

2014

Health Professionals' Attitude Towards Substance Abusers : A Part of the Health Professionals' Value and Belief System Which Prevails in Society

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HEALTH PROFESSIONALS' ATTITUDES TOWARDS SUBSTANCE
ABUSERS

A PART OF THE HEALTH PROFESSIONALS' VALUE AND BELIEF
SYSTEM WHICH PREVAILS IN SOCIETY

BY

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SUBMITTED IN PARTIAL FULFILLMENT OF REQUIREMENTS FOR THE
DEGREE OF MASTER OF PUBLIC ADMINISTRATION

DEPARTMENT OF PUBLIC ADMINISTRATION

DYSON COLLEGE OF ARTS AND SCIENCES

PACE UNIVERSITY

MAY 2014

APPROVED BY _____
Advisor

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ABSTRACT

Substance abuse has been an epidemic and costly for many decades in the United States. This research project is going to study the health professionals' attitudes towards substance abusers. The research is important because societal negativity has been portrayed towards the drug user and this may not exclude the health professionals who provide the drug treatment. The study will investigate the diverse attitudes of health professionals towards substance abusers, the correlates (age, gender, education, etc.) which produce the negative attitudes of the health professionals towards the substance abuser to exist and the ways to improve the negative attitude of health professionals towards the substance abusers.

The study will be conducted in a non-profit organization located in the Bronx, New York. The study will utilize a questionnaire given to twenty health professionals from the organization consisting of physicians, psychiatrists, nurse practitioners, physician assistants, nurse manager, registered nurses, licensed practical nurses, social workers, medical case managers, and counselors. Their diverse in expertise and experience in their field (Primary Care, HIV/AIDS, Mental Health and Substance Abuse Programs). The level of education ranged from 16 (80%) health professionals with four year university or higher and 4 (20%) had one to two year college.

The findings in this organization found the health professionals had minimum discrimination and a high acceptance towards the substance abusers they provided drug treatment. The study found that the health professionals' attitude was of drug users were "salvager" but abused the health care resources and interfere in other health care. In addition, the

health professionals felt they did not receive sufficient training in substance abuse while in school for their field but there is enough resources to obtain information on illicit drugs.

The conclusion of this study was four main areas to prevent development of negative attitudes towards drug users: training in illicit drugs, include school training on substance abuse, health professionals to have early exposure to substance abuse patients to obtain experience in their career and organization to set an "acceptance" policy towards substance abusers receiving services in their entity which help guide health professionals to provide a non-judgmental service to the patients.

INTRODUCTION

"Substance abuse is an excessive use of a drug, such as, alcohol, narcotics, or cocaine, etc.: use of a drug without medical justification", according to the Merriam-Webster Dictionary (<http://www.merriam-webster.com>). In 2005, an estimated 22 million Americans struggled with an illicit drug or alcohol problem (<http://healthypeople.gov>). Drug abuse (tobacco, alcohol, and illicit drugs) has been an epidemic problem in the United States and for the user. The user's priority is not their social life or being productive in society but the actual substance being used. The related drug problems can lead the user to crimes, mental behavioral problems, and inability to maintain a stable home. In 2004, approximately 8% of the United States population used illicit drugs (Tracy L. Dietz, 2007). This percentage may not seem enormous but that fraction of the population was causing a great impact across the United States.

Drug use and crimes, loss of work productivity of the user, and healthcare costs the United States over \$600 billion annually (<http://www.drugabuse.gov>). The epidemic and cost of drug abuse in the United States has led the development of drug treatment programs to be the basis for support and behavioral modification in the individuals using illicit drugs. These addiction programs usually consists of health professionals (physicians, psychiatrist, nurses, substance abuse counselors, etc.) working as an interdisciplinary team to obtain a common goal in providing drug treatment care for the substance abuser. The health professionals in these drugs treatment programs are the first line of staff that the individuals encounter and continue to interact with throughout their chemical treatment care. Health professionals in drug treatment programs often develop a certain perspective view which can be reinforcing or detrimental to the user's care.

Unfortunately, there is a social stigma of drug users portrayed as criminals, weak, or

unable to control their drug use (<http://www.drugabuse.gov>). The dangerous crimes associated with and/or committed by the substance abusers have them to be looked upon with attitude by society and those who provide their chemical treatment. These factors may contribute to the judgmental views of health professionals towards substance abuse. It has been hypothesized in literature that the attitude of health professionals towards substance abusers interferes with their drug treatment and progress to recovery. There have been numerous studies on the impact of the health professionals' attitude toward substance abusers. Research has shown that health professionals have a set mental attitude about substance abusers which appears to be part of their value and belief system which also prevails in society (Levitt et al., 1963).

The purpose of this study is to examine the health professionals' attitudes towards substance abusers. The study should answer the following questions:

- 1) What are the diverse attitudes (positive, neutral, negative, etc.) of Health Professionals towards substance abusers?
- 2) What are the correlates (age, gender, education, etc.) which produce the negative attitudes of the Health Professionals towards the substance abuser to exist?
- 3) What are the ways to improve the negative attitude of Health Professionals towards the substance abusers?

LITERATURE REVIEW

Human beings have long been using substance drugs, such as, alcohol, narcotics, marijuana, wine, or cocaine to alter their consciousness. The United States slowly recognized the addiction problems drug use was causing. The government established the first laws starting in 1875 and over the years developed different laws to legally address the drug problems (<http://www.infoplease.com/encyclopedia.html>). Also, there were government agencies established to regulate and monitor the drug use in the United States.

Drug problems can lead to crimes, mental behavioral problems, and inability to maintain a stable home. Substance users have been costly for the United States because of the lack of productivity and crimes committed by the user. The government accrues cost in criminal justice and victim costs, hospital and emergency room costs for non-homicide/homicide cases, and labor participation costs (for non-productive employees on illicit drugs) (<http://www.whitehouse.gov>). Health professionals play a key role in the success of the drug treatment for substance abusers.

FINDINGS FROM STUDIES

Studies have been conducted on the attitudes portrayed by health professionals which provide direct medical services and/or assist in the drug treatment care. Robert G. Bota, MD (2006) discussed in his study that physicians' satisfaction in caring for a patient with substance abuse disorder was less than caring for a patient with another medical condition. This was a major detrimental factor which would determine the level of interaction of the health professionals and their attitudes towards the substance abuser in the drug treatment programs.

ATTITUDES OF HEALTH PROFESSIONALS

The perspective views of the health professionals towards the substance users first have to be assessed and evaluated to determine the different aspect. The studies conducted have found health professionals displayed attitudes in opposite spectrums (positive and negative) toward the

substance abusers. Wild, Newton-Taylor, Ogborne, Mann, Erickson, and Macdonald (2001) revealed positive attitudes from health professionals were because they believed drug problems were caused by a pathological reason and preferred drug treatment for rehabilitation instead of incarceration for punishment for the individual. The belief was that the substance abusers needed help and guidance with their drug problems. Robert G. Bota, MD (2006) stated health professionals who had a personal history of substance abuse disorders had a positive attitude towards other substance users. They believed a drug user could recuperate and lead a productive life. The health professionals that felt sympathetic toward the users believed they aren't able to control the drug use (Brener et al., 2010).

In contrast, the negative attitudes shown by health professionals believed the opposite. The user is usually associated with violence, manipulation, and poor motivation for treatment (Van Boekel et al., 2013). The staff view these elements as interfering with progress of the drug treatment care. Wild, et al., (2001) found that health professionals with negative views believed misconduct caused the users to use drugs and that criminal justice was the appropriate venue for the behavior. They believed because of the misconduct by the individual a drug treatment program was not going to benefit the user. Another reason for negativity by the health professionals was that patients with substance abuse disorder abused the resources for their drug care (Bota, 2006). The abuse was caused when patients wouldn't follow the treatment plan developed by the interdisciplinary team resulting in relapse and wasting valued time from health professionals. In addition, health professionals view users as able to control the use of drugs (Brener et al., 2010).

CAUSES FOR NEGATIVE ATTITUDES

Societal views have added to these perspectives because of the correlation of drug use, crimes and users as noted by the research. The substance use is not viewed as a disease

(biological) but a choice (Stanbrook, 2012). There are other factors which contribute to health professionals' negative attitudes towards substance abusers. Robert G. Bota's (2006) study notes the combination of the limited time the physician spends with a patient during the drug treatment and feeling helpless that nothing done will improve user's condition contributes to the negative attitude from the physician. The learned "feeling of helplessness" may trigger a "blame" placed on the user because of his/her continuous misuse of the resources, such as, emergency department due to relapse leading to overdose, referred by the law enforcement, etc. This may lead to judgment by the physician towards the user and he/she is looked at as an individual with "character flaw" (Bota, 2006).

Another contributing reason for the cause of negative attitudes from the health professionals is mistrust towards the patient. Health professionals have mistrust issues because of the manipulative or deviant behavior of a user (Doukas, 2011). In general, the mistrust is developed by health professionals when users are not interested in their care by manipulating the progress and making the drug treatment recovery difficult. As Matthew B. Stanbrook, MD PhD (2012) states health professionals have naturally acquired prejudice feelings because the behavior of users is viewed as a moral and lifestyle choices. This is a concern because literature has shown medical students with lack of experience and negative attitude could not see themselves working with substance abusers in their career (Silins et al., 2007). These factors deter medical students from obtaining experience with substance abuse and becoming addiction specialists.

WAYS TO IMPROVE NEGATIVE ATTITUDES

Some research has shown different aspects and ways to improve the health professionals' negativity towards substance abusers. The studies have noted the following improved the health professionals' views: educational training programs or workshops, developing trust with the

user, substance abuse education in medical school curricula and an organization's positive services in the drug treatment programs.

Patricia Insua and Sonia Moncada (2003) discussed in their study when health professionals are involved in educational training programs and workshops designed to increase their knowledge, it had a positive influence. As Colin O'Gara, Francis Keaney, David Best, Jennifer Harris, Annabel Boys, Feargal Leonard, Michael Kelleher, and John Strang (2005) noted, health professionals feel responsible for helping those with illicit drug problems but rate their skills low to do so. Also, health professionals involved in the educational training programs and workshops not only increased their knowledge and concept of drug treatment but trained other colleagues or health professionals (Insua et al., 2003). Another improving way for the health professionals' negative attitude was to develop a trusting relationship with the user. Providers acknowledge and recognize their critical role in addressing the substance problem with the patient and the need to build provider-patient trust (Baldwin et al., 2006).

Health professionals' school curricula is another area to include education and clinical exposure to addiction. When undergraduate students (ex: medical, nursing, etc.) are exposed early to users while in their school training and given a solid educational foundation on substance abuse, they are molded to become pioneers and others to follow in their programs; they can help challenge the negative attitude society has labeled on individuals using drugs (Butler, 2010). Bina, et al., (2008) studies have noted that health professionals entering the field of substance abuse have little or no training on this topic.

The organizations operating substance abuse treatment programs are the bases for guiding and training health professionals on how to engage with their patients. Leon W. J. Wylie (2010) states organizations that display positive attitude services to substance abusers gear health professionals toward being empathetic towards the patient.

SUMMARY

The articles above note previous studies of the attitudes of health professionals portrayed toward substance abusers, the causes of the negative attitudes, and ways to improve it. Training is the key to changing health professionals' attitudes and helping others to mark a path to change. The literature showed that there was a study which initially started with 56 trainers (health professionals) and ended with 676 health professionals trained in one year (Insua et al., 2003). There has to be more resources focusing on teaching health professionals in substance misuse (O'Gara et al., 2005). Literature notes a lack of training of the health professionals on addiction and recovery has been identified as contribution on stigma towards substance abusers (Butler, 2010). This will be a guide to compare to the findings of this study.

METHODOLOGY

INTRODUCTION

There are numerous studies about health professionals' attitude. This study will explore and compare the findings to other studies. The following three questions will guide this study:

- 1) What are the diverse attitudes (positive, neutral, negative, etc.) of health professionals towards substance abusers?
- 2) What are the correlates (age, gender, education, etc.) which produce the negative attitudes of the health professional towards the substance abuser to exist?
- 3) What are the ways to improve the negative attitudes of health professional towards the substance abusers?

The design of the questionnaire, sample selection and data collection procedure are described below for this study to address the three questions noted.

DESIGN OF QUESTIONNAIRE

After reviewing research relevant to this study, a combination of different questionnaires from three studies conducted were combined to design a singular anonymous self-completion questionnaire which will be utilized in this study. The first study focused on four constructs of attitudes: discrimination, acceptance of HIV/AIDS patients, acceptance of drug users and fear (Lai-Chu See et al., 2011). The constructs "acceptance of HIV/AIDS" and "fear" will not be used in this study because the focus is on drug users and not with HIV/AIDS patients. Four questions were designed for each construct but only certain questions will be used addressing drug users. The second study asked seven questions focusing on assessing attitudes and personal views towards providing care to substance abusers (Lindberg et al., 2006). The questions from these two studies designed for this study will have answer choices ranging as strongly disagree (representing negative attitude), disagree, agree and strongly agree (representing positive attitude). The third study asked five questions focusing on addiction and training (O'Gara, 2005).

The following was the completed design combining the questionnaires of studies. The questions will address your personal attitudes and/or views towards substance abusers, knowledge of addiction and training in substance abuse:

Table 1 (Assessing Health Professional's Discrimination, Acceptance, Attitude and Training toward Substance Abusers)

	Strongly Disagree	Disagree	Agree	Strongly Agree
A. You feel it is not worthwhile for you to serve drug users				
B. When a drug user asks you for help, you will take the initiative to care for him/her				
C. You feel you have a right to refuse to serve drug users				
D. If you had the choice, you would not serve drug users				
E. These patients can be salvaged and provide meaningful contributions to society				
F. These patients over utilize healthcare resources and provide nothing in return				
G. These patients have challenging medical and social issues from which I learn				
H. The care of other patients suffers because of time and resources spent on these patients				
I. In your clinical training, did the training address - Management of the psychological, medical and social complications of misuse				
J. Do you feel you have sufficient resources to deal with tobacco, alcohol and illicit use?				

SAMPLE SELECTION

The questionnaire will be distributed in a Not-for-Profit South Bronx community based organization where the study will be conducted. The organization was established in 1969 which has expanded over the years offering multiple services. The respondents all work at this organization, varying levels of expertise and working history with addiction expanding from 2 to 30 years.

The respondents work at the following departments: 1) primary care, HIV/AIDS and mental health - psychiatrists, physicians, nurse practitioners, physician assistants, nurse manager, registered nurses, licensed practical nurses and medical case manager who provide preventive medicine, HIV/AIDS and behavioral health care and 2) substance abuse programs - social workers and counselors who provide drug treatment services and methadone dispensing with collaboration of medical staff noted.

DATA COLLECTION PROCEDURE

A draft questionnaire will be piloted with 5 experts in their related field pertaining to substance abuse. Lai-Chu See, Yu-Ming Shen, Chia-Ling Chen, Tsuei-Mi Huang, Yi-Hua Huang, Hui-Chun Huang and Sheue-Rong Lin (2011) states to use a five-point scale (1 = not at all; 2 = low; 3 = moderate; 4 high; 5 = extremely high) for rating the items. If the questionnaire rates a 2 or lower, the experts opinions are evaluated for modification. A revised questionnaire will be developed for the study and be directly hand-delivered in an unsealed envelope to the following staff: (2) psychiatrists, (2) physicians, (3) nurse practitioners, (1) physician assistants, (1) nurse manager, (2) registered nurses, (3) licensed practical nurses, (1) medical case manager, (3) social workers and (2) counselors.

The staff will be given a letter explaining the purpose of the study being conducted, how the questionnaire will be focusing on their personal attitudes and/or views towards substance

abusers, knowledge of addiction and training in substance abuse and instruction to follow after completion.

The questionnaire will be distributed to the following staff members:

- Director of Mental Health (psychiatrist)
- Psychiatrist for Detoxification / Rehabilitation
- Chief Medical Director of the organization
- Medical Director for Primary Care / HIV/AIDS / Substance Abuse program
- Family Nurse Practitioner for Primary Care, Adult Nurse Practitioner for Substance Abuse, Family Nurse Practitioner for HIV/AIDS
- Physician Assistant for Primary Care / Substance Abuse Program
- RN Manager for Primary Care / HIV/AIDS / Substance Abuse program
- Registered Nurse for Primary Care, Registered Nurse for Substance Abuse
- One Licensed Practical Nurse each for Primary Care / HIV/AIDS / Substance Abuse
- Medical Case Manager for HIV/AIDS
- One Social Worker each for Primary Care / HIV/AIDS / Substance Abuse program
- Counselors for Substance Abuse

The questionnaire will be accompanied by instructions on how to complete the form. Once the questionnaire is completed, the staff member is to place the form in the envelope provided, sealed and forward for processing.

CRITERIA TO ANSWERS THE RESEARCH QUESTION

The following will be criteria that will be used to evaluate the outcomes/findings for answers to the three research questions for this study:

Diverse attitude and correlates which cause the negative attitudes towards substance abusers:

- Assessing attitudes – discrimination and acceptance of drug users (Lai-Chu See et al., 2011).
- Assessing attitudes and personal views towards providing care to substance abusers (Lindberg et al., 2006).

Ways to improve the negative attitudes of the health professionals:

- Addiction and training (O'Gara, 2005).

FINDINGS

THE SAMPLE AND RESULTS

There were 20 health professionals eligible for this study. A total of 20 questionnaires were distributed and response rate was 100% returned in a timely fashion for processing. As noted, the health professionals in this study were diverse in expertise and experience in their field (Primary Care, HIV/AIDS, Mental Health and Substance Abuse Programs). The level of education ranged from 16 (80%) health professionals with four year university or higher and 4 (20%) had one to two year college. The following tables summarize the health professional's discrimination, acceptance, attitudes and training toward substance abuse:

Table 2 (Health Professionals four categories relating to Substance Abuse)

	Strongly Disagree	Disagree	Agree	Strongly Agree
Discrimination Item – A	40%	60%	0%	0%
Acceptance Item – B	0%	5%	65%	30%
Item – C	50%	35%	15%	0%
Item – D	75%	10%	15%	0%
Attitude Item – E	40%	35%	15%	10%
Item – F	10%	20%	25%	45%
Item – G	0%	10%	40%	50%
Item – H	5%	5%	15%	75%
Training Item – I	40%	35%	0%	25%
Item – J	5%	5%	20%	70%

*Note: Please refer to Table 1 for the description of the items questioned

The health professionals in this study answer the questions in the survey as follows:

Discrimination

You feel it is not worthwhile for you to serve drug users (Item –A)

- Strongly Disagree – 40%; Disagree – 60%; Agree – 0%; Strongly Agree – 0%

Acceptance

When a drug user asks you for help, you will take the initiative to care for him/her (Item –B)

- Strongly Disagree – 0%; Disagree – 5%; Agree – 65%; Strongly Agree – 30%

You feel you have a right to refuse to serve drug users (Item –C)

- Strongly Disagree – 50%; Disagree – 35%; Agree – 15%; Strongly Agree – 0%

If you had the choice, you would not serve drug users (Item –D)

- Strongly Disagree – 75%; Disagree – 10%; Agree – 15%; Strongly Agree – 0%

Attitudes

These patients can be salvaged and provide meaningful contributions to society (Item –E)

- Strongly Disagree – 40%; Disagree – 35%; Agree – 15%; Strongly Agree – 10%

These patients over utilize healthcare resources and provide nothing in return (Item –F)

- Strongly Disagree – 10%; Disagree – 20%; Agree – 25%; Strongly Agree – 45%

These patients have challenging medical and social issues from which I learn (Item –G)

- Strongly Disagree – 0%; Disagree – 10%; Agree – 40%; Strongly Agree – 50%

The care of other patients suffers because of time and resources spent on these patients (Item –H)

- Strongly Disagree – 5%; Disagree – 5%; Agree – 15%; Strongly Agree – 75%

Training in Substance Abuse

In your clinical training, did the training address - Management of the psychological, medical and social complications of misuse (Item –I)

- Strongly Disagree – 40%; Disagree – 35%; Agree – 0%; Strongly Agree – 25%

Do you feel you have sufficient resources to deal with tobacco, alcohol and illicit use? (Item –J)

- Strongly Disagree – 5%; Disagree – 5%; Agree – 20%; Strongly Agree – 70%

ANALYSIS OF FINDINGS**DISCRIMINATION AND ACCEPTANCE**

The “**Item – A**” showed a high percentage rating score that all the health professionals strongly disagreed (40% - 8 staff members) and/or disagreed (60% - 12 staff members) with the question. They felt the opposite of the question stated – “*You feel it is not worthwhile for you to serve drug users?*”. The health professionals all believed it is worthwhile to serve drug users.

“**Item – B**” noted the health professionals strongly agree (30% - 6 staff members) and/or agree (65% - 13 staff members) if asked by a user for help they would provide the care needed for

treatment. **“Item – C** showed half (50% - 10 staff members) of the health professionals didn't feel they had the right to refuse serving drug users. **“Item – D”** showed a high rating score of disagreement with the question – *“If you had the choice, you would not serve drug users?”*. The health professionals, if given a choice, would serve drug users (75% - 15 staff members strongly disagreed with the question).

The literature showed a study where there was consistency of health professionals with low score levels for discrimination against drug users and high score levels acceptance towards them (Lai-Chu See et al., 2011). The discrimination level towards the substance abusers in this organization was not a factor. In contrast, all the health professionals agreed that providing their services to the drug users is worth their time and effort spent with them which is displaying a positive attitude. The acceptance level towards the substance abusers produces a positive attitude in providing services. The health professionals do not believe it is their right to refuse services which relates choosing to work with substance abusers.

ATTITUDE

Despite the low rating score of discrimination and a high rating score of acceptance towards substance abusers, the rating score was diverse when asked **“Item – E”** - *“if these patients could be salvaged and provide meaningful contributions to society?”* – 8 staff members (40% - Strongly Disagreed), 7 staff members (35% - Disagreed), 3 staff members (15% - Agreed) and 2 staff members (10% - Strongly Agreed). Despite diverse rating score in **“Item – F”**, the health professionals rated high in strongly agreeing (45% - 9 staff members) that drug users use excessively the resources in the healthcare which is provided for their drug treatment. The **“Item – G”** noted the health professionals strongly agreed that the substance abusers provided challenging medical and social issues which help them learn and obtain more knowledge (50% - 10 staff members – Strongly Agreed) and (40% - 8 staff members - Agreed).

The other view of the health professionals in **“Item – H”** showed a high rating score on strongly agreeing (75% - 15 staff members) and/or agreeing (15% - 3 staff members) towards other patients' care suffering because of the time substance abuser take from health professionals.

The literature had a study which showed a high rating score level for **“salvaging...contributions to society”** and **“over utilizing the healthcare resource”** from the health professionals (Lindberg et al., 2006). In the present study, there was a diverse rating score for **“Item – E”** (salvaging...etc.) and **“Item – F”** (over utilizing the healthcare...etc.), but these correlates did not produce negative attitude in the health professionals in the study. As noted previously, there was a low level score of discrimination and a high level score of acceptance towards substance abusers. Furthermore, the literature noted a high rating score towards **“medical challenges and learning...etc.”** and **“other patients suffers...etc.”** from health professionals (Lindberg et al., 2006). Despite the high rating score obtained in this survey that the health professionals had toward the substance abuser's medical challenges and learning from them, they felt time was spent less on other patients' care because of the major time focused on drug users. Still, all these factors did not trigger negative attitudes from health professionals in this study toward substance abusers.

TRAINING

“Item – I” had a high rating score among the health professionals strongly disagreeing (40% - 8 staff members) and/or disagreeing (35% - 7 staff members) with the question about their clinical training addressing the complications with drug misuse. In **“Item – J”** the health professionals rating score was high in strongly agreeing (70% - 14 staff members) and/or agreeing (20% - 4 staff members) that they felt they had sufficient resources pertaining to tobacco, alcohol and illicit use. In the literature, the study showed clinical training was scored low by health professionals because they reported not having enough training in this area

(O'Gara, 2005). The health professionals in this study noted they did not receive enough training in their school curriculum in managing the psychological, medical and social complications with drug misuse in individuals. But, the lack of training did not encourage negative attitude from the health professionals. In addition, they felt there are enough resources to go to and the resources address issues with illicit drugs. In contrast, the literature noted some health professionals reported low scores having sufficient resources to deal with drug misuse (O'Gara, 2005).

ANSWERS TO THE RESEARCH QUESTIONS

This study was focused on health professionals' attitudes towards substance abusers. The following three questions guided this study:

- 1) What are the diverse attitudes (positive, neutral, negative, etc.) of Health Professionals towards substance abusers?

The health professionals displayed positive attitudes because of the low level of discrimination and a high level of acceptance towards the substance abusers. This was demonstrated with the questions in the survey of strongly agreeing/agreeing it was worthwhile to serve drug users, provide care if asked, they did not have the right to refuse care to the user and given a choice would work with drug users.

- 2) What are the correlates (age, gender, education, etc.) which produce the negative attitudes of the Health Professionals towards the substance abuser to exist?

In this study, the health professionals had a diverse rating score (strongly disagreed to strongly agreed) "if the patient could be salvaged to become productive in society" and "if drug users used excessively the resources in healthcare". The rating score was high for all the health professionals because they felt time spent with the drug users took up other patient's time for their care. Despite these issues, all the health professionals felt they could learn more from the

drug user and their medical challenge. These correlates did not produce negative attitudes in the health professionals for this study and only displayed the positive aspect and the eagerness to learn from their patient.

- 3) What are the ways to improve the negative attitudes of the Health Professionals towards the substance abusers?

The health professionals noted in the survey that they did not receive enough clinical training in managing and addressing the complications of drug misuse (psychological, medical and social issues). They scored a high level in reference that resources are available when needed to address any issues with tobacco, alcohol and illicit drug use. As noted in this study, training and education is the key factor in improving attitudes and increasing knowledge.

CONCLUSIONS

Substance abuse has been an epidemic and a costly issue in the billions in the United States for many years. Societal stigma and a developed attitude against individuals using illicit drugs has been associated with criminal activities (<http://www.drugabuse.gov>). This study was conducted to demonstrate what attitudes health professional have towards substance abusers, the causes underlying the attitudes and ways to improve negative attitudes.

LITERATURE REVIEW

Studies noted in the literature have found that physicians have a low level status of caring for drug users compared to those individuals with other medical conditions (Bota, 2006). This can be detrimental for the substance abuser and the way they receive their drug treatment. Furthermore, other studies showed a spectrum ranging from positive to negative attitudes of health professionals towards the substance abuser.

The following positive attitudes were due to:

believed drug problems were caused by a pathological reason and preferred drug treatment for rehabilitation instead of incarceration for punishment (Wild, et al., 2001)
had their own personal history of substance abuse disorders (Bota, 2006)
feeling sympathetic toward the users because they believed the drug users aren't able to control the drug use (Brener et al., 2010)

The following negative attitudes were due to:

believed the drug user is usually associated with violence, manipulation and poor motivation for treatment (Van Boekel et al., 2013)
believed misconduct caused the users to use drugs and that criminal justice was the appropriate venue for the behavior (Wild, et al., 2001)
believed drug users abused the resources for their drug care (Bota, 2006)
viewed users as able to control the use of drugs (Brener et al., 2010)
feeling helpless nothing will improve the drug user contributes to the negative attitude (Bota, 2006)
feeling of mistrust because of the manipulative or deviant behavior from the drug user (Doukas, 2011)
health professionals have naturally acquired prejudice feelings because the behavior of users is viewed as a moral and lifestyle choice and not a disease (Stanbrook, 2012)

WAYS TO IMPROVE NEGATIVE ATTITUDES

The studies in the literature have demonstrated different ways to improve health professionals' attitude toward substance abusers as follows:

involvement in educational training programs and workshops designed to increase their knowledge (Insua et al., 2003)

build provider-patient trust (Baldwin et al., 2006)

school curricula to include education and clinical exposure to addiction (Butler et al., 2010)

organizations displaying positive attitude services to substance abusers gear health professionals toward being empathetic (Wylie, 2010)

METHODOLOGY

This study was conducted to explore the diverse attitudes of health professionals towards substance abusers, what causes negative attitudes and ways to improve them. The questionnaire addressed the health professionals' attitudes and/or views towards substance abusers, knowledge of addiction and training in substance abuse. The sample selection were 20 health professionals working in a non-for-profit South Bronx community-based organization. The levels of expertise and working history with addiction ranged from 2 to 30 years. The psychiatrists, physicians, nurse practitioners, physician assistants, nurse manager, registered nurses, licensed practical nurses and medical case manager worked in primary care, HIV/AIDS and mental health. The social workers and counselors worked in the substance abuse programs.

ANALYSIS OF FINDINGS

The questionnaire contained 10 questions focused on four areas – discrimination, acceptance, attitude and training with substance abuse. The answers revealed the health professional were less discriminative towards the drug users they served and acceptance of their chemical disorder. Literature showed a study of consistency of health professionals with low score levels for discrimination against drug users and high score levels acceptance towards them (Lai-Chu See et al., 2011). This study demonstrated the findings and the other study in the literature being parallel with the same results.

The results for “attitude” of the health professional was that a majority agreed the drug

users abused the resources in the healthcare/drug treatment. A literature noted a study showing health professionals felt the user “over utilizing the healthcare resource” (Lindberg et al., 2006). This study demonstrated the health professionals agreed the abuse of the resources in the healthcare system as did the study in the literature. But, these findings did not trigger negative attitudes in the health professionals in either studies.

In this study, the level of knowledge with addiction in their clinical training was low for the health professionals but they felt they had sufficient resources pertaining to tobacco, alcohol, and illicit drugs. A study in the literature found that health professionals did not receive sufficient training with substance abuse or had sufficient resources (O'Gara, 2005). But, both this study and the literature noted that training is the key factor as a way to increase the health professional's knowledge of addiction to avoid a negative attitude.

RECOMMENDATION

This research on health professionals' attitudes towards substance abusers was an important study because substance abuse is misunderstood and an epidemic throughout the United States. In general, society has labeled individuals using illicit drugs with prejudice. This spectrum in the medical field is not viewed as important as treating an individual with a chronic disease, such as, asthma, diabetes, hypertension or even HIV/AIDs. The health professionals working in this field deal with a condition that, at times, does not trigger empathy towards the drug user.

Lessons learned in this study are that health professionals need the resources to have the ability to provide the best drug treatment plan for the patients using illicit drugs and decrease the level of developing a negative attitude towards the substance abuser. The four main areas to make the addiction field more intriguing and less judgmental for the health professionals are:

- 1) Training - the key factor is education to provide information on substance misuse
- 2) Schools – include in the school training to learn as part of the curriculum for all levels of professions going in the medical field
- 3) Exposure – early experience in the career with substance abuse patients
- 4) Organization – to set an “acceptance” policy towards substance abusers receiving services in their entity which help guide health professionals to provide a non-judgmental service to the patients

As noted in the studies from the literature, negative attitudes can be diminished by providing health professionals the guidance, education/training and resources needed when working with substance abuse patients. But, additional research needs to be done on the effects of negative attitude and drug treatment for the patients. In addition, further studies need to be conducted on the personal views of health professionals on whether patients use illicit drugs is a choice or disease. This is valuable data needed to determine the success or failure for the care given to the patients and their recovery from illicit drugs.

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