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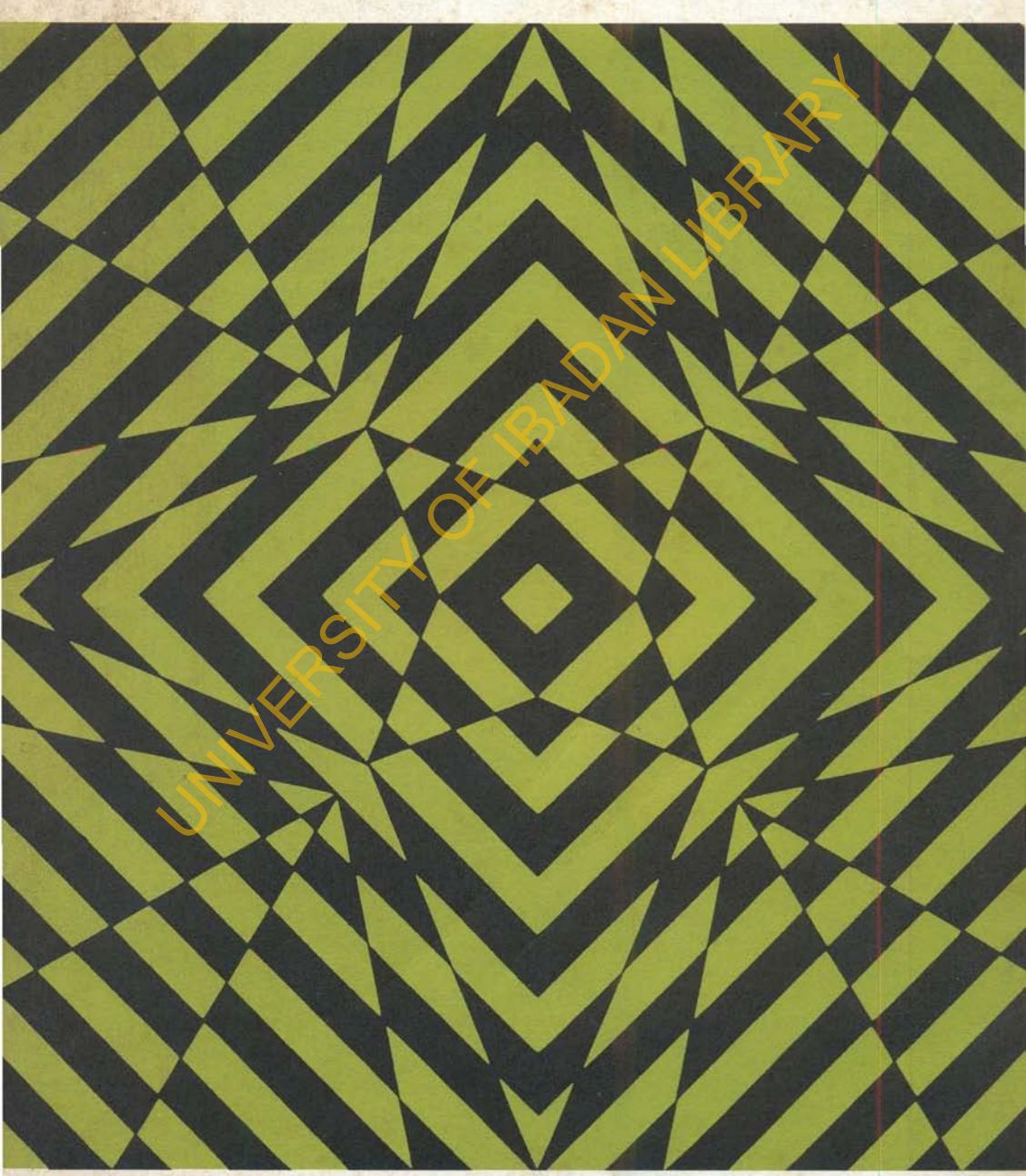

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Key title Contemporary drug problems

Alcohol and drug abuse in Nigeria: a review of the literature

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There is a gradually increasing awareness that many developing African countries are not immune to what now appears to be a world-wide scourge of alcohol and drug abuse. It is in realization of this fact that a number of such countries now have specific policies and specialized agencies with alcohol and drug abuse as the focus of attention. Unfortunately, some of these policies are not informed by an empirical data base but are often the result of what may be perceived by policy makers as being politically expedient. Such gaps between research and policy making may not always reflect a paucity of research data but could occur because very few opportuni-

ties exist to have a "bird's eye" view of the available research results.

In this review we attempt to put together results from various studies in which the specific issues of prevalence, types, and correlates of drug and alcohol abuse in Nigeria have been addressed. In doing this we have not limited our sources of information to any specific period, since the history of systematic research in this area in Nigeria is indeed relatively short. The papers thus represent varying degrees of methodological sophistication, and our attempt has been to present their findings within this limitation and hope that readers, in full awareness of such limitation, will be cautious in drawing conclusions from them.

Alcohol

Alcohol use in Nigeria dates far back in history. Alcoholic beverages in the precolonial period consisted mainly of palm wine (or distillate of palm wine—e.g., *Ogogoro*) and fermented cereals such as guinea corn. Elaborate alcohol consumption by the priests and pouring of libations formed essential parts of many religious ceremonies and rituals. In the main, alcohol played a socially harmonizing role, as has been shown among the Kofyar people near Jos (Netting, 1964). Convivial drinking during important social events was characteristic of many traditional Nigerian communities (Odejide and Olatawura, 1977).

The pattern and extent of drinking changed radically as trading contacts were made with the Europeans, especially during the slave trade. Lynn Pan (1975) in her monograph gave a good description of how these economic contacts with the European colonialists led to an upsurge in alcohol consumption in Africa. According to her, "alcohol was part and parcel of the commerce which for centuries constituted the basic tie between Europe and Africa." It was an article of the barter

system through which European goods were exchanged for African slaves.

Recent epidemiological studies in Nigeria have shown a change in the trend of alcohol use in the past few decades. Prior to the 1970s, alcohol was commonly used by adult males, and alcohol-related health problems requiring hospitalization were found predominantly in males (Asuni, 1975; Odejide, 1978). However, its use cuts across ethnic, social and religious barriers (Odejide, 1978). Asuni (1975) reviewed cases admitted to the Neuro-Psychiatric Hospital, Abeokuta, over a period of 10 years. He found the majority of the subjects to be middle-aged adults. In a similar 10-year retrospective study of the admission patterns at the University College Hospital, Ibadan, Odejide (1978) found the 42 cases identified to be middle-aged adults. Also, in his 1979 study of alcohol use among a subgroup of 340 literate Nigerians, Odejide found moderate drinking patterns to be more prevalent among middle-aged males, irrespective of their occupation. Professional women, however, were found to use more alcohol than their nonprofessional counterparts.

A number of more recent studies have found alcohol use to be common among Nigerian students (Anumonye, 1980; Ebie and Pela, 1981; Nevadomsky, 1981; Ebie et al., 1981; Ihezue, 1988). Indeed, Oshodin (1981) observed that alcohol use was quite common among secondary school students in Bendel State. There is evidence of other changes in the demographic correlates of alcohol consumption as well. For example, Odejide (1982), in a study of drug use among civil servants in Ibadan, Oyo State, found that a significant proportion of alcohol users were women.

Studies on the pattern of alcohol use have been handicapped by the problem of underreporting, arising from two sources. In the first instance, most people in Nigeria do not regard alcohol as a drug, and there are no restrictions on its sale and use except in the predominantly Moslem northern part of

Nigeria. Hence subjects rarely spontaneously complain of alcohol problems to their doctors, and alcoholism goes unrecognized by attending physicians. The second cause of underreporting of alcohol-related problems is that most investigators have not employed the use of standardized instruments for case finding.

Ifabumuyi (1982), using the CAGE, a four-item screening test, found that of newly registered patients attending the outpatient clinics of three general hospitals in Kaduna, 17.2%–41.1% had definite indications of alcoholism. This kind of study needs to be replicated to determine how serious the problem of alcoholism is in major Nigerian cities. It is to be noted, however, that the use of the CAGE, an instrument yet to be validated in this cultural setting, makes the proper assessment of that report difficult. It is clearly the case that a screening instrument, particularly one designed to detect a culturally emotive problem like alcohol use, cannot be assumed to work equally well in all cultural settings.

Most previous studies either were concerned with patterns of drinking in specific groups (e.g., among students) or relied on hospital admission data for materials relating to drinking problems. Most were conducted in an era when specific criteria for abuse or dependence were not available. A recent study conducted in an urban primary care setting was concerned with the determination of the prevalence of alcohol abuse and/or dependence, using the DSM-III-R criteria, among patients consulting for a variety of medical problems (Gureje et al., 1992). Using a two-stage assessment procedure in which a modified version of the Composite International Diagnostic Interview (CIDI) was used for the second-stage evaluation, the authors obtained a weighted prevalence of 1.7% for alcohol abuse or dependence among the 787 screened patients. All the identified cases were males, thus giving a weighted prevalence of 5.2% for males. The mean age of the identified cases was 32 years. An interesting observation was the low validity indices obtained for the Alcohol

Use Disorders Identification Test (AUDIT), a new screening instrument for the early detection of problem drinking designed by the World Health Organization. The authors suggest that this observation may have to do with the way the opening probe in the AUDIT is framed. It seemed to elicit an automatic negative response from the subjects, some of whom, on detailed probing later, indicated regular use of alcohol. The performance of this instrument may also reflect the observation of a number of authors concerning the imprecise ideas of abstinence and drinking among African subjects (Partanen, 1991). There is some evidence that responses to general questions about drinking may be influenced by the respondents' understanding of where and in what kind of situation an individual could drink in order to be considered a drinker (Wolcott, 1974).

Cannabis

Indian hemp, also known as cannabis, is investigated under different names such as *hashish, weewee, marihuana, igbo, ganja, stone bahans, dagga, pot, grass, tea, morrocco,* and *kif.* The name varies depending on the subcultural group in which it is used.

Before the 1960s Indian hemp was virtually unknown to most Nigerians. According to Asuni (1964), cannabis was not known in Nigeria until 1960. This substance may have been introduced into the country by soldiers returning from World War II and thereafter (Asuni, 1964). The widespread use of the drug in Nigeria in the 1970s has been attributed to the Nigerian civil war of the late 1960s, which saw the enlisting of young males into the armies of the two warring camps. It is suggested that possibly many of these young men were introduced to cannabis in an effort to suppress their timidity, and many may have become regular users subsequently (Nnebe, 1988).

The studies of Lambo (1965) and Asuni (1964) provided the first set of hospital-based epidemiological data on cannabis in Nigeria. Out of Lambo's 4,000 patients treated at the Aro Hospital from 1954 to 1959, only 18 were listed as cases of drug addiction, fewer than 0.5%. They included users of pethidine and cannabis. Lambo found no cases of drug addiction in the group of 3,971 patients treated at native treatment centers who were also included in his survey.

Less than half a decade later, Asuni (1964), studying patients in the same hospital, reported 26 cases seen over a period of 18 months, suggesting a substantial increase in the number of patients using cannabis. Boroffka (1966) also provided data indicating an increasing number of patients with a history of cannabis use at the Yaba Mental Hospital from 1961/62 to 1964/65. From his data, he found cannabis abuse to be confined almost entirely to the male sex. Only 2.3% of the patients with a history of Indian hemp use were females, and only 0.7% of all female as against 14.5% of all male admissions gave a history of Indian hemp use during the four-year period reviewed by him. Boroffka also found 45% of all Indian hemp cases to be under 25 years of age and 93% to be under 35 years in contrast with the respective figures of 25% and 70% for all male admissions. He reported a higher percentage of literates in the cannabis group, with only 5% of them being illiterates.

Other workers have provided data indicating that cannabis use was common among the very young. Anunmonye (1980) observed that in Lagos, children started using cannabis as early as the age of 11. Oviasu (1976) also found that 63 (21.3%) of 296 patients studied by him were under 20 years of age.

Studies of other populations indicate that cannabis is widely used in the country. In Ogunremi and Okonofua's (1977) study of university undergraduates, a drug abuse rate of 26% was found. The drugs reported to be commonly abused were

dexamphetamine, Indian hemp, and mandrax (methaqualone 250 mg—diphemhydramine). Adelaja (1975) reported widespread use of Indian hemp among Nigerian soldiers, and Odejide and Sanda (1976), using the snowball sampling technique with patients admitted into the University College Hospital, Ibadan, for drug abuse, found cannabis to be the most common drug used.

Cannabis use has been associated with diverse mental health problems by investigators studying Nigerian patients. Among these problems, psychotic reactions are probably most commonly described (Asuni, 1964; Oviasu, 1976; Ogunremi and Okonofua, 1977). In Oviasu's (1976) study, 222 (75%) of his 296 patients were diagnosed as suffering from toxic psychosis. These findings were similar to those in previous reports by Asuni (1964) and Boroffka (1966). Other problems associated with the abuse of cannabis were panic reactions and persistent "mental block" (Ogunremi and Okonofua, 1977; Oviasu, 1976; Asuni, 1964).

The reasons commonly adduced for using the drug included to keep awake at night, to feel at ease, to gain confidence in talking to superiors, to feel happy when unhappy or fed up, to facilitate reading, to enhance the enjoyment of social activities, and to induce sleep (Odejide and Sanda, 1976). Also identified as etiological factors for cannabis use were the consequences of an unhappy and poor background, the pressure to succeed in academic work, the influence of significant others (peer groups, etc.), and the ineffective control of the purchase and sale of addictive drugs (Akindele, 1974; Olatawura, 1974; Akindele and Odejide, 1978; Ebie and Pela, 1981).

The most common method of cannabis consumption in Nigeria is smoking the dried leaves with the seeds. Other methods include soaking it in an alcoholic beverage that is later consumed and using the cannabis leaves in the preparation of pepper soup, porridge, or tea.

There is some evidence that the use of cannabis in Nigeria is still rising. Bembo (1988), in a recent survey of some government hospitals in Nigeria, reported a total of 181 patients admitted for drug-related problems, of which 84% were cannabis users, 11% alcoholics, and 2.8% cocaine users, while the remaining 2.2% were heroin users.

Stimulants

The stimulants abused in Nigeria include the amphetamines, caffeine concentrate sold as "proplus" tablets, kolanuts, and, more recently, cocaine. These substances stimulate the central nervous system and have an adrenalinelike effect on the body. There is evidence that amphetamine tablets and other stimulants are used in Nigeria for keeping awake and working long hours by students studying for examinations, long-distance drivers, some top executives, and farmers displaced by drought. The high-risk populations include adolescents and young male adults (Anumonye, 1973; Ebie and Pela, 1981).

Cigarettes/tobacco

Studies of the smoking habits of Nigerians are few. Elegbeleye and Femi-Pearse (1976), in a survey of smoking habits among secondary school children and medical students in Lagos, found that 40% of boys and 8.4% of girls at secondary school smoked cigarettes, as did 72.4% of men and 22.2% of women at medical school. The smoking habits of the secondary school boys were influenced by the smoking habits of their parents and friends. The smoking habits of the secondary school girls and female medical students were mainly influenced by those of their friends. Alakija (1984), in examining the smoking habits of 238 medical students (204 males and 34 females) at the University of Benin, Nigeria, found

that 11.7% of males were smokers, but no female smoked. The main reason given for smoking was "to relieve tension." The majority of the students were introduced to cigarettes by friends when they were in secondary school.

Amphetamines and cocaine

Amphetamines and cocaine are other groups of stimulants abused in the country. Some examples of those available in Nigeria are dextro-amphetamine, methamphetamine, and methylphenidate. Students refer to them as pep or superman pills.

Amphetamine acts mainly by releasing serotonin from the presynaptic terminals and by inhibiting its uptake. It produces an increased sense of well-being, improves physical and verbal performance, decreases fatigue, induces anorexia, and elevates the pain threshold. These attributes explain why the drug has been found commonly abused in Nigeria by students, farmers, and long-distance drivers (Oshodin, 1973; Ogunremi and Rotimi, 1979; Ebie et al., 1981). Lambo (1965) observed that the majority of the 18 substance abusers treated at the Neuro-Psychiatric Hospital, Abeokuta, between 1954 and 1959 were involved with pethidine and cannabis. Pethidine has also been listed as one of the drugs producing dependence in Nigeria (Asuni, 1964). Akindele and Odejide (1978) identified high levels of abuse of pethidine among health personnel. In a study of 62 patients treated over a 17-month period in a specialized drug unit, Adelekan and Adeniran (1991) found eight (9.5%) and four (4.8%) to have problems relating to cocaine and heroin use, respectively. Unlike the rest of their subjects, patients in treatment for cocaine- and heroin-related disorders were all polydrug users.

It has been suggested that the abuse of narcotics and cocaine has now shifted from hospital workers to the lay public (Ebie and Pela, 1981). These authors described how rich business-

men and expatriates in Benin City organized parties in which hard drugs were freely used. The availability of these drugs has been on the increase in the recent past. In 1982 and 1983, one person was arrested for trafficking in heroin and one in cocaine at the Murtala Mohammed International Airport (Nigeria Television Authority Documentary, November 24, 1988). In 1984, 16 persons were arrested; in 1985, 25 persons were involved with drugs whose street value was about 4.5 million naira (over $4 million); in the first half of 1988, 70 persons were reported by the police. However, statistics from the Narcotics Control Division, Federal Ministry of Health, show that in the first quarter of 1987, 101 Nigerians were arrested in various parts of the world (excluding Nigeria) for trafficking in heroin and other hard drugs. Nigerians topped the list of Africans involved in such offenses worldwide and have contributed 10% to the world population of drug traffickers. The general impression is that there is now an epidemic of hard drugs in the country, and that Nigeria serves as a conduit pipe through which hard drugs imported from Southeast Asia (Golden Triangle) and South America (Bolivia, Peru, Brazil) are transported to Europe and North America (Odejide, unpublished manuscript).

Hypnosedatives

Surprisingly, the data on the use of hypnosedative drugs are very sparse. In a survey conducted in an urban primary care setting, Gureje and Obikoya (1990) found that a total of 14.9% patients were using psychotropic drugs, most commonly diazepam. Over 40% of the users had been on such drugs for over one year. Users were most commonly middle-aged. The higher the score on a screening questionnaire for psychopathology, the more likely it was that the patient was using a hypnosedative.

Conclusion

The papers reviewed in this article provide evidence that the abuse of various psychoactive substances is widespread in Nigeria. Cannabis is the most widely abused drug, but there is the suggestion that the use of hard drugs such as cocaine and heroin is on the increase. The problem use of alcohol has been less well studied. There have been more studies of the pattern of its "normal" use than of its abuse. For both groups of substances, drugs and alcohol, studies have mainly addressed specific groups such as students or patient samples. Few studies have been conducted among unselected primary care attenders, and no studies have been conducted in the community. Also, the papers reviewed represent a wide spectrum of methodological sophistication. Most of them have flaws relating to sampling or to method of case detection.

Future studies should be conducted among unselected primary care patients or, ideally, in the community. Case detection should be with the use of reliable and valid measures of substance use disorders, especially those shown to have cross-cultural reliability. Until such studies are conducted, the extent of the problems associated with drug and alcohol use will remain largely unknown, thus handicapping preventive and intervention programs.

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