

STIGMA AND DISCRIMINATION AGAINST PEOPLE WHO USE DRUGS/SUBSTANCES AND STRENGTHENING DRUG USE PREVENTION IN NIGERIA : THE BAYELSA STATE EVIDENCE-BASED INTERVENTION MODEL AND THE WAY FORWARD

By

Martin Osayande Agwogie, PhD

President, ISSUP Nigeria Chapter

*Founder/Executive, Director
Global Initiative on Substance Abuse (GISA)*



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DR. MARTIN O. AGWOGIE

Contact Phone

+234 802 326 5398 - DL
+234 703 904 2687
+234 705 348 6054

E-mail

agwomart@yahoo.com - D/E
gisainitiative@gmail.com

For free PDF download, visit
<http://gisainitiative.org>

Introduction

Stigma refers to when someone sees another person in a negative way because of a particular characteristic or attribute such as skin colour, cultural background, a disability, mental illness or other health conditions. Globally, people who use drugs or substances are stigmatized and discriminated against. In Nigeria, stigma and discrimination against people who use drugs manifests in different ways such as in marriage and other relationships, employment, appointments and school admissions. People who use drugs also suffer unimaginable horrors and violations of human rights.

Besides people who use drugs, their family members and associates are also stigmatized (“courtesy or associative stigma”). Therefore, stigma affects individuals who use drugs, their families, health care providers, communities, and the society. Family stigma comes in the form of blame, shame and contamination. Such public attitudes of blame on family members for incompetency complicates care for persons who use drugs and compromises their physical and mental health.

Causes of stigma against people who use drugs

- 1. Drug Laws:** The primary source of drug use stigmatization in Nigeria is the drug control laws which criminalize drug use. Drug control in Nigeria, like many countries of the world, traditionally focuses on imposing criminal sanctions, including those who use drugs, with the belief that harsh, criminal sanctions would deter people from using drugs. Arrest and detention of people who use drugs, compulsory drug testing, maintaining a register of persons who use drugs in official government records are different forms of stigmatization and discrimination and are not as effective in preventing substance use as may be portrayed.

- 2. Ignorance:** Another major source of stigma is ignorance. There is a general belief that substance use, substance use disorders or addiction is a result of moral failing or a lack of self-discipline rather than viewing addiction as a chronic brain disease that requires treatment. Therefore, stigma associated with substance use and substance use disorders need to be addressed by promoting the understanding that the initiation of substance use and the development of substance use disorders are influenced by factors that are often beyond the control of an individual. The use or no use of substances is the result of interplay between a number of risk and protective factors at different levels, including individual, family, school, community, as well as the influence of the physical and socioeconomic environment which renders a person vulnerable to initiating and developing substance use disorders or otherwise. Therefore, stigmatizing persons who use drugs is like double jeopardy.

Implications of stigma

- 1. Stigma constitutes treatment barriers:** Stigmatization of people with substance use disorders is a major barrier to accessing drug treatment, social services and embracing public health approach. Globally, most people with substance use disorders do not receive any form of treatment and those who receives any treatment would either not complete their treatment regimen or receive comprehensive treatment. In Nigeria, close to 40 per cent of high-risk population of persons who use drugs with interest to undergo treatment are not able to access treatment due to stigma and related barriers. The upshot is a society where people with substance use disorders go underground, internalize negative messages

about themselves, develop low self-esteem, feels ashamed and live in fear of being judged harshly, discretely continue substance use with adverse consequences. Yet secrecy does not free society of substance use challenges. In addition, and due to the limited education available on substance use disorders, many end up in the hands of quacks, both of the medical and spiritual varieties. All these are complicated by the drug use criminalization laws. Promoting drug use treatment under criminalization is like telling an armed robber to go to the police station to confess his sins and ask for forgiveness. The case may not be as complicated as this in practice in Nigeria as people who use drugs are no longer prosecuted by law enforcement agencies as against the provisions of the law, but there are the palpable fears among persons who use drugs thus an urgent need for a review of our drug laws. I look forward to a day in Nigeria where questions about substance use is included in patient's medical case history as part of preliminary procedures for health care services at all levels and the patients willingly providing this information without fears.

2. **Widens gender disparity:** Women who use substances often face greater stigma, discrimination, and risks than men. For example, while one in every four persons who use substances in Nigeria is a woman, only one in six of those in treatment is a woman. Substance use among women is highly stigmatized, largely hidden and unreported. This highlights the importance of effectively addressing distinct needs of women and scaling up gender-responsive interventions.
3. **Leads to under reporting of substance use problems:** Another implication of substance use associated stigma is under reporting and measurement error of the magnitude of substance use problem for

appropriate interventions. This leads to underestimation of the economic burden that substance use imposes on communities, states and countries.

What these means is that we cannot succeed if we continue to use shaming, punishment, stigmatization and discrimination to work our way out of the present substance use crisis in Nigeria; whether blame of the person who use substance, the family or the community but to take the way out as a collective responsibility where everyone must invest to address the substance use problem. Failure to do so portends a grave danger because the so-called “drug addict” we fail to take care of today may be the one to “take care” of our valuables or become a threat to our lives, our families and members of our communities. Everyone is at risk of the threat of substance use and abuse directly or indirectly as such everyone should be involved in addressing it.

Instead of stigma, what is required is empathy for persons who use substances, increasing knowledge about substance use and substance use disorders, capacity building of stakeholders, community initiatives and engagement against stigma, provide opportunities to interact with people with substance use disorders, engage the media on how issues relating to people who use substances are reported, adopting a value system of care for one another and above all evidence informed drug policies including the enactment and implementation of anti-stigma and discrimination laws, the development of alternatives to incarceration and decriminalization of drug use (not legalization).

Legalization of any psychoactive substance is the removal of legal prohibitions against the substance. Such substance would then be available to the general population for purchase and use at will, like tobacco and alcohol. Whereas decriminalization of any psychoactive substance is the removal of criminal sanctions

against the use of the substance. With decriminalization, the substance remains illegal, but the legal system would not prosecute a person for use of the substance, instead the consequences would be referral for substance use education, counselling or treatment.

In all of these, we must first pay attention to the language we use when we talk about people with substance use disorders. We should see the person first before the substances; distinguish the person from his or her substance use behaviour. We may disagree with someone's behaviour but should still value him or her as human being while working on his/ her substance use behaviour. That is why the theme for this year's World Drug Day started with "People first". We therefore need to replace words like drug addict, "drug abuser", alcoholic, addict, junkies etc with words like "person who use drugs", "person with substance use disorders", "person with alcohol use disorders" etc. There is power in language and its impact on population health. In summary reducing and ending stigma and discrimination for individuals with substance use disorders starts with each one of us. Being conscious of the language we use, sharing facts and dispelling myths about drugs can reduce and prevent stigma and discrimination. Above all, substance use prevention must take the centre stage.

Bayelsa state evidence-based intervention model

Over the past years, Bayelsa state has evolved evidence-based interventions to address the issues of substance use and abuse and has ranked top among other states in Nigeria. Some examples of these initiatives which are indeed model to emulate are:

- i. The introduction of addition studies programme in Niger Delta University:** In my welcome address at the inauguration of the International Society of Substance Use Prevention and Treatment Professionals in Nigeria in 2019, I shared our vision thus "... we shall be

collaborating with relevant stakeholders towards the introduction of substance use prevention, treatment and policy as a standard international course of study in higher institutions of learning in Nigeria. ... In few years from now, we shall have addiction studies being offered from first degree to doctoral levels. The resultant workforce will have sound theoretical and research background that would enhance evidence-based interventions to address the burden of drug issues that affect segments in our great nation”. Permit me to place it on record that Niger Delta University, Bayelsa state is the first University in Nigeria to key into this vision, the first University to introduce addiction programme in any University in West Africa and one of the five Universities to introduce such course at any level in Africa. One of the implications of this is that in few years from now Niger Delta University will be producing well-grounded experts in the field of addiction science that will contribute significantly to the development of evidence-based interventions including evidence-informed drug policies in Nigeria.

- ii. **The introduction of UNPLUGGED into the school system:** The Bayelsa state government is one of the three states in Nigeria that have adapted this evidence-based school prevention programme. One of the benefits is the empowering of the school setting to take up prevention initiatives through collaborative efforts that includes the students.
- iii. **The training of school counsellors on TREATNET:** The training of school counsellors on TREATNET is another example of the Bayelsa state model of substance use prevention intervention. One of the implications of this is that the school counsellors are now well informed about appropriate interventions and referral services for students who may have started experimenting substance use. It also helps the school

functionaries not to press the panic button on drug related issues.

- iv. **The enactment of laws on compulsory primary and secondary education in the state.** In line with the provisions of this law, the state government recently flagged-off campaign on out-of-school children in the state with the introduction of a free education policy at primary and secondary levels and inauguration of the enrollment drive committee. This is spectacular in addressing risk factors for substance use and abuse.
- v. **Bayelsa state drug abuse control committee:** The Bayelsa state drug abuse control committee is one of the functional, resourceful, and responsive state drug abuse control committees in Nigeria.
- vi. **Appointment of a professional as head of the state drug control committee:** The appointment of a professional to head the drug use prevention and treatment committee in the state in the person of Pharm. (Dr) Faith Izibenua Zibs-Godwin is a case of putting a round peg in a round hole. A significant factor in this model.
- vii. **His Excellency Senator Douye Diri is leading from the front:** The personal commitment to drug control initiatives of His Excellency, Senator Douye Diri, the Executive Governor of Bayelsa state deserves commendation and a major factor in this model. This is a typical example of the way to go in addressing substance use issues in Nigeria.

Substance use prevention

There is the urgent need to pay attention to evidence-based substance use prevention which focuses on the development of strategies that reduce risk factors and enhance protective factors to improve the health and wellbeing of individuals, families, and communities. Protective factors are those associated with reduced potential for substance use while risk factors are those that make substance use more likely.

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 and security of the society. 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.

Some examples of interventions that can help prevent substance use in children and adolescents, many of which are already in place in Bayelsa state, 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 and support for families to reduce the financial and human burden to communities.

Prevention interventions need to go beyond sensitization, media campaigns and rallies. As important as these approaches may be, they constitute a small fraction of preventive interventions. Nigeria drug control policies and strategies, including prevention approaches have been predominantly centralized. While the federal government and her agencies maintain the central stage, there are no commensurate efforts from states, local governments, and communities. Just like there is the National and States Drug Control Committees, there should be Local Government and Community Drug Control Committees to develop a culture of substance use prevention.

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. Therefore, for effective substance use prevention, it is imperative that a culture of substance use prevention is developed and begin to define this culture across different settings which includes the family, school, workplace, health, religious and community.

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. Creating 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.

Justifications for evidence-based prevention interventions

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

- i. Gives target groups and populations the best interventions, techniques, and policies that are available.
- ii. Offers the possibility to deliver services in a more effective and efficient way.
- iii. Provides a more rational basis to make policy decisions.
- iv. Provides a common language.
- v. Gives the opportunity to develop a common concept for the evaluation of

scientific research.

- vi. Forms a new basis for education and training.
- vii. Offers the possibility to achieve continuity and more uniformity of service delivery and provides clarification on missing links and shortcomings in current scientific knowledge.
- viii. Prevents other social vices and risky behaviours (e.g, delinquency, aggressivity and sexual risk taking).
- ix. Leads to substantial cost-savings by investing in upstream strategies to avoid downstream costs.
- x. Avoid spending limited resources on “easy” and ineffective prevention strategies.

Conclusion

Everyone has a role to play in eliminating stigma among people who use substances. If we all join hands together to provide the necessary support to persons with substance use disorders, the consequences of substance use will be minimized, and our society will be better. Above all, there is a great need to invest in substance use prevention through a culture of substance use prevention, collaboration, comprehensive capacity building on evidence-based substance use prevention and allow families and communities to take the lead role in substance use prevention efforts with the support of government, organizations and other stakeholders.

Thank you.

■ ABOUT DR. MARTIN O. AGWOGIE ■



DR. MARTIN O. AGWOGIE

Dr. Agwogie is the Founder/Executive Director, Global Initiative on Substance Abuse (GISA). He is the National President of the International Society of Substance Use Prevention and Treatment Professionals (ISSUP Nigeria Chapter) and member Board of Directors of ISSUP Global (with over 30,000 professional members across the globe). He is the Assistant Coordinator of the International Consortium of Universities for Drug Demand Reduction (ICUDDR) in Africa, the National Coordinator of the Universal Prevention Curriculum (UPC) in Nigeria and a Board member, Academoral Rehab and Empowerment Project (AREP), Fountain University, Osogbo, Osun State.

Dr. Agwogie is a Global trainer in Drug Demand Reduction, an expert contributor to the UNODC-WHO International Standards on Drug Use Prevention, one of the 2 expert contributors from Nigeria and the only expert contributor to the UNODC Guiding Document on the Role of Law Enforcement Officers in Drug Use Prevention in the School Setting from Nigeria.

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, United States, a fellow of the National Institute on Drug Abuse (NIDA), United States and a Fellow the Nigerian Association of Clinical Psychologists (FNACP). He is a member of the Prevention Expert Advisory Group (PEAG) of the United States Bureau of International Narcotics and Law Enforcement Affairs (INL).

He holds a PhD and M.Ed. in Educational Psychology from Ahmadu Bello University, Zaria, Nigeria, M.Sc. in Addiction Studies from Virginia Commonwealth University, United States, MBA in Human Resource Management from the National Open University of Nigeria, Post Graduate Diploma in Hospital Management from University of Lagos, Nigeria among other academic and professional qualifications. He has attended over 70 local and international seminars and conferences on drug demand reduction and presented papers in over 35 conferences.

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. He has many academic publications to his credit.

Dr. Agwogie has over 26 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. He is presently a member of the NDLEA Special Purpose Committee (SPC), experts' advisory body to the Agency on drug demand reduction.