

ORIGINAL ARTICLE

Perception of Nigerian healthcare professionals about substance abuse and their willingness to seek substance related help: a pilot study

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ABSTRACT

Background: With the poor health indices in most developing countries, the consequences of substance abuse by healthcare professionals are grave. While studies from western countries observed that a significant proportion of healthcare professionals abuse substances; and are less likely to seek help, the prevalence is largely unknown in Nigeria. The healthcare professionals in this region poorly perceive the problem and thus, are unwilling to seek help.

Objective: This study aimed to assess the prevalence and patterns of abuse of substances by healthcare professionals in a Nigerian tertiary health institution; their perception of substance abuse and willingness to seek help.

Methodology: This was a cross-sectional study of 149 healthcare workers who were screened for substance abuse using the alcohol, smoking and substance involvement screening test (ASSIST) version 3. Their perception and willingness to seek help were assessed using questions developed by the researchers based on literature.

Results: Excess workload/stress of work was perceived as the most common reason for abusing drugs. Overall, substance abuse was perceived as a mental health problem. However, those that abuse substances more readily perceived it as a habit problem rather than a mental health challenge. Moreover, there was lower readiness to seek and pay for treatment among them.

Conclusion: The study has brought to the fore the need to provide mental health education especially to healthcare professionals and to expose them to healthier methods of coping with stress.

Keywords: Addiction, medical personnel, screening, treatment

INTRODUCTION

Substance abuse is a major health concern, within each year, approximately 40million debilitating illnesses or injuries result from use of alcohol or other addictive drugs.¹ With the already poor health indices in most developing countries, the consequences of substance abuse by healthcare professionals, on whom the health of the people are entrusted are, therefore, grave given that a substance abusing healthcare worker is more likely to be functionally impaired. While it is known from studies in western countries that 7-32% of healthcare professionals abuse substances, and that they are less likely to seek substance misuse related help, the prevalence of substance use among healthcare workers in Nigeria is largely unknown.^{2,3,4,5}

Given that healthcare professionals in Nigeria work in poorly equipped, poorly staffed and poorly funded health institutions, coupled with the poor drug regulation in the country, it is reasonable to believe that these healthcare workers could be exposed to the risk of drug abuse. Whereas the authors do not know of any specially designed treatment for impaired healthcare workers, our experience is that healthcare professionals in this area rarely present for evaluation and treatment for substance abuse.

The authors believe that healthcare professionals in their part of the world have a poor perception of the problem and thus, are not willing to seek substance abuse related help. Considering the enormous negative impact of substance abuse on the health of such healthcare professionals and the critical role they play in the provision of health services to the general public, it is important to study how healthcare workers in this locality perceive substance abuse and how willing they would be to seek substance related help should the need arise.

This study was, therefore, undertaken to assess the prevalence of substance involvement among healthcare professionals working in a tertiary health institution in South-East Nigeria, the common substances

they get involved with, the perception of healthcare professionals about the problem and their willingness to seek help. It is hoped that this study will contribute to the early detection and the planning for the rehabilitation of the impaired healthcare professionals to encourage a healthy workforce and thus, enhance healthcare delivery in the sub-region.

METHODOLOGY

Participants

This is a cross-sectional survey of 149 randomly selected healthcare workers in the former Federal Medical Centre Abakaliki, a facility which has been merged with the former Ebonyi State University Teaching Hospital Abakaliki into what is now known as Federal Teaching Hospital Abakaliki, Ebonyi State, Nigeria. The data were collected between June and August, 2012. Sixty-four (43%) of them were males while 85(57%) were females. They were made up of 38(25.5%) doctors, 75(50.3%) nurses, 7(4.7%) pharmacists and 29(19.5%) medical laboratory scientists. Seventy-two (48.3%) of the participants were in the 20-29year age group], 46 (30.9%) were within 30-39years, 27 (18.1%) were 40-49years, while 4(2.7%) of them were aged 50-59years.

Instruments

The instrument used in the study has three sections. The first section obtained the socio-demographic characteristics of the participant such as the age, gender, marital status, religion and profession; the second section is the World Health Organization (WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) version 3 which screens for substance abuse, and the third section obtained information on the perception of substance abuse using carefully formulated questions.

The second section was developed as an interviewer administered pencil and paper questionnaire principally for use in the primary care setting. It contains 8 questions and takes about 10minutes to complete. It yields risk scores for the different classes of

substances covering alcohol, tobacco, cocaine, amphetamine-type stimulants, inhalants, sedatives, hallucinogens, opioids and other drugs. A participant scoring in the moderate-to-high risk range for a substance was interpreted as abusing the substance.

The third section of the questionnaire obtained information on the perception of substance abuse using questions such as:

1. Do you think a healthcare professional who abuses substances has a problem?
2. If 'Yes', what type of problem: mental, medical, spiritual, habit and others?
3. What type of help does he or she need?
4. What in your opinion would make a healthcare professional to abuse substances?

Their willingness to seek help was assessed with these questions:

1. Even if you are not currently abusing any substance, how willing would you be to seek medical help, even if from a psychiatrist, if you have substance abuse problem?
2. How willing would you be to pay for the help, if the need arises?

Procedure

The study was approved by the Research and Ethics Committee of the Ebonyi State University Teaching Hospital Abakaliki. The purpose and procedure of the study were explained to the respondents who gave informed consent. Those that were on leave or not on duty during the working hours were excluded from the study, so also, those that declined consent. Each consenting respondent completed the questionnaire.

For the purpose of this study, due to high literacy level of the respondents, the *Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)* was completed by them after clarifications were given to guide the completion. The researchers collected the completed questionnaires from the respondents before the close of each day.

Data Analysis

Data were analyzed using *SPSS version 16.0 (IBM SPSS Inc., Chicago, IL, USA)*. A *p-value*

of <0.05 was considered statistically significant. Descriptive statistics was used to analyze the distribution of the respondents, substances commonly abused by respondents and reasons for the abuse of substances. *Chi-square* test was applied for analysis of categorical data.

RESULTS

The response rate for the study was 74.5% (149/200). Twenty-two (14.8%, 22/149) of the healthcare professionals abused substances. Table 1 shows the distribution of the respondents that abused substances and their professions. Thirteen (17.3%, 13/149) of the nurses abuse substances compared with 14% (21/149) of pharmacists and 10.5% (16/149) of the medical doctors. There was, however, no significant difference among them in their abuse of substances ($\chi^2=0.959, p=0.811$).

Table 1. Substance involvement by profession among respondents

Profession	Abuser, n (%)	Non-user, n (%)	Total n (%)
Medical Doctors	4(10.5)	34(89.5)	38(100)
Nurses	13(17.3)	62(82.7)	75(100)
Pharmacists	1(14.3)	6(85.7)	7(100)
Medical Laboratory Scientists	4(13.8)	25(86.2)	29(100)
Total	22(14.8)	127(85.2)	149(100)

$\chi^2=0.959, df=3, p=0.81$

As shown in table 2, the most commonly abused substance among the respondents was alcohol which accounted for 59.1% (13/22). Sedatives and amphetamines were the least abused drugs among the respondents, each accounting for 4.5% (1/22).

Table 2. Distribution of substances commonly abused by respondents

Drug	Frequency	%
Alcohol	13	59.1
Opioids	3	13.6
Tobacco	2	9.1
Hallucinogens	2	9.1
Sedatives	1	4.5
Amphetamines	1	4.5

Table 3 shows the reasons given for substance abuse amongst respondents. Both the abusers and non-abusers identified excess work load/stress of work as the most common reason for abusing substances. Three (13.6%, 3/22) of the substance abusers attributed it to easy access to drugs while two (9.1%, 2/22) of the abusers attributed the behaviour to socialization factors. The stress of work/excess work load (54.4%, 81/149) is perceived as the most common reason for substance abuse, while socialization (5.4%, 8/149) is the least common reason given for substance abuse.

Table 3. Reasons for drug abuse amongst all respondents

Abuse Status	Stress of Work/Excess Workload n (%)	Socialization n (%)	Easy Access n (%)	Others n (%)
Abusers	10(45.5)	2(9.1)	3(13.6)	7(31.8)
Non-abusers	71(55.9)	6(4.7)	14(11.0)	26(28.3)
Total	81(54.4)	8(5.4)	17(11.4)	33(22.2)

As shown in Table 4, overall, substance abuse was perceived as a mental health problem by 33.6%, (50/149) of the respondents, making it the most common way they perceived substance abuse. However, while substance abuse was commonly perceived by non-abusers (35.4%, 45/127) as a mental problem, substance abusers perceived it as a habit problem (27.3%, 6/127). This difference, however, is not statistically significant ($\chi^2=4.21, p=0.52$).

In Table 5, majority (67.8%, 101/149) of the respondents reported that they would be willing to seek help for drug abuse should the need arise.

About 68% (15/22) of substance abusing healthcare professionals would be willing to pay for medical help for substance abuse if the need arises, while 18.2% (4/22), did not know if they would be willing to pay for medical help if the need arose, see Table 6.

Table 4. General perception about drug abuse among participants

Substance use status	Medical problem	Spiritual problem	Mental problem	Social problem	Habit problem	Others
Abusers	2(9.1)	4(18.2)	5(22.7)	3(13.6)	6(26.3)	2(9.1)
Non-abusers	22(17.3)	11(8.7)	45(35.4)	12(9.4)	30(23.6)	7(5.5)
Total	24(16.1)	15(10.1)	50(33.6)	15(10.1)	36(24.2)	9(6.0)

$\chi^2=4.21, df=5, p=0.52$

Table 5. Participants' willingness to seek help

Substance Use Status	Willing to Seek Help n (%)	Not Willing to Seek Help, n (%)	Does Not Know n (%)
Abusers	18(81.8)	2(9.1)	2(9.1)
Non-abusers	83(65.4)	4(3.1)	40(31.5)
Total	101(67.8)	6(4.0)	42(28.2)

Table 6. Respondents' willingness to pay for help

Substance Use Status	Willing to Pay for Help, n (%)	Not Willing to Pay for Help n (%)	Does Not Know n (%)
Abusers	15(68.2)	3(13.6)	4(18.2)
Non-abusers	51(40.2)	28(22.0)	48(37.8)
Total	66(44.3)	31(20.8)	52(34.9)

DISCUSSIONS

The prevalence of substance abuse among the healthcare professionals in this study is 14.8%. This agrees with the rate of 10% to 15 % of healthcare professionals who would misuse drugs or alcohol in the course of their career.^{6,7} With about 15 out of every 100 healthcare professionals abusing substances in a setting where there is scarcity of manpower and several other factors militating against effective healthcare delivery to the populace, the health of these workers and that of the general population could be in serious jeopardy, especially as none of these healthcare workers had sought help.

There was no significant difference among the professional groups in their abuse of substances. This implies that factors other than the profession of the individuals could be contributing to their abuse of substances. This agrees with McAuliffe, *et al*, who reported that physicians were no more likely to abuse substances non-medically than were other professionals.⁸ Similarly, Kenna and Wood concluded that lifetime non-prescribed drug use by pharmacists did not appear to be disproportionate when compared with other groups of healthcare professionals.⁹ However, some researchers reported some differences in the abuse of substances among healthcare professionals.^{9,10,11} It is possible that a common set of factors are operating across the professional groups predisposing them to substance abuse, and these factors would include common cultural practices, and similar work-related stress which would challenge the resilience of these workers.

The most commonly used substance amongst the respondents in this study was alcohol, accounting for 59.2% of cases. As reported, alcohol is the most commonly abused drug among healthcare workers, and various factors account for this.¹² For instance, it is very commonly available in most communities and there are various types, brands and prices ranging from the very low to the very expensive, thereby, accommodating more abusers. In addition, it

is quite socially accepted among the Igbos, who constituted the predominant ethnic group among the respondents to this study. It features very prominently in most cultural/social events amongst this ethnic group. The society, therefore, provides a very convenient place for people to experiment with and abuse alcohol, in a pathological extension of the social use of alcohol. This could have contributed to the high use of alcohol among healthcare professionals in this study. The implication of this is that a healthcare professional with alcohol-related problem may go unattended to for a long time before being brought to medical attention.

Opioids are next to alcohol in the rate at which they are used by the respondents to this study. Gibson had opined that due to self-prescription, there are higher rates of abuse of prescription drugs, especially opioids and benzodiazepines among healthcare workers, and lower rates of abuse of 'street' drugs than in the general population.¹²

Working under stressful conditions could increase the chances of experimenting with and using these drugs especially where the drug control is lax. It is surprising that tobacco did not feature as one of the commonly used substances despite being relatively cheap and commonly used by the general population. The likely explanations include that, unlike the other very available substances of abuse, there has been an extensive campaign against smoking by the Federal Ministry of Health. Other plausible explanations could include the fact that these substances are usually smoked and thus, their use could not be easily hidden. Given that most healthcare workers are held in high esteem in their communities, they would not want to compromise their dignity and respect by being identified as drug addicts.

Several reasons have been advanced to explain why healthcare workers abuse substances in other studies. For instance, Kenna and Lewis reported that being in

situations when offered alcohol and other drugs, feeling immune to the addictive effects of drugs (pharmaceutical invincibility) and socializing with those who abuse substances are some of the risk factors for alcohol and drug abuse among healthcare professionals.¹³ Among the respondents in this study however, coping with the stress of work and excess work load was the most common reason for abuse of drugs both among the abusers and non-abusers. This agrees with the findings of Sanz Yaguez and Lopez Corbalan who reported risk factors of drug abuse among healthcare workers to include stress of work, and easy access to the drugs.¹⁰ It is known that the healthcare professionals' job is usually hectic and tasking especially in resource poor countries where there are scarcity of infrastructure and manpower. Healthcare professionals, therefore, could be using the drugs of abuse to cope with the stress of work. The stress of work, therefore, likely interacts with other factors in order to bring about this behaviour.

Socialization, which could have offered the healthcare professionals healthier ways of coping with stress featured least as a cause of drug abuse among the respondents in this study. It is reasonable to think that because of work overload, there would be little time left for them to socialize, thus, making it unlikely for this factor to contribute significantly to substance abuse in them.

Abuse of drugs was seen mostly as a mental health problem by the respondents in this study while, spiritual problem is the least endorsed perception. Their medical background of the respondents could have accounted for the way in which substance abuse was perceived. However, despite the apparent good understanding of the respondents of the nature of drug abuse, it is interesting to note that most of the drug abusers perceived it as a habit problem. Perceiving it as such could have serious negative impact on the help-seeking behaviour especially in cultures where the mentally ill are highly stigmatized.

While majority (81%) of those who abuse substances reported that they would be willing to seek help, it is important to note that not all of them would be willing to pay for the treatment. This may derive from their perception of the abuse as a habit problem or it could even be an expression of their unwillingness to seek help. It may also reflect lack of financial resources to support such treatment since abuse of substances takes a toll on the finance of those involved.

LIMITATIONS

This study relied on self-report rather than outcomes of laboratory investigations, and this could limit the study only to the extent that information from the respondents is reliable.

CONCLUSION AND RECOMMENDATION

Healthcare professionals who abuse substances tend to perceive it as a habit problem despite their medical background. In addition, there was lower readiness to seek and pay for treatment among them. There is, therefore, need to provide mental health education especially as it concerns substance abuse amongst our healthcare professionals and to expose healthcare professionals working in developing countries to healthier methods of coping with stress.

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