Motivation to Treatment Participation and Its Correlation with Demographic and Clinical Profile of Inpatients Diagnosed with Substance Use Disorders

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ABSTRACT

Aim: The study aimed to recognize demographic, and clinical predictors of motivation to treatment participation among inpatients diagnosed with substance use disorders (SUDs).

Methods: The study involved patients with substance use disorders (SUDs) who completed the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES 8D) along with a researcher-developed General Information Questionnaire (GIQ). Demographic and clinical data were collected using the GIQ. A total of 135 consenting subjects were included in the study.

Results: Analysis showed that mean SOCRATES 8D scores were significantly (p=0.01) higher among subjects with post-graduation and above levels of education (39.28±4.88) than those with no formal education (36.583±4.17).

Conclusion: Patients with SUDs often relapse due to low motivation to follow treatment and maintain sobriety.

Keywords: Motivation, Substance Use Disorders

Introduction

Substance use disorders (SUDs) are defined by an unhealthy pattern of psychoactive substance use, which adversely affects an individual's social and psychological functioning. This can result in dependence syndrome, characterized by behavioral, cognitive, and physical dysfunctions. SUDs pose a significant global challenge with far-reaching implications for public health. Notably, young people tend to misuse substances more frequently than older individuals. A substantial percentage of suicides, homicides, and incidents of domestic violence can be traced back to substance misuse. Addiction often compromises judgment, and individuals in a desperate pursuit of drugs can become dangerous. The drug crisis has escalated

alarmingly in Kerala, as evidenced by a sudden increase in narcotic, abkari, and COTPA cases reported in the state in 2022..[1]

The initiation of substance use is often voluntary; however, chronic substance use can severely impair an individual's self-control. It involves taking proactive steps, making informed decisions, and possessing confidence in the ability to cease substance use. Motivation for participation in treatment is reflected in therapeutic adherence, compliance, and engagement in the treatment process. This significantly influences relapse rates in substance use by equipping individuals with an understanding of the mechanisms that contribute to sustainable, positive outcomes.

Recovering from substance dependence is influenced by factors such as self-empowerment and motivation. The motivation to seek treatment is an important first step in understanding why patients want to change. Since addiction has both physical and mental aspects, individuals with substance use disorders have strong reasons to stop using drugs, which helps lower their chances of relapse. [2] This study will examine the demographic, clinical, and socioeconomic factors that affect motivation for treatment among inpatients with substance use disorders (SUDs).

Aim of the study

Detect demographic, and clinical predictors of motivation to treatment participation among inpatients diagnosed with substance use disorders.

Objectives

- Assess the demographic and clinical profile of inpatients diagnosed with SUDs.
- Determine the motivation to treatment participation among inpatients diagnosed with SUDs.
- Identify demographic, and clinical correlates with motivation to treatment participation among inpatients diagnosed with SUDs.

Methodology

This study used a descriptive correlation research design. It was conducted in psychiatric units that focus on substance abuse in mental health facilities in Thiruvananthapuram, Kerala.

The study used purposive sampling. Prospective subjects were screened, and consenting subjects who met the selection criteria were recruited. Subjects were selected based on the following selection criteria.

- aged between 18 to 45 years
- able to comprehend Malayalam or English
- willing to participate in follow-up

The research instruments used in this study were

General Information Questionnaire (GIQ)

The GIQ is a 30-question guide created from research and experience. It collects personal details, substance use, and treatment history from patients. The questions are grouped into five categories: personal info, family and social relationships, substance use history, substance use pattern, and treatment history.

The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES-8D)

The SOCRATES-8D measures how willing people are to get help for substance use issues. It has 19 questions, and each question is answered on a scale from 0 to 4, where 0 means strongly disagree and 4 means strongly agree. Higher scores show more motivation to seek treatment. The tool gives three scores: Recognition, Ambivalence, and Taking Steps.

Psychometric testing shown the following psychometric properties of the 19-item SOCRATES.

Table 1. Psychometrics of SOCRATES 8D				
Factor	**No. of items (Items)**	**Cronbach alpha**	**Test-retest reliability**	
			Intraclass	**Pearson**
Recognition	7 (1,3,7,10,12,15,17)	0.60 - 0.88	0.82	0.83
Ambivalence	4 (2,6,11,16)	0.85 - 0.95	0.88	0.94
Taking steps	8 (4,5,8,9,13,14,18,19)	0.83 - 0.96	0.91	0.93

Reviewed literature shows that SOCRATES 8D has been utilized in many recent studies done among the Indian population.[4-7]

RESULTS

The demographic and clinical profiles of the subjects were assessed on the General Information Questionnaire (GIQ). The data were analysed using descriptive statistics and presented in terms of Frequency (f) and Percentage.

Socio-demographic profile of the subjects

All subjects were males. Most were married. Many had two children, while a few had three or more. Most had high school education and worked part-time. The average age was 34.49 years. The average monthly income was ₹.20632.35.

Pattern of Substance Use

The average age when people first used the substance was 25.49 years. Most subjects used substances daily. The most common substance abused is alcohol (100%), then tobacco (68.88%), and cannabis (16.30%). Most (82.96%) tried to quit substances within a year. Thirteen subjects had legal issues related to substance use. Five subjects in the study were imprisoned for substance use.

Treatment and Subjective Perception

Most of the subjects in the study were hospitalized for less than a week before. Many felt they needed hospitalization and treatment for over a week. A lot of subjects thought their health was poor. Some reported feeling pressured to get treatment for their substance use issues.

SOCRATES 8D scores with socio-demographic and clinical profile

The association of overall motivation to addiction treatment scores and selected personal variables at baseline measurement using SOCRATES 8D is presented in Table 2.

Table 2. Association of overall SOCRATES 8D scores and selected personal variables			
Variables	**MAT Scores**	**Test of Significance**	
	M±SD	**F value**	**p-value**
Marital status			
Single	37.11±5.99	0.22	0.92
Married	37.93±5.63		
Separated	39.00±3.28		
Divorced	37.57±6.77		
Widowed	38.00±5.68		
Number of children			
No children	37.48±5.77	0.58	0.61
One	35.00±3.79		
Two	38.11±5.71		
Three	37.50±9.19		
Highest level of education			
No formal education	36.58±4.17	3.43	0.01
High school	36.40±5.24		
Graduation	39.61±6.48		
Post-Graduation and above	39.28±4.88		

Employment status			
Unemployed	39.15±5.17	1.28	0.28
Part-time job	38.18±6.12		
Full-time job	36.40±5.67		
Self-employed	37.80±5.06		

Analysis showed that people with post-graduation education had higher SOCRATES 8D scores (39.28±4.88) compared to those with no formal education (36.583±4.17). There was no significant link between motivation to addiction treatment and factors like marital status (p=0.92), number of children (p=0.61), and employment status (p=0.28).

Table 3. Association of SOCRATES 8D scores and family/social Relationships			
Variables	**MAT Scores**	**Test of Significance**	
	M±SD	**F-value**	**p-value**
Currently staying with			
Parents	37.25±5.99	0.28	0.88
Relatives	38.60±6.65		
Alone	39.25±1.48		
Spouse	37.81±5.83		
Friends	36.83±5.34		

Analysis showed no significant link between overall motivation for addiction treatment and family/social relationships (p=0.88) at the start.

Table 4 shows the link between SOCRATES 8D scores and substance use patterns.

Table 4. Association of SOCRATES 8D scores and pattern of substance use			
Variables	**MAT Scores**	**Test of Significance**	
	M±SD	**Test value**	**p-value**
Frequency of alcohol use			
Daily	37.90±5.90	0.96**	0.42
Weekly	36.77±5.05		
Monthly	37.36±5.26		

Types of other substances used			
Tobacco	37.56±5.60	0.96**	0.71
Cannabis	36.47±5.25		
No other substances	37.34±5.06		
Previous attempts to quit substance use within one year			
Yes	37.69±5.84	0.01*	0.89
No	36.98±5.68		
Legal involvement in relation to substance use			
Yes	38.00±5.62	0.03*	0.94
No	37.70±5.68		
Imprisonment in relation to substance use			
Yes	38.00±5.31	0.17*	0.85
No	37.68±5.73		
Duration of imprisonment			
Less than six months	37.10±5.71	0.16*	0.96
More than six months	37.57±5.78		
*t-test; **ANOVA			

The analysis revealed no significant correlation between the average SOCRATES 8D scores and various factors, including the frequency of substance use (p=0.42), the types of substances utilized (p=0.71), previous attempts to quit within the last year (p=0.89), legal complications associated with substance use (p=0.94), incarceration due to substance misuse (p=0.85), and the duration of imprisonment (p=0.96).

DISCUSSION

The study only included male participants, with no females in any of the study areas. This matches earlier research, including the National Family Health Survey-5 (NFHS-5), which shows more addiction among males.[8] Similar findings were seen in studies about substance use in Kerala.[9,10] A survey in Mizoram found that most respondents (89.4%) were males.[11] Similar patterns have been noted in different states in India.[12] Recently, more females with substance use issues are seeking help in general hospitals. However, cultural barriers may stop women from getting help. Also, the low number of female patients in de-addiction centers may be due to feelings of embarrassment and shame from social stigma.

In this study, most of the subjects had two children. Similar results were found in another study in Kerala. The literacy rate for people aged seven and older in Kerala is 96.1%, and most of the subjects finished high school. Another study on alcohol abusers found that many patients were school dropouts. Our results agree with other studies that showed most patients were educated only up to primary or secondary level. However, some reports say that as literacy increases, the rate of abuse also increases, with the highest rates seen among graduates. Most subjects in both the experimental and control groups had part-time jobs.

The average age of the subjects was 34.49 years in this study. Similar results were found in other studies in India. This matches the Drug Abuse Monitoring System, which showed that most (70%) of the abusers were aged 21–40 years.

The average monthly income was ₹20,632.35. Kerala has a low poverty rate of 0.6%. Districts like Ernakulam and Kottayam have very little poverty. Recent reports say Kerala's per capita income is about 2.6 lakh in 2023, which is higher than Maharashtra and much more than the Indian average.

Pattern of Substance Use

Most subjects reported using substances daily and often more than one type. The most common substance abused is alcohol, followed by tobacco and cannabis. Similar results were found in a study by Prajapati BB et al. and Gyanendra Raghuvanshi et al. A community study in Kerala found that 9.5% of people currently use alcohol.

In this study, most subjects tried to quit using substances within a year, similar to findings by Gul and Sharma, where 33.0% made one attempt to stop. Stohs ME and others noted that peer pressure and cravings are major reasons why people struggle to stay sober. Thirteen people in the experimental group and twelve in the control group had legal issues related to substance use. Research in forensic psychiatry has shown a strong link between violent offenders and substance abuse. The current study also noted imprisonment due to legal problems from substance use.

Most subjects in our study started using the substance before age 30, similar to earlier studies. The stress, competitiveness, identity issues, and emotional problems faced by this age group may combine with genetic factors to lead to substance use.

Treatment and Subjective Perception

In this study, most people said they felt pressured to get treatment for their substance use problems. This is similar to many other studies where the reasons were social issues or pressure from family and friends. This may be due to patients' cravings and loss of control, which makes it hard for them to seek help early and often leads to forced admissions. However, 77.04% of the participants felt that hospitalization was necessary, and treatment lasted more than a week, with many considering their health status as poor.

Research shows that environmental, developmental, and personality factors are linked to motivation for addiction treatment. This study found a significant link between motivation for addiction treatment and the education level of the participants. No significant relationships were found between overall motivation scores and factors like marital status, number of children, employment status, and family/social relationships at the start. In contrast, age and personality traits have been shown to influence patient motivation for addiction treatment in other studies.

CONCLUSION

Patients with substance use disorders (SUDs) often relapse because they lack motivation to stick to treatment and stay sober. Teaching and counseling are important parts of psychiatric nursing care, but nurses and healthcare providers can also offer personalized care and help patients understand addiction management. It is crucial for patients with SUDs to have the right information to avoid putting their own lives and their families' lives at risk.

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