Achieving health security in Nigeria: A strategic blueprint for addressing psychoactive substance use

JO Abdulmalik¹, VO Lasebikan¹, VA Makanjuola¹, FO Oshiname², BD Oladeji¹, O Esan¹, TT Bella-Awusah¹, AA Ojagbemi¹, YP Adeniyi¹, O Gureje¹ and OO Omigbodun¹

Departments of Psychiatry and Health Promotion and Education, College of Medicine, University of Ibadan, Ibadan, Nigeria

Abstract

Introduction: Psychoactive substance use is an important component of health and national security. Nigeria has evolved from a largely transit nation for psychoactive substances to a high consumption nation. Increasing rates of use result in a concurrent rise in crime rates and insecurity, as well as road traffic accidents. The use of psychoactive substances is also implicated in episodes of civil strife, conflicts and wars, such as the ongoing Boko Haram insurgency in North East Nigeria. This observation is likely to worsen over time if there is no coherent and strategic plan to halt and reverse this trend. The forecast portends higher crime rates, heightened insecurity, civil unrest and violent conflicts by 2050, if the rising trend of psychoactive substance use is not reversed. It is a scenario that will not augur well for the stability of Nigeria and the West African region.

Methods: A narrative review of the published literature, as well as expert opinion deliberations was utilized to develop a comprehensive analysis of the strategic strengths, weakenesses, opportunities and threats (SWOT) of psychoactive substance use and health security implications for Nigeria.

Results: An array of the unique strengths and opportunities are spelt out; along with the inherent weaknesses and threats that should be taken into consideration in mapping out strategies to address the clear and present danger from the rising use of psychoactive substances in Nigeria.

Conclusion: Recommended interventions should focus on public awareness campaigns, utilizing behaviour change communication strategies — with a special focus on prevention, mental health promotion activities, training and re-training of regulatory agencies, development and revision of existing policies, as well as better policing and enforcement of access restriction.

Keywords: Health security, psychoactive substance, Nigeria

Correspondence: Dr. J.O. Abdulmalik, Department of Psychiatry, College of Medicine, Universityo of Ibadan, Ibadan, Nigeria. E-mail: jfutprints@yhoo.com

Abstrait

Introduction: La consommation de substances psychoactives est un élément important de la santé et de la sécurité nationale. Le Nigéria est passé d'un pays largement en transit pour les substances à psychoactives à un pays forte consommation. L'accroissement des d'utilisation entraîne simultanément une augmentation du taux de criminalité et d'insécurité, ainsi que des accidents routiers. L'utilisation de substances psychoactives est également impliquée dans des épisodes de troubles civils, de conflits et de guerres, telles que l'insurrection en cours de Boko Haram dans le nord-est du Nigéria. Cette observation risque de s'aggraver avec le temps s'il n'existe pas de plan cohérent et stratégique pour enrayer et inverser cette tendance. Les prévisions laissent présager des taux de criminalité plus élevés, une insécurité accrue, des troubles civils et des conflits violents d'ici 2050, si la tendance à la hausse de la consommation de substances psychoactives n'est pas inversée. C'est un scénario qui n'augure pas bien pour la stabilité du Nigeria et de la région Ouest Africaine.

Méthodes: Un examen narratif de la littérature publiée ainsi que des délibérations d'experts ont été utilisés pour élaborer une analyse complète des forces, faiblesses, opportunités et menaces (SWOT) de l'utilisation de substances psychoactives et les implications sur la sécurité sanitaire du Nigéria.

Résultats: Une représentation des forces et des opportunités uniques est décrite; ainsi que les faiblesses et les menaces inhérentes qui devraient être prises en compte dans la définition de stratégies visant à faire face aux dangers évidents et actuels de la consommation croissante de substances psychoactives au Nigéria.

Conclusion: Les interventions recommandées devraient se concentrer sur les campagnes de sensibilisation du public, utilisant des stratégies de communication pour le changement de comportement avec un accent particulier sur la prévention, les activités de promotion de la santé mentale, la formation et le recyclage des agences de réglementation, le développement et la révision des politiques existantes, ainsi que l'amélioration de la police et application de la restriction d'accès.

Mots-clés : sécurité sanitaire, substance psychoactive, Nigeria

Introduction

Psychoactive substances are brain-altering chemicals, which results in alterations in mood, thinking, sedation, and behaviour. They may be licit (legally permissible) such as alcohol and cigarettes or illicit (illegal) such as cannabis, heroin, cocaine etc. Some others (sedatives, opiates) are prescription medications [1].

The use and abuse of psychoactive substances in Nigeria is of utmost public health significance. Long-term use of psychoactive substances is usually associated with negative consequences which may be physical, social and psychological. For example, psychoactive substance use has been clearly linked with physical hazards such as injuries [2], physical health problems [3], psychological harms such as depression, psychosis and social problems such as decline in social, educational or occupational functioning, marital disruption, truancy in school and crime [4]. Significantly, the development and establishment of addiction, makes the outcome of substance use gloomier. Psychoactive substance

misuse also has serious economic implications – as an expensive habit to maintain, as well as when it causes physical or mental health problems that require treatment [5].

large-scale Although community epidemiological surveys suggest that the prevalence of psychoactive use in Nigeria compared with other countries of the world may not be alarming [6], available data suggest clusters of differential Nigerian population have high rates of alcohol and drug use [7-11], with associated self-reported health problems [3]. The use and misuse of psychoactive substances cut across socio-economic strata, religious affiliation, professional or educational status, geographical location and age group [7, 8, 11, 12]. Several public health initiatives on psychoactive substance use have concentrated on adolescents and youths. Indeed, psychoactive substance use is prevalent across all ages [11] and in the elderly [13]. Among the elderly, a past-week alcohol use of 12.0% in men and 3.6% in women was reported during the National Survey on Mental

SWOT analysis

Strengths	Weaknesses	Opportunities	Threats
	pattern of psychoactive	Recent political interest and national discourse about tackling the menace of psychoactive substance use	and vested political interests may truncate efforts to tackle
the National Drug Law Enforcement Agency	facilities are available to provide expert rehabilitation services for affected	Collaboration with faith- based and traditional healers to improve access to qualitative rehabilitation services.	involving regulatory
Availability of expertise to develop strategies to address these problems.	abuse prevention strategies and school mental health	International support from the United Nations Organization for Drugs and Crime control (UNODC).	increasing population; as
	ineffective regulatory bodies (NDLEA, NAFDAC,	Development of Training Programmes and the Training and re-training of the officers and men of the regulatory agencies, including the Nigeria Police Force.	conflicts.

Health and Wellbeing in Nigeria [13]. The presence of chronic general medical condition is also a predictor of substance misuse [14].

Situational analysis

Although epidemiological surveys in Nigeria reveal that alcohol is the most common substance of abuse, with a lifetime prevalence of 39% - 56% [6, 15]. Other commonly used substances include eigarettes (12.2%), opiates including codeine, tramadol and heroin (11.8%), tranquilizers (11.3%), inhalants (6.8%) and cannabis at 6.6% [6, 15].

It is of utmost concern to note the epidemiological surge in the use of illicit substances, notably prescription opiods, and cocktails of drugs mixed with alcohol (skushi) among adolecents and the youth [16]. The trend is pervasive among the younger age group, and these "toxic compounds" are their first choice of substance use, which is contrary to the commonly accepted gateway hypothesis of starting with milder substances such as cigarettes and then graduating to more addictive substances such as opiates [17]. Similar high rates of alcohol and illicit substances have been reported among other population. For example, among active military service men and women, while lifetime alcohol use rate of 76% and 12-month prevalence of 53.9% have been reported [18], prevalence of lifetime cannabis of 13.5% and 12-month of 6.8% have been reported [7].

Trauma patients presenting for emergency care following accidents have also been found to have prevalence rates as high as 27.9% and 14% for alcohol and cannabis use respectively [19]. These rates are much higher than community prevalence rates. Thus, pre-trauma rates of alcohol and cannabis use have been identified as a risk factor for severe injury and trauma following accidents in Nigeria [19]. Psychoactive substances are freely and readily available in motor parks and among commercial vehicle drivers [10]; as well as among Almajiri children in northeast Nigeria [8].

Despite these alarming rates of psychoactive substance use in Nigeria, evidenced-based effective policies [20] that focus on regulating alcohol and drug marketing, restricting alcohol and drug sales, alcohol and drug taxation and controls on their packaging, strengthening drinking and driving laws, strengthening health sector response, raising political commitment have been rather vague and weak in Nigeria [21]. Thus, policy-driven interventions, aimed at curtailing the growing menace of psychoactive substance misuse in Nigeria is expected

to ameliorate the physical and social consequences of use and abuse of psychoactive substances.

Forecast to 2050

The long-term consequences of the increasing prevalence of psychoactive substance use across all ages in Nigerian is likely to result in high rates of adolescent problems such as school drop-out, increasing crime rates and insecurity as well as potential for civil unrest, strife and violent conflicts affecting not only Nigeria but the entire West African sub region as well high rate of substance-related morbidity and mortality with increasing age. More specifically, the adolscents and youth require special focus because of projected exponential population growth, with rising proportion of young persons.

Sources of funding

These proposed strategies can be funded by Federal, States and Local Governments, via the Ministries of Health, Education, Finance, Planning and Budgeting; in partnership with Development Partners and Donor Agencies. Additional revenue from 'Sin' Tax and possible telecommunication tax for investment in education and health care can also be useful financing mechanisms. Other possible partners include religious and communal organizations, the organised private sector, as well as the United Nations Office on Drugs and Crime (UNODC).

Monitoring and Evaluation

The strategies and plans will be of minimal benefit if they are not faithfully implemented and monitored. We propose a Technical Working Group (TWG) comprising professionals from several disciplines and representatives from relevant Ministries; the academia; as well as regulatory agencies and the media to serve as the Monitoring and Evaluation Team. This may work best if it is domiciled under the Presidency, as a Special Project. Quarterly and annual narrative and financial progress reports should be generated, with joint annual reviews by all stakeholders

Conclusion

The increasing prevalence of psychoactive substance use presents a clear and present danger to the security, well being and development of the country. Evidence-based strategies and steps to combat this trend as well as available expertise need to be deployed to tackle this menace. These strategies require multi-sectorial collaboration across Ministries and the formal and informal sectors. With

JO Abdulmalik, VO Lasebikan, VA Makanjuola, et al.

Proposed short, medium and long-term interventions with deliverables

Time frame	Plans	Deliverables
Short term	Training and re-training of Regulatory agencies Public awareness campaigns using BCC and training for media practitioners Pilot school mental health programmes Ensure improved road safety by random testing of drivers and sanitizing motor parks Effective policing of borders and entry points to reduce drug trafficking into the country	At least 25% of regional commands have been trained At least 50% of media outlets run awareness campaigns At least 25% of states have sanitized motor parks Border control is improved at 50% of our international land and sea ports.
Medium term	Development and revision of policies and legislation Revision of and Development of curricula for multidisciplinary training programmes in addiction Revise and incorporate into school curricula of secondary schools and health professionals training curriculum Roll out school mental health programs (peer support, Drug Abuse Resistance Education [DARE], Resiliency building etc) Employ and deploy more mental health professionals into regulatory agencies as well as to oversee the School MH programmes	Relevant policies and legislation revised or developed Multidisciplinary Training curriculum revised and additional programmes developed School curricula revised. School mental health programmes present in at least 25% of schools.
Long term	Overhaul access to prescription drugs. Introduce 'sin' tax and invest the revenue in education and health care services including mental health promotion and prevention services. Invest in socio-economic empowerment and improved productivity via job creation.	'Sin' tax is passed on alcohol Socio-economic empowerment initiatives are in place School mental health programmes and public awareness campaigns are mainstream

concerted efforts, these issues can be addressed and the negative trends halted. Innovative financing strategies and engagement with state and non-state actors can support this initiative and facilitate its actualization. The cost and consequences of inaction will be too dire, and all hands must be on deck to ensure it is averted.

References

- World Health Organization (ed.): The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines, Tenth Revision. Geneva World Health Organization; 1994.
- Lasebikan V and Baiyewu O: Profile of Problems Associated with Psychoactive Substance Use Among Long Distance Commercial Automobile Drivers in Ibadan. Nigeria Journal of Psychiatry 2009, 7(2):7-16.
- Gureje O and Lasebikan V: Alcohol beverages type, problem drinking and self-reported health status. Nigeria Journal of Psychiatry 2006, 4(1):4-8.
- Lasebikan VO: Alcohol: The bad, the good and the ugly. The Clinical Scientist: A compedium of Faculty of Clinical Sciences Lectures, College of Medicine, University of Ibadan 2012, II:53-80.
- Hagemeier NE: Introduction to the opioid epidemic: the economic burden on the healthcare system and impact on quality of life. The American journal of managed care 2018, 24(10 Suppl):S200-s206.
- Gureje O, Degenhardt L, Olley B, et al. Adeyemi
 O, Bohnert K, Anthony J: A descriptive
 epidemiology of substance use and substance use
 disorders in Nigeria during the early 21st century.
 Drug and Alcohol Dependence 2007, 91(1):19.
- Lasebikan VO and Ijomanta IN: Lifetime and 12
 months cannabis use and disorders among
 soldiers residing in a military community in
 Nigeria. Journal of Substance Use 2018,
 23(1):67-73.
- Abdulmalik J, Omigbodun O, Beida O and Adedokun B: Psychoactive substance use among children in informal religious schools (Almajiris) in northern Nigeria. Mental Health, Religion & Culture 2009, 12(6):527-542.
- Lasebikan V and Aremu O: Cannabis Use and Associated Harms among Schizophrenia Patients in a Nigerian Clinical Setting: A Case-Control Study. Frontiers in psychiatry 2016, 7:136.

- Lasebikan VO and Ayinde OO: Rapid Situation Assessments of Alcohol and Substance Use among Commercial Drivers in Nigeria. East African Medical Journal 2013, 89(11):363-371.
- Lasebikan VO, Ayinde O, Odunleye M, et al. Prevalence of alcohol consumption and alcohol use disorders among outdoor drinkers in public open places in Nigeria. BMC Public Health 2018, 18(1):400.
- Adamson T, Onifade P and Ogunwale A: Trends in sociodemographic and drug abuse variables in patients with alcohol and drug use disorders in a treatment facility. West African Journal of Medicine 2010, 29(1):12 - 18.
- Lasebikan VO and Gureje O: Lifetime and 7day alcohol consumption in the elderly, prevalence and correlates: Reports from the Ibadan Study of Aging. Afr J Med Med Sci 2015, 44(1):33-41.
- 14. Kotila TR, Busari OE, Makanjuola V and Eyelade OR: Addiction or Pseudoaddiction in Sickle Cell Disease Patients: Time to Decide -A Case Series. Annals of Ibadan Postgraduate Medicine 2015, 13(1):44-47.
- Adamson T, Ogunlesi A, Morakinyo O, et al: Descriptive National Survey of Substance Use in Nigeria. J Addict Res Ther 2015, 6:234.
- Lasebikan V: Psychoactive Substances Use in Adolescents and its Emerging Trends. Faculty Lecture, Faculty of Clinical Sciences, Leadcity University, Ibadan. In. Ibadan: Leadcity University; 2018.
- Makanjuola VA, Oladeji BD and Gureje O: The gateway hypothesis of substance abuse: an examination of its applicability in the Nigerian general population. Subst Use Misuse 2010, 45(10):1558-1571.
- Ijomanta IN and Lasebikan VO: Lifetime and 12 Months Prevalence of Alcohol Use and Alcohol Use Disorders Among Soldiers Residing in a Military Community in Ibadan. Subst Use Misuse 2016, 51(6):722-732.
- Lasebikan VO, SA. A: Need for screening for alcohol and drugs in emergency Trauma Units: A Cross Sectional Study of a Nigerian General Hospital. East African Medical Journal 90(5):164-170.
- Babor TF, Cactano R, Casswell S, et al: Alcohol: No ordinary commodity. Research and public policy. Oxford: Oxford University Press 2003.
- Ola B and Lasebikan V: Alcohol control Policy in Nigeria: A review and way forward. Nigerian Journal of Psychiatry 2016, 14(2):14-19.