

COSTS AND TREATMENT OF DRUG ABUSE AND ADDICTION IN NIGERIA

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Abstract

Drug abuse and addiction is treatable, preventable disease yet millions are suffering from effects of the problem. No doubt, drug abuse and addiction is a major burden to society. Substance abuse and drug addiction is an epidemic that impacts the entire society in a variety of ways, including the cost of treatment; every member of the society is affected either directly or indirectly by substance abuse. The harmful effects of drug abuse and addiction on human lives and economic development especially in developed countries of the world are widely acknowledged in literature. Using formal as well as empirical approaches several researchers have shown that effects and problems associated with drug abuse and addiction are rife in developing countries, and that not much have been done to remedy this malaise. In this light however, this study reviewed the nature and costs of drug abuse and addiction in Nigeria. Costs of abuse and addiction in terms of indebtedness for addicts, costs for family members, costs for the workplace, costs for the society, illegal activities, and physical and psychological costs are examined. The interaction of drug abuse and addiction with other serious infectious diseases such as acquired immunodeficiency syndrome (AIDS), hepatitis, and tuberculosis-as well as violence, are noted. In addition, various means and methods of treatment for drug dependence people in Nigeria were examined.

Keywords: Drug, Abuse, Addiction, Diseases, Treatment.

Introduction

Reports of drug-induced disturbed family life are rife in recent literature. Incessant cases of drug related premature death, physical harm/injuries, increased health care costs, violence and crime which hitherto were considered as rare events decades ago have now become a common occurrence in many societies of the world. In recent times, there are growing reports in print and electronic media about increasing number of people globally who have woeful tales of varied costs of drug use and addiction (UNODC, 2010). The consensus is such that as drug users and addicts suffer physical, social and economic problems, they also impose many direct and indirect costs on society. Indeed, available statistics from both local and international organizations have shown the negative consequences of drug abuse and addiction to be manifold and severe.

The word of Marina Barnard in her work titled "Drug Addiction and Families" best illustrates the picture painted above

The most common and damaging misunderstanding about drug dependency is that it only concerns the person using the drugs. If we could just fix the addict then everything else would be alright. It is a perception which not only places enormous pressure on the individual who is dependent on drugs but it also ignores the pain experienced by families and loved ones (Barnard, 2007).

Drug use and addiction permeates all known human societies, age levels, occupations and social settings (La Barre, 1972). Although, the origin of drug use and addiction is still shrouded in controversy due to lack of concrete and reliable records on the issue, yet, studies have shown that the use of psychoactive drugs has been traced to the beginning of the history of man, who directly and indirectly have used opiates and hallucinogens to achieve social, religious, ritualistic functions at the same time used them to enhance

pleasure, relieve pain, discomfort, frustration and more importantly mask the realities of life (Bowers and Carrubba 1978; Negrete 1978; Petersen 1977; UNRISD 1994; UNODC 2006). In the same vein, archeological evidence has also shown that man's consumption of mind altering substances has been on for more than 4,000 years. However, as far as consumption of psychoactive substances has been linked with man, no known human generation or society since the time of recorded history has surpassed the rate at which illicit drugs are consumed in recent times and hitherto its massive scale of socio-economic burdens on humans and the society as a whole.

Confirming the timelessness of the use of psychoactive substances by man, there exists in literature, preponderance of evidence which support strongly the production and excessive consumption of alcohol (at least from the time of the early Egyptians) as far back as memory and records go. Evidence abounds among the works of many social researchers about how tobacco (*Nicotiana*), hemp (*Cannabis sativa*), opium poppy (*Papaver somniferum*), coffee and other plants containing drugs have been chewed and smoked almost as long as alcohol in some societies of the world. (Columbia Encyclopedia, 2008).

As the population of drug dependent persons continues to be on the increase worldwide and the problem therefore has become a source of increasing concern to mankind, many questions have been raised in relation to finding ways out of the present drug quagmire of which drug addicts find it extremely difficult to extricate themselves. In a bid to address this problem, several governments over the last three decades have declared war on drug. To curb the twin-problems of production and consumption of illicit drugs worldwide, huge amount of money, running to the tune of billions of dollars have been set aside from annual budgets of sovereign states to crack down on producers, dealers and addicts of hard drugs (Newman, 1987). However, the large seizures of illicit drugs in many part of the world, several cases of arrest of drug barons, traffickers and users, and even the sheer number of reports of psychological disorders suspected to be associated with drug use are attestations to the fact that drug war is far from being won and that the most powerful governments appear weak and ineffective as far as tackling drug problem which is at the moment spiraling out of control is concerned.

Table 1: Extent of drug use (annual prevalence) estimates 2004/05

	All illicit drugs	Cannabis	Amphetamine-type Stimulants		Opiates	Heroin	Cocaine
			Amphetamines	Ecstasy			
(million people)	200	162.4	25	9.7	15.9	11.3	13.4
in % of global population age 15-64	4.9%	3.9%	0,5%	0.2%	0.4%	0.3%	0.3%

Sources: UNODC, Annual Reports Questionnaire data, National Reports, UNODC estimates.

Problems associated with substance abuse and addiction has become increasingly prevalent in the world since at least mid-1960. Twenty-five million of the world's 15- 64-years old are drug addicts or problem users, whereas the annual prevalence of illicit drug use is 5% of the world 15-64- years old, i.e. 200 million people (UNODC, 2006). During the past four decades, quite a significant number of countries of the world have reportedly shown terrifying spread of illicit drug use especially among young people. A Sussman et al (2001) aptly put it, "Around the world, approximately 15 per cent of the population over 15 years of age is considered to have serious drug use difficulties and this percentage has remained fairly constant since the mid-1970s".

Corroborating the above statistics, a United Nations source announced that there has been an increasing alarm about the continuing, substance use and abuse among adolescents. The source further remarked that from 1986 to 1996 there was remarkable increase in substances abuse, mostly among the adolescents of school age, business executives, drivers and sport men and women. In the same vein, the United Nations Office for Drug Control in 2005 reported that in an estimated 200 million people worldwide, 162.4 million were users of cannabis, 25 million used amphetamines, 9.7 million are users of Ecstasy, 15.9 million

abused Opiates, 11.3 million were taking Heroin and 13.4 million were addicted to cocaine (UNODC, 2006).

As reported above, the use and consumption of illegal substances transcends an issue that is limited to a particular region of the world. Up till today, no country in the world is totally free from the vice-like grip of illicit substances' use, although the rate, type and quantity of these drugs consume from a country to another differ. As a matter of fact, there have been considerable increase in the overall drug use worldwide in the last couple of years, and such an increase has been heralded significantly by increased levels of cannabis and ecstasy use (UNDOC, 2006).

Table 2: Consumption: Annual Prevalence of Drug Abuse in Some Selected Countries

Opiates			Cocaine			Cannabis		
Countries	Year	Prevalence	Countries	Year	Prevalence	Countries	Year	Prevalence
Mauritius	2003	2.0	Kenya	2003	0.1	Madagascar	2004	9.1
Algeria	2004	0.1	Morocco	2003	0.05	Morocco	2004	9.1
Zambia	2003	0.4	S/ Africa	2003	0.8	Zambia	2003	17.7
Nigeria	1999	0.6	Ghana	1998	1.1	Ghana	1998	21.5
El Salvador	2004	0.4	El Salvador	2004	2.5	Guatemala	2003	9.1
USA	2000	0.6	USA	2004	2.5	Canada	2004	16.8
Brazil	2001	0.6	Bolivia	2005	1.9	Chile	2004	5.6
Bahamas	2003	0.2	Aruba	1997	1.3	Haiti	2000	16.10
Kyrgyzstan	2001	2.3	Japan	2003	0.03	Kyrgyzstan	2001	6.4
Macao	2003	1.1	Israel	2001	0.3	Lebanon	2001	6.4
Iran	2004	2.8	Russia	2003	0.1	Philippines	2004	4.2
India	2001	0.4	Bulgaria	2003	0.3	Bangladesh	1997	3.3
Russia	2004	2.0	Spain	2003	2.7	Russia	2003	3.9
Croatia	1999	0.7	Australia	2004	1.2	Bulgaria	2003	4.1
Estonia	2001	1.2	England	2003	2.4	Papua N.G	1995	29.5

Sources: Annual Reports Questionnaires, Government Reports, US Department of State, European Monitoring Center for Drugs and Drug Abuse (EMCDDA, 2007).

What is Drug and Drug addiction?

It is pertinent at this level to conceptually differentiate drug, drug abuse and drug addiction because of their relevance and peculiarities to this article. The word "drug" like many other has no single valid definition; it is a term of varied usage. This is because definitions of drug, drug abuse and addiction are subjective and infused with the political and moral values of the society or culture. For example, the stimulant caffeine in coffee and tea is a drug used by millions of people, but because of its relatively mild stimulatory effects and because caffeine does not generally trigger antisocial behavior in users, the drinking of coffee and tea, despite the fact that caffeine is physically addictive, is not generally considered drug abuse. Even narcotics addiction is seen only as drug abuse in certain social contexts. For example, in India opium has been used for centuries without becoming unduly corrosive to the social fabric. Another important controversy in which the issue of drug addiction is enmeshed is the nature of addiction between supporters of its two dominant models. Medical models hold that addiction is a psychiatric disorder that requires treatment. In contrast, moral models are sceptical about the existence of an addictive disorder and see drug use as a choice that individuals make and for which they should be punished if the drug use is illegal or if they engage in criminal behaviour to fund their drug use.

Drug is "any substance, used as a medicine or as an ingredient in a medicine that kills or inactivate germs or affects anybody function or structure" (Pinger and Payne, 1998). In medicine, it refers to any substance

with the potential to prevent or cure disease or enhance physical or mental welfare, whereas in pharmacology, it refers to any chemical agent that alters the biochemical or physiological processes of tissues or organisms (UNDOC, 2009).

Drug misuse on the other hand, is the inappropriate use of legal drugs intended to be medications. Drug misuse occurs when a person fails to use a drug in the approved manner. Whereas, drug abuse is therefore defined as “the use of an illegal drug, or any use of a legal drug when it is detrimental to one’s physical, emotional, social, intellectual, spiritual, or occupational health”. Thus, drinking alcohol in excessive quantities is an example of drug abuse because it places one’s health in jeopardy. About drug addiction, this is all about chronic or habitual use of any chemical substance to alter states of body or mind for other than medically warranted purposes. “Addiction” refers to the repeated use of a psychoactive substance or substances, to the extent that the user is periodically or chronically intoxicated, shows a compulsion to take the preferred substance (or substances), has great difficulty in voluntarily ceasing or modifying substance use, and exhibits determination to obtain psychoactive substances by almost any means (UNDOC, 2003).

Trend in the Abuse of Substances in Nigeria

Nigeria, a country which in recent times has been described and recognized as a major hub for the trafficking of cocaine and heroin from south America, Asia to Europe, is not without its own implications of drug abuse and addiction (UNODC, 2010). The issues of drug abuse and addiction in Nigeria have for sometimes now been regarded as health and social problem; serious national calamities have spread and increased rapidly in recent decades across diverse segments of people, constituting a threat to the effective functioning and survival of the society (NIDA, 2007). It is on record that more than 2 million Nigerians mostly between the ages of 12 – 35 years are neck-deep in the habits of taking alcohol, tobacco and other illicit drugs (UNDCP, 2000).

Although, it is difficult to give specific number of people in Nigeria that are drug dependent due to factors such as absence of reliable official statistics on drug takers and addicts, absence of large scale study carried out to ascertain substance abuse related research works and also because of illicit nature of drugs of abuse. Nevertheless, the general picture emerging from several assessments sponsored by UNDCP is that there is a widespread and an estimated lifetime consumption of cannabis (10.8%), with psychotropic substances tailing it (mainly the benzodiazepines and amphetamine-type stimulants) 10.6%, and to lesser degree heroin (1.6%) and cocaine (1.4%) in both urban and rural areas (UNDCP, 2000). Also, these assessments have revealed that there exists in Nigeria, abuse of various local plants.

Several factors that cause drug abuse and addiction in Nigeria have been established. One popular explanation has been that drug consumption, though inherently complex is directly related to such processes as urbanization, social fragmentation, poverty, family break-up, alienation and anomie. Other factors adduced by social researchers include the Nigerian civil war, unexpected oil boom that followed with its sudden increase in Gross National Product (GNP), socio-cultural displacement of the young people through rapid urbanization and modernization, general poverty levels that increase the vulnerability of children to street or peer pressure for survival and the believe among Commercial Sex Workers, Laborers, commercial drivers and law enforcement agents, and the local belief that narcotics increases energy for tedious and long hours of work. Overall, the easy availability and distribution of narcotic and psychotropic drugs in the Nigeria have been confirmed to increase exposure of the vulnerable and subsequent use (Odejide, 1993; UNDCP, 1997).

Generally, the incidence of substance use among Nigerians especially the teeming youths has been reported to have assumed an upward trend (Eneh & Stanley, 2004). Consequently, the intentional and unintentional dangers inherent in the use of psychoactive substances and its effects on the populace has elicited quantum of responses and reactions from various tiers of Nigerian government and the National Drug Law Enforcement Agency (NDLEA) as part of the efforts to stem the deleterious and debilitating impacts of the problem to the stability and development of the country (NDLEA, 1993).

Costs of Drug Abuse and Addiction in Nigeria

There is no society in the world where human sufferings are calculable. No one can ever successfully put a price on human suffering the same way it is done for goods and services. Attempting to work out and estimate the value of wasted cocaine years or a burned-out alcoholic brain is unfathomable and frivolous. Events and problems of this nature are beyond price, though the fact remains that they have measurable

costs to the individuals, the family, the society and the government. In Nigeria however, the related problems of drug abuse and addiction cannot be ranked to be the oldest phenomenon in the country, yet the unimaginable havoc caused by drug abuse and addiction cannot be easily glossed over because they are there for everybody to see.

The publicity surrounding the consequences of abuse and addiction of psychoactive substances in Nigeria is an indicator that the illicit uses of drugs have negative impacts on the lives of many. Research in recent times has shown levels and degrees of sufferings of Nigerians, from the common people on the streets to the elites, how drugs dependence has ripped into the hearts of many, jeopardizing lives and financial security. Current literature is replete with pictures and description of how illicit drugs have found their way beyond the confines of a once "closeted" and well knitted sub-culture into the forefront of the headlines throughout the entire regions of the country. In sum, studies have established that drug abuse and addiction in recent times have become one of many unresolved problems in Nigeria and has critically hobbled and skewed development (Obot, 1990, Oloruntimehin, 1990; Sijuwola, 1993; Makanjuola, 2007).

Drug addiction has been a very challenging problem in Nigeria as opposed to other mental or physical problems. This problem affects the life of persons involved in drugs in many ways, including health, finances and stability. On the other hand, the family, friends, colleagues and even the entire community are not spared of the multiple effects of drug use and dependence. However, despite the vast literature on issues of drug abuse and addiction in Nigeria, there is dearth of materials in the area of the costs of drug abuse and addiction. One explanation for this perhaps might be the complexity surrounding drug abuse and addiction and the fact that the group that abuse drugs consists hidden population. But findings from existing studies outside Nigeria on costs of drug abuse and addiction have shown that problems associated with drug abuse and addiction do not only affect drug dependent people, but also to a considerable extent, distort and degrade the whole economies, health and cultures of the people (Parul, 2007). At the most general level, studies have portrayed drug abuse and addiction as two-edged issues i.e. health and social, which have devastating effects on the health of the individuals involved and the health of the public.

It has been reported of drug abuse and addiction to cause destruction of lives and communities, undermine development and generate crime, and that abuse in particular affects the freedom and development of young people which is the world's most valuable asset and they are also a grave threat to the health and well being of all mankind (UNODC, 2007; UNODC, 2008). Research has revealed in Nigeria in recent times, that drug use and abuse is too serious to ignore as a public health. Smoking has been estimated to kill sizeable number of people and also reduce the lives of many on average at least by 10 years. Although, the exact figures of life lost through smoking and consumption of drugs can be disputed, but the fact remains that, smoking robs people of health and life, and both of these are devastatingly high costs to the individuals, families, friends and society as a whole. Also, information on the drug abuse situation in Nigeria has revealed that about 70 percent of all serious road mishaps involving deaths are traced to drink driving and other substance abuses. 90 percent of individuals involved in homicide and other substance crimes parade a history of substance abuse. Over 90% of children roaming the street and the homeless need treatment for substance abuse, which presently they are not getting (UNODC, 2007). It is a fact that alcohol abuse wrecks millions of people's live. Alcohol abuse alone is far more disruptive than all the rest of substance abuse combined. Alcohol kills 000 a year which included suicide, accidents, cancers, strokes and other alcohol-related accidents at home.

Documentary evidence has in recent times shown that the disruptive effect of drugs abuse and addiction on family and society is multiplied and magnified. The devastatingly high costs of drug addiction to the abuser and others, including the society have been aptly described as thus according to a source: "when addiction sets in, the afflicted persons in all ramifications become a huge burden. They steal to feed their habit, more often than not from their own family members. Drug abusers resell drugs at extremely low prices to others in the community thereby creating more terrible monsters than they are. They use violence if necessary to obtain cash, or because they are frustrated and angry. A cycle of dependency, distress, poverty and crime sets in. It becomes a major internal security issue. It becomes a major general public health issue (Alemika, 1993; UNDCP, 2005).

Part of the effects of drug abuse and addiction especially among children in schools and students in tertiary institutions in Nigeria are loss of concentration, delinquency and truancy, suspension, expulsion - all of which cost money in terms of wasted education. According to a study carried out among university of Ilorin students. Among the older and employed folks, productivity at work suffers as a result of addiction of some workers to drug and many find it difficult keeping a job. Equally painful effect of drug abuse and addiction is the enormous and overwhelming emotional strain that people whose loving ones are into drugs are subjected to. Research has shown that many relatives who have people dependent on drugs are found cutting back from work to deal with the abuser's problems, working more to make financial ends meet, forced not having enough time to see friends and other relatives.

Drug Addiction Treatment in Nigeria

Drug abuse and addiction is a global phenomenon characterized by intense and, at times, uncontrollable drug craving, along with compulsive drug seeking and use that persist even in the face of devastating consequences. Social research findings have shown that treating drug dependent patients is more complex and more difficult than treating people having cuts, wounds, injuries and other physical ailments that are commonly reported in hospitals especially in Nigeria where cultural and scientific or technological views and their corresponding traditional and orthodox methods of treatment exist side by side with each other. The devastating effects of drug abuse and dependence globally have necessitated various ways and means of treating drug addicts.

In Nigeria, numerous statutory and voluntary organizations exist which offer a wide range of services for addicts. The overview of the current drug treatment system in Nigeria can be categorized into treatment in conventional rehabilitation centres; psychosocial and behavioural treatment and traditional treatment.

Treatment in Psychiatric Hospitals and Other Rehabilitation Centres

This sub-section highlights treatment system in conventional rehabilitation centres in Nigeria, particularly as it serves heroin and cocaine users. Drug treatment facilities became available in Nigeria in the mid eighties in response to the dramatic increase in the number of drug addicts in federal prison as a result of the criminalization of drugs use. Since mid-eighties some special units of government public health service hospitals have been in the fore front of addiction-treatment and a substantial number of hospitals have been participating actively in this using medically oriented psychiatric and social welfare systems. Examples of the government owned centres in the southwestern Nigeria are Yaba Psychiatric Hospital (Drug Addicts Treatment Ward), Lagos University Teaching Hospital (LUTH) Drug Addicts Treatment Unit Under General Psychiatric Ward, Isheri Rehabilitation Centre (Good Boys and Girls Home), Neuro Psychiatric Hospital, Aro-Abeokuta, and Psychiatric department, University College Hospital, Ibadan, just to mention but a few. Though, most of these treatment centres were established purposely for the treatment of general psychiatric problems in Nigeria, yet, with the alarming increase in the number of drug dependent people in Nigeria, centres for rehabilitation of drug addicts were introduced into some of these centres (Ekpo et al 1995).

There exists a variety of approaches to treating drug addiction in conventional rehabilitating centres in Nigeria. Available drug treatment includes medications, behavioural therapy (such as individual or group counseling, cognitive therapy, or contingency management) or their combination. These treatment modalities for drug addicts can be divided into four broad categories.

Residential Therapeutic Communities – this programme targets the most heavily impaired, poly drug users especially for those with more severe problems. The length of stay in such a program can vary but most often is for several months or even a year depending on the responses of the drug addicts to treatment. It removes drug users from their environment and immerses them in a structured, intensive programme. These programmes often revolve around a set of norms and a system of rewards and punishment. The client is expected to comply with this system and often to participate in the housework and other tasks of communal living.

Residential Drug Treatment Centres – Like therapeutic communities, residential drug treatment centres also target highly impaired drug users and also provide a residential, highly structured programme but for a shorter period. They offer detoxification and a comprehensive therapeutic package, but do not typically require drug addicts to participate in the chores of communal living.

Outpatient-Intensive – this is daily outpatient programmes for drug addicts who require intensive therapy but cannot live at the centre. However, the clients at the centres find a means of living near the centre or places where the centre is easily accessible by public transportation.

Outpatient Programmes – these are programmes that target less impaired drug users.

Behavioural Therapies – various behavioural services are put in place to help motivate drug addicts to participate in drug treatment, offer different strategies for coping with drug cravings, teach ways to avoid drugs and prevent relapse, and help individuals deal with relapse if it occurs.

Rehabilitation and Social Reintegration of Drug Addicts by Non-governmental Organizations

Another group that is responsible for rehabilitation of drug addicts in Nigeria apart from the medically assisted detoxification that is carried out in government institutions is Non-governmental organization. These organizations provide a non-chemical alternative that can offset at least some of the motivations to abuse drugs. Social reintegration is the support given to drug offenders during re-entry into society. It is a part of efforts undertaken by drug addicts following voluntary submission or arrest in order to divert them away from the criminal justice system to an alternative measure or suitable treatment.

The process of social reintegration involves rehabilitation of drug offenders within the community unlike the prison (a closed environment) where addicts are susceptible to all harmful and de-socializing effects of imprisonment. Social reintegration is generally a part of the drug abuse treatment, and is often dealt with as an intervention strategy. Concepts of social reintegration include a follow-up stage after residential treatment, rehabilitation, support services for employment, education and housing (EMCDDA, 2003, UNODC, 2006). Unlike treatment, social re-integration does not necessarily include a psychosocial or medical component, but an attempt to return the individual to productive functioning in the family, workplace, and community. Right from the start of the programme (reintegration), consideration is given to future or life after release of drug addicts and are therefore encouraged to maintain relations with persons or agencies that may promote addicts' social rehabilitation (UNODC, 2006).

Traditional Method of Treating Drug Addiction

Though, the traditional treatment methods of drug addiction is not a popular method of treating and rehabilitating drug addicts in Nigeria yet quite a number of relatives of drug addicts have in recent times explored the possibility of traditional method of helping drug addicts stay off addiction. Research findings have shown that because few "official" drug addiction prevention, treatment, and rehabilitation programs around the world have been particularly successful (despite expenditures of phenomenal sums), some relations of drug addicts have considered patronizing traditional healers for effective treatment of their wards.

Conclusion

Drug abuse and addiction no doubt is a worldwide phenomenon which its behavioural and subjective effects vary enormously, even within the same individual, because drug effects are due to complex interactions among pharmacological, psychological, and environmental factors. In Nigeria, the dependence on psychoactive substances is widely prevalent, cutting across age, class and gender, but it is difficult to estimate the number of drug addicts or formulate a comprehensive approach to deal with the problem primarily because it involves a "hidden population" that does not seek treatment. Hence, it is difficult to assess the problem, estimate its costs (social and economic), and design reliable intervention strategies for it (Mandira, 2005; Makanjuola, 2007; NIDA, 2009).

In Nigeria, Substance abuse and addiction is becoming increasingly widespread and a substantial percentage of the national budgetary health allocation is utilized for treatment and rehabilitation of people with substance use problems (Adelekan M.L. 2000; UNDCP, 2000). Hospitals in the Nigeria, especially psychiatric care facilities, traditionalists and other non-statutory organizations have reported increasing number of in and out-patients who seek help for drug related problems without noticeable positive development in the services for drug mis-users. Research findings have shown a steady rise in the number of people with drug-related problems and no corresponding development in the services of psychiatric care facilities (Offor et al 1999; UNODC, 2010). Facilities for the treatment of drug misusers are non-existent in many areas of Nigeria. Few doctors either in hospital or in general practice want to treat drug abusers, nor do they have the knowledge and training necessary to undertake the demanding work of treating

addicts. Most areas do not have the important non-medical skills available to reintegrate the drug abuser into society.

Based on the foregoing, this study recommends that government should fund longitudinal and multidisciplinary research that will provide answers to questions such as why do people become addicted to drugs, what treatments are effective in producing which outcomes and when is the best time to effect treatment? This is important because more understanding of the roots of drug abuse will go a long way in the design of more effective treatment systems.

This study also recommends that government at all levels in Nigeria should provide comprehensive and up-to-date human and health facilities necessary for the effective treatment of drug addicts in the several psychiatric hospitals in Nigeria. Another important factor is the issue is that the government should take its drug control policy more seriously so as to curtail cultivation and consumption and flow of drugs in the country.

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