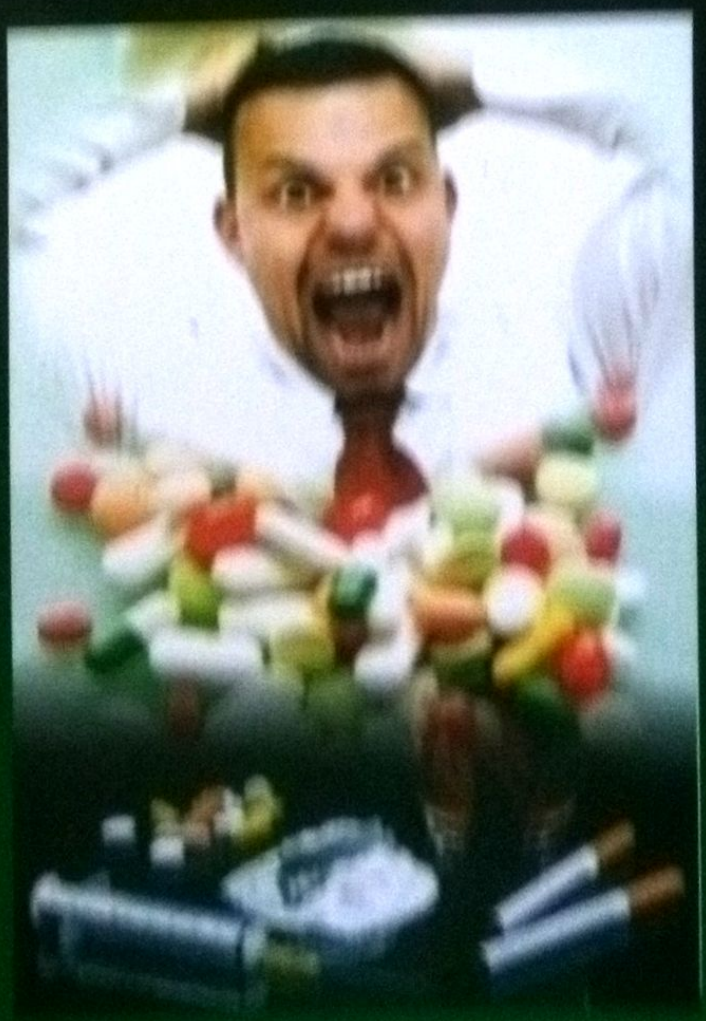
FUNDAMENTALS OF SUBSTANCE ABUSE AND MANAGEMENT



Chinawa Francis Chukwuemeka (Ph.D)

FUNDAMENTALS OF SUBSTANCE ABUSE AND MANAGEMENT

CHINAWA Francis Chukwuemeka PhD

CHINAWA. FRANCIS C. PhD
08036662026
E-mail-frankfidel209@yahoo.com
First published in Nigeria by

FLOXY VENTURES
No 7 Onyiuke Street Ogui New Layout Enugu.
Enugu State Nigeria.
08074461229, 08032641107

ISBN: 978-38534-4-8

CHAPTER ONE
INTRODUCTION

Drug is as old as man and the method of use, purpose and type varies from culture to culture, equally the resultant effect varies much depending on the type of drugs, the age of the user and more importantly the frequency of usage.

Today human beings use drugs for medical purposes either for treatment or prevention of ailment. The use and abuse of illicit drugs have continued to be the most significant social and economic problems facing mankind. Recent statistical data shows that an estimated 180 million people consume illicit drugs (National Survey of Drug Use and Health 2010). Drug abuse affects all nations, all strata of the society, all ages and all classes. The insidious spread of drug addictions has extended beyond the usual profile of abusers being males, adults and urban based .It now includes females, youngsters, and youths in rural communities, both in developed and developing countries. The consequences of drug abuse are really devastating,

young people unfortunately are unaware of the consequences.

Drug abuse and illicit trafficking which has cut across all segments of our society seems to be a by-product of modern life, industrialization, urbanization and rapid population growth. The sudden rise in drug related problems in Nigeria today and the world could not be attributed to any single factor. Certain factors have been associated with the occurrence of drug abuse and trafficking menace and these include peer pressure, quest to make quick money, environmental influences, curiosity, parental deprivation, experimentation, advertisement and a host of many other factors.

The illicit drug trade by few Nigerians has become sufficiently disturbing as it provided local markets for potential drug users and at the same time tarnishes the image of the country. More disturbing fact is that, trafficking has the tendency to promote criminal conduct and in particular organized crimes, which may undermine the economy, create parallel government, thereby posing a threat to National stability and security.

Substance abuse has seemingly increased among the youths. This is evident by high number of youths who are on admission at the Federal Neuropsychiatric Hospital Enugu and perhaps other psychiatric hospitals in Nigeria with one kind of substance related disorder or another. However, the overall statistics of drugs/substance related cases may not be accurate because of the fact that there are cases that are not

reported in the hospital or if they do, one attribution or the other is given to the disorder rather than substance related.

In order to curtail the numerous anticipated problems associated with drug abuse and illicit trafficking, the Federal Government of Nigeria promulgated Decree No 48 of 1989 establishing the National Drug Law Enforcement Agency (NDLEA) which is saddled with the dual responsibilities of reducing the demand and supply of drugs in Nigeria. Since inception, the National Drug Law Enforcement Agency (NDLEA) has been faced with the challenges posed by the menace of drug abuse and illicit trafficking.

The Agency has put in place different strategies aimed at checking the drug menace. One of such efforts is the collection of data on the trend, nature and extent of drug problems in order to proffer ways of curbing them. Relevant research on drug problems in Nigeria has become necessary in order to create an avenue for detecting, preventing and treating them. It is based on this premise that this book is published.

DEFINITION: According to Eze and Omeje (1999) drug is a chemical substance that modifies perception, cognition, mood and behaviour. Akubue (2000) asserted that drug abuse is the use of drugs for non medical purpose particularly drugs that cause dependence. This means that drug abuse is the use of drugs for non-medical purposes or non – scientific purpose with the potential harm to the individual users or the society.

Drug abuse also called substance abuse or chemical abuse, is

a disorder that is characterized by a destructive pattern of using a substance that leads to significant problems or distress.

EPIDEMIOLOGY

In Nigeria, According to National Drug Law Enforcement Agency (NDLEA), 2008, Drug Data Collection and Research report shows that out of a sample of 920 drug abusers identified, 286 (30.3%) of drug abusers fall between the ages of 21-25 years, 239 (25.3%) between the ages of 26-30 years, while 184 (19.5%) were between the ages of 16-20 years. 101(10.7%) were between the ages of 31-45 years, 53(5.6%) were between 36-40years, 24 (2.5%) were between 40-45 years, 19(2.6%) were between the ages of 51 and above. 14(1.5%) were between the ages of 11-15 years. The research report also shows that half of 920(460) (50%) of the patients abuse cannabis, followed by those who take a combination of Cannabis and Tobacco 230(25%). 92(10%) of the patient abuse Heroin, 46(5%) abuse alcohol while 69(7.5%) abuse cannabis and alcohol. The report also shows that 23(2.5%) of the patients abused cannabis, heroin and cocaine.

The National Institute of Drug Abuse (NIDA) and other agencies such as the National Survey of Drug Use and Health (NSDUH) conduct periodic survey of the use of illicit drugs in the United States. As at 2006, an estimation of 22.5 million persons over the age of 12 years, about 10 percent of the total US populations were classified as suffering from a substance related disorder, of this group 15

million abused alcohol.

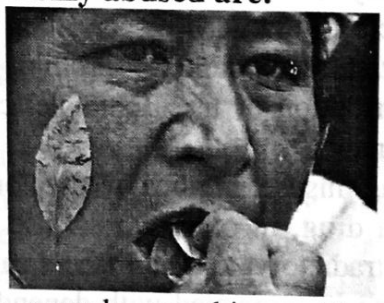
In 2006, 67.8 percent (1.3 million) persons abused heroin, 17.6 percent I.e. (4.5 million) abuse Marijuana, and 12.8 percent i.e. (1.6 million) abuse cocaine.

DRUGS AND DRUG USE

A pharmaceutical preparation or a naturally occurring substance use primarily to bring about a change in the existing process or state (physiological, psychological or bio-chemical) can be called a "drug".

When drugs are used to treat an illness, prevent a disease and improve health condition, it is termed drug use. Intake of drugs for reasons other than medical in a manner that affects physical or mental functioning is termed drug abuse. Any abuse can lead to addiction.

Substances commonly abused are:



i. Opiate for example, morphine and heroin.
ii. Sedatives/ hypnotics for example, Benzodiazepines, barbiturates.
iii. Stimulants for example, Cocaine, Amphetamines marijuana (Indian hemp).

iv. Hallucinogens for example, mescaline, Lysergic Acid Diethylamide (LSD.
v. Alcohol.
vi. Nicotine for example, Tobacco, Kola nut.
vii. Volatile substances

There are certain terms that need to be defined for proper understanding of substance use:

i. Drug: refers to any chemical substances which when taken into the body can modify or alter one or more of the body's functioning. All mood/cognition/perception/behaviour-altering substances are drugs.
ii. Psychotomimetic drugs: are drugs that produce psychotic like behaviours. Examples are cocaine, amphetamine, cannabis and lysergic acid diethylamide (LSD).
iii. Illicit drug: A drug is illicit if the laws of a particular country prohibit its production, distribution or use. Example, cocaine, heroin and cannabis.
iv. Drug misuse: implies overzealous or indiscrete use of a drug; in other words, use of a drug in ways contradictory to pharmaceutical indication. Drug abuse is associated with dependence; drug misuse is not. Whereas drug misuse is associated with a need to achieve a medical goal, drug abuse is not.
v. Over the counter drugs (OTC): Are drugs that could easily be obtained from chemist shops

without mandatory presentation of doctor's prescription to the chemist/pharmacist (as is usually the case with illicit psychoactive drugs). Such drugs are readily hawked in the streets and motor parks in Nigeria. An example of over the counter drug is paracetamol, Aspirin and Ibuprofen.

vi. Designer's drugs:
Designer's drugs are known as psychedelic drugs. They are commonly used by people who have high daily responsibilities or busy schedules to relieve what is called executive stress. Unfortunately, consistent use of the drugs by any person results in consistent dizziness, insomnia, tremor euphoria, headache, irritability, palpitation and high blood pressure.

vii. Anabolic Steroids.
Anabolic steroids are performance enhancing drugs mainly used by sportsmen and women. They are mainly hormonal and they help the user perform beyond his natural ability and strength. The use of these drugs makes a female user to develop the features of man, looks like a man when he speaks, develops muscles like a man and grows hair on the cheek. The use of the drug also causes sterility, risk of having cancer, stunted growth and also makes the user look older than his

age.

Tolerance: This is a condition where the user needs mor and more of the drug to experience the same effect. This i because smaller quantities, which were sufficient earlier, ar no longer effective and the user is forced to increase th amount of drug intake to achieve desired psychological an physiological effects.

Dependence: It is a state in which an organism function normally only in the presence of a drug. Dependenc develops when the neurons adapt to the repeated dru exposure and only functions normally in the presence of th drug. When the drug is withdrawn, several physiologi reactions occur. This can be mild (e.g., caffeine) or even lif threatening (e.g., alcohol). This is known as the withdrawa syndrome. In the case of heroin, withdrawal can be ver serious and the abuser will use the drug again to avoid th withdrawal syndrome. This can be physical o psychological.

Physical dependence refers to a state resulting from chronic use of a drug that has produced tolerance and where negative physical symptoms of withdrawal result from abrupt discontinuation or dosage reduction. Physical dependence can develop from low-dose therapeutic use of certain medications such as benzodiazepines, opioids, antiepileptics and antidepressants, as well as misuse of recreational drugs such as alcohol, opioids, and benzodiazepines. The higher the dose used the greater the

duration of use. Acute withdrawal syndromes can last for days, weeks or months, and protracted withdrawal syndrome, also known as "post-acute withdrawal syndrome" or "PAWS" - a low-grade continuation of some of the symptoms of acute withdrawal, typically in a remitting-relapsing pattern, that often results in relapse into active addiction and prolonged disability of a degree to preclude the possibility of gainful employment. It can last for months, years, or relatively common to extremely rare cases, depending on individual factors. Protracted withdrawal syndrome is noticed to be caused by benzodiazepines, but is also present in a majority of cases of alcohol and opioid addiction, especially that of a long-term, high-dose, adolescent-beginning, or chronic-relapsing nature (viz. a second or third addiction after withdrawal from the self-same substance of dependence). Withdrawal response will vary according to the dose used, the type of drug used, the duration of use, the age of the patient, the age of first use, and the individual person.

Symptoms of Physical dependence

These physical symptoms are more commonly referred to as withdrawals and they include:

* Nausea and vomiting
* Body aches
* Seizures
* Changes in pulse rate

* Changes in blood pressure
* Noticeable shaking or body tremors
* Headaches
* Sweating
* High temperatures
* Changes in respiratory rate
* Diarrhea
* Restless leg syndrome

Psychological Dependence.

The word psychological can be defined as *relating to, or arising from the mind or emotions.* A psychological dependence then refers to how the individual can become mentally dependent on certain substances (usually mind altering) or behaviors. Even when the individual realizes the harm that alcohol and drugs are causing them they may continue to use them because of these psychological symptoms. Willpower alone is often not enough to overcome a psychological addiction.

Symptoms of Psychological Dependence

The symptoms of psychological addiction include:

* Intense cravings to use the substance.
* Feelings of high anxiety if they try to end the addiction.
* Loss of appetite.
* The person feels unable to cope without this substance.

* Denial about their problems.
* Feelings of restlessness when not using the substance.
* A mental obsession to obtaining and using alcohol or drugs.
* Symptoms of depression when the individual tries to stop using the substance.
* Anxiety at the thought of not having access to the substance.
* Insomnia if the person doesn't use the drug or perform the behavior.
* The individual can continue to romance the drink or drug many years after they have stopped using it. The cravings occur less frequently once the individual has established themselves in recovery, but they can still reappear at the most unexpected moments.

Cravings: A craving can be defined as an intense desire for some particular things. It is the hallmark of psychological dependence. If the individual attempts to eliminate his addiction, or cut down on the usage, he will experience cravings. This desire to use again can be so intense that it completely takes over the person's thinking. Even after the person has been many years away from alcohol or drugs, he may still occasionally have to face such cravings. This desire to drink or use again doesn't tend to last long, but it can be an upsetting experience – it could also lead the person to act on it so that he relapses back to addiction.

Intoxication: A reversible syndrome caused by a specific substance (for example, alcohol) that affects one or more of the following mental functions; memory, orientation, mood, judgement and behaviour, social or occupational functioning.

Cross-Tolerance: refers to the ability of one drug to be substituted for another, each usually producing the same physiological effects for example, Diazepam and Barbiturates.

Co-Dependency: Co-dependency is a learned behaviour that can be passed down from one generation to another. It is an emotional and behavioral condition that affects an individual's ability to have a healthy, mutually satisfying relationship. It is also known as "relationship addiction" because people with codependency often form or maintain relationships that are one-sided, emotionally destructive and/or abusive. The disorder was first identified about ten years ago as a result of years of studying interpersonal relationships in families of alcoholics. Co-dependent behavior is learned by watching and imitating other family members who display this type of behavior.

Who Does Co-dependency Affect?

Co-dependency often affects a spouse, a parent, sibling, friend, or co-worker of a person afflicted with alcohol or drug dependence. Originally, co-dependence was a term used to describe partners in chemical dependency, persons

living with, or in a relationship with an addicted person. Similar patterns have been seen in people in relationships with chronically or mentally ill individuals. Today, however, the term has broadened to describe any co-dependent person from any dysfunctional family.

Characteristics of Co-dependent People Are:

- An exaggerated sense of responsibility for the actions of others.
- A tendency to confuse love and pity, with the tendency to "love" people they can pity and rescue.
- A tendency to do more than their share, all the time.
- A tendency to become hurt when people don't recognize their efforts.
- An unhealthy dependence on relationships. The co-dependent will do anything to hold on to a relationship; to avoid the feeling of abandonment.
- An extreme need for approval and recognition.
- A sense of guilt when asserting themselves.
- A compelling need to control others.
- Lack of trust in self and/or others.
- Fear of being abandoned or alone.
- Difficulty in identifying feelings.
- Rigidity/difficulty adjusting to change.
- Problems with intimacy/boundaries.
- Chronic anger.
- Lying/dishonesty.
- Poor communications.

- Difficulty in making decisions.

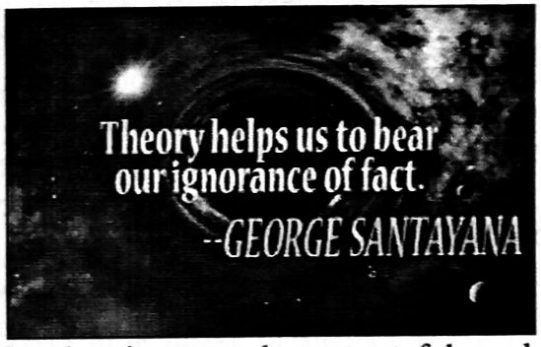
Cross-tolerance is a phenomenon that occurs when someone who is tolerant to the effects of a certain drug also develops a tolerance to another drug. It often happens between two drugs with similar functions or effects – for example, acting on the same cell receptor or affecting the transmission of certain neurotransmitters.

Enabler: A person who facilitates the abuser's addictive behaviour by producing the drugs directly or indirectly. eg, money to buy the drugs.

Poly Drug Abuse: This refers to the abuse of more than one drug by an individual, for instance, taking cannabis and alcohol, or even a combination of more number of drugs.

CHAPTER TWO

THEORIES OF SUBSTANCE ABUSE



The following theories x-ray the causes of drug abuse

1. **BIOLOGICAL THEORY**:

The theory explains the important roles biology/genetic inheritance plays in determining whether a person will abuse drug or not.

Biological theories explain drug abuse by referring to biological differences in people that could differentially predispose them to drug abuse. They specifically look at inherited (genetically transmitted) physiological characteristics that may induce the individual to abuse drugs and become dependent on them. For instance, it has been postulated that people who become dependent on alcohol usually have higher rate of metabolism for alcohol, which relatively prevents them from experiencing its discouraging hangover effect, easily enough. It is believed that this

consequently allows them to take large amounts of the substance, and therefore develops a high degree of tolerance and dependence on the substance more rapidly than the ordinary individual. Cloninger (2001) asserted that familial and twin studies have mostly been used to buttress the biological point of view. The anchor of the theories is that predisposition to drug abuse is inherited, and that environmental factors may only act to precipitate it. Schukit and Gold 2001 found that persons whose parents abused alcohol reported less intoxication on alcohol than those whose parents did not. In another study, Schukit and colleagues (Schukit et al 2000) reported that 62% of individuals whose biological parents abuse alcohol (as against 38% of those whose biological parents did not) were very likely to abuse alcohol, whether they were brought up by people who abused alcohol or not. Cotton (2002) gave scientific credence to the common belief that alcoholism runs in family. There is a higher concordance rate of alcohol dependence between identical twins than fraternal twins. The sons of alcoholics are four times more likely to become alcoholics than the sons of non alcoholic parents (Cloninger 2001).

PSYCHOANALYTIC THEORY:

According to Freud, the originator of psychoanalytic theory, personality consists of three components: the Id, the superego and the ego. The Id is instinctive, impulsive and childish. It wants immediate satisfaction of needs, urges, and cravings. In the case of the alcoholic, the Id craves alcohol. The superego is sometimes thought of as the

parent or conscience. It is the moral component of the personality. The superego knows "right" from "wrong" and its function is to control the impulses of the Id. Finally, the ego is similar to the adult and it mediates the Id and superego.

Anxiety is a driving force in psycho-analytic theory. Anxiety signals a threat but it can overwhelm the ego. When anxiety is overwhelming, a person relies on defense mechanism such as denial, avoidance, rationalization, regression and projection.

Denial is common among substance abusers who frequently deny having a problem. Denial being a weak defense mechanism cannot ward off Id impulses; hence, the alcoholic gives in to intake of alcohol as a way of reducing anxiety.

One contemporary psychoanalytic view of substance abuse is that it is a defense against anxiety (Thombs, D. 2006). Addicts abuse alcohol or other substances to protect themselves against overwhelming anxiety and other painful emotions such as loneliness and depression.

A common acronym in addiction circles is H-A-L-T, meaning hungry, Angry, Lonely and tired. There are emotions leading to vulnerability and subsequent substance abuse. Unfortunately, when alcohol is used to avoid anxiety evoking situations, the abuser never grows up. He/she never develops appropriate coping mechanisms. This is an oral fixation. For example, the solitary drinker stays in bed all day watching television, making friends and learning how to deal with rejection. The alcohol is used to dampen anxiety and avoid threatening situations.

PERSONALITY THEORY

There are two types of personality theories that provide explanations for drug abuse: Trait theories and psychoanalytic theories. Trait theory explains that individuals who abuse drugs possess specific personality characteristics that render them vulnerable to the abuse of drugs (Eze and Omeje, 1999). Such characteristics are inability to delay gratification, poor impulse control, high emotional dependence on other people, poor coping capability and low self esteem (Enekwechi 2002).

Family background was proposed as the breeding ground for these personality inadequacies, such factors in the family have been identified as absence of maternal warmth, passive or hostile male parents, a parent who may serve as a model for criminal behaviour or drug abuse, stormy relationship between the parents and the family (Enekwechi, 2002)

SOCIAL LEARNING THEORY OF SUBSTANCE ABUSE

Another theory postulated to explain the etiology of substance abuse, is the social learning theory (Bandura, 1997).According to the social learning theory, individuals learn how to behave the way they do through a process of observation and imitation of other people. They may display such observed behaviours immediately or internalize them. In line with this theory it would be assumed that repeated exposure to successful, high status role models, who abuse drugs, may influence someone to do the same. Similarly, the perception that smoking or the use of other substances is a

standard practice in one's social environment is likely to influence the person to abuse substance.

The person may perceive the use of the substance as a normal behaviour. Such widespread use of substance in an environment is usually accompanied by normative beliefs which the abuser of the substance uses as reference to support the habit. The person may believe that the use of the substance is necessary if one wants to achieve popularity. (Schinke, Botrin and Orlandi, 2001).

CHAPTER THREE
CLASSIFICATION OF ADDICTIVE DRUGS

Drugs are classified according to their common effects and actions on the mind and body.

- Opiates.
- Stimulants.
- Depressants.
- Hallucinogens.
- Cannabis.
- Volatile solvents.
- Other drugs of abuse.

1. OPIATES

Opiates are powerful pain killers. They are made from opium, a white liquid in the poppy plant. Opiates produce a quick, intense feeling of pleasure followed by a sense of well-being and calm. Long term opiates use changes the way the brain works by changing the way nerve cells communicate with one another. If opiates are taken away from opiate dependent brain cells, many of them will become overactive. Eventually, cells will work normally again if the person recovers, but they cause wide range of withdrawal symptoms that affect the mind and the body. As with many other drugs, opiates possess very high addictive potential. Examples include heroin, morphine, codeine and oxycontin.

Mode of intake

- Opium : oral, inhalation
- -morphine: injection
- -Codeine: oral (tablets and cough syrup)
- -Heroin: injection, inhalation, chasing
- Buprenorphine: oral, injection

Short term effect

- Euphoria.
- Thought process impairments, drowsiness, apathy.
- Feelings of hunger and pain are not felt.
- Over dose of heroin can cause convulsions, coma and death.

Long term effect

- Mood instability.
- Reduced libido.
- Constipation.
- Respiratory impairment.
- Physical deterioration.

Withdrawal symptoms include:-

- Unpleasant feeling.
- Aches and pain all over the body,
- Diarrhoea
- Dilation of pupils
- Insomnia

STIMULANTS:

Stimulants are a class of drugs that elevate mood, increase feelings of well-being, increase energy and alertness. Stimulants can cause the heart to beat faster and will also cause blood pressure and breathing to elevate. Repeated use of stimulants can result in paranoia and hostility. Stimulants possess very high addictive potential.

Type and mode of intake

- Amphetamines: oral.
- Cocaine: Snorted.

Short term effects

- A heightened feeling of well being, euphoria.
- A sense of super abundant energy.
- Increased motor and speech activity.
- Suppression of appetite.
- Increased wakefulness.

Long term effects

- Chronic sleep problem.
- Poor appetite.
- Rapid and irregular heart beat.
- Mood swings.
- Amphetamine psychosis may occur.

Withdrawal symptoms:

No major physiological disruptions.

- Extreme fatigue.
- Disturbed sleep.
- Voracious appetite.
- Moderate to severe hopelessness.

DEPRESSANTS:

These are drugs that depress or slow down the functions of the central nervous system. Depressants are often used to treat anxiety and sleep disorder. Although the different depressant drugs work uniquely in the brain, it is through their effect on Gamma-Amino Butyric Acid (GABA) activity that produces a drowsy or calming effect.

Gamma-Amino Butyric acid works to decrease brain activity. Despite their prescription for treatment of anxiety and sleep disorders, depressants also carry high addictive potential. The withdrawal effect from long term depressant use can be life threatening and produces some worst consequences of any other drug classifications. Examples of depressants include alcohol, valium, xanax, Librium and barbiturates.

Type and mode of in-take.

- Sedative: hypnotics, Barbiturates, Benzodiazepine taken orally (tablets) or injection.
- Alcohol: oral.

Short Term Effects.

- Relief from anxiety and tension.
- Euphoria.
- Lowering of inhibitions.
- Poor motor co-ordination.
- Impaired concentration and judgement.
- Slurred speech and blurred vision.

Long – Term Effect.

- Depression.
- Chronic fatigue.
- Respiratory impairment.
- Impaired sexual function.
- Decreased attention span.
- Poor memory and judgement.
- Chronic sleep problem.

Tolerance and dependence

- Tolerance does not develop uniformly.
- Cross tolerance can develop.
- Physical and psychological dependence develop.

Withdrawal symptoms.

- Tremors.
- Insomnia.
- Irritability.
- Hallucinations.
- Convulsions.
- Delirium tremens.

HALLUCINOGENS:-

Hallucinogens are drugs which affect perception, emotions and mental processes. Hallucinogens have powerful mind-altering effects and can change how the brain perceives time, everyday reality, and the surrounding environment. They affect regions of the brain that are responsible for co-ordination, thought processes, hearing, and sight. They can cause people to hear voices, see things, and feel sensations that do not exist.

Hallucinogens change the way brain works by changing the way nerve cells communicate with one another. Hallucinogens possess a moderate potential for addiction with a very high potential for tolerance, moderate level of psychological dependence and low potential for physical dependence. Most of the risks associated with hallucination are associated with the risk for personal injury and life threatening accidents. Examples include:- Lysergic Acid Diethylamide (LSD), mescaline, marijuana, and psilocybin.

Type and mode of intake

- Lysergic Acid Diethylamide (LSD): oral tablet.
- Phencyclidine (PCP): snorted or smoked.
- Psilocybin: smoked.

Short Term Effect

- Alterations of mood.
- Distortion of the sense of direction, distance and time.
- 'pseudo' hallucination.
- Synesthesia – melding of two sensory modalities.
- Feelings of depersonalization.

Long – Term Effect

- Flash back or spontaneous recurrence of LSD experience can occur.
- A motivational syndrome.
- Lysergic acid diethylamide (LSD) precipitated psychosis.

Cannabis

Cannabis

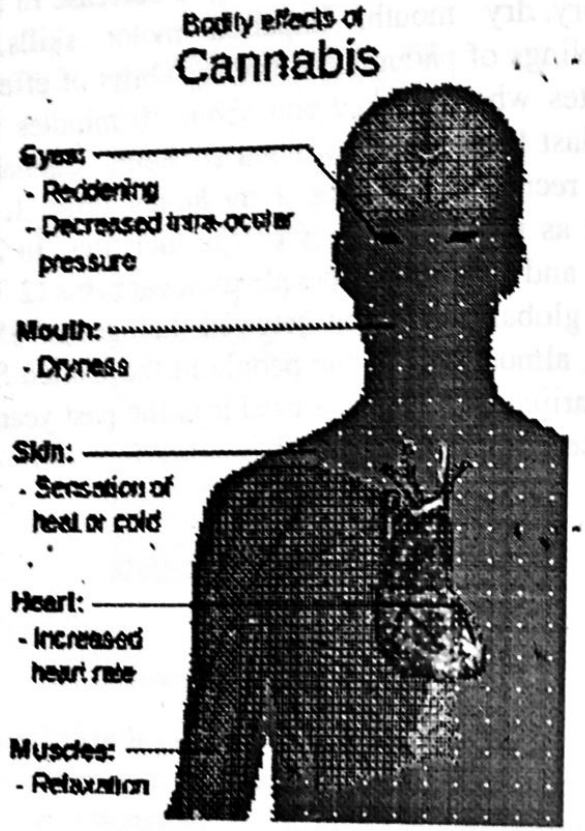
A flowering cannabis plant

Cannabis, also known as **marijuana** and by numerous other names is a preparation of the *Cannabis* plant intended for use as a psychoactive drug or medicine. The main psychoactive part of cannabis is tetrahydrocannabinol (THC); it is one of 483 known compounds in the plant, including at least 84 other cannabinoids, such as cannabidiol (CBD), cannabinol (CBN), and tetrahydrocannabivarin (THCV).

Cannabis is often consumed for its mental and physical effects, such as heightened mood, relaxation, and an increase

in appetite. Possible side effects include a decrease in short-term memory, dry mouth, impaired motor skills, red eyes, and feelings of paranoia or anxiety. Onset of effects is within minutes when smoked and about 30 minutes when eaten. They last for between two and six hours. Cannabis is mostly used recreationally or as a medicinal drug. It may also be used as part of religious or spiritual rites. In 2013, between 128 and 232 million people used cannabis (2.7% to 4.9% of the global population between the ages of 15 and 65). In 2015, almost half of the people in the United States have tried marijuana, 12% have used it in the past year, and 7.3% have used it in the past month.

EFFECTS



Main short-term physical effects of cannabis

Medical

Cannabis is used to reduce nausea and vomiting during chemotherapy, to improve appetite in people with HIV/AIDS, to treat chronic pain, and help with muscle spasms. Its use for other medical applications is

insufficient for conclusions about safety or efficacy. Short-term use increases minor adverse effects, but does not appear to increase major adverse effects. Long-term effects of cannabis are not clear,and there are concerns including memory and cognition problems, risk for addiction, risk of schizophrenia among young people, and the risk of children taking it by accident.

The medicinal value of cannabis is disputed. The American Society of Addiction Medicine dismisses medical use because of concerns about dependence and adverse health effects. The US Food and Drug Administration (FDA) states that cannabis is associated with numerous harmful health effects, and that significant aspects such as content, production, and supply are unregulated. The FDA approves of the prescription of two products (not for smoking) that have pure THC in a small controlled dose as the active substance.

Recreational

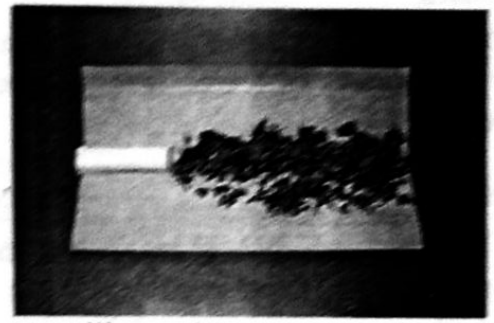
Cannabis has psychoactive and physiological effects when consumed. The immediate desired effects from consuming cannabis include relaxation and mild euphoria (the "high" or "stoned" feeling), while some immediate undesired side effects include a decrease in short-term memory, dry mouth, impaired motor skills and reddening of the eyes. Aside from a subjective change in perception and mood, the most common short-term physical and neurological effects include increased heart rate, increased appetite and

consumption of food, lowered blood pressure, impairment short-term and working memory, psychomotor coordinatio and concentration.

Spiritual

Cannabis has held sacred status in several religions. It ha been used in an entheogenic context – a chemic substance used in a religious, shamanic, or spiritual contex in India and Nepal since the Vedic period dating back approximately 1500 BCE, but perhaps as far back as 200 BCE. There are several references in Greek mythology to powerful drug that eliminated anguish an sorrow. Herodotus wrote about early ceremonial practice by the Scythians, thought to have occurred from the 5th 2nd century BCE. Itinerant Hindu saints have used in Nepal and India for centuries. In modern culture th spiritual use of cannabis has been spread by the disciples o the Rastafari movement who use cannabis a a sacrament and as an aid to meditation. The earliest known reports regarding the sacred status of cannabi in India and Nepal come from the Atharva Veda estimate to have been written sometime around 2000–1400 BCE.

Available forms



A joint prior to rolling, with a paper handmade filter on the left

Cannabis is consumed in many different ways:

smoking, which typically involves inhaling vaporized cannabinoids ("smoke") from small pipes, bongs (portable versions of hookahs with water chamber), paper-wrapped joints or tobacco-leaf-wrapped blunts, roach clips, and other items.

- vaporizer, which heats any form of cannabis to 165–190 °C (329–374 °F), causing the active ingredients to evaporate into a vapor without burning the plant material (the boiling point of THC is 157 °C (315 °F) at 760 mmHg pressure).

cannabis tea, which contains relatively small concentrations of THC because THC is an oil (lipophilic) and is only slightly water-soluble (with a solubility of 2.8 mg per liter). Cannabis tea is made by first adding a saturated fat to hot water (e.g. cream or

any milk except skim) with a small amount o cannabis.

- edibles, where cannabis is added as an ingredient t one of a variety of foods, including butter and bake goods.

Adverse effects

In a 2011 survey of 292 clinical experts in Scotland Cannabis ranked last in personal harm and 18th in social harm out of 19 common recreational drugs.

According to the United States Department of Health and Human Services, there were 455,000 emergency room visits associated with cannabis use in 2011. These *statistics* include visits in which the patient was treated for a condition induced by or related to recent cannabis use. The drug use must be "implicated" in the emergency department visit, but does not need to be the direct cause of the visit. Most of the illicit drug emergency room visits involved multiple drugs. In 129,000 cases, cannabis was the only implicated drug.

A 2013 literature review said that heavy, long term exposure to marijuana may have biologically-based physical, mental, behavioural and social health consequences and may be "associated with diseases of the liver (particularly with co-existing hepatitis C), lungs, heart, and vasculature". It is recommended that cannabis use be stopped before and during pregnancy. A 2014 review found that while cannabis use may be less harmful than alcohol use, the

recommendation to substitute it for problematic drinking is premature without further study.

HEALTH IMPLICATIONS OF CANNABIS USE

Lungs

There has been a limited amount of studies that have looked at the effects of smoking cannabis on the respiratory system. Chronic heavy marijuana smoking is associated with coughing, production of sputum, wheezing, and other symptoms of chronic bronchitis Regular cannabis use has not been shown to cause significant abnormalities in lung function. Short-term use of cannabis is associated with bronchodilation.

Cancer

Cannabis smoke contains thousands of organic and inorganic chemical compounds. This tar is chemically similar to that found in tobacco smoke, and over fifty known carcinogens have been identified in cannabis smoke, including; nitrosamines, reactive aldehydes, and polycylic hydrocarbons, including benzapyrene. Cannabis smoke is also inhaled more deeply than is tobacco smoke. As of 2015, there is no consensus regarding whether cannabis smoking is associated with an increased risk of cancer. Light and moderate use of cannabis is not believed to increase risk of lung or upper airway cancer. Evidence for causing these cancers is mixed concerning heavy, long-term use. In general, there are far lower risks of pulmonary complications for regular cannabis smokers when compared

with those of tobacco. A 2015 review found an association between cannabis use and the development of testicular germ cell tumors (TGCTs), particularly non-seminoma. TGCTs Combustion products are not present when using a vaporizer, consuming THC in pill form, or consuming cannabis foods.

Cardiovascular

There is serious suspicion among cardiologists, spurring research but falling short of definitive proof, that cannabis use has the potential to contribute to cardiovascular disease. Cannabis is believed to be an aggravating factor in rare cases of arthritis, a serious condition that in some cases leads to amputation. Because 97% of case-reports also smoked tobacco, a formal association with cannabis could not be made. If cannabis arthritis turns out to be a distinct clinical entity, it might be the consequence of vasoconstrictor activity observed from delta-8-THC and delta-9-THC. Other serious cardiovascular events including myocardial infarction, stroke, sudden cardiac death, and cardiomyopathy have been reported to be temporally associated with cannabis use. Research in these events is complicated because cannabis is often used in conjunction with tobacco, and drugs such as alcohol and cocaine These putative effects can be taken in context of a wide range of cardiovascular phenomena regulated by the endocannabinoid system and an overall role of cannabis in causing decreased peripheral resistance and increased cardiac output, which potentially could pose a

threat to those with cardiovascular disease. There is some evidence from case reports that cannabis use may provoke fatal cardiovascular events in young people who have not been diagnosed with cardiovascular disease.

Neurological

A 2013 review comparing different structural and functional imaging studies showed morphological brain alterations in long-term cannabis users which were found to possibly correlate to cannabis exposure. A 2010 review found resting blood flow to be lower globally and in prefrontal areas of the brain in cannabis users, when compared to non-users. It was also shown that giving THC or cannabis correlated with increased blood flow in these areas, and facilitated activation of the anterior cingulate cortex and frontal cortex when participants were presented with assignments demanding use of cognitive capacity. Both reviews noted that some of the studies that they examined had methodological limitations, for example small sample sizes or not distinguishing adequately between cannabis and alcohol consumption. A 2011 review found that cannabis use impaired cognitive functions on several levels, ranging from basic coordination to executive function tasks. A 2013 review found that cannabis users consistently had smaller hippocampi than nonusers, but noted limitations in the studies analyzed such as small sample sizes and heterogeneity across studies. A 2012 meta-analysis found that the effects of cannabis use on neurocognitive functions were "limited to the first 25 days of abstinence" and that there was no evidence that such

use had long-lasting effects.

It is not clear whether cannabis use affects the rate of suicide.

Chronic use

Effects of chronic use may include bronchitis, a cannabis dependence syndrome, and subtle impairments of attention and memory. These deficits persist while chronically intoxicated. There is little evidence that cognitive impairments persist in adult abstinence cannabis users, compared to non-smokers, people who smoked cannabis regularly in adolescence exhibit reduced connectivity in specific brain regions associated with memory, learning, alertness, and executive function. A study has suggested that sustained heavy, daily, adolescent onset cannabis use over decades is associated with a decline in IQ by age 38. No effects were found in those who initiated cannabis use later, or in those who ceased use earlier in adulthood.

Tolerance and withdrawal

Cannabis usually causes no tolerance or withdrawal symptoms except in heavy users. In a survey of heavy users 42.4% experienced withdrawal symptoms when they tried to quit marijuana such as craving, irritability, boredom, anxiety and sleep disturbances. About 9% of those who experiment with marijuana eventually become dependent. The rate goes up to 1 in 6 among those who begin use as adolescents, and one quarter to one-half of those who use it daily according to

a NIDA review. A 2013 review estimates daily use is associated with a 10-20% rate of dependence. The highest risk of cannabis dependence is found in those with a history of poor academic achievement, deviant behaviour in childhood and adolescence, rebelliousness, poor parental relationships, or a parental history of drug and alcohol problems. Cannabis withdrawal is less severe than withdrawal from alcohol.

VOLATILE SUBSTANCES (SOLVENT)

This group of substance is defined as a substance that vaporizes at ambient temperature. Volatile substances that are inhaled for psychoactive effects include the organic solvents present in many domestic and industrial products such as glue, aerosol, paints, industrial solvents, thinners, gasoline or petrol, insecticides, cortex and cortex removers, rubber solution and some cleaning fluids (UNDCP 2000). According to WHO (2003), some substances are directly toxic to the liver, kidney or heart and some produce peripheral neuropathy or progressive brain degeneration.

The user typically soaks a rag with an "Inhalant" and places it over the mouth or nose, or puts the inhalant in a paper or plastic bag which is then put over the face (UNDCP 2000). The most frequent users of these substances are young adolescents, mechanics and street children. Signs of intoxication include lethargy, euphoria, impaired judgment, dizziness, blurred vision, psychomotor impairment, slurred speech, tremors, unsteady gait, muscle weakness, stupor or

coma. Complications of long term may include blood disorders, brain and kidney damage.

SOCIALLY ACCEPTABLE DRUGS.

These are substances that are socially accepted in the society but possess habit forming properties, manifest physical and psychological effects on the user. They include:

(a) **ALCOHOL**: Alcohol comes in different forms and it is both a stimulant and depressant. Alcohol is the main psychoactive ingredient in beer, whisky, wine, spirit and locally brewed alcoholic beverages such as palm wine, pito, burukutu and ogogoro. Alcohol is readily available and socially tolerated. It is most widely abused by youths and young adults.

(b) **TOBACCO**: Tobacco is the dried leaf of the tobacco plant. Tobacco is an addictive substance and it is in different forms for example cigarette, snuff, and cigar. The most active ingredient in tobacco is nicotine. Tobacco is referred to as "gateway" drug as evidence has shown that hard drug users usually start with tobacco before graduating to the use of a harder drug. Tobacco is socially accepted and easily available. It is most abused by youths and young adults.

(c) **UNCONVENTIONAL DRUGS**: These are drugs not under international control. There are a number of local substances abused by young people, which are not under any control. Young people abuse these

substances due to their psychoactive effects. They include Zakami or haukatayaro, paw-paw leaves etc.

SIGNS AND SYMPTOMS OF SUBSTANCE ABUSE

a. ***Physical signs and symptoms***:

i. Poor personal hygiene.
ii. Emaciation.
iii. Tremors.
iv. Lack of appetite.
v. Enlargement of the liver.
vi. Peripheral neuritis.
vii. Possession of drug paraphernalia such as pipes, rolling papers, small decongestant bottles.
viii. Possession of drugs, peculiar plants or butts, seeds or leaves in ash tray.
ix. Odor of drugs, smell of incense or "cover up" scents.

b. Mental signs and symptoms:

i. Loss of memory.
ii. Poor concentration.
iii. Talking off context.
iv. Poor judgement.
v. Physical and verbal aggression.
vi. Insomnia.
vii. Hallucination and delirium tremens.

c. Social signs and symptoms

i. Stealing.
ii. Loss of Job.

iii. Broken homes.
iv. Child and wife battering.

THE CONSEQUENCES OF DRUG ABUSE ARE:

"Decisions" by Valerie Patterson

(a) Physical:

a. Road traffic accident.
b. Poor personal hygiene/dresses poorly.
c. Offensive odour on the body.
d. Prone to injuries.
e. Cirrhosis of the liver.
f. Susceptibility to infection.
g. Damage to the vital organs of the body for example brain, liver, lungs, kidney, pancreas etc.
h. Hypertension.
i. Damage to unborn babies.
j. Spread of HIV/AIDS.
k. Premature Death

b. **Psychological**:

a. Depression.

b. Hallucination.
c. Personality disintegration.
d. Lack of motivation.
e. Anxiety.
f. Dementia (lose of memory).
g. Isolated to self.
h. Insomnia.

c. **Social:**

a. Social stigma.
b. Bankruptcy and indebtedness.
c. Nuisance.
d. Strange relationship with family members.
e. Dismissal from job.
f. Divorce.
g. Loss of jobs.
h. Family disintegration for example divorce.
i. Dropping out of school/low grades.
j. Criminal offences such as robbery, rape, cheating etc.
k. Cultism.
l. Prostitution.
m. Destitution.
n. Suicide.

CHAPTER FOUR

ETIOLOGICAL FACTORS TO DRUG ABUSE:

The reasons for the abuse of drugs are varied as the type of drugs varies. Naturally, human beings vary in behavioural attitudes and lifestyles and to a large extent the environment determines the degree to which one is prone to addiction. The common predisposing factors to drug abuse are:

PEER PRESSURE:

This is the most common cause of drug abuse and addiction (Action Health Incorporated 1999; NDLEA 2000; Odejide 2000; UNDCP 1990). According to the theories of social conformity, peer pressure or influence is the degree to which persons or groups influence the behaviour or attitude of others. This may take the form of mere compliance, which is an outward action without consideration of private conviction, or it may take the form of private acceptance, which is change of attitude in the direction of group attitude (Kilgel and Kieger, 2012).

Sensitivity to the peer group has often been identified as the

single most important factor in the initiation and perpetuation of drug abuse among youths in Nigeria. Youths submit to group wishes because their friends and peers did. As a result, the group is maintained. In effect youths are keenly sensitive to group norms.

IGNORANCE:

Over the years, misinformation about the dangers of illicit drug use has been numerous. Governments, scientist, experts and others have had limited success in communicating accurate information. As drug use has spread throughout the world, myths have been perpetuated and facts have been distorted and subjected to ridicule (UNIDCP, 1992). Ignorance is the second major predisposing factor to drug abuse (NDLEA 2000)

CURIOSITY AND EXPERIMENTATION

There exists in all humans an intrinsic desire to experience the unknown, and this desire is especially pronounced during the ages of adolescent. Their first taste of the drug and its effect on the user greatly influences whether the

individual will continue taking the drug. The younger the age at which an individual first experiments drug, the greater the tendency for him/her to try them again.

ESCAPISM AND ALIENATION

The human nature is such that he desires to belong and to be loved, either by a family, tribe, community or country. An individual who feels isolated will usually take steps to find a group to belong to. Also, an increasing number of Nigerian youths seeking fun or escape from the travails of life in an uncertain environment have been found to inhale organic substances like glue, shoe polish, spray etc. as observed by Obot (1990). The growing phenomenon of inhaling organic solvents is witnessed among adolescents in a number of cities around the country.

CHANGING SOCIAL STRUCTURES

One of the factors leading to drug abuse is the deterioration or shifting patterns of an existing social structure. When a unit, for example, the family, that has served as a support group for its members begins to change, some members may be unable to adapt; they will look for refuge, and may seek it in the world of drugs. The UNICEF in WHO (1999) estimated the number of street children worldwide as 100 million. Most of these street children find their way to the streets as a result of economic, social, political, civil unrest and family disintegration. This leads the children to fend for their livelihood with all the negative consequences

associated with it.

ADVERTISEMENT

The role of the media (advertisement) in the promotion of the drug subculture is enormous and cannot be quantified. It is a known fact that young adults have very impressionable minds and tend to appreciate negative information in the form of watching x-rated movies, music and magazine. Also alcohol and cigarette advertisements give wrong impressions as it creates false affluence around a smoker or drinker subtly deceiving the undiscerning mind. According to Oviasu (1996), caffeine was heavily advertised by manufacturers as a drug to be taken before interviews, special duties, sports, examinations, dances, speeches, business meetings etc. in order to increase mental thought and muscular activity.

URBANIZATION AND UNEMPLOYMENT

The rural-urban migration of people as a result of the misconception that life in the cities is easier has resulted in the overstretching of the social facilities and a high level of unemployment. According to NDLEA (2000) majority of respondents in the Annual Data Collection and Research Report reside in the urban areas. The increased rural-urban migration without a concurrent provision of enabling environment for gainful employment has resulted in loneliness, schizophrenic relapse, isolation and despair. (Chinawa, 2012). In order to adjust to this stark reality, such

people usually resort to drugs as a coping device.

STRESS:
In the simplest and most general sense, stress occurs whe there are demands on the person which exceed his resource For instance, a person who has experienced a greate number of life challenges (stressors) including lose illnesses and traumas is said to be under more stress. Also a individual who has less ability in coping will experienc more stress than someone who is better at coping. This because people react to the same level of stress in diver ways. Symptoms of stress include nervousness, anxiet irritability, agitation, insomnia, difficulty in concentratin sleep disturbance etc. In adults, stress is the majo motivating factor for drug abuse.

FAMILY DISINTEGRATION
Researchers have shown that drug abusers have experience difficult childhood periods including neglect and famil breakdown (Nolen, 2007). For these people, drugs provide way to deal with their troubles, and to feel better. The children develop their own norms based largely on the desires. Children are the first victims of the deterioration family.

AVAILABILITY:
Availability is perhaps the most critical factor to drug abu and there is no doubt that availability of a substan

regulates its consumptions, production, manufacturing and trafficking in drugs by any nation creates local markets for drug use and abuse. Trafficking in drugs by unscrupulous Nigerians has created local markets for these drugs in the urban and rural areas thereby making the drugs available to youths.

ENHANCING PERFORMANCE
The false notion that drug abuse enhances performance makes the youth take it with simple reason of trying to outwit others or meet up with others. Substances like ephedrine, steroids, amphetamine and so on are referred to as performance enhancing drugs used mainly by artist, sports men and women, long distance drivers and labourers. They are also used to enhance sexual prowess among youths.

CHAPTER FIVE
STAKEHOLDERS IN DRUG ABUSE AND TRAFFICKING

The drug problem requires a collective and share responsibility and as such all hands must be on deck. I view of this, everyone or group has a role to play in th prevention of drug abuse and illicit trafficking in ou society. These are some of their roles.

COMMUNITY LEADERS

Every member of the community under the leadership of dedicated community leader has a role to play in drug abus prevention. The community can adopt strategies that wi promote attitudes which vehemently discourag consumption of alcohol and the abuse of cannabis and othe drugs. We need to revamp our value system and correct th misguided information generated by mischievou individuals about drugs. Some of the community leaders th should be involved are traditional rulers (Igwes, Oba Emirs etc.),town union and youth executives.

ROLES OF PARENTS:

Parents have major and most significant role to play in drug abuse prevention. They need to devote adequate time towards the proper upbringing of their children or wards. They should be aware of their children's needs and problems and address them properly on time. Parents need to be good role models by avoiding actions and activities that might promote drug abuse and illicit trafficking. They should guide against imbibing negative values such as indiscipline, drug abuse and unhealthy relationship within the family.

ROLE OF TEACHERS

Teachers are in a position to encourage students to cultivate a healthy life style. They need to encourage pupils or students to develop skills to cope with life challenges without resorting to the use of drugs as an escape tunnel. Teachers should therefore encourage students to join Drug-Free Clubs in their schools. They should also strive to provide special counseling services for those at risk of abusing drugs. The school can help put in place effective

drug policy that will discourage the sale and use of drugs within the school premises. Such policy should also spell out penalties for violators.

ROLE OF THE MEDIA

The media in any society is expected to perform the roles of educating, informing and entertaining the general public. In this regard therefore, the media should always strive to enlighten the community on the dangers of drug abuse and illicit drug trafficking. Essays, articles, editorial comments and cartoons to promote passive drug-related issues, should feature more prominently. The media can also sponsor drug prevention activities in the community. They need to participate actively in the invitation and organization of community-based drug prevention programmes. The media should try to emphasize the negative effects of illicit drug trafficking and abuse on the individual, family, community, the economy and the society in general. The media should de-emphasize reporting on the cash-down value of drugs so as not to encourage people especially youths to traffic in or abuse drugs.

ROLES OF NON-GOVERNMENTAL ORGANIZATIONS (NGOS)

The NGOs are major stakeholders in the prevention of drug abuse and trafficking in any society because they are nearer to the grassroots. The Non-Governmental Organization (NGOs) should also organize seminars, workshops, symposia and conferences on drug-related issues, at regular

FUNDAMENTALS OF SUBSTANCE ABUSE AND MANAGEMENT
CHINAWA FRANCIS CHUKWUEMEKA PhD

intervals. They can also establish counseling as well as treatment and rehabilitation centers to assist drug dependent persons in the society. They should also encourage and establish therapeutic groups that can be fashioned with our culture. For instance, Alcohol Anonymous (AA) and Narcotic Anonymous groups should be set up and well managed in order to assist drug dependent persons in their recovery process. They should also set up half-way homes for recovering drug dependent persons, so that such persons are not just discharged from the treatment and rehabilitation centers into the society without adequate preparations and social re-integration into the society.

RELIGIOUS ORGANIZATIONS:

Religious organizations, through their sermons need to clearly and directly preach against drug abuse and illicit drug trafficking. Religious leaders should devote time to participate in public enlightenment programmes that may be organized by community-based associations. They should also endeavor to provide pastoral and religious counseling to drug users and addicts.

CHAPTER SIX
PSYCHOSOCIAL ASPECTS OF DRUG DEPENDENCE

The issue of drug dependence has been described to be a complex one with its attendant medical, psychological, physiological, sociological and legal parameters. Recent studies on brain and behaviour have shown addiction to be quintessential bio-behavioural disorder (Leshner, 1999). This is so because of the effects of prolonged drug use on brain structures and function. Addiction affects critical behavioural and social skills. For this reason, effects of addiction is said to be bio-behavioural in nature. The mode of treatment should also include biological, behavioural and social context aspects (Mcleilann et al, 1993).

Pela (1981) reported that majority of youths dependent on drugs were either from single parent homes or polygamous homes where sibling rivalry were stressful. Odejide and Sanda (1986) claimed that parental deprivation and revolt against parental control were some of the etiologies of drug dependence, while Nevadomsky (1981) reported that 36% of his drug users came from "broken homes". Anumonye (1980) reported that individuals who are dependent on drugs exhibited antisocial behaviour, thefts, absenteeism from work, aggression (verbal or physical) emotional or behavioural deficiency, social disorganization and occupational or educational failure. Other reported psychological aspects include traumatic experiences or behavioural disorders, display of disinhibitive behaviour and

formation of groups with distinctive behaviour or taking of oaths of secrecy (Oviasu, 2000)

Various psychosocial factors not different from what has been observed in order nationalities that contribute to the abuse of drugs are: poor frustration tolerance, insensitivity and egocentricity, enjoyment of induced euphoria and excitement, self medication and primary psychological disorders. Apart from physical damages caused by dependence, psychological dependence gives rise to compulsion to obtain the drug of choice by all means. This is the behaviour that gets drug addicts into conflicts with the law in the acts of armed robbery, stealing and assault on persons. Mind bending drugs such as cannabis, cocaine, heroin and alcohol readily alter the mood, impair ego equilibrium, causing disinhibition which liberates his animalistic wishes. At times, this mind bending drugs results in psychosis also referred to as "madness". Other psychosocial consequences of drug dependence are loss of jobs, loss of sense of responsibility, family disruption, delinquent acts, dropping out of school, promiscuity and deliberate self-harm. Acquired Immune Deficiency Syndrome (AIDS) is the latest complication of drug dependence. Intra-venous drug abusers constitute 25% of AIDS in adults in the United States of America and 21% of such cases in Europe (Odejide, 1989). In Nigeria, we are yet to assess the true prevalence of AIDS.

These psychosocial consequences of drug dependence create major economic loss to our nation through ill-health

of labour force which reduced overall productivity. The treatment of drug-dependent individuals is also very expensive and huge sums of money are required to combat the supply of psycho-active drugs. It is appropriate at this time to evaluate the psychological and social interventions of drug addiction among the Nigerian youths. Odejide (1989) classified treatment approaches of drug dependence into primary prevention (social intervention), secondary prevention (detoxification in hospitals) and tertiary prevention (rehabilitation).

SOCIAL INTERVENTIONS

Social interventions geared towards demand and supply reduction should come through legislation on the mode of marketing and advertisements for these dangerous drugs.

The provision of breath testing equipment and other instruments used by the law enforcement agents and hospitals for psychoactive drugs identification should be made a priority. Similarly, efforts must be made to subject custom officials and other law enforcement agents to short term training courses (workshops and seminars) in order to improve and sustain their level of performance. Also, they should be collaborative epidemiological and biological studies to monitor the trend over time, determine risk factors and also to design scientific prevention policies.

CHAPTER SEVEN
MANAGEMENT OF SUBSTANCE ABUSE

Substance abuse occurs in all the segments of the society. The cause is multi factorial while its effect on the user, the family and the society at large is of grave consequence. Substance abusing patients are often difficult to detect and evaluate because they are not easily classed into specific categories. They always underestimate the amount of substance used, are prone to denial, manipulative and often underestimate the consequences of the problem. They are unreliable and therefore it is necessary to obtain information from other people for example family members. At this juncture, one must stress the need to watch out for the role of co-dependence and enabler while getting the information.

The first step in the management of substance abuse cases is assessment.

ASSESSMENT

This is a detailed history and information the psychiatric team which comprises the psychiatrists, clinical psychologists, psychiatric nurses, social welfare officers and occupational therapists obtain from either the patient or informants (who may be family members, friends or colleagues) regarding the patient's use or involvement in the substance. By this the health providers evaluate the following which is helpful in the management of the patient;

(i) The type of substance the patient is abusing (whether polyabuser).

(ii) How long he or she has been involved in it.
(iii) Means or source of getting the substance.
(iv) Peer group or subculture or subgroup involvement.
(v) The purpose the drug is serving the abuser.
(vi) Co-dependence and enablers.

However, in the assessment, the psychiatric health provider should be able to determine if the patient's condition could allow for such detailed assessment or not (Chinawa, 2004). For example, if the patient sustained an injury, the injury must be assessed as soon as possible and attention given to the injury.

Management of Violence:

If the patient is violent, the nurse must be careful and the following measures taken:

(i) Clear away all injurious objects to avoid injury to the patient or the nurse.
(ii) Admit patient close to the nurses' station.
(iii) Reassure patient and relations.
(iv) Provide for the personal hygiene of the patient.
(v) Ensure adequate rest and sleep.
(vi) Close observation; protect patient from danger and possible suicide.
(vii) Nurse-patient relationship should be maintained. This includes tolerance, kindness and to be a good listener.
(viii) Talk to the patient; ask him the kind of help he requires.
(ix) Serve food or drink to the patient.

(x) Medications: Give prescribed drugs like
-Injection chlorpromazine.
-Injection Haloperidol.
Injection Diazepam, among others.
(xi) Physical restraints such as leather belt, padded bandages, and in some cases, bed clothing should be used. Do not use plain rope, electric wire cable because of further injury to the patient.
(xii) Support family members or friends. Sometimes the nurse or security guard may be used to calm the patient and persuade him to take some medications when family members or friends fail.
(xiii) Psycho-Education: As the patient's condition calms down, he is educated on the negative effects of the drugs. He is therefore assisted in developing or fashioning out other positive means of achieving the desire which the substance is giving to him.
(xiv) Cognitive behavioural therapies (CBT) are instituted. Group psychotherapy and family therapies may also be introduced to help patient come out of the circle of substance abuse.
(xv) Occupational therapy: In some cases, the effect of the drugs might have left the patient unconcerned about his job. Some do lose their jobs because of their involvement in substance use. Such people are retrained in their occupations or a total change made. If the job the patient was doing was contributing to his use of drugs, there is need to change his job. In case of alcohol, in addition to the management of the

psychiatric symptoms that may develop, the nutritional status and general physical conditions of the patient must be taken seriously. This is because, in most alcoholic cases, they do not eat well; in fact they have no appetite for food. Hence their immunity is highly reduced exposing them to infections.

Nurses Role in Substance Abusing Patients

The nurses play a vital role in the care of clients experiencing intoxication and withdrawal. Nurses also meet the basic needs like safety, hygiene, comfort, calm and quiet environment for the patients. They also administer substitution therapy as ordered. The nurses help the patient to understand and identify the causes of substance abuse and the need for life changes. The nurses develop trust, correct misconception and identify the maladaptive behaviours for ineffective denial.

Nurses maintain strict self discipline by ongoing supervision, set limits on manipulative behaviour, explore options for dealing with stress and give positive reinforcement for effective coping. They restrict access to

addictive substances. They teach about skills like relapse prevention, supportive skills and developmental sessions. Other things they do include;

- Advice on health hazards of injecting.
- Encourage the patient to focus on the present and future, not the past.
- Behaving to patient in such a consistent manner, confronting them in a non judgmental and non punitive manner, helping the patient and the family to follow the ward routine. Random check of patient and his belongings. Monitoring the signs and symptoms of intoxication.
- On discharge, the patients are instructed on the need for regular follow up and to continue the medications. Advice the patient to get involved in Alcoholic Anonymous.
- Patients who are receiving Disulphiram must be carefully instructed. It is not a cure for alcohol, only discourages drinking. Before initiating the drugs patients are asked about their allergic reaction like sulfites, preservatives or dyes, history of seizures, severe mental illnesses, cardiac and kidney diseases, diabetes etc. Instruct patients not to use alcohol or any product containing alcohol within 12 hours before, and for at least 14 days after discontinuing the use of the drugs. Explain to the patient that it is necessary to read the labels on all products, because alcohol is found in many foods, medicines and personal hygiene products. Tell the patient not to use alcohol containing products that are applied topically during the treatment of disulphiram. Explain to the patient that headache, fatigue, skin rash etc

may be experienced till the body gets adjusted to the none use of alcohol. Disulphiram leads to blurred vision, chest pain, confusion, dizziness, flushing etc. If the patient consumes larger quantity of alcohol it may lead to seizures, unconsciousness or death

Nurses Role on Substance Abusing Patients and Family:

The nurses teach the family about substance abuse and its effect on the entire family, meeting the potential health problems and nutritional advice for patients and the family members. They explain to the members about the need for care, support and concern towards the patient.

The Role of a Clinical Psychologist on Substance Abusing Patients.

There are many forms of evidence –based behavioural treatments for substance abuse. These include:-

- Cognitive behaviour therapy (CBT). This can help addicted patients overcome substance abuse by teaching them to recognize and avoid destructive thoughts and behaviours. The therapist for example, teaches the patient to

FUNDAMENTALS OF SUBSTANCE ABUSE AND MANAGEMENT
CHINAWA FRANCIS CHUKWUEMEKA PhD

recognize the triggers that cause his or her craving for drugs, alcohol or nicotine, then avoid or manage those triggers.

- Motivational interviewing: This therapy technique involves structured conversations that help patients increase their motivation to overcome substance abuse, example helping them recognize the difference between how they are living right now and how they wish to live in the future.
- Contingency Management: Using this method, addiction counselors provide tangible incentives to encourage patients to stay off drugs. Those rewards might include offering cash, clinical privileges, work with a steady wage or even restaurant vouchers for each clean drug test. Although these rewards might seem small in comparison with the force of addiction, students have found that contingency management programmes can help people stay clean. These behavioural treatments can sometimes be particularly effective when combined with pharmaceutical treatments that either mimic the effect of the drug in a controlled way (such as methadone and buprenorphine for opiate addiction or nicotine chewing gum for cigarette addiction, reduce or eliminate the "high" the users get from the drug(such as naltrexone for opiate or alcohol addiction).

The Role of a Social Worker on Substance Abusing Patients

Substance abuse is a growing problem around the world. In 2010, an estimated 22.6 million Americans aged 12 or older were abusing illicit drugs, according to the United States Department of Health and Human Services. Substance abuse can be one of the most difficult problems to detect, as clients are often ashamed or secretive about it. Social workers should be aware of the potential for substance abuse in any client who seeks help for example; a client may seek help for depression but conceals an underlying alcohol or substance abuse addiction. Your role is to tease out these possible underlying issues and help the client obtain proper assistance in whatever way necessary.

Identification and Assessment: Social workers are trained to identify and assess the needs of their clients beyond the scope of their initial presenting problems. One of the initial tasks of a social worker in a school, hospital, mental health clinic or private practice is to perform a comprehensive assessment on a client, taking into account potential

substance and alcohol abuse issues even if the client does not report the problem. As a social worker, you assess substance abuse problems in voluntary, self referred and involuntary or mandated clients.

According to the National Association of Social Workers, you will work with your clients to complete a comprehensive assessment towards the development of a service plan for recommended placement into an appropriate treatment programme. You may not be required to provide direct care, but you are required to recognize the warning signs and suggest a course of treatment to your client during or directly after your assessment.

Direct Treatment: social workers act as substance abuse counselors in a variety of settings, including hospitals, drug treatment facilities and mental health clinics. Although all graduate social work programmes include substance abuse education, many social workers decide to continue their studies to obtain a certificate in alcohol and substance abuse counseling, especially if they wish to work specifically in this field.

Education/Outreach: social workers may act as substance abuse educators in a variety of settings, such as schools, community outreach centers and shelters for example, you may be expected to give presentations on substance abuse prevention at a school if you work in a community organization that provides this service or you may have a job where you have to reach out to risk individuals on the street, in community organization or at recreation centers

To reduce your chance of drug abuse or addiction, take the
steps:-
- Learn about risk related to drug use.
- Do not spend time with people who abuse drugs.
- Learn ways to handle peer pressure.
- Have a good relationship with your children to hel
reduce risk of using drugs.
- Seek therapy for post-traumatic stress disorder, anxiet
depression and other mental health problems.

CHAPTER EIGHT
PROCESS OF REHABILITATION OF SUBSTANCE ABUSERS

This is a very important aspect in the management of drug abusers. No matter how effective the treatment has been in the hospital or any other organized treatment centre, if proper rehabilitation is neglected all efforts will be in vain. The substance abuser will drift back to his or her habit. Rehabilitation is a process of assisting a patient back to the society after a period of ill-health. It is a way of returning a patient to the society's acceptable way of life by making him realizes his potentials and goals, restoring confidence and ambition; making him independent and useful in the society in which he or she lives.

The purpose of rehabilitation is to restore skills or social functioning of the individuals to enable him or her live a near independent life in the society.

Rehabilitation involves training and educating the

discharged patient to deal more successfully with his problems, with health personnel giving general and specific support.

The environment plays a very important part in rehabilitating process of substance abusers. If a discharged patient can live and function in a friendly drug free environment, then his problem will be solved. However we are aware that there is no total drug free environment in the sub-region.

The general goal of rehabilitation is to allow the treated patient to use appropriate community resources to increase his physical, mental, social, health, educational and vocational strength and decreases his dysfunctional deviant behaviour.

One of the major problems confronting substance abusers after discharge is employment. Having been labeled a "Drug Addict", the environment becomes hostile and there is no trust, hence he is not given a chance to prove that he can work hard.

CHAPTER NINE
THE ACTIVITIES OF THE PSYCHIATRIC TEAM: AN ADVOCACY

Psychiatric health team must be well trained in the management and rehabilitation of substance abusers. They must be able to adapt to the changes in the drug abuse patients. They must also be knowledgeable on the type of drugs abused. These include conventional, local and new entrants. Furthermore, they should be aware of the effects of the drugs and the consequences of their use. It is when they have in depth knowledge that they can assist those that require help.

During the admission, patient must be assessed to determine his area of interest and capability. This enhances his placement in his area of maximum functional status.

Provision of vocational and rehabilitation centre is essential and this can be residential or non residential. Facilities for meaningful and gainful activities must be provided. The areas of vocation that are covered and assessed must be available to prevent loss of interest by the patient.

The community of location must be supported by government in the area of basic needs that is, water, light, good roads and establishment of industries that can offer employment to all in need. The most important aspect is that the community must be drug free. In developed countries, no patient is discharged without adequate preparation; some use the half way house where discharge patients live and cater for themselves with minimum supervision. Here, it is being

advocated that government and the industry, as thei
corporate social responsibility (CSR), should establish hal
way homes and provide jobs for fully recovered drug
abusers as a form of economic rehabilitation.
In Nigeria today, there are no functional community based
psychiatric centers with trained psychiatric nurses (Chinawa
2012).
In Ghana, there are community psychiatric nurses in practice
and they perform a good job in the provision of nursing
service to the needy.
However, the best result can be achieved from the
community, free from the stigma attached to psychiatric
hospital. Other countries in the sub-region should as a matter
of urgency establish a vocational and rehabilitation centre
with compliments of the identified professionals to perform.
The individual remains more or less intact in the process and
certainly ought to be treated as a person rather than as a bad
example.
What we are saying is that there should be a change of
attitude:

i. In the government policy, emphasizing the treatment and rehabilitation of substance abusers.
ii. The professionals should not to be judgmental or have a self righteous feeling towards the substance abusers.
iii. The relations to be supportive and extend love and affection to substance abusers irrespective of their past behaviour.
iv. The community to be friendly and less hostile.

Appropriate and reward honest contribution rather that worship money or wealth. The substance abusers are part of us and they cannot be wished away.