Psychosocial implications of substance use disorders among patients attending a psychiatric facility in Lagos

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Abstract

Substance use disorders have become a major family and public health problem because of the associated socio-economic burden to the public in terms of rising health care costs, loss of productivity, reduced family income and other disabilities. The study aimed to assess the psychosocial implications of substance use disorder in patients attending a psychiatric facility in Lagos. The study was a descriptive cross-sectional study amongst 420 participants aged 18-64 years. A structured self-administered questionnaire was used to assess the socio-demographic characteristics and psychosocial problems in the study participants. The mean age of study participants was 27.69± 8.575. There were more participants who were within the ages of 18-25 years and there were more males. Additionally, 57.2% had secondary level of education, 60% were unemployed and 58.8% had no monthly income. Most common age at first use of substance was less than 18 years. The most common psychoactive substances used by study participants were alcohol, cannabis and tobacco. Interpersonal relationship problems were reported in 50.2% of study participants, job problems in 56.0%, and economic problems in 87.4%. Psychiatric diagnosis was reported by 33.3% of the participants and medical diagnosis in 34% of participants. Socio-demographic characteristics significantly associated with relationship problems were age (p=0.004), occupation (p=0.021), tribe (0.040), religion (p=0.028), and monthly income (p=0.022). Socio-demographic characteristics significantly associated with job problems were educational level (p=0.022), occupation (p=0.037), age at first use (p=0.002). Socio-demographic characteristics significantly associated with economic problems were monthly income (p=0.001), age at first use (p=0.024). The study concluded that there is a high prevalence of psychosocial problems from persons with substance use disorder and curbing the menace of substance abuse requires a collaborative effort from families, religious organizations, media, secondary and tertiary institution authorities, health educators, community and the government.

Keywords: *Substance, addiction, job problems, economic problems, interpersonal relationships, psychosocial implications*

Introduction

Addiction is a circuit that defines a primary chronic disease of the brain in relation to reward motivation and memory functions of the brain(Galvani, 2015). This implies that a dysfunction in this circuit results in changes in an individual's biological, psychological, social, and spiritual functioning. These changes are shown by the individual's pathological pursuit of reward and/or relief by their object of addiction(Alhadi Hasan, 2019). Patients who have substance use disorder are unable to withdraw from their addictive substance and this results in craving, and difficulty controlling substance use with diminished recognition of behavioural, emotional, and relationship problems that could be associated with the substance use(Hassel et al., 2013).

Drug use estimates in 2022 showed that 14.4% (14.3 million) of people aged between 15- and 64-years abuses drugs in Nigeria with Alcohol having the highest prevalence rate but cannabis being the most abused illicit drug. About 3 million people suffer from substance use disorders(United Nations Office on Drugs and Crime UNODC, 2022). Worldwide, quarter of a billion people aged 15-64 years abuse drugs with about 29 million with substance use disorders(World Health Organization, 2021). Comparing these reports to previous reports shows an increasing trend over the years particularly in the developing countries(Alhadi Hasan, 2019). The commonly abused psychoactive substances also vary according to the different regions in the world. Cannabis is however reported to be the most commonly abused psychoactive substance in the world and it shares this popularity with alcohol, nicotine and caffeine in the different regions(World Health Organization, 2021).

Studies have shown that substance use disorders not only affect the patient but their relationship with family members impacting the social support being received by these people. The breakdown in relationship could also be associated with intimate partner violence. Job and economic instability are also aspects of the patient's life that can be affected(Alzahrani et al., 2016).

Substance use disorders have become a major public health problem because of the associated socio-economic burden to the public in terms of rising health care costs, loss of productivity, reduced family income and other disabilities(UNODC, 2015). Industrialization, urbanization and westernization have also contributed to the increasing wave of substance use. In the society, factors like high social class, peer influence, family background, need to stay awake for academic success and easy accessibility to the drugs have contributed to this increase(Effiong et al., 2020).

Substance abuse has remained a global health and social problem. The problems associated with it vary from region to region and Nigeria is not left out. It presents as a disorder when a pattern of symptoms result from the use of the drugs despite clear evidences of physical and psychological problems associated with its use(Bowles, 2013). It has become a public health concern because it can cause both deliberate and

indeliberate harm and injury not just to the individual involved but also to people around them and the society as a whole. Its effects cut across socio-economic, religious, cultural and ethnic spheres of life. Despite efforts that have been made by the Nigerian government in conjunction with National Drug Law Enforcement Agency to reduce the menace of substance abuse, there has been a persistent rise in the number of cases particularly among the adolescents 10-25 years of age(NDLEA, 2021).

The factors that predispose to drug abuse differ across age groups but are present in all age groups. In adolescents, the age when most of the drug abuse cases start, there is a desire for experimentation due to curiosity, peer pressure and belief that it reduces stress or that it is a coping mechanism. They usually start with the "gateway drugs" which are alcohol and tobacco. These gateway drugs are very easy for them to get and hence increase their risk of progressing to other drugs. When adolescents experiment with these drugs, some may stop while others do not. Those who do not develop addiction that causes harm to them, their family and society (NIDA & SAMHSA, 2016).

According to the UNODC in 2017, globally, alcohol abuse is the leading cause of death with 184,934 deaths, followed by opioid with 109,520 deaths and other drugs with 46,270 deaths. In Nigeria, Oyo, Lagos, and Gombe were reported to have the highest prevalence of drug abuse. It was commoner in the South West zone (22%) than the North central (10%). Over 400, 000 deaths were recorded to have resulted from drug abuse in Nigeria as at 2017. These figures however, continue to increase over the years.

Drug abuse has resulted in increased violence and crimes in Nigeria, increased prevalence of Hepatitis B and C virus, HIV/AIDS and socio-economic decline. A report in 2010(Oshodi et al., 2010) established a link between violence and drug abuse in secondary and tertiary institutions in Nigeria. The harms associated with drug abuse which directly affect the individual include mortality from overdose, increased risk of infection, psychiatric comorbidity, social problems such as poor parenting by the individual, unemployment, unstable accommodation, loss of productive hours, poor interpersonal relationships, and crime involvement(Jatau et al., 2021).

The economic burden of drug abuse has also largely been of public health concern. In Nigeria, substance use disorder patients are usually managed as in-patients in neuropsychiatric hospitals or other private rehabilitation centres. They are managed using pharmacological and psychotherapy approaches. Majority of these cares are funded out of pocket. Ilomunaya et al has estimated a direct cost of substance abuse treatment to be about ₦140,000- ₦200,000 in a week(Ilomuanya et al., 2022). This when compared to the minimum wage of ₦30,000 in Nigeria, shows that more than 60% of Nigerians cannot afford such treatment without help from loans or other means.

The recurrent drug seeking behaviour associated with addiction makes individuals

abandon other activities for this behaviour. For example, many are not able to function maximally at work, leading to loss of productivity, recurrent change of jobs, and difficulty with savings because all earnings are used to fund the drug habit. Also, in instances of intoxication or a comorbid psychiatric disorder, individuals may withdraw to self or become aggressive or paranoid to significant others, children, friends, colleagues or other family members.

The aim of the study was to assess the psychosocial implications of substance use disorder among patients attending Federal Neuropsychiatric Hospital Yaba, Lagos. It is the only mono-specialist psychiatric hospital in Lagos State serving Lagos State populace, surrounding south-western states and other West African countries. It is a 525 inpatient capacity hospital that attends to an average of 100 new patients at the emergency department and over 1000 out-patients in the clinics weekly. About 70 percent of the patients seen at the emergency department receive a diagnosis of substance use disorder while about 20 percent of them are seen at the out-patients' clinic.

Methodology

i. Study Design

The research design was a descriptive cross-sectional study**.** It involved the use of a questionnaire among individuals attending out-patient clinics at the study location. The questionnaire was used to elicit information on their socio-demographic characteristics, drug use habits, problems in their interpersonal relationships, their jobs and economic stability.

ii. Study Population

The study population consisted of patients aged 18-64 years seeking treatment at the substance abuse department of the hospital and had received a diagnosis of a substance use disorder, according to ICD 10 criteria. Patients with intellectual/developmental disorder or any debilitating general medical condition were excluded from the study.

iii. Sampling Technique

Participants were recruited using simple random sampling from the outpatient clinics using the inclusion and exclusion criteria. On each clinic day, individuals who attended the clinic and met the inclusion and exclusion criteria constituted the sampling frame on each day and were numbered. A table of random numbers was then used to select the participants for the study. Data collection was done between April and July 2023.

iv. Study Instruments

A structured socio-demographic questionnaire was used to gather information about the socio-demographic characteristics of the patients. A structured self-administered questionnaire was used to collect data on the psychosocial problems of the participants of the study. Those who could not fill were assisted with clarifications in filling the form by the researcher.

v. Data Collection Methods

The study instrument was handed over to the recruited participants individually in the side rooms present in the clinic. This was to ensure privacy and confidentiality. The researcher checked all administered

questionnaires for completeness. This process continued till the required sample size was achieved.

vi. Data Management

Data from this study was analysed using Statistical package for social sciences version 25 (SPSS). The variables were analysed using descriptive statistics. Chi-square analysis was used to determine the relationship between the socio-demographic characteristics and psychosocial problems.

vii. Ethical Considerations

Ethical approval was obtained from the Research Ethics Committee of the Federal Neuro-psychiatric Hospital, Yaba with approval number *FNPHY/HREC/2023/001/07/099*. The principle of autonomy was respected throughout the study. No form of coercion was involved. The participants agreed voluntarily to participate before they were screened. There were no consequences for those who decided not to get involved. Concerning consent, an informed consent form containing the study protocol, information on confidentiality, privacy, anonymity and other necessary information was given to every participant to sign.

Results

Table 1 shows the socio-demographic characteristics of the study participants. A total of 420 individuals participated in this study. The age ranges of the participants were 18 to 64 while the mean age of participants was 27.69 ± 8.575. There were more participants who aged between 18-24 years (43.4%) compared to other age groups. Additionally, there were about 3 times more males (73.8%) than females (26.2%) in the study. More than half (57.2%) of the participants had secondary level of education while only 7.6% had primary level of education. Yoruba tribe was the most represented (63.6%) followed by Igbo tribe (27.4%). Almost three-quarters of the participants were Christians (72.1%). Every 8 out of 10 participants were single (81.2%). More than half of them were unemployed (60%) and had no monthly income. Most of the participants had either 2-4 (37.9%) or 4-6 (39.0%) of the family members living together. Only about one-third of the participants (36.0%) had family members who use psychoactive substances.

Table 1

Socio-demographic characteristics of study participants

Variable	Frequency(n=420)	Percent
Age		
18-24	182	43.4
25-34	155	36.9
35-44	53	12.6
Greater than 45	30	7.1

Gender		
Male	310	73.8
Female	110	26.2
Educational level		
Primary	32	7.6
Secondary	240	57.2
Tertiary	148	35.2
Tribe		
Yoruba	267	63.6
Igbo	115	27.4
Hausa	13	3.0
Others	25	6.0
Religion		
Christian	303	72.1
Islam	109	26.0
Others	8	1.9
Marital status		
Single	341	81.2
Married	70	16.7
Separated	3	0.7
Divorced	6	1.4
Occupation		
Employed	120	28.6
Unemployed	252	60.0
Self-employed	48	11.4
Number of families living together		
<2	37	8.8
2-4	159	37.9
4-6	164	39.0
>6	60	14.3
Family history of substance use		
Yes	151	36.0
No	269	64.0

Table 2 shows the drug history of the study participants. The most common age at first use of drugs was before 18 years of age (47.6%). Majority (74.1%) of the participants were predominantly introduced to drug use by their friends. About one-third still experienced drug dependency symptoms of craving, difficulty stopping its use, withdrawal symptoms, tolerance and early morning use. Most common sources of funding of drug use habit

were friends (30.7%), stipends (27.6%) and co-users (16.7%). One-third of the participants (33.8%) have had problems with law enforcement agents.

Table 2
Drug history of study participants

Variable	Frequency(n=420)	Percent
Age at first use		
<18	200	47.6
18-25	179	42.6
>25	41	9.8
Predominant introduction to substance use		
Friends	311	74.1
Social problems	21	5.0
Curiosity	70	16.7
Imitation	9	2.1
Boredom	9	2.1
Craving		
Yes	130	31.0
No	290	69.0
Difficulty stopping drug use		
Yes	126	30.0
No	294	70.0
Withdrawal symptoms		
Yes	109	26.0
No	311	74.0
Tolerance		
Yes	152	36.2
No	268	63.8
Funding drug use habit		
Salary	69	16.4
Stipends	116	27.6
Family	28	6.6
Friends	129	30.7
Co-users	70	16.7
Commercial sex	4	1.0
Others	4	1.0
Law enforcement problems		
Yes	142	33.8
No	278	66.2

First use in the morning		
Yes	147	35.0
No	273	65.0

Table 3 gives a summary of the interpersonal, job and economic challenges experienced by study participants. From the table, it shows that participants who experience these problems are more than those who do not. The most common interpersonal relationships with problems were relationship with immediate family (50.2%) and relationship with friends (56.0%). Majority (87.4%) of the participants had difficulty staying long duration at any of their jobs. Additionally, majority of the participants reported they rather rely on their family and were unable to solve their economic problems by themselves.

Table 3

Psychosocial problems in study participants

Problem	Present (%)	Absent (%)
Relationship problems	211 (50.2)	209 (49.8)
Job problems	235 (56.0)	183 (43.6)
Economic problems	367(87.4)	51 (12.1)

Table 4 shows the association between socio-demographic variables of participants and presence of interpersonal relationship problems. Age of participants, occupation, tribe, religion and monthly income were found to be significantly associated with the presence of interpersonal problems.

Table 4

Association between socio-demographic variables and interpersonal problems

Variable	Relationship Problems		X^2	P-value
	Present	Absent		
Age				
18-24	76	106	15.109	**0.004**
25-34	86	69		
35-44	36	17		
>45	14	16		
Gender				
Male	154	156	0.149	0.741
Female	57	53		

Educational level				
Primary	21	11	3.290	0.193
Secondary	118	122		
Tertiary	72	76		
Occupation				
Unemployed	136	116	3.636	**0.021**
Employed	48	62		
Self-employed	27	31		
Tribe				
Yoruba	127	140	8.309	**0.040**
Igbo	65	50		
Hausa	10	3		
Others	9	16		
Religion				
Christian	147	156	7.135	**0.028**
Islam	62	46		
Others	1	7		
Monthly income				
None	134	114	13.189	**0.022**
<30k	23	22		
30-60k	30	41		
>60k	23	33		
Marital status				
Single	166	175	4.409	0.221
Married	38	32		
Separated	33	0		
Divorced	4	2		
Family history				
Yes	77	74	0.054	0.817
No	134	135		
Psychiatric diagnosis				
Yes	76	64	1.376	0.241
No	135	145		
Age at first use				
<18	102	98	0.954	0.621
18-25	86	93		
>25	23	18		

Table 5 shows the association between socio-demographic variables of participants and presence of job relationship problems. Educational level, occupational status and age at first use of psychoactive substance were found to be significantly associated with the presence of job problems.

Table 5

Association between socio-demographic variables and job problems

Variable	Job Problems Present	Absent	X^2	P-value
Age				
18-24	107	77	1.843	0.765
25-34	84	70		
35-44	30	22		
>45	16	14		
Gender				
Male	178	132	0.405	0.525
Female	59	51		
Educational level				
Primary	23	10	5.279	0.022
Secondary	141	98		
Tertiary	73	75		
Occupation				
Unemployed	150	102	2.359	0.037
Employed	58	52		
Self-employed	29	29		
Tribe				
Yoruba	143	125	4.383	0.223
Igbo	69	45		
Hausa	10	3		
Others	15	10		
Religion				
Christian	165	139	2.653	0.265
Islam	65	42		
Others	6	2		

Monthly income				
None	147	100	12.595	0.027
<30k	32	13		
30-60k	31	40		
60-100k	17	15		
100-300k	7	12		
>300k	7	12		
Marital status				
Single	198	145	6.962	0.073
Married	32	37		
Separated	2	1		
Divorced	5	0		
Psychiatric diagnosis				
Yes	79	61	0.015	0.917
No	158	122		
Age at first use				
<18	131	69	12.200	**0.002**
18-25	86	93		
>25	20	21		

Table 6 shows the association between socio-demographic variables of participants and presence of economic relationship problems. Monthly income and age at first use of substance were found to be significantly associated with the presence of economic problems such as difficulty paying for their medications and their day to day needs.

Table 6

Association between socio-demographic variables and economic problems

Variable	Economic Problems		X^2	P-value
	Present	Absent		
Age				
18-24	167	17	7.260	0.123
25-34	137	17		
35-44	41	11		
>45	24	6		
Gender				
Male	272	37	0.039	0.866

Female	96	14		
Educational level				
Primary	29	2	1.089	0.580
Secondary	210	31		
Tertiary	130	18		
Occupation				
Unemployed	226	26	1.917	0.384
Employed	94	16		
Self-employed	49	9		
Tribe				
Yoruba	235	31	0.296	0.961
Igbo	101	15		
Hausa	11	2		
Others	22	3		
Religion				
Christian	262	40	1.783	0.410
Islam	98	11		
Others	8	0		
Monthly income				
None	221	28	20.435	0.001
<30k	43	2		
30-60k	64	7		
60-100k	23	9		
100-300k	15	4		
>300k	3	3		
Marital status				
Single	306	37	5.907	0.116
Married	55	14		
Separated	3	0		
Divorced	5	0		
Psychiatric diagnosis				
Yes	123	17	0.003	0.959
No	246	34		
Age at first use				
<18	180	20	1.563	0.024
18-25	154	25		
>25	35	6		

Discussion

This study reports age 18-24 years as the age group commonly associated with substance use. This is consistent with findings from a study to determine the prevalence of drug abuse in the youth who reported the young adults as the most common age among individuals who abuse substances in Lagos(Asikhia, 2018). It is also consistent with findings from Benin City in his study of the menace of drug abuse in Nigeria which reported young adults as the most common age group(Okpala, 2015).

There were about three times more males than females with substance use disorder who participated in this study. This is similar to what was observed in a study of the social determinants of drug abuse in Oyo State which reported more males than females(Lateef K O, 2016). Okpala also reported more males than females in his study(Okpala, 2015). It is however different from what was observed by Yunusa et al in their study to determine the socio-demographic characteristics of young persons with substance abuse which reported more females than males(Yunusa, 2017). The reason for this difference was because the study setting was in a school which had more females than males in the total population.

More than half of the participants had secondary level of education compared to primary or tertiary education. This is similar to findings in Enugu on the assessment of substance abuse in Nigeria which reported secondary education as the most common highest level of education in the participants(Amalu & Abang, 2015). It is also similar to findings of another study on the socio-demographic characteristics of persons with substance abuse in Edo State which reported secondary level of education as the most common(Uwaibi et al., 2022). This is because substance abuse has been associated with poor grades in school, lack of focus, problems with memory which could result in school drop-out or inability to proceed for further studies after secondary school level.

About one-third of the participants had family members who use psychoactive substances. When adolescents or young adults engage in substance abuse, they are assumed to be modeling after an adult in the home. Hence, family influences has been shown to be a risk factor for substance use in adolescents(Zapolski et al., 2019). Despite this risk factor, only about one-third of the participants in this study had family history of substance use. Uwaibi and colleagues(Uwaibi et al., 2022) in their report of perpetrators and choice of substance abuse among youths also reported less than one-third of their study participants with family history of substance use. Bahr (Bahr et al., 2005) corroborated this in his study of parental and peer influence on the risk of adolescent drug use that parents who use substances have higher proportion of their children engaging in substance use compared to studying children who have parents with substance use disorder. This thus explains the reason for the low frequency reported in this study.

The most common age at first use of substances was before the 18 years of age as established in this study. This is consistent with Onigbogi and colleagues(Onigbogi et al., 2023) in their study of the prevalence of substance use among students in Lagos state which reported the most common age at first use as before the age of 18. It was also consistent with findings of Oshodi et al(Oshodi et al., 2010) in their study of substance use in students in urban setting in Nigeria with before 18 years as the most common staring age of substance use. The adolescent period is a period of physical and emotional maturation, learning from adults, peer pressure which could make an adolescent engage in these activities if that is what is presented to their emotionally developing brain. This therefore explains why age 18 or below is the riskiest stage for substance abuse.

The predominant source of introduction to substance use in the study participants were friends. Other common sources were curiosity and social problems. The uncommon sources were imitation and boredom. Mase (Mase, 2021) in her study of self-esteem and peer influence on use of substances reported similar findings of friends as the most common influence of substance use habit. Another study on substance abuse among adolescents in a private university in South-West Nigeria reported similar findings of friends as the most common influence(Omolola et al., 2021). Adolescents and young adults spend a lot of their time with each other more than their family especially when they are in boarding houses or university hostels hence can be easily influenced by such. Also, the need to feel among with their peers could be a reason for them to join them in using the substances. Omolola also reported emotional instability from social problems as another influence on substance use disorder(Omolola et al., 2021). This is because substances can be looked to as a coping mechanism by individuals who experience these social problems. The study also identified imitation and boredom in the lower frequencies in the study participants. Adolescents are usually eager to learn through modeling and explore with different options.

The most common sources of funding were friends, stipends and co-users. This is because most substance users smoke in groups rather than alone. Also, the low rate of employment amongst them explains why only 16.4% could fund drug habit from their salary. One third of the participants has had problems with the law enforcement agents. Law enforcement agents have the routine of raiding joints of substance use, hence some of these participants may have had such problems during such raids.

The most common psychoactive substances reported in this study were alcohol, cannabis and tobacco. This is similar to what was observed by Offie (Offie et al., 2022) in their study of pattern of substance use among young people in South West Nigeria which reported alcohol, tobacco and cannabis as the most commonly abused drugs. It is also similar to findings observed by Adesida (Adesida et al., 2022) in their study of use

of psychoactive substances among students in a Nigerian University which reported alcohol, cannabis and tobacco as the most common substances. More than half of the study participants were unemployed. This is consistent with findings from various studies(Asikhia, 2018; Lawal & Aliyu, 2020; Yunusa, 2017). The low educational level of individuals with substance use disorder and their drug seeking behaviour explains the high rate of unemployment among them. This also explains why more than half of the study participants have no monthly income.

The pattern of interpersonal relationship showed that study participants experienced higher levels of interpersonal problems in their relationships with immediate family and friends. Other areas where they experienced some problems were with attending functions with friends and family and visitations with friends and family. The least area of interpersonal relationship problems was with colleagues at work and extended family. The people an individual spends the most times with are immediate family members and friends. Hence, the problems of substance use behaviour will be mostly witnessed and complained of by them. Many individuals can be at their best behaviour at work and with family members whom they do not see regularly. These are reasons why half of the study participants experienced interpersonal relationship problems.

More than half of the study participants have successfully achieved vocational skills yet they are still unemployed. About two-thirds of them have not been able to stay at one job for up to 2 years thus increasing rate of unemployment. Some of the participants reported having lost a job, being paid half salary, being suspended from work or missed deadline due to substance use. These reasons explain why more than half of the participants had job problems.

Majority of the study participants relied on their family for their daily needs rather than being able to provide the daily needs by themselves. The high rate of unemployment, low or absent monthly income, and presence of job problems explains why this is so. This thus explains why 8 out of every 10 of the study participants had economic problems.

One-third of the participants had received a psychiatric diagnosis secondary to substance use with schizophrenia-like illness being the most common diagnosis. These are individuals who may not have received any of these diagnoses if they were not taking substance. One third of the participants had also received a medical diagnosis secondary to substance use.

In this study, socio-demographic factors found to be significantly associated with presence of interpersonal problems were age of participants ($p=0.004$), occupation ($p=0.021$), tribe ($p=0.040$), religion ($p=0.028$), and monthly income ($p=0.022$). The younger participant is more likely to reside with immediate family rather than alone. An individual with an occupation and source of income is less likely to have problems relating with family as he or she is not dependent on them. Affiliation with a religion may reduce the risk of substance use

in an individual(Basnet et al., 2019; Obasi et al., 2022).

The socio-demographic factors found to be significantly associated with job problems were educational level (p=0.022), occupation (p=0.037) and age at first use (p=0.002). The higher the educational level of an individual, the more the chances of having a good job. Early age at use of substances predisposes an individual to more implications of substance use including job problems. People who use substance at an early age are more likely to drop out of school and not able to sustain a job(Bellair et al., 2019; Lateef K O, 2016; Sigurdsson et al., 2014).

The socio-demographic variables found to be significantly associated with economic problems were monthly income (p=0.001) and age at first use (p=0.024). Lack of monthly income will mean the individual will not be able to take care of their economic needs. Also, age at first use has been identified as a factor associated with job problems thereby leading to economic problems.

One limitation of this study is that it was a cross-sectional study which may not give much details about causality or changes in relationship over time. Also, the study instrument was a self-report measure which could give room for reporting bias thereby affecting some of the findings. Despite the limitations, the study has highlighted the implications of substance use on psychosocial problems and could serve as preliminary for other study designs such as comparative or cohort studies.

Conclusion

Substance abuse is a rising public health issue among youths in Nigeria. Several studies have identified common socio-demographic characteristics associated with substance abuse. These findings were mostly in keeping with the findings in this study. The study involved a wide age range of 18-64 years unlike majority of other studies in Nigeria which focused on adolescents and university students. This enabled a wider range of socio-demographic characteristics identified. The study identified the prevalence of interpersonal relationship, job and economic problems among people with substance use disorder. Unemployment is a major challenge being faced by these individuals and if adequate rehabilitation is not done, it will continue to get worse. Finally, the authors recommend that efforts at curbing the menace of substance abuse will require collaborative effort from families, religious organizations, media, secondary and tertiary institution authorities, health educators, community and the government. This is important to sustaining the economic development of a developing country like Nigeria.

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Substance Use among Adolescents in Sub-Saharan Africa: A Narrative Review of Epidemiological Data

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Abstract

The adolescent population in sub-Saharan Africa is projected to grow significantly, presenting both opportunities and challenges. Increasing rates of substance use among youth pose a significant public health concern, potentially exacerbating morbidity, mortality, and risky behaviors. While previous studies have examined substance use in sub-Saharan Africa, they often focused on individual countries or combined data across regions, overlooking shared sociocultural contexts within sub-regions. This narrative review analyzed epidemiological data from 60 studies conducted between 2014 and 2024, examining substance use patterns among adolescents under 20 years across sub-Saharan Africa's four sub-regions. The review incorporated academic literature, intergovernmental reports, and local partners' insights, covering 29 countries through 19 Demographic and Health Surveys, 17 Global Youth Tobacco Surveys, seven Global School-based Student Health Surveys, and 16 cross-sectional studies. Findings reveal substantial sub regional variations in substance use patterns, with the highest rates documented in Southern Africa (up to 44.6% for any substance use) and Western Africa (31.2-32.9%). Eastern Africa demonstrated varied patterns, with alcohol use reaching 50.2% in some countries. Central Africa, while showing more consistent patterns, had limited data