

## RESEARCH ARTICLE



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# Drug addiction and marital conflicts: Exploring the experiences of drug-addicted wives in Abuja, Nigeria

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## Abstract

Recent studies have shown that women now abuse drugs as much as men. Women even abuse certain kinds of drugs more than men. There is strong evidence that some married women also engage in drug abuse. However, few studies have explored the experiences of drug addicted wives in Nigeria in relation to marital conflicts. In this study, the experiences of drug addicted wives were explored in relation to marital conflicts in Nigeria using a phenomenological research design. A total of 18 married women participated in the study. They were purposively selected from a socially disadvantaged neighborhood of Batcher Estate, Gwarinpa, Abuja, Nigeria. In-depth interviews (IDI) were used to collect data from the participants. Data were analyzed using content analysis. Two major conclusions were drawn from the study. Drug addiction may cause marital conflicts and vice versa. However, wives abusing drugs without the consent of partners or husbands were more likely to report marital conflicts than those

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abusing drugs with their partners' consent. Two groups of drug abusers were also discovered: those who were initiated into drug abuse/addiction prior to marriage and those who started taking drugs after marriage. Factors influencing drug abuse/addiction were complex and comprised a combination of psycho-social and environmental issues. Access to substance-use disorder (SUD) treatment was, however, impeded by poor knowledge, stigma and shame. Improved access to treatment is an important asset in minimizing drug abuse among married women and its impact on marital conflicts.

## 1 | INTRODUCTION

Globalization is impacting drug trading and drug abuse all over the world (Affinnih, 2002). Drug cartels have facilitated the production, distribution and marketing of illicit drugs globally (UNDCP, 1999). Drug abuse has, thus, emerged as one of the global social problems threatening our collective human existence as there are no less than 5.5% of the global population, aged between 15 and 64 years, currently abusing one form of drug or the other (UNODC, 2019). Drug abuse is the use of illegal drugs or excessive use of legal drugs with dire consequences on the abusers and the society at large; it triggers physical and mental health challenges in the abusers; distorts family peace, unity and cohesiveness and destabilizes the social fabrics of the society. Drug abuse escalates other social vices such as insecurity, violence against women and teenage pregnancy (King & Chassin, 2014). It fuels corruption, terrorism, organized crime and illicit financial flows on a global scale (UNODC, 2017).

Nigeria is one of the epicenters of drug abuse in Africa, and indeed, the world. Nigeria's drug prevalence rate is alarming, with a 15% prevalence rate, almost tripling the global prevalence rate of 5.5% (NDLEA Today, 2021). The prevalence rate of drug abuse is, however, higher among the youths. It is as high as 20%–40% among the youths (Jatau et al., 2021). Tobacco, alcohol, cocaine, heroin, diazepam, amphetamine and codeine are among the most commonly abused drugs among the youths in Nigeria (NDLEA Today, 2021). Cannabis is now packaged in the form of cookies, cakes, sweets and tablets to deceive the general public (NDLEA Today, 2021). There is also the abuse of non-conventional substances such as hydrogen sulfide gas (sewer gas), shoe polish, “suck-away” and Premium Motor Spirit (PMS). Most of these chemicals are sniffed “in order to get high” (Aliyu et al., 2015).

Several factors are responsible for the high prevalence and popularity of illicit drugs among the youths in Nigeria. One of them is the type of music and video young people are exposed to. Drug abuse among Nigerian youths may have been fuelled and escalated by popular hip-hop music and their videos. Lyrics and videos from hip-hop music super-stars like *Zaazu*, *Olamide* and *Naira Marley* are loaded with drug abuse messages and this is fuelling the acceptance of illicit drugs among the youths. Some studies have shown that artistes have the capacity to influence their consumers' behaviors through their music and videos (Christopher, 2013). Most

Nigerian hip-hop music is laced with drug-related messages and motivations which have, directly or indirectly, contributed to the prevalence of drug abuse among the youths. Some Nigerian youths proudly and openly take drugs for pleasure, sex, partying and violence. Primack et al. (2008) reported a connection between the 93 songs they reviewed and drug abuse among lovers of such music in the United States. They found that drug use was commonly associated with partying (54%), sex (46%), violence (29%) and/or humor (24%).

Reports have also shown that substance-use disorders (SUDs) are on the rise in Nigeria. SUD is a chronic, relapsing disorder characterized by compulsive drug seeking and continued use of drugs in spite of their harmful consequences with long-lasting impact on the brain (NIDA, n.d.). Addiction is seen as the most severe form of SUD caused by repeated misuse of a substance or substances (NIDA, n.d.). The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) describes SUD using 10 or 11 diagnostic criteria. According to the manual, those who meet two or three criteria are considered as having a “mild” SUD. Those with four or five are considered as having “moderate” SUD while those who meet six or more criteria are regarded as having “severe” SUD. These diagnostic criteria include taking larger amounts of drugs or for longer than was intended, a persistent desire or unsuccessful effort to control substance use, spending a great deal of time in activities to either obtain or use the substance or recover from its effects, craving or having urges to use substance, inability to fulfill major role obligations at work, school or home due to drug use, continuing to use drugs even when it causes disruption in relationships. Others are giving up important social, occupational or recreational activities as a result of the use of the substance, using substances repeatedly even when it puts the individual in danger, continuous use of substance, despite knowledge of the resulting physical or psychological problem, needing more of the substance to get the desired effects of the drugs and, lastly, developing withdrawal symptoms, which can be relieved by taking more of the substance (NIDA, n.d.). The National Drug Law Enforcement Agency (NDLEA) showed that 1 in every 5 people who use illicit drugs in Nigeria suffers from SUD (NDLEA Today, 2021). Reports have shown that more than 70% of mental health-related cases at the Federal Neuropsychiatric Hospital, Aro, Abeokuta, are drug-related (Punch, 2022). The two wards dedicated to drug-related problems at the facility have been filled up, with two additional wards under construction to enable the facility accommodate the increasing number of people with drug-related problems (Punch, 2022).

## 1.1 | Gender and drug abuse

The gender issue has been central to drug abuse discourses. Previous studies have reported a wide gap in drug use and abuse between males and females. For example, a ratio of 5:1 for males to females using alcohol and other substances was reported by Helzer et al. (1991). More than a decade ago, the European School Survey Project on Alcohol and Other Drugs reported that drug abuse ranged from 0.1% among adult females in Sweden compared to 17.3% of young adult males in the United Kingdom (Hibell et al., 2003). Similarly, data from the National Epidemiologic Survey on Alcohol and other related conditions showed that men were 2.2 times more likely than women to abuse drug and 1.9 times more likely to have drug-dependency problems (Hasin et al., 2007).

However, recent studies are beginning to show that the previously wide gap reported between male and female drug abusers is shrinking. Women now have the tendency to abuse drugs just like the men. In fact, women are increasingly becoming more likely to abuse certain

kinds of drugs than men. Examples of drugs commonly abused by women are non-medical prescription drugs like tranquilizers, anti-depressants and narcotic analgesics (Simoni-Wastila et al., 2004; National Advisory Committee on Drug (NACD), 2010). A National Survey on Drug Use and Health revealed that 8.4 million females aged 18 and above now misuse prescriptive drugs in the United States (Centre for Behavioral Health Statistics and Quality, 2017).

Generally, drug abuse among women is caused by multiple factors. For example, a relationship has been established between drug use, beauty, seduction, professional success and wealth, particularly among wealthy women, including celebrities, as a result of which a number of them have reportedly died from drug overdose (Martins et al., 2008). Some studies have linked drug abuse among women to the psychological appeal of the media (Greenfield et al., 2010) while others found that family troubles, poverty, marital negligence and breakups predispose women to drug abuse (Roustit et al., 2007).

Unfortunately, drug abuse has increased drug-related complications among women. Women who abuse drugs may suffer more from its negative consequences than men. A particular study found a higher risk of physical and mental health challenges for women drug users than men (Greenfield et al., 2010). Another study found that women who consume high doses of alcohol are likely to report liver cirrhosis, breast cancer and gastric ulcers (Canadian Community Health Survey, 2000). Pregnant women who drink alcohol or smoke substances put their unborn babies at risk of developing fetal spectrum disorder, including mental retardation (Chiriboga, 2003). Women who inject drugs are more likely to engage in high-risk sexual behaviors than men who inject the same amount of drugs, which may further complicate the risk of acquiring HIV/AIDS among other sexually transmitted infections (UNODC, 2019). Poole and Dell (2005) reported that a woman with a drinking or drug problem is prone to incest and other sexual violations. Indeed, women who abuse alcohol have death rates of 50%–100% higher than men with the same alcohol use patterns (Albrecht, 2008). Other studies have revealed that married women who abuse drugs are more likely to report marital conflicts and instability than those who are not abusing drugs (Mason, 1991). At the transition to marriage, both husbands and wives who had drug issues experienced lower levels of marital satisfaction compared to other couples (Homish et al., 2008).

## 1.2 | Government's reaction

The Nigerian government has consistently responded to the threat posed by illicit drug trade and drug abuse in Nigeria through the NDLEA, which is saddled with the responsibility of enforcing laws against the cultivation, processing, sale, trafficking in and use of hard drugs. The agency is also charged with the responsibility of investigating persons suspected to have dealings in drugs and other related matters using military strategies. The agency has offices across the six geo-political zones in Nigeria. Since its establishment in the 1980s, the NDLEA has made several arrests and prosecuted both low and high profile cases. The success rates recorded by the agency have been widely acknowledged by international organizations such as the UNODC (NDLEA Today, 2021). In addition to military operations, the NDLEA, through the Directorate of Drug Demand Reduction is also entrenching anti-drug culture in the society by routinely organizing seminars, workshops and sensitisation campaigns across the country under the Drug Abuse Preventive Education (DAPE) programmes. The Directorate also interfaces with relevant agencies, specialist treatment centres and non-governmental organizations (NGOs) to rehabilitate drug users, rectify drug-seeking behaviors, instill better coping mechanisms and teach important relapse prevention skills.

However, despite these achievements, drug abuse is still on the rise in Nigeria as there are no less than 14 million Nigerians who abuse one form of drug or the other (NDLEA Today, 2021). Of this, 10.6 million use Cannabis while 4.6 million are addicted to tramadol (NDLEA Today, 2021). Unfortunately, a significant number of these abusers are women. In fact, 1 out of every 4 individuals using drugs in Nigeria is a woman (Emenyonu, 2022). More women, than men, are injecting opioids and tranquilizers in Nigeria and many of them exhibit different shades of SUDs (UNODC, 2018). Tobacco smoking ranged between 2.2% and 10% for females in Nigeria (Oyewole et al., 2018).

While drug abuse has been reported in all parts of Nigeria, a 10% annual prevalence rate has been reported in north-central Nigeria. This is equivalent to 1.5 million past users (UNODC, 2018). Among the 1.5 million past users, about 26% reside in Abuja, of which 41% were women. Among the 41%, 49% were married, thereby raising a serious concern among policymakers (UNODC, 2018). A former Minister of the Federal Capital Territory (FCT) has raised an alarm over the increasing number of women, including married women, abusing drugs in Abuja. He described the scenario as frightening and worrisome, requiring urgent interventions (Otaru & Oladimeji, 2018). While some empirical studies have examined the prevalence and causes of drug abuse among women in general (Adegoke, 2021; Namadi & Haruna, 2019), fewer studies exist on the lived experiences of married women on drugs and how they affect marital life (Adenugba & Okeshola, 2018). It is against this backdrop that this study explored how drug addiction among married women affected marital conflicts in Abuja, Nigeria. Findings from the study provides a baseline data that can trigger evidence-based SUD service provisions among women in Abuja specifically and Nigeria in general.

## 2 | METHODS

### 2.1 | Design

The study relied on the assumptions of the phenomenological research design. Phenomenological research design is a variant of qualitative research methodology which provides an in-depth understanding of the social phenomenon under investigation. It provides an in-depth understanding of human behavior and explains why human beings behave the way they do. It elucidates the lived experiences of a phenomenon or a people and studies the what, where, when, why and how of decision-making (Polkinghorne, 1985). In this design, small samples are used to provide answers to research questions (Polkinghorne, 1985). The phenomenological research design basically sees the participants as co-researchers and tries to understand the essence of a phenomenon by examining the views of individuals who have experienced the phenomenon (in this case, drug abuse). The design helped the researchers to understand the lived experiences of married women using and abusing substances. This was carried out through the use of in-depth interviews (IDI) of small samples of participants (Hycner, 1985).

### 2.2 | Study setting

The study was carried out in a small community called Batcher Estate in Gwarinpa Area of Abuja. Gwarinpa is located in Bwari Area Council of Abuja, North Central Nigeria. Batcher Estate is a typical example of a socially disadvantaged neighborhood located in one of the fastest

growing estate of Gwarinpa Area of Abuja. The neighborhood is said to provide a conducive environment for criminality, particularly drug-related activities. Entering the community of study was made possible through research informants. The informants led the researchers to the community, where people across gender come daily to, among other things, trade substances.

### 2.3 | Study population and sampling procedures

The study population comprised married women who were categorized as “current” and “previous” drug users. Eighteen participants were recruited using purposive and snowballing sampling techniques. Both sampling techniques are examples of non-probability sampling techniques that allow a researcher to choose participants who have rich information about the phenomenon under study to enrich data collection and the outcome of the study (Creswell, 2014). Purposive and snowballing sampling techniques were adopted in the absence of a sampling-frame for the population of study (Aldridge & Levine, 2001). Participants were aged between 18 and 40 years. The criteria for inclusion were that participants must be married women, must previously or currently (as at the time of the study) be on drugs, must be residents of Batcher and must be willing to participate in the study.

### 2.4 | Sources of data

Data for the study were gathered from the primary and secondary sources. The primary data were sourced directly from the participants using relevant qualitative techniques while the secondary data were gathered using bulletins, Newsletters of the NDLEA and other drug-related literature, monographs and manuscripts.

### 2.5 | Data collection

Data for the study were gathered using in-depth interview (IDI) which involve the researcher asking the participants face-to-face questions about the topic of discussion. The IDI involved intensive individual interviews with a few respondents to explore their perspectives on the subject-matter (Boyce & Neale, 2006). The IDI was less structured, enabling the researcher to capture a lot of meaning and depth in both the spoken word and other gestures, which were useful in revealing hidden convictions on the use and abuse of substances. The interview process was recorded with a midget and android phones. Notes were equally taken. Each interview session took approximately 30–40 minutes. Data collection lasted for 47 days. All interviews took place in a conducive environment; interview guides were used to ensure consistency and additional questions were asked to clarify meanings where applicable. Participants were allowed to discuss issues freely, using appropriate examples and gestures. Consequently, the participants genuinely conveyed their experiences with substance use and addiction. They freely took the researchers through their lived experiences. Precautions were taken to ensure that threat to trustworthiness was ruled out before, during and after the study. Toward the end of the data collection process, all the participants attested to the fact that the researchers exhibited the core counseling components of flexibility, rapport-building skills, genuineness,

acceptance and empathy. The principles of trustworthiness are hinged on credibility, transferability, dependability and confirmability (Botma et al., 2010).

## 2.6 | Data analysis

The recorded interviews were analyzed using the Content Analysis Method after the responses were transcribed verbatim and translated. Content analysis ensures a systematic and objective description of written, spoken or visual communication (Berelson, 1952). This was done by reporting the respondents' responses word for word and then identifying specific themes and concepts from the responses. The analysis involved the following steps: identifying and collecting data, determining coding categories, coding the contents, checking validity and reliability and analyzing and presenting results. The objectives of the study were used in determining coding categories and this was done by identifying the key concepts in the research objectives. Then, the contents of the collected data were coded to check if there were elements of the objectives in the responses from the field, after which the validity and reliability were also checked to see whether the responses really gave correct answers to the questions asked and how valid these responses were. Finally, the results were analyzed and presented.

## 2.7 | Ethical consideration

Ethical approval for the study was obtained from the Ethical Review Committee of the Faculty of Social Sciences, University of Ilorin, Nigeria. The researchers explained the objectives of the study to all the participants. All the participants participated out of their free will. They voluntarily signed the consent form to indicate their willingness to participate in the study. The researchers equally protected the respondents from being identified; hence, anonymity and confidentiality of the participants were guaranteed. Pseudonyms were used instead of their real names.

## 3 | RESULTS

### 3.1 | Why married women engage in drug abuse

The multiple factors responsible for the involvement of married women in drug abuse were complex and interrelated. They varied from psychological to socio-environmental factors. Some married women were influenced by a combination of the past, peer influence, partners' pressure, forced marriage, depression, negligence and frustrations. Others engaged in drug abuse out of a desperation to build a strong social network and social capital that could enhance their economic status.

### 3.2 | The environment

Socially disadvantaged neighborhoods (SDNs) are unplanned settlements usually populated by the less privileged individuals in the society. They are characterized by poor infrastructure,

dilapidated and abandoned buildings, as a result of which they become breeding-grounds for the commercialisation and consumption of illicit drugs (Abdullahi & Issah, 2016). A study by Handley et al. (2015) found that neighborhood disadvantage was associated with more marijuana dependence symptoms among the adolescents. This is, however, likely to be most common among the maltreated adolescents. Adolescents who experienced multiple subtypes of maltreatment were at greatest risk for problematic marijuana use in SDNs. This study highlights the importance of multiple levels of influence in risks associated with drug abuse in SDNs, particularly how the drug abuse in the neighbourhood varies by sample age and ethnicity, size of area, the socio-economic status (SES) as well as specific outcome considered and analysis techniques adopted (Karriker-Jaffe, 2011).

Ultimately, the community of study exhibited the characteristics of disadvantaged neighborhoods with unapproved settlements where people of low income reside. In this neighborhood, illicit drugs were easily available and accessible. They were also cheap, depending on the types of drugs. The neighborhood provides easy avenue for buyers and sellers of drugs. Potential buyers know who to contact when in need. Drug sellers may bring drugs to the doorsteps of customers without any hindrance. Some go to the “bunk” to buy it. Women drug abusers whose husbands or partners also consume drugs were assisted to buy drugs by their partners or husbands. *We know who sells what* (“Faith”/34/KII/Batcher, Gwarinpa, Abuja/2022). *Getting drugs is the easiest thing here. We have our contacts. If you want it delivered to your doorstep, no problem* (“Asabe”/23/KII/Batcher, Gwarinpa, Abuja/2022). “Maria” revealed how her husband used to assist her in buying drugs (“Maria”/31/KII/Batcher, Gwarinpa, Abuja/2022). “Monsurat” corroborated this by saying *it is not difficult to get drugs in this neighborhood* (“Monsurat”/36/KII/Batcher, Gwarinpa, Abuja/2022). “Saratu” jokingly said *if you want it right now, it’ll be delivered to you without any delay* (“Saratu”/33/KII/Batcher, Gwarinpa, Abuja/2022).

Bose, however, revealed that drugs were not cheap. She questioned the affordability of drugs. She revealed that there were expensive and cheap drugs, depending on how much one can afford. She submitted that *you can get as small as N200 weed. You may also get as high as N1000 or higher. It depends on your pocket*, (“Bose”/19/KII/Batcher, Gwarinpa, Abuja/2022). Some participants, however, revealed that other buyers used to come from outside to buy drugs in the neighborhood (“Asabe”/23/KII/Batcher, Gwarinpa, Abuja/2022).

### 3.3 | Lack of love and support/abandonment

Lack of parental care, love and support can make a married woman to get initiated into drug abuse, according to some participants. Thirty-three year old Gloria narrated how she came in contact with drugs after losing fatherly love:

... I started taking drugs long before my marriage. That was when my father left us for another woman. Our mom could not handle it and she fell ill. She could not work again and could not pay our school fees. Life became difficult. I got chased out of school. I used to stay at home most time. Family members did not care either. To make ends meet I started doing menial jobs at a tender age to assist my mum. That was where I started transacting sex and doing drugs

(“Gloria”/33/KII/Batcher, Gwarinpa, Gwarinpa, Abuja/2022)



Twenty-five-year-old “Tayo” disclosed how she became a drug user out of frustration. According to her, she was forcefully married to a man she never loved. She narrated how drugs became her escape route:

...I was forced into a marriage I never wanted. After our wedding, I tried to distance myself from him for weeks. It never worked. I hated him. I hated myself. I felt like killing him anytime he had sex with me ... So, drugs became my companion. I was introduced to it by a friend

(Tayo/25/KII/Batcher, Gwarinpa, Abuja/2022)

### 3.4 | Peer influence

Revelations from the participants further confirmed the impact of peer pressure on the initiation of drug abuse. Like *Tayo*, other participants revealed how they came in contact with drugs through friends. A 36-year-old “Monsurat” revealed how she got introduced to drug by a friend:

My friend introduced me to weed after I experienced a break-up in my previous relationship before I later met my new husband. I was depressed. She told me how weed can help me relax my nerves... It did help

(“Monsurat”/36/KII/Batcher, Gwarinpa, Abuja/2022)

Like ‘Monsurat’, ‘Sofiat’ got initiated by her friend too. According to her:

My drug journey started long ago... My friends taught me. Together, we clubbed, danced and took drugs... The drinking was not too often though. I was also smoking with my ex-boyfriend

(“Sofiat”/24/KII/Batcher, Gwarinpa, Abuja/2022)

### 3.5 | Pressure from partners

Pressure from partners may also trigger and sustain drug initiation. “Muna” frankly disclosed that:

Life was difficult when we got married. I knew he was an abuser before we married. But I thought I could change him. But that was a lie. Instead he changed me. He introduced me to drugs. This started when I could not handle him sexually again. He would give me weed to smoke. We do it together. I am doing this for him. Just for him to be happy. Before now, he used to threaten me with divorce... I accepted to drug to save my marriage. If he divorces me, how will I take care of my children? ... I still love my husband. I cannot allow those small, small girls take him away from me (smile). I will do anything to save my marriage

(“Muna”/32/KII/Batcher, Gwarinpa, Abuja/2022)

‘Maria’ further explained how she used to take drugs with her husband too:

I just have to do it to make my husband happy and for him to always be with me when I need him... We do drugs in our backyard or when children are not around. ... Drugs give us strength. It is not easy to go to work and still come back home to do house chores...

(“Maria”/34/KII/Batcher, Gwarinpa, Abuja/2022)

### 3.6 | Drug abuse as a form of networking

Few married women became used to drugs as a form of “networking,” “socializing” or “getting connected.” According to “Agnes”:

Drugs connect you with rich people... Imagine going out with a man doing drugs and you are not. It will be boring. Even though my husband is financially buoyant, I do drug to tag along; to be part of the clique; to make connections. .... I just want to be among friends, ladies doing drugs, and maybe I can get business connection for myself and my husband too. My husband only knows about my cigarette smoking and alcohol but does not know I do hard drugs...

(“Agnes”/32/KII/Batcher, Gwarinpa, Abuja/2022)

Embedded in the above revelations are the intricacies of drug behavior among the married women interviewed. From their submissions, a combination of socio-psychological and environmental factors may influence drug initiation and subsequent abuse among married women. These included peer influence or pressure, husband or partners pressure, lack of parental care and love, anger and frustrations. For some, drug initiation was as a result of emotional and psychological trauma. Kim et al. (2002) confirmed that drug abuse among women may be influenced by negative life experiences, frustration, poverty and many other personal life experiences.

## 4 | COMMONLY ABUSED DRUGS

Free access to conventional substances in the drug market has worsened drug abuse problem in Nigeria (UNODC, 2018). Some of these conventional substances are weed (commonly known as *igbo*), crack, Colorado, Rohypnol, codeine, pills and Roche. In recent times, a new dimension has been added to the drug problem in Nigeria. This has to do with the unrestricted access to non-conventional substances like Premium Motor Spirit (PMS), rubber solutions, nail polish cleaners, pawpaw leaves and “suck-away.” The abusers of these substances consume or sniff them “to get high.” It is, however, most common among the less privileged in the society (Aliyu et al., 2015). However, the most commonly abused substances found in this study were the conventional substances. Table 1 summarizes substances usually abused by the participants:

From Table 1, participants confirmed the submissions of a previous study by Agwogie et al. (2023) who reported a high consumption of drugs among adult women in Katsina State, Nigeria. It also confirms the submission that women inject opioids and tranquilizers in Nigeria (UNODC, 2018).

TABLE 1 Categories of commonly abused drugs.

S/N	Classification	Examples
1.	<i>Stimulants</i> : These drugs increase the activities of the central nervous system (CNS) and behavioral activity. They include cocaine and caffeine.	“I smoke crack. It is an end product of cocaine but cheaper than cocaine. It is accessible.” (Cynthia”/27/KII/Batcher, Gwarinpa, Abuja/2022). “I take crack, Arizona, and Colorado when I want to be extraordinarily active.” (“Agnes”/32/KII/Batcher, Gwarinpa, Abuja/2022)
2.	<i>Depressants</i> : Depressants slow down the activities of the CNS. They include tranquilizers, alcohol, codeine, heroin and cannabis (usually in low doses).	“A small dose of weed makes me depressed” (“Asabe”/23/KII/Batcher, Gwarinpa, Abuja/2022).
3.	<i>Hallucinogens</i> : They alter the sensory and perceptual experience of the abusers. A good example is cannabis, usually in high doses.	“Cannabis messes with my brain. It makes me hungry. After taking some few days ago, I came back home vomiting. I did not know when I slapped my husband; locked myself inside... my son recorded the scene....” (“Temilade”/28/KII/Batcher, Gwarinpa, Abuja/2022).
4.	<i>Sedatives</i> : These are Sleep-inducing substances that tend to timely and significantly decrease the activities of the CNS. Examples are Rohypnol and Barbiturates.	“When I am worried, I love codeine and Rohypnol. They make me sleep. They make me forget my worries.” (“Monsurat”/36/KII/Batcher, Gwarinpa, Abuja/2022).
5.	<i>Narcotics</i> : They are capable of relieving pain. They are often referred to as painkillers. They produce an overwhelming sense of euphoria. They include codeine, heroin, morphine and tramadol.	“I take more than one drug, depending on what is on my mind. I do Rosh, opioids, Rohypnol, codeine and crack mostly. But more importantly, I take tramadol. It is a pain killer.” (“Sandra”/26/KII/Batcher, Gwarinpa, Abuja/2022).

## 5 | SUBSTANCE-USE DISORDER/ADDICTION

Addiction, one of the manifestations of SUD, is the inability to stop engaging in a particular behavior even though such behavior is psychologically and physically harmful. An individual is said to be addicted to a substance when such a person has a strong desire for drugs or cannot stop using them. Revelations by the women interviewed indicated evidence of addiction. Statements like *drugs make me high, I think deeper and understand things better when I take weed, and weed gives me more energy to do house chores* are strong pieces of evidence of SUD among the women interviewed. Unfortunately, while some were conscious of their addictions, others were not. Some of the addictive behaviors exhibited are as follows:

Sometimes when I feel like taking crack and I don't have money, I go the extra mile to have sex with other men to raise money to buy  
 (“Sandra”/26/KII/Batcher, Gwarinpa, Abuja/2022)

Twenty-Seven-year-old 'Cynthia' revealed that:

...I think I am addicted to weed already. What really got me addicted is the feeling I get any time I take it. I feel like a different human being. I think straight and deeper and I understand things better

("Cynthia"/27/KII/Batcher, Gwrinpa, Abuja/2022)

Thirty-Five-year-old 'Antonia' said:

Roche gives me confidence and makes me handle personal things confidently too... My husband is usually careful before trying to impose anything on me

("Antonia"/35/KII/Batcher, Gwarinpa, Abuja/2022)

For 28-year-old 'Temitope',

I love 'loud'... Among others, loud has been a big part of my life because I take it daily or at least, once in two days. My job is demanding and tiring. I take drugs for energy

("Temilade"/28/KII/Batcher, Gwarinpa, Abuja/2022)

Another participant disclosed that:

I have sold all my pieces of jewelry, including my wedding ring and even my phone just to raise money to buy cannabis, Arizona, Colorado and cigarettes

("Sofiat"/24/KII/Batcher, Gwarinpa, Abuja/2022)

Thirty-four-year-old 'Emily' also revealed that:

I feel extremely happy when I take Roche. Everything is happiness with Roche. I have urge for it. I sometimes lock myself inside till my husband comes home to give me money to get it. Although he is trying to make me stop it, it is very difficult. I am trying to reduce the intake though

("Emily"/34/KII/Batcher, Gwarinpa, Abuja/2022)

The above submissions reveal addiction to drugs, in spite of the harm they cause. Substances such as weed, loud and crack are believed to be energy and confidence boosters by the women interviewed.

## 6 | SUBSTANCE ABUSE AND MARITAL LIFE

Marital conflicts and instability are caused by a web of interrelated factors. Drug abuse is one of them. Studies have revealed that women married to drug abusers are more likely to experience assault and battery by husbands (Zakaria & Ibrahim, 2022). They are also likely to be worried about their personal safety and, most likely, to feel uncomfortable during sexual intercourse due to their husband's forced and rough behavior (Zakaria & Ibrahim, 2022). Other studies showed that women who abuse drugs are more likely to express more guilt and shame than

those who do not (Mason, 1991). They are also likely to report more conflict over their marital and parental roles and are often worried about losing legal and physical custody of their children (Homish et al., 2008). A particular study found that substance-dependent mothers often report feeling ineffective and incompetent as parents. These women may experience low bonding with their children and perceive their children as overly demanding (Davis, 1994; Gruber & Taylor, 2006). However, the current study revealed a mixed reactions on the relationship between drug abuse and marital life. “Saratu” disclosed:

My marriage was rough in the beginning. My husband used to demand for sex at any time. This was because of drugs. Meanwhile, my sex life was horrible. At a point, he threatened me with a divorce. For me to save my marriage, I started asking him about the drugs. I also asked other people. That was how I started... Ever since I started taking drugs with my husband my sex life has improved drastically. I'm doing it to save my marriage

(“Saratu”/33/KII/Batcher, Gwarinpa, Abuja/2022)

Another participant disclosed:

Crack is a uniting force between me and my husband. Our relationship is good. Although it was difficult from the beginning... Most times, he brings it home for us to take. I don't know what marriage would have looked like without taking crack

(“Emily”/34/KII/Batcher, Gwarinpa, Abuja/2022)

For ‘Gloria’, she abused drug because drugs used to give her the strength to do house chores. She submitted thus:

Yes, I abuse drugs. I consume weed. To sleep well I take codeine. But, all of these don't affect my marriage. I am good with my husband. My children are healthy. They go to schools as and when due. I do have good, quality time with them. Right now, I am trying to slow down the use of drugs as my children are getting older. These days I take weed on weekends only. I am there for my kids, to attend to them when they are back from school like washing their uniforms and helping them with their assignments

(“Gloria”/33/KII/Batcher, Gwarinpa, Gwarinpa, Abuja/2022)

Other respondents, however, admitted the negative impact of drug abuse on marital life. One of them disclosed that:

Drug is destroying my life. It makes me lazy. This lifestyle is killing me. I can't help it. It has affected my home. Sometimes, I come home late and my son is already asleep. My housemaid takes my children to school. I don't assist with assignment. I thank God he is a brilliant boy. My husband is suspecting gambling not knowing it's drugs...

(“Temilade”/28/KII/Batcher, Gwarinpa, Abuja/2022)

Another respondent stated that;

...I started having marital problems when my husband detected I was abusing codeine. He advised me severally to quit but I refused. That almost crashed our marriage. Although I am trying to quit gradually, it has not been easy...

(“Sandra”/26/KII/Batcher, Gwarinpa, Abuja/2022)

Another participant explained her low bonding with her daughter after taking drugs:

When I take drug, I get obsessed with my daughter. I shout at her without good reason. I become cranky. Once I start shouting my daughter will just go to one of my neighbours and stay there. My daughter is not always happy with me

(“Cynthia”/27/KII/Batcher, Gwrinpa, Abuja/2022)

From the above submissions, it is clear that drug behavior among married women affects families differently. It could be both negative and positive, depending on individual users. For some, their drug behavior does not cause conflict in marriage nor marital instability. Rather, it promotes love between them and their partners who are also abusers. For others, drug abuse is energy giving.

## 7 | ACCESSING SUD SERVICES

The drug addictive behavior observed in the study suggested the need for urgent intervention. However, mixed feelings about the willingness to uptake treatment services were observed. While some participants expressed their readiness to quit drugs and access treatment services, others were uncertain. Wives willing to access treatment services were those taking drugs without their husbands' approval and knowledge. Nevertheless, treatment services were hindered by poor access, proximity, shame and fear. A participant disclosed: *I wish to stop but I'm afraid... I am afraid of what people will say, particularly my husband* (“Antonia”/35/KII/Batcher, Gwarinpa, Abuja/2022). Another participant declared: *as much as I wish to quit, it is not easy.... How do you want to quit without people knowing? My husband and my family members will not be happy with me. I may lose my marriage* (“Asabe”/23/KII/Batcher, Gwarinpa, Abuja/2022).

These submissions showed that even where drug abusers wished to quit, access to treatment services was a major stumbling block. A participant bluntly asked: *I know I need help. But who will help me? Where can I get help? These are the issues* (“Sandra”/26/KII/Batcher, Gwarinpa, Abuja/2022). Asabe revealed that *those services are not available in this neighborhood* (“Asabe”/23/KII/Batcher, Gwarinpa, Abuja/2022).

## 8 | DISCUSSION

Regarding initiation into drug use and abuse, the study found two groups of women: participants who had been initiated into drug use before marriage and those initiated after marriage. In both groups, close friends played a prominent role in the initiation. Frequent direct offers and pressure by close friends influenced initiation for the majority of the participants. This finding is in agreement with previous findings. For instance, a particular study found that peer pressure was a major factor in drug initiation. Ellickson et al. (2004) noted that the frequency of direct offers from friends is related to Marijuana use among women, particularly those with

family challenges. However, other women were influenced by their husbands/partners. Many of these women engaged in drug abuse to satisfy the sexual urge of partners and/or to 'save' their marriages. Zakaria and Ibrahim (2022) attested to the fact that most married women who abuse substances do so to satisfy their husband's sexual desires and needs. A study found that when a family member is addicted to an act, particularly drugs, such an act can easily be emulated or replicated by other members of the family (Foo et al., 2012).

Beyond peer and partner pressure, prevailing life and marital circumstances provided the conducive environment for drug initiation among some married women. Lack of family support and love in the past, neglect, frustrations, being a victim of violent activities such as rape and sexual assault and *circumstances beyond the abuser's control* may provide a breeding-ground for drug initiation and abuse. The impact of the prevailing life circumstances on drug initiation among women has been documented. Drug abuse was higher among women who had experienced family trouble, poverty, marital negligence and heartbreak in the past (UNODC, 2018). Kim et al. (2002) submitted that women's substance abuse is most likely influenced by negative life experiences, including frustration and poverty. In line with this, this study found that some house-wives developed the habit of taking drugs when faced with marital challenges while others did so to relieve pains and "forget about husbands" troubles.

Furthermore, drug abuse among women may also be triggered by economic pressure. Owonikoko et al. (2023) discovered that rising female-breadwinning in Adamawa State, Nigeria, was putting maximum pressure on women to engage in farming either as owners, hired or eclectic farmers. Therefore, to cope with the stress associated with farming, some women engaged in the use of psychotropic stimulant substances to enhance their performance and subsequently their farming output. However, drug abuse among married women can be moderated by endurance and coping level with the effects of the drug. None of the participants in the current study disclosed ever taking non-conventional drugs like sewer gas and Premium Motor Spirit (PMS).

Similarly, an intersection between drug abuse, marital life and marital conflicts has been reported (Fals-Stewart & Gary, 1998; Mbugua et al., 2016; Owonikoko et al., 2023). Drug abuse may cause breakup and stress among spouses. It could also have a negative impact on the children (Mbugua et al., 2016). Owonikoko et al. (2023) found out that increasing indulgence of women in substance abuse had negative impact on spousal relationship. However, from the current study, opinions differed on how drug abuse impacts spousal relationships. For some participants, *drug is evil and a destroyer of life*. For this category of participants, drug abuse is both a cause and a consequence of their "bad" experiences in marriage. For them, drug behavior is condemnable and ungodly. They blamed drugs for their experiences of marital turbulence as some participants disclosed that they became aggressive after taking drugs which, in turn, caused frequent frictions with husbands/partners. They attested to the fact that drug abuse could break the family bond. According to Davis (1994) substance-dependent mothers often report feeling ineffective and incompetent and experience low bonding with their babies, and perceive themselves as overly demanding.

However, the negative impact of drug abuse on marital conflict can be moderated by the husband's approval of drug abuse for wives. Wives who take drugs to satisfy their husbands' sexual desires reported having marital bliss. They expressed being "good" wives and mothers. Baker and Carson (1999) have confirmed that drug abuse by mothers does not always result in bad parenting. In Baker and Carson's study, about 40% of the respondents reported that drug abuse did not affect their roles as mothers. Suchman and Luthar (2000) found out that the only

parenting factor directly related to drug addiction was the lack of sufficient parental involvement while other parenting factors such as control over autonomy and limit-setting, may be better explained by determinants other than drug abuse.

Finally, the National Guidelines for the Treatment of SUD (2019) acknowledged SUD as a major social problem in Nigeria. SUD is a complex, multifactorial health problem with psychosocial, environmental and biological determinants. The guideline shows that even though the treatment for SUD is effective and cost-effective globally, only one person out of six who need treatment receives it and only one out of 18 in Africa. Accessing SUD services is, therefore, often hampered by a complex web of psycho-socio and economic factors which included poor knowledge, poor access, poverty, stigma, fear and shame. Other perceived barriers included unavailability of treatment, lack of awareness of treatment services and insufficient information regarding treatment services.

## 9 | CONCLUSIONS

This study has explored the experiences drug-addicted wives in relation to marital life and conflicts in Abuja, Nigeria. The study, which relied on the phenomenological research design, found, among other things, that certain life circumstances were responsible for drug initiation among the women interviewed and that the majority of them were influenced by a combination of psycho-social and environmental factors. The study further found that women wishing to quit drugs did not have good knowledge of SUD services and were hindered by certain psycho-social factors such as stigma, fear, proximity and poor access. However, beyond the psychosocial factors hampering SUD services, other studies have found that the social service workforce in relation to addiction is equally challenged in Nigeria. A particular study found that the size of the social service workforce to address the addiction problem in Nigeria is too small and professionally incompetent and under-trained (Chia & Mashika, 2022). This clearly underscores the need to urgently address the individual and societal factors militating against accessing SUD services in Nigeria, particularly for women on drugs. Also important is the need to rejig the strategies for addressing drug problem in Nigeria. Owing to the criminological perspective on drug behavior, the approach to drug control has always tilted toward supply reduction rather than demand reduction. There is, therefore, the need to focus on the demand angle to encourage drug abusers to come out to receive SUD services without fear of intimidation, stigma and shame. The National Assembly and state houses of assembly as well as non-governmental organizations (NGOs) have a role to play. National and state houses of assembly may consider rejigging drug laws in Nigeria to include measures to reduce drug demand and the need to rehabilitate abusers, particularly women. The NGOs must intensify efforts toward mobilization and sensitization, in collaboration with faith and community-based institutions, on the side-effects of drug abuse and the need for drug abusers, particularly women, to uptake SUD services.

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## CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.



## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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