

Knowledge, Attitude and Practice of Non-Psychiatric Physicians about Addiction

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Abstract

Objective: To evaluate non-psychiatric physicians' knowledge, attitude and practices regarding management of cases with addiction.

Subjects and Methods: Following a cross-sectional study, 126 non-psychiatric physicians in Aseer Region were interviewed. A study questionnaire was used for data collection. It included socio-demographic data; general attitudes and interest toward addictions, addiction psychiatry; knowledge about addictions, addictive disorders, including treatment, and practice about addictions, addictive disorders, and treatment. The survey was anonymously self-administered and participant physicians were asked to provide their written informed consent to participate in this study. Data were collected through direct interviews with physicians.

Results: Age of participants ranged from 26 to 66 years (Mean±SD: 37.1±9.1 years). Most participants (81%) were males. Only 9.5% attended a training course or a conference on management of addiction, while 12.7% attended training or a course on palliative care. Generally, participants had very low knowledge regarding management of addiction, especially maintenance daily doses of Buprenorphine and Methadone and their overdose (4.8%,

12.7% and 7.9%, respectively). Regarding positive attitude statements, the least agreed upon were "illicit drugs addicts are easy patients"; and "being at ease in working with persons with heroin addiction" (11.1%, and 14.3%, respectively), while the highest agreed upon negative statements were "deficient resources to treat drug-dependent patients"; and "need to have more training on addiction management" (82.5% and 69.8%, respectively). Acute or chronic pain crises were the most common addiction-related conditions managed by participant physicians (39.7% and 31.7%, respectively). Cases of substance-induced psychosis were managed by 12.7% of participant physicians. The most commonly prescribed drugs for patients with addiction-related conditions were morphine, fentanyl, tramadol and pregabalin (44.4%, 19%, 19%, and 17.5% respectively).

Conclusions: Non-psychiatric physicians in Aseer Region have insufficient knowledge, negative attitude and poor practice about psychoactive substance use disorders. Continuing medical education and training is necessary to promote physicians' knowledge and practices related to prevention and treatment strategies for addiction diseases.

Key Words: Addiction, psychoactive substance use disorders, knowledge, attitude, practice, non-psychiatric physicians

Introduction

There is a compelling need for treatment of psychoactive substance use disorders. However, physicians appear poorly or neither trained, nor especially eager to accept/tolerate patients with psychoactive substance use disorders (1-2). In general, physicians, including psychiatrists do not feel competent/confident in treating addiction disorders, do not like working with patients affected with psychoactive substance use disorders and do not find rewarding treating patients with psychoactive substance use disorders (3).

The current Diagnostic and Statistical Manual-5th edition (DSM-5) (4) amalgamated the abuse and dependence under a single category named "Substance Use Disorder". The lack of experience and/or inadequate (theoretical and practical) training in addiction psychiatry may indeed result in an endless loop of incompetence and neglect regarding the addiction psychiatry, amongst mental health care professionals. However, despite the evidence demonstrating the need to improve addiction medicine's training not only amongst psychiatry trainees but also amongst all physician trainees, most medical students generally receive an inadequate (practical and theoretical) training in the field of addiction medicine/psychiatry (5).

Moreover, most physicians generally display lacking core clinical and therapeutic competences, as required for working with patients with psychoactive substance use disorders. Although formal addiction training within the medical field has been closely tied to psychiatry, psychiatric training generally provides a poor improvement and a limited level of knowledge over medical school, regarding addictions (6).

There are several inequalities and heterogeneous training levels in addiction psychiatry. Furthermore, most physicians reported to be less skilled in the addiction field, compared to other fields of psychiatry. Interestingly, there are not statistically significant differences between physicians regarding this finding. This appears particularly relevant if we consider that physicians should possess a comprehensive experience including behavioral, psychosocial and addiction problems (7).

Psychiatrists and non-psychiatry physicians' attitudes toward patients with psychoactive substance use disorders largely differ across different cultures. People with psychoactive substance use disorders are generally more exposed to health professionals' negative attitudes/perception as well as stigmatizing behaviors, and language (1).

Stigmatizing behaviors and attitudes displayed by physicians may lead to inadequate and inhomogeneous physical, mental healthcare and treatment, including prescribing non-evidence-based pharmacological/non pharmacological treatments, prescribing an inadequate/insufficient posology and duration of therapy. Moreover, use of potentially stigmatizing language may lead mental health professionals to poor/inadequate communication

with their patients, displaying an overall judgmental and non-empathetic attitude, and other problematic and potentially stigmatizing behaviors (8-10).

Therefore, the present study aimed to evaluate non-psychiatric physicians' knowledge, attitude and practices regarding management of cases with addiction.

Subjects and Methods

Following a cross-sectional study design, the present study included a sample of 126 non-psychiatric physicians in Aseer Region. A study questionnaire adapted from the study of Orsolini et al. (4) was used for data collection. It includes the following parts:

- General socio-demographic variables;
- Knowledge about addictions, addictive disorders, including treatment;
- General attitudes and interest toward addictions, addiction psychiatry; and
- Practice about addictions, addictive disorders, and treatment

The ethical approval for this study was granted by the General Health Directorate Ethics Committee in Aseer Region. The survey was anonymously self-administered and participant physicians were asked to provide their written informed consent to participate in this study.

Data were collected through online Google Forms that were emailed to non-psychiatric physicians within Aseer Region. Data were analyzed using the Statistical Package for Social Sciences (SPSS, version 25, IBM Corp, Armonk NY). Variables were presented as frequency and percentages.

Results

Table (1) shows that age of participants ranged from 26 to 66 years, with age of 20.6% being less than 30 years, while age of 61.9% was 30-39 years, and their mean±SD was 37.1±9.1 years. Most participants (81%) were males. About one-third of physicians (34.9%) were MBBS qualified, while 49.2% were Doctorate/Fellowship qualified. More than half of participants (55.6%) were graduated since less than 10 years. Most participants were family physicians (39.7%), or general surgeons (28.7%). Only 9.5% attended a training course or a conference on management of addiction, while 12.7% attended training or a course on palliative care.

Table (2) shows that participant physicians had very low correct responses regarding maintenance daily doses of Buprenorphine and Methadone and their overdose (4.8%, 12.7% and 7.9%, respectively), group psychotherapy (6.3%), Cannabis use (12.7%), contraindications for opioid substitution treatment and Disulfiram-like reaction (14.3% for both).

Table (3) shows that regarding positive attitude statements, the least agreed upon were that “illicit drugs addicts are easy patients”; “being at ease in working with persons with heroin addiction”; “working in management of addiction”; and “being prepared to deal with addicts” (11.1%, 14.3%, 33.3% and 33.3%, respectively). On the other hand, the highest agreed upon negative statements were “deficient resources to treat drug-dependent patients”; “need to have more training on addiction management”; “having bad experiences with addicts is common”; “the need for training in addiction” and “it is frustrating to work with drug addicted patients” (82.5%, 69.8%, 65.1%, 63.5%, and 60.3%, respectively).

Table (4) shows that acute or chronic pain crises were the most common addiction-related conditions managed by participant physicians (39.7% and 31.7%, respectively). Cases of substance-induced psychosis were managed by 12.7% of participant physicians. The most commonly prescribed drugs for patients with addiction-related conditions were morphine, fentanyl, tramadol and pregabalin (44.4%, 19%, 19%, and 17.5% respectively).

Table 1: Personal characteristics of participant physicians

Personal characteristics	No.	%
Age groups		
• <30 years	26	20.6
• 30-39 years	78	61.9
• ≥40 years	22	17.5
• Range	26-66 years	
• Mean±SD	37.1±9.1 years	
Gender		
• Male	102	81.0
• Female	24	19.0
Qualification		
• MBBS	44	34.9
• Diploma	2	1.6
• Master	16	12.7
• Doctorate/Fellowship	62	49.2
• Others	2	1.6
Years since graduation		
• <10 years	70	55.6
• 10-19 years	40	31.7
• 20+ years	16	12.7
Specialty		
• Family medicine	50	39.7
• General surgery	36	28.7
• Internal medicine	12	9.6
• Orthopedic Surgery	8	6.4
• Diabetology	4	3.2
• Obstetrics & gynecology	4	3.2
• Dermatology	4	3.2
• General practice	2	1.6
• Radiology	2	1.6
• Others	4	3.2
Attending a training course/conference on management of addiction	12	9.5
Attending a training course/conference on palliative care	16	12.7

Table 2: Correct responses of non-psychiatric physicians regarding their knowledge about addiction

Knowledge statements	No.	%
Drug dependence patients are at high risk for medical disorders	104	82.5
Patients with drug dependence tend to be poly-abusers	100	79.4
Psychosocial interventions can be considered when handling addiction patients	100	79.4
Cannabis use is associated with increased risk for psychosis	98	77.8
Indication for treatment with Naloxone	88	69.8
Patients with drug dependence may have other mental disorders	86	68.3
Males have more addiction problems than females	78	61.9
Opioid withdrawal syndrome can be fatal	74	58.7
Delirium tremens is a potentially fatal condition	72	57.1
Injection rooms are necessary in a harm reduction program	68	54.0
Buprenorphine is essential for opioid withdrawal and maintenance treatment	60	47.6
Methadone is essential medicine for opioid withdrawal/maintenance treatment	52	41.3
Opioid agonist maintenance therapy reduces the risk of contracting HIV	50	39.7
Treatment of addiction is based on empirical evidence	46	36.5
Indications for treatment with flumazenil	38	30.2
Frequency of Methadone administration	34	27.0
Frequency of Buprenorphine administration	24	19.0
Opioid agonist maintenance therapy does not reduce drug use	20	15.9
Contraindications for opioid substitution treatment	18	14.3
Disulfiram-like reaction	18	14.3
Cannabis use is associated with increased risk for deaths	16	12.7
Overdose of Buprenorphine and Methadone	16	12.7
Maintenance daily dose of Methadone	10	7.9
Group psychotherapy is preferred in treating addiction	8	6.3
Average maintenance daily dose of Buprenorphine	6	4.8

Table 3: attitude of participants regarding management of substance use

Attitude statements	Disagree		Neutral		Agree	
	No.	%	No.	%	No.	%
Positive attitude statements:						
It is important to have knowledge about use of substances	4	3.2	20	15.9	102	81.0
The problem of addiction is an important issue	4	3.2	22	17.5	100	79.4
I want to have knowledge about harm reduction programs	0	0.0	30	23.8	96	76.2
Addictions must be treated in health systems	6	4.8	26	20.6	94	74.6
Treatment of substance abuse worth the effort	8	6.3	24	19.0	90	71.4
I often ask my patients about their toxicological history	12	9.5	36	28.6	78	61.9
I am prepared to deal with addicted patients	28	22.2	56	44.4	42	33.3
I like to work in management of addiction	44	34.9	40	31.7	42	33.3
I am at ease in working with persons with heroin addiction	64	50.8	44	34.9	18	14.3
Illicit drugs addicts are easy patients	80	63.5	32	25.4	14	11.1
Negative attitude statements:						
I think that people with drug addiction cannot recover	90	71.4	18	14.3	18	14.3
Licit drugs addicted are bad people	76	60.3	26	20.6	24	19.0
I am afraid to work with persons with drug abuse	50	39.7	28	22.2	48	38.1
I am not confident with my skills to work in addiction	30	23.8	42	33.3	54	42.9
It is frustrating to work with drug addicted patients	14	11.1	56	44.4	56	44.4
I avoid addiction patients and I always refer them	20	15.9	30	23.8	76	60.3
I need training in addiction for my clinical practice	12	9.5	34	27.0	80	63.5
It is common to have bad experiences with addicts	8	6.3	36	28.6	82	65.1
I would like more training on addiction management	10	7.9	28	22.2	88	69.8
I lack the resources to treat drug-dependent patients	4	3.2	18	14.3	104	82.5

Table 4: Addiction-related managed cases and prescribed drugs during the last year by non-psychiatric physicians in Aseer Region, Saudi Arabia

Practices	No.	%
Addiction-related conditions managed during last year:		
• Acute pain crisis	50	39.7
• Chronic pain crisis	40	31.7
• Substance-induced psychosis	16	12.7
• Alcohol	10	7.9
• Opioid withdrawal syndrome	8	6.3
• Delirium tremens	6	4.8
Prescribed drugs to addicts during last year:		
• Morphine	56	44.4
• Fentanyl	24	19.0
• Tramadol	24	19.0
• Pregabalin	22	17.5
• Methadone	10	7.9
• Naltrexone	8	6.3
• Buprenorphine	2	1.6

Discussion

Historically, psychoactive substance use disorders have been perceived as personal, family, social, moral, or criminal issues rather than a health condition. Therefore, it has been assumed that subjects with psychoactive substance use disorders can be better managed at the individual, family or justice level (4).

Findings of this study revealed several points of knowledge deficiency among participant physicians' regarding management of addiction, especially contraindications for opioid substitution treatment, daily doses and overdoses of drugs for treatment of opioids, especially those of Buprenorphine and Methadone, knowing about group psychotherapy, Cannabis use and Disulfiram-like reaction.

Insufficient knowledge of physicians about management of addiction may be explained by that only 9.5% of participants attended a training course or a conference on management of addiction, and only 12.7% of them attended a course or a conference on palliative care.

Although health problems related to substance use disorders are a source of frequent consultation for physicians in daily clinical practice (11), their knowledge about its diagnosis and management remains largely inadequate (12). Several studies demonstrated the need for postgraduate continuing medical education to improve addiction medicine's training amongst all physicians, since most undergraduate medical students and trainees generally receive inadequate (theoretical and practical) training in the fields of psychiatry and addiction medicine. Moreover, it has been reported that just 1% of the typical medical school curricula are devoted to this subject (5-6). Therefore, physician's training programs should be developed to promote their knowledge about diagnosis and management of psychoactive substance use disorders (11).

The present study showed low positive attitude and high negative attitude among participants toward management of addict patients.

Patients with psychoactive substance use disorders tend to be stigmatized due to their use of drugs and drug-seeking behaviors. Moreover, psychoactive substance use disorders-related risky behaviors, e.g, speeding/dangerous driving, violence, aggressiveness, and impulse dysregulation, are seen as part of a complex disorder. Therefore, patients with psychoactive substance use disorders are usually rejected by the society due to the supposed moral valence of these behaviors. These patients may also be seen as a burden for the healthcare system, by indeed increasing the disparities of care, and the risk of not adequately providing evidence-based and effective treatments (10-13).

Previous studies have shown highly negative attitudes among physicians' and medical students' toward dealing with addiction cases in several settings (such as primary

care centers, general medicine or specialized clinics) (9). Van Boekel et al. (1) reported on the experienced stigma toward patients with addiction problems among health professionals, in which they underscore the negative consequences of these attitudes. However, Karam-Hage et al. (14) reported that residents acquired positive attitudes with perceived responsibility and improved satisfaction regarding addiction treatment after an educational conference had been carried out.

Our study revealed poor practice among non-psychiatric physicians regarding management of psychoactive substance use disorders. During the past year, only 12.7% of participant physicians managed substance-induced psychosis cases. The most commonly prescribed drugs for those patients were morphine, fentanyl, tramadol and pregabalin.

Surveys of physicians also consistently show that most fail to screen for alcohol or drug addiction. Many believe that medical interventions are inappropriate and ineffective. Those who do see addiction as a medical problem tend to treat it as an acute, instead of chronic, disorder. However, Miller and Sheppard (15) emphasized that the role of physicians in the prevention and treatment of addictive disorders is growing in importance and magnitude. The public and managed care organizations are increasingly looking to physicians for leadership and advocacy for patients who have drug and alcohol addiction. The political climate and enormous need combine to make the physicians' practices essential within prevention and treatment strategies for addiction diseases.

Conclusions

Non-psychiatric physicians in Aseer Region have insufficient knowledge, negative attitude and poor practice about psychoactive substance use disorders. Continuing medical education and training is necessary to promote physicians' knowledge and practices related to prevention and treatment strategies for addiction diseases.

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