

Research Article

Menace of Substance Abuse in Today's Society: Psychosocial Support to Addicts and Those with Substance Use Disorder

Adelani* and Adekemi Abolaji

Department of Nursing Science, College of Medicine and Health Sciences, Afe Babalola University, Ado Ekiti, Nigeria

*Corresponding author: Adelani, Department of Nursing Science, College of Medicine and Health Sciences, Afe Babalola University, Ado Ekiti, Nigeria

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Abstract

Substance abuse among youths has been a problem to society in General. The continuous use of psychoactive substances among adolescents and youths has become a public concern worldwide because it potentially causes deliberate or unintended harm or injury. The consequences of drug abuse are not only on the individual user but also on his or her offspring, family and the society. This seminar topic discussed some drugs that are commonly abused by adolescents and youths such as cannabis, cocaine, amphetamine, heroin, codeine, cough syrup and tramadol. It also discussed the sources where abusers obtained drugs as well possible effects in terms of physical, psychological and social terms. The risk factors and the reason for substance abuse was discussed, how substance abuse interrupt the brain, which also tells us the ways of cubbing the menace of substance abuse by creating awareness about drug abuse and their adverse consequences through the aid of appropriate mass media tools. This write-up also discussed method of delivering customized information suitable to the target audience such as family, schools, workers, religious organization, homes in a sensitive manner. Also discussed is the strategies to use in collaboration with international agencies to monitor the sale of over-the-counter drugs and enforcing stricter penalties for individuals who are involved in trade of illicit drugs and many more. Recommendation are made where call on all categories of people including government ,family, community and National Agency for Food and Drug Administration and Control (NAFDAC) to contribute to preventing the menace of substance abuse. If the Nigerian youths should stop drug abuse, they will be useful to themselves, their families and the society in general.

Keywords: Substance abuse, Psychoactive substance, Society

Introduction

Substance abuse has been a cause of many debilitating conditions such as schizophrenia and psychosis, leading to psychiatric admissions. Substance abuse is emerging as a global public health issue. The recent world drug report-2019 of the United Nations Office on Drugs and Crime (UNODC) estimated that 271 million (5.5%) of the global population (aged between 15 and 64 years) had used drugs in the previous year. Also, it has been projected that 35 million individuals will be experiencing drug use disorders. Furthermore, the Global Burden of disease Study (2017), estimated that there were 585,000 deaths due to drug use, globally. The burden of drug abuse (usage, abuse, and trafficking) has also been related to the four areas of international concern, viz. organized crime, illicit financial flows, corruption, and terrorism or insurgency. Therefore, global interventions for preventing drug abuse including its impact on health, governance, and security, requires a wide spread understanding of the prevalence, frequently implicated drugs, commonly involved population, sources of the drugs and risk factors associated with the drug abuse. In Nigeria, the burden of drug abuse is on the rise and becoming a public health concern. Nigeria, which is the most populous country in Africa, has developed a reputation as a center for drug trafficking and usage mostly among the youth population, in which the menace is giving birth to a generation of drug addicts. Oftentimes, young men are seen

with bottles of carbonated drinks (soft drinks), but laced with all kinds of intoxicating content. They move about with the soft drink bottles and sip slowly for hours while unsuspecting members of the public would easily believe that it is mere harmless soft drink.

According to Ladipo, a consultant psychiatrist at the Lagos University Teaching Hospital (LUTH), said that he had handled lot of mental cases in his career as fallouts of drug abuse, which often lead to mental disorder. He also stated that the effects of drug abuse and wrong use do not only take a toll on the individuals and their families but on society at large. According to UNODC, report on Drug use in Nigeria (the first large-scale, nationwide national drug use survey in Nigeria), one in seven persons (aged 15-64 years) had used a drug in the past year. Also, one in five individuals who had used drug in the past year is suffering from drug related disorders. Drug abuse has been a cause of many criminal offences such as theft, burglary, sex work, and shoplifting. A prevalence of 20-40% and 20.9% of drug abuse was reported among students and youths, respectively. Commonly abused drugs include cannabis, cocaine, amphetamine, heroin, diazepam, codeine, cough syrup and tramadol. Sources where abusers obtained drugs, were pharmacies/patent medicine shops, open drug markets, drug hawkers, fellow drug abusers, friends, and drug pushers. Drug abuse was common among undergraduates and secondary school students, youths, commercial bus drivers, farmers, and sex workers.

Reasons stated for use include but not limited to increase physical performance, stress and to derive pleasure. Poor socioeconomic factors and low educational background were the common risk factors associated with drug abuse [1-10].

Objectives of the Seminar

1. To identify the reasons and perceived benefits for substance abuse
2. To identify psychological and social effects of substance abuse.
3. To examine psychosocial supports rendered to substance users and addicts.
4. To stimulate further discussions and research thoughts in an attempt to finding solutions to the menace

Clarification of Concepts

i. A Drug

It is any substance other than food that influences motor, sensory, cognitive or other bodily processes (APA, 2022).

ii. Drug Misuse

It is the use of a substance for a purpose not consistent with legal or medical guidelines (WHO, 2006).

iii. Psycho-Active Substance

Are substances that, when taken in or administered into the system, affect mental process, e.g., perception, consciousness, cognition or mood and emotions (WHO,2022).

iv. Substance Abuse

This, according to International Classification of Diseases (ICD10), is a pattern of psychoactive substance use that is capable of causing damage to physical or mental health. According to Diagnostic and statistical manual of mental disorders (DSM IV), it is a maladaptive pattern of substance use leading to significant clinical/social/legal/occupational distress or mental ill-health in the last 12 months.

Substance abuse can also be defined as;

- Use of drugs without physician's prescription.
- Use of illicit drugs or legally banned drugs.

v. Addiction

This is a compulsive, chronic, physiological or psychological need for a habit forming substance, behaviour or activity having harmful effects and typically causing well defined symptoms such as irritability, anxiety, tremors upon withdrawal (NIH, 2019).

vi. Psychosocial

This are structured psychological or social interventions used to address substance-related problems (APA, 2022).

Literature Review

According to International Classification of Diseases ICD10 (2022), substance abuse as a pattern of psychoactive substance uses

that is capable of causing damage due to physical or mental ill health. Substance abuse is emerging as a global public health issue, which is needed to be addressed. The effect of drug is due to the organism taking them and these drugs could be beneficial or harmful physically, psychological or physiologically. When the effects of drugs are beneficial, the drug is said to be serving its purpose but if otherwise, then a problem exists According to Abiodun et al. 1 in 7 persons aged 15-64 years in Nigeria had used a drug (other than tobacco and alcohol) in the past year. The past year prevalence of any drug use is estimated at 14.4% (range 14.0% -14.8%), corresponding to 14.3 million people aged 15-64 years who had used at least one psychoactive substance in the past year for non-medical purposes. Among every 4 drug users in Nigeria, 1 is a woman. More men (annual prevalence of 21.8% or 10.8 million men) than women (annual prevalence of 7.0% or 3.4 million women) reported past-year drug use in Nigeria. The highest levels of any past-year drug use were among those aged 25-39 years. 1 in 5 persons who had used drugs in the past year is suffering from drug user disorders. Cannabis is the most commonly used drug. An estimated 10.8% of the population or 10.6 million people had used cannabis in the past year. The average age of initiation of cannabis use among the general population was 19 years. Geographically, the highest past-year prevalence of drug use was found in the southern geopolitical zones (past year prevalence ranging between 13.8 percent and 22.4 percent) compared to the northern geopolitical zones (past year prevalence ranging between 10 percent and 13.6 percent). Two-thirds of people who used drugs reported having serious problems as result of their drug use, such as missing school or work, doing a poor job at work/school or neglecting their family or children.

Classification of Substance of Abuse

Classification of Substance of Abuse is given in Table 1.

Substance Abuse Stages

In discussing substance abuse, it is generally agreed that substance is not a one-stage process. According to Brookdale, there are seven stages of substance abuse, namely:

Stage 1: Initiation

Stage 2: Experimentation

Stage 3: Occasional user

Stage 4: Regular user

Stage 5: Risky user

Stage 6: Dependent

Stage 7: Addiction

1. *Initiation Stage*

This is the first stage during which time the individual tries a substance for the first time. This can happen at almost any time in a person's life, but according to National Institute on Drug Abuse, the majority of people with an addiction tried their drug of choice before 18 and had a substance use disorder by 20. The reasons a teenager experiments with drugs can vary widely, but two common reasons are because of either curiosity or peer pressure. This latter choice is made

Table 1: Classification according to Diagnostic Systematic Manual IV and International Classification of Diseases 10.

S/N	DSM(IV)	ICD10
1.	Alcohol	Alcohol
2.	Stimulants (cocaine, amphetamines)	Other substances including caffeine
3.	Caffeine	—
4.	Cannabis	Cannabinoids
5.	Hallucinogens (lysergic acid, ecstasy, ketamine)	Hallucinogen
6.	Inhalants (fumes from petrol, glue, adhesive)	Volatile solvents
7.	Tobacco	Tobacco
8.	Opioid (morphine, pentazocine, pethidine, tramadol)	Opioid
9.	CNS depressants (sedatives, hypnotics, anxiolytics)	Sedatives, hypnotics
10.	Unknown substance/others (fecal, cow dump)	Unknown substances/others

with intent of trying to fit in better with that particular group of peers. Another reason that teenagers are more likely to try a new drug than most age groups is due to how the prefrontal cortex in their brain is not yet completely developed. This affects their decision-making process, and as a result many teenagers make their choice without effectively considering the long-term consequences of their actions.

2. *Experimental Stage*

At the experimentation stage, the user has moved past simply trying the drug on its own and is now taking the drug in different contexts to see how it impacts their life. Generally, in this stage, the drug is connected to social actions, such as experiencing pleasure or relaxing after a long day. For teenagers, it is used to enhance party atmospheres or manage stress from schoolwork. Adults mainly enter experimentation either for pleasure or to combat stress. In this stage, there are little to no cravings for the drug and the individual will still be making a conscious choice of whether to use or not. They may use it impulsively or in a controlled manner, and the frequency of both options mainly depends on a person's nature and reason for using the drug. There is no dependency at this point, and the individual can still quit the drug easily if they decide to. Some youths repulsed by first unpleasant experiment never to use it again. Others, however assured by the more seasoned users become occasional users

3. *Occasional User Stage*

The new user seems to be passive accepting drugs if and when offered rather than seeking it out himself, such person believes he or she can handle the situation.

4. *Regular User Stage*

As a person continues to experiment with a substance, its use becomes normalized and grows from periodic to regular use. This does not mean that they use it every day, but rather that there is some sort of pattern associated with it. The pattern varies based on the person, but a few instances could be that they are taking it every weekend or during periods of emotional unrest like loneliness, boredom or stress. At this point, social users may begin taking their chosen drug alone, in turn taking the social element out of their decision. The drug's use can also become problematic at this point and have a negative impact on the person's life. For example, the individual might begin showing up

to work hung-over or high after a night of drinking alcohol or smoking marijuana. There is still no addiction at this point, but the individual is likely to think of their chosen substance more often and may have begun developing a mental reliance on it. When this happens, quitting becomes harder, but still a manageable goal without outside help. At this stage, users actually seek after the drugs and maintain their own supply; they show high motivation to get on drugs

5. *Risky User Stage*

The individual's regular use has continued to grow and is now frequently having a negative impact on their life. While a periodic hangover at work or an event is acceptable for Stage 3, at Stage 4 instances like that become a regular occurrence and its effects become noticeable. Many drinkers are arrested for a DUI (Driving Under the influence) at this point, and all users will likely see their work or school performance suffer notably. The frequent use may also lead to financial difficulties where there were none before. Although the user may not personally realize it, people on the outside will almost certainly notice a shift in their behavior at this point. Some of the common changes to watch out for in a drug user include:

- Borrowing or stealing money
- Neglecting responsibilities such as work or family
- Attempting to hide their drug use
- Hiding drugs in easily accessible places (like mint tins)
- Changing peer groups

6. *Dependent Stage*

This stage, the person's drug use is no longer recreational or medical, but rather is due to becoming reliant on the substance of choice. This is sometimes viewed as a broad stage that includes forming a tolerance and dependence, but by now, the individual should already have developed a tolerance. As a result, this stage should only be marked by a dependence, which can be physical, psychological, or both.

For a physical dependence, the individual has abused their chosen drug long enough that their body has adapted to its presence and learned to rely on it. If use abruptly stops, the body will react by entering withdrawal. This is characterized by a negative rebound filled

with uncomfortable and sometimes dangerous symptoms, that should be managed by medical professionals. In most cases, individuals choose to continue their use, rather than seeking help, because it is the easiest and quickest way to escape withdrawal.

7. **Addictive Stage**

At this stage, the drug becomes a major part of the user's life. The user become obsessed with drugs obtaining them at all cost without consideration for food, job, family etc. Individuals at this stage feel as though they can no longer deal with life without access to their chosen drug, and as a result, lose complete control of their choices and actions. The behavioral shifts that began during Stage 4 will grow to extremes, with the user likely giving up their old hobbies and actively avoiding friends and family. They may compulsively lie about their drug use when questioned and are quickly agitated if their lifestyle is threatened in any way. Users, at this point, can also be so out of touch with their old life that they do not recognize how their behaviors are detrimental and the effects that it has had on their relationships.

8. **Crisis/Treatment Stage**

The final stage of addiction is the breaking point in a person's life. Once here, the individual's addiction has grown far out of their control and now presents a serious danger to their well-being. It is sometimes referred to as the crisis stage, because at this point the addict is at the highest risk of suffering a fatal overdose or another dramatic life event.

Of course, while crisis is the worst-case scenario for this stage, there is also a positive alternative that fits here instead. Either on their own or as a result of a crisis, this is when many individuals first find help from a rehab center to begin receiving treatment. As a result, this stage can mark the end of their addiction, as well as the start of new life without drugs and alcohol, that is filled with hope for the future

Drug/Substance Dependence

According to DSM IV (2018), it is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress occurring at any time in the same 12 months period as manifested by 3 or more of the following;

1. **Tolerance**

The individual needs a higher dose of the substance to achieve the usual initial satisfactory effect or the current dose doesn't give the usual initial satisfactory effect.

2. **Primacy**

The substance of abuse becomes the priority in the abuser's hierarchy of needs.

3. **Withdrawal**

This occurs once an abuser stops ingesting the substance the body begins to react to it negatively e.g. an individual abusing Valium (Diazepam) and stopped suddenly such person can experience seizures, insomnia.

Opioid withdrawal symptoms include; excessive yawning, tearing, diarrhea, diaphoresis, joint pain, vomiting

4. **Harmful Use**

Regardless of the negative effect the abuser continually engage in, the abuse even with the knowledge of its detrimental effects.

5. **Inability to Cut Down**

An individual who voluntarily stopped abusing substances finds himself/herself engaging in it.

6. **Excessive Craving**

The individual finds the substance pleasurable and ensure to find it at all cost.

Risk Factors Associated With Substance Abuse

1. Age (15-24 yrs)
2. Male Gender
3. Siblings or parental exposure
4. Parental deprivation (divorce, separation, death of spouse)
5. Exposure to high-risk job (breweries, bar, tobacco companies)
6. Advertisement
7. Poor economic status
8. Experiment/curiosity: Experimental Curiosity: Curiosity to experiment the unknown facts about drugs thus motivates adolescents into drug use. The first experience in drug abuse produces a state of arousal such as happiness and pleasure which in turn motivate them to continue.
9. Peer pressure: Peer Group Influence: Peer pressure plays a major role in influencing many adolescents into drug abuse. This is because peer pressure is a fact of teenage and youth life. As they try to depend less on parents, they show more dependency on their friends.
10. Lack of parental supervision: Many parents have no time to supervise their sons and daughters. Some parents have little or no interaction with family members, while others put pressure on their children to pass exams or perform better in their studies. These phenomena initialize and increases drug abuse
11. Personality Problems due to socio-economic Conditions: Adolescents with personality problems arising from social conditions have been found to abuse drugs. The social and economic status of most Nigerians is below average. Poverty is widespread, broken homes and unemployment is on the increase, therefore our youths roam the streets looking for employment or resort to begging. These situations have been aggravated by lack of skills, opportunities for training and re-training and lack of committed action to promote job creation by private and community entrepreneurs. Frustration arising from these problems lead to recourse in drug abuse for temporarily removing the tension and problems arising from it

12. The Need for Energy to Work for Long Hours: The increasing economic deterioration that leads to poverty and disempowerment of the people has driven many parents to send their children out in search of a means of earning something for contribution to family income. These children engage in hawking, bus conducting, head loading, scavenging, serving in food canteens etc. and are prone to drug taking so as to gain more energy to work for long hours
13. Availability of the Drugs: In many countries, drugs have dropped in prices as supplies have increased.

Theories of Drug Addiction

There are several theories that model addiction which are genetic theories, exposure theories (both biological and conditioning), and adaptation theories.

1. Genetic Theory

According to Danielle, stated that Genetic influences affect substance use and substance use disorders but largely are not specific to substance use outcomes. The genetic theory of addiction, known as addictive inheritance, attempts to separate the genetic and environmental factors of addictive behavior. Numerous large-scale twin studies have documented the importance of genetic influences on how much people use substances (alcohol, tobacco, other drugs) and the likelihood that users will develop problems. However, twin studies also robustly demonstrate that genetic influences affect multiple forms of substance use (alcohol, illicit drugs) as well as externalizing behaviors such as adult antisocial behavior and childhood conduct disorder. According to stated that the majority of genetic influence on substance use outcomes appears to be through a general predisposition that broadly influences a variety of externalizing disorders and is likely related to behavioral undercontrol and impulsivity, which is a heterogeneous construct in itself.

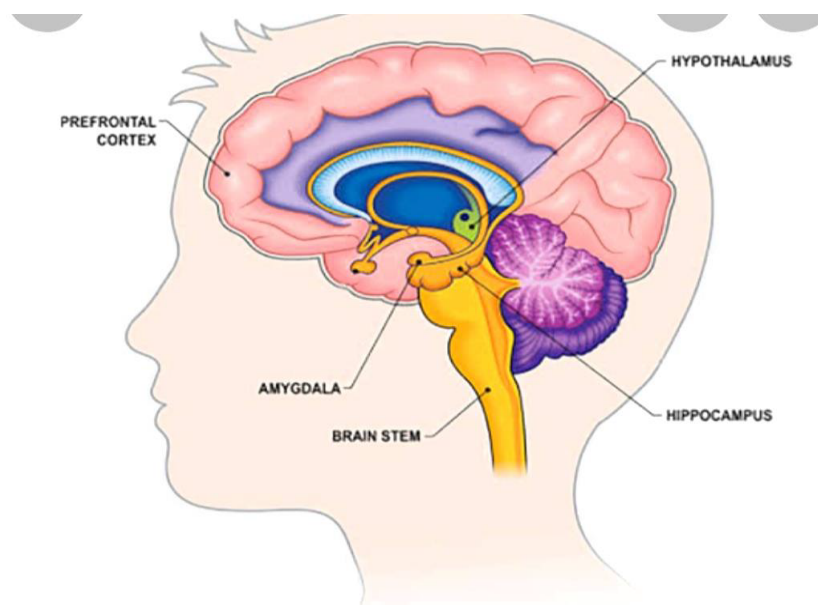
2a. Exposure Theories: Biological Models

The exposure model is based on the assumption that the introduction of a substance into the body on a regular basis will inevitably lead to addiction. These theories suggest that brain chemistry, brain structure, and genetic abnormalities cause human behavior. The biological, as opposed to the conditioning models, believe that this is a consequence of biology. Underlying the exposure model is the assumption that the introduction of a narcotic into the body causes metabolic adjustments requiring continued and increasing dosages of the drug in order to avoid withdrawal. Although changes in cell metabolism have been demonstrated, as of yet they have not been linked with addiction. Some theorize that those drugs that mimic endorphins (naturally occurring pain killers), if used on a regular basis, will reduce the body's natural endorphin production and bring about a reliance on the external chemical agent for ordinary pain relief. The neurological basis of substance abuse is an example of the biological models, as shown below (Figure 1).

Dependence results from complex interaction of psychological effects of substance in brain area associated with motivation and emotion, combined with learning. Some area in the brain are responsible for pleasure which causes release of dopamine, for example dopamine level increases after sexual intercourse and intake of favorite meal, but for drug abusers, drugs became substituted for the activities that increases the level of dopamine, the brain learns to reinforce the pleasure by stimulating more of eating. The brain learns to substitute natural substances with natural activities and it increases dopamine level which causes increase pleasurable effect which is desired.

Anatomical Areas Involved in Drug Dependence

1. Nucleus accumbens
2. Mesolimbic pathway in mid brain
3. Central tegmental



adapted from Queensland Brain Institute qbi.uq.edu.au

Figure 1: Neuro-Biological Basis of Drug Dependence.

2b. Exposure Theories: Conditioning Models

The basis of conditioning theories is that addiction is the cumulative result of the reinforcement of drug administration. The substance acts as a powerful reinforcer and gains control over the user's behavior. In contrast to the biological models of the exposure theories, these conditioning models suggest that anyone can be driven to exhibit addictive behavior given the necessary reinforcements, regardless of their biology. The advantage of this theory is that it offers the potential for considering all excessive activities along with drug abuse within a single framework: those of highly rewarding behavior. There are many reinforcement models that have been defined including the opponent- process model of motivation and the well-known classical conditioning model. Both of these models define addiction as a behavior that is refined because of the pleasure associated with its reinforcement.

3. Adaptation Theories

The adaptation theories include the psychological, environmental and social factors that influence addiction. Advocates of these theories have analyzed how expectations and beliefs about what a drug will do for the user influence the rewards and behaviors associated with its use. They recognize that any number of factors, including internal and external cues, as well as subjective emotional experiences, will contribute to addictive potential. They support the views that addiction involves cognitive and emotional regulation to which past conditioning contributes.

The adaptation theory has also broadened the scope of addiction into psychological realms. Investigators have noted that drug users rely on drugs to adapt to internal needs and external pressures.

Common Signs of Drug Abuse

According to Williams, the common signs include:

A. Physical Warning Signs of Substance Abuse

These include

- Bloodshot eyes, pupils larger or smaller than usual.
- Changes in appetite or sleep patterns.
- Sudden weight loss or gain.
- Deterioration of physical appearance, personal grooming habits.
- Unusual smells on breath, body, or clothing.
- Tremors, slurred speech, or impaired coordination.

B. Behavioral Signs Of Substance Abuse

These include:

- Drop in attendance and performance at work or school.
- Unexplained need for money or financial problems. May borrow or steal to get it.
- Engaging in secretive or suspicious behaviors.
- Sudden change in friends, favorite hangouts, and hobbies.

- Frequently getting into trouble (fights, accidents, illegal activities).

C. Psychological Warning Signs Of Substance Abuse

These include:

- Unexplained change in personality or attitude.
- Sudden mood swings, irritability, or angry outbursts.
- Periods of unusual hyperactivity, agitation, or giddiness.
- Lack of motivation; appears lethargic
- Appears fearful, anxious, or paranoid, with no reason.

Reasons for Substance Abuse in Nigeria

The commonly reported reasons include the following:

1. To increase physical performance
2. To derive pleasure
3. Desire to relax/sleep
4. To keep awake
5. To relieve stress
6. To relieve anxiety
7. Unemployment
8. Frustration
9. Easy access

Effects of Substance Abuse

The implications of substance abuse to the life of an individual are enormous and can be categorized as Physical, social and Psychological.

A. Physical Impact

There are also a number of issues affecting the physical health of the individual who is abusing drugs over a sustained period of time. According to the National Institute on Drug Abuse (2019), long-term drug abuse can affect:

- **The Kidneys.** The human kidney can be damaged both directly and indirectly by habitual drug use over a period of many years. Abusing certain substances can cause dehydration, muscle breakdown, and increased body temperature—all of which contribute to kidney damage over time. Examples are, heroin, cocaine, marijuana.
- **The Liver.** Liver failure is a well-known consequence of alcoholism, but it also can occur with individuals using opioids, steroids, inhalants, or habitually over many years. The liver is important for clearing toxins from the bloodstream, and chronic substance abuse can overwork this vital organ, leading to damage from chronic inflammation, scarring, tissue necrosis, and even cancer, in some instances. The liver may be even more at risk when multiple substances are used in combination.

- **The Heart.** Many drugs have the potential to cause cardiovascular issues, which can range from increased heart rate and blood pressure to aberrant cardiac rhythms and myocardial infarction (i.e., heart attack). Injection drug users are also at risk of collapsed veins and bacterial infections in the bloodstream or heart.
- **The Lungs.** The respiratory system can suffer damage related to smoking or inhaling drugs, such as marijuana and crack cocaine. In addition to this kind of direct damage, drugs that slow a person's breathing, such as heroin or prescription opioids, can cause serious complications for the user.

Physical Signs Include

- Insomnia
- Tremor
- Thought disturbance
- Drowsiness
- Weakness
- Coma
- Respiratory depression (depression of the central nervous system)
- Sexually transmitted diseases(e.g. HIV/AIDS, hepatitis)
- Death

B. Social Impact

Addiction creates social issues and public health concerns that extend beyond the home, school, and workplace to negatively impact larger groups of individuals.

- **Substance Abuse and the Home:** Unfortunately, families all throughout society know the impact of addiction. If a person's spouse or parent is abusing drugs, the results can be life-altering. It can result in financial hardships (due to job loss or money being diverted to fuel the habit). It may also cause reckless behavior that puts the family at risk. Addiction affects the entire family unit when one member is suffering.

Many cases of domestic violence within relationships are related to substance abuse. Addiction can happen on both sides of the conflict, not only by the abuser but also by the victim who uses drugs to cope. Drug use in the family is not limited to spouses or parents. Adolescents, especially during times of transition, may find themselves struggling with substance use. Children may experience maltreatment (including physical and sexual abuse and neglect), which may require the involvement of child welfare. Watching their parents suffer from substance use disorders may result in long-term mental and emotional disorders and delayed development. Children whose parents abuse drugs are more likely to end up using drugs or alcohol, as well.

- **Substance Abuse and the Workplace:** Drug abuse social issues occur in the workplace, the substance use of employees can cause problems. An individual's drug use will likely impact

their work performance. Or, it may even stop them from going to work entirely. Substance abuse can lead to:

- Decreased work productivity
- Increased lateness and absences
- Inappropriate behaviors at work, such as selling drugs to co-workers

These could lead to disciplinary actions and dismissal. Further, drug and alcohol abuse can lead to impaired judgment, alertness, and motor coordination, creating unsafe workplace conditions especially in an environment with heavy machinery.

Social Vices

One of the social effects of drug abuse on society is its direct link on criminal acts, murders etc. that affects the society at large.

D. Psychological Impacts

Substance abuse and mental health are linked because the psychological effects of drug addiction, including alcohol, cause changes in body and brain. A careful balance of chemicals keeps the cogs turning inside the body, and even the smallest change can cause one to experience negative symptoms.

- **Anxiety.** There are a lot of similarities between anxiety and the effects of stimulants such as cocaine and methamphetamine. Conversely, using central nervous system depressants can also increase the risk of a person developing anxiety. A person could have a long-standing pattern of drug abuse and consequently develop anxiety problems. Many substances, particularly stimulants like cocaine, can cause anxiety as a dose-dependent side effects. Other drugs, like benzodiazepines, can bring about increased anxiety as part of their withdrawal syndromes.

Anxiety is best described as a disorder of the fight-or-flight response, where someone perceives danger that isn't there. It includes the following physical and mental symptoms:

- Rapid heart rate
- Excessive worrying
- Sweating
- An impending sense of doom
- Mood swings
- Restlessness and agitation
- Tension
- Insomnia

Additionally, many addicts experience anxiety around trying to hide their habits from other people. In a lot of cases, it's difficult to tell whether anxious people are more likely to abuse substances or if drugs and alcohol cause anxiety.

- **Depression.** There is a clear association between substance abuse and depression. This relationship could be attributed to

preexisting depression that led to drug abuse or it could be that substance use caused changes in the brain that increased depressive symptoms. Some people use drugs to self-medicate symptoms of depression, but this only alleviates the symptoms while the user is high. It may even make depression symptoms worse when the user is working through withdrawal. Many drugs have a withdrawal syndrome that includes depression or other mood disturbances, which can complicate recovery. The main symptoms associated with depression are:

- Hopelessness
- Lack of motivation
- Dysregulated emotion
- Loss of interest
- Sleep disturbances
- Irritability
- Weight gain or loss
- Suicidal ideation
- **Paranoia.** Some drugs, like cocaine and marijuana, can cause feelings of paranoia that may amplify with long-term abuse. On top of this, people struggling with addiction may feel that they need to hide or lie about their substance use, indicating a fear of being caught. The fact that many substances of abuse are illegal can also contribute to mounting feelings of paranoia among long-term substance users.
- **Shame and Guilt.** There is a stigma attached to addiction in society, and there's a lot of guilt and shame for the individuals who struggle with the condition. Often, this is adding fuel to a fire that was already burning strong. People with substance use disorders tend to evaluate themselves negatively on a regular basis, which is a habit that has its roots in childhood experiences. Continual negative self-talk adds to feelings of shame and guilt. When you constantly feel as if you've done something wrong, it's tempting to try to cover up these challenging emotions with drugs and alcohol. These unhelpful emotions contribute to the negative feedback loop that sends people spiraling into addiction.
- **A Negative Feedback Loop.** From an outside perspective, someone with an addiction looks like they're repeatedly making bad choices and ignoring reason. However, the truth is far more complicated and nuanced so much so that it can be very difficult for people to overcome a substance use disorder without inpatient or outpatient treatment. This is partly due to a negative feedback loop that occurs in the mind. When someone is addicted to drugs or alcohol, they feel a sense of comfort they haven't been able to get elsewhere. Inevitably, this feeling is replaced by guilt and shame. They sober up and face the consequences of their actions. However, the weight of these feelings forces them to seek comfort in substances.
- **Loss of Interest.** Loss of interest in activities you used to

enjoy is a key symptom of both addiction and depression, but overcoming the former makes it much easier to gain control over the latter. It's such a destructive symptom because of how demotivating it is to feel there's no joy in the world. Everyone has passions and interests, but getting back to finding them isn't easy for someone with these conditions [11-20].

Management of Substance Abuse

According to APA (2018), The management includes:

Pharmacologic Management. Pharmacologic management in substance abuse has two main purposes:

- To permit safe withdrawal from substance of abuse and
- To prevent relapse.

The drugs that consist the pharmacological intervention include:

- **Benzodiazepines.** alcohol withdrawal is usually managed with benzodiazepine-anxiolytic agent, which is used to suppress the symptoms of abstinence.
- **Disulfiram (antabuse).** This may be prescribed to help deter clients from drinking.
- **Acamprosate (campral).** This may be prescribed for clients recovering from alcohol abuse or dependence to help reduce cravings for alcohol and decrease the physical and emotional discomfort that occurs especially in the first few months of recovery.
- **Methadone.** It is a potent synthetic opiate used as a substitute for heroin in some maintenance programs.
- **Levomethadyl.** it is a narcotic analgesic whose only purpose is the treatment of opiate dependence.
- **Naltrexone:** It is an opioid antagonist often used in the treatment of overdose

1. Public Health approach: This Includes

Primary Level Management/Prevention

- Creating awareness about substance abuse and their adverse consequences through aid of appropriate mass media tools delivering customized information suitable to the target audience such as family, schools, workers, religious organization, homes in a sensitive manner, Owing to the impact on all age groups of the society.
- Provision of recreational activities for youths in urban areas.
- Moral realignment for a derailed person.
- Educational approaches targeting parents improving family lifestyle.
- Drug education as part of school curriculum.
- Screening (drug screening for undergraduates)

Secondary Level Management

- Laboratory tests such as

- Blood test
- Mean corpuscular volume
- Urine drop test
- Urinalysis
- Detoxification
- Treatment of associated mental and physical disorder
- Psychotherapy
- Cognitive behavioral therapy(CBT)
- Family therapy
- Maintenance of drug-free behavior such as use of anti-craving drugs

Tertiary Level Management

- Occupational rehabilitation
- Educational rehabilitation and counseling
- Social rehabilitation
- Provision of legal aid for abuser in legal dilemma
- Social support

2. Psychosocial Supports To Substance Use Disorders

Psychosocial interventions are structured psychological or social interventions used to address substance-related problems. (APA,2022)..They can be used at different stages of drug treatment to identify the problem, treat it, and assist with social reintegration.The psychological aspects of development refer to an individual's thoughts, emotions, behaviors, memories, perceptions, and understanding. The social aspects of development refer to the interaction and relationships among the individual, family, peers, and community (UNRWA, 2017). Psychosocial interventions can be used in a variety of treatment settings either as stand-alone treatments or in combination with pharmacological intervention. They can be implemented individually or in groups and delivered by a range of health workers. It is also considered to be the foundation of drug and alcohol treatment, especially for substances where pharmacological treatments have not been sufficiently evaluated. It involves the following

Psychological Supports for Substance Abuse Disorders and Addicts

A. Individual Therapy Interventions. The effectiveness of this interventions has been established primarily for alcohol use problems, although they have been applied to patients using other substances as well. The aim of the intervention is to help the patient understand that their substance use is putting them at risk and to encourage them to reduce or give up their substance use. It can range from 5 min of brief advice to 15-30 min of brief counseling. Intensive counseling is especially effective and there is a strong dose-response relation between counseling intensity and quitting success. In general, more the intense the treatment intervention greater is the rate of abstinence.

B. Motivation Interviewing. Motivational interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change. It is used to help people with different types of drug problems. Frequently, individuals are not fully aware of their drug problems or they can be ambivalent about their problems. It is often referred to as a conversation about change and it is used to help assist drug users to identify their need for change which is characterized by an emphatic approach in which the therapist helps to motivate the patient by asking about the pros and cons of specific behaviors, exploring the patient's goals and associated ambivalence about reaching those goals, and listening reflectively to the patient's response.

It seeks to address an individual's ambivalence about their drug problems, as this is considered the main barrier to change.

It follows five stages:

- (1) Expressing empathy for the client
- (2) Helping the client to identify discrepancies between their behavior and their goals
- (3) Avoiding arguments with the patient about their motivations and behaviors
- (4) Rolling with the resistance of the patient to talk about some issues
- (5) Supporting the patient s sense of self-efficacy

C. Cognitive Behavioural Therapy. Cognitive behavioral therapy (CBT) is a umbrella term that encompasses cognitive therapy on its own and in conjunction with different behavioral strategies. Cognitive therapy is based on the principle that the way individuals perceive and process reality influences the way they feel and behave. As part of drug treatment, cognitive therapy helps clients to build self-confidence and address the thoughts that are believed to be at the root of their problems. Clients are helped to recognize the triggers for substance use and learn strategies to handle those triggers. Treatment providers work to help patients to identify alternative thoughts to those that lead to their drug use, and thus facilitate their recovery. Generally, cognitive therapy is provided after a client has been diagnosed as having drug dependence problems.

CBT treatment usually involves efforts to change thinking patterns. These strategies might include:

- Learning to recognize one's distortions in thinking that are creating problems, and then to reevaluate them in light of reality.
- Gaining a better understanding of the behavior and motivation of others.
- Learning to develop a greater sense of confidence in one's own abilities.
- Using role playing to prepare for potentially problematic interactions with others.
- Learning to calm one's mind and relax one's body.

D. Contingency Management. Contingency management refers to a set of interventions involving concrete rewards for clients who achieve target behaviors. This approach is based around recognizing and controlling the relationship between behaviors and their consequences. It can be applied to drug users with different types of problems in a variety of settings. It has been used, for example, with opioid and cocaine users, and with homeless clients. Contingency management is used to maintain abstinence by reinforcing and rewarding alternative behaviors to drug use with the aim of making abstinence a more positive experience. Contingency management programs can, for example, be used during drug treatment to reward a user remaining abstinent or to incentivize a user's presence at work in a social reintegration programme.

Social Skills Therapy. Social skills are defined as the ability to express positive & negative feelings in the interpersonal context without suffering loss of interpersonal reinforcement. Social skills training (SST) is a type of behavioral therapy used to improve social skills in people with mental disorders or developmental disabilities. Social skills can be taught, practiced and learned. The main purpose of social skills training is teaching persons who may or may not have emotional problems about the verbal as well as nonverbal behaviors involved in social interactions.

Another goal of social skills training is improving a patient's ability to function in everyday social situations.

SST Techniques

- **Behavioral Rehearsal.** Role play which involves practicing new skills during therapy in simulated situations
- **Corrective Feedback.** Used to help improve social skills during practice
- **Instruction.** The educational component of SST that involves the modeling of appropriate social behaviors
- **Positive Reinforcement.** used to reward improvements in social skills
- **Weekly Homework Assignments.** Provide the chance to practice new social skills outside of therapy

E. Family Behavior Therapy (FBT). FBT focuses on how the behaviors of the person with the SUD affect the family as a whole and works to change those behaviors with the involvement of the entire family. Goals of family therapy include obtaining information about the patients and his factors which contribute to substance abuse. These include the patient's attitude toward substance abuse, treatment adherence, social and vocational adjustment, level of contact with substance using peers, and degree of abstinence. Family support for abstinence, maintaining marital and family relationships are encouraged. Even the brief involvement of family members in the treatment program can enhance treatment engagement and retention.

F. Self Help Groups. Self-help groups are voluntary not-for-profit organizations where people meet to discuss and address shared problems, such as alcohol, drug or other addictions. Participants seek to provide support for each other, with senior members often

mentoring or sponsoring new ones. Prominent examples include Alcoholics Anonymous and Narcotics Anonymous, and there is a range of other groups with similar purposes. As well as helping drug users, some self-help groups exist to support the family members of people with alcohol- and drug-related problems. Self-help groups can be used to help people to recognize their drug-related problems and can be a support during drug treatment, and they can help users to maintain abstinence and prevent relapse.

The groups aim to create a drug-free supportive network around the individual during the recovery process and provide opportunities to share experiences and feelings.

H. Therapeutic Communities. Residential rehabilitation programs (sometimes called therapeutic communities) are usually long-term programs where people live and work in a community of other substance users, ex-users and professional staff. Programs can last anywhere between 1 and 24 months (or more). The aim of residential rehabilitation programs is to help people develop the skills and attitudes to make long-term changes toward an alcohol- and drug-free life-style. Programs usually include activities such as employment, education and skills training, life skills training (such as budgeting and cooking), counseling, group work.

Implications

Nursing Education and Practice

- ❖ Advocacy to focus on strengthening family support system, self help and peer group optimizations.
- ❖ Creating awareness about substance abuse and their adverse consequences through aid of appropriate mass media tools delivering customized information suitable to the target audience such as family, schools, workers, religious organization, homes in a sensitive manner, Owing to the impact on all age groups of the society.
- ❖ It is of prime importance to design and formulate an effective community based and a holistic strategy to address the needs of the drug abuser and their family comprehensively. Multiple measures such as identifying the psychosocial determinants that may determine the use of illicit drug, developing family prevention programs in the form of multi-dimensional family therapy and individual cognitive behavioral therapy
- ❖ Sensitizing clinicians to identify patients at risk for nonprescription drug abuse, strengthening preclinical assessment to predict substance abuse liability, encouraging exercises as a potential treatment for drug abuse and building mechanisms for tracking and monitoring prescription drug abuse.
- ❖ Formulating strategies in collaboration with international agencies to monitor the sale of over-the-counter drugs and enforcing stricter penalties for individuals who are involved in trade of illicit drugs.
- ❖ Also, an important role to play in screening the adolescent, youths for drug use during routine medical checkup.

Nursing Research

- ❖ Collaborate with other health personnel in research study relating to substance abuse thus providing new information in the Psychological care of clients with substance abuse [21-28].

Conclusion

Substance abuse is still a menace and has grown to become global subculture whose effects is cataclysmic and cuts across every society, creed, or race. However, no individual is born an abuser, but the multifarious human activities have through learning, interaction, and curiosity made man to develop this habit. It is empirical that substance abuse is more common amongst the youth especially in Nigeria. The habit develops as an attempt for instance to justify a curiosity in the daily interactions as man is a gregarious animal.

To the individual, its effects can be physiological and psychological, which gradually penetrates the society and affects all productive endeavors both socially and economically. As a menace, substance abuse has habitually become a means to an end which calls for individuals, families, groups, communities, societies and the Nigerian government to collaboratively join hands in curbing the menace. Psychosocial support is presented here as a way out of the menace. Mental health nurses are central to providing the support.

Recommendations

In an attempt to proffer some meaningful solutions to curb the menace of substance abuse, the following recommendations are presented to both government and the society at large.

- (a) Government policies targeted at developing the society are more often than not mere paper work. Thus, the government should ensure that through its policies, jobs are created, social services are rendered, and above all, its policies should be feasible and capable of implementation.
- (b) Hospitals and clinics should be well stocked with genuine drugs and trained physicians put in place to ensure proper prescription of drugs while monitoring how the patients take such drugs to avoid over or under dosage tendencies which will lead to drug abuse.
- (c) There should be a proper scrutiny and licensing of patent medicine stores, and such should be operated by well-trained Pharmacists. Alongside this, street drug hawking should be discouraged since this can promote accessibility to drug abusers.
- (d) Individuals, families, communities, and the entire society should ensure that moral values are inculcated in the youths, by joining the government's fight against the menace.
- (e) Implementing a policy of asking patients about their needs and wishes concerning psychosocial supports, as well routinely assessing their levels of psychosocial which may bring about meaningful progress for psychosocial care.
- (f) Rehabilitation centers such as therapeutic and penal institutions should be equipped, employ trained staff as well as involve in proper guidance and counseling.

- (g) Institutions like the National Drugs Law Enforcement Agency (NDLEA) and the National Agency for Food and Drug Administration and Control (NAFDAC) should be empowered to squarely deal with "Drug Barons" as well their traffickers, peddlers, and conduits. This is because at times, their performances are undermined by the threats they get as well as the purported connections such barons and the traffickers have with people in higher authority.
- (h) Government should encourage even development at all levels by providing the required skills, social services and recreational facilities to reduce Rural-Urban migration, as it was also found that so many youths migrate from rural areas to urban areas to search for the greener pastures and facilities lacking in the rural areas.
- (i) Non-Governmental Organizations (NGOs) and Community Based Organizations (CBOs) should encourage the sensitization campaigns against drug abuse as well as engage in rehabilitation programs.
- (j) Educational Institutions at all levels whether public or private should organize workshops, lectures/ symposiums to enlighten the people on the dangers of drugs and substance abuse.

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