Psychosocial consequences and reasons for illicit drug use among police officers in a northern Nigerian city: A mixed-method study

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Abstract

Harmful use of drugs is one of the principal risk factors affecting population health worldwide. Chronic use has been linked to medical, psychological and socioeconomic consequences. This study assessed the psychosocial consequences and reasons for illicit drug use among police officers in Kano, Nigeria. Using a mixed method of data collection, quantitative data was obtained from a cross-section of 275 officers using the Shortened Inventory of Problems-Drug Use (SIP–DU) and a pretested adapted questionnaire. In-depth interviews with 10 officers who used illicit drugs provided additional information. Almost half of the respondents (46.5%, n=128) were in their fourth decade of life with a mean age (±SD) of 35.1 ± 7.7 years. Over a quarter of the respondents (n=75) reported ever using illicit drugs, out of which 14.9% (n=41) were current users. Among the current drug users, 80.5% (n=33) attested to having money problems, 61.0% (n=25) agreed that they had spent too much money, and 56.1% (n=23) failed to do what was expected of them as a result of drug use and have hurt their family. Helping to stay awake and improving confidence were the major reasons (100%, n=41) for drug use mentioned by the respondents. The Nigerian Police Force should look into easing shifts and introducing stress-relieving activities. There is also the need to strengthen substance education and counselling and support officers with confidence issues, sleep disorders, and treat those with mood disorders.

Introduction

Substance use is a widespread phenomenon of public health priority. Although the extent and peculiarities of this practice differ across the globe, it not only affects the health and lives of individuals but also destabilizes the political, social, and cultural institutions within these nations.[1,2] The 2019 World Drug Report asserts that worldwide in 2017, 271 million people between the age of 15-64 years used drugs the previous year.[3] In 2018 it was reported that one in seven Nigerians aged 15-64 years had used a drug other than tobacco and alcohol in the past year, a prevalence much higher than the previous year.[4]

Harmful use of drugs is one of the principal risk factors affecting population health worldwide.[5] The addictive properties of these substances make them prone to abuse, with chronic use being linked to medical, psychological and socioeconomic consequences.[1] These substances modify the functioning of the nervous system, with some acting as general anaesthetic interfering with subtle functions of thought, reason and judgement,[6] whilst others produce euphoria, alertness, mood elevation and a sense of wellbeing.[7,8] Across the globe in 2017, more than half a million people

died from complications of drug use, two-thirds of which were attributed to drug use disorders related to opioid use.[3] Another 35 million people suffered from drug use disorders, with 42 million years of healthy life lost due to drug use.[3]

Several reasons for drug use have been reported, from being used to manage anxiety, getting or enhancing a high, to helping with sleep, keeping awake, for pleasure, as part of the culture, peer influence, as a substitute for food, to cope with frustration, to boost morale, for more energy, to increase confidence and for relaxation.[9,10] Consequently, a wide range of direct and indirect effects including injury, seizures, hallucinations, anxiety or depression in family members, transmission of infections like HIV and viral hepatitis, assault, community nuisance, damage to property, waste of money for family necessities spent on use have been reported among users.[1,11-14] A study from the USA, reported interpersonal altercations, suicidal ideation, cognitive deficits, compromised academic performance, and driving under the influence of substances as consequences of substance use.[15] In Ethiopia 31.6% of the University students surveyed had unwanted health consequences out of which anorexia accounted in 35.1%, insomnia 25.4%, depression 22%, gastritis 22%, dental caries 20.2%, and 10.5% reported increased sexual activity.[16] Another study from the same setting reported a decrease in the accomplishment of duties as the major consequence of substance use.[17] In Nigeria, two-thirds of people who used drugs reported having problems at work, school or with their families as a result of their use.[4] Among a group of motorcyclists in Zaria, 59.5% of them reported having road traffic accidents as result of the use of psychoactive drugs.[14]

The use of drugs has been documented in the police force.[18-20] This is quite disheartening considering their role in the community. Increased negative consequences could result in poor treatment outcomes as well as adverse health effects and impaired social functioning.

This study assessed the psychosocial consequences and reasons for illicit drug use among police officers in Kano, Nigeria. Ascertaining reasons for use will enable identification of at-risk officers, while understanding common consequences will allow for risk-specific and individualised treatment, thus preventing additional impairment and improving treatment outcomes.

Materials and Methods

Study area and population

Kano State is in the North-West geo-political Zone of Nigeria and has forty-four Local Governments Areas (LGAs). It is the most populous state in the country with a 2019 estimated population of 19,377,462. The study was conducted within the Kano metropolis, which comprises of eight LGAs and constitutes about 30% of the state's population. Kano, alongside Jigawa and Katsina states form the zone 1 command of the Nigerian Police Force. Within the metropolis, there are eight Police Area Commands, each of which is made up of between 5-8 divisions. The police officers in Kano are the principal law enforcement agents in the state.

The study population included all serving police officers who were available during the period of study; however, severely sick officers and those who were on leave were excluded.

Study design and sampling

The study was a descriptive cross-sectional design with data collected between May to July 2019. The target sample size for the survey was determined using Fisher's formula.[21] Using a prevalence of substance use among Nigerians of 14.4%,[4] 95% confidence level, a desired level of precision of 0.05 and an increase of 10% to account for non-response, a minimum size of 210 was obtained.

Respondents were selected via a three-stage sampling technique. The first stage involved the selection of two area commands from a list of six, via balloting. The next stage involved the selection of four divisions from the two selected area commands. In the final stage, all consenting police officers from the four divisions were invited to participate in the study. Thus, a total of 278 questionnaires were administered.

To further explain findings from the quantitative aspect of the study, in-depth interviews were conducted with a purposive subsample of 10 officers who responded 'yes' to ever use of substances. These officers were interviewed to explore further the responses to questions regarding reasons and consequences of use.

Study instrument and data collection

An adapted, semi-structured, pre-tested, self-administered questionnaire was used to obtain sociodemographic information, and reasons for substance use. The tool was pretested prior to the start of data collection, and its validity was tested. A 10% sample was used to pre-test and assess the psychometric properties (re-validation and reliability) of the questionnaires at another division. All scales were found to be reliable and sections consistent, with Cronbach's alpha of at least 0.80.

Information on the consequences of substance use was obtained using the Shortened Inventory of Problems-Drug Use (SIP–DU).[22] The SIP-DU is a modified version of the Shortened Inventory of Problems—Alcohol and Drugs (SIP–AD), a revised version of the 50-item Inventory of Drug Use Consequences tool (InDUC-2R). The SIP–DU 15-item scale and has items from each of the original five subscales of the InDUC-2R. It has been shown to have good validity and high internal consistency.[22] Respondents were asked if they had experienced any of the items listed on the tool in the past 90 days.

For the qualitative component, an interview guide which had open-ended questions with probes for subtle distinctions in descriptions was used. The guide explored the major reasons for substance use, perception and experiences regarding substance use. For the purpose of this study, the use of any prescription or over-the-counter drug for non-medical reasons or the use of any illegal substance was regarded as "illicit drug use". Drug use was dichotomized as "Yes" or "No". "Current use" was defined as drug use during the past 12 months. Use of at least one illicit drug ≥1 time was regarded as "Ever use".

Statistical analysis

Data were analysed using STATA version 15.0 (Stata Corp, College Station, TX, USA). Numeric data were presented using mean and standard deviation, and categorical data using frequencies and percentages. Qualitative interviews were recorded and transcribed verbatim. Thematic analysis using the framework approach was used. Data was initially familiarized with through repeated reading, coding and theme generation. Subsequently, the codes were applied to the transcripts; matrices were formed and finally interpreted. Findings from the two components of the mixed-methods study were integrated and reported.

Ethical approval

Ethical approval was sought from Kano State Health Research Ethics Committee (Reference- MOH/Off/797/T.I/1254) and per-

mission was obtained from the Nigeria Police headquarters Bompai, Kano (Reference- AB:3380/KNS/DFA/VOL.2/267). Signed informed consent was obtained from all the participants. Confidentiality in reporting qualitative findings was ensured by removing identifiers.

now I look thinner and sometimes I look untidy. I don't know if that is because of the drugs." 29 years old, polydrug user

"My friend whom we do things together with says some horrible things to people after use. For example, if we are on duty, he harasses civilians. I think it is because of the things we smoke." 26 years old, cannabis user

Results

Sociodemographic and work-related characteristics

Of the 278 police officers approached, (98.9%, n=275) filled the questionnaires appropriately and were included in the study. Almost half of the respondents (46.5%, n=128) were in their fourth decade of life with a mean age (±SD) of 35.1 ± 7.7 years. Majority were males (93.1%, n=256) and of the Hausa/Fulani ethnic group (83.3%, n=229). A greater part (89.8%, n=247) of the participants were Muslims, 64.0% (n=176) were married and 61.8% (n=170) were educated up to secondary level.

Almost half (40.0%, n=110) were sergeants and only 8.7% (n=24) had a history of deployment outside Nigeria. Fifteen percent of the respondents (n=42) smoked cigarette and 7.6% (n=21) consumed alcohol. The socio-demographic and work-related characteristics of the participants are shown in Table 1.

Consequences of substance use

Over a quarter of the respondents (n=75) reported ever using illicit drugs, out of which 14.9% (n=41) were current users. Cannabis was the most frequently used drug (48.8%, n=20), and 22.0% (n=9) used more than one substance. Table 2 shows that among the current drug users, the majority (80.5%, n=33) attested to having money problems, 61.0% (n=25) agreed that they had spent too much money, and 56.1% (n=23) failed to do what was expected of them as a result of drug use. Themes from interviews confirmed occurrence of social consequences among the participants.

"You see this thing I am involved in, it takes so much of my salary. As soon as I receive my salary, I buy the drug before even giving my family something. I spend more than half of my money buying 'hashish', and sometimes I have to borrow when I don't have money. If I don't see anyone to lend me, I sell whatever I can." 32 years old, cannabis user

"The most annoying thing about using these drugs is that you will always be broke and cannot meet up to your family responsibilities because of that. I always quarrel with my wife because of this." 30 years old, polydrug user

Regarding interpersonal consequences following drug use, over half (56.1%, n=23) reported hurting their families, 48.8% (n=20) have said cruel things to someone, 31.7% (n=13) had their personalities changed for the worse and 26.9% (n=11) were unhappy. Physical consequences reported following drug use were loss of weight (7.3%, n=3) and destructed physical appearance (24.4%, n=10). A large number of the respondents (53.7%, n=22) had done impulsive things they regretted later and 41.5% (n=17) had taken foolish risks as a result of their drug use. This was corroborated by themes from interviews:

"I am unhappy about my drug problem, but I cannot stop it. I don't like beating my wife and children after use. I didn't notice anything after I started using substances, but my colleagues tell me

Table 1. Sociodemographic and employment characteristics of respondents.

Characteristics	Frequency N=275	Percentage
Age in years		
20 – 29	70	25.5
30 – 39	128	46.5
40 – 49	64	23.3
50 – 59	13	4.7
Sex		
Male	256	93.1
Female	19	6.9
Tribe		
Hausa/Fulani	229	83.3
Igbo	6	6.2
Yoruba	24	8.7
Others	16	5.8
Religion		
Islam	247	10.2
Christianity	28	89.8
Marital status		
Single	92	33.5
Married	176	64.0
Divorced	7	2.6
Highest Educational Qualification		
Secondary	170	61.8
Tertiary	105	38.2
Monthly Income in Naira		
40,000-70,000	238	86.6
121,000 or more	14	5.1
71,000-120,000	23	8.4
Alcohol Use		
Yes	21	7.6
No	254	92.4
Cigarette Use		
Yes	41	15.3
No	234	84.7
Present rank		
ASP	33	12.0
Inspector	46	16.7
Sergeant	110	40.0
Corporal	50	18.2
Constable	36	13.1
Number of years in service		
1-5	105	38.2
6-10	59	21.4
11-15	52	18.9
16-20	42	15.3
>20	17	6.2
History of transfer		
Yes	132	48
No	143	52
Deployment history outside Nigeria		
Yes	24	8.7
No	251	91.3

Reasons for drug use

Helping to stay awake and improving confidence were the major reasons (100%, n=41) for drug use mentioned by the respondents. Majority cited aiding concentration at work (97.7%, n=40), helping to feel better when down (95.1%, n=39), relief of worry (92.7%, n=38) and helping to lose inhibitions (90.2%, n=37) as the reasons for drug use (Table 3). This was corroborated by themes from the interviews:

"Officers often take drugs to be alert at work, the nature of our work needs us to be alert and ready to move." 44 years old, polydrug user

"I cannot talk for others but I assume, the reason officers take these substances is to cool off. Our work is very stressful. I only take these substances to reduce stress and worry. I worry a lot about what can happen to me while I am on this job." 30 year old sleeping pills user

Euphoria (80.5%, n=33), sexual enhancement (78.1%, n=32), helping to relax (73.2%, n=30) and making their work less boring (65.9%, n=27) were other reasons mentioned. Almost a quarter (22.0%, n=9) used drugs to aid sleep and 29.3% (n=12) to keep them going when they are out with friends. As confirmed from the interviews:

"I started using these drugs to improve my bedroom duty, but I realised they also relieve stress and make you happy. So, I started using them all the time, I have them in my pocket now." 35 years old, analgesic user

"I only use them to make me sleep. I have this problem of difficulty in sleeping, probably because I chew kola nut. I only take sleeping pills or cough syrup to make me sleep." 42 years old, polydrug user

Table 2. Consequences of drug use among police officers, Kano (N=41).

SIP-DU Question	Frequency n(%) n=41
I have spent too much money or lost a lot of money because of my drug use	25 (61.0)
I have failed to do what is expected of me because of my drug use	23 (56.1)
Because of my drug use, I have lost weight or not eaten properly	3 (7.3)
My family have been hurt by my drug use	23 (56.1)
I have had money problems because of my drug use	33 (80.5)
I have been unhappy because of my drug use	11 (26.9)
I have lost interest in activities and hobbies because of my drug use	3 (7.3)
My drug use has gotten in the way of my growth as a person	16 (39.0)
My physical appearance has been harmed by my drug use	10 (24.4)
When using drugs, I have done impulsive things that I regretted later	22 (53.7)
While using drugs, I said harsh or cruel things to someone	20 (48.8)
I have taken foolish risks when I have been using drugs	17 (41.5)
A friendship or close relationship has been damaged by my drug use	7 (17.1)
When using drugs, my personality has changed for the worse	13 (31.7)
My drug use has damaged my social life, popularity or reputation	6 (14.6)

Table 3. Reasons for drug use among police officers, Kano (N=41).

Reason	Frequency n(%) n=41
To make myself feel better when down or depressed	39 (95.1)
Helps me 'keep going' on when I am out with friends	12 (29.3)
Helps me feel elated or euphoric	33 (80.5)
Just to get intoxicated	0 (0%)
Helps me lose weight	0 (0%)
Helps enjoy the company of my friends	22 (53.7)
Helps me relax	30 (73.2)
Helps me feel more confident or more able to talk to people	41 (100.0)
Improves the effect of other substances	1 (2.4)
Helps ease the after effect of other substances	3 (7.3)
Helps me stay awake	41 (100.0)
Enhances feelings when having sex	32 (78.1)
Helps me lose inhibitions	37 (90.2)
Helps to make my work less boring	27 (65.9)
Helps me stop worrying about a problem	38 (92.7)
Helps me to sleep	9 (22.0)
Helps me concentrate on work	40 (97.7)

Discussion

We assessed the psychosocial consequences and reasons for illicit substance use among police officers in Kano, northern Nigeria. We found out that financial issues were the most widespread social consequences following illicit drug use. Interpersonal and intrapersonal difficulties, engagement in impulsive behaviour and physical alterations were not uncommon. All respondents who used illicit drugs did that to stay awake and become more confident in their jobs. Themes revealed an increase in concentration span, relief of stress, abatement of worry and preventing insomnia as major reasons for drug use.

Our study revealed that having financial problems and spending money as a result of illicit drug use were prevalent consequences, as was reported from a study in Italy where 15% of subjects interviewed reported financial problems secondary to abuse of recreational drugs.[23] There are many pathways through which drug use predisposes to financial problems. Firstly, drugs cost money, and recurrent use requires daily expenditure, which may consume a huge part of a police officer's savings. Secondly, the effects of drugs could prevent officers from fulfilling their daily obligations at work resulting in non-promotions or even demotions. Lastly, long-term use could cause health problems which require money for treatment. Long lasting conditions like chronic pain, heart disease, diabetes and high blood pressure have been reported among drug users in Nigeria. Additionally, drug users in Nigeria who reported using at least one drug in their lifetime were more likely to be hospitalized in the past 12 months (13%) compared to those who had never used any drug (8%).[4]

A significant number of officers in this study reported failing to meet up to their responsibilities as a result of substance use. This is unsurprising, considering a literature review on unemployment and substance use revealed that problematic substance use increased the likelihood of unemployment and decreased the chance of finding and holding down a job.[24] In the USA, the abuse of prescription medications was found to be associated with impaired functionality in the work arena. Individuals who abused prescription medications had a lower number of jobs held and higher chances of being fired.[25] Similarly, a strong negative correlation was found between substance use and duty accomplishment among students in Ethiopia, with high levels of substance intake associated with lower levels of duty accomplishment.[17] In Nigeria, The United Nations Office On Drugs and Crime (UNODC) reported that nearly half of the drug users have problems at home, school, or workplace.[4] Absenteeism and lost productivity from impaired functionality have been implicated as the major reasons. In the USA, it was that reported that prescription drug users were about 7% more likely to report any past-month absenteeism and they were absent for an additional 0.25 days, compared to workers who did not report prescription drug misuse.[26]

Over half of the officers in this study attested to hurting their families as a result of their drug use. To support our findings epidemiological data has implicated substance use as one of the major reasons for intimate partner violence.[27-29] In Nepal 96.1% of the women surveyed cited substance abuse as the leading cause of domestic violence and in Ethiopia use of Khat (*Chata Edulis*), a plant with stimulant properties contributed to intra-marital conflict as money allocated for the household was spent on purchasing khat.[30,31] All drugs have physiological effects that can impair judgement and lower inhibitions. Euphoria, increased energy, hypersexuality and feelings of grandiosity produced after drug consumption could make individuals more likely to perpetrate violence toward their partners.

Staying awake, becoming more confident, concentrating on work and mood elevation were the most cited reasons for consumption of drugs in this study. Akin to our findings, 36.5% of commercial motorcyclists in northern, Nigeria and 95.9% of young people surveyed in the UK used psychoactive substances to stay awake at night.[14,32] Similarly, 72.4% of medical students from India reported relief from psychological stress as their reason for substance use.[33] The police work consists of a twelve-hour night shift that could be a potential source of occupational stress, and occupational stress is linked to sleeping disorders.[34] In the USA sleep disorders were quite prevalent among police officers. Shift work disorder involving disruption of the circadian rhythm was documented.[35] It, therefore, explains why officers will need substances to keep them awake and alert.

This study has limitations. First, being a study based on self-report, we cannot eliminate underreporting of drug use; however, confidentiality was assured to ensure appropriate information retrieval. Second, consequences and reasons for drug use were limited to items and domains on the tools used. This calls for caution when extrapolating the findings. Finally, the cross-sectional design precludes causal inferences. Nonetheless, this study is important as it is the first to document psychosocial consequences and reasons for illicit drug use among police officers in Nigeria, providing vital information for communication interventions, treatment and rehabilitation of affected officers. The mixed-methods design also elaborated on both consequences and reasons for drug use in participants' voices.

Conclusions

Financial difficulties, failure to meet responsibilities and strained family relationships were the most widespread social consequences following illicit drug use in this study. Common reasons for illicit drug use were staying awake, becoming more confident, concentrating on work, and feeling better when depressed. The Nigerian Police Force should look into easing shifts and introducing stress-relieving activities. There is also the need to strengthen substance education and counselling and support officers with confidence issues, sleep disorders as well as treat those with mood disorders.

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