Pattern and Socio-demographic characteristics of Drug Users at the National Drug Law Enforcement Agency (NDLEA) Rehabilitation Facility, Port Harcourt

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ABSTRACT

Background: *Substance abuse particularly among young people has become a large phenomenon globally affecting all segments of society. The abuse of alcohol, tobacco, cannabis and other psychoactive drugs among young people has become an issue of public health concern with untold negative consequences on human existence.*

Aim: *This study sought to examine the sociodemographic profiles and patterns of drug use among drug users at the NDLEA Rehabilitation Facility, Port Harcourt.*

Materials and Methods: *This was a descriptive cross-sectional study conducted among inmates of the National Drug Law Enforcement Agency (NDLEA), Port Harcourt. A structured questionnaire covering socio-demographic characteristics and other factors were self-administered to inmates of the facility, who have been brought by their relative for addiction care over a period of 3 years (2017 to 2020). Ethical approval was obtained from the ethical committee of the University of Port Harcourt Teaching Hospital and approval was obtained from the NDLEA Authority. All other ethical provisions were followed. Descriptive statistics was used to analyzed the data. Data were analyzed with number count, percentage, and then Chi-square of independence.*

Results: *Majority of the drug users were male (98,8%), single (72.5%), unemployed (27.5%) and apprentice (40.0%), between the ages of 15 and 35 (67.5%) and with tertiary education. Cannabis was the most consumed drug (75.7%), followed by nicotine (30.8%) alcohol (28.3%), cocaine (27.4%) and heroine (25.8%). Majority of the users were introduced to drug by friends and family members and referred to the feeling they got on the first day of use as high and happy. Majority had 15 to 25 years as age of onset of drug use and there were no family history of psychoactive substance use or mental illness.*

Conclusion: *Substance use is common among young people between the ages of 26 and 30, single, with higher level of education and low-income earners. Majority use illicit drugs, which they started at early age of 15 to 25 and introduced to by friends and family members. Improvement in socio-economic status of adolescents and sustained public health enlightenment will help to reduce the rising prevalence of drug use.*

Keywords

Pattern, Socio-demographic characteristics, Drug Users, NDLEA Port harcourt.

Introduction

Due to the increased incidence of drug use in our community today, it is necessary to identify the pattern and sociodemographic traits

of drug users. This is so that patterns and demographic data may be tracked, and preventative measures can be put in place to stop drug users from becoming addicted and raising their risk of contracting other diseases [1]. Before the situation worsens, drug addicts need care and support. Therefore, to aid in understanding the patterns of drug users, a number of patterns and stages of drug users have been listed. Various writers have discussed drug use patterns over the years. These patterns include hard drug use, frequent drug use, early drug use, solitary drug use, and escapist drug use [2-4].

Some drug users utilise hard drugs for recreational purposes, whereas others may get hooked to them after just one use, according to the range of hard drug use patterns [5]. Typically, such individuals engage in high-risk conduct and social isolation. Even if they only use drugs once or twice a week, those in this group who use drugs frequently nevertheless experience severe addiction [6]. Drug use may show tolerance, and an individual may need more every day if they use drugs frequently. In addition, those who engage in the early drug use pattern do so during adolescence and are more likely to start using drugs at a young age. These individuals are thus more likely to experience significant drug issues in later life [7].

Addicts develop in the later years in those who start using drugs before the age of fifteen. Furthermore, using drugs and addictive substances when a person is alone themselves can lead to lethal addiction and a host of other difficulties in life, especially for drug users with a solitary use pattern [8]. In conclusion, those who engage in the Escapist drug use pattern do so to reduce stress, cope with a variety of issues in their lives, or boost their self-esteem [9]. Furthermore, drug users who exhibit the escapist pattern frequently employ substitutes for escapism, which enables one to flee reality and find tranquility in a place where nothing disturbs them [10].

A man's sociocultural surroundings, which have an impact on his psychophysical growth and well-being, are fundamental to his health [11]. His way of life and behaviour are determined by the same socio environmental forces. Man has always looked to specific medications, plants, and potions to help him cope with the stresses of everyday life throughout history. These substances can also cause reality to become distorted into an ecstatic or trance-like condition, relieving stress, anxiety, weariness, and other negative emotions [12]. Drug users, thus, each have a unique motivation for using drugs, and these motivations vary.

On this subject, a number of authors have expressed their opinions about various socio-demographic factors that encourage or force drug users to use drugs. These sociodemographic data contain information about upbringing, gender, and religion [13]. Other writers claimed that ethnicity, patients' birth orders, their ages when they first started abusing drugs, and their ages when they stopped using drugs are among the sociodemographic characteristics of drug users [14]. This study confirms that different things happen at different times and contribute to why people take drugs, regardless of socio-demographic information that may be to blame. This study sought to assess the sociodemographic and pattern features of drug users at The NDLEA Port Harcourt in light of this.

Materials and Methods

This was a descriptive cross-sectional study conducted among inmates of the National Drug Law Enforcement Agency (NDLEA), Port Harcourt. The act establishing the NDLEA specifies dual mandates: supply reduction as well demand reduction. In the demand reduction, the NDLEA is empowered to provide rehabilitation services with more focus on counseling to individuals with drug addiction problems. A structured questionnaire covering socio-demographic characteristics and other factors were self-administered to inmates of the facility, who have been brought by their relative for addiction care over a period of 3 years (2017 to 2020). Ethical approval was obtained from the ethical committee of the University of Port Harcourt Teaching Hospital and approval was obtained from the NDLEA Authority. All other ethical provisions were followed. Descriptive statistics was used to analyze the data. Data were analyzed with number count, percentage, and then Chi-square of independence.

Results
Descriptive Statistics Analysis of the sample of people with substance abuse (Socio- Demographic Analysis)

Table 1: Socio-Demographic and Prevalence analysis of psychoactive drug uses.

S/N	Variables	Sub-variables	Frequency (Percentage)
1	Age of the respondent	>15yrs 15-25yrs 26-35yrs 36-45yrs 46-60yrs <60yrs No response	0 (0) 32 (26.7%) 49 (40.8%) 22 (18.3%) 2 (1.7%) 0 (0) 15 (12.5%)
2	Gender	Male Female	118 (98.3%) 2 (1.7%)
3	Tribe (Ethnicity)	Igbo Hausa Yoruba Minor Ethnic groups No response	30 (25.0%) 5 (4.2%) 9 (7.5%) 55 (45.8%) 21 (17.5%)
4	Educational Level	Primary Secondary Tertiary Arabic No response	3 (2.5%) 40 (33.3%) 73 (60.8%) 3 (2.5%) (.8%)
5	Marital status	Single Married Divorced Separated Widowed	87 (72.5%) 24 (20.0%) 3 (2.5%) 6 (5.0%) 0 (0%)
6	Religion	Christianity Islam Traditional None	107 (89.2%) 7 (5.8%) 5 (4.2%) 1 (.8%)
7	Employment Status	Unemployed Student Apprentice Self-employed Employed by govt No response	33 (27.5%) 21 (17.5%) 48 (40.0%) 5 (4.2%) 11 (9.2%) 2 (1.7%)

8	Occupation	Unskilled Occupation Skilled Occupation Professional Occupation No Response	26 (21.7%) 34 (28.3%) 26 (21.7%) 34 (28.3%)
9	Average Monthly Income level	0-50,000 Naira 51-100,000Naira 101-200,000Naira 201-500,000 Naira above No response	48 (40.0%) 15 (12.5%) 14 (11.7%) 5 (4.2%) 38 (31.7)

Table 1 presents data on the socio-demographic and prevalence of psychoactive drug use among respondents. The table includes variables such as age, gender, tribe (ethnicity), educational level, marital status, religion, employment status, occupation, and average monthly income level.

From Table 1, it can be observed that the age interval of the respondents for 26 to 35 years old have the highest percentage of 40.8% representing the age level with the highest psychoactive substance use; while below 46-60 years old had the lowest respondent representation with just 1.7%. The majority (98.3%) were male. Respondents who are from minority ethnic groups like Ijaw, ikwerre, Urhobo, Ibibio, and the like had the highest percentage 45.8% representation based on tribe the majority of respondents (60.8%) had a tertiary education, while a smaller percentage (33.3%) had a secondary education.

The majority of respondents (72.5%) were single, while a smaller percentage (20.0%) were married. The majority of respondents (89.2%) reported being Christian, while a smaller percentage (5.8%) were Muslim. The majority of respondents (40.0%) were apprentices, while smaller percentages (27.5%) were unemployed. In terms of occupation, the largest percentage of respondents (28.3%) were in skilled occupations, followed by professionals (21.7%) and unskilled workers (21.7%). The majority of respondents (40.0%) reported an average monthly income of 0-50,000 Naira, while a smaller percentage (12.5%) reported an income of 51-100,000 Naira.

Overall, the data suggests that the majority of respondents were young, male, and well educated, with a high percentage being apprentices. The majority reported being single and Christian, and had moderate levels of income. The data also indicates some diversity in terms of tribe (ethnicity) and occupation.

Table 2: Psychoactive Substance Use Analysis

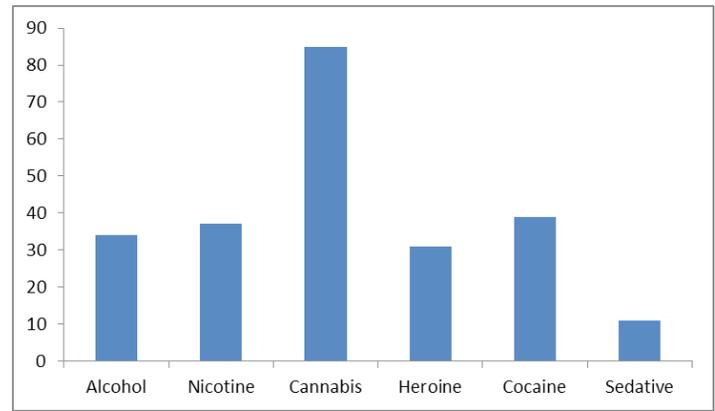| S/N	Substance Use	Yes use substance	No, do not use substance
1	Alcohol	34 (28.3%)	86 (71.7%)
2	Nicotine	37 (30.8%)	82 (77.3%)
3	Cannabis	85 (75.7%)	35 (25.3%)
4	Heroine	31 (25.8%)	89 (74.2%)
5	Cocaine	39 (27.4%)	81 (79.6%)
6	Sedative /Hypnotic drugs	14 (11.7%)	106 (88.3%)
7	Solvent/Volatile Substance	2 (1.73%)	118 (98.3%)
8	Metamphetamine	19 (13.2%)	101 (85.8%)

Figure 1: Psychoactive Substance Use Analysis.

Table 2 and figure 1 present an analysis of the substance use of the respondents. Table 2 presents data on the use of various psychoactive substances among respondents. The table includes two variables: substance use and whether the respondent uses the substance. The data shows the frequency (percentage) of respondents who reported using each substance.

The data indicates that the majority of respondents (71.7%) do not use alcohol, while a smaller percentage (28.3%) reported using it. A similar pattern is seen with nicotine, with the majority (77.3%) not using it and a smaller percentage (30.8%) reporting use. For cannabis, the majority (75.7%) reported using it, while a smaller percentage (25.3%) did not. The use of heroin was less common, with the majority (74.2%) not using it and a smaller percentage (25.8%) reporting use. A similar pattern was seen with cocaine, with the majority (79.6%) not using it and a smaller percentage (27.4%) reporting use. The use of sedative/hypnotic drugs was relatively low, with the majority (88.3%) not using them and a smaller percentage (11.7%) reporting use.

The use of solvent/volatile substances was very low, with the majority (98.3%) not using them and a small percentage (1.73%) reporting use. The use of other substances, such as cigarettes, was also relatively low, with the majority (95.8%) not using them and a small percentage (4.2%) reporting use. Precisely, the substance that the respondents took the most from the table is cannabis which has the highest representation of 75.7%, followed by cocaine at 32.4%, then nicotine at 30.8%, then alcohol at 28.3%, then heroine at 25.8%. This is followed by Sedative /Hypnotic drugs with 11.7%, Sedative /volatile sunstance with 1.73% and then other substances like cigarette with 4.2%. Overall, the data indicates that the use of most of the substances listed in the table is relatively low, with the exception of cannabis, which had a relatively high prevalence of use.

Table 3: Pattern of Psychoactive Substance Use Analysis.

S/N	Patterns	Sub-variables	Frequency (Percentage)
1	Introducer of Psychoactive substance use	Self (No one) Friends and Family Social media Environment No response	8 (6.7%) 94 (78.3%) 1 (.8%) 6 (5.0%) 11 (9.2%)

2	Feelings experienced on first intake of Substance drugs	High	53 (44.2%)
		Dull	8 (6.7%)
		Happy	53 (44.2%)
		Active/ strengthen	21 (17.5%)
		Weak	3 (2.5%)
		Regretful	9 (7.5%)
3	Age of first psychoactive drug use	15-25yrs	91 (75.8%)
		26-35yrs	22 (18.3%)
		36-60yrs	1 (.8%)
		No response	6 (5.0%)
4	Family members use of psychoactive drugs	Yes	33 (27.5%)
		No	87 (72.5%)
5	History of mental illness in the family	Yes	10 (8.3%)
		No	110 (91.7%)
6	Relationship with parents	Supportive/caring/ loving relationship	110 (89.2%)
		Hostile/Hateful/ Distrustful	10 (8.3%)
7	First time of being at a rehabilitation facility	Yes	75 (62.5%)
		No	45 (37.5%)
8	No of times of being in rehab	1-5 times	51 (42.5%)
		6-10times	6 (5.0%)
		No response	63 (52.5%)
9	Made effort to stop	Yes	91 (75.8%)
		No	24 (20.0%)
		No response	5 (4.1%)
10	No of times effort was made to stop	1-5 times	65 (54.2%)
		6-10times	16 (13.3%)
		11-15 times	7 (5.8%)
		No response	32 (26.7%)
11	Reason for relapse	Strong Urge	49 (40.8%)
		Peer influence	45 (37.5%)
		To remain High	12 (10.0%)
		Notice of undesirable symptoms	9 (7.5%)
		No response	5 (4.2%)

Table 3 presents data on the patterns of psychoactive substance use among respondents. The table includes variables such as the introducer of substance use, feelings experienced upon first intake, age of first substance use, family members' use of psychoactive drugs, history of mental illness in the family, relationship with parents, first time in rehabilitation, number of times in rehabilitation, efforts made to stop substance use, and reasons for relapse.

The data shows that the majority of respondents (78.3%) reported that friends and family introduced them to psychoactive substances, while a smaller percentage (6.7%) reported self-introduction. A relatively high percentage (44.2%) reported feeling high upon first intake, while a smaller percentage (6.7%) reported feeling dull. A similar percentage (44.2%) reported feeling happy upon first intake, while a smaller percentage (17.5%) reported feeling active or strengthened. A relatively low percentage (2.5%) reported feeling weak upon first intake, while a smaller percentage (7.5%) reported feeling regretful. That is, feelings experienced on the first intake of Substance drugs ranged from mostly high and happy as they both have the highest percentage representation. This is followed by feelings of activeness/strength, then regret, followed by dullness and weakness according to their percentage representation.

The data indicates that the majority of respondents (75.8%) first used psychoactive substances when they were aged 15-25 years, while a smaller percentage (18.3%) first used them when they were aged 26-35 years. A relatively small percentage (27.5%) reported that family members used psychoactive drugs, while a larger percentage (72.5%) reported that they did not. A relatively small percentage (8.3%) reported a history of mental illness in their family, while a larger percentage (91.7%) reported no such history. The majority of respondents (89.2%) reported having a supportive or caring relationship with their parents, while a smaller percentage (8.3%) reported a hostile or distrustful relationship.

The data also indicates that a relatively high percentage of respondents (62.5%) had been in rehabilitation at least once, while a smaller percentage (37.5%) had not. Of those who had been in rehabilitation. The majority of respondents (52.5%) who had been in rehabilitation reported being there multiple times, with a smaller percentage (5.0%) reporting being there 1-5 times and a similar percentage (5.0%) reporting being there 6-10 times. The majority of respondents (75.8%) reported making an effort to stop substance use, while a smaller percentage (20.0%) reported not making an effort. A small percentage (4.2%) did not provide a response.

Of those who reported making an effort to stop substance use, the majority (54.2%) reported making an effort 1-5 times, while a smaller percentage (13.3%) reported making an effort 6-10 times. A smaller percentage (5.8%) reported making an effort 11-15 times, while a larger percentage (26.7%) did not provide a response. The majority of respondents (40.8%) who reported making an effort to stop substance use and relapsing reported experiencing a strong urge as the reason for their relapse. A similar percentage (37.5%) reported that peer influence was the reason for their relapse, while a smaller percentage (10.0%) reported wanting to remain high as the reason for their relapse. A smaller percentage (7.5%) reported noticing undesirable symptoms as the reason for their relapse.

Table 4: Personality description of psychoactive substance users.

S/N	Personality	Yes	No
1	Sociable	73 (60.8%)	47 (39.2%)
2	Friendly	58 (48.3%)	62 (51.7%)
3	Secretive	19 (15.8%)	101 (84.2%)
4	Emotional	25 (20.8%)	95 (79.2%)
5	Hostile	8 (6.7%)	112 (93.3%)
6	Conservative	12 (10.0%)	108 (90.0%)
7	Trustful	37 (30.8%)	83 (69.2%)
8	Consultative	14 (11.7%)	106 (88.3%)
9	Actively religious	21 (17.5%)	99 (82.5%)
10	Cheerful	36 (30.0%)	84 (70.0%)
11	Moody	6 (5.0%)	114 (95.0%)
12	Unfriendly	5 (4.2%)	115 (95.8%)

Table 4 presents data on the personality characteristics of psychoactive substance users. The table includes variables such as sociability, friendliness, secretive behavior, emotional behavior, hostility, conservatism, trustworthiness, consultation seeking, religiosity, cheerfulness, moodiness, and unfriendliness.

The data shows that a relatively high percentage (60.8%) of respondents reported being sociable, while a smaller percentage (39.2%) reported not being sociable. A similar percentage (48.3%) reported being friendly, while a smaller percentage (51.7%) reported not being friendly. A relatively low percentage (15.8%) reported being secretive, while a larger percentage (84.2%) reported not being secretive. A relatively small percentage (20.8%) reported being emotional, while a larger percentage (79.2%) reported not being emotional. A relatively low percentage (6.7%) reported being hostile, while a larger percentage (93.3%) reported not being hostile.

The data also indicates that a relatively small percentage (10.0%) of respondents reported being conservative, while a larger percentage (90.0%) reported not being conservative. A relatively high percentage (30.8%) reported being truthful, while a smaller percentage (69.2%) reported not being truthful. A relatively low percentage (11.7%) reported seeking consultation, while a larger percentage (88.3%) reported not seeking consultation. A relatively small percentage (17.5%) reported being actively religious, while a larger percentage (82.5%) reported not being actively religious.

A similar percentage (30.0%) reported being cheerful, while a smaller percentage (70.0%) reported not being cheerful. A relatively low percentage (5.0%) reported being moody, while a larger percentage (95.0%) reported not being moody. A small percentage (4.2%) reported being unfriendly, while a larger percentage (95.8%) reported not being unfriendly. Precisely, the personality characteristic that describes the respondents the most from the table is sociability which has the highest representation of 60.8%, followed by friendly with 48.3%, then trustful with 30.8%, then cheerful with 30%. This is then followed by emotional, actively religious, secretive, consultative, conservative, moody, and then unfriendly.

Table 5: Analysis of the dependence (Association) between psychoactive substance use and personality characteristics of psychoactive substance users.

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.061[a]	6	.983
Likelihood Ratio	1.055	6	.983
Linear-by-Linear Association	.000	1	.983
N of Valid Cases	120		

The table 5 shows the Chi-square χ^2 value of 1.061 p > 0.5, i.e. p = .983 is greater than 0.05 and this is statistically not significant at the chosen alpha level of 0.05. Therefore, the type of psychoactive substance used (alcohol, nicotine, cannabis, heroine, cocaine) is significantly not dependent or not associated with their personality character (sociable, friendly, and cheerful) as p >0.05 i.e. p is .983 is greater than .005. This implies that the use of psychoactive substances like alcohol, nicotine, cannabis, heroine, and cocaine is not significantly dependent or associated with personality characteristics like sociability, friendly, and cheerfulness

Discussion

This research involved a descriptive analysis. The statistics show that people between the ages of 26 and 30 are more likely

psychoactive substances. The aforementioned provide evidence in support of abuse Ahmed et al. [15]'s analysis of "the epidemic of COVID-19 in China and related psychological disorders." The researchers found that those between the ages of 20 and 40 are more likely to experience substance use. This assertion also aligns with the findings of a study by Foster et al. [16], "Mental health matters: A cross-sectional study of mental health nurses' health-related quality of life and work-related stressors," which revealed that people between the ages of 21 and 26 are more vulnerable to drug use.

The demographic data gathered indicates that those who attend postsecondary schools are more likely to use drugs. According to a study by Abu et al. [17] and Hakimi et al. [18], college students are more likely to develop drug addiction since they are experiencing their first real relationships, freedom, stress, and responsibility. Secondary school students are less likely to experience drug use behaviour than university students are, according to Hakimi et al. [18] and Abu et al. [17], because of transitional periods, substance usage, parental pressure, culture shock, and loss of past support.

Furthermore, this study's descriptive analysis showed that unemployment also contributes to drug use. This appears to be the case since numerous researchers have noted that stress brought on by unemployment has long-term physiological health impacts and can negatively affect people's mental health, including substance abuse [19]. In addition, the descriptive analysis has shown that substance abuse and suicide are closely related. For instance, this study demonstrates that individuals who use psychoactive substances like cannabis and have suffered rape are more likely to engage in suicide behaviour. This result is in line with the gravity of studies by Gobbi et al., [20], and Carvalho et al., [21], which confirm that cannabis use may be associated with young suicidality. This study also concluded that stigmatising people with mental illnesses and refusing to acknowledge their existence increased the risk of suicide among people.

Conclusion

This study sought to examine the sociodemographic profiles and usage patterns of drug users at the NDLEA in Port Harcourt. This receiver carried out a descriptive analysis to fulfill this goal. According to the analysis, this research confirmed that people between the ages of 26 and 30 are more likely to have mental illness. Additionally, this study supported the notion that people who enroll in postsecondary schools are more likely to engage in drug use due to their first experience with freedom, their relationships, stress, and responsibility, as well as the fact that students in higher education are more likely to develop mental illnesses. In a similar vein, secondary school students rank second among those who experience the onset of mental illnesses. Furthermore, this study's descriptive analysis showed that there is a connection between substance abuse and suicide as well as unemployment as a factor in mental illness.

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