

Conference Paper

Drug Abuse and Health of the Nigerian Youth: A Call to “Listen First”

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Abstract: This is a paper presented at the occasion of the 2016 United Nations International Day against Drug Abuse / Illicit Trafficking, with the theme “Listen First” with the vulnerable youths as the target population of the presentation. The paper an awareness campaign for youths on the dangers of drug and substance abuse provides information from empirical studies of drug abuse being a global and public health problem with current statistics. The trend, types of psychoactive substances used and , abused by youths most especially in Nigeria and Benue State in particular, factors that makes the youths vulnerable and the health implications of drug abuse is discussed. The call for all stakeholders’ parents, guardians, teachers, policy makers, to establish a warm and supportive relationship with the youths which will in turn gain their confidence and help them discover their potentials and fully actualize them instead of getting involved in drugs is made; which is the basic assumption of “Listen First”.

Keywords: Drugs, Drug Abuse, Psychoactive Substances, Nigerian Youth, Health, “Listen First”

1. Introduction

Drug abuse, cultivation and trafficking of illicit drugs and psychoactive substances are no douth a thorn in our flesh in Nigeria and the world in general; it is an evil in our society and disorientation among a majority of the youth. It is a rapidly growing global problem (Lankhanpal, Agnihotri, 2007; United Nations Office on Drug and Crime (UNODC) 2007; Adudu, 2008), and currently an issue of public health (Babalola, Ogunwale & Akinhanmi, 2013). The problem of drug abuse places a significant threat to the social, health, economic fabrics of the families, society and the entire nations. (Giade, 2012; Oshodi, Aina&Onajole, 2010). Almost every country in the world is affected from one or more drug being abused by its citizen’s (UNODC, 2007). The UNODC and World Health Organization (WHO) 2016 estimate reports that 246 million people or 1out of 20 persons between the ages of 15 and 65 years have used an illicit/ psychoactive substance in the year 2013.

Traditionally drugs of abuse included alcohol, tobacco, and caffeine in tea, coffee, cola drinks and kola nuts, plant-derived substances such as cocaine, heroin and cannabis. More

recently amphetamine and related stimulants synthesized in illicit laboratories have become widely available and the most recent trend is the diversion, illicit distribution and abuse of prescription drugs that are classified as controlled substances such as synthetic pain medicines (e.g. Tramol), sedative hypnotics, or psycho stimulants. Those medicines have legitimate use under the medical supervision but their use can quickly become problematic if used inappropriately as it is being done by youths now. The most popular illicit substance is cannabis; however cocaine, heroin and other opiods, amphetamine -type stimulants, are used in other parts of the world (Obot & Saxena, 2005). Cannabis is reported to be the most consumed drug in Nigeria (National Drug Law Enforcement Agency, 2014).

Substances abused by youths brought as patients to the psychiatric unit of the Federal Medical Centre, Makurdi with substance use disorders include alcohol, cannabis, tobacco, solution, tramadol, cough syrups, codine, cocaine, zakami, skunk, valium, African cocaine, fuel, dried skin of frogs (Chia, Awopetu, Ugese & Apaa, 2015).

The current trend in drug abuse is towards poly-drug use among the young people (Chia, *et. al.* 2015) where 61% of the

patients who are youths engaged in poly- drug abuse, combining "traditional" drugs, prescription drugs, alcohol and new psychoactive substances, which has evidenced an even more dramatic picture of its consequences. Another trend is that of the increase in injecting drugs by youths, with heroine, pentazocine, cocaine, ketamine and methamphetamine reported as the mostly injected drugs among youths (OSIWA, YOUTHRISE & CISHRWIN, 2015). The age of initiation of drug use is at a young age, Chia, *et. al.* 2015 and OSIWA, *et. al.* 2015 reported below 10-25years and 9-15 years respectively.

Our worry and concern is not that youths are using, cultivating and trafficking these psychoactive substances, but the consequences of these behaviors which are substance use disorders, increase in crime, increase in cult activities, transmission of HIV, hepatitis B and C, other sexually transmitted infections, premature death of youths, increased road traffic crashes and a lot more.

2. Definition of Concepts

For us to continue with this discussion, and the benefit of our youths who are the vulnerable group to this global and public health problem we need to define some terms to aid our understanding.

DRUGS: These are any chemical substances that when taken affects the way the body works (Science museum, 2016). Business Dictionary.com (2016) also defines drugs as any natural or synthetic substances which (when taken into a living body) affects its functioning or structure, and is used in the diagnosis, mitigation, treatment, or prevention of a disease or relief of discomfort. There are both legal and illegal drugs, the legal drugs are those socially and culturally accepted and used e.g. alcohol, tobacco, prescription drugs and over-the-counter drugs e.g. pentazocine, tramadol, codine, cough syrups (which are now being abused). Illegal drugs are cannabis, cocaine, heroin, amphetamines, etc.

PSYCHOACTIVE SUBSTANCES: Are any substances that when taken in or administered into the system affects mental processes, e.g. cognition, perception, sensation or affect (WHO, 2014). In this way, psychoactive substances can affect an individual's mood, their perception and thoughts; changing the consciousness, and thoughts of those who take them.

DRUG ABUSE: This is the recurrent use of illegal drugs, or the misuse of prescription or over-the-counter drugs with negative consequences which may include

- problems at work, school, home or interpersonal relationships
- problems with the law
- Physical risks that come with using drugs in dangerous situations (University of Maryland Medical Centre, 2013).

Youth as defined by the United Nations Educational Scientific and Cultural Organization (UNESCO), is a period of transition from the dependence of childhood to adulthood's independency and awareness of our interdependence as members of a community. It is a more fluid category than a fixed age-group; however the United Nations, 1981 (UN,

1981) for statistical purposes defines youth as those persons between the ages of 15-24 years, without prejudice to other definitions of member states; the UN secretariat uses the terms youth and young people interchangeably to mean age 15-24 years, it is the stage between childhood and adulthood which is characterized by physical, hormonal, psychological and social changes.

3. Reasons of Drug Abuse Among Youths

No single factor can be defined as solely responsible for the abuse of drugs but the following are some of the causes of young people vulnerable to drug abuse in Nigeria. (Oshodi, Aina, & Onajole, 2010; Igwe, et al., 2009;

Abudu, 2008; Oluremi, 2012; Desalu, et al., 2010; Ajibulu, 2011; Henry, Smith, & Caldwell, 2006).

1. *Curiosity and Desire to find out the Effectiveness of a particular drug:* Curiosity to experiment the unknown facts about drugs thus motivates youth's into drug use. The first experience in drug abuse produces a state of arousal such as happiness and pleasure which in turn motivate them to continue. Some time youths take drugs in order to find out their effectiveness of a particular drug and if they find out that the drug is effective they continue using such drugs.

2. *Peer group Influence:* Peer group pressure plays a major role in influencing many youth's into drug usage. This is because peer pressure is a fact of teenage and youth's life. In Nigeria, and other parts of the world, one may not enjoy the company of others unless he conforms to their norms.

3. *Environment:* Many young people live in communities which suffer from multiple deprivations, with high unemployment, low quality housing and where the surrounding infra-structure of local services is splintered and poorly resourced. In such communities drug supply and use often thrive as an alternative economy often controlled by powerful criminal groups. As well as any use that might be associated with the stress and boredom of living in such communities, young people with poor job prospects recognize the financial advantages and the status achievable through the business of small scale supply of drugs.

4. *Promotion and Availability:* There is considerable pressure to use legal substances. Alcohol and pain relieving drugs are regularly advertised on television. The advertising of tobacco products is now banned, but research from Strathclyde University published by Cancer Research concluded that cigarette advertising did encourage young people to start smoking and reinforced the habit among existing smokers. Despite legislation, children and adolescents have no problems obtaining alcohol and tobacco from any number of retail outlets. Breweries refurbish pubs with young people in mind, bringing in music, games, more sophisticated decor and so on while the general acceptance of these drugs is maintained through sports sponsorship, promotions and other marketing strategies.

5. *Enjoyment:* Despite all the concerns about illicit drug use and the attendant lifestyle by young people, it is probably still the case that the lives of most young people are centered on

school, home and employment and that most drug use is restricted to the use of tobacco and alcohol. They may adopt the demeanor, fashion and slang of a particular subculture including the occasional or experimental use of illegal drugs without necessarily adopting the lifestyle. Even so, the evidence of drug use within youth culture suggests that the experience of substances is often pleasurable rather than negative and damaging. So probably the main reason why young people take drugs is that they enjoy themselves.

6. *Lack of Parental Supervision:* Many parents have no time to supervise their sons and daughters. Some parents have little or no interaction with family members, while others put pressure on their children to pass exams or perform better in their studies. These problems initialize and increases drug usage.

7. *Socio-economic Status of the Parents:* Socio-economic status of the parents entails direct costs which are very important to families; particularly this is related to every aspects of the family's life and caring to children. The implications of family relationship on students have remained an alarming factor to the total life of the children. By implication the socio-economic status of the parents may influences adolescents to abuse or not to abuse drugs even if the parents have very low income, low income average, high, or very high income.

8. *Self-medication of primary psychological disorders* e.g. anxiety, depression, post-traumatic stress disorder, etc.

9. *Pathological family background*— broken homes, illegitimate relationships, alcoholic parents or parent's involvement in antisocial and illegal activities.

10. Ignorance of the dangers of illegal drug use.

11. Strength to work hard.

4. The Nigerian Youth and Drug Abuse

The youths we say are the future leaders of our country, if then our youths are engrossed and involved in the use, abuse, cultivation and trafficking of drugs and psychoactive substances we can then imagine the type and caliber of leaders we are going to have and the kind of society our country would be like under such leaders, this is better said than imagined.

Erickson (1968) in his psychosocial theory of personality development explains that adolescence (12-18years) is the stage of identity formation, if the stage is achieved a positive and realistic identity is formed, but where this is not achieved there is a crisis and leads to role confusion. Youths who have unresolved crisis at this stage are likely to explore their environment using and abusing drugs.

Tobacco products are often the first psychoactive substances young people come in contact with, and up to a quarter of them use these products in many countries (Mackay & Eriksen, 2002). Over all, about one billion men and 250 million women smoke cigarettes, with the highest rates of current smokers in developing countries (Obot & Saxena, 2005) including Nigeria.

Studies have shown that, majority of the Nigerian youths

ignorantly depend on one form of drug or the other for their various daily activities-social, educational, political, moral, and many others. Such drugs include: Tobacco, Indian hemp, cocaine, morphine, Heroine, Alcohol, ephedrine, Madras, Caffeine, Glue, Barbiturates, and Amphetamines (Oshikoya and Alli, 2006; Oshodi, Aina, Onajole, 2010). Experimentation with drugs during adolescence (11–25 years) is common. At this age, the youths try so many new things. They use drugs for many reasons, including curiosity and desire to find out the effectiveness of a particular drug, to feel good, to reduce stress, or to feel grown up. Using alcohol and tobacco at a young age increases the risk of using other drugs later in life. In one of the WHO's and the World Heart Foundation's data, it posit that in Nigeria, 22.1 percent of school youth age between 12 to 17 years use tobacco. Already, Nigerian adolescents are being offered cigarettes through promotions and musical concerts, and alcohol through advertisement and reality shows sure as the "Gulder ultimate search reality show". Some teenagers will experiment and stop, or continue to use occasionally without significant problems. While others will develop addiction, moving on to more dangerous and hard drugs and causing considerable harm to themselves and the society at large. Despite the effort of many concerned individuals and organizations to curb this menace, many individuals still present these drugs as though they are harmless. They give them slogans such as "for greatness" "for brighter life" (Mamman, Othman & Liam, 2014).

5. Health Implication of Drug Abuse

Health as defined by WHO (1948) "is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" this implies that for the Nigerian youth to be considered healthy there has to be physical health, mental health, social health in addition to not having any disease or infirmity.

Several studies have been carried out and the health implications of drug abuse on the Nigerian youth are thus documented:

Physical/ Disease Domain of Health

- Cardio-vascular diseases (hypertension, stroke, cardiac arrest, heart failure, etc)
- HIV Infection and sexually transmitted infections
- Cancer of the lungs, throat, stomach.
- Liver cirrhosis
- Hepatitis B and C
- Reproductive problems (impotence, low sperm count,)
- Tuberculosis
- Diabetes mellitus
- Injuries obtained from road traffic accidents
- Low birth weight babies, babies with fetal alcohol syndrome

Mental Domain of Health

- Substance use disorders (insomnia, restlessness, auditory and visual hallucinations,)
- Drug / Substance dependence

- Over dose on drugs which can lead to premature death
- Social Domain of Health*
- Increase in crime and violence
 - Cultism
 - Loss of family, friends and job
 - Dropping out of school
 - Collapse in the social system

From the health implications of drug abuse on the Nigerian youth, their health status is poor.

"LISTEN FIRST"

Listen first LF is a therapeutic initiative that is built on Motivational interviewing which is a technique that is used to elicit behavioral change in persons; and has been applied in the psychosocial intervention of persons with substance use disorders of the UNODC. John Baer and a team from Y-USA developed the LF for use in Young Men's Christian Associations (YMCAs) and was used to prevent diabetes. The skills and concepts in LF can be applied to behavior change programs (drug abuse prevention inclusive) and the basic assumption is that of collaboration (Berglund, 2013); in this case there is a warm and supportive relationship between the parent, guardian or teacher with the youth all working together on all issues.

The LF (as applied to drug abuse) is an initiative to increase support for the prevention of drug use that is based on science and is thus an effective investment in the wellbeing of children and youth, their families and communities (UN, 2016). It is all about the way and manner that people (families and communities) communicate with the youths. It has empirically been observed that, when we genuinely listen to someone in a conversation, in an open and honest manner, it transforms the relationship, society, communities and culture as the case may be.

Parents have the most influence in helping their children grow happy and learn to cope well in difficult life situations. Even in difficult circumstances, a strong bond between children and parents can mean less risky behaviors such as drug use. A strong bond is created by the parent listening attentively to the child and showing that you care and are concerned and interested in what the child is saying. Spending time with the child even when it is a short period, giving the child your attention, praise and encouraging the child for what he or she does right no matter how little. The children of parents that have a warm parenting style and know where their children are and what they are doing, are five times less likely to use stimulants or opioids (even only once during their lives). Set clear rules for behavior, when rules are broken stay calm making sure there are consequences. Ask your child what you need to know, where he or she is, what he is doing, who he or she is with, etc. When parents monitor their adolescents closely and have good knowledge about their whereabouts, adolescents are 20% less likely to use marijuana (UNODC & WHO, 2016).

Key Concepts in Listen First:

These are concepts that are used in the LF initiative to make it successful which as stated by Berglund (2013) include:

1. *Ambivalence*- This is a feeling of two ways about

something, to do this or not to do this (indecision) and it is common in behavior change.

2. *Collaboration and Ownership*- The person you are trying to change needs to feel respected and understood. This is especially important with ambivalent people. People need to make their own choices so do not enforce any choices on them. This implies respecting the youth in as much as you expect him/her to change, letting them make their choices.
3. *Communicating Understanding*- This is a foundation of a collaborative relationship. This is rarely modeled in our culture, communicating understanding focuses on other people not on you; and non verbal cues are important.
4. *Managing the "Righting Reflex"* – This is a common reaction when someone is in need of help. The parent, therapist, etc assumes the person should change and this is the time for the change. This is helpful in some instances but it is a poor method to encourage habit change. This is the opposite of communicating understanding.

Core Skills in Listen first

This includes the following:

1. *Open ended questions* – These are questions that cannot be answered with only one word. It requires the respondent to elaborate; invites discussion of personal issues, ideas, plans, feelings and most of all encourages one to be a better listener. E.g. why did you do this? How do you feel about this situation? What else?
2. *Reflection* – These are statements that express the meaning of what you have heard. This is rarely used and takes time to master, however it is subtle and powerful. E.g. "so" or "it sounds like" or "you".
3. *Summary* – This is a series of reflections and contains all the aspects of the issues and ends with an open ended question such as, what else? How might this affect your decision?
4. *Affirmations* – Finding people doing something right which is genuine and personal considering the intention and effort. E.g. "you have taken time to do this assignment despite your tight schedule".
5. *Sharing information* – You have to be careful on sensitive topics. Ask permission to give advice, provide a list of options and always end on good terms.

The UNODC implemented the LF prevention program for parents and have shown to be effective through scientific studies and has helped thousands of families worldwide in the following ways: Parents become better parents and children behave better and do better in school. A UNODC prevention program in Central Asia supporting family skills, which halved the amount of conflicts in the participating families and improved family relationships as thus: Family cohesion +21%, family conflict reduced by 52%, improved family relationships 35%, improved parent-child bond 27%, child pro-social behavior 44% and parental reciprocal support 63% (UNODC & WHO, 2016). Parents, guardians, teachers and all those with the responsibility of bringing up youths need to retrace our steps since we have failed them and pay more

attention to them by listening to them in order to set them on the right track.

6. Conclusion

Today's youth are the future leaders of our country and their future has to be safe guarded against drug and substance use and abuse and its health implication. The period of adolescence is characterized by a lot of changes in the life of the child who requires a warm and supportive relationship to grow psychologically healthy and discover his or her potential and actualize them. This can only be achieved if parents, guardians, teachers and custodians of children "listen first" to them before the wrong persons do so.

References

- [1] Abudu, R. V. (2008). Young People and Drugs Abuse: Biennial International Conference on alcohol, drugs and society in africa, Abuja, Nigeria. Between 23rd-25th, 2008.
- [2] Ajibulu, E. (2011). Eradicating Drug Abuse in Nigeria- How feasible? Retrieved May 24, 2012 <http://www.modernghana.com/news/337520/1/eradicating-drug-abuse-in-nigeriahow-feasible.html>
- [3] Babalola, E. O, Ogunwale, A & Akinhanmi, A. (2013). Pattern of psychoactive substance use among university students in south-western Nigeria. *Journal of Behavioural Health* 2(4): 334-342.
- [4] Berglund, R. (2013). Listen First. The Y's Strategy to Encourage Change. <https://www.midiabetesprevention.org/documents/Berglund-Michigan-Diabetes-Prevention-Conf-Oct2013-sessionA.Pdf>. Retrieved 24/06/16.
- [5] Business Dictionary (2016). What is a drug? Definition and meaning. www.businessdictionary.com/definition/drug.html. Retrieved 23/06/16.
- [6] Chia, P. N., Awopetu, R. G., Ugese, J. I. & Apaa, T. (2015). Pattern of Psychoactive substance use among in patients at psychiatric unit of Federal Medical Centre, Makurdi. Presented at 2nd CRISA symposium on Drug control and Drug Policy. 28th-29th October, 2015 @ Barcelona Hotels, Abuja. In press.
- [7] Desalu, O. O., Iseh, K. R., Olokoba, A. B., Salawu, F. K., & Danburan, A. (2010). Smokeless Tobacco use in adult Nigerian population. *Journal of clinical practice*, 13(4), 382-387.
- [8] Erikson, E. H. (1968). *Identity: Youth and Crisis*. New York: Norton.
- [9] Giade, A. (2011). How Nigeria's Latest Drug Abuse Defies Legislation. *DailyTrustNewsPaper*. Retrieved from <http://www.dailytrust.com.ng/daily/old/index.php/feature/42852-how-nigerias-latest-drug-abusedefies-legislation>
- [10] Henry, K. L., Smith, E. A., Caldwell, L. L. (2007). Deterioration of academic achievement and marijuana use onset among rural adolescents. *Journal Health education research*, 22(3), 372384.
- [11] Igwe, W. C., Ojinnaka, N., Ejiofor, S. O., Emechebe, G. O., & Ibe, B C. (2009). Socio-Demographic Correlates of Psychoactive Substance Abuse among Secondary School Students in Enugu, Nigeria. *European Journal of Social Science*, 12(2), 277-283.
- [12] Lakhampal, P. Agnihotri, A., K. (2007). Drug Abuse an International Problem: A Short Review with Special reference to African Continent. *Journal of Medicine and Toxicology*, 1(1), 1-11.
- [13] Mackay, J. & Eriksen, M. (2002). *The tobacco atlas*. Geneva: World Health Organization.
- [14] Mamman, H., Othman, A. T. & Lian, L. H. (2014). Adolescents' and Drugs Abuse in Nigeria. *Journal of Biology, Agriculture and Healthcare* 4 (1). www.iiste.org ISSN 2224-3208 (Paper) ISSN 2225-093X (Online).
- [15] National Drug Law Enforcement Agency (NDLEA). (2014). Press Release on World Drug Report.
- [16] Obot, I. S. & Saxena, S. (2005). Urbanization, youth and substance use: an introduction. In *Substance use among young people in urban environments*. (Eds) Obot, I. S. & Saxena, S. 1-8. WHO Department of mental health and substance abuse Geneva.
- [17] Oluremi, D. F. (2012). Drug Abuse among Nigerian Adolescents strategies for counselling. *Journal of International Social Research*. 5(20), 342-347.
- [18] Oshodi, O. Y., Aina, O. F., and Onajole, A. T. (2010). Substance use among secondary school students in an urban setting in Nigeria: prevalence and associated factors. *African journal of psychiatry*, 13(1), 52-57.
- [19] Oshikoya, K. A., Alli, A. (2006). Perception of Drug Abuse amongst Nigerian Undergraduates. *World Journal of Medical Sciences*, 1(2), 133-139.
- [20] Open Society Institute for West Africa (OSIWA), Youth Initiative for Drug Research, Support and Education in Nigeria (YOUTHRISE) & Civil Society on the Health and Right of Vulnerable Women and Girls in Nigeria (CISHRWIN). (2015). *we are People. The Unintended Consequences of the Nigerian Drug Law on the Health and Human Rights of Young People*. IGSD Press.
- [21] Science Museum. (2016). Astonishing science museum. What is a drug? www.sciencemuseum.org.uk/whoami/findoutmore/yourbrain/howdo/drugsaffectyourbrain/whatisadrug. Retrieved 26/06/16.
- [22] United Nations. (1981). Secretary-General's Report to the General Assembly, A/36/215.
- [23] United Nations Office on Drugs and Crime. (2007). Drug Abuse and Drug Dependence Treatment Situation, in Nigeria.
- [24] Available http://www.unodc.org/docs/treatment/CoPro/Web_Nigeria.pdf
- [25] United Nations Office on Drugs and Crime / World Health Organization (2016). *International Standard for the Treatment of Drug Use Disorders*. Draft for Field Testing.
- [26] United Nations Office on Drugs and Crime / World Health Organization. (2016). Listen First: Facts for Parents. www.unodc.org/listenfirst
- [27] University of Maryland Medical Center (2013). Drug Abuse. umm.edu/health/medical/ency/articles/drug-abuse. Retrieved 23/06/16.
- [28] World Health Organization. (1948). WHO Definition of Health. www.who.int/about/definition/en/print.html. Retrieved 23/06/16.