

A COMPARATIVE STUDY OF THE SOCIO-DEMOGRAPHIC PROFILES OF CLIENTS TREATED AT PUBLIC AND PRIVATE SUBSTANCE USE DISORDER TREATMENT FACILITIES IN KADUNA STATE - NIGERIA.

Helen Ada Ochi

Department of Sociology
Federal University Gusau, Zamfara State.
hekpe@fugusau.edu.ng

Abstract

Substance use disorder is a serious public health and social problem that affects individual and society. The harms associated with substance use disorder have necessitated the provision of in-patient treatment services by public and private facilities to address substance use disorder problems. Concerns about gaps in service accessibility, client dropout from treatment and relapse necessitated a comparative study of the socio-demographic profiles of clients treated in selected public and private treatment facilities in Kaduna State. The study is quantitative descriptive research that adopted purposive sampling. Questionnaire was administered to one hundred and forty- four (144) clients available for follow-up at two public and private treatment facilities. Descriptive statistics, namely, frequency, percentage and Chi-square were employed for data analysis. Results revealed that clients treated at private facilities were males, young adults, students and singles while males and females, older adults and clients across the various occupations and marital statuses sought treatment in public facilities. However, in terms of level of education, bachelor's degree was common among clients in both public and private facilities. The study concludes that clients treated in public facilities differ significantly from clients in private facilities on certain socio-demographic variables such as age, sex, marital status and occupation. Therefore, it is recommended that the management of treatment facilities develop services and programmes that are tailored to the needs of the identified category of clients that under-utilize the respective treatment facilities.

Keywords: Clients; Private Facilities; Public Facilities; Socio-Demographic Profiles; Substance Use Disorder Treatment;

Introduction

Substance use disorder is a serious public health and social problem that affects individual and society. According to United Nation Office for Drug Control (UNODC, 2018), one out of five substance users in Nigeria suffers from substance use disorder. The problems associated with substance use disorder include poor health conditions such as HIV/AIDS, hepatitis, cardiovascular diseases (UNODC, 2015); mental illness (Okpataku, Kwanashies, Ejiofor, & Olisah, 2014) while Nigeria Stability and Reconciliation Programmes/International Alert (2017) indentified increased involvement in criminal activities, violent confrontation and social vices by youths. Kaduna State has a high prevalence rate of substance misuse of 10% with an estimate of 462,000 drug users (National Bureau of Statistics, United Nation Office for Drug Control (UNODC, 2018). The misuse of substance(s) negatively affects the social and psychological wellbeing of users (Afuwai, 2018) as well as suicidal ideation among users in Kaduna State (Shekwolo, Okorie, Duniya & David, 2020).

The harms associated with substance use disorder have necessitated the provision of in-patient treatment services by public and private facilities in order to address the substance use disorder problems. Access to treatment is low with only 1 in 6 problem drug users receiving treatment in developed countries, 1 out of 11 in Latin America and 1 in 18 in Africa (UNODC, 2017). In Nigeria, only 4% of the estimated 376,000 high risk drug users received treatment (National Bureau of Statistics/United Nation Office for Drug Control, 2018). The small proportion of individuals that seek treatment is an indication of under-utilization of substance use disorder treatment services.

Over the years, public and private treatment facilities in Kaduna State have admitted clients in order to address their substance use disorder problems. Although, there is a gap in service accessibility (National Bureau of Statistics/UNODC, 2018) as well as client dropout from treatment and relapse are challenges in substance use disorder treatment. Clients' socio-demographic profile is a predictive factor for relapse (Okon and Inuk, 2021) as well as utilization of service. However, scholarly attentions on clients' socio-demographic profiles in treatment facilities in Kaduna State are few and limited to public facility such as the study by Okpataku *et al.*, (2014). What is less known is whether the socio-demographic profile of clients differs between private and public treatment facilities? The study seeks to analyze the socio-demographic profiles of clients treated in public and private substance use disorder treatment facilities in Kaduna State.

Hypotheses

The study tested these hypotheses:

- H_i:** Clients' socio-demographic characteristics such as sex, age, marital status, educational attainment and occupation are significantly associated with the type of treatment facility they seek treatment.
- H_o:** Clients' socio-demographic characteristics such as sex, age, marital status, educational attainment and occupation are not significantly associated with the type of treatment facility they seek treatment.

The significance of the study is that it gives a snapshot of individuals that seek treatment while the baseline information of clients, helps to enhance planning of treatment services for

effective recovery management plan by care providers in order to prevent relapse among clients as well as address gaps in service delivery.

Literature Review

Jombo, Idung & Iyanam (2020) studied socio-demographic and clinical profiles of clients with cannabis use disorder in a public facility in Uyo, Akwa-Ibom State, Nigeria. Secondary data were generated from 105 client's treatment record from 2018-2019. Descriptive statistics was utilized in data analysis. Results revealed that, majority of clients were single males in their late twenties and had attained tertiary education. Clients' means age was 29.7 years, 90.2% were males, 85.7% were single and 52.4% had tertiary education. The result contributes to understanding of clients' profiles in a public facility. However, the study was limited to cannabis use disorder and a single treatment facility which was not a representative of clients' profile' that have other types of substance use disorder as well as the profiles of clients in private facilities.

Ibrahim, Yerima, Pindar, Onyencho & Ahmed *et al's.*, (2017) study at a public treatment facility in Maiduguri, Borno State showed a profile of a predominant male, in their early thirties, who had low level of formal education. Male respondents constituted 92%; the mean age was 33.7 years and the majority, 70%, had less than 12 years of formal education. The finding of the study cannot be generalized to public and private facilities. Okpataku *et al's.*, (2014), study at a public treatment facility in Zaria, Kaduna State, revealed predominant single male educated populations that were above 30 years old. Most respondents, 32.8% were 31-40 years, 62.3% were single and 80.3% were male. Most respondents, 39.3% had tertiary education and were unemployed. A similar pattern in Okpatazu *et al.*, (2014) and Ibrahim *et al's.*, (2017) findings indicated that clients were predominantly males in their thirties. However, the result on clients' level of formal education is inconsistent. Both studies are informative on clients' demographics profiles in public facilities but the result cannot be generalized to clients in private facilities.

In a comparative study of three public and three private facilities in South Florida, O'Grady, Surrat & Leve-Minzi (2014) involving six hundred and one clients, it was found that clients' profiles differed across facilities with respect to gender, age and educational attainment. There were also more females in public facilities represented by 42.3%, compared to 38.9% in private facilities. Younger clients were more in private facilities as the mean age was 29 years compared to 33 years in public facilities. More graduates were clients in private facilities as shown by 66.3%, compared to 46.3% in public facilities. The study had a large sample size and contributed to establishing the difference in socio-demographic profiles of clients in public and private facilities. However, the study did not state the sample frame from which the sample size was derived.

Chie, Tam, Bonn, Dang & Khairuddin (2016) study in Malaysia examined effectiveness of treatment programs of public and private facilities. Purposive sampling was used to select a sample size of thirty clients. The result on participants' demographics revealed that public and private facilities differed in terms of age and marital status but educational attainment was similar. Clients in private facilities were older as 46.7% were between 30 and 39 years compared to a younger population in public facilities of 26.7% who were between 20-30 years. Single marital status dominated with 73.3%, but there were more married clients in public facilities consisting of 26.7% compared to 13.3% in private facilities. Most clients, 53.3%, in

public facilities and 66.7% in private facilities had upper secondary education. The major limitation of the study is the small sample size. That notwithstanding, the study provided insight into users' demographic profiles in both public and private facilities.

Methodology

The study is descriptive research that was carried out in Kaduna State. Kaduna State has a large and growing young population of which about 80% is below 35 years (Olaniyan, Lawanson, Olasehinde, Dauda, & Auta, 2020). A significant proportion of youths in the State put at 1.11 million were unemployed, the fourth largest number in Nigeria (National Bureau of Statistics, 2020). Poor socio-economic circumstances in Kaduna State create condition for psychoactive substance use by youths. Also, the persistent increase in availability of psychoactive substances in Kaduna State is evident in the National Drug Law Enforcement Agency (NDLEA, 2016-2019) annual reports on drug seizures from 17, 023.7 kg -33,0 59.4kg.

From a population frame of one hundred and eighty- nine (189) clients, a sample size of one hundred and fifty-six (156) clients was derived based on Krejcie and Morgan (1970) table for sample size determination. Study participants were recruited through their case managers and heads of unit. Purposive sampling was used to sample clients that were available for follow up until the projected sample size was achieved. Primary data were elicited from clients through the administration of questionnaire. Structured questionnaire was administered once to each client that participated in the study. Four (4) treatment facilities were purposively selected for the study namely; Federal Neuropsychiatric Hospital, Barnawa, NDLEA Drug Demand Reduction Unit, Zaria, Health and Happiness Foundation, Badarawa, and Benjamin Bisan Shekari Foundation, Mararaba Rido. The first two facilities are public while the remaining two are private facilities. Being functional and having provision of residential treatment for substance use disorder justified the selection of the facilities.

Permission to conduct the study was granted by the Ethical Review Committees of the Ahmadu Bello University Teaching Hospital, Zaria as well as the Federal Neuropsychiatric Hospital Barnawa. Similar permissions were granted by the other treatment centers to conduct the study. Respect and protection of the rights and dignity of participants were upheld as participation in the study was voluntary and based on informed consent. In addition, utmost confidentiality and anonymity of participants were upheld. Data were processed using the SPSS version 20 statistical tool. Frequency and percentage tables as well as Chi-Square test tool were used to analyze the data retrieved from the one hundred and forty- four (144) questionnaire copies while the Alpha level of .05 was used for statistical test.

Results and Discussion

The sex, age, marital status, educational qualification, occupation and living arrangement of clients that sought treatment at public and private facilities in the study area are presented in this section.

Table 1 Sex and Age of Clients in Public and Private Facilities

Socio-demographic variables	Public facilities		Private facilities		Total	
	f	%	f	%	f	%
Sex						

Female	12(10.6%)	0(0.0%)	12(8.3%)
Male	101(89.4%)	31(100.0%)	132(91.7%)
Total	113(100.0)	31(100.0)	144(100.0)
Age (years)			
Below 15	0(0.0%)	2(6.5%)	2(1.4%)
15-24	29(25.7%)	15(48.4%)	39(27.1%)
25-34	44(38.9%)	14(45.2%)	58(40.3%)
35-44	34(30.1%)	0(0.0%)	34(23.6%)
Above 45	6(5.3%)	0(0.0%)	6(4.2%)
Total	113(100.0)	31(100.0)	144(100.0)

Field work, 2022

Table 1 shows that there were male and female clients in the public treatment facilities while private facilities had only male clients. This is shown by 100% male participants in private facilities whereas in public facilities, majority of respondents 89.4% were male while 10.6% were female, thus signifying an overwhelming majority of male and few female clients. The high population of male clients reiterates the fact that substance use is more common among males than females.

The age distribution of respondents shows that most respondents in public facilities were within the age bracket of 25-34 years as shown by 38.9% while no respondent was below 15 years. Whereas in private facilities, most respondents 48.4% were within the age category of 15-24 years, no respondent was above 45 years. Also, the mean age of clients in public facilities is 31.5 years while it is 27.1 years for clients in the private facilities. The finding indicates that clients in public facilities are older than those in private facilities. The lack of young adolescents in public facilities and older adults in private facilities implies a gap in service provision in terms of meeting the needs of adolescents in public facilities and older adults in private facilities.

Table 2 Marital Statuses, Levels of Educational Attainments, Occupation and Living Arrangement of Clients in Public and Private Treatment Facilities

Variables	Public facilities		Private facilities		Total	
	f	%	f	%	f	%
Marital status						
Single	68	(60.2%)	31	(100.0%)	99	(68.8%)
Married	30	(26.5%)	0	(0.0%)	30	(20.8%)
Divorced	12	(10.6%)	0	(0.0%)	12	(8.3%)
Widowed	1	(0.9%)	0	(0.0%)	1	(0.7%)
Separated	2	(1.8%)	0	(0.0%)	2	(1.4%)
Total	113	(78.5)	31	(100.0)	144	(100.0)
Level of education						
Primary	14	(12.4%)	1	(3.2%)	15	(10.4%)
Secondary	19	(16.8%)	6	(19.4%)	25	(17.4%)
Diploma/NCE	22	(19.5%)	3	(9.7%)	25	(17.4%)
HND	11	(9.7%)	7	(22.6%)	18	(12.5%)

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Bachelor degree	41(36.3%)	14(45.2%)	55(38.2%)
Master degree	6(5.3%)	0(0.0%)	6(4.2%)
Total	113(100.0)	31(100.0)	144(100.0)
Employed before treatment			
Yes	94(83.2%)	14(45.2%)	108(75.0%)
No	19(16.8%)	17(54.8%)	36(25.0%)
Total	113(100.0)	31(100.0)	144(100.0)
If yes, type of occupation			
Petty trading	5(5.3%)	0(0.0%)	5(4.6%)
Artisan	15(15.9%)	0(0.0%)	15(13.9%)
Student	36(38.3%)	8(57.1%)	44(40.7%)
Civil/public servant	15(15.9%)	1(7.1%)	16(14.8%)
Private sector employee	13(13.8%)	3(21.4%)	16(14.8%)
Self employed	10(10.6%)	2(14.3%)	12(11.1%)
Total	94(100.0)	14(100.0)	108(100.0)
Living arrangement			
Live alone	25(22.1%)	3(9.7%)	28(19.4%)
Live with parents	58(51.3%)	28(90.3%)	86(59.7%)
Live with partner and child(ren)	30(26.5%)	0(0.0%)	30(20.8%)
Total	113(100.0)	31(100.0)	144(100.0)

Field work, 2022

The marital status of respondents in table 2 shows that single marital status was common among clients in public and private facilities. All respondents, 100%, in private facilities were single while in public facilities, most respondents, 61% were single, followed by 26.5% who were married while other categories such as divorced, widowed and separated constitute less than 15%. The finding shows that substance misuse is prevalent among individuals that are single. The levels of freedom and social support, limited obligations as well as responsibilities are some factors responsible for substance misuse among the single marital status category.

Table 2 reveals that most clients, i.e., 45.2% in private facilities compared to 36.3% of clients in public facilities have bachelor's degree. The result indicates that most of the clients in public and private facilities had tertiary education. The finding implies that individuals with high level of education are most likely to seek treatment which buttresses the importance of high level of education in health-seeking behaviour, access to information and knowledge on the effects of substance misuse. The employment status of clients before treatment shows that, majority of them, 83.2% in public facilities were employed; conversely, 54.8% of clients in private facilities were unemployed. The result indicates that employed clients sought treatment in public facilities than in private facilities. The implications of clients' employment status suggest that substance use disorder affects the employability of clients who are unemployed while the productivity of clients that were employed is also affected.

The distribution of clients' occupation shows that, most clients, 38.3% of them, in public facilities were students while few of them 5.3% were petty traders, whereas in private facilities, the majority of respondents were students as shown by 57.1% while petty traders and

artisans were not represented in the facility. This suggests that the population of clients in public facilities seems to reflect the fact that people from various walks of life experience substance use disorder. The result indicates that there were more students in private facilities than public facilities. The high prevalence of substance use among students is influenced by stress, easy access to money, peer influence and increased freedom to participate in social activities like parties and clubs which are avenues for experimentation with drugs. Table 2 reveals that most clients lived with their parents before they commenced treatment as shown by 90.3% in private facilities compared to 51.3% in public facilities. The result suggests high level of dependency on family by clients in private facilities. This is not surprising as substance use disorder adversely affect individuals' socio-economic standing.

Table 3 Association between Clients' Sex, Age and Marital Status and Type of Treatment Facility

Socio-demographic variables		Public facilities <i>n</i> (%)	Private facilities <i>n</i> %	<i>N</i>	X ² - statistics	df	P- value
Sex	Female	12(10.6)	0(0.0)	12	3.59	1	.048
	Male	101(89.4)	31(100.0)	132			
Age (years)	Below 15	0(0.0)	2(6.5)	2	8.87	4	.046
	15-24	29(25.7)	15(48.4)	39			
	25-34	44(38.9)	14(45.2)	58			
	35-44	34(30.1)	0(0.0)	34			
	Above 45	6(5.3)	0(0.0)	6			
Marital status	Single	68(60.2)	31(100.0)	99	20.36	4	.000
	Married	30(26.5)	0(0.0)	30			
	Divorced	12(10.6)	0(0.0)	12			
	Widowed	1(0.9)	0(0.0)	1			
	Separated	2(1.8)	0(0.0)	2			

Field work, 2022

The Chi-square test of independence shows a significant relationship between clients' sex and type of facility, $X^2(1) = 3.59$, $p = .048$. Females were less likely to seek treatment in private facilities. With $p < 0.05$, it is concluded that, the sex of clients is associated with the type of facility utilized for treatment. Result of the Chi-square test on the association between age and type of facility clients seek treatment, shows a significant association, $X^2(4) = 8.87$, $p = .046$. No client in private facility was above 34 years old while clients in the age category made up 35.4% of clients in public facilities. This implies that middle aged adults are not clients in private facilities. As $p < 0.05$, there is a significant association between clients' age and the type of facilities they seek treatment.

The Chi-square test result on marital status and type of facility utilized by clients shows a significant association as reflected by $X^2(4) = 20.36$, $p = .000$. All the clients in private facilities were single whereas in public facilities, aside single marital status, other marital statuses made up 39.8%. This is an indication that clients across various marital statuses utilized public facilities. Since $p < 0.05$, it is concluded that marital status is significantly associated with the type of facilities in which clients sought care.

Table 4 Association between Clients’ Levels of Educational Attainment, Occupation and Type of Treatment Facility

Socio-demographic variables		Public facilities		Private facilities	n	X ² statistics	df	P-value
		n	(%)					
Highest level of education	Primary	14	(12.4)	1	(3.2)	7.80	5	.148
	Secondary	19	(16.8)	6	(19.4)			
	Diploma/NCE	22	(19.5)	3	(9.7)			
	HND	11	(9.7)	7	(22.6)			
	Bachelor degree	41	(36.3)	14	(45.2)			
	Master degree	6	(5.3)	0	(0.0)			
Occupation	Petty trading	5	(5.3)	0	(0.0)	18.85	5	.002
	Artisan	15	(15.9)					
	Student	36	(38.3)	0	(0.0)			
	Civil/public servant	15	(15.9)	8	(57.1)			
	Private sector employee	13	(13.8)	1	(7.1)			
	Self employed	10	(10.6)	3	(21.4)			
				2	(14.3)			

Field work, 2022

The result of the Chi-square test on relationship between clients’ educational qualification and type of facility they seek care shows no significant association, $X^2(5) = 7.80$, $p = .148$. Bachelor’s degree was the most attained educational qualification by clients, represented by 36.3% in public facilities and 45.2% in private facilities. This indicates that clients have similar levels of education. Therefore, it is concluded that with $p > 0.05$, clients’ educational attainment is not associated with the type of facility they seek treatment.

The result of the Chi-square test on clients’ occupation and type of facility shows a significant association as $X^2(5), 18.85$, $p = .002$. The pattern of occupation distribution revealed that petty traders and artisans were not represented among clients in private facilities while these categories of occupation made up 21.2% in public facilities. Since $p < 0.05$, it is concluded that clients’ occupation is significantly associated with the type of facility they seek care.

Table 5 Type of Substance (s) Used by Clients in Public and Private Facilities

Substance(s) used	Public facilities		Private facilities		Total f %
	f	%	f	%	
Cannabis	13	(11.5%)	4	(12.9%)	17(11.8%)
Heroin	2	(1.8%)	0	(0.0%)	2(1.4%)
Opioid	3	(2.7%)	2	(6.5%)	5(3.5%)
Cocaine	19	(16.8%)	5	(16.1%)	24(16.7%)
Amphetamine	4	(3.5%)	1	(3.2%)	5(3.5%)
Methamphetamine	3	(2.7%)	0	(0.0%)	3(2.1%)
Alcohol	13	(11.5%)	6	(19.4%)	19(13.2%)
Pentazocine	4	(3.5%)	0	(0.0%)	4(2.8%)
Alcohol & Cannabis	5	(4.4%)	0	(0.0%)	5(3.5%)
Cocaine & opioid	9	(8.0%)	3	(9.7%)	12(8.3%)

Heroin & cocaine	5(4.4%)	5(16.1%)	10(6.9%)
Cannabis& Rophenol	9(8.0%)	3(9.7%)	12(8.3%)
Opiod, pentazocine & ketamine	7(6.2%)	0(0.0%)	7(4.9%)
Metaphetamine, Cannabis & Cigarette	7(6.2%)	0(0.0%)	7(4.9%)
Cannabis, Opiod, Codine & Ectasy	5(4.4%)	0(0.0%)	5(3.5%)
Tramadol, Diazepam, Alcohol, Rophenol& Cigarette	5(4.4%)	2(6.5%)	7(4.9%)
Total	113(100.0)	31(100.0)	144(100.0)

Field work, 2022

With regards to the type of substance used by respondents, table 5 reveals that most respondents in public facilities represented by 16.8%, used cocaine, followed by alcohol and cannabis as shown by 11.5% respectively, while in private facilities, alcohol was the most used substance as shown by 19.4%, followed by cocaine 16.1% and cocaine and heroin, 16.1%. The result indicates that cocaine was common among clients in public facilities while alcohol was common among clients in private facilities. The finding indicates that the primary substance of use differs between clients in public facilities and private facilities.

Table 6: Age at First Use of Substance by Clients in Public and Private Facilities

Age (years) at first use of substance	Public facilities		Private facilities		Total	
	f	%	f	%	f	%
13	1	(0.9%)	0	(0.0%)	1	(0.7%)
14	10	(8.8%)	0	(0.0%)	10	(6.9%)
15	21	(18.6%)	4	(12.9%)	25	(17.4%)
16	25	(22.1%)	1	(3.2%)	26	(18.1%)
17	22	(19.5%)	1	(3.2%)	23	(16.0%)
18	12	(10.6%)	9	(29.0%)	21	(14.6%)
19	3	(2.7%)	7	(22.6%)	10	(6.9%)
20	1	(0.9%)	3	(9.7%)	4	(2.8%)
22	0	(0.0%)	2	(6.5%)	2	(1.4%)
24	1	(0.9%)	1	(3.2%)	2	(1.4%)
25	6	(5.3%)	1	(3.2%)	7	(4.9%)
26	4	(3.5%)	0	(0.0%)	4	(2.8%)
27	4	(3.5%)	0	(0.0%)	4	(2.8%)
28	0	(0.0%)	2	(6.5%)	2	(1.4%)
29	2	(1.8%)	0	(0.0%)	2	(1.4%)
30	1	(0.9%)	0	(0.0%)	1	(0.7%)
Total	113	(100.0)	31	(100.0)	144	(100.0)

Field work, 2022

Most study participants, 22.1% in public facilities, first engaged in substance use at the age of 16 years while most clients, 29.0%, in private facilities engaged in substance misuse at the age of 18 years. The result indicates that clients in public facilities used hard substances

earlier than those in private facilities. The age of initiation into substance abuse among clients occurs at a stage in teenagers' life which is characterized by increased peer pressure and high curiosity. Often, peer pressure and curiosity led most teenagers to engage in substance misuse.

Discussion

The sex composition of clients revealed that all clients in private facilities were male while in public facilities, 11% of clients were females compared to 89% male. The finding on sex of clients that sought treatment from public and private facility did not align with the result of O'Grady, Surrat & Leve-Minzi's (2014) study in South Florida in the USA which reported more females in private facilities represented by 42.3% compared to 38.9% in public facilities. The reasons for the paucity of female clients in private facilities could be lack of female-centered treatment approach.

In terms of age distribution of clients, the study revealed that clients in private facilities were younger than clients in public facilities. The average age of clients in public facilities was 32 years compared to 27 years for those in private facilities. The result of the study is in line with the finding of O'Grady *et al.*, (2014) which had younger clients whose average age was 29 years in private facilities and older clients with the mean age of 33 years in public facilities. The reason inferred for younger clients in private facilities is the quality of the physical environment, recreational and sport facilities available in private than public facilities, which could be responsible for attracting younger clients to private facilities than public facilities. The younger age of clients in private facilities is an indication of early use of substance and onset of substance use disorder as well as early intervention among clients in private facilities.

On the marital status of clients, the result of this study showed that clients in private facilities belonged to single marital status while in public facilities, 61% were single, 27% married and 12% were either divorced/separated or widowed. The finding on marital status of clients in private facilities differs from Chie, *et al's* (2016) finding in a study conducted in Malaysia which reported that 13.3% of clients in private facilities were married. But the proportion of married clients in this study is in line with Chie *et al's* finding which reported that, 26.7% of clients were married in public facilities. Among the reasons adduced for the presence of other marital status especially the married in public facilities are shorter duration in residency as well as the low cost of treatment in public facilities compared to private facilities. The period away from children and spouse as well as the financial burden on the family may influence the married to seek care at public facilities.

With regards to the educational qualification of clients, most clients in public and private facilities have the bachelor's degrees, as shown by 45% in private facilities compared to 36% in public facilities. The result is similar to Chie *et al's* (2016) finding which reported that the level of educational qualification of clients in public and private facilities was similar. However, clients in this study have higher education while clients have upper secondary education in Chie *et al.*, (2016). Nonetheless, the finding on high level of formal education supports Okpataku *et al's* (2014) finding in a study conducted in Zaria. The reason for the high level of educational attainment among the study participants is because majority of them were students. The result of this study suggests that a high proportion of individuals that seek treatment have attained high levels of formal education. The finding reflects the role of educational attainment in seeking treatment for substance use disorder.

Conclusion and Recommendations

The client population served by public facilities with respect to socio-demographic profiles such as age, sex, marital status and occupation is different from that of private facilities. The lack of diversity in the composition of clients with respect to sex, age and marital status in private facilities indicates a gap in the population served.

The study therefore, recommends that:

- i. The managements of private treatment facilities should develop services and programmes that are tailored to the needs of females, adults in their middle and advanced age as well as the married and divorced.
- ii. The implementation of the programmes should go along with publicity directed at the underserved category of clients.
- iii. Incentives such as reduced cost of service for the identified category of clients need to be included in the plan as a means to increase patronage.

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