

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

COLLEGE OF HEALTH SCIENCES

FACILITY OF ALLIED HEALTH SCIENCE

DEPARTMENT OF NURSING

DIPLOMA PROGRAMMES



**ASSESSING THE CAUSES AND EFFECTS OF DRUG ABUSE AMONG HEALTH
WORKER; A STUDY AT THE HOLY FAMILY HOSPITAL, BEREKUM**

SUBMITTED BY

RICHARD OPOKU AFRIYIE. – 5887821

MARTHA OBENG – 5870521

HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM

AFFILIATED TO KNUST, KUMASI

HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE,

BEREKUM



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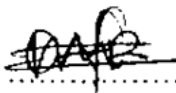
RICHARD OPOKU AFRIYIE.	–	5887821
MARTHA OBENG	–	5870521

2022

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RICHARD OPOKU AFRIYIE


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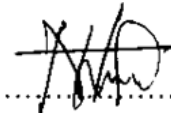
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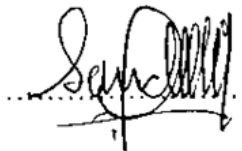
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Certified by:

MR. SAMUEL OSAFO ASARE


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15-06-2023
.....

(SUPERVISOR)

SIGNATURE

DATE

MONICA NKRUMAH

.....

.....

(PRINCIPAL)

SIGNATURE

DATE

ABSTRACT

Despite being illegal, illicit use of psychoactive substances is extremely common in many societies, especially among young adults, with the typical motivation being to enjoy or benefit from the substance's psychoactive characteristics. The purpose of the study was to investigate drug use among the health workers at Holy Family Hospital, Berekum. A review of relevant literature has been completed. In order to elicit responses from study participants, a quantitative design was adopted. A convenience sampling technique was used to select participants for the study. A total of 50 participants were used for the study. Data was collected through the use of structured and semi structured questionnaires consisting of both closed ended and open-ended questions. Data was entered and analyzed using the statistical package for social sciences (version 22; SPSS) and results were presented in the form of frequencies and percentages. The study found that the vast majority of respondents were knowledgeable with the medications that health professionals frequently abuse. The Food and Drug Administration should ensure that each person purchasing tramadol has a valid prescription from a doctor, according to the study's recommendations. Additionally, local drug enforcement units should step up their efforts to lessen the preparation and distribution of various types of drugs that are frequently used by young people in the nation. The vast majority of respondents concluded that peer pressure, the availability of drugs, and the affordability of drugs are the main factors influencing drug addiction among health professionals.

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ABBREVIATIONS

WHO-World Health Organization

HIV/AIDS-Human Immune Virus/Acquired Immune Deficiency Syndrome

SUD-Substance Use Disorder

NACOB-Narcotics Control Board

SPSS-Statistical Package for Social Science

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CHAPTER ONE

INTRODUCTION

1.0 Background of the Study

Every country strongly emphasizes the health of their youth. Unfortunately, there has been a considerable increase in the use of drugs, alcohol, and tobacco, specifically among the youth. Drug and substance abuse is one of the major problems affecting the health of adolescence in a nation. It has become a common trend all over the world and as the most crucial social disorder and has invaded the human community (Saad et al., 2015).

According to World Health Organization (WHO), substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome which is a continuous, repeated and persistent use of the substance despite its harmful consequences; leading to a high priority being given to the use of the substance to the detriment of other activities and obligations (WHO, 2014). Substance use is the largest preventable and most costly public health problem facing mankind today (Feinstein, Richter, & Foster, 2012). According to the United Nation Office on drugs and crime in 2009, the number of consumers of various drugs was estimated around 149 to 279 million people, including 3.3 to 6.1 of the world's population of 15 to 65 years. In this regard, using opioid analgesics is of particular importance as the initial experience and recreational use in most instance.

Substance abuse also increases the risk of spreading infectious diseases such as HIV/AIDS, hepatitis B and C and tuberculosis. Drug abusers tend to share infected needles and cannot make appropriate decisions while under the influence of controlled substances, which can lead to the spread of the above-mentioned infections. Additionally, being under the influence of illicit drugs can also increase the incidence of unprotected sex (Kabore et al., 2019).

Addiction is therefore a disease with its origins from adolescence. The word “substance” as used here is a chemical that modifies a person’s mood, perception or cognitive behaviour when it is smoked, injected, swallowed, drunk, inhaled in powdered or vapor form (WHO, 2014). Other related words for substance use are substance abuse, substance dependence, drug use and abuse, illicit drug use and abuse, and so on.

Generally, drugs are helpful when they are properly used and destructive when they are misused or abused, but most youth are guilty of substance abuse (Mohammad, 2014). The use of illicit substances is a major public health problem in high income countries like the US. However, this problem of illicit substance use has spread rapidly to include middle- and low-income countries where most of its youth and adolescents are actively engaged in this illegal practice (Aliyu, 2014; Mohammad, 2014).

The problem is worse in African countries, as the use of these substances is accompanied with a lot of risk behaviours such as crime, violence and suicide (Nsimba, 2010). In Nigeria, a large number of the population mostly youth buy drugs without any physician’s prescription (Mohammad, 2014). In 2014, nearly 21.5 million people aged 12 or older suffered a substance use disorder (SUD). This includes 17.0 million people with an alcohol use disorder, 7.1 million with an illicit drug use disorder, and 2.6 million people who suffered from both. About 11% of the youth in Nigeria are reliant on one form of substances or the other and this causes a great threat to the sustainable youth development especially in the Northern Nigeria. Substance abuse has reached an alarming stage among adults, youth and children (Dankani, 2012).

The World Drug Report 2015 explains that globally, about 27 million people, or almost the entire population of a country the size of Ghana, are problem drug users, that is, people suffering from substance use disorders or drug dependence.

Globally, deaths directly caused by drug use increased by 60 percent from 2000 to 2015. People over the age of 50 accounted for 39 per cent of the deaths related to drug use disorders in 2015. However, the proportion of older people reflected in the statistics has been rising: in 2000, older people accounted for just 27 per cent of deaths from drug use disorders (World Drug Report 2018).

A number of doctors, nurses and pharmacists in hospitals and clinics across the country are working under the influence of a powerful opium-based prescription pain killer called Pethidine and, in some cases, have been busted stealing the drug or illegally altering patient records to fuel their addiction.

The problem is widespread and is threatening health delivery in hospitals across Ghana, according to interviews with various health professionals in Accra. Doctors and nurses are using the drug at work, delivering compromised services to their patients. Health practitioners are calling for more stringent government regulation, but the drug is now being made available more widely than ever before. Charles Ofei Palm, a clinical pharmacist at Korle Bu Teaching Hospital, Ghana says Pethidine abuse is a common occurrence at a number of hospitals. These include drugs such as Pethidine, Morphine, and Methadone. Prominent among them is Pethidine He showed The Weekend Globe patients folders that had been doctored by nurses in order to obtain Pethidine illegally.

In the November 18, 2014 edition of the TODAY, a popular weekly daily in Ghana, it was reported that about 50,000 people in Ghana abuse substances and 70% of these result in mental illness.

Given the increasingly stressful environment due to manpower shortages in the healthcare system in general, substance induced impairment among some healthcare professions is anticipated to grow. Though recent studies suggest that the prevalence of substance abuse is

no higher in healthcare professionals (HPs) than the general population, given the responsibility to the public, any impairment could place the public at increased risk for errors. Few studies have ever reported predictors or risk factors for alcohol and other drug use (AOD) across a sample of HPs.

Early identification is essential as patient and provider well-being may be at risk. Just like evidence for alcohol, cocaine, and illicit drugs, drug dependent HPs represent a specific subtype of drug abuser who have access to licit drugs. Knowing those HPs who may be at greatest risk for substance abuse, may facilitate the development of more tailored and effective educational and intervention strategies for this subtype of addict (Kenna and Lewis, 2008).

The relationship between substance-related risks to patient safety, nurse health and discipline is understudied (Kunyk, 2013).

The Narcotics Control commission (NACOC) has expressed worry over the recent surge in persons suffering disorders related to substance abuse, particularly among the youth in four regions of which the Bono region is part (Graphic online, 2021).

Four hundred and seventy-six (467) mentally challenged persons have been identified in all the twelve municipal and district assemblies in the Bono Region by the Bono regional health directorate with alcoholism and drug abuse being a major cause of this problem (Joseph, 2022).

1.1 Problem statement

Doctors and nurses account for some of the highest rates of addiction in the workforce. According to USA Today, “Across the country, more than 100,000 doctors, nurses,

technicians, and other health professionals struggle with abuse or addiction, mostly involving Narcotics such as Oxycodone and Fentanyl.”

Like many other working professionals facing an addiction, a medical professional might have multiple reasons for turning to drugs or alcohol. They could be looking for a way to stay alert on an all-day or overnight shift or a way to escape the emotional pain from a day of hard decisions and upsetting outcomes (Addiction Center, 2022).

The use of illicit drugs and the abuse of alcohol carry significant social, physical, and emotional health risks. Users may suffer damage to key body organs such as the heart, liver, kidneys, and central nervous system. Drugs can kill the user, and the use of drugs and alcohol during pregnancy may cause birth defects or death of unborn babies. Drug users may experience difficulties with concentration and memory that impair learning. They can exhibit mood swings, impaired judgement, isolation, and depression, all of which can contribute to impaired driving, injuries, accidents, domestic or random violence, and sexual assault. Drugs can lead to the deterioration of family units and the breakdown of friendships and other support systems (Columbus State Community College, 2020).

While physicians and nurses do not have a higher risk of developing drug addiction compared to the general population, Medicine Net states that many experts believe healthcare workers (including doctors, nurses, dentists, pharmacists, and veterinarians) may be at increased risk for prescription drug abuse. The reasoning behind this statement is that healthcare professionals have easier access to these controlled substances due to the nature of their job (Bryan Barajas, 2014).

Substance abuse and dependence among health professionals vary by discipline. Physicians, for example, may self-prescribe controlled substances. Drug access enables pharmacists to

self-medicate and titrate drugs, and dentists are more prone than any other health care group to abuse alcohol (Kenna & Lewis, 2008).

Four hundred and seventy-six (467) mentally challenged persons have been identified in all the twelve municipal and district assemblies in the Bono Region by the Bono regional health directorate with alcoholism and drug abuse being a major cause of this problem (Joseph, 2022).

Dr. Joseph Yere revealed that the practice where vagrants roam the streets poses a higher risk to the general public and the vagrants themselves so the Health Directorate has presented a proposal to the Bono Regional Co-ordinating Council to treat them and get them off the street. He however disclosed that the efforts of the Health Directorate towards dealing with this issue has failed (Joseph, 2022).

On this note it is essential to assess the knowledge of healthcare professionals on drug abuse its causes and effects.

1.2 General objective

To assess the knowledge, causes and effects of drug abuse among health workers; a study at the Holy Family Hospital, Berekum.

1.3 Specific objective

To determine the knowledge of health workers on drug abuse.

To ascertain the causes of drug abuse among health workers.

To investigate the effects of drug abuse among health workers.

1.4 Operational definition

Cause: A reason for an action or condition.

Effect: Something that inevitably follows an antecedent (such as cause or agent)

Knowledge: The fact or condition of knowing something with familiarity gained through experience or association.

Drug: Any natural or artificial substance other than food that by its chemical nature alters the structure or function of a living organism.

Drug Use: Using unprescribed drugs for curative purposes or using drugs excessively without prescription (drug abuse) or misuse of drugs.

Drug Abuse: the repeated use of illegal/legal drugs in a manner that deviates from approved medical direction or the use that it is not intended for.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter contains review of relevant literature related to the research topic. A well-structured literature review begins with broad or general information, then narrows the focus to those studies most closely related to the research problem.

2.1 Concept of Drug Abuse

According to World Health Organization (WHO, 2014) drug abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. The use of psychoactive drugs can lead to dependence syndrome - a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use. And that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state (WHO, 2014).

Drug abuse can be defined as a pattern of harmful use of any substance for mood-altering purposes (Hardy & Qureshi, 2012). Substance abuse is a maladaptive use of a drug, resulting in impairment of functioning or distress, as manifested by a failure to perform adequately at home, school or work (Adewuyi, 2013).

A person who allows himself/herself to be controlled by a psychoactive substance is called a 'drug abuser' (Okafor, 2020). A drug abuser brings forth a condition called neurological functions and his/her moods, perception, consciousness, and energy levels change and the drugs can take over his/her normal functioning and well-being (Okafor, 2020).

Drugs, are substances which, when taken, can limit cognition, perception, mood, behavior and overall body function. It can also produce a change in biological functions through its chemical actions (Okafor, 2020). *Drugs* are any chemical (psychoactive) substances that affect physical, mental, emotional or behavioral states of an individual (Singh & Gupta, 2017).

The World Health Organization further explains that the use of these psychoactive substances can lead to dependence syndrome. This is defined as ‘a cluster of behavioral, cognitive and physiological phenomena in which the use of substance or a class of substances takes on a much higher priority for a given individual than other behaviors that once had a greater value’, (WHO, 2015).

According to Gupta and Singh (2017) the pattern of drug use related syndrome can be described as following -

- ***Substance intoxication*** is a reversible, substance-specific syndrome due to the recent ingestion of a substance of abuse. Signs of intoxication often include confusion, impaired judgment, inattention, and impaired motor and spatial skills.
- ***Tolerance*** is a state of physical habituation to a drug, resulting from frequent use, such that higher doses are needed to achieve the same effect. The person can increase the amount of drug use to the point that can be lethal for non-drug users.
- ***Dependence*** is a set of physiological, behavioural, and cognitive symptoms. For an individual when drug use takes much priority over other behaviours that previously had greater value, the person can be called dependent on the drug. Dependence syndrome is characterized by a strong desire or sense of compulsion to take drug, difficulty in controlling drug use behaviour, withdrawal, tolerance, neglect of alternative pleasures and persistent use of drug despite clear evidence of harmful consequences of drug.

- **Withdrawal syndrome** (also called an abstinence syndrome) is a cluster of symptoms that occur when a dependent person abruptly stops using a particular substance following heavy, prolonged use. Some common withdrawal symptoms include anxiety, restlessness and body aches while some withdrawal symptoms are drug specific. Thus, withdrawal symptom varies from one drug to another.

2.1.1 Types of drugs

Drugs can broadly be classified into Depressants, Narcotics, Stimulants and Hallucinogens, Miscellaneous etc.

a. Depressants (Downers): Depressants, also known as sedatives and tranquilizers, are substances that can slow brain activity. These include alcohol, hypnotics to induce sleep, anxiolytic to reduce anxiety, sedatives for relaxation and anticonvulsants such as barbiturates. Alcohol is the most commonly used depressant (Gupta, 2017).

b. Stimulants: These are substances that act and stimulate the central nervous system directly. The users of these substances at the initial stage experience pleasant effects such as energy increases. The major source of these comes from caffeine substances (Okafor, 2020). They include *cocaine* (such as freebase and ‘crack’), *amphetamines* (for example Dexedrine, Benzedrine), *methamphetamine* (methedrine: ‘speed’, ‘crystal’, ‘ice’, ‘crank’), *MDMA* (ecstasy), *nicotine*, *caffeine* and amphetamine like products (preludin or Ritalin.) Some of these are discussed below. Continued use of some stimulants can result in changes in how the brain operates and an inability to experience pleasure naturally. For example, chronic use of amphetamines (and cocaine) may result in the temporary loss of approximately 20% of dopamine receptors in the nucleus accumbens, at least for 4 months since the last exposure (Gupta, 2017)

c. Hallucinogens: These are drugs that alter the sensory processing unit in the brain. They produce distorted perception, feelings of anxiety and euphoria, sadness and inner joy. They normally come from marijuana etc (Okafor, 2020).

d. Narcotics: These drugs relieve pain, induces sleep and are addictive. They are found in heroin, codeine, opium, etc. Narcotics or opioids are drugs that are used medically for pain relief but that have strong addictive potential. Opioids produce a rush, or intense feelings of pleasure, which is the primary reason for their popularity as street drugs. They also dull awareness of one's personal problems, which is attractive to people seeking a mental escape from stress. Their pleasurable effects derive from their ability to directly stimulate the brain's pleasure circuits— the same brain networks responsible for feelings of sexual pleasure or pleasure from eating a satisfying meal (Gupta, 2017).

e. Miscellaneous: This is a group of volatile solvents or inhalants that provide euphoria, emotional disinhibiting and ever-lasting distortion of thought to the user. The main sources are glues, spot removers, tube repair, perfumes, chemicals, etc (Okafor, 2020).

f. Barbiturates: Barbiturates such as amobarbital, pentobarbital, phenobarbital, and secobarbital are depressants, or sedatives. These drugs have several medical uses, including easing anxiety and tension, dulling pain, and treating epilepsy and high blood pressure. At the highest risk for prescription drug abuse are anesthesiologists, emergency medicine physicians, family practitioners, psychiatrists and nurses. The ease of access and frequency of exposure to prescription drugs is one factor that increases the probability of these professionals to abuse these drugs. Other factors that contribute to the abuse of prescription drugs include stress, anxiety and depression, often associated with the long working hours and high stress levels of healthcare jobs (Gupta, 2017)

g. Marijuana/Cannabis: Marijuana is derived from the Cannabis sativa plant. It is generally classified as a hallucinogen because it can produce perceptual distortions or mild hallucinations. It is also known by various street names such as bhang, ganja, chakras, hashish, pot, weed. Cannabis can produce anxiety, paranoia, and a sense of derealization. It is the most prevalent illegal drug used around the world. About 40% of the U.S. population age 12 or older has tried cannabis at least once (Gupta, 2017)

h. Amphetamines: Amphetamine (contracted from alpha-methylphenethylamine) is a central nervous system (CNS) stimulant. Amphetamines are used in high doses for their euphoric rush. They are often taken in pill form or smoked in a relatively pure form called “ice” or “crystal meth”. Amphetamines are also used for therapeutic purposes e.g., for the treatment of attention deficit and hyperactivity disorder (ADHD), narcolepsy, and obesity. At therapeutic doses, it induces physical effects such as decreased reaction time, fatigue resistance, and increased muscle strength. Larger doses of amphetamine may impair cognitive function and induce rapid muscle breakdown (Gupta, 2017).

i. Cocaine: Cocaine is a natural stimulant extracted from the leaves of the coca plant. Cocaine is usually snorted in powder form or smoked in the form of crack (Gupta, 2017).

2.1.2 Latest trend in drugs

Currently, there are striking trends in the use of substances. Although the prevalence of use of some drugs may be down, the intensity of use may go up. Drugs today are more potent, addictive and destructive than ever and newer trends keep coming up every day. One typical example is the emergence of desomorphine (krokodil); one of the latest drugs derived from heroin. The common solvents used in its preparation are gasoline, paint thinner, iodine, hydrochloric acid and red phosphorus (from matches) (Gahr et al., 2012).

Those who use it may experience a change in skin ulcerations, infections and gangrene – a discolored (green, black) scale-like skin which resembles the crocodile hence the street name ‘krokodil’ (Gahr et al., 2012).

According to the World Drug Report of the United Nations Office on Drugs and Crime (UNODC), (2016):

1. The number of people classified as suffering from drug use disorders has increased disproportionately for the first time in six years. The figure stands at 29 million people as compared to the earlier figure of 27 million.
2. Approximately 27 million people are problem drug users, almost half of whom are people who inject drugs (PWID). About 1.65 million of people who inject drugs were living with HIV in 2013.

Cannabis remains the most commonly used drug at the global level, with an estimated 183 million people having used it in 2014. By analyzing trends over several years, the report shows that with changing social norms towards cannabis, its use has climbed in parallel with higher acceptability towards the drug (Gupta, 2017).

The misuse of tramadol has experienced a dramatic escalation globally, prompting the UNODC to refer to a ‘tramadol crisis’ in 2018. Tramadol is not internationally regulated by the International Narcotics Control Board, largely due to concerns on the part of the WHO that scheduling tramadol as a drug with high potential for abuse could limit its medical use in the developing world, where pain-relief medicine is hard to come by. This lack of regulation is troubling, as most of the illicit tramadol seized in Ghana is believed to have been manufactured in India and is typically double or even quadruple the strength of FDA-approved forms of the drug (Domestic Drug Consumption in Ghana, 2019).

The number of methamphetamines being seized in Ghana is increasing in line with global figures, which are experiencing year-on-year growth (Domestic Drug Consumption in Ghana, 2019).

2.2 Knowledge on Drugs Most Commonly Abused

Abuse of drug has become a serious problem in Egypt and abuse has also been reported in Iran, Jordan, Lebanon, Libya, Mauritius, Saudi Arabia and Togo (Elliason, 2018). In 2010, an increase of non-medical use (abuse) of tramadol in Africa was reported (Elliason, 2018). In the United Arab Emirates, the phenomenon of selling tramadol in an unlawful manner has been on the rise (Condrón, 2018).

Saad et al., (2015) conducted a study on drug abuse among the youth in Kuala Lumpur Turkey. The findings revealed that all respondents knew there were some different types of drugs such as Cannabis, Amphetamine, Cocaine, Ecstasy, Hallucinogen, and Heroin. 41 percent of them knew more than three kinds of these drugs and 20 percent knew only one type of drugs. Toshniwal et al. (2017) asserted that the major source of knowledge of substance of abuse in youth found was from media (58%) like movies.

A study conducted at Sunyani in 2018 revealed that; (91.2%) of respondents aged between 16 and 25 had heard of drug abuse though those aged between 12-15years (21.7%) were likely to have heard about it (Boateng, 2018). The older the respondent, the higher the probability to have heard about drug abuse, (61.7%) of the youth have heard about drug abuse (Boateng).

Sagoe (2012) conducted a study in Ghana on Ghanaian Youth's Drug Use. In this study, alcohol, cigarettes, and marijuana were found to be the most popular drugs among youth. Alcohol was found to be the initial drug of choice among these young people.

Alcohol Use

In 2014, 17 million out of the 176.6 million alcohol drinkers in America have been diagnosed as suffering from Alcohol Use Disorder (Center for Behavioral Health Statistics and Quality, 2015).

The American Psychiatric Association (2013) defines Alcohol Use Disorder as a ‘condition characterized by the harmful consequences of repeated alcohol use, a pattern of compulsive alcohol use, and (sometimes) physiological dependence on alcohol (i.e., tolerance and/or symptoms of withdrawal).’ Data from the Monitoring the Future studies for 2012 showed that the number of drinking-and –driving traffic fatalities involving 16- to 20-year-old was 1,262 (Windle, 2012).

Alcohol intake, being seen as a sign of maturity or adulthood is particularly attractive to the youth. Nearly all youth internationally report some experience with alcohol before the completion of high school with over a third reporting hazardous use at least once. Due to this, alcohol consumption among the youth has increased significantly (Lewis & Hession, 2012). Also, the improved marketing strategies used by the producers of alcoholic beverages seeking to make profit have a profound effect on the youth (Grenard, Dent, & Stacy, 2013).

According to WHO, (2014), 23.3% of Ghanaians who are 15-year-olds and above consume alcohol. Studies by Frimpong-Manso (2013) and Mccarthy-Boham (2015) confirmed that the proportion of males who drink alcohol in Ghana is about three times that of the females.

About 4.4% of people working in healthcare have a problem with heavy alcohol consumption in the USA. And even with the many treatment options available for these individuals, this rate has stayed around the same number for over ten years (Priscilla, 2022).

People in nursing and other helping professions show higher rates of alcohol addiction than in other lines of work. About 83 percent of health care professionals consumed alcohol on at

least one occasion in the last year, according to the National Student Nurses Association (NSNA). That is on par with the national average. Sixteen percent engaged in binge drinking (Matt, 2016).

Tobacco Use

This occurs ‘when the use of tobacco harms a person’s health or social functioning, or when a person becomes dependent on tobacco’ (SAMHSA, 2013). The different forms of tobacco are cigarettes, smokeless tobacco products (for example snuff, chewing tobacco), cigars, or pipes.

Tobacco use and smoking cause lung cancer, respiratory disorders, heart disease, stroke and other illnesses because it damages almost every organ in the human body. Globally, more than 480,000 deaths annually are caused by cigarette smoking. Young adults between 18 to 25 years had the highest rate of current use of a tobacco product (35%), followed by adults aged 26 or older (25.8%) and by youths aged 12 to 17 (17%), (Carter et al., 2015).

A household survey conducted in Nigeria showed that about 11.9% of the male household members use tobacco (Uguru et al., 2015). Compared to many middle-income countries though, the prevalence of tobacco use in Ghana is quite low. However, the impact is sufficient to warrant national attention. The prevalence of current daily smokers among Ghanaians is 7.6% and is higher among men (Yawson et al., 2013).

Cannabis Use

This includes problematic marijuana use and marijuana addiction which can lead to clinically significant impairment or distress. Some of the common symptoms of this disorder include; spending a lot of time on cannabis use, problems at work, school, and home as a result of cannabis use, continuing to use cannabis despite physical or psychological problems, withdrawal when discontinuing cannabis amongst others. Heavy marijuana use increases the

risk of developing mental illness and functioning poorly cognitively (Copeland, Frewen, & Elkins, 2009).

In a survey on the use of psychoactive substances among high and middle school students of Morocco, cannabis use recorded the highest prevalence of 8.1% among the illicit drugs studied (Zarrouq et al., 2016). In Ghana, a large proportion of mental illness among the youth originates from marijuana usage. (Doku, 2012; Opong Asante et al., 2014)

Hallucinogen Use

Hallucinogens produce visual and auditory hallucinations, feelings of detachment from one's environment and oneself, and distortions in time and perception (Asante et al., 2014). Examples of hallucinogens are LSD, acid diethylamide (chemically synthesized), psilocybin mushrooms, peyote (occurs natural) and so on.

Opioid Use

Generally, opioids are sedatives and thus reduce the perception of pain. It can also produce drowsiness, mental confusion, euphoria, nausea, constipation and even depress respiration (American Society of Addiction Medicine, 2015). Some examples of opioids are heroin (illegal), oxycodone and hydrocodone (legal). Due to the toxic chemicals like phosphorus added during the production of heroin, it can produce serious health effects when used.

Of all nursing professions, nurse anesthetists use these drugs at the highest rates. A survey of 2,700 certified registered nurse anesthetists who had been in practice between 10 and 20 years revealed nearly 9 percent misused opioids in 2006, per the American Association of Nurse Anesthetists. More than 4 percent of this group misused midazolam, a sedative. Less than 1 percent took barbiturates (Matt, 2016).

2.3 Causes of drug abuse among health workers

There are plenty of causes of drug addiction. Everyone has their own story, and each story is as heartbreaking as the next (Harcourt health, 2022). A 2013 study in the Journal of Addiction Medicine stated that 69% of doctors abused prescription medicine as a means of relief from emotional distress or general stress. The American Nurses Association reports that 10 percent of nurses may be impaired or in recovery from drug or alcohol addiction (Anapol Weiss, 2018).

Prescription drugs has been one of the causes of addiction among healthcare providers. Many people find themselves addicted to drugs as a result of legal drugs prescribed to them by their doctor. This is typical because they've suffered an injury or undergone a surgical procedure and need prescription drugs to help them cope with the physical pain while they heal (Harcourt health, 2022).

This has actually become a bigger and bigger problem in recent years. People who take prescription drugs often begin to depend on the relief they provide and thus become addicted to the drug-related euphoria (Harcourt health, 2022).

Stress from work place has been one of the causes. Nurses often work long, rotating and overtime shifts that are physically, mentally and emotionally exhausting. This leaves little time to decompress. A 2015 survey of registered nurses in 12 European countries that was published in BMJ Open found that nurses who work 12-hour shifts are more likely to burn out than nurses who work shorter hours. Physical or emotional exhaustion related to fatigue can lead to medical errors, decreased quality of care and poor overall health. As a result, many nurses self-medicate with painkillers to relieve a headache or reduce insomnia, which can lead to substance abuse (Matt, 2016).

No one is immune to stress. We experience it in many forms, both in our personal and professional lives. Stress can be debilitating; thus, many people turn to drugs and alcohol as a way to deal with the everyday mental and physical stress of life (Harcourt health,2022). Youth abuse substances in order to get more energy so as to meets their work demand, to be strong or to be able to complete a task (Terry-McElrath et al., 2009).

Another leading cause of addiction is family history and genetics. Many people grow up in homes where they are exposed to drugs and addiction. And others have it in their DNA because their mother or father abused drugs and passed the addiction down to their children genetically. Growing up in a household where drugs are present is often too much for a child to deal with. And this exposure is often the key to a young person falling into a life of addiction themselves (Harcourt health, 2022).

Loneliness and escape from emotional pain has also been another factor. Everyone feels lonely at different times in life for a variety of reasons. This is one of the most common stepping stones to the world of drugs and addiction. Loneliness is a pain that often feels inescapable. It can be difficult to verbalize what this pain feels like, and yet it's very real and can cause the individual to be willing to do anything to make the discomfort go away. There are many forms of emotional pain. Many people struggle with sadness, depression, anger, heartbreak, anxiety, fear, among other things. And for many of these people, drugs represent an escape that will provide a reprieve for the emotional discomfort they experience on a daily basis. Drugs often help with the pain at first by satiating the brain. But this isn't a permanent solution and only leads to much larger pain and more complicated problems (Harcourt health, 2022).

Drug accessibility is also a great cause as hospitals are filled with myriad prescription painkillers, which can be problematic for nurses with addictions. These medicines may induce strong cravings and heightened temptations to steal drugs (Matt, 2016).

There are other causes like peer pressure, pain from physical injury and recreational experimentation. No one ever expects to become addicted to drugs, and yet it happens every single day, in every corner of the world. That's why it's so important to avoid the temptation of experimentation or seeking refuge from personal pain through drugs (Harcourt health, 2022).

According to Dankani (2012), in a study to examine abuse of cough syrup as a new trend of drug abuse among the youth in five (5) Northwestern States of Nigeria, using a total of four hundred and eighty-seven (487) respondents who were selected from the five states, the findings reveal that majority (57%) of the respondents were initiated into substance abuse as a result of peer pressure. Peer group is found to have a strong influence on substance abuse than parental influence, though there is a tendency of children to learn substance abuse from their parent (Yusuf, 2013), and majority of youth are influence into substance abuse by their peers (Adewuyi, 2013).

2.4 Effects of Drug Abuse Among the Youth

Drug abuse is increasing morbidity, mortality and crime rates worldwide. UNDOC estimated 200,000 drug related deaths in 2011. Globally, Hepatitis C is more common among those who inject drugs; in 2011 about 7.2 million people were diagnosed with Hepatitis C, 1.2 million people were living with hepatitis B virus, and 1.6 million with HIV who injected drugs. HIV rates among children and adolescent drug users are increasing alarmingly due to sharing needles. Injecting drug is a source of potential exposure to different health conditions, such as HIV, hepatitis B and C, and lung cancer (Somani & Meghani, 2016).

Intoxication with a substance can cause physical effects, intoxication with heroin, sedative or hypnotic drugs can cause marked sleepiness and slowed breathing. Also, cocaine intoxication can cause rapid heart rate, or tremors, while, seizures can occur due to alcohol withdrawal syndrome (Edwards, 2014).

A study on drug abuse and its mental health and health consequences among addicts in the Greater Accra region, shows that, the entire twenty-six participants interviewed acknowledged that substance abuse problems are increasing in Ghana, especially among youth. A cross section of the respondents believed that substance abuse may result in mental illness, chest pains, tuberculosis, malnourishment, headaches, bodily pains, dizziness, and serious coughs, loss of weight, AIDS, and general weakness. In addition, they also mentioned homelessness and unemployment as consequences of substance abuse (Affinnih, 2012).

Addicted medical professionals are more likely than their non-addicted colleagues to cause an accident in the workplace or to neglect patients' health. They may be distracted on the job or abruptly leave important appointments or surgical procedures to use drugs (Addiction center, 2019).

According to Tracy (2014), the effect of substance abuse on the body varies depending on the type used, all substances abuse has negative impacts on the health of abusers. Common effects of drug abuse on the body include sleep changes (Ahmed, 2012).

Psychological side effects include, aggression, irritability, selfishness, hopelessness, lack of pleasure from previously enjoyed activities and pressuring others to involve into substance abuse (Tracy, 2014).

Doctors and nurses suffering from addiction are not only putting their own health at risk, but they are also endangering the wellbeing of patients in their care. It may be hard for a medical

professional to accept they have an addiction; the sooner that the addiction is faced head on, however, the better the outcome will be (Addiction center, 2019).

Drug abuse among health care providers comes with an increase in absenteeism and the person may be absent from work for long periods of time and come back with improbable excuses. The addicted individual may spend a lot of time near a drug supply and they may take frequent long trips to the bathroom or frequent to the stockroom where drugs are located. Their work performance may fluctuate between periods of high productivity and low productivity and may make bad decisions based on poor judgment. The person exhibits difficulty in completing simple tasks, may have difficulty in concentrating or recalling details and instructions. The healthcare provider display deterioration in personal appearance which comes with mood swings, depression, anxiety or lack of impulse control (Karen, 2008).

Nurses with substance use disorders can be a financial burden on some organizations. They may use their health benefits more often, fail to show up for work or perform poorly. They are also prone to making medical errors (Matt, 2016).

CHAPTER THREE

MATERIALS AND METHODS

3.0 Introduction

This chapter outlines the methodology used in the research. It focuses on the various processes and procedures used in conducting the research. The chapter also discusses the various sources of the data for the study, the technique for sampling and the approaches for data analysis.

3.1 Study area

The study took place at Berekum Municipality specifically Holy Family Hospital, Berekum. The municipality is situated at the western part of the Bono Region. It lies within longitudes - 2.6° West and latitudes 7.5° North. It is bound in the north by the Jaman South district and in the east by the Dormaa East district, in the south and south-east by Asunafo and Asutifi districts respectively, in the west and south-west by Dormaa West and in the west and north-west by La Cote d'Ivoire. The Bonos dominate all other ethnic groups in the municipality constituting about 96 percent. The municipality is youthful. The 2010 Population and Housing Census put the population of the Berekum Municipality at 106,252 comprising 50,788 (47.8%) males and 55,464 (52.2%) females. The Holy Family Hospital is made up of about 300 health workers.

3.2 The study population

The target population for the study is the healthcare providers of the Holy Family Hospital, Berekum. All people within the age bracket from 25 up to 45 years were potential respondents for the quantitative interviews.

3.3 Study design

A quantitative approach was employed so as to help determine the relationship between factors, and provide an in-depth understanding of the established relationships. A cross-sectional study was conducted which led to the generation of both descriptive and analytic data. The social and demographic variables of the respondents were clearly defined.

3.4 Sampling technique and Size

In all, we used a sample of 50 health workers for the study. A convenience sampling technique was used for the study because it is extremely speedy, easy, readily available and cost-effective sampling method. Participant recruitment was voluntary. A total of 50 participants were used for the study.

3.5 Data collection methods and instruments

Structured and semi-structured questionnaires with closed-ended questions for simple expression of opinions were used to collect data. It was chosen as a technique of data gathering because it is substantially less expensive, prevents respondents from feeling embarrassed, and may ensure respondents' privacy. Since some participants demanded clarifications, questionnaires were answered in our presence. Respondents used approximately 20 minutes to answer the questionnaire.

3.6 Data analysis techniques

Data was entered and analyzed using the statistical package for social sciences (version 22; SPSS) and results were presented in the form of frequencies and percentages.

3.7 Ethical consideration

The main ethical issues involved in this study were respondents' rights to self-determination, anonymity and confidentiality. For this reason, complete information about the study's nature was provided to responders. The names of the respondents were not recorded. Throughout the

interview, participants were made aware of their right to decline participation in the study at any time and were given the assurance that all information was kept private. Furthermore, the identities of the participants were not disclosed, and only aggregate data was reported. Moreover, participants were fairly selected, no form of harm and discomfort was done. The research team ensured no form of research misconduct transpired throughout the period of the study.

3.8 Limitation of the study

First of all, the time and nature of our academic programme called for the use of random sampling. The period which was allowed for the research was also coincided with lectures which reduced the concentration to the work. Secondly, because of time limit the study was conducted with a small sample size of 50.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Introduction

This chapter deals with analysis of data collected from the field of study and the results obtained from the analysis. It provides a descriptive summary of the demographic data of respondents, respondents knowledge about drug abuse, factors that influence drug abuse among the health workers and the effects of abusing drugs. The results of the research are presented under various headings using various graphical presentations notably pie chart, bar graphs etc.

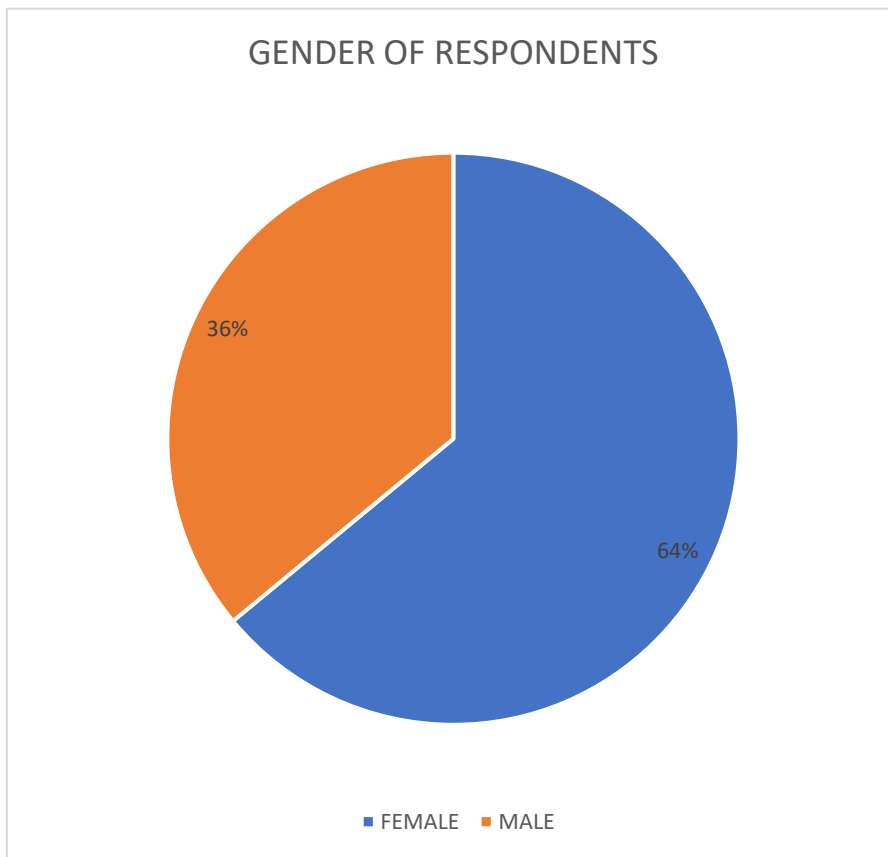
4.1 Demographic Data of Respondents

Table 4. 1: Age of Respondents

AGE	FREQUENCY	PERCENTAGE
25-35	30	60
36-45	20	40

From table 4.1, most (60%) of the respondents were aged 25-35 years.

Figure 4. 1: Gender of respondents



From figure 4.1, Majority (64%) of the respondents were females.

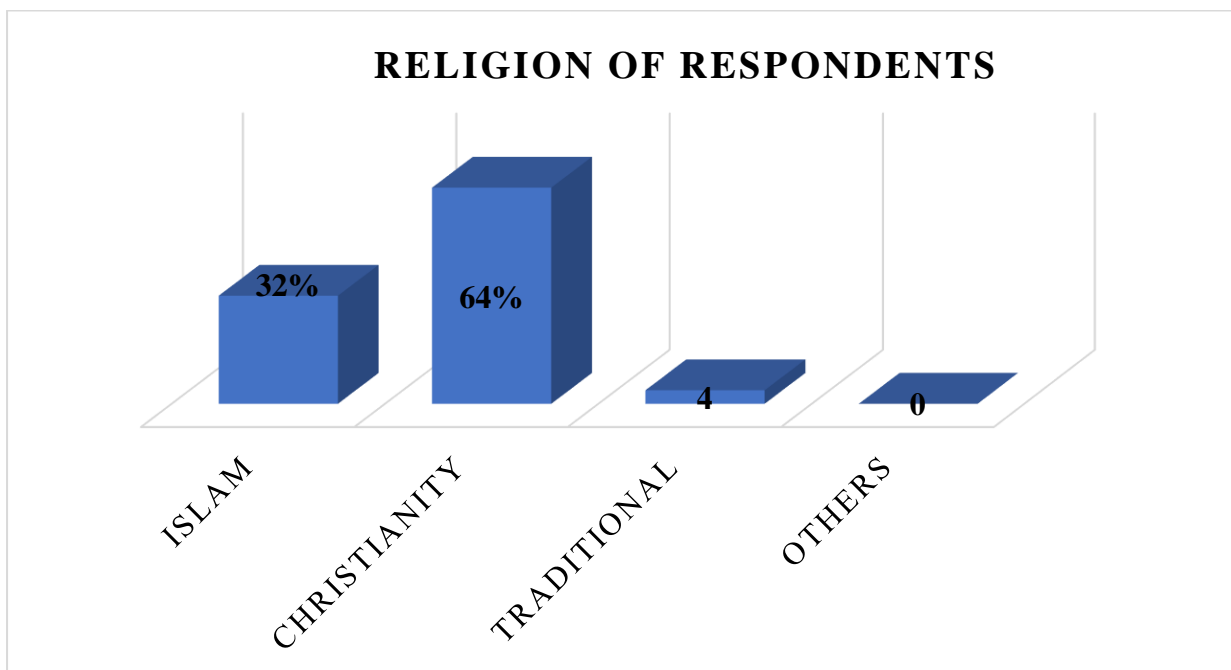


Figure 4. 2: Religion of respondents

From figure 4.2, a vast majority (64%) of the students were Christians.

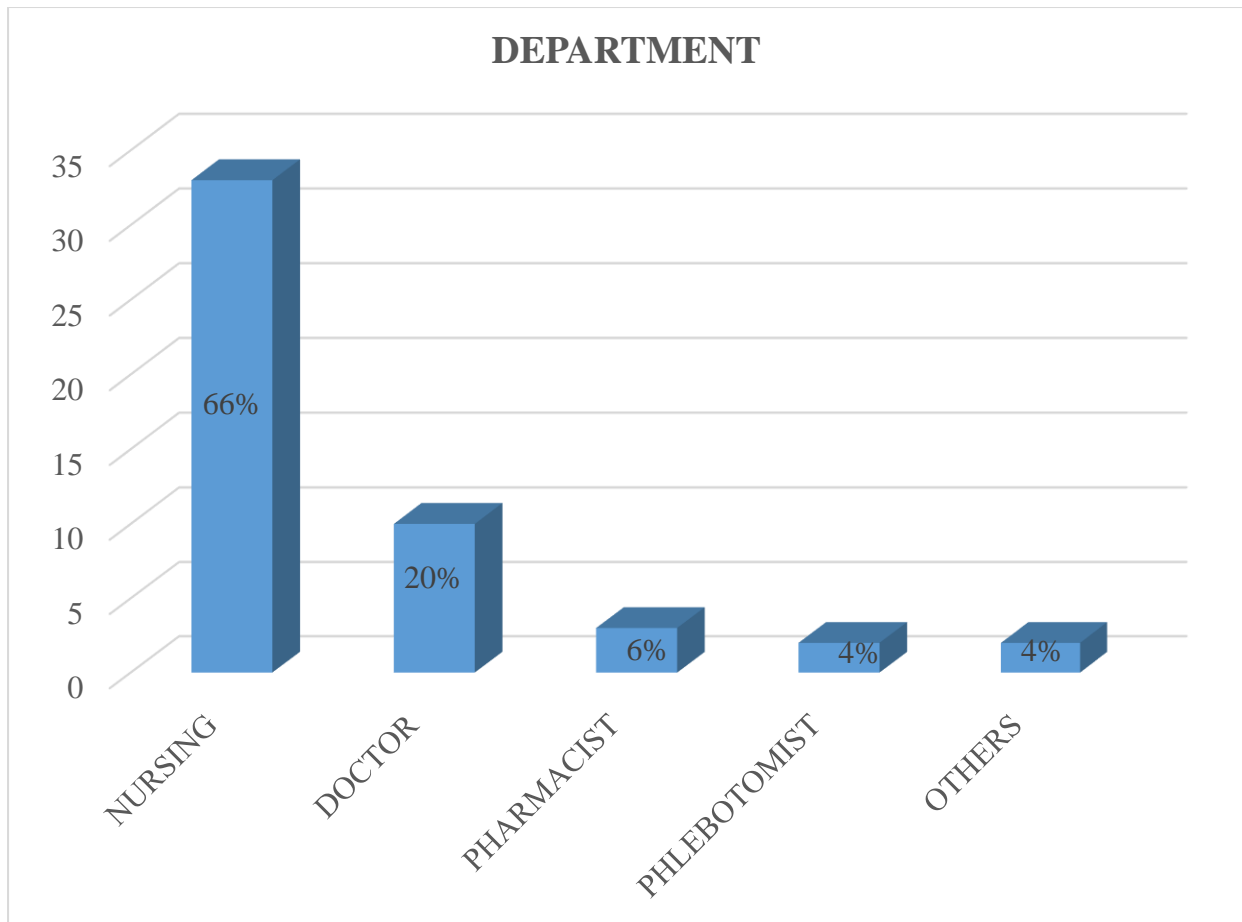


Figure 4. 3: Educational level of respondents

From figure 4.3, Majority (66%) of respondents were nurses, 20% of respondents were doctors. 6% were pharmacist. 4% were phlebotomist and 4% from other department.

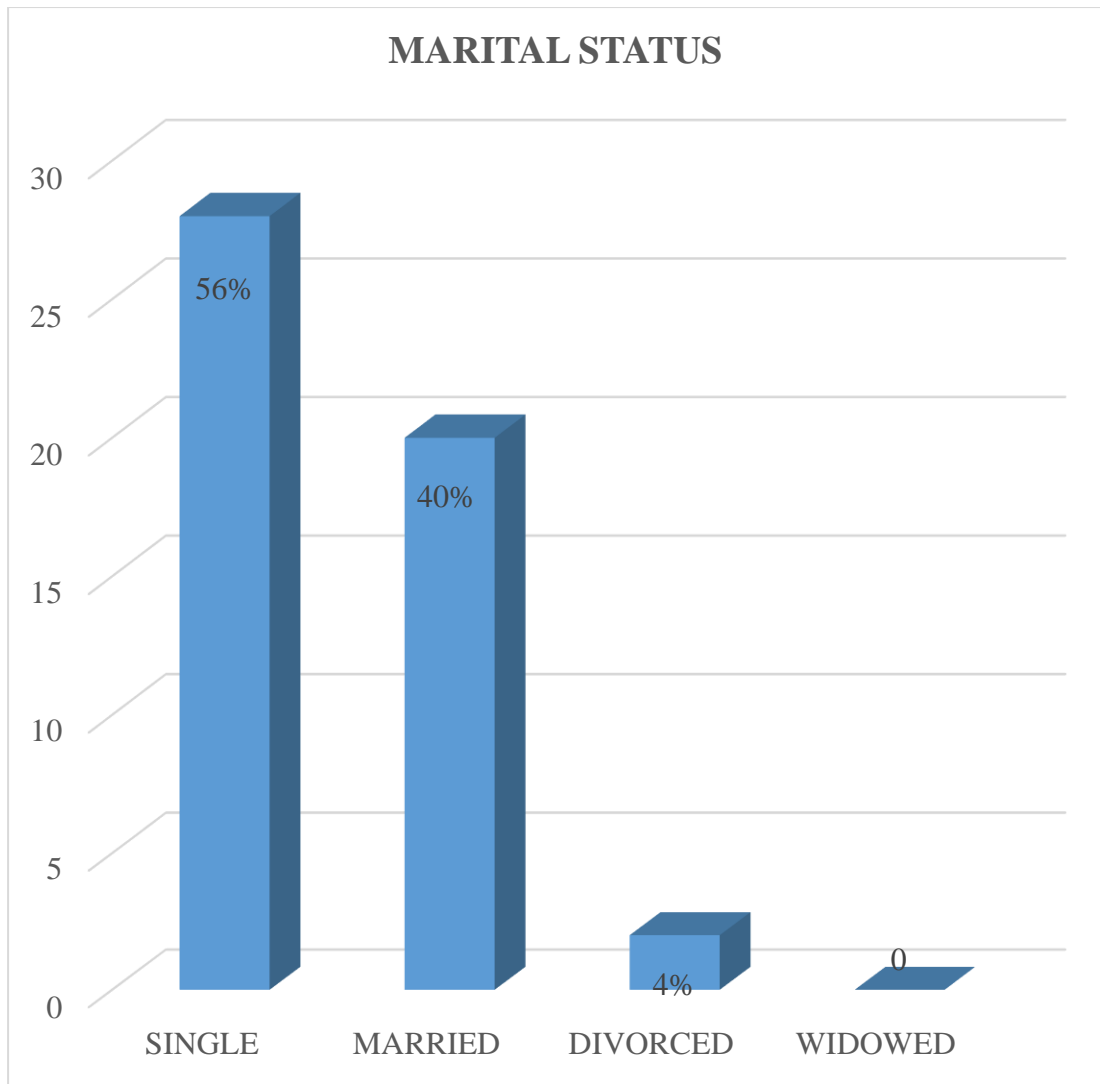


Figure 4. 4: Marital status of respondents

Figure 4.4 indicates that most (56%) were single, followed by 40% married respondents. Few (4%) of the respondents were divorced.

4.2 Knowledge on Drugs Most Commonly Abused

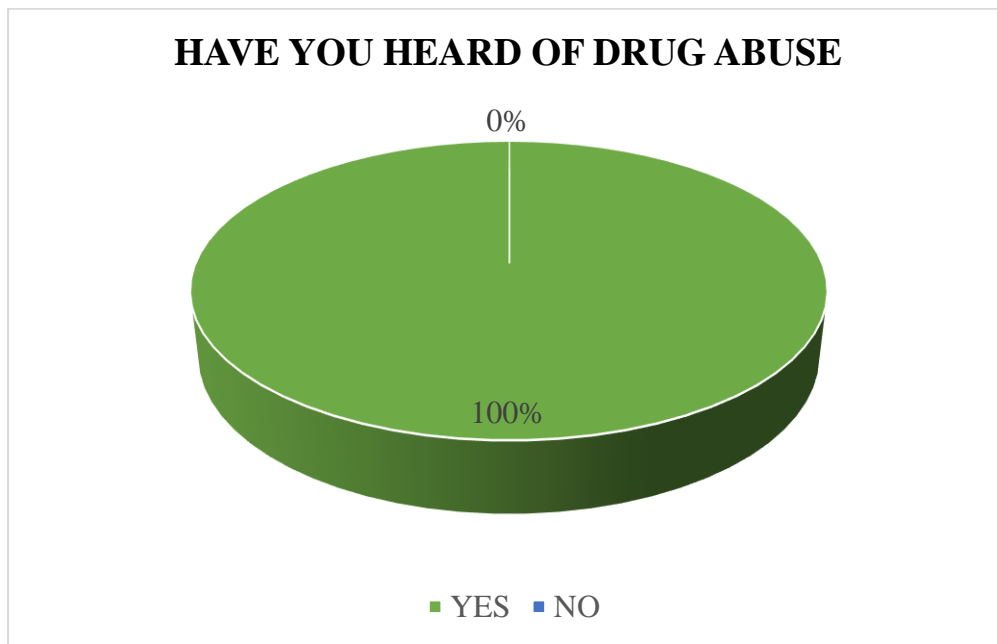


Figure 4. 5: knowledge on drug abuse of respondents

Majority (100%) of the respondents had heard of drug abuse.

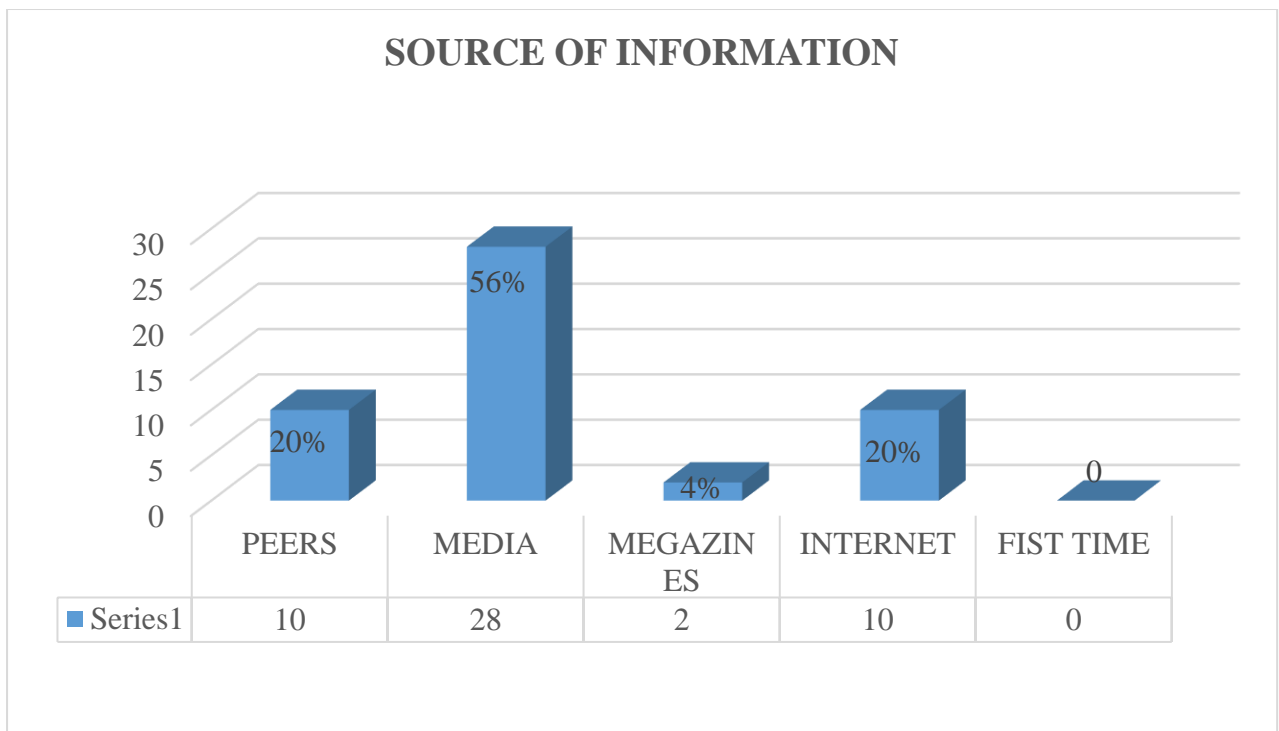


Figure 4. 6: Source of information on drug abuse of respondents

Figure 4.6 indicates that majority (56%) of respondents had their information from the media, about twenty percent (20%) of respondents heard of drug abuse from the internet. Also, most (20%) heard of drug abuse from their peers. Just a little (4%) read about drug abuse from the magazines.

Table 4. 2: Respondents knowledge on drugs commonly abused

VARIABLE	FREQUENCY	PERCENTAGE
Marijuana/Cannabis/Weed	50	100
Cocaine	50	100
Amphetamine	28	56
Tramadol	50	100
Heroin	48	96
Alcohol	50	100
Tobacco	50	100
Fentanyl	32	64
Pethidine	50	50
Morphine	50	50

Table 4.2 shows that all (100%) of respondents knew about marijuana, cocaine, tramadol, alcohol, tobacco pethidine and morphine. Also, most (56%) of respondents knew about amphetamine. Moreover, majority (96%) of respondents knew about heroin. 64% also knew about fentanyl.

4.3 Factors that Influence Drug Abuse

Table 4. 3: Factors that influence drug abuse

VARIABLE	FREQUENCY	PERCENTAGE
Peer pressure	40	80
Curiosity	25	50
Political influence	20	40
Memory enhancement	42	84
Unemployment	35	70
Poor parental support	37	74
Low cost of drugs	46	92
Genetics	40	80
Drug availability	48	96
Branding and advertisement	36	72
Stress/Emotional disturbance	50	100

From table 4.3, majority (80%) of respondents said peer pressure is a factor that influence drug abuse among health workers. A few (50%) of the respondents said curiosity is a factor that influence drug abuse. Also, 40% of the respondents said political influence causes drug abuse among health workers. Again, more than two-thirds (84%) of the respondents said memory enhancement influences drug abuse among health workers. Again, most (70%) of the respondents believed unemployment influence drug abuse among health workers. Over seventy (74%) of respondents said poor parental support to be a cause of drug abuse among health workers. Vast majority (92%) of respondents believed that low cost of drugs to be a factor that influences drug abuse among health workers. Moreover, most (80%) of the

respondents said genetics could be a factor that influences drug abuse among health workers. Vast majority (96%) of respondents said easy availability of drugs on the market influence drug abuse among health workers. More than half (72%) of the respondents said branding and advertisement is a factor that influence drug abuse among health workers. Lastly, all (100%) of the respondents said stress or emotional disturbance is a factor that influence drug abuse.

4.4 Effects of Drug Abuse Among health workers

Table 4. 4: Effects of drug abuse

VARIABLE	NUMBER AND PERCENTAGE		
	YES	NEUTRAL	NO
Sharing of drug injecting needles leads to viral infections such as hepatitis B and C and HIV	42(84%)	5(10%)	3(6%)
Alcohol intoxication can potentially result in rapes	41(82%)	7(14%)	2(4%)
Negative effects of marijuana use persist even after 24 hours	40(80%)	3(6%)	7(14%)
Drug abusers tend to be violent and harm anyone around them	42(84%)	6(12%)	2(4%)
Cocaine intoxication can cause rapid heart rate and tremors	46(92%)	3(6%)	1(2%)
Drug abuse can result in mental illness	47(94%)	1(2%)	2(4%)
Abuse of addictive drugs like tramadol, fentanyl, pethidine, morphine can lead to drug dependence	42(84%)	5(10%)	3(6%)
Drug abuse can result in withdrawal syndrome	46(92%)	2(4%)	2(4%)
Drug abuse can lead to the damage of organs like heart, liver, kidney, brain	43(84%)	4(10%)	3(6%)

From table 4.4, Majority (84%) of the respondents agreed that, sharing of drug injecting needles leads to viral infections such as hepatitis B and C and HIV. Also, a vast majority (82%) of the respondents agreed that, alcohol intoxication can potentially result in rapes. Again, Majority (80%) of the respondents agreed that, negative effects of marijuana use persist even after 24 hours. A vast majority (84%) of the respondents agreed that drug abusers tend to be violent and harm anyone around them. Majority (92%) of the respondents agreed that, cocaine intoxication can cause rapid heart rate and tremors. Moreover, majority (94%) of the respondents agreed that drug abuse can result in mental illness. Also, majority (84%) of the respondents agreed that, abuse of addictive drugs like tramadol, fentanyl, pethidine, morphine can lead to drug dependence. Majority (92%) of the respondent agreed that drug abuse can result in withdrawal syndrome and 84% also agreed that drug abuse can lead to the damage of organs like heart, liver, kidney, brain.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS, RECOMMENDATIONS

5.0 Introduction

This chapter include a brief discussion on the research process, main objectives and findings. In this section, there was a provision of a well-referenced facts in backing arguments in sequential manner.

5.1 Discussions

The main focus of this study was to investigate knowledge, causes and effects of drug use among the health workers at Holy Family Hospital, Berekum. The discussions is based on the specifics of this study.

5.1.1 Knowledge on Drugs Most Commonly Abused

Boateng (2018) conducted a study at Sunyani where (91.2%) of respondents had heard of drug abuse. The study showed similar results as majority (96%) of the respondents indicated they have heard of drug abuse.

According to Toshniwal et al. (2017) the major source of knowledge of substance of abuse in youth found was from media (58%) like movies. The study showed similar results as majority (94%) of respondents in the study had their information from the media.

All (100%) of respondents knew about marijuana, cocaine, tramadol, alcohol and tobacco. Also, most (64%) of respondents knew about amphetamine. Moreover, majority (84%) of respondents knew about heroine. Saad et al., (2015) conducted a study on drug abuse among the youth in Kuala Lumpur Turkey. The findings revealed that all respondents knew there were some different types of drugs such as Cannabis, Amphetamine, Cocaine, Ecstasy, Hallucinogen, and Heroine. Again, Sagoe (2012) conducted a study in Ghana on Ghanaian

Youth's Drug Use. In this study, alcohol, cigarettes, and marijuana were found to be the most popular drugs among youth. Alcohol was found to be the initial drug of choice among these young people.

5.1.2 Factors that Influence Drug Abuse

Majority (94%) of respondents said peer pressure is a factor that influence drug abuse among the youth.

Most (70%) of the respondents said curiosity is a factor that influence drug abuse. Again, more than two-thirds (76%) of the respondents said memory enhancement influences drug abuse among the youth.

Most (74%) of the respondents believed unemployment influence drug abuse among the youth. Over sixty (68%) of respondents said poor parental support to be a cause of drug abuse among the youth. Vast majority (96%) of respondents believed that low cost of drugs to be a factor that influences drug abuse among the youth,

A study conducted by Gopiram and Kishore (2014) is in line with the findings of this study as they that curiosity is one of the critical factors that causes or influenced youth to indulge in substance abuse.

5.1.3 Effects of Drug Abuse Among the Youth

A vast majority (92%) of the respondents agreed that, alcohol intoxication can potentially result in rapes. This is line with a study conducted by University of Utah Health Sciences Centre (2014), which reported that alcohol and drugs are associated with 80% of rapes.

Again, Majority (84%) of the respondents agreed that, negative effects of marijuana use persist even after. This is supported by Goel (2009) who conducted a quantitative study to

find out the effects of marijuana on teens lives in Nigeria. Out of the 150 respondents, 75% indicated that sometimes, negative side effects may persist even after stopping drug use.

A vast majority (90%) of the respondents agreed that drug abusers tend to be violent and harm anyone around them. This is line with a study conducted by Jamila (2018), which reported that most of the youths after abusing the drug turn to be violent and can harm or kill anyone around them without knowing it since the drug has an effect on a person's mental health.

Moreover, majority (74%) of the respondents agreed that drug abuse can result in mental illness. This is in line with a study conducted by Affinnih (2012), which mentioned that a cross section of the respondents believed that substance abuse may result in mental illness.

5.2 Conclusions

Based on the analysis of data obtained from the field, the following conclusions were drawn.

1. A vast majority of respondents had knowledge on drugs that are commonly abused among health workers.
2. A vast majority of respondents indicated that peer group influence, drug availability and low cost of drugs are major factors that influence drug abuse among health workers.
3. A vast majority of respondents said alcohol intoxication can potentially lead to rapes and also sharing of drug injecting needles leads to viral infections such as hepatitis B and C and HIV.

5.3 Recommendations

Based on the findings of the study, the following recommendations are made.

1. The Food and Drugs Authority should see to it that, before tramadol is sold to an individual, he or she must provide a doctor's prescription.

2. There is the need for the design and implementation of relevant programs by concerned agencies to ensure that the Ghanaian health workers are protected from drugs.
3. Drug use enforcement units in area should intensify their efforts at reducing the preparation and distribution of various forms of drugs that are commonly used by health workers of the country because the study revealed that most of the drugs are easily available.

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QUESTIONNAIRE

Dear Respondent,

We are students of the Holy Family Nursing and Midwifery Training College, Berekum, conducting research on the topic “Assessing the causes and effects of drug abuse among health worker; a study at the Holy Family Hospital, Berekum”. Kindly answer the under listed questions by ticking (✓) the appropriate box or write in the spaces provided. Any information provided is confidential. Your opinion is neither considered right nor wrong. You can choose to withdraw your participation at any time. It will take you approximately 30 minutes to answer the questionnaire

Thank you.

PLEASE TICK [✓] THE APPROPRIATE BOX WHERE APPLICABLE.

SECTION A: Demographic Data

1. Age group

a. 25-35 [] b. 36-45 []

2. Gender

a. Male [] b. Female []

3. Religion

a. Islam [] b. Christianity [] c. African Tradition [] d. Other's: specify.....

4. Marital status

a. Single [] b. Married [] c. Divorced [] d. Widowed []

5. Department

a. Nursing [] b. Doctor [] c. Pharmacist [] d. Phlebotomist [] e. Others: specify

SECTION B: Knowledge on Drugs Most Commonly Abused

Select as many that apply

6. Have you heard of drug abuse?

a. Yes [] b. No []

7. Source of knowledge on drug abuse

a. Peers [] b. Media [] c. Magazines [] d. Internet [] e. First time hearing it []

8. Which of the following drugs have you heard off?

a. Marijuana/Cannabis/Weed [] b. Cocaine [] c. Amphetamine [] d. Tramadol []

e. Heroin [] f. Alcohol [] g. Tobacco [] h. Fentanyl [] i. Pethidine [] j. Morphine []

SECTION C: Factors that Influence Drug Abuse

Select all that apply

9. Peer pressure [] 10. Curiosity [] 11. Political influence [] 12. Memory enhancement []

13. Unemployment [] 14. Poor parental support [] 15. Low cost of drugs [] 16. Genetics []

17. Drug availability [] 18. Branding and advertisement [] 19. Stress/Emotional disturbance

SECTION D: Effects of Drug Abuse

20. Sharing of drug injecting needles leads to viral infections such as hepatitis B and C and HIV

a. Yes [] b. No [] c. Neutral []

21. Alcohol intoxication can potentially result in rapes

a. Yes [] b. No [] c. Neutral []

22. Negative effects of marijuana use persist even after 24 hours

a. Yes [] b. No [] c. Neutral []

23. Drug abusers tend to be violent and harm anyone around them

a. Yes [] b. No [] c. Neutral []

24. Cocaine intoxication can cause rapid heart rate and tremors

a. Yes [] b. No [] c. Neutral []

25. Drug abuse can result in mental illness

a. Yes [] b. No [] c. Neutral []

26. Abuse of addictive drugs like tramadol, fentanyl, pethidine, morphine can lead to drug dependence

a. Yes [] b. No [] c. Neutral []

27. Drug abuse can result in withdrawal syndrome

a. Yes [] b. No [] c. Neutral []

28. Drug abuse can lead to the damage of organs like heart, liver, kidney, brain.

a. Yes [] b. No [] c. Neutral []

NATIONAL CATHOLIC HEALTH SERVICE (DIOCESE OF SUNYANI)
HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE
BEREKUM



BANKERS:
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Ghana, W/Africa
Tel: 0352222124
Fax: 0352222474

Our Ref. ...HFNMT/IGC/011/020822

Your Ref.

Date February 8, 2023

The Administrator
Holy Family Hospital
Berekum
Bono Region

Dear Administrator

PERMISSION TO CONDUCT RESEARCH

I wish to introduce to you the under listed names of final year student of the College


1. Opoku Afriyie Richard
2. Obeng Martha

As part of the pre-requisite for the award of Diploma in Nursing they are to conduct a research study on the topic **'Assessing the knowledge, causes and effects of drug abuse among health workers; a study at the Holy Family Hospital, Berekum'**

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours faithfully


.....
Samuel Osafo Asafo
Supervisor.

For: Principal