Psychosocial Correlates of Substance Abuse among Women in a Psychiatric Facility in Nigeria

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Abstract

Psychoactive drug use among the female folk is fast becoming a matter of concern in many countries with gradual increase in the number of female drug abusers. In Sub-Saharan Africa, drug abuse was a male issue hence very little research has carried out among women drug abusers. The objective of this study is to identify the psychosocial variables that are linked to drug abuse among women. The study was conducted among female patients with DSM V diagnosis of substance use disorders in the Federal Neuropsychiatric Hospital, Lagos, Nigeria. There age range between 18 and 56. Socio-demographic questionnaire was administered to assess age, marital status, educational and employment status of the participants. In addition, information on their history of drug use were collected. Also, Hospital Anxiety and Depression Scale were administered on all the participants. Data obtained were analysed with SPSS version 16. The results shows that most of the participants were single, unemployed and either students or graduates of tertiary institutions. The drugs they abuse were mainly alcohol, nicotine and cannabis. They were introduced to drugs by friends, started using drugs before the age of 25 and were motivated by the need to derive pleasure. Psychological assessment did not show high level of anxiety or depression among the participants. However, they reported that drug abuse had diminished their health, social and occupational status. The findings reveal the need to address the issue of substance abuse among female adolescents to prevent increase in the number of female drug abusers.

KEY WORDS: Substance abuse, Psychosocial, Psychiatric facility.

INTRODUCTION

Over the years, drug abuse has been documented to be more prevalent among men than women in many parts of the world. For example, alcohol and drug use disorders were found to be more prevalent among men than women [5]. However comparison of prevalence rate among men and women reveal that the gap in the rate among the two genders is smaller for the abuse of pain relievers and tobacco than other substances. A 12 months prevalence rate among men for pain reliever was 1.4% for men and 1.1% for women 18-25 years and 0.5% versus 0.4% for those above 26 years. For tobacco dependence, the rate is 31% for men and 27% for women. A study conducted in Nigeria on abuse of tobacco shows a lifetime prevalence

of 69.4% for men and 46.5% for women. The difference for the abuse of non-prescription drug was 16% for men and 12% for women [4].

The difference in drug use among men and women has been attributed to biological and psychosocial differences between the two genders [2]. Women are at a higher risk of developing health problem like liver damage, brain damage and heart problem as a result of alcohol abuse than men. Women smokers are at higher risk of cancer and heart problem than men. Also, women are more stigmatized than men for drug use [3].

Despite the risk involved, drug use among women appears to be on the increase and this has become a cause of public concern in recent times. There also seems to be an increase in the number of female patients admitted into facilities for treatment of disorders of psychoactive drug use. In the 1950's, it was estimated that there are five or six male substance abusers to every female substance abuser. Estimates in the 1990's indicate that the ratio became approximately three males to every one female [1]. The Centre for Substance Abuse Treatment (1996) reports that 4.5 million women are alcohol abusers and 3.1 million women use illicit drugs on regular basis.

Reports from substance abuse prevention 1991 indicated that single, divorced or separated women were more likely to drink heavily and experience alcohol-related problem than women who were married or widowed. Unmarried women who were living with a significant other were also reported to most likely develop drinking problems. Furthermore, they also reported that heavy drinking was associated more with women who were young and unemployed in the United States than those who were employed. Demographic of women substance users also include low level of education, low income and family history of drug problem [7]

In Sub-Saharan Africa, less attention has been paid to the issue of drug abuse because of the notion that drug abuse is peculiar to men. There is therefore a paucity of reports on drug abuse among females in Nigeria hence the need for this study.

OBJECTIVE

The main objective of this study is to determine the pattern and correlates of psychoactive substance abuse among women on admission for substance abuse disorder.

METHOD

Design
Survey design involving the use of questionnaire and self report psychometric instruments was used to conduct the study.

Instrument
Socio-demographic questionnaire was designed to assess age, gender, marital, educational and employment status of the participants. In addition, the participants were requested to supply information on their history of drug use, that is the type of drug, onset and length of use, mode of use, reason for use and problems associated with drug use. Thereafter, Hospital Anxiety and Depression Scale developed by Zigmond and Snaith (1983) [8] was also administered. The scale is a 4 point Likert-type scale comprising 14 items with 7 (designated as A) measuring hospital anxiety and the remaining 7(designated as D) measuring level of depression. Each item is scored between 0 and 3 thereafter, the participant's scores in the 7 items of the two subsections are added to obtain score on anxiety and depression. A score of 0-

7 in any of the two indicate normal level, 8-10 show borderline abnormal while 11-21 indicate abnormality.

Participants

The participants were all female patients with DSMV diagnosis of substance use disorders aged between 18 and 53. They were patients with disorders of psychoactive drug use admitted in the Federal Neuropsychiatric Hospital, Yaba, Lagos, Nigeria between January 1, 2014 and December 31, 2014.

Procedure

Informed consent was obtained as a pre-requisite for inclusion into the study for all the participants. No form of coercion or inducement was used to force an otherwise unwilling patient to participate in the study. The instrument was administered to them individually. Each of the participants was given the instruments to fill during their clinic days. No time limit was imposed for the test administration as each filled it in the clinical room located in the ward. The testing lasted for an average of 10 minutes. Data obtained was analysed with SPSS version 16.

RESULTS

Descriptive analysis

Means and Standard deviation were computed on the measured variables. The result of the analysis are presented in Table I.

Table I: Means and Standard Deviation Of the measured variables

Variable	N	Mean	Standard Deviation
Age of Respondents	17	33.06	12.20
Age at first use of drug	17	20.94	7.01
Duration of drug use	17	6.73	5.84
Anxiety score	15	5.29	4.70
Depression score	14	4.50	3.69

Table I shows that the mean age of the participants was 33.06 years while the mean age at first use of drug was 20.94years thus showing that many of them started using drugs at the late adolescent stage. Mean duration of drug use was 6.73 years. The mean anxiety and depression scores are 5.29 and 4.50 respectively both of which are within the normal range.

Descriptive statistical analysis on the socio-demographic characteristics of the participants shows that 10 out of the 17 participants (71.4%) stay with relatives although only 52.9% were single. Six out of the participants were once married but now either separated(5) or divorced(1). 64.7 % of them are either students or graduates of tertiary institutions. However, 58.8% were unemployed.

The result also shows low incidence of drug use in the participants' family. Only 6 (35.24%) of the participants reported drug use by their fathers while 1 person reported drug use by siblings. Twelve (70.6%)of the participants were introduced to drugs by friends whereas only a few were introduced to drug through other sources.

The number of participants who had abused different drugs were calculated. The result is presented in table II and figure I

Table II: Number of Participants Abusing Different Drugs

Drug Abused	Abusing	Not Abusing
Alcohol	8	9
Nicotine	7	10
Canabis	7	10
Codeine	3	14
Pentozocine	2	15
Cocaine	1	16

**FIGURE I: Number of Participants Abusing Different Drugs**
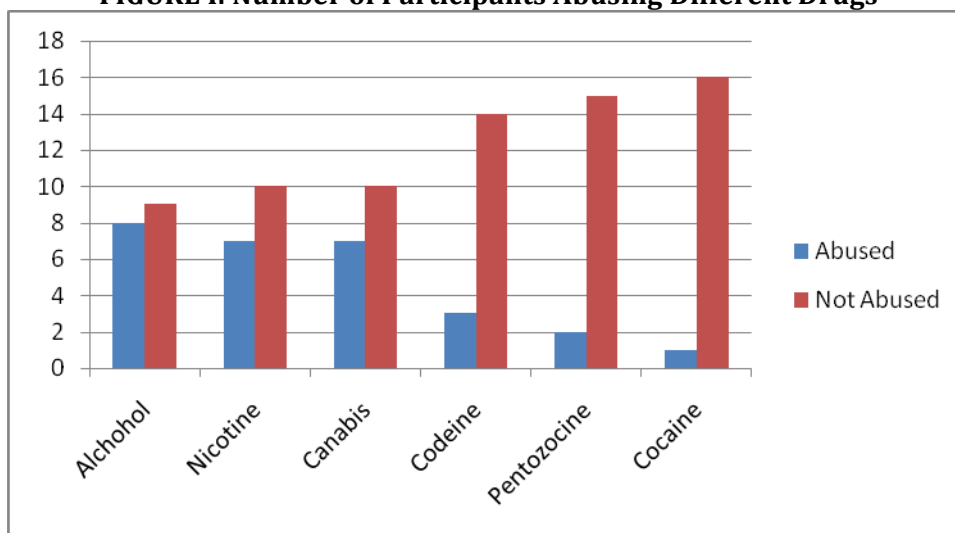
The above table and figure shows that most of the participants had abused alcohol, nicotine and cannabis. The exact drugs abused by each of the participants were analyzed and the result was presented in table III and figure II

Table III: Frequency of substance abuse

| Substance	Frequency	Percent
Alcohol	2	11.8%
Nicotine	5	29.4%
Cannabis	2	11.8%
Codeine	3	17.6%
Multiple	5	29.4%
Total	17	100.0%

Figure II: Frequency of substance abuse
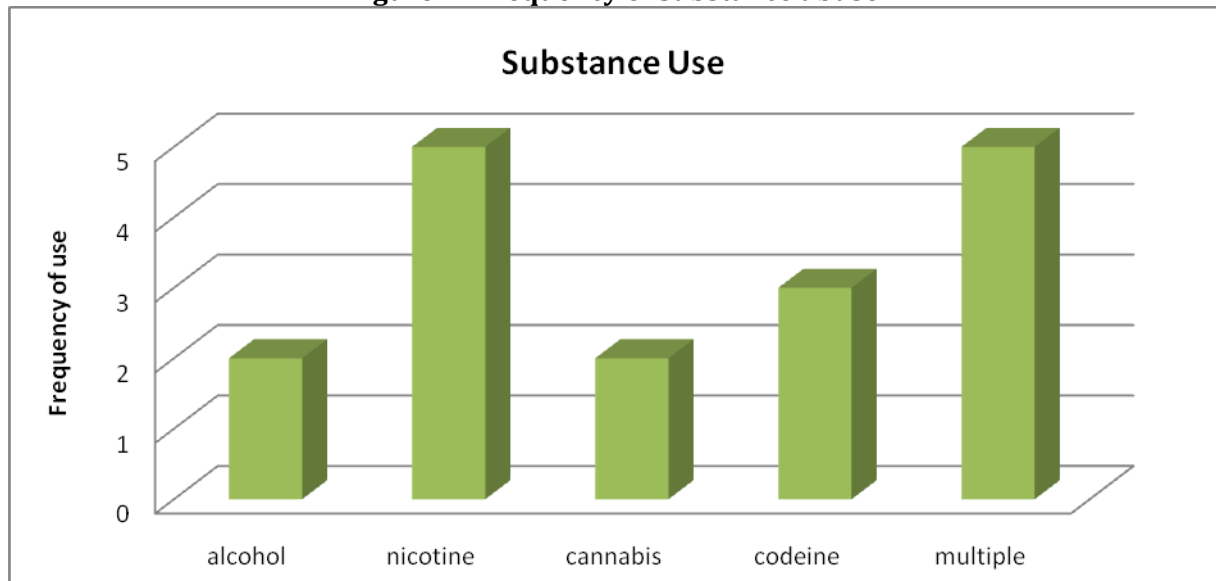
The above shows the prevalence of nicotine, codeine, cannabis and alcohol single drug abuse and high prevalence of multiple drug abuse.

The multiple drug abuse cases were further analysed. The result is presented in table IV and figure III

Table IV: Analysis of single and combined drug abuse.

Drugs	Frequency	Percent
Cannabis only	2	11.8%
Cannabis & Nicotine	1	5.9%
Codeine & Nicotine	1	5.9%
Cannabis, Nicotine & Cocaine	1	5.9%
Nicotine only	5	29.4%
Nicotine & Alcohol	1	5.9%
Nicotine & Cocaine	1	5.9%
Alcohol only	2	11.8%

Figure III: Figure Of Single And Combined Drug Abuse
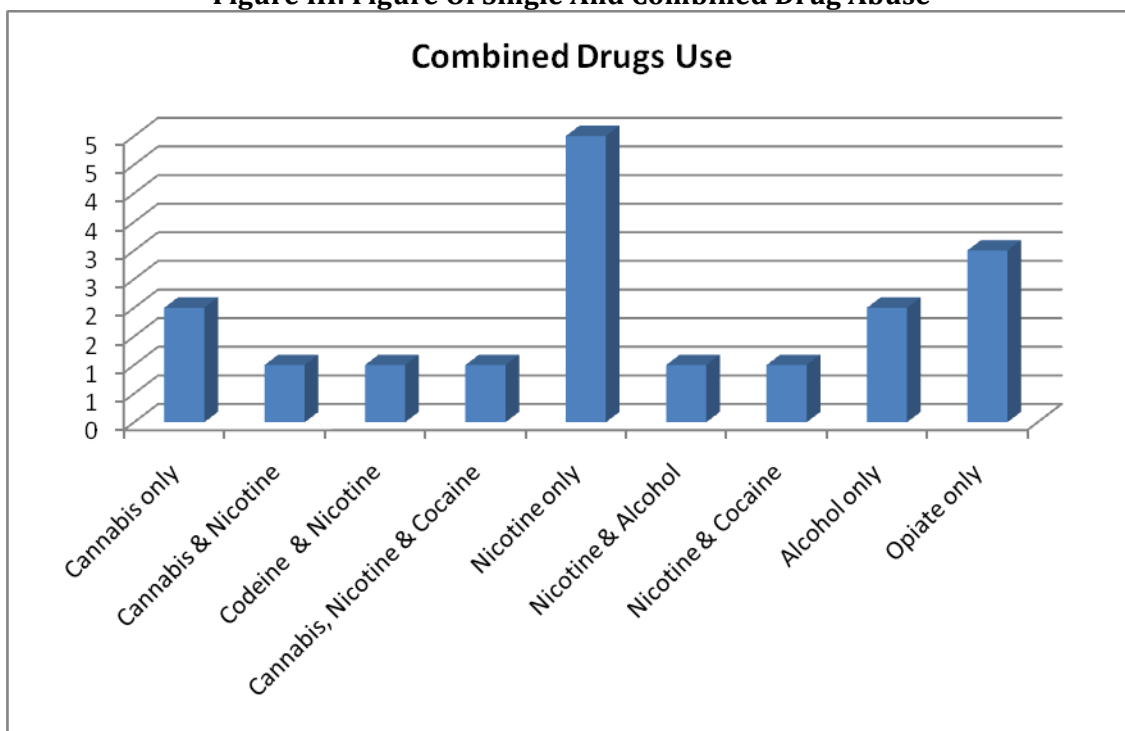
The above show that cannabis was abused alone and also combined with nicotine and cocaine. Nicotine was abused alone and also combined with alcohol, codeine and cocaine.

Hypotheses Testing
Marital Status was cross tabulated with each of the substance used as recorded individually to establish relationship or influence between the two variables. Null hypothesis of no relationship was tested against the existence of a relationship.

When the Pearson Chi-Square value returns an Asymptotic Significance less than 0.05, the null hypothesis (H0) is rejected otherwise we retain the H0 and conclude that there is no relationship between the two variables.

From tables Va-Vg below, only cannabis hypothesis would be rejected..

Table Va: Crosstabs for Chi Square Tests

Variables	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
alcohol * status	17	94.4%	1	5.6%	18	100.0%
nicotine * status	17	94.4%	1	5.6%	18	100.0%
cannabis * status	17	94.4%	1	5.6%	18	100.0%
codine * status	17	94.4%	1	5.6%	18	100.0%
pentazocine * status	17	94.4%	1	5.6%	18	100.0%
cccaine * status	17	94.4%	1	5.6%	18	100.0%

Table Vb: alcohol * marital status

		Status				Total	χ^2
		married	single	separated	divorced		
Alcohol	1.00	1	6	2	0	9	2.15
	2.00	1	3	3	1	8	
Total		2	9	5	1	17	

Table Vc: nicotine * marital status

		Status				Total	χ^2
		married	single	separated	divorced		
Nicotine	1.00	2	3	2	0	7	3.79
	2.00	0	6	3	1	10	
Total		2	9	5	1	17	

Table Vd: cannabis * marital status

		Status				Total	χ^2
		married	single	separated	divorced		
Cannabis	1.00	2	3	5	0	10	0.03
	2.00	0	6	0	1	7	
Total		2	9	5	1	17	

Table Ve: codeine * marital status

		Status				Total	χ^2
		married	single	separated	divorced		
Codeine	1.00	2	7	4	1	14	0.85
	2.00	0	2	1	0	3	
Total		2	9	5	1	17	

Table Vf: Pentazocine * status

		Status				Total	χ^2
		married	Single	separated	divorced		
pentazocine	1.00	1	9	4	1	15	0.21
	2.00	1	0	1	0	2	
Total		2	9	5	1	17	

Table Vg: cocaine * marital status

		Status				Total	χ^2
		married	single	separated	divorced		
Cocaine	1.00	2	8	5	1	16	0.82
	2.00	0	1	0	0	1	
Total		2	9	5	1	17	

DISCUSSION

The findings of this study has shown that most of the women being treated for drug dependence in the facility investigated were in the early adulthood stage who started taking drugs in the late adolescent stage. They were also single, divorced or separated. This is in line with the 1991 report from substance abuse prevention which showed that women with alcohol-related problems were mostly single, divorced and separated. It was also noted that

they live with relations. It is likely that their immediate family members do not associate with them probably due to high level of stigmatization of drug addicts in the society.

Another finding of the study is that many of them had tertiary education. This contradicts the finding by Wetermeyer et.al [7] which show that women who abuse substances in America had low level of education. The difference may be due to lack of access of to drugs or fear of stigmatization. Many of the participants were unemployed. This finding confirms the findings by Wetermeyer et.al [7] where many female substance abusers were observed to be unemployed.

The research findings also reveal the prevalence of multiple drug use. This has serious psychological and health implications. The interaction effect of multiple drug use is damaging to the brain and other vital organs of the body like the liver and the heart.

The few number of participants is an indication that drug problem is not rampart among women as it is among men in Nigeria. This is attributable to the social stigma associated with drug use in general and also the tendency to put female children and adolescents under surveillance. However,

In conclusion, the issue of drug abuse among women should be addressed at all levels considering the growing trend and pattern of abuse. Attention should be paid to peer interactions among young adults, especially those in the tertiary institutions where monitoring is very minimal.

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