

Understanding Substance Abuse and Addiction among Youths and Adolescents in Western Sierra Leone: Risk Factors, Challenges, and Prevention Strategies

Jia Bainga Kangbai^{1,2*}, Harold Thomas³, Philip Heroe⁴, Umaru Sesay^{5,6}, Patrick Lansana³

¹Department of Environmental Health Sciences, Njala University, Njala, Sierra Leone, ²Department of Health Sciences, Tulane University School of Public Health and Tropical Medicine, New Orleans, LA, USA, ³Risk Communication and Community Engagement Unit, Ministry of Health, Freetown, Sierra Leone, ⁴Department of Health Sciences, Innovation for Community Resilience in Sierra Leone, Freetown, Sierra Leone, ⁵Surveillance Unit, Ministry of Health, Freetown, Sierra Leone, ⁶Sierra Leone Field Epidemiology Training Program, Freetown, Sierra Leone

Corresponding author:

Jia Bainga Kangbai, Department of Environmental Health Sciences, Njala University, Njala, Sierra Leone, E-mail: jkangbai@tulane.edu
 Received: 09-Jan-2024, Manuscript No. amhsr-24-123732;
 Editor assigned: 11-Jan-2024, Pre QC No. amhsr-24-123732 (PQ);
 Reviewed: 26-Jan-2024, QC No. amhsr-24-123732;
 Revised: 02-Feb-2024, Manuscript No. amhsr-24-123732 (R);
 Published: 09-Feb-2024, DOI: 10.54608.annalsmedical.2024.145

Abstract

Substance abuse, which refers to the use of psychoactive substances is a major public health problem in Sierra Leone. With youths and adolescents the most vulnerable drug abusers and addicts, this study seeks to identify the triggers and stressors that lead youths and adolescents into substance abuse.

We conducted Key Informant Interviews (KIIs) and Focus Group Discussions with substance abuse addicts and abusers, and key stakeholders in the selected communities, during September 2023. We employed thematic analyses to extract the main themes in each questionnaire and analyzed using ATLAS.ti version 7. We presented direct quotations with a thick description of every finding.

A total of eight KII sessions were held in each district; with eight participants per session in each district. A total of nine men and seven women were interviewed. Almost all of the substance abusers and addicts confirmed that peer pressure was the main reason for them being involved in substance abuse. All of the substance abusers and addicts interviewed during the KIIs said they came under pressure from their friends to consume illegal substances. Majority of the substance abusers and addicts interviewed said they have never sought help for their substance abuse problem although many confirmed that they have suffered from some problems ranging from legal, educational, and occupational issues as a result of their substance addict problem. Our findings indicated that Kushe, marijuana, Tramadol, and alcohol were the most common substances used in the study area. The fact that psychological disorders like anxiety, boredom, stress, and unhappy life were hived out as some of the main risk triggers for substance abuse among Sierra Leonean youths in this study implies that local psychiatrists in Sierra Leone alongside other health workers should work together to provide health education on the harmful effect of substance use.

Keywords: Adolescent; Drug users; Substance-related disorders; Survey; Sierra Leone.

Introduction

Substance abuse refers to the use of psychoactive substances such as Kushe, marijuana, cocaine, and over-the-counter drugs, as well as prescribed drugs that are abused without their prescription or incorrectly [1-4]. Psychoactive substance abuse can cause dependence syndrome due to repeated use [5]. Studies conducted regarding substance abuse among general worldwide populations show that the extent of substance abuse among young people remains at a higher rate than among older people. Although there are some exceptions associated with the traditional abuse of drugs such as opium or khat [5]. Substance abuse has varying impacts on the health and socioeconomic status of countries and constitutes a major public health concern globally. Young people are a broad age group with a lot of roles and responsibilities. They are more likely to abuse substances and are at high risk of engaging in substance abuse which has various impacts on their physical and mental health, as well as their socio-economic and academic achievement [1]. Literature suggests that early (12-14 years old) to late (15-17 years old) adolescence is a critical risk period for the initiation

of substance abuse, and that substance abuse is highest amongst young people aged 18-25 years [6]. Also, it has been reported that the prevalence of alcohol consumption is higher among male (47.7%) than female (43.5%) adolescents and youth, and higher among rural than urban residents [7-8]. Recent evidence shows that 36.6% of adolescents and youth between 15-29 years of age are consuming any form of alcohol, with a prevalence that is higher among males (42.6%) compared to 29.5% in females [9]. A meta-analysis conducted on levels of substance abuse among youths has identified many different factors including sociodemographic disadvantage, family circumstances, peer influence, community norms, lifestyle, and stress. This study also identified various protective factors such as religion, better social skills, and risk perception [10].

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

How to Cite this Article: Kangbai JB. Understanding Substance Abuse and Addiction among Youths and Adolescents in Western Sierra Leone: Risk Factors, Challenges, and Prevention Strategies. *Ann Med Health Sci Res.* 2024;14:905-910

In Sierra Leone, a National Drugs Act was passed in 2008. It was designed with the assistance of the United Nations Office of Drug Control. The Act establishes harsh penalties for anyone who manufactures or distributes illicit drugs. The Act also imposed life imprisonment as the penalty for "importing, exporting, transshipping or transferring" narcotics^[11]. Marijuana still remains the most widely used illicit substance in Sierra Leone. The highest prevalence and increase in use is said to be around the rates between 5.2% and 13.5%. Additionally, other substances such as Kushe, Amphetamine-Type Stimulants (ATS) such as "ecstasy" and methamphetamine are now in rising order among youths in Sierra Leone. Other substances that are also in use by youths and adolescents in Sierra Leone include benzodiazepines such as diazepam, chlorpromazine, and different inhalants, while 3.7% were injecting drugs^[12]. This study seeks to identify the triggers and stressors that lead youths and adolescents into substance abuse. The overarching importance of this study is to present evidence that will form a template for the prevention and control of substance abuse in Sierra Leone which will invariably lead to a reduction in the social, economic, and health-related problems associated with substance abuse. There is a paucity of research on substance abuse in Sierra Leone and very few quantitative studies have been conducted and published previously on substance abuse and related factors among high school and college students. The study explores the underlying cause of substance abuse and its risk factors in Sierra Leone and seeks to formulate policies for its control and prevention.

Materials and Methods

Study design and setting

This study was an explorative qualitative research conducted in Western Rural and Western Urban Districts, during September 2023 in Sierra Leone. These districts were selected because of the high presence of substance abusers and addicts residing in them.

Study population

The study targeted youths and adolescents who were engaged in substance abuse as well as strategic stakeholders including law enforcement officers, religious leaders, security personnel, etc. These study participants were acquired using purposive sampling techniques.

Data collection

This study conducted KIIs with substance abuse addicts and abusers in selected communities in both the Western Urban and Western Rural districts in Sierra Leone. The main objective of this KII was to understand the factors that influence these substance abuse addicts and abusers to become substance abuse addicts and abusers. We intended the KII to be a medium to elicit information from these substance abuse addicts and abusers relating to those putative means and actions that can be employed to minimize the consumption of these illegal substances. A total of 8 KII was held in each district comprising 8 participants. The expected end product of this KII is to create a positive change for this target group.

The study also employed a Focus Group Discussion (FGD)

strategy to obtain information from key stakeholders in society on issues relating to how to minimize the use of illicit drugs and restrict access to these substances in the study area in Sierra Leone. The stakeholders included in this FGD were Police officers, Religious leaders, businessmen and women, trader union representatives, motor driver union representatives, youth leaders, etc. A total of 16 FGD sessions were held in each district with each FGD session comprising 8 participants.

Data analysis

The data for this study were analyzed using ATLAS.ti version 7. We employed thematic analyses in order to extract the main themes in each questionnaire (KII and FGD questionnaire). We presented direct quotations with a thick description of every finding. Data was triangulated; that is, the research team merged information from the Ministry of Health and Partners website, and observation during the interview with the participants.

Ethical consideration

We obtained ethical clearance for this study from the Sierra Leone Ethics and Scientific Review Committee (Opinion Date August 25, 2023) and the Institutional Review Board at the Njala University, Sierra Leone (Opinion No. NU 17-582). We were granted ethical clearance and requested to obtain individual informed consent from all KIIs conducted involving substance persons prior to interviewing them; and that we should anonymized and de-identified every data collected for this study prior to its analysis. We requested each study participant to sign an informed consent form before taking part in the study.

For the two study participants who cannot read the English language, the KII and FGD facilitators explained the contents of the informed consent form to them in their local language (krio), and their consent was obtained by requesting them to append their thumbprints on the informed consent form. Also, for the 16 year-old study participant (the only participant below 18 years) who was a substance addict, a KII facilitator first sought consent from the boy's mother and later approached the participant.

The informed consent form was also explained to the boy in Krio (his local dialect) and his consent was obtained by requesting him to append his abbreviation. Additionally, participants were informed that their participation was entirely voluntary and that they would withdraw from the study at any time without any consequences if they deemed it necessary. Furthermore, participants were informed that the storage, analysis, and reporting of data would be done in formats that would not reveal their identity. This was done by using identification codes instead of names in the analysis and reporting, and the data was stored in an Excel file with a protected password available only to the authors.

Results

The findings from the KIIs addressed the issues: Substance abuse and duration, impact of substance abuse, substance abuse withdrawal, triggers for substance abuse, coping with substance abuse, and community substance abuse control and prevention; which later emerged into our thematic data analysis. The findings from the FGD also addressed the following: Assessing substance abuse problems, a landscape of substances being

abused, factors promoting substance abuse, risk factors for substance abuse, and control and prevention of substance abuse. Identification of anti-substance abuse MDAs, successes and challenges to substance abuse control and prevention, reasons for successes and challenges to substance abuse control and prevention, circumventing substance abuse control challenges were also considered.

Sociodemographic characteristics of KII participants

A total of eight KII sessions were held in each district; with eight participants per session in each district. The average age of the KII participants was 27 years (Standard deviations=29 years). There were nine men and seven women (Table 1).

Table 1: Socioeconomic characteristics of the KII participants.

Variables	Categories frequency	Percentage
Sex	Male=9	56.3
	Female=7	43.7
Marital status	Single=13	81.3
	Cohabiting=3	18.7
	Primary=3	18.7
Education level	Secondary=9	56.2
	Tertiary=1	6.3
	University=1	6.3
	Informal Education=1	6.3
	No education=1	6.3
Occupation level	Students=10	62.5
	Unemployed=2	12.5
	Civil servants=1	6.3
	Mechanical=3	18.7
Age in years	16-19=2	12.5
	20-23=3	18.7
	24-27=10	62.5
	28 years and above=1	6.3

Almost all of the substance abusers and addicts confirmed that peer pressure was the main reason for them being involved in substance abuse. All of the substance abusers and addicts interviewed during the KIIs said they came under pressure from their friends to consume illegal substances.

The duration of substance abuse by the KII participants varies from 3 to 8 years. According to the KII participants the most popular substances used by substance abusers and addicts are Kushe, Tramadol, and marijuana; with most substance abusers and addicts reporting that they first started with marijuana and then later proceed to either tramadol and or Kushe.

There were mixed responses from the KII participants relating to the effect substance abuse has on them. Few of the KII participants said substance abuse doesn't have any effect on them.

"It makes me stay away from trouble and physical violence since it makes me sleep a lot...it however makes me to be very idle" 43 years old civil servant revealed.

According to a 19 years old female substance addict, she said

substance abuse brings her pleasure, and helps her cope with both emotional and physical pains.

Majority of the substance abusers and addicts interviewed said they have never sought help for their substance abuse problem although many confirmed that they have suffered from some problems ranging from legal, educational, and occupational issues as a result of their substance addict problem.

"I have never thought about seeking help because I'm fine with the substance I take", a single female substance addict said. One KII participant however noted that he had attempted to stay away from substance abuse using traditional medication but unfortunately he resumed taking drugs after a few weeks.

Almost all of the KII participants acknowledged that substance abuse and addiction is not good personally as well as for the community as a whole.

"Drugs used in the community is not good for some of us, because some of us come from wealthy families others come from a poor or average family and were not feeling good about it. Government should intervene and arrest those selling the drugs or those bringing it to Sierra Leone", a 23 years old female school dropout substance abuse addict said.

Understanding participant's experience

All participants in the FGD session agreed that substance abuse is a serious problem now in Sierra Leone and many revealed having relatives and loved ones who are either substance abusers or addicts. All FGD participants reported that both substance addicts and abusers exhibit a series of health conditions. According to male students in Western Rural District, most of the substance abusers and addicts have serious health issues like cough, wounds on their feet, and skin rashes all over their bodies. Specifically, sores and generalized skin rashes were reported by all FGD participants in this study.

Almost all of the FGD participants agreed that substance abusers and addicts started consuming illegal substances by first starting with taking marijuana and with the advent of Kushe many of them left marijuana for Kushe. The participants noted that many of the substance abusers and addicts are now taking Kushe.

They lamented that substance abuse has made many of its victims live a way-word and reckless life, unemployed, and make them to lose respect in society. They blamed peer pressure as the main trigger for youths to embark on substance abuse, while other FGD participants blamed poverty in the family as a strong stressor for substance abuse.

"Peer pressure is one of the biggest triggers for our youths to embark on substance abuse; however for some of our youths, they engage in this act (substance abuse) because they believe that they are from a poor family" AA a male student FGD participant.

Prevention and health education

Majority of the FGD participants are of the opinion that substance abusers and addicts need help and they should be provided with this help. However, one FGD participant noted that substance abusers hardly seek help for their health condition. "Many of

them don't seek help...they tend to have succumbed to their state of hopelessness and isolation" a male university student FGD participant noted.

According to many of the FGD participants, there are no places where these substance abusers or addicts can go and seek help. They are of the opinion that if there are safe spaces in the communities where substance abusers and addicts can seek help that will go a long way into solving the public health problem of substance abuse in Sierra Leone. The participants believe that substance abusers and addicts are being victimized which has resulted in family break-ups.

According to one bike rider (Okada rider), there is a need for community-based initiatives to tackle this drug problem in Sierra Leone.

"There is a need for a community-based initiative which can include community awareness campaigns, support groups, mentorship programs, and recreational activities that aim at diverting the attention of the youths away from substance abuse" one Okada rider noted.

Other FGD participants observed that most times early substance abuse prevention programs often focus on early intervention strategies that focus on targeting young individuals who may be at risk for substance abuse. One military personnel stated that there are no trained personnel or experts to tackle substance abuse in the country.

Effects of substance abuse

All of the FGD participants agreed that substance has a negative health effect on its victims which ranges from psychotic problems to paranoid and aggressive behaviors. For some FGD participants, there are also financial costs to substance abuse. In addition to all these is also the cost of rejection and isolation by family members, their relatives, and friends.

Prevention, control, and treatment

For the majority of the FGD participants, the best approach to deal with the substance abuse and addiction problems in Sierra Leone is for both the government and the community to become involved in it. The majority of the FGD participants proffered that taking drug addict and users to rehabilitating centers could be one of the best options to tackle the menace in Sierra Leone.

"The substance abusers and addicts should be taking to a rehabilitation center and given good medication, counselling and psychological advice... they should also be advice about the dangers taking illegal substances" a female FGD participant noted.

Discussion

The study aimed to explore substance use, its risk factors, and the challenges that exist for its prevention and control in Western Urban and Western Rural Districts in Sierra Leone. In this study, seven themes relating to substance abusers and addicts; and nine themes relating to substance abuse prevention, control, and its challenges emerged. Our findings indicated that Kushe, marijuana, cigarette, and alcohol were the most

common substances used in the study area. This finding was similar to other studies conducted outside Sierra Leone [13-15]. Our study shows that these substances were easily available, accessible, and affordable in the study areas because some of these substances such as marijuana are easily cultivated and transported using several hidden networks. Additionally, it emerged that for the most commonly used Kushe substance, its availability may not be unconnected with the fact that it can now be easily manufactured without relying on imported chemicals or substances. This finding has an implication for substance abuse control and prevention in Sierra Leone. This is because, if the natural ingredients that are being used to manufacture these illegal substances can be targeted and replaced with other agricultural crops or commodities, this single act will make the availability of such locally produced crops or commodities to become unavailable.

Our study findings indicated that friends and sometimes family members' involvement in illegal substance use are the main factors for youths and adolescents to engage in illegal substance use in the study area. This finding is concurrent with the previous study conducted in different countries [16-18]. Young people including youths tend to emulate either bad or good things they observed their friends or close relatives do. Thus, to prevent and control illegal substance use among youth and adolescents, family members should serve as good role models; and improve proper communication, support, and understanding with younger community members.

One interesting finding from our study is the connection between economic factors including poverty in the family acting as triggers for substance abuse among the study participants. Our finding is similar to the other previous studies [19-23]. To solve this problem connecting poverty and financial factors to substance abuse, the government should focus on establishing more jobs such as car washing centers and other skill-creating centers in the country. Additionally, the government and other non-governmental agencies can embark on creating zonal micro and other small enterprises that focus on facilitating job opportunities for the youths.

One finding that stood out clearly in our study is that of the psychological factors that are encouraging the youths to engage in substance abuse. Many of the youths and adolescents that were interviewed said they take illegal substances for them to relax, happy, as well as to relieve their stress, depression, and anxiety. Our finding is similar to previous studies also [23-25].

The fact that these psychological disorders like anxiety, boredom, stress, and unhappy life were hived out as some of the main risk triggers for substance abuse among Sierra Leonean youths. Our study suggests a collaborative effort among actors including psychiatrists to provide health education on the harmful effects of substance use. This study discovered several substance abuse-related factors with different categories including availability and affordability of illegal substances, as well as the effect of the combined use of other substances as the main factors that encourage youths into substance abuse and addiction. This finding was similar to that of some previous studies also [26,27].

Strengths and limitations of the study

One of the major strengths of our study is that it made use of the most vulnerable age group (15-24) of substance abusers and addicts to identify the underlying factors for substance use. Another major strength of this study is that our study participants came from a mixed sociodemographic background which makes it rich with background information on substance abuse and addiction in Sierra Leone.

Our questionnaire also contained detailed information regarding the putative risk factors leading to drug use and addiction in Sierra Leone and our data were collected until it reached saturation point. To the best of our knowledge, no qualitative study has been conducted on substance use and risk factors among youths and adolescents in Sierra Leone. The limitation of our study was its cross-sectional nature which makes it not to be generalizable to the entire country.

Conclusion

In our study area, Kushe, marijuana, and tramadol were the most common substances used by youths and adolescents residing there. We documented different factors that drive substance abusers and addicts to engage in substance use some of which include individual factors, social and economic factors, and substance-related factors.

We believe that these factors can be handled if appropriate measures are focused on them including health promotion which will reduce risky health behaviors among youth. We are recommending the following based on the findings from our study: Provision of public health education and sensitization done by public health professionals.

This health education should be provided to youths of all ages and should be done in collaboration with Non-governmental Organizations (NGOs), and religious leaders. Additionally, we urge the government to create job opportunities for the youths, as well as encourage different NGOs to invest in youth development by creating recreational youth centers with different services. The government should also develop policies that impose a heavy taxation system on substances that can be used to produce illegal substances.

Finally, the community, lawyers, and policemen should all participate in the implementation and enforcement of rules and regulations that target the prevention and control of illegal substances; families should be encouraged to monitor their children, and family heads should be seen to be acting as good role models by avoiding substance use.

Acknowledgment

Our sincere thanks to the KII and FGD teams who interviewed substance abusers and addicts as well as the key stakeholders whose opinions were used for analysis in this study. We also want to sincerely thank all the substance abusers and addicts, as well as all the security personnel, religious leaders, youth leaders, market traders, bike riders, as well as legal personnel who took part in the KIIs and FGDs.

References

1. Canadian Centre on Substance Abuse. The Canadian standards for youth substance abuse prevention: An overview. *Can Cent Subst Abus.* 2014;1-2.
2. World Health Organization. Programme on Substance abuse: Approaches to treatment of substance abuse. 1993.
3. Lamichhane N, Shyangwa PM. Family burden in substance dependence syndrome. *J Gandaki Med Coll Nepal.* 2008;1:51.
4. Keane R, Reaper-Reynolds S, Williams J, Wolfe E. Understanding substances and substance use. A handbook teach. 2006;2082.
5. Sodano R, Watson DW, Rataemane S, Rataemane L, Ntlhe N, et al. The substance abuse treatment workforce of South Africa. *Int J Ment Health Addict.* 2010;8:608-615.
6. Zhai P, Ding Y, Wu X, Long J, Zhong Y, et al. The epidemiology, diagnosis and treatment of COVID-19. *Int J Antimicrob Agents.* 2020;55:105955.
7. World Health Organization. Drugs and age drugs and associated issues among young people and older people. 2018.
8. Shiferaw F, Letebo M, Feleke Y, Gelibo T, Getachew T, et al. Non-communicable diseases in Ethiopia: Policy and strategy GAPS in the reduction of behavioral risk factors. *Ethiop J Health Dev.* 2019;33:1-10.
9. EPHI & MOH. Ethiopia Steps Report on Risk Factors for Non Communicable Diseases (NCDs) and Prevalence of Selected NCDs. 2015.
10. Abajobir AA, Kassa GM. Magnitude of substance use among young people in Ethiopia: A meta-analytic review. *Ethiop Med J.* 2019;57:295-307.
11. WHO. Sierra Leone National Drug Act. 2019
12. World Health Organisation. Substance Abuse. 2022
13. Dereje N, Abazinab S, Girma A. Prevalence and predictors of cigarette smoking among adolescents of Ethiopia: school based cross sectional survey. *Child Adolesc Behav.* 2014;3:1-8.
14. Reda AA, Moges A, Yazew B, Biadgilign S. Determinants of cigarette smoking among school adolescents in eastern Ethiopia: A Cross-Sectional Study. *Harm Reduct J.* 2012;9:1.
15. Bobo FT, Thanasekaran P, Joice AJR, Yadecha B, Alebel A. Susceptibility to cigarette smoking and associated factors among high school students in western Ethiopia. *BMC Res Notes.* 2018;11:1-5.
16. Dereje N, Abazinab S, Girma A. Prevalence and predictors of cigarette smoking among adolescents of Ethiopia: School based cross sectional survey. *Child Adolesc Behav.* 2014;3:1-8.
17. Reda AA, Moges A, Yazew B, Biadgilign S. Determinants of cigarette smoking among school adolescents in eastern Ethiopia: A Cross-Sectional Study. *Harm Reduct J.* 2012;9:1.
18. Bobo FT, Thanasekaran P, Joice AJR, Yadecha B, Alebel A. Susceptibility to cigarette smoking and associated factors among high school students in western Ethiopia. *BMC Res Notes.* 2018;11:1-5.
19. Cosci F, Zagà V, Bertoli G, Campiotti A. Associated with tobacco use in Italian adolescents. *Int Sch Res Not.* 2013;2013:1-7.

20. Jallow IK, Britton J, Langley T. Prevalence and determinants of tobacco use among young people in the Gambia. *BMJ Glob Health*. 2017;2:1-8.
21. Siziya S, Rudatsikira E, Muula AS. Cigarette smoking among school-going adolescents in Kafue, Zambia. *Malawi Med J*. 2007;2:2-5.
22. Kahsay ZH, Tesema AG, Bazzano AN. A qualitative study of drivers of psychoactive substance use among Mekelle University students, Northern Ethiopia 11 medical and health sciences 1117 public health and health services. *Subst Abuse Treat Prev Policy*. 2019;14:1-10.
23. Astatkie A, Demissie M, Berhane Y, Worku A. Prevalence of and factors associated with regular khat chewing among university students in Ethiopia. *Subst Abuse Rehabil*. 2015;6:41.
24. Atwoli L, Mungla PA, Ndung'u MN, Kinoti KC, Ogot EM. Prevalence of substance use among college students in Eldoret, Western Kenya. *BMC Psychiatry*. 2011;11.
25. Massad SG, Shaheen M, Karam R, Brown R, Glick P, et al. Substance use among Palestinian youth in the West Bank, Palestine: A qualitative investigation. *BMC Public Health*. 2016;16:1-9. doi:10.1186/s12889-016-3472-4.
26. Mulugeta Y. Khat chewing and its associated factor among college students in Bahir Dar Town, Ethiopia. *Sci J Public Health*. 2013;1:209.
27. Alhyas L, Al Ozaibi N, Elarabi H, El-Kashef A, Wanigaratne S, et al. Adolescents' perception of substance use and factors influencing its use: A Qualitative Study in Abu Dhabi. *JRSM Open*. 2015;6:205427041456716.