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Recent trends in drug use and abuse in Nigeria

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ABSTRACT

This article presents an analysis of the present situation with respect to drug use and abuse in Nigeria. It is based on a review of literature on the subject, on information derived from annual Nigerian training courses on drug dependence and on reports from state directors of the Nigerian Institute on Substance Abuse (NISA). The object of the article is to highlight the need for establishing a system for monitoring the drug scene in Nigeria.

Introduction

Throughout the world, there has been increasing public outcry over developments in the production, trafficking and consumption of illicit drugs. In Nigeria, a sizeable body of literature on the subject has emerged in the past 20 years, representing an attempt to monitor the various problems posed by illicit drugs there.

While the Nigerian Government continues to plan programmes to counteract drug abuse, systematic efforts aimed at assessing patterns and trends in substance abuse and drug use behaviour have largely been contributed by individuals in academic institutions with scarce resources at their disposal. As a result, programmes for drug abuse assessment have been limited.

In 1981, Pela and Ebie [1] presented a review of the literature available on the subject at the first Nigerian Training Course on Drug Dependence [2]. Since then, additional information has emerged that suggests that there have been noticeable changes in the Nigerian drug scene.

The Training Course, which has been expanded to include countries of the West African subregion, is a useful source of information on trends in drug use. Another such source is the Nigerian Institute on Substance Abuse (NISA), founded in 1986 [3].

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This paper is an attempt to elaborate on changing trends in substance use and abuse in Nigeria within the past eight years by integrating information from participants at the Training Course and reports from state directors of NISA, together with material published since the last review [1].

The period 1960-1980

Reports indicate that in the 1960s and early 1970s, the substances most frequently abused were cannabis, amphetamines and tranquillizers [4, 5]. In the early literature, relatively little emphasis was laid on alcohol, or its health or social effects, even though it ranked highest in the drug survey reports in which it was considered.

According to clinical evidence, there was also a high rate of cannabis, stimulant and Mandrax (methaqualone in combination with diphenhydramine) use among student populations [4]. Cannabis was more frequently used among male than among female students.

Since the mid-1970s, there seems to have been a decline in the use of amphetamines. This has been attributed to the ban on their importation; however, they continued to be imported illegally into Nigeria. While there is no clinical evidence, there is epidemiological evidence to suggest continued use of amphetamines [6-8].

The period 1981-1988

A review of the African drug scene [9] showed that, in most of Africa, there were shifts in the pattern and type of drugs abused in the first half of the 1980s, as well as in the groups at risk of suffering complications arising from drug use.

A significant observation related to the increase in the population of female cannabis users is that cannabis use is no longer restricted to the conventional smoking pattern. It is reportedly used as a vegetable in potage, stew and soup [10]. Students have also reported that the extracted oil is often mixed with wine or soft drinks.

With the decline in the availability of amphetamines, other stimulants have taken over. These include Proplus (a caffeine concentrate), ritalin and the traditional cola nuts. There has not been a major change in the groups involved in the use of these drugs. Reports from northern Nigeria indicate, however, that, apart from long-distance drivers and students, farmers have used stimulants to stave off hunger and prolong working hours [7]. While there are methodological difficulties in the interpretation of the results of some studies [6], the findings that had been extracted retrospectively from clinical data were significant in that they suggested an upward trend in the use of amphetamines, at least in the north. The findings corroborate reports from NISA directors in the northern states on drugs being smuggled into Nigeria via its borders.

It had previously been assumed that, for religious reasons, alcohol use was not a serious problem in the north. Ahmed and Ifabumuyi [6, 11] found a high rate of alcohol use among the patients they studied. The changing situation with regard to alcohol and other drug abuse in the study population is reflected

by the fact that in one study, 4 per cent of the women examined used drugs [6], as opposed to only 0.8 per cent in a previous study.

The use of alcohol in Nigeria is now fairly widespread, as evidenced by the fact that the number of local breweries, wineries and distilleries increased from about 8 in 1970 to about 25 in 1983, when the Government stopped issuing permits for new plants. Despite the ban on the importation of alcoholic beverages, foreign products are frequently smuggled into the country. It is not clear if this is a result of a preference for foreign liquor or of a supply shortage.

There are discernable differences in usage patterns that reflect gender and socio-economic variations. Females tend to consume wine and spirits, while males tend to consume beer. Women no longer need to hide in order to drink alcohol or smoke [8, 12].

Age does not seem to be a determining factor in drinking behaviour, as alcohol use outside accepted parental control has been reported to begin as early as age 12 [12, 13]. Blue-collar workers and lower-class rural and urban dwellers use locally distilled gin, which is no longer illicit, palm wine or beer. Although the increasing use of alcohol in the Nigerian population is a matter of concern, it is the changing pattern of alcohol and benzodiazepine use among women that currently poses the greatest challenge.

A number of reasons have been advanced for the involvement of Nigerian women in the use of alcohol and sedatives. Foremost among these is the emerging role of African women as white-collar workers and, in some instances, as the bread-winners of their families, a situation that is quite different from the biologically oriented role of women (i.e. childbearing and childrearing) traditionally prescribed by society [14].

Recently, and particularly within the past four years, the use of the psychoactive substances discussed above seems to have been on the decline. Survey findings, however, suggest otherwise [7, 8, 15]. The apparent decline may be the result of attention shifting from these drugs to others that are socially, physiologically and psychologically more dangerous to the individual and society.

Since 1983, interest has been focused on cocaine and heroin use, abuse and trafficking. Although the problem first came to light in 1983, the trafficking of these drugs through Nigeria started as far back as 1976 [1, 16].

In 1982, Pela and Ebie [1] reported the organization of cocaine parties in parts of Nigeria, warning that it could spread to the adolescent population. At the same time, survey reports, which were based on student samples, and clinical evidence did not corroborate the degree of cocaine and heroin use *vis-à-vis* the extent to which these drugs were being trafficked through Nigeria. There is now, however, clinical evidence demonstrating increased local consumption of both drugs, especially at Lagos since 1984 [17, 18].

Although there is evidence to suggest that the use of cocaine has spread to other social strata and that adulterated forms of the drug have been circulated among the youth [6], cocaine consumption and trafficking are still restricted to young middle-class males, especially graduates who have studied abroad and the business élite.

Conclusions

The trends in drug use in Nigeria indicate that heroin use in that country may not be very different from that in other African countries having drug problems of similar magnitude. Conclusions drawn from the present review may be applicable to other parts of the African region.

The abuse of drugs, especially cocaine and heroin, continues to be on the increase. The problems posed by alcohol consumption, especially among the female population, are also increasing. The growing drug problem is reflected in the increasing number of specialized facilities for the treatment of addiction. The few systematic studies that have been carried out have not been broad-based. There is a need to investigate drug use behaviour in youth populations.

Addicts were treated in psychiatric wards until 1983, when a drug-abuse treatment unit was established in a psychiatric hospital [19]. Since then, two more have been established, one in the Department of Psychiatry of the University College Hospital at Ibadan and the other in the Department of Mental Health of the University of Benin Teaching Hospital at Benin City. This development may be indicative of increasing drug abuse behaviour or increased awareness on the part of policy makers of the problems of drug dependence.

A number of activities have been carried out by government and voluntary agencies to deal with the problem. In most instances, these activities could not be sustained because of a lack of funds. The voluntary agencies have not received much encouragement from official agencies. This might be because of the low priority placed on problems involving drug abuse.

A major problem in assessing drug use patterns is limited data. This could be remedied if the relevant United Nations agencies could arrange for the funding of regional epidemiological surveys, to be carried out at regular intervals. Perhaps the surveys could be used on those published by the World Health Organization [20]. They could, for example, reflect trafficking patterns across sub-Saharan Africa. The use of such surveys would ensure the uniformity of research methods and data analysis across regions. They could be supplemented by national surveys and a reporting system within countries that would ensure the monitoring of clinical and other data.

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