

1 Drug Addiction and Rehabilitation in Nigeria: Insights from 2 Sociological Theories

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6

7 **Abstract**

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

23

24 **Index terms**— Drug abuse, drug addiction, drug dependence, Treatment, Rehabilitation, Reintegration.

25 **1 Introduction**

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

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

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

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

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

60 2 D

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

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

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

83 3 II. theoretical explanations of drug addiction and rehabilita- 84 tion of addicts

85 Theories adopted in this paper are sociological theories that are relevant to explanation of causation of drug
86 abuse and addiction as well as rehabilitation of drug addicts. This is germane in this study because sociology
87 unlike physics, medicine, or economics, which operate within fairly well-established and generally accepted
88 overarching theoretical perspectives, does not yet have such an all-encompassing theoretical framework that can
89 guide investigations. However, the sociological theories adopted in this study take a more micro-level orientation
90 to drug use and rehabilitation of drug addicts in the society.

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

100 Symbolic Interaction Theory -is a sociological approach developed in turn by group of sociologists at various
101 times i.e. Blumer, Becker, Goffman, Denzin, and Hochschild.

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

113 Blumer came up with three core principles to his theory. They are meaning, language, and thought. These
114 core principles lead to conclusions about the creation of a person's self and socialization into a larger community
115 (Griffin, 1997) The first core principle of meaning states that humans act toward people and things based upon
116 the meanings that they have given to those people or things. Symbolic Interactionism holds the principle of
117 meaning as central in human behavior. The second core principle is language. Language gives humans a means
118 by which to negotiate meaning through symbols. Naming assigned meaning, thus naming was the basis for
119 human society and the extent of knowledge. It is by engaging in speech acts with others, symbolic interaction,
120 that humans come to identify meaning, or naming, and develop discourse (Griffin, 1997). The third core principle
121 is that of thought. Thought modifies each individual's interpretation of symbols. Thought, based-on language,
122 is a mental conversation or dialogue that requires role taking, or imagining different points of view.

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

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

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

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

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

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

5 SOCIAL LEARNING THEORY

165 From the point of view of differential association theory, people abuse illicit drugs and become addicted because
166 they learn the act of drug taking from members of the group to which they belong. People that were initially not
167 drug addicts pick up drug taking habit because of the frequency, duration, priority and intensity of socialization
168 they get from the real drug addicts in the small and the intimate group to which they belong. Addictive behavior
169 was learned among the small group has become an acceptable and normative for the drug addict because of his
170 acceptance of the group sets of values and norms. However, to ensure rehabilitation and reintegration of the
171 addicts, the addicts must disengage from other addicts in order to unlearn drug addicts' values and norms and
172 also to learn drug-free lifestyle from non-drug addicts in the society.

173 **4 III.**

174 **5 Social Learning Theory**

175 Another sociological theory that has relevance to the understanding of drug addiction and rehabilitation is Social
176 learning theory of Akers (Akers, 1977(Akers, , 1985(Akers, , 1998)). This theory explains the role of learning
177 in the initiation and continuation of drug use. Of utmost importance to social learning theory is the idea that
178 people learned through a process of social reinforcement. The theory in essence claims that people who abuse
179 drugs are often playing the role of reinforcing the behavior of their friends. Central to the understanding of
180 social learning theory according to several works of Akers and others is their eliance on operant conditioning to
181 describe the process through which behavior was shaped by its consequences. From the understanding of social
182 learning theory it is assumed that individuals that become addicted to drugs must have embraced the use of
183 drugs as an attempt at problem solving. Corroborating the assertion of Akers, findings from the work of Brezina
184 (1996Brezina (, 2000) indicate that people who used drugs from the point of view of social learning theory can
185 be referred to as individuals that are in search of solutions to a problem. However, from the perspective of social
186 learning theory, the role of perceptions of drug use as a problem solver was examined as a type of reinforcement
187 for drug use i.e. those who continued to use drugs are the people who have realized that drug is fulfilling the
188 function for which they are taking the drug.

189 As part of means of treating drug addicts to be freed from drug use, social learning theory advocates that
190 it is important to consider the actual reasons people are using drug in the first place, and that social learning
191 theory will help in determining reasons for the use of drugs. When these reasons are ascertained, social learning
192 theorists advocate that drug users should be subjected to treatment and also be educated on why they should
193 avoid drugs totally. Social Capital Theory -many studies in recent times and in contemporary literature have
194 made the theory of social capital their focal point. The theory in the 21 st century has gained more currency in
195 term of use than earlier times. The spate at which the theory is being used in recent times and it acceptance
196 among social thinkers and researchers has arguably made the concept one of the most successful 'exports' from
197 sociology to other social sciences and to public discourse during the last three decades ??Portes, 2000; ??dam
198 and Roncevic, 2003). Evidences from scholastic writings are pointer to the fact that Social capital as a term
199 evolved from the works of two major writers, John Dewey and L.J. Hanifan as early as 1900, however, the initial
200 theoretical development of the concept and the popularity the term has garnered in academic circles have been
201 traced and attributed to contributions of scholars such as French sociologist Pierre Bourdieu, Robert Putnam
202 and American sociologist James Coleman ??Portes, 2000;Farr, 2004).

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

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

222 The import of this theory is all about the helpless situation in which drug addicts find themselves as far
223 as coming out of addiction or drug dependence is concerned. As individuals, drug addicts with heavy load of
224 effects of addiction on their shoulders cannot help in extricating themselves out of the quagmire of addiction in
225 which they are enmeshed, this is so because addiction is a complex problem and tackling it requires strongly

226 rooted social support from drug free individuals in the community, more than a single treatment for the drug
227 addicts to return to productive functioning in the family, workplace, and society. Also, for any treatment to be
228 effective, it must be one that attends to the multiple needs of the individual, not just his or her drug abuse.
229 To be effective, treatment must address the individual's drug abuse and any associated medical, psychological,
230 social, vocational, and legal problems. It is also important that treatment be appropriate to the individual's age,
231 gender, ethnicity, and culture (NIDA, 2009). As isolated individuals, drug addicts are hampered by factors such
232 as lack of wherewithal, time, expertise, and social support that are required to enhance their full rehabilitation
233 and social reintegration back to the society as drug free individuals. However, to achieve this, the commonly
234 accepted and the beneficial cooperative behavior of Nongovernmental organizations which are the real essence of
235 social capital are needed, since social capital is the cumulative capacity of social groups to cooperate and work
236 together for the common good (Montgomery 1998).

237 IV.

238 **6 Conclusion**

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

246 In accordance with treatment-oriented strategies as discussed above, these theories advocate the need to
247 consider the individual aspects of offenders (drug) to determine the most effective prevention strategy. In essence,
248 individual-level approach sees rehabilitation and reintegration as the viable means to help drug addicts return to
249 their former productive levels in the society. ^{1 2 3 4}

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6 CONCLUSION

250 [Farr ()] 'A Conceptual History'. J Farr . *Political Theory* 2004. Sage Publications, Inc. 32 (1) p. .

251 [Griffin ()] *A First Look at Communication Theory*, E Griffin . 1997. New York: The McGraw-Hill Companies.

252 [Brezina ()] 'Adapting to strain: An examination of delinquent coping responses'. T Brezina . *Criminology* 1996. 34 p. .

253 [Akers ()] R Akers . *Deviant behavior: A social Learning Approach*, (Belmont, CA7 Wadsworth) 1977. (2nd ed.)

254 [Akers ()] R Akers . *Deviant behavior: A social Learning Approach*, (Belmont, CA7 Wadsworth) 1985. (3rd ed.)

255 [Putnam ()] 'Bowling alone: America's declining social capital'. D Putnam . *Journal of Democracy* 1995. 6 p. .

256 [Ostrom ()] 'Crossing the great divide: Coproduction, synergy and development'. E Ostrom . *World Development* 1996. 24 p. .

257 [Brezina ()] 'Delinquent problem-solving: An interpretive framework for criminological theory and research'. T Brezina . *Journal of Research in Crime and Delinquency* 2000. 37 p. .

258 [Parul and Arun ()] 'Drug Abuse, an International Problem'. L Parul , K Arun . *Indian Journal of Forensic Medicine & Toxicology* 2007. 1 (1) p. .

259 [Drugs, Brains, and Behavior -The Science of Addiction ()] *Drugs, Brains, and Behavior -The Science of Addiction*, 2007. NIDA

260 [Principles of Drug Addiction Treatment. A research based guide ()] *Principles of Drug Addiction Treatment. A research based guide*, 2009. NIDA ; National Institutes of Health U.S. Department of Health and Human Services (2nd edition)

261 [Makanjuola ()] 'Psychoactive substance use among medical students in a Nigerian university'. Daramola Makanjuola , Obembe . PMC2219911. *World Psychiatry* 2007. 6 (2) p. .

262 [Akers ()] *Social learning and social structure: A general theory of crime and deviance*, R Akers . 1998. Boston7 Northeastern University Press.

263 [Symbolic Interactionism as Defined by Herbert Blumer] <http://www.thepoint.net/-usul/text/blumer.html> *Symbolic Interactionism as Defined by Herbert Blumer*,

264 [The National Treatment Improvement Evaluation Study (NTIES): Highlights ()] *The National Treatment Improvement Evaluation Study (NTIES): Highlights*, 2006. DHHS Publication No. p. . NIDA

265 [The Society for More Creative Speech ()] *The Society for More Creative Speech*, 1996.

266 [Hollin ()] 'To treat or not to treat: An historical perspective'. C R Hollin . *Handbook of offender assessment and treatment*, C R Hollin (ed.) (Chichester) 2001a. John Wiley & Sons. p. .

267 [Mcguire ()] *What works: Reducing reoffending*, J Mcguire . 1995. Chichester: John Wiley & Sons.

268 [World Drug Report. United Nations Office on Drugs and Crime ()] *World Drug Report. United Nations Office on Drugs and Crime*, 2010. Vienna. UNODC

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