African Journal of Drug & Alcohol Studies, 11(1), 2012

PARENTAL INFLUENCE ON SUBSTANCE USE AMONG YOUNG PEOPLE IN THE NIGER DELTA REGION, NIGERIA

Festus Abasiubong,[1] Alphonsus U. Idung,[2] Sunday B. Udoh,[2] & Uwemedimbuk S. Ekanem[3]

[1]Department of Psychiatry; [2]Department of Family Medicine; [3]Department of Community Health Faculty of Clinical Sciences, College of Health Sciences, University of Uyo, Akwa Ibom State, Nigeria

ABSTRACT

The aim of this study was to assess the pattern and compare the rates of substance use in parents of children with substance use disorders in the Niger Delta region of Nigeria. Between January 2009 and December 2011, a total of 528 participants, comprising 255 fathers of children with substance use-related problems (study group) and 273 fathers of children without problems (comparison group) attending the Psychiatric Unit of the University of Uyo Teaching Hospital, were assessed, using a modified form of a 117-item self-report instrument based on the World Health Organization's guidelines for students' substance use surveys. The demographic characteristics of the respondents were similar. Locally available substances including alcohol were used more frequently than illicit substances by both groups. Possible reasons for using these substances included ready availability, unidentified personal problems, performance enhancement and unemployment. Substance use is on the increase in our environment and this may be attributable to environmental pressures and weak parental discipline.

Key Words: Parental influence, children, substance use, Niger Delta region

INTRODUCTION

Substance abuse is on the increase and of global concern (UNODCP, 2010). It is a major public health problem, especially in developing countries where there are few effective interventions. Substance abuse is the resultant effects of indulging in habit-forming substances. The pervasive influence of these substances especially on youth has been widely reported (Adesanya et al., 1997; Curtois et al., 2004). Many of the substances such as alcohol in the form of palmwine, local gins; kolanuts and tobacco in the form of snuff, pipe are local substances of traditional importance (Omibgodun & Babalola, 2004; Obot, 2005; Gureje et al., 2007; Parry, 2005). Factors observed to be contributing to their use include ready availability, custom and culture. There have been various reports of damaging effects of these substances on individuals (Adamson et al., 2000; Madu & Matla, 2003; Morojele

Corresponding Author: Dr. Festus Abasiubong, Department of Psychiatry, Faculty of Clinical Sciences, College of Health Sciences, university of Uyo, Akwa Ibom State, Nigeria. Email: fesab200@yahoo.com

et al., 2005). Earlier studies in Nigeria have attributed involvement of youths in various antisocial activities to the influence of substance use (Ekpo et al., 1995; Adesanya et al. 1997). Evidence has also shown its association with HIV/AIDS (Schwartlander & Sittitral, 1998), this is because the mode of use of some of these substances has been reported as risk factor for human immunodeficiency virus infection. Injection use is said to account for 5-10% of HIV/AIDS cases in many countries (UNO-DCP, 2000). Emotional and psychological problems have also been reported (Adamson et al., 2000). Therefore, there is need to control the use of these substances and by extension prevent the adverse social and economic impacts.

Substance abuse has continued to be one of the major public health burdens in addition to HIV/AIDS, although there are attempts aimed at reducing the associated health hazards in many countries. Efforts have been largely unsuccessful due to the complex nature of factors involved in substance use. There is increasing evidence that there is a genetic relationship between parents and children's substance problem (Adesanya et al., 1997). However, parental influence is of great significance since the important part of normal child development is the growth of moral awareness. Therefore, substance abuse being a maladaptive behaviour, is learned from significant others. Children who are exposed early in life get indulged through both modeling and operant conditioning (Omigbodun & Babalola, 2004). Parents who use substances themselves lack the ability to rear vulnerable children through the normal process of character building. Since the effects of right upbringing is acquiring a sense of what is right and wrong and the ability or desire to abide by rules and norms, children with defective background may grow to view substance use as exciting and rewarding. This seems to provide an explanation for the development and maintenance of substance use in children whose parents are abusing substances. Therefore, if efforts to curb substance use and associated deviant behaviour in children are to yield positive results, adequate attention must be focused on the family dynamics. Factors believed to be central to the development of a strong moral sense must be strengthened.

In Nigeria, despite the growing indulgence of youths in substances and associated social vices, data on the influence of parents are scarce. The interplay between the socioeconomic impact and the background influence of the family on the growing child seems to be ignored. In the Niger Delta region, the situation is compounded by the prevailing custom that encourages the presence and use of some of these substances in traditional functions and ceremonies. However, in view of the rapid urbanization and socioeconomic changes with attendant risks, more youths are becoming increasingly vulnerable to substance use. Therefore, there is need to explore various strategies aimed at prevention and control. This study examines the pattern and nature of substance use in fathers of children with substance use-related problem to determine the possible influence on their wards.

METHOD

Location of the study

The study was carried out at the Psychiatric Clinic of the University of Uyo Teaching Hospital, Uyo, a community in the Niger Delta region of Nigeria. This is a 300-bed hospital established in 1996, situated on the outskirts of Uyo, the capital of Akwa Ibom State. The state is one of the major oil producing states in the Niger Delta region. The hospital is the only tertiary health institution serving about 3.9 million people of Akwa Ibom State and its neighbouring states of Abia, Cross River and Rivers.

Participants

These consisted of 255 fathers of children with substance use-related problems (study group) and 273 fathers of children without substance use problem (comparison group), attending the Psychiatric Clinic of the University of Uyo Teaching Hospital, between January 2009 and December 2011.

Procedure

A total of 528 participants, made up of the two groups, completed a questionnaire adapted from a modified form of 117-item self-report instrument based on the World Health organization guidelines for students' substance-use surveys (Smart et al., 1989). This instrument has been used in several studies in many countries including Nigeria (Adelakan & Ndon, 1997; Fatoye & Morakinyo, 2002; Courtois et al., 2004; Abasiubong et al. 2008). The nature and pattern of use of substances were compared in the two groups. Information on age, marital status, educational level and occupation were elicited through a semi-structured sociodemographic questionnaire after consent was obtained. The participants were also assessed for reasons for using the substances. This study passed through the Ethics and Research Committee of the hospital for approval. Four assistants helped in administering the questionnaire to the subjects in the clinic.

Data analysis

The results of the study were analyzed using Statistical Package for Social Sciences (SPSS 17.0). Sample means and percentages were calculated from which simple frequency tables were created. Standard deviation from the mean was calculated and comparisons of categorical data were done using Chi-square. The p-value of less than or equal to 0.05 was used to determine the level of the statistical significance.

RESULTS

A total of 255 fathers of children with substance use-related problems (study group) were recruited into the study. This was compared with 273 fathers of children without substance use problems (comparison group). Table 1 shows the sociodemographic characteristics of the respondents. Two hundred and nine

Table 1: Sociodemographic characteristics of the respondents

Variables	Respondents			
	Study group (N=255)		Comp. group (N=273)	
	n (%)	n (%)	X^2	P-value
Age in years				
< 30	17 (6.7)	(26.9 (3.3)		
31-39	29 (11.4)	34 (12.5)	8.721	0.073
41-49	76 (29.8)	73 (26.7)		
51-59	60 (23. 5)	90 (33.0)		
>60	73 (28.6)	67 (24.5)		
Marital Status				
Married	129 (50.6)	143 (52.4)		
Single	48 (18.8)	32 (11.7)	9.349	0.025*
Sep/Divorced	51 (20.0)	77 (28.2)		
Widower	27 (10.6)	21 (7.7)		
Educational level				
NFE	42 (16.5)	19 (7.0)		
Prim. School	34 (13.3)	52 (19.0)	38.176	0.001*
Sec. School	48 (18.8)	105 (38.5)		
Higher School	131 (51.4)	97 (35.5)		
Occupation				
Unemployed	76 (29.8)	51 (18.7)		
Employed	101 (39.6)	129 (47.2)	9.043	0.011*
Self-employed	78 (30.6)	93 (34.1)		

*Statistically significant

(82.0%) of the study group and 230 (84.2%) of comparison group aged 41 years and above. One hundred and twenty nine (50.6%) of the study group and 143 (52.4%) of comparison group were married, 48 (18.8%) against 32 (11.7%) single; 51 (20.0%) against 77 (28.2%) were either separated or divorced; while 27 (10.6%) against 21 (7.7%) were widowers. A total of 131 (51.4%) against 93 (35.5%) had higher level of education; 48 (18.8%) against 105 (38.5%) had secondary school; while 34 (13.3%) compared to 52 (19.0%) had primary school education. Forty two (16.5%) of the study group against 19 (7.0%) comparison group had no formal education. One hundred and one (39.6%) of the study group against 129 (47.2%) comparison group were employed; 78 (30.6%) against 93 (34.1%) were self-employed; while 76 (29.8%) compared to 51 (18.7%) were unemployed.

Table 2 shows the pattern and prevalence of substance use among the respondents. Locally available substances were used equally by both groups, but at variable proportions. One hundred and forty seven 147 (57.6%) study group compared to 103 (37.7%) comparison group used palm wine (x^2=4.49; p>0.001). This was statistically significant. There was also statistical difference in the use of cigarettes, kolanuts, brewed beer, hot drinks, Indian hemp, as 109 (42.7%) study group against 73 (26.7%) comparison group indulged in cigarettes (X^2=3.78; p>0.001); 66 (25.9%) against 39 (14.3%) indulged in brewed beer (x^2=3.28; p>0.001); 68 (26.7%) against 24 (8.8%) used hot drinks (x^2=5.30; p>0.001); 45 (17.6%) against 19 (7.0%) used kolanuts (x^2=3.60; p>0.001); 83 (32.5%) against 87 (31.9%) consumed local gin (x^2=0.05; p<957)) and 33 (12.9%) study group compared to 11 (4.0%) comparison group used Indian Hemp (x^2=3.55; p>0.001); while 77 (30.2%) against 62 (22.7%) consumed bitter kola (x^2=1.86 p<0.063); 51 (20.0%) against 49 (17.9%) used tobacco/snuff (x^2=0.50; p<0.614. A total of 41 (16.1%) of study group and 37 (13.6%)

Table 2: Pattern and prevalence of substance use among the Respondents

Substances	Respondents			
	Study group (N=255)		Comp. group (N=273)	
	n (%)	n (%)	X^2	p-value
Kolanut	45 (17.6)	19 (7.0)	3.60	0.001*
Bitter kola	77 (30.2)	62 (22.7)	1.86	0.063
Tobacco/snuff	51 (20.0)	49 (17.9)	0.50	0.614
Cigarette	109 (42.7)	73 (26.7)	3.78	0.001*
Palmwine	147 (57.6)	103 (37.7)	4.49	0.001*
Local gin (Ogogoro)	83 (32.5)	87 (31.9)	0.05	0.957
Brewed beer	66 (25.9)	39 (14.3)	3.23	0.001*
Hot drinks	68 (26.7)	24 (8.8)	5.30	0.001*
Sleeping drugs	41 (16.1)	37 (13.6)	0.69	0.493
Indian Hemp	33 (12.9)	11 (4.0)	3.55	0.001*
Cocaine	13 (5.1)	5 (1.8)	1.85	0.064
Heroin	5 (2.0)	3 (1.1)	0.49	0.627
Lysergic diethylamide Acid	-	-	-	-
Anabolic steroids	-	2 (0.7)	0.61	0.450

*Statistically significant

comparison group used sleeping drugs such as Lexotan and Valium (x^2=0.69; p<0.493); 13 (5.1%) against 5 (1.8%) indulged in Cocaine (x^2=1.85; p<0.064); while 5 (2.0%) compared to 3 (1.1%) used heroin. The use of anabolic steroids was found only in 2 (0.7%) of the comparison group.

Various reasons were given by both groups for using the substances. Table 3 shows the different reasons given by the respondents. A total of 103 (40.4%) of study group and 97 (35.5%) of comparison group used substance for no specific reasons; 89 (34.9%) against 93 (34.1%) indulged in them because of ready availability, 43 (16.9%) against 47 (17.2%) claimed to use some of the substances for undisclosed personal problems; 64 (25.1%) compared to 23 (8.4%) used substances as a result of being unemployed; while 19 (7.5%) of the study group and 17 (6.2%) comparison group used them for performance enhancement. A total of 13 (5.1%) study group compared to 15 (5.5%) of comparison group indulged in them because of influence from others.

DISCUSSION

This study shows that substance use is common in our environment. Two important observations are prominent in the study. First is that there is high level of use of locally available substances as reported in previous studies (Omibgodun & Babalola, 2004; Parry, 2005; Gureje et al., 2007; Morten et al., 2008). This level of use may not be unconnected with the custom that encourages the presence and unrestricted use of locally available substances in all traditional functions and ceremonies (Obot, 2005; Gureje, 2007; Weiss, 2008). The second observation is that regardless of the level, substance use is not only limited to the parents of children admitted for drug problems. Social attitude and culture play a great role in either encouraging or discouraging the habit (Omigbodun & Babalola, 2004). This has wider implication in our environment. Therefore, if efforts aimed at reducing substance use problems must yield the desired result, attention must not only be focused on those seeking medical help. This is so because clinic patients may not give adequate measure of the extent and nature of the scope of substance involvement. A large number of people using substances do not regard it as a problem and rarely seek medical attention. Strategies aimed at controlling substance use should include intensive programs, which must be holistically instituted to help change community attitude and promote moral values.

In line with previous studies, our study shows that among the substances, alcohol is the most widely used (Fatoye & Morakrinyo, 2002; Abasiubong et al., 2008; Roerecke et al., 2008). This is consumed in many different forms and proportions, ranging from palm-

Table 3: Possible reasons for currently using the substances among the Respondents

Variables	Respondents	
	Study group (N=255)	Comparison group (N=273)
	n (%)	n (%)
Easy to get (Availability)	89 (34.9)	93 (34.1)
Unidentified Personal problems	43 (16.9)	47 (17.2)
Unemployment	64 (25.1)	23 (8.4)
Enhanced performance	19 (7.5)	17 (6.2)
Influence from others	13 (5.1)	15 (5.5)
Unidentified reasons	103 (40.4)	97 (35.5)

wine, local gin, brewed beer and hot drinks. In this study, the use of alcohol cuts across both the study group and the comparison. Although, one may be tempted to conclude that the use is environmentally determined, there is variation in rates of use. This may be responsible for the many health challenges in our environment. Therefore, in view of its being an important risk factor for disease burden and social harm (Rehm et al., 2004), there is need to halt the trend and pattern of use of alcohol. This is because it has been reported that alcohol accounted for 3.2% of all deaths and 4.0% of all disability adjusted life years (DALYs) in 2000.

The findings of this study also show the emerging increase in the use of illicit drugs. Although, the pattern as revealed in this study was more in the study group than the comparison group. However, the rates of use are not as high as the locally available substances. Regardless of the quantity, one major concern is the harmful effects of these substances. In this study about 13% of the study group used Indian Hemp and 5% used Cocaine. This when compared to 4% and 2% of the comparison group that used Indian hemp and Cocaine respectively, portray a dangerous trend. The reason being that in many instances, the use of habit-forming drugs is outside the conscious control of an individual. This often leads to both risk-taking and novelty seeking behaviour (Kampov-Poleyvoy et al., 2004). Substance use also has adverse health implications. There is a strong association between substance use and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS). Evidence has shown that HIV/AIDS may be due to the mode and paranphrenalia employed in the use of illicit substances. In the US, intravenous drug users (IDU) were found to be responsible for new cases of HIV/AIDS in the year 2000 (UNODCP, 2000). There is also increasing evidence that the use of illicit drugs, such as Indian hemp may be associated with a variety of emotional and psychological problems (UNODCP, 2007; Moore, 2007).

Our study also seems to demonstrate that substance use is environmentally determined. This is buttressed by the fact that a large number of the comparison group were also found to be using substances as well. Although, it is difficult to determine in this study what factors specifically are responsible for the use of these substances, the variation in the rates and proportion of different substances used seem to lay credence to parental influence. In almost all the substances except anabolic steroids, the rate of consumption was more among the study group. Although recent formulations that combine biochemical and cognitive approaches emphasize the role of dopamine in mediating incentive learning, substance abuse is maladaptive behaviour and can be learned through modeling. It is possible the role of dopamine is to facilitate the learning process by stimulating motivational behaviours that focus on the need for continuous supplies. It is important to emphasize that substance use is a multifaceted problem and several factors may be contributing to their usage. Sociocultural variables such as attitudes towards the substance, peer pressure and how the substance is portrayed by media are also related to how frequently a substance is used. Though not demonstrated in this study, personality factors have also been identified to contribute to substance use. Substance use has been associated with chronic anxiety, a pervading sense of inferiority complex, or self-indulgent tendencies. Although, this is likely to apply to those with antisocial personality disorder who are known to be at increased risk of using substances and developing dependence, we could not justify in this study any incidence of antisocial personality among our participants.

Different people use and abuse drugs for different reasons. Despite the intimidating harmful effects of these substances, the scope is expanding. In our study, about 40% and 35% of the study and comparison groups respectively used substances for no specific reason. This may probably be just for perceived enjoyment. The findings also suggest that ready availability accounts for about 35% of reasons why people indulge in the use of substances. This is similar to the findings in previous studies (Omiggodun & Babalola, 2004; Obot, 2007; Gureje, 2007). The interplay between the prevailing socicio-

economic difficulties and unemployment has made young men and women vulnerable to substance use. Therefore, if efforts to control substance use and their associated problems are to yield positive results, unemployment which plays a significant role in substance use must be contended. Regardless of the level of use, some of these substances have the potential of addiction (Obot, 2007). Other possible reasons recorded in this study as being responsible for the use of substance are variable. Unidentified personal problem accounts for about 17% of the reasons why the participants use substances. In this study, a more dangerous reason is the revelation that substances are also being used to enhance performance. This is serious and could be detrimental, because the perceived reward could lead to poor drug control and prevention. Though not specifically revealed in this study, other possible reasons may include poor sleep, fever, pains and infections. This is because it is a usual practice and custom in our environment to treat certain illnesses with native concoctions mixed with some of these substances.

The limitation of this study is that the survey is based on self-report, which is subject to obvious error. This is a hospital based study and the results cannot be generalized One other major drawback in this study is the inability to determine the levels of different substances in either the urine or blood.

In conclusion, this study has shown that substance use is common in our environment and this can lead to substance abuse. Regardless of socioeconomic standing, the abuse is a multifaceted problem and is very difficult to manage. Since prevention still remains the key in the control of substance use and its associated problems, parental guidance is important to protect children from indulging in the habit. Children must be monitored and supervised in whatever they do, and parents must live a drug free life worthy of emulation, in order to act as role models. The observations from this study suggest that the scope of substance use is expanding. Therefore, there is need to embark on strategies aimed at increasing community awareness on the harmful effects of these substances. Efforts aimed at controlling the sale and use of these substances in our environment must also include policymakers to enact laws and legislation.

Recreational facilities must be provided to engage youths and channel their interest to other activities that may encourage them to be productive. This would help to develop and take their minds away from drug-related ventures. Efforts must be made to improve our healthcare facilities and services, so as to be able to cater for numerous people with substance-related problems in our environment. There is also an urgent need to create and equip drug rehabilitation centres with vocational training facilities to engage idle youths without jobs to be self-reliant and self-sufficient in order to fend for themselves.

REFERENCES

Abasiubong, F., Bassey, E.A., Atting, I. A., Ekott, J. U. (2008). A comparative study of knowledge and substance use in two secondary schools in Akwa Ibom State, Nigeria. *Nigerian Journal of Clinical Practice*, 11(1), 45-51.

Adamson, T.A., Adebowale, T.O., Jinadu, F.A., Ibikunle, A., Ajayi, A., & Alatishe, A. (2000). Drug use, GHQ and MMPI profiles of cult-members in South Western Nigeria. *Proceedings of the Annual Conference of the Association of Psychiatrists in Nigeria*. (pp. 87-95). Calabar: The Association of Psychiatrists in Nigeria.

Adelakan, M.L., & Ndon, R.J. (1997). Trend in prevalence and pattern of substance use among secondary school pupils in Ilorin, Nigeria. *West African Journal of Medicine*, 16 (3), 157-164.

Adesanya, A., Ohaeri, J.U., Ogunlesi, O.O., Adamson, T.A., & Odejide, O. A. (1997). Psychoactive substance abuse among inmates of Nigerian prison population. *Drug and Alcohol Dependence*, 47, 39-44.

Courtois, R., El-Hage, W., Moussiessi, T., & Muliet, E. (2004). Prevalence of alcohol, drug use and psychoactive substances consumption in samples of French and

Congolese High School students. *Tropical Doctor*, 34, 15-17.

Ekpo, M., Adelakan, M.L., Inem, A.V., Agomoh, A., Agbor, S., & Doherty, M. (1995). Lagos Area Boys and Girls in rehabilitation: Their substance use and psychosocial profiles. *East African Medical Journal*, 72, 311-316.

Fatoye, M.O., & Morakinyo, O. (2002). Substance use amongst secondary school students in rural and urban communities in South Western Nigeria. *East African Medical Journal*, 79 (6), 299-305.

Kampov-Polevoy AB, Eick C, Boland G et al. (2004). Sweet liking, novelty seeking, and gender predict alcoholic status. Alcoholism, Clinical and Experimental research, 28, 1291-8.

Madu, S.N., & Matla, M.O. (2003). Illicit drug use, cigarette smoking and alcocohol drinking behaviour among sample of high school adolescents in the Pieterburg area of the Northern Province. *South African Journal Adolescents*, 26 (1),121-56.

Morojele, N., Flisher, A.J., & Parry, C.D.H. (2005). Urbanization, youth and substance use in South Africa. In I. S. Obot & S. Saxena (Eds.), *Substance use among young people in urban environments* (pp. 103-120). Geneva: World Health Organization.

Obot, I.S. (2007). Nigeria: alcohol and society today. *Addiction*, 102, 519-522.

Obot, I.S. (2005). Substance use among students and out-of-school youth in an urban area of Nigeria. In I.S. Obot & S. Saxena (Eds.), *Substance use among young people in urban environment* (pp.133-146). Geneva: WHO.

Omigbodun, O.O., & Babalola, O. (2004). Psychosocial dynamics of psychoactive substance misuse among Nigerian adolescent. *Annals of African Medicine*, 3 (3): 111-115.

Parry, C.D.H. (2005). South African: alcohol today. *Addiction*, 100, 426-429.

Rehm, J., Room, R., Monteiro, M., Gmel, G., Graham, K., Rehn, N. et al. (2004). Alcohol use. In M. Ezzati, A. Lopez, A. Rodgers, & C.Murray (Eds.), *Comparative quantification of health risks: global and regional burden of disease attributable to selected major risk factors* (pp. 959-1109). Geneva: WHO.

Roerecke, M., Obot, I.S., Patra, J., Rehm, J. (2008). Volume of Alcohol Consumption, Patterns of Drinking Burden of Disease in Sub-Saharan Africa, 2002. *African Journal of Drug and Alcohol Studies,* 7 (1),1-16.

Smart, R.G., Hughes, P.H., Johnson, I.D. et al. (1980). *A methodology for student drug-use surveys* (WHO Offset Publication No. 50). Geneva: World Health Organization.

Schwartlander, B., & Sititttral, W. (1998). Commentary: HIV/AIDS in the 1990s and beyond. *Bulletin of the World Health Organization*, 75 (5): 437-443.

United Nations Office for Drug Control and Crime prevention (2000). *2000 World Drug Report*. Vienna: UNODCP.

United Nations Office on Drug Control and Crime (2007). *2007 World Drug Report*. Vienna: UNODCP.

United Nations Office on Drug Control and Crime (2010). *2010 World Drug Report*. Vienna: UNODCP.

Weiss, S. (2008). Alcohol use and abuse among Ethiopian Immigrants in Israel: A Review. *African Journal of Drug and Alcohol Studies*, 7(1), 27-40.