

Subjective Experiences and Meaning Associated with Drug Use and Addiction in Nigeria: A Mixed Method Approach

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Abstract

Purpose: Nigeria is experiencing increased rate of drug use among young people. Studies have shown a very high rate of drug use and addiction among university undergraduates and this study was aimed at examining the experiences and meanings associated with drug abuse and addiction among university students while also identifying the causative factors of the use of psychoactive substances.

Methods: The study which is a mixed method made use of an adapted and validated version of the drug abuse screening test (DAST-10) scale to measure drug use and emotional intelligence questionnaire was used to measure an aspect of psychosocial functioning and interviews were used to explore the subjective experiences of six participants. Both the purposive and snowballing sampling techniques were employed. The quantitative data generated were coded and entered into the statistical package for social sciences and results were presented using descriptive tables.

Results: The results showed no significant relationship and a negative correlation between drug abuse and emotional intelligence ($r = -0.229$, $p > 0.05$). The qualitative data was transcribed and coded using thematic coding where themes are extracted from each transcript. The most commonly used substances were codeine (85%), alcohol (75%), cannabis (70%), tramadol (65%), rohypnol (65%), and tobacco (50%). Qualitative data shows that the participants exercised some sort of willpower over the use of psychoactive substances and the major reason for use was to seek a new experience.

Conclusion: This study brought to the fore the evidence that personal meanings and experiences come into play in taking decisions on drinking or substance use and this should be considered when interventions are planned.

Keywords: substance use, psychosocial functioning, experience and meaning, mixed method

1. Introduction

In Nigeria, a wide variety of substances have been and are still in use despite the growing body of evidence of serious health risks associated with unauthorized administration of psychoactive substances. The development and use of these substances have continued to increase due to the availability and legal usage of these substances in the user's immediate environment. Musto (1999), while reviewing 200 years of drug use in America concluded that the country has gone through regular cycles of tolerant and intolerant attitudes toward drug usage and because history tends to repeat itself, warning that the society will continue to face various physical and psychological problems related to drugs.

Substance use, abuse and addiction are a major challenge among youths in Nigeria due to several factors ranging from peer pressure to social acceptance and depression (Adekeye, Agoha, Adeusi, Igbokwe, Olowookere, Elegbeleye, & Sholarin, 2017). The effects of substance use becomes debilitating when people builds tolerance for the drugs. Most of these drugs have high potentials for abuse and addiction. It is the continuous use of these psychoactive substances that leads to the abuse of and addiction of these substances. A common feature of substance abuse is the alteration in mood or perception of the user which is usually detrimental to the user's health.

When used continuously, drugs that have high potential for abuse and addiction makes the user to crave more of the substance after which the user may develop a level of tolerance for the drug and when not available, the user experiences withdrawal symptoms and may go to unusual length including becoming violent to get the much craved substance.

The National Drug Law Enforcement Agency described illicit drugs as alien to Nigeria. According to NDLEA, Cannabis, which is currently cultivated in several states in Nigeria, was introduced to the country by foreigners. The United Nations Office on Drugs and Crime (UNODC) reported that Nigeria has one of the largest cannabis cultivation in Africa and with over 8% of the population abusing cannabis. The annual rate of confiscated cannabis rose from 126 metric tonnes in 2005 to 210 metric tonnes in 2007 (NDLEA, 2009).

The use of alcohol and other substances is a leading cause of death in Nigeria as exemplified by riding motorcycles (okada or kabukabu) under the influence of alcohol (Yunusa, Chenube, Adekeye, Omumu, Adewuyi, Obindo et al., 2016). Drugs account for an estimated 30% of road traffic accidents and 32% of licensed drivers in Nigeria consume alcohol and other substances (Omolase, Afolabi, Omolase, & Ihemedu, 2011; WHO, 2009). Most motor parks have liquor shops depending on their size in tens and twenties, and these are people who will later seat behind the wheels to drive. This study was therefore set to explore personal or individual experiences related to substance use and addiction among adolescents and its effects on their daily lives.

1.1 Objectives

The main purpose of this study is to evolve new ways of understanding the experiences of substance users and bring to light subjective meanings associated with the phenomenon of drug use. It is also to explore the phenomenon of addiction from the user's perspective. To examine the basic problems regarding the constant use of psychoactive substances and to proffer suitable solutions that can limit the psychological effect of substance use among the youths. To achieve the aims of this study, some specific objectives were set such as:

- i. To identify the causes of substance abuse in youths based on their own narratives
- ii. To evaluate the effects of substance abuse on psychological functioning
- iii. To examine the various individual experiences caused by the use of psychoactive substances.

1.2 Research Questions

Being a mixed method research, five (four qualitative and one quantitative) research questions and one hypothesis were formulated and tested.

- 1) From the perspective of the participants, what initiated the use of the substance?
- 2) What are the associated experiences involved with the intake of the substance?
- 3) How do participants understand their identities in relation to their use of these substances?
- 4) How do participants understand the notion of addiction?
- 5) Will there be a relationship between drug use and psychosocial functioning?

1.3 Research Hypothesis

- 1) There is a significant relationship between drug use and psychosocial functioning

2. Method

The design adopted and considered appropriate for this study is a mixed method design that integrates interpretative phenomenological analysis with correlation analysis (Smith & Osborn, 2003). The interpretative phenomenological analysis (IPA) research design is effective and efficient in understanding different human phenomenon. It will equally assist in generating qualitative data especially regarding in understanding how adolescents view themselves as drug users. The correlation will assist in understanding the relationship among the various variable considered in this study. The participants comprised of people who indulge in the use of psychoactive substances. Participants were selected using purposive snowballing sampling method. In a qualitative study of this type, fewer participants are needed due to the in-depth interviews and discussion sessions. Another justification for few participants is the repetitive findings as gleaned from a pilot study among senior secondary students.

2.1 Instrument

The instrument employed for data collection is the Drug Abuse Screening Test (DAST). The drug screening test was developed in 1982 (Harvey A. Skinner) and is still an excellent screening tool. It is a 28-item self-report scale

that consists of items that parallel those of the Michigan Alcoholism Screening Test (MAST). The DAST has “exhibited valid psychometric properties” and has been found to be “a sensitive screening instrument for the abuse of drugs other than alcohol. The other aspect to cater for the qualitative aspect is the in-depth interview conducted by the researchers and the group discussion sessions.

Psychosocial functioning is a broad construct that encompasses a wide range of behaviours. To measure participants psychosocial functioning, the 54-item Social Adjustment Scale-Self-report (SAS-SR), which has been severally used in research studies and clinical practice, was employed. However for this study, the shortened version was used. Compared to the full SAS-SR, the shortened scales performed well, exhibiting high correlations with full SAS-SR scores (r values between 0.81 and 0.95). The shortened version retained the areas assessed by the full SAS-SR with fewer items in each area, and it appeared to be a promising replacement for the full scale when a shorter administration time is desired. Also for this study, there was no need for detailed information on performance in different areas. The reliability coefficient for this scale using the 3 week interval test-retest method yielded a Cronbach alpha of 0.73.

2.2 Research Procedure

The participant having been selected primarily by the snowballing method and then by purposive sampling, equally met the inclusion criteria of being drug users. An initial meeting was scheduled with the aim of building trust with the participants and to reduce any form of attrition. The drug abuse scale was administered and participants who scored above average were given the psychosocial functioning scale. After the scales were administered, the researchers began in-depth interviews with the participants in order to understand the meanings associated with drug use. The drug abuse and psychosocial functioning scales were later correlated.

Six participants were selected to take part in the in-depth interview based on factors on the drug abuse screening test scale. Participants were addressed prior to the actual interview to build some level of rapport and to ease unnecessary pressure or anxiety. All interviews were tape recorded, translated and transcribed by the researchers.

2.3 Method of Data Analysis

Two methods of data analysis were employed. The thematic coding method was used to analyze the qualitative data. This involves transcribing the interviews and deriving themes from the transcript. The themes are then coded again into general themes and meanings are attributed to each theme. The Pearson’s PMC was used in finding the relationship between the drug test and psychosocial functioning.

3. Results

3.1 Demographic Data

This section shows the data obtained from the study in frequency counts and percentages.

Table 1. Distribution of Respondents According to Age and Gender

Age of Participants	Frequency	Percentage
16-20years	6	30.0
21-25years	13	65.0
26-30years	1	5.0
Total	113	100
Gender of Participants	Frequency	Percentage
Male	11	55
Female	9	45
Total	20	100

Table 1 clearly indicates that respondents between 21 and 25 years made up the majority of the sample (65%) quickly followed by 6 respondents in the 16 to 20 years category. Only 1 respondent was in the 26 to 30 years age category. The Table further indicates that 11 of the respondents were males accounting for 55% while 9 respondents making up 45% of the sample size were females.

Table 2. Distribution According to the Drug Abuse Screening Test (DAST)

SN	Items – In the past 12 months	Frequency	Percent
1	Have you used drugs other than those required for medical reasons?	15	75
2	Do you abuse more than one drug at a time?	11	55
3	Are you unable to stop abusing drugs when you want to?	6	30
4	Have you ever had blackouts or flashbacks as a result of drug use?	10	50
5	Do you ever feel bad or guilty about your drug use?	6	30
6	Does your spouse (or parents) ever complain about your involvement with drugs?	7	35
7	Have you neglected your family because of your use of drugs?	0	0
8	Have you engaged in illegal activities in order to obtain drugs?	3	15
9	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	6	30
10	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding...)?	6	30

Table 2 shows the distribution of the respondents according to their responses to the drug abuse screening test. Seventy-five (75%) reported they use drugs other than for medical purposes and 55% reported they have used more than one drug at a time. Half of the respondents (50%) reported they have had blackouts while curiously, only 7 (35%) reported that their spouse (or parents) ever complain about their involvement with drugs. Thirty (30%) reported they are unable to stop abusing drugs when they want to. These factors served as criteria for the selection of the participants for the qualitative study.

Table 3. Distribution of the use of eleven (11) substances

SN	Substances	Frequency	Percent
1	Alcohol	15	75
2	Rohypnol	13	65
3	Codeine	17	85
4	Inhalants (petrol, glue, household paints	3	15
5	Tramadol	13	65
6	Ayahuasca	0	0
7	Valium	6	30
8	Steroids	4	20
9	Magic mushrooms	0	0
10	Tobacco	10	50
11	Cannabis	14	70

Table 3 shows the distribution of the use of eleven (11) substances explored in this study. Some respondents used more than one substance and so may have representations twice. Codeine (85%) was the most consumed substance followed by alcohol (75%) and cannabis (70%). Other highly consumed substances are tramadol (65%), rohypnol (65%) and tobacco (50%). However, Ayahuasca and magic mushrooms were not mentioned.

3.2 Recalling Research Questions

In order to answer the research questions, the following questions guided the conduct of the interview:

- 1) Why do you use substances that alter your mood and behaviour?
- 2) What led to your use of psychoactive substances? Was there a major event that occurred that made you start using any of the substances you use?

- 3) How are you able to identify yourself among non-users? How do you feel when you are under the influence and you happen to be among non-users?
- 4) Do you ever think of abstaining from the use of these substances?
- 5) Do you feel more socially or mentally active when you are under the influence of any substances?
- 6) What substances do you use?

3.3 Interpretation of Qualitative Data

There are five males and one female participant with age ranging from 16 to 25 years old. To protect the identities of the participants and to also uphold the ethics of confidentiality, the participants were identified as P1, P2 to P6. A total of five (5) subordinate themes came forth that explained what initiated the use of substance for each participant and how it affects them either mentally or socially. Each theme is presented followed by a participant quote to demonstrate grounding in the data. These themes cover the experiences of at least 5 out of the six participants interviewed.

Participants (P1)

P1 is a 21 year old male student who uses substances for social reasons and recreational purposes and to also relieve him from stress and pain. He started using substances out of curiosity and peer influence. He acknowledged the social advantage and biological effects the substances had on him such as insomnia and frequent withdrawal symptoms. He indulges in the use of tramadol, codeine, weed and alcohol.

Participants (P2)

P2 is a 20 year old male student who uses substances to escape from the realities of life such as depression. He grew up with an alcoholic and aggressive father and was introduced to alcohol at age ten. He admitted that he got warmth and solace from the use of alcohol which encouraged his further use of different substances. He also admitted that the use of alcohol makes him better socially, and the use of weed allows him to think deeply. He indulges in the use of alcohol and weed.

Participants (P3)

P3 is a 20 year old male student who uses mood altering substances because they help build his confidence. His use of psychoactive substances started from the use of sleeping pills to cure insomnia which later led to the use of other substances. He admitted taking substances makes him better socially. He experienced withdrawal symptoms at some point and was emotionally supported by his parents. He uses a couple of substances which includes alcohol, weed, cocaine, tramadol and morphine.

Participants (P4)

P4 is a 19 year old male student who started using substances because of his friends and enjoys the “happy” feeling he gets from the substances. He reported that he is able to study better under the influence of weed and it also improves his social life. He indulges in the use of weed and alcohol and sometimes uses codeine.

Participants (P5)

P5 is a 21 year old male student who uses substances because it allows him to do things he would not do on a normal day. He was more of an introvert before he started using drugs but out of peer influence and curiosity, he decided to try some and found that he liked the different feeling he got from the continuous use. His dad is a doctor and he knows the effect of these drugs thus hopes to stop the use some day. He uses weed and alcohol.

Participants (P6)

P6 is a 21 year old female student who uses substances because it allows her do things she would not do on a normal day and it helps her study better. She was influenced by her uncle who was perceived to be an important person in her life. She reported that it helps her mentally as that was part of the initial reasons for her use of substances. She uses weed and codeine.

3.4 Interpretation of Themes Derived from Analysis

The interpretative phenomenological analysis produced considerable themes for the subordinate and superordinate themes. Five superordinate themes were generated from the study namely:

- A. Seeking new experiences
- B. Assumed agency
- C. Augmented capabilities

- D. Fear of judgment
- E. Undesired experiences

Table 4. Interpretation of Themes Derived from Analysis

No	Superordinate Themes	Subordinate Themes	Participants N = 6
A.	Seeking new experiences	Desiring altered states of consciousness Alleviating personally distressing situations Giving in to peers or other forms of influences Disenchanted with everyday life Needing to scape 'context' Finding solace Substance use emerged from prior medicated use Finding succour	6
B	Assumed agency	Assumed agency over habitual use	3
C.	Augmented capabilities	Supporting self-construal and social participation Dosages determine felt effects Experiencing world anew, having self-insight Reported benefits of substance use Boosts intellectual capabilities Instrumental/selective substance use	6
D	Fear of judgment	Hiding use Not wanting to be judged Resisting judgment Hiding/avoiding judgment or trouble	6
E	Undesired experiences	Undesirable side effects and withdrawal symptoms Valuing experiences over concerns about negative consequences of substance use	3

4. Discussion of Themes

Seeking New Experiences

The participants' responses on indulgence in the use of psychoactive substances generated data that highlighted aspects of their experiences as users and their quest to finding new identities and new feelings other than the norm. Their responses suggested some sort of adventurism and curiosity. This is the most common theme amongst all the participants. According to P1 "I use substances majorly for social reasons just to be in a different state and just have a good time with friends and for recreation purposes. I use some substances such as codeine, tramadol for the relief of pain and just to overcome stress and I also use sleeping pills when I am under stress". He went further to state that "It was just curiosity and peer influence. I just always wanted to feel different from my normal self and I wanted to understand what my friends said when they spoke about substance use. Basically, I can say I wanted to fit in with my friends whenever we get together".

When asked about why he used mood altering substances P2 stated "I use it to escape from the realities of life or from the things that go on around me. I used to feel very depressed and low about different things". When asked what led to his use of substance, he stated "I grew up with an alcoholic as a father and he was very aggressive and he used to lash out on my mum. I never liked to see him lash out as a child. When I turned ten, whenever he was drinking, he would call me to take a sip from his drink" and "I found solace in alcohol at an early stage". Most of the participants reported having a different feeling when under the influence of any substance and wanting to keep in touch with the new feeling, thus their further use of psychoactive substances.

Assumed Agency (Ability to make choices)

P2 stated “I just decided to use alcohol to forget anything that made me feel sad” as part of the reasons for use and continued use is to get rid of bad memories. P6 reported “So now, instead of taking my medicated sleeping pills, I take my other substances and I feel better and I am able to sleep”. As regards abstinence, the participants spoke about stopping when they want to. “Agency” here refers to willpower or the ability to make choices. They feel they can make the choice of abstaining when they want to and this encourages their use. The responses displayed a certain level of willpower exercised over the use of substances. Their responses are: P1 “I know I will have to stop using substances like cannabis and weed when I eventually start working”. P2 stated “I will stop when I am ready to settle down as a family”, P3 stated “When I am ready to settle down with my wife and children”, P4 stated “I will definitely stop when I am ready to settle down but once in a while when I hang out with my friends, I could still use some”. All the responses which are similar show that the drug does not have any adverse effects on them but they enjoy the feeling and would abstain when they have to engage in serious life affairs.

Augmented Capabilities

This refers to the added advantage of the substance or the increase in abilities as caused by the substance. According to the participants, the substances have helped them to engage in duties and activities which they normally would not do. These substances seem to have an increasing effect on the abilities of each participant depending on the dosage of each substance. When asked why he uses mood altering and behaviour changing substances and the effects of the substance respectively, P5 reported “I use it because I am able to do things that I would not have been able to do normally, it makes me feel better socially”. When asked why the use of substances, P6 stated “I use it to study better” and when requested to expatiate on the phrase ‘study better’, she replied “when I use codeine or weed, I feel very alert and I am able to concentrate more on whatever I am doing”.

Some participants stated that it helps them experience new things as reported by P2 “I think it makes me better socially because I am an introvert but when I take alcohol, it makes me more outspoken than my normal self”. That explains a new experience as an extrovert for P2.

Fear of Judgment

The participants reported that they do not want people to judge them, especially by their children. They want to uphold their family roles and not to be seen as incompetent due to their use of psychoactive substances. The following responses were given in respect to the question on abstinence:

P2 said “I will stop when I am ready to settle down as a family because I would not want my children to see their father as someone who hides under the guise of alcohol”. He seeks to protect his fatherly image and not to be seen as a bad influence to his children.

P4 responded saying “Well, I would not want my children to grow up with a junkie as a father, so I will definitely stop when I am ready to settle down” he also wants to protect his image as a father.

This brings to the fore that these participants understood the meaning of being good role models to their children and would not want to be tagged bad role models. They prefer to abstain from substance use when they settle down.

Undesired Experiences

This theme explores the negative experiences of the participants such as withdrawal symptoms and blackouts. Some participants have experienced these symptoms but still indulge in substance use. Some of them shared their experiences below:

P1 “It affects me biologically because all those depressants take away my sleep in the long run because I use them to sleep so when I do not use them, I experience insomnia and secondly, I experience withdrawal symptoms when I do not use them but it’s just for a while like a week or two...”

P3 “I have experienced series of symptoms that occur when I am not able to get substance to take. There was a time I could not get cocaine so I started itching and I could not control myself until I was taken to the hospital.

The responses from these participants proved that withdrawal symptoms or any form of negative effect do not serve as prerequisite for abstinence.

4.1 Hypothesis Testing

The hypothesis which states that there is a significant relationship between drug use and emotional intelligence was tested using the Pearson’s r.

Table 5. Pearson's r showing Relationship between Drug Use and Emotional Intelligence (N = 20)

	Emotional Intelligence	p
Drug Abuse	r = -0.229	p = 0.332

In Table 5, the hypothesis was rejected. It reveals that there is no significant relationship between drug abuse and emotional intelligence ($r = -0.229$, $p > .05$). Emotional intelligence was operationalized from the psychosocial functioning scale.

4.2 Clinical Implications of This Study

In this study, 85% and 65% of participants abused codeine and tramadol respectively. Nigerian university students tended to abuse prescribed opioid products and they need to receive health education on opioid abuse. The health authority should be careful of another commonly prescribed opioid drug, buprenorphine, a partial opioid agonist that causes serious health complications when it is abused (Ho et al., 2009a, Ho et al., 2009b). This study also found that 75% of Nigerian university students misused alcohol. Smartphone ownership is high among university students. Smartphone alcohol tracker application can remind a person the maximum alcohol intake units and provide health information on alcohol abuse (Zhang et al., 2016a). Around 50% of people dependent on alcohol find the smartphone alcohol tracker application useful (Zhang et al., 2016b). In this study, 70% of participants abused cannabis. This trend is due to legalization and medical use of cannabis in other countries. Nigerian university students should understand the medical complications (e.g. obesity) and psychiatric side effects (e.g. amotivation) associated with long term cannabis misuse (Zhang et al., 2015a). The qualitative analysis revealed that the participants reported benefits of substance use. The health authority should monitor another drug, ketamine that is being described as a rapid antidepressant (Zhang et al., 2015b) and attracted media attention (Zhang et al., 2017). Ketamine has abuse potential and causes health complications including urinary incontinence in young adults (Zhang et al., 2016c).

The health authority should offer interventions to counteract the wrong information about the benefits of illicit drugs from the internet as internet has great influence on young people (Tran et al., 2017). It is interesting to note that tobacco was not the most commonly used substance in this study and affected 50% of participants. Nevertheless, health authority need to monitor health complications associated with smoking including asthma symptoms (Mak et al., 2012).

5. Conclusion and Recommendation

The use of psychoactive substances poses a great challenge to the well-being of a fully functioning individual, hence, the attention towards that direction. An exploration of reasons given by the users shows that social reasons seem to be the most common among all participants followed by the need to escape from the realities of life such as depression and low self-esteem. It is recommended that effective psychoactive substance enlightenment programmes which are broad based should be organized to bring about a re-orientation of youths and adolescents against the use of substances. Campaigns should be broad based to cater for the spread of adolescents such as in educational institutions, car parks and garages, markets, and during religious gatherings.

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Competing Interests Statement

The authors declare that there are no competing or potential conflicts of interest.

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