

UNDERSTANDING DRUG ADDICTION BY DR. COMFORT JINADU

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1. TERMINOLOGY

Drug

The United Nations Drug Control Programme, the regulatory body for drug control all over the world (In World Drug Report, 1997, pg. 10) defines drug as: “any substance that when taken into a living organism, may modify its perception, mood, cognition, behaviour and motor function.” By this definition, drugs include all psychoactive substances and prescription drugs used in contravention of specific doses.

Going by this discussion, drugs include the licit and illicit drugs. Licit drugs are drugs that are known to have medical purposes and illicit drugs refer to non-medically approved drugs. The United Nations Convention uses the word illicit drugs to describe drugs which are under international control (that is, those produced, trafficked and/or consumed unlawfully or illicitly.)

Psychoactive drugs are classified into three as follows:

1. The nervous system depressants: These are opium, morphine, heroin, codeine, sedatives (Barbiturates and tranquilizers), solvents and alcohol.
2. The nervous system stimulants: These include cocaine, synthetic stimulants like amphetamines and ecstasy, kola-nuts, nicotine, and caffeine.
3. Hallucinogens: Hallucinogens include lysergic acid diethylamide (LSD).

Some local names of drugs

1. Cocaine is called ‘coco, coke, rock (or oko as they refer to it in Yoruba language), crack, and Charlie’.
2. Heroin is called ‘gbana’, white or brown Italian according to country of origin and brown sugar.
3. Cannabis is called by several names such as ‘igbo’, Indian hemp, weed, and marijuana.

Drug use

The term ‘drug use’ in the literature refers to the ways people use drugs such as occasional and regular use of drugs. It is commonly accepted that occasional use may not cause physical or psychological harm; in contrast, regular drug use is widely thought to have harmful effects (United Nations International Drug Control Programme 1997).

Harmful drug use can be categorized into two: Drug misuse and abuse and drug addiction.

Drug misuse and abuse

‘Drug misuse’ is usually defined as the excessive or inappropriate use of licit and illicit substances in such a way that it may result to harm to an individual. ‘Drug abuse’ can be used as a stronger term, describing a pattern of psychoactive substance use that causes damage to mental or physical health of the user (United Nations International Drug Control Programme 1997). However, there is considerable slippage between the terms, which are often used interchangeably in the research and practice literature.

Drug addiction

The term drug addiction is also referred to in literature as drug dependence. The term ‘addiction’ came into use in the late 20th century in medical terminology, and was defined as:

‘a condition brought about by the repeated administration of any drug such that the continued use of the drug is necessary to maintain normal physiological function, and discontinuance of the drug results in definite mental and physical symptoms.’ (Segal 1988 : 50).

However, the WHO Expert Committee on Drug Dependence in 1963 adopted the term ‘dependence’ in favour of addiction. More recently, it has defined drug dependence as:

‘A cluster of physiological, behavioural and cognitive phenomena of variable intensity, in which the use of psychoactive drug (or drugs) takes on a high priority. The necessary descriptive characteristics are preoccupation with a desire to obtain and take the drug and persistent drug-seeking behaviour. Determinants and problematic consequences of drug dependence may be biological, psychological or social, and usually interact.’ (United Nations International Drug Control Programme 1997: 11).

The American Psychiatric Association (2000) suggests that the marker for drug dependence in its revised Diagnostic and Statistical Manual of Mental Disorders is: ‘A maladaptive pattern of drug abuse, leading to clinically significant impairment or distress, as manifested by three (or more) of the following occurring at any time in the same 12 month period:

1. Tolerance, as defined by either of the following:
 - a. need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - b. markedly diminished effect with continued use of the same amount of substance
2. Withdrawal as manifested by either of the following:
 - a. the characteristic withdrawal syndrome for the same substance (refer to Criteria A and B of the Criteria sets for Withdrawal from specific substances)
 - b. the same (or closely related) substance is taken to relieve or avoid withdrawal symptoms.
3. The substance is often taken in larger amounts or over a longer period than was intended.
4. There is a persistent desire or unsuccessful efforts to cut down or control substance use.

5. A great deal of time is spent in activities necessary to obtain the substance (e.g. visiting multiple doctors or driving long distances), use the substance (e.g. chain-smoking), or recovery from its effects.

6. Important social, occupational, or recreational activities are given up or reduced because of substance use.

7. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance. (e.g. current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption.’ (American Psychiatric Association 2000: 197).

2. MAIN DRUGS OF ABUSE AND PATTERN OF USE IN NIGERIA

There are many types of drugs consumed in Nigeria. The United Nations Office on Drugs and Crime (UNODC) (2010) suggests that the main drugs consumed in Nigeria are cannabis, sedatives, stimulants, heroin, and cocaine. Other drugs of abuse reported in other studies are volatile substances, cigarettes, and alcohol. Current pattern of use for these drugs is presented in figure 1, and described below:

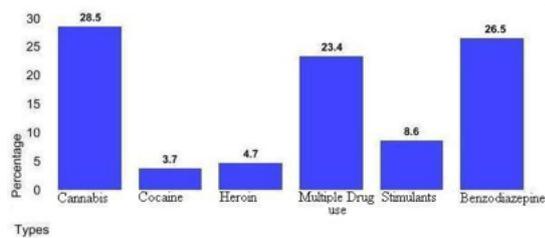


Figure 1.1 - Current drug use pattern in Nigeria (source- UNODC, Nigeria, 2010)

From the figure 1.1 above, the most abused drug in Nigeria is Cannabis. several studies have attested to this fact (National Drug Law Enforcement Agency 1997; United Nations Drug Control Programme 1998; United Nations Office on Drugs and Crime Nigeria 2010). UNODC (2010). This is not surprising because Cannabis is known to be cultivated in Nigeria. These are drugs administered to ease agitation and permit sleep (MedicineNet.com 2011). The popular types of sedatives in Nigeria are benzodiazepines and barbiturates. Benzodiazepines abuse, was estimated at 26.5% by UNODC (2010), coming next to cannabis abuse.

Multiple drug use is popular among drug users as figure 1.1 indicates.

In more recent times, reported substances of abuse include current drug of abuse include:

1. Lipton soaked with regal gin
2. Tramadol
3. Codeine
4. Dry pawpaw leaves
5. Hypo in La casera drink
6. Tom Tom in La casera drink

7. Spirogyra
8. Rohypnol (A tranquilizer)
9. 10 days urine
10. Methylated spirit in codeine
11. Methylated spirit in coke
12. Dry plantain leaves
13. Cannabis in Regal gin
14. Burnt tyres
15. Burnt Bitumen

*****Please note that this information needs to be corroborated by research.

3. CONCERNS ABOUT DRUG USE IN NIGERIA

Research findings show the following:

- Higher prevalence of drug and alcohol use among youths.
- Youths are most vulnerable to using drugs and also constitute the group most deeply involved in using drugs
- The young population is at risk (Over 50% of Nigerian pop. Are within the age group 1-19).
- Current statistics show that about 40% of youths abuse drugs in Nigeria
- Age at first use is below 12
- Over 6 million bottles of codeine are sold daily in the north/west part of Nigeria alone
- Youths abuse illicit drugs
- There is prevalence of multiple drug use
- Laboratories for the production of methamphetamines have been discovered in Lagos.
- Weeds are grown in Nigeria and readily available for sale
- It is related to deviant and criminal behaviours
- Problem drug users suffer ill-health and are disposed to Hepatitis C and HIV/AIDS
- Often leads to death without intervention

4. MAJOR REASONS FOR DRUG USE IN NIGERIA

- Peer influence (over 90%)
- Need for socialisation (need for belonging and acceptance)
- Curiosity
- Avoidance of frustrations
- For boldness and confidence

5. PREDISPOSING FACTORS

- Inability to manage unmet needs and expectations
- Disciplinary issues
- Wrong attitudes
- Poor bonding between parents and children
- Leaving children unmonitored in school and @ home
- When more time is spent out of the home with peer group
- When parents do not pay attention

- Emotional issues

6. SIGNS OF PROBLEMATIC DRUG USE

- Anxiety
- Depression
- Frequent mobility
- Mood swings
- Aggression
- Loss of interest in hobbies or important tasks
- Neglect of appearance etc.

7. IMPACT OF DRUGS ON NIGERIAN USERS AND SOCIETY

Drug abuse and dependence affect both the individuals and society as a whole. The major impacts of drugs are discussed below.

1. Health effects

It is important to note that the health effects of drugs are determined by:

- Type of drug,
- Quantity and
- Physiology of the user

The major health effects of the nervous system stimulants and depressants are discussed below.

Problematic effects of nervous system stimulants

Several studies have identified problematic effects of stimulants as sleeping disorders, poor appetite, restlessness, irritability, suicidal depressions, ecstatic paranoia, hallucinations, panic reactions, sensory disorientations and sometimes death (United Nations International Drug Control Programme 1992; National Drug Law Enforcement Agency 1997). Problematic effects of some specific drugs are stated below.

Cannabis

Cannabis addiction causes respiratory cancers and cardiovascular problems as well as the enhancement of foetal and neonatal complications. In addition, prolonged use is associated with severe psychopathologies (Adelekan 2000; Oshodi, Ikeji et al. 2009).

Cocaine

Cocaine addiction causes impairment of motor coordination, and reduction of attention span. Other effects include psychological disorders, anxiety, tension, fear, panic, bronchitis, nasal infections and distress.

Amphetamines

High doses of amphetamines induce hallucinations, delirium, paranoia, psychological dependence, sudden stoppage results in suicidal depression.

Lysergic acid diethylamide (LSD)

This drug is known to cause bizarre mental reactions and distortions in physical senses.

Problematic effects of nervous system depressants

Heroin- This drug is known to cause blood-borne viruses and psychological disorders.

At the societal level, it is widely known that crimes such as robberies and assault are related to drug abuse (United Nations Drug Control Programme 1998). Other effects on society are the incidence of HIV/AIDS (Acquired Immune Deficiency Syndrome); the UNODC (2010) suggests that in a significant number of cases, transmission has been through injecting of drugs.

Alcohol

Effects of alcohol include liver damage, blindness, mood disorder and psychotic disorder. Other effects are delusion, sexual dysfunction and sleep disorder.

2. Behavioural effects

Behaviour changes include drug seeking, neglecting important tasks, may become violent, neglect of appearance, may adopt criminal behaviours to maintain use etc.

3. Social effects

These include:

- Homelessness
- Increased risk of suicide, homicide, accidents, alcohol and drug related crimes
- Alienation from and stigmatization by friends
- Families are profoundly affected
- Increased burdens for support
- Greater demand for health services

4. Economic consequences

These include:

- Financial losses
- Job loss

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