Medical Students’ Attitudes towards the Addictions

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**Abstract**

Background: The need for medical students to engage with patients with addictive problems is projected to increase in coming years. There will also be a concomitant greater emphasis on community-based learning. The present study assessed the impact of a community based teaching initiative, the Student Selected Component (SSC) Lay and Professional Perspectives on the Addictions, on students’ attitudes to these groups.

**Summary of Work:** The SSC is assessed by a final student report which includes a self-reflective section. The free text data from this section of 28 qualitative reports over 7 years was analysed using content analysis.

**Summary of Results:** Students were clear they believed the experience of the SSC had increased their understanding of both the psychological and social complexity related to the addictions and the role of medicine within this.

**Conclusions:** We discovered that the SSC Lay and Professional Perspectives on the Addictions not only gave students first-hand experience of those suffering from and treating addictive problems, but also had a positive effect on their attitude towards this group.

**Keywords:** Community-based Learning, Addictions, Student Selected Component (SSC)

**Article**

**Introduction**

The need for medical students to engage with patients with addictive problems is projected to increase in coming years (Morrison, 2006). There will also be a concomitant greater emphasis on community-based learning (Mullen, Nicolson & Cotton, 2010). The present study assessed the impact of a community based teaching initiative, the Student Selected Component (SSC) Lay and Professional Perspectives on the Addictions, on students’ attitudes to these groups. The main aim of the project is to enable students to become aware of the different perspectives that lay and professionals utilise when thinking about, and working through, addictive problems (see Figure 1 below).
Educational Intervention

To complete their SSC students have to read up on the different theories of addiction which exist, interview a number of people undergoing treatment for dependence, and also interview experts in the field of addiction research and treatment. This is all conducted outside the hospital setting, either in the community or in an outpatient context. An outline of the project structure and timetable is given in Box 1.
The SSC is assessed by a final student report following the standard for an academic journal: Introduction, Methods, Results and Discussion (IMRAD) with the addition of a self-reflective section. The free text data from this section of 28 qualitative reports over 7 years was analysed using content analysis. This was enhanced by using the framework method of constant comparison (Richie & Lewis, 2006).

**Results**

Students were clear they believed the experience of the SSC had increased their understanding of both the psychological and social complexity related to the addictions and the role of medicine within this. For some it had drastically changed their views about addiction. Before the project they often had a traditional lay person’s perspective; addiction being due to either a psychological or physical dependence. They often believed that taking a drug, for example heroin, would inevitably cause the person to become physically addicted to it, leading to it dominating their lives.

The project also gave students experience of the terrible effects drugs can have on a person’s life, but also showed that these need not be inevitable. One student had previously only thought about the biological effects that drugs had on the brain, but had not considered the problems that a person may have had in their environment that may have led them to start using drugs. They were unaware that people could use drugs like heroin recreationally and not become addicted, and that withdrawal symptoms are influenced by conditioning.

When beginning the project students initially thought of addiction in quite clear cut, simple terms, where an individual experiments with a drug, then becomes a habitual user and eventually will become tolerant of the drug and form a physical dependence on it. They often had not previously thought about a
person’s reasons for starting to take substances in the first place, and found that there were a number of different reasons for it from trying to block out painful memories or emotions or just being influenced as a result of being part of a group who take substances.

Before the SSC students could often view individuals with addiction problems negatively; stereotyping them as young, fast living, chaotic and attention-seeking individuals. On completion of their project they could see that this was the worst possible stereotype to have. In reality, anyone can have an addiction problem- regardless of their age, background, lifestyle, occupation or race.

For one student the SSC reinforced, in them, the importance of treating each person they met as an individual. Previously they assumed all addicts were one and the same. After the project however, they were recognised as all having individual personalities with many different aspects and many different needs. This lesson was seen to be invaluable, and applicable in all aspects of their life.

Conclusion

We discovered that the SSC Lay and Professional Perspectives on the Addictions not only gave students first-hand experience of those suffering from and treating addictive problems, but also had a positive effect on their attitude towards this group. It is possible to positively influence medical students’ attitudes towards these stigmatised groups; it is therefore important that we continue to enhance opportunities for learning about the health and social impact of the addictions throughout the medical curriculum. We believe the SSC also gives students valuable training in qualitative research methods (Lingard & Kennedy, 2010) which they can apply in their future research electives.

Take Home Messages

It is possible to positively influence medical students' attitudes towards these stigmatised groups; it is therefore important that we continue to enhance opportunities for learning about the health and social impact of the addictions throughout the medical curriculum.

Notes On Contributors

Dr Kenneth Mullen is a Senior University Teacher in the School of Medicine, Dentistry and Nursing at the University of Glasgow, and the academic lead for Medical Sociology in the Medical Curriculum. Dr Iain Smith is a consultant psychiatrist specialising in the addictions and an Honorary Senior Lecturer in the School of Medicine, Dentistry and Nursing at the University of Glasgow.

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Bibliography/References


Appendices

Declaration of Interest

The author has declared that there are no conflicts of interest.