

Knowledge, Attitudes and Practices of Rakshes Drivers Towards Drugs Abuse in Kosti-Sudan-2015

Abdalla Hasballa Elmanna^{1, *}, Ali Khalaf Ahmed Albagger², Isamedin Mohamed Taha³

Faculty of Applied Medical Sciences, Albaha University, Albaha City, Saudi Arabia

Abstract

Drug addiction is the continued compulsive use of drugs despite adverse health or social consequences [1] This descriptive study survey, aimed to study the knowledge, attitudes and practices of Rakshes drivers towards drugs abuse in Kosti town, White Nile State, Sudan. The data were collected by questionnaires, and analyzed via the Statistical Package for Social Sciences (SPSS version 17). The study found that the majority of drivers (98.6%) were educated and all of them 100% were heard about drugs abused, 70% of them identified (hashish) cannabis, 77.2% of them believe that drugs lead to mental disorders, and 22.2% of them prepared abusing in their life and 12.7% still abusing.

Keywords

Drugs, Addiction, Abuse, Knowledge, Attitudes, Practices, Rakshes, Drivers, Kosti, Consequences, Risk, Illicit

Received: July 21, 2016 / Accepted: August 3, 2016 / Published online: August 25, 2016

@ 2016 The Authors. Published by American Institute of Science. This Open Access article is under the CC BY license.

<http://creativecommons.org/licenses/by/4.0/>

1. Introduction and Background

Drug addiction is defined as the continued compulsive use of drugs despite adverse health or social consequences [1]. The extent of global illicit drug use remained stable in the five years up to and including 2010, at between 3.4 and 6.6 per cent of the adult population (persons aged 15-64). However, some 10-13 per cent of drug users continue to be problem users with drug dependence and/or drug-use disorders [2]. Drug abuse and addiction have negative consequences for Individuals and for society. Drugs contain chemicals that tap into the brain's communication system and disrupt the way nerve cells normally send, receive, and process information [3]. The risk factors for drug abuse represent challenges to an individual's emotional, social, and academic development. These risk factors can produce different effects, depending on the individual's personality traits, phase of development, and

environment. For instance, many serious risks, such as early aggressive behavior and poor academic achievement, may indicate that a young child is on a negative developmental path headed toward problem behavior. Early intervention, however, can help reduce or reverse these risks and change that child's developmental path [4]. Drug-addicted people have lost control of their drug use. Individuals who are addicted to drugs often become isolated from family or friends, have difficulty at work or school, may commit crimes, and become involved with the criminal justice system. For a person addicted to drugs, continuing to take them becomes the primary focus in life. Certain drugs, including opioids and alcohol, cause strong physical reactions in the body when drug use stops. Drug abuse and addiction have negative consequences for Individuals and for society. Drugs contain chemicals that tap into the brain's communication system and disrupt the way nerve cells normally send, receive, and process information [5]. An increasing number of children and adolescents workers in

* Corresponding author

E-mail address: amroe26@gmail.com (A. H. Elmanna)

Sudan due to the poverty states lead the young peoples and adolescents leave the schools and engage in works like drive cars. These people faced a large number of social and psychological risk factors for substance use and abuse, such as illicit drugs and alcohol. There is a multiplicity of reasons why young people first begin to use alcohol and drugs and persist in their substance use, including curiosity, boredom, peer pressure, self-medication, or as a general coping strategy to deal with negative affective states or other social, psychological, or medical problems, in addition to social pressures, work conditions and peers influence [6]. Extreme intoxication from use of alcohol, cocaine, opioids, (narcotics) and PCP can even result in death (yes, you can die from alcohol overdoses), either because of the substance’s biochemical effects or because of behavior patterns— such as suicide—that are connected with psychological pain or impaired judgment brought on by use of the drug. Substance use disorders are patterns of maladaptive use of psychoactive substances. These disorders, which include substance abuse and substance dependence, are the major focus of our study [7].

2. Materials and Methods

a) Study area :

This study was conducted on Kosti town, which located in White Nile State, Sudan. Considered as the main town in the state, the total (population as of 2006 was 173,599), lies south of Khartoum, the capital of Sudan, and stands on the western bank of the White Nile river opposite Rabak. It is located 13.16 latitude and 32.66 longitudes, it is situated at elevation 387 meters above sea level. Kosti has a population of 345,068 making it the biggest city in White Nile [8]

b) Study population:

The accessible population of this study is the Rakshes drivers in the public transportation parks in Kosti town, the total numbers of them about 2000 drivers according to the serial numbers of Rakshes and the parks administrator reports.

c) Sample size:

369 drivers were obtained by using the Daniel formula:

$$n = z^2p(1-p)/d^2 [9].$$

Where n = sample size, Z = Z statistic for a level of confidence (Z value is 1.96), P = expected prevalence or (P = 0.04, according to (WHO) substance abuse/publications 2010) [10], and d = precision d = 0.05).

d) The selection criteria’s for targets:

The study stated numbers of criteria which must be achieved, which include:

1. Must be Rakshes drivers in one of specified parks
2. Agree to be a volunteer for the study and able to interviewed
3. Must be permanents driver

From total of 2000 drivers 1229 achieved the above criteria’s with randomly methods only 369 of them were selected as a targets for the study after registering of all 1229 drivers with unique numbers then randomly with computerizing selecting about 369 drivers, then interviewed with structured questionnaires, which consist questions about knowledge, attitudes and practices about drugs, the data obtained was analyzed with computer program-statistics package for social sciences (SPSS), then the results was presented in forms of tables and figures.

3. Results and Discussions

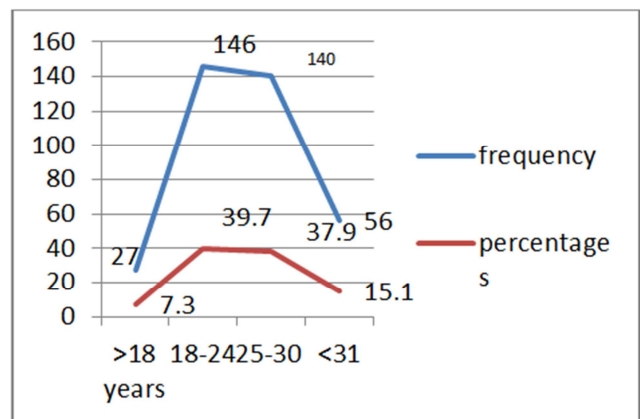


Figure 1. Distribution of targets according to their age.

The above figure showed that the 39.7% & 37.9% were adult their previous study conducted by A. Karim & et al 1998 stated that the age followed between 18 to over 31 years, and most drug users 46.9% had started using drugs between the ages of 12 and 20 years

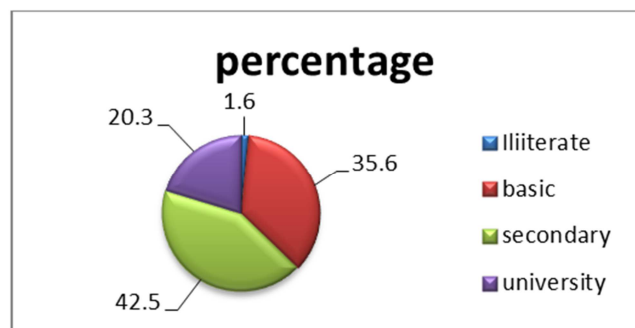


Figure 2. Distributions of respondents according to education levels

The above figure represented that the fewer percentages of respondents were illiterate and basic schools respectively

(1.6%), (35.6%), and the majority of them 42.5% & 20.3% were secondary and university levels respectively, these founding means the majority of drivers were educated, hence those of more of schooling tend to have better health and well-being and healthier behaviors. Education is an important mechanism for enhancing the health and well-being of drivers, it help to promote and sustain healthy life styles and positive choices.

Table 1. Distribution of drivers according to their monthly incomes.

Monthly incomes	frequency	percentages
>1000SDG	25	6.8
1000-2000SDG	189	51.2
<2000SDG	155	42
total	369	100

These tables showed that the 42% of drivers have high monthly incomes over 2000 SDG /month that incomes was enough to achieved their monthly basic and entertainment needs, but due to the stress environment of drivers they may spend it in drugs abuse. Income is necessary to support recreational or problematic drug use. One might be led to believe that people who used drugs selling drugs for others.

Table 2. Distribution of Rakshes drivers according to their knowledge (haring) about drugs.

Known drugs	frequency	percentages
yes	369	100
no	0	0
total	369	100

As showed in table 2 all drivers were haring about drugs, this founding showed that either all of targets were acquired knowledge and informed about drugs, or the drugs was familiar to them. In the Sudan cannabis is popularly known as (bango) although etymologically the name has no roots in the local Sudanese language.

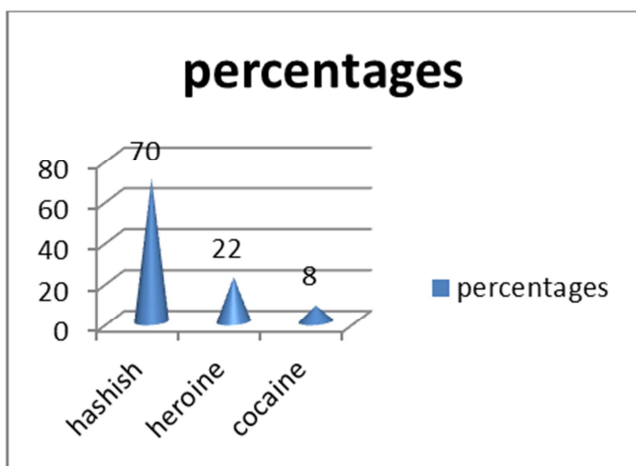


Figure 3. Distributions of respondents according to their knowledge about type of drugs.

As showed in above figures the majority of respondents 70%

were mentioned hashish (cannabis) that means it's was common and available for people, to pay and used. In the Sudan cannabis is popularly known as (bango) or hashish, is growing in some part of Sudan and farming illegally in west Sudan states(Darfur) a major armed conflict area in Sudan.

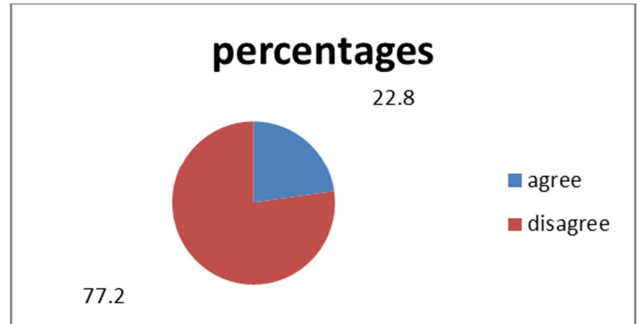


Figure 4. Distributions of targets according to their attitudes towards drug addiction caused mental disorders.

In the above figure showed that 77.2% of drivers agreed that drugs abused caused mental disorders, that means the majority of drivers have negative attitudes, this founding confirmed by said NIDA2010 “Many people who regularly abuse drugs are also diagnosed with mental disorders and vice versa [12], according to that we perceived that the respondents may avoid engaging in drugs or preparing it because they aware of their main consequences and complications.

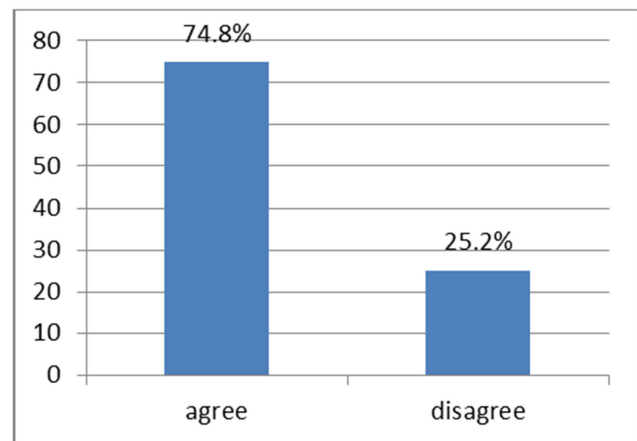


Figure 5. Distribution of respondents according to their attitudes towards some of family members and friends who used drugs.

This figures showed positive respondents attitudes, 47.8% disagree about their family members and friends whom used drug, this means that the respondents aware of the health and social complications of drugs abuse, in Sudan drug users considered as dilemmas and stigmatic, Islam prohibits all drugs that are not medically prescribed. Islam's prohibition of drugs stems from two concerns: their intoxication affects their harm to the human body.

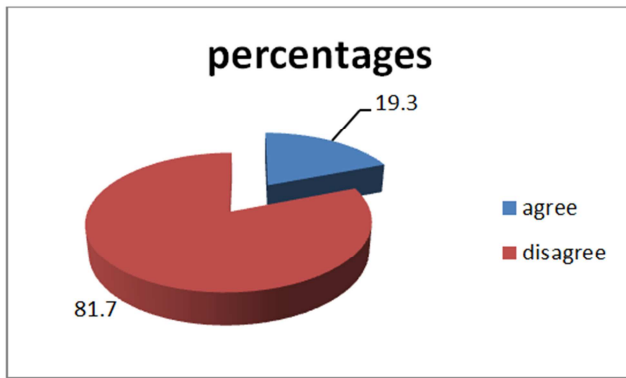


Figure 6. Distribution of respondents according to their attitudes towards those drugs abused relieved or manage stress.

As showed in figure 6 that the majority of targets 81.7% were disagree towards the believe that drugs abused released or manage stress, these positive attitudes achieved by respondents help to prevent the drugs abuse in their families, and give the power to control their habits to used drugs.

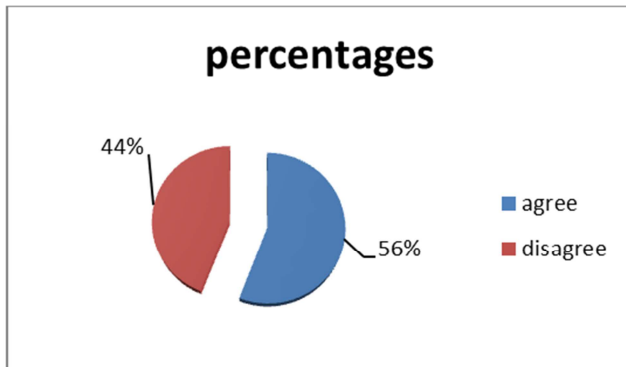


Figure 7. Distribution of drivers according to their thinking that drugs will help them fit in.

The above figure showed that 56% of drivers believed that drugs help to fit in, this attitude may lead the drivers to use drugs after daily hard works and during driving which may cause risks to themselves and others who used Rakshes mean of transportation because driving during used increased the risk of traffic accidents.

Table 3. Distribution of respondents according to their drug abuse status (do you prepared drugs if ones in your life?)

Prepared use	frequency	percentages
yes	82	22.2
no	287	77.8
total	369	100

The above table 3 showed that there 22.2% of Rakshes driver prepared drugs in their life, and in the below table 12.7% still abusing. These percentages represented major health problems facing drivers, adolescent and youth, can succumb to peer pressure. The pressure of being around others who are using drugs can lead anyone follow, suit and do things that they never thought they would. The study of Roadside

studies conducted by Penning, P and et al [15] indicate that (1-15%) of drivers drive under the influence of one or more drugs of abuse after drug use, drivers are more often culpable for an accident than non-users.

Table 4. Distribution of targets to their present drugs used status.

Present use	frequency	percentages
yes	49	12.7
no	322	87.3
total	369	100

In the above table there were 12.7 of drivers still abusing drugs, those may representing major health problems which facing the targets groups and their families societies, and they will be addicted and difficult to quitting confirmed by the US Department of health and human resources. National institute on drug abuse (NIDA) [14] stated that" the initial decision to take drugs is voluntary for most people, the brain changes the occur over time an addicted person self control and hamper his ability to resist intense impulse to take drugs. No single factor can predict whether a person will become addicted to drugs. Risk for addicted can be influenced by a combination of factors that include individual biology, social environment, and age or stage of development'.

4. Conclusion

1. The study concluded that:
2. all of drivers know the drugs
3. 70% of respondents mentioned that cannabis (hashish) as the main type of drugs
4. the drug abused considered as major problems among drivers 22.2% prepared abused and 12.7 still abusing
5. 56% of respondents thinking that drugs will help them fit in.

Acknowledgment

With our grateful thanks to anyone who participate with his efforts, ideas, or advices to accomplishing this study, we acknowledge all drivers for their precious time which spend for accomplishing the questionnaire and interviews. we acknowledge the students whom participating in collection data as interviewers Amal Alnair, Siham Ibrahim and Gamaredein Abas.

References

[1] Drug Abuse and Addiction. The brain understanding neurobiology through the study of addiction lesson 4 plan. <https://science.education.nih.gov/supplements/nih2/addiction/guide/pdfs/lesson4.pdf>

- [2] UNODC, World Drug Report 2012 (United Nations publication, Sales No. E.12.XI.1). CRIME. Vienna. World Drug Report 2012. UNODC gratefully acknowledges the contribution of the Government of Austria towards the cost of the World Drug Report 2012.
- [3] NIDA. 2012. Drug fact sheet. US department of health and human services. National institute of health. Understand in. Drug Abuse and Addiction. www.drugabuse.gov
- [4] (Us department of health and human services. national institutes of health. National institute in drug abuse prevention drug use among and children adolescents. Research –base guide for patients educators and community leaders second edition. NIH Publication No. 04-4212(A) Printed 1997 Reprinted 1997, 1999, 2001 Second Edition October 2003).
- [5] (Irwin M. Cohen & Plecas D. (2005). A Review of the Research on the Drug Abuse Resistance Education (D. A. R. E.) Program. School of Criminology and Criminal Justice University College of the Fraser Valley.)
- [6] NIDA. 2012. Drug fact sheet. US department of health and human services. National institute of health. Understanding. Drug Abuse and Addiction. www.drugabuse.gov
- [7] Substance Abuse and Dependence. http://www.csun.edu/~hcpsy002/0135128978_ch9.pdf
- [8] <http://www.worldatlas.com/af/sd/nw/where-is-kosti.html>
- [9] Daniel WW (1999). Biostatistics: A Foundation for Analysis in the Health Sciences. 7 th edition. New York: John Wiley & Sons.
- [10] World Health Organization 2010, http://www.who.int/substance_abuse/publications/atlas_report/profiles/sudan.pdf
- [11] A. Karim, H, M. Mohamed, H., M. Mohamed, M, I. Ahmed, A, F. M, A, A. (1988). Drug use among prisoners in three main prisons in Khartoum, Sudan Volume 4, Issue 1, 1998, Page 122-127.
- [12] US Department of health and human resources. National institute on drug abuse (NIDA). NIH Publication Number 10-5771 Printed December 2008, Revised September 2010 Feel free to reprint this publication. Comorbidity: Addiction and Other Mental Illnesses. Research report series.
- [13] Ibrahim, B. Syed. (2012). Drugs Muslims should avoid. President Islamic Research Foundation International, Inc. 7102 W. Shefford Lane Louisville, KY 40242-6462, U.S.A. E-mail: IRFI@INAME.COM. Website: <http://WWW.IRFI.ORG>
- [14] US Department of health and human resources. National institute on drug abuse (NIDA) NIH. Understanding Drug Abuse and Addiction, November 2012 p1 www.drugabuse.org.
- [15] Penning, P, Veldstra J, L. Anne, P. Daamen. Olivier, B.. Verster J, C. (2010). Driving and Traffic Safety. Current Drug Abuse Reviews, 2010. Bentham Science Publishers Ltd. Drugs of Abuse, Utrecht University, Utrecht Institute for Pharmaceutical Sciences, Faculty of Science, Section Psychopharmacology, P.O. Box 80082, 3508 TB, Utrecht, The Netherlands 2 University of Groningen.