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# DESCRIPTIVE CHARACTERISTICS OF PSYCHOACTIVE SUBSTANCE DEPENDENT PATIENTS IN NAIROBI KENYA

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## Abstract:-

**Introduction**: *Substance abuse may slow-down economic growth if it affects the productive persons in the society. Identifying the characteristics of the substance user can help policy makers to develop targeted interventions. The aim of the study was to describe the Socio-demographic information, socioeconomic information, Cultural factors, substances used and relapses status of the psychoactive substance dependent patients admitted in substance dependence rehabilitation facilities in Nairobi.*

**Methodology**: *This was a retrospective study conducted in November 2009 in four in-patient rehabilitation facilities in Nairobi. All the 170 in-patient files belonging to substance users admitted in the four selected rehabilitation facilities three months preceding the study were purposively included. The patient demographic variables: gender, age, occupation, income, social class, cultural beliefs and relapse status were reviewed. Data analysis methods included use of descriptive and inferential statistics. The findings were presented using charts, tables, and narrative form.*

**Results**: *Males accounted for 114 (67%) of the patients. Approximately 136 (80%) of the patients were aged between 21 and 40 years. About 90 (53%) of the participants were single and 34 (20%) were divorced. Almost 114 (67%) of the patients used illegal sources of income to fund substance use. Forty percent (68) were influenced by friends to use substance and 142 (84%), indicated that the substance was easily available. Relapse rate was approximately 110 (65%)*

**Discussion**: *Generally the research found that psychoactive substance abuse is common among males in the productive age bracket with most of them funding their substances using illegal means and experiencing relapses.*

**Recommendation**: *Interventions to prevent and control substance abuse should put a lot of emphasis on young adults in the productive age (21-40) bracket. Rehabilitation and follow up services should also be strengthened to reduce relapses.*

**Key Words: -** *Substance taking behavior, Culture, Relapse, Substance dependence, young adults*

**INTRODUCTION :-**

Substance dependence is a cluster of cognitive, behavioral, and physiological symptoms where the individual continues to use the substance despite significant substance related problems. The patient engages in a pattern of repeated self-administration of substance that usually results in tolerance, withdrawal syndrome and compulsive substance taking behavior (American Psychiatric Association, 2000).

A world substance report estimates that 25 million people (0.6%) aged between 15-64years are dependent on substances (World-Substance-Report, 2007). Illicit substances are more widely used among males (7.2%) than females (3.9%) and among young people than older people (Greenfacts, 2006). In Kenya, it is estimated that one in every fifteen Kenyan high school and college students is taking illicit substances (Child Welfare Association, 2004). A research done in a private international Kenyan universities, shows that 5.7% of male students use illicit substances as compared to 2.2% of female students. Use of psychoactive substances poses a significant threat to the individual health, social and economic part of the nations. W.H.O (2005) raised a concern that health problems associated with substance dependence have reached alarming levels as substance use contributes to a wide range of health problems and high-risk behaviors. Most of the substance users end up into the mental hospital, either because of substance-induced depression or psychosis (Buddy, 2008).In view of the increased dependency on substance and the associated health problems; there is need to find out the characteristics of substance dependent patients as this will guide the planning of intervention to curb substance abuse. In Kenya, there is no such a study done to describe the characteristics of substance dependent patients hence it is important to give the information in a Kenyan context.

**Aim**: To describe the Socio-demographic information, socioeconomic information, Cultural factors, substances used and relapse status of the psychoactive substance dependent patients admitted in substance dependence rehabilitation facilities in Nairobi.

**Materials and Methods**

***Study design*:** A retrospective cross-sectional study was conducted in a psychiatric referral hospital and three private inpatient rehabilitation centers in Nairobi for four weeks in November 2009. All the psychoactive substance rehabilitation in-patient units in Nairobi were purposively included in the study. The study targeted psychoactive substance dependent patients discharged from the rehabilitation units in Nairobi three months before commencement of the study. *Data collection:* Qualitative and quantitative data was collected for 4 weeks from patients' documented data on the files using a checklist. The extracted data was recorded in a data collection tool. Data on patients' socio-demographic, socioeconomic, socio-cultural factors and substance use practice was extracted. Data collected was handled confidentially.

***Data management*:** At the end of each data collection session, the filled out data collection tool were checked out for completeness and consistency. Data collection tools that were found to be incomplete or inconsistent were discarded. The collected data were handled confidentially, cleaned, sorted and coded for easy of entry. Data were entered using Epi-info software 2009 Version 3.5.1, and analyzed using both descriptive and inferential statistics including standard deviation, mean and mode. The qualitative data collected was processed to make it ready for analysis. Processing was done through editing, coding, classification and tabulation. Editing involved careful scrutiny of the collected data to ensure that data was correct, accurate and consistent. The edited data was arranged and entered in the computer Microsoft office to facilitate coding and tabulation. Coding entailed assigning symbols to responses so that they can be put into a limited number of categories or classes or themes. Classification involved arranging data in groups or classes on the basis of common characteristics. Tabulation involved summarizing raw data and displaying it in form of statistical tables. Chi-square was applied to test significance and association between variables. The processed data was entered into computers as back up to the hard copies.

The results were presented in tables of frequency distributions, pie chart, percentages, graphs, frequency polygons and narrative form.

***Ethical consideration***: Permission to conduct this research was obtained from the ethical and research committee of Kenyatta National Hospital. The researcher also obtained from the ministry of health to conduct the study in the institutions. The researcher also obtained permission from the institutions' heads.

**Results**

Secondary data was extracted from a total of 170 admission files of substance dependent patients.

**Social Demographic characteristics of the subjects**

***Age*:** The age of the participants ranged between 17 and 62 years with a mean of 32. Almost 80% (136) of the participants were aged between 21 and 40 years.

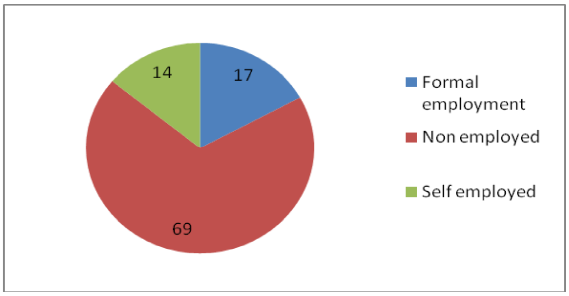
***Gender:*** Approximately, 67% (114) of all the participants were males.

***Marital status**:* about 53% (90) of the participants were single.

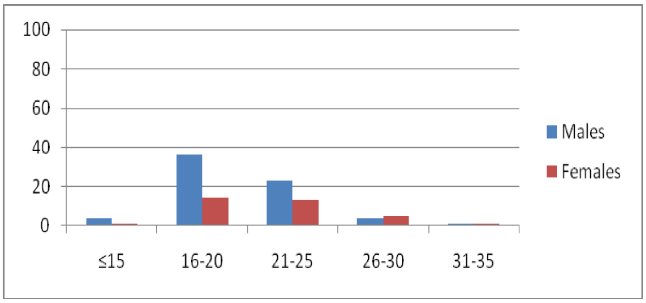
***Religion*:** Almost 80% (137) of all the participants belonged to Christian faith

***Residence*:** Most of the participants 45% (76) were from Nairobi and 20% (34) from central province. About 3% (5) of the participants were born outside Kenya.

***Level of education**:* 65% (110) of the participants had secondary education and above Participants' occupation: only 14% (24) had a formal education

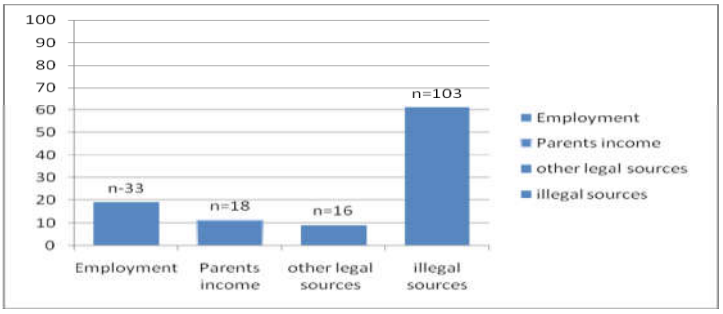



***Participants' reason of admission***: All the participants 100% (170) were admitted due to substance use and had not suffered from psychiatric illness before starting substance use. Age at starting regular use of substances: Majority, 88% (149) started regular use of substances between the age of 16 and 25 years with a mean of 20.9 years.




***Socio-economic factors****:* Majority 52% (88) of the participants had a monthly income of between Ksh. 20 000 and 70 000. About 20% (34) had lost a job previously due to use of substances. The results show that 69% (117) of the participants were not employed and 61% (103) had illegal sources of income to fund substance use.

***Main source of income***




***Socio-Cultural factors*:** About the reasons for substance use based on the community of origin, approximately, 43%(73) of the participants had indicated that their community of origin used substances for social purposes while 14% (24) community of origin believes that one would concentrate better. Concerning the substances socially acceptable by the community of origin, about 79% (134) indicated that the community takes local brew and 11% (19) chew Khat.

***Cultural practices*** *related to substance use*: About 40% (68) of the participants were influenced by friends while 30% (36) had parents' influences to use substance. Approximately 73.5% (125) had a poor relationship with family members.

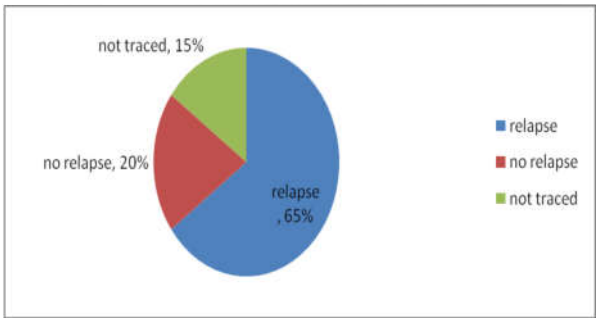
Both gender: Mean: 20.9

| Cultural practices | Frequency | Percent |
|---|---|---|
| Chew Khat | 19 | 11 |
| Grow cannabis | 5 | 3 |
| Plant Khat | 12 | 7 |
| Take local brew | 134 | 79 |
| Total | 170 | 100 |

***Substance taken by the participants:*** About 78% (132) of the participants were taking multiple substances.

| Substance taken | Frequency | Percentage |
|---|---|---|
| Alcohol | 11 | 6 |
| Tobacco | 8 | 5 |
| Cannabis | 8 | 5 |
| Heroine | 5 | 3 |
| Cocaine | 3 | 2 |
| Morphine | 3 | 2 |
| Multiple substances | 132 | 78 |
| Total | 170 | 100 |

***Relapse status:***When the participants were contacted, 65% (110) were still on substance.




***Legal issues related to substance abuse*:** Fifty three percent (90) of the participants had previously been arrested due to possession of illegal substances.

**Discussion**

Secondary data were extracted from a total of 170 admission files of substance dependence patients who had been discharged from the rehabilitation units in Nairobi three months prior to the commencement of the study. This study attempts to provide an update on characteristics of substance abusers. The characteristics explored here are more or less comparable with information provided by NACADA Final National Baseline Survey on Substance Abuse among the Young adults in Kenya 2003. Majority 53% of the participants were aged 25 to 35. This agrees with findings by Bachman (2003) in his study where the age group of individuals who are substance dependent had a mean of 30 years. This is very alarming for a nation as most of young generation might drop out of their studies and become less productive in the society. These finding are also in consistent with findings by Simkin (2002) who found that, majority of individuals who are substance dependent were the young adults of between ages 15-30 years, and that males started using substances at an earlier age compared to females.

The study found that majority of substance dependent patients were males. Male participants started using substances at the age of 13 and female started at 15 years. This is reflected in a research by Bachman (2003) that men make up about two-thirds and women account for one-third of the public substance treatment system admissions. The low turn up of women for rehabilitation could be associated with socio-cultural environment where substance dependence is considered more stigmatizing and disgracing among the women. This could lead to women shying off from presenting for rehabilitation as mentioned by McLellan and Myers (2004).

In this study, the substance dependent patients were from different provinces in Kenya. Majority of the patients 45% were from Nairobi, with 20% from central province. This was expected since the research was conducted in Nairobi as suggested by Westermeyer (1999) that presentation for treatment is facilitated by locating treatment facilities in easily accessible geographic areas.

In our study, 53% of the participants were single. This was different from the finding by Muhammad et al (2004) done in Pakistan where 50% of substance dependent persons were married. The patients were from 14 different ethnic groups. The ethnic diversity was expected as Kenya is made up of 52 ethnic tribes who co-exist and the study being in Nairobi, the capital city whereby most of the ethnic communities are represented.

About 48% of all the patients belonged to Catholic Christian faith. This could be attributed to the fact that Kenya is composed of 78% Christians (Gonza, 2009)

About 67% had illegal sources of income to fund substance use while 53% of the patients had previously been arrested due to possession of illegal substances. This agrees with findings by Gossop (2008) in his research on addiction that majority of the individuals who are substance dependent used crude methods to obtain substances.

In 40% of the participants, substance was introduced by friends. Peer pressure is an important factor to spread substance use as noted by Muhammad et al (2004).

Cultural beliefs pertaining to substance dependence was quite interesting whereby the respondents had different reasons for taking substances; for social purposes, to concentrate better, to reduce stress and to feel high. Majority indicated that the socially accepted drug by their community of origin was local brew while 11% allow Khat dependence. This agrees with an observation by NACADA (2003) that the use of alcohol, bhang (Cannabis) and Khat

has indigenous roots and that the three substances have been widely used in the indigenous society. The survey showed that, 78% of the participants were taking multiple substances, this agrees with findings by Bachman (2003) where majority of the patients were on poly-substance use.
When the participants were contacted, 65% were still on substance this finding are not very different from that of Walsh et al (2004) in their research who found out that two weeks after discharge, 50.1% of patients had relapsed to use of substances.

**Conclusion**

Generally the research found that psychoactive substance abuse is common among males in the productive age bracket with most of them funding their substances using illegal means and experiencing relapses.
Recommendations

- Interventions to prevent and control substance abuse should put a lot of emphasis on young people in the productive age (21-40) bracket.
- Rehabilitation and follow up services should also be strengthened to reduce relapses. This study therefore recommends that further research be conducted in this area to collect more characteristics of psychoactive substance dependent patients.

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Ref: KNH/UON-ERC/ A/302

Catherine Syombua Mutunga Mwenda
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University of Nairobi

Dear Catherine

RESEARCH PROPOSAL: "A NURSING INTERVENTION MODEL FOR THE CARE OF PSYCHOACTIVE SUBSTANCE DEPENDENT PATIENTS IN KENYA" (P147/5/2009)

This is to inform you that the Kenyatta National Hospital/UON Ethics and Research Committee has reviewed and **approved** your above revised research proposal for the period 10th September 2009-9th September, 2010.

You will be required to request for a renewal of the approval if you intend to continue with the study beyond the deadline given. Clearance for export of biological specimen must also be obtained from KNH-ERC for each batch.

On behalf of the Committee, I wish you fruitful research and look forward to receiving a summary of the research findings upon completion of the study.

This information will form part of database that will be consulted in future when processing related research study so as to minimize chances of study duplication.

Yours sincerely

DR. L. MUCHIRI
AG. SECRETARY, KNH/UON-ERC

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