

The Level of Substance Use Disorders in Tombia Community, Bayelsa State-Nigeria

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Abstract:- This study examined the level of drug use and substance use disorders in Tombia community of Bayelsa state. The sample for this study included 200 youths; out of which 189 returned their completed instrument. The youths were gotten from four schools in the community. A questionnaire titled Substance Use Assessment Scale (SUAS) for the Youths in Tombia community was used for data collection. The result of the study indicated that use of drugs such as alcohol, tramadol, cannabis, and diazepam is high in Tombia community. Among those using drugs, substance disorders were also very high. It was therefore suggested that public education on the effects of substance use and life skill training programs should be intensified among youths in Tombia community.

Keywords:- Substance Use Disorders, Level, Tombia.

I. INTRODUCTION

Use of alcohol and other psychoactive substances is associated with serious social and public health problems, but the extent of the problem in Sub-Saharan Africa is not well known (Acuda, 2011). In 2016, the United Nations Office on Drugs and Crime (UNODC) estimated that 275 million people aged 15–64 used drugs at least once (UNODC, 2018), and the prevalence of drug use and drug use disorders has increased significantly in the period 2010–2016 (WHO, 2018). Thus, substance use disorders has caused about 20 million disability-adjusted life years (DALYs) and 8.6 million years of life lost (YLL) across regions and countries (Whiteford et al, 2013).

In Nigeria, the 2018 national survey on drug use by means of the different domains of dependence, as given in the WHO ICD 10 criteria, revealed that 20 per cent of people who self-reported past year use of any drug (other than tobacco and alcohol) were considered drug dependent. More than one third of cannabis users, one quarter of heroin users, and 20 per cent of those who had misused pharmaceutical opioids (such as tramadol, codeine, morphine) in the past twelve months met the criteria of dependence. Prior to this time, Gureje et al, 2007 in their study on descriptive epidemiology of substance use and substance use disorders in Nigeria during the early 21st

century identified high prevalence of common substance disorders such as failure to fulfil role obligations, legal problems, and impaired control over use of the drug in Nigeria. This study is one of the pioneering work that brought the connection between substance use and substance use disorders to public knowledge in Nigeria. However, further studies on this subject matter in local communities are lacking so young people go about using drugs without giving thought to the disorders associated with it.

In Tombia community of Bayelsa state- Nigeria, substance use is such that most of the socio-cultural activities freely support the consumption of alcohol and other related psychoactive substances. For example, during cultural ceremonies such as burial, marriage naming and the like, local gin laced with marijuana and palm-wine that is blended with stout beer are freely served and consumed by the youths (Olalekan, Funmilayo, Iteimowei, Okoyen & Oyinlola, 2019 and Funmilayo, Robert, Olalekan, Okoyen & Tuebi, 2019).

A similar study on the context of adolescent substance use in Yenagoa local government area comprising Tombia area revealed that majority of the adolescent who use cigarettes, used it regularly (79.6%) while marijuana (66.7%) and alcoholic beverages were also taken regularly by most of the respondents who indicated that they take these substances. For cocaine, majority of the respondents take it occasionally. Therefore, cigarettes, marijuana and alcoholic beverages were taken regularly while cocaine was taken occasionally.

Available data from the Nigerian Bureau of Statistics presented by (Adebowale, 2019) revealed that South-South geo-political zone where Tombia community is located is the least restrained zone of alcohol consumers in the country. The report further showed that in 2016 alone, N74.4 billion was spent on alcohol use in the zone, thus describing people living in the zone as the most passionate alcohol users of the year in the country compared to other zones such as the North West zone, who had the most controlled alcohol users with an estimated expenditure of N2.6 billion on alcohol use in the same year. From the data above, South-South citizens including those of Tombia community in Bayelsa state seems to be more at risk to

suffer from alcohol-related health disorders than the rest of the citizens from other geo-political zones in Nigeria.

The above assertion is predicated on the fact that light to moderate alcohol consumption is associated with lower rates of some diseases, such as diabetes mellitus and coronary heart disease. However, heavy consumption has been associated with increased rates of chronic diseases, including cancer; mental, neurological, and substance use disorders; cardiovascular disease; and liver and pancreas diseases (Rehm, et al 2010). Alcohol also has been implicated in the development of depression and personality disorders, although the direction of causality and the effects of confounding factors remain uncertain (Rohde et al, 2001).

The growing use of psychoactive substances among youths in Nigeria with little attention given to the disorders associated with it has become a serious concern in the country. This thoughtless attitude is encouraged by the fact that there are no regular data from epidemiological studies showing the true picture of the atrociousness of the drug use situation and substance use disorders associated with it as is obtainable in other thematic areas of the health care delivery system (WHO, 2006).

While enormous documented information on disorders associated with substance use exist in other parts of the world, data on substance use disorder in Tombia community of Bayelsa state and other adjoining communities in the geo-political zone at large is lacking. The implication of this situation is that, substance use in Tombia community will hardly be seen as a public health problem and the situation will never attract any public response. This point of view is based on the claim by Vos et al, 2010 that historically, major health policy decisions and response have been informed by the availability of data on the presenting health problems.

In attempt to address other health problems in Nigeria, a provision has been made for regular data collection on such health issues with the exclusion of substance use and associated disorders. For example, the National Health Management Information System (NHMIS) in Nigeria designed a data tool called the NHMIS Monthly Summary Form for Health Facilities. The form contains different thematic areas in health care such as maternal health, nutrition, surgeries, communicable/non-communicable diseases, family planning, referrals, laboratories services etc (233 items in all). The form is distributed to all health care facilities (at the Primary, Secondary and Tertiary levels). At the Primary Health Care (PHC) level, data from patients in the community are inputted into the forms at the end of every month. The completed forms are then sent to the Monitoring and Evaluation (M&E) officers at the Local Government Area (LGA) headquarters who then uploads the data from the NHMIS form into the District Health Management Information System Version 2 (DHIS2).

In the same manner, data from the General Hospitals or other secondary health care facilities are inputted into the MHMIS Monthly Summary Form at the end of every month. The completed forms are sent to the State Ministry

of Health where the data are finally uploaded to the DHIS2 database. This same trend is applicable to the tertiary health care facilities like the teaching hospitals. In the case of tertiary hospitals, their data is sent directly to the Federal Ministry of Health where the data is uploaded to the DHIS2 database. All the data from the three levels of health care delivery systems in Nigeria are then synchronized by the DHIS2 database (FGN, 2006). According to Vo(2019), the DHIS2 software is developed for storing, reporting and analyzing health and health related data.

DHIS2 database reviews, updates and upgrades data in different geographical areas on a monthly basis on specified health issues. The situation where substance use and mental health are not captured by the NHMIS Monthly Summary Forms for health facilities nor the DHIS2 database explains why current data on substance use disorders is lacking in the Bayelsa state and the country in general. When one is looking for information on substance use and disorder in Bayelsa state, it becomes an uneasy task as such information are hardly available. Where they are found at last, they are stale due to lapse of time. For example, one of the current accessible source of information on substance use in Bayelsa state is the UNODC (2018) National Household Survey. The survey placed Bayelsa at 14% annual prevalence rate of substance use; one of the highest in Nigeria. But presently, the above data may be stale because of time lapse.

Zaccheaus & Iruo (2020) and Abikoye (2015) observed a poor documentation of substance use disorders in the Niger Delta region (including Bayelsa state), hence inferences of the seriousness of the problems are simply being inferred from the rising incidence of rape, youth restiveness, cultism and other criminal tendencies of the adolescent in and around the state. EMCDDA (2019) noted however that without systematic and up-to-date epidemiological data and indices on substance use disorders, it becomes difficult, if not impossible to conduct a need analysis for proper planning and designing an effective substance use intervention response. This claim is what prompted the need for this study in order to make data on the level of substance disorders in Tombia community of Bayelsa state available to the public. This is essential for advocacy, further research, planning and implementation of effective substance use interventions in the region and the country at large.

II. METHOD

➤ *Participants*

A total of two hundred (200) instruments were administered: out of which one hundred and eighty nine (189) completed instruments were returned (Male=115 Female=74, aged 14-35 years). The instrument used for data collection was Substance Use Assessment Scale (SUAS) for the Youths in Tombia developed by the researchers. Since majority of the youths were students, four schools in the community were used for the exercise. These were (1) Bayelsa State school of Nursing, Tombia,(2) Bayelsa State school of Basic Midwifery, Tombia,(3) Ekpetiama

Comprehensive High school Tombia, and (4) Junior Secondary school Tombia. The services of five research assistants (RAs) were engaged from the youth body. The RAs were mentored on how to recruit respondents. They were to put on face mask and to tell the respondents that participation in the exercise was voluntary and that their responses will be treated with utmost confidentiality.

III. RESULT

Table 1: Level of drug use in Tombia community

1	Drug users	71(37.56%)
2	Non-drug users	118(62.43%)
	Total	189

Table 1 showed that, 71(37.56%) of the participants agreed that they had used psychoactive substances in the past 30 days while 118(62.43%) declined using psychoactive substances in the past 30 days.

Table 2: Level of substance use disorders among drug users in Tombia community.

1	People using drugs & experiencing substance use disorders	59(83.09%)
2	People using drugs but not experiencing substance use disorders	12(16.90%)

Table 2 showed that 59(83.09%) participants who agreed to use of psychoactive substances in the past 30 days were experiencing substance use disorders. 12(16.90%) participants who agreed to using psychoactive substances in the past 30 days were not experiencing substance use disorders.

Table 3: Common substance use disorders identified among youths in Tombia community

	Substance use disorder	No.	%
1	I want to stop the drugs, but I can't	59	83.09
2	I presently take higher doses than before	59	83.09
3	It is making me to spend more money than before	59	83.09
4	It is affecting my productivity in school/work	59	83.09
5	It has affected my relationship with other people	55	77.46

Table 3 showed that all the participants who agreed to using drugs were experiencing substance use disorders such as: inability to stop using drugs (83.09 %), tolerance (83.09%), spending more money than before (83.09%), and reduced productivity at work (83.09%). Worsening interpersonal relation was however experienced by 55(77.46%) participants.

IV. DISCUSSION

The study found a high level of drug use among the youth population studied in Tombia community of Bayelsa state. Drugs commonly available include alcohol, cannabis, diazepam, and tramadol. This is supported by the study findings of Funmilayo et al, 2019. The result of their study among adolescents in Yenagoa Bayelsa state revealed that majority of the adolescent who use cigarettes, used it regularly (79.6%) while marijuana (66.7%) and alcoholic beverages were also taken regularly by most of the respondents who indicated that they take these substances. For cocaine, majority of the respondents take it occasionally.

The study also found high level of substance use disorders among drug users. For example, among a total of 71 participants that agreed to using drugs, 59 of them were experiencing substance use disorders while only 12 of those using drugs denied experiencing substance use disorders. The result of this study support the findings of the national survey on drug use, 2018. Result of the 2018 national survey revealed that 20 per cent of people who self-reported past year use of any drug (other than tobacco and alcohol) were considered drug dependent. More than one third of cannabis users, one quarter of heroin users, and 20 per cent of those who had misused pharmaceutical opioids (such as tramadol, codeine, morphine) in the past twelve months met the criteria of dependence.

Among the substance use disorders found among youths in Tombia community, disorders such as: I want to stop the drugs, but I can't., I presently take higher doses than before., It is making me to spend more money than before., It is affecting my productivity in school/work, top the list. This was followed by participants battling with poor inter personal relationship. This finding is consistent with Gureje et al, 2007 who identified high prevalence of common substance disorders such as failure to fulfil role obligations, legal problems, and impaired control over use of the drug.

V. LIMITATION OF THE STUDY

The participants for this study were youths from Tombia community of Bayelsa state. The sample size of 189 youths out of thousand other youths in the community is quite small. The choice of this small sample size was however guided by the resources at hand. The size of youths that participated in this study cannot therefore be a representation of the entire youths in the community and Nigeria at large. The generalization of this study is therefore limited.

VI. CONCLUSION

This study is one of the first attempts to examine the prevalence of substance use disorders in South-South region of Nigeria and Tombia community in particular. The study revealed a high use of drugs in Tombia community among youths. The study also revealed that among those using drugs, reported substance use disorders were very high. In view of the above, the following recommendations are made:

- a) Public education on the effects of substance use and life skill training is essential for youths in Tombia community. This is to drive away ignorance on consequences of substance use as well as to give youths talents to handle drug offers in their community.
- b) Efforts should also be made to see that substance use and associated disorders is included in the National Health Management Information System (NHMIS) which collect data monthly on certain thematic areas in health care in the country. This data/information will be useful for advocacy, policy and program design.

REFERENCES

- [1]. Abikoye, G. E (2015): Factors Affecting the Management of Substance use Disorders: Evidence from Selected Service Users in Bayelsa State. *African Journal of Drug & Alcohol Studies*, 14(2), 2015, CRISA Publications.
- [2]. Acuda, W(2011)The Epidemiology of Addiction in Sub-Saharan Africa: A Synthesis of Reports, Reviews, and Original Articles. *American Journal on Addictions*, 20(2):87 – 99
- [3]. Adebawale, A (2019) South-South leads Nigeria's huge alcohol consumption. *Premium Times*, June 13, 2019.
- [4]. European Monitoring Centre for Drugs and Drug Addiction (2019): *A Handbook for Decision-Makers, Opinion Makers and Policy Makers in Science Based Prevention of Substance Use*, Publication Office of the European Union, Luxembourg.
- [5]. FGN (2006): Federal Ministry of Health, Department of Health Planning and Research. National Health Management Information System (NHMIS) Unit. Revised Policy – Programme and Strategic Plan of Action.
- [6]. Funmilayo A. A., Robert, T. O., Olalekan M.R, Okoyen, E. and Tuebi, M. (2019): A Study of the Context of Adolescent Substance Use and Patterns of use in Yenagoa L.G.A, Bayelsa State, Nigeria. *MOJ Addiction Medicine Therapy*, 2019.6(1): 25 – 32.
- [7]. Olalekan, M. R., Funmilayo, A. A., Iteimowei, M., Okoyen, E. and Oyinlola, B. O. (2019): Public Health Impact of Substance Use on Adolescents; A Snapshot of Yenagoa in Bayelsa State, Nigeria. *America Journal of Biomedical Science and Research* 4(3).
- [8]. Gureje, O., Louisa Degenhardt, L., Olley, B., Uwakwee, R., Udofiaf, O., Wakil, A., Adeyemi, O., Bohnert, K. M., Anthony, J. C(2007) A descriptive epidemiology of substance use and substance use disorders in Nigeria during the early 21st century. *Drug and Alcohol Dependence* 91, 1–9.
- [9]. Rehm, J., Baliunas, D., Borges, G. L., Graham, K., Irving, H (2010). The Relation between Different Dimensions of Alcohol Consumption and Burden of Disease: An Overview. *Addiction* 105 (5): 817–43.
- [10]. Rohde, P., Lewinsohn, P. M., Kahler, C. W., Seeley, J . R., Brown, R. A(2001). Natural Course of Alcohol Use Disorders from Adolescence to Young Adulthood. *Journal of the American Academy of Child & Adolescent Psychiatry* 40 (1): 83–90.
- [11]. United Nations Office on Drugs and Crime. *Drug use situation in Nigeria, 2018*. Vienna, Austria.
- [12]. United Nations Office on Drugs and Crime. World Drug Report 2018: Executive summary conclusions and policy implications.
- [13]. VO, K. A. T. (2019): Challenges of Health Information Systems Programmes on Developing Country: Success and Failures. *The cases of Thua Thien Hue Province and Hoch Minch City, Vietnam. Master's Degree thesis of the Department of Informatics, University of Oslo*
- [14]. Vos, T., Flaxman, A.D., Naghavi, M., Lozano, R., Michaud, C (2012). Years Lived with Disability (YLDs) for 1,160 Sequelae of 289 Diseases and Injuries 1990–2010: A Systematic Analysis for the Global Burden of Disease Study 2010. *The Lancet* 380 (9859): 2163–96.
- [15]. Whiteford, H.A., Degenhardt, L., Rehm, J., Baxter, A.J., Ferrari, A.J., Erskine, H.E (2013). Global burden of disease attributable to mental and substance use disorders: findings from the global burden of disease study 2010. *Lancet*, 382:1575–86.
- [16]. World Health Organization (2018) *World Drug Report 2018: Global overview of drug demand and supply. Latest trends, cross-cutting issues.*
- [17]. World Health Organization(2006): *A Report of the Assessment of the Mental Health System in Nigeria using the World Health Organization Assessment Instrument for Mental Health Systems (WHO – Aims), Ibadan, Nigeria.*
- [18]. Zacchaeus, E. A. and Iruo, L. A. (2020): The Mental Health Impact of Sexual Violence: Attending to the Unmet Needs of Rape Survivors in Bayelsa State. *International Journal of Research and Innovation in Social Science* 4(11) November, 2020.