

# Use of Care and Care Arrangements for Pupils and Students Who Use Drugs in the Addiction Center in Grand-Bassam (Côte d'Ivoire)

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**Abstract:** The use of drug use by pupils and students is a global public health problem. This consumption has a considerable impact on the physical and psychological health as well as on the academic performance of pupils and students. *Objective:* To understand the modalities of care for pupils and students who use drugs received at the Addiction Center of Grand-Bassam. *Material and method:* This is a retrospective cross-sectional study with a descriptive purpose, carried out over a period of 03 months and which covered 52 files. *Results:* Patients had an age between 15 and 25 years (69.20%) with a male predominance (83%) and having a first-time early use (36.5%). 61.5% had an interruption of schooling. The demand for care was mainly therapeutic injunctions (84.5%). The consequences of this drug use were the deterioration of the physical and mental health of the users, making it difficult to continue their schooling. The main psychiatric pathologies encountered were transient acute delusional psychoses (36.5%) and schizophrenia (26.9%). The most widely used drug was cannabis (69.2%). 94% of the respondents had benefited from hospitalization against 6% followed by the ambulance. All patients admitted to the centre had received withdrawal, antipsychotic treatment and psychotherapy. 85.7% of patients had a length of hospitalization of more than 30 days. *Conclusion:* This would achieve quality care for pupils and students who use drugs by encouraging the use of free care among this population, but also by increasing the number of adapted specialized structures that will use teams of specialized therapists.

**Keywords:** Therapeutic Injunction-Psychopathological Profile, Pupils and Students, Drug Users

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## 1. Introduction

The use of psycho-active substances commonly known as drugs is a global public health problem. In the INHO Report [14], WHO estimates that the global burden of disease attributable to alcohol and illicit drug use accounts for 5.4% of the total burden of disease [12]. This problem affects a significant segment of the most vulnerable population

according to the WHO: youth, the future of any nation [10]. Drug use by pupils and students causes serious psychiatric and somatic disorders on the health of the user [7]. This consumption is at the origin of both disciplinary and criminal sanctions [10]. It causes a deterioration in the user's quality of life as well as family dynamics [3]. Faced with the seriousness of the problem of drug use, many measures have been taken to curb it [2]. Specialized centers in addictology have been created. The purpose of these centers is to ensure

the care and reintegration of users. Unfortunately, many relapses jeopardize the prognosis of school reintegration. In Côte d'Ivoire, with the involvement of health authorities, various specialized public and private structures have been created. Among these, we have the *Centre de Recherche, de Formation et de Lutte contre la Drogue (CRFLD)*. It is in this center that we decided to conduct this study based on the analysis of the files of students and students who use drugs from 2012 to 2017. The aim of this study was to contribute to improving the care of pupils and students who use drugs.

The purpose was to omit the procedures for the care of pupils and students who use drugs received at the Grand-Bassam addiction center.

## 2. Methodology

This research was part of the CRFLD of Grand Bassam in Côte d'Ivoire. This was a retrospective cross-sectional study with descriptive purposes on the records of students who used drugs followed in this center from 2012 to 2017. The data collected in each patient file were provided on individual survey sheets containing socio-demographic variables, clinical and addictive profile as well as management modalities. Students and/or students who use drugs admitted to the CRFLD regardless of gender were included in our study. Patients who were received outside of 2012 to 2017 were not included in our study. The data collected was analyzed using epi-Info software. Anonymous processing of files was respected. According to the selection criteria, 52 out of 195 files of pupils and students who used drugs were selected.

## 3. Results

Males accounted for 83% of the study population with a sex ratio of 4.77 and 69.20% had an age between 15 and 25 years. 61.5% had used the drug for the first time at an age between 15 and 25 years. These pupils and students lived in single-parent situations representing 31% and 34.6% were from blended families. 61.5% of the respondents had their schooling interrupted against 29% currently in school but who also present academic difficulties, although the educational level of the respondents was in 52% of cases secondary school. The demand for care was essentially therapeutic injunctions in 67% of cases despite the adverse effects on schooling in almost all pupils and students as well as on physical and mental health in 94%. 76.9% of respondents are in more than one care in a medical facility for drug users. Transient acute psychotic disorders accounted for 36.5% of psychiatric pathologies encountered in these users. Among these users, 19.9% had somatic pathologies (HIV, Hepatic, Pneumonitis) associated with drug use. 25% of pupils and students said that forgetting worries was the main reason for drug initiation and the most used drug was cannabis with 69.2%. Almost all respondents are poly-consumers in 92.3% of cases. 44.20% of users used the drug by the smoked route and school is the preferred place for drug

consumption in 26.9%. 94% of the respondents had been hospitalized against 6% followed by the street. All patients admitted to the center had received withdrawal, antipsychotic treatment and psychotherapy. 86% of patients had a length of hospital stay of more than 30 days.

## 4. Discussion

### 4.1. Socio-demographic Profile

The young age of drug users could be a factor favoring drug use because of their vulnerability as shown by the Lago study which indicated that 50% of drug users were between 15 and 25 years old [5] in Ivory coast. In recent study in Nigeria, the mean age of the drug users was 20 years. The proportions of female and male students were 58.9% and 41.1% [6]. The precocity of consumption is explained by the fact that they are mostly pre-adolescents and young adolescents in the phase of experimentation with the realities of life. In addition, the variability of the figures found would be the fact that consumption concerning these ages is growing strongly. Indeed, they are looking for experiences, identification, and adventures as Lamas states: "adolescence is the privileged period of experimentation with psychoactive substances [6]. Regardless of the parent the user lives with and the type of family from which they come, the risks of drug use are present. This observation is evocative. Indeed, traditionally, the constituted family that would be a protective factor would be losing this role. This could be the fact that the conflicting family situation plays an important role in drug use. One of the causes of failure in schools could be explained by the high use of drugs in this environment. Marcell D. translates it well when he says: "When drug use becomes problematic, it is accompanied by poor performance and dropping out of school [8].

### 4.2. Clinical and Addictive Profile

The use of care is in most cases by a third party. It is the entourage that most often perceives the devastating effects and that will force it to be taken care of as the Koutouan study where 74.3% of the request does not come from the user [4]. The reasons for the use of care are most often due to the disastrous consequences that show the impact of consumption on all living standards of the user. Hence the importance of early and quality care. The fact of having been taken care of several times could be explained by the fact that the users really do not adhere to the treatment and have become problematic (dependent) users. They could submit to care contracts either to comply with the wishes of the parents or to escape criminal sanctions." Cannabis is the most commonly used drug. This is explained by the availability of cannabis, alcohol and tobacco. According to Albin Michel for a long time, the attention of professionals was focused on so-called hard drugs and their effects; the other so-called soft ones did not cause any concern [1]. Today, their consumption has increased significantly, making cannabis a mass consumer product. However, the most popular places were

schools and universities, smoking rooms. Increasingly, there is a growing awareness that schools and universities responsible for education are losing their primary role. A change in the mapping of places of consumption tends to make the school one of the places prized for consumption. One would understand why they did not hesitate to take risks by using consumption routes to have faster effects such as the smoked way. As for the reasons for the drug initiation of our respondents, they were diverse but dominated by the forget-and-mindedness of worries. These results are different from those of Koutouan who found that 70% of his respondents first used the drugs by group effect associated with curiosity [4]. Forgetting worries, would be due to the stress related to studies or conflicts within family homes.

According to Obadeji A and al., drugs education initiated in primary school and services aimed at promoting the mental wellbeing of adolescents may go a long way in decreasing substance use among this population [7].

All respondents developed psychiatric disorders in parallel with their drug use. This is practically the same observation made by Samassi [15] when he stated that systematic studies of diagnosis show that (80%) of patients diagnosed with drug addiction also suffer from psychiatric disorders [13]. Psychiatric disorders developed by pupils and students who use drugs could not enable them to pursue their studies properly. Indeed, for Naplan [11], the repeated use of drugs promotes difficulties in concentration, memorization that can lead to dropping out of school [9]. This aspect of the study shows the harmful nature of drugs on the mental health of the user but also on his schooling. In addition, the survey had revealed the occurrence of organic pathologies such as HIV, hepatitis C as found in a minority (3%) of the respondents of Samassi [13]. This could complicate the care that will have to be done at several levels.

#### 4.3. The Modalities of Care

The fourth of all our respondents had benefited from hospitalization for better care. The modalities of management of this center oriented towards the systematic weaning of all patients would explain this high rate of hospitalization. Isolating the patient from his supply site, his consumption environment could be an important factor in stopping consumption they had also received drug and non-drug treatment. The long stay of our respondents under duress could be explained by the problem of their consumption which requires a longer hospital stay which is based on motivational principles. Thus, this will make it possible to establish with them an individualized therapeutic project and an adapted care.

## 5. Conclusion

From our retrospective study from 2012 to 2017 we found that this phenomenon is common among young people aged 15 to 25 with a predominance of the male gender. The age of onset of consumption is becoming earlier and earlier. We found that our subjects were predominantly dependent and had psychiatric disorders and

severe somatic pathologies. Unfortunately, recourse to care does not emanate from themselves but rather from a parental, judicial injunction whose expectations differ from their own. This does not promote the subject's adherence to the care project and the provider's free will. This situation remains one of the striking factors of the many hospitalizations because of the constraint that essentially characterizes this care. This would achieve quality care for pupils and students who use drugs by encouraging the use of free care among this population, but also by increasing the number of adapted specialized structures that will use teams of specialized therapists.

## Appendix

Table 1. Epidemiological data.

Variable studied	Frequency (N=52)	Percentage (%)
<i>sex</i>		
Man	43	83
Woman	9	17
<i>Age of first use</i>		
≤ 15 years old	19	36
16- 25 years	32	62
26- 35 years	1	2
<i>Family type</i>		
polygamous	4	8
monogamous	12	23
Single Parent	16	31
Reconstituted	20	38
<i>schooling</i>		
out of school	35	67
still in school	17	33

Table 2. Clinical Data.

Variable studied	Frequency (N=52)	Percentage (%)
<i>Method of admission</i>		
The patient himself	4	8
Judicial authority	9	17
The school	3	6
The family	28	54
The hospital	8	15
<i>Reason for admission</i>		
Adverse effects on schooling	52	100
Adverse effects on physical and mental health	49	94
Criminal sanctions	6	11
Distance from those around him	10	19
Financial problems related to addiction	19	36
Other	5	9
<i>Associated psychiatric disorders</i>		
Depression	4	8
schizophrenia	14	27
manic access	7	13
bipolar disorder	2	4
transient acute psychotic disorder	19	37
Other	6	11
<i>associated organic disorders</i>		
VIH	4	7,7
Hepatitis C	3	5,8
Pneumonia	1	1,9
Other	2	3,8
Absence of organic disorders	42	80,8

Table 3. Addictive data.

Variable studied	Frequency (N=52)	Percentage (%)
substances consumed		
Cannabis	36	69,2
Cocaine	18	34,6
Tobacco	16	30,8
Alcohol	15	28,8
Heroin	8	15,4
Benzodiazepine	4	7,7
Amphetamine	4	7,7
Ecstasy	1	1,9
Other	22	42,3
Drug initiation reasons		
Relaxation and entertainment	5	9,6
Curiosity	11	21,2
Forgetting worries	13	25
Group membership	7	13,5
Improved performance	1	2
Other	15	28,7
type of consumption		
mono consumption	4	8
poly consumption	48	92
frequency of consumption		
Daily	36	69
Weekly	5	10
Monthly	5	10
Circumstantial	6	11
place of consumption		
School	18	35
Boarding school	6	11
Smokehouse	16	31
Home	8	15
Unfinished house	4	8

Table 4. Therapeutic Data.

Variable studied	Frequency (N=52)	Percentage (%)
Method of taking	49	94
hospitalization	3	6
ambulatory		
proposed treatment	52	100
weaning	52	100
Neuroleptic	52	100
Psychotherapy		
Length of hospitalization		
Less than a month	7	14
More than a month	42	86

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