of tobacco use

Variable	Frequency (N=50)
Mode of tobacco use	
Smoking	35
Smokeless	13
Both	02
Reason for tobacco use	
Family problems	08
Peer influence	33
Media inspirations	16
Other	13
Tried to quit tobacco	
Yes	21
No	29
Family history of tobacco use	
Yes	35
No	15
Family conflict due to tobacco	
Yes	13
No	37
Treatment consultation for tobacco	
Yes	07
No	33
Feel guilt for tobacco use	
Yes	03
No	47
Severity of tobacco abuse (Fagerstrom test)	
Low	10
Low-Moderate	06
Moderate	16
High	12

DISCUSSION

Nicotine dependence syndrome has deleterious consequences not only on addict but also on the members of family especially his spouse who is most vulnerable to develop significant psychiatric disorder given the intimate nature of their relationship [9]. The current study conducted in a workplace setting among auto rickshaw workers. A study in the workplace settings of a tertiary care hospital of North India reported similar magnitude [10]. The present study observed that most of the subjects did not approached for any consultation for tobacco de-addiction. Moreover, a major proportion of the subjects did not reported any family conflict and guilt feelings associated with their current pattern of tobacco use. Somehow it shows the social acceptance of tobacco use and reduced the rate of help seeking.

Individuals with tobacco use disorder often lose interest in and neglect their family and social life, education, work and recreation. Providing psychological interventions in the workplace setting can be a reasonable choice for enhancing treatment and improving quality of life among clients with substance use disorders [11, 12]. They may engage in high-risk behaviors and continue taking care for them and bringing them in their previous life is main concern and top priority for the spouses that decreases their quality of life and marital satisfaction. Apart from the pharmacological interventions brief interventions found to be efficacious to cut down excessive use of alcohol and drug use [13]. Many studies supports that various health care professional such as nurses, clinical psychologists can play a significant role in improving adherence to treatment among treatment seeking population [14, 15]. In our study, majority of the smokers and tobacco chewers reported moderate to high dependence (56%) as per Fagerstrom test. Scores on the both scales were high that shows the high dependence level on nicotine. But the dim part of the management is that people were unable to accept the dependency that become a hurdle for them to seek professional help.

CONCLUSION

We observed a high dependence level on nicotine in terms of smoking and smokeless tobacco use in the workplace setting. We needs to adopt a more holistic and coercive approach to fight the problem of tobacco. But the dim part of the management is that people were unable to accept the dependency that become a hurdle for them to seek professional help.

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