

The scourge of addiction in Nigeria: the primacy of prevention

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Addiction is a thorn in the flesh and fabric of the global community. It is defined by the first author as the long lasting abuse of the user's brain primarily. The abuse consequences can be understood as the '3Ds.' The first D stands for 'darkness' resulting from the miseries of addiction that leads to time wastages and the negligence of normal activities particularly that of self-care. The next D of addiction effects, 'destruction' is the ruins registered as destructions to the users, significant others and societies' health, wealth and wellbeing both in the present and future. The last D, is the 'devastations' from wastages secondary to addiction. Such wastages are the expenses of

addiction activities, unquantifiable cost of treatment often life-long and the associated poor quality of life of users, significant others and societies. Hence, its description by Karaman as enslavement.^[1]

In Nigeria, the rate of the most common drugs of abuse ranges from 2.7-6.6% and 39-57% respectively for illicit (i.e. cannabis) and licit substances (i.e. alcohol).^[2,3] These rates are alarming considering that Nigeria population is close to 200 million.^[4] This is about 3% of the world population and at the same time represents more than half (51.3%) of west African population. In addition to the high rate of addiction in Nigeria is the dearth of evidence-

based treatment facilities.^[5] And Considering that majority of Nigerian population are the youths. Then Nigeria is in a very big problem from addiction as about 70% of the users' of drugs of abuse are youths. Hence, the need to increase and intensify primary prevention activities. This is because, for every \$1 spent on addiction prevention, you save atleast \$10 for subsequent treatments.^[6] The rest of the editorial will focus on activities that can meaningfully contribute to primary prevention of addiction.

Before highlighting some of the prevention activities is to emphasized Nigerians that most of the prevention efforts will be targeted toward. And that group will be the Nigerian youths. Interestingly, the United Nations Office on Drugs and Crime (UNODC) reported risk age group for start of drug abuse in Nigeria (i.e. 10 to 29 years) coincided with identified targeted group.

Overall, addiction prevention activities which must be evidence-based and should cover from preconception to end of life. While government role of limiting availability through enacting and enforcing laws. Institutions like organized society must initiate and sustain prevention programs. Such programmes campaign tactics should be guided by some rules identified as do's and don'ts of addiction prevention activities. So don't; lecture; induce guilt;

shaming; encourage sensation seeking; glamorize/dramatize drug use; nor use scare stunts. Rather frame activities as health issues citing down-to-earth real-life examples, emphasizing potential consequences and good use of peer as messengers. Next and most importantly is family.

Family must be involved in their children's social life, maintaining close family bond that is nurturing and supportive, demand clear/consistent expectations from children, involve all especially children in family decision making and set smart life goals for children. At the community level, good social control must be put in place, provision of addiction free community resource/activities, enhancing collective efficacy and creation/promotion of addiction-free celebrities.

For any drug prevention activities to be successful, it is paramount to identify and partner with addiction prevention agencies like the Green Crescent Health Development Initiative (GHI) and Islamic Medical Association of Nigeria (IMAN) etc. Also, is to identify and shield the Nigerian youths from the activities/influence of the drug abuse industries like the licit cigarette/alcohol factories and illicit cannabis manufacturers.

Lastly, advocacy and volunteerism for addiction prevention activities should be in our

lots. This can be by petitioning our law makers to promulgate helpful laws against all forms of addiction. Or by forming, join and/or sponsoring activities that struggles against addiction. We should always remember that addiction prevention requires evidence-based skills beyond our wishfulness and good heartedness.

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