Understanding Drug Abuse among Adolescents Youth: Prevention and Counselling Rehabilitation Strategies

Safyanu Shuaibu Sara, Ph.D., Muazu Abba Jabir and Dr Halima Inuwa Mora

Department of Educational Foundations
Abubakar Tafawa Balewa University, Bauchi

Abstract

The phenomenon of drug abuse among adolescents in Nigeria is very warisome to all and sundry. Able bodied youth in Nigeria abused drug in one form or the other which eventually leads to a number of problems affecting adolescents, their parents, the community and the society at large. It is little wonder that problems like petty theft, truancy, shoplifting, academic underachievement, prostitution, mental health and a host of other delinquencies are understandably caused by drug addiction among youth which invariably resulted in our under development. This paper therefore discusses drugs, drug abuse and its prevention as well as Counselling rehabilitation strategies. In the paper a drug is defined as any product other than food or water that affects the way people feel, think, see, and behave. It is a substance that due to its chemical nature affects physical, mental, and emotional functioning and can enter the body through chewing, inhaling, smoking, drinking, rubbing on the skin or injection. Drug abuse on the other hand is defined as the use of drugs for purposes other than medical reasons thus affecting the individual in a negative way socially, cognitively and physically. Reviewed in the paper were the theories of drug abuse, sign and symptoms of drug addiction, its attendant effects as well as the Counselling and Rehabilitation Strategies which serves as the major treatment programmes that can combat drug abuse in Nigeria. Finally some recommendations were offered among which are the need for effective counselling programmes for the drug addicts. Also recommended was the regulation of the use of drugs by policy makers, in addition to the need for creating of skill acquisition centers in order to curtail the menace of drug addiction.

Keywords: Drug, Drug abuse, Addiction, Counselling and Rehabilitation Strategies

Introduction

A drug is any product other than food or water that affects the way people feel, think, see, and behave. It a substance that due to its chemical nature affects physical, mental, and emotional functioning of an individual. It can enter the body through chewing, inhaling, smoking, drinking, rubbing on the skin or injection, NDLEA (2005). Abdullahi (2009) also defined drug as any substance that when taken into the living organism may modify one or more of its functions. Garba (2003) again defined drugs as any chemical substance, whether
of natural or synthetic that can be used to alter perception, mood or other psychological state. In similar vein, Esen (1999) defines drug as any substance that alters a person’s behavioural and physiological functioning through its chemical actions. It modifies perceptions, cognition, mood, behaviour and general body functions (Duttweiler, 1994). They could thus, be considered as chemical modifiers of the living tissues that could bring about physiological and behavioural changes (Akinboye, 1997).

Drug abuse as expressed by Agbongale and Okaka (2014) is the use of drugs for purposes other than medical reasons, thus affecting the individual in a negative way socially, cognitively, and/or physically. Social effects may be reflected in an individual’s enhanced tendency to engage in conflicts with friends, teachers, parents and social authorities. Cognitive effects relates to the individual’s lack of concentration on academic work and loss of memory. Drug abuse and addiction among the global youth population in the opinion of Fayombo and Aremu (2000) has become a serious problem affecting everyone. Addiction of drugs leads many, young people, prominent amongst them, to a downward spiral of hopelessness that in some cases ends fatal as succinctly observed by Garba (2003).

They range from glue sniffing, street children, and teenage ecstasy users to hard core heroin and cocaine addicts as rightly observed by Longnap and Momoh (2005). Abuse of drugs is responsible for lost wages, destruction of property in schools, soaring health care costs and broken families. In the opinion of Kobiowu (2006) it is a problem which affects us all as parents, children, teachers, Government officials, taxpayers and workers. Drug abuse as opined by Abdullahi (2009) is becoming increasingly problematic in Nigeria. A number of recent studies suggest that most of Nigerian youth experiment with drugs at some point, particularly alcohol and nicotine. The foremost concern is the number of these youth that will form an addiction to serious substances, jeopardizing their own health and safety and creating difficulties for their families and the public at large.

Drug use is believed to have negative consequences for the academic, social, psychological and physical development of users (Rotter, 1964. The pattern in which drugs are being abused is one of the most vexing and pervasive problems that affects almost all the countries in the world, including Nigeria. The United Nations Office on Drugs and Crime (UNODC) (2005) reports that some 200 million people, or 5 percent of the world’s population aged 15 – 64 have used drugs at least once in the last 12 months, which is 15 million more than the previous year’s estimate. Likewise, Sambo (2009) indicates the increasing pattern of the use of illicit drugs in all nations in recent years. The most commonly abused drugs are the opiates (notably heroine) followed by cocaine. In Europe and Asia specifically, opiates accounted for 62 percent of all drug treatment sought in 2003. About 3.3 to 4.1 per cent of the global population admits to consuming drugs.

Dangerously, the age at which these drugs are being abused is worrisome as most of the abusers start experimenting with the drugs prior to attaining adulthood. In Pakistan for instance, most of the abusers of heroine (24%) fall between 15 to 20 years of age and has doubled to over the years. In Czech Republic 37 percent of new drug users were teenagers between 15 and 19 years old. Nigeria is not excluded from the list of countries with high prevalence of drugs abuse. In fact, the United Nations Office on Drugs and Crime (UNODC) World Report 2011, Nigeria tops the use of illicit drugs in Africa. However, the UNODC questioned the validity of the information on ‘drug use in Africa given the lack of scientific
survey in the region. Despite this, Africa remains the leading continent in the world with high prevalence of Cannabis misuse and more than 14 percent of this drug (Cannabis) is being abused in Nigeria.

Annual prevalence of cocaine use in Africa in 2009 ranged between 0.2 percent and 0.8 percent, Nigeria, with a prevalence rate of 0.7 percent, again is among the top consumers within the region. Annual prevalence for opiate use in Africa is estimated between 0.2 and 0.6 percent. In Nigeria the opiate prevalence rate was estimated to have increased from approximately 0.6 to 0.7 per cent in 2009. This means that Nigeria would host roughly 500,000 heroin users”. The prevalence rate for amphetamine-type stimulants (ATS) in Africa was put at between 0.2 and 1.4 percent. The prevalence rate in Nigeria is estimated at 1.4 percent, also the highest in Africa. Another report indicated that about 3 million bottles of Benylin cough syrup are being consumed in Jigawa and Kano states (NDLEA, 2005). Early attempts to describe nature of drugs-abuse problems revolve around the concept of ‘Addiction’ which is an advance stage of drug abuse and which also portends more serious danger than the drug abuse. However, the contemporary approach explains drug problems as either drug/substance abuse or drug/substance dependence. It is therefore essential to describe the cardinal features of these concepts and they distinguish between one another.

Concepts of Substance abuse and Drug dependence
a. Substance abuse:- Is defined as the maladaptive pattern of substance use occurring within a 12 month period that leads to significant impairment or distress evidenced by one or more of the
   a. Use of substance in physically hazardous situations.
   b. Legal problems.
   c. Interpersonal problems.

In the Opinion of Garba (2003) the main feature of substance abuse then, is a pattern of behaviour in which an individual continues to use substances even when it is clear that such behaviour entails significant risk or may likely create problem in future living. Substance dependence: This according to Olayinka (1993) as cited in Sara (2014) is a maladaptive pattern of substance use manifested by a cluster of cognitive/behavioural and psychological symptoms during a 12 months period and caused by the continued use of a substance evidenced by three or more of the following:
   - Substance tolerance.
   - Substance withdrawal
   - Larger amount for long period.
   - Desire to cut or control usage.
   - Activities to obtain the substance dominate life.
   - Sacrifice leisure, occupation and social relationship to obtain the drug.
   - Unable to stop the use of substance despite its associated consequences.

Substance tolerance: It is a state in which an individual requires larger and larger amount of the substance in order to achieve its desired effect or when the person feels less of the effects after using the same amount of the substances. Substance tolerance is related to substance withdrawal. Substance withdrawal: This refers to the psychological and physical changes that occur when some substances are discontinued. A person in this state experiences significant distress or impairment at home, at work or in other important life contexts. This is noticed by the manifestation of:
   - Withdrawal syndrome.
Continued craving for closely related substance to avoid the Withdrawal syndrome.

Substance intoxication: Is the temporary maladaptive experience of behavioural or psychological changes due to the accumulation of a substance in the body. A transient phenomenon is limited to the period that the substance is biologically potent in the body. Significant impairment in functioning is also observed Omeogun (2000).

Theories of Drug Abuse
- Theories of drug abuse indicate that some people truly depend on certain drugs for their survival due to a number of factors. The major emphasis of the theories is that people have their individual reasons for depending on one type of the drug or the other. Such reasons, according to Sara (2014) are explained by the following theories. Personality theory of drug abuse, learning theory of drug abuse, biological theory of drug abuse and socio-cultural theories Personality Theories of Drug Abuse:
  - The main emphasis of the theories is that there are certain traits or characteristics in the individuals that abuse drugs. Such personality characteristics, according to Longnap& Momoh and NDLEA (2005) are inability to delay gratification, low tolerance for frustration, poor impulse control, high emotional dependence on other people, poor coping ability and low self esteem.
  - Individuals with these personality characteristics find it difficult to abstain from drug abuse.

Learning Theory of Drug Abuse
Learning is the acquisition of new behaviour which relatively becomes permanent. The behaviour of a person may change as a result of acquiring new experiences over the years. One important aspect of learning is that both good and bad behaviours are learned in the same way. This theory therefore maintains that dependence or abuse of drugs occurs as a result of learning. The learning could be by means of conditioning, instrumental learning or social learning. This may also be linked to the peer group association in the opinion of Bandura (1989). He further stated that most of the drug addicts are strongly linked to the activities of their peers. If majority of them are addicts they also turn to learn from them. This based on the premise that peer group proved to play a very pivotal role in the behaviours of adolescents and teenagers as indicated in a number of studies. It may also be as a result of learning by imitation which is a form of social modeling as fully explained by Bandura in the theory of social learning seeking to look for role model to copy.

Biological Theory of Drug Abuse
The theory maintains that drug abuse is determined by the individuals biological or genetic factors which make them vulnerable to drug addiction. If the father or mother was an addict, it then follows logically that the children will also be an addict because that biological trait has been passed on. This theory tries to explain that whatever we do may directly or indirectly found expression in biology. This is borne out by an adage that says like will tend to beget like that is like father like son. The above exposition clearly indicates the role played by hereditary factors in our behaviour. Simply put, behaviour has been largely determined by our biological make up.
Socio-cultural Theories of Drug Dependence/Abuse

The theories maintain that abuse is determined by socio-cultural values of the people. For instance, while certain cultures permit the consumption of alcohol and marijuana, other cultures do not. Among the Urhobo, Ijaw, Ibibio, Edo, Igbo, Yoruba and Itesekiri, alcohol i.e. Ogogoro is used in cultural activities. In Northern Nigeria, alcohol is forbidden due to Sharia law. However, the Sharia law does not forbid cigarette consumption and thus nicotine dependence. It should be noted, however that no theory fully explains the etiology of drug abuse. This is due to individual differences among people across the nation. From the foregoing we can understand that culture and sociology of an area determines the type of drugs that can be consumed in an area and also the religious practice of the environment.

Classification of Drugs that are commonly abused in Nigeria

Okoza and Aluede (2007) classify psychoactive drugs that are commonly abused in Nigeria into three major categories and these are:
- Stimulants
- Depressants/ sedatives
- Hallucinogens

The most commonly used drugs in Nigeria include solution, lizard dung, Delta 9, madrax, Mogadon and valium. Others are Benylin (cough syrup) solvent, cannabis sativa, kwana tara, Arungumi zaki, Tsumi, among other hard drugs. Additionally, Kwajaffa (1992) as cited by Haladu (2003) categorized these drugs as follows:-

- Stimulants: These are substances that directly act and stimulate the central nervous system. Users at the initial stage experience pleasant effects such as energy increase. The major source of these comes from caffeine substance. This includes substances such as amphetamines, nicotine, caffeine and cocaine.
  - Marijuana, (Grass, Pot, Weed, Ganja, Wiwi, Indian hemp, and Taba) is the most widely used illegal drug derived from Cannabis Sativa tree. It alters perception and sensation. Marijuana also causes relaxation, heightened sexuality and increase awareness of internal and external stimuli. However, impaired coordination, increased anxiety, sensation of slowed time, impaired judgment and social withdrawal are also experienced after the administration of Marijuana.
  - Hallucinogens: These are drugs that alter the sensory processing unit in the brain. Thus, producing distorted perception, disturbed thought, feeling of anxiety and euphoria, sadness and inner joy, they normally come from marijuana, LSD etc.
  - Narcotics: These drugs relieve pains, induce sleeping and they are addictive. They are found in heroin, codeine, opium etc.
  - Sedatives: These drugs are among the most widely used and abused. This is largely due to the belief that they relieve stress and anxiety, and some of them induce sleep, ease tension, cause relaxation or help users to forget their problems. They are sourced from valium, alcohol, prometazine, chloroform and other syrups like Benylin and other (lins).
  - Miscellaneous: This is a group of volatile solvents or inhalants that provide euphoria, emotional distribution and perpetual distortion of thought to the user. The main sources are glues, spot removers, tube repair, perfumes, chemicals etc.
– Tranquilizers: They are believed to produce calmness without bringing drowsiness; they are chiefly derived from Librium, Valium etc.

Causes of Drug Abuse in Nigeria
Fayombo and Aremu (2000) considered the following as the major causes’

i. Experimental Curiosity: Curiosity to experiment the unknown facts about drugs thus motivates adolescents 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.

ii. Peer Group influence Peer pressure plays a major role in influencing many adolescents into drug abuse. This is because peer pressure is a fact of teenage and youth life. As they try to depend less on parents, they show more dependency on their friends. In Nigeria, as other parts of the world, one may not enjoy the company of others unless he conforms to their norms.

iii. 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 phenomena initialize and increases drug abuse.

iv. Personality Problems due to socio-Economic Conditions: Adolescents with personality problems arising from social conditions have been found to abuse drugs. The social and economic status of most Nigerians is below average. Poverty is widespread, broken homes and unemployment is on the increase, therefore our youths roam the streets looking for employment or resort to begging. These situations have been aggravated by lack of skills, opportunities for training and re-training and lack of committed action to promote job creation by private and community entrepreneurs. Frustration arising from these problems lead to drug abuse thereby temporarily reducing tension and problems faced by these youths. Deterioration that leads to poverty and disempowerment of the people has driven many parents to send their children out in search of a means of earning something for contribution to family income. These children engage in hawking, bus conducting, head loading, scavenging, serving in food canteens etc and are prone to drug taking so as to gain more energy to work for long hours.

v. Availability of the Drugs: In many countries, drugs have dropped in prices as supplies have increased.

vi. The Need to prevent the Occurrence of Withdrawal symptoms: If a drug is stopped, the user experiences what is termed “withdrawal symptoms”. Pain, anxiety, excessive sweating and shaking characterize such symptoms. The inability of the drug user to tolerate the symptoms motivates him to continue (Bandura, 1997).

Signs and Symptoms of Drug Abuse
According to Agbongale and Okaka (2001), the following are signs and symptoms of drug abuse. They are:

a. Signs of Drug Used and Drug Abuse
i. Possession of drug related paraphernalia such as pipes, rolling paper, small decongestant.
ii. Possession of drugs, peculiar plants or bolts, seeds of leaves in ashttrays or clothing pockets.
iii. Odour of drugs, smell of incense or other cover up scents.
b. Identification with Drug Culture  
i. Drug related magazines, slogans on clothing  
ii. Hostility in discussing drugs  

c. Signs of Physical Deterioration  
i. Memory lapses, short attention span, difficulty in concentration.  
ii. Poor physical coordination, slurred or incoherent speech; unhealthy appearance, indifference to hygiene and grooming  
iii. Bloodshot eyes, dilated pupils.  

d. Changes in Behaviour  
i. Distinct downward performance in school place of work.  
ii. Increased absenteeism or tardiness.  
iii. Chronic dishonesty, lying; cheating and stealing.  
iv. Trouble with the police and other law enforcement agencies  
V. Change of friends, evasiveness in talking about new ones.  
vi. Increasing and inappropriate anger, hostility, irritability etc.  
vii. Reduce motivation, energy, self-discipline, self esteem etc.  

Effects of Drug Abuse  
According to Ahieme (2008), drugs abuse has negative effects on the physiological reactions of the body as follows:  
1. Alcohol-related problems include:  
a. Physical problems e.g. liver cirrhosis, pancreatic, peptic ulcer, tuberculosis, hypertension, neurological disorder.  
b. Mental retardation for the foetus in the womb, growth, deficiency, delayed motor development.  
c. Craniofacial abnormalities, limbs abnormalities and cardiac deficits.  
d. Psychiatric e.g. pathological drunkenness, suicidal behaviour  
e. Socially-broken homes, increased crime rate, sexual offences, homicide and sexually transmitted diseases.  
2. Tobacco: Causes stimulation of heart and narrowing of blood vessels, producing hypertension, headache, loss of appetite, nausea and delayed growth of the foetus. It also aggravates or causes sinusitis, bronchitis, cancer, strokes, and heart attack.  
4. Inhalants: Causes anemia, damage kidney and stomach bleeding.  
5. Narcotics: Causes poor perception, constipation, cough, suppression, vomiting, drowsiness and sleep, unconsciousness death.  

Counselling strategies to combat drug abuse  
Counselling as defined by Akinboye (1997) is a learning process that is designed to increase adaptive behaviour and to decrease mal adaptive behaviour. This writer views counselling as a help given to an individual to bring out those qualities in him that conform with the norms of the society while discouraging the anti social tendencies in him. The mode of counseling strategies in combating drug abuse is divided into two according to Garba (2003) and these are prevention and rehabilitation of drug abusers. For the purpose of analysis and understanding, let us look at the prevention strategies first and then the rehabilitation strategies.
Prevention of Drug Abuse among adolescents
Prevention, as the first measure for addressing drug abuse problems could be described under three levels of prevention: primary, secondary and tertiary.
(1) Primary prevention relates to preventing the initiation of psychoactive substance use or delaying the age at which use begins (Garba, 2003). This approach may include but not limited to general education about drug abuse (concepts, signs and causes). Knowledge about the protective as well as the risk factors is essential.
(2) Secondary prevention is an intervention aimed at individuals in the early stages of psychoactive substance use. The goal here is to prevent substance abuse from becoming a problem thereby limiting the degree of damage to the individual (Dorde, 1999)
Tertiary prevention aims to end dependence and minimize problems resulting from use/abuse. This type of prevention strives to enable the individual to chive and maintain improved levels of functioning and health. Tertiary prevention is sometimes called rehabilitation or relapse prevention (Kobiowu, 2006).

Rehabilitation strategies for Drug addicts
There are many rehabilitation programmes that have been designed for the treatment of offender population. These programmes aimed primarily to improve offender psychological functioning and his reintegration back into the community. For instance, treatment programmes help to manage withdrawal syndromes during substance detoxification process. It also serves as a preventive measure for relapse and general recidivism.
(i) Nonnative education helps drug abusers to understand the implication of their behaviour.
(ii) Life skills training which are particularly effective when geared toward addressing communication, interpersonal relations, and decision-making skills, self-esteem enhancement, resistance skills, general life skills problems (Abdullahi, 2009).
The major treatment programmes in the opinions of Abdullahi(2009) and Kobiowu(2006) include the followings:
- Detoxification programs, Methadone maintenance and Self-help programmes.
- Drug Treatment, Testing Orders and therapeutic communities
- Arrest Referral Schemes and Drugs Abstinence Orders and Regimen.
- Supervision, aftercare, assertiveness and communication skills
- Stress reduction techniques, Goal setting and decision making and/or problem solving
- Active involvement of everyone, Promotion of bonding between young adolescents
- Participation and supportive comments between peers
- Drug refusal skills, Peer modelling of appropriate behaviour

Conclusions
There is no doubt that drug abuse is a problem that is causing serious concern to both individuals and government all over the world. The problem is prevalent among all age groups but more pronounced among the youths who in most cases are ignorant about the dangers inherent in drug abuse. Many of them engaged in drug abuse out of frustration, poverty, lack of parental supervision, peer influence and pleasure. However, based on the reviewed literature it can be recommended that with effective counseling programme, the problems can be tackled. Policy makers and the agencies that regulate the use of drugs in Nigeria must direct attention to the areas of prevention and rehabilitation. In this case, various skills acquisition programmes should be incorporated into the central operational guidelines of these agencies.
References