

**IMPACT OF INTERVENTION PROGRAMS IN RESPONSE
TO PATIENTS WITH SUBSTANCE USE DISORDERS**

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**DEPARTMENT OF SOCIAL WORK
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JULY, 2021

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**A RESEARCH PROJECT PRESENTED TO THE DEPARTMENT OF
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CERTIFICATION

We certify that this project was carried out by **Fekemo Johnson Yetunde** with Matriculation Number: **SSC1608475** of the Department of Social Work, Faculty of Social Sciences, University, Benin City, Edo State, Nigeria and has not been presented in part or full in any diploma or degree awarding institution.

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Date

DEDICATION

This work is dedicated to God almighty who remain the true source of my life.

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My profound appreciation goes to God Almighty for the grace and wisdom He made available to me in the course of my study in the higher institution and in the course of carrying out this research work.

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ABSTRACT

This study comparatively explores the impact of intervention programs in response to patients with substance use disorders. The study uses the Neuropsychiatric Hospital, Uselu, Benin City as its focus of study. Four well-structured research questions were formulated and sixteen questions were administered to the respondent to collect response from them, the population for the study include staff comprising Doctors, Nurses, Psychiatric and Counsellor at the Neuropsychiatric Hospital, Uselu, Benin City. To conduct the study, a total of 100 respondents were drawn. The respondents were chosen using the simple random sampling technique from the targeted population. The result of the study shows that the problem of substance disorder affects all parts of the country and that there are intervention program that have been put in place to address the issue. However, it was found that more work still need to be done in bringing this issue to rest. Thus, it was the recommended that the government and all citizens alike should join hands together in addressing the menace of substance use disorder. Regular and frequent substance-use training based on Mental Health Gap Action Programme (mhGAP) for primary healthcare workers who provide care for victims should be conducted. The government and all those involved in addressing the issue of substance disorder should adopt the early intervention policy. Adequate funding and equipment should be provided for the treatment of substance use disorder.

Key Words: Intervention, Program, Substance, Response, Disorder, treatment

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Substance use disorder has become a very popular problem both for the elderly and the young. One important thing to note is that the problem is not peculiar to any country or age group. In fact, it is a global problem that requires a global response. For example, in 2015, 20.8 million people aged 12 years or older (7.8 percent of the United States population) had a substance use disorder (SUD) in the previous year. Approximately 75 percent of this group, had an alcohol use disorder, 2.0 million had a prescription opioid use disorder (OUD), and about 0.6 million had a heroin use disorder (Carney and Myers, 2012). Since 1999, opioid-related overdose deaths particularly in the United States have quadrupled, with more than 15,000 individuals experiencing prescription drug-related overdose deaths in 2015 (Carney and Myers, 2012). Though evidence-based substance use disorder treatments are effective, rates of treatment receipt are quite low. In 2015, only 18 percent of the population with substance use disorders, or 3.7 million people, received substance use disorder treatment-a number that has

not increased significantly. Only about 48 percent of patients who enter substance use disorder treatment actually complete it. This is the case scenario also with other countries around the globe, though their figures differ (Wolters, 2017). It goes to show that substance use disorder is not only a problem but a threat to humanity in general.

Substance use constitutes a major challenge in global health, with an increasing trend despite worldwide efforts for its prevention. According to estimates, about 246 million people or 1 person in every 20 in the world use illicit substances, of which 27 million suffer from drug addiction or other forms of disorder (Department of Health and Human Services, 2019). Report also show that 38.3% of global population consume alcohol and 21% of the world population over 15 years smoke tobacco (Yisa et al, 2017).

According to the World Health Organization (WHO, 2017) Substance use disorder refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Globally, the harmful use of alcohol alone has been estimated to result in 3.3 million deaths each year and at least 15.3 million persons worldwide have been documented to be suffering from Substance use disorder (Kane and Greene, 2018). In 2008,

155 to 250 million people all over the world were estimated to have used psychoactive substances with cannabis being the most commonly abused substance (Department of Health and Human Services, 2019). WHO report also shows that 0.7% of the global burden of disease in 2004 was due to cocaine and opioid use (Department of Health and Human Services, 2019).

More than 2.6 million young people aged 10 to 24 die each year in the world of substance disorder (Kane and Greene, 2018). These deaths are mostly due to preventable causes such as substance abuse. In fact, not less than 14% of adolescent girls and 18% of boys aged 13–15 years in developing countries are reported to have been taking alcoholic drinks alcohol (WHO, 2017). This problem is even worse in some countries in the Western Pacific region of the WHO as more than 50% of girls aged 10–19 and more than 80% of boys aged 10–19 had ever consumed alcohol (WHO, 2017).

The problem of substance disorder also pervades the society of Africa. Cannabis remains the most widely used illicit substance in the African Region. The highest prevalence and increase in use is being reported in West and Central Africa with rates between 5.2% and 13.5% (www.afro.who).

Amphetamine-type stimulants (ATS) such as "ecstasy" and methamphetamine now rank as Africa's second most widely abused drug type. Other substances that were used by children and youth surveyed in Sierra Leone, included benzodiazepines such as diazepam, chlorpromazine and different inhalants, while 3.7% were injecting drugs (www.afro.who).

This precarious situation is also prevalent in Nigeria as previous studies had revealed high burden of substance abuse among students. For instance, Ogunsola and Fatusi (2016) reported that about two-thirds of in-school adolescents in Osun State Nigeria had used substances in both rural (65.7%) and urban areas (66.0%) respectively. Also, Lawoyin et al (2005), revealed that 69.3% of secondary school students in Igboora, South-west Nigeria were current users of at least one of the illicit drugs. Alex-Hart, Opara, and Okagua, (2019), in a study among secondary school students in Port Harcourt, Southern Nigeria also revealed that 30.6% of their respondents had ever taken alcoholic drinks before the survey, while Yisa et al (2017) revealed that lifetime use of any substance among students in Ibadan, South West Nigeria was 15.3%.

Eguranti, et al, (2018), in a study among secondary school students in Oshogbo, South West Nigeria also reported 20.3% as the prevalence of substance abuse among the respondents. While these study and findings focused on the Nigeria youth and the Nigeria students, it is striking to note here that substance use disorder is not only a problem associated with the youth or students but also among older citizens of the country.

Substance use disorder like Drug use and other associated problems constitute a major threat to the effective functioning of human society. Omorogiuwa, & Imafidon (2018), noted that many youths seem to think of experimentation with hard drugs as an acceptable part of transition into adulthood. Drug use is the persistent use of liquor, illegal substances or the misappropriation of medications, which result in adverse effect on the individual (Omorogiuwa & Imafidon, 2018). According to Omorogiuwa & Ukponahiusi (2017), the growing increase in youth substance use include party drugs, marijuana, prescription drugs and binging on alcohol. In Nigeria, just as elsewhere in the world, potentially dangerous youthful behaviours such as drug and substance abuse are widespread to the extent; they drew many concerns from the society, government and other stakeholders.

Though the extent of drug use may well be growing among undergraduates in tertiary institutions in Nigeria, such drugs have unfavourable effects on the physical, psychological and emotional well-being of students (Omorogiuwa & Ukponahiusi, 2017).

Intervention program has been used as a tool to respond to substance disorder with the aim to reduce risk factors of substance use disorder. These program takes the form of prevention and treatment. These program are designed to produce behavior changes or improve health status among individuals or an entire population. Some of the Interventions programs may include educational programs, policies or campaigns (Afotabi et al 2011).

These are strategies taken by the government or private agencies and have left several impacts. Intervention programs deals with the ignorance and curiosity of young minds. It creates an impact on crime, violence and deviant behaviours. it also creates an impact on Health. Existing studies on the subject of substance disorder have found that there seems to be better result when there is early intervention as a response to substance disorder (Abayomi et al 2012).

1.2 Statement of the Problem

Substance disorder is one of the menace that has bedeviled the Nigerian Society, but the fact remains that it is not a problem peculiar to Nigeria but to the other countries in the globe. This leaves us with the idea that substance menace is a global problem and may demand a global response to perfectly address the issue. substance-related disorders include a range of pathological conditions associated with legal and/or illegal use of one or more drugs of abuse, medications, or toxins (Wolters, 2017).

In Nigeria, Substance use disorder continues to be a major public health problem. Nigeria, which is the most populous country in Africa, has developed a reputation as a center for drug trafficking and usage mostly among the youth population. According to the 2018 UNODC report “Drug use in Nigeria” one in seven persons (aged 15–64 years) had used a drug in the past year. Also, one in five individuals who had used drug in the past year is suffering from drug-related disorders. Drug abuse has been a cause of many criminal offences such as theft, burglary, sex work, and shoplifting

(ncbi.nlm.nih.gov). The public health goal of reducing the world's drug problems cannot be achieved without addressing substance use disorders with the same scientific rigor, compassion, and commitment that other physical and mental health problems are addressed. Substance use disorders are common psychiatric disorders, and access to affordable, quality health care for such disorders has been declared an inherent right for all United Nations Member State citizens. There is a consistent outcry from both the public, police, preachers, health professionals, teachers, regulatory agencies and parents on the growing burden of drug abuse (abuse of drugs which affect behavior) in the country. Some steps in form of intervention program has been taken in response to this outcry. It is against the background that this study seeks to examine the impact of intervention programs in response to patients with substance use disorders.

1.3 Objective of the Study

The broad objective of this study is to examine and find out the impact of intervention programs in response to patients with substance disorders. In achieving this, some specific objectives are outlined which include:

1. To provide an understanding and manifestation of substance use disorder
2. To examine the causes of substance disorder in Patients
3. To assess the effects of substance disorder to patients
4. To discover the intervention program put in place to address substance disorder

1.4 Research Question

The following research questions will aid in interrogating the study further.

1. What are the damage cause by substance disorder?
2. What are the causes of substance disorder?
3. What are the intervention program put in place to resolve the problem of substance disorder?
4. What are the major impact of intervention program in response to patients with substance disorder?

1.5 Significance of the Study

This study is significant in the sense that it will provide knowledge on the Know-how of what policy is effective or ineffective in dealing with

patients with substance disorder. The study will expose the reasons why people engage in substance disorder and expose in dangers relating to substance disorder. The study will also enable policy makers or those in the field of addressing the issue of substance disorders to choose appropriate policy, treatment and regulations that will be adequate enough to address the issue of substance disorder. The knowledge gathered from this study will help government identify the plights of patients with substance disorder and also make recommendations of best practices to the observed geared towards resolving the issue.

1.6 Scope of the study

The scope of the study is limited to assessing the impact of intervention programs in response to patients with substance disorders. The study uses the Federal Neuropsychiatric Hospital (Psychiatric Hospital) at Uselu, Benin City as its study population. In line with the scope of the study, the area for this study is the Federal Neuropsychiatric Hospital at Uselu, Benin City, popularly known as Uselu Psychiaric. This is a hospital for mental medical issues and the mentally challenged. It is a national and regional mental health resource centre known as one of the apex centre for

Psychiatry in Nigeria. The hospital located at Uselu is said to be the annex site of the hospital, while the permanent location is on Urora Road, Benin City, Edo State. The hospital offers such medical services like Occupational Therapy, Drug Addiction or Substance Abuse Treatment, Adolescent Mental Health, Physiotherapy, Forensic Psychiatry, Electroencephalography (EEG), Radio-Diagnostics, in addition to its School of Psychiatric Nursing, Clinical Nursing, and Psychiatry Residency Training.

1.7 Limitation of the Study

There were some limitations encountered in carrying out of this research. For example, in compiling the data needed for this study, the study was limited to the knowledge of respondents from Federal Neuropsychiatric Hospital, Uselu, Benin City. Some of the respondents were unwilling to give their candid, sufficient, relevant, reliable and valid data necessary for this study. Also, the research is based on available materials in the internet and other relevant sources. The most identified factors that posed a limitation to this study includes inadequate finance to meet up with some financial

requirement as regards the study, time constraints in carrying out the study.

There is also the limitation of collecting data for the study.

1.8 Operationalization of Terms

This study adopts the definition of the following terms

Impact: to have a strong effect on someone or something.

Substance: something (such as drugs or alcoholic beverages) deemed harmful and usually subject to legal restriction.

Substance Disorders: refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.

Patients: a person receiving or registered to receive medical treatment

Intervention: the action or process of intervening, or action taken to improve a medical disorder.

Intervention Program: An intervention program is an element or strategy designed to produce behavior changes or improve health status among individuals or an entire population. Interventions may include educational programs, new or stronger policies, improvements in the environment, or a health promotion campaign.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This study focusses on an investigation of the impact of intervention programs in response to patients with substance disorders. However, attempt is made here to review related literature on the topic under study. The chapter begins with providing an understanding to what substance disorder connotes. An overview on the commonly abused substance was also presented. Specifically, review of related literature dwells on selected variables, conceptual framework, and review of theoretical framework.

2.2 Conceptual Framework: concept, Causes and symptoms of Substance use Disorder

This section discusses the concept of substance disorder. It helps us to understand what the concept is all about. The commonly abused substance as well as the causes and symptoms of Substance use Disorder are also discussed.

2.2.1 Concept of Substance use Disorder

In the ordinary sense, substance disorder refers to the wrong and illegal use of substance that negatively affects the users cognitive and behavioral

pattern. Some scholars prefer to use the word Drug addiction in place of substance disorder. The word substance disorder can also be extended to mean the effects or results which emanates from the wrong use of substance. substance use disorder, is a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication. Substances such as alcohol, marijuana and nicotine also are considered drugs. It also refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs (Nowinski, 2016).

Substance use disorders are second to mood disorders as the most common risk factor for suicide. Some scholars prefer to refer to Substance use disorders as Substance abuse, this will suggest that Substance use disorders and Substance abuse connote the same meaning. Substance use disorders or Substance abuse is an especially important risk factor for suicide in young adults. Furthermore, substance abuse and mood disorders frequently co-occur, with 51 percent of suicide attempters having both (Suominen et al, 2016). Treatment of co-morbid alcoholism and depression with selective serotonin reuptake inhibitors (SSRI) reduces suicidality

(Cornelius et al, 2011). Thus, detection and treatment of substance use disorder in primary care is important for suicide prevention.

2.2.2 Commonly Abused Substance

In 2013, the American Psychiatric Association updated the Diagnostic and Statistical manual of Mental disorder, to define substance abuse within a new category, substance-related disorders. Each specific type of substance such as opioids, alcohol, or hallucinogens is classified and described separately. The most common types of substance use disorders include the use of:

- **Alcohol:** Excessive alcohol consumption increases the risk of serious health conditions such as heart disease, brain and liver damage, and hypertension and can cause health issues related to intoxication behaviors and withdrawal (Nowinski, 2016). Criteria for diagnosis include an inability to control alcohol intake, developing a tolerance, and/or developing withdrawal symptoms.
- **Cannabis:** Excessive use of cannabis or marijuana can lead to problems with memory, learning, and perception, as well as loss of

motor coordination and difficulty with thinking and problem-solving skills. Excessive use of cannabis in youth can also increase risk for cognitive difficulties and mental illness (Cornelius et al, 2011). It can produce feelings of euphoria, anxiety, or depression as well as distort perception and slow reaction time. Marijuana, the most commonly used illicit drug, has been associated with automobile and industrial accidents as well as physical ailments, most notably cancer. It is usually smoked, making its health risks similar to those of tobacco in terms of pulmonary and cardiac effects.

- **Tobacco:** Tobacco is a leafy plant that contains the addictive substance nicotine and is typically smoked through cigarettes, cigars, and pipes. Tobacco is the leading cause of preventable disease and death in the U.S (Cornelius et al, 2011). and increases one's risk of cancer, coronary heart disease, and chronic obstructive pulmonary disease (COPD). Smoking in pregnancy can lead to infant tissue and lung damage, as well as greater risk of preterm birth, low birthweight, and death from Sudden Infant Death Syndrome (SIDS). For more information please see RHIhub's Rural Tobacco Toolkit.

- **Club Drugs (e.g., GHB, ketamine, MDMA, flunitrazepan, yaba):** this include a variety of drugs from other drug categories (e.g., hallucinogens, depressants). The name is derived from the fact these substances often are used by younger people at nightclubs and parties. Some club drugs, gamma hydroxyl butyrate (GHB) and Rohypnol in particular, have gained notoriety for use in drug-assisted sexual assault cases and, therefore, are referred to as “predatory drugs (Nowinski, 2016). Certain club drugs, such as ketamine, have medical or veterinary uses, but are used in a significantly different quantity or by a population other than for whom they are intended. Yaba, which means “crazy medicine” in Tai, is a combination of methamphetamine and caffeine and is becoming increasingly available at rave parties. Like methamphetamine, use of yaba can result in a rapid heart rate and damage to the small blood vessels in the brain, which can lead to stroke (Nowinski, 2016). Its use also can lead to violent behavior, paranoia, confusion, or insomnia.
- **Inhalants (e.g., aerosol sprays, nitrous oxide, butyl nitrate)** usually are legal and readily available household and commercial products

whose chemical vapors are inhaled to produce mind-altering effects. Observable effects of use include runny nose, watery eyes, and headaches. Users can ingest the substances by inhaling directly from product containers, sniffing a cloth saturated with the substance, or sniffing the substance from a plastic bag that is placed over the nose and mouth. Deeply inhaling vapors or using large amounts over a short time may result in disorientation, violent behavior, unconsciousness, or even death. High concentrations of inhalants can cause suffocation by displacing oxygen in the lungs. One of the significant factors in the use of inhalants is their accessibility, particularly for children. National surveys indicate inhaling dangerous products is becoming a widespread problem (Nowinski, 2016).

- **Opioids and Narcotic Pain Relievers (e.g., heroin, morphine, oxycodone, hydrocodone)** are used illegally for their euphoric effects. Many opioids and narcotic pain relievers originally were developed to relieve pain, and doctors still prescribe some for that purpose. The pain of withdrawal from heroin and other opioids is made worse by the fact that these drugs medicate pain. Therefore, individuals in

withdrawal may experience pain they did not feel while using opiates and may not be able to deal with pain as they normally would. Signs of use include needle marks as well as decreased pulse and respiration rates. Opioids are substances used to relieve pain in healthcare settings. Opioids work by binding to receptors in the brain or body to reduce pain signals going to the brain. According to the Centers for Disease Control and Prevention, 33,091 Americans died of opioid overdoses in 2015 (Wahl, 2019). According to the 2015 National Survey on Drug Use and Health, 3.8 million Americans ages 12 and older have reported misuse of prescription pain relievers, based on data of reported misuse of prescription pain relievers (Wahl, 2019). Opioids include prescription drugs such as hydrocodone (Vicodin), oxycodone (OxyContin, Percocet), codeine, morphine, as well as illegal substances like heroin. Misusing opioids can lead to physical dependence, severe respiratory depression, and even death (Wahl, 2019).

2.2.3 Causes of Substance use Disorder

The reasons for the Substance use Disorder may vary from person to person and more than one reasons could be responsible for it (Bhugra, 2019). Causes of substance disorder can be classified social factor, Psychological factors, and Biological factor. The social factor include, Peer pressure, Role-Modeling/imitation, Easy availability, Cultural/Religious reasons, Lack of social or familial support. On the other hand, the Psychological Factors include; Curiosity, Social rebelliousness (disobedience), Early initiation, Poor control, Sensation seeking (Feeling high), Low self-esteem (Anomie), Poor stress management, Childhood loss or trauma, As a relief from fatigue or boredom. The Biological Factors include; Family history/genetic predisposition, Reinforcing effects of drugs, Withdrawal effects and craving, among many others. Some of these factors are discussed below;

Peer pressure: Peer pressure is one of the cause of substance use disorder, research have found that many youth initiate drug use to fit in with their peers. Another some youth even believe most times that they are under even more pressure to smoke, drink, and try drugs. The more friends a person has who smoke, drink, or use drugs; the likelier the person is to do so. If five of

the persons close friends drink alcohol, the person is over seven times likelier to drink (turnbridge.com)

Easy availability: when substance is easily available to the society it becomes every easy for people to get. In the Nigerian society today, most stores are seen selling these illegal substances even at a very affordable price. For example, cigarette which contain a lot of harmful substance to the human body is sold for about 10 naira. This is the problem of Easy availability as those who are addicted to smoking do not find it difficult to get these products when they need it (Bhugra, 2019). The point here is that if the illegal substance is hard to find victim may start giving up on the addiction, since they cannot find the substance they crave for. But this is not the case in Nigeria due to Easy availability of substance.

Academic Pressures: academics and substance abuse can easily (and dangerously) intertwine, (ncbi.nlm.nih.gov), this is also one of the reason people engage in substance disorder. They resort to substance use due to frustration from academic activities. Students who are given carryover, spill over, or even sent out of school due to their poor academic performance may become frustrated and resort to substance abuse in a way for find solace. The

period of University days is a tasky period for the student and a lot can go wrong as most of them are no longer under the watch of any one particularly their parents or guardian.

2.2.4 Symptoms of Substance Use Disorders

There are several symptoms of substance use disorder noticeable in a victim. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (turnbridge.com) outlines eleven symptoms of substance use disorders. However, this work only outlines the most pressing seven.

1. Having a persistent wish to stop using the substance and/or continuously trying to reduce or control substance use.
2. Continuing to use the substance despite knowing that a physical or psychological health issue was likely caused or worsened by the substance.
3. Using the substance in larger amounts or over a long time period than originally intended.
4. Stopping or decreasing social, work-related, or recreational activities due to substance use.

5. Having a strong urge to use the substance.
6. Continuing to use even when it causes an inability to fulfill work, school, or home-related responsibilities.
7. Continuing to use the substance even when it causes interpersonal problems or makes them worse.

2.3 Effect of Substance Disorder

Substance disorder can have an effect on a person's physical and mental health, as well as social relationships, family, work, school, and quality of life. When a person's behavior changes, loved ones may immediately suspect that substance disorder of some kind is a factor (Eneh, & Stanley, 2004). There are a number of signs that can be observed in a person who is abusing or addicted to drugs or alcohol. It can be challenging to see outward signs of substance disorder; however, there are some behaviors that can indicate that drug abuse or addiction is occurring. The potential effects of substance disorder include:

- i. Damage to organs, such as the heart, brain, and liver
- ii. Diseases, such as heart disease, HIV, and cancer

- iii. Development of other mental illnesses
- iv. Permanent changes to hormonal or nervous systems
- v. Damage to social network or relationships
- vi. Loss of job or other financial issues (Kamlesh & Sahu, 2012)

2.4 Treatment of Substance use Disorder

Substance use disorder treatment is the process of providing a planned and structured interventions to persons that are addicted to or dependent on psychoactive substances for the purpose of managing substance-induced problems and also improving their physical, mental and social functioning (Kamlesh & Sahu, 2012). It involves a broad range of services, including assessments; diagnosis of substances use disorders and related problems; treatment planning; pharmacotherapy, counseling and behavioral therapy; medical, psychiatric, psychological, social, legal and other support services; after care plans and follow-up for persons with substance abuse problems. The nature of these services varies in different environments and

circumstances as they are adapted to suite the background and needs of the beneficiaries (Omigbodun, & Babalola, 2004).

Substance use disorder treatment, though not new, is still an evolving area of healthcare in Nigeria (Kamlesh & Sahu, 2012). Prior to the establishment of stand-alone substance abuse treatment centres in Nigeria, most substance abuse treatment activities took place in the psychiatric hospitals and psychiatric units of government health institutions. However, with the growing public interest in the problem, stand-alone substance abuse treatment centres began to spring up in the 1980s. The first stand-alone substance abuse treatment centre was established in 1983 in a neuropsychiatric hospital in the southwest region of Nigeria and since then other organizations such as non-governmental organizations and private institutions have embraced the field (Kessler et al., 2006).

Despite the fact that substance abuse treatment has been on-going for over two decades, little is known about the treatment practices in the country (Kessler et al., 2006). This can be attributed to the dearth of published reports on treatment practices in the country. The goal of treatment is to help individuals break the cycle of addiction and dependence so that they may

learn better ways of dealing with challenges in their lives. It is important to note that treatment does not equal recovery, recovery is a lifelong process, with treatment being one of the first steps. Recovery entails making lifestyle changes to regain control of one's life and accepting responsibility for one's own behavior (Bhugra, 2009). Research has demonstrated that SUD treatment works. A number of national studies over the past decades have shown that SUD treatment can result in abstinence from substance use, significant reduction in the abuse of substances, decreased criminal activity, and increased employment (Bhugra, 2009).

Again, treatment has been shown to be cost-effective and to reduce costs in such areas as crime, health care, and unemployment. SUD treatment is not a "one size fits all" service or one that remains static over time for a particular participant. For example, an individual who drank heavily for 10 years and is mentally ill is likely to have different treatment needs than an individual who recently became addicted to cocaine. On the other hand, some individuals require detoxification services before they are able to participate effectively in ongoing treatment and recovery. Detoxification is a process whereby individuals are withdrawn from alcohol and drugs,

typically under the care of medical staff; it is designed to treat the acute physiological effects of ceasing the use of substances (Bhugra, 2009). It can be a period of physical and psychological readjustment that allows the individuals to participate in ensuing treatment (King, 2018). In some cases, particularly for alcohol, barbiturates, and other sedatives, detoxification may be a medical necessity, and untreated withdrawal may be medically dangerous or even fatal. Detoxification is not needed by all individuals and is not intended to address the psychological, social, and behavioral problems associated with addiction. Without subsequent and appropriate treatment, detoxification rarely will have a lasting impact on individuals' substance-abusing behavior. The appropriate level of care following detoxification is a clinical decision based on the individual's needs.

2.5 Treatment Approaches to Substance Use Disorder

There are numerous forms of treatment that can be offered to a substance use disorder patient and a number of ways also exist to categorize treatment, based on the level of care (i.e., intensity of treatment and services offered) or the theoretical orientation and treatment approach. The following are some common treatment approaches that can be adopted:

Cognitive-behavioral approaches: This addresses the ways of thinking and behaving. Cognitive behavioral treatment helps participants recognize situations in which they are most likely to use drugs, develop strategies for dealing with these situations, and build specific skills to address behaviors and problems that are associated with substance use disorders (mayoclinic.org). For example, if a woman suggests that she is most likely to use cocaine after she has had a fight with her partner, the therapist would work with her to develop more positive ways of dealing with her anger and frustration following a fight. The treatment provider also may detail possible consequences to the individual, such as breaking parole and being forced to return to prison, as a means of changing behavior.

Therapeutic community: therapeutic community is an approach based on both cognitive-behavioral therapy and on the notion that treatment is best provided within the context of a community of individuals who have similar histories (www.mayoclinic.org). This model was developed to provide treatment to individuals with antisocial character traits in addition to SUDs and tends to be highly confrontational. By having treatment participants confront each-others' behaviors and attitudes, they learn a great deal about

their own behaviors and also learn from the other participants. Often, therapeutic community models of treatment are found within the correctional system. Given its confrontational nature, a therapeutic community may not be appropriate for some individuals. For example, women who have experienced intimate partner violence likely would not react well to this treatment approach.

Motivational enhancement treatment: Motivational enhancement treatment incorporates some elements of cognitive-behavioral treatment, but focuses on increasing and then maintaining participants' motivations for change (mayoclinic.org). Rather than forcing individuals to accept that they have a problem, this approach focuses on the individual's needs and the discrepancies between their goals and their current behaviors. This approach seeks to draw solutions from the treatment participants rather than having the solutions imposed by therapists.

Recovery mentor or advocate Programs: this is an approach that pair a person in recovery with individuals in need of treatment to support their engagement and retention in the process (mayoclinic.org). Recovery mentors or advocates offer the unique perspective of having been through a similar

experience and can offer the client insight to matters that CPS caseworkers and SUD treatment providers cannot.

Treatment can take many forms and can be multilayered and complex in attempting to address the nature of SUDs. For example, opioid replacement therapy is a treatment that substitutes a noneuphoria inducing and legally obtainable drug (e.g., methadone, buprenorphine) for heroin or another opiate. The treatment also provides counseling and other rehabilitation services (Onoja, 2010).

2.6 Barriers to Effective Treatment of Substance Disorder

The barriers to receiving effective treatment for substance use disorder are nothing short of daunting. Scholars have in their own view classified the barriers to treatment of substance use disorder from general to more specific barriers. This work however discuss some of these barriers which include;

Stigma and Discrimination: The stigma of mental illness is one of the foremost barriers deterring people who need treatment from seeking it (US DHHS, 2019). About two-thirds of people with diagnosable mental disorders do not receive treatment (Kessler et al., 2006). Stigma toward mental illness

is pervasive in many states around the globe (Bhugra, 2009). Stigma refers to stereotypes and prejudicial attitudes held by the public. These pejorative attitudes induce them to fear, reject, and distance themselves from people with substance use disorder (King, 2018). Research has shown that there is a relationship between substance use disorder and the act of suicide, but it is very clear that the stigma of substance use disorder is distinct from the stigma surrounding the act of suicide itself. While the stigma of substance use disorder deters people from seeking treatment for the related problem caused by the disorder like mental illness, and thereby creates greater risk for suicide, the stigma surrounding suicide is thought to act in the opposite direction to deter people from completing suicide (Agnew, 2018).

Stigma and Discrimination prompt people to distance themselves from those with related issues from substance use disorder like depression and schizophrenia. The figures are even greater for substance use disorders (Parry, 2005). Stigma leads the public to discriminate against people with such disorder in housing and employment. It also discourages the public from paying for treatment through health insurance premiums. For people with mental illness, the consequences of societal stigma can be severe:

diminished opportunities, lowered self-esteem, shame and concealment of symptoms, and lower help-seeking behavior (Wahl, 2019). In the United States for example, The National Comorbidity Survey, one of the only nationally representative studies to investigate why individuals with mental illnesses do not seek treatment, found that almost 1 in 4 males and 1 in 5 females with Posttraumatic Stress Disorder cite stigma as their reason (Kessler, 2006).

While the majority with Substance use disorder like mental illness do not seek treatment, there is wide demographic variability: women and younger adults (ages 18-44) are more likely to reach some kind of care, whereas ethnic minorities and older people are less likely (Bland et al, 2016). If they make contact with primary care providers, stigma inhibits them from bringing up their mental health concern. Patients may instead report more somatic symptoms of mental illness, such as dizziness and stomach disturbances, because these are more culturally acceptable. Even if patients begin treatment for mental illness, stigma can deter them from staying in treatment. These problems are especially relevant for older people (Knauper, & Wittchen, 2001), adolescents, and certain ethnic populations.

Financial Barriers: The cost of care is among the most frequently cited barriers to substance disorder treatment. In the research by Knauper and Wittchen (2001) about 60–70 percent of respondents in large, community-based surveys say they are worried about cost. Economic analyses of patterns of use of health services clearly indicate that use is sensitive to price: use falls as costs rise, while use increases with better insurance coverage. Rises in co-payments of health services are associated with lower access. The demand for mental health services is more responsive to price than is demand for other types of health services. Having health insurance, through the private or public sector, is a major determinant of access to health services. People without health coverage experience greater barriers to care, delay seeking care, and have greater unmet needs (Ayanian et al, 2014).

Refusal of Patient to adhere to Medication: One other major barriers to treatment of substance disorder is the unwillingness and refusal of patients to adhere strictly to the medication and prescription given by treatment experts. Patient's barriers to care are fear of being hospitalized and thinking that they can handle their problems without formal treatment, or without adhering to the prescription given. (Kessler, 2006). In the area of medicine, in a general

sense, people are fond of taking their own prescription even after visiting the treatment centers and are told what to do. They go back home to act in their own ways thinking that prescription giving to them were either too much or not adequate. This is a big challenge to the medical world in Nigeria as it relates to treatment of patient. The same applies to the treatment of patient with substance use disorder. Medication adherence is therefore one key barrier to treatment. The term “adherence” is defined as the extent to which an individual’s use of medication adheres to medical advice.

Cramer & Rosenheck, (2008) found out that about 24–28 percent of substance use disorder victims are non-adherent with medication treatment in the month before death. There are lots of identified reasons responsible for this problem of non-adherence like care cost, fragmentation of services, stigma, and Medication side effects (Kihlstrom, 2018).

Lack of easy Access to Healthcare Centres: The inability for a lot of people particularly in the rural areas to access health care centres is a major barrier to treating substance use disorder (Kihlstrom, 2018). the greater travel distances and costs associated with living in a rural community are considerable barriers to accessing prevention and especially treatment. there

are often fewer programmes and services available in rural areas, lack of public transportation, and limited access to supporting services (Kihlstrom, 2018). factors such as poverty, unemployment and limited access to education or healthcare services exacerbate rural vulnerability to substance use and its negative consequences. While this is true for many rural communities in both industrialized and developing countries across the globe, low- and middle-income countries in particular suffer from the lack of national, regional and local resources necessary to mount an effective response to substance use disorder (Cramer & Rosenheck, 2008).

Lack of adequate concern by the Government: Studies have also shown that the government and policy makers on their part do not show adequate concern in dealing with substance use disorder in Nigeria (Cramer & Rosenheck, 2008). This is reflected on the low or no budget allocated to addressing this problem among the citizen. This barrier is not only peculiar to Nigeria as a survey of member States in the six World Health Organization (WHO) regions found that less than 50 per cent of the responding countries reported having a budget line directed towards the treatment of substance use disorders (WHO, 2017).

2.7 Intervention program and its Impact on patients of substance use disorder

intervention programs aim to reduce modifiable risk factors known to increase the likelihood of initiation of substance use or development of a substance use disorder. Gordon's framework for disease prevention, which is also used by the United Nations Office on Drugs and Crime, classifies prevention programs as those that are applied universally to members of a population regardless of individual risk (universal prevention), to people at high risk for disease (selective prevention), or to those at high-risk and presenting with early, sub threshold symptoms of disease (indicated prevention). An intervention program is an element or strategy designed to produce behavior changes or improve health status among individuals or an entire population. Interventions may include educational programs, new or stronger policies, improvements in the environment, or a health promotion campaign (Afotabi et al 2011)

According to the UNODC report (2018), approximately 376 000 people or about 0.4% of the Nigerian population aged 15-64 are reckoned to be high-risk drug users. Nearly 90% of these users regularly take opioids –

particularly pharmaceutical opioids such as tramadol codeine, or morphine – while the others take cocaine or amphetamines.

There have been several steps taking by the government as well as organizations to address the issue of substance use disorder among patients. As countries including Nigeria make efforts to respond to substance use disorder among the population, health experts have continuously worked to ensure the reduction of substance use disorder in the country. The FMOH, with the support of WHO, established the National Technical Working Group (NTWG) on drug demand and harm reduction in Nigeria in May 2019 (frontlineaids.org). The NTWG is working under the leadership of the Minister of Health and is actively engaged in implementing a comprehensive public health response to the challenge of substance use disorder in the country, this effort also includes bringing together different stakeholders at the national and state level for a concerted response. This includes advocacy, capacity building and resource mobilization to ensure promotion of evidence-based prevention activities and the availability of drug treatment and harm reduction programmes at community level (Obot, 2005).

Target 3.5 of the United Nations 2030 Sustainable Development Goals (SDGs) is to strengthen the prevention and treatment of substance use disorder, including narcotic drug abuse and harmful use of alcohol in Nigeria (Ogunsola & Fatusi 2016). There are several identified impacts of intervention program on substance use disorder.

Firstly, it deals with the ignorance and curiosity of young minds. These teens are hungry for information. They have questions about the things they see, they want to know why you or any other adult can smoke and drink yet they cannot, they want to know why alcoholic drinks are advertised on the media and they cannot take it but noodles are advertised and everybody takes it, they want to know if smoking cigarette or drinking alcohol is what shows that they have come of age and while they are not respected by their peers because they do not smoke nor drink, what is cancer, what does it look like, most often many adults in the position to answer these questions at times feel it is not necessary to talk about it because they are still too young or they don't know what to tell them. This leaves the teen vulnerable to wrong information about these substance – like the encounter I had with a student during a drug awareness program in

their school the young man got up to refuse my statement that shisha is tobacco (tobacco with fruit flavour) but rather that it is grounded fruits because of the fruit flavour that it gives while inhaling it and that he uses it (Oshodi, Ikeji, Olotu, Ihenyen, and Obianwu, 2009). And when asked who told him he said it was his friends (Oshodi, Ikeji, Olotu, Ihenyen, and Obianwu, 2009).

Secondly, it creates an impact on crime, violence and deviant behaviours. Substance abuse constitute the major factor of teenage crime, violence and deviants behaviours (Afotabi et al, 2011). About 90% of inmates in more than 30 prisons in Nigeria maintain that they are not sure they world have been able to commit the crime for which they are been held without the influence of drugs (Afotabi et al, 2011). Afotabi et al (2011) indicated the following rate of deviant behaviour according to the students perception of various consequences of drug abuse, Truancy (62.4%) hooliganism/gangster (67.9%), stealing / robbery (67.2%), murder (64.3%), Rape (55.8%) risky sexual behaviour (68%). Early intervention will definitely improve the behavioural pattern of the youth.

Thirdly, it creates an impact on Health. The nature of the adolescent brain makes teenagers more prone to substance use disorder and other mental illness. Drug dependence, bipolar disorder, anxiety, depression, schizophrenia are heightened by substance abuse. In fact, experts estimate that 60% of mental ill patients have substance abuse problems. According to Abayomi et al (2012) on prevalence and correlate of substance use among persons with mental disorder in Nigeria with 103 patients stated that more than one third of alcohol usage (44,2%), tobacco (30.5%) and a fifth if cannabis users (18.2%) had initiated drug use during adolescence. Also (Oshodi, et al., 2009) indicated the high impact of cannabis use on psychotic diagnosis in a psychiatric hospital in Nigeria.

Aside mental illness, risk of unwanted pregnancy, HIV, is quiet high under substance abuse, because of unprotected sex and risky sexual behaviour (Ediomo-Ubong, 2012). In a study done in USA 1 in 5 teens and young adults reported having unprotected sex after drinking or using other drugs. (CASA, 2011). Respiratory and cardiovascular diseases and cancers abound among substance abusers. Therefore, early intervention protects the teenagers who are more vulnerable to these health problems.

Fourthly, it creates an improved academic performance. Early intervention reduces the rate of school drop-out, and poor academic performance. It also reduces fatalities and unintended injuries, it reduces fatal road accidents among teens, drowning and unintended injuries. It saves the family and the nation the cost of dealing with a future substance abuse disorder and substance induced security problems.

2.8 Theoretical Framework

There are several theories postulated by scholars through which the issue of substance abuse can be understood. These theories describe the causes, habit, the effect, of substance abuse. This study therefore adopted the following theories in explaining this study.

Social Learning Theory: this theory was propounded by Albert Bandura in 1977. The social learning theory emphasizes the role of societal influences, which impacts individuals and focuses on peer pressure and relationships. This theory suggests that role modeling affects personal decisions and choices. individual decision-making and actions are influenced daily by countless people (Oni & Ogunremi, 2012). Oni & Ogunremi, (2012) found

that having close attachment to people, including family members and other peers, made people less likely to engage in substance abuse behaviours; therefore, suggesting that social bonds are healthy and beneficial for an individual. These concepts are investigated further in the behavioural theory. The social learning theory recognizes that underlying reasons may cause a person to frequently engage in risky substance abuse like drinking activity. The individual may possess an abundance of stressors in their lives or come from a problematic background including a broken home, childhood trauma or unsupportive parents. In addition, the individual may have substance dependent parents, which influence them to turn to substance abuse and disorder in order to cope with particular stressors (Akers, 2011). The bottom line of this theory is that substance disorder can be from a behavior or experience with the social circle which an individual learn from and interact with.

Behavioural Theory: The Behavioural Theory was propounded by the American psychologist John B. Watson in 1913. Behavioral theory seeks to explain human behavior by analyzing the antecedents and consequences present in the individual's environment and the learned associations he or

she has acquired through previous experience. The behavioural theory was initially developed to address risky alcohol consumption and addiction being learned as a specific behaviour by the individual (Collins et al., 2011). Students who engage in heavy drinking practices are at potential risk for negative and behavioural consequences including poor academic performance (Obot, 2005). The most common factors implicated in causing student drinking are motivational factors, attitudes towards drinking, self-efficacy, and the belief that other students engage in these types of behaviours. These reasons relate to the aspect of modeling within the social learning theory (Collins et al., 2011).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The term methodology is a system of explicit rules and procedures in which research is based and against which claims are evaluated (Ojo, 2013). This chapter outlines the research techniques adopted that will be used for this study, with the aim of achieving the research objectives. Thus, this chapter of the research study discusses the research design, population and sample of the study as well as the method of analysis amongst others. It begins with the research design that will be employed for the study and ends with the method of analysis.

3.2 Research Design

The research design for this study on “impact of intervention programs in response to patients with substance disorders” is strictly descriptive in nature. This research is an explorative research; therefore, cross sectional research design was used. Structured questionnaires were administered to respondent. This research strategy is considered necessary because of its ability to view comprehensively and in detail the major questions raised in the study. We considered this method appropriate as it is

useful for the study of non-observable events such as opinions, attitudes preferences or dispositions (Soyombo, 2002; Fubara & Mguni, 1995). The design will be adopted because the study involves the use of a representative sample from the population and the drawing of conclusion based on the analysis of available data.

3.3 Population of the Study

A population is the entire set of relevant units of analysis in which we are interested for the purpose of the study (Oaikhenan & Udegbumam, 2004). Since this study takes the neuropsychiatric hospital as its sample centre. The population of the study consists of doctors, psychiatrists as well as the relatives of patients who are in the Federal Neuropsychiatric Hospital at Uselu, Benin City. 100 respondents from these categories listed above were selected at random to form the actual population of the study.

3.4 Sample Size and Sampling Technique

The sample size for this study is a hundred (100) respondents that will be systematically selected at random to include Psychiatric Specialists, Doctors, workers and relatives of the patients at Federal Neuropsychiatric Hospital at Uselu, Benin City. The study will adopt the simple random

sampling technique. Here, all members of the population have an equal chance, or probability of being selected and every one of them is chosen completely by chance.

3.5 Instrument for Data Collection

The data for this study was the primary source of data. Primary sources involve carrying out-an original investigation to obtain your data primarily and specially for your purpose (Agbonifoh and Yomere 1999). The primary data will be generated from the field survey carried out by the researcher. Specifically, primary data will be obtained from the target respondents through a carefully constructed questionnaire.

The instrument that was used in gathering data was a carefully crafted fixed-response questionnaire to elicit responses from the sampled respondents. The questionnaire contains well-structured questions to obtain the responses and views of the respondents on the impact of intervention programs in response to patients with substance use disorders. The questionnaire is divided into two (2) sections. Section A is designed to obtain socio-demographic information on respondents. Section B contains fixed-response questions measuring the perception of the respondents on the

relevant issues raised in the research hypotheses and objectives of this study. The respondents were required to agree or disagree with each of the statements by ticking yes or no.

3.6 Validity and Reliability of Instrument

Validity refers to the degree to which an instrument correctly measures what it is designed or intended to measure. It is rare for an instrument to be 100% valid so validity is determined in degree. For this study, the instruments were properly authenticated by the Supervisor and other learned professionals within the Social Work department, in order to make sure that included questions capture the study variables. Suggestions were then made for improvement, which were incorporated into the instruments.

The questionnaire is reliable as the Cronbach's alpha was applied to determine the reliability. Cronbach's alpha is not a statistical test. It is a measurement of reliability. It is used to estimate the reliability or consistency of a score. It is best used to determine if the scale is reliable because of the 5-likert questions in the questionnaire. The reliability of the

research instrument is important because it determines if the study fulfils its aims and hypothesis of the subject matter.

3.7 Method of Data Analysis

The methods used for the analysis of the data collected are frequency distribution table or simple percentage techniques to test the frequency of the personal data of the respondents and the frequencies of their responses to the research questions. This was to ensure simplicity and clarity of the responses.

CHAPTER FOUR

ANALYSIS AND PRESENTATION OF RESULT

4.1 Introduction

Having looked into the relevant issues and established a credible empirical framework that underpins the focus of this study, this chapter present the following results obtained from utilizing the various methodological investigations stated in this chapter. A total of 100 questionnaires were administered out strictly to male and female respondents of which the researcher was able to retrieve and analyze 90 questionnaires based on the response from the respondent through the distributed questionnaire. Hence, the data analysis was conducted using simple percentage (%) statistical techniques to test the frequency of the personal data of the respondents and the frequencies of their responses to the research questions. This was to ensure simplicity and clarity of the responses.

4.1.1 Data on Socio-Demographic Characteristics

Table 4.1.2 Gender of the Respondents

GENDER	Response	Frequency
Male	30	33.3
Female	60	66.7
TOTAL	90	100.0

Source: Fieldwork 2021.

From the table 4.1.2 above on the gender of the respondent, the result therefore revealed that there were 30 male respondents which represent 33.3 percent and 60 female respondents which represents 66.7 percent. This shows that female respondents were the highest in the population.

Table 4.1.3 Marital Status of the Respondents

STATUS	Response	Frequency
Married	60	66.7
Single	15	16.65
Divorced	15	16.65
TOTAL	90	100.0

Source: Fieldwork 2021.

From the table 4.1.3 above, the result shows the Marital status of the respondents. The result therefore revealed that 60 respondents who represent 66.7% of the population are married while 15 person representing 16.65% of the population are Single and 15 person representing 16.65% of the population are divorced. This shows that respondents who were married are the highest in the population.

Table 4.1.4: Age of the Respondents

AGE	FREQUENCY	PERCENTAGE (%)
Below 20yrs	15	16.65
20 – 30yrs	25	27.8
31 – 40yrs	18	20

41 - 50yrs	22	24.4
above 50yrs	10	11.1
TOTAL	90	100

Source: Fieldwork 2021

Table 4.1.4 reveals that there were 15 respondents from the age range below 20years which represents 16.65 percent, 25 respondents from the age range of 20-30 years which represents 27.8 percent, 18 respondents from the age range of 31-40 years which represents 20percent, 22 respondents from the age range of 41-50 years which represents 24.4percent, and 10 respondents from the age range above 50years which represents 11.1 percent. This shows that respondents who were above 50years are the highest in the population.

Table 4.1.5: Profession of the Respondents

Profession	Frequency	Percentage (%)
Doctor	25	27.8
Nurse	45	50
Mental Health Counselor	5	5.6
Psychologist	15	16.65
TOTAL	90	100

Source: Fieldwork 2021

From the table 4.1.5 above, the result shows the profession of the respondents. The result therefore revealed that 25 respondents who represent

27.8% of the population are Doctors while 45 person representing 50% of the population are Nurse, 5 persons representing 5.6% of the population are Mental Health Counselor, while 15 persons are Psychologist representing 16.65% of the population. This shows that respondents who are Nurse are the highest in the population.

Table 4.1.6: Educational Qualification of the Respondents

Educational Qualification	Frequency	Percentage (%)
OND	7	7.8
HND/B.Sc	42	46.7
M.Sc	18	20
PhD	23	25.5
TOTAL	90	100

Source: Fieldwork 2021

From the table 4.1.6 above, the result shows the Educational Qualification of the respondents. The result therefore revealed that 7 respondents who represent 7.8% of the population have OND qualification, while 42 respondents representing 46.7% of the population have HND/B.Sc qualification, 18 respondents representing 20% of the population have M.Sc qualification, while 23 respondents representing 25.5% of the population

have PhD qualification,. This shows that respondents who have HND/B.Sc made more of the population.

DATA ANALYSIS

The data collected are analyzed using the research questions of the study in drawing the various tables and interpreting the responses gotten from field.

Table 4.2: WHAT ARE THE DAMAGES CAUSED BY SUBSTANCE DISORDER

S/N	ITEMS	NUMBER	MEAN	STANDARD DEVIATION	DECISION
1	Substance disorder is a major cause of mental disorder	100	3.29	.663	Accepted
2	Substance use disorder can lead to loss of job or other financial issues	100	3.19	.728	Accepted
3	Substance use disorder contributes to the rise in crime rate faced among youth	100	3.34	.657	Accepted
4	Substance use disorder leads to several diseases, such as heart disease, HIV, and cancer	100	3.26	.811	Accepted
	Grand Mean	100	3.15	.784	Accepted

N=100 Criterion mean = 2.5

In order to provide answers to the above research question, items 1-4 were analysed in the instrument. The result of the analysis is presented in

Table 4.5. the result shows that the mean respondent range from 3.29 to 3.26, while the standard deviation ranges from .663 to 811. Furthermore, the grand mean of 4.33 was obtained for the four items and a standard deviation of 1.97, with a criterion value of 2.5. From this analysis, the grand mean value is greater than the criterion value which agrees that there are lots of damages caused by substance use disorder which include mental issues, loss of job or other financial issues, increase in crime among youth and several diseases, such as heart disease, HIV, and cancer. This is supported with the work of Eneh, & Stanley (2004) who suggested that Substance disorder can have an effect on a person's physical and mental health, as well as social relationships, family, work, school, and quality of life. When a person's behavior changes, loved ones may immediately suspect that substance disorder of some kind is a factor (Eneh, & Stanley, 2004).

Table 4.3: WHAT ARE THE CAUSES OF SUBSTANCE DISORDER

S/N	ITEMS	NUMBER	MEAN	STANDARD DEVIATION	DECISION
1	Peer pressure is a major cause of substance use disorder	100	3.24	.669	Accepted
2	Lack of social or familial support can lead to substance use disorder	100	3.11	.877	Accepted

3	Substance use disorder takes place as a relief from boredom	100	3.06	.796	Accepted
4	Family history/genetic can be a reason for substance use disorder	100	3.44	.673	Accepted
	Grand Mean	100	3.21	.754	Accepted

N=100 Criterion mean = 2.5

In order to provide answers to the above research question, items 1-4 were analysed in the instrument. The result of the analysis is presented in Table 4.3. the shows that respondents on Causes of substance disorder has a grand mean of 3.21 which is above the criterion mean of 2.50, indicative that respondents accepted that pressure group, lack of social or familial support, relief of boredom and family history are causes of substance disorder. The study equally agrees with the findings of World Health Organization (2017) peer pressure is a reason why people engage in substance abuse. Furthermore, the lack of family support as well as people trying to kill boredom is the reason why people engage in substance use disorder.

Table 4.4: WHAT ARE THE INTERVENTION PROGRAM PUT IN PLACE TO RESOLVE THE PROBLEM OF SUBSTANCE DISORDER

S/N	ITEMS	NUMBER	MEAN	STANDARD DEVIATION	DECISION
1	Psychotherapy and	100	3.27	.797	Accepted

	behavioral therapy are effective programs in resolving substance use disorder				
2	Population-level interventions such as Mass media campaigns are veritable tool against substance disorder	100	3.07	.573	Accepted
3	Policy-level interventions such as implementing legal sanctions and Primary supply reduction are effective in resolving substance disorder	100	3.23	.663	Accepted
4	Treatment and care interventions are good enough to address substance disorder	100	2.91	.531	Accepted
	Grand Mean	100	3.13	.604	Accepted

N=100 Criterion mean = 2.5

In order to provide answers to the above research question, items 1-4 were analyzed in the instrument. The result of the analysis is presented in Table 4.4. that shows the responses of respondents on the intervention program put in place to resolve substance disorder. The analysis has a grand mean of 3.13 which is above the criterion mean of 2.50. this indicative that respondents accepted that there are intervention program put in place to address substance use disorder. These intervention program include

Psychotherapy and behavioral therapy, Population-level interventions such as Mass media campaigns, Policy-level interventions such as implementing legal sanctions and Primary supply reduction, and treatment and care interventions. The study equally agrees with Afotabi et al (2011) that these intervention program is an element or strategy designed to produce behavior changes or improve health status among individuals or an entire population.

The report of Obot (2005) support this study that interventions may include educational programs, new or stronger policies, improvements in the environment, or a health promotion campaign. This includes advocacy, capacity building and resource mobilization to ensure promotion of evidence-based prevention activities and the availability of drug treatment and harm reduction programmes at community level. Abayomi et al (2012) and Oshodi, et al (2009) support that intervention program creates several impact including an improved academic performance. Early intervention reduces the rate of school drop-out, and poor academic performance. It also reduces fatalities and unintended injuries, it reduces fatal road accidents among teens, drowning and unintended injuries. It saves the

family and the nation the cost of dealing with a future substance abuse disorder and substance induced security problems (Obot, 2005).

Table 4.5: WHAT ARE THE MAJOR IMPACT OF INTERVENTION PROGRAM IN RESPONSE TO PATIENTS WITH SUBSTANCE DISORDER

S/N	ITEMS	NUMBER	MEAN	STANDARD DEVIATION	DECISION
1	Is the intervention program available enough to address substance disorder	100	1.6	.381	Accepted
2	Intervention program has led to the recovery of substance disorder patients	100	3.36	.615	Accepted
3	Are there challenges militating against the intervention program in response to substance disorder?	100	3.29	.593	Accepted
4	Should the intervention program to resolve substance disorder be sustained	100	3.17	.761	Accepted
	Grand Mean	100	3.23	.680	Accepted

N=100 Criterion mean = 2.5

In order to provide answers to the above research question, items 1-4 were analyzed in the instrument. The result of the analysis is presented in Table 4.5 that shows the responses of respondents on the major impacts of

intervention program put in place to resolve substance disorder. The analysis has a grand mean of 3.23 which is above the criterion mean of 2.50. this indicate that respondents accepted that the intervention program available is enough to address substance disorder. The results also show that Intervention program has led to the recovery of substance disorder patients. In spite of the impact of intervention program the study reveal that there are several challenges militating against the intervention program in response to substance disorder. The respondents also agreed that due to the impact of the intervention program in place, the intervention program should be sustained to resolve substance disorder.

The analysis in this research question agrees with Wolters (2017). though Substance use continues to be a major public health problem for the low- and middle-income countries (LMICs) around the world, prevention strategies, which are theoretically grounded, culturally sensitive, and cost effective, can help such resource-constrained nations mount effective control measures against drug use. Multi-sectorial involvement and multi-stakeholder participation can result in the development of sustainable prevention programs which earn long-term benefits for the nation.

CHAPTER FIVE

SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATION

5.1 Summary

This research work assessed the impact of intervention programs in response to patients with substance use disorders. The responses from the respondents were analyzed using relative frequencies (percentages). Substance use can, and has been defined in several ways, but according to Segen (2002), it is the intake of medicines, drugs, or other materials including prescription drugs, street drugs, alcohol and tobacco for self-esteem. Lots of strategies have been put in place to respond to the menace of substance use disorder. This study is therefore conducted to ascertain the impact of intervention programs in response to patients with substance use disorders.

Many factors have been identified to be responsible for drug abuse among young people, these include: experimental curiosity, peer pressure, poor socio-economic condition at homes and the need for extra energy for daily activities among others. Also, several theories have been propounded to explain why people abuse drugs. Such theories include; personality theory

which says that people with low self-esteem and poor impulse control are at higher risk of drug abuse. However, the learning theory says that drug abuse occur as a result of conditioning, social or instrumental learnings. While many studies have been conducted in Nigeria on substance use disorder, the menace of this social anomaly has remained unabated particularly among the youths. (Collins et al, 2011).

Substance use disorder has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include: teenage pregnancy, sexually transmitted diseases (STDs), Domestic violence, Child abuse, Motor vehicle crashes, Physical fights, Crime, Suicide among others. To remedy these problems, there is need for intervention both by the government and by private organization. On the basis of review of related literature, the empirical analysis and results, we summarize the findings of our study that there are several substance that can be abused and cause disorder, the most common types of substance use disorders include the use of Alcohol, Cannabis,

Tobacco, Club Drugs, Inhalants, Opioids and Narcotic Pain Relievers and many others.

There are several symptoms of substance use disorder noticeable in a victim which include having a persistent wish to stop using the substance and/or continuously trying to reduce or control substance use, continuing to use the substance despite knowing that a physical or psychological health issue was likely caused or worsened by the substance, using the substance in larger amounts or over a long time period than originally intended, having a strong urge to use the substance, stopping or decreasing social, work-related, or recreational activities due to substance use and many more.

The use of these substance can have effect on the general wellbeing of the patient or victim. According to the effect of substance disorder brings a lot of changes in the behavior of the victim (Eneh, & Stanley, 2004).

The damage of substance disorder is enormous. Substance disorder can lead to damage of organs, such as the heart, brain, and liver. It can also cause disease such as heart disease, HIV, and cancer. Substance disorder can also lead to loss of job or other financial issues.

5.2 Findings

In the course of this research, several findings emerged. The study found out that

1. Substance disorder is now a major problem in the World, Africa and Nigeria in particular.
2. Substance disorder can be addressed through appropriate and adequate intervention program like an evidence-based prevention intervention program, public campaign or orientation.
3. The study found out that some intervention programs are already in place to address substance use disorder, these programs include Psychotherapy and behavioral therapy, Population-level interventions, Treatment and care interventions etc.
4. The study found out that these intervention program have great impact and are effective as they have helped in recovery of patients with substance use disorder.

5.3 Conclusion

This study provides insight into the impact of intervention programs in response to patients with substance use disorders. Basically this study has shown that substance use disorder is a major problem not only to Nigeria but

to the world at large. The study also reveals that there are several intervention program that has been put in place to address substance use. These program according to the responses from the respondents has proved to be effective and leaving a great impact in curbing substance menace.

Some of the intervention program covered in this study that are put in place include Psychotherapy and behavioral therapy, Population-level interventions such as Mass media campaigns, Policy-level interventions such as implementing legal sanctions and Primary supply reduction, treatment and care interventions.

5.4 Recommendations

In the light of the research findings, the following recommendations are made:

1. The government and all citizens alike should join hands together in addressing the menace of substance use disorder.
2. Regular and frequent substance-use training based on Mental Health Gap Action Programme (mhGAP) for primary healthcare workers who provide care for victims should be conducted. This is because the training will increase the ability of providers to identify substance use

problems. Evaluation of the trainings should measure change in not only knowledge, attitudes, practices, and skills of the provider, but also client-level outcomes, such as change in substance use following treatment to assess whether substance use problems are being identified, managed, and treated appropriately.

3. The government and all those involved in addressing the issue of substance disorder should adopt the early intervention policy. Well-supported scientific evidence shows that medications can be effective in treating serious substance use disorders, only if they are administered early enough. Early Intervention means quickly Identifying and Engaging Individuals at risk for Substance misuse and Substance Use Disorders
4. Adequate funding and equipment should be provided for the treatment of substance use disorder. Well-supported scientific evidence shows that treatment for substance use disorders—including inpatient, residential, and outpatient—are cost-effective compared with no treatment.

5. Ban and Enforcement should be made on available substance floating in circulation.
6. Capital punishment should be given to any found in the illegal use of substance.
7. More treatment and rehabilitation centres should be built for the substance use disorder victims.
8. More workforce should be recruited to join in the fight against substance use disorder.
9. Those working and attending to patients with substance use disorder should be duly paid and appreciated, as this can boost their moral to work and attend to patients better.

REFERENCES

- Abayomi et al (2012), Prevalence and Correlates of Substance Use among Persons with Mental Disorders in a Nigerian Psychiatric Hospital, *African Journal of Drug & Alcohol Studies*.11(1).
- Afotabi, M.O, (2011) Survey of Drug Use among Young People in Ife, Nigeria. *African Journal of Drug and Alcohol Studies*, 11(2).
- Agnew R. (2018). The approval of suicide: A social-psychological model. *Suicide and Life-Threatening Behavior*, 28(2): 205-225.
- Akers, G. (2011). Guidelines for accurate and transparent health estimates reporting: the GATHER statement. *Lancet*, 34(5):19–23.
- Alex-Hart BA, Opara PI, Okagua J (2019), Prevalence of alcohol consumption among secondary school students in Port Harcourt, southern Nigeria. *Nigeria Journal*, 42(1), 2015: 39–45.
- Ayanian JZ, Weissman JS, Schneider EC, Ginsburg JA, Zaslavsky AM. (2014). Unmet health needs of uninsured adults in the United States. *Journal of the American Medical Association*, 284(16): 2061-2069.
- Bhugra D. (2019). Attitudes towards mental illness. A review of the literature. *Acta Psychiatrica Scandinavica*, 80(1): 1-12
- Bland RC, Newman SC, Orn H. (2016). Help-seeking for psychiatric disorders. *Canadian Journal of Psychiatry*, 42(9): 935-942.
- Brockington IF, Hall P, Levings J, Murphy C. (2013). The community's tolerance of the mentally ill. *British Journal of Psychiatry*, 162: 93-99.
- Collins et al., (2011). *Determination of Juvenile Delinquency Development among Pupils in Machakos Rehabilitation Schools*. Unpublished Maters Degree Thesis. Kenyatta University.

- Cornelius JR, Salloum IM, Haskett RF, Daley DC, Cornelius MD, Thase ME, Perel JM. (2000). Fluoxetine versus placebo in depressed alcoholics: A 1-year follow-up study. *Addictive Behaviors*, 25(2): 307-310.
- Cramer JA, Rosenheck R. 2008. Compliance with medication regimens for mental and physical disorders. *Psychiatric Services*, 49(2): 196-201.
- Ediomo-Ubong E. Nelson (2012). Sex Work, Drug Use and Sexual Health Risk: Occupation Norms among Brothel-based Sex Workers in a Nigerian City. *African Journal of Drug & Alcohol Studies*, 11(2).
- Editorial Staff (2019), Substance Abuse and Mental Health Issues: The Cause & Effect, 4th November, <https://sunrisehouse.com/cause-effect/>
- Eguranti BA, Fatoye FO, Morakinyo O. (2018), Stimulant use among secondary school students in Osogbo, Nigeria. *The Nigerian Postgraduate Medical Journal*. 16(3): 2009; 218–223.
- Eneh, A. U. and Stanley, P. C. (2004). Pattern of Substance Use among Secondary School Students in River State, Nigeria. *Journal of Medicine*, 13(1):21-32.
- Godard C, & Chevalier A, (2006) APRAND programme: An intervention to prevent relapses of anxiety and depressive disorders. First results of a medical health promotion intervention in a population of employees. *Eur Psychiatry*, 21: 451-459.
- Graveling R, & Crawford J, (2008), A Review of Workplace Interventions that Promote Mental Wellbeing in the Workplace. Edinburgh: Institute of Occupational Medicine; 5-6
- Gropper BA. (2015) Probing the Links Between Drugs and Crime. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

- Idris SH, Sambo MN. Psycho-active substance use among in-school adolescents in Zaria, north western Nigeria: what are the triggers. *Nigeria Journal of Medicine*, 18(3), 2009: 291–294.
- Igwe WC, Ojinnaka N, Ejiofor SO, Emechebe GO, Ibe BC. Socio-demographic correlates of psychoactive substance abuse among secondary school students in Enugu, Nigeria. *European Journal of Social Sciences*, 12(2), 2009: 277–283.
- Kamlesh K.S & S. Sahu, substance abuse causes and consequences, *Bangabasi Academic Journal* Vol. 9, December 2012
- Kessler RC. 2006. Posttraumatic stress disorder: The burden to the individual and to society. *Journal of Clinical Psychiatry*, 61 (Suppl 5): 4-12; discussion 13-14.
- Kihlstrom LC. 2018. Managed care and medication compliance: Implications for chronic depression. *Journal of Behavioral Health Services and Research*, 25(4): 367-376.
- King LN. 2018. Doctors, patients, and the history of correctional medicine. In: Puisis M, Editor. *Clinical Practice in Correctional Medicine*. St. Louis: Mosby.
- Kitchener BA, & Jorm AF (2004). Mental health first aid training in a workplace setting: A randomized controlled trial, *BMC Psychiatry*; 4:23.
- Knauper B, and Wittchen HU. 2001. Diagnosing major depression in the elderly: Evidence for response bias in standardized diagnostic interviews? *Journal of Psychiatric Research*, 28(2): 147-164.
- Kupers TA. 1999. *Prison Madness: The Mental Health Crisis Behind Bars and What We Must Do About It*. San Francisco: Jossey-Bass, Inc.
- Lawoyin TO, Ajumobi OO, Abdul MM, Abdul Malik JO, Adegoke DA, Adebisi OA. Drug use among senior secondary school students in rural Nigeria. *Africa Journal of Medical Science*, 34(4): 2005; 355–359.

- Nowinski J. (2019), Substance Abuse in Adolescents and Young Adults: A Guide to Treatment. New York, NY: W.W. Norton and Company.
- Obot, I.S. (2005). Substance use among students and out of school youth in an urban area of Nigeria. In I.S. Obot & S. Saxena(Eds), Substance use among young people in urban environments(pp.133-146).Geneva: WHO.
- Ogunsola OO, Fatusi A.O. Risk and protective factors for adolescent substance use: a comparative study of secondary school students in rural and urban areas of Osun State, *Nigeria. International Journal of Adolescent Medicine and Health*, vol. 29(3) 2016.
- Ojo, (2013). Ojo, (2013), Prison Madness: The Mental Health Crisis Behind Bars and What We Must Do About It. San Francisco: Jossey-Bass, Inc.
- Omigbodun, O.O, & Babalola, O. (2004). Psychosocial dynamics of psychoactive substance misuse among Nigerian adolescent. *Annals of African Medicine*, 3(3):111-115.
- Omorogiuwa, T.B.E. & Imafidon, K.A. (2018). Drug use among students: The University of Benin experience. *3rd University of Benin Annual Research Day Conference (UBARD), Book of Proceedings*, pp. 393-396.
- Omorogiuwa, T.B.E. & Ukponahiusi O. (2017). Substance use among adolescents: Implication for social work practice. *Jos Journal of Social Issues*. 10(1), 83-93.
- Onoja MO. Prevalence of substance abuse among secondary school students; a comparative study of government and private secondary schools in Jos, Nigeria. National Institute on Drug abuse; 2010.
- Oshodi,O. J.,Ikeji O. C., Olotu, S. O., Ihenyen, O.F, Obianwu, H. O.(2009). A retrospective study of Cannabis use-associated Psychopathology

- in a southern Nigeria treatment facility. *African Journal of Drugs & Alcohol Studies*.8(1).
- Peele, S. (2011). *How much is too much: Healthy habits or destructive addictions*. Englewood Cliffs, NJ: Prentice-Hall.
- Segen, J. C., (2002). *Concise Dictionary of Modern Medicine*. New York: The McGraw-Hill Companies Inc.
- Wahl, T.I (2019) Factors affecting the utilization of specialty and general medical mental health services. *Medical Care*, 26(1): 9-26.
- Wolters Kluwer (2017) Prevention Strategies for Substance Use Disorders in Low-Resource Settings, *Indian Journal of Social Psychiatry*, Volume 33, Issue 2, pp. 113-117
- World Health Organization, Substance Abuse. (October, 2017). Available on http://www.who.int/topics/substance_abuse/en/

APPENDIX

Department of Social Work,
Faculty of Social Sciences,
University of Benin,
Benin City.

QUESTIONNAIRE

Dear Sir/Ma,

I am final year student in the Department of Social Work, Faculty of Social Sciences, University of Benin, Edo State, currently conducting a research work on “impact of intervention programs in response to patients with substance use disorders” as part of the fulfillment of my Award of Bachelor of Science (B.Sc.) Degree in Social Work.

Kindly complete the attached questionnaire and be rest assured that the information provided will be treated as confidential and will be used purely for research purposes.

Yours sincerely,

Fekemo Johnson Yetunde
Researcher

SECTION A
DEMOGRAPHIC DATA

(Please kindly tick the appropriate answers).

- 1) Gender: Male [] Female []
- 2) Marital status: married [] single [] divorced []
- 3) Age: Below 20yrs [] 20 – 30yrs [] 31 – 40yrs [] 41 – 50yrs []
above 50yrs []
- 4) Educational qualification: OND/HND [] B.Sc. [] M.Sc. []
PhD []
- 5) Profession: Doctor [] Nurse [] Mental Health Counselor []
Psychologist []

INSTRUCTION

Kindly tick as appropriate and fill blank spaces for SA=Strongly Agree, A = Agree, D=Disagree, and SD = Strongly Disagree.

QUESTIONNAIRE

SECTION B:

Keys: strongly agree (SA), Agree (A), Strongly Disagree (SD), Disagree(D)

DAMAGES CAUSED BY SUBSTANCE DISORDER?

S/N	ITEMS	SA	A	D	SD
1	Substance disorder is a major cause of mental disorder				
2	Substance use disorder can lead to loss of job or other financial issues				
3	Substance use disorder contributes to the rise in crime rate faced among youth				
4	Substance use disorder leads to several diseases, such as heart disease, HIV, and cancer				

CAUSES OF SUBSTANCE DISORDER?

S/N	ITEMS	SA	A	D	SD
5	Peer pressure is a major cause of substance use disorder				
6	Lack of social or familial support can lead to substance use disorder				
7	Substance use disorder takes place as a relief from boredom				
8	Family history/genetic can be a reason for substance use disorder				

INTERVENTION PROGRAM TO RESOLVE SUBSTANCE DISORDER?

S/N	ITEMS	SA	A	D	SD
9	Psychotherapy and behavioral therapy are effective programs in resolving substance use disorder				
10	Population-level interventions such as Mass media campaigns are veritable tool against substance disorder				
11	Policy-level interventions such as implementing legal sanctions and Primary supply reduction are effective in resolving				

	substance disorder				
12	Treatment and care interventions are good enough to address substance disorder				

IMPACT OF INTERVENTION PROGRAM

13	Is the intervention program available enough to address substance disorder	SA	A	D	SD
14	Intervention program has led to the recovery of substance disorder patients				
15	Are there challenges militating against the intervention program in response to substance disorder?				
16	Should the intervention program to resolve substance disorder be sustained				