



ASSESSING DRUGS ABUSE AWARENESS OF MEDICAL STUDENTS IN BAGHDAD

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Abstract

In the current study, (148) students from the college of health and medical technology-Middle technical university, Baghdad were enrolled during the period from October 2024 to January 2025. A structured questionnaire form was completed by the students for assessing their knowledge and attitude toward drug abuse. The results showed that (47.3%) of the study group were in the age group (20–24) years, (41.9%) in the age group (25–29) years, (9.5%) in the age group (30–39) years and (1.4%) in the age group (>40) years,. All the participants (100%) had heard of drug abuse, (74.3%) defined it as: inconsistent use of drugs, and (95.9%) recognized it as harmful to health. The most frequently identified signs were poor self-control (54.7%) and, unexpectedly, increased work interest (35.8%), reflecting some misconceptions. Economic effects were cited by (35.8%), social by (29.7%), psychological by (29.1%), and physical effects by only (5.4%). For drug prevention, (58.1%) favored peer-to-peer programs and (29.7%) counseling. For treatment, (41.2%) endorsed providing a calm environment and (38.5%). The overall drug abuse awareness was high among medical and health students, misconception in regard to its effect and symptom persistence. For strengthening students competency to address drug abuse, it is recommended to hold targeted educational intervention, particularly within departments having lesser knowledges, and reinforcements of accurate treatment and prevention strategy.

1.1. Introduction

Drugs are the natural or artificial biological substances which are taken for unhealthy requirements. Drug abuse is described as the use of any drug for non-



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medical purpose, often for changing consciousness (1,2) Awareness of usage and dependence on illicit drugs has dramatically increased globally. In the past two decades, they have become a colossal phenomenon influencing all society parts. There are numerous social, cultural, and financial facets associated with drug abuse. (3) The introduction of the nuclear family, the absence of love and care where parents are working, waning of faith in religion, relationships, and ethical standards resulted in increased numbers of addict people who use drugs for avoiding unyielding fact (4).

Drug abuse poses physical, social, psychological as well as severe economic effects which as well as personal damages, it causes high costs on people, families and societies (5), suggesting a high need to health professionals for identifying and treating substance addiction or abuse. There are important roles of medical facilities and hospitals in the promotion of the community's healthy behaviors. Health professionals can also play particular vital roles in tobacco controlling (6). Drug abuse really threats parents, students, universities as well as economy. Countries all over the world depend on the precious youth's potentials that are being taken by drug abuse. Drug and substance abuses are international problems, whose incidence persisted among young individuals (7). Substances included within drugs are stimulants, pain reliever, tranquillizer, sedative as well as a combination of these four drug classes (8).

In fact, there are modest results for prevention of drug abuse. Efforts of prevention and treatment are not completely effective in all persons (9). Awareness creation and people education about the bad impacts of drug abuse on individuals, families, workplaces and societies are among the major aims of the National action plans for drug demands reduction (2018-2023) by the National institute of social Defense (NISD) (10). Important roles in the measures of drug abuse control and prevention can be played by medical students who are the future technicians.

The fast distribution of drug abuse among students and its associated harms and laboratory drug availability such as methamphetamines and their adverse consequences like educational discouragement, educational failure, physical and mental diseases, suicide, careless driving, destruction of public property,



aggressive behavior, identity crises, and risky sexual behaviors are reasons that make it important to design and develop preventive intervention plans for the college students to develop their knowledges and attitudes in this point. The above said is the point that people's attitudes play key roles in their personality development and their behaviors stability (11).

1.2. Aim of the study

1. Studying the knowledges of students in regard with drug abuse.
2. Compering the knowledge between departments.

3.1. Study setting

The present study was done in the College of health and medical technology, Middle technical university-Baghdad).

3.2. Study type and design

It's a descriptive study (a cross-sectional study design).

3.3. The Study Sample

The sample was selected by (non-probability convenient sampling) and sample size was (148) were selected from College of Health & Medical Techniques.

3.4. Duration of study

Data collection of the study extended from 29th Oct 2024 to the end of 15th Jan 2025.

3.5. Data Collection

The questionnaire was carefully designed to include three main parts covering the students demographic details like: (age, gender, major, and year of study), their informations about drug use (definitions, symptoms, and sources), and their attitudes and protective factors (prevention, treatment, and perceived risks). Every part aided in a particular purpose: demographics permitted in response connection to students' characteristic, questions separated correct from incorrect



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understanding while attitude items measured students willing to search for support prevention measures or assistance.

Prior to complete distributions, the draft questionnaires went through pilot test including a small student group (10–15) from various department to investigate the clarity, correct language usage (English and Arabic term) as well as acceptable completion times. In some terms, the feedback demonstrated unclear wordings, e.g. (economic effect of using drugs), that was rephrased to (financial burdens of using drugs) with Arabic clarifications. Pilot testings confirmed the understanding of all questions as intended and remaining of the completion time below 20 minute.

The ethical consents were held when all students provided brief informed consents forms clarifying the study objective, the classified natures of their response, and their rights in participating or dismissing at any time. Students showed their agreements via ticking or signing the consent boxes, and these consent forms were placed separate from full questionnaires for maintaining student's anonymity and protecting their privacies.

During a period of more than 3 months (October 2024 to January 2025 the lecture halls were visited by the researchers in accordance with pre-arranged schedule which was declared by classroom notice and electronic board for one day in advance at minimum. As soon as the researchers entered the halls, they presented themselves (we are performing a study about drug-associated attitudes and knowledges), they clarified the significance of the survey, and confirmed the confidence of all the information. Students participated in the study with complete voluntary, but when any student refused, thanks were given to him and allowed to leave without pressures.

For students who faced difficulty to understand or read the questions, the researchers tried to read the questionnaires loudly and verbally recorded their response. When any answer seemed unclear, e.g. simply stated (a drug is harmful), then a follow-up prompted to encourage the students to clarify it for example (Which financial costs that are concerned to them most: health care costs or family expenditures?). This confirmed the accuracy of responses and showed the true perspective of all students.



In each hall and following about 15–20 minutes, the entire questionnaires were collected by the researchers. Students who could not end immediately due to time restriction or scheduling conflict, were provided with copies to return in a couple of days. The researchers were allowed to identify the reviews of each inaccurate or incomplete answer forms and sometimes the students were contacted by the researchers directly to explain any unclear response.

All the collected forms were then revised for consistencies (no any contradictory answer is permitted) and legibility (clear handwritings, accurate use of English words). All forms which contained mismatched errors or regarded were rejected. Researchers also conducted additional visits to the same departments. to replace unnecessary forms so that the target sample size was maintained.

3.6. Statistical analysis

The IBM SPSS Statistic version 26 was used to analyze the data. Performing the descriptive analysis was done by frequency and percentage calculation for each variable. Generation of graphical presentation was performed by the SPSS for illustration of the key response distribution.

Table (4-1): Distribution of Participants According to Demographic Characteristics

Demographic characteristic	No.	%	
Age group	20-24	70	47.3%
	25-29	62	41.9%
	30-39	14	9.5%
	more than 40	2	1.4%
Gender	Male	94	63.51%
	Female	54	36.49%
Socio-economic status	low	16	10.8%
	moderate	84	56.8%
	high	48	32.4%
Residence	urban	93	62.8%
	rural	55	37.2%



This table shows that nearly half of the students (47.3%) were aged 20–24, with (41.9%) aged 25–29 and only (1.4%) over 40. Male students comprised (63.5%) of the sample, while females were (36.5%). Regarding socioeconomic status, most (56.8%) identified as middle class, (32.4%) as high class, and (10.8%) as low class. Finally, (62.8%) lived in urban areas compared to (37.2%) from rural areas.

Table (4-2): Participants’ Knowledge Regarding Drug Abuse

Knowledge	No.	%	
Heard about drug abuse	Yes	148	100.0%
	No	0	.0%
Meaning of drug abuse	Taking medicine	27	18.2%
	Using necessary tablet	11	7.4%
	Inconsistent use of drug	110	74.3%
Health perspective of drug abuse	Good for health	0	.0%
	Bad for health	142	95.9%
	Required for health	4	2.7%
	Usrfuk in our daily life	2	1.4%
Sign and symptom of drug abuse	Poor decision making	11	7.4%
	Poor self-control	81	54.7%
	Increase interest in work	53	35.8%
	Poor communication skill	3	2.0%
	Increase irritability and aggressiveness	0	.0%
Effect of drug abuse	Physical effect	8	5.4%
	Psychological effect	43	29.1%
	Social effect	44	29.7%
	Economic Effect	53	35.8%
Physical effect of drug abuse	Depression	36	24.3%
	Stress	78	52.7%
	High chance of getting HIV with drug use	17	11.5%
	Low socio-economic status	17	11.5%
	Having family support	42	28.4%
Psychological effect of drug abuse	Good relationship with friend	32	21.6%
	Increase irritability and aggressiveness	54	36.5%
	Accident	20	13.5%
Social effect of drug abuse	Decrease the chance of getting communicable disease	16	10.8%
	Improve personality	14	9.5%
	Quarrel and fights	116	78.4%



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Economic effect of drug abuse	Sleeping disturbance	2	1.4%
	Decrease crime	8	5.4%
	Trouble with police	15	10.1%
	Financial burden	86	58.1%
	Accident/Injuries	39	26.4%
Ways to prevent from drug abuse	Supportive therapy	5	3.4%
	Awareness programe	13	8.8%
	Involve in peer-to-peer prevention program	86	58.1%
	Counselling	44	29.7%
Ways to treat drug abuse	Leave the person alone	17	11.5%
	Provide calm environment	61	41.2%
	Rehabilitation	57	38.5%
	Involve person in regular activity	13	8.8%
Short term complication of drug abuse	Lung cancer	7	4.7%
	Hepatitis	41	27.7%
	Affect in person decision making	93	62.8%
- Long term complication of drug abuse:	Pneumonia	7	4.7%
	Headache	27	18.2%
	Irritability/Aggressiveness	21	14.2%
	Dependence to drug	71	48.0%
	Multiple Response	29	19.6%

This table shows All respondents (100%) had heard of drug abuse. When we asked to define it, (74.3%) of them agreed that it meant “irregular use of medication,” and smaller groups chose other definitions. Nearly (95.9%) thought that drug abuse causes harm to health, while only (2.7%) thought it is beneficial. More than half of participants (54.7%) recognized (poor self-controls) as the main sign, whereas (35.8%) observed (increased focusing on works), and only (2%) reported (poor communication skill). Mostly the observed impacts of abuse were economic (35.8%) & social (29.7%). The physical complications were (52.7%) psychological stress and (24.3%) depressions, and (36.5%) were mental health conditions like elevated irritability/aggressions. Economically, (58.1%) were due to financial burdens, and socially, (78.4%) were cited as conflict and fights. For drug prevention, (58.1%) favored programs of peer-led preventions, whereas (41.2%) have chosen providing calm environments for treatments.



Table (4-3): Source of information on drug abuse among students

Sources of Information About Drug		No.	%
Information source on drug abuse	Family	19	12.8%
	Friends	48	32.4%
	Health Staff	45	30.4%
	TV And Radio	36	24.3%
	Posters	0	.0%
	Internet	0	.0%
	Other information sources	0	.0%

It was shown in table (4-3) that the primary sources of information for students were friends (32.4%), followed by the health care staff (30.4%), while family members recorded (12.8%) and radio and television delivered information for (24.3%) of the participants. No posters, internet or other sources were reported by the participants.

5.1. Discussion

With regard to age, our results showed that the older students also had relatively high knowledge scores. For example: in a study from Saudi Arabia, it was shown that (85%) of the samples with (18–22) years old, showed high awareness, a result which is slightly higher than our findings. Likewise, it was found by (Khan and Ahmed, 2017) that there was a roughly balanced gender distributions among medical student samples with a slight predominance of males observing that males were more possibly to cite formal source more frequently. (30.4%) of participants in our work mentioned that healthcare professionals were their main information sources, whereas (32.4%) depended on friends, emphasizing on the strong effect of peer network.

All the participants (100%) at least heard of drug abuse, and (74.3 %) of them identified it as the irregular medication use. Although this percentage represents a normally good understanding, it is still less than (88%) reported to assess drug use knowledges among nursing students in the USA, which explained the higher scores to the broad inclusions of drug-abuse modules in the study curricula (Lopez et al. 2019). Results of signs and symptom recognition revealed that (54.7%) designated poor self-controls as a main indicator, while (35.8%) thought



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that increased work focusing, indicated probable abuse. On the contrary, (Rahman and Hossain, 2020) detected (65%) of the pharmacy-student cohorts identified social withdrawals to be the main warning signs. These data indicated that our study samples were more focused on individual behavioral change than on wider social cues (3,4).

In addition, (52.7%) of students in this study recognized stress as the main physical consequences, while (24.3%) of them cited reported depression, and regarding psychological effect, (36.5%) mentioned increased irritabilities and aggressions, and these findings were closely similar to those of (Patel et al. 2018), who stated that (60%) of medical undergraduate students related drug misuse to increased anxiety and depression symptom (5).

A high percentage (78.4%) of our students thought that drug abuse most frequently results in fightings and interpersonal conflict, while (10.8%) mistakenly believed that it decreased infectious disease risks (may be rooted in misconception about shared-needle's behavior). On the other hand, (Garcia and Martine, 2019) detected only (50%) of health students relating abuse to social isolations while (30%) related it to interpersonal conflicts. These discrepancies indicate that our samples perceived aggressions as the most immediate social outcomes while other cohorts emphasized on isolations and withdrawals. Also, in our samples, (58.1%) recognized financial burden on the family as the main outcome of drug misuse. Singh and Desai, 2021) demonstrated similar viewpoints, with (62%) of Indian university students observing economic strains on households as the top concerns (6,7

Results of the survey showed that (32.4%) depended mainly on friends, and (30.4%) on healthcare professionals to get information on drug abuse. Thompson et al. 2017 stated that (40%) of college students depended on peers, while (25%) on mass media. Particularly, none of our students (0%) mentioned posters or internet, while Mehta and Sharma, 2020 revealed that (60%) of health college students commonly used digital media to get drug-awareness information, which indicates presence of a gap in electronic outreaches and campus-wide visual campaign (8,9).



6.1. Conclusion

1. The overall drug abuse awareness among the College of health and medical technology students was universal (100%), suggesting successful baseline exposures.
2. Significant misconceptions persisted, in spite of high awareness, especially the idea that drug use can improve work interests (35.8%), while under recognition of physical effect was (5.4%).
3. Social, economic and psychologic outcomes of drug abuse were more readily recognized than physical harm, indicating imbalances in perceived risks.

6.2. Recommendations

1. Developing targeted educational modules to address specific misconception, like the assumed work-enhancing impacts of drugs and underappreciated physical harm, to confirm balanced understandings of all contrary consequences.
2. Integrating interactive peer-led workshop and simulating into the curricula, leveraging the highly student's endorsements of peer-to-peer program (58.1%) to support correct knowledges and intervention skill.
3. Implementing consistent, department-specific evaluations for monitoring knowledge gaps and evaluating the efficiency of tailored intervention, and focus primarily on lower-scored departments.

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