THE SOCIAL AND PSYCHO-MEDICAL IMPLICATIONS OF DRUG AND SUBSTANCE ABUSE IN NIGERIA

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Abstract

There are quite a number of drugs of abuse in different societies thereby making drug and substance abuse a major problem across the world. Any substance, of natural, artificial or synthetic origin, other than food that by its chemical nature alters structure or function in the living organism is referred to as drug. Drugs of abuse like cannabis, alcohol, tranquillo-sedatives and hypnotics, stimulants and morphine-type drugs have unique social and psycho-medical effects that by acting on the brain spread to the other parts of the body. This influences a lot of functions; the use of each of these drugs is, to a certain degree, capable of producing effects associated with psychosis and other drug-related problems that require some treatment and care in hospitals and rehabilitation centers. The effects of a drug do not depend solely on chemical interactions with the body only, but the influences of expectancy; experience and mood also constitute strong determinants of drug's effects. The cogent views of self-control theory are used in explaining how low self-control among some members of the society could be linked to drug and substance abuse mindless of the effects. Drug effects are typically classified into the specific and non-specific (placebo) effects. Specific effects are related to the concentration of chemical; they depend on the presence of chemical at certain concentrations. Non-specific or placebo effects do not depend solely on chemical interactions with the body's tissue; but are dependent on the experiences and mood of the user before taking the drug. Placebo effects are derived from user's unique background and perception; noting that drug effects are greater on occasional users than chronic users. The effects and problems associated with the use and abuse of marijuana, alcohol, tranquillo-sedatives and hypnotics; morphine drugs, stimulants and inhalants/solvents are presented.

Keywords: Amphetamines, Morphine, Psychosis, Tranquillo-Sedatives

Introduction

It is widely accepted, as argued in many studies (Asuni, 1964; Lambo, 1965; Barrofka, 1966; Odejide and Sanda, 1976; Nevadomsky, 1979; Ogunremi and Rotimi, 1979; Anumonye, 1979/1990; Ebie, 1987, 1988; and Obot, 1989, 1990, 1992 and Abdullahi, 1997, 2000), that drug and substance abuse constitute a problem across the world. The term drug is defined as "any substance, natural or artificial, other than food that by its chemical nature alters structure or function in the living organism." (Ksir, Hart and Ray, 2008: 5). There are quite a number of drugs of abuse in Nigeria, but the most common that have psychotic and medical effects include cannabis, alcohol, tranquillo-sedatives and hypnotics, stimulants and morphine-type drugs. The use of each of these drugs is, to a certain degree, capable of producing many effects, and associated with psychosis and other drugs-related problems that require some kinds of treatment and care in the hospitals and rehabilitation centers. Every drug has multiple effects; and by acting on the brain, the effects spread to the other parts of the body. This influences blood pressure, intestinal activity or other functions (Ksir, Hart and Ray, 2008). The effects of a drug do not depend solely on chemical interactions with the body only, the influences of expectancy; experience and mood constitute strong determinants of drug's effects too.

Therefore, drug effects are classified into two – the specific and non-specific (placebo) effects. Specific effects are considered as the effects related to the concentration of chemical; they are the effects that depend on the presence of chemical at certain concentrations. Non-specific or placebo effects are those effects that do not depend solely on chemical interactions with the body's tissue; but are more dependent on the experiences and mood of the user before taking the drug (Ksir, Hart and Ray, 2008: 105). As such, *placebo* effects are those that derive from the user's unique background and perception. Goode (1999) as cited in Thio (2008:285) states that the effects of a drug are greater on occasional users than chronic users. The types of drugs identified – cannabis, alcohol, tranquillo-sedatives and hypnotics, stimulants and the morphine-type, along with their overall implications within the context of abuse are examined. The main objective of the paper dwells on unveiling the effects of the selected drugs above and providing explanations using the self-control theory.

The Effects of Drug Abuse

Drug use and abuse constitute an enormous social problem around the world (Akers, 1992). Radda (2005) qualifies drug abuse as a social problem resulting from the use of drugs the world over during festivals, at social gatherings, religious ceremonies, etc. Differences in the rates of drug use across groups in the same society reflect the varied cultural traditions regarding the extent and the functions to which drugs serve and are integrated into eating, ceremonial, leisure and other social contexts (Stevens and Smith, 2001). For Nigeria in particular, Egboh, (Dan'Asabe, 2004) is of the view that drug use produces desired effects like pain relief, drunkenness, awakeness, alertness, increased initiative and elevation of mood, a lessened sense of fatigue, increased motor and speech activity, depression, etc. Emphasizing on the consequences of the drug user's behavior, Rinaldi et al. (1998) opined that drug abuse causes physical, psychological, legal or social harm to the individual or to others affected by the drug user's behavior. Drugs affect the central nervous system and have other direct physiological

effects on the body. Drug behavior varies and variations within a society depend on the communities in which individuals reside, their group memberships and their location in the social structure as defined by their age, sex, class, religion, ethnic background, race and other statuses in society (Akers, 1992).

Drug can change the way the body acts and the change may be for better or for worse. But largely, drugs are destructive and debasing to man, and the destruction has spill-over effects on the young and unborn generations (Bukarti, 2009). Therefore, drug abuse reflects a social problem defined as incompatible with the desired quality of life (Maisto, Galizio and Connors, 1999). According to Garba (2003), the concept of abuse indicates the use of a drug by an individual or a group of people to the extent that it is resulting in problematic behavior and likely to cause harm to the user and to the society. Drug abuse is an issue that not only affects the person abusing it, his family or community alone, but its outcome affects the society at large. Ebie and Pela (1980) and Odedije (1985) identified the following as the main likely resultant consequences of drug abuse are social, psychological and medical. Thus, the effects of the selected drugs ranging from minor issues to potentially harmful ones can largely be summed up below.

Marijuana, alcohol, tranquillo-sedatives and hypnotics; morphine drugs, stimulants and inhalants/solvents have effects associated with problems of memory and learning perception, difficulty in thinking and problem solving, loss of coordinating, anxiety, panic attacks, and respiratory problems. Other problems are psychotic and medical problems like odor of the breath, lack of focus, argumentative or passive behavior, a decline in personal appearance and hygiene, absenteeism from work, loss of memory, flushed skin and impaired interpersonal relationships, suppress of the central nervous system. Slow-down of activities of the CNS, drowsiness, partial or total amnesia i.e. loss of memory are part of the problems. Others are memory impairment, slurred speech, drunken behavior and drug dependency; extreme fear, drowsiness and convulsion. High degree of addiction, euphoria, hallucinations and psychosis with paranoid delusions, auditory visual and tactile hallucinations are not an exception. Marked psychological dependence, depression of the CNS, failure of breathing, death from convulsions and heart failure, increased body temperature, feeling of restlessness, etc. also come into play. Using the drugs also ignites powerful addiction leading to complex social and health problems, producing dream-like state; induce sleep and lead to clouding of consciousness. Changing mood, creating an image of escape from reality, several unwanted behaviors, provision of euphoria, distortion of thought, high psychological dependence comprise part of the categories of effects of dug/substance abuse.

Theoretical Framework

Theoretical explanations are abound on why behaviors manifest, flourish, gain popularity and/or vary across groups and locations. In explaining the account for the effects of identified types of drugs, the cogent views of self-control theory are adopted in this paper.

Self- Control Theory

The self-control theory explains all the individual differences in the 'propensity' or the tendency to demonstrate or refrain from a particular behavior under all circumstances (Gottfredson and Hirschi, 1990:89).The theory proposes that low self-control is associated to non-conformity. Low self-control will lead to non-conformity when opportunities are available. Self-control is defined by Bryant and Peck (2007:243) as ''the common factor underlying problem behaviors or the degree to which an individual is vulnerable to the temptations of the moment.'' This implies that a person with high self-control will be significantly less likely throughout his/her life to engage in non-conforming behavior. The individual with low self-control is highly likely to do so (Gottfredson and Hirschi, 1990:89). In this sense, a person with low self-control may qualify as one with the propensity or tendency to take drugs despite the social and psycho-medical effects, whereas one with high self-control may demonstrate the tendency to refrain from using drugs.

The source of low self-control is ineffective or incomplete socialization, especially ineffective child rearing. At the crucial stage of socialization, parents and the school through their roles punish unwanted acts. Unlike differential association theory, the self-control theory assumes that peer groups are relatively unimportant in the development of self-control. Gottfredson and Hirschi (1990) argued that self-control is formed early in life or during one's childhood and the amount of self-control a person has acquired remains relatively stable throughout life. Thus, the explanations of the self-control theory push its key factor back to childhood as the predictor that accounts for non-conformity (drug use included).

Apart from socialization, monitoring and control are additional important factors. Bryant and Peck (2007) assert that children who grow up under conditions in which parents are unable or unwilling to monitor and control their behavior early will develop unconventional behaviors. The children develop patterns of engaging in uncontrolled, impulsive and pleasurable rewarding behavior that includes drug use. Once such a behavior is established it remains stable with the child and is not easily affected by other institutions, as a result it affects the child's encounters later in life.

People who lack self-control tend to be self-centered, careless, short-sighted and intolerant of frustration and/or effects. Bryant and Peck (2007) referred to those lacking self-control as pleasure-oriented who act with no concern for the long-range consequences of their actions. This theory considers drug use as a manifestation of their orientation to life that propels them to do whatever feels good, regardless of whether that causes harm to others or even to oneself. Based on the propositions of this perspective, the impulse to use drugs does not have to be learned. Specifically, the logical structure of drug use is regarded as being a manifestation of an underlying tendency to pursue 'short-term and immediate pleasure' (Gottfredson and Hirschi, 1990:42).

Furthermore, Gottfredson and Hirschi (1990) argue that low self-control is built of a trait consisting of impulsity, a preference for simple, self-centered orientation and a volatile temper. The single trait predicts involvement in varieties of behaviors like drug use, smoking, drinking, gambling and engaging in illicit sex. The second variable is opportunity. Low self-control by

itself is not the primary determinant, instead opportunity serves as the second independent variable that specifies the opportunity under which low self-control most likely leads to non-conformity. In the presence of opportunity to non-conformity, individuals with low self-control are likely to deviate whereas individuals with high self-control are not. Therefore, self-control serves as the central factor in the tendency for persons to maintain conformity or not under a variety of circumstances. The person with strong self-control will not succumb to the temptations, rewards and opportunities for drug use and will be mindful of the effects. The person who has low self-control will be more likely to use drugs (Akers, 1992), with less attention to the effects tied to the drugs.

Discourse on the Effects of Drugs of Abuse

This section presents a brief discussion on the social and psycho-medical effects of drugs and substances respectively.

Marihuana or Cannabis

Marihuana is one of the popular drugs of abuse by the Nigerian youth. It is widely available throughout the country because it is easily, and secretly, grown throughout the country. Its cultivation and distribution network cut across the borders of Nigeria to other West African countries. This substance was initially introduced into Nigeria and other West African nations after the Second World War by returning soldiers (Obot, 1990). Marihuana is known by various names in Nigeria due to its relative long period of popularity among the youth, despite legal proscriptions. These include 'wee-wee', 'pot', 'Indian hemp', 'hashish', 'morocco', 'push me-I-push you' (Ebie, 1987). Other names include 'marrow', 'ganye' (leave) and 'magani' (medicine), 'ganja', cannabis, 'tabar aljannu', etc.

The Nigerian grown cannabis is generally believed by the users to be among the strongest, and more potent compared with varieties from other countries. It is readily available and conspicuous in places such as street corners, motor parks, brothels, nightclubs, and cinemas. While the Nigerian government is seriously pursuing both users and dealers of marihuana, it is difficult because its trade and use is clandestine and, often, involves officials. For example, it is often smuggled into the prison yards for the consumption of prison inmates as evidenced by a probe report of 6th May 1987 on the Benin, prison that indicted some prison officials for trafficking in Indian hemp (Ebie, 1987:7).

Cannabis is used by individuals in Nigeria as narcotic and the most common way of taking it into the body is by smoking its dried leaves which are rolled in form of cigarettes, and it is relatively expensive. However, an emergent technique of using cannabis is indicated by a small number of youth who have begun to experiment by adding cannabis into porridge and soups (Ebie, 1988). In Nigeria those who mostly take marihuana include young adults, adolescents, students, drivers, political party 'vanguards', etc.

Earlier studies (Lambo, 1965; and Barrofka, 1966) of patients who were admitted into hospitals due to cannabis use and abuse indicated that the majority of them were under the age of 35. Barrofka discovered that 93% of the patients in his study were; less than 35 years old. However, since the

1960's rapid changes have been taking place, youth are becoming more independent and free from the firm control of the traditional family and as result of which, cannabis abuse has become a relatively common phenomena among youth within the age range of eleven to twelve (Anumoye, 1980). Similarly, even in Northern Nigeria, where the population of users is perceived to be low, the total sample of cannabis users among the hospital patients who were receiving treatment for psychosis was reported to have an average age of twenty two and a half, with majority of them falling between the ages of fifteen to twenty years. In a student survey carried out in some Nigerian cities, it was discovered that as high as 37% of sampled students disclosed that they smoked marihuana (Ebie, 1987: 22).

Rural-urban migration encourages the use of drugs among youth-particularly marihuana, because a number of the immigrants lack significant others and protection in the city where they are exposed to all potential social ills. They live on their own, associate with urban delinquents from whom they learn about marihuana use. This has been the situation since the earlier period of the 1960's. The phenomenon of marihuana use among migrant workers was also reported by Lambo et al. (1965) when they surveyed two industrial areas in Nigeria. They reported that young "migrant workers are more prone to abuse of cannabis than their own migrant elders". However, no association has been established between drug use in general and any other Nigerian ethnic group.

Nevertheless, the relationship between occupation and social class, on the one hand, and cannabis use on the other, has not been clearly and generally established in Nigeria. Cannabis use in the early 1960's was predominant among laborers, drivers and other low skilled workers. And this group of users was reported to constitute the largest population of those who were admitted for the treatment of cannabis psychosis. However, gradual changes began to occur as a consequence of which the picture changed in the 1970's when the low skilled workers ceased to constitute the largest number of cannabis users. This was due to the proliferation of local dealers who sold marihuana to students and made it easily available to them. This easy access enabled students rather than the low skilled workers, to constitute the highest percentage of users, though the rate was also reported to be on the increase among clerical workers. However, drastic shifts were more apparent during and after the Nigerian civil war when it was suddenly and unexpectedly discovered that soldiers formed the largest population of cannabis users. This became evident especially from the year 1970 to 1972 when a significant number of them were admitted for the treatment of psychosis because of cannabis ingestion (Ebie and Pela, 1981).

It is also evident that the use of this substance has expanded beyond the confined group of students and migrant workers because political 'thugs', especially 'during the political campaigns in the second and third Republics used it and continue to spread its use among other youth, including those under aged, Notwithstanding all of these different groups, the emphasis is that, in Nigeria as, in other African countries, the tendency to use marihuana is high among migrant workers in general. In a seven-year survey on the frequency of drug abuse, particularly of marihuana, it was discovered that the most, frequent and indiscriminate use manifests itself among the marginal Africans. It was reported that in Aro hospital in Lagos, 15% of the patients who were admitted between 1959 and 1960 were cannabis users. Similarly, in the psychiatric clinic of the University

College Hospital, Ibadan, and 20% of the total outpatients from the year 1959 to 1960 used cannabis (Lambo, 1965:3). Right from the mid-1960's through into the 1990's, the use of cannabis has been on the increase and most of those involved were males because of their greater freedom compared to their female counterparts. In fact, many psychiatrists in Nigeria are of the view that between 20% and 50% of males who were admitted into the psychiatric wards were "suffering from psychosis associated with cannabis use" (Ebie and Pela, 1981). Similarly, Odiase (1980) had discovered further that 'toxic psychosis', which is associated with the ingestion of the cannabis, was reportedly responsible for more admissions to psychiatric wards than schizophrenia (in Ebie and Pela, 1981: 302).

The Effects of Marihuana or Cannabis

Cannabis consumption has the potential of producing several effects on users. Marijuana use is associated with tine problems of memory and learning perception, difficulty in thinking and problem solving, loss of coordinating, anxiety, panic attacks, and respiratory problems. Furthermore, during infancy and pre-school year, children have more behavioral problems and face some difficulties of visual perception, language comprehension and decision making skills (Parents: the anti-drugs, 2004). In the case of those who take small quantities or low doses, it produces effects characteristics of the central nervous system depressants. In the case of high doses, it produces the effects of hallucinogens. It is also associated with dreamy euphoria, laughter, panic attack and paranoia especially in new users (DrugAbuse.com: 2004). Cannabis is classified as a depressant or hallucinogen because the kind of effects it produces depends largely on the quantity used, the environment and the users' psychological status. But depressant effects are most predominant among its users. Furthermore, marihuana is claimed to have effects on some vital organs, particularly on the users' respiratory and reproductive and as well as on the immunity system (Obianwu, 1987).

Being the most commonly abused substance also makes cannabis the most frequent and harmful for, which medical care is mostly needed and required. Cannabis is strongly believed to be responsible for the mental disorder or sickness suffered by a large number of the Nigerian youth. In another survey of sampled hospital patients, Anumoye (1980) discovered that the most predominantly prescribed substance of abuse used by patients was cannabis. This substance was discovered to have drastic effects on them. The major problems associated with cannabis use, which led the patients to treatment were "the release of innate mental disturbance, temporary toxic psychoses and the replacement of passivity by aggressiveness" (Anumoye, 1980: 42).

The above mentioned psychic disorders were similar to those earlier observed by Lambo (1964) and Barrofka (1966) in adults who used cannabis, and they do not differ very much from the surveys of Nigerian hospitals. In quite a number of hospitals it was found that:

> The effects of cannabis are psychological and behavioral and the identified patients suffered from psychosis, marked disorganization and rowdy behavior, inability to calculate, lack of motivation and flashback phenomenon (Ebie, 1987:21).

As earlier indicated, the use of cannabis is a major contributory factor in the production of patients requiring psychiatric treatment and care in the hospitals. Though not all users by any means turn to the hospital for medical help, nonetheless a significant number of those who

request for medical assistance from hospital were using marihuana. For instance, in his one year practice in one of the Nigerian hospitals, Ogbeide discovered that:

> ...Over twenty youngsters who were seen for various symptoms ranging from a feeling of a heavy weight in the head to the 'heat in the brain' confessed to having taken marihuana at one time or the other...14...agreed that the substance must have contributed to their illness (1987:200).

However, it is difficult to generalize this type of association identified by Ogbeide between marihuana use and mental disorder because of the number of exceptional cases. For instance, among the twenty youth who confessed six of them denied that the substance was associated with their sickness. For them, their illness had no relationship whatsoever with marihuana use. Although it could be true, most denials about substance abuse are out of fear of possible rejection and stigmatization by the society.

A major factor here is the opposition of Islamic religion and culture on drug abuse among the Hausa. A person who is known to be involved in substance abuse is called, 'Dan Kwaya' (literally, 'drug addict'), a derogatory term leading to the loss of self-respect, confidence and the trust of others. If use is associated with some of the greatest crimes in that there is a wide belief that a person under the influence of 'Kwaya' is more than capable of committing murder, rape and armed robbery. A person who engages in drug abuse tends to lose his honor as do his family. His children find it difficult to get marriage partners since family background is one of the most valued of assets. Thus, 'Dan Kwaya' is a derogatory term commonly used by one individual against another in order to discredit them even when drug abuse is not involved. All of these pressures tend to inhibit the disclosure of substance use. Levy (1972) puts that marihuana affects the CNS, causes distortions of sensory perception, which leads to illusions and disorders. Large dose can result to disturbed mind, madness, confusion and disturbances of mood and memory loss.

Alcohol Consumption

The types of alcoholic beverages that are available in Nigeria include the locally produced ones such as palm wine, 'pito', 'burkutu', 'ogogoro', and beer and other wines, and spirits. Alcohol problem began in Nigeria as early as the pro-independence era when the colonial administrators attempted to regulate the trade of liquor in the continent of Africa for reasons that were initially economic. After years of rigorous campaigning against alcohol, they succeeded in banning the production and purchase of locally produced gin, which was replaced by imported alcohol (Obot, 1992). Prior to this period, Nigerians arid other Africans with little or no problems initially used alcoholic beverages because the use was associated with the socio-religious and cultural life of the people. The foreign imported alcoholic beverages formed a significant part of the trade by barter, included the slave trade (Pan, 1975).

Alcohol is a legal substance in Nigeria, but it is also abused. The use of this substance causes both medical and psychological complications to individual users. A large number of people both old and young use alcohol, but more men consume it than women (Ebie, 1987). In a survey conducted in Nigeria, it was concluded that almost 30% of the adult population are regular consumers of alcohol and more than a third of them use it at least once in a day (Obot, 1992).

In most cases, alcohol drinking among Nigerians begins in early life, often before adulthood. This

is one of the reasons why a significant number of secondary school students among the non-Muslim population are alcohol drinkers and, what is more, they accept and perceive themselves as such (Obot, 1992). Alcohol drink is most common in the Southern Nigerian cities, which include Lagos, Enugu, Benin, and Ibadan and more than 25% of those involved are junior students in secondary schools (Ebie, 1987).

Alcohol is used for different purposes by Nigerians, but it is most commonly and generally used for socio-cultural reasons. One of the commonest is for ceremonies such as to celebrate marriage, funerals, and the birth of a new baby, election victories as well as appointments and promotions, among others. Although comprehensive national figures are lacking on the pattern of alcohol consumption in the country, it was reported that 'burkutu', palm wine and beer are equally consumed in both the rural and urban areas. While the locally produced 'ogogoro' is most preferred by the people in the rural areas, in urban areas people prefer to consume the imported spirit. But in general, beer is the most preferable alcoholic drink closely followed by spirit and local brews (Ebie, 1988: 4-5).

The gender pattern of alcohol consumption shows, as indicated earlier, that more men consume alcoholic beverages than females, though the gap is reported to have been closing. But even among women, the consumption pattern varies between rural and urban women:

> Whereas urban females consume beer including stout, rural women consume more local brews...the rural females like their rural males, have a taste for any type offered at celebrations (Ebie, 1988: 5).

While its use is not frowned at by a large number of the Nigerian Christians, particularly in the South and among the Middle belt minority areas of the North and a few groups of the pagans, the Nigerian Muslims who are the most predominant in the northern part of the country abhor its consumption. Thus, alcohol consumption is lower in the North compared with the South. Though alcohol is said to be consumed by the non-Muslims ethnic groups of the North, and also by the non-Muslim immigrants from the South, Ifabumuyi noted:

> In the northern Nigeria, there is a tendency for people to drink in privacy. This may be due to 'Shari'a law' an Islamic legal system practice in parallel with the common law in northern Nigeria, which imposes 80 strokes of the cane for drinking. Partly due to the fear of punishment and social rejection, it is characteristic that alcohol and drug addicts are brought for treatment when their mental breakdown can no longer be concealed (Ifabumuyi, 1985: 480).

The Effects of Alcohol Consumption

Alcohol consumption is associated with a number of psychotic and medical problems that affect the individual user. Users suffer from odor of the breath, lack of focus, argumentative or passive behavior, a decline in personal appearance and hygiene, absenteeism from work, loss of memory, flushed skin and impaired interpersonal relationships, among others (The anti-drug.com: 2004). Alcohol suppresses the central nervous system, but this largely depends on the quantity of alcoholic consumed by the individual. It affects the behavior and mood of such a person, though these effects are associated not only with the amount of alcohol consumed but also by the personality and mental state of the person and his environment. It is generally believed

that small quantity of alcohol usually produces a "sedation and the relief of anxiety" (Obianwu, 1987: 42). Its use and abuse by Nigerians continues to generate multiple problems to the society. As Obot puts it:

> The cost of alcohol abuse to society in Nigeria, in terms of accidents, health care cost, morbidity and mortality, loss of time from work, violent crimes, and family disruption is certainly substantial but lack sufficient documentation (Obot, 1992: 482).

A large proportion of road accidents in Nigeria have been associated with alcohol use and it has been reported several times that Nigeria has the highest vehicle accident rate in the world (Obot, 1990: 701). Some of the accidents are fatal leading to physical and mental incapacitation. The NDLEA indicates that alcohol consumption causes heart problems, asthma, visions disturbance, impaired judgment, reduced muscle and reflex control and even sudden death. Adeoye (1981) observes that alcohol has marked effect on judgment and senses, the control of one's emotion breakdown.

Tranquillo-Sedatives and Hypnotics

These substances form a group of central nervous system depressants and are popularly known and referred to as 'sleeping pills' or 'common Valium' by the general public in Nigeria. Generally, members of the public use sedatives to 'calm anxious and restless subjects, while hypnotics are used to produce drowsiness and sleep'. However, the two are regarded as synonymous because there is no clear difference between the effects of the two due to the fact that small doses of hypnotics are often used as sedatives. This group of drugs is also legal in Nigeria as long as they are sold to individuals who produce evidence of a doctor's prescription. However, they are widely available without prescription and while they are commonly prescribed for relaxation and sleep disorders, the people who abuse them typically combine them with alcohol to increase their intoxication (Obianwu, 1987).

Specifically, sedatives and hypnotics include substances such as Valium, mandrax, soneryl, and Librium, which possess addictive potential. The common view is that "more women use these types of drugs than men" in Nigeria and that benzodiazepines are believed to be the most widely abused substance by women. However, there has been a dramatic shift from the abuse of benzodiapines to that of Valium by a significant number of both the Nigerian men and women users (Ebie, 1987). Thus, Valium is popularly known by a large number of people as the most commonly used drug for the relief of anxiety. It is easily available to any person who requires it. It can be purchased in virtually any unlimited quantities from drug stores, chemist shops and the markets and many people use these tranquilizers legally and illegally. There is evidence that highly placed individuals in the position of responsibility, among who are civil servants and administrators, use these drugs by self-prescription.

In Ibadan, one of Nigeria's big cities, 40% of the administrators were, using Valium without a doctor's prescription (Odejide, 1989). This is not limited to civil servants; secondary school students also use tranquillo-sedatives, particularly diazepam. Its use among the Nigerian youth is mainly to increase alcohol intoxication and this has been the practice for a long period. However, one unique and prevailing attitude of the majority of drug users is their continued unwillingness to disclose the problem by seeking early medical attention because they do not consider the request for such assistance as necessary. They are more likely to seek medical aid when the

condition is no longer bearable and accommodative. Even in cases where medical assistance is sought from hospital, it is least sought for the treatment of problems generated by sedatives/hypnotics. Ogbeide (1987) revealed that there were more frequent requests for medical care from users of marihuana or their parents, followed by requests from those who use stimulants, alcohol, sedatives/hypnotics and cocaine.

The Effects of Tranquillo-Sedatives and Hypnotics

Tranquillo-sedatives and hypnotics drugs slow down the activities of the CNS, the effects include drowsiness, partial or total amnesia i.e. loss of memory. Tranquillo-sedatives and hypnotics have similar effects to alcohol. They reduce anxiety (sedatives in particular); they are called hypnotics because of the sleeping effects in them that render users calm and relieved. The drugs under this category are referred as agents that act on the emotional state of users or calming the person without affecting consciousness. Additional effects associated with such drugs are memory impairment, slurred speech, drunken behavior and drug dependency. Others are extreme fear, drowsiness and convulsion. Overall, they release uncomfortable emotional feelings by reducing anxiety, tension and also promote a condition of relaxation.

Stimulants

The type of stimulants commonly used in Nigeria include amphetamines, caffeine concentrate sold as proplus tablets, kola-nut and, more recently, cocaine. These substances "stimulate the central nervous system and have an adrenaline-like effect on the body" and they are strongly believed to "induce symptoms like irritability, anxiety and a feeling of apprehension" (Obot, 1990: 701). Many Nigerians perceive stimulants as 'male drug' that does relate to the fear that they are mainly used by males, particularly among students, and are perceived with "displeasure by the society" (Ebie and Pela, 1981: 303). It is evident that most Nigerians who use amphetamine tablets and other kinds of stimulant use them in order to keep awake and work for long hours, especially by students whenever they have to study hard for exams. This is the situation among students of higher education. Consequently, it was discovered that those patients who abuse stimulants:

> ...Present with anxiety, inability to comprehend anything, and 'brain fag' a terminology I understand to mean being blank, hearing voices and disorientation (Ebie, 1987: 201).

Other frequent users include long distance commercial drivers, particularly truck drivers and farmers. Its use among this group of people is associated with the nature of their occupations, which require the use of energy and endurance. Farmers in Northern Nigerian villages who were displaced by drought for a long period resorted to using amphetamines to reduce their appetite and generate more energy. They confessed that once they began to take the drugs, they developed the desire not only to continue taking them, but also to increase the dose, so as to avoid fatigue and get more strength. In most cases such users end up in hospitals seeking medical treatment (Ebie, 1987).

Cocaine is relatively a new stimulant drug in Nigeria. It is only in the 1980's, that ordinary Nigerians became aware of the prevalence of hard drugs, such as cocaine and heroin. This

happened in 1984 when some Nigerians were arrested because of their involvement in the trafficking of these and other types of drugs. However, there were no reported cases of cocaine and heroin abuse in Nigerian hospitals before the year 1980. Its popularity is also relatively recent but within a short period it became a popular household name in Nigeria to the extent that even brand of car and a type of cloth used by women to wrap their bodies, and a street in Lagos were nick-named 'cocaine'. But it was the intensity of the illegal trafficking activities, which forced the government to declare a total war against both traffickers as well as users. It is also referred to as the Champagne of drugs in Nigeria because its price is exorbitant and, accordingly, its use was in most cases restricted to the few who could afford to purchase it (Ebie, 1987).

The use of cocaine was relatively unknown among the larger population of Nigerians especially in the north. Consequently, its use has been confined to a small number of Nigerians in the south who are mostly referred to as the 'western educated elite', as well as to the drug barons and peddlers. In addition to these, a small number of Nigerian youth, who are mostly students in the university and institutions of higher learning, and a small number of successful modern businessmen, also use cocaine and heroin. Its use manifest more among the youth from the well-to-do families. In a survey conducted in the Middle belt area of Nigeria, it was reported that there were only 0.6% of the sampled respondents that used cocaine. However, health practitioners had expressed fear that cocaine is gradually affecting the health of Nigerians who use it, and that the number of users is on the increase. They further disclosed that there was almost a 50% increase in the number of those who abuse cocaine and narcotics from 1984 to 1988. A total of 76 cases were treated in four major hospitals, out of which 49 cases were for narcotic abuses while 27 cases were for cocaine abuse (Obot, 1989).

The use of cocaine as an emergent phenomenon is not confined to those few Nigerians alone; a significant numbers of expatriates who live in Nigeria also use the drug. It is reported that some members of these expatriate communities use hard drugs particularly cocaine in the former Bendel State, especially during parties and other social gatherings. Yet, it is widely believed that more Nigerians are gradually being engulfed into heroin and cocaine use because of the persisting trafficking of these drugs through the country. Cocaine, which is popularly known as ‘satanic powder’ in the Muslim populated areas of Northern Nigeria, is in lesser use compared with the more western oriented Southern parts. The most common way of consuming or taking cocaine into the body is by snorting. But it has also been reported that some Nigerians, lace their drinks with cocaine (Ebie, 1987).

Kolanut is another popular stimulant in use in the country. It is an indigenous type of fruit, which has never been socially and culturally regarded as a drug. Its use is rooted within the culture of the people because of its social and cultural acceptance. It is traditionally used in most parts of the country particularly among the old and the middle-aged people.” Irrespective of the social and cultural acceptability it has been medically proved to be a stimulant that contains “caffeine which is xanthenes”, "arid this is the main reason why students use it. Kolanut is also a substance, which has the potentiality to cause dependence, when it is excessively used it can cause an increase in blood pressure, palpitations and tachycardis” (Ebie, 1987: 23).

The Effects of Stimulants

Stimulants can have some devastating effects on the users as demonstrated especially by medical practitioners who generally confirmed that they cause a high degree of addiction, euphoria, hallucinations and psychosis whose features compose paranoid delusions, auditory visual and tactile hallucinations. Furthermore, it causes marked psychological dependence, and large doses of this drug can also lead to a depression of the central nervous system and failure of breathing. Death can also be caused from convulsions and heart failure. In addition, cocaine users suffer from increased body temperature, feeling of restlessness, and irritability. Those who smoke crack or cocaine become aggressive and suffer from depression (Parents, The Anti-Drug, 2004).

Stimulants relive mild depression, increase energy and activity. By acting on the brain they bring in high blood pressure, permanent brain damage and damage to internal organs of the body like liver, kidney, etc. They lead to chronic cough, restlessness and even premature death. Other effects are increased alertness, excitement, euphoria, diluted pupils, increased pulse rate, increased blood pressure and loss of appetite. It has been observed that disinhibition and recklessness also result with the use of stimulants such as Valium, Xanax, alcohol, etc. Ksir, Hart and Ray (2008: 117) reveal that explosive and dangerous behaviors under the influence of stimulants are common. Stimulants can lead to manic overexcitement, irregular heartbeat, high blood pressure, etc. In addition, wakefulness and a sense of energy and wellbeing are produced as effects. Taking cocaine and amphetamines can draw paranoia and hallucinations. Overall, stimulants are known for the reversal of the effects of fatigue, decrease in appetite and temporary elevation of mood.

Morphine Drugs

These groups of drugs include substances such as codeine, opium; heroin, morphine, other morphine derivatives and synthetic opiates such as pethidine and methadone. Codeine is the most popular and most frequently available drug, particularly among the lay people in Nigeria. These groups of substances, particularly the morphine-types and "the synthetic opiates", are very effective and strong pain killers, but they are at the same time "highly addictive". Other drugs which include "opium and its derivatives arid synthetic substances such as pethidine have always been used as therapeutic agents" in Nigeria. The therapeutic use of morphine in this country has some effects, which mostly occur among physicians and nurses.

According to Ksir, Hart and Ray (2008), morphine drugs are also called opioids which include cocaine, heroin, and methadone, among others. These are a group of analgesic (pain-killing) drugs. As early as 1960's, it was discovered that four senior male and female nurses, a physician and two pharmacists who received psychiatric treatment for intractable pethidine addiction were among the earlier people who suffered (Lambo, 1965: 34). Heroin, on its part, is not generally used among the ordinary people and this is why there are no report cases of many people seeking medical treatment for heroin addiction.

The only reported cases are few and they are associated with pethidine addiction among health workers.

The Effects of Morphine Drugs

The morphine-type drugs and synthetic opiates depress the central nervous system and induce euphoria. However, heroin has been identified as a cause of powerful addiction, which leads to complex social and health problems (Lambo, 1965). Morphine drugs are known for producing dream-like state; they induce sleep and lead to clouding of consciousness. It has been observed that regular use of opioids lead to a withdrawal syndrome characterized by diarrhea, cramps, chills and profuse sweating.

Inhalants/Solvents

Inhalation has been defined as the "drug delivering system used for smoking nicotine, marijuana and crack cocaine, and for 'huffing' gasoline, paints and other inhalants. … It is, a very efficient way to deliver a drug" (Ksir, Hart and Ray, 2008: 114). Inhalants are volatile substances that produce chemical vapors that are inhaled into the body through the nose or mouth to induce a psychoactive or mind alteration. Common inhalants include rubber cement; paint thinner, nail polish and nail polish remover (dissolver), gasoline, bleach, glues and correction fluids. Users suffer from slurred speech, impaired coordination, body pains, depression, fatigue and heart problem, slowed breathing, mouth arid nose sores, diarrhea, bizarre or reckless behavior and sudden death (Parents, The Anti-Drugs, 2004).

Traditional substances such as Kolanut, *Zakami*, *Hankufa*, *Auguru* (snuff) and *Gagai* has stimulant effects on the users. Other emergent drugs that are becoming popular and are used and abused by the youth in Nigeria in particular Kano, include *Gadagi*, a drink or tea containing a number of stimulating substances (Abdullahi, 200) and, it contains a high concentration of caffeine (Sulaiman, 2000). Its users experience the feeling of alertness, wakefulness and attentiveness. As a traditional stimulant, it produces physical and psychological reactions similar to other stimulant drugs. The use of lizard excretion and odor from the pit latrine are gradually becoming common among youth. Although the physical and psychological effects have not been fully established, the use of traditional substance alters psychological and biochemical makeup of the users (Abdullahi, 1997).

The Effects of Inhalants/Solvents

Getting drug effects through inhalation is believed to be rapid because the capillary walls in the lungs are very accessible making easy for the drug to enter the blood quickly. Specifically, there are more rapid effects through inhalation than even intravenous administration of drugs. This quick action is attributable to blood circulation in the body. Ksir, Hart and Ray (2008: 114) revealed that:

> Once the blood leaves the lungs, it moves directly to the brain in just 5-8 seconds. In contrast, blood from the veins in the arm must return to the heart, then be pumped through the lungs before moving on to the brain taking 10 – 15 seconds.

The description above indicates that inhalation is a very effective means of delivering

a drug to the brain thereby getting the desired effects in no time. Inhalants are known for changing the mood of users, creating an image of escape from reality that lead to several unwanted behaviors. They are also known for the provision of euphoria and distortion of thought and are believed to have high psychological dependence.

Table 1: A Summary of Overlapping Effects of Drugs/Substances

Drug/Substance Type	Social and Psycho-Medical Effects
Marihuana/Cannabis	Euphoria, drowsiness, anxiety, laughter, paranoia, psychosis Marked disorganization, loss of coordination, rowdy behavior Madness, partial or total amnesia, flashback phenomenon, illusions Mental disorder or sickness, distortions of sensory perception Disturbances of mood, difficulties in visual perception Difficulties in language comprehension
Alcohol	Heart problems, illusions, lack of focus, sedation, morbidity Violent crimes, argumentative or passive behavior, mortality Decline in personal hygiene, psychotic & medical problems Accidents, impaired interpersonal relationships, heart problems Family disruption, physical & mental incapacitation, death Visions disturbance, impaired judgment
Tranquillo-Sedatives & Hypnotics	Impaired judgment, confusion, drowsiness & sleep, relief Calmness, relaxation and sleep disorders, relief of anxiety Intoxication, partial or total amnesia, reduced anxiety Sleeping effects
Stimulants	Distortions of sensory perception, irritability, wakefulness Anxiety, euphoria, inability to comprehend, disorientation Psychosis, palpitations, tachycardis, addiction, paranoid Delusions, psychological dependence, hallucinations Restlessness, irritability, aggressiveness, elevation of mood Damage to internal organs, explosive & dangerous behaviors Increased & Irregular heartbeat & pulse rate, paranoia
Morphine Drugs	Disturbed mind, madness, high addiction, depressed CNS Induced euphoria, clouded consciousness, chills, cramps Complex social & health problems, dream-like state, diarrhea Induced sleep, withdrawal syndrome, profuse sweating
Solvents/Inhalants	Impaired coordination, psychoactive or mind alteration, death Depression, disturbances of mood, heart problem, memory loss Reckless behavior, attentiveness, psychological effects, death Alteration of psychological & biochemical makeup, alertness Slurred speech, wakefulness

Conclusion

This paper examines some selected drugs and substances and the psycho-medical effects associated with them with reference to Nigeria. Having recognized the fact that drug effects are grouped into specific and non-specific, the psychotic and medical effects explored revolve around marihuana or cannabis, alcohol, tranquillo-sedatives and hypnotics, stimulants and morphine-type drugs. Although drug and substance abuse cannot be attributable to a single factor, several effects of the selected drugs and substances are capable of pushing people into psychiatric hospitals. Drug abuse plays a large, and growing, part in Nigeria thereby triggering off adverse effects and other related social ills. The introduction of western medicine, despite its great benefits, is implicated in the widespread use and abuse of drugs in the country.

Consequently, the influence of the western economy has led to the establishment of breweries and the introduction of different brands of alcoholic drinks of western origin. Relatedly, the most important aspect in recent years is the development of a trade in hard drugs of heroin and cocaine. The country is now a major transit nation for the drug trade and their use is also on the increase. For those involved in this economic system, the rewards can be considerable. In part, this growth is associated with the 'westernization' of the country and, as a corollary, the weakening of traditional ties. This is most pronounced in urban areas, particularly the major towns and cities. It is likely that drug abuse will increase in the future. Certainly it is receiving considerable attention by local and national government agencies, though economic decline has had a major effect on the resources that can be devoted to the problem.

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