



No 3 Banigo Close, Off Akinrinmisi Street,
Isheri-Olowora, Lagos, Nigeria.
Tel: +234 1 342 5355, +234 807 079 0121.
E-mail: wellspring_ngo@yahoo.co.uk
Website: www.rccgwellspring.com.ng
www.rccgwellspring.org

HELPING CHILDREN TO RESIST DRUG ABUSE.

(A presentation by Wellspring Rehabilitation Centre at the A&D Referral Services "90-Minute Seminar" Held On September 29, 2018).

1. Subject Introduction. Substance Dependency is an illness not an anti-social habit. Persons living with substance use disorder, an aspect of which is substance dependency, are in a way very similar to persons suffering from malaria or typhoid fever; the "infection" comes from a dysfunctional societal system (family, financial, occupational, etc pressures). However, society at large has become comfortable with the destructive attitude of stigmatizing the substance dependent person as an outcast that can never experience a normal and productive life style ever again. Research evidence and treatment outcomes suggest that persons living with dependency **CAN and DO RECOVER AND LIVE A VERY PRODUCTIVE LIFE STYLE.**

2. What is meant by drug misuse, drug abuse and drug dependency/addiction? The term "**substance**" is used when referring to both alcohol and drugs both of which affect the central nervous system (the brain) and lead to an alteration of the individual's reaction to situations. The human body has what is called "**tolerance level**" which, simply put, means the ability to increase the quantity of substance taken over a period of time. Since drugs affect the brain which in turn has an influence over the user's attitude and behaviour, then it follows that prolonged or wrong use of drugs will most definitely affect the user's attitude and behaviour.

3. Drug Misuse can be described simply as using a drug for what it is NOT meant for and NOT according to the prescribed quantity; for example taking more vitamin C tablets than what has been prescribed because the tablet tastes sweet; taking pain killers in greater quantity or

more than the number of times prescribed for the day for relief from headaches. This can invariably lead to drug abuse.

Drug Abuse arises out of the regular, habitual use of a drug in excess of the prescribed dosage, and this usually leads to drug dependency or addiction.

Drug Dependency or Drug Addiction is the state where the user can no longer function without taking the particular drug that has been abused over time and whenever the user attempts to stop using the drug, a very painful withdrawal symptom sets in. When not treated in time, substance dependency can lead to death not to mention the life destructive experience the user faces prior to death.

Problematic drug users are persons who are “ILL” and are unable to help themselves. They exhibit various and diverse symptoms which are substance specific, just like those suffering from other regular illnesses.

This particular illness however affects the entire “being” of the patient; body, soul and spirit; the three core components of the human being. In view of this, the treatment interventions applied must also address these three areas of the patient in order to achieve full recovery and restoration to a normal productive life.

THIS IS PRECISELY WHAT THE WELLSRING REHABILITATION CENTRE’S TREATMENT MODEL IS ANCHORED UPON.

4. **Tell-Tale Signs.** It is crucial for everyone to know the tell-tale signs of those who are regular users and those dependent on substances. Just as we all know that a person is ill when the body temperature is above normal or when there is shivering, or a person covers up with a blanket in very hot weather and is still shivering, substance dependency also has its peculiar short term and long term signs which incidentally are peculiar to the particular substance used by the patient. Some of these signs include:

- a) Appetite related signs (starts eating more than before or no longer eats well).
- b) Change in the type of friends kept (less responsible in character traits).

- c) There is a downward trend in school reports and attendance.
- d) Sleeping pattern changes (either sleeps more than before or a lot less).
- e) Outing pattern changes (goes out a lot more especially at night).
- f) Ignores personal appearance (dressing, hygiene, general habits, etc deteriorate).
- g) Decision making ability declines (begins to do things that are irrational).
- h) Becomes very secretive often bordering on paranoia (bedroom door always locked, often gets very jumpy and extremely suspicious).
- i) Possesses substance abuse “kits” like, eye drops, mouthwash, air freshener or incense, tobacco wrapping paper (the Rizla brand is most common), match boxes or cigarette lighter, stained spoons, tubes, syringes and needles. More recently, things like empty packs or bottles of prescription syrups, capsules or tablets, empty bottles of substances with strong smells, empty plastic bottles of popular non-alcoholic drinks.
- j) Has red or glazed eyes, dilated pupils, puffy lower eyelids, constantly running nose, lips progressively become dry and darker in colour.
- k) Depending on the substance being abused, laughs a lot more than normal even when alone or no longer laughs like before; becomes withdrawn or becomes talkative; becomes more irritable and can get aggressive, even violent.
- l) Expensive small items begin to “disappear” regularly at home or at school without any explanation; bigger, valuable items and even documents connected to high value possessions may later also begin to disappear.
- m) Becomes very mobile; always on the move (seeking for drugs).

5. The reaction of most families when these signs begin to become obvious is usually counter-productive to the recovery of the patient. Such

reactions always lead to the patient's staunch denial of the use of drugs and just like a delayed treatment of malaria or typhoid can invariably lead to death, the same often happens here with the patient ultimately leaving home to hangout on the streets where the situation becomes worse.

Early, open and loving support to seek professional help for the patient is the best step to take upon noticing these signs, just like early visit to the medical doctor is the best support for a malaria or typhoid patient. The family needs to be very patient and remain loving and caring but also strict in getting the patient to receive help early at an appropriate treatment centre.

6. **Helping The Child Resist Drug Abuse.** The plan to help Children avoid/resist drug abuse must start very early in the child's social life (***Proverbs 22:5-7. KJV:***

5 Thorns and snares are in the way of the froward: he that doth keep his soul shall be far from them.

6 Train up a child in the way he should go: and when he is old, he will not depart from it.

7 The rich ruleth over the poor, and the borrower is servant to the lender).

Resisting the drug habit is an active process which takes a lot of commitment on the part of the parents, guardians and mentors/teachers of the child. Personal self-esteem of the child needs to be built up from a very early age and it helps greatly when active belief in God is the centre piece (***Psalm 139:14. KJV:***

14 I will praise thee; for I am fearfully and wonderfully made: marvellous are thy works; and that my soul knoweth right well).

A child with a high level of self-esteem is less likely to yield to the demands of friends when outside the home because of the high values already inculcated in him/her (***Psalm 119:11 KJV:***

11 Thy word have I hid in mine heart, that I might not sin against thee).

Positive self-esteem also makes a child exert greater influence as against being influenced by friends and classmates (**Acts 1:8 KJV: 8 But ye shall receive power, after that the Holy Ghost is come upon you: and ye shall be witnesses unto me both in Jerusalem, and in all Judaea, and in Samaria, and unto the uttermost part of the earth).**

(John 14:26 KJV:

26 But the Comforter, which is the Holy Ghost, whom the Father will send in my name, he shall teach you all things, and bring all things to your remembrance, whatsoever I have said unto you).

Building a child's self-esteem takes time as well as serious commitment but the values deposited in the child usually last a life time of successful decision making by such child.

7. The home setting is also a very critical requirement in building resistance to drug abuse in the child. Some cases of substance dependency have been found to develop from a dysfunctional home setting where verbal and/or physical abuse is prevalent. Consistent absence of parents from the home has also been a known cause of the child getting involved in substance abuse. This becomes more pronounced in homes where the grown-ups use substances regularly. Discipline, founded on demonstrated love, and regularly applied in the right manner is a good atmosphere that reinforces the building of resistance to drug abuse in children.

8. When a child has a close and healthy relationship with the parents or in their absence, with a responsible and regularly available adult, that child is presented with the opportunity to freely discuss all manner of issues and so that child can seek help in times of trouble which in turn builds emotional stability in such a child. The escalating social pressure, especially through social media with the rapidly decreasing moral standards in today's societies has become a great source of emotional pressure on the child. This makes it critical for every parent, guardian or teacher who desires to help build resistance to drug abuse in a child, to make concerted effort, to develop a rapport with the child in order to build the required confidence in that child and thus sustain regular discussions on diverse issues that the child will need to talk about.

9. **Conclusion.** Treatment of substance dependency is very serious matter as patients often suffer relapse but this does not in any way mean that it is not a path to successful recovery and restoration. However, it is much better to prevent this painful experience in the lives of our children. This is part of what Wellspring Rehabilitation Centre has been deeply involved in since it began operations as a Parish of the **Redeemed Christian Church of God** on Sunday, January 16, 1994.

Buki Jinadu.
(PROJECT COORDINATOR)

WELLSPRING REHABILITATION CENTRE
+234-807-0790121
www.rccgwellspring.com.ng
info@rccgwellspring.com.ng
buki.jinadu@rccgwellspring.com.ng

Updated March 5, 2022.