EVIDENCE-BASED SUBSTANCE USE PREVENTION POLICIES AND PRACTICES

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Martin Osayande Agwogie, PhD
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Introduction

More than most countries of the world, Nigeria is plagued with the challenges of drug or substance abuse which has become a significant threat to public health, national stability, peace, security and economic development. According to the first comprehensive national drug use survey conducted in Nigeria, 14.3 million adults aged 15-64 (14.4%) used at least one psychoactive substance (excluding alcohol and tobacco) in the previous year (UNODC, 2018). This figure is considerably higher than the 2016 global annual prevalence rate (5.6%) of all substances used among the adult population. In addition, among this 14.3 million people, 20% have substance use disorders, a figure that exceeds the global average by 11%. One in five high-risk persons who use psychoactive substances injects them, using needles and syringes; pharmaceutical opioids account for the most injected substance. As a country, Nigeria is about 3% of the world's population, but account for 6% of the world population of cannabis users and 14% of the world's population who misuses pharmaceutical opioids (Agwogie, 2019), making Nigeria one of the countries in the world with the highest number of people who misuse tramadol and cough syrups containing codeine or dextromethorphan.

Historical perspective and major interventions

Nigeria has a long history of the use of psychoactive substances. Giving a historical perspective, Agwogie (2016) noted that the use of mind-altering substances of natural origin has been known in Nigeria since prehistoric times --either to produce a pleasant experience or escape from the unpleasant features of life, whether real or imaginary. He gave example with drinking of palm wine and locally brewed alcohol such as “ogogoro”,

"burukutu" as well as chewing of different stimulating plants and their products. The use of these substances was reported to be occasional and moderate with few exceptions. These trends changed after the Second World War in the 40s when cannabis (hemp) was introduced through the war veterans who brought back the cannabis seed from India (Agwogie, 2016; Asuni, 1964; NDLEA, 1999). The 70s and 80s witnessed the introduction of other drugs like cocaine, heroin, amphetamines, and pharmaceutical opioids (codeine, morphine etc.). This trend changed dramatically in the 90s to include the use of "non-conventional drugs" such as volatile solvents or inhalants (gasoline, correction fluid, rubber solution, aerosol, nail polish removal, kerosene, petrol, and bytul nitrate). Today, ingenuity has been introduced into the use of psychoactive substances with complex mixtures, experimentations, and new discoveries. This has resorted to the use of lizard dung (especially the whitish part), pit toilet/soak away fumes (bio generic gas), "goskolo" a concoction of unimaginable substances, robin blue powder cocktail, "gadagi" (a substance resembling tea leaves), pharmaceutical products (tramadol, Rohypnol) and many more (Agwogie, 2016).

Efforts to address the drug problems in Nigeria started in 1935 with The Dangerous Drugs Ordinance, even before evidence of the use of cannabis, cocaine, heroin, and their opium derivatives were documented. This was followed by The Indian Hemp Decree No. 19 of 1966. Under this decree, cultivation of cannabis could lead to 21 years of imprisonment or the death penalty. Smoking cannabis resulted in a mandatory sentence of 10 years of imprisonment. Since then, there have been amendments to these laws, such as The Indian Hemp (Amendment) Decree No. 34 of 1975. In 1984 The

Special Tribunal (Miscellaneous Offences) Decree was promulgated by the then Federal Military Government. The Decree stipulated the death penalty by firing squad for any person dealing in, selling, smoking, or inhaling cocaine or other similar drugs without lawful authority. The Nigerian drug policies have, therefore, been described as containing some of the most draconian provisions ever applied to eradicate drug trafficking and use (Obot, 2004).

In 1989, The National Drug Law Enforcement Agency (NDLEA) was promulgated by Decree No. 48 (now CAP N30 L.F.N. 2004). The Act stipulates that the Agency has the responsibility of controlling illicit drug cultivation, abuse, possession, manufacturing, production, and trafficking in narcotic drugs, including psychotropic substances, and chemical precursors. NDLEA was established as a unique agency saddled with dual responsibilities- drug supply suppression (arrest of suspects, seizure of drug exhibits and prosecution) and drug demand reduction (prevention, counselling and after care). The establishment of NDLEA was viewed as Nigeria's most deliberate efforts at creating an institutional framework for the suppression of the drug problem. Since then, there have been a number of amendments such as the National Drug Law Enforcement Agency (Amendment) Decrees No. 33, 1990 and No. 15 of 1992, The Money Laundering (Miscellaneous Offences) Decree No. 3, 1995 and The Money Laundering (Prohibition) Act No. 7 of 2004. In quick succession to the establishment of NDLEA, Decree No. 15 establishing the National Agency for Food and Drug Administration and Control (NAFDAC) was promulgated in 1993 (now CAP N1 L.F.N. 2004). NAFDAC is mandated to regulate and control the importation, exportation, manufacture,

distribution, advertisement and sale of food, drugs, chemicals, cosmetics, medical devises, detergents, and packaged water (NAFDAC, 2004). These agencies play the lead role in national drug control efforts.

While the federal government and her agencies maintain the central stage in drug control efforts in Nigeria, there are no commensurate efforts from states, local governments, and communities. For example, less than 20% of the states in Nigeria have functional State Drug Abuse Control Committees (SDACC). The need to involve states in drug control efforts was documented as far back as 1994, yet most states have not seen enough justifications to be adequately involved in drug control. Similarly, local governments do not see drug control as part of their responsibilities. Communities on the other hand are helpless. Ironically, one of the keys to addressing substance use problems lies within the community and family. Regrettably, families are faced with a sense of hopelessness and despair on one side, ignorance, and denial on the other side, thereby serving as enablers to substance use and abuse.

Common approaches in substance use prevention in Nigeria

Over the years, Nigeria has focused on the following substance use prevention approaches which unfortunately have yielded little or no positive outcomes:

- ***Stiff penalties -*** Laws and regulations are the foundation for drug control, defining what is acceptable and what is not. However, stiff penalties have never been a deterrent to substance use or abuse. Laws do not prevent lots of people from trying psychoactive substances. For those who have started, stiff penalties and the fear of arrest or prosecution have little to do

with their decisions to stop using drugs. Instead, they improvise or use adulterated/impure substances thereby making their substance use more dangerous. It is therefore counter productive, inefficient, and costly. Penal laws are a more effective deterrent in drug trafficking and dealing versus substance use.

As important as laws may be in drug control, they simply are inadequate. Moreover, drug demand reduction is evolving and dynamic; before legislative processes are concluded, trends may evolve 360 degrees that would require starting amendment process immediately. For example, while it takes an average of six (6) years to pass drug-related bills in Nigeria, it takes less than 15 days for a novel psychoactive substance to evolve. In addition, there are over 800 psychoactive substances globally, some of which are natural, household and industrial materials. Therefore, their accessibility, possession and use is difficult to legislate.

- ***Sensitization, awareness, media campaigns and rallies:*** As important as these approaches may be, they constitute a small fraction of preventive interventions. More monies are spent with limited impact. Unfortunately, this is what mostly is done in prevention in Nigeria. These approaches are relevant in drawing support from stakeholders but are not enough on their own.

- ***Scare tactics:*** Scare tactics and providing information about the consequences of substance use and abuse without commensurate skills is relatively ineffective in substance use prevention. Studies have shown that substance use is not all about ignorance. Some of the scare tactics or fear arousal approaches include the use of persons in recovery ("ex-drug

users") as testimonials.

- ***One size fits all approach:*** This includes having the young and old together for substance use prevention programmes. This negates the common knowledge of human physical, cognitive, social and emotional development. This approach does more harm than good where the younger ones are made to listen to presentations or messages that will arouse their curiosity for substance use. In most cases, the one-size-fits-all approach addresses no category in substance use prevention (universal, selective or indicated).
  - i. Universal – total population at all risk levels.
  - ii. Selective – known groups at risk—e.g., children of persons who use psychoactive substances.
  - iii. Indicated – individuals who already use psychoactive substances but have not developed substance use disorders.

- ***Spontaneous reactions:*** Spontaneous reactions are unplanned and borne out of media reports or pronouncements by prominent individuals or groups. In some cases, these reactions lead to hasty policy decisions regarding substance use prevention. This usually end in a waste of resources.

- ***Drug testing:*** Drug testing alone is not an effective approach to substance use prevention. It becomes more effective if it is conducted as part of a comprehensive prevention programme in any setting, follow appropriate, established procedures to ensure that the drug testing is fair and accurate. Despite the benefits of drug testing, when appropriately

applied, it is not a good measure of substance use impairments or diagnosis for substance use disorders. Moreover, available drug testing kits can detect less than 10% of the different psychoactive substances. Testing is very expensive and as such not a sustainable strategy for substance use prevention.

Drug control policies

Nigeria drug control policies and strategies, including prevention approaches have been predominantly centralized, executed through law enforcement, draconian and involve minimal use of evidence-based strategies. The outcome of these policies is well documented in the National Drug Use Survey (UNODC, 2018).In as much as the objective of any policy or law is to reduce the risks of its citizenry suffering from the health and social consequences of psychoactive substances by curtailing the availability and accessibility of these substances, policies also should put in place practicable measures for prevention. A paradigm shift is, therefore, required in formulating drug policies that are about the protection and promotion of human health and welfare. These policies should be evidence-based and effective. This paradigm shift has become imperative as new trends in substance use have resulted in significant medical, psychological, social and economic problems that now require a multidisciplinary and multi-stakeholders' approach.

Many fields of knowledge contribute to the understanding of human development, and factors and processes that lead to positive and negative health behaviours and outcomes. These fields cut across medicine, psychology, pharmacy, teaching, guidance counselling, sociology,

epidemiology, and other related professions. Significant roles also are played by religious and traditional institutions, parents, policy makers, politicians, operators of non-governmental organizations, community leaders, and natural groups, among others. Therefore, strategies to involve these stakeholders at the grassroot level must be scientifically developed for effective substance use prevention.

Substance use prevention

Prevention science focuses on the development of evidence-based strategies that reduce risk factors and enhance protective factors to improve the health and wellbeing of individuals, families, and communities (National Prevention Science Coalition, 2019). Therefore, substance use prevention programmes and policies are designed to enhance protective factors and to reduce risk factors. Protective factors are those associated with reduced potential for substance use while risk factors are those that make substance use more likely (NIDA, 2018).Both risk and protective factors are evident in different areas of a person's life. For youth we see risk and protective factors at the individual level, in the family, in a youth's peer group, at school, and in the community.

The primary goal of substance use prevention science generally is to improve public health by identifying malleable risk and protective factors – factors that are amenable to change -- assessing the efficacy and effectiveness of preventive interventions and identifying optimal means for dissemination and diffusion (UNODC/WHO, 2018; UPC, 2018). Substance use prevention is, therefore, a process and not a destination, understanding the factors associated with the initiation and progression of risk behaviours.

Some risk and protective factors for substance use/abuse

Risk Factors	Protective Factors
Child/Individual	
- Genetic influence/vulnerability - Low Intelligent Quotient (IQ) - Learning impairment - Development delays - Impaired communication - Neurodevelopmental disorders - Temperament - Physical/mental illness - Failures - Illiteracy - Low perception of harm in substance use - Poor social coping skills - Affiliation with peers displaying deviant behaviours - Adverse childhood experiences (ACES) - Physical, emotional, and sexual abuse - Impulsivity	- Secure attachment experience - Appropriate prosocial skills - Good communication skills - Interpersonal relationship skills - Belief in self control - A positive attitude - Experiences of success and achievement - Adjustment skills
Family	
- Family disharmony, or break up - Substance use in the family - Inadequate parenting - Inconsistent discipline style/favouritism among children - Parents illness/disorders (e.g mental illness or substance use disorders) - Physical or sexual abuse - Physical or emotional neglect - Parental criminal activities - Death of parent(s) or loss in the family Parental job loss	- Family harmony, bonding, and stability - Adequate/supportive parenting - Positive family values - Effective family communication - Affection/love - Clear, consistent discipline - Setting social limits - Parental monitoring, including of peers and their influence - Support for child's education - Strong bonds with institutions, such as schools, cultural and religious organizations
School	
- Negative role models - Bullying or victimization - Discrimination - Breakdown in friendships/relationships - Deviant peer influences - Peer pressure - Poor relationships with teachers/staff - Inappropriate school adjustment	- Positive school climate that enhances belonging and connectedness. - Clear policies on acceptable behaviours including substance use. - Students engagement in school policies - A comprehensive school approach to promoting good mental health - Justice and fairness

Community	
- 3As – availability, accessibility and affordability of psychoactive substances - Homelessness - Child labour - Socio-economic disadvantage - Internal displacement - Disaster, accidentals, war or other overwhelming events - Lack of social support - Social exclusion, inequality, and discrimination - Out of school of primary and secondary school age - Cultural norms and beliefs favouring substance use - Weak/non enforcement of drug laws and regulations - Media glamorization of substance use - Lack of access to healthcare	- Community support systems - Good housing - Comfortable standard of living - Opportunities for valued social roles - Community recreational facilities - Range of sport/leisure activities - Communal lifestyle

Adapted from 1. UNODC/WHO International Standard on Drug Use Prevention (2018) 2. UPC Training Materials (Core and School Track) (2018) 3. NIDA (2018), 4. Drug Abuse Not My Child (Agwogie, 2012)

Evidence-based substance use prevention

Evidence-based substance use prevention involves the use of systematic decision-making processes or provision of services that have been shown, through available scientific evidence, to consistently improve measurable outcomes. Instead of tradition, gut reaction or single observations as the basis of decision-making, evidence-based interventions rely on data collected through systematic research. This requires defining the problem and identifying risk and protective factors before adopting or developing prevention policies and programmes. Therefore, substance use prevention interventions are delivered under the same criteria established for other health and social services.

Some components of evidence-based substance use prevention intervention include:

1. Epidemiology and etiology of substance use. This seeks to identify the predictors and processes associated with positive and negative behavioural outcomes as well as their distribution in populations. Through analysis of this information, interventions are developed to alter trajectories of vulnerable populations by promoting positive developmental outcomes and reducing negative behaviours and outcomes. People do not just initiate substance use; they use substances for a purpose or to fill a gap. Collecting information on the epidemiology and etiology of substance use helps to establish the reasons for such behaviours. In evidence-based prevention, efforts are made to address the causative factors versus the symptoms.
2. Identifying micro and macro environments, personal characteristics and genetic vulnerabilities of individuals that put one at risk of substance use, abuse and development of disorders.
3. Identification of appropriate interventions for different age groups.
4. Reviewing the roles of different socialization agents (family, school, workplace, religious organizations, community etc.) in substance use prevention.
5. Needs and resource assessment for each of the settings for evidence-based substance use prevention interventions.

An integrated delivery system of comprehensive evidence-based substance use prevention strategies that crosses many public sectors (e.g., education, child welfare, health, justice) is most cost-efficient and exerts wide-scale benefits. The impact on individual lives, schools, child welfare,

communities and society can increase exponentially with additional investment of resources and systems to support economic and social development across communities, local governments, states and the nation.

Beyond substance use and abuse, evidence-based prevention policies, programmes, and practices have been shown to reduce the incidence and prevalence of individual and community vulnerabilities and promote healthy lifestyles, including: the promotion of daily physical activity and good nutrition to protect against chronic disease; improving academic and behavioural outcomes with the expansion of high-quality childcare and early learning and development. Evidence-based prevention policies and programmes also help to promote positive and supportive school environments; and enhance community-wide capacity to attenuate detrimental conditions and increase access to supportive services. Evidence-based prevention policies and programmes increase resilience, social competency and self-regulation in order to reduce impulsive, aggressive and off-task behaviour; and support the development of healthy relationships to reduce interpersonal and domestic violence (National Prevention Science Coalition, 2019).

Examples of some of these interventions that can help prevent substance use in children and adolescents include:

I. Programmes and policies to keep children in school (e.g., free education, free school feeding programme, and conditional cash transfer).

ii. Life skills training for children and adolescents targeting personal and social skills including decision-making skills, goal-setting

skills, and analytical skills to assess information on psychoactive substances.

iii. Policies on skills acquisition and youth engagement.

iv. Belief and commitment to religious activities.

v. Strengthening family programmes.

vi. Support for families to reduce the financial and human burden to communities.

vii. Access to free pre and post-natal medical care and welfare for women who use psychoactive substances to protect the unborn child.

viii. Promoting equity and justice and reducing inequality.

ix. Increase in the price and regulation of advertisement of socially acceptable psychoactive substances such as alcohol and cigarettes.

x. Policies on monitoring of prescription medications and appropriate disposal.

xi. Laws against underage smoking, drinking and against aiding by the adult population.

xii. Appropriate enforcement of drug control laws and policies to curtail availability and accessibility.

This is to highlight and give some examples of evidence-based substance use prevention interventions and policies. Developing or adapting specific programmes or and policies would require a need and resource assessment of communities and settings for the most appropriate interventions. Each setting (family, community, workplace, school) requires specific evidence-based policies and interventions.

Some pertinent issues to examine

As efforts are being advanced towards delivering evidence-based substance use prevention interventions in Northern Nigeria, one may need to examine the following issues and provide answers on whether they are risk or protective factors.

- About ten million out of school children in the 19 Northern States of Nigeria
- Learning sitting on the floor or under the tree
- Close to 2 million internally displaced persons in the 19 Northern States of Nigeria
- Child labour
- Early or forced marriage
- The almajiri system
- Extreme poverty
- The practice of extreme female solitude or seclusion
- Promoting violence by some elements in the name of religion
- Thuggery by the political class
- Cannabis legalization as being advocated by some groups in Nigeria

Until efforts are made to look at each of these parameters, community by community, local government by local government, state by state, and answer these and many more questions, it becomes difficult to address the issues of substance use and abuse in the northern parts of Nigeria and the nation.

Culture of substance use prevention

For effective substance use prevention, it is therefore imperative that a culture of substance use prevention is developed. If this is a consensus, I will

propose a Culture of Substance Use Prevention in Northern Nigeria (COSUPINN) and begin to define this culture across different settings which includes the family, school, workplace, and community.

What is the culture of substance use prevention?

The culture of substance use prevention is an all-inclusive orientation or readiness of a group of people within a defined setting to address problems of substance use by using a preventive rather than a reactive approach. A culture of substance use prevention will help to establish a place for evidence-based prevention services and activities to be adopted and sustained. These actions strengthen the belief that prevention strategies are effective, a belief that is so strong that efforts are made to support prevention efforts in a variety of settings and to permeate the everyday lives of the population.

Such a culture would influence the creation of an infrastructure for implementing and sustaining the most effective strategies informed by research.

Promoting a culture of substance use prevention requires the following:

I. Readiness to adopt innovative interventions with multiple substance use prevention goals.

ii. General readiness to address problems by using a preventive, rather than a reactive approach.

iii. Determination to sustain interventions that have demonstrated positive outcomes.

iv. Having the capacity for a change and the capacity to implement change.

v. reating a community and regional climate that facilitates change.

vi. Shared ownership and commitment across key sectors such as the community, practitioners, and policymakers.

vii. Enhancing knowledge-based and attitudes on what constitutes risk to individuals and communities.

viii. A supportive policy and legal framework.

ix. Scientific evidence and research.

x. Coordination of multiple sectors and levels.

xi. A change in perceptions about substance use and substance use disorders. For example, what is the perception of an average northerner or a Nigerian about persons who use psychoactive substances -- a criminal who deserves to be in cell or as a sick person who needs help? Persons who choose to self-destroy or as victims of the society? Citizens are products of the society - the only difference is that while some have some form of inner strength to deal with what the society presents, others do not.

To address the issue of substance use and abuse therefore, we must influence our society more positively through the agents of socialization.

Settings under which evidence-based substance use prevention interventions can be delivered

Different settings have been identified through which evidence-based substance use prevention interventions can be delivered with positive outcomes. This includes family, school, community, workplace, health and faith-based settings. Each of these settings/components requires different trainings and skills as part of a comprehensive intervention.

Justifications for evidence-based prevention interventions

The following are some justifications for evidence-based substance use prevention interventions.

1. Gives target groups and populations the best interventions, techniques, and policies that are available.
2. Offers the possibility to deliver services in a more effective and efficient way.
3. Provides a more rational basis to make policy decisions.
4. Provides a common language.
5. Gives the opportunity to develop a common concept for the evaluation of scientific research.
6. Forms a new basis for education and training.
7. Offers the possibility to achieve continuity and more uniformity of service delivery and provides clarification on missing links and shortcomings in current scientific knowledge.
8. Prevents other social vices and risky behaviours (e.g, delinquency, aggressivity, sexual risk taking).
9. Leads to substantial cost-savings by investing in upstream strategies to avoid downstream costs.
10. Avoid spending limited resources on "easy" and ineffective prevention strategies.

Prime barriers to implementing evidence-based substance use prevention interventions

Despite the benefits to implementing evidence-based substance use prevention interventions, it comes with some barriers.

1. Often appears to go against conventional wisdom.

2. Challenges cultural and religious beliefs regarding parenting, family structure, and gender roles.
3. Requires new skills and specialized training.
4. Involves delivery challenges to maintain the fidelity of implementation, while adapting to the specific needs of the target group and population.
5. Requires human and financial resources, which may be limited.
6. Requires monitoring and assessments.
7. Requires data collection and analysis.
8. Does not attract quick financial turnover, benefits or gains to different stakeholders; policy makers, politicians, and implementers, therefore, are not attracted to this approach.
9. Sometimes brings about a clash between science, economics, politics, and ways of life.
10. Necessitates creating a system or infrastructure to implement and sustain prevention interventions; such infrastructures are complex and require partnerships at all levels and resources.

Recommendations/Suggestions

For effective and sustainable substance use prevention in Northern Nigeria, the following recommendations are advanced, among others:

1. Evolve a culture of substance use prevention.
2. Undertake comprehensive capacity building on evidence-based substance use prevention.
3. Make a commitment to change.
4. Be patient for the long-term benefits of prevention programmes and policies to manifest.

5. Allow families and communities to take the lead role in substance use prevention efforts with the support of government, organisations and other stakeholders

Conclusion

In conclusion and going forward:

I. Substance use prevention is science-oriented and should be so treated.

ii. Evidence-based substance use prevention through capacity building across board is advocated.

iii. Substance use prevention measures should focus more on communities and they should be community driven.

v. Collaboration across the board is required and should be promoted.

Thank you.

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THE SPEAKER - DR. MARTIN O. AGWOGIE

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He is an Asst. Professor, Department of Psychology, Virginia Commonwealth University, United States, a Fulbright Scholar (Hubert Humphrey Fellow) in Substance Use Prevention,Treatment and Policy,Virginia Commonwealth University, United States and a Distinguished Hubert Humphrey Fellow. An alumnus of the prestigious Harvard Kennedy School of Executive Education, a fellow of the National Institute on Drug Abuse (NIDA), United States and a Fellow of the Nigerian Association of Clinical Psychologists (FNACP).

He holds a PhD and M.Ed in Educational Psychology from Ahmadu Bello University, Zaria, Nigeria, MBA in Human Resource Management from the National Open University of Nigeria, Post Graduate Diploma in Hospital Management from University of Lagos, Nigeria, a Post Graduate Certificate Course in Addiction Studies, Virginia Commonwealth University, United States, among other academic and professional qualifications. He has attended over 65 local and international seminars and conferences on drug demand reduction and presented papers in over 30 conferences particularly on opioid use prevention and management.

He is a certified addiction professional (ICAP 11), the author of Drug Abuse: Prevention and Management in the Workplace, Drug Abuse: Not My Child, Drug Abuse: Weep Not Mummy and Drug Abuse Prevention Workbook for Secondary Education. He is also involved in mentorship, youth and community development initiatives on drug control in Nigeria.

Dr.Agwogie has over 25 years of experience in drug control. Part of which was with the National Drug Law Enforcement Agency (NDLEA) where he served in different capacities particularly in drug demand reduction before retiring into private practice.