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FACTORS AFFECTING THE MANAGEMENT OF SUBSTANCE USE DISORDERS: EVIDENCE FROM SELECTED SERVICE USERS IN BAYELSA STATE

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ABSTRACT

The need for effective substance use management in the Niger Delta region of Nigeria generally, and Bayelsa state in particular, is necessitated by the widespread and often unregulated use of alcohol and other psychoactive substances, leading to high incidence of substance use disorders in the area. This paper explored the various factors militating against the effective management of substance use disorders in Bayelsa state with a view to drawing attention to the issues and, consequently, alleviating the conditions of the affected people through appropriate policies and interventions. In-depth interviews and focus group discussions were conducted with selected service users. Barriers to the management of substance use disorders included the following: perceived high costs of service, accessibility and its associated costs, unavailability of specialized centers and facilities to manage substance use disorders, manpower shortage occasioning unnecessarily long waiting time, attitudinal problems, cultural issues resulting in relapse, perceived stigma, shame and discrimination. Findings of the study highlighted the need for adequate substance abuse management facilities to be put in the state. More professionals, especially psychiatrists and clinical psychologists, are needed to attend to the swelling number of patients presenting with these problems. Relevant policies and intervention should target the underlying socio-cultural issues in order to ensure greater effectiveness of interventions.

Key words: Substance use disorders, Nigeria, Bayelsa State, barriers to drug treatment, treatment policy

INTRODUCTION

Globally, it is estimated that in 2012, some 243 million people corresponding to about 5.2 per cent of the world population aged 15-64 had used an illicit drug at least once in the previous year (United Nations Office on Drugs and Crime:

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UNODC, 2014). Although the extent of illicit drug use among men and women varies from country to country and in terms of the substances used, generally, men are two to three times more likely than women to have used an illicit substance (World Health Organisation: WHO, 1994). While there are varying regional trends in the extent of illicit drug use, overall global prevalence of drug use is considered to be stable. Similarly, the extent of problem drug use, by regular drug users and those with drug use disorders or dependence, also remains stable, at about 27 million people (UNODC, 2014).

Reliable and comprehensive information on the drug situation in Africa is not available. The limited data available suggest, however, that substance use, especially cannabis use of about 12.4%, notably in West and Central Africa is probably higher than the global average of 3.8 per cent (UNODC, 2014). In Nigeria, the expert perception is that there has been a significant increase in the use of cannabis (UNODC, 2012). According to the national survey on alcohol and drug use in Nigeria conducted in 2009 (Neuropsychiatric Hospital: NPH; 2009), aside from alcohol, the non-medical use of tranquillizers had the highest annual prevalence (5.5 per cent) among the population aged 15-64 years. The misuse of prescription opioids was also reported to be high and more prevalent than the use of heroin (3.6 per cent annual prevalence of other opioids, and 2.2 per cent annual prevalence of heroin). High levels of use of other substances were also reported, with annual prevalence as follows: cannabis, 2.6 per cent; amphetamine, 1 per cent; methamphetamine, 1.6 per cent; "ecstasy", 1.7 per cent; cocaine, 1.6 per cent; and crack, 2 per cent.

Substance abuse is a major public health concern globally due to its association with reduced quality of life as well as substance-related morbidity and mortality. Substance use disorders take heavy toll on the patient in terms of personal suffering, to the families as a result of the burden of care and life-time lost productivity, and on the society at large. According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), substance-related death is the most extreme form of harm that can result from substance use/abuse (EMCDDA, 2009). The United Nations Office on Drugs and Crime (UNODC) estimates that there were 183,000 drug-related deaths in 2012, corresponding to a mortality rate of 40.0 deaths per million persons aged 15-64.

Globally, it is estimated that approximately one in six problem drug users accesses treatment each year (Wang, Aguilar-Gaxiola, Angermeyer, et al, 2007). However, there are large regional disparities, with approximately 1 in 18 problem drug users receiving treatment in Africa, compared with one in five problem drug users receiving treatment in Western and Central Europe, one in four in Oceania, and one in three in North America (World Drug Report: WDR, 2011*)*. In a review of barriers for mental health service use, Leong and Lau (2001) identified four categories of barriers: cognitive, affective, value orientations, and physical. According to them, the first three reflect cultural obstacles that impede an individuals' intent to seek mental health services, and the fourth refers to practical barriers regarding the use of services. The practical barriers include a general lack of mental health awareness, cost of treatment, poor knowledge of how to

access service, and waiting time (Kung, 2004; Leong & Lau, 2001). Researchers (such as Ayorinde, Gureje & Lawal, 2004; Gureje & Alem, 2000; Gureje, Lasebikan, Ephraim-Oluwanuga, Olley & Kola, 2005; Patel, Araya, Chatterjee et al., 2007) have identified many important factors that can affect the utilization and effectiveness of mental health services in Nigeria, such as individual and help-seeking preferences, access, availability, discrimination and stigma, high cost of service, centralised facility, and referral practices among others. Help seeking processes (events that occur between the point of first recognizing a problem (onset of illness), and when the patient enters a mental health service for treatment, as well as sustaining such treatment) have been shown to be particularly germane (Jacobs, Sharam et al., 2007; Saunders & Browersox, 2007).

The need for effective substance use management in the Niger Delta region of Nigeria is necessitated by the widespread and often unregulated use of alcohol and other psychoactive substances, leading to high incidence of substance use disorders in the area. Unfortunately, management of substance use disorders in Nigeria generally and in the Niger Delta region specifically is not well documented. Barriers to effective management of substance-related disorders have also not received adequate empirical attention.

Ayorinde, Gureje & Lawal (2006) and Jacob et al (2007) reported the following mental health index for Nigeria: mental health bed of 0.4 per 100,000 persons; 4 psychiatric nurses per 100, 000 persons; 0.09 psychiatrists per 100, 000 persons; 0.02 clinical psychologists per 100, 000 persons; 0.02 social workers per 100, 000 persons; and a total public health expenditure of 5% of the country's budget. The figures for substance use disorders (within the mental health system) are better imagined. Furthermore, there are only eight specialised neuropsychiatric hospitals with substance use disorders treatment units in Nigeria. In addition to these are Psychiatry / Mental Health units in Teaching Hospitals, Federal Medical Centers, and General Hospitals.

The indicators for Bayelsa state are even more worrisome: there is no specialized facility for management of substance use disorders in Bayelsa state. Of the two institutions that provide mental health services in the state (The Psychiatric Department of the Niger Delta University, Okolobiri; and Psychiatric Unit of the Federal Medical Center, Yenagoa), neither has the facility nor the required personnel to effectively manage the enormity of substance use disorders in the state. In addition, there was only one clinical psychologist in the whole of Bayelsa state as at the time of conducting this study. Other mental health professionals such as psychiatrists, psychiatric nurses, social workers, and counsellors are also in short supply in the state. Information about these and other barriers to management of substance use disorders is particularly important in order to address the needs of people with such problems and help shape appropriate advocacy and policy aimed at improving the situation.

This paper explored the various factors militating against the effective management of substance use disorders in Bayelsa state with a view to drawing attention to the issues and, consequently, alleviating the conditions of the affected people through appropriate policies and interventions.

METHOD

Participants and Procedure

The study was carried out in Yenagoa local government area of Bayelsa state. Bayelsa state is a riverine state located in the Niger Delta (south-south region) of Nigeria. The study was designed as a qualitative examination of the various factors that militates against the effective management of substance use disorders in the state, which, incidentally is considered to be one of the hot spots for excessive substance use (especially alcoholic beverages) in Nigeria.

A purposive sample of 48 service users (informal caregivers of patients with substance use disorders) attending two health facilities in Bayelsa state participated in eight focus group discussions (FGDs). In-depth interviews were also conducted among selected professionals: psychiatrists (n = 2), and nurses (n = 2). Of the 48 service users recruited, 36 (75%) were females while 12 (25%) were males. Participants' mean age was 39.1 (SD = 5.63) years. The two psychiatrists were both males while the nurses were females.

Informed consent to participate in the study was obtained from each participant by way of signing a form designed for that purpose. Ethical approval for the study was granted by the relevant bodies. Focus group discussions and in-depth interviews were conducted by the authors using a semi-structured interview guide containing open-ended questions developed by the researcher. The guide was pilot-tested (with selected health service users) in order to gauge its adequacy, comprehension and relevance. Participants were encouraged to discuss and reflect upon their experiences, and questions included availability of facility, the difficulties/challenges of accessing service and sustaining treatment, barriers relating to perceptions of the disorders and cultural issues. The FGDs provided room for unhindered and extensive discussion of the subject matter. All FGD sessions were tape-recorded, and these were later transcribed by the research team. Data were analysed thematically and the emerging themes were refined but key comments were quoted verbatim, where expedient.

RESULTS

Many factors were found to act as barriers to management of substance use disorders. The various themes are presented below:

Poor knowledge of substance use disorders management facility: Participants were of the views that a major factor militating against the effective management of substance use disorders was poor knowledge of available facility for managing such problems, and the uncertainty about where to go for treatment. Most clients believed that not understanding where to seek professional help interfered with obtaining appropriate treatment for the disorders.

Centralised mental health service: Participants observed that during psychiatric emergencies i.e. relapse or adverse drug reactions where prompt attention was required, they relied on locally available sources for support (spiritual healers) due to the absence of mental health service particularly for those living in rural communities. Participants were of the view that due to their helpless states during crisis periods, they are at the mercy of where ever their family members decide

to take them for treatment. Participants also believed that the proximity of service will enhance treatment outcomes. As opined by a participant:

> *The government should provide this type of hospital around us at least in every local government area, like in my place there is no hospital like this and that is why it's very difficult to keep the appointments. Let the government come to our aid.*

Waiting time: Long waiting time for mental health service at the clinic was mentioned as a significant issue by both caregivers and the professionals, and concerns were expressed regarding the lack of sufficient manpower. A participant complained that:

> *Whenever you come for clinic appointment you can't do any other thing, in fact the whole day is wasted. By the time you finish with the doctor your ordeal just begins, to get the prescriptions from that place is the greatest headache. Some of us came from very far places, we want to get back on time.*

Another participant lamented that the delay had a negative effect on her work as well as her mental health well-being:

> *The delay makes me anxious because I may not be able to go back to work today. Those of us working should be treated differently I wish we are given urgent attention to enable us go back to work.*

Travel distance/transportation: Participants observed that the long journey to access services was cumbersome and costly, and that the lack of money for transport to the hospital meant that they cannot always access the care needed. One of the caregivers reported she could not afford the cost of transporting herself and an ill relative to the hospital for follow-up appointments as required, and that this led to a relapse in the relatives' substance abuse problem.

> *It is hard to come as the doctor said because of transport. I came by boat from yesterday and spent the night to enable me come early today. It is very hard to come most of the time due to the distance.*

High cost of service: Participants felt that their poor financial circumstances resulted to their inability to utilize mental health service. Caregivers suggested that services should be made more affordable or totally free, particularly for the low-income group, to reduce the burden of the illness on their families.

Loss of productive income: Most of the caregivers indicated that accompanying ill relatives for clinic appointments meant that they had to leave their work, trade and vocation, which resulted in loss of income due to their absence from work. A participant lamented that:

> *the impact of his illness is so much, this illness inconvenience my work and business, right now as I'm here people are calling me on phone to come over for some business issues but right now I cannot go because of him.*

Stigma/discrimination: Participants observed that due to the public's negative perception, information about substance

use and mental health disorders were considered too intimate to share with people outside of the nuclear family without attracting stigma. Most participants opined that the belief that mental disorders are retribution for an individual's atrocities makes many families conceal the illness to avoid community gossip and rejection. This hinders appropriate help-seeking behavior of many families. As one of the caregivers observed:

> *We had to take him away from home since this illness started, so that the community people would not know about his illness. We don't want our enemies to mock us, so it is better to keep him away from them.*

Feeling of shame: Caregivers and professionals agreed that one of the factors militating against accessing services by people with substance use disorders is feeling of shame of being seen around the facility for such problems. Psychiatric hospitals were considered to be places for crazy, mad, or spiritually afflicted persons. A participant felt that she:

> *would love the outpatient clinic to have some little privacy, not to keep everybody in that open hall like that. I feel very shameful when people say all sorts and call you names.*

Another observed that the fear of being seen by friends and neighbours makes many service users opt out of treatment.

> *I feel shameful about my son's illness, especially if we are coming here, I don't want anybody I know to see us. That is why most times it's hard for me to bring him for treatment.*

DISCUSSION AND CONCLUSION

The study investigated barriers to effective management of substance use disorders in Bayelsa state. Findings indicate that one of the major barriers to the effective management of substance use disorders is poor knowledge of substance use disorders management facility. The study shows that the public is still only vaguely aware of availability of facility for the management of substance-related disorders specifically and mental disorders generally. Our findings in this regards is consistent with previous findings in Nigeria (e.g. Gureje & Alem, 2000; Gureje et al., 2005) and other low income countries (Patel et al, 2007; Wang et al, 2007). It is necessary for people to know about what services are available and what can be expected from them, as well as identify when to seek professional support.

The centralised mental health system and travel/distance considerations were found to be major challenges to effective management of substance use disorders in Bayelsa state. Bayelsa state is a riverine state where water is the dominant route of transportation. Some of the eight local government areas of Bayelsa state are not accessible by road, and even most of the available roads are not in good conditions. Generally, water transportation takes longer time than air or land transportation. This could be appreciated when the geographical terrain of the state is considered. It is, therefore, apparent that even the few people that had the knowledge of available and effectiveness of substance use disorders treatment facilities would be reluctant in seeking professional help given the centralization of the facilities and the difficulties encountered in accessing them.

Long distances travelled to obtain services and the attendant loss of valuable man-hour that should be used for productive endeavours created barriers for many service users, especially rural dwellers that lack transportation, and who had to take time away from their trade, work or home responsibilities. Consequently, service users may experience financial burden in accessing facility, keeping follow-up appointments and paying for treatment. The need to pay for services results in many individuals being unable to sustain treatment, with very serious implications for the effective management of their conditions. These findings are consistent with previous studies (such as Ayorinde et al., 2004; Gureje et al., 2005; Patel et al., 2007) although these previous findings were on mental health services generally, rather than substance use disorders management which the present study focussed on. Nevertheless, it is our considered view that since most substance use disorders facilities are situated within the mental health facility (most are found in the psychiatric hospitals), it is plausible to relate findings from the two settings.

Another common theme unraveled in the present study was feeling of shame/fear of stigma or discrimination. Given the fatalistic and deeply-rooted cultural interpretations that people attach to substance-related problems (and mental illness generally), people may not seek or sustain treatment due to the fear of that others might think that they are accursed, or have compromised with certain cultural norms or have engaged in sacrilegious behaviours, thus bringing the misfortune upon themselves. Such beliefs are common in Bayelsa state. It is therefore, understandable that service users (or potential service users) would be reluctant in accessing treatment for fear of shame, stigma and discrimination.

In order to enhance the effectiveness of substance use disorders management in Bayelsa state, information about what services are available and where, needs to be widely disseminated to encourage people to seek treatment when the need arises. Services should be expanded and the number of personnel should be increased to assist in the identification, management and prevention of symptoms at all levels of care. The challenges associated with centralised care need to be addressed, specifically the waiting time, geographical access and the cost of services. Social education needs to occur for people to overcome cultural barriers that impact on those with mental disorders and this highlights the need for change in public attitude to support help seeking. In a nutshell, information about service availability and efficacy should be widely disseminated to encourage people to seek treatment; expansion of facility (institutions and personnel) for effective management of substance use disorders should be considered a top priority; the challenges associated with centralised care need to be addressed (specifically, waiting time, access and the cost of services should be reduced to the barest minimum); free or subsidised medication, especially for low-income persons should be considered; culturally-situated psychoeducation could be used to help people overcome cultural and attitudinal barriers associated with substance use disorders as well as to modify public attitude to support help seeking.

To the best of our knowledge, no previous study has investigated the challenges to effective management of substance use disorders in Bayelsa state. As the first

study on the subject matter in this Niger Delta state of Nigeria, where substance use disorders is assuming an increasingly deleterious dimension, our findings have implications that could influence both subsequent research, practice and policy innovations for care.

Caution should, however, be adopted in interpreting and generalizing the findings of this study, especially considering the following limitations of the study. First, the study was a qualitative study and was conducted among selected service users and professionals. Although necessary quality control measures were taken to guarantee high degrees of validity, it is also not impossible that there are other insightful and plausible explanations regarding barriers to effective management of substance use disorders in Bayelsa state. Second, purposive sampling technique was used in selecting participants for the study, coupled with the fact that only service users and few professionals were used. The sample may, therefore, not necessarily typify the overall Bayelsa people. The above-mentioned limitations, however, did not negate the valuable contributions of the study to the body of knowledge on this vital issue.

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