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ASSESSMENT OF THE KNOWLEDGE, PRACTICE, PREVALENCE AND PATTERN OF DRUG ABUSE AMONG ADOLESCENTS IN ABIA STATE, SOUTHEAST NIGERIA

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ABSTRACT

Background: Every year, thousands of drug addicts die as a result of drug over dose. Forty seven percent of adolescents/youths between 15 and 26 years of age have already tried at least one kind of illicit drug. **Aims:** To determine the knowledge, practice, prevalence and pattern of drug abuse among adolescents in Ikwuano Local Government Area of Abia State, Nigeria. **Methods:** This was a cross-sectional descriptive study. A questionnaire was used to retrieve information on drug abuse from adolescents and youths aged 15–26 years. Information retrieved were social/ demographic data, level of knowledge on drug abuse, practice of drug abuse and type of substance abused. **Results:** There were 180 respondents with a male: female ratio of 1: 1.3. The age range was 15-26 years with a mean age of 20.5 ± 23 years. Eighty (44.4%) of the respondents were teenagers. Less than 50% of the respondents understood the full meaning of drug abuse. Majority (77.8%) of the study population started abusing drugs as a result of peer pressure. A small but significant percentage (22.2%) of the respondents were introduced to drug abuse from watching either or both of their parents abuse drugs. The prevalence of drug abuse was 77.8%. All the drug abusers were males (p=0.001). Tramadol (80.6%) followed by alcohol (66.7%) were the most abused drugs respectively. Cocaine (16.7%) was the least abused of the substances. **Conclusion:** The knowledge of drug abuse among our cohort was low. Peer pressure was the most identified risk for drug abuse. The prevalence of drug abuse among the adolescents was very high. Tramadol was the most abused drug.

KEYWORDS: Knowledge, Drug Abuse, Adolescents, Youths, Ikwuano, Abia state.

INTRODUCTION

Substance abuse among adolescents and youths are on the increase globally.[1, 2] Drug abuse can be defined as a deliberate use of an illegal drug or excessive use of a prescribed drug.[1]

Drug abuse is characterized by: (i) An overwhelming desire or need to continue use of a drug and to obtain it by all means. (ii) A tendency to increase the dosage. (iii) A psychological and usually a physical dependence on its effects and (iv) A detrimental effect on the individual and on the society.[1-5]

Substance abuse also refers to use of drugs for the wrong medication, wrong dosage or for a long time without doctor's prescription.[5,6] Drug abuse in general is regarded as ranging from excessive and persistent use of drugs, to occasional use of drugs or substance for social other than medical reasons, often in excessive quantities.[7]

Adolescents and youths are vulnerable to drug abuse due to their increased tendency for new adventures. Abused drugs are used for several reasons such as suppression of anxiety or mustering courage to speak to the opposite sex, a way of fitting into the desired gang or social clubs, and as a means to feeling "high" at all times.[2]

The desire of adolescents and youths to explore, experiment and seek abstract solutions to problems has contributed to the surge of substance abuse among this vulnerable population.[8] Some drug abusers consider it to be a relaxing and pleasurable social activity.[4]

Drug abuse is not without consequences and results in physical /psychic dependency, functional impairment and the deviation from approved, moral and social norms. [9-14] Abuse of these drugs can lead to anti-social activities like rape and armed robbery. Substance abuse place the affected individuals at risk of physical, emotional, psychological and mental harm. Victims of drug abuse also constitute environmental risks to others. An increase in the number of cases of cultism, violent

disorders, as well as mental disorders among Nigerian youths is attributed to drug abuse.[15]

Types of abused drugs vary by regional, national and geographical locations. In Nigeria, commonly abused drugs among adolescents and youths include alcohol, tobacco, cannabis, benzodiazepines, cocaine, tramadol and opioids.[8]

Opoid addiction is a chronic relapsing brain disease that is characterized by compulsive drug seeking and abuse, despite harmful consequences. It is considered a brain disease because opoids change the brain, its structure and how it works.[6]

At the onset of drug use, people may assume what seems to be a positive effect with drug use. They may also have the feeling that they can control their use. Unfortunately, these drugs quickly take over their lives. Drug abusers reach a point where they seek and take drugs despite the tremendous problems they cause for themselves and their loved ones. Some people may start to feel the need to take higher or more frequent doses, even in the early stages of drug use.[9]

Using alcohol and tobacco at a young age increase the risk of using other drugs later.

A study carried out in a high school at Czech Republic showed that 37% of the new drug users were teenagers between 15 and 19 years old.[11]

Every year, thousands of drug addicts die as a result of drug over dose. The Organization of African Unity documented that 48% of youths between 15-26 years of age have already tried some kinds of illicit drugs.[16] The Nigerian drugs law Enforcement Agency (2009) reports that 1 out of 10 youths has at least tried marijuana.

This study was, therefore, set to ascertain the knowledge, attitude, prevalence, practice and pattern of drug abuse among adolescents and youths in Ikwuano Local Government Area (LGA) of Abia State, Nigeria.

METHODOLOGY

Study Area
The study was a descriptive cross-sectional study carried out over a period of one month in Ikwuano LGA of Abia State, Nigeria.

Ikwuano is one of the LGAs in Abia state. It is located very close to Umuahia, the capital city of Abia State, Nigeria. Ikwuano LGA has five communities under it, each of which is overseen by a community head.

The study population consisted of adolescents/youths from the 5 communities in Ikwuano LGA. They were males and females in the age bracket of 15 to 26 years. The communities are Oloko, Nchara, Oboro, Ntalakwu, and Obuoha.

Adolescents/youths aged 15 to 26 years in these communities were invited to the community town halls at different days within the study period. Those that gave their consents were enrolled into the study. A total number of 180 adolescents/youths from the 5 different communities participated in the study.

A semi-structured questionnaire was used for the study. A pilot study was conducted in a nearby community (Umuopara in Umuahia South LGA), where 50 questionnaires were distributed among the adolescents/youths in their central hall. This exercise was repeated 2 weeks later. A Pearson's correction coefficient of 0.84 was obtained which showed that the instrument of research was reliable.

The Semi-structured questionnaires were distributed to each of the respondents with the assistants of two Registrars. These Registrars were trained on how to carry out the distribution and collection of the questionnaire from the respondents. This was done after a meeting at each of the Community Halls during which the instructions were read out, necessary explanation given out as respondents asked questions and their questions answered accordingly. The questionnaires were completed within a stipulated time, after which they were retrieved by the researchers and the two resident doctors. Data collection lasted for 4 weeks.

All the questionnaires given out were all completed accordingly and returned 100% to the researchers. Information retrieved were social/demographic data, level of knowledge of the respondents on drug abuse, practice of drug abuse and types of substances abused.

Ethical consideration
Approval to conduct the study was sought and obtained from the chairman of Ikwuano Local Government Area and the different community heads, before embarking upon the project. Written and informed consent of the individuals interviewed were sought and obtained before administering the questionnaires. Data collected were held in strict confidence.

Data analysis
Data was analyzed using SPSS Version 16. Results were presented in prose and frequency tables. Statistical significance was set at p value < 0.05.

RESULTS

There were 180 respondents. Males were 80, while females were 100, giving a male: female ratio of 1: 1.3. The age range was 15-26 years with a mean age of 20.5 ± 23 years. Eighty (44.4%) of the respondents were teenagers (Table 1).

More than 70% of the study population completed at least secondary school education. Majority (44.5%) of the study population had tertiary education, but 50% of these were unemployed. The 'school drop outs'

comprised of 2 (10%), 13 (65%), and 5 (25%), from tertiary, secondary and primary schools respectively (Table 1).

Table 1: Socio-demographic data of respondents.

Variables		Frequency	Percentage (%)
Gender	Male	80	44.4
	Female	100	55.6
Total		**180**	**100**
Age of the respondents (years)	15 – 17	40	22.2
	18 – 19	40	22.2
	20 – 23	50	27.8
	24 – 26	50	27.8
Total		**180**	**100**
Educational qualification	Tertiary	80	44.5
	Secondary	60	33.3
	Primary	20	11.1
	Drop-out	20	11.1
Total		**180**	**100**
Communities	Oloko	40	22.2
	Nchara	40	22.2
	Oboro	40	22.2
	Obuoha	40	22.2
	Ntalakwu	20	11.2
Total		**180**	**100**

Understanding of the meaning of drug abuse by the respondents was assessed by asking them to identify the correct definitions of drug abuse as written on the questionnaires given to them. Table 2 below shows the number of respondents that agreed with the different definitions.

Table 2: Knowledge of drug abuse definitions by respondents.

S/N	Various definitions of drugs abuse	Number	Percentage (%)
1	Drug abuse is a chronic intoxication produced by repeated use of a drug.	30	16.7
2	Drug abuse is the excessive intake of prescribed drugs	60	33.3
3	Drug abuse is a total rejection of a prescribed drug	100	55.6
4	Drug abuse is the abnormal use of drugs to boost performance	70	38.9
5	Consuming of drugs not prescribed by a doctor is abuse of drug	80	44.4
Mean		**68**	**37.8**

Table 3 shows that majority (83.3%) of the study population started abusing drugs as a result of peer pressure. A small but significant percentage (22.2%) of the respondents were introduced to drug abuse from watching either one or both of their parents smoke tobacco, drink alcohol or abuse other drugs.

Table 3: Reasons for indulging in drug abuse by respondents.

S/N	Reasons	Number	Percentage (%)
1.	Because of peer pressure	150	83.3
2.	Love for the Sense of euphoria	120	66.7
3.	Presence of emotional problems	120	66.7
4.	To overcome difficult challenges	120	66.7
5.	To remain strong and active throughout the day	120	66.7
6.	Love for the Sense of excitement	100	55.6
7.	Need drugs to cure Insomnia	100	55.6
8.	In order to boost academic performance	80	44.4
9.	Parental drug abuse	40	22.2

Some respondents have more than one reason for abusing drugs

Tramadol (80.6) followed by alcohol (66.7%) were the most abused drugs respectively. Cocaine (16.7%) was the least abused of the substances (Table 4). One hundred and forty subjects (77.8%) had abused at least

one substance, while 40 respondents (22.2%) had never abused any substance.

This gave a prevalence rate of 77.8% for drug abuse. All the drug abusers were males (p=0.001). Eighty-five percent of the school dropouts (p=0.003) and 60% of the unemployed graduates (p=0.002) were among the adolescents/youths actively involved in substance abuse.

Table 4: Types of substances abused by the study population.

Substance abused	Number	Percentage (%)
Tramadol	145	80.6
Alcohol	120	66.7
Tobacco	100	55.6
Amphetamines	100	55.6
Benzodiazepines	60	33.3
Caffeine/Coffee	50	27.8
Cannabis	40	22.2
Cocaine	30	16.7

Some participants abused more than one substance

DISCUSSION

The prevalence of drug abuse in this study was 77.8%. This is comparable to the 78% from Ilorin.[17] It is however far higher than the 32.9%, 69.2%, 33.0% and 23.7% from Abakiliki,[2] Abeokuta,[8] Lagos,[15] and Maiduguri.[18] respectively. The prevalence of drug abuse among adolescents and youths is said to be on the rise globally.[8] This may have reflected on the higher prevalence from this index study compared to older works.[2,8,15&18]

Again, the differences in sample size and study methodology may have contributed to the wide variations in prevalence rates. Our study was carried out among adolescents and youths living in a community setting which included both graduates, students and non-students. Previous studies were done among students in school settings.[2,8&15] Also, the socio-cultural characteristics of the various study populations and the different types of substance of abuse may affect the differences in prevalence rates.

That more than 80% of the school dropouts and 60% of the unemployed graduates were among the adolescents actively involved in substance abuse emphasizes the need for the government to minimize the number of dropout rates from schools, and also create job opportunities for our young graduates.

The knowledge of the meaning of drug abuse by the respondents was very low. This concurs with the finding from Lagos[15] where <50% of the respondents could correctly define drug abuse. This buttresses the need for more public enlightenment among the adolescents and youths in our communities on the meaning of drug abuse and its consequences. Some of them are practicing drug abuse without knowing that they have become drug abusers.

Peer pressure was the commonest reason for indulging in drug abuse by our respondents. This compares well with the study by Oshikoya et al [15] where 46.0% of the respondent agreed that peer pressure was a major risk factor to drug abuse. Effect of peer pressure on adolescents and youths cannot be over-emphasized. The desire by adolescents to explore, experiment and seek abstract solutions to problems is reinforced by peer influences.

There was a male preponderance for all the different substances abused in this study. This is in keeping with previous studies.[19,20] This could be due to the socio-cultural attitude in most African countries whereby females are frowned at taking any form of stimulant, including alcohol, whereas such acts are looked at as a masculine norm.[21]

Tramadol was the most abused substance in our study. This compares well with previous studies.[22,23] where tramadol was the most abused drugs. The abuse of tramadol by adolescents and youths have become a recent public health concern globally.[19,24] Tramadol use by both the old and the young is of enormous health and economic burden to any nation. Tramadol abuse is an emerging menace in Nigeria. [23] The need to stop tramadol abuse and rehabilitate its abusers is of urgent necessity in our society.

Alcohol was the second most abused drug in our study. It was the first most abused drug in the studies by Anyanwu, [2] Umukoro [8] and Abayomi et al [25] respectively. Alcohol, paradoxically is seen as socially acceptable in most cultures, and is freely served in many occasions in Nigeria. Therefore, alcohol may not be regarded as a substance of abuse by many people in the society.

Cannabis and cocaine as the least abused drugs in this study is in consonance with some older studies. [2, 8, 15] The longstanding public awareness of the hazards of these 2 substances and obvious stigmatization against its

users by most communities in Nigeria may be decreasing its use among drug abusers.

CONCLUSION

The knowledge of the meaning and risk factors of drug abuse by our respondents was low. Peer pressure was the most identified risk for drug abuse by our respondents. The prevalence of drug abuse among the adolescents and youths is very high. Tramadol seconded by alcohol are the most abused drugs. Males indulge in drug abuse more than females. Dropping out of school and unemployment are significant risk factors for drug abuse.

Recommendation
As a result of the findings, the authors made the following recommendations
- Adolescents/youths should be regularly educated on drug abuse, the health risk of self-medication and dangers of illicit drugs.
- Doctors should apply caution in prescribing new compounds as sedatives, analgesics or 'sliming pills' because these may turn out to be addictive on the long run. Prescription of drugs should be for short durations only.
- Provision of more job opportunities to the youths will help to stem the tide of drug abuse.
- The government should provide rehabilitation programs for drug abusers and thereafter use them as support groups to help other victims.
- Government should set up committees at national and state levels to help reduce the rate of 'dropouts' from schools.
- National Drug Law Enforcement Agents should intensify supervision of all medical stores in the country, and selling of illicit drugs punished accordingly.
- There is need to include "drug education' in the national school curriculum as part of the health promotion drive in primary, secondary and tertiary schools. Also, anti-drug abuse clubs should be encouraged in schools.
- The society should show same disapproval on male drug abusers as well as women.

Authors' Contribution Details
- Onyemachi PEN conceived and designed the manuscript, helped in acquisition of data, analysis and interpretation of data, and also wrote the manuscript.
- Okoronkwo N C contributed in the design and revision of the manuscript and gave final approval of the version to be published.
- Onyearugha C N edited the manuscript and gave final approval of the version to be published.

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