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Research Article

Knowledge, Attitude and Psychoactive Substance Use Among Commercial Bus Drivers in Ikeja Local Government Area, Lagos

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ABSTRACT

Objectives: Introduction: Psychoactive substance use has been found to increase the risk of road traffic accidents among commercial drivers who belief that its use reduces job strain and combats fatigue. This study assessed the knowledge of, attitude to and the use of psychoactive substances among commercial bus drivers in Ikeja local government area (LGA) in Lagos State.

Methodology: A mixed method (quantitative and qualitative) descriptive crossectional study was carried out among commercial bus drivers aged 18 years and above in a motor park in Ikeja LGA. Chi square test was used for bivariate analysis and the level of significance set at $p < 0.05$.

Results: The mean age ± standard deviation of respondents was 43.82 ± 9.66 years with a higher proportion 127 (59.1%) having a secondary school education and 154 (71.6%) were intra-city drivers. The knowledge of psychoactive substances was good in 38(17.7%) of the respondents while 85 (39.5%) had a positive attitude towards its use. One hundred and fifty nine (73.9%) were at the stage of moderate addiction to these substances and the common substances used were Alcohol, 164(76.3%), Tobacco, 107 (49.8%) and cannabis, 76 (35.3%). There was a statistically significant association between age, ethnicity, marital status, duration of driving, bus ownership and income earned and psychoactive substance use.

Conclusion: Majority of the respondents had poor knowledge of psychoactive substances and those that actually used these substances were at the stage of moderate addiction. A regular health education session is recommended for this group.

INTRODUCTION

The services rendered by commercial drivers have a significant impact on the socioeconomic activities of a nation. In Nigeria, this is the main mode of transportation across the country including large proportion of the working population.[1] This underscores the importance of road transportation mostly provided by commercial drivers as an integral part of the functioning of Nigeria just like other developing economies of the world.[1]The use of psychoactive substances is common among commercial drivers because it is readily available at motor parks,[1,2] however, psychoactive substance use poses a significant threat to the health, social and economic fabric of families, communities and nations. The extent of worldwide psychoactive substance use is estimated at 2 billion alcohol users, 1.3 billion smokers and 185 million drug users.[3]

Some commercial bus drivers operate in a strenuous work environment and require long hours of concentration in order to stay focused and avert any possible disasters, some drivers are self-employed, and while others make monetary deliveries to the owners of the vehicles they drive.[4]In order to maximize profits, some commercial vehicle drivers are under pressure to make several trips a day and so depend on psychoactive substances to minimize stress and stay alert. It is the belief of some drivers that taking substances such as alcohol, cigarette, kola nut, marijuana, and other central nervous system stimulants will significantly improve their performance and keep sleep at bay for as long as possible.[4]

Hazardous use of alcohol is a public health problem and this accounts for about 4% of global disease burden,[5] however, the estimated annual consumption per capita of alcohol beverages between 2003 and 2005 was found to be higher in Nigeria with a consumption rate of 9.78 litres compared with 8.44 litres in the United States.[6]In Nigeria it is common to find alcohol being sold in or around the motor parks inform of herbal concoctions for the treatment of malaria and lower back aches popularly referred to as "Agbojedijedi".[7]

One of the commonest causes of road traffic accidents in Nigeria is sleeping at the wheel,[8] it has been reported that the risk of road traffic accidents was higher among commercial drivers who indulged in the use of psychoactive substances in order to stay alert and combat fatigue while driving for long hours,[4, 9]but paradoxically this leads to an increased risk of road traffic accidents.[4, 10]This study was therefore undertaken to assess the knowledge, attitude and psychoactive substance use and associated factors among commercial bus drivers in Ikeja local government area (LGA) in Lagos State, southwest Nigeria in order to develop information, education and communication (IEC) tools to educate this important workforce.

MATERIALS AND METHODS

The study area

This study was conducted in Ikeja LGA, the capital of Lagos State, with a population of over three hundred thousand and is located in the northwestern area of the state. Communities in the LGA include: Ojodu, Oregun, Opebi, Akiode, Alausa, Agindigbi, Ogba and Maryland.[11] There were six registered parks/ garages within the LGA.

Study design

A mixed method (quantitative and qualitative) descriptive cross sectional study was carried out among commercial bus drivers aged 18 years and above in the motor parks (intra-city and inter-city) using an interviewers' administered questionnaire.

Sample size determination

The minimum sample size for the study (n =226) was determined using Fisher's formula, with a standard normal deviate at 95% confidence interval (1.96), prevalence rate of 0.84,[12] and a 10% non-response rate.

Sampling techniques

Respondents were selected using a multi-stage sampling technique; one park was selected from the list of the six parks/garages in the LGA by simple random sampling there after consecutive recruitment of consenting drivers took place during their monthly meeting until the desired sampling size was attained.

Study instrument

The quantitative study instrument was adapted from the Global youth tobacco survey questionnaire (GYTS),[13] WHO Alcohol, Smoking and Substance involvement Screening Test (ASSIST) questionnaire and the Alcohol use disorder identification test (AUDIT) Questionnaire modules.[14]The questionnaire consisted of four sections: Section one assessed socio-demographics and other characteristics of the respondents. Section two assessed the driver's knowledge about psychoactive substances while section three assessed the driver's attitude towards psychoactive substance use. Section four assessed the driver's psychoactive substance use. [15]

For the qualitative aspect, a focus group discussion (FGD) guide was adapted from a previous study.[16] The FGD was used to assess the knowledge, attitude, use of psychoactive substances and health consequences among the drivers.

Data Collection

Quantitative data: Questionnaires were administered by trained research assistants recruited for the study with a minimum of secondary school certificate (SSCE). The research assistants were trained on the objectives of the study, the data collection tools and interviewing techniques. All consenting drivers who were registered with the National Union of Road Transport Workers (NURTW) were recruited into the study. The interviews were done in the motor park and at a time agreed by the union leader in order not to interfere with the respondents driving schedule.

Two focus group discussions (FGDs) were also conducted with the participants selected by convenience sampling among the drivers in the park. Each of the FGD sessions consisted of ten participants, a moderator, and a note taker. All session were tape recorded. During the discussion, the participants were allowed to discuss freely on the use of psychoactive substances. The discussants were on a round table where eye contact was achieved and they were encouraged to freely express their opinions. The FGDs were held at the motor park under a conducive environment and each session lasted one hour. The FGDs were conducted to elicit more information on the knowledge, attitude and practice concerning the use of psychoactive substances.

Data analysis

The quantitative data were checked manually for any errors and then entered into the computer system using the Software Statistical Package for Social Science Programme (SPSS) version 22.0. A knowledge grade was assigned to each respondent based on their total score. There were 26 questions to assess respondents' knowledge. Respondents were scored as poor (0 – 12), fair (13 – 19) and good (20 – 26).[17]A Likert scale (5 point) was used to grade attitude and it ranged from strongly agree to strongly disagree. Attitude was scored as negative (1-25) and positive (26-50) using mean score. Psychoactive substance use was scored based on the scoring based on the on the scoring system from the WHO (ASSIST) questionnaire as mild or no addiction(0-10),moderate addiction (11-26) and severe addiction (≥27).[18]

Results were presented in frequency distributions of relevant variables, means and standard deviations while Chi-square and Fisher's exact tests were used to assess association between categories. Level of significance was set at $p < 0.05$

For the Qualitative data analysis, all the recordings and the inserted notes of the discussion were transcribed verbatim within 48 hours by two trained research assistants. The transcripts were read several times by the lead researcher to identify emerging themes. A structured code book was developed and thematic analysis was done using ATLAS Ti version 6.

Ethical consideration

Ethical clearance was obtained from the Lagos State University Teaching Hospital Health research ethics committee. Permission to conduct the study was gotten from the chairman of the motor parks in addition to written informed consent which was obtained from each participant prior to enrolment in the study.

Limitations of the study

One potential limitation was the possibility of

reporting bias; this was because of the self-report nature of the data, however, the self-report method has been shown to be a valid means of assessing psychoactive substance use. [19]

RESULTS

Out of the 226 questionnaires collected for the study 215 were fit for analysis giving a response rate of 95%. Two thirds of the respondents 142 (66%) were in the age group 40 years and above with the mean age ± standard deviation of 43.82 ± 9.66 years. The majority of respondents 160 (74.4%) were of the Yoruba ethnic group while 127 (59.1%) and 169 (78.6%) were Christians and were married respectively. (Table 1)

A higher proportion of respondents, 127 (59.1%) had education up to secondary school with 114 (53.6%) who do not own a motor/ bus while154 (71.6%) were short distance (intra-city) drivers. The mean duration of driving reported by the respondents was 19.36 ± 8.72 years. Ninety-eight (45.6%) respondents had belonged to their respective motor parks for duration of 11-20 years and 96 (44.7%) earned between N10, 000 - N19, 999 per week. (Table 2)

Respondents' knowledge of psychoactive substances was good and poor in 38(17.7%) and 165(76.7%) respectively. The most common psychoactive substance known by respondents was Tobacco 203 (94.4%), Alcohol 194 (90.2%) and Cannabis 193 (89.8%). Eighty five (39.5%) had a positive attitude towards the use of psychoactive substances while 130 (60.5%) had negative attitude. With regards to practice, 164(76.3%), 107 (49.8%) and 76 (35.3%) of respondents reported the use of Alcohol, Tobacco and Cannabis respectively.(Table 3)One hundred and fifty nine (73.9%) respondents were at the stage of moderate addiction, while 159 (73.9%) had mild/ no addiction. (Table 4)

There was a statistically significant association between age, ethnicity, marital status, duration of driving, bus ownership and income earned and psychoactive substance use, while distance driven, level of education, religion and duration of park membership did not have any statistically significant association with psychoactive substance use. (Table 5)

Table 2: Socio economic characteristics of respondents.

Variable	Frequency (%) n=215
Level of Education	
None	9(4.2)
Primary	71(33.0)
Secondary	127(59.1)
Tertiary	8(3.7)
Bus Ownership	
Yes	101(17.0)
No	114(53.0)
Distance driven	
Short (intracity)	154(71.6)
Long (intercity)	61(28.4)
Driving duration	
less than 10 Years	50(23.3)
11 – 20	79(36.7)
21 – 30	70(32.6)
31 – 40	16(7.4)
Mean±SD	19.36±8.72
Duration of park membership	
less than 10	67(31.2)
11 – 20	98(45.6)
21 – 30	46(21.4)
31 – 40	4(1.9)
Mean±SD	15.76±7.55
income group	
Less than #10000	42(19.5)
#10,000 -# 19,999	96(44.7)
#20,000 - #29,999	51(23.7)
More than #30,00	26(12.1)
Mean±SD	16897.67±11872.33

Table 1: Socio demographic characteristics of the respondents

Variable	Frequency (%) n=215
Age (years)	
Less than 40	73(34.0)
40 and above	142(66.0)
Mean±SD	43.82±9.66
Ethnic Group	
Yoruba	160 (74.4)
Igbo	33(15.3)
Others	22(10.3)
Religion	
Christian	127(59.1)
Muslim	88(40.9)
Marital Status	
Married	169 (78.6)
Not Married	46(21.4)

Table 3: Knowledge of common Psychoactive Substances and overall knowledge score

Variable	Frequency(%) n=215
Tobacco as a psychoactive Substance	203(94.4%)
Cannabis as a psychoactive Substance	193(89.8)
Alcohol as a psychoactive Substance	194(90.2)
*Other substances	
Knowledge Grading	84(39.1)
Poor	165(76.7)
Fair	12(5.6)
Good	38(17.7)

*Codeine 24 (11.2%), kolanut 26 (12.1%), valium 12 (5.6%), cocaine 7 (3.3%), heroin 3 (1.4%), methanol 2 (0.9), gum 10 (4.6%).

**Knowledge score: Maximum score was 26. Poor = 0-12, Fair = 13-19, Good = 20-26

Table 4: Attitude of and psychoactive substance use of the respondents.

Attitude to use of Psychoactive Substances	Frequency (%) n=215
Positive	85(39.5)
Negative	30 (60.5)
Mean score	
Psychoactive substance used	Negative = 1-25, Positive = 26-50
Tobacco	107(49.8)
Alcohol	164 (76.3)
Cannabis	76 (35.3)
*Other substances	19 (8.8)
Psychoactive substance use classification	
Mild/no addiction	49(22.8)
Moderate addiction	159 (73.9)
Severe addiction	7 (3.3)

*Kolanut 14(6.5%, codeine 3(1.4) and gum (0.9%)

Table 5: Association between socio-demographic /socio-economic factors and psychoactive substance use.

		Study n= 215			
		No (%)	Yes (%)	$\chi 2$	p value
Age of Respondents	Less than 30 years old	2 (4.9)	15(8.6)	11.899	0.008
	30-39years old	4 (9.8)	52(29.9)		
	40-49years old	14(34.1)	60(34.5)		
	Atleast50 years old	21(51.2)	47(27.0)		
Distance Driven	Short (intracity)	26(63.4)	128(73.6)	1.682	0.195
	long (intercity)	15(36.6)	46(26.4)		
Level of Education	None	0(0.0)	9(5.2)	5.89	0.12
	Primary	9(22.0)	62(35.6)		
	Secondary	30(73.2)	97(55.7)		
	Tertiary	2(4.9)	6(3.4)		
Ethnic Group	Yoruba	36(87.8)	124(71.3)	4.77	0.029
	Others	5(12.2)	50(28.7)		
Marital Status	Not married	3(7.3)	43(24.7)	5.97	0.015
	Married	38(92.7)	131(75.3)		
Religion	Christian	25(61.0)	102(58.6)	0.08	0.783
	Muslim	6(39.0)	72(41.4)		
Bus Ownership	Yes	29(70.7)	72(41.4)	11.48	0.001
	No	12(29.3)	102(58.6)		
Driving duration	less than 10 Years	9(22.0)	41(23.6)	11.32	0.010
	11 – 20	11(26.8)	68(39.1)		
	21 – 30	13(31.7)	57(32.8)		
	31 – 40	8(19.5)	8(4.6)		
Duration of park Membership	less than 10 Years	12(29.3)	55(31.6)	4.91	0.18
	11 – 20	15(36.6)	83(47.7)		
	21 – 30	12(29.3)	34(19.5)		
	31 – 40	2(4.9)	2(1.1)		
Income	#10,000 -# 19,999	12(29.3)	84(48.3)	11.39	0.01
	#20,000 -#29,999	16(39.0)	35(20.1)		
	More than #30,000	8(19.5)	18(10.3)		

Qualitative data: Five Thematic areas were identified.

Thematic 1: Knowledge of psychoactive substance

Drivers were familiar with what psychoactive substances are. They described it as substances taken to keep them awake, to enhance performance.

Any substance that can help the driver to stay awake when sleepy. (Driver 1, FGD 1)

Psychoactive substances are known to enhance performance, users believe that when they take the alcohol it gingers them, and so makes them to work more than their expectation. (Driver 2, FGD 2)

Some of the psychoactive substance mentioned by participants include: Alcohol, codeine, cigarettes, cannabis, gum. They also mentioned some of the local names these substances are known by.

We call it maga Igbo (Yoruba language). This is to code so the public including passengers do not know what the drivers mean when discussions is about Indian- hemp. Another common name is eja, drivers often say they went to eja. (Driver 4, FGD 1)

Thematic 2: Psychoactive substance use

The psychoactive substances commonly used by drivers were: alcohol, cigarettes (tobacco) and cannabis. They also said they usually take it early in the morning.

About fifty percent or sixty percent of drivers get to the park early in the morning; they start their day with Chelsea sachet gin. (Driver 2, FGD 1) I take four or five mini packs of Chelsea or McDowell (gin) in the morning before I eat. (Driver 7, FGD1)

Some of the drivers use kola nuts while driving.

I dey take kola well well, you know say people weydey chop kola, the thing don master them. (Driver 9, FGD 1).

They also mentioned gum as a substance used by the drivers, it is usually inhaled.

Gum, some drivers use it. The very daring drivers, we call them the' hard guys', they use this gum. This gum differs from other substances like cigarette and alcohol. It is higher than those substances. Something like evostick, they inhale it. (Driver 2, FGD 1)

Thematic 3: Sources of psychoactive substance

Participants claimed that they don't have to go too far to get the psychoactive substances. They are available in the parks.

Alcohol in different forms is sold in and around the motor parks (Driver 2 FGD 2)

It is available in the park; you can see it down the street in this estate. (Driver 7 FGD 2)

Is it available everywhere, leave that one, where them they sell am you go get am sharp. (Driver 9 FGD 2)

Thematic 4: Reasons for taking psychoactive substance

There are various reasons why drivers take psychoactive substances. They include; a means of relaxation, peer pressure, spiritual reasons, as a form of medication, to enable them work and stay alert.

The drivers open the container of evostik gum and sniff it. It is stimulating; it will ginger you right from the bottom of your heart, it is more effective when compared to Igbo or alcohol. (Driver 2 FGD 1)

But anybody taking alcohol thinks it makes him work harder than his capacity. (Driver 2 FGD 2)

I use it for traditional reasons (Driver 6, FGD 1)

Doctor: that is another point, the spiritual leader, can tell them *to use alcohol. So you feel that spiritual leader either Alfa, pastor, or babalawo will make the driver to take substances and this will make them work fast at the end of the day, they will make more money. (Driver 7, FGD 2)*

Although many of the participants claimed to take psychoactive substance, some will have nothing to do with it because of the consequences.

I'm a confirmed driver, at 55years of age, I drive long distance including far away, like to the north without taking anything substance (alcohol, cigarettes). Those people using the substance are killing themselves, some have serious accident, because if they use the substance it, they think they can drive anywhere, and it is not so. (Driver 4 FGD 2)

From responses from participants alcohol sold in sachets seem to be the commonest psychoactive substance taken by the drivers.

Because of the content of the bottle is in larger quantities and more expensive. (Driver 4 FGD 2)

Some of the drivers expressed mixed feelings toward their use of psychoactive substances.

O*thers claimed they never took it at home or in the presence of family members because they don't want them to 'inherit' it.*

But if I come dey outside, make I tell you one thing , this thing wey I dey smoke, my woman no see am for my hand one day, I don marry, the woman weydey my house na, for over 18 years now, she never one day see smoke for my mouth. (Driver 9, FGD 1)

I don't allow my children know I smoke. (Driver 9 FGD 1)

Thematic 5: Consequences of psychoactive substances

Some of the participants agreed that psychoactive substance use does have some negative effects on individuals.

It affects their health in a bad way. (Driver 1 FGD 1)

People are used to alcohol, it can change their face, and it also affects their personality. (Driver 2 FGD 1)

Smoking generally, everybody knows it is bad, none of these things are good for the health, but the area of smoking and someone hears it, and smoking is faster, when one smokes, the kidney, livers and the heart will suffer it. Even the eyes , nose, mouth ,in fact everything will suffer it, so smoking is very dangerous, that is why they write it on the packet. (Driver 2 FGD 2)

The consequence of psychoactive substances according to the participants was dependence or addiction which may affect them physically

Dependence on Igbo is the main problem facing the drivers. (Driver 6 FGD 1)

Some of the drivers are hooked on these substances which is why they cannot do without taking it. (Driver 2, FGD 1).

Doctor, in terms of drivers, it makes them bold and they try different things on the road. (Driver 5 FGD 1)

DISCUSSION

The use of these psychoactive substances is quite common among commercial drivers, because of the general belief that it keeps them awake while driving for long hours, [4,9] however, the use of psychoactive substances increases risk of road traffic accidents and the development of non-

communicable diseases like lung cancer and liver disease Hazardous use of alcohol is a public health problem which accounts for 4% of global disease burden,[6]and in Nigeria alcohol is sold in and around parks where the drivers can easily accessed it.[7]. Proper education concerning the use of psychoactive substances can help deter its use among commercial drivers and so prevent the high occurrence of motor vehicle accidents and associated morbidities and mortalities.

About two thirds142 (66%) of respondents in this present study were in the age group forty years and above and the mean age (standard deviation) was 43.8(9.7%). This is the working population age group in any country and this suggests that there is no exception in the transport industry. This finding supports earlier studies where the mean age (standard deviation) was 44.7 (10.1) years and 44(10.4) years [4, 20]. The male preponderance noticed in this study is not surprising because in Nigeria, majority of the people in the transport industry are males. This finding is similar to the results of studies conducted elsewhere in Nigeria where all the commercial drivers were males.[7, 12, 20].

About two thirds of the respondents in this study 127 (59.1%) had secondary level of education. This is in keeping with findings from the Nigeria demographic and health survey (NDHS) where secondary school education was the most common form of education attained in Nigeria,[21] and other studies in Nigeria on psychoactive substance use among drivers; Uyo (45.6%) and Lagos (42.4%).[22, 7]In this study, majority of the respondents were married 169 (78.6%). This is expected because at that age, (the working population), majority should be married according to the reports of the NDHS [21], this findings is also in accordance with other reported findings where most of the respondents were married.[12, 15, 17]

Majority of the respondents 160 (74.4%) belonged to Yoruba ethnic group. This is expected since this study was conducted in Lagos State where Yoruba is the predominant ethnic group, and is similar to the result from another study that was conducted in Lagos among commercial drivers, where 58.9% of respondents belonged to the Yoruba tribe.[23]

In this present study, majority 154 (71.6%) of the drivers were short distance drivers, however, slightly above half of the respondents 114 (53%) did not own their own motor vehicle. Some of the respondents rent buses at the start of the day and make returns to the owners at the close of work. This is probably why they use these substances which they believe can keep sleep and fatigue at bay in order to work long hours.[4]

The mean duration of driving was 19.36 ± 8.72 years. This is comparable to studies done elsewhere in Nigeria,[4, 22] this suggests that most of the commercial drivers in Nigeria have substantive years of driving experience. The findings in this study showed that about less than half of the respondents 96(44.7%) earned between N10,000 - N19,999 per week, this is much higher to the result of a previous study conducted in Lagos, where about half of the drivers (47.3%) earned N10,000 per week, while the rest earned less than N10,000.[7]This is probably due to the present economic situation with the high inflation rate in the country and may be the driving force to the use of psychoactive substances to stay alert and awake so that they can make more trips per day in order to earn more money.

The availability of psychoactive substances in the motor parks and on the streets,7 seems to affect respondents knowledge of its health implications and socio economic consequences because in this study, the overall knowledge about psychoactive substances was poor 165 (76.7%) although majority of them had heard about alcohol, tobacco and cannabis, using this substances has become a norm. This was similar to the findings from a study conducted on the use of psychoactive substances among long distance drivers in Ilorin which reported that at least 60% respondents had heard or seen cigarettes (tobacco), alcohol, cannabis or other sedatives,[20] and the Lagos study in which the majority of the study participants had heard, seen or knew someone who used alcohol, tobacco, cannabis and caffeine.[7]Also from the FGDs, some of the substances the drivers had heard about included; alcohol, codeine, cigarette, cannabis and gum with little knowledge about the effects.

Thirty percent of the respondents reported that they acquired knowledge about psychoactive substances from co-workers which suggests that the negative influence of co-worker is an important factor to be addressed. Also in this study, most of the respondents had poor knowledge of the complications of psychoactive substances.

The proportion of the respondents that had a negative attitude was 130 (60.5%). This supports the findings from a study conducted among commercial drivers in Ghana, where majority of the respondents understood that drunk driving was a significant risk factor for accidents, these drivers however, did not believe that alcohol drinking before driving could lead to car accidents,[24]their opinion was that only extremely intoxicated drivers were at risk of causing accidents and they also felt that drinking alcohol causes relaxation, releases inhibitions and increased in confidence on the road.[24]In a study conducted in Owerri on the prevalence and perceived health effects of alcohol use, 53% of respondents agreed that alcohol made them feel relaxed, while about 24% of the respondents said it made them feel high and 7% said it gave them a sense of belonging.[25].

About half of the respondents said the use of these substances caused no harm while a higher proportion of the respondents said that these substances helped them socialize. These findings are similar to the findings reported in a cross-sectional study conducted among commercial vehicle drivers in Lagos, where 84% of respondents said they used substances in order to feel fine, 65% said it improved their performance, 60% said it gave them energy, 55% used it for socialization, 48% said it maintained wakefulness and 31% said it improved sexual stamina [23].These findings suggest that the attitude of the commercial drivers would require follow up in order to wean them out of dependence on substance use.

The respondents said they used alcohol, tobacco, cannabis and other substances, this was also corroborated by the FGD, where the listed psychoactive substances commonly used by drivers were: alcohol, cigarettes (tobacco) and cannabis. Similar findings were reported in a study conducted among commercial drivers in Calabar, where the majority of the drivers (84.4%) were alcohol users.[12]A study conducted in Lagos on psychoactive substance and alcohol utilization among commercial drivers also reported that about 76% of drivers used analgesics, 30% used alcohol,

23% used cannabis and 10% used other stimulants.[26].

A higher percentage of the respondents (60.9%) said they used psychoactive substances on a daily or almost daily basis and this is similar to a previous study in Lagos among commercial drivers, where the respondents said they consumed alcoholic drinks and smoked cigarettes on a daily basis.[4]This is not surprising because previous study had documented the availability of these substances around motor parks.[7]Majority of the respondents (74.4%) used psychoactive substances to stay alert. This is similar to an earlier reported finding in a study conducted on the pattern of alcohol use among drivers in Calabar, where they said it was to reduce stress, ease tension, socialize, enhance work performance, enhance self-confidence, forget problems and derive pleasure.[12]In a cross sectional study conducted among commercial drivers in Lagos, 25% of the participants said they used psychoactive substances to stay alert.[7]In this study, about half of the respondents (55.8%) reported the use of psychoactive substances while driving.

A higher proportion of the respondents 159(73.9%) were at the stage of moderate addiction which implies they were at moderate risk of health and other problems associated with psychoactive substance use. Factors found to be significantly associated with psychoactive substance use were: age, ethnicity, marital status, driving duration, bus ownership and income earned. ($p<0.05$) Other factors such as distance driven, level of education, religion, and duration of park membership were not found to be statistically associated with psychoactive substance use. This is similar to a study conducted in Egypt on the socio demographic indicators for substance use and abuse, which revealed a significant association between substance use and gender, age, and marital status.[27]Also in a study conducted in Kano, on the socio demographic factors associated with psychoactive substance use among commercial motorcyclists, results revealed a statistically significant association between psychoactive substance use with age and marital status.[28]

In conclusion, majority of the respondents in this study had poor knowledge about psychoactive substances and a negative attitude towards its use while majority that actually used these substances were at the stage of moderate addiction. A health education programme is recommended to improve their knowledge about psychoactive substance and possibly change their behaviour while legislation should be put in place to prevent the sale of these substances in the motor parks and on the street. Further studies should look into effect of health education on the knowledge and attitude of commercial drivers to psychoactive substances and its use.

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