

Prevalence of Drug Addiction among Retired Civil Servants in Benin Metropolis: Implications for Counselling

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Abstract

This study examined the prevalence of drug addiction among retired civil servants in Benin Metropolis. 150 respondents, representing 5 percent from a population of 3,014 civil servants, were purposively selected from the three Local Government Areas that make up Benin Metropolis. Survey research design was adopted for the study. To guide the study, two hypotheses were formulated and tested at 0.05 level of significance. A questionnaire titled Prevalence of Drug Addiction among Retired Civil Servants (PDARCS) was used for data gathering. The reliability of the instrument was established using test retest reliability and a co-efficient of 0.81 was obtained. The data collected were analyzed using mean, standard deviation and t-tests. The findings revealed that drug addiction was more prevalent among female retired civil servants than their male counterparts. Also, there was significant difference in the prevalence of drug addiction among retired civil servants based on educational status. This paper recommended that dissemination of information on drug use and addiction, causes and prevention should be vigorously carried out in places where retired civil servants are found.

Keywords: prevalence, drug, addiction, civil, servants, counselling, dysphasia

Introduction

Life after retirement and withdrawing from active service may entail planning, adopting and implementing strategies to ease the pain and problems associated with life; because the implication of not preparing for retirement may result in unhappiness, dejection, regrets and inability to contribute positively to the society. It appears civil servants have been exposed to drugs as a way of combating problems such as unpreparedness for retirement financially, psychologically or emotionally, non-payment of their gratuity and pension by Government, ill health among others. According to Umame, Aidonojie and Obiyan (2015), retirement in the public or private organization is an official and formal ending of a work life. It is a transition from active involvement in the world of work to active world of leisure. However, the concept of retirement may mean different things to different people. While some workers await it

with happiness, others associate retirement life with boredom, economic suffering, ill health and death. Awosusi (2011) asserted that retirement is the longest vacation and it is a pleasurable experience; Adedokun (2010) identifies various sources of retirement as including voluntary retirement, involuntary retirement, lay-offs, flexible retirement, redundancy, discharge of staff, termination of appointment, separation and dismissal.

Ali (2014) postulated that there are three forms of retirement namely: voluntary, compulsory and mandatory retirement. The voluntary or self-retirement arises when the individual decides to quit active service for personal reasons irrespective of age, experience, length of service or retirement policies. This type of retirement decision depends more on the employee than the employer. The second type of retirement is the compulsory or forced retirement. This is a situation beyond the individual's anticipation and happens mostly when he or she is ill-prepared for it. It is usually viewed negatively because it is unplanned and reasons might include inefficiency, old age, and rationalization in work force (Inaja, 2013). The third type, mandatory retirement is normal, in the sense that the person involved has reached the statutory age of retirement and have annexed their resources for the development of an effective and stress-free post retirement lifestyle. In Nigerian public sector, workers are expected to quit service at the statutory age of 60 or 35 years of service, and begin to receive monthly pensions afterwards.

Oniye (2015) noted that retirement from work often create a lot of problems for retirees. These problems range from sudden loss of income, financial insufficiency and anxiety, deteriorating health conditions, anxiety about suitable post-retirement accommodation to problem of learning new survival skills for post-retirement life. According to Fapohunda (2013), addiction is an uncontrollable habit of using drugs, such as alcohol, pleasurable and engaging excessively in the behaviour as a way of coping with life. Drug addiction is a complex behavioural problem and people addicted to drugs experience compulsive, sometimes uncontrollable, craving for their drug of choice (Garba & Mamman, 2014).

Education helps people to learn skills and develop perceptions of risk and essential information about health that can educate them about the serious health implications of using drugs. Awosusi (2011) in his study in Zealand which included over 30,000 men and women aged 20-93, measured schooling level, smoking, alcohol use and obesity. This study found that those with high level of schooling were most frequently heavy smokers, drug addicts and the most physically inactive. In contrast, Garba and Mamman (2014) reported that nearly half of all clients in treatment for alcohol or drug addiction in Africa Gulf of Guinea never went to school or only completed primary

school. These results suggest that educational status may have no influence on those who abuse alcohol and drugs.

According to Taylor (2008), addiction is characterized by:

- Inability to consistently abstain from the substance or rewarding experience (drugs)
- Impairment in behavioural control
- Craving for the substance or rewarding experience
- Diminished recognition of significant problems with the behaviour and interpersonal relationships
- A dysfunctional emotional response

The addictive behaviour may cause problems for the individual, or those around him. The addict may continue to engage in the act despite the trouble it causes him/her.

The study carried out by Marks (2008) on drug use revealed that drug addictions limit peoples' individuality and freedom. He reiterated that when people are addicted, their enjoyment often become focused on carrying out the addictive behaviour and relieving withdrawal, rather than the full range of experiences which form the person's full potential for happiness. However, the harm caused by addiction is particularly difficult to recognize when the addiction is the person's main way of coping with problems. Sometimes other problems may be directly related to the addiction, such as health problems. Addiction may only be recognized when the addicted person goes through a crisis. This can happen when the behaviour is taken away completely and the person goes into withdrawal and cannot cope.

According to Awosusi (2011), behavioural manifestations of drug addiction include:

- Increased time using or recovering from drug effects
- Continued use in spite of persistent problems
- A narrowing of focus on rewards linked to addiction
- An inability to take steps to address the problems

Awosusi (2011) further affirmed that prolonged drug use causes a chemical change in the brain of the addict and alters the brain's reward system that prompts compulsive drug seeking in the face of growing negative consequences. Therefore, the reason people engage in activity and become addicted is either to achieve a feeling of euphoria or to relieve an emotional discomfort, dissatisfaction, anxiety, or restlessness. It also appears that when people take drugs, or participate in other drug related reward-seeking behaviour (such as gambling, eating, or having sex), they experience a 'high' that gives them the reward or relief they are seeking. This 'high' is the result of increased activity in the brain. But after the 'high' they experience, there is a rebound which causes the reward function of the brain to drop below the original normal level. When the activity is repeated, the same level of euphoria or relief is not achieved; and

the person never really get as high as he did the first time. Rather than return to "normal," the person reverts to a deeper state of dysphasia. When becoming addicted, the person increases the amount of drugs, alcohol, or the frequency of the addictive behaviours in an effort to get back to that initial euphoric state. Sad enough, the person ends up experiencing a deeper and deeper involvement as the brain reacts to the cycle of intoxication and withdrawal. The addicted person therefore finds him/herself compelled, despite his/her own intentions to stop, to repeat behaviour that are no longer rewarding in order to try to escape an overwhelming feeling of being ill at ease but find no relief.

According to American Society for Addiction Medicine (ASAM, 2018), addiction is no longer solely a function of choice but a miserable place to be, for the addict and for those around him. Addiction can become a chronic illness, causing relapses similar to relapses that can happen with other chronic diseases, such as diabetes, asthma, and hypertension, when patients fail to comply with their treatment. These relapses can occur even after long periods of abstinence. American Society for Addiction Medicine (ASAM, 2018) further reiterated that, "Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death."

Studies on sex differences in drug addiction by Blanco, Hanania, Petry, Wall and Wang (2006) suggest that there are some basic biological differences between females and males that influence how each responds to drugs or engages in addictive behaviours no matter the circumstance. Study carried out by Fausto-Sterling (2012) on sexing the body of Gender and Genitals in New York, revealed that addictions and consequences of addictions differ by biological sex and also by gender. In the same way, Becker and McClellan (2016) in their study on sex differences, gender and addiction reveal that women become addicted to drugs more rapidly than men.

It appears some retired civil servants are drug addicts; one may therefore wonder why this is so. A lot of studies have been done on various aspects of retirement of workers but none among the literature available to the researchers has treated prevalence of drug addiction among retired civil servants in Benin Metropolis on the basis of gender and educational status hence this study. There is therefore the need to find out the prevalence of drug addiction among retired civil servants in Benin Metropolis; this is the gap this study sought to fill.

Research Questions

1. What is the level of prevalence of drug addiction among retired civil servants in Benin Metropolis?
2. Is there any difference in the prevalence of drug addiction among retired civil servants in Benin Metropolis on the basis of gender?

3. Is there any difference in the prevalence of drug addiction among retired civil servants in Benin Metropolis on the basis of educational status?

Hypotheses

Ho1: There is no significant difference in the prevalence of drug addiction among retired civil servants in Benin metropolis on the basis of gender.

Ho2: There is no significant difference in the prevalence of drug addiction among retired civil servants in Benin metropolis on the basis of educational status.

Methodology

Descriptive survey design was adopted for the study and a sample size of 150 respondents comprising 75 males and 75 female retired civil servants were drawn from a population of 3,014 retired civil servants in Benin Metropolis. The respondents were purposively drawn from the three local government areas (Oredo, Egor and Ikpoba Okha) in Benin Metropolis which include males and females, graduates and non-graduates retired civil servants. An instrument titled “Prevalence of Drug Addiction among Retired Civil Servants (PDARCS)”, developed by the researchers, was used for data collection. The instrument was made up of two sections A and B. Section A was used to elicit the demographic variables of the respondents in terms of gender and educational status while Section B elicited information on prevalence of drug addiction among retired civil servants in Benin Metropolis. The instrument, Prevalence of Drug Addiction among Retired Civil Servants (PDARCS), contained twenty (20) items which were responded to on a four point modified Likert Scale of Strongly Agree (4), Agree (3), Disagree (2) and Strongly Disagree (1) for the positively keyed questions while the reverse was for the negatively keyed items. This gave a maximum of 80 marks and a minimum of 20 marks. The researcher established the reliability of the instrument using test-retest method and a reliability co-efficient of 0.81 was obtained. Mean, independent t-test, Standard Deviation were used to analyze the data collected.

Presentation of results

Research question 1: What is the level of prevalence of drug addiction among retired civil servants in Benin Metropolis?

Table 1: Mean and rank order of prevalence of drug addiction among retired civil servants in Benin Metropolis

Item No	Items	Mean score	Rank
1	I use drugs for health reasons	3.01	8 th
2	I can hardly live a day without drugs	3.96	2 nd
3	Drugs help me keep up with my daily activities	3.55	4 th
4	All my drugs are prescribed by a Doctor	2.92	9 th
5	I sometimes take drugs without Doctor's prescription	3.40	6 th
6	I have had to use drugs every day since I retired	3.97	1 st
7	I struggle with depression when I do not use drugs	3.52	5 th
8	Pain becomes unbearable when I do not use drugs	3.64	3 rd
9	Drugs use help me to overcome stress	3.27	7 th
10	I have never had to use drugs since I retired	2.12	10 th

Table 1 indicates the mean and rank order of items on the prevalence of drug addiction amongst retired civil servants in Benin Metropolis. There are 10 items on this section of the questionnaire. Item 6 ranks 1st with a mean of 3.97. The items indicated that many retirees have had to use drugs every day since they retired. Items 2 and 8 ranks 2nd and 3rd respectively showing that retirees can hardly live a day without drugs and that they use drugs mostly to overcome pain. These indicate that drugs addiction is very prevalent among retirees in Benin metropolis.

Research question 2: Is there any difference in the prevalence of drug addiction among retired civil servants in Benin Metropolis on the basis of gender?

Ho1: There is no significant difference in the prevalence of drug addiction among retired civil servants in Benin Metropolis on the basis of gender.

Table 2: Independent t- test of the prevalence of drug addiction among retired civil servants in Benin Metropolis on the basis of gender

Variable	N	Mean	SD	df	t-cal	t-cri
Gender						
Male	75	2.56	.862	148	4.16	1.96
Female	75	3.28	.626			

*=p<.05

Table 2 showed that male retired civil servants had lower mean than female retired civil servants. The t-cal of 4.16 is greater than the t-critical value of 1.96 at 0.05 level of significance. This result showed that drug addiction is more prevalent among female retired civil servants than their male counterparts. The null hypothesis was rejected which further confirms that there is significant difference on the prevalence of drug addiction among retired civil servants in Benin Metropolis based on gender.

Research question 2: Is there any difference in the prevalence of drug addiction among retired civil servants in Benin Metropolis on the basis of educational status?

Ho2: There is no significant difference in the prevalence of drug addiction among retired civil servants in Benin Metropolis on the basis of educational status.

Table 3: Independent t- test of the prevalence of drug addiction among retired civil servants in Benin Metropolis on the basis of educational status

Educational Status	N	Mean	SD	df	t-cal	t-cri
Graduates	75	56.38	8.18	148	1.14	1.96
Non-Graduates	75	52.60	8.29			

Table 3 indicated that, graduate retired civil servants had the mean of 56.38 while the mean for non-graduates was 52.60 which shows that drug addiction is more prevalent among retired graduate civil servants than their non-graduates counterpart. The calculated t-value of 1.14 is less than the critical t-value of 1.96 at 0.05 alpha level. This therefore confirms that the null hypothesis which states that there is no significant difference in the prevalence of drug addiction among retired civil servants in Benin Metropolis based on Educational status is accepted.

Discussion of the findings

The analysis of the research question revealed that retirees are prone to and may be addicted to drugs. This is mostly because of the ill health associated with aging and the need to alleviate the pain that comes with these ailments.

The result of the analysis for hypothesis one revealed that there is significant difference in the prevalence of drug addiction by retired civil servants in Benin Metropolis based on gender. This is because the calculated t-value of 4.16 was greater than the critical value of 1.96 at 148 degree of freedom and 0.05 alpha level. This means that drug addiction was more prevalent among females than male retired civil servants in Benin Metropolis. This result agrees with the study on gender and sex differences in drug addiction by Blanco, Hanania, Petry, Wall and Wang (2006), which revealed that there are some basic biological differences between females and males that influence how each respond to drug abuse and engage in addictive behaviours. Study carried out by Fausto-Sterling (2012) in America also revealed that addictions and consequences of addictions differ by biological sex and also by gender. Becker and McClellan (2016) in their study on sex differences, gender and addiction also supports the findings that women are more addicted to drugs than men. These findings may be attributed to the fact that women are naturally predisposed to ill health ranging from menstrual pain, pregnancy, delivery and post-delivery issues, hypertension, menopausal age and other issues which may require the females to frequently take drug that may lead to drug addiction.

The result of the analysis for hypothesis two revealed that there is no significant difference in the prevalence of drug addiction among retired civil servants in Benin Metropolis on the basis of educational status. This is because the calculated t-value of 1.14 was less than the critical value of 1.96 at 148 degree of freedom and 0.05 alpha level. This means that there is no significant difference in the prevalence of drug addiction by retired civil servants in Benin Metropolis on the basis of educational status. This goes to reveal that graduate or non-graduate retired civil servants can be addicted to drugs. This finding is in consonant with the study carried out by Garba and Mamman (2014) on addiction in Africa Gulf of Guinea and reported that nearly half of all clients in treatment for alcohol or drug addiction never went to school or only completed primary school. These results suggest that educational status may have no influence on those addicted to drugs. In contrast, Awosusi (2011), in a study in Copenhagen of over 30,000 men and women aged 20-93, measured schooling level, smoking, drug and alcohol use in relation to drug addiction. This study found that those with high level of schooling were most frequently heavy smokers and drug addicts. The difference in the findings may be attributed to the fact that the use of drugs is not determined by educational status [graduate or non-graduate). However, majority of civil servants who are addicted to drugs may have done so as a strategy to combat or

cope with the ills they experience in their new status as retirees. People who do not have high level of education (non-graduates) may not go on to be drugs and alcohol addicts because taking to drugs may be due to unpreparedness of the individual for retirement or simply a question of choice, since all humans are liable to ill health and stress no matter the educational status. Also, everyone is unique and have different personality, react to stress differently and have preference for different things whether drugs or otherwise.

Implications for counselling

The findings of this study have some implications for counselling. Counselling as a profession is a helping relationship that cuts across the needs of persons in all age categories. As identified in this study, even retirees have peculiar concerns that counsellors must find ways to help them overcome. Understanding that retirees can be predisposed to drug addiction makes it easier for counsellors to be more directional in helping retirees overcome the challenges they may be exposed to, especially drug addiction. With this knowledge, counsellors are able to identify retired civil servants who are likely to be addicted to drugs for any reason and help negotiate for rehabilitation for them. Counsellors, in helping retirees overcome drug addiction can make effort towards creating awareness on the ills of drug addiction on mass media, churches, pension boards, markets and other public places where retired civil servants are mostly found.

Conclusion

The study investigated the prevalence of drug addiction among retired civil servants in Benin Metropolis. The conclusion drawn from the study is that drug addiction is more prevalent among female retired civil servants than their male counterparts. Also, both graduate and non-graduate retired civil servants are addicted to drugs.

Recommendations

It is recommended that:

1. Government should pay retired civil servants their pension and gratuity as and when due.
2. Emphasis should be placed on women education especially as it relates to drug addiction.
3. Dissemination of information on drug use and addiction, causes and prevention should be vigorously carried out by government, NGOs and counsellors through mass media, jingles, churches, markets, pension boards and other public places where retired civil servants can easily be found.
4. All local government authorities should set up rehabilitation homes for drug victims in their local government areas.

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