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## Drug Addiction and Rehabilitation in Nigeria: Insights from Sociological Theories

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**Abstract** – In recent times, discourse on drug abuse and addiction has taken an upward trend globally; and this might not be unconnected with the phenomenal increase in the rate of drug dependence and its associated problems. As a matter of fact in recent years, the problem of drug abuse and addiction has received a considerable attention especially among Governments, Non Governmental Organizations, International Agencies, Health Workers, Academics and Researchers just to mention few. More recent scholarship has shown that studies on drug abuse and addiction have yielded important insights into both the causes and consequences of drug dependence. Often, the works in the addiction field usually use the pharmacological/medical model, psychological theories of behavior, or operate within the confines of a criminal justice perspective. Perusal of literature has shown that contributions from the field of sociology are not only scarce but also limited to the use of methods of sociological Investigations.

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# Drug Addiction and Rehabilitation in Nigeria: Insights from Sociological Theories

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**Abstract** - In recent times, discourse on drug abuse and addiction has taken an upward trend globally; and this might not be unconnected with the phenomenal increase in the rate of drug dependence and its associated problems. As a matter of fact in recent years, the problem of drug abuse and addiction has received a considerable attention especially among Governments, Non Governmental Organizations, International Agencies, Health Workers, Academics and Researchers just to mention few. More recent scholarship has shown that studies on drug abuse and addiction have yielded important insights into both the causes and consequences of drug dependence. Often, the works in the addiction field usually use the pharmacological/medical model, psychological theories of behavior, or operate within the confines of a criminal justice perspective. Perusal of literature has shown that contributions from the field of sociology are not only scarce but also limited to the use of methods of sociological investigations. However, this explains reasons many people are yet to term with reality about sociological understanding and explanations of drug dependence. Building on this premise, this work's purpose is to review relevant sociological theories as discussed in the literature, identify their appropriateness to the understanding of drug abuse and dependence.

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## 1. INTRODUCTION

Drug abuse and addiction has attracted considerably scholarly attention all over the world. In the past three decades or more, drug dependence in its various forms and contexts has emerged as one of the most salient discourse in social sciences. Evidently, the issue of drug abuse and addiction has become one of the various social problems whose consequences are seen with increasing frequency by caregivers, family members and the broad spectrum of people around the globe. It is no longer news however, that the incidence of drug abuse and addiction is becoming alarming in recent times in most societies, especially in Western Europe where, drug use, abuse and trafficking are rated as the most urgent social problems. As revealed by social research findings and depicted in literature, drug abuse is a social problem that has spread and increased rapidly in recent decades across diverse segments of countries of the world, constituting a threat to the effective functioning and survival of the society (Parul, 2007; World Drug Report, 2010).

Worldwide, drug abuse and addiction has become a crucial issue that stakeholders-governments, drug addicts, drug addicts' relations, health care practitioners and Non-governmental Organizations frequently ask questions about; and, which in contemporary debate is yet to attract sufficient information as far as causes and effective rehabilitation and reintegration of the problem are concerned. As a cautionary note at this juncture, the fact that issue of drug dependence has generated much questions of which a larger percentage are yet to be answered does not translate to mean that there is a dearth of research works in the area. As a matter of fact, however, works in the area of drug dependence in recent times has grown in leap and bounds.

As evident in literature and research, the use of drugs is frequent especially among vulnerable young people and dependence on drugs has caused a significant burden on individuals and societies throughout the world. The World Health Report 2002 indicated that 8.9% of the total burden of disease comes from the use of psychoactive substances. The report showed that tobacco accounted for 4.1%, alcohol 4%, and illicit drugs 0.8% of the burden of disease in 2000. Much of the burden attributable to substance use and dependence is the result of a wide variety of health and social problems, including HIV/AIDS, which is driven in many countries by injecting drug use.

Research findings have established that people abuse substances such as drugs, alcohol, and tobacco for varied and complicated reasons and the specific drug (or drugs) used varies from country to country and from region to region. Worldwide, the five main drugs of use are Cannabinoids, Stimulants, Hallucinogens and other compounds, Opioids and Morphine Derivatives and Depressant. Studies have shown that effects of drug addiction manifest physically, physiologically, and socially through the behaviour of drug addicts in society (NIDA, 2008). It is important to note that dependence on psychoactive substances is widely prevalent, cutting across age, class and gender, but it is difficult to estimate the number of drug addicts or formulate a comprehensive approach to deal with the problem primarily because it involves a "hidden population" that does not seek treatment. Hence, it is difficult to assess the problem, estimate its costs (social and economic), and design reliable intervention strategies for it (Mandira, 2005; Makanjuola, 2007; NIDA, 2008).

In the case of Nigeria, Substance abuse and addiction is becoming increasingly widespread and a substantial percentage of the national budgetary health allocation is utilized for treatment and rehabilitation of people with substance use problems (CASSAD, 1998; Adelekan M.L. 1999; UNDCP, 2000, Makanjuola, Daramola and Obembe, 2007). The various reports of rapid situation assessments of drug abuse and addiction in the country show a picture of widespread consumption of cannabis (10.8%), followed by psychotropic substances (mainly the benzodiazepines and amphetamine-type stimulants) 10.6% and to a lesser extent heroin (1.6%) and cocaine (1.4%) in both the urban and rural areas. The use of volatile organic solvents (.053%) is reported to be becoming popular, especially among the street children, in-school youth and women (NDLEA/UNDCP, 1999). Thus, concerns for the control of drug abuse and addiction have become a major issue.

As a part of efforts to alleviate the several adverse consequences of use and dependence on illicit drugs in societies in Nigeria, governments at various times have allocated substantial public resources for drug treatment, and also formulated policies to contain the spread of drug use among various segments of non-users of illicit drugs (UNODC, 2010). To achieve effective functioning of drug dependants in the home, workplaces and society in general, drug treatment services are offered through a variety of modalities such as residential and outpatient approach, traditional treatment among herbalists, diviners, and criminal justice system. However, available information on drug abuser and addicts in Nigeria shows that treatment has not been left alone for the government. Over the past few decades some non-governmental organizations have responded with comprehensive strategies to treat and rehabilitate drug-addicts through a multi-disciplinary approach involving preventive education through awareness-creation activities, research, training, treatment, rehabilitation and social reintegration.

So, in line with the argument above, this work examines a number of sociological theories that explain causation of drug abuse and addiction and also addresses how well a treatment programme can meet individuals and social needs.

## II. THEORETICAL EXPLANATIONS OF DRUG ADDICTION AND REHABILITATION OF ADDICTS

Theories adopted in this paper are sociological theories that are relevant to explanation of causation of drug abuse and addiction as well as rehabilitation of drug addicts. This is germane in this study because sociology unlike physics, medicine, or economics, which operate within fairly well-established and generally accepted overarching theoretical perspectives, does not

yet have such an all-encompassing theoretical framework that can guide investigations. However, the sociological theories adopted in this study take a more micro-level orientation to drug use and rehabilitation of drug addicts in the society.

The issues of drug rehabilitation and social reintegration have been greatly revived over the past decades. This issue is one that continues to excite controversy and debate at academic, public and other several levels. Globally, findings from social research have shown that since the 1960s drug offenders' treatment has moved through various stages of popularity, reaching its nadir with the view that "nothing works" but making a strong revival in the early and mid-1990s as the findings of the meta-analyses of the drug offender treatment literature became more widely disseminated (Hollin, 2001). However, over the past decade the analyses have heralded a shift away from "nothing works" towards "what works" (McGuire, 1995). It is in support of this broad backdrop of "something works" that this work opens with a brief consideration of the central insight of symbolic interactionism, Differential Association, Social Capital theories and social learning theory.

**Symbolic Interaction Theory** – is a sociological approach developed in turn by group of sociologists at various times i.e. Blumer, Becker, Goffman, Denzin, and Hochschild. Though the symbolic interaction perspective is sometimes associated with Mead, it was Herbert Blumer, the man that coined the term symbolic interactionism in 1937 that took Mead's ideas and developed them into a more systematic sociological approach. Symbolic interaction refers to the peculiar and distinctive character of interaction as it takes place between human beings. The peculiarity consists in the fact that human beings interpret or "define" each other's actions instead of merely reacting to each other's actions. Their "response" is not made directly to the actions of one another but instead is based on the meaning which they attach to such actions. Thus, human interaction is mediated by the use of symbols, by interpretation, or by ascertaining the meaning of one another's actions. In other words, symbolic interactionists opine that society is possible because human beings have the ability to communicate with one another by means of symbols. To them, people act toward another, objects, and events on the basis of the meanings that individuals impart to them. As a result of this, people experience the world as constructed reality.

Blumer came up with three core principles to his theory. They are meaning, language, and thought. These core principles lead to conclusions about the creation of a person's self and socialization into a larger community (Griffin, 1997)

**The first core principle** of meaning states that humans act toward people and things based upon the meanings that they have given to those people or

things. Symbolic Interactionism holds the principal of meaning as central in human behavior. **The second core principle** is language. Language gives humans a means by which to negotiate meaning through symbols. Naming assigned meaning, thus naming was the basis for human society and the extent of knowledge. It is by engaging in speech acts with others, symbolic interaction, that humans come to identify meaning, or naming, and develop discourse (Griffin, 1997). **The third core principle** is that of thought. Thought modifies each individual's interpretation of symbols. Thought, based-on language, is a mental conversation or dialogue that requires role taking, or imagining different points of view.

The problem of drug addicts with addiction can be explained using the lens of the three core principles of Symbolic Interactionism as outlined by Herbert Blumer. The first miscommunication that drug addicts have falls under the principal of meaning. Worldwide, psychoactive substances are expected to be used for medical purposes alone (a psychoactive drug is a chemical substance that crosses the blood-brain barrier and acts primarily upon the central nervous system where it affects brain function, resulting in changes in perception, mood, consciousness, cognition, and behavior). However, these substances though illicit in Nigeria, are used for recreational purposes and therapeutically as non prescriptive medication by many because of the different meanings and understanding that people have as far as potentials of these substances are concerned. People depending on psychoactive drugs have assigned different meanings to how these substances should be used.

The second miscommunication however, falls under the principle of language. The symbol 'drugs' is very ambiguous to many Nigerians. The language 'drug', its potentials and benefits may sound attractive to people and thereby lure them into its indiscriminate and non medical use. Some users may even pretend to ignore its consequences when it is taken excessively just because of its effects on the central nervous system where it affects brain function. But in medical parlance the language 'drug' for psychoactive substances takes a specific meaning that the substances can only be useful when it is used medically and not otherwise. Because there are two different situations with the same name, the two groups of people here fell upon a misunderstanding.

The third miscommunication falls under the principal of thought. In the internal dialogue of drug addicts, the symbol 'drugs' will be interpreted through their thought process based on their naming system. Here, the drug users' thought processes have modified their interpretation of the language 'drug'. Based on their meaning for the language 'drug' they have internal dialogue and come to the conclusion that drug should be taken. Their thought processes have modified their

interpretation of the language and they will act based on that meaning.

In relation to the above, drug addicts can only be effectively helped to return to their normal functioning in the society by working on the meaning, language, and thought they have as far as drugs are concerned. To motivate them to drop drug dependence, ambiguity embedded in the meaning of drugs should be removed. Also, various negative consequences of psychoactive substances should be explained to them. There is the need to convince them to see what they stand to benefit when they are left off the hook of illicit drug consumption. In essence, the symbolic interactionism assume that the drug addict can be assisted to have insight into or discover what he/she requires to solve his addiction and so the client-centred therapy can enable the drug dependent patient to find out how he has contributed to his drug problem and that he has some degree of freedom to choose socially acceptable alternatives to drugs through a change in the meaning, language, and thought.

**Differential Association Theory** – this is a theory of social learning that offers explanation on how value-based and interpersonal conflicts are resolved (Sutherland and Cressey, 1978). The basic assumption of the theory is on influence of peer group and the definitions of this group to what is desirable and non-desirable (Akers, 1997). According to differential association theorists, criminal behavior is learned during the course of communication with others in the group. According to Akers (1998), differential association referred to the different groups of people with which an individual interacted, some of which defined criminal behavior as acceptable and some of which did not.

However, such learning is best achieved when done within intimate peer associations. With his theory of differential association, Sutherland attempted to identify universal mechanisms that explain the genesis of crime regardless of the specific concrete structural, social, and individual conditions involved. Sutherland in essence in his theory, meant that other agents of socialization such as media and other big social group have little and insignificant influence on individual's learning and internalization of criminal behavior.

From the point of view of differential association theory, people abuse illicit drugs and become addicted because they learn the act of drug taking from members of the group to which they belong. People that were initially not drug addicts pick up drug taking habit because of the frequency, duration, priority and intensity of socialization they get from the real drug addicts in the small and the intimate group to which they belong. Addictive behavior was learned among the small group has become an acceptable and normative for the drug addict because of his acceptance of the group sets of values and norms. However, to ensure rehabilitation and reintegration of the addicts, the addicts must disengage



from other addicts in order to unlearn drug addicts' values and norms and also to learn drug-free lifestyle from non-drug addicts in the society.

### III. SOCIAL LEARNING THEORY

Another sociological theory that has relevance to the understanding of drug addiction and rehabilitation is Social learning theory of Akers (Akers, 1977, 1985, 1998). This theory explains the role of learning in the initiation and continuation of drug use. Of utmost importance to social learning theory is the idea that people learned through a process of social reinforcement. The theory in essence claims that people who abuse drugs are often playing the role of reinforcing the behavior of their friends. Central to the understanding of social learning theory according to several works of Akers and others is their reliance on operant conditioning to describe the process through which behavior was shaped by its consequences. From the understanding of social learning theory it is assumed that individuals that become addicted to drugs must have embraced the use of drugs as an attempt at problem solving. Corroborating the assertion of Akers, findings from the work of Brezina (1996, 2000) indicate that people who used drugs from the point of view of social learning theory can be referred to as individuals that are in search of solutions to a problem. However, from the perspective of social learning theory, the role of perceptions of drug use as a problem solver was examined as a type of reinforcement for drug use i.e. those who continued to use drugs are the people who have realized that drug is fulfilling the function for which they are taking the drug.

As part of means of treating drug addicts to be freed from drug use, social learning theory advocates that it is important to consider the actual reasons people are using drug in the first place, and that social learning theory will help in determining reasons for the use of drugs. When these reasons are ascertained, social learning theorists advocate that drug users should be subjected to treatment and also be educated on why they should avoid drugs totally.

**Social Capital Theory** – many studies in recent times and in contemporary literature have made the theory of social capital their focal point. The theory in the 21<sup>st</sup> century has gained more currency in term of use than earlier times. The spate at which the theory is being used in recent times and its acceptance among social thinkers and researchers has arguably made the concept one of the most successful 'exports' from sociology to other social sciences and to public discourse during the last three decades (Portes, 2000; Adam and Roncevic, 2003). Evidences from scholastic writings are pointer to the fact that Social capital as a term evolved from the works of two major writers, John Dewey and L.J. Hanifan as early as 1900, however, the

initial theoretical development of the concept and the popularity the term has garnered in academic circles have been traced and attributed to contributions of scholars such as French sociologist Pierre Bourdieu, Robert Putnam and American sociologist James Coleman (Portes, 2000; Farr, 2004).

Social capital is all about peoples' co-operative networks based on regular, personal contact and trust. Social capital from sociological point of view highlights the importance and the need for community strength or communal vitality. The theory in essence reiterates the importance of development of voluntary collective action to the problem of common action. Forms of social capital are general moral resources of the community, and they can be divided into three main components: trust, social norms and obligations; and social networks of citizens' activity, especially voluntary associations. Social capital is seen as trust in social relations (Fukuyama, 1995); as civic engagement created through participation in voluntary associations (Putnam, 1995); as a social fabric that creates a willingness to cooperate in the development of physical capital (Ostrom, 1994); as an explanatory variable in the generation of human capital between generations (Teachman et al., 1997); and as an aspect of social structure that facilitates particular forms of action and cooperation (Coleman, 1987; Greeley, 1997).

Social capital refers to those stocks of social trust, norms and networks that people can draw upon to solve common problems. It is all about the value of social networks, bonding similar people and bridging between diverse people, with norms of reciprocity. Social capital refers to the institutions, relationships, and norms that shape the quality and quantity of a society's social interactions. A narrow view of social capital regards it as a set of horizontal associations between people, consisting of social networks and associated norms that have an effect on community productivity and well-being. In societies where government social capital is limited, a large proportion of contracts may depend on civil social capital and trust. Rose (1999) in a social capital study in Russia found that individuals invoke networks that involve informal, diffuse social co-operation to compensate for formal organization failure.

The import of this theory is all about the helpless situation in which drug addicts find themselves as far as coming out of addiction or drug dependence is concerned. As individuals, drug addicts with heavy load of effects of addiction on their shoulders cannot help in extricating themselves out of the quagmire of addiction in which they are enmeshed, this is so because addiction is a complex problem and tackling it requires strongly rooted social support from drug free individuals in the community, more than a single treatment for the drug addicts to return to productive functioning in the family, workplace, and society. Also, for any treatment to be effective, it must be one that attends to the multiple

needs of the individual, not just his or her drug abuse. To be effective, treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems. It is also important that treatment be appropriate to the individual's age, gender, ethnicity, and culture (NIDA, 2009). As isolated individuals, drug addicts are hampered by factors such as lack of wherewithal, time, expertise, and social support that are required to enhance their full rehabilitation and social reintegration back to the society as drug free individuals. However, to achieve this, the commonly accepted and the beneficial cooperative behavior of Nongovernmental organizations which are the real essence of social capital are needed, since social capital is the cumulative capacity of social groups to cooperate and work together for the common good (Montgomery 1998).

#### IV. CONCLUSION

Globally, the quest to explain the issue of drug abuse and addiction has gained considerable attention over the years. Scholars from both the social and medical sciences have discussed extensively this twin evil in their several studies. However, this study preoccupies itself with assessing how well micro-level sociological theories can explain factors influencing drug abuse and addiction and the effective ways of rehabilitating drug addicts in the society. In line with these micro-level sociological theories, punitive measures to the problem of drug abuse and addiction should be discouraged while treatment-oriented strategies should be encouraged to effectively cater for several drug related problems.

In accordance with treatment-oriented strategies as discussed above, these theories advocate the need to consider the individual aspects of offenders (drug) to determine the most effective prevention strategy. In essence, individual-level approach sees rehabilitation and reintegration as the viable means to help drug addicts return to their former productive levels in the society.

#### REFERENCES RÉFÉRENCES REFERENCIAS

1. Akers, R. (1977). *Deviant behavior: A social Learning Approach* (2nd ed.). Belmont, CA7 Wadsworth.
2. Akers, R. (1985). *Deviant behavior: A social Learning Approach* (3rd ed.). Belmont, CA7 Wadsworth.
3. Akers, R. (1998). *Social learning and social structure: A general theory of crime and deviance*. Boston7 Northeastern University Press.
4. Brezina, T. (1996). Adapting to strain: An examination of delinquent coping responses. *Criminology*, 34, 39–60.

5. Brezina, T. (2000). Delinquent problem-solving: An interpretive framework for criminological theory and research. *Journal of Research in Crime and Delinquency*, 37, 3–30.
6. Farr J. (2004). A Conceptual History. *Political Theory*, Vol. 32, No. 1, 6-33, Sage Publications, Inc.
7. Griffin, E. (1997). *A First Look at Communication Theory*. New York: The McGraw-Hill Companies.
8. Hollin, C.R. (2001a). To treat or not to treat: An historical perspective. In C.R. Hollin (Ed.), *Handbook of offender assessment and treatment* (pp. 3-15). Chichester: John Wiley & Sons.
9. Makanjuola, Daramola and Obembe (2007) Psychoactive substance use among medical students in a Nigerian university. *World Psychiatry*. 6(2): 112–114. PMID: PMC2219911
10. McGuire, J. (Ed.). (1995). *What works: Reducing reoffending*. Chichester: John Wiley & Sons.
11. NIDA, 2006. *The National Treatment Improvement Evaluation Study (NTIES)*: Highlights. DHHS Publication No. (SMA) 97-3159.
12. NIDA, 2007. *Drugs, Brains, and Behavior - The Science of Addiction*. PubMed
13. NIDA, 2009. *Principles of Drug Addiction Treatment. A research based guide*, 2nd edition. National Institutes of Health U.S. Department of Health and Human Services
14. Ostrom, E. (1996). Crossing the great divide: Co-production, synergy and development. *World Development* 24:1073-87.
15. Parul, L. and Arun, K. 2007. Drug Abuse, an International Problem: *Indian Journal of Forensic Medicine & Toxicology*. Vol. 1:1, pages 7- 12.
16. Putnam D (1995). "Bowling alone: America's declining social capital." *Journal of Democracy* 6:65-78.
17. The Society for More Creative Speech. (1996). *Symbolic Interactionism as Defined by Herbert Blumer*. <http://www.thepoint.net/-usul/text/blumer.html>
18. UNODC, 2010. *World Drug Report*. United Nations Office on Drugs and Crime. Vienna.





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