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IN THIS ISSUE



- Calcium and Magnesium Levels in Pre-eclampsia
- Skin-Lightening Practices in Lagos
- Behavioural Perception of Drug Abuse
- Medication Adherence Among the Elderly
- Prostate Specific Antigen Testing
- Bloodstream Infections in Stroke
- Perinatal Outcome in Nuchal Cords
- Physical Activity Among Adults
- Ectodermal Dysplasia

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ORIGINAL RESEARCH

A Community-Based Study of Behavioural Perception of Psychoactive Drug Abuse in Southern Nigeria

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Abstract

Background: Behavioural therapy is an effective intervention for drug abuse. Assessing the behavioural perception of drug abuse may reveal practices and focus points that require interventional sensitisation programs.

Objective: To ascertain the pattern of behavioural perception of psychoactive drug abuse.

Methods: This descriptive study was carried out between May and August 2022, among randomly selected residents of a community in Southern Nigeria using a structured questionnaire.

Results: Out of a total of 120 participants, 41.7% agreed that drugs are necessary to maintain their status in the society, 46.7% agreed that drugs could be taken to promote social gathering effectively, 46.7% agreed that there is no wrong in taking drugs while 62.5% agreed that drugs could kill. Forty per cent agreed that drugs are necessary for validation agreements, while 22.5% agreed that drugs are meant for frustrated people. Over half (58.3%) disagreed that drug addicts indulge in criminal acts, 75.0% disagreed that drugs should be avoided because it distorts their sense of judgment, and 66.6% of the respondents agreed that young individuals see drug use as a means of escapism.

Conclusions: The distribution of the participants with positive or negative behavioural perceptions of drug abuse is approximately equal with a slight increase in the negative perception group. Behavioural therapy for drug abuse is required to reduce the burden in the studied environment. Furthermore, this study forms the basis for creating more health intervention schemes to reduce the drug abuse burden.

Keywords: Behavioural perception, Drug abuse, Psychoactive drugs, Substance abuse.

Introduction

Drug or substance abuse refers to the use of illegal substances or misuse of legal substances such that it alters the body's function predisposing to health risks. Most psychoactive drugs abused have the potential to change perceptions, cognition, mood, behaviour and

tissues/organ functions. ^[1, 2] The misuse of legal substances such as acetaminophen has been shown to pose health risks as it was reported to induce macrocytic anaemia when abused. ^[3]

Some of the psychoactive drugs easily abused in Nigeria and across the globe include tobacco, codeine, marijuana, cocaine, amphetamine, heroin, diazepam, as well as tramadol. They are

addictive and act as neuro-stimulants, hallucinogens, narcotics, sedatives, and tranquillisers; hence they stimulate the central nervous system and cause distorted perception, drowsiness, the feeling of anxiety, and euphoria. [2, 4, 5] Studies have reported the prevalence of drug abuse across the globe, including Nigeria. [6-9] Several other studies reported adverse impacts of drug abuse and addiction on human health and the socio-economy, ranging from chronic diseases, infection, and psychiatric ailment to increased crime and law default. [10-15] Given the overwhelming prevalence of drug abuse and robust reports on its adverse effects on human health and socio-economy, [6-15] providing solutions became the focal point for health professionals and other scientists. Through effective awareness and counselling programs and management centres, behavioural therapies were reported to be potent interventions for different forms of drug abuse and dependence as they help improve individuals' knowledge, awareness and perception of drug abuse. [16] However, assessing the behavioural perception of drug abuse may reveal practices associated with psychoactive drug abuse and a focus point that requires behavioural therapy for drug abuse and addiction. Therefore, this study was designed to elucidate behavioural perception of psychoactive drug abuse in a community in Southern Nigeria.

Methods

Study design

This study is a descriptive, questionnaire-based survey designed to perform behavioural analysis of individuals towards drug abuse in a community in Southern Nigeria. The study was conducted at Isiodu community in Emohua Local Government Area of Rivers State, southern Nigeria.

Sample size

A purposive sampling method was used to select participants for this study. A total of 120 volunteered participants that included individuals within youthful age (13-35 years) and individuals that have previously ingested at least one psychoactive substance were selected for the study.

Ethical consideration

This study was part of a dissertation and was conducted in accordance with the basic principles of research ethics (confidentiality, consent, justice, rights to decline enrolment and non-maleficence). The study was carried out in accordance with the Helsinki declaration. Verbal consent was obtained from the participants after a detailed explanation of what the study entails. Confidentiality was maintained during data collection, storage and processing.

Research instruments and data collection

A structured questionnaire pre-tested on five randomly drawn respondents to ascertain the ease of understanding its contents, was used for the study. The structured questionnaire consists of Section A, designed to elicit personal information such as age, sex and occupation. In contrast, Section B contains 20 items which focused on the influence and attitude of individuals towards drug abuse. The items on the questionnaire were responded to on a three-point scale of 'Agreed', 'Undecided' and 'Disagreed'. Instructions guiding the filling of the questionnaire were explained to the respondents. The questionnaire was filled out and retrieved on the spot.

Data Analysis

The data were analysed using SPSS version 25 (Copyright IBM Corp 2107). The frequency and percentage distribution of the respondents were determined and presented in tables.

Results

Socio-demographics

One hundred and twenty (120) participants volunteered for the study. The age distribution showed 4.2% belonged to the 13-17 years age group, 10.1% in the 18-22 years group, 50.0% in the 23-27 years group, 32.5% in the 28-32 years group, while 3.3% were aged 33 years and above. Regarding occupation, 8.3% were traders, 20.8% were artisans, and 18.3% were unemployed. About 20% of the respondents had no formal education; 38.3% had primary education, 24.2% had secondary education, and 17.5% had tertiary education (Table I).

Behavioural analysis of individuals towards drug abuse

Positive and negative behavioural perception of drug abuse.

The participants showed approximately equal distribution of positive and negative behavioural perceptions towards drug abuse, as 41.7% agreed that drugs were necessary to maintain their status in the society, while 55.0% disagreed. Similarly, 46.7% agreed that drugs could be taken to promote social gathering effectively, and 46.7% opined there is no wrong in taking drugs. Although a higher proportion (62.5 %) agreed that drugs could kill, 40.0% agreed that drugs are necessary for validation agreements. The behavioural analysis also showed negative behavioural perception as a lesser proportion (16.7%) agreed that drugs should be avoided because it distorts judgment, while a higher proportion (75.0%) disagreed; a lesser proportion (32.5%) agreed that drug addicts could indulge in criminal acts while a lesser proportion (22.5%)

agreed that drugs are meant for frustrated people. It was also observed that a greater proportion agreed that young individuals see drug users as escapist. However, 68.3% disagreed that membership of a social class is characterised by the pattern of use or avoidance of certain kinds of alcoholic beverages. Similarly, 75.0% disagreed that the type of drug taken could assume adulthood/muscularity. In comparison, 83.3% agreed that they would rather not touch any drug because it can predispose them to disease conditions suggesting positive behavioural perception towards drug abuse (Table II).

Behavioural analysis of the influence of peer group and environment on behavioural drug abuse

Half (50%) of the studied population believed that drugs could be taken to promote relaxation, although 83.3% disagreed that taking any preferred drug at any time is expected. These behavioural attributes could be ascribed to peer group influences and the environment. This explains why 58.3% agreed that peer group influences individuals towards drug abuse and 41.7% agreed that the environment predisposes individuals towards drug abuse (Table III).

Behavioural analysis of the influence of parental background and unemployment on behavioural perception towards drug abuse

A higher proportion (66.7%) of the participants agreed that parental background influences drug abuse behaviours, while 58.3% agreed that unemployment also influences drug abuse behaviour. In addition, 41.7% agreed that joint drug consumption symbolises unity, while 45.8% agreed that they would rather abstain from drugs (Table IV).

Table I: Socio-demographic characteristics of respondents

Characteristics	Category	Frequency (n = 120)	Percentage
Age (Years)	13-17	5	4.2
	18-22	12	10.0
	23-27	60	50.0
	28-32	39	32.5
	≥33	4	3.3
Occupation	Trader	10	8.3
	Artisan	25	20.8
	Civil servant	11	9.2
	Student	25	26.7
	Unemployed	22	18.3
	Other	20	16.7
Educational status	No formal education	24	20.0
	Primary	46	38.3
	Seconded	29	24.2
	Tertiary	21	17.5

Table II: Behavioural perception of drug abuse

Variables	Agreed	Undecided	Disagreed
Drugs are necessary to maintain your status in the society (n = 120)	50 (41.7)	4 (3.3)	66 (55.0)
Drugs can be taken to promote social gathering effectively (n = 120)	56 (46.7)	4 (3.3)	60 (50.0)
There is nothing wrong with taking drugs (n = 120)	56 (46.7)	4 (3.3)	60 (50.0)
Drugs can kill (n = 120)	75 (62.5)	0 (0.0)	45 (37.5)
Drugs are necessary for validating agreement (n = 120)	48 (40.0)	2 (1.7)	70 (58.3)
Drugs should be avoided because they can distort (n = 120)	20 (16.7)	10 (8.3)	90 (75.0)
Drugs addicts can indulge in criminal acts (n = 120)	39 (32.5)	11 (9.2)	70 (58.3)
Drugs are meant for frustrated people (n = 120)	27 (22.5)	13 (10.8)	80 (66.7)
Young individuals see drugs as escapists (n = 120)	80 (66.6)	5 (4.2)	35 (29.2)
Membership of a social class is marked by a pattern of use or avoidance of certain kinds of alcoholic beverage (n = 120)	30 (25.0)	8 (6.7)	82 (68.3)
Adulthood/ muscularity can be assumed by the type of drug taken (n = 120)	20 (16.7)	10 (8.3)	90 (75.0)
I would rather not touch any drug because it can predispose me to disease conditions (n = 120)	100 (83.3)	3 (2.5)	17 (14.2)

Table III: Behavioural perception on the influence of peer group and environment on drug abuse

Variables	Agreed	Undecided	Disagreed
Environment predisposes individuals to drugs abuse (n = 120)	50 (41.7)	4 (3.3)	66 (55.0)
Peer group influences individuals towards drug abuse (n = 120)	70 (58.3)	5 (4.2)	45 (37.5)
It is normal to take any preferred drug at any time (n = 120)	15 (12.5)	5 (4.2)	100 (83.3)
Drugs can be taken to promote relaxation (n = 120)	60 (50.0)	5 (4.2)	55 (45.8)

Table IV: Behavioural perception on the influence of parental background and unemployment on drug abuse

Variables	Agreed	Undecided	Disagreed
Parental background influences behaviour towards drug abuse (n = 120)	80 (66.7)	2 (1.7)	38 (31.6)
Unemployment influences behaviour towards drug abuse (n = 120)	70 (58.3)	9 (7.5)	41 (34.2)
In a group setting, joint drug consumption symbolises unity (n = 120)	50 (41.7)	10 (8.3)	60 (50.0)
I would rather abstain from drugs (n = 120)	55 (45.8)	5 (4.2)	60 (50.0)

Discussion

Behavioural perception contributes to the personality of an individual. [17] Analyses of the behavioural perception of individuals potentially reveal their attitude towards something or someone. [18,19] In this study, behavioural analysis of individuals was performed to ascertain the positive and negative attitudes towards drug abuse. The findings from the study suggest an approximately equal distribution of positive and negative attitudes towards drug abuse. However, the proportion of negative attitudes was relatively higher. Behavioural therapy and awareness programs may be needed to reduce the menace of drug abuse and addiction in the studied area since behavioural therapy and awareness programs were reported to be effective in reducing drug abuse. [16]

Studies have reported that peer group pressure, environment factors, parental background and unemployment contribute to drug abuse practices. [20-23] The findings from this study suggest that the percentage distribution of positive and negative behavioural perception can be ascribed to peer group, environment, parental background and unemployment, as a higher proportion agreed that these factors influence drug abuse. This agrees with the reports that these factors influence individuals' behavioural perceptions and attitudes. Behavioural problems such as violent behaviours and drug abuse can proceed from young age to adulthood and old age. [24] Peers and family have a crucial role in promoting behavioural health and perception

during adolescence [20, 22] as reflected in the perception of the study participants.

An association between drug abuse and unemployment was observed in the study as the burden of unmet monetary demands related to unemployment potentially increases tension, anxiety, and family disharmony, thus leading to increased alcohol and substance use. [23] Parental background affects learning behaviours and potential academic achievement as parents tend to be followed as role models. [22] This principle may be inferred from the observation made in this study. The social learning theory suggests that "it is not important for individuals to mimic an observed behaviour; it is sufficient to perceive that a given behaviour has been accepted by a peer group, to opt for similar behaviours." [20, 25] This is why this study is making inferences from the behavioural perception of the participants in the studied environment and suggesting that the factors mentioned above should be addressed to help reduce drug abuse and dependency.

Conclusion

The findings from this study suggest that both the positive and negative behavioural perceptions of drug abuse exist in the community surveyed with slight preponderance of negative perceptions. Furthermore, this study may form the basis for creating more health schemes and interventional programs that will help reduce drug abuse practices.

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