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PATTERNS OF SUBSTANCE USE AMONG INTERNALLY DISPLACED PERSONS IN BORNO STATE, NIGERIA

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ABSTRACT

The activities of Boko Haram in the past eight years have forced over a million people to flee their homes. This has resulted in individuals living in internally displaced people (IDP) camps and host communities, leading to crises such as psychological disorders and drug abuse. This study investigated patterns of drugs use among these IDPs in Borno State, Nigeria, using a mix method (qualitative, quantitative and observations) approach. A total of 137 participants comprising of 135 (98.5%) males and 2 (1.5%) females (age range of 16-42 years) were purposively selected. Also, 77 (56.2%) participants were selected in Maiduguri and 60 (43.8%) in Bama. The WHO Youth Drug Survey Questionnaire (WHOYDSQ) was used for data collection. The quantitative data were analyzed using descriptive techniques; qualitative data were transcribed. The findings of objective 1 showed that a majority of the respondents who reported using rugs did so frequently, using them on > 20 days a month. The findings of Objective 2 indicate that the most commonly used drugs are tobacco product, sniffing or inhaled things to get high, sedatives and cannabis. Objective 3findings showed that friends and family were the major sources of introduction to drug use. Enjoyment, relief from psychological distress, and to be sociable, were the main reasons why IDPs take drugs, consistent with the findings of Objective 4. Objective 5 showed that there are presently no organizations working in camps and host communities to tackle the problem of drug abuse. The study recommends using psychotherapy and psycho-education as the main interventions to control the serious problem of drug abuse among IDPs.

Keywords: Drug Use, IDPs, Camp, Host Community

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INTRODUCTION

Large-scale displacement of people due to destruction of homes and environment, religious or political persecution or economic necessities are consequences of conflicts and disasters (Owoaje, Uchendu, Ajayi & Cadmus, 2017). These internally displaced persons (IDPs) are 'persons or groups of people who have been forced or obliged to flee or leave their homes or places of habitual residence, in particular as a result of, or in order to avoid the effects of armed conflicts, situations of generalised violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognised state border' (United Nations Commission on Human Rights, 1998). They are distinct from refugees who are displaced outside their national borders. Furthermore, IDPs are often more disadvantaged than refugees because they do not benefit from assistance provided by international agencies unless the national government requests such assistance (United Nations Commission on Human Rights, 1998).

In Nigeria, the insurgent activities of Boko Haram in the past decade have forced over a million people to flee their homes. This has resulted in an unprecedented humanitarian crisis in the northeastern part of the country and the Lake Chad region (Norwegian Refugee Council, 2016). There are various crises such as health problems, teenage prostitution, pregnancy, food insufficiency, lack of shelter, insecurity, mental illness, substance abuse and other disorders that are experienced by the displaced persons living in camps and host communities. The current study focused on only one of the above-mentioned crises – drug abuse among IDPs in camps and host communities.

Drug use among IDPs in the conflict-ravaged North East region of Nigeria is a neglected area of research and public health. Researchers have tended to focus on other areas that examine the causes and consequences, as well as the living conditions of IDPs. Organizations and governments, on their part, have focused mostly on food, shelter, etc., neglecting substance use among the displaced persons. However, displacement areas are important risk environments for drug use as well as the development of substance-related harms, such as HIV infection (Ezard et al., 2011).

The IDPs who lose their social, legal, shelter and economic ties suffer considerable physical and psychological hardship (Kett, 2005). They often face special difficulties not experienced by other conflict-affected groups that make their livelihoods insecure. Specifically, these are difficulties related to re-establishing livelihoods in areas of temporary settlement or reintegration into unstable areas when traditional means of livelihoods are no longer viable (World Food Programme, 2000). On the one hand, IDPs do have special needs; on the other hand, there is a growing consensus that IDPs ought not be singled out for special treatment. Consequently, people may not wish to be classified as IDPs and may incur even greater psychological and security risks (Hines & Balletto, 2002). This loss of social, legal, shelter and economic standing, as well as difficulties in re-establishing livelihoods are presumed to push IDPs into drug use. The likelihood that IDPs could resort to drug use as a coping mechanism has been a serious concern to the government of Borno State and indeed the Federal

Government of Nigeria (Ola, 2016). Even before the insurgency, Borno State had been known as a major hub for illicit drug trafficking, with merchants in this area said to have served as links from West Africa through the Central African Republic to Europe (Ola, 2016).

Children in North East Nigeria are also involved in drug use (Mamman, Othman & Lian, 2014), and probably have other psychological disorders resulting from the effects of the Boko Haram insurgency (Adepelumi, 2018). This insurgency-related violence and military counter operations have severely increased the prevalence of substance use by affected children and adolescent boys and girls. Women and girls abducted by Boko Haram, survivors of rape, and children born out of sexual violence face stigmatization and often rejection from their communities upon their return (UNICEF/International Alert, 2016). These girls, women and their children are often feared by communities and ostracized from society as they are often suspected as Boko Haram sympathizers (UN OCHA, 2016). Unaccompanied and separated children (UASC) that are not identified and provided with safe alternative care struggle to access basic needs, and are at an increased risk of drug abuse (Plan International, 2017). The above shows that the issue of drug use by IDPs in Nigeria's North East is critical. Besides the above mentioned, most of the children have also lost friends and family members, are experiencing deterioration in living conditions, lack access to services such as schools and health care, have accumulated stress and are experiencing increase military presence as well as divisions in their communities (UN OCHA, 2016). This has made displaced persons as well as separated and unaccompanied children at heightened risk of drug use disorders.

Additionally, children recruited or adducted by Boko Haram are exposed to violence, substance use, and harsh working conditions and are often forced to commit violence. Similar to girls and women who have escaped or been rescued from Boko Haram, these young people are met with hostilities in their communities and their families upon return – whether or not they "willingly" participated in hostilities (UNICEF, 2017). This conflict has thus put these children at particular risk of drug use disorders.

Even though people who use drugs in IDP camps and host communities in Borno State consist of older adults, youths and children, the major users of illicit drugs are children in their late teens and young adults. According to 2013 statistics provided by Nigerian Opinion Polls, these people are mostly between 19 to 29 years of age. Unlike regular homes where parents can exercise a level of control over the activities of their children, parents in IDP camps have little or no control. However, drug abuse could be a coping mechanism of sorts for those in IDP camps. People who are homeless often turn to drugs and alcohol to cope with their situations. They use substances in an attempt to attain temporary relief from their problems.

The severe disruption in the daily lives and activities of communities and individuals due to insurgency has had a profound negative effect on the people living in the affected states. These individuals can no longer gain access to their homes, savings, farmland, family, love, and social support. Evidence from conflicts in other parts of the world suggests that psychological problems such as depression, trauma, posttraumatic stress disorder, anxiety,

fear, stress, etc may escalate during conflicts and fuel drug use and abuse. Yet, there have been no such corresponding studies conducted to examine the nature of the insurgency-ravaged conflicts on the drug use among communities in the North East region of Nigeria. The present study set forth to address this shortcoming by investigating the patterns of druguse/abuse by IDPs in camps and host communities in Borno State. The study also explored the feasibility of drug abuse treatment programming in IDP camps and host communities, and sought to identify ongoing humanitarian responses being implemented in the camps, and whether government and non-governmental organizations could leverage and implement drug abuse prevention, care and treatment services in IDP camps and host communities.

1.3 Objectives of the Study

i. To identify patterns of substance use by IDPs in camps and host communities.
ii. To identify substances commonly used by IDPs in camps and host communities.
iii. To identify sources of influence of drug use by IDPs in camps and host communities.
iv. To identify reasons why IDPs use drugs in camps and host communities.
v. To identify organizations and other stakeholders working in the IDP camps and host communities to tackle issues of drug and substance use/abuse

METHOD

Participants

A total of 137 participants (135 males and 2 females) were selected using non-probability sampling. The age range was 16-42 years. Of this number, 74 (54%) were living in IDP camps, 36 (26.3%) in host communities, 14 (10.2%) were living with their parents/other relatives in the host community/camp, and 13 (9.5%) were with friends in the host community/camp. Seventy seven (56.2%) were selected in Maiduguri, and 60 (43.8%) were from Bama.

Location of the study: There were two main locations for the study – Maiduguri, the Borno state capital and Bama local government area, Borno State. Bama the second largest local government area in Borno was completely destroyed by the activities of insurgency and counter insurgency. The towns have many IDP camps and many host communities where IDPs currently take refugee due to on-going activities of insurgency and counter insurgency.

Instruments/Materials

Tools were developed to obtain responses from participants covering the research objectives and comprised focused group discussions (FGD) with adult males, females and young girls/boys in the community, key informant interviews (KII) conducted with MDAs, security organizations and NGOs, case study and observational walks for qualitative data. The FGD and KII tools were pretested and the necessary observations effected before administering to the targeted study participants.

For quantitative data, a standardized questionnaire developed by WHO known as Youth Drug Survey Questionnaire (WHOYDSQ) was adapted from the work of Haddad (2015). This questionnaire was developed and standardized by the World

Health Organization in collaboration with the United Nations Fund for Drugs Abuse and Control among youths and secondary schools students. The questionnaire was developed for studies of non-medical drug use among youths, soldiers and prisoners. The WHOYDSQ consists of 32 items that are either open- or close-ended. The close-ended items each has a stem and a response (alternative) options from where the respondents could check the response most applicable to them. We recruited and trained research assistants to administer the research tool.

Key informant interviews (KIIs): We held key informant interviews (KII) with purposively selected key informants. The informants were persons considered as critical stakeholders in drug and substance use and deemed to be knowledgeable about the goings on in the IDP camps and host communities regarding drug use and abuse. For purposes of quality and ease of cross-referencing, a set of questions were developed to guide the KII. We took noted and had tape recordings of the interviews; these tapes were transcribed at the conclusion of the sessions. The KIIs covered national, state, local government and community level stakeholders, including NDLEA, Ministry of Women Affairs and Youth Development, security agencies and NGOs. These organizations were selected using convenient sampling.

Focus group discussions (FGDs): FGDs were conducted in the camps and host communities in Maiduguri and Bama local government areas of Borno State. The FGDs involved 10 persons with common characteristics of being adult male, adult female, young boys and young girls residing in the camps and host communities. Classification was considered on these grounds to ensure free communication and free flow of information. A total of 3 FGD sessions were conducted in each IDP camp and host community that were sampled. The FGDs were held separately for adult males, adult females and adolescent girls/boys. Participants were members of the IDP camp or host community who were knowledgeable about drug and substance use or who used drugs. Prior to making these FGDs we contacted and informed camp officials and community leaders about the study. Community leaders and gate keepers were used to identify individuals to participate in the FGD. To ensure a focused discussion, we developed and used an FGD guide to moderate the FGD sessions.

Observation walks. We used observations to assess slumps, likely structures or places for drug use in the camps and host communities. A scanning of the environment revealed individuals taking drugs and trading drugs/substances. An assessment guide was developed and used to guide the observation.

Design

We utilized a mixed method (qualitative, quantitative and observations) approach for this study to gain generalized and in-depth understanding of the issues relating to patterns of substance use among the IDPs. This mixed method technique enabled the acquisition of specific data needed to cover the five objectives of the study.

RESULTS

The quantitative data were analyzed using descriptive statistics; the qualitative

data were recorded and transcribed verbatim. We then analyzed the transcribed interviews and discussions using the thematic approach (objectives formulated). Prior to data analyses, several issues were resolved to ensure reliability. These were; accuracy of data entry and missing values. Accuracy of the data was verified through examination of descriptive statistics. For missing values in the scale, data were not replaced for that particular item. This was because some participants did not respond to some of the items on the scales, therefore their entire scores were not included.

Objective 1: To identify patterns of substance use by IDPs in camps and host communities

Table 1 shows the patterns of drug use in days per month based on current use. The results show that more than half of current users of each of the substances take them frequently, using them on > 20 days in a month except alcohol and sniffing or inhaling other things. This constitutes the abuse of these drugs, and applies mostly to tobacco, cannabis, amphetamines or other stimulants and sniffing or inhaling other things to get high.

Objective 2: To identify substances commonly used by IDPs in camps and host communities.

Results in Table 2 show the psychoactive substance commonly used among the respondents. A majority of the respondents 135 (98.5%) reported using amphetamines and other stimulants. This was followed by tobacco products 127 (92.7%), sniffed or inhaled substances and sedatives tied for third at 121 (88.3%) each. The other highly used substances were cannabis 91 (66.4%), other drugs not mentioned 27 (19.7%), and opiates 25 (18.2%).

Supporting this quantitative finding with qualitative analyses showed that during focus group discussions, a majority of the respondents said they used tobacco, sniffed and inhaled swage system and other things to get high. Many also professed to using cannabis in the camp and host community. A majority of the

Table 1. Patterns of drug use in days per month based on current use

Psychoactive Substances	Pattern in days per month			
	Non users	1-5 days	6-19 days	>20 days
Tobacco products	18 (13.1%)			119 (86.9%)
Alcoholic beverage	111 (75.9%)	11(8.0%)	10 (7.3%)	5 (3.6%)
Cannabis	51 (37.2%)	8 (5.8%)	10 (7.3%)	68(49.6%)
Cocaine	135 (98.5%)	-	-	2 (1.5%)
Amphetamines or other stimulants	12 (8.8%)	17 (12.4%)	21 (15.3%)	87 (63.5)
Hallucinogen	135 (98.5%)	2 (1.5%)	-	-
Sniffed or inhaled things to get high	12 (8.8%)	62 (45.3%)	34(24.8%)	29 (221.2%)
Tranquillizers	135(98.5%)	2 (1.5%)	-	-
Sedatives	121(88.3%)	4 (2.9%)	4 (2.9%)	8 (5.8%)
Opium	131 (95.6%)	2 (1.5%)	2 (1.5%)	2 (1.5%)
Heroin	131(95.6%)	4 (2.9%)	-	2(1.5%)
Other Opiates	110 (80.3%)	2 (1.5%)	20 (14.6%)	5 (3.6%)

Table 2. Substances commonly used by IDPs in camps and host communities

Psychoactive Substances	Frequency	Percentage
Tobacco products	127	92.7
Alcoholic beverage	33	24.1
Cannabis	91	66.4
Cocaine	2	1.5
Amphetamines and other stimulants	135	98.5
Hallucinogen	6	4.4
Sniffed or inhaled things to get high	121	88.3
Tranquillizers	-	-
Sedatives	121	88.3
Opium	6	4.4
Heroin	6	4.4
Other Opiates	25	18.2
Other drugs not mentioned	27	19.7
Total		

participants who took part in the focus group discussions confirmed that tobacco and cannabis were the most readily available drugs and largely the basis for their being some of the most commonly used psychoactive substances. Additionally, results of the key informant interviews showed that tobacco and cannabis as well as sniffing of things were the most commonly used drugs in the camp and host communities.

Objective 3: To identify sources of influence of drug use by IDPs in camps and host communities.

The results in Table 3 show that a majority of respondents who use psychoactive substances were introduced to the various drugs by their friends 83 (60.6%), and family members 37 (27.0%). This finding highlights the possible negative influence of family break down or crises can have on an individual.

Objective 4: To identify reasons why IDPs use drugs in camps and host communities

Table 4 shows the reasons for drug use among the IDPs. The major reasons for non-medical use of drugs include enjoyment 45 (32.8%); relief psychological

Table 3. Sources of Introduction to Non-medical Drug Use

Sources	Frequency	Percentage
Family	37	27.0
Casual acquaintance	4	2.9
Friends	83	60.6
Drug pusher	5	3.6
Other health practitioners	2	1.5
Other (Work nature (CJTF), self)	6	4.4
Total	137	100.0

Table 4. Reasons why IDPs use drugs in camps and host communities

Reasons	Frequency	Percentage
Religious custom	2	1.5
To be accepted by others	1	.7
To be sociable	24	17.5
Enjoyment	45	32.8
Enhancement of sex	7	5.1
Curiosity	1	.7
Treatment of health disorder	2	1.5
Relief to psychological stress	36	26.3
Relief of cold, hunger, or fatigue	5	3.6
Improvement of work performance	11	8.0
Don't know	3	2.2
Total	137	100.0

distress 36 (26.3%); to be sociable 24 (17.5%); and to improve work performance 11 (8.0). Results of the FGD showed that participants cited the relief from psychological distress as a result of living in camps and host communities due to the Boko Haram insurgency as one of the main reasons for using drugs. Other factors that emerged from the FGD for why the participants engaged in drug use included trauma resulting from loss of villages, properties, and loved ones. Furthermore, traumatic experiences, depression, stress, and idleness at the camps and host communities emerged in the discussions as contributory factors for initiating drug use. For example, a participant in the FGD stated:

> *"One of the major reasons they engage in drug taking is lack of engagement in activities like work, businesses, etc. because sitting just like that at home makes them to have useless thoughts so taking drugs makes them feel better and sleep fine. As a result of this idleness, they don't need anyone to introduce them into drugs."*

An another participant in the FGD stated thus:

> *"I can say that the lost of villages, lost of loved ones, properties, life earnings, sounds of guns, bombs have us to engage into drugs. There is no day that we don't talk about all that has happened to us in the hands of Boko Haram and there seems to be no end to this crisis, no help to enable us forget all that has happened to us. This makes us take drugs which help us to forget our experience in the hands of Boko Haram and the suffering we are going through."*

These views from participants in the FGD indicate that relief psychological distress caused by Boko Haram is a major reason why IDPs in camps and host communities have actively engaged in drug use and abuse.

Objective 5: To identify organizations and other stakeholders working in the IDP camps and host communities to tackle issues of drug and substance use/abuse

Based on FGD and KII, no organization is actively involved in curbing psychoactive drug use among IDPs in camps and host communities. This may be due to lack of knowledge and capacity of service providers to integrate drug use and abuse control into their programs. The capacity of humanitarian agencies working with IDPs is considered important to drug use control. Some of the organizations do not have technical skills in drug prevention programming. Some members of NGOs interviewed who are involved in implementing services to IDPs reported lack of understanding on integrating drug use control in their programs. Government capacity on the other hand is weak as drug users openly use and trade drugs in camps and host communities without government interference.

Observation

Observation during the study showed that there are certain areas in the camps and host communities where people gathered to take drugs, and places where drugs are sold in the camps and host communities. The seller displayed different types of drugs before the researchers. The range of drugs displayed were cannabis, codeine, and other drugs that were combination of different roots and chemicals. The researchers observed that children, adolescents, female and adults were actively involved in drug use.

In terms of service providers, the researchers found no organization working towards curbing drug use among IDP drug users in the camps and host communities visited. In addition, people were seem smoking, sniffing and inhaling a variety of substances, during the observation.

DISCUSSION

This study set out to investigate the prevalence of drug abuse among IDPs in Borno state. We established five main objectives: to explore patterns of drug use and abuse, determine the most commonly used drugs, sources of introduction to drug use, reasons for drug use, and to identify the organizations working to combat the problem. The discussion is based on each of these objectives.

The findings on the patterns of drug use in days per month based on current use showed that among the current users of these substances, more than half used these drugs frequently, consuming them more than 20 days in a month, the main exceptions being alcohol and sniffing or inhaling other things. This constitutes the abuse of these drugs - mostly tobacco, cannabis, and amphetamines. It also represents a high level of drug use and abuse among IDPs in camps and host communities. These patterns of drug use in days per month are due to the availability of the drugs, as well as the money to buy drugs and cultural/religious practices. For instance, among the Muslims (major population for the study), alcohol is prohibited while amphetamines or other stimulants like kolanuts are used for cultural practices such as marriage ceremonies. This also explains the low rate of alcohol consumption among IDPs in the northern part of Nigeria. In non-Muslim portions of Nigeria, alcohol would likely have been among the most frequently used substances. The results are consistent with the findings by Haddad (2015) who found that most people use psychoactive substance in different ways. While some smoke tobacco and cannabis, others chew kolanuts.

Considering that people in IDP camps have limited resources, the report by the National Drug Law and Enforcement Agency (NDLEA), that illicit drugs such as cocaine are sold to addicts within the camp as well as those in the host community in Maiduguri is intriguing. It is difficult not to question where the addicts get the money to fund their addiction to illicit drugs. It is rather worrisome that drug addiction and smuggling thrive in the same IDP camps where hunger and malnutrition seem to be the order of the day (Omono, 2016). However, there are several truths about poverty and drug addiction that show the possibility of drug addicts purchasing illicit drugs in the most dire of circumstances to feed their addiction. According to Sea Cliff Recovery Center (based in United States), addicts that are low income earners often find themselves becoming addicted to illicit drugs regardless of their financial state. The suggestion is that illicit drugs are easy to get on the streets, and young people living in poverty become easy prey for drug dealers and addicts who tend to inhabit these areas. Young people in IDP camps and host communities live in similar environments and become targets of drug peddlers and can serve a dual purpose: they are introduced to drug use as future customers, and at the same time, serve as carriers for the already established drug addicts (Omono, 2016).

The study's findings also showed that the most commonly used drugs by the IDPs are amphetamines, tobacco products, sniffing or inhaling of things to get high, sedatives and cannabis. However, the most frequently consumed psychoactive substance among IDPs is kolanuts. This may be due to the several roles kolanuts play in social functions such as marriage and naming ceremonies, and other festivals in northern Nigeria. Therefore, kolanuts are socially approved and recognized. Another reason for high kolanut use is its ability to increase mental activity and alertness to keeping the respondents awake and alert (Haddad, 2015; Karch, 2005). It probably explains why tobacco (mostly used in the form of cigarettes by the people in the IDP camps), another highly addictive stimulant, had high rates of consumption by the respondents. Cigarette also enable the consumer to concentrate, and at the same time, enhance the likelihood of being accepted by their peers or substance-using adults they admire. Both cigarettes and kolanuts are cheaper and readily available. Moreover, cigarettes are accepted in the north, are readily available, and easy to carry, accounting for their high usage.

These findings are in line with those of Abasiobong, Atting, Bassey and Ekott (2005) who found that in Uyo 37(31.1%) of the participants used kola nuts, 54(45.4%) used sedative while more individuals from Eket, 47(34.8%) used tobacco cigarettes, 76(56.3%) used alcohol, and 25(15.6%) indian hemp (cannabis). In a similar study, Eneh and Stanley (2004) found that the commonly used drugs were alcohol, kolanuts, tobacco/cigarettes, in order of decreasing frequency. The least used was cocaine, just as found in the present study. However, the findings by Eneh and Stanley (2004) that alcohol was a commonly used drug is not consistent with the findings of the present study, as alcohol was not commonly consumed by the IDPs. This highlights the influence that cultural and religious beliefs have on types of substances used.

Regarding the sources of introduction to substance use, we found that friends

and family were the predominant sources from which people in IDP camps and host communities in the study area were introduced to drug use. This highlights the role of peer influence and peer pressure in drug use initiation. Furthermore, family crises may also prompt individuals into drug use. This appears to be one of the manifestations of the negative consequences of family breakdown from these types of conflicts. This, by implication, suggests that IDPs need psycho-education to enable them weave off the influence of peer introduction to drugs and other social vices.

With no work to do, no farms to work on, IDPs are the camps for almost 24 hours a day. Such continuous contacts make peer influences that are very strong to begin with, even stronger. When such peers resort to drug use, it is difficult for the young people to resist that pressure. On the part of the family, children whose parents take drugs are likely to do so through observational or vicarious learning. These adults serve as models that the children try to emulate. For instance, there are cases where some children started abusing drugs by snatching the drugs from either their mothers or fathers. For parents who smoke cigarettes, the children start by smoking the unfinished portions of the cigarette that is discarded by their parents. From there they graduate to taking some cigarette sticks from their parents' packs. Additionally, the inability of families to provide for their children in the camps may cause them to go out to source for means of livelihood by falling into the hands of drug users and drug peddlers who then get them involved in drug use.

This finding is consistent with that of Hanson (2010) who noted that teen smoking accounts for 85-90% of new smokers. Evidence has shown that children learn not only from real people (such as friend, parents and family members) but also from characters whose lives they witness and admit through the media. This tallies with the main postulations of the peer cluster theory (Oetting & Beauvais, 1986; Oetting, Edwards, Kelly, & Beauvais, 1997) that stresses the importance of peer relationships in influencing character. These applications of the peer cluster theory found that peers have a direct influence on adolescent drug use.

In terms of the motives for drug use, enjoyment emerged as the most commonly cited reason as to why IDPs use drugs, followed by the need to relieve psychological distress, and the desire to be sociable. To be acceptable by others, and curiosity accounted for the least likely reasons for drug using drugs. IDPs are experiencing high degree of psychological distress stemming from their experiences at the hands of Boko Haram, as well as having to live in camps and host communities. The Boko Haram insurgency has brought traumatic experiences to the IDPs. Despite their traumatic experiences, there are no therapeutic services available to enable them cope with these challenging experiences. Consequently, many have resorted to drug as a coping strategy. The findings of the present study from the FGD showed that the loss of villages, loved ones, properties, depression, and stress, and other traumatic experiences, emerged as the most commonly cited factors leading to most IDP drug use. These findings converge with those by Eneh and Stanley (2004) who found that the most common reasons people stated for use psychoactive substance were to relieve stress, feel good, and parental influence.

Organizations and other stakeholders working in the IDP camps and host communities to tackle issues of drug and substance use

However, other IDPs believe that they enjoy taking psychoactive drugs. According to Agwogie (2012), most drug users possibly started abusing illicit drugs after taking social drugs such as cigarettes, kola nuts, and alcohol. These are sometimes referred to as gate-way drugs. The desire for a "better feel" possibly made them to go for more dangerous substances of abuse. Despite the risk that the use of drug posed to the individual, family and society at large, there are currently no organizations consistently or reliably providing services aimed at preventing, controlling and treating drug addicts. This may be due to lack of knowledge and capacity of service providers to integrate drug use and abuse control into their programs. The capacity of humanitarian agencies working with IDPs is considered important to drug use control. Some of the organizations do not have technical skills in drug prevention programming.

To summarize, the present study uncovered the patterns of drug use among IDPs in Borno State. Two local governments were used for the study- Maiduguri and Bama Local Government Areas. Besides the pattern of drug use among IDPs, the study also revealed that drugs commonly used by IDPs include cigarettes, kolanuts, cannabis, and sniffing and inhaling other things to get high. The findings further revealed that a majority of the respondents reported that friends and family members constituted the major influences to their drug initiation. Regarding their reasons to use drugs, IDPs used drugs for the purpose of enjoyment and to relief psychological distress. Finally, the study found that despite the high rate of drug use among IDPs, no organizations are currently providing services aimed at curbing the menace of drug use among the IDPs.

Psychologists constitute a large number of health care workers responsible for treating drug use disorders. In light of these findings, we recommend that psychologists should be contacted and engaged to provide therapy and psycho-education to IDPs and the general public on the prevention, predisposing factors and signs and symptoms of drug use disorder. Psychologists should also provide psychotherapeutic interventions for victims of Boko Haram to enable them deal with their psychological distress, and to also provide therapeutic services to victims of drug abuse in their cessation efforts. Furthermore, psychologists should assist in caring for IDPs who are drugs addicts in the camps, host communities and the study area at large.

Government and non-governmental organizations should adopt preventive strategies of drug abuse. Federal, state, and local governments should ensure the enforcement of drug use laws in IDP camps and host communities. These various agencies should establish drug treatment centers in IDP camps and host communities.

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