DRUG ABUSE AND CHILD REARING PRACTICES

By

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Abstract
The opinion has it that people who bring people up have influence on the way and manner people conduct themselves. The argument of this paper therefore, is that child rearing can be influenced by drug abuse. The paper has examined the concept of drug and its abuse, commonly abused drugs, child rearing practices and theories of drug abuse. Other issues include children of drug abused mothers and reasons for drug abuse and relationship between drug abuse and child rearing practices. It can be concluded that parents addicted to drug are far more neglective in the discharge of their roles as parents; hence, drug abuse must be addressed.
Keywords: drug abuse, child rearing, practices, adult education

Introduction
The physical, psychological, social and economic consequences of drug problems among women and youth are becoming more obvious and disturbing in Kano State. Women who persistently abuse substances often experience an array of problems, including moral training difficulties, health related problems (including mental health), poor peer relationships and involvement in social vices such as prostitution, stealing, bullying, and difficulty in rearing their children. All these have negative consequences for family members, community and the entire society.

Substance abuse is gradually becoming common among women in Kano Metropolis; many of them abuse substance such as drug, alcohol and tobacco. Syrup-like substances are one of the most widely used and abused drug among women in Kano State, which causes serious and potentially life-threatening problems. For this population, they take drugs to feel happy, excited and friendly, especially to members of the opposite sex. Some said they use drugs for sexual excitements, mental alertness and that drugs give them better visual and auditory utilization. The thrust of this paper is to identify the types of substances involvement among mothers on child rearing practices in Kano state, to determine the causes of substances involvement among mothers on child rearing practices in Kano State, and to identify the effects of drugs and substances used by mothers on child rearing practices (moral upbringing) of children in Kano State.

Concept of Drugs
Many people do not understand why individuals become addicted to drugs or how drugs can bring about change in the functioning of human brain. They mistakenly view drug abuse and addiction as strictly a social problem and may characterize those who take drugs as morally weak. One very common belief is that drug abusers should be able to just stop taking drugs if they are only willing to change their behavior. What people often underestimate is the complexity of drug addiction that it is a disease that impact on the functioning of the brain and because of that, stopping drug abuse is not simply a matter of willpower. Through scientific advances, we now know much more about how drugs function in the brain, and we also know that drug addiction can be successfully treated to help people stop abusing drugs and resume their productive lives.

Addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use despite harmful consequences to the individual that is addicted and to those around them. According to Mc Kim (2013) drug addiction is a brain disease because the abuse of drug leads to changes in the structure and function of the brain. Although it is true that for most people the initial decision to take drugs is voluntary, over time the changes in the functioning of the brain caused by repeated drug abuse can affect a person's self-control and ability to make sound decisions, and at the same time send intense impulses to take drugs. Drugs, according Burton, Jr. Cullen, Evans, Alarid, & Dunaway (2014), are chemicals that tap into the brain's communication system and disrupt the way nerve cell normally send, receive, and process information. There are two ways that drugs are able to do this:
   1. By imitating the brain natural chemical messengers, and /or
   2. By over stimulating the "reward circuit" of the brain.

Some drugs, such as marijuana and heroin as opined by Abdullahi, (2011) have a similar structure to chemical messengers, called neurotransmitters, which are naturally produced by the brain. Because of this similarity, these drugs are able to "fool" the brain receptors and activate nerve cells to send abnormal messages. Other drugs, such as cocaine or methamphetamine, according to Okoye, (2013) can cause the nerve cells to release abnormal large amounts of natural neurotransmitters, or prevent the normal recycling of these brain chemicals, which is needed to shut off the signal between neurons. This disruption produces a greatly amplified message that ultimately disrupts normal communication patterns. Nearly all drugs, directly or indirectly, target the brain's reward system by flooding the circuit with dopamine. Dopamine is a neurotransmitter present in regions of the brain that control movement, emotion and motivation.

Substance abuse also known as drug abuse, has been described by Haladu (2015) as a maladaptive pattern of use of a substance that is not considered dependent. The term "drug abuse" does not exclude dependency, but it is otherwise used in a similar manner in non-medical contexts. The term have a huge range of definitions related to taking a psychoactive drug or performance enhancing drug for a non-therapeutic or non-medical effect. All these definitions imply a negative judgment of the drug used in similar question (compare with the term responsible drug use for alternative views). Some of the drugs most often associated with this term (Bernstein, 2005). International Statistical Classification of Disease and Related Health Problems (ICD) no longer recognize 'drug abuse' as a current medical diagnosis. Instead, it has adopted substance abuse as a blanket term to include drug abuse and other things. ICD refrains from using either "substance abuse" or "drug abuse", instead using the term "harmful use" to cover physical or psychological harm to the user from use. Physical dependence, abuse of, and withdrawal from drugs and other miscellaneous substances is outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR).

Substance dependence is when individual persists in use of alcohol or other drugs despite problems related to use of the substance. Substance Dependence may be diagnosed. Compulsive and repetitive use may result in tolerance to the effect of the drug and withdrawal symptoms when use is reduced or stopped. These, along with Substance Abuse are considered substance use disorders. However, other definitions differ; they may entail psychological or physical dependence, and may focus on treatment and prevention in terms of the social consequence of substance uses.

Global Perspective on Commonly Abused Drugs
The term drugs were originally used for dried plants or parts thereof that were used as medicine directly or following the extraction of active ingredients. In the modern parlance, the term drugs is used to refer to substances of herbal or synthetic origin which, by acting on the central nervous system, may cause a state of mind different from what is considered normal. Thus, the modern definition of drugs includes pharmaceuticals, tobacco and alcohol as well as controlled substances and designer drugs. Designer drugs, as the name indicate, are designed to imitate narcotic drugs. These are substances whose molecular structure has been modified in order to optimize their effect on the one hand, and in order to bypass laws and regulations governing the control substances on the other hand. This change in the chemical formula sometimes makes the designer drugs several hundred times stronger than the drug it is designed to imitate. For example, "China White" is a designer drug that imitates heroin, "Ecstasy" imitates amphetamines and PCE imitates PCP (phencylidine) (Balogun, 2006).

Once designer drugs have been outlawed by the competent authorities, they are called controlled substance. From the above, a drug can now be defined as a natural, synthetic or semi-synthetic substance that is used to produce physiological and psychological effects in men and other higher order animals. Natural drugs are active ingredients, or secondary metabolic products of plants or other living systems that may be isolated by extraction. Semi-synthetic drugs are products from natural or botanical sources, but they have undergone a chemical process. Synthetic drugs, on the other hand, are artificially produce substances which are wholly manufactured from chemical compounds in laboratories, e.g. amphetamines, benzodiazepines, etc. (Theonye, 2004).

Designer drugs are substances designed to imitate other narcotic drugs more particularly opiate narcotics. The toxic and habit forming drugs are generally classified in terms of their chemical composition, effects on the users, medicinal purposes, legality and availability etc. However, for the general understanding of the problem of drug abuse, we may refer to the following classification based on the effects of drugs on the human mind or body. Drugs which are derived from botanical or natural sources are divided into three major categories: (a) Hallucinogens-

under this category cannabis group of drugs namely- bhang, ganja, (marijuana), hashish oil and hallucinogenic cactus, mushrooms etc. are included; (b) Depressants, or Sedatives or Hypnotics under this category, opiate narcotics, namely- raw opium, brown sugar, heroin, morphine and alcohol are included and (c) Stimulants- under this category cocaine, caffeine etc. are included.

Child-Rearing Practices

Child-rearing patterns and the relationship between parent and child are vital aspects of the education and socialization of a child. Before the introduction of formal education in various parts of Africa, there existed traditional ways of child-rearing patterns. Clear-cut roles, obligations, rights, expectations and sanctions were prescribed (Durojaiye, 2001 citedin Mwamwenda, 2010). With the advent of formal education and the influence of different cultures, the traditional parent-child relationships and child-rearing practices have been altered. Few traditional African communities still retain certain aspects of the rearing patterns intact, but many have been diluted by the Western culture. Siyakwazi and Siyakwazi (2014) further affirms that evidence from some African countries shows that there are no clear-cut child-rearing patterns but rather a combination of both African and Western styles. Perhaps this is due to changes in parental roles, for example, mothers are now getting employed outside the home, and in most cases, housemaids take the mother's roles. Whose values and norms are likely to be instilled in the child as she/he develops? Baumrind (1991) cited in Santrock (2012) identified three parenting styles namely authoritarian, authoritative and permissive. The assumption is that these major child-rearing practices are also common rearing patterns observed in Africa today.

The phrase "African children" contextually refers to black children of ages 0 – 18 and are born of black parents in Africa. The "rearing patterns" are ways in which the children are brought up whether Hausa, Ibo or Yoruba etc. Bundy et al. (2000) carried out a country-side survey in some parts of Africa and their observations reflect that there seem to be no fixed styles for individuals. Instead, parents advance from one parenting style to the other depending on the situation at hand. According to Bandy et al.(2000), there seems to be a preferential treatment still being given to the boy child whilst the girl child is looked down upon as most of the home chores observed were rather gender stereotyped. It seems many Africans still think that the place of the girl child should be motherly and remain in the home whilst the boy-child is exposed to the adventurous external environment. To educational psychologists, this set up as seemingly militating against the optional development of the child. There seems to be some developmental differentiation in children's intellectual, emotional, social, physical and even pro-social development.

On a positive note, some researchers have, however, observed some positive points in the manner parents rear children in a contemporary African society. Siyakwazi and Siyakwazi (2014) mentioned the use of riddles, aphorisms, proverbs and traditional games as augmenting the socialization process within rural families. According to these scholars there is an increase in socialization agents in the form of local and international television programmes in some rural and semi-urban sections of Nigeria. Therefore, child rearing seems to be taking a multi-faceted approach where the used-to-be traditional parenting styles are being diluted and harmonized by some westernized parenting styles both operating on a continuum. Durojaiye (1990) cited in Chinyoka (2014) states that the African child-rearing practices are of educational value, given the attitude with which a child is received when born and the way the child is brought up in the early years. He asserts that:

> A child is born into a warm, affectionate and welcoming culture where he is completely accepted regardless of economic or domestic strains in the family at the time of this arrival. In the early months of life, the child receives the constant attention of his mother, grandmother and other members of the extended family (p.22).

Experience has shown that it is these tender times that an African child receives the greatest attention. As the child grows older, the three distinct child-rearing practices mentioned earlier on begin to show and a child has to show compliance depending on which parenting style is being emphasized. Mwamwenda (2010) advises teachers to select positive aspects to be emphasized and negative ones to de-emphasize when a child comes to school.
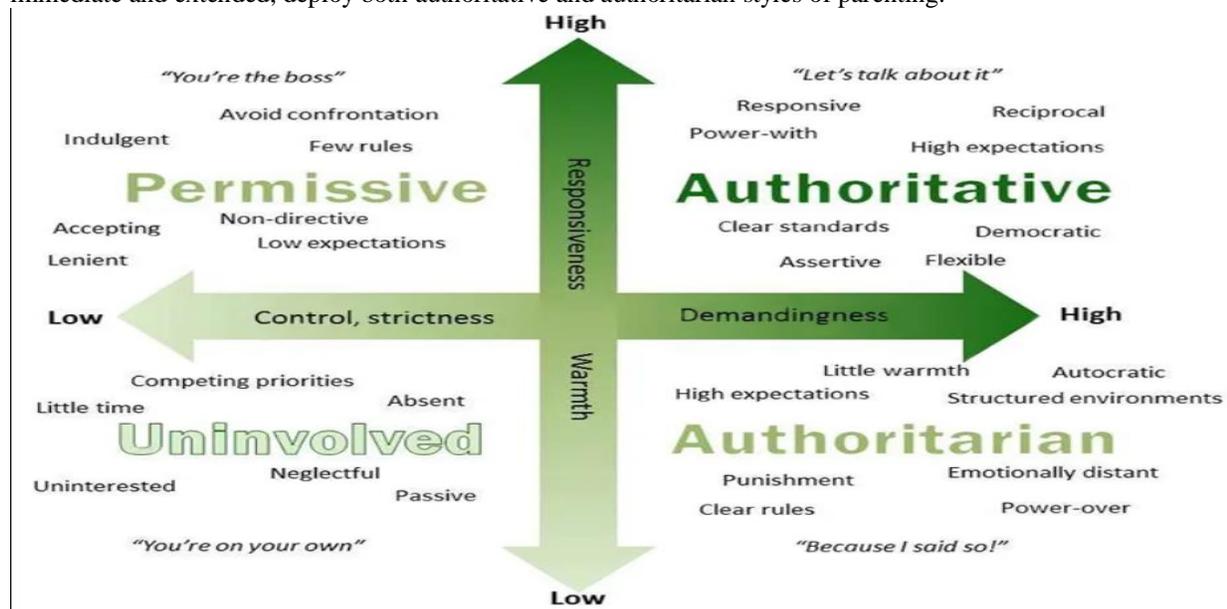
Drug Addiction Theories

Drug addiction theories as described by McKim (2013) with three models of why people become addicted to drugs, or engage in substance abuse to use the modern terminology. These models include the disease model, the physical dependency model and the positive reinforcement model. The disease model claimed that at one time people with problems associated with alcohol or other drugs were regarded as sinners or criminals, and any help they might

receive came via the courts or the church. Towards the end of the 19th century the medical profession began to use the word addiction as both an explanation for, and diagnosis of, excessive drug use. This idea was formalized in the 1950s when the World Health Organization (WHO) and American Medical Association (AMA) classified alcoholism as a disease. One consequence of this change in attitude is the notion that the addict is not in control of their behaviour, that they require treatment rather than punishment. One problem with the disease model is that it does not clarify how one catches this disease. The presence of withdrawal symptoms led to the idea that the avoidance of withdrawal symptoms was the reason people continued to self-administer drugs.Drug addiction theories fails to explains how drug addiction mothers or parents involved in child rearing practices, subsequently the affected mothers' behavior towards up-bring of their children.

Diana Baumrind's Pillar Theory
Diana Baumrind's Pillar Theory (1960) emphasizes a child's behavior is associated with parenting styles as they grow and interact with new people. Parenting styles have always been perceived to be a major factor in children's development. This framework utilizes that there are universally four styles of parenting, namely; permissive, authoritative, neglective and authoritarian. While the African norms and culture demanded that parents, both immediate and extended, deploy both authoritative and authoritarian styles of parenting.

Diana Baumrind's Pillar Theory only emphasizes parental style but fails to indicate which categories of parental style is related to drug addiction mothers. Since mothers addictions to drug will surely change their moral style of living and subsequently the child rearing practices.

Reasons and Consequence of Substance Abuse in the society
Almost everyone, directly or indirectly, comes in contact everyday with drug use or abuse. The drug scene is a varied one that includes licit and illicit drugs, street drugs, prescription drugs, over- the-counter drugs, drugs for pleasure, and drugs to ease pain. Drugs are used for a variety of reasons. The pharmacological action of a drug, the mind-set of the user and the setting are among the factors that determine how an individual will respond to the drugs. People give many reasons for using all kinds of psychoactive drugs. Hallucinogens (like LSD and marijuana) are especially appealing to people who believes such substances can help them achieve a better understanding of themselves or who hope to enhance themselves energetically. Other people use these and other psychoactive drugs hoping to avoid the feeling of powerlessness and ineffective in a complicated world.

Other reasons for drug use, misuse or abuse includes desire for physical satisfaction; physical relaxation; relief from sickness; desire for more energy; desire to stimulate the senses; sexual stimulation; relief from psychological problems; relief from bad moods; relief from anxiety; to gain peer acceptance; to solve personal problems; to promote social change; to escape boredom; to study better and to improve creativity. Availability of the drugs is one of the factors responsible for substance abuse. Market is readily available. In Nigeria, the drug business is one of the

most profitable, which make marketers and abusers hard to quit the circle. A number of effects of substance abuse were established by a number of researches. Physical effects of substance abuse include liver cirrhosis, pancreatic, peptic ulcer, hypertension, neurological disorder, tuberculosis, etc. Also, mental effects consist of retardation, growth deformity, nervous system deficiency, delayed motor development, amnesia and dementia among others (Mba, 2008). The various consequences of drug addiction or drug abuse are so devastating and very shameful to the extent that both the nation and international organizations all over the world are also worried about the spread of this scourge among the youths.

The consequence of substance abuse in the society are as follows: Mental disorder, social violence, gang formation, cultism, armed robbery, 419 syndrome, internet frauds, social miscreants (area boys and girls) lawlessness among youths, lack of respect for elders, rape, loss of senses, instant death and wasting of precious and innocent lives and many more (Dankani, 2012).

Children of Drug Addicted Mothers
The negative consequences of having one or both parents with a Substance Use Disorders ranges from covert damage that is mild and may play out when a child or adolescent is having difficulty establishing trusting relationships with people, to being overly emotionally responsible in relationships and taking on adult roles much younger than developmentally appropriate. An even more severe impact can begin with maternal intervention and often ongoing and social and mental health services. Social workers can help by encouraging their clients who abuse substances to use precautions to prevent pregnancy and providing education about the risks of maternal drug use on the developing fetus. Stigmatization by the community members is another major impact on children of drug addicted parents, growing up as politically disadvantaged due to the history of stigmatization and possible delinquencies, being suicidal and aggressive, suffers from anxiety and has higher chances of becoming drug addicts.

Nexus between Parental Substance Abuse and Child Abuse/Neglect
A parent with substance use disorders is 3-times more likely to physically or sexually abuse his/her child and such child is more than 50% likely to be arrested as juvenile, and 40% more likely to commit a violent crime (USDHHS, 1996). Children who have experienced abuse are more likely to have the externalizing disorders such as anger, aggression, conduct, and behavioral problems whereas children who experience neglect are more likely to have internalizing disorders (depression, anxiety, social withdrawal and poor peer relations). Incest has a very high association with parental substance abuse as do all types of sexual abuse. About two thirds of incest perpetrators report using alcohol directly before the offending incident (USDHHS, 1996).

Although active substance abuse can impair attachment and healthy modeling for effective regulation, sometimes the consequences of severe and ongoing substance abuse on the part of a parent can result in parent and child separation. This separation could be because of parental incarceration, long-term treatment or an intervention on the part of child protective services that removes the child from an unsafe or high-risk home environment and places him or her in an out-of-home placement such as foster care, relative placement, or a group or residential home. In extreme cases, the separation may be due to the substance-related death of the parent from overdose, motor vehicle accident, or medical complications due to substance abuse.

The significant increase in out-of-home child placements in the 1980s and 1990s closely paralleled the pandemic drug addiction in the United States during those decades (Jaudes & Edwo, 1997). Any long-term separation will have a negative impact on the child's ability to attach, regulate, affect, and can lead to a trauma response of numbing or hyper arousal (inability to discriminate and respond appropriately to stimulus). These impairments in the psychological emergency response system are directly related to, and substantially increase, subsequent traumatic victimization. Maltreated children of parents with a Substance Use Disorders are more likely to have poorer physical, intellectual, social, and emotional outcomes and are at greater risk of developing substance abuse problems themselves (USDHHS, 2003). Social workers can help by using trauma-informed, attachment-informed, and systems-based approaches to direct practice in individual therapy and family therapy with special attention to multigenerational trauma and substance abuse.

The role of the social worker may include providing in-home therapy supporting parents in being more effective with parental supervision, providing structure, and facilitating healthy caring communication. Social workers may serve on multidisciplinary teams to advocate for a child who is adjudicated, abused, and/or neglected. In addition,

social workers may provide expert testimony in courts and participate in permanency planning for children in out-of-home placements. Lastly, social workers play an essential role in specialized courts (family courts, mental health courts, adult drug courts, and juvenile drug courts), providing a unique person in environment and multi-systems lens to helping children and families. Specialized drug courts have been shown to produce favorable outcomes for the whole family (Burns, Pullman, Weathers, Wirschem, & Murphy, 2012).

Conclusion
It can be concluded that parents addicted to drug are far more neglective in the discharge of their roles as parents in most part of the day leaving their children to handle themselves or seek the assistance of neighbors or unknown persons (strangers) whose chances of providing for the needs of these children is far less than enough. However, children from parents who abuse drugs battle with depression due to societal demands and expectations from them around socio-economic issues like spouse selection, lack of self-esteem, and stigmatization.

Suggestions
The following are the suggestions proffered in order to arrest the ugly situation in the society:
1. There is the need to create a means of denial on the accessibility and availability of drugs, by hunting down drug cartels, drugs peddlers.
2. The government, NGOs, Advocacy groups and other concern bodies should stage awareness and sensitization campaigns to stamp out the urge for drug use and abuse by continually stressing on the consequence of drug abuse.
3. The government should also setup programmes and functional rehabilitation centres for drug addicts/users.
4. Religious scholars such as Imams should lend a helping hand by preaching against the use of hard drugs, especially among the parents.

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