

**UNIVERSITY AND FAMILY COLLABORATION IN SUBSTANCE ABUSE
INTERVENTION IN NIGERIA: A PRIVATE UNIVERSITY CASE STUDY**

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ABSTRACT

This paper reports a qualitative intervention research that utilized narrative inquiry instrument to explore the interface of substance abuse issues, disciplinary dilemmas and family involvement at a private university in Nigeria. Under the framework of the primary socialization theory, results show that parental involvement, reactions and anticipated consequences were significant factors in substance abuse treatment and prevention among university students. The extended family also emerged as a protective factor for the development of substance abuse behavior amongst university students. This study presents the Family University Substance Abuse Treatment (FUST) as viable guidelines for a collaborative work with families of university students involved with substance abuse. It is a response to the unique Nigerian dilemma of enrolling students in late adolescence into the adult environment of tertiary institutions and dealing with ensuing deviant behaviours such as substance abuse.

Key Words: Family, socialization theory, private university, qualitative research, intervention

INTRODUCTION

Substance abuse among young people is a social and public health concern that has drawn attention from multidisciplinary researchers such as educationists, psychologists, counselors, social workers, medical practitioners and so on (Samet, Larson, Horton & Doyle, 2003; Samet, Friedmann & Saitz, 2001). University (College) students as a subset of the youth population consume large quantities of alcohol, tobacco and other drugs (West & Graham, 2005). In 2004, a survey of 1400 university students across the United States revealed an annual prevalence of alcohol use as over 80%,

while a third of this population used marijuana (Johnston, O'Malley, Bachman & Schulenberg, 2004).

The menace of drug use is not limited to the United States of America. The UNODC, World Drug Report (2012) states that five percent of the world's population, (230 million) used an illicit drug at least once in 2010. Thus it is a global problem that is present even in African countries (Nigeria inclusive). Majority of students in African Universities regarded adolescents' use and abuse of drugs as a serious matter (Pretorius, Ferreira & Edwards, 1999). Despite the efforts of the Nigerian National Drug Law Enforcement Agency

(NDLEA) and other governmental agencies to stem the tide of substance abuse in Nigeria, there has been a consistent rapid rise in the number of cases among young people aged 10-24. (NDLEA Report in Akinyemi, 2008, on-line news). This author resonates with Obot (2007) that substance abuse especially alcohol is indeed a core problem in Nigeria and there seems to be a complacency and a lack of concern for alcohol's contribution to health and social harm.

The problem of drug use among youths in Nigeria has a unique slant because Nigerian Universities admit students who are still in mid-adolescence. The minimum age of entry into Nigerian Universities is 16 (Joint Admissions Matriculation Board Brochure 2010/2011). When students enroll in Nigerian Universities at a minimum age of 16, behaviors and misconduct typical of adolescence are experienced in the adult environment of tertiary institutions (Steinberg & Morris, 2001). University life provides students with a context for experimentation with alcohol and drugs (Gillespie, Holt & Blackwell, 2007). Lamadrid (2009) also stated that young university students have to make critical choices that will have direct impact on whether they will succeed as adults or not. Such choices include career, lifestyle, and lifelong relationships. The average adolescent making the transition from a life sheltered by parents to university life where the gates open with a promise of sudden independence are met with a barrage of campus clubs and fraternities (Reisberg, 2000). There is also the lure to play hard and party hard in the sports arena (DiRamio & Payne 2007). Drinking and drugs seems to be part of the university party scene.

Although the University environment plays a key role in the development and continuation of substance use among the youth, the influence of the family cannot be overlooked. This is because; adolescent behaviors are influenced by family, peers and the school. Oetting and Donnermeyer (1998) identified the family, peers and the school as primary socialization resources in the Primary Socialization Theory (PST) which was the theoretical framework

for this study. Studies have noted the replacement of the traditional extended family structure, polygamous homes and communal parenting popularly associated with the African Family structure, by nuclear families and monogamous homes (Olutayo & Omobowale, 2006), where most parents are striving for affluence and both parents enter the workforce (Ogunbameru, 2004; Ebigbo, 2003), leaving the children unsupervised and exposed to vices like exposure to substance abuse via the media. On the other hand, Adelekan, Olatunji, Abiodun, Imouokhome-Obayan, Oniand, and Ogunremi (1993) observed that there was a significant positive relationship between cannabis use and the traditional polygamous family still practiced in Nigeria. Adewuya, Ola, Aloba, Mapayi and Oginni (2006) observed that youths from polygamous homes were prone to depression which may precipitate the use of psychoactive substances. Also the Nigerian youth is culturally exposed to alcohol as it is present in ceremonies around birth, death and all other life stages (Obot, 2007). Thus the family environment, structure and practices impact significantly on the development of substance abuse behavior in young people.

Using the primary socialization theory as a guiding framework, this paper attempts to answer the following questions: a. What is the relationship between family influence and students' involvement with substance abuse in Nigeria? b. What are the key elements that should be included in a collaborative approach between the University and the Family in dealing with a Nigerian student involved with substance abuse?

METHOD

This was a qualitative intervention research. The study was carried out at Babcock University, learning faith based institution of higher learning.

Sample

Purposive sampling technique was utilized to select 49 participants from four different

groups. These included 20 students involved in substance abuse within two academic sessions (2007 to 2009). Out of the twenty, fifteen were returning from substance abuse related disciplinary action, two (2) were self referred, while ten (10) were referred by a concerned member of staff of the university to the SSS department, 10 parents/guardians of students involved with substance abuse. All student participants were male with an average age of commencement of drug use of 17.5 years. The student participants represented all the four Schools of the university which were the School of Management and Social Studies, School of Education and Humanities, School of Science and Technology, and School of law and Security Studies.

Nine members of staff of the Babcock University Students Support services unit participated. Six were social workers and counselors, while 3 were resident hall administrators. Ten members of the administrative/disciplinary committee involved in policy making and disciplinary process also participated in the study.

Data Collection and Analysis

Data collected through semi-structured interviews, narrative inquiry and focus group discussions was verified by establishing trustworthiness and rigour under the qualitative research values of credibility, transferability, dependability and confirm-ability. Trustworthiness and rigour were established by utilizing combinations of four of the six strategies enumerated by Padgett (2008), which are triangulation of data, peer debriefing and support, prolonged engagement, and Member checking. Coded data were analyzed using content analysis. Ethical considerations for this research involved gaining the informed consent of all participants. They were duly informed that participation in the research was voluntary and that they were free to withdraw from the research at any point. The participants signified their willingness to participate in the research by signing a consent form. During the focus group discussions, participants were offered light refreshments as incentives for participating in the study.

RESULTS

Preferred drug

The most preferred drug among the students was cannabis, followed by a combination of alcohol and cannabis.

University and family interface

Notification by the university emerged as a crucial factor in family involvement. The parent participants in this study indicated varied experiences of how the university notified them about their children's involvement with substance abuse. Some expressed dissatisfaction as stated :

"First and foremost, the university has in their records telephone numbers of parents and if such information is not utilized to contact us what is the essence of collecting the information when it is not used. The university simply informed us of their decision after wielding their big stick..."

"I was only informed that he was expelled from the school.

"The University informed me much later through a letter putting him on suspension

These statements expressed the parents' experience with the university with regards to notification. This study reveals that notification is a vital component of involving and collaborating with parents for a university based substance abuse treatment.

Parental Responses and effects on Student Substance abusing behaviour

Emotional Response

Regardless of how the parents became aware of their child's involvement with substance abuse, all nine participants expressed intense emotional reactions such as 'shock', 'devastation', 'disappointment' and 'embarrassment' as presented in the following responses.

"It was a shock. Could not believe it. Shivering and weeping."

“I was totally devastated. In my wildest dreams, it was the last thing I would ever think my son involved in. which goes to show you can never really know your children. It takes the grace of God.”

The parent statements confirm the concern expressed by one of the ADC participants that parents experience emotional trauma when they are informed about their child’s involvement with drugs. The statement is quoted below.

“...I am also aware that some parents discover their wards abuse substances when informed by the institution, this gives me concern in the shock such parents go through and the need for them to have proper counseling to deal with the reality of their ward/child’s substance abuse.”

Action Response

The parent participants gave responses that identified various actions that were taken in response to their becoming aware of their wards’ involvement with substance abuse. Some parents stated that they gave advice. One parent said that he beat the child physically. He said,

“I had to beat him up and warned him seriously against it.”

Six parents enrolled their wards in a rehabilitation program. Others reported that they utilized spiritual support such as praying in addition to counseling and rehabilitation programs. Some parents mentioned that they involved members of the extended family through prayers and counseling. This confirms the dual approach by Nigerian families of utilizing both western/conventional and traditional/spiritual methods (Olugbile et al., 2009). According to the parent:

*“Making him to go through the counseling session through a Social Worker at a University Teaching Hospital. **We also used the extended family to do a lot of counseling along with prayers**” (emphasis added by researcher).*

This response indicates that parents and family members need a variety of services to support them as they deal with the reality of their child’s involvement with substance abuse.

Figure 1 presents the impact of substance abuse on familial such as reduced level of

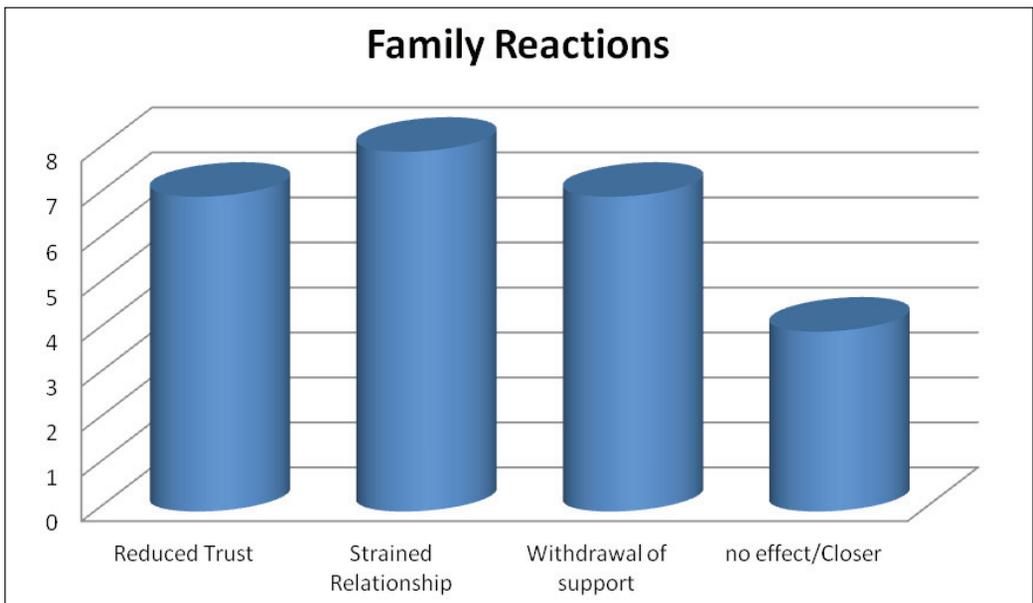


Figure 1: Impact of substance abuse on family relationship

trust, strained relationships and withdrawal of material support. Strained relationship had the highest impact while reduced trust and withdrawal of support had comparable impact. The issue of trust is a major concern for the millennial youth (Moore 2007). A student participant did not allow his mother to be aware of his drinking problem at school because he did not want to lose his mother's trust. He said:

“Not affecting (not affecting relationship) cause she believe it (alcohol drinking) is under control. Level of trust will be reduced. It is important to me that my mother trusts me.”

Family influence on drug abuse

Half of the student participants had family members who had a history of involvement with substance abuse. Forty percent of them had family members with a history of alcohol use. One father had used alcohol and cigarettes and a brother and cousin used marijuana. Ninety percent of the students with a family history of substance abuse used the same substance that was the family drug of choice while 60% of the students used marijuana and cigarettes

in addition to the alcohol that was the drug of choice of family members.

Family Involvement

Figure 2 shows that most of the students lived with their biological parents as their primary caregivers. Though the biological family had the largest share of involvement, there was still the presence and influence of extended family and non-kin relationships.

DISCUSSION

The premise for the Primary Socialization Theory as propounded by Oetting and Donnermeyer (1998) is that drug use and other deviant behaviours are the result of social learning. The theory proposes that the primary socialization sources for young people are family, school and cluster peers, and norms and values are transmitted through the bonds between the adolescent and the primary socialization sources. This research therefore was motivated by the component of family influences in the socialization of university students involved with substance abuse, both in the context of

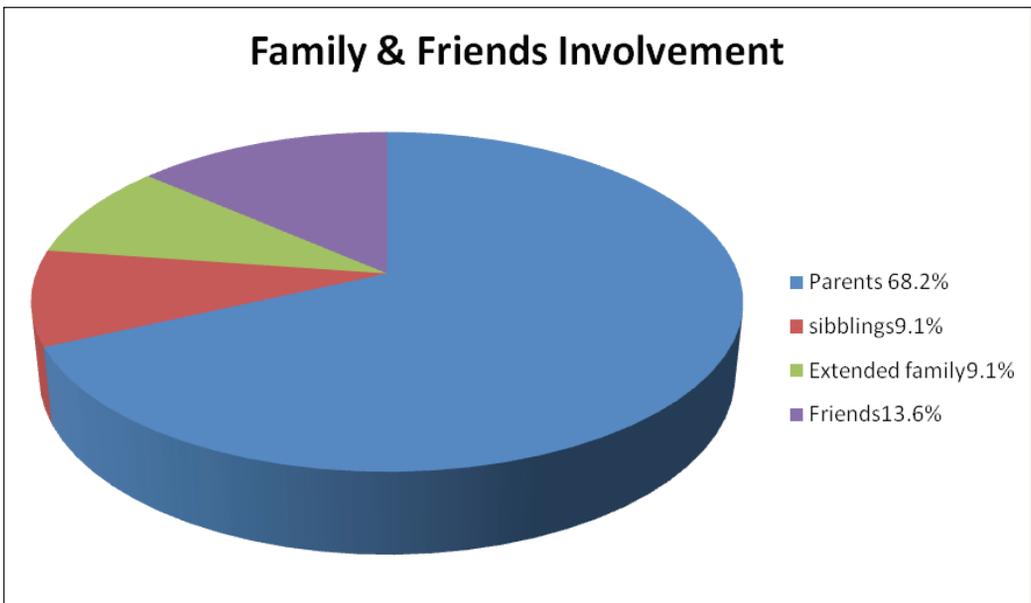


Figure 2: Frequency of family and friends' involvement

the development of the substance abuse lifestyle and the role of family as resources and allies for the intervention process.

The findings in this research revealed that 50% of the student participants had family members who are either current users or had a history of substance use. Alcohol was the drug of choice for 80% of these family members. The high probability of youths repeating deviant behaviour was confirmed by the fact that alcohol was one of the drugs of choice for 90% of the students with family members who used alcohol. This was consistent with previous studies which showed that when the use of specific substances is modeled by parents, children are most likely to use those substances (Oetting & Donnermeyer, 1998).

Students also indicated that the use of alcohol was socially acceptable in their families and in some cases it is seen as a sign of maturity. Their families are generally more accepting of the use of alcohol in comparison to the use of marijuana and cigarettes. However the use of alcohol becomes a concern when there is no control and students get into trouble at the university. The implication of this finding is that whilst the university discourages the use of alcohol in totality and sanctions students for the slightest use, the University may not be able to count on parental support to encourage total abstinence from alcohol. Collaborative work with the family could draw on additional angles of the family component of Primary Socialization theory, such as expression of negative attitudes towards drugs and enforcement of consequences for use. This means that though some families may allow the use of alcohol by their children, they will be encouraged to partner with the university by discouraging the use of alcohol by their children on campus.

As this study revealed and supported by Os-hodi et al. (2010) most of the lived with their parents. Olutayo & Omobowale (2006) observed that though the western system and urbanization has depreciated the extended family influence and there is a shift of emphasis towards the nuclear family, the pursuit of career and material wealth makes the nuclear family

neglect parenting responsibilities without the traditional support of the extended family to safeguard the lapses.

Collaborative work with the family through the provision of psycho-educational services can also benefit family members involved with substance abuse. This approach benefits both the university and the family. The university's institutional policy prohibiting the use of alcohol is not compromised, while it collaborates with families that may permit some levels of use of alcohol. This study showed that even in families where alcohol use was acceptable and family members had some level of use, students were still influenced to change either by actual or anticipated reactions of their parents showing their displeasure at the child's involvement with substance abuse. Students stated that they did not want to hurt their parents or were regretful about the impact of their involvement with drugs on their families. The three sub- themes of family consequences of drug use namely, decreased levels of trust, strained relationships and reduced financial/material support, that emerged under the consequences of drugs on the relationship between the students and significant others were consequences that motivated engagement in treatment and desire for recovery beyond the disciplinary sanctions of the school. University students do not generally seek substance abuse treatment except when they are faced with crises either with the school system or family (Wu et al 2007). It can therefore be deduced that there is emotional involvement between the students and their parents which may be utilized as a strength and motivation for family collaboration leading to positive treatment outcomes (Dekovic et al., 2003).

The utilization of services provided by the university such as drug screening, individual and group counseling etc. was also motivated by the students' need to regain their parents' trust and reinstatement of support and privileges. This motivation was present in all student participants regardless of whether there was substance abuse history in the family or not. Expressions of displeasure by parents as revealed both in the parents' and students'

narrative inquiries, and stated consequences, are key reasons to work with families of university students involved with substance abuse. All the parent participants expressed their strong displeasure at their children's involvement with substance abuse even when they initially expressed some history of use themselves. Battjes et al (2003) confirmed that consequences either from the family, university authority or legal systems were greater motivators for youths to engage in substance abuse treatment than severity of use or specific sources of external pressure such as the court or disciplinary mandates. Men are particularly motivated to enter treatment due to financial pressure (Malowe et al 1999). All the student participants in this study were males. However only 25% of them stated that disruption of financial support from the family was a consequence that affected them and motivated them to obtain treatment.

Whilst this study did not examine the nature of the bond between the students and their parents and how this could possibly have influenced the students' involvement with substance abuse, some of the students did say that the involvement of family in the drug intervention process by the university brought them closer as a family. The nature of family involvement was through notification of their child's involvement with substance abuse, signing of a treatment agreement /contract, participation in counseling sessions and taking

students to referred services such as residential drug treatment. Mark et al (2006) established that communication with parents and family counseling were part of the indices in the key elements of effective adolescent substance abuse treatment programs.. This study established that the average age of onset of drug use was 17.5 years whilst the minimum entry age into the university is 16. It is therefore obvious that students on university campuses are still minors needing parental consent for services.

Also since university students are somewhat suspended between adolescence and young adulthood, they are still financially dependent on their parents while they are developing independence and autonomy (Main 2009). Therefore it is worthy of note that seven students mentioned withdrawal of material (including financial) support as a consequence of the effect of their substance abuse lifestyle on their family relationships. Avoiding these consequences may be used as motivators for abstinence or engaging in treatment

A diagrammatic summary of the Family–University Substance abuse treatment model is presented in Figure 3.

The FUST model promises to be a pragmatic step in addressing the problem of substance abuse among university students under the theoretical framework of the Primary socialization theory. The diagrammatic presentation of the intervention model is a significant contribution to the field of Social work for a

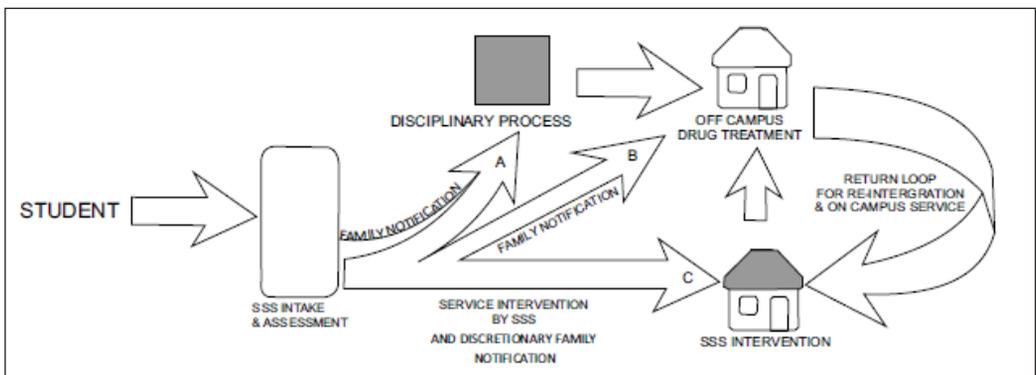


Figure 3: FUST Model for a collaborative approach for working with families of university students involved with substance abuse

collaborative approach to substance abuse intervention amongst university students. The FUST model is presented as a guideline for substance abuse intervention in Sub-Saharan African universities as a recognition that the problem of substance abuse exists among university students and that the problem is amenable to effective interventions (Obot, 2012). While the study was carried out in a faith-based private university in Nigeria there are possible applications to institutions of higher learning in general.

The limitations of this study with reference to PST constructs are that the study did not explore the nature of bonding between the students and their families. Also, this study was carried out in a university that prohibited any form of use of even legal psychoactive substances such as alcohol and cigarettes. It was therefore difficult to determine if the students met the criteria of substance abuse disorder. A student may get into trouble with the university for drinking a can of beer on a weekend but not necessarily be a binge drinker or have alcohol related problems. Further study to properly assess the level of involvement and dependency is suggested. Validated instruments such as ASSIST, AUDIT may be used (Knights et al., 2003, Henry-Edwards et al., 2003). Since this study was carried out in a faith based private university, it is recommended that the proposed intervention be carried out in public/secular universities with more tolerant drug policy. The implementation may bring color and variety to this intervention model.

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