

**A STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCTURED
TEACHING PROGRAMME ON LEVEL OF KNOWLEDGE
REGARDING PROBLEMS OF SUBSTANCE ABUSE
AMONG HIGHER SECONDARY SCHOOL
STUDENTS (15 - 17 YEARS) AT SELECTED
SCHOOLS IN DINDIGUL DISTRICT**

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**A DESSERTATION SUBMITTED TO
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IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE
DEGREE OF MASTER OF SCIENCE IN NURSING
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CERTIFICATE

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“I will exult the lord at all times; his praise will always be on my lips”

- (Psalms 34:1)

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ABSTRACT

A study to evaluate the effectiveness of Structured Teaching Programme on level of Knowledge regarding Problems of Substance Abuse among Higher Secondary School Students (15-17 years) at Selected Schools in Dindigul District .

The study was conducted at Buds Flourishing Hindu Vidyalaya Matriculation Higher Secondary School, Oddanchatram in Dindigul District. The study was conducted from 29.06.11 to 28.07.11. Preexperimental one group pretest and posttest design was used in this study. The total period of data collection was 4 weeks. 50 samples were selected using convenience sampling technique. Oral consent was obtained. . During the first week, assessment of the level of knowledge on problems of substance abuse among Higher Secondary School Students was done. The Structured Teaching Programme regarding problems of substance abuse was provided. After 15 days of Structured Teaching Programme the level of knowledge among Higher Secondary School Students were assessed by using Structured knowledge questionnaire. The descriptive statistics was used for categorical data, mean and standard deviation, inferential statistics , Paired 't' test was used to evaluate the effectiveness of Structured Teaching Programme regarding Problems of Substance abuse among Higher Secondary School Students and Chi square was used to find out association between the level of knowledge regarding Problems of Substance abuse among Higher Secondary School Students and their demographic variables.

There was a significant difference ($p < 0.05$) found between the pretest 10.16 (± 2.08) and posttest 15.9 (± 1.81) mean score on level of knowledge regarding Problems of Substance abuse among Higher Secondary School Students . There was no significant association on demographic variables. The finding of the study shows that Structured Teaching Programme is more effective to improve the level of knowledge regarding problems of substance abuse among Higher Secondary School Students.

CHAPTER- I

INTRODUCTION

“ Substance abuse is injurious to health and our family and our nation ” and

“Prevention is better than cure”

Substance abuse is growing problem throughout the world and unfortunately this is more common among young children and adolescents, where they are about to begin their career but get involved in this problems due to various reasons. Substance abuse refers to use of drugs, alcohol and any other mind – altering agent to such an extent that it interferes with the person’s biological, psychological, or social integrity.

Use and abuse of drugs and alcohol by teens is very common and can have serious consequences. In the 15-24 years age range, 50% of deaths (from accidents, homicides, and suicides) involved. Possible stages of teenage experience with substance abuse include abstinence (non-use), experimentation, regular use (both recreational and compensatory for other problems), abuse, and dependency. Repeated and regular recreational use can lead to other problems like anxiety, depression. Some teenagers regularly use drugs or alcohol to compensate for anxiety, depression, or a lack of positive social skills. Teen use of tobacco and alcohol should be minimized because they can be “gate way drugs” for other drugs (marijuana, cocaine, hallucinogens, inhalants, and heroin). (Dr.lalitha.k,2010)

Teenage Drug Abuse - Effects on Schooling:

The teen drug/alcohol user's academic performance is severely impaired, along with his or her level of responsibility – such as skipping class, failing to complete assignments, etc. This abuse has produced teenage student body's with many abusers

whose relationships, reputations, futures, wallets, self-images and especially grades suffer as a direct result of the teen drug abuse.

One might readily argue that teenage drug abuse has reached epidemic proportions on some college campuses and high school facilities. Alcohol – one of the most misused drugs today – is also one of the most popular and readily available of all types of drugs and controlled substances found on high school campuses.

Waking in a stupor after the previous night's party, missing classes, falling behind and ultimately losing whatever funding may have accompanied one's higher education is but a single representation of how drugs and/or alcohol can detrimentally impact one's academic experience. Many teens think college is just one big party now that they are on their own at school.

WHO study (2004) on One barrier to developing a national alcohol policy for India, experts say, is the woeful lack of data and research on its national health, social, and economic effect. What is known is that alcohol-related problems account for more than a fifth of hospital admissions; 18% of psychiatric emergencies; more than 20% of all brain injuries and 60% of all injuries reporting to India's emergency rooms. The role of alcohol in domestic violence is substantial: a third of violent husbands drink. Most of the violence took place during intoxication. There is evidence even to suggest that the poor are beginning to drink more than they earn—a deadly spiral of alcohol and debt.

The National Institute of Mental Health and Neuro Sciences (NIMHANS) (2003-2004) conducted a study in households of rural, urban, town, and slum populations of 28,500 people in and around the city of Bangalore, Karnataka, found

that the average monthly expenditure on alcohol for patients with alcohol addiction is more than the average monthly salary.

Vivek Benegal (2003-2004) one of the authors of the report and assistant professor of psychiatry at NIMHANS says that the Indian constitution includes the prohibition of alcohol among its directive principles, alcohol policy is devolved to individual states—as is the levying of taxes on it. Since most states derive around a fifth of their revenue from alcohol taxation—the second largest source after sales tax—they are generally ambivalent towards stemming its flow. Using their findings in the Bangalore study, researchers from NIMHANS have calculated that the direct and indirect costs attributable to alcohol addiction is more than triple the profits of alcohol taxation and several times more than the annual health budget of Karnataka. Extrapolating their findings to the whole of India they estimate the total alcohol revenue for 2003—04 of 216 billion rupees falls 28 billion rupees short of the total cost of managing the effects of alcohol addiction. These included the tangible costs of health care, occupational, financial, social, and legal factors.

The official response to India's problem remains focused on those in acute need rather than on prevention. This situation means that official policy concentrates on just the 4% of the alcohol-dependent adult male population—and ignores the 20% of the population who are “at risk” of serious alcohol abuse.

Experts argue that government thinking on how best to mitigate the risks for alcohol are 20 years behind that of tobacco. Under its **National Drug De-addiction Programme, The Government of India** has funded 483 detoxification and 90 counseling Centres. Almost half of attendees are being treated for alcohol dependency. Indian Alcohol Policy Alliance, an NGO aiming to prevent alcohol-

related harm through evidence-based policy intervention, says that the key is to break the stranglehold of state revenue departments who see increasing consumption of alcohol as a boon to treasury coffers.

NEED FOR THE STUDY:

- ❖ Adolescents give many reasons for using drugs: to experiment, to get high, to have fun, to understand more about life. Adolescents may also use drugs to cope with feelings of worthlessness or loneliness, or to avoid uncomfortable feelings.
- ❖ **National Survey on Drug Use and Health (NSDUH), (2010) an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA).** Conducted a survey among 67,500 persons regarding problems of substance abuse in America and India stated the following statistical informations:

Illicit Drug Use:

- ❖ Marijuana was the most commonly used illicit drug. In 2010, there were 17.4 million past month users. Between 2007 and 2010, the rate of use increased from 5.8 to 6.9 percent, and the number of users increased from 14.4 million to 17.4 million. There were 1.5 million current cocaine users aged 12 or older, comprising 0.6 percent of the population. These estimates were similar to the number and rate in 2009 (1.6 million or 0.7 percent), Hallucinogens were used in the past month by 1.2 million persons (0.5 percent) aged 12 or older in 2010, including 695,000 (0.3 percent) who had used Ecstasy.

Alcohol Use:

- ❖ Slightly more than half of Americans aged 12 or older reported being current drinkers of alcohol in the 2010 survey (51.8 percent). This translates to an estimated 131.3 million people, which was similar to the 2009 estimate of 130.6 million people (51.9 percent).

Tobacco Use:

- ❖ In 2010, an estimated 69.6 million Americans aged 12 or older were current (past month) users of a tobacco product. This represents 27.4 percent of the population in that age range. In addition, 58.3 million persons (23.0 percent of the population) were current cigarette smokers; 13.2 million (5.2 percent) smoked cigars; 8.9 million (3.5 percent) used smokeless tobacco; and 2.2 million (0.8 percent) smoked tobacco in pipes.

Youth Prevention-Related Measures:

- ❖ The percentage of youths aged 12 to 17 perceiving great risk in smoking marijuana once or twice a week decreased from 54.7 percent in 2007 to 47.5 percent in 2010. Between 2002 and 2008, the percentages who reported great risk in smoking one or more packs of cigarettes per day increased from 63.1 to 69.7 percent, but the percentage dropped to 65.8 percent in 2009 and remained steady at 65.5 percent in 2010.

Substance Dependence, Abuse, and Treatment:

- ❖ In 2010, an estimated 22.1 million persons (8.7 percent of the population aged 12 or older) were classified with substance dependence or abuse in the past year based on criteria specified in the **Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV)**. Of these, 2.9 million were

classified with dependence or abuse of both alcohol and illicit drugs, 4.2 million had dependence or abuse of illicit drugs but not alcohol, and 15.0 million had dependence or abuse of alcohol but not illicit drugs.

- ❖ Between 2002 and 2010, the number of persons with substance dependence or abuse was stable (22.0 million in 2002 and 22.1 million in 2010).
- ❖ **The Centres for disease control & prevention (2008)** developed the YRBSS to focus attention on specific behaviours that place adolescents at risk for the most significant health problems: Motor vehicle accident, injuries, homicide, suicide, heart disease, and cancer.
- ❖ Unintentional and intentional injury, including wearing a seatbelt in a car or truck, attempting suicide, tobacco use, alcohol and other drug use.
- ❖ Use and abuse of substances such as cigarettes, alcohol, and illegal drugs may begin in childhood or the teen years.
- ❖ Certain risk factors may increase someone's likelihood to abuse substances. Adolescents give many reasons for using drugs: to experiment, to get high, to “get inside my head” , to have fun, to understand more about life. Adolescents may also use drugs to cope with feelings of worthlessness or loneliness, or to avoid uncomfortable feelings.
- ❖ Group influence and peer pressure frequently induce people to experiment with drugs. This is particularly important factor for adolescents who are developmentally in a stage of concern about peer group acceptance.
- ❖ Peer influence is also reflected in the fact that fashions in drug use change as do fads in other areas. At the present , alcohol use is increasing among young people, as use of hallucinogens decreases, cocaine is popular with older drug users as well as with the young, and its prevalence is increasing rapidly.

- ❖ The vast majority of high school students disapproved of legalizing the private use of LSD (63%), heroin (71%), amphetamines and barbiturates (56%), and marijuana (39%).
- ❖ The percentage of high school students favoring prohibitive laws on the private use of marijuana fell dramatically from 1990 to 1997 (from 56% to 39%). Nearly 33 percent of high school seniors in the year 2000 believed that marijuana use should be legalized, and nearly one quarter (23%), believe it should be treated as a minor violation, rather than a crime. Three in ten feel that marijuana should be treated as a crime.
- ❖ Parents and families face one of the most difficult battles in today's society – that of raising drug free children. Communication is one of the most powerful tools we have at our disposal in keeping our kids off drugs. We as parents, educators, and supportive organizations, must set the tone, set the standards, and set the societal norm. We must talk to our children on a continuing basis about the dangers of drugs, and be active participants in their lives. Together we can change the face of drug addiction in our communities.

Drug Abuse in India

June 26 is celebrated as International Day against Drug Abuse and Illicit Trafficking every year. **World statistics** on the drugs scenario is taken into account with a turnover of around \$500 billions, it is the third largest business in the world, next to petroleum and arms trade. About 190 million people all over the world consume one drug or the other. Drug addiction causes immense human distress and the illegal production and distribution of drugs have spawned crime and violence worldwide. Today, there is no part of the world that is free from the curse of drug

trafficking and drug addiction. Millions of drug addicts, all over the world, are leading miserable lives, between life and death.

UN report, India too is caught in this vicious circle of drug abuse, and the numbers of drug addicts are increasing day by day. One million heroin addicts are registered in India, and unofficially there are as many as five million. What started off as casual use among a minuscule population of high-income group youth in the metro has permeated to all sections of society. Inhalation of heroin alone has given way to intravenous drug use, that too in combination with other sedatives and painkillers. This has increased the intensity of the effect, hastened the process of addiction and complicated the process of recovery. Cannabis, heroin, and Indian-produced pharmaceutical drugs are the most frequently abused drugs in India.

Elnager et al., (2010) reported a prevalence rate of 13 per 1000 in West Bengal, while **Nandi et al** gave a figure of 0.94 per 1000 of the total population for the same state. Similarly in Uttar Pradesh, **Dube and Handa** reported that 22.8 per 1000 were dependent on alcohol and drugs while Thacore from Lucknow gave a figure of 18.55 per 1000. Important finding of these studies is that alcohol was the commonest substance used (60-98%) followed by cannabis use (4-20%).

Epidemiological surveys also revealed that 20-40% of subjects above 15 years are current users of alcohol and 10% of them are regular or excessive users. In a rural population of Uttar Pradesh alcohol was found to be the commonest substance abused (82.5%) followed by cannabis (16.1%). **Deb and Jindal** in a survey of 4 villages in Punjab found that 78.28% of the population used alcohol whereas in the same state **Lal and Singh** reported it to be 9.13% of total population surveyed.

Varma et.al., found that rates of current use of alcohol in Punjab were 45.9% in Jalandhar and 27.7% in Chandigarh whereas it was 28.1% in rural areas of Punjab. **Shukla** reported that 38.3% of the rural population in Uttar Pradesh was habitual users. In a study conducted in rural community in Bihar prevalence of alcohol/drug use was found to be 28.8% of the study population. **Meena et.al.**, in an urban population in Haryana revealed a prevalence rate of 19.78% of the study population. In a meta-analysis of 13 psychiatric epidemiological studies it was found that the prevalence rate of alcohol/drug use was 6.9 per 1000 population.

Raekha Prasad (2009) reports the increasing production, distribution, and promotion of alcohol has already seen drink-related problems emerging as a major public-health concern in India. Sales of alcohol have seen a growth rate of 8% in the past 3 years. Officially, Indians are still among the world's lowest consumers of alcohol-government statistics show only 21% of adult men and around 2% of women drink. But up to a fifth of this group-about 14 million people-are dependent drinkers requiring "help". The concern, say experts, is that there has been a rapid change in patterns and trends of alcohol use in India. Chief among them is people are beginning to drink at ever-younger ages. The percentage of the drinking population aged under 21 years has increased from 2% to more than 14% in the past 15 years, according to studies in the southern state of Kerala by Alcohol and Drugs Information Centre India, a non-governmental organisation (NGO). Alarmingly, the study found that the "average age of initiation" had dropped from 19 years to 13 years in the past two decades.

(Stockwell, 2001): There was once a time when college students represented some of America's most lively, ambitious and energetic population. However, the teenage drug abuse and alcohol abuse of today has severely tarnished that image. "...Attitudes toward society among college students today have changed beyond recognition".

(Alcid, 1998, p. PG): Being that college and high school is one of the most stressful of all periods in a person's life, students claim that removing their ability to blow off steam has proven even more detrimental than the activities caused by drinking. "When the Man comes along and denies students the right to have fun (like tailgating at Munn field) they're going to be pissed off. It's like taking away some people's purpose in life. It's sad to think that it's the only thing that people do, but that's what's important to them and they'll fight for it".

The International Narcotics Control Board in its (2002) report the intravenous injections of analgesics like dextropropoxphene etc are also reported from many states, as it is easily available at 1/10th the cost of heroin. The codeine-based cough syrups continue to be diverted from the domestic market for abuse.

Drug abuse is a complex phenomenon, which has various social, cultural, biological, geographical, historical and economic aspects. The disintegration of the old joint family system, absence of parental love and care in modern families where both parents are working, decline of old religious and moral values etc lead to a rise in the number of drug addicts who take drugs to escape hard realities of life. It has led to increase in the crime rate. Addicts resort to crime to pay for their drugs. Drugs remove inhibition and impair judgment egging one on to commit offences. Incidence of eve-teasing, group clashes, assault and impulsive murders increase with drug

abuse. Apart from affecting the financial stability, addiction increases conflicts and causes untold emotional pain for every member of the family. With most drug users being in the productive age group of 18-35 years, the loss in terms of human potential is incalculable. The damage to the physical, psychological, moral and intellectual growth of the youth is very high. Adolescent drug abuse is one of the major areas of concern in adolescent and young people's behavior. It is estimated that, in India, by the time most boys reach the ninth grade, about 50 percent of them have tried at least one of the gateway drugs.

India also is signatory to the following treaties and conventions:

- ❖ 1961 U.N. Convention on Narcotic Drugs
- ❖ 1971 U.N. Convention on Psychotropic Substances
- ❖ 1988 U.N. Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances
- ❖ 2000 Transnational Crime Convention

Practically every country has its own substance abuse problem to face.

STATEMENT OF THE PROBLEM:

“A study to evaluate the effectiveness of Structured Teaching Programme on level of Knowledge regarding Problems of Substance Abuse among Higher Secondary School Students (15-17 years) at Selected Schools in Dindigul District” .

OBJECTIVES:

1. To assess the level of knowledge regarding Problems of Substance Abuse among Higher Secondary School Students before and after intervention.
2. To evaluate the effectiveness of Structured Teaching Programme on the level of Knowledge regarding Problems of Substance abuse among Higher Secondary School Students.

3. To associate the post-test score on knowledge regarding Problems of Substance abuse with their selected demographic variables.

HYPOTHESES:

- H₁:** There will be a significant difference on the level of knowledge regarding Problems of Substance abuse among Higher Secondary School Students before and after Structured Teaching Programme at $p < 0.05$ level of significance.
- H₂:** There will be a significant association between the post test scores on the level of knowledge regarding Problems of Substance abuse and their selected demographic variables at $p < 0.05$ level of significance .

OPERATIONAL DEFINITIONS:

Effectiveness:

It refers to the statistical significant change in knowledge regarding problems of substance abuse among higher secondary school students.

Structured Teaching Programme:

It refers to planned teaching programme given through lectures to increase the level of knowledge regarding Problems of Substance abuse.

Knowledge:

It refers to the respondents response to the questions regarding Problems of Substance abuse and is measured by structured knowledge questionnaire.

Problems of substance abuse:

In this study refers to use of alcohol, nicotine, tobacco and illicit drugs such an extent that it interferes with the person's physical, behavioural, psychological problems.

Higher Secondary School Students:

This study refers to the Students of age group (15-17) years, both boys and girls studying in 11-12th std at Buds Flourishing Hindu Vidyalaya Matriculation Higher Secondary School at Oddanchatram in Dindigul District.

ASSUMPTIONS:

1. Structured Teaching Programme may help the students to improve their level of knowledge regarding Problems of Substance abuse.
2. Students may have less knowledge regarding problems of substance abuse.
3. Level of knowledge on problems of substance abuse may differ in between males and females.

DELIMITATIONS:

1. The study was limited to Higher Secondary School students who are studying in Buds Flourishing Hindu Vidhyalaya Matriculation Higher Secondary School, Oddanchatram in Dindigul District.
2. Data collection period was limited to 4 weeks.

CONCEPTUAL FRAME WORK

Conceptual frame work is based on inter related concepts that are assembled together in the same rational scheme by virtue of their relevance to a common theme. The development of conceptual framework is a fundamental process required before conducting actual research, because it guides each stage of the process.

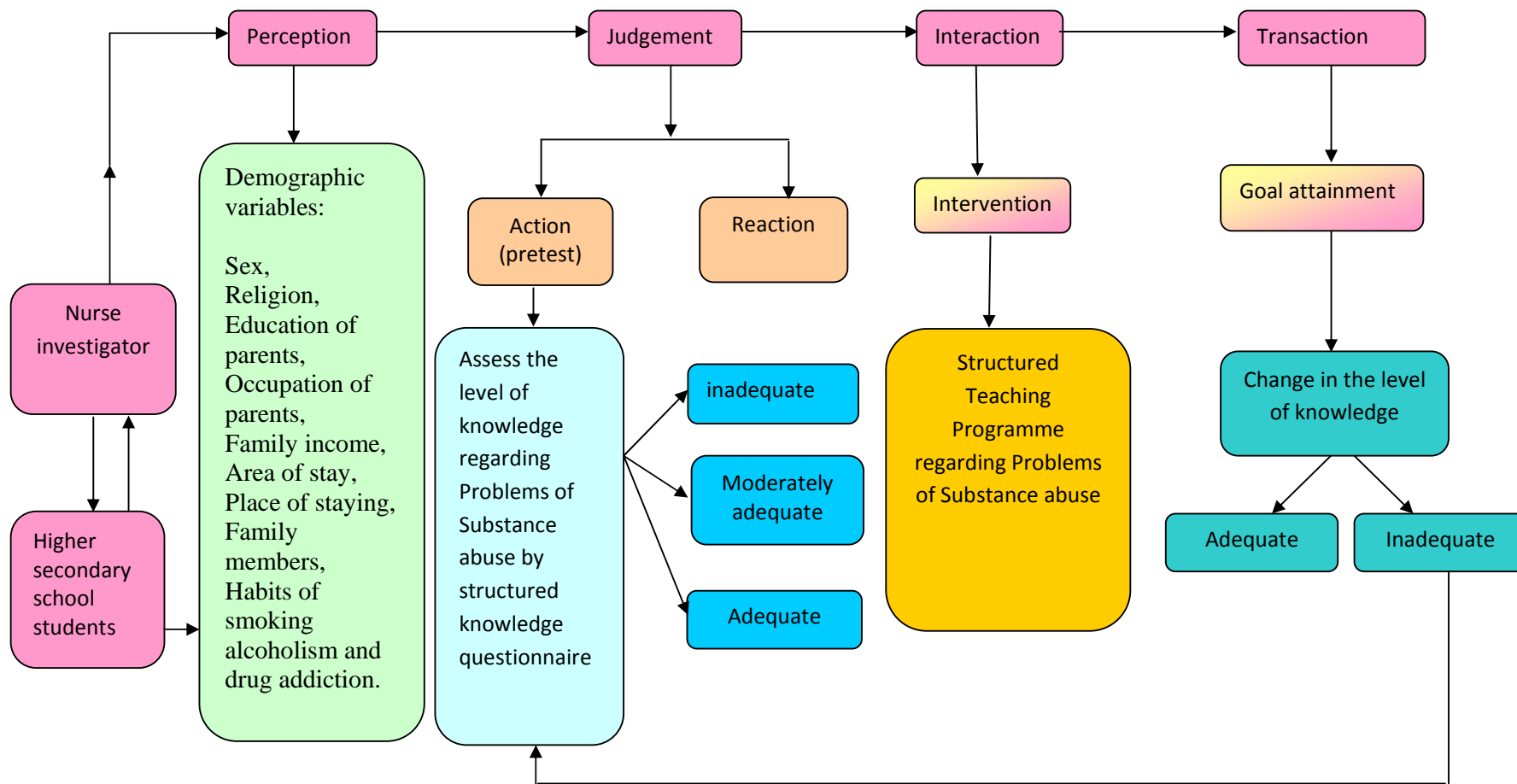
The conceptual framework selected for this study was based on “Kings Theory of Goal Attainment Model” proposed by Imogene King in the year 1989, the concepts of theory are perception, judgement, action and reaction, interaction and transaction.

Perception refers to each person’s representation of reality. Perceptions are related to past experiences, concept of self, socio- economic group, educational background. In this study, the investigator perceives the higher secondary school students sex, religion, education of parents, occupation of parents, family income, area of stay, place of staying, family members habits of smoking ,alcoholism and drug addiction.

Judgement or decision making is a dynamic and systematic process by which goal directed choice of perceived attention is made and acted upon by individuals or groups to answer a question and attain a goal. In this study, action of the investigator, to assess the level of knowlrdge regarding problems of substance abuse among higher secondary school students. Reaction meant to be the outcome of the action is classified as inadequate, moderately adequate and adequate.

Interaction or implementation is a process of perception and is communicated between person and environment and between person and person represented by verbal and non verbal behaviour that are goal directed. In this study the investigator provide intervention Structured Teaching Programme to the higher secondary school students.

Transaction represents the valuation component of intervention. In this study, the investigator evaluates the level of knowledge among higher secondary school students by using structured knowledge questionnaire.



KINGS' S GOAL ATTAINMENT MODEL MODIFIED (1989)

CHAPTER II

REVIEW OF LITERATURE

Review of literature is a key step in the research process. A review of literature is comprehensive and covers all relevant research and supporting documents in print. Literature review is essential to locate similar or related studies that have already been completed which helped the investigator to develop deeper insight into the problem and gain information on earlier studies. Review of literature is a systematic identification, location, scrutiny and summary of written materials that contain information on research and the problem.

The literature reviewed related to the present study is organized and presented under the following headings.

1. Literature related to Problems of Substance abuse.
2. Literature related to the Effectiveness of Structured Teaching Programme on knowledge regarding Problems of Substance abuse.

1. Literature related to Problems of Substance abuse:

Kays NS, Torabi M, Perera B, (2011) conducted study that examine the prevalence of alcohol use, alcohol related problems, psychological distress, anxiety and depression mood and the relationship between these variables in a sample of 534 college students in USA. In college men, 91% were current alcohol users (those who use alcohol at least once a month) and in college women 80%were current alcohol users. Current users were further divided two groups, moderate and heavy, considering the amount and frequency of alcohol use. Beer was more popular among moderate users than heavy users in both sexes. Blackouts, getting into fights and not

being able to meet school responsibilities were the common alcohol-related adverse outcomes reported by the participants.

Kingendo, Dr Madrine.PhD, (2010) conducted study was to find out the incidence and extent of drug abuse among secondary school students in Nairobi Province, Kenya. 20% of adolescents aged between 12 and 22 years smoke cigarettes, 9% smoke bhang while 23% drink commercial beer and spirits. An ex-post-facto research design was used. The study population comprised of all public secondary schools in Nairobi Province.

Using stratified sampling to obtain different categories of schools, and the status of each school. The questionnaires were administered to the respondents by the researcher. Findings showed that peer pressure, school and family stress, and drug availability contributed to students' drug abuse. The study also found that most students, 81%, who abused drugs did this often. The study concludes that stringent measures should be put in place urgently so as to address the problem of drug abuse.

Karimzadeh Ali, Ziaaddini Hasan, Nakhaee Nouzar, (2009) conducted study to assess the prevalence of drug abuse among teenagers in Kerman. A randomly selected sample of 652 first and second grade high school students (256boys, 396girls). They were informed that their answers would be classified and nameless before they fill questionnaires. Schools and classes were selected using stratified sampling method. From the total of 652 students participated in this study, 39.2% (256) were boys and 60.7% (396) were girls. Most of the students had information about opium (70.7% of boys and 79.8% of girls), and then alcohol (55.9% of boys and 53.9% of girls). Most offered substance to the students was alcohol (25% in boys and 12.4% in girls). The most effective encouragement for using drugs was through their

friends (39% in boys, 16.9% in girls). The most used drug was alcohol among boys (11.4%) and sedative tablets among girls (12.2%). The first reason for using drugs was socializing with unsavory friends (29.4%) and the second one was domestic problems (21.4%). The results of this study indicated dangerously increase of drug abuse among teenagers.

Fallu JS, Bondy SJ, Taylor B, Adlaf, Monga N, Rehm J, (2005) conducted study on alcohol related problems among secondary school students. The 2003 cycle of the Ontario student drug use Survey obtained self-administered questionnaires from a representative classroom- based survey of 2455 Ontario secondary school students (grades 9-12) from 74 schools. Average volume of alcohol consumption was assessed using a quantity-frequency measure. Alcohol –related problems were measured by using seven items of the Alcohol Use Disorders Identification Test. Future prevention of alcohol-related problems in adolescents should consider both the average volume and patterns of drinking. Both prevention and research should also try to include environmental determination of alcohol- related problems.

Abdulkarim AA MBBS FMCPAED.ET.AL, (2005) Conducted study on the types and frequency of drug use among 1200 students aged 10-19 years was investigated. The prevalence rate of 40.1% found. Currently used drugs included mild stimulants such as kolanut and coffee 294 (26.2%), alcohol 164 (14.5%), sniffing agents 80 (7.2%), amphetamine and ephedrine 66 (6.7%), cigarette 54 (4.8%), heroin 45 (4%) cocaine 40 (3.6%) and cannabis 38(3.4%). The relative risk(RR) for cannabis use when cigarette was smoked 37.4 %. RR for cigarette smoking when alcohol was used 6.8 %. RR for cocaine abuse when cigarette was used 21.8% and 52.8 % when

cannabis was used. It is concluded that the use of illicit and socially acceptable drugs may pave the way for the abuse of illicit ones.

Pela O. A. and Ebie J.C, (2004) conducted study on knowledge and pattern of drug use among school children in Benin city. A questionnaire, which sought to gather information on personal on personal and family background, drug knowledge, usage and academic achievements, among other variables, was administered to 350 boys and girls randomly selected from three of 13 secondary schools in Benin city. The age of respondents between 11-21 years. 181 (56%) were males. They reported knowledge of alcohol 215 (66.6%), 283 were heard of cannabis, 71 (22%) having seen or handled it. 110 were knowledge of stimulants. A knowledge of sedatives and hypnotics were 141(43.4%) with more females having used them.67.6% of the drug users were adjudged to be introverts.

Debra, Lowe-Thorne, (2004) conducted study the types of substance use and/or abused by the Fourth and Fifth Form students at the North Georgetown Secondary School. The study examines how the use/abuse of substances affected the students' personal lives and their performance and behavior in the classroom. Two of the most significant of those issues are discovered in the change in substances being consumed and the extent of the danger it poses - Students are no longer limiting themselves to the use of tobacco and alcohol but have added marijuana and cocaine. The additions of the stronger drugs now constitute a threat to the safety of the teachers and other students. They are at risk because the school has no guidelines to be guided by when dealing with drug related problems.

Pires M.,Kupek E, Baus J, (2002) conducted study to assess prevalence and risk factors associated with drug abuse among public elementary and high school students in the southern city of Florianopolis, Brazil. A descriptive cross-sectional study was carried out using a standardized questionnaire created during the 4th national survey on drug abuse. 478 students were interviewed by trained college students. Of the interviewers 43% aged 13-15 years and 32% aged 16-18 years and they had a higher socioeconomic status. Use of alcohol, marijuana, solvent drugs and amphetamines was 86.8%, 19.9%, 18.2% and 8.4% respectively. Age,sex, social status and living with both parents were significantly associated with drug abuse. Cigarette and marijuana smoking, respectively were 84% and 67% more likely among students whose parents were separated. There is a high prevalence of drug use among elementary and high school students in Florianopolis.

Rydberg U.Kuhlhorn E,Borschos B, (1999) Conducted study of alcohol and drug habits among 734 medical students at the Karolinska Institute in Stockholm were randomly selected for inclusion in a postal questionnaire study of alcohol and drug habits. The response rate was over 80%. 12% of the male and 4% of medical students were considered to be at risk of alcohol problems. About 7% of the medical students reported having used illegal drugs such as marijuana and cocaine and 9% to have used sedative and / or hypnotic drugs.

Lee M.G. & Soyibol K,(1999) conducted study to assess the prevalence of illicit drug use among high-school students in Jamaica. A total of 2417 high-school students in 26 schools were covered: 1063 boys and 1354 girls. The following drugs were used by the students: marijuana (10.2%), cocaine (2.2%), heroin (1.5%) and opium (1.2%). Illicit drug use among males, urban students and children of

professionals was higher than that among females, rural students and children of non-professionals.

Gordon, Floris, (1995) conducted study to assess knowledge, attitude and practice of students with regard to drug use was undertaken in schools in Jamaica. The study was conducted among 200 students in four all age schools, in the metropolitan area. Random sample was selected and a self administered questionnaire was used to collect the data. The results revealed that drug abuse was rising and was more common in males. Alcohol was the most commonly used drug, followed by tobacco, cannabis and inhalants. 90 percent of alcohol users became regular users. The illicit drugs, cannabis was most prevalent. 24% of students believed there was no risk involved in taking drugs. Study concluded that the problem of drug use and abuse had risen and made recommendations, including that institutions deal with drug abuse in adolescents and existing educational programmes be strengthened and lower age groups.

2. Literature related to the Effectiveness of Structured Teaching Programme on knowledge regarding Problems of Substance abuse.

Whittaker R. Dorey E, (2011) Conducted study on the prevalence of self – reported substance use and mental health problems, the pattern of comorbidity, and how both vary by age among people presenting to substance abuse treatment. 4,930 adolescents and 1,956 adults were participated and assessed with Global appraisal of individual needs and categorized into five age groups: <15,15-17,18-25,26-39 and 40+years. 2/3 of clients had a co-occurring mental health problem in the year prior to treatment admission. The prevalence and patterns of co-occurring mental health

problems varied by age. Young adults (18-25) were found to be most vulnerable to co-occurring problems.

Bramley D, Bullen C, Denny, (2011) conducted study to assess the effectiveness of a multimedia mobile phone intervention for smoking cessation. Participants had to be 16 years of age or over, be current daily smokers, have a video message- capable phone. Registration and data collection were completed online by text messages. The intervention group received an automated package of video and text messages over 6 months. The control group received a general health video message sent to their phone every 2 weeks. 226 randomized participants, 47% (107/226) were female and 24% (54/226) were maori. Their mean age was 27 years (SD 8.7), and there was a high level of nicotine addiction. Continuous abstinence at 6 months was 26.4% (29/110) in the intervention group and 27.6% (32/116) in the control group ($p=.8$). This study was not able to demonstrate a statistically significant.

Saunders JB, Sanson- Fisher RW, Stubbs JM, (2011) conducted study on effectiveness of two educational programs to teach medical students brief intervention skills for managing alcohol problems was examined. Teaching took place over 3 hr and was either the traditional didactic teaching program on the principles and practice of brief and early intervention or an interactive program involving a shortened lecture, clinical practice and small group feedback on clinical performance. Students were assessed on a 10-min videotaped encounter with a simulated patient before and after teaching according to how they addressed alcohol-related issues and on their general interactional skills. Performance on alcohol-related issues and interactional skills were significantly improved after teaching, although still poor in terms of clinical performance. A between –groups comparison pre/post teaching difference scores

indicated interactive training was no more effective than traditional didactic lectures in developing the knowledge and skills needed for a brief alcohol intervention.

Ringwalt CL, Shamblen SR, Hanley SM, (2011) conducted study on effects of Project SUCCESS on a range of secondary outcomes, including the program's mediating variables. Project SUCCESS, is a school-based substance use prevention program that targets high-risk students. We recruited two groups of alternative high schools in successive academic years, and randomly assigned schools in each group to either receive the intervention (n = 7) or serve as a control (n = 7). Students completed surveys prior to and following the administration of the program, and again 1 year later. Although participation in Project SUCCESS significantly increased students' perceptions of harm resulting from alcohol and marijuana use, students in the control group reported greater increases in peer support.

Maddion R, McRobbie H, Bullen C, (2008) conducted study was to develop and pilot a youth-oriented multimedia smoking cessation intervention delivered solely by mobile phone. Approximately 180 young people participated. There was a high priority placed on music relaxation (75%) and an interest in interacting with others in the program (40% would read messages, 36% would read a blog). Findings from the pretesting phase (n=41) included the importance of selecting real and honest role models with believable stories and an interest in animations (37%). Nine participants (60%) stopped smoking during the program.

Spicer B, Lancaster K, Hughes CE,(2003-2008) conducted study on a retrospective content analysis of Australian print media was carried out over the period 2003-2008 from a sample comprised of 11 Newspapers . A sub-sample of 4397 articles was selected for media content analysis and a large number of text elements

coded for each. The dominant media portrayals depicted law enforcement or criminal justice action (55%), but most articles were reported in a neutral manner, in the absence of crisis framings.

Beecham J, Van der Zanden R, Smit F, (2007) conducted study an internet-based health economic evaluation of a preventive group-intervention for children of parents with mental illness or substance use disorders. A randomized controlled trial to examine the cost effectiveness of the kopstoring intervention. Kopstoring is an online intervention for COPMI- strengthen their coping skills and prevent behavioural and psychological problems. This conducted entirely over the internet. Power calculation show that 214 participants was recruited via media announcement and banners on the internet. The main outcome is internalizing and externalizing symptoms as measured by the youth self report. For the economic evaluation, health care costs and costs outside the healthcare sector was measured at the same time as the clinical measures, at baseline 3, 6 and 9 months. An extended measure for the intervention group was provided at 12 months, to examine the long-term effects.

Coles CD, Padgeee L, Strickland, Bellmoff L, (2007) conducted study on using computer games to teach alcohol-affected children about fire and street safety. 32 children, ages 4-10 diagnosed with fetal alcohol syndrome and partial FAS, learned fire and street safety through computer games. Children were pretested on verbal knowledge of four safety elements for both fire and street safety conditions and then randomly assigned to one condition. After playing the game until mastery, children were retested verbally and asked to generalize their newly acquired skills. re-tested after 1 week follow up. They showed (72%) significantly better knowledge

within a behavioural setting. Results suggested that this is a highly effective method for teaching safety skills to high-risk children who have learning difficulties.

Zaborskis A, Sumskas L, (2006) conducted study to evaluate the prevalence and trends of drug use among students of vocational schools in Klaipeda city. Two cross-sectional questionnaire surveys were carried out among first-year students. Random samples of 912 and 342 students aged 16-19 years were questioned. Questions such as marihuana, club drugs, injectable drugs, and other drugs. In 2004, 56.0% of male respondents and 42.0% of female respondents have reported any drug use during their life. Prevalence of drug use during 2004-2006: up to 65.5% in boys ($P<0.05$) and up to 44.0% in girls ($P>0.05$). Percentage of club drug users increased significantly in girls (from 21.5% to 29.8%; $P=0.040$) and exceeded the level of boys. The average number of drugs of different types used by boys changed slightly from 1.57 to 1.63 ($P>0.05$), but increased significantly in girls (from 1.49 to 1.88, $P<0.001$). More significant relationship between drug use and social and behavioral factors.

Samet JH, Berntein E, Sullivan LM, (2002) conducted study on improving emergency medicine residents' approach to patients with alcohol problems, a controlled educational trial. It conducted at 2 similar emergency medicine residency programs associated with urban, level I trauma centers, a 4- hour didactic, video, and skills- based workshop was conducted. Scores on changes in self-reported knowledge, current practice, self –efficacy, role- responsibility, attitudes and beliefs and provider readiness to change from baseline to 1 year after intervention. Change in practice as measured by record review before and after intervention. The intervention group ($n=17$) had a significant increase in knowledge scores ($P<.001$) and practice with

regard to percent of medical records with evidence of screening and intervention (17% before versus 58% after; 95% confidence interval 31 to 50; $P < .001$); no change was observed in the control group ($n=19$). These increases were significant differences within or between groups for composite scores.

White JM, Dodding CJ, Taverner D, (1997) conducted study on new medical graduates lack clinical skills in assessing and managing patients seeking drugs of dependence. A preliminary survey indicated that common problems seen by primary care practitioners included both new and known cases of benzodiazepines or opiates. A didactic small group tutorial, a video- based tutorial using professional actors and computer aided instruction package using digitized video were developed and trialed with undergraduate medical students over 2 years in a parallel-group design. Outcome was assessed by student feedback, performance on a case based written examination and by a structured evaluation of interviews with simulated patients requesting drugs. No difference was seen in written examination and simulated patient outcomes between the three groups.

CHAPTER-III

RESEARCH METHODOLOGY

RESEARCH APPROACH:

Quantitative Evaluative Research approach was used for this study.

RESEARCH DESIGN:

A Pre experimental one group pre test and post test design was used in this study.

$O_1 \quad X \quad O_2$

O_1 : Pre test to assess the level of knowledge regarding Problems of substance abuse among Higher Secondary School Students.

X : Structured Teaching Programme

O_2 : Post test to assess the level of knowledge regarding Problems of substance abuse among Higher Secondary School Students.

VARIABLES:

- Independent variable : Structured Teaching Programme
- Dependent variable : Knowledge regarding Problems of Substance abuse

POPULATION

- The Population of the study comprises of Higher Secondary School Students (15-17 years).

SETTING OF THE STUDY:

The Study was conducted at Buds Flourishing Hindu Vidhyalaya Matriculation Higher Secondary School, Oddanchatram in Dindigul District. It is located 57 kms away from Sara Nursing College, Manakadavu, Dharapuram, Tirupur

District. The total strength of 11th and 12th standard students were 38 and 18 respectively, out of which 24 boys and 26 girls were selected for this study.

SAMPLING:

Sample:

The Sample of this study was Higher Secondary Students.

Sample size:

The Sample Size was 50 Higher Secondary Students.

Sampling technique:

Convenience Sampling Technique was used for this study.

SELECTION CRITERIA:

Inclusion Criteria:

- Students who are willing to participate in this study.
- Both male and female students

Exclusion criteria:

- Students who are Physically ill and absent during data collection period.
- Students who are not willing to participate in this study.

DESCRIPTION OF THE TOOL:

The data collection tool consists of two parts.

Part – I:

The first part of the tool consists of demographic variables such as sex, religion, education of the parents, occupation of the parents, family income, type of

family, area of stay , place of staying, family members habits of smoking, alcoholism and drug addiction .

Part – II:

- It consists of Structured knowledge questionnaires regarding Problems of Substance abuse. There was one correct answer and 3 distracters for each question. For every correct answer a score of one awarded and for every wrong answer a score of zero awarded. The total possible score was 20. The total score of each item was calculated and converted in to percentage and interpreted as follows,

❖ 0-10	50 % and below	- Inadequate knowledge
❖ 11-15	51- 74 %	- Moderately adequate knowledge
❖ 15-20	75 % and above	- Adequate knowledge

VALIDITY:

The tool was evaluated by 5 experts (Three experts from the department of Mental health Nursing, one from Psychiatrist and one from Psychologist). The suggestions were incorporated.

RELIABILITY

To ensure the reliability of the tool, it has been administered to 5 students who met the inclusive criteria. The reliability of the tool established by test-retest method and reliability was $r=0.88$.

PILOT STUDY

In order to find out feasibility and practicability, the Pilot study was conducted from 15-06-11 to 25-06-11 at Shanthinekethan Higher Secondary School, Ambilikkai,

Dindigul District among 5 students on knowledge regarding problems of substance abuse. The study was found feasible to conduct.

METHOD OF DATA COLLECTION:

Ethical considerations:

The Study was conducted after the approval from the Dissertation committee of Sara Nursing College, Manakadavu, Dharapuram and Permission from Principal, Buds Flourishing Hindu Vidyalaya Matriculation Higher Secondary School, Oddanchatram, Dindigul District. Samples were assured of anonymity and confidentiality of the information provided by them.

Period of data collection

The Main study was conducted in Buds Flourishing Hindu Vidyalaya Matriculation Higher Secondary School, Oddanchatram, Dindigul District for 4 weeks from 29.06.2011 to 28.07.2011.

DATA COLLECTION PROCEDURE:

The study was conducted at Buds Flourishing Hindu Vidyalaya Matriculation Higher Secondary School, Oddanchatram in Dindigul District. The study was conducted from 29.06.11 to 28.07.11. Preexperimental one group pretest and posttest design was used in this study. The total period of data collection was 4 weeks. 50 samples were selected by using convenience sampling technique. Oral consent was obtained. During the first week, assessment of the level of knowledge on problems of substance abuse among Higher Secondary School Students was done. The Structured Teaching Programme regarding problems of substance abuse was provided. After 15 days of Structured Teaching Programme the level of knowledge among Higher

Secondary School Students were assessed by using Structured knowledge questionnaire.

PLAN FOR DATA ANALYSIS:

The descriptive statistics was used for categorical data. Paired 't' test was used to evaluate the effectiveness of Structured Teaching Programme on knowledge regarding Problems of Substance abuse and Chi square was used to find out association between Problems of Substance abuse and their demographic variables.

CHAPTER IV

ANALYSIS AND INTERPRETATION

Analysis is the process of organizing and synthesizing data in such a way, that question answered the hypothesis (**Polit,D,F.Huggler 2003**).

In this chapter, the data collected were systemically processed, tabulated and made suitable for analysis and Interpretation.

Sections in data analysis:

The data analysis is presented in the following section:

Section-A:

Distribution of Samples according to their demographic variables.

Section-B:

- i) Distribution of samples according to the level of knowledge regarding Problems of Substance abuse among Higher Secondary Students before and after Structured Teaching Programme
- ii) Comparison of Mean, Standard deviation and Mean difference in the level of knowledge among higher secondary school students before and after intervention

Section-C:

Association between the post test scores on the level of knowledge among Higher Secondary Students and their selected demographic variables.

SECTION- A

Table- 4.1: Distribution of samples according to their demographic variables:-

(n=50)

S.NO	DEMOGRAPHIC VARIABLES	f	%
1.	Sex: a. Male b. Female	24 26	48 52
2.	Religion: a. Hindu. b. Christian c. Muslim. d. Others	47 3 - -	94 6 - -
3.	Education of father: a. No Formal Education b. Primary School c. Higher Class d. Higher Secondary e. Graduates	2 10 24 7 7	4 20 48 14 14
4.	Education of mother: a. No Formal Education b. Primary School c. Higher Class d. Higher Secondary e. Graduates	4 12 28 3 3	8 24 56 6 6
5.	Occupation of father: a. Un employee b. Professional worker. c. Business. d. Self employee	1 10 26 13	2 20 52 26
6.	Occupation of mother: a. Un employee b. Professional worker. c. Business. d. Self employee	35 7 2 6	70 14 4 12

7.	Family income: a. Below Rs.4000/- b. Rs.4001 - Rs.8000/- c. Above Rs.8001- Rs.12000/- d. Above Rs.12001/-	2 15 18 15	4 30 36 30
8.	Type of family: a. Joint Family b. Nuclear Family c. Extended Family	19 31 ---	38 62 ---
9.	Area of stay: a. Urban area b. Rural area	24 26	48 52
10.	Place of staying: a. Home (with parents) b. Hostel	38 12	76 24
11.	Family members habits of smoking, alcoholism, and drug addiction: a. Yes b. No	22 28	44 56

The table 4.1 shows that 26 (52%) of them were Female.47 (94%) of the subjects were Hindu, 24(48%) of the mother had higher school education. 28(56%) of the fathers had higher school education, 26(52%) of them were doing business, 35(70%) of them were unemployed, 18(36%) of them have monthly income of Rs.8,001 to Rs.12,000. 31(62%) of them belongs to Nuclear family, 26(52%) of them were belongs to rural area.38 (76%) of them were staying along with their parents and 28(56%) of them not having habits of substance abuse.

SECTION-B

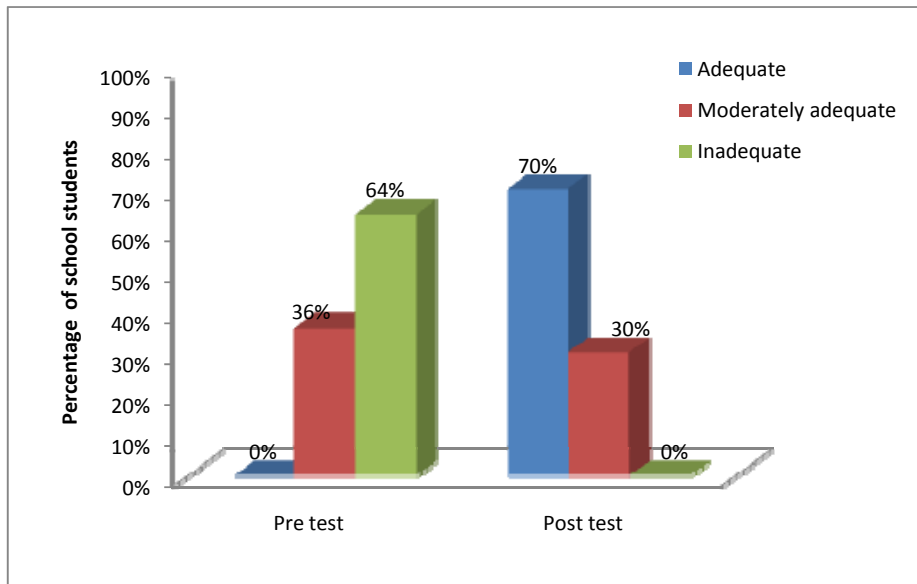


Figure 4.1 (i) .Distribution of samples according to the level of knowledge regarding Problems of Substance abuse among Higher Secondary Students before and after Structured Teaching Programme.

Figure 4.1(i) shows that, in the pretest 32(64%) of them had inadequate knowledge, 18(36%) had moderate knowledge regarding Problems of Substance Abuse. In the post test 35(70%) of them had adequate knowledge, 15(30%) subjects of them had moderate knowledge regarding Problems of Substance Abuse.

SECTION-B

Table 4.2:(ii). Comparison of Mean, Standard deviation and Mean difference in the level of knowledge among Higher Secondary School Students before and after intervention

(n=50)

S. No	Variables	Maximum Score	Pre Test		Post Test		Mean difference	't' Value	df
			Mean	SD	Mean	SD			
1	Knowledge	20	10.16	2.08	15.9	1.81	5.74	37.54*	49

*(P<0.05)

Effectiveness of Structured Teaching Programme on knowledge regarding Problems of Substance abuse.

In the pre test the mean score of knowledge was 10.16 (± 2.08) and In the Post test the mean score of knowledge was 15.9 (± 1.81).

The paired t' test value was (37.54) which is greater than the Table value (1.684) at (p<0.05) level of significance. Hence the Structured Teaching Programme is more effective in changing the level of knowledge regarding Problems of Substance abuse.

SECTION- C

Table-4.3: Association between the level of knowledge among Higher Secondary School Students and their selected demographic variables.

(n=50)

S.No	Demographic variables	Level Of Knowledge				χ^2 value
		Moderate		adequate		
		f	%	f	%	
1	Sex					0.53
	a. Male	6	12	18	36	
	b. Female	9	18	17	34	
2.	Religion:					0.01
	a. Hindu.	14	28	33	66	
	b. Christian	1	2	2	4	
	c. Muslim.	---	---	---	---	
	d. Others	---	---	---	---	
3.	Education of father:					1.65
	a. No Formal Education	1	2	1	2	
	b. Primary School	4	8	6	12	
	c. Higher Class	7	14	17	34	
	d. Higher Secondary	2	4	5	10	
	e. Graduates	1	2	6	12	
4.	Education of mother:					1.50
	a. No Formal Education	1	2	3	6	
	b. Primary School	2	4	10	20	
	c. Higher Class	10	20	18	36	
	d. Higher Secondary	1	2	2	4	
	e. Graduates	1	2	2	4	
5.	Occupation of father:					7.18
	a. Un employee	---	---	1	2	
	b. Professional worker.	2	4	8	16	
	c. Business.	12	24	14	28	
	d. Self employee	1	2	12	24	

6.	Occupation of mother:					
	a. Un employee	9	18	26	52	1.81
	b. Professional worker.	2	4	5	10	
	c. Business.	1	2	1	2	
	d. Self employee	3	6	3	6	
7.	Family income:					
	a. Below Rs.4000/-	---	---	2	4	3.41
	b. Rs.4001 - Rs.8000/-	4	8	11	22	
	c. Above Rs.8001- Rs.12000/-	8	16	10	20	
	d. Above Rs.12001/-	3	6	12	24	
8.	Type of family:					
	a. Joint Family	4	8	15	30	1.15
	b. Nuclear Family	11	22	20	40	
	c. Extended Family	---	---	---	---	
9.	Area of stay:					
	a. Urban area	6	12	18	36	0.53
	b. Rural area	9	18	17	34	
10.	Place of staying:					
	a. Home (with parents)	12	24	26	52	0.18
	b. Hostel	3	6	9	18	
11.	Family members habits of smoking, alcoholism, and drug addiction :					
	a. Yes	3	6	19	38	5.0
	b. No	12	24	16	32	

Table 4.3 shows that there was a no significant association between the level of knowledge regarding problems of substance abuse among Higher Secondary School Students and their demographic variables.

CHAPTER-V

DISCUSSION

This chapter presents the interpretation to the statistical findings. It has been discussed based on the objectives of the study.

The first objective of the study was to assess the level of knowledge regarding Problems of Substance Abuse before and after Structured Teaching Programme among Higher Secondary School Students.

Among 50 students, in the pretest 32(64%) of them had inadequate knowledge, 18(36%) had moderate knowledge regarding Problems of Substance Abuse. In the post test 35(70%) of them had adequate knowledge, 15(30%) of them had moderate knowledge regarding Problems of Substance Abuse.

Linda Haddad, PhD, RN. et.al., (2011) conducted study to assess knowledge, attitude, and beliefs about substance abuse among Jordanian adolescents (aged 15-18 years). A descriptive design was employed using a self-administrated questionnaire to collect the data from 400 high school students. Random sample was used. Students of both sexes were knowledgeable about aspects of substance abuse, including its harmful effects on the body and society or frequent use of cigarettes, alcohol, and other drugs was extremely harmful. The results was that the students lack in-depth knowledge of substance abuse. Policy makers, health workers, and religious leaders must collaborate to build structured educational programs and readily accessible, evidence-based treatment programs for adolescents.

The Second objective of the study was to evaluate the effectiveness of Structured Teaching Programme on the level of Knowledge regarding Problems of Substance abuse among Higher Secondary School Students.

In the pretest the mean score of knowledge was 10.16 and In the Post test the mean score of knowledge was 15.9. Paired 't' test was used to find the difference between the pre and post test knowledge score was significant. The analysis showed that the 't' value (37.54) is greater than the table value (1.684) at ($p < 0.05$) level of significance. Hence the Structured Teaching Programme is more effective in changing the level of knowledge.

H₁: There will be a significant difference on the level of knowledge regarding Problems of Substance abuse among Higher Secondary School Students before and after Structured Teaching Programme at $p < 0.05$ level of significance.

Therefore Hypothesis 1 was accepted.

Karmesh L.D.Sharma (1995) conducted study among 200 students, grades 9-11, in 4 new secondary schools in the metropolitan area of Jamaica. Self administered questionnaire, sought information on the lifetime and current prevalence of licit and illicit drugs. The findings were increases in the lifetime and current prevalence in the use of cannabis, cocaine, crack, psychedelics, opiates, tobacco and alcohol. Students reported increased accessibility to these drugs and less risk involved in drug use. The highest prevalence of drug use was with alcohol, followed by tobacco and inhalants. Concluded that drug abuse has increased in this category of students, and made recommendations including, re-evaluation of the drug abuse prevention programmes, Peer counseling banning of tobacco and alcohol advertisements, and of smoking in public places and in schools.

The third objective of the study was to associate the post-test scores the level of knowledge regarding Problems of Substance abuse with their selected demographic variables:

There was a no significant association between the level of knowledge regarding Problems of Substance abuse and selected demographic variables.

H₂: There will be a significant association between post test score on the level of knowledge regarding Problems of Substance abuse and their selected demographic variables at $p < 0.05$ level of significance.

Therefore Hypothesis 2 was retained.

Summary:

The chapter dealt with discussion of the study with reference to the objectives the supportive studies according the three objectives have been obtained and the two hypothesis were retained in this study.

CHAPTER- VI

SUMMARY, CONCLUSION, IMPLICATIONS, RECOMMENDATIONS AND NURSING IMPLICATIONS

This chapter deals with summary of the study and conclusions drawn. It clarifies the limitations of the study, the implication and recommendations given for different areas like nursing education, administration for health care delivery system and nursing research.

The study was conducted at Buds Flourishing Hindu Vidyalaya Matriculation Higher Secondary School, Oddanchatram in Dindigul District. The study was conducted from 29.06.11 to 28.07.11. Preexperimental one group pretest and posttest design was used in this study. The total period of data collection was 4 weeks. 50 samples were selected using convenience sampling technique. Oral consent was obtained. During the first week assessment of the level of knowledge on problems of substance abuse among Higher Secondary School Students was done. The Structured Teaching Programme regarding problems of substance abuse was provided. After 15 days of Structured Teaching Programme the level of knowledge among Higher Secondary School Students were assessed by Structured knowledge questionnaire.

The descriptive statistics was used for categorical data, mean and standard deviation, inferential statistics, Paired 't' test was used to evaluate the effectiveness of Structured Teaching Programme regarding Problems of Substance abuse among Higher Secondary School Students and Chi square was used to find out association between the level of knowledge regarding Problems of Substance abuse among Higher Secondary School Students and their demographic variables.

There was a significant difference ($p < 0.05$) found between the pretest 10.16 (± 2.08) and posttest 15.9 (± 1.81) mean score on level of knowledge regarding Problems of Substance abuse among Higher Secondary School Students. There was no significant association on demographic variables. The finding of the study shows that Structured Teaching Programme more effective to improve the level of knowledge regarding Problems of Substance abuse among Higher Secondary School Students.

Major findings of the study:

It is Summarized as follows,

Among 50 samples, 26 (52%) of them were Female. 47 (94%) of the samples were Hindu, 24 (48%) of the mother had higher school education. 28 (56%) of the fathers had higher school education, 26 (52%) of them were doing business, 35 (70%) of them were unemployed, 18 (36%) of them have monthly income of Rs.8,001 to Rs.12,000. 31 (62%) of them belongs to Nuclear family, 26 (52%) of them were belongs to rural area. 38 (76%) of them were staying along with their parents and 28 (56%) of them not having habits of substance abuse.

In the pretest 32 (64%) of them had inadequate knowledge, 18 (36%) had moderate knowledge regarding Problems of Substance Abuse. In the post test 35 (70%) of them had adequate knowledge, 15 (30%) of them had moderate knowledge regarding Problems of Substance Abuse.

In the pre test the mean score of knowledge was 10.16 (± 2.08) and In the Post test the mean score of knowledge was 15.9 (± 1.81).

The paired 't' test value was (37.54) which is greater than the Table value (1.684) at ($p < 0.05$) level of significance. Hence the Structured Teaching Programme is more effective in changing the level of knowledge regarding Problems of Substance abuse.

The findings of this study had implications in various areas of Nursing i.e., Nursing Practice, Administration, Education and Nursing research.

Nursing Practice:

- Psychiatric Nurses should play an vital role in understanding the Psychological Problems of the Substance abuse.
- Psychiatric Nurses should be able to identify the Problems of Substance abuse which helps the Students to improving their knowledge and avoid using substance abuse.
- Psychiatric Nurses can provide an Structured Teaching Programme on knowledge regarding Problems of Substance abuse.

Nursing Education:

- Nurse educators must be specially trained to provide Structured Teaching Programme , regarding Problems of Substance abuse.
- The Nurse educator can create awareness about knowledge regarding Problems of Substance abuse among Higher Secondary School Students.

Nursing Research:

- Findings of the study provides broad frame work on which further research can be conducted. This study can be a foundation to conduct research on large Population to strongly to prove the effectiveness of Structured Teaching Programme.

- The understanding of this study helps health professionals and researchers to identify Problems of Substance abuse among Higher Secondary School Students in Indian perspective.
- Nurse researcher should challenge to perform scientific work and take part in research application and evaluation of Structured Teaching Programme , regarding Problems of Substance abuse among Higher Secondary School Students.

Nursing Administration:

- The Nurse administrators can motivate the Psychiatric Nurses to assess the level of knowledge regarding Problems of Substance abuse.
- The Nurse administrator should arrange for Education Programme to disseminate the research findings and emphasis about the benefits of Structured Teaching Programme regarding Problems of Substance abuse.
- The Nurse administrator can prepare skilled Nurses who can spend time with people in solving Psychological and Physiological disequilibrium of Students

Recommendations:

- A Similar study can be replicated with larger sample size and in various other settings.
- A similar study can be carried out regarding knowledge on substance abuse among adults.
- Comparative study may be conducted between students studying technical courses and professional courses.
- Comparative study may be conducted to find out similarities or differences in knowledge between Rural and Urban Schools.

- A study may be conducted to find out factors that influences substance abuse and preventive aspects among students.

Conclusion:

The study reveals the fact that Structured Teaching Programme significantly increases knowledge among Higher Secondary School Students regarding problems of substance abuse.

BIBLIOGRAPHY

Books:

- Basavanthappa. B.T (2007) “*Psychiatric Mental Health Nursing*”, 1st edition New Delhi, Jaypee Publications.
- Batia M.S.(2010), “*Aids of Psychiatry*”, 2nd edition, New Delhi: CBS Publications
- Dr.Bimlakapoor (2005) “*Textbook of Psychiatry Nursing*”, volume II, 2nd edition, Kumar Publishing house.
- Gali.W.Stuart Michele,T.Lararia.(2005), “*Principles and practice of Nursing*”, 7th edition “Kundrli, Mosby Publications.
- Harold I Kaplan, Benjami.J, Saduck,Jack A, Grebb (1991) “*synopsis of psychiatry*”,7th edition , Maryland,Williams & Wilking company.
- Harold I, Benjamin, J.Saduck. (2000) “*Concise text book of clinical Psychiatry*” 1st edition, India; Lippincott Publication.
- Iron Bar & Hooper (1991) “*Mental health Nursing*”,2nd edition , Philadelphia, Bailliere Tindal Publication.
- Judith Haber; Anita M. Leach, Sylvia., Barbara Plyn Side Leax (1978). “*Comprehensive Psychiatric Nursing*” 1st edition, New york, Blaviston Publication.
- Julia I, Booking (1994), “*A Textbook of Psychiatric and Mental Health*”, 3rd edition, Singapore, Longman Publisher.
- Katherine M.Fortinash; Patricia A.Holoday Worret (2004) “*Psychiatric Mental Health Nursing*” 3rd edition , Missari, Mosby Publication.
- Dr. Lalitha K.(2009), “ *Mental Health and Psychiatric Nursing Indian Perspective*” 1st edition , Bangalore, VMG.Book house Publishers.

- Louise Rebrace Shives., Ann Issacs(2002). “*Basic Concepts of Psychiatric Mental Health Nursing*” 5th edition, Philadelphia, Lippincott Publication.
- Mary C.Townsend (2007) “ *Psychiatric Mental Health Nursing*” 5th edition Jaypee Brothers Publications.
- Mohan D. Sethi HS “*Current research in abuse in India*”. 3rd edition, Gemini Printers: New Delhi; 1981. p. 18-31.
- Neeraja K.P. (2008) “ *Essentials of Mental Health and Psychiatric Nursing*”, Volume 2 ,1st edition ,Karnataka,” Jaypee Brothers Publications.
- Niraj Ahuja(2008) “ *A Short Text Book of Psychiatry*”,5th edition ,Mumbai, Jaypee Brothers Publications.
- Polit O.F.& Hanger B.P.(1989). “*Nursing Research Principles and Methods*”, 3rd edition, Philadelphia, JB Lippincott Publications.
- Ruth Parmelee. Rwlins Sopronia R William (1993) “*Mental Health Psychiatric Nursing*”, 3rd edition, Philadelphia, Mosby Publications.
- Shah L.P (1993), “*A Handbook of Psychiatry*”, 3rd edition, Vora Medical Publications.
- Sreevani.R. (2010), “*A Guide to Mental Health & Psychiatric Nursing*” 1st edition, Kolar, Jaypee Publications.
- Sundar Rao. P.S.S., Richard J.C. (1997), “*An Introduction to Biostatistics*” 3rd edition, New Delhi, Prentice Hall of India PVT. Ltd.

Journals:

- BS Chavan, Priti Arun, Rachna Bhargava, Gurvinder Pal Singh.Department of Psychiatry, Govt. Medical College and Hospital, Sector - 32, Chandigarh, India.

- Cox RG, Zhang L, Johnson WD, Bender DR. *Academic performance and substance use: findings from a state survey of public high school students.* Journal Sch Health. 2007;77(3):109–115.
- Deb PC, Jindal RB. *Drinking in rural areas A study in selected villages of Punjab.* Monograph submitted to Punjab Agricultural University: Ludhiana; 1974.
- Dube KC, Handa SK. *Drug use in health and mental illness in an Indian population.* Br Journal of Psychiatry 1971;118:345-6.
- Dube KC, Kumar A, Kumar N, Gupta SP. *Prevalence and pattern of drug use amongst college students.* Acta Psychiat Scand 1978;57:336-46.
- Elnagar MN, Maitra P, Rao MN. *Mental health in an Indian rural community.* BrJ Psychiatry 1971;118: 499-503.
- Ghulam R, Rahman I, Naqi S, Gupta SR. *An epidemiological study of drug abuse in urban population of Madhya Pradesh.* Indian Journal of Psychiatry 1996; 38:160-5.
- Grant JD, Scherrer JF, Lynskey MT, Lyons MJ, Eisen SA, Tsuang MT, et al. *Adolescent alcohol use is a risk factor for adult alcohol and drug dependence: evidence from a twin design.* Psychol Med. 2006; 36(1): 109–118.
- Jena R, Shukla TR, Hemraj P. *Drug abuse in a rural community in Bihar: Some psychosocial correlates.* Indian Journal of Psychiatry 1996;38:43-6.
- Kendler, K.S., et al., (1994). *A twin family study of alcoholism in women.* In: American Journal of Psychiatry 151, (pp707-715).
- Lal B, Singh G. *Alcohol consumption in Punjab.* Indian Journal of Psychiatry 1978;20:212-6.

- Lal B, Singh G. *Drug abuse in Punjab*. Br Journal of Addict 1979;74:441
- Meena, Khanna P, Vohra AK, Rajput R. *Prevalence and pattern of alcohol and substance abuse in urban areas of Rohtak city*. Indian Journal of Psychiatry 2002;44:348-52.
- Mohan D. *Current research in abuse in India*. In : Mohan D, Sethi HS, Tongue E, editors. Gemini Printers: New Delhi; 1981. p. 18-31.
- Nandi DN, Ajmany S, Ganguli H, Banerjee G, Boral GC, Ghosh A, et al. *Psychiatric disorders in a rural community in West Bengal*. An epidemiological study. Indian Journal of Psychiatry 1975;17:87.
- Nutt, King, Saulsbury, & Blakemore (2007). *Development of a rational scale to assess the harm of drugs of potential misuse*. Lancet, 369, 1047-1053.
- *Prevalence of alcohol and drug dependence in rural and slum population of Chandigarh: A community survey Year (2007)*, Volume 49, Issue:1, Page:44-48
- Ramachandran V. *The prevention of alcohol related problems*. Indian Journal of Psychiatry 1991;33:3-10.
- Ray R, Mondal AB, Gupta K, Chatterjee A, Bajaj P. *The extent, pattern and trends of drug abuse in India: National Survey*. New Delhi. United Nations Office on Drugs and crimes and Ministry of Social Justice and Empowerment, Government of India 2010;32:7-9.
- Reddy MV, Chandrashekhar CR. *Prevalence of mental and behavioural disorders in India: A metaanalysis*. Indian Journal of Psychiatry 1998;40:149-57.
- Sethi BB, Trivedi JK. *Drug abuse in rural population*. Indian Journal of Psychiatry 1979;21:211-6.

- Shukla BR. *Drinks and drugs in a north Indian village-an anthropological study*. Ethnographic and Folk culture Society: Lucknow, India; 1979.
- Siu EC, Tyndale RF (2007). "Non-nicotinic therapies for smoking cessation". *Annu. Rev. Pharmacol. Toxicol.* 47: 541–64.
- Steinhausen HC, Metzke CW. *The validity of adolescent types of alcohol use*. *J Child Psychol Psychiatry.* 2003;44(5):677–686.
- Thacore VR. *Drug abuse in India with special reference to Lucknow*. *Indian Journal of Psychiatry* 1972;14:257-61.
- Varma VK, Singh A, Singh S, Malhotra AK. *Extent and pattern of alcohol use in North India*. *Indian Journal of Psychiatry* 1980;22:331-7.
- Vlahov, D., et al. (2002). *Increased use of cigarettes, alcohol, and marijuana among Manhattan, New York, residents after the September 11 terrorist attacks*. *American Journal of Epidemiology* 155(11): 988-996, (2002).
- World Health Organisation. *The ICD-10 Classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines*. Geneva; 1992.

Net reference:

- Chambless et al., D.L. (1998). "An update on empirically validated therapies". *Clinical psychology (American psychological Association)* 49:5-14.retrived from [www. Apa.org](http://www.Apa.org) on 2008.
- Drugs and Teens Substance Abuse. Retrived from [www. Focusas.com](http://www.Focusas.com).
- Generation Rx? Teens abusing prescriptions .MSNBC.com. Report: More youth getting high on painkillers than on illegal drugs the associated press April 21, 2005. Retrieved on [www. Msnbc. msn.com](http://www.Msnbc.msn.com)

- Kattie Payne, RN, PhD (September 9, 2002) British Medical Association BMA, article Alcohol and Young People, Received from www.Ncadi.samhsa.gov.in
- O'Donohue, W; K.E. Ferguson (2006). "evidence based practice in psychology and behaviour analysis" *The Behavior Analyst Today* (Joseph D. Cautilli) 7(3): 335–350. Retrieved on 2008-03-24. [www. Baojournal.com](http://www.Baojournal.com)
- Stafstrom M. Kick back and destroy the ride: alcohol-related violence and associations with drinking patterns and delinquency in adolescence. *Subst Abuse Treat Prev Policy*. 2007 2:18. Available from: [www. Substanceabusepolicy. com](http://www.Substanceabusepolicy.com)
- The National Clearinghouse for alcohol and Drug Information retrieved from [www. Drugfree.com](http://www.Drugfree.com)
- United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) Involvement by young drivers in fatal alcohol-related motor-vehicle crashes—United States, 1982 –2001. *Morb Mortal Wkly Rep*. 2002 51(48):1089–1091. Available from: www.cdc.gov.in.
- United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Youth Risk Behavior Surveillance System, Youth Online: Comprehensive Results (2008). retrieved from [www. Apps.nccd.cdc.gov.in](http://www.Apps.nccd.cdc.gov.in)

ANNEXURE-A
LETTER REQUESTING PERMISSION TO CONDUCT
A RESEARCH PROJECT



SARA NURSING COLLEGE

(Recognised by Govt. of Tamil Nadu,
Affiliated to T.N. Dr. M.G.R. Medical University & Approved by Indian Nursing Council)

Palani Main Road, Manakadavu,
Dharapuram - 638 673, Tirupur District,
Tamil Nadu, South India.

Phone : 04258-244208, Fax : 04258-244254
E-mail : saranursingcollege@gmail.com
website : www.saranursingcollege.com

From:

The Principal,
Sara Nursing college,
Dharapuram.

To :

The Principal,
Buds Flourishing Hindu Vidyalaya Matriculation Hr.Sec.School,
Oddanchatram.

Respected madam,

Mr.V.Vinoth Chandran is a bonafide student of Sara Nursing college, Dharapuram, doing his M.Sc.(N) programme in Nursing. He is conducting a research on

“ A Study to evaluate the effectiveness of Structured Teaching Programme on level of knowledge regarding Problems of Substance abuse among Higher Secondary School Students(15-17 years) at selected Schools in Dindigul District”. The research project is to be submitted to “ The Tamilnadu Dr.M.G.R.Medical University” as a partial fulfillment of the university requirements for the award of M.Sc(N) Degree. The Researcher is anticipating that this project will be beneficial in terms of knowledge among Higher Secondary School Students regarding problems of Substance abuse at your esteemed institution.

As part of the study he needs to observe the selected subjects in term of the effectiveness of Structured Teaching Programme on level of knowledge regarding Problems of Substance abuse and document the collected data for analysis and report.

Hence I request your kind consent for him to conduct the study from 29.06.11 to 28.07.11 at your esteemed institution. Further details of the proposed project outcome will be furnished by the researcher in person. The institution norms, policies and ethics will be respected and strictly adhered by the researcher throughout the study period.

Thanking You

Vishnatchandran
Principal



PRINCIPAL
Sara Nursing College,
Dharapuram - 638 671.



BUDS FLOURISHING
HINDU VIDYALAYA MATRICULATION HR.SEC.SCHOOL
(Recognised by the Government of Tamilnadu)
Dharapuram Road ,ODDANCHATRAM - 624 619.
Dindigul - Dt, Tamil Nadu.

Cell : 98425 17400
Hos : 98650 65550

To :

The Principal,
Sara Nursing College
Dharapuram.

Respected sir,

The main study was conducted by Mr.V.Vinoth Chandran
II year M.Sc(N) from Sara Nursing College, Dharapuram. The
study period is from 29.06.11 to 28.07.2011 in our institution.
The study topic on

“A Study to evaluate the effectiveness of Structured
Teaching Programme on level of knowledge regarding Problems
of Substance abuse among Higher Secondary School Students
(15-17 years) at selected Schools in Dindigul District”.

Thanking You,

Vinoth
29/07
PRINCIPAL
Buds Flourishing Hindu Vidyalaya
Matriculation Hr Sec School
ODDANCHATRAM-624619

ANNEXURE-B
DATA COLLECTION TOOL:

SECTION A- DEMOGRAPHIC PROFILE OF HIGHER SECONDARY
SCHOOL STUDENTS

Sample No:

1. Sex

- | | |
|------------|-----|
| a). Male | [] |
| b). Female | [] |

2. Religion

- | | |
|---------------|-----|
| a). Hindu | [] |
| b). Christian | [] |
| c). Muslim | [] |
| d). others | [] |

3. Education of the parents

- | | Father | Mother |
|-----------------------------|--------|--------|
| a). No formal education | [] | [] |
| b). Primary school | [] | [] |
| c). High school | [] | [] |
| d). Higher secondary school | [] | [] |
| e). Post graduate | [] | [] |

4). Occupation of the parents

- | | Father | Mother |
|-------------------|--------|--------|
| a). Unemployed | [] | [] |
| b). Professional | [] | [] |
| c). Business | [] | [] |
| d). Self employee | [] | [] |

5). Family income

- a). Below Rs.4000 /- []
- b). Rs.4001- Rs.8000 /- []
- c). Above Rs.8001- Rs.12000 /- []
- d). Above Rs.12001 /- []

6). Type of family

- a). Joint family []
- b). Nuclear family []
- c). Extended family []

7). Location of the family

- a). Urban area []
- b). Rural area []

8). Place of staying

- a). Home (with parents) []
- b). Hostel []

9). Family members habits of smoking, alcoholism, and drug addiction.

- a). Yes []
- b). No []

**KNOWLEDGE OF HIGHER SECONDARY SCHOOL STUDENTS
REGARDING PROBLEMS OF SUBSTANCE ABUSE:**

- 1) What is the meaning of substance abuse?
 - a). Taking of drugs for medical reasons.
 - b). Taking of drugs for non medical reasons.
 - c). Taking of drugs against the medical and social norm and also taking for enjoyment
- 2). What are the common substances that can be commonly abused?
 - a). alcohol, nicotine and certain drugs
 - b). coffee & tea
 - c). beverages
- 3). Which group is common for substance abuse?
 - a). siblings
 - b). Twins
 - c). Friends
- 4). Which one among the following substance does not produce dependence?
 - a). alcohol and marijuana
 - b). cocaine and nicotine
 - c). Gelusil and cocco
- 5). which is the common route of administration of drugs for substance abuse
 - a). injections, oral ingestion, inhalation and smoking
 - b). spinal route
 - c). ointment

- 6). What is the common physical effect due to drug abuse?
- a). sadness
 - b). liver disease
 - c). happiness
- 7). Which toxic substance is prominently present in tobacco?
- a). nicotine
 - b). cocaine
 - c). codeine
- 8). Which one among the following substance is used as a stimulant?
- a). caffeine
 - b). alcohol
 - c). grass
- 9). What is the main effect of drug abuse in children?
- a). have lack of interest in personal grooming.
 - b). have appetite
 - c). have proper motor co-ordination
- 10). What is the common effect of drug abuse in school ages?
- a). poor schooling
 - b). good performance in curricular activity
 - c). good performance in extra-curricular activity
- 11). What is the risk factor of drug abuse at family?
- a). family disruption
 - b). good parenting skill
 - c). good relationship with family members

- 12). What are all the risk factors of drug abuse at individual level?
- a). good social skill
 - b). independent child
 - c). physical and mental problem
- 13). Who among the following person influence drug abuse among school age ?
- a). parents
 - b). peer
 - c). sibling
- 14). How can the family members help the person to control the use of substance abuse ?
- a). find out the cause and solving it
 - b). punishing and scolding the person
 - c). keeping that person away from the home.
- 15). How can the child be protected from drug abuse?
- a). positive attachment
 - b). threatening
 - c). carelessness
- 16). What is the primary prevention for substance abuse?
- a). interview
 - b). conversation
 - c). peer education
- 17). What is the primary prevention measures in family for_____?
- a). parent education
 - b). child
 - c). sibling

18). Which among the following diversional activity is used to prevent drug abuse?

- a). community reinforcement approach
- b). television
- c). computer

19). What is the main social complication of substance abuse?

- a). enjoyment
- b). sadness
- c). increased rate of accident

20). what is the rehabilitation method for an affected adolescent?

- a). Counseling
- b). punishment
- c). avoidance from society

**KNOWLEDGE REGARDING PROBLEMS OF
SUBSTANCE ABUSE
SCORING KEY**

Items No.	OPTIONS		
	[a]	[b]	[C]
1	0	0	1
2	1	0	0
3	0	0	1
4	0	0	1
5	1	0	0
6	0	1	0
7	1	0	0
8	1	0	0
9	1	0	0
10	1	0	0
11	1	0	0
12	0	0	1
13	0	1	0
14	1	0	0
15	1	0	0
16	0	0	1
17	1	0	0
18	1	0	0
19	0	0	1
20	1	0	0

Correct Answer : 1

wrong Answer: 0

Total Score: 20

**STRUCTURED TEACHING PROGRAMME ON
KNOWLEDGE REGARDING PROBLEMS OF
SUBSTANCE ABUSE**

STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PROBLEMS OF SUBSTANCE ABUSE

RESEARCH GUIDE	:	Prof.M.Kandasamy, M.Sc(N).,(Ph.D)., Principal, Sara Nursing College, Dharapuram - 638673
CLINICAL SPECIALITY GUIDE	:	Mrs. S.Kavitha, M.Sc (N). , Associate Professor, HOD of Psychiatric Nursing, Sara Nursing College, Dharapuram-638673.
RESEARCH TOPIC	:	“A Study to evaluate the effectiveness of Structured Teaching Programme on level of knowledge regarding Problems of Substance abuse among Higher Secondary School Students (15-17 years) at Selected Schools in Dindigul District”
NAME OF THE EVALUATOR	:	Mrs.Kannammal.,M.A.Bed., Principal, Buds Flourishing Hindu Vidyalaya Matriculation Hr.Sec.School, Oddanchatram.
METHOD OF TEACHING	:	Structured Teaching Programme.
NUMBER OF PARTICIPANTS	:	50 STUDENTS
HOURS	:	30 Minutes
NAME OF STUDENT’S TEACHER:		Mr.V.Vinoth Chandran. II Year M.Sc(N) Sara Nursing College, Dharapuram.

STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PROBLEMS OF SUBSTANCE ABUSE

CENTRAL OBJECTIVES:

At the end of the class the student will be gain knowledge regarding Problems of Substance abuse, improve their knowledge ,attitude, skills towards substance abuse.

SPECIFIC OBJECTIVES:

The students will be able to:

- ❖ introduce the topic
- ❖ define the term regarding drug dependence
- ❖ Classify about substance abuse
- ❖ list down the causes of substance abuse
- ❖ discuss about signs and symptoms of substance abuse
- ❖ enumerate the risk factors of substance abuse
- ❖ explain about the common methods of using substance abuse
- ❖ mention about common substance abuses
- ❖ describe about prevention measures of substance abuse

Time	Specific objectives	Contents	Teachers activity	Learners activity	Evaluation
2 Min	introduce the topic	<p>INTRODUCTION :</p> <p>Use and abuse of drugs and alcohol by teens is very common and can have serious consequences. In the 15-24 years age range, 50% of deaths (from accidents, homicides, and suicides) involved.</p> <p>Possible stages of teenage experience with substance abuse include abstinence (non-use), experimentation, regular use (both recreational and compensatory for other problems), abuse, and dependency.</p> <p>Repeated and regular recreational use can lead to other problems like anxiety, depression. Some teenagers regularly use drugs or alcohol to compensate for anxiety, depression, or a lack of positive social skills.</p> <p>Teen use of tobacco and alcohol should be minimized because they can be ‘gate way drugs’ for other drugs (marijuana, cocaine, hallucinogens, inhalants, and heroin).</p>	Explaining	listening	

Time	Specific objectives	Contents	Teachers activity	Learners activity	Evaluation
2 Min	define the term regarding drug dependence	<p>DEFINITION: “Drug Dependence is a state of psychic dependence or physical dependence, or both, on a drug, arising in a person following administration of that drug on a periodic or continued basis”.</p> <p><u>MEANING :</u></p> <p>The diagnostic and statistical manual of mental disorders (DSM-IV) separates substance related disorders into two categories :</p> <ul style="list-style-type: none"> ❖ substance- use disorders such as abuse and dependence ❖ substance – induced disorders such as intoxication and withdrawal. 	Explaining	listening	
2 Min	classify about substance abuse	<p>CLASSIFICATION:</p> <p>Based on their shared physiological and psychological effects, many of these substances can be classified into five general categories :</p>	Explaining with help of chart	listening and taking notes	define the term of drug dependence

Time	Specific objectives	Contents	Teachers activity	Learners activity	Evaluation
3 min	list down the causes of substance abuse	<ol style="list-style-type: none"> 1. Central nervous system (CNS) depressants, including alcohol. 2. Stimulants, including cocaine, caffeine, nicotine and related substances 3. Opioids including analgesics. 4. Hallucinogens including phencyclidines 5. Cannabis. <p>Substance Abuse Causes:</p> <ul style="list-style-type: none"> - Use and abuse of substances such as cigarettes, alcohol, and illegal drugs may begin in childhood or the teen years. - Certain risk factors may increase someone's likelihood to abuse substances. - Adolescents give many reasons for using drugs: to experiment, to get high, to “get inside my head”, to have fun, to understand more about life. - Adolescents may also use drugs to cope with feelings of 	Explaining	listening and taking notes	What is the meaning of substance abuse

Time	Specific objectives	Contents	Teachers activity	Learners activity	Evaluation
8 min	discuss about signs and symptoms of substance abuse	<ul style="list-style-type: none"> • Factors related to a child's socialization outside the family may also increase risk of drug abuse. • Inappropriately aggressive or shy behavior in the classroom • Poor social coping skills • Poor school performance • Association with a deviant peer group • Perception of approval of drug use behavior <p>Signs and symptoms of abuse :</p> <p>Although different drugs have different physical effects, the symptoms of addiction are the same no matter the substance. The more drugs begin to affect and control your life, the more likely it is that you've crossed the line from drug use to abuse and drug addiction.</p>	Explaining	listening and taking notes	

Time	Specific objectives	Contents	Teachers activity	Learners activity	Evaluation
	discuss about signs and symptoms of substance abuse	<p>Physical warning signs of abuse :</p> <ul style="list-style-type: none"> • Bloodshot eyes or pupils that are larger or smaller than usual. • Changes in appetite or sleep patterns. Sudden weight loss or weight gain. • Deterioration of physical appearance and personal grooming habits. • Unusual smells on breath, body, or clothing. • Tremors, slurred speech, or impaired coordination. <p>Behavioral signs of abuse :</p> <ul style="list-style-type: none"> • Drop in attendance and performance at work or school. • Unexplained need for money or financial problems. May borrow or steal to get it. • Engaging in secretive or suspicious behaviors. • Sudden change in friends, favorite hangouts, and hobbies. • Frequently getting into trouble (fights, accidents, illegal activities). 	Explaining	listening and taking notes	Signs and symptoms of substance abuse

Time	Specific objectives	Contents	Teachers activity	Learners activity	Evaluation
2 min	enumerate the risk factors of substance abuse	<p>Psychological warning signs of abuse :</p> <ul style="list-style-type: none"> • Unexplained change in personality or attitude. • Sudden mood swings, irritability, or angry outbursts. • Periods of unusual hyperactivity, agitation, or giddiness. • Lack of motivation; appears lethargic or “spaced out.” • Appears fearful, anxious, or paranoid, with no reason. <p>RISK FACTORS :</p> <p>The centres for disease control & prevention developed the YRBSS to focus attention on specific behaviours that place adolescents at risk for the most significant health problems :</p> <p>Motor vehicle accident, injuries, homicide, suicide, heart disease, and cancer (Public health service,1993).</p> <p>By reviewing these leading causes of mortality and morbidity on a national scale, the YRBSS looked at the following.</p> <p>-unintentional & intentional injury, including wearing a</p>	Explaining	listening and taking notes	discuss about signs and symptoms of substance abuse

Time	Specific objectives	Contents	Teachers activity	Learners activity	Evaluation
5 min	<p>substance abuse</p> <p>mention about common substance abuses and this problems</p>	<ul style="list-style-type: none"> • Injection into the veins (shooting up) • Smoking <p>Common substance abuses are :</p> <p>Tobacco products :</p> <p style="padding-left: 40px;">The primary addicting substance in cigarettes is nicotine. But cigarette smoke contains thousands of other chemicals that also damage health. Hazards include heart disease, lung cancer and emphysema, peptic ulcer disease, and stroke. Withdrawal symptoms of smoking include anxiety, hunger, sleep disturbances, and depression.</p> <p style="padding-left: 40px;">Use of tobacco products is a major public health problem and the leading cause of deaths attributable to psychoactive substance use globally.</p> <p>Children exposed to second-hand tobacco smoke are at increased risk of a range of health problems such as respiratory infections, allergies and asthma.</p>	Explaining	listening and taking notes	explain the methods of using substance abuse

Time	Specific objectives	Contents	Teachers activity	Learners activity	Evaluation
	<p>mention about common substance abuses and this problems</p>	<p>Pregnant women who smoke are at higher risk of miscarriage, premature labour and having a low birth weight baby.</p> <p>While the majority of people consume tobacco via smoking, use of tobacco products by means other than smoking, such as chewing, or sniffing is also associated with increased risk of diseases. Finally, exposure to second-hand tobacco smoke also increases the risk of health problems among people who do not smoke themselves.</p> <p>Marijuana :(also known as grass, pot, weed, herb): Marijuana, which comes from the plant Cannabis sativa, is the most commonly used illegal drug.</p> <p>Alcohol: Although many people have a drink as a "pick me up," alcohol actually depresses the brain. Alcohol lessens your inhibitions, slurs speech, and decreases muscle control and coordination, and may lead to alcoholism.</p> <p>Alcohol consumption is a risk factor for a wide range of</p>	<p>Explaining</p>	<p>listening and taking notes</p>	

Time	Specific objectives	Contents	Teachers activity	Learners activity	Evaluation
	<p>mention about common substance abuses and this problems</p>	<p>health problems and harmful use of alcohol is a major cause of premature illness, disability and death.</p> <p>Social problems also are frequently associated with harmful or hazardous and dependent alcohol use and include breakdown of relationships with family and friends and difficulty maintaining study or work.</p> <p>The risks associated with use of alcohol at unsafe levels include:</p> <p>Hangovers, aggressive and violent behaviour, accidents and injury, nausea and vomiting, Reduced sexual performance and premature ageing, Digestive problems, ulcers, inflammation of the pancreas and high blood pressure, Anxiety and depression, relationship difficulties, and financial and work problems , Difficulty remembering things and solving problems , Birth defects and brain damage in babies of pregnant women. Permanent</p>	<p>Explaining</p>	<p>listening and taking notes</p>	

Time	Specific objectives	Contents	Teachers activity	Learners activity	Evaluation
4 min	describe about prevention measures of substance abuse	<p>brain damage leading to memory loss, cognitive deficits and disorientation, Stroke, muscle and nerve damage, Liver and pancreas disease.</p> <p>Since the liver detoxifies alcohol, excessive ingestion eventually results in impaired liver functioning , fatty liver, hepatitis, and cirrhosis of liver are frequently complications of alcohol abuse.</p> <p>Prevention :</p> <p>Substance abuse may start in childhood or adolescence. Abuse prevention efforts in schools and community settings now focus on school-age groups.</p> <p>Programs seek to increase communication between parents and their children, to teach resistance skills, and to correct children's misperceptions about cigarettes, alcohol, and drugs and the consequences of their use. Most importantly, officials seek to develop, through education and the media, an environment of</p>	Explaining	listening and taking notes	mention about common substance abuses and this problems

Time	Specific objectives	Contents	Teachers activity	Learners activity	Evaluation
	describe about prevention measures of substance abuse	<p>social disapproval from children's peers and families.</p> <p>Primary prevention : As one progresses along the chain from primary prevention is education that is peer education, and the family measures is parent education.</p> <p>Secondary education : To secondary prevention with its risk factors and early problem recognition and treatment.</p> <p>Tertiary prevention : to tertiary prevention with its more complicated and serious forms of illness and risky behaviours, it is obvious that services become increasingly more technological, expensive and exclusive.</p> <p><u>Rehabilitation Measures :</u> Rehabilitation measures also include counseling, therapy, etc. too the affected adolescents.</p>	Explaining	listening and taking notes	

Time	Specific objectives	Contents	Teachers activity	Learners activity	Evaluation
		<p><u>Support is essential to addiction recovery :</u></p> <p>Whether you choose to go to rehab, rely on self-help programs, get therapy, or take a self-directed treatment approach, support is essential.</p> <p>Recovering from drug addiction is much easier when you have people you can lean on for encouragement, comfort, and guidance.</p> <p><u>Support can come from:</u></p> <ul style="list-style-type: none"> • family members • close friends • therapists or counselors • other recovering addicts • healthcare providers • people from your faith community 	Explaining	listening and taking notes	

Time	Specific objectives	Contents	Teachers activity	Learners activity	Evaluation
		<p>GROUP SUPPORT APPROACH:</p> <p>A group support approach to treatment is helpful to the substance abuse persons. Intervention that can be implemented effectively in a group setting is patient education. Peer group relationships are an important aspects of most drug treatment programs.</p> <p>Medical Care :</p> <p>If you recognize you have a substance abuse problem and want to quit, a doctor can refer you to community resources. A doctor also may prescribe medications to control cravings and withdrawal or help manage medical complications resulting from substance abuse. Let your doctor know what drugs you use and how you take them.</p>	Explaining	listening and taking notes	

ANNEXURE-C
LETTER REQUESTING OPINION AND SUGGESTION OF EXPERTS FOR
CONTENT VALIDITY OF THE RESEARCH TOOLS

From

V.Vinoth Chandran
II year M.Sc(N),
Sara Nursing College,
Dharapuram.

To

Respected Sir / Madam

**Subject: Requesting opinion and suggestion of experts for
establishing content validity of the tools.**

I am Final Year M.Sc (N) Nursing student in Sara Nursing College. As a partial fulfillment of Masters Degree in nursing, I have selected the topic mentioned below for the research project to be submitted to “The Tamil Nadu Dr.M.G.R. Medical University Chennai”.

Topic: “A study to evaluate the effectiveness of Structured Teaching Programme on level of Knowledge regarding Problems of Substance abuse among Higher Secondary School Students (15-17 years) at selected schools in Dindigul District”

Enclosed here with:

1. Certificate of validation
2. Criteria checklist of evaluation of tool
3. Tool for collection of data
4. Procedure

May I request you to kindly validate the following enclosure and give your expert opinion and suggestion for necessary modifications of the tool.

Thanking you in Anticipation

Place:

Your’s sincerely

Date:

V. Vinoth Chandran

ANNEXURE - D

CERTIFICATE OF VALIDATION

This is to Certify that the tool developed by Mr.V.Vinoth Chandran, II year M.Sc(N) of Sara Nursing College On a Topic “A Study to evaluate the effectiveness of Structured Teaching Programme on level of knowledge regarding Problems of substance abuse among Higher Secondary School Students (15-17 years) at selected schools in Dindigul District” has been validated by the undersigned. The Suggestions and modifications given by me will be incorporated by the investigator in collaboration with their respective guide.

Signature:

ANNEXURE- E

LIST OF EXPERTS

1. Prof. Mrs. R. Kalai selvi, M.Sc(N)

Reader,
Bishops college of Nursing,
Dharapuram.

2. Prof. Mrs.S. Rajamani, M.Sc(N)

Nursing Tutor,
College of Nursing, Govt. Madurai Medical college,
Madurai.

3. Prof.Mrs. Heavenlin Theodore, M.Sc(N)

HOD, Department of Psychiatry,
Christian College of Nursing,
Ambilikkai.

4. Dr.Dheep, M.D.,

Psychiatrist,
Dheep Psychiatric Clinic,
K.Pudur, Madurai.

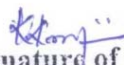
5. Mrs.Kavitha M.phil (Psy).,

Clinical psychologist,
Govt. Headquarters Hospital,
Mannargudi.

ANNEXURE - F

ENGLISH EDITING CERTIFICATE

I hereby certify that, I have edited the work of **Mr. V.Vinoth Chandran** ,
II year M.Sc Nursing student of SARA NURSING COLLEGE, DHARAPURAM,
who has undertaken dissertation work on **“A study to evaluate the effectiveness of
Structured Teaching Programme on level of Knowledge regarding Problems of
Substance abuse among Higher Secondary School Students (15-17 years) at
selected schools in Dindigul District” (2010-2012)”**


Signature of the Expert

K.KOTEESWARAN, M.A., B.Ed.,
P.G. Asst. (English)
V.S. Boys. Hr. Sec. School,
Thiruvarur.

ANNEXURE - G
PAMPHLET ON
KNOWLEDGE REGARDING PROBLEMS OF SUBSTANCE ABUSE



The use of alcohol, nicotine, tobacco and illicit drugs such an extent that it interferes with the person's physical, behavioural, psychological problems.



CLASSIFICATION:

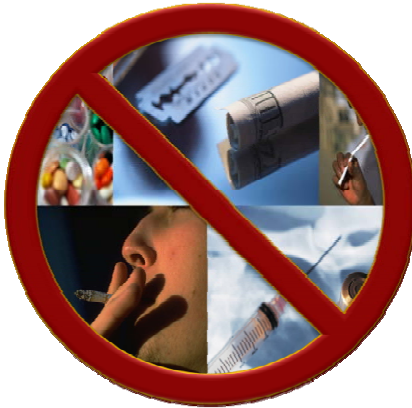
Based on their shared physiological and psychological effects, many of these substances can be classified into five general categories:

1. Central nervous system (CNS) depressants, including alcohol.
2. Stimulants, including cocaine, caffeine, nicotine and related substances
3. Opioids including analgesics.
4. Hallucinogens including phencyclidines
5. Cannabis.



Warning signs of Substance abuse :

- Sudden mood swings, irritability, or angry outbursts.
- Periods of unusual hyperactivity, agitation, or giddiness.
- Lack of motivation; appears lethargic or “spaced out.”
- Appears fearful, anxious, or paranoid, with no reason.
- Tremors, slurred speech, or impaired coordination.
- Frequently getting into trouble (fights, accidents, illegal activities).



METHOD OF USING SUBSTANCE ABUSE :

Substances can be taken into the body in several ways:

- Oral ingestion (swallowing)
- Inhalation (breathing in)
- Injection into the veins (shooting up) & Smoking



Suicidal thought



Group influence and peer pressure frequently induce people to experiment with drugs.

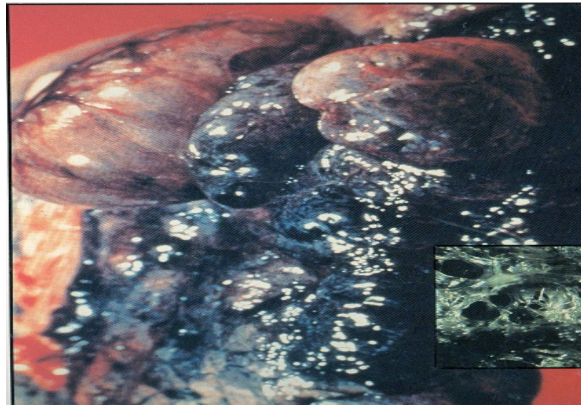
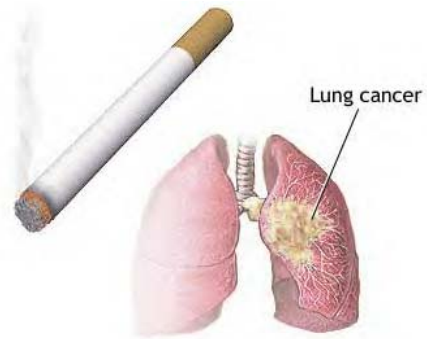
COMMON SUBSTANCE ABUSES ARE:

MARIJUANA :



Marijuana, which comes from the plant *Cannabis sativa*, is the most commonly used illegal drug.

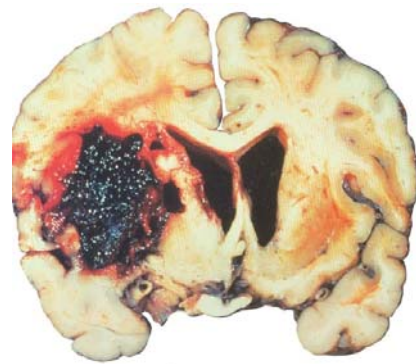
TOBACCO:



Hazards include heart disease, lung cancer and emphysema, peptic ulcer disease, and stroke. Withdrawal symptoms of smoking include anxiety, hunger, sleep disturbances, and depression.



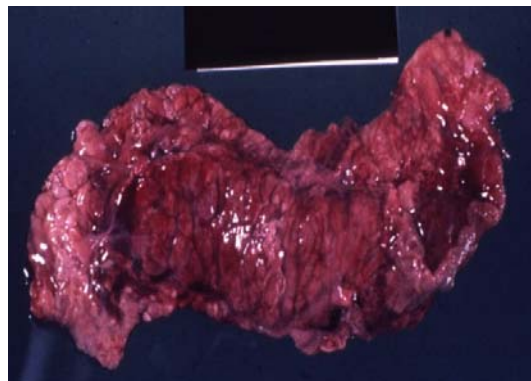
Muscle and Nerve damage



Stroke



Alcohol: Alcohol lessens your inhibitions, slurs speech, and decreases muscle control and coordination, and may lead to alcoholism. Hangovers, aggressive and violent behaviour, accidents and injury, nausea and vomiting, Reduced sexual performance and premature ageing, Digestive problems, ulcers, inflammation of the pancreas and high blood pressure, Anxiety and depression, relationship difficulties, and financial and work problems , Difficulty remembering things and solving problems , Birth defects and brain damage in babies of pregnant women. Permanent brain damage leading to memory loss, cognitive deficits and disorientation, Stroke, muscle and nerve damage, Liver and pancreas disease.



Liver and Pancreas disease.



Accidents



PREVENTION :

- **Primary prevention** : Primary prevention is education that is peer education, and the family measures is parent education.
- **Secondary education** : To secondary prevention with its risk factors and early problem recognition and treatment.
- **Tertiary prevention** : To tertiary prevention with its more complicated and serious forms of illness and risky behaviours, it is obvious that services become increasingly more technological, expensive and exclusive.
- **Rehabilitation Measures** : Rehabilitation measures also include counseling, therapy, etc. too the affected adolescents.