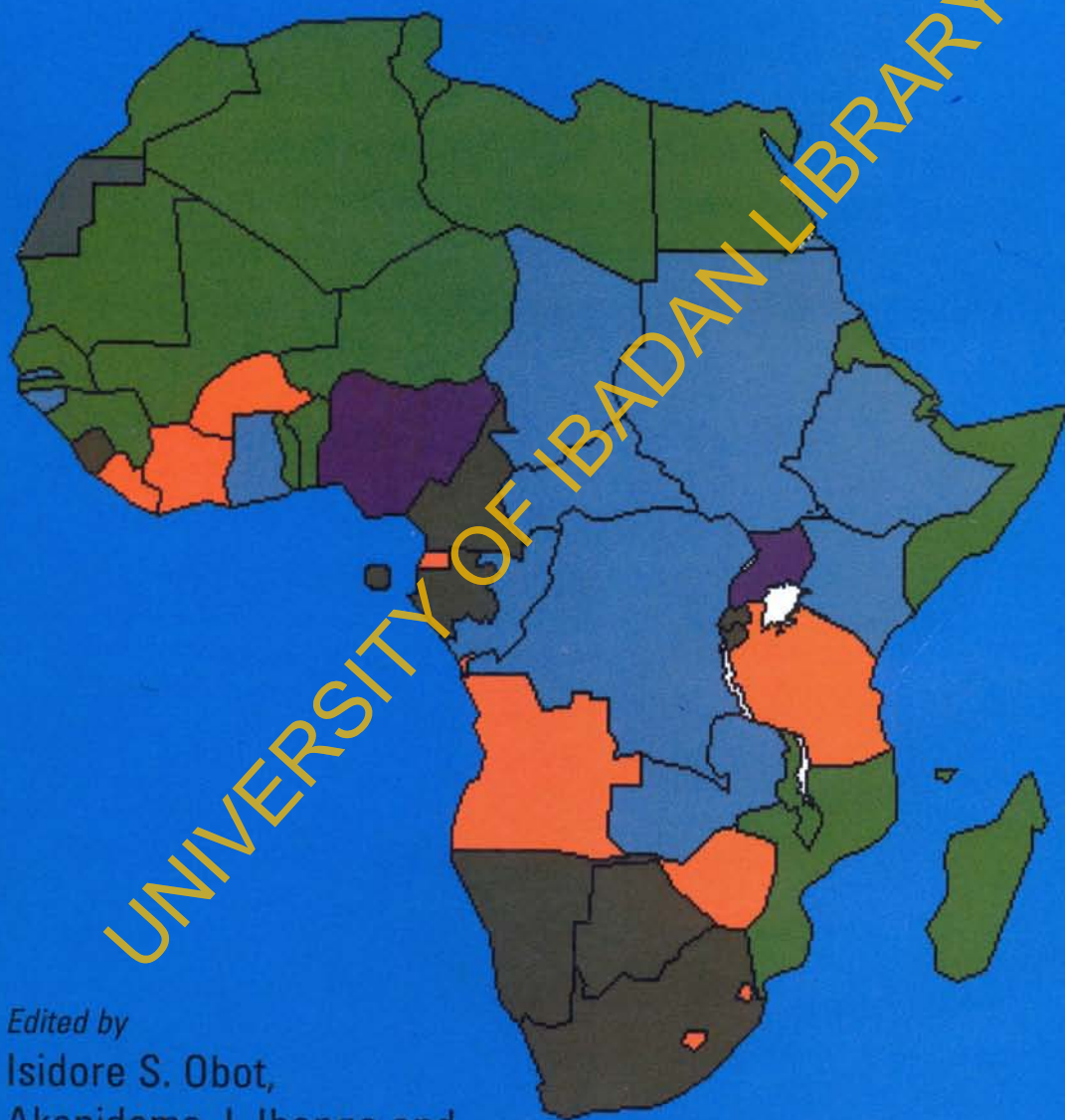


# SUBSTANCE ABUSE AND HIV/AIDS IN AFRICA



*Edited by*  
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# **SUBSTANCE ABUSE AND HIV/AIDS IN AFRICA**

Proceedings of the  
Ninth Biennial International Conference on  
*"Alcohol, Drugs and Society in Africa"*

*Edited by*

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Cover picture: Map of Africa showing total adult (15+) per capita consumption, in litres of pure alcohol, 2005.

Source: [http://www.who.int/substance\\_abuse](http://www.who.int/substance_abuse)

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## SOCIO-DEMOGRAPHIC CHARACTERISTICS AND PERSONALITY PROFILES OF PATIENTS WITH SUBSTANCE USE DISORDERS

Mfon E. Ineme, Helen O. Osinowo, Rachel B. Asagba, Kayode O. Taiwo, Imisioluwa O. Ibikunle, Iboro F. A. Ottu, Onyeye A. Aguiyi, Michael O. Akinlabi & Akin O. Akinhanmi

### INTRODUCTION

Substance abuse remains one of the leading anti-social behaviours the world over. In many societies it is viewed as a leading cause of violence among individuals and groups. To the respective individuals, it has been a major cause of physiological illnesses such as liver, cardiovascular and cranial problems (Kazimir, 2010). It has exposed many to the risk of auto accidents (Bob, 2011), leading to physical deformity, loss of property, and even loss of lives. In addition, substance abuse is known to have a causal relationship with many psychological disorders including mental and behavioural disorders (Larson, 2011). Indeed, the dangers of taking drugs are far greater than its short - term illusory pleasures (Agrawal, Puliyeel, Chansoria, Mukerejee & Kaul, 2007). Being more specific, Obedunmi (2008), explains that the harmful effect of smoking outweighs the presumed warmth and comfort. Use of these drugs may lead to criminal penalty in addition to possible physical, social, and psychological harms (Wikipedia, 2010). Yet drinking is woven into the fabric of many societies as often experienced when sharing a bottle of wine over a meal, going out for drinks with friends, celebrating special occasions with champagne etc. But because alcohol is such a common, popular element in many activities, it can be hard to see when one's drinking has crossed the line from moderate or social use to problem drinking (Smith, Segal & Robinson 2010).

These and many other problems associated with substance or drug misuse or abuse notwithstanding, the behaviour is still persisting, and indeed, increasing and taking different forms and dimensions. This persistence has therefore attracted the attention of the scientific/academic community globally, provoking many research and findings in the area. The research has covered such areas as definitions, types, causes, effects, prevention, and management/treatment of drug victims.

Psychoactive drugs are chemical substances that alter mood, behavior, perception, or mental functioning. They are substances that can be abused and have been classified according to their behavioural and psychological effects. The classes include alcohol, sedative-hypnotics, narcotic analgesics, stimulant-euphoriant, hallucinogens, and psychotropic drugs (Hewitt & Enoch, 2009).

According to Hewitt & Enoch (2009), substance abuse can be caused by physiological, environmental, and psychological factors. Commenting on the onset of smoking, Odebunmi (2008) holds that many factors are responsible. Such factors include: whether the decision to start smoking was deliberate or influenced, environmental encouragement, the smoker's emotional state of mind, smoker's knowledge of effect of smoking, etc. In the words of Smith et al., (2010), drinking problems are due to many interconnected factors, including genetics, your social environment, and your emotional health. Some racial groups, such as American Indians and Native Alaskans, are more at risk of developing alcohol addiction than others. People who have a family history of alcoholism or who associate closely with heavy drinkers are more likely to develop drinking problems. Finally, those who suffer from a mental health problem such as anxiety, depression, or bipolar disorder are also particularly at risk, because alcohol may be used to self-medicate.

Personality is the enduring characteristics of an individual's deeply ingrained and relatively enduring patterns of thought, feeling, and behaviour. Personality usually refers to that, which is unique about a person, the characteristics that distinguish him or her from other people. It is a product of the complex interaction of the inherited traits and life experiences (Berger, 2009). Theorists emphasize different aspects of personality and disagree about its organization, development, and manifestation in behaviour. One of the most influential theories is the psychoanalytic theory of Sigmund Freud. Freud believed that unconscious processes direct a great part of a person's behaviour. Although a person is unaware of these impulses and drives, they strive to assert themselves. Another influential theory of personality is derived from behaviorism. This view, represented by thinkers such as the American psychologist B. F. Skinner, places primary emphasis on learning. Skinner sees human behaviour as determined largely by its consequences. If rewarded, behaviour recurs; if punished, it is less likely to recur (Encarta, 2009).

On the whole, literature conveying results of empirical works on personality, demographic factors, and vulnerability to substance use has it that individuals are differently vulnerable to substance abuse. Whereas everyone has access to addictive substances, not everyone who has the opportunity to use an addictive substance does so, and not everyone who uses an addictive substance becomes addicted. In a survey, 60% of individuals sampled, (12 years and above) reported never using illicit drugs, 29% never smoked cigarette, and 17% were lifetime abstainers from alcohol consumption. Furthermore, 65% of individuals reported access to and use of marijuana, and 16% reported using heroin (Uhl, Elmer, LaBuda & Pickens, 2000). Further reported is that the likelihood of continuing drug use varies from individual to individual. Illicit drug use often begins in early teen years, peaks in late teens or early twenties, and can decline substantially thereafter. However, some individuals continue to use drugs into later adulthood. 93% of those who used alcohol, 60% cigarette smokers, 19% of heroin users,



and 8% of hallucinogens users continue to use drugs to the end of their third decades of life ( Uhl, Elmer, LaBuda & Pickens, 2000).

The frequencies and consequences of illicit drug use, factors that underlie most definitions of drug addiction, also vary from user to user. 45% of individuals using marijuana reported using it 12 times or more, half of these reported using it once a week or more. Vulnerability can be seen in reports of symptoms of dependence, even among regular users. About 42% of regular cocaine users did not report any symptom of cocaine dependence (National Institute on Drug Abuse, 1991, 1992).

There are genetic and environmental factors that differently predispose individuals to drug-taking behaviour and to the transition from drug-taking behaviour to established and maintained drug abuse. Such factors may include personality traits. Indeed recent study implicates personality, peer pressure, easy access, race/ethnicity, loneliness/depression, and anxiety as predisposing factors to drug addiction. Abikoye & Fusigboye (2010) found a relationship between locus of control and smoking habit of undergraduate students in Nigeria. Some correlations have also been found between personality and nature of drug abuse among Indian samples (Agrawal et al., 2007).

According to Serman, Jonhson, Geller, Kanost & Zacharapoulou (2010), substantial research has focused on the association between personality disorders and substance abuse among adults. In a number of studies, researchers have found that adults with certain types of personality disorders are at elevated risk of developing substance use disorders (Khantzian & Treece, 1985 cited in Serman, et al., 2010) and that adult patients diagnosed with substance use disorders are likely to have comorbid personality disorders (DeJong, van den Brink, Hartevelde, & van der Wielen, 1993; Nace, Davis, & Gaspari, 1991; Ross, Glaser, & Germanson, 1988 cited in Serman, et al., 2010). Numerous studies indicate that patients in treatment for substance use disorders are likely to have co-occurring personality disorders. For example, DeJong, van den Brink, Hartevelde, and van der Wielen (1993) cited in (Serman, et. al., 2010) found that 9 out of 10 in-patients with poly-drug addiction met criteria for at least one personality disorder, and 80% met criteria for at least two personality disorders. Similarly, it was found that in a sample of 50 patients hospitalized for cocaine dependence, 74% met diagnostic criteria for at least one personality disorder and retained these diagnoses even when drug-free (Serman, et al., 2010).

Evidence from adult studies indicates that certain personality diagnoses seem to be particularly associated with substance abuse. Nace, Davis, and Gaspari (1991) cited in Serman, et. al., (2010) examined 100 inpatients in a substance abuse treatment program and found that 57% had at least one personality disorder; borderline, histrionic, and passive-aggressive personality disorders were the most prevalent, and patients with personality disorders were more extensively involved in substance abuse than those without personality disorders. Also found was that the most common personality disorders associated with polydrug addiction were

as follows: borderline, histrionic, passive-aggressive, antisocial, schizotypal, and dependent. Other researchers also found that individuals participating in inpatient treatment programs had high prevalence of borderline, histrionic, and antisocial personality disorders (Serman, et. al., 2010). But not all narcissists, compulsives, depressives, and anxious people were drug abusers (Vaknin, 2006). Taking another approach, Janowsky, Hong, Morter & Howe (1999) discovered that individuals with Introverted, Sensing, Feeling, and Perceiving single-factor MBTI preferences respectively were significantly over-represented among the overall group of 90 alcohol/substance-use disorder patients, when compared to the normative population data. Individuals with extroverted preferences were significantly under-represented, as were those with intuitive, thinking, and judging preferences.

Use of drugs is known to lead to criminal penalty in addition to possible physical, social, and psychological harm, depending on local jurisdiction (Chang, 2002). These and other problems associated with abuse of drugs notwithstanding, people still involve in it. Personality is known to underlie most human behaviours – adaptive and maladaptive. Substance abuse may be one of such behaviours. Equally, socio-demographic factors have ways of influencing a wide range of behaviours. These therefore necessitates further psychological search with the intention of ascertaining the roles of personality and socio-demographic variables in the etiology of substance abuse particularly among the patients in psychiatric hospital who were clinically diagnosed to be drug abusers. From the literature reviewed, it is evident that many theoretical and empirical works have been done in the area of drug abuse especially as touching genetic and environmental factors contributing to it. But none seems to fully address the issue of personality predisposition to the behaviour using Nigerian samples. This very important vacuum necessitates this study which objectives are listed below.

### **Objectives of the study**

- 1) To determine the MMPI-2 personality code types among the patients.
- 2) To determine relationship between the code types and co-morbid mental illness.
- 3) To determine relationship between types of drug use and personality code types.

It was therefore hypothesized that:

There will be an association between personality type and drug use behaviour.

## **METHOD**

### **Participants**

The participants for this study were 80 in-patients who were admitted for drug use disorder in the Neuro-Psychiatric Hospital, Aro, between June 2008 and May

2010. They were 75 males and 5 females, 12 of them were married while 68 were single. The average age was 38 years, ranging from 20 years to 59 years (see table 1). Their educational levels ranged from secondary school drop-out to M.Sc. They were all clinically assessed and diagnosed as drug abuse patients using direct interview of the patients and relatives, laboratory tests and psychological tests. About 97% were multiple drug users. These drugs of abuse included alcohol, cannabis, and cigarette with dependence on alcohol and cannabis. The remaining few abused heroin. All the respondents were Nigerians.

### **Procedure**

A formal approval was obtained from the Ethical Committee of the Hospital and the Consultant in-charge of the Drug Wards. The personality profiles of in-patients in the drug wards as assessed by the Department of Psychology, Neuro-Psychiatric Hospital, Aro, for two years (June, 2008–May, 2010) were extracted and used for the study. The extraction and interpretations were guided by clinical psychologists in the hospital. The data were analyzed with SPSS software package.

### **Sampling Method**

Purposive sampling method was used. Only patients whose personality assessments were done within the stipulated time frame were used for the study.

### **Instruments**

The needed information was extracted from the patients' folders in their respective wards. The assessments and compilation were carried out using MMPI-2. References were made to Draw-a-Person Tests and Incomplete Sentence Blank for better understanding of the personality type. The personality types considered were as provided by the MMPI-2. The demographic factors of interest to the study were: age, sex, marital status, educational level, and occupation.

## **RESULTS**

The result as presented on Table 1 shows that of the 80 in-patients clinically diagnosed as drug abusers, 75(93.75%) were males while 5( 6.52%) were females. This shows a very high ratio of male to female in substance abuse. The table also indicates that 70(87.5%) were single and 10(12.5%) were married.

In terms of the highest level of education obtained, it can be seen that university undergraduates constituted the highest proportion of substance abusers with a total number of 30(37.5%). This was followed by secondary school students who were 18 (22.5%); next were university graduates (17, 21.5). Drop-outs and OND holders occupied the 4<sup>th</sup> and 5<sup>th</sup> positions with 9 and 6 respectively (11.25% and 7.5%). Equally, Table 1 shows that 59(73.75%) patients of the sample size were unemployed while 21(26.25%) were employed. Also shown is the fact that 61(75.31%) patients were young (20 -39 years old) while 19(23.75%) were old (40-59 years old).

**TABLE 1. Table showing differences in socio-demographic variables among substance abuse patients**

VARIABLES	N	%
<b>Sex</b>		
Male	75	93.75
Female	5	6.25
<b>Marital status</b>		
Married	10	12.5
Single	70	87.5
<b>Employment status</b>		
Employed	21	26.25
Unemployed	59	73.75
<b>Educational level</b>		
Drop-outs	9	11.25
Secondary School	18	22.5
OND	6	7.5
Undergraduates	30	37.5
Graduates	17	21.25
<b>Age</b>		
Young	61	75.31
Old	19	24.69

It could be deduced from the Table 2 that those with dependent personality were most likely to use drugs 31 (38.75%). Those with antisocial personality followed with a total number of 17(21.25%), with schizoid and narcissistic personalities standing at 11 (13.75%).

Chi-square analysis of the data shows a significant relationship between personality type and drug use behaviour, with the dependent personality being most prone to drug abuse ( $X^2 = 10.78$ ,  $df = 4$ ,  $p < .05$ )

## DISCUSSION

The results indicate some relationships between the demographic variables and drug use behaviour. For instance, the males constituted a very high percentage (almost ninety-four percent) of the population of drug abusers. This may be attributed to the fact that all cultures rear boys differently from girls and confirms the feminist ideological view that most psychological sex differences result from cultural differences in the rearing of boys and girls (Wikipedia, 2009). The gender role and child rearing practices tend to leave the male child unsupervised and not being closely monitored, this has been shown to predispose this population to many vices including drug abuse. It calls for concern and reaffirms the need for parents and other caregivers to look more closely at the child-rearing practices

**TABLE 2. Table showing differences in personality type among drug abuse patients**

<i>Personality Type</i>	<i>N</i>	<i>%</i>
Dependent	31	38.75
Antisocial	17	21.25
Schizoid	11	13.75
Narcissistic	11	13.75
Paranoid	10	12.5

in our society, especially as it concerns the male child. This result however confirms other international findings. For instance, Partnership for a Drug-Free America (2003) found that males were more likely to use, abuse, and be dependent on alcohol or illicit drugs than females. Precisely, it found that males aged 12 or older were twice as likely as females to be dependent on or abuse alcohol or illicit drugs in the past year, and that males had higher rates than females of dependence on or abuse of alcohol or an illicit drug for all age groups, with the exception of 12 to 17 years. Furthermore, pioneering meta-analyses of international longitudinal surveys found that, consistently across cultures, men drank more than women and that marriage and aging reduced both women's and men's drinking (Wilsnack & Wilsnack, 2003). However, depression predicted subsequent increases in drinking among women but not among men. And it has been predicted that when women improve their education, employment, and status, they are likely also to have more opportunities to drink. However, this does not imply that women with higher levels of education and higher status jobs are in greater danger of becoming problem drinkers. It does imply that where women gain increasing education, income, and status, prevention of problem drinking will have to be achieved primarily at the individual level, because social environments will no longer inhibit all drinking by all women (Wilsnack & Wilsnack, 2003).

Equally, with singles constituting up to eighty-seven percent of drug abusers, it stands to reason that marriage has a part to play in curbing drug abuse tendency and behavior. Again, it confirms the findings of Wilsnack & Wilsnack (2003) that marriage reduced both women's and men's drinking. It is likely that, as found in this study, since males who constituted a very high proportion of this population started abusing drugs quite early in life, they could not start and/or maintain reasonable relationships. Another possibility is that those who got married were divorced when their partners could not tolerate their drug use behaviours. Details of the "singleness" of the participants in this study showed that about seven percent of them were actually divorced. Already, it has been recorded that males and females aged 18 to 49 who were married had lower rates of dependence on or abuse of alcohol or an illicit drug than males or females of other marital statuses (Partnership for a Drug-Free America, 2010). The same explanation would go for employment status as up to seventy percent of the population was unemployed.

They could have started abusing drugs so early in life that they could not get employed in steady jobs or were unable to maintain one.

In terms of the level of education, the undergraduates constituted the highest proportion of those admitted for substance misuse disorder, followed by secondary school students – the groups constitute the future workforce of our society and are at the stage where talents, skills, and intelligence should be developed. The tendency therefore is for such potentials to be wasted due to drug abuse. As noted by Ottu, Iroegbu, Ineme, and Udoh (2009) psychoactive drugs negatively affect students' academic achievement. An early study by Arthur, Brown, and Briney (2006) found a moderate to strong negative relationship between students' substance use and academic test scores. More so, that a reasonable proportion of the population was made up of graduates indicates their inability to break the habit formed while in secondary or tertiary institutions and the need for intervention through institutionalization or any other method. Parents, guidance, and governments need be aware of this urgent need with regards to the social class involved.

Moreover, the result that young people (20-39 years) constituted an alarmingly higher proportion of the drug abusers than the older ones (40-59 years) is of concern and confirms the findings that most people start to abuse illicit drugs at their early teen years, climax at late teens or early twenties, and may decline substantially thereafter (Uhl, Elmer, LaBuda & Pickens, 2000). Again, this underscores the need to give attention to the child-rearing practices in our society. Tamen, Ker, Orhungur, Ihaji, & Udzua (2000), found that brewer-mothers gave alcoholic drinks to children aged one month to 72 months as food, as sleeping pills, to satisfy the wish of the children, or as treatment. Youth in any society occupy a delicate and sensitive position within the population structure for several reasons. Yet as observed by Alagbe (2004), statistics have shown that drug barons prefer recruiting their traffickers from the ages of 15 to 35 years, most of whom are either unskilled, unschooled or students or the unemployed. This indicts the youths in not only abusing drugs but also in trafficking. Alagbe also holds that there are several factors which can influence the abuse of drugs among youths. The major ones are: peer pressure, weak parental control, child abuse, imitation, emotional stress, truancy among students, availability of the drugs, and the ineffectiveness of the laws on drug trafficking. The drugs commonly abused by youths include alcohol, cigarette, caffeine, marijuana, hydrocarbon, cocaine, heroin, and crack (Alagbe, 2004).

In addition to the demographic factors, statistical analyses using both percentages and Chi-square showed a relationship between personality type and drug use behaviour with dependent personality being the most prone. Those with dependent personality are known to have severe and disabling emotional dependency on others for many things – even very personal ones (Widiger, 2009). This characteristic may have predisposed them to depending or clinging to drugs in the absence of, or in addition to, humans. Being that personality is a product of

the complex interaction of inherited traits and life experiences, people with this personality type should make their environments stimulating to help their children who may have been genetically predisposed to this risk.

Following in frequency were those with antisocial personality – known for breaking the law, using/exploiting others for their own gains, lying repeatedly, acting impulsively, fighting physically, mistreating spouses, and neglecting/abusing children. They also tend to lack guilt, remorse, shame, anxiety (Widiger, 2009). Obviously, illicit drugs ignite or facilitate these tendencies because most are known to impair cognitive functioning (Berger, 2009) including social judgment.

## CONCLUSION

Personality and demographic predispositions to drug abuse were the interests of this study. Findings show that those with dependent personality trait are the most likely to abuse drugs, followed by those with antisocial personality. The study also implicates other personality types like schizoid, narcissistic, and paranoid in drug abuse. On demographic grounds, the study reveals that the males, the young (20-39 years), the singles, the higher schools undergraduates, and the unemployed are prone to drug abuse. It therefore lays on psychologists and other drug specialists, the responsibility of helping those in these risk groups especially by preventing the onset of drug abuse and intervening in cases where individuals are victims already.

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