

Survey to Mental Health Professionals on Problematic Drug Use

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Abstract

Introduction:

When discussing problematic drug use it is necessary to articulate both the legal and the health system to establish a coherent approach to address it. As the health system is formed in part by the Mental Health professionals who are usually those who respond to and receive this population for treatment, the aim of the present study was to learn their opinion with regard to problematic drug use approach both clinically and in the legal system. The results would help to stimulate discussion in the Mental Health field to better assist policy makers.

Materials and Methods:

This was a cross-sectional study with a convenience sample. During the 2017 Argentinian Conference on Psychiatry (Congreso Argentino de Psiquiatría XXXII from Asociación de Psiquiatras Argentinos), the attendees received an anonymous voluntary paper questionnaire designed by the research team that had 4 questions on demographic information and 9 Likert-like statements. Statistical analysis was performed.

Results:

A total of 642 attendees answered the questionnaire. As regards criminalization of drug use, 51.7% would decriminalize ≥ 1 drug, 42.5% disagreed that the aim of the treatment is total abstinence (those that disagreed had a statistically significantly lower mean age compared with those that agreed), and 64.5% disagreed with punishing drug possession for personal use.

Conclusions:

The debate taking place worldwide on how to address the drug use problem could also be found among the Mental Health professionals in Argentina, where almost half considered that ban is the best approach, whereas the other half was in favor of decriminalization. Creating consensus among Mental Health providers would allow better articulation of the health system, with the policy makers giving a comprehensive approach in these complex situations.

Key Words: research, Argentina, substance abuse, survey, Mental Health professionals

(*Addict Disord Their Treatment* 2020;19:30–35)

The substance abuse problem is a high-yield issue with great impact worldwide. Even though this is happening around the globe, there is a lack of agreement on which is the best approach to address it, going from complete ban to decriminalization. The United Nations

Office on Drugs and Crime states that: “It is estimated that 1 in 20 adults, or a quarter of a billion people between the ages of 15 and 64 years, used at least one drug in 2014” (United Nations Office on Drugs and Crime, World Drug Report 2016, United Nations publication, Sales No. E.16.XI.7). Among those who use drugs, 29 million had a drug-related disorder. However, only 1 in every 6 is under medical treatment.^{1,2}

There are different perspectives with regard to which is the best approach to address this issue. The World Health Organization, the Organization of American States, and The Johns Hopkins-Lancet Commission on Drug Policy and Health, among others, have recommended not to criminalize drug users.^{3–7}

However, the National Institute on Drug Abuse (NIDA) from the United States, introduces in the debate the need of articulating drug use prevention from the Public Health perspective without necessarily modifying the current drug legislation. NIDA raises a concern with regard to decriminalization and medical uses, as these could change the current social perception and access to drugs, and these factors might bring an increase of drug use among teenagers and adults in the United States.^{8,9} Marijuana is the main drug being discussed in the United States, as several states have decriminalized it for either or both medical and/or recreational uses. That is why most of the debate and statistics discusses this particular drug and study it as a paradigm in the process of decriminalizing and or legalizing drug use. Moreover, each US state has different legislation with regard to this issue, which makes it difficult to analyze the situation. NIDA’s main concern is the increase in marijuana use among teenagers.^{10,11} Dr Nora Volkow, NIDA Director, established that marijuana use during teenage

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The authors declare no conflict of interest.

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years causes irreversible effects, especially in their cognitive functioning. There is evidence on these effects, taking into account both basic science research and community-based research.^{12,13} There is no evidence to date that tobacco causes these irreversible consequences at such a vulnerable age.

The main controversy is whether legalizing and/or decriminalizing has increased and will increase marijuana access and use among teenagers, as there is a report of a higher health harm impact among teenagers who used marijuana compared with those who used alcohol.¹⁴ However, some studies showed that the prevalence has not changed or even decreased.¹⁴ Furthermore, there are reports in which no correlation between current legislation and marijuana use was found.^{8,14-18}

The above-mentioned controversy could also be found in Argentina, as there are 2 opposing views. The Public Health approach contrasts strikingly with the criminalization of drug use from the legal system. Both the "Rights to Mental Health Protection" (26.657 law-2010-) and "Integrated plan for the approach of problematic use -without being regulated yet-" (Law 26.934-2014-) are designed to approach substance abuse treatment, with their main goal in Public Health and respect for human rights demanding from the Argentinian State the articulation of public policies without the intervention of the legal system or imposing mandatory treatments to addicts.^{19,20} However, our current legislation (23.737) with regard to drugs criminalizes actions associated with use.^{21,22}

Considering the current situation, the aim of the present study was to learn the Mental Health professional opinion with regard to problematic drug use approach both clinically and in the legal system. As Mental Health professionals are in charge of providing treatment to this population, being aware of their opinions provides a key element to plan coherent and appropriate medical-legal strategies to deal with the problem and analyze solutions in this context.

MATERIALS AND METHODS

This was a cross-sectional, convenience sample. In April 2017, during

the Argentinian Conference on Psychiatry (Congreso Argentino de Psiquiatría XXXII from Asociación de Psiquiatras Argentinos) that took place in Mar del Plata, all the attendees received at the registration process an anonymous voluntary paper questionnaire. The aforementioned questionnaire was completed and returned to the personnel assigned for that specific task.

The questionnaire was designed by the research team formed by psychiatrists; several specialized in drug abuse treatment (Appendix 1). The questionnaire itself had 4 questions on demographic information (sex, age, occupation, member of the Argentinian Psychiatry Association) and 9 Likert-like statements with 5 options to respond with regard to the level of agreement (completely disagree, disagree, neither agree or disagree, agree, and completely agree).

The statistical analysis was performed with SPSS Statistics 22. Nonparametric Kolmogorov-Smirnov test was applied in continuous variables, which were shown as normally distributed and could be used in normally distributed variables. Associations between response given and demographic variables such as sex, age, and occupation were performed with analysis of variance for continuous variables, χ^2 , and odds ratio for categorical variables. Those results with a *P*-value <0.05 were considered statistically significant.

RESULTS

A total of 642 of the attendees to the conference answered the survey, ~11.5% of all the Mental Health professionals who attended.

Among those who answered the questionnaire, 33.6% (216) were male individuals, 66.4% (426) female individuals, 81.2% (521) were psychiatrists, 11.7% (75) psychologists, 5.9% (38) therapeutic companions, and 1.2%⁸ social workers. The mean age of those who responded was 43.8 years (SD, 12.9 y).

In the first table, the responses provided by the participants are expressed in percentages.

For the statistical analysis and the results shown in Table 1, the responses were grouped by "completely agree" and "agree" in one and "completely

TABLE 1. Questionnaire Responses

Statements	Neither Agree		
	Agree (%)	Nor Disagree (%)	Disagree (%)
The aim of the therapeutic approach always is total abstinence	36.9	20.6	42.5
If the patient has a problematic drug use, he/she requires to be in an inpatient facility even against his/her will	28.3	23.8	47.8
Drug possession for personal use must be punished, as it is a practice associated with narcotrafficking	20.9	14.6	64.5
Drug possession for personal use should not be criminalized, as it is a private individual action	58.6	17.3	24.1
Problematic drug use is a health problem	81.2	7.6	11.2
Problematic drug use is a crime	16.5	15.3	68.1
Legalizing all drugs could increase their use	34.9	24.9	40.0
Decriminalizing all drugs will not cause an increase in uses	31.3	29.6	39.1

disagree” and “disagree” in a second one. When looking into the association between sex, occupation, and responses, we could not find a statistically significant association ($P > 0.05$).

When age and the statement “The aim of the therapeutic approach for problematic drug use is complete abstinence” were analyzed statistically (analysis of variance test), there was a significant difference. Those participants who agreed with the statement had an older mean age (47.1 y) compared with those who disagreed (40.9 y). $F = 15.383$, mean difference ($I-J$) = 6.197 years, $P < 0.000$. When analyzing age and the statement “If the patient has a problematic drug use, requires an inpatient facility even if that is against their will,” there was a statistically significant difference between those who agreed and those who disagreed. Those participants who agreed had a higher mean age (45.2 y) compared with those who disagreed (42.4 y) $F = 3.638$, mean difference ($I-J$) = 2.833 years, $P = 0.027$.

At the end of the questionnaire, a question requested their opinion on decriminalizing different drugs. An overall 48.3% answered that they would not decriminalize any drug, 34% would decriminalize marijuana, 1.1% cocaine, 0.2% lysergic acid diethylamide, and 16.5% of all the participants would decriminalize all drugs.

When looking into age and opinion on the decriminalization of drug use, we could not find any statistically significant difference.

DISCUSSION

Despite the current situation with regard to both legal and therapeutic aspects of persons with problematic drug use, we found a small number of articles that aimed at learning the opinion of health workers on this topic.²³

Conducting a search on PubMed with the keywords: “attitudes substance abuse legalization,” “attitudes drug legalization,” “perception drug legalization,” we found 1 article from the United States, published in 1989, which includes the opinion of medical doctors with different specialties in relation to legalizing marijuana and the association of their answers to their sociodemographic background.²⁴

There was a second article, where in the participants were medical students in Colorado (a state in which, a few years ago, the use of marijuana was legalized for recreational uses). An overall 64% of this sample agrees with legalizing it; close to 70% answered being worried about the psychological/physical risk that drug use causes.^{24,25} There are few studies aimed at exploring attitudes toward

patient use, but not in relation to their beliefs on legalization or criminalization.²⁶ Third research that explored hospice health professionals found that 90% agreed with legalizing marijuana for palliative use.²⁷

In the study mentioned wherein medical doctors participated, the different location, different decade, and current legislation limit the possibility of contrasting those results with ours. However, in both our study and the aforementioned one, we encountered the same unanswered questions: Which is the best approach for this issue? Is it a legal system? Banning the drugs? Prevention with Public Health policies? How to articulate them?

Among the medical doctors from different specialties interviewed in the 1989 study, 41% were in favor of legalizing marijuana; however, when taking into account other drugs, the percentage in favor of legalizing was smaller (between 10% and 15% depending on the drug in question). In our sample, 58.6% consider that possession of any drug for personal use should not be penalized, and 81.2% consider that it should be perceived as a health problem. In the research from 1989, they found that those in favor of legalization of marijuana had a mean age 5 years lower compared with those against legalization. In our study, we found statistically significant differences in relation to participant age and therapeutic approach implemented. There was a tendency to have total abstinence as the treatment goal and inpatient facilities as a therapeutic strategy among older Mental Health professionals.

In our study, 51.7% of those interviewed would agree with decriminalizing at least 1 drug.

The criminalization of drug use, abuse, and possession for personal use have a negative impact on the communication between health professionals and the patient. More than half of the infractions to the Drug Law are for possession for personal use.²⁸ However, in a qualitative methodology study conducted in Colorado, United States, from 2016, the Mental Health providers showed concern and perceived an increase in accessibility and use among adolescents after legalization.²⁹

If drug users are socially stigmatized and perceived themselves as criminals on the basis of the legal system, they would

not seek help from the health system. This context might create barriers for those who should receive medical treatment. There is a contradiction within the current legislation, which prevents the proper implementation of Public Health policies, harm reduction, and treatment of those who might benefit from it. On the basis of the aforementioned qualitative study, the approach from the Mental Health providers should not apply “punitive scare tactics” but take into consideration each patient/client environment, and social and cultural characteristics.²⁹

Those people who might seek treatment from the Public Health System in Argentina might not have enough options to customize the best therapeutic approach for each case.³⁰

We consider that patients with problematic use of substances, despite their vulnerability, remain insufficiently and contradictorily treated by our social systems. On the one hand, they deal with a Public Health system without enough resources that cannot respond in a dynamic assertive way. On the other hand, there is a perception of drug users as criminals in part based on the current Drug legislation. This contradiction and the lack of articulation between Public Health policies and a coherent Legal System leaves this vulnerable population in a fragile position.

Limitations

The present study has some limitations. The present study had a convenience sample (the questionnaire was applied among professionals who attended the conference) and a low response rate too, which might not represent the Argentinian Mental Health providers' opinion on this issue.

On the basis of the result obtained in the present study, it is suggested that future studies are carried out to learn the opinion of other groups involved, such as patients/clients, those MDs specialized in family medicine, and lawmakers and lawyers, among others, to promote debate and discussion and be able to achieve consensus on this high-yield issue.

Moreover, we request advice from experts worldwide and discuss how those policies that have proved to work in other countries might be applicable in Argentina, taking into consideration the cultural differences.

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