



PSYCHOACTIVE SUBSTANCE DEPENDENCE AMONG NIGERIAN YOUNG PEOPLE: ADVOCACY FOR DECRIMINALIZATION POLICY

By

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Abstract

Prevalence of drug use among young people is on the increase in recent years despite the myriad crosscutting tasks and preventive measures taken to stem this tide. Psychoactive Substance Dependence (PSD) suggests a helplessness of user to stop the consumption of drug despite its potential harm. Studies on PSD among Nigerian students is scarce hence the attempt of this study to bridge this gap. About 332 male and female students responded to Substance Dependence Scale (SDS) and Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). Descriptive and inferential statistics were used to analyze data. Reported prevalence of psychoactive substances use are 16.9% (alcohol), 7.2% (sedatives), 7.2% (hallucinogens), 3.0% (inhalants), 3.0% (amphetamines), 2.4% (cocaine), 2.0% (cannabis), 2.0% (opioid) and 1.2% (tobacco). The nature of PSD showed that 5.6% are not in control of their psychoactive substance use, 27.2% are anxious on missing doses, 9.4% are worried about their substance use. 22.8% wish they could stop the use of illicit drugs while 5.0% find it difficult to abstain from drugs. In all, 21.7% and 7.2% of participants reported mild – moderate - severe PSD, respectively. Significant gender influence was observed on PSD, with male reporting higher mean score than female students. No significant mean score difference was found in PSD of secondary and tertiary education students. Judging that a considerable number of illicit drugs users are “hooked” to drugs and indirectly crying for help, this study advocates a drug decriminalization policy that treats as victims rather than criminalize users caught in possession illicit drugs particularly within Nigerian school premises.

Keywords: Substance dependence, decriminalization policy, advocacy, Nigerian students.

Introduction

There is a widespread global recognition that the use of psychoactive and other illegal drugs is on the increase in many parts of the world. As a corollary of this, the ensuing criminalization and stigmatization of individuals that partake in illegal drug use has in no way resulted in any substantial decrease in health harms concomitant to illegal drug use globally. Drawing copiously from the estimates of the United Nations Office on Drug and Crime (UNODC) in 2009 that claimed that between 172 million and 250 million people globally were engaged in illicit drug use, and between 18 million and 38 million were hooked on drugs; and that 275 million people within the age range of 15 to 64 years consumed drugs globally, with a projection of about 36 million to suffer from substance use disorders, has underscored the claim that drug use and dependence is a major threat to global health, and that the problem is far from waning worldwide (UNODC, 2019; 2021).

Psychoactive substances though inimical to the health of users are known to produce pleasure due to their effect on the mental processes (Metuge et al., 2022). Aside many of the negative consequences associated with the use of psychoactive substances, these drugs are known for their ability to provide internal peace and satisfaction, and calmness of nerves and heighten sensation for individuals that are indulged in the act of using them (Adekeye et al., 2015). In spite of its satisfying effects, statistics have shown that unhealthy and illegal use of substances such as tobacco/cannabis, alcohol, and ingesting of other illicit drugs, have adverse effects on the family, health, community, professional and social life of users (Aguocha, & Nwefoh, 2021; Hammond, 2005; Metuge et al. 2022; Olusola & Adegboyega, 2012; Schulte, & Hser, 2014).

In Nigeria, around 14.4% incidence of drug use has been reported (UNODC, 2021). About 40% of people between the ages of 25 to 39 years have been reported to engage in illicit drug use. This however, has raised a serious public health concern (Adekeye, 2012; Premium Times, 2022). The use of cannabis, alcohol, tobacco and other illicit substances signifies the rising unhealthy risk-taking behaviour among young people in Nigeria (Oshodi et al., 2010). In addition, alcohol, tobacco and cannabis have also been seen as a “gateway” substances’ leading many young people to the consumption of other illicit drugs like cocaine, heroin, and methamphetamine (Olusola & Adegboyega, 2012). Several studies have shown that frequent and continuous use of illicit

substances cause mental problems, disabilities, poor school performance, poor sleep quality, social problems (robbery, accidental injuries, engagement in unprotected sex) and dependence/addiction (Makanjuola et al., 2007; Metuge et al 2022).

As accentuated above, PSD is a global problem of the contemporary world. It is firmly established in the in the sociological and psychological lexicon and has generated a lot of interest within social research, statistics and policy areas. The fact that PSD causes a significant burden to individuals and societies throughout the world has necessitated and required greater attention by the public health community, civil society bodies and appropriate policy responses needed to address the associated health and social problems with the use of illicit substances.

PSD refers to the compulsive use of substances despite worsening state of health, work-life and social relationships arising from unhealthy frequent drug use (Adekeye et al 2015Metuge et al 2022; NIDA, 2019). United Nations Office on Drugs and Crime described Psychoactive Substance Dependence to mean “the repeated use of a psychoactive substance or substances, to the extent that the user is periodically or chronically intoxicated, shows a compulsion to take the preferred substance (or substances), and has great difficulty in voluntarily ceasing or modifying substance use, and exhibits determination to obtain psychoactive substances by almost any means” (UNDOC, 2003).

Furthermore, clinical and neurobiological research findings have shown that drug dependence is a chronic, multi-factorial condition that affects brain functioning in ways that make abstinence difficult to achieve in the short term (Carter et al., 2009; Goldstein et al., 2009; WHO, 2004.). In the other words, PSD involves the repeated and excessive use of drugs to produce pleasure or escape reality despite their destructive effects. It involves the use of an illegal drug, or any use of a legal drug when it is detrimental to one’s physical, emotional, social, intellectual, spiritual, or occupational health (Sussman & Susan, 2001). PSD is characterized by compulsive drug craving, seeking, and use that persist even in the face of severe adverse consequences (NIDA, 2004). It is a learned operant behaviour that is reinforced by the positive effects produced by the substances of abuse. Researchers considered PSD as an automatized behaviour that tends to be stimulus-bound, stereotyped, effortless, difficult to control and regulated largely outside of awareness (Bigelow et al, 1998; O’Brien et al, 1998; Tiffany et al, 1998).

No doubt, the prevalence of PSD has increased greatly for decades throughout the world despite all the measures taken to counteract this scourge. Different approaches such as health and sanction or prohibitionism have played a huge role in the rehabilitation of substance dependent individuals (Olajire, 2022). Particularly in African countries, sanction-oriented or prohibitionism or criminalization approach has taken the centre stage due to poverty and decisions of many governments to reduce their stakes in welfarism. Despite the substantial recognition accorded criminalization-approach in many parts of Africa, research has shown this approach to be not too effective and appropriate response to impacting positively on drug-addicts' physical and psychological health and reducing drug use and criminal activities (WHO, 2009). Indeed, criminalization approach has been described as a symptoms-focused paradigm that has fallen short of properly addressing the complex, multi-factorial nature of substance dependence which often follows the course of a relapsing and remitting chronic disease (UNODC, 2008). To this end, the recognition of criminalization as an approach that only tackles symptoms of substance has spurred calls to embrace decriminalization in order to achieve long-term sustained recovery management that is based on meeting the social justices and discourages public health problems. Based on the foregoing, a significant number of research findings have shown that adopting a criminalization policy to curb illicit substance use and dependence is counterproductive and brings no positive change (Klantschnig, 2015; Olajire, 2022).

As alluded to above, decriminalization policy has emerged to ameliorate myriad problems associated with prohibitionist drug policy. Indeed, decriminalization policy is adopted and used mainly to ensure that public health risks, overdose deaths, and the costs of prohibition are reduced to the barest minimum. In line with the social and health research findings, prohibitionism or sanction-approach has resulted to more deaths, particularly among the group that inject drugs due to the fact that they are confronted with huge barriers limiting their opportunity of accessing humane and affordable treatment in their countries (Csete et al., 2016). Similarly, several threats associated with the spread of HIV have unwittingly made many countries to decelerate thrust on full law-enforcement and prohibition policy to adopt policies that clearly support decriminalization strategies such as needle exchange, opiate substitutions, and drug consumption rooms (Csete et al., 2016). Many countries in the world have adopted this approach due to recent developments

that showcase that harsher penalties do not actually deter drugs prevalence but instead cause more hazards to drug users (Adam & Raschok, 2017; The Global Commission on Drug Policy, 2016).

The central idea behind decriminalization policy is the concern to change the criminal status given to drug users or dependants. Specifically, the term is concerned with the laws guiding personal drug use; it attempts to establish how drug use or possession will not result in a criminal record, particularly for a first-time user (European Monitoring Centre for Drugs and Drug and Drug Addiction, 2018). In its true sense, decriminalization encapsulates a policy shift from the criminal justice system to the one that outlines health care. In short, decriminalization canvasses the provision of enabling environment for health intervention for substance users while shielding them away from having contact with the criminal justice system and its concomitant negativity (Benfer et al., 2018). As a cautionary note at this juncture, decriminalization is not the same as depenalization. While depenalization advocates reduction in the severity of penalty or closing of a criminal case without punishment, decriminalization on the other hand, stipulates a shift from criminal justice system to a health care framework.

It is widely acknowledged globally that ‘war on drugs’ occasioned by prohibitionist approach to proffer solution to the problem of substance use and addiction has resulted to criminalization and stigmatizations of individuals and groups that are substance dependents. The policy has not in any way reduced drug use but has successfully increased health harms. As commonly enunciated in the literature, the criminal justice approach which is an offshoot sanction-approach that compulsorily direct people that use drugs to criminal justice system has significantly failed to address the health concerns of the substance users. More worrisome, however, is the contamination that prohibitionists brings by engaging substance users who were non-violent or else who could be regarded as law abiding citizens with the criminal justice system and thereby exposes them to harm, they could not have otherwise been exposed to outside criminal justice system.

Consequent upon the discovery of problems associated with law enforcement or sanction approach of dealing with substance users, a mounting body of evidence has shown that decriminalization is a more effective way of mitigating the harms inherent in prohibition strategy. Simply put, decriminalization policy argues that non-criminal penalties like fines should be meted on substance

users indicted of having small quantities of illicit substance. In sum, decriminalization policy strategy is not a single approach, but a variety of policies and strategies.

The fact, however, that substance use patterns, prevalence, and related harms change from time to time has necessitated a corresponding change in policies and strategies required to address the substance use changing contexts. The realization of the fact that many of the substance demand and supply reduction strategies and policies are crises-ridden has called for innovative responses that are evidence based. Decriminalization is an evidence-based policy strategy designed to reduce the harms associated with the criminalization of illicit substance use. The aim of decriminalization strategy has been to reduce harms associated with drug users such as criminal record stigma, high-risk consumption patterns, the transmission of blood-borne disease, overdose, and the mandatory criminal sanctions which are expected to be replaced with other responses that provide access to education, harm reduction and treatment services.

Since substances is part of the daily life of most of the abusers, to control what to use may be difficult (Adekeye et al., 2015), subsequently affecting their health and general psychosocial life (Oshodi et al., 2012). Although, dependence differs from drug to drug in its effect and extent, the benchmarks for diagnosing dependence are comparable in both International Classification of Diseases 10th edition (ICD-10) and Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), including a strong desire to take the substance, progressive disregard for other sources of satisfying/recreational activities, desiring larger doses for long period of time, physical signs of withdrawal when user become attempt to stop using the substance. PSD have multiple causes, which include social problems (unemployment, peers pressures, availability of drug, breakdown of social values) and psychological (stress, curiosity, esteem problem and need for autonomy), and is possible to be highly prevalent among young population because of their tendency to experiment drug and not knowing which to use or the extent of use (Steinberg, 2008; Adekeye, 2012). Also, since being young is associated with forming new friendship and social groups, this are likely biological and social processes that could increase risk taking behaviours because of the need to socialize and blend with social groups norms (Steinberg, 2008), that are at variance with the values handed to them by their parents. These perceived norms can be a driving force for unhealthy indulgent in alcohol, smoking and drug use (Osman et al., 2016; Negude et al, 2022), making the possibility for long-term negative effects of substance (i.e PSD) more profound.

The consequences of PSD are multifarious leading to physical, psychological, social, legal and economic problems (NIDA, 2004). The psychoactive substance dependent individual experiences emotional and personality changes, in which thoughts and activity of daily life revolved around substances (NIDA, 2004; Osman et al 2016), with considerable impairment in insight and judgment. Some other negative effect of PSD includes weaken family, social and professional relationship, reduced quality of sleep, lying, breaking promises, and violent behaviours (stealing, robbery and hijacking, problem with the law (frequent arrest), lavish spending and bankruptcy, and inappropriate/unprotected sexual behaviour (NIDA, 2004; Osman et al. 2016; Metuge et al., 2022). Little is known about the prevalence of PSD among Nigeria young people; therefore, the magnitude of the problem is unknown. With the increasing rate of psychoactive substance abuse among Nigeria young people, especially cannabis (Ediomo-Ubong, 2018), it has become imperative for policy makers to take a second look on the clamor for decriminalization of some drugs and reduce the harsh control and penalties for possession or use of small quantity of some of these psychoactive substances, since the criminal penalties attached to the possession of drugs like cannabis are not preventing use but escalating consumptions and abuse (Goar, 2020), and possibly preventing repentant users from coming openly to assess rehabilitative services, this study also suggested lessening of the harsh regulations on drug use and focus on providing effective means of control like sensitization, intervention programmes and creation of opportunities to employment and that are not harmful in Nigeria.

Methods

Design - The cross-sectional descriptive survey research design was adopted for this study. The snowballing sampling method was used. The research instruments were entered into Google Form and circulated using online links to the participants on social media handles (Facebook, WhatsApp and email). Data were collected between June 1st and 15th, 2022. The participants were also requested to send out the online link to university undergraduates in their contacts who may be willing to participate in the study.

Participants - Three hundred and thirty-two undergraduates made up of 78 (23.5%) and 254 (76.5%) females participated in this study. The mean age of the participants was 18.3 ± 1.8 years of age. Measures

Research Instrument - Three research instruments were used for the data collection of this study. Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) (WHO 2010).

The World Health Organization (WHO) (2010) developed the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) as a technical tool to aid in the early identification of substance use-related health risks and substance use disorders in primary health care, general medical care, and other settings. This study adapted the second question, which assessed the prevalence of psychoactive substances among the general population.

Results

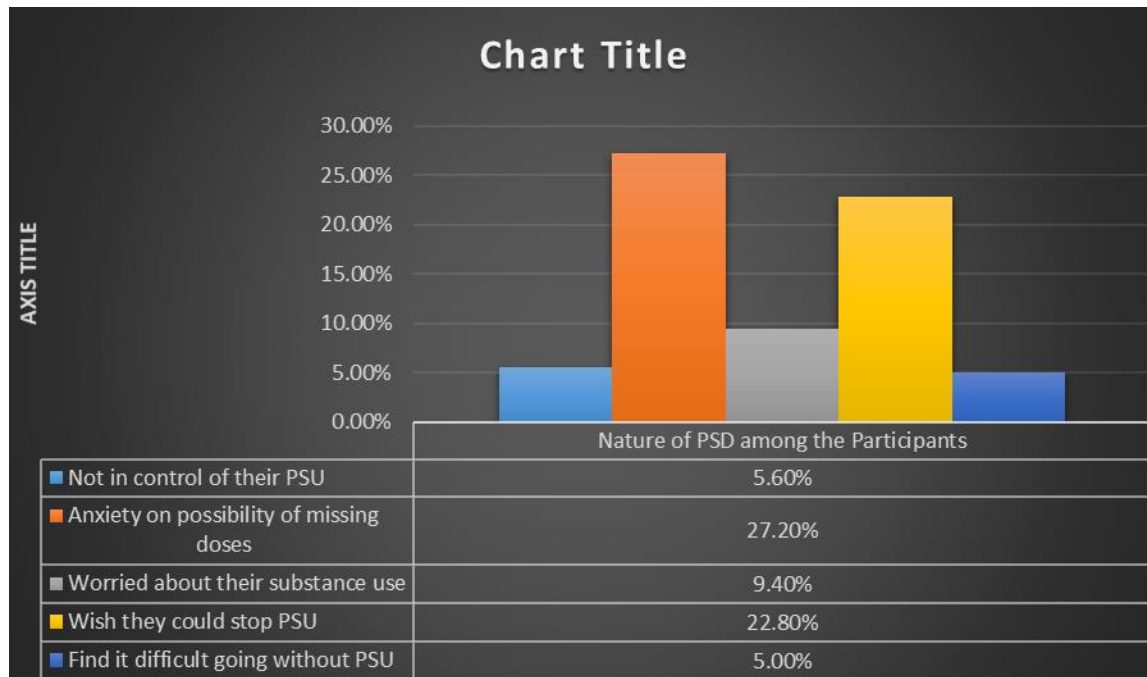
Prevalence of substance use

Table 1

Prevalence of substance use among the participants

Substance	Prevalence (%)
Tobacco	1.2
Cannabis	2.0
Opioids	2.0
Cocaine	2.4
Amphetamine	3.0
Inhalants	3.0
Sedatives	7.2
Hallucinogens	7.2
Alcohol	16.9

Table 1 summarises the reported prevalence of psychoactive substance use among the participants. These include 16.9% (alcohol), 7.2% (sedatives), 7.2% (hallucinogens), 3.0% (inhalants), 3.0% (amphetamines), 2.4% (cocaine), 2.0% (cannabis), 2.0% (opioid) and 1.2% (tobacco).



The nature of PSD showed that 5.6% reported not being in control of their psychoactive substance use, 27.2% have anxiety on possibility of missing doses, 9.4% are worried about their substance use. 22.8% wish they could stop PSU, while 5.0% find it difficult to go without drugs. Overall 21.7% and 7.2% of participants reported mild - moderate and moderate - severe PSD respectively.

Table 2
Regression analysis of emotional dysregulation on current opioid misuse

N = 332							
Predictor	β	t	p	R	R ²	F	P
(Constant)		-1.64	.101				
Emotional Dysregulation	.44	9.01	.000	.44	.197	81.17	.000

A regression analysis was employed to test the contributions of the factors of ED in predicting opioid misuse among undergraduates. The result summarized in Table 2 shows that of the six components of emotional dysregulation, only lack of emotional clarity ($\beta = .214, p = .000$), difficulty in impulse control ($\beta = .195, p = .001$) and limited emotional regulation strategy ($\beta = .208, p = .001$) independently significantly predicted opioid misuse. Lack of emotional awareness ($\beta = .056, p = .300$), Difficulties engaging in goal-directed behaviours ($\beta = -.039, p = .514$) and non-

acceptance of emotional responses ($\beta = .069, p = .198$) had no significant independent beta contributions in the predictions of opioid misuse among the participants.

Table 3
Regression analysis of age on current opioid misuse

N = 332							
Predictor	β	t	p	R	R ²	F	P
Constant		-1.013	.312				
Age	.198	3.678	.000	.198	.039	13.526	.000

A regression analysis was employed to test the second hypothesis with a level of significance of 0.05%. The result summarised in Table 4 shows that age ($t=3.68, p=.000$) significantly predicted opioid misuse among the participants. Further analysis showed an R^2 of .039, suggesting that the age of the participants explains the 3.9% variance of opioid misuse.

Discussion

This research sought to determine the patterns and antecedents of psychoactive substance dependence among Nigerian young people. Likewise, the study reported that the psychoactive substances use among the participants includes 16.9% (alcohol), 7.2% (sedatives), 7.2% (hallucinogens), 3.0% (inhalants), 3.0% (amphetamines), 2.4% (cocaine), 2.0% (cannabis), 2.0% (opioid) and 1.2% (tobacco). This finding is in support of prior studies (Metuge et al., 2021) among students in higher education institutions showing that alcohol, tobacco and cannabis are the most regular substances used. Also, in a Nigerian study by Adekeye et al (2017) and Osinowo et al. (2021), it was reported that many psychoactive substance users consumed multiple drugs with alcohol leading the line with cannabis and tobacco. Another study in Cameroon reported about 29.9% incidence of multiple use of psychoactive substance. while tobacco (26.2%), alcohol (19.7%), tramadol (2.8%) and cannabis (2.0%) leads the growing numbers of substance with high consumption rate (Metuge et al., 2022). However, for Makanjuola et al. (2007), the most current consumed substances were mild stimulants (33.3%), alcohol (13.6%), sedatives (7.3%) and tobacco (3.2%) which is in line with the findings of other studies.

Also, in this study, the nature of PSD revealed that about 5.6% are not in control of their psychoactive substance consumption, and 27.2% are bothered about the possibility of skipping doses, 9.4% are having concerns regarding their substance use. The study also revealed that 22.8% of the participants feel no strong will for halting illegal use of substances, while 5% expressed that refraining from drugs is challenging. Like in some other studies (Adekeye, 2012; 2015; Aguocho & Nwefoh, 2021), about 21.7% and 7.2% of participants reported mild - moderate and moderate - severe PSD, respectively. According to de Matos et al. (2018), the incidence rate of PSD was 26.9%, 24.9% and 7.3% respectively for alcohol, tobacco and illicit drugs. Significant gender influence was observed on PSD, with male reporting higher mean score than female students. This was in line with the findings of similar studies of Makanjuola et al. (2007) and Abdurahman et al. (2019).

Study Limitation

This study utilized a cross-sectional technique which only provided a snapshot information on the variables understudied, hence, generalizing the nature of causality of the variables should approach with caution. The study was carried out using a small sample size in one state in Nigeria, further research could adopt the use of a large sample size across many states in Nigeria to enhance the outcome and generalizability.

Conclusion

The current study established that PSD is prevalent among young people in Nigeria with alcohol, sedatives and cannabis being the most consumed with many of the participants using more than one drugs. However, it was revealed in the study that most of the users are not being in control of their use and are worried about their substance use. The study also identified that participants are wishing to stop use while some find it difficult to abstain from illicit use of drugs.

Implication for Policy

This study contributes to bridging the existing knowledge gap about the incidence rate of PSD among Nigeria young people and showed that a considerable numbers of psychoactive substances consumers that participated in the study are habituated to drugs and appear helpless, hence, this study would promote awareness and sensitization among law enforcement agency, drug educators

and policies makers to revisit the sanction-approach method of drug control policy to a more emphatic and rehabilitative mode that embrace treatment and reintegration of drug users in the country.

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