

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF SUBSTANCE ABUSERS ADMITTED TO A PRIVATE SPECIALIST CLINIC

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SUMMARY

Substance abuse is an increasing global socio-medical problem. The present study examines fifteen socio-demographic characteristics of abusers and compares some of the characteristics to randomly selected non-substance abusers. The results show that substance abuse is largely a problem of the young/adolescent males ($p < 0.05$). There are significant differences between male and female substance abusers ($p < 0.05$). Some of them seek treatment four to five years from their initial indulgence. About one third of abusers drop out of school at the secondary level of their education ($p < 0.05$). More than half of the parents of abusers are either divorced, separated or never married ($p < 0.05$). There were no significant differences between the abusers and non-abusers with regards to ethnicity or religious affiliation. Other factors, which are positively related to substance abuse, are large number of siblings in the family and crime. Surprisingly, most substance abusers perceive the attitudes of their parents towards them as warm and normal in spite of the emotional and financial stresses they cause to their parents.

Keywords: Socio-demographic characteristics, inpatients, substance abuse, private clinic, Accra metropolis.

INTRODUCTION

The health of man is rooted in his socio-cultural environment, which affects his psychophysical development and his well-being. It is the same socio-environmental factors which determine his life-style and behaviour. We learn from history that man has always sought respite from trials and tribulations of daily life in certain drugs, herbs and potions which have the capacity of relieving tension, anxiety, fatigue, frustration and indeed transformation of reality into trance or ecstatic states. Amongst these drugs, alcohol appears to have the approval and acceptance in some societies provided it is used sensibly and in moderate quantities. Their uses are often associated with a variety of cultural ceremonies. Why then some of these drugs constitute important social and public health problems today? The answer lies in the tremendous influence of public opinion in defining the

legitimate concerns of medicine and public health problems. Because of the harmful effects of these drugs on health, society has demanded a legal and public health intervention. Among these drugs are notably alcohol, heroin, cocaine, cannabis and nicotine.

Ghana is not spared in this substance abuse pandemic. Day in day out the media is reporting the escalating of these anti-social habit in the dailies. Recently, a publication in the weekly Ghanaian Spectator (26th September edition 2001) noted that the major drugs abused by adolescents include cannabis, cocaine and heroin. The publication further noted that statistics from Ghana Narcotics Board indicate higher arrest rates for cannabis followed by heroin and cocaine. Overall figures also show that there is greater involvement of males in drug-related offences than females¹. The future wealth and manpower of any country depend on the mental and the physical health of the youth of today. It is therefore important for all countries including Ghana to adopt concrete and appropriate strategies in combating any physical, psychological and socio-medical problem which may affect the youth negatively. The factors leading to substance abuse are many. Any meaningful study in the area should therefore involve psychologists, psychiatrists, sociologists, anthropologists, philosophers, the law enforcement agencies and men of religion.

Furthermore, a developing country like Ghana is already saddled with deadly infectious diseases, which are eating into the meagre resources available for public health. The addition of psychosocial illnesses like substance abuse will be detrimental. It is therefore important that workers in this discipline should focus their attention on the primary prevention of this escalating socio-medical problem, since secondary and tertiary preventions are costly and in most cases ineffective. This study was undertaken to throw some light on areas where primary prevention strategies may be applied. The second part of the study was to compare these substance abusers with randomly selected control group of non-abusers.

SUBJECTS AND METHODS

The present study was undertaken in a private specialist clinic located in the Accra Metropolis. The clinic has inpatient facilities for twenty-eight males and female patients. The subjects for the study were patients who were on admission between June 1997 and October 2002. Out of the one hundred and five consecutively admitted with a history of substance abuse, only eighty-seven were included in the study after screening. The screening of the abusers was to exclude any co-morbid illnesses which may be associated with substance abuse. In particular schizophrenic illness, affective disorders and organic brain diseases were excluded from the study. Patients who denied indulgence but their relatives insisted on their indulgence were also excluded from the study. The psychiatric diagnoses were in accordance with DSM-IV². The patients were interviewed and assessed by the author during their three weeks stay for detoxification. All the relatives were also interviewed alone in order to reassess the patient's suitability for the project. Each interview with a patient lasted for about forty-five minutes and that of the relatives was about fifteen minutes. Eight-seven non-abusers of drug were randomly selected from the students and non-teaching and teaching staff at Legon campus, University of Ghana. The choice was influenced by the fact that substance abuse is a problem of the youth and furthermore the students and the employees of the University of Ghana, Legon were more accessible for further interviews. The eighty-seven randomly selected non-abusers were personally interviewed by the author in order to ascertain whether they had used drugs in the past. None had used drugs in the past.

Fifteen socio-demographic characteristics were examined. They were:

1. Age of abusers and non abusers
2. Ethnicity
3. Religion
4. Sex
5. Age of first abuse
6. Level of education
7. Number of police arrests
8. Life status of parents
9. Marital status of parents
10. Patient's perception of parental attitude
11. Patient's perception of attitudes of other siblings in family.
12. Birth order of the patients
13. Number of siblings in the family
14. Up bringing
15. Initiation of admission

The data was analysed using chi square to compare the two groups.

RESULTS

Age of abusers and non-abusers

Table 1 shows the ages of abusers and non-abusers. The mean ages for abusers and non-abusers were 29.24 years and 26.66 years respectively.

Table 1 Ages of abusers and non-abusers

Age in years	Abusers		Non-abusers	
	No	%	No	%
10-14	1	1.1	0	0
15-19	5	5.7	1	1.2
20-24	19	21.8	43	49.4
25-29	25	28.7	19	21.8
30-34	14	16.2	14	16.2
35-39	12	13.8	5	5.7
40-≥	11	12.6	5	5.7
Total	87	100.0	87	100.0

Abusers mean = 29.24years SD = 7.46years
 Non-abusers mean = 26.66years SD =6.04years

The age of abusers on first abuse

Table 2 shows the ages on first abuse by the abusers. The majority of the abusers started abusing drugs between the ages of 15-19 years accounting for 56.3% of all the abusers. In all 83.8% of the abusers started abusing drugs between the ages of 15 and 24 years.

Table 2 Age of abusers on first abuse

Age in years	N=87	N=%
10-14	6	6.9
15-19	49	56.3
20-24	24	27.5
25-29	5	5.7
30-34	2	2.4
35-39	1	1.2
40+	0	0
Total	87	100%

Mean Age = 19.18years SD = 4.4years

Table 3 shows the gender characteristics of abusers and non-abusers.

There was significant differences between abusers and non-abusers with regard to gender status ($\chi^2 = 30.302$, $df = 1$, $p < 0.05$).

Table 4 shows the level of education for the abusers and the non-abusers. At tertiary level of education, 1.2% of the abusers have dropped out of school. There are no dropouts at the tertiary in the non-abusers group. At the secondary level of edu-

cation 33.3% of the abusers have dropped out of school while only 3.4% of the non-abusers group have dropped out of school. There were no drop-outs in the basic level by the abusers while there was 1.2% dropouts in the non-abusers are from the basic level of education.

There are significant differences between level of educational status and dropouts of respondents ($\chi^2 = 34.782$, $df = 1$, $p < 0.05$).

Table 3 Gender characteristics of abusers and non-abusers

Sex	Abuser		Non-abuser	
	No	%	No	%
Male	83	90.0	53	60.9
Female	4	10.0	34	39.1
Total	87	100	87	100

Table 4 Educational levels and drop out of abusers and non-abusers

Education level	Abusers		Non-abusers	
	No.	%	No.	%
Tertiary	16	18.4	69	79.3
Tertiary dropout	1	1.2	0	0
Secondary	30	34.5	13	14.9
Sec. dropout	29	33.3	3	3.4
Basic	11	12.6	1	1.2
Basic dropout	0	0	1	1.2
Total	87	100	87	100

Table 5 Marital status of parents of abusers and non-abusers

Marital status	Abusers		Non-abusers	
	No.	%	No.	%
Divorced	33	38.0	21	24.1
Still married	29	33.3	54	62.1
Separated	19	21.8	10	11.5
Never married	6	6.9	2	2.3
Total	87	100	87	100

Table 5 shows the marital status of parents of the abusers and non-abusers. It is worth noting that divorce, separation and never married were more common in the abusers parents than the non-abusers parents' population and that most of the parents of the non-abusers group were still married.

The differences between abusers and non-abusers with regard to marital status of parents was statistically significant ($\chi^2 = 70.989$, $df = 4$, $p < 0.05$).

Table 6 shows religious affiliation of subjects.

There was no significant difference between the two groups ($\chi^2 = 1.691$, $df = 2$, $p > 0.05$).

Table 6 Distribution of religious affiliation of abusers and non-abusers

Religious affiliation	Abusers		Non-abusers	
	No.	%	No.	%
Christians	72	82.8	65	74.7
Muslims	10	11.5	15	17.2
Others	5	5.7	7	8.1
Total	87	100	87	100

Table 7 shows the ethnic origins of the subjects. There was significant difference between the two groups ($\chi^2 = 1.551$, $df = 5$, $p > 0.005$).

Table 7 Ethnicity status of abuser and non-abusers

Ethnicity status	Abusers		Non-abusers	
	No.	%	No.	%
Ashanti	29	33.3	34	39.2
Ga-Adagme	19	21.8	19	21.8
Ewe	13	15.0	14	16.0
Fanti	13	15.0	10	11.5
Northern	9	10.3	8	9.2
Other	4	4.6	2	2.3
Total	87	100	87	100

Table 8 shows the life status of parents of abusers and non-abusers. On the whole, the differences between the life status of the parents of abusers and non-abusers are significant ($\chi^2 = 13.277$, $df = 4$, $\chi^2 = 24.078$, $p < 0.01$).

Table 8 Life status of parents of abusers and non-abusers

	Abusers		Non-abusers	
	No.	%	No.	%
Both parent alive	46	52.5	75	87.4
Father dead	22	25	4	4.6
Mother dead	9	11.0	3	3.7
Both dead	8	9.2	4	4.6
Not known	2	2.3	1	0
Total	87	100	87	100

$\chi^2 = 13.277$; $df = 4$; $\chi^2 = 24.978$; $p < 0.01$

Perception of parents' attitudes

Of a total of eighty-seven abusers, forty (45.5%) felt that their parents' attitudes towards them were normal, thirty six (41.5%) felt their parents' attitudes towards them were warm, eight (9.5%) felt their parents have negative attitudes towards them and three (3.3%) were not sure. Of the eighty-seven in the non-abusers, twenty-three (26.4%) felt their parents have warm attitudes toward them

and forty-nine (56.4%) felt their parents have normal attitude toward them, five (5.7%) felt the attitudes of their parent towards them were negative, while ten (11.5%) were not sure about parents' attitudes toward them. There was a tendency for abusers to perceive attitudes of their parents towards them as warm.

Perception of attitudes of siblings

This was an evaluation of the way the abusers and the non-abusers perceived the attitudes of the other siblings in the family towards them. Of the eighty-seven abusers, forty-three (49.4%) felt the attitude of other siblings in the family towards them were warm; thirty-six (43%) felt the attitudes of the other siblings in the family towards them were normal. While five (5.1%) felt that the attitudes of other siblings in the family towards them were negative. Three (3.4%) were not sure of the perception of the other siblings towards them. Forty-five (51.7%) of the non-abusers perceived the attitudes of the siblings in the family towards them as were warm. Forty (46.9%) felt the attitudes of the other siblings in the family towards them were normal while only one (1.2%) felt that the attitudes of the other siblings in the family towards them were negative. The perception of the abusers and the non-abusers group seemed to be very similar in pattern.

Upbringing

This was to find whom each abuser and non-abuser stayed longest with in his or her childhood and adolescent periods. Thirty-eight of the abusers (43.4%) were in the care of both parents during their formative years, twenty-seven (31.0%) were with other relatives, twenty (22.8%) were with their mothers, while two (2.8%) were with their fathers. In the non-abusers group, fifty-five (63.2%) stayed with both parents, ten (11.5%) stayed with relatives, eighteen (20.7%) stayed with their mothers and five (5.7%) stayed with their father. There was a tendency for non-abusers to have stayed with both parents.

Number of siblings in the family

The highest number of siblings in one family of the abusers was surprisingly thirty-two. For the eighty-seven abusers, the total number of siblings in their families was eight hundred and seventy. In the non-abusers group, the highest number of siblings in one family was seventeen. The total number of siblings in the non-abusers group was four hundred and eight. This shows that non-abusers come from smaller families when compared to the abusers group. The ratio is 4.7 to 10.0 respectively.

Birth order

Of the eighty-seven abusers, twenty (22.9%) first born, fifteen (17.2%) were second born, twelve (12.7%) were third born, twelve (12.7%) were 4th born, ten (11.4%) were 5th born and twelve (27.7%) were 6th born. Except two (2.2%) who were 7th born, 8th to 11th born were all 1 (1.1%) each. With non-abusers group, twenty-nine (33.3%) were first born, twenty (22%) were second born, eight (9.2%) were third born, six (6.9%) were 4th born, ten (11.4%) were fifth born, four (2.2%) were sixth born, three (3.4%) were 7th born, two (2.2%) were 8th born, one (1.4%) ninth born, two (2.2%) tenth born and finally one (1.4%) was the eleventh born. Birth order does not show any definite pattern of distribution.

Number of police arrests

Of the eighty-seven abusers there were forty-two (48.2%) police arrests. The highest individual arrests was fifteen. No police arrests were made in the non-abusers.

Initiating of treatment

Of the eighty-seven patients, thirty-six (41%) were brought by parents, thirty-six (41%) were brought by relatives and fifteen (17.3%) reported on their own initiative.

DISCUSSION

This study sought to identify some socio-demographic factors which may be related to patients admitted to a specialist clinic suffering from substance abuse in the Accra metropolis. Even though the number of subjects is comparatively small, it is not out of place to draw some conclusions from this study.

Many studies have consistently shown that substance abuse is a problem of the youth^{3,4,5}. Indeed, Schuckit⁶ observed that for most substances, the age period of highest prevalence of abuse as well as the highest likely quantity of intake for each of the relevant substances occur between the mid-teens and mid twenties. The present study shows similar pattern in age distribution. The highest age range of the first substance abuse by the abusers in the present study is between 15-24 years, accounting for 83% of the population of the abusers. However, the highest age range on admission of the substance abusers is 20-29 years, accounting for 48% of the population of the substances abusers. It therefore appears that there are 4 to 5 years interval between the time of first abuse and the time of admission. Factors which influence their indulgence in substance abuse are likely to be peer

pressure, experimentation, recreation, circumstantial situations in alerting the mind for examination or “brain expander” phenomenon⁶. Factors like ignorance, modelling and rebellious acting-out against authorities may also play an important role. The present study shows clearly that substance abuse is an adolescent male problem than their female counterpart. The differences between the genders are significantly ($p < 0.05$). There has always been gender imbalance in substance abuse. This has led to various explanations, however the most appealing explanation is that propounded by Maccob and Jaklin⁷. They postulated that it is possible that these inequalities in gender distribution may be due to, some degree, the innate differences between both sexes in their readiness to learn certain behaviours. Thus males are associated with aggression, violence, independency and adventurism, which are potent factors in the initiation of substance abuse. Women are, on the other hand, conceptualised as more emotional less aggressive, more dependent and less adventurous. These explanations are still controversial.

The study also looked at the educational levels and the dropouts in abusers and non-abusers. From the distribution, it is evident that the greater number of substance abusers dropped out of school at the secondary school level (33.2%). Only 3.5% of the non-abusers dropped out of school at this level. The differences between the groups are significant ($p < 0.05$). In a similar study³, it was found that 46% of students start using drug at the secondary school level while 13% begin after entering the university. The factors, which may account for this high level of dropouts at the secondary school as a result of substance abuse, may include immaturity, peer pressure and other factors mentioned earlier. While there were no dropouts in the non-abusers at tertiary level, the abusers showed a dropout of only 1.2%. The explanation for this low dropout at the tertiary level may be due to the fact that the potential substance abusers have become more mature, less likely to be influenced by peer pressures, less adventurous and more knowledgeable about the negative effects of substance abuse. School performance seems to be inversely linked to adolescent substance abuse⁸. Higher levels of smoking are associated with poorer school performance⁴. Drug use is eroding school performance among large segments of a given population and it is a major unresolved problem⁵.

The study compared the marital status of parents of abusers and the non-abusers. Compared with the abusers, it is quite clear that about twice the num-

ber of the non-abusers' parent are still married. The differences are significant ($p < 0.05$). In terms of divorce, there was a marked difference between the parents of non-abusers (24.1%) and those of the abusers (38.0%). The study also shows that the death of one or both parents renders a youngster more vulnerable to substance abuse. Twenty-five percent of the abusers have lost their fathers while only 4.6% of the non-abusers have lost their fathers. Forty five percent of the abusers have lost either one or both parents, while only 12.9% of the non-abusers have lost one or both parent. The differences between the life status of the parents of abusers and non-abusers are significant ($p < 0.05$). The reasons for these findings may be that parents play the greatest role in the development of the child in the home and the family. This role involves primarily a source of emotional warmth, comfort and socialization for the child. A loss of parent or both parents through death or long separation usually has a negative impact on the behaviour of the growing child especially where there is no appropriate substitute. This negative effect manifests itself more with the loss of fathers (25.3%) than mothers (10.3%). This may be due to lack of paternal authority or role model in such unfortunate situations. In the publication by the Royal Colleges of Psychiatrists and Physician⁹, it was observed that neglected children have a higher risk of developing drug problems and that other negative factors such as parental divorce, death, serious illness, and long hospitalization also increase the vulnerability to drug abuse. It may be argued that emotional deprivation is not a serious problem in Ghana because of the traditional practice of extended family. This practice is, unfortunately, gradually disappearing and giving way to nuclear family practice. The study, as expected, does not show any significant difference between the ethnicity and religious affiliation of the abusers and the non-abusers.

It also appears, from the present study that the chances of substance abuse are less when the young or the adolescent stays with both parents rather than others. The worse parents the drug abusers stay with are their mothers. The explanations for these findings have been highlighted above. The importance of family cohesion has also been stressed by Forster et al¹⁰. There are no relationships between birth order and substance abuse worth commenting on in the present study. The non-abusers have a total sibling of four hundred and eight (average of 4.7) while that of the abusers is eight hundred and seventy (average of 10). These findings should be interpreted in socio-

cultural and economic contexts. These contexts include religious practices, economic deprivation, illiteracy, polygamy and unemployment.

With regard to parent's attitudes, it is rather surprising to note that most of the abusers felt that the attitudes of their parents toward them were warm, in spite of the emotional, physical and financial problems they cause their parents. It may be that their parents show more affection and protection because of a feeling of guilt resulting from their failure to be good parents. On the other hand, there were similarities between the perceptions of the attitudes of the siblings in the families of both the abusers and the non-abusers.

The present study shows that there is a strong association between some forms of substance abuse and crime. The abuse of alcohol, for example, is highly correlated with violent crimes. It is common knowledge that offenders committing murder and other violent assaults, use alcohol and cannabis before the crime. Cannabis abuse was significantly associated with Nigerian prisoners who were serving less than six months of arm robbery¹¹. Heroin addicts must find money to support their habit and most addicts steal in order to raise money to enable them to continue their drug abuse. However, heroin addiction tends to be associated with less violence¹². Forty-five (45%) of the abusers have been arrested by the Police at one time or the other in the present study. None of the non-abusers have been arrested in their live by the Police. The offences of the arrested abusers range from burglary, disorderly behaviour, trafficking of drugs, possession of drugs and armed robbery. The study shows that both relatives and parents equally initiate the treatment of abusers.

The major biases in the present study are firstly the question of affordability. Since the study was undertaken at a private specialist clinic, only those who could afford will patronize the clinic. Secondly, the perception of the parents and siblings of the abusers will depend, to some extent, on the level of education of the parents and siblings of the abusers. It will be interesting to have investigated whether the parents themselves or other siblings in the family are abusing drugs. Children of drug abusers are very vulnerable to the abuse of alcohol and other hard drugs^{13,14}.

REFERENCES

1. Ghana weekend spectator, 11th September, 2002.

2. DSM-IV (TRIM) 200.
3. Webb E, Ashton CH, Kamali F. Alcohol and drug use in U.K. University students. *Lancet* 1996; 348: 922-925.
4. McC Miller P and Plant M. Drinking, smoking and illicit drug use among 15 and 16 year old in the United Kingdom. *Br Med J* 1996; 313: 394-397.
5. Byrd RS, Weitzman M, Doniger AS. Increased drug use among old-for-grade adolescent. *Arch Pediatr Adolesc* 1996; 150: 476.
6. Schuckit MA. Drug and alcohol use, 1995, Plenum medical books company, New York.
7. Maccoby EE and Jacklin CN. The psychology of sex difference 1974(b). Stanford University Press, Stanford, USA.
8. Jessor R, Jessor S. Problem behaviour and psychological development. A longitudinal study 1997. New York Academic Press Inc. New York.
9. Drugs dilemmas and choices 2000 Royal Colleges of Psychiatrists and Physicians, Gaskell, London.
10. Forster LM, Tannhauser M, Barros HM. Drug use among street children in Southern Brazil. *Drug and alcohol dependence* 1996; 43(1-2): 57-62.
11. Adesanya A, Ohaeri JU, Ogunlesi AO, Adamso TA, Odejide OA. Psycho active substance abusers among inmates of Nigerian Prison Population Drug and Alcohol Dependence, 1997; 47(1): 39-44.
12. Second report of national commission on marijuana drug abuse in American 1973; 30-32 and 93-98.
13. Kumpfer KL. Outcome measure of interventions in the study of children of substance using parent. (Review) *Paediatrics* 1999; 103(5, 2): 1128-1144.
14. Johnson JL, Leff M. Children of substance abusers: overview of research findings (Review) *Paediatrics* 1999; 103(5, 2): 1085-1099.