Article title: Prevalence Of Drug Abuse Among Patients Attending Psychiatric Clinic At Federal Medical Centre, Makurdi

Authors: Aanuoluwa Omilani[1], Abu Moses[2], Maureen Iorbo[3]

Affiliations: Department of Pharmacy, Federal Medical Centre, Makurdi, Benue State[1], Department of Pharmacy, Federal Medical Centre, Makurdi, Benue State, Nigeria[2]

Orcid ids: 0000-0002-7309-4728[1]

Contact e-mail: aanuoluwaomilani@gmail.com

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Keywords: Drug abuse, Prevalence, Psychiatric patients, Young adult, Effects

**PREVALENCE OF DRUG ABUSE AMONG PATIENTS ATTENDING
PSYCHIATRIC CLINIC AT FEDERAL MEDICAL CENTRE, MAKURDI**

ABSTRACT

Drug abuse constitutes a global health and social problems and cut across socioeconomic, cultural, religious and ethnic boundaries with conditions and problems that vary locally. Many communities are affected by drug abuse directly or indirectly. While the right use of drug is paramount to health, its abuse brings about detrimental effects. The pattern of drug abuse varies from a region to another. The knowledge of the prevalence of drug abuse and establishing the pattern peculiar to a region will help alleviate its burden on the society.

The study was carried out among patients attending psychiatric clinic in Federal Medical Centre, Makurdi, Benue State to determine the prevalence of drug abuse in the population. A cross-sectional retrospective study in which a structured proforma was used to extract the socio-demographic, clinical and drug-related data from the medical folders of 127 patients that attended the clinic. Data analysis was done with statistical package for social sciences (SPSS) version 25.

The prevalence of drug abuse was 25.2% and high among ages 20-39 years. Common drugs of abuse were Cannabis 68.8%, Alcohol 65.6%, Tramadol 46.9%, Cigarette 40.6%, Codeine 12.5%, Cocaine 3.1%, Gum 3.1% and Ecstasy 3.1%. Cannabis and alcohol were the substance abused most. The age at onset of substance abuse was between 14 and 19 years. 68.8% used more than one substance. The common physical and behavioral signs at presentation were physical aggression 59.4%, restlessness 56.3%, violence 53.1% and poor sleep 46.9%.

The prevalence of drug abuse is high among adolescents and young adult.

Recommendations include; strategic education of adolescents to increase awareness about harmful effects of substance abuse, empowerment and redirection of youth towards upright living, strict enforcement of laws and regulation of drug use.

Keywords: Drug abuse, Prevalence, Psychiatric patients, Young adult, Effects

CHAPTER ONE

1.0 INTRODUCTION

Drug abuse constitutes a global health and social problems. It is a major public health problem all over the world (United Nations Office on Drugs and Crime (UNODC), (2005). Drug abuse extends across socioeconomic, cultural, religious and ethnic boundaries with conditions and problems that vary locally. Many communities are affected by drug abuse directly or indirectly. While the right use of drug is paramount to health, its abuse brings about detrimental effects (WHO, 1987; Oyakhilome, 1990).

A drug is a substance with an inherent property to bring about change in the biological function of a living organism (Okoye, 2001). It changes how a living organism works (WHO, 2016). Drug modifies perceptions, mood, cognition, behavior and the general body function (Balogun, 2006). It is used to treat, cure, prevent or diagnose a disease and or promote well-being. Overtime herbs, leaves and plant have been used to heal and control diseases which have contributed significantly to therapeutic success because many drugs used today are developed directly or indirectly from these sources (Oluremi, 2012). Natural plants like opium, coca and cannabis among others have been used over many years for their medicinal properties (Wolmer, 1990). The use of drug itself is not harmful to man in that a drug that is correctly administered in the right dose, through the right route and for the right indication has proven to be helpful to man. However, when a drug is used for a purpose and in a manner other than it is prescribed, then the drug is abused (WHO, 2006).

Drug abuse is on the rise in the world today especially among youth and adolescents and this constitute a big problem because many lives and homes have been destroyed due to the menace (Ongwae, 2016).

The pattern of drug abuse varies from one region to another. The main drugs of abuse are opiates in Europe and Asian countries, cocaine in South America and Cannabis in Africa (WHO, 2004)

1.1 STATEMENT OF PROBLEM

Drug abuse has been a part of the major health problems being tackled in Nigeria and it is affecting individual's mental health and causing a damage to the social and economic fibres of the nation. With the growing intolerance, violence and cult related activities observed in Makurdi and the unique role drugs play in affecting the mood of people, there is need to evaluate drug abuse among the patient that presented to psychiatric clinic of Federal Medical Centre, Makurdi.

The pattern of drug abuse varies from place to place hence the need to establish the pattern peculiar to Makurdi setting.

1.2 JUSTIFICATION

The study focus on drug abuse among the patients that attended the psychiatric clinic in FMC, Makurdi within October to December 2019. The knowledge of drug abuse among the population will help to curb the menace and prevent damages caused by it. Establishing the pattern of drug abuse will guide policy makers to implement policies that ensure strict surveillance on accessibility and use of those drugs.

1.3 AIMS AND OBJECTIVES

The aim of the study is to establish the prevalence of drug abuse among the patients.

The objectives are:

1. To establish if drugs are abused by the patients
2. To determine the types of drugs abused by patients
3. To determine the age group of patients that abuse the drugs most
4. To determine the prevalence of psychosis emanating from drug abuse as a major etiological factor.

CHAPTER TWO

2.0 LITERATURE REVIEW ON DRUG ABUSE

2.1 DEFINITION OF DRUG ABUSE

Drug abuse or Substance abuse is a form of chemical use disorder and an illness characterized by a destructive pattern of using a substance which leads or results to a significant problems or distress that includes tolerance to or withdrawal from the substance. Most times, it is related to the use of a psychoactive drug or performance enhancing drug for a non-therapeutic or non-medical effect. According to World Health Organization (WHO), Drug abuse is defined as a ‘maladaptive pattern of use of drug, indicated by a continued use despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by the use or recurrent use of the substance (WHO, 2016).

In **Public health**, it is referred to as **substance abuse** and defined as the over-indulgence (tolerance) in and dependence on a drug or other chemicals that leads to effects that are detrimental to the individual’s physical and mental health, or welfare of others. Haladu describes drug abuse as “an excessive and persistent self-administration of a drug without regard to its medical or cultural acceptable patterns (Haladu, 2003).

2.2 GLOBAL PERSPECTIVE ON DRUG ABUSE HEALTH IMPLICATIONS

Drug has been used right from the existence of man. In fact, many of these natural plants such as opium, coca and cannabis among others have been used over many years for their medicinal properties (Wolmer, 1990). Drug is used in the treatment or prevention of diseases in man and animal (Fawa, 2003) but the abuse of drugs contributes to many of the social, health and economic problems that are experienced in the world today. According to the 2009 Global Health Risks report, psychoactive substance use is among the top 20 risk factors for death and disability worldwide (WHO, 2009). The use of substances such as cocaine, heroin, cannabis, amphetamine and other stimulants contributes significantly to the burden of disease in many countries (WHO, 2012). Many mental disorders are associated with an increased risk of substance use disorder. Global survey shows the commodities of substance use disorders with other mental illnesses (UNODC, 2014). Research findings show that in Nigeria, substance use is highly related with

psychiatric illnesses (Yunusa *et al.*, 2011). The involvement of youths in various antisocial activities like kidnapping, armed robbery, prostitution and cultism is most times linked to substance abuse (Abayomi *et al.*, 2013). All these confirm that substance abuse is detrimental to the wholeness of man.

2.3 EPIDEMIOLOGY

The United Nation 2016 World Drug Report 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 psychoactive drug in 2014. Of these, over 29 million people worldwide suffer from drug use disorders (UNODC, 2016). Globally, the drugs commonly abused include; alcohol, cannabis, amphetamines, barbiturates, methaqualone, cocaine heroin, benzodiazepines, opium alkaloids, cough syrups (UNODC, 2019).

In Nigeria, the past year prevalence of drug abuse is estimated at 14.4% of the population or 14.3 million people aged between 15 years and 64 years. The rate was higher among ages 25 -39 years and lowest among ages below 24 years (UNODC, 2019). The prevalence of drug use cut across the North and South geopolitical zones of Nigeria. The highest past year prevalence was found in Southern political zones: South-East, South-West and South-South zones (ranging between 13.8 - 22.4% of the population) compared to the North (ranging between 10 -14.9% of the population) (UNODC, 2019). The past year prevalence of psychoactive substance use excluding alcohol was higher among Nigerian men than women. Nigeria is reported to rank among the highest users of dangerous drugs such as alcohol, tobacco, cannabis, benzodiazepines, cocaine and opioid in the third world countries (Degenhardt *et al.*, 2008). Drugs abused traditionally in Nigeria include tobacco, caffeine in tea, coffee, cola drinks and Kola nuts (Chia *et al.*, 2016). The most illegal drug used in Nigeria is Cannabis. (Obot and Saxena, 2005; National Drug Law Enforcement Agency (NDLEA), 2014).

In a research done by (Eniojukan and Chichi., 2014), the prevalence of use of alcohol among Junior secondary school students in Benue state was 21% with males having higher proportion than female. The substance abused by youths with substance use disorders brought to FMC Makurdi psychiatric unit include alcohol, cannabis, tobacco, tramadol, cocaine, codeine, cough syrups, fuel (Chia *et al.*, 2015)

2.4 FACTORS THAT INFLUENCE DRUG ABUSE

Many individual(s) indulge in the use of one form of drug or the other due to several factors. Below are some of the factors that influences drug abuse:

- **Peer – group influence**

A peer group is made up of people within the same age, status and most times share the same interests. Individual(s) associate with peers that will accept them and in turn has to do certain activities they engage in to enjoy their company. Associating with friends that abuse drug is a major risk factor for exposing an adolescent to drug abuse. The peer facilitates the behavior by making the drugs available, provide information on the effects, an appropriate setting for use and also push to take more (Haladu, 2003; Ongwae, 2016).

- **Poverty and high unemployment rate**

Poverty is one of the major factors influencing the abuse of drugs in developing countries (Obot, 2005, Gureje *et al.*, 2007). Drug abuse is common in poorly developed countries (UNODC, 2012). Drug abuse is common in communities with high unemployment rate, multiple deprivations, low quality housing and poor standard of living because such communities often result to drug supply and use as a means of survival and an alternative economy. Due to the financial advantage and economic status attainable, many young people with poor job prospects result to small scale supply of drugs and these influences the rate of drug abuse (Chia *et al.*, 2016).

- **Weak Enforcement Agency**

The porosity of the borders and weak enforcement of law against drug abuse made drug abuse rampant today. Almost all types of psychoactive substances can be found in Nigeria today due to their spill over from drug traffickers transporting drugs from South East –Asia (golden triangle) and South America (Bolivia, Peru and Brazil) to Europe and North America through Nigeria (Klein, 1994). Substance are abused in Nigeria because they are used without due authorization from a formally qualified and registered authority (Fawa, 2003).

- **Availability of drugs**

The supply of drugs is controlled by many powerful individuals and criminals which makes it easy to infiltrate the society. Many controlled drugs are available in open markets and in the streets. The ease of acquiring these drugs without prescriptions influences the high rate of drug abuse (Chia *et al.*, 2016).

2.5 COMMON DRUGS ABUSE

Many drugs are abused in the world today. The drugs commonly abused are abused due to their inherent properties. These drugs have psychoactive properties that is they affect the brain function and cause alteration in perception, mood, consciousness, cognition or behaviour when administered into the body system. Hence, they are called ‘psychoactive drugs’. The common drugs abused include:

- **Alcohol**

Alcohol is a nervous system stimulant.

Alcohol is one of the most abused drugs worldwide. The use of alcohol is rampant among all age groups. This may be due to the fact that alcohol intake is widely accepted. In Nigeria alcohol is served in several traditional ceremonies in form of palm wine, local gin. This increase the exposure to the substance (Obot, 2005; Gureje *et al.*, 2007).

Alcohol abuse has been reported to be higher in men than in women (Fatoye *et al.*, 2002; Eniojukan and Chichi, 2014) and to be the most prevalent drug use among university undergraduate (Abayomi *et al.*, 2013).

The excessive consumption of alcohol leads to many detrimental effects. The abuse of alcohol and drugs have been associated with high suicide rate (Abayomi *et al.*, 2013). The long –term abuse of alcohol and drugs is one of the factors that increase the risk of suicide because they cause distortion of brain chemistry and social isolation (Adewuyi, 2010). About 1 in 4 suicides in adolescents is related to alcohol abuse and 30% of suicides in United States of America (USA) is due to alcohol abuse (Adewuyi, 2010). Reports from several studies shows the presence of severe

mental and psychological disorders associated with alcohol and other psychoactive substance use (Babalola and Omigbodun, 2004; Igwe and Ojinnaka, 2010).

- **Cannabis**

Cannabis is popularly known as *Indian sativa*. The term is equivalent to marijuana or marihuana, which refers to both the whole plant and the smokable parts. It is a depressant which when consumed produce a state of euphoria. The onset of its central acting effect is within seconds but last for hours (Adebimpe and Folashade, 2018).

Cannabis is the oldest and most commonly abused drug. It is the most illegal drug use in the world and Nigeria with approximately 200 to 300 million regular users all over (UNODC, 2019; Jombo *et al.*, 2020). Marijuana was reported to be the most common drug of abuse seen by most undergraduate Students in Nigeria (Oshikoya and Alli, 2006). In a study in Sokoto, among 104 hospitalized psychiatry patients, cannabis had the highest prevalence of use which was 90.7% (Bakare and Isah, 2016).

The effects of cannabis experienced by the user depend on the dose administered. Chronic use of cannabis cause damage to the immune system of its smokers thus the individual is predisposed to many diseases such as cancer (Soyemi, 2003; Obot, 2011).

- **Cigarette**

Cigarette is a smoked tobacco product. It contains tobacco which is derived from the dried leaves of the tobacco plant. Cigarette contains nicotine, tar and carbon dioxide. Cigarette smoking is the most common form of tobacco use worldwide (WHO,2020).

Tobacco is one of the most widely abused substances in the world. It is highly addictive. In Nigeria about 22.1% of school youth age between 12 to 17 years use tobacco (WHO, 2012). The Center(s) for Disease Control and Prevention estimated that tobacco cause about 6 million deaths per year and this makes tobacco the leading cause of preventable death. WHO reported that 50% of men and 9% of women in developing countries smoke cigarettes compared to 35% of men and 22% of women in developed countries (WHO, 2004). Over 80% of 1.3 billion of tobacco users worldwide

are found in low and middle income countries. These countries have high burdens of tobacco related illness and death (WHO, 2020).

The abuse of tobacco causes effects like irritability, rapid heart rate, shaky hands. Cigarette smoking is harmful to the health. It increases coronary heart disease, lung cancer, increased heart rate and blood pressure (Bakare and Isah, 2016).

- **Codeine**

Codeine belongs to the class of drug opioids. They are called narcotics because they are used to relieve pain with surgery, terminal illness such as cancer. Codeine itself is used in treating mild to moderate pain, cough and diarrhea. It is contained in some cough syrups which can be obtained over the counter (Bakare and Isah, 2016).

Thousands of Nigeria youth and women are addicted to codeine (BBC, 2018). In a study conducted among university student in Nigeria, codeine-containing cough syrup is the most consumed form of opioid among the population (Akande-Sholabi *et al.*, 2019)

The use of codeine is less regulated than some opiate such as morphine, thus it is easily accessible and prone to abuse. However, its addictive effects are very high, codeine causes effects such as euphoria, apathy, drowsiness. High doses can lead to respiratory failure, coma and even death.

Other opioids include; heroin, morphine, oxycodone, fentanyl.

- **Tramadol**

Tramadol is an opioid analgesic. It is used to treat moderate to severe pain.

The use of tramadol is common among young people. The prevalence of tramadol abuse among the patients in an addiction clinic in North-Eastern Nigeria was 54.4%. 65% of the abusers were below 38 years and 67% used tramadol with other substances (Ibrahim *et al.*, 2017).

The negative effects of Tramadol include; induction of seizures, development of classical opioid withdrawal syndrome, psychiatric behaviours like aggression and hostility (Ibrahim *et al.*, 2017).

- **Cocaine**

Cocaine belong to the class of drugs stimulant. Stimulants are used to sustain activities, prevent sleeps and mask symptoms of fatigue. Other stimulants include amphetamines and caffeine. They act directly on the central nervous system.

The 2016 National survey on drug use and health found that about 0.7% of the population approximately 1.9million people aged 12 or older had used cocaine within the past month while a total of 18million within the past year (UNODC, 2018).

Cocaine cause higher sense of euphoria, insomnia, decreased appetite, increase alertness and energy in its abusers (Bakare and Isah, 2016).

- **Amphetamines**

These are also stimulants. They stimulate the central nervous system.

They are readily available in Nigeria. Those of current concern include 3,4-methylenedioxy-amphetamine (MDA) and 3,4-methylenedioxy-methamphetamine (MDMA, ecstasy, Adam, X, Stacy).

The abuse or overdose of amphetamines causes agitation, perspiration, dilated pupil, tremors, talkativeness, hallucination

- **Benzodiazepines**

These are also called tranquillizer. This class of drugs produce calmness without causing drowsiness. Examples include Diazepam, Lorazepam.

From a study conducted among tertiary institution students in Abeokuta the abuse of benzodiazepines is reported to be higher in female than male. Women result to the intake of minor tranquilizers to relief anxiety than alcohol (Umukoro *et al.*, 2016).

- **Gum**

Gum is a typical example of an inhalant. The gases or vapors of some volatile substances such as petrol, glue, gum, correction fluid, nail polish remover, paint thinner, aerosols propellant produce

depression of the CNS to cause euphoria or hallucinations reason why they are abused (Balogun, 2003).

2.6 COMMON PHYSICAL AND BEHAVIOURAL SIGNS OF DRUG ABUSE

There are several signs drug abusers present with. The signs vary based on the substance abuse and the method of use. Below are examples of some signs seen:

PHYSICAL SIGNS

- **Change in hygiene:** abusers care less for themselves. There is a deterioration in their personal hygiene. They may fail to bathe, brush or change their clothes leading to body and breath odour
- **Poor sleep:** many usually experience difficulty in sleeping (insomnia) or be awake at unusual times.
- **Appetite:** they usually have changes in their eating habits. There may be loss or increase in appetite
- **Poor physical coordination:** presence of slow or staggered walk.
- **Hyperactivity:** there is extreme hyperactivity such as excessive talking (talkativeness).
- **Eyes:** eyes may be red, watery with pupils larger or smaller than the usual.
- **Hands:** the palms are cold and sweaty. There may be presence of tremor.

BEHAVIOURAL SIGNS

- **Restlessness /aimless wandering:** many of the abusers are always restless and find it difficult to sit at a place or be calm.
- **Aggression:** they are verbally and physical aggressive. One or the two can be present in a particular abuser.
- **Irritability:** they are highly irritable.
- **Violence:** abusers involve in several criminal activities and vandalism.
- **Hallucination:** there may be visual hallucination (seeing things) and / or auditory hallucination (hearing voices).
- **Depression:** there may be depression and withdrawal from others and normal social activities.

(Adapted from America Addiction Center and American Council for Drug Education)

CHAPTER THREE

3.0 METHOD

3.1 STUDY AREA

The study was carried out in the psychiatric clinic of Federal Medical Centre, a tertiary health care facility located in Makurdi, Benue State, Nigeria. The facility manages patients with various mental health related issues. Geographically, Makurdi city is located in the North Central region of Nigeria along River Benue.

3.2 STUDY DESIGN

A hospital based retrospective cross sectional study where medical records of patients were used.

3.3 SELECTION OF PATIENT'S MEDICAL RECORDS

A total of 190 patients attended the clinic within October and December, 2019. In line with Krejcie and Morgan (Krejcie and Morgan, 1970) recommendation on sample size for a known population, 127 patients made up the sample size. A simple random sampling technique was used. The hospital number of 127 patients from the population was selected randomly from the hospital record register. The files with the numbers were located on the shelves and retrieved for the study.

3.4 DATA COLLECTION TECHNIQUE

The 127 medical files selected were reviewed properly. Information needed were retrieved from individual files and entered into a predesigned Proforma. The Proforma contained the following parameters;

- i. Sociodemographic profiles such as gender, age, occupation, marital status and education level of the patient.
- ii. Clinical and drug related profile such as age at onset of psychoactive substance use, type and number of psychoactive substance used, common symptoms at presentation, family history of psychosis.

Additional information was obtained from existing journals, research articles and literatures.

3.5 DATA MANAGEMENT AND STATISTICAL ANALYSIS

All data obtained were coded and entered into a Microsoft excel sheet and checked for errors before analysis. Data analysis was carried out using the statistical package for social sciences (SPSS) software, windows 25 version. Descriptive statistics mainly frequency and percentage were used. Data is presented in simple frequency tables and percentage in domain of problem and outcomes.

3.6 ETHICAL CONSIDERATION

Approval for the study was obtained from the ethical committee of the Federal Medical Centre, Makurdi and taken to the Psychiatry clinic of the hospital. The principle of confidentiality was adhered to strictly as no information leading to the disclosure of the patient's identity was divulged. The study was carried out within 2 months; June 2020 to August 2020.

CHAPTER FOUR

RESULT

4.1 SOCIODEMOGRAPHIC PROFILE OF THE PATIENTS

Table 1. Sociodemographic profile of the patients (n = 127)

Variables	Drug abusers Freq (%)	Non-abusers Freq (%)	Total Freq (%)
Gender			
Male	32 (100)	52 (54.7)	84 (66.1)
Females	0 (0)	43 (45.3)	43 (33.9)
Age in years			
<20	3 (9.4)	24 (25.3)	27 (21.3)
20-39	25 (78.1)	59 (62.1)	84 (66.1)
40-59	4 (12.5)	7 (7.4)	11 (8.7)
60-79	0 (0.0)	4 (4.2)	4 (3.1)
>80	0 (0.0)	1 (1.1)	1 (0.8)
Occupation			
Self Employed	10 (31.3)	27 (28.4)	37 (29.1)
Employed	3 (9.4)	8 (8.4)	11 (8.7)
Unemployed	19 (59.4)	60 (63.2)	79 (62.2)
Marital status			
Single	22 (68.8)	52 (54.7)	74 (58.3)

Married	9 (28.1)	37 (38.9)	46 (36.2)
Others	1 (3.1)	6 (6.3)	7 (5.5)

Highest level of Education

Primary Education	4 (12.5)	8 (8.4)	12 (9.4)
Secondary Education	15 (46.9)	42 (44.2)	57 (44.9)
Tertiary Education	11 (34.4)	35 (36.8)	46 (36.2)
No formal Education	2 (6.3)	10 (10.5)	12 (9.4)

The table above shows that of total number of 127 patients files reviewed, 84(66.1%) were male and 43(33.9%) were female. 84(66.1%) of the patients were within ages 20-39, 79(62.2%) unemployed, 74(58.3%) were single and 103(81.1%) had at least Secondary education. Of the 127 population, 32(25.2%) of them had abused one form of a drug or another in their lifetime. Male constituted 100% of the drug abusers and 25(78.1%) of them were within ages 20-39 years. Over 19(59.4%) of the abusers were unemployed, 22(68.8%) were single and over 26(81.3%) of the patients had either secondary or tertiary education.

The self-employed include farmers, mechanics, mason; employed include teachers, police officers while unemployed include students, applicants and house wives.

4.2 DRUG RELATED PROFILE OF THE PATIENTS

Table 2. Drug profile of the abusers (n=32)

Drugs Abused	Freq within Age Group %				Total Freq in abusers%
	15-19	20-39	40-59	>60	
Alcohol	3 (14.3)	16 (76.2)	2 (9.5)	0 (0.0)	21 (65.6)
Cannabis	2 (9.1)	18 (81.8)	2 (9.1)	0 (0.0)	22 (68.8)
Tramadol	2 (13.3)	10 (66.7)	3 (20)	0 (0.0)	15 (46.9)
Cigarette	2 (15.4)	11 (84.6)	2 (9.1)	0 (0.0)	13 (40.6)
Codeine	2 (50)	2 (50)	0 (0.0)	0 (0.0)	4 (12.5)
Cocaine	0 (0.0)	1 (100)	0 (0.0)	0 (0.0)	1 (3.1)
Gum	1(100)	0 (0.0)	0 (0.0)	0 (0.0)	1 (3.1)
Ecstasy	0 (0.0)	1 (100)	0 (0.0)	0 (0.0)	1 (3.1)
Age at onset					
14-19					5 (50)
20-29					4 (40)
30-39					1(10)
>40					0 (0.0)
Total					10 (31.2)
No of drugs used					
Mono substance					8 (25)

Polysubstance	22(69)
Not specified	2(7)

Ten (31.2%) of the abusers had their age at onset of substance use recorded. Their age ranged from 15-35 years of which 5(50%) started using drugs at ages 14-19years. Eight (25%) of the 32 abusers abused one drug (mono substance use), 22(69%) abused more than one drug (polysubstance). The prevalence of substance abuse was cannabis 22(68.8%), alcohol 21 (65.6%), tramadol 15(46.9%), Cigarette 13(40.6%), Codeine 4(12.5%), Cocaine 1(3.1%), Gum 1(3.1%), Ecstasy 1(3.1%). For each substance abused, the prevalence of use was highest within age group 20-39.

4.3 CLINICAL PROFILE OF THE PATIENTS

Table 3. Clinical profile of the abuser (n=32)

Parameters	Frequency among abusers %
Physical signs at presentation	
Poor hygiene	11(34.4)
Poor sleep	15(46.9)
Neglect of self – care	13 (40.6)
Talkativeness	14 (43.8)
Restlessness	18(56.3)
Behavioural signs at presentation	
Irritability	6(18.8)
Irrational behavior	15(46.9)
Violence	17(53.1)
Verbal aggression	10(31.3)
Physical aggression	19(59.4)
Depression	5(15.6)
Visual hallucination	10(31.3)
Auditory hallucination	13(40.6)
Family history of psychosis	
Yes	2(6.3)

No

30(93.7)

The common signs at presentation in the abusers were physical aggression 19(59.4%), restlessness 18(56.3%), violence 17(53.1%) and poor sleep 15(46.9%). Thirty (93.7%) of the abusers had no family history of psychosis while two (6.3%) had family history of psychosis.

CHAPTER FIVE

DISCUSSION AND CONCLUSION

5.1 DISCUSSION

The findings of the study showed that 25.2% of the patients had used psychoactive substance at some point in their lifetime. All of these patients were male 100% aged between 15 and 55 years which is quite in line with the findings of UNODC, (2018) that in Nigeria, one in seven persons aged 15-64 years had used a psychoactive substance and predominance of drug abuse in male. However, the 0% rate of abuse in female is questionable although the male dominance can be attributed to cultural influence. The data on female might not be a true reflection of the actual prevalence as female may not readily present for therapy due to stigma. The rate of substance abuse was highest among ages 20-39 years (78.1%), the unemployed (applicants or students) (59.4%), the single (68.8%) and those that had secondary education (46.9%). These shows and emphasize the fact that drug abuse is rampant among adolescents and young adults as seen in earlier studies by Chia *et al.*, 2015, Ongwae, 2016 and UNODC, 2018). The high rate of drug abuse among them may be due to influence of peer pressure, curiosity to know about a drug, availability of drugs, weak law enforcement and high unemployment rate. This may be accountable for the high rate of cultism, robbery and violence experienced in the state because evidence shows that in Nigeria, various antisocial behavior such as armed robbery, rape, prostitutions and killings are done under the influence of drugs (Yunusa *et al.*, 2011; Abayomi *et al.*, 2013)

The prevalence of the substance abused is Cannabis 68.8%, Alcohol 65.6%, tramadol 46.9%, cigarette 40.6%, codeine 12.5%, cocaine 3.1%, gum 3.1% and ecstasy 3.1%. This pattern defers from that reported by Bakare and Isah, (2016) in Sokoto which was cannabis (90.7%), Codeine (81.4%), solvent/inhalant (69.8%), Tramadol (60.5%), D5 (46.5%), Rohypnol (44.2%), Benzhexol (30%) and alcohol (4.7%). Cannabis and alcohol are the substance abused most. This is in conformity with several studies which claimed cannabis as the most illicit drug used in Nigeria (NDLEA, 2014; UNODC, 2018) and among hospitalized psychiatry patients in Sokoto (Bakare and Isah, 2016). However, Onofa *et al.*, (2016) and Onoyase (2019) reported alcohol as the substance used most among tertiary students in Abeokuta and Benue state respectively. This justifies that the pattern of drug use varies from one locality to another. The difference in pattern

of drug use might be influenced by religion, socio-cultural beliefs and literacy. The prevalence of Codeine 12.5%, Cocaine 3.1%, Gum 3.1% and Ecstasy 3.1% use though significant, was low as that reported by UNODC, 2019.

The prevalence of all drugs abused was highest within age group 20-39. The age at onset of drug ranged between 14-35 years of which was highest in ages 14-19 years (50%). This is coherent with similar research by Eniojukan and Chichi, (2014) reported the age of onset of alcohol use among adolescents in Benue state to be 14-17 years (51%)

Polysubstance use is a common trend among drug abusers. 69% of the abusers had used more than one substance. This is lower than that reported in psychiatric patients in Sokoto 93% and higher than that in Uyo 51.7% (Emmanuel *et al.*, 2014, Bakare and Isah, 2016).

Common signs the patients presented with were physical aggression, restlessness / aimless wandering, violence, poor sleep and neglect of self-care. Similar to that reported by Bakare and Isah, (2016) among psychiatric patients in Sokoto. Two (6.3%) of the abusers had family history of psychosis while Thirty (93.7%) of the abusers had no family history of psychosis. This is evident that substance abuse is an etiological factor for psychosis and in conformity with some research findings that substance abuse is highly related with mental illness (Yunusa *et al.*, 2011) and the commodities of substance use disorders with other mental illnesses (UNODC, 2014).

The percentage of psychosis emanating from substance abuse as a major etiological factor from the population of 127 was 25.2% that is 32 patients.

Limitations of study

This was a cross-sectional retrospective study and data were collected from medical folders of the patients. Future research should add diagnostic measures. This research was done in one region; a collaborative group study is suggested in order to obtain samples from other Nigerian neuropsychiatric hospitals.

5.2 CONCLUSION

Substance abuse is prevalent among patients attending psychiatric hospital and contributes to their morbidity. Common substance abused include Cannabis, Alcohol, Tramadol, Cigarette, Codeine, Cocaine, Ecstasy and Gum. Drug abuse is common among adolescents and young adults. Youths are the backbone of the economy. The prevalence of drug abuse among youth is of huge concern and calls for proper investigation of the cause of the menace and ways to curb it.

The age of onset of drug abuse is at adolescence hence there is need for strategic education from a young age to increase awareness about the harmful consequences of substance use and abuse. Youth needs to be redirected to the path of moral uprightness.

The empowerment of youth to alleviate poverty and change the socioeconomic status will help to keep individuals responsible, engage their idle mind in productive means and be committed to self-development. Proper measures such as strict law enforcement, controlled distribution of drugs, documentation of drug use, regulation of dispensing and use of psychoactive drugs are needed to reduce the availability of the substances.

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**PROFORMA FOR PREVALENCE OF DRUG ABUSE AMONG PATIENTS
ATTENDING THE PSYCHIATRIC CLINIC FMC, MAKURDI**

SECTION A: SOCIODEMOGRAPHICS

Age

Sex a. Male b. Female

Religion a. Christian b. Muslim c. Traditionalist d. Others _____

Education a. Primary b. Secondary c. No formal education d. Others _____

Tribe a. TIV b. Idoma c. Igede d. Others _____

Marital status a. Single b. Married c. Divorced/ Separated d. Widowed

Occupation a. Employed b. Unemployed c. Self-employed d. student

Family history of drug abuse a. Yes b. No

SECTION B: DRUG RELATED PROFILE

History of drug abuse a. Yes b. No

Age at onset of psychoactive substance use

Duration of substance use

How patient was initiated a. Family b. Peers/Friends c. Self d.
Prescription

How the drugs were obtained a. Pharmacy b. Chemist c. Black market d.
Peers

Types of psychoactive substance used	Dosing frequency		Route of administration		
	Once daily	Multiple times daily	Oral	Inhalation	Intravenous
Alcohol					
Cannabis					
Cigarette/Tobacco					
Heroin					
Benzodiazepines .eg. diazepam, bromazepam					
Opiod analgesics e.g. Codeine					
Cough syrups					
Stimulants e.g. Cocaine					
Tramadol					
Pain killers eg. Pentazocine					
Benhexol					
Snuff/fumes					
Glue					
Kolanut					
Bitter kola					
Nail polish					
Others					

Number of the substance use:

SECTION C: CLINICAL PROFILE

COMMON MENTAL AND BEHAVIORAL SYMPTOMS AT PRESENTATION	YES	NO
Depression		
Aggression: Verbal & Physical		
Hallucination: Visual & Auditory		
Violence		
Anxiety / Irritability		
Austistic behavior/Irrational behavior		
Poor sleep		
Poor hygiene		
Neglect of self-care		
Talkativeness		
Restlessness		
Disorientation of speech / Irrational talks		
Others		

Family History of Psychosis? A. Yes B. No

Is psychosis due to drug abuse? A. Yes B. No