

Alcohol and illicit Drug Abuse Among Children and Adolescence in Jos-Nigeria.

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ABSTRACT

Aims: The aim of the study was to determine the prevalence, demographic Characteristics of the study population and type of substance abused among children and adolescents below the age of 18 years.

Method: 1160 patients below the age of 18 years who had attended psychiatric care between December 1980 and November 1996 had their case notes scrutinized in details and records of substance abuse, demographic and clinical characteristics were noted.

Results: 36(3.09%) patients presented with drug and alcohol related problems, at various stages of substance abuse. 32(88.89%) were males while 4(11.11%) were females.

12(33.33%) patients had abused cannabis 9(25.00%) patients had abused more than one substance. 3(8.33%) patients used alcohol exclusively.

Conclusion

1. People less than 18 years were less likely to use alcohol compare to illicit drugs
2. Religious belief was not a determinant in the use of substance among children and adolescents below the age of 18 years.

INTRODUCTION

The problem of psychoactive substance abuse in children and adolescence are almost similar to that of adults, with the adolescent problem being more like the adults compared to that of childhood. There is increasing evidence that the frequency of alcohol and drug abuse is increasing among children and adolescents⁽¹⁾. However most excessive uses of both alcohol and psychoactive substance, seem to reduce in frequency as the grow older; a few progress to more serious drinking and abuse problems in adult life.

Most children and adolescents are thought to be introduced to alcohol in the family settings whereas other drugs used are first obtained from peers, usually at school.

A stepwise progression in drugs use has been observed^(2,3) this starts with the use of beers, or wine going down to successively tobacco and hard liquor, cannabis, and other illegal drugs.

Psychoactive substance use among the adolescence is often a group activity.

The use of Cannabis, alcohol and cigarette smoking are frequent. Solvent abuse is largely confine to adolescence and it is usually of short duration. The abuse of drugs like amphetamine, opiates and cocaine are less common.

Prevalence rate of drug use vary from place to place⁴ and from time to time. Different drugs come in and out of fashion. And availability and cost factors influence their use. In a survey of 2131 adolescents in

the five New Jersey Schools Jalali et al⁵ found that over 80 percent of the subject had used alcohol from an early age, 34 percent from 10 years and or younger. Other drugs used were cannabis, amphetamine 26.30 percent, barbiturate 25.3 percent, hallucinogens 21.10 percent, cocaine 13.6 percent, solvents, 13.20 percent and opiate 9.30 percent.

In 1983 in the course of the Ontario Child health study of drug use.⁶ The prevalence figure found for occasional alcohol use was 42.5 percent for the males 48.8 percent female and regular use was 10.6 percent and 15.9 percent for males and females respectively for Marijuana 13.3 percent males and females. Hard drug (Amphetamine, Stimulant, Hallucinogens, Herions, or opiates) 5.3 percent males and 7.05 percent females, while for solvent, the prevalence was 3.8 percent males and 4.5 percent females.

In the same study the prevalence rate for all categories of all categories of drug except solvents were much lower in the 12 to 14 age group. Solvents however were used by 8.3 percent male and 9.6 percent females in the younger age group.

The prevalence of behavioral and psychiatric disorder is said to be high among psychoactive substance users:⁷ Robin in 1966⁸ found very strong association between conduct disorder in childhood and drug taking in Adolescence.

Method

This study was conducted at the Department of Psychiatry of the Jos University Teaching Hospital, Jos. The department of psychiatry established in 1974, as part of a General Hospital, six years later in 1980 the Hospital was upgraded to a Teaching Hospital.

All case notes of children and adolescent below the age of 18 years seen between December 1980 to November 1996 (sixteen years) were scrutinized in details. The case notes of those who were seen for alcohol and drug related problems, were further scrutinized.

Using a semi-structured questionnaire, pa-

tients' socio-demographic, clinical characteristics were recorded. Their diagnoses were remade to conform with DSM IV9 (American Psychiatric Association 1994

Results

1164 folders were reviewed; of this 36(3.09%) met the research criteria, giving a prevalence rate of 3.09%. Of the 36 patients (88.88%) were males while 4(11.11%) were females. 18(50.00%) were Christians. Of this 18, 3 were females 18. 50% were Moslems only one of the patients was female 27(75%) were between 15 and 17 years. Table 1 shows the distribution by age (see table 1).

Table I **Distribution by Age**

The age ranged from 8-17 years with a mean of 15.11 years for the whole group and a standard deviation of (Sd + 2.02). The range for females was 13-17 years with a mean of 15.25 years, while the age range for males was 8-17 years with a mean of 15.10 years.

Table II **Distribution by Level of Education**

24 patients were either in secondary school or had completed, 12 had either completed primary school or were still at school.

Table III **Distribution by Drug Use**

(12) 33.33% of the patients had used Cannabis, 9(25.00%) of the patients had use more than one different type of drugs in the last 12 months prior to being seen. 7 (19.44%) patients had used other form of psychoactive substance, other than alcohol, cannabis, amphetamines 5 patients (15.6%) had used amphetamine while 3 patients (8.33%) has used alcohol and 2 patients (5.56%) had used alcohol and cannabis in combination.

Table I: **Distribution by Age**

	Male		Female		Total	
	n	%	n	%	n	%
0 - 4	-	-	-	-	-	-
5 - 9	1	2.78	-	-	-	-
10 - 14	7	21.88	8	22.22	15	44.10
15+	24	75.00	27	75.00	51	148.90
Total	32	100	36	100	68	200

Table II: Distribution by Level of Education

	Male		Female		Total	
	n	%	n	%	n	%
No Education	-	-	-	-	-	-
Primary School	11	34.38	1	25.00	12	33.33
Secondary School	21	65.62	3	75.00	24	66.67
Tertiary	-	-	-	-	-	-
Total	32	100	4	100	36	100

Table III: Distribution by Drug Use

	Male		Female		Total	
	n	%	n	%	n	%
Alcohol	2	6.25	1	25	3	8.33
Alcohol + Cannabis	7	21.88	1	25	8	22.22
Cannabis	10	31.24	2	50	12	33.33
Amphetamine	5	15.62	-	-	5	13.89
Poly Drug	1	3.13	-	-	1	2.78
Other Drugs	7	21.88	-	-	7	19.44

Total	32	100	4	100	36	100
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DISCUSSION

Factors which determine whether a child or an adolescence become dependent on drugs or alcohol is not completely understood, while alcohol uses among adolescent children are closely associated with its use by parents in family setting, drugs seem to be by peers usually at school; social class does not seem to be a major factor. Economic factors thought may play a role; which could then be a confiding factor with social class; social pressures can lead to drug use but problem do not determine who becomes dependent. That may be more a matter of the emotional stability and personality characteristics of the individual⁴.

Comments are necessary with regards to the determination of age. It would be incorrect not to accept inaccuracy of dating of age. This is particularly so that most patient relations are not likely to be very literate, and could not give exact dates of birth but simply guessed.

Drugs and alcohol as mood altering chemicals accounts for some of our obvious addictions. They create physical, emotional and social dependence on artificially induced feelings. Some stimulants, ranging from nicotine, amphetamine, produce an exhilaration that creates on illusions of well being, adequacy and control. Thus it is not surprising that high drug and alcohol use is found among adolescents with low self-esteem, poor relationship, social isolation and depression¹. Other drugs cause hallucination of pleasure or terror. Depressant such as alcohol cause temporary relieve from anxieties and inhibition, leading to its use by a lot of young men who have recurrent depression and marked personality problem⁽¹⁰⁾.

The prevalence rate of 3.09 is far lower than New Jersey and Ontario studies⁽⁶⁾. This could be

explained by two things, one while both studies were prospective and community based the present study is retrospective and hospital based which has a tendency to see only those who are likely to have developed either psychiatric illness or some degree of disturbance behavior. Secondly; the use Of drugs is severely condemned in the African society.

Compared with the present study, where more males 32 (88.89%) of inches used more alcohol and drugs and females 4(11.11%). The Ontario child health study showed that females were more likely to abuse drugs and alcohol, below the age 18 years,

This is not surprising considering the liberal attitude toward the females sex in the Western Society compared to their African counterparts where women are still labeled and considered less than males. However the finding is in keeping with previous finding in the adult population where fewer women used drugs compared to men in the African set up ⁽¹⁰⁾.

Adolescent were more likely to use drugs and alcohol compared to those much

Younger, this compared very much with finding of a study in New York ⁽¹¹⁾.

Cannabis was the most single drug used in this study, which compares with other Studies12 on whole the level of alcohol use was very low compared to what is obtained in the Western Societies.

In conclusion therefore the low prevalence of 3.09%) figure founded in this study Could be explained by the fact that the study is retrospective, hospital base, and societies attitude towards children and adolescent taking drugs and alcohol.

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ATTESTATION

We the under listed individual do sincerely agree

that the work. Alcohol and Illicit Drug abuse
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