# Mental Health Professionals' Attitude and Perception of their Role in Tackling Substance Abuse and Related Disorders in Nigeria

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## Introduction

The annual prevalence of illicit drug use issued by the *World drug report* in 2013 reflected persistence increase in substance abuse in Nigeria (UNODC, 2013). An estimated prevalence of over 14% of cannabis use with population aged 15 to 64 years, placed Nigeria in such a compromising situation with the highest prevalence of cannabis use and seizures in West Africa, (UNODC, World Drug Report, 2013). Further, levels of other substances misused in the country was reported high with annual prevalence of 1.6% for cocaine, 1.7% for ecstasy, 2% for crack, 1.6% for methamphetamine and 1% for amphetamine while the prevalence of individuals that inject drugs in 2011 was reported as 1.9% compared to other West African countries (FNPH, 2011, UNODC, 2013). Nigeria remains a major point of transit since 2004, for cocaine and heroin intended for North America, Europe and some part of East Asia (UNODC, 2013). Sequel to this development, the Nigerian National Drug Law Enforcement Agency (NDLEA) made a total of 339,968 kilograms of drug seizures in 2013 and cannabis accounted for 205, 373kg of the total seizures (NDLEA, 2014).

Substance abuse is a major risk factor for death and negative health outcomes associated with suicide, infective endocarditis, hepatitis C, poisoning, HIV/AIDS, and self-inflicted injury been the principal outcome in individuals that inject amphetamines, cocaine and opioids (AIHW, 2011; Hood, Miller & Christou, 2012). Injecting drug use as a major risk factor for HIV and hepatitis C accounted for 502,000 Disability Adjusted Life Years (95% C.I 286,000-891,000) and 2.1million DALYs (95% C.I 1.1-3.6million) respectively in 2010 (Degenhard et al., 2013; Lim et al., 2012).

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Acknowledgement: European Union Funded UNODC funds for the Nigerian Expert to Participate the Training and Conference Activities

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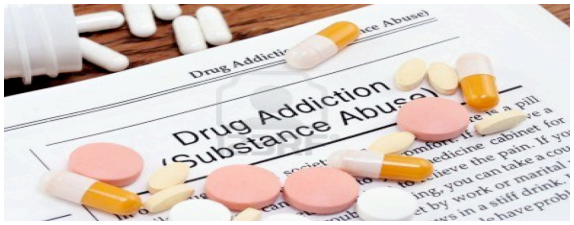
UNODC United Nations Office on Drugs and Crime

The 2015 *World Drug Report* estimated the total number of individuals that take illicit substances at 246 million, reflecting a total of five percent of the global population aged 15 to 64 years as illicit drug users in 2013 (UNODC, 2015). However, only one of six of these individuals has access to drug dependence care and treatment (UNODC, 2015). This fact is being corroborated with the data presented by the World Health Organization that clearly illustrates the existing gaps in drug dependence treatment and care (WHO, 2014). Until now, substance related and addictive disorders have not been fully recognized in many countries particularly in developing countries as a major health problem when compared to the attention and recognition given to non-communicable and communicable diseases (WHO, 2014). Furthermore, discrimination and stigma associated with drug-related problems and addiction remains a major impediment to appropriate healthcare treatment (WHO, 2014).

In Nigeria, just about 4,000 drug dependent persons at various NDLEA commands were counseled in 2012 while some were referred to drug addiction treatment centers (NDLEA, 2013). Despite immense needs to access healthcare services by drug-dependent persons in Nigeria, they sometimes do not have access to treatment due to inadequate availability of healthcare resources, lack of access to basic healthcare and inefficient utilization of scarce health resources (Makanjuola, Daramola, & Obembe, 2007; Obansa, 2013; UNODC, 2013). Further explanation to why drug-dependent persons do not seek any form of healthcare treatment and intervention may be due to anticipated stigmatization, lack of confidence in the available treatment services, concealment and denial of drug use problems (Barney et al., 2006; Schomerus and Angermeyer, 2008).

Mental health professionals (MHP) play a pivotal role in enhancing treatment outcome and minimizing harm to the general public by drug using populations (Livingston, Milne, Fang, & Amari, 2012; Kalebka, Bruijns, and van Hoving 2013). Frequent contact by MHP offers an increased opportunity for them to fully engage in the healthcare of patients dealing with drug related problems (Grella, Karno, Warda, Moore, & Niv, 2009; Livingston, Milne, Fang & Amari, 2012). However, caring for these individuals has been documented as been problematic in the literature because MHPs often exhibit attitudes that are deeply held and sometimes attributable to their life history, culture, values and belief (Kalebka, Bruijns, & van Hoving, 2013; van Boekel, Brouwers, van Weeghel, & Garretsen, 2014). It is however worth noting that the reintegration and rehabilitation of individuals that take illicit substances into the mainstream society is dependent on positive and accepting attitudes of MHPs (Bryan, Moran, Farrell, & O'Brien, 2000).



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## Problem Statement

Given the persistence availability of illicit substances in Nigeria, the high prevalence of substance abuse that is much higher than average compared to other African countries (5.2- 13.5% of the population aged 15- 64 years), and the regional variation in prevalence of substance abuse within the six geopolitical zones of the country, it is most expedient to explore the attitudes and perceptions of multidisciplinary mental health professionals whose mandate is to rehabilitate and help reintegrate individuals that abuse substances into the mainstream society.

If opportunities to promote the health of people with substance related and addictive disorders, to minimize harm, with possible reduction in criminal activities and loss of productivity due to disability are to be reinforced, it is important to know the attitudes, the attitudinal factors, perception and current level of involvement of MHPs towards substance abuse and related disorders in Nigeria. It is hoped that this study will encourage positive professional discretion, and increased medical judgment in designing empirically validated drug dependent treatment plans and care, based on the needs of individuals that misuse substances. Since MHPs acts as gatekeeper to substance abuse treatment and play a pivotal role in diagnoses and identification of substance use related problems (van Boekel, Brouwers, van Weeghel, & Garetsen, 2013), It is also hoped that additional research in the area of tackling substance abuse with primary focus on regional variation in attitude of multidisciplinary MHPs, might contribute to eliminating treatment barriers, help to facilitate the reintegration and rehabilitation of drug using populations while enhancing effective collaboration between patients and professionals. It is hoped that this study will further help to improve accountability and oversight while promoting the state-of-art treatment services in Nigeria.

## Target Population, Sampling and Sampling Procedures

In order to actualize the aims and objectives of this research, a cross sectional quantitative survey was conducted. The geopolitical zones, states and mental health treatment centers surveyed were selected through simple random sampling. The population of mental health workforce in Nigeria as compiled by the WHO and the Nigerian Ministry of Health reflected a ratio of 0.02 social workers and psychologists per 100,000 persons, 0.09 Psychiatrist and 4.0 psychiatric nurses per 100, 000 (WHO-AIMs report, 2006). In view of the aforementioned statistics of MHPs, the inclusion criteria for the subjects in this study were MHPs working in hospitals handling individuals that present with substance abuse related disorders and licensed to practice within Nigeria. The group of MHPs surveyed therefore includes psychiatrists, addiction counselors, psychologists, psychiatric nurse, peer counselors and social workers. However, interns and medicine counter assistants whose educational exposure in terms of handling individuals with substance abuse related disorders might not be sufficiently detailed and MHPs not licensed to practice in Nigeria were excluded from study.

Because the survey is interested in MHPs and substance abuse related disorders, it was appropriate to identify hospitals with reference to the treatment population. Hospitals surveyed therefore include federal neuropsychiatric hospitals, state neuropsychiatric hospitals and mental health departments in teaching hospitals. General hospitals, federal medical centers and primary health centers that do not have dedicated departments handling mental health disabilities were also excluded from the study. Due to the various statistics of arrests in the geopolitical zones of the country by the National Drug Law Enforcement Agency, it was also important to survey hospitals located in the different regions of the country so as to establish the impact of region on attitude of MHPs handling individuals that presents with substance abuse related disorders.

This study was aimed at adding to the general body of knowledge the attitudes and perception of mental health professionals' role towards tackling substance abuse and related disorders in Nigeria. It further was further aimed at assessing regional variation in attitude and to establish predictors of multidisciplinary MHPs' role perception when handling individuals that abuse substances by exploring the following research questions:

1. What types of attitude do Mental Health Professionals (MHPs) hold regarding the use and abuse of substances in Nigeria?
2. What are MHPs perception of their role in tackling substance abuse and related disorders in Nigeria?
3. Can gender, age, educational attainment, years of practice, profession, role specific self-esteem and work motivation predict MHPs' perception of their role in tackling substance abuse and related disorders in Nigeria?
4. Is there a significant regional variation in attitude amongst multidisciplinary MHPs when handling drug-using populations in Nigeria?

## Findings

Data from the returned questionnaire were inputted into the IBM Statistical Package for the Social Sciences (SPSS) Statistics 21, after coding the variables accordingly and were checked for discrepancies. The study had two dependent variables, attitudes, measured with the Substance Abuse Attitude Survey (SAAS) (Chappel et al., 1985) and perception, measured with the Drug and Drug Users' Problem Perception Questionnaire (Watson et al., 2007). The independent variables in this study were age, gender, level of education, region (northeast, northwest, southeast and south-southern regions), work motivation and role support.

A response rate of 81.1% was achieved. Of the useable questionnaire, 31.5% (n= 90) were obtained from the northwestern region, 20.6% (n= 59) were filled by MHPs from the northeastern region. 28.3% (n= 81) and 19.6% (n= 56) were from the south-south and southwestern region of the country respectively. Just over half (51.7%) of the respondents were male while majority (63.3%) were aged between 21 and 40 years. More than 80% (n= 235) had undergraduate degree while 13.3% (n= 38) and 4.5% (n= 13) had obtained either a master's degree or PhD respectively as at the time of this survey. Just over half (58%) of the 286 MHPs included for final data analysis were psychiatric nurses, 7% (n= 20) were psychologists, 18.9% (n= 54) were social workers, 2.1% (n= 6) were addiction counselors, 1.4% (n= 4) were peer counselors and 12.6% (n= 36) were psychiatrists (see table 1).

To ensure results obtained from data analysis are tenable, assumptions for all statistical test, ANOVA (homogeneity of variances and normality of distribution), logistic regression (assumption of linearity of logit and collinearity statistics) was conducted prior to analysis.

The first research question explored mental health professionals (MHPs) attitude regarding the use and abuse of substances in Nigeria. Attitudes of MHPs were assessed based on the five-attitudinal subscale factors of the Substance Abuse Attitude Survey (SAAS). Mental health professionals that responded to the survey tended towards the non-permissive and stereotypic spectrum. Almost all the study participants disagreed that marijuana should be legalized and are of the opinion that the personal use of drugs should not be legal even in the confines of the homes of individuals that abuse substances. Substantial number of the respondents expressed the opinion that people who smoke will indulge in marijuana use and that it is almost impossible for addicts to recover because heroin is addicting. Although the respondents were quite moralistic, majority were against angry confrontation when treating individuals that misuse substances. Responses on treatment intervention and treatment optimism were fairly homogenous as MHPs displayed positivity towards successful outcome of drug dependent treatment and care.

Mental health professionals' perception of their role was assessed based on the six perception subscale factors of the Drugs and Drug Users' Problem Perception questionnaire (DDPPQ). Substantial number of the respondents (62.2%) exhibited distinctly defined role perception. MHPs expresses self-worth and the notion that they are well informed in handling substance abuse related disorders. Their responses also indicates they are motivated and can withstand any form of pressure because their role is being supported. Therefore, the null hypothesis for the second research question was rejected.

The two-way contingency table analysis established significant relationships between Perception (positive vs negative perception) and highest level of education, {Pearson $x^2$ (2, $N$=286)= 8.355, $p$= 0.015, Cramér's V= 0.171}, region, {Pearson $x^2$ (4, $N$=286)= 15.377, $p$= 0.004, Cramér's V= 0.232}, work motivation, {Pearson $x^2$ (3, $N$=286)= 24.086, $p$< 0.0001, Cramér's V= 0.290} and role support, {Pearson $x^2$ (8, $N$=286)= 21.372, $p$= 0.006, Cramér's V= 0.273} (Table 17). However, there were no significant association between perception score in 2 categories and gender ($p$= 0.151), age group ($p$= 0.915) and profession ($p$= 0.317), therefore these variables were not considered for further analysis.

Table 1

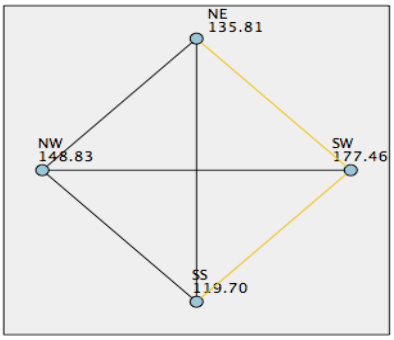
*Frequencies and percentages for respondents' demographics by profession*

| | Profession | | | | | | |
|---|---|---|---|---|---|---|---|
| Variables | Psychiatrist % (n=36) | Nurse %(n=166) | Addiction counselor % (n=6) | Social worker %(n=54) | Psychologist % (n=20) | Peer counselor % (n=4) | Total %(n=286) |
| Region | | | | | | | |
| Northeast (NE) | 19.4 | 38.6 | 0.0 | 20.4 | 10.0 | 25.0 | 31.5 |
| Northwest (NW) | 47.2 | 17.5 | 33.3 | 9.3 | 30.0 | 0.0 | 20.6 |
| South-South (SS) | 19.4 | 27.7 | 16.7 | 31.5 | 45.0 | 25.0 | 28.3 |
| Southwest (SW) | 13.9 | 16.3 | 50.0 | 20.4 | 15.0 | 50.0 | 19.6 |
| Age group | | | | | | | |
| 21- 25 | 0.0 | 15.7 | 0.0 | 5.6 | 5.0 | 0.0 | 10.5 |
| 26-30 | 30.6 | 19.3 | 33.3 | 20.4 | 25.0 | 25.0 | 21.7 |
| 31-35 | 16.7 | 12.7 | 16.7 | 25.9 | 35.0 | 50.0 | 17.8 |
| 36-40 | 22.2 | 9.0 | 16.7 | 18.5 | 20.0 | 0.0 | 13.3 |
| 41-45 | 19.4 | 14.5 | 0.0 | 11.1 | 10.0 | 25.0 | 14.0 |
| >45 | 11.1 | 28.9 | 33.3 | 18.5 | 5.0 | 0.0 | 22.7 |
| Educational Attainment | | | | | | | |
| 1st Degree | 58.3 | 91.0 | 83.3 | 85.2 | 45.0 | 75.0 | 82.2 |
| Masters | 11.1 | 8.4 | 16.7 | 13.0 | 55.0 | 25.0 | 13.3 |
| Ph.D. | 30.6 | 0.6 | 0.0 | 1.9 | 0.0 | 0.0 | 4.5 |
| Gender | | | | | | | |
| Male | 22.2 | 58.4 | 50.0 | 40.7 | 30.0 | 50.0 | 48.3 |
| Female | 77.8 | 41.6 | 50.0 | 59.3 | 70.0 | 50.0 | 51.7 |
| Years of Practice | | | | | | | |
| >5 | 27.8 | 29.5 | 33.3 | 37.0 | 50.0 | 0.0 | 31.8 |
| 5-10 | 41.7 | 20.5 | 0.3 | 24.1 | 25.0 | 75.0 | 24.5 |
| 11-15 | 22.2 | 12.0 | 50.0 | 9.3 | 20.0 | 25.0 | 14.3 |
| 16-20 | 5.6 | 9.6 | 0.0 | 13.0 | 5.0 | 0.0 | 9.1 |
| >20 | 2.8 | 28.3 | 16.7 | 16.7 | 0.0 | 0.0 | 20.3 |

A one-way ANOVA was conducted after ascertaining that the assumptions of ANOVA was not violated for perception total score. Statistical significant relationships was established between perception and region, $F$(3, 282)= 6.549, $p$<0.0001, highest level of education, $F$(2, 283)= 7.420, $p$= 0.001, work motivation, $F$(3, 282)= 25.489, $p$<0.0001and role support, $F$(8, 277)= 4.993, $p$<0.0001. The strength of association between mental health professionals' perception total score and region, highest level of education, work motivation and role support (accounted for 45.4% of the total variability in the dependent variable (perception). The output from the logistic regression analysis indicated that highest level of education (O.R= 0.50, 95%C.1=0.263, 0.933, $p$= 0.030), work motivation (O.R= 0.55, 95%C.I= 0.400, 0.750, $p$<0.0001) and role support (O.R= 1.50, 95%C.I, 1.245, 1.764, $p$<0.0001) can significantly predict MHPs perception of their role in tackling substance abuse and related disorders. In other words, as work motivation reduces, mental health professionals are less likely to have positive perception of their role, while perception of role increases with the level of education attained. In addition, for every increament in role support, MHPs are approximately one and a half times more likely to have positive perception than those whose role in tackling substance abuse and related disorders are not supported

The Kruskal-Wallis test established significant regional variation in the attitude of multidisciplinary mental health professionals, $H(3)= 18.727$, $p<0.0001$. Step-down follow-up analysis revealed that the distribution of attitude total score vary significantly between the South-south and the southwestern region ($p<0.0001$). There was also a significant variation in attitude between mental health professionals living in the northeastern and southwestern region of the country ($p<0.028$).

**Pairwise Comparisons of Region**




Each node shows the sample average rank of Region.

| Sample1-Sample2 | Test Statistic | Std. Error | Std. Test Statistic | Sig. | Adj.Sig. |
|---|---|---|---|---|---|
| SS-NE | 16.101 | 13.501 | 1.193 | .233 | 1.000 |
| SS-NW | 29.124 | 12.081 | 2.411 | .016 | .096 |
| SS-SW | -57.761 | 13.708 | -4.214 | .000 | .000 |
| NE-NW | 13.023 | 13.213 | .986 | .324 | 1.000 |
| NE-SW | -41.659 | 14.716 | -2.831 | .005 | .028 |
| NW-SW | -28.637 | 13.425 | -2.133 | .033 | .198 |

Each row tests the null hypothesis that the Sample 1 and Sample 2 distributions are the same.
Asymptotic significances (2-sided tests) are displayed. The significance level is .05.

## Discussion

In this study, mental health professionals tended towards the non-permissive and stereotypic spectrum as almost all the study participants disagreed to legalizing marijuana and expressed the fact that it's abnormal for a teenager to experiment with drugs. The response from the study participants is in line with the studies conducted by Kelleher & Cotter, (2009) and Kellebka, Bruijins & van Hoving (2012) amongst healthcare practitioners in different emergency centers, as majority of the respondents in their study disagreed to legalization of marijuana.

*Logistic regression analysis for perception (positive vs negative) and selected independent variables*

| Variables | B | S.E. | Wald | df | Sig. | Exp(B) (O.R) | 95% C.I for Exp (B) Lower | Upper |
|---|---|---|---|---|---|---|---|---|
| Region | -.132 | 086 | 2.367 | 1 | .124 | .876 | .741 | 1.037 |
| Level of Education | -.703 | .323 | 4.730 | 1 | .030 | .495 | .263 | .933 |
| Work Motivation | -.602 | .160 | 14.132 | 1 | .000 | .548 | .400 | .750 |
| Role support | .393 | .089 | 19.572 | 1 | .000 | 1.482 | 1.245 | 1.764 |

*Note*. *B*= beta coefficient, *S.E*= standard error, *p*= significance at 95% confidence interval, Exp(B)= odd ratio, *df*= degree of freedom

The mental health professionals that responded to the survey reiterated the importance of life-long abstinence and this is in line with the National Institute on Drug Abuse (NIDA), which advocates extended abstinence as a requirement for sustained drug recovery, due to increase in the odds of recovery from addiction after an extended period of abstinence (NIDA, 2007).

Participants maintained a stereotypic principle of conduct as majority agreed that individuals who smoke would eventually use hard drugs while those that indulge in the use of marijuana would not respect authority. Numerous studies have established negative stereotypic attitudes towards individuals that misuse substance (Brooks-Hartis, Heesacker & Mega-Millan, 1996; McLaughlin, McKenna & Lesslie, 2000; Karam-Hage et al., 2001) and consequently reported lower regard and unwillingness to provide services to this population group. In addition to these opinions, almost all the respondents believe that marijuana use will lead to mental illness. This is in line with several studies that have established association of marijuana use with the risk of affective or psychotic mental health outcomes (Hall & Dagenhardt, 2000; Moore et al., 2007). Research conducted by Galinsky, Ku & Wang (2005) demonstrated the activation of stereotypic behavior and its strong effects on subtle overt behavior and hostile intent. Findings from their study established the importance of developing healthy bond to reduce prejudice and stereotyping. As described by Goldstein & Cialdini, (2007), understanding individuals' feelings, intentions, thoughts and motivations is embedded in perspective taking and can reduce the negativity of stereotypic attitude.

Majority of the respondents expressed the importance of controlling drug use by law as the use of drugs could totally ruin the lives of youths and pointed to the fact that street pushers expose young people to drug use. Although the respondents exhibited a high degree of moral conservatism and associated addiction to drugs as weak will, they disagreed to angry confrontation when treating individuals that misuse substances. This is in line with the brief intervention guidelines, motivating young adults towards substance abuse treatment and care as described by Miller and Sanchez, (2001).

Research conducted by Vauclair & Fisher (2011) established that moralistic attitudes displayed by individuals could be based on the discourse of a community or a particular group that appraise themselves as been right or wrong based on social obligations, roles and interpersonal duties. These researchers explored the influence of cultural values against the backdrop of moral attitudes and demonstrated that individual moral attitudes, as expressed by mental health professionals in this study, could be due to several cultural 'embeddedness' (Vauclair & Fisher, 2011).

Responses to treatment intervention and treatment optimism were fairly homogenous and relatively high. Mental health professionals displayed positivity towards successful outcome of drug dependent care and treatment. An overwhelming number of respondents believe family involvement and group therapy is integral to the treatment of drug addiction. Numerous studies have evaluated the efficacy of multidimensional family and group therapy (Liddle et al., 2009; Smith et al., 2006; Najavits, Gallop & Weiss, 2006) in successful treatment outcomes from drug addiction. In a randomized clinical trial, Smith et al. (2006) assessed the efficacy of family oriented strength therapy, incorporated with several decision-making exercises and cognitive emotional process. The researchers established significant reductions in substance use that tends towards full remission and abstinence at follow-ups (Smith et al., 2006).

The attitudes exhibited towards treatment optimism did not deviate from the research conducted by Kelleher & Cotter, (2009) as this view was expressed by majority of their study participants. Peckover & Childlaw (2007) established discourses of risk and prejudice as factors that affects provision of service to individuals that misuse substances. Healthcare practitioners perceive themselves as vulnerable to care for clients that misuse substances, therefore describing their overall experience as unpleasant (Peckover & Childlaw, 2007). However, this attitude might translate into ineffective and judgmental care to clients that misuse substances (McClelland, 2006). In this study, role support was a strong predictor of perception This is in line with the study conducted by Ford, Bammer & Becker (2008), role support, as indicated by these researchers is an integral determinant of therapeutic attitude exhibited to clients that misuse substances. However, existing literature reported low levels of role support for MHPs subsequently resulting into lack of adequate care to this population group as their healthcare providers struggle to provide adequate treatment (Happell & Taylor, 1999; Chu & Galang, 2013). This also reflects outcomes of previous research (Barry, Tudway & Blisset, 2002; Ford, Bammer & Becker, 2008; Howard & Chung, 2000; Loughran et al., 2010) on the importance of ongoing further support for multidisciplinary healthcare workers towards clients that misuse substances as they expressed deficit in support structure.

This study identified educational attainment as predictor of MHPs role perception towards tackling substance abuse and related disorders. Responses from the study participants suggest that obtaining only undergraduate degree might not be enough to effectively handle drug-using populations. Happell & Taylor (1999) attributed negative perception of role to inadequate educational preparation in substance use treatment and care. Acknowledging deficit in formal education towards the provision of adequate care and treatment as described by McLaughlin et al. (2006) and Rassool & Rawaf, (2008), with emphasis on the professional subgroup of nursing, will encourage training and supplemental workplace education on substance abuse and related disorders (Kelleher & Cotter, 2009).

This study identified work motivation as a predictor of role perception. Several studies have assessed the impact of motivation on role perception (Farmer & Greenwood, 2001; Skinner, Roche & Addy, 2005). Skinner and colleagues described MHPs' confidence of their prerogative to handle substance abuse and related disorders (role legitimacy) and being well informed in handling drug using populations (role legitimacy) as a framework of motivational factors for handling individuals that misuse substances (Skinner et al., 2005). Lack of adequate work motivation as described by Jambrak, Deane & Williams (2014), increases burnout and mental health professionals' intention to leave service provision after training.

The findings of this study did not establish statistical relationships between age, gender and profession of multidisciplinary MHPs. In line with other studies, sex, profession and gender were not found to be statistically significant towards exhibiting higher regard and role perception to individuals that misuse substances (Howard &Chung, 2000; Merrill & Ruben, 2000; Skinner, Roche, Freeman & McKinnon, 2009). However, contrary to the study conducted by Vargan (2012), younger respondents (O.R= 2.18) and females (O.R=3.42) showed stronger positive association towards interpersonal relationships with substance misuse clients. Russel, Davies & Hunter (2011) also corroborated this fact as they established age and professional membership as predictors of addiction treatment providers' level of confidence towards service provision to this population group.

Although there's a notable absence of empirical studies that have explored regional variation in attitudes of MHPs towards service provision to drug using populations, this current study established statistical significant regional variation in the attitudes of multidisciplinary mental health professionals towards non-moralism, treatment optimism, non-stereotypes, permissiveness and treatment interventions as measured by the SAAS when handling dug-using populations in Nigeria. Given that regional factors strongly influence the prevalence of substance abuse as described by Chu & Galang (2013), the variation in prevalence of substance abuse within the six geopolitical zones of Nigeria, could have impacted on the attitude of MHPs' whose mandate is to rehabilitate and reintegrate this population group into the mainstream society.

It can be argued that variations in attitudes based on structural systems within which mental health professionals work as barriers to optimum care and treatment is probably not peculiar to Nigeria. Todd, Sellman & Robertson (2002) established regional variation in service structures and treatment approaches as a major barrier that affects optimal care delivery to clients that presents with mental health disorders and coexisting substance use in New Zealand. The researchers pointed out structural deficits and uncoordinated treatment and care for individuals with coexisting disorders as barriers to optimum care (Todd, Sellman & Robertson, 2002).

## Implications for social change

Findings of this study suggests that educational attainments beyond undergraduate degree might be prerogative to exhibiting distinctly defined perception of role in tackling substance abuse and related disorders by mental health professionals. Although, this finding might not be absolutely proven, it might imply knowledge gap and deficit in formal education towards provision of adequate care and treatment. Educational institutions and health services should therefore consider incorporating structured program and adequate training strategies on roles and responsibilities of multidisciplinary mental health professionals, to serve as an adequate base for the delivery of client centered treatments and care for this population subgroup.

This study highlights the positive effect of motivation and organizational support for MHPs working with drug-using populations. Due to the fact that lack of adequate motivation and role support increases mental health professionals' burnout (Jambrak, Dean & William, 2014), it's therefore expedient to review interagency organizational structure and contextual preconditions for MHPs that will translate into improved delivery of quality drug treatment and care towards clients that presents with substance abuse related disorders. In addition to the aforementioned, there's need for the development of consensus concerning guidelines on substance abuse attitude treatment and care

This study emphasizes the impact of regional variations on attitude based on different structural systems and treatment approaches in service delivery. A holistic approach towards standardization of drug treatment and care that takes into consideration cultural differences, diverse religious and ethnic mix predominating in the different geopolitical zones of the country should therefore be implemented in order to foster the reintegration and rehabilitation of this population group into the main stream society. Lastly, drug related intervention and policies should be targeted at reducing stereotypic attitude and stigmatization of drug-using populations that will translate into improved overall mental and physical wellbeing of individuals that presents with substance abuse disorders.

## Recommendations for further study

A nationwide study, with a representative sample, on the attitude of healthcare professionals generally, incorporating phenomenological approach should be conducted. This would allow for complex issues and opinions that could influence the attitude and perception of MHPs' role towards tackling substance abuse and related disorders to be explored in great depth. The findings of this study also emphases the need to investigate the consequences and effects of stereotypic attitude and regional variation in attitude of MHPs towards drug using populations. In addition, longitudinal study designs that incorporate patients' perceptions of drug treatment and care are recommended to foster evidence-based treatment that is client centered.

## Limitations

This study, like every other survey-based study, is not without limitations as it relies on a self-report method of data collection from the respondents. Responses might not be an accurate reflection of the study participants' attitude and role perception towards substance abuse and related disorders. The respondents might have indicated a generally acceptable norm of the society, which might lead to an imprecision in data collected. Furthermore, participants in this study were recruited from mental health departments of university teaching hospitals, federal and state neuropsychiatric hospitals in four geopolitical zones of the country, findings might therefore, not reflect the attitudes and role perception of mental health professionals in all the six geopolitical zones of the country combined. However, regions and states surveyed were randomly selected so as to have an unbiased representation of mental health professionals in the country.

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