

# Alleviating Violence, Traumatic Experience And Illicit Drugs Use Using Psychotherapeutic Model: A Case Study Of Youth In Awka Urban

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## **Abstract**

*The study examined alleviating violence, traumatic experience and illicit drugs use using psychotherapeutic model: a case study of youth in Awka urban. A total number of two hundred and forty-one (241) youth in Awka urban; served as participant for the study. The study utilized non-probability (convenient sampling technique). Their age ranged from 18-32 years and their mean age was 23.20 with standard deviation of 4.07. Substance Craving Scale developed by Mazza (2004), Dating Violence Questionnaire-Reverse (DVQ-R) by Rodríguez-Franco et al., (2010) and Impact of Event Scale by Horowitz, Wilner and Ilvarez (1979) were employed for data generation. The study adopted correlational design and Pearson Product Moment Correction Coefficient as appropriate statistics for analyses of the data. Two hypotheses were tested. Thus, hypothesis one which states that violence will significantly correlate with illicit drug among youth in Awka Urban were partly accepted, because sexual and physical violence correlate with illicit drugs, while detachment, humiliation and coercion violence did not correlate with illicit drugs. Hypothesis two which states that trauma will significantly correlate with illicit drug among youth in Awka Urban was accepted. Based on the findings, study concludes by detailing recommendations and psychotherapeutic intervention model for the study.*

**Key words:** Violence, Trauma, Illicit Drugs, Psychotherapeutic Model, Youth

## **Introduction**

Illicit drug is a rapidly growing global problem; the problem of the illicit drug places a significant threat to the social, health, economic fabrics of the families, society and the entire nations. The increase

in drug abuse globally has brought problems such as increase in violence and crimes, increase in Hepatitis B and C virus, increase in HIV/AIDS diseases, collapse of the veins and collapse in the social structure (Abudu, 2008; Aina & Onajole, 2010; Giade, 2012;

Lakhanpal & Agnihotri, 2007; United Nations Office of Drugs and Crime, 2007). The impact of drug abuse among Nigerian youth has been a feature of a morally bankrupt, corrupt and wasted generation and loss of our societal values and ideals. The situation now appears to be such that no one can argue ignorance of what is happening (Abudu, 2008). Illicit drug have been found to be associated with numerous co-occurring difficulties, including mood and anxiety disorders (Conway, Compton, Stinson, & Grant, 2006; Grant *et al.*, 2004; Kessler, Chiu, Demler, & Walters, 2005; Tull, Baruch, Duplinsky, & Lejuez, 2008), as well as high rates of traumatic exposure. Indeed, as many as 95% of individuals with illicit drug a report history of traumatic exposure (Brown, Stout, & Mueller, 1999; Ford, Hawke, Alessi, Ledgerwood, & Petry, 2007), with rates of current diagnoses of posttraumatic stress disorder (PTSD) ranging from approximately 20% to 60% among samples of substance users in inpatient or outpatient treatment (Brady, 2001; Brady, Back, & Coffey, 2004; Jacobson, Southwick, & Kosten, 2001). In addition, separate from PTSD, elevated rates of posttraumatic stress (PTS) symptoms have been found among substance users exposed to potentially traumatic events (PTEs; Harrington & Newman, 2007; Sullivan & Holt, 2008). Further, a particularly strong association has been found among PTSD, PTS symptoms, and illicit drug use, including both crack/cocaine and heroin use (Back *et al.*, 2000; Clark, Masson, Delucchi, Hall, & Sees, 2001; Cottler, Compton, Mager, Spitznagel, & Janca, 1992; Sullivan & Holt, 2008). High rates of co-occurrence between violence, PTSD and illicit drug have led researchers to suggest that the experience of PTSD symptoms and illicit drug may be

functionally related (Stewart & Conrod, 2003).

## **Review of Related Literatures**

### **Illicit Drugs**

Illicit drugs may be defined as the “arbitrary” over dependence or miss-use of one particular drug with or without a prior medical diagnosis from qualified health practitioners. (Lakhanpal, & Agnihotri, 2007). An illicit drug is the harmful use of mind altering drugs. It added that the term usually refers to problem with illegal drugs, which also include harmful use of legal prescription drugs, Such as in self medication (Oluremi, 2012). Majority of the Nigerian youth ignorantly depend on one form of drug or the other for their various daily activities—social, educational, political, moral etc. Such drugs include: Tobacco, Indian hemp, cocaine, morphine, tramadol, opiates, codeine, Heroine, Alcohol, ephedrine, Madras, Caffeine, Glue, Barbiturates, Benzodiazepines, and Amphetamines. Aina and Onajole, (2010) in their studies on perception of illicit drugs amongst Nigerian youth identified dependence and addiction as one of the major consequences of drug abuse, characterized by compulsive drug craving seeking behaviours that persist even in the face of negative consequences. These changes are maladaptive and inappropriate to the social or environmental setting, therefore may place the individual at risk of harm. Illicit drugs among youth’s and adolescents should be a matter of concern to all Nigerians especially the society, government, school heads, religious leaders, groups and other NGOs. Experiment with drugs during adolescence (11–25 years) is common. At this age, they try so many new things. They use drugs for many reasons,

including curiosity and desire to find out the effectiveness of a particular drug, to feel good, to reduce stress, or to feel grown up. Using alcohol and tobacco at young age increases the risk of using other drugs later. In one of the WHO's and the World Heart Foundation's data, posit that in Nigeria, 22.1 percent of school youth age between 12 to 17 years use tobacco. The Government of Nigeria seems to lose sight of its responsibilities, though it claims that tobacco should be regulated in a market oriented frame work, which strikes an optimal balance and the need to ensure healthy work force. The fear is that adolescents are lured into early death from Cardio Vascular diseases (CVD), lung cancer and other tobacco related diseases. (Abudu, 2008; Giade, 2011).

#### **Experimental Stages of Illicit Drugs**

Omage (2005) posited that experimenting on the use of drugs appear in various stages among young adults and teens. Common among these stages are

**Recreational stage:** A stage commonly found with youths and teenage students of age 12-18years who experiment and use drugs due to peer influence and environmental factors. These drugs give them a euphoric experience.

**Habitual stage:** At this stage, people use drugs to maintain the state of euphoria got from the experimental stage. They continue the use of drugs because they have come to like and accept the state of euphoria they experienced.

**Dependent Stage:** This arises out of a habitual use of drugs. Abusers at this stage feel they cannot do anything without drugs so they do anything terrible just to get these drugs. Dependence makes abusers of drugs lose control over themselves and situations. It is a fact today that the use of drugs including illicit once have become acceptable to many and is viewed as a part

of everyday life considering the widely publicized damage caused by illicit drugs as well as tobacco and alcohol (Awake, July 8, 2001). When a man, in the words of Onaiwu (2005) develops tolerance to these drugs, he is addicted and therefore has the tolerance.

#### **Causes of Illicit Drug among Young People**

No single factor could be defined as solely responsible for the abuse of drugs but the following are some of the causes of young people vulnerable to illicit drug in Nigeria:

##### ***Curiosity and Desire to find out the Effectiveness of a particular drug:***

Curiosity to experiment the unknown facts about drugs thus motivates youth's into drug use. The first experience in drug abuse produces a state of arousal such as happiness and pleasure which in turn motivate them to continue. Some time youth's takes drugs in order to find out their effectiveness of a particular drug and if they find out that the drug is effective they continue using such drugs.

**Peer group Influence:** Peer group pressure plays a major role in influencing many youth's into drug usage. This is because peer pressure is a fact of teenage and youth's life. In Nigeria, and other parts of the world, one may not enjoy the company of others unless he conforms to their norms.

**Environment:** Many young people live in communities which suffer from multiple deprivations, with high unemployment, low quality housing and where the surrounding infra-structure of local services is splintered and poorly resourced. In such communities drug supply and use often thrive as an alternative economy often controlled by powerful criminal groups. As well as any use that might be associated with the stress and boredom of living in such communities, young people with poor job prospects recognise the financial advantages and the

status achievable through the business of small scale supply of drugs.

**Promotion and Availability:** There is considerable pressure to use legal substances. Alcohol and pain-relieving drugs are regularly advertised on television. The advertising of tobacco products is now banned, but research from Strathclyde University published by Cancer Research concluded that cigarette advertising did encourage young people to start smoking and reinforced the habit among existing smokers. Despite legislation, children and adolescents have no problems obtaining alcohol and tobacco from any number of retail outlets. Breweries refurbish pubs with young people in mind, bringing in music, games, more sophisticated decor and so on while the general acceptance of these drugs is maintained through sports sponsorship, promotions and other marketing strategies.

**Enjoyment:** Despite all the concerns about illicit drug use and the attendant lifestyle by young people, it is probably still the case that the lives of most young people are centred on school, home and employment and that most drug use is restricted to the use of tobacco and alcohol. They may adopt the demeanour, fashion and slang of a particular subculture including the occasional or experimental use of illegal drugs without necessarily adopting the lifestyle. Even so, the evidence of drug use within youth culture suggests that the experience of substances is often pleasurable rather than negative and damaging. So the main reason why young people take drugs is that they enjoy themselves.

**Lack of Parental Supervision:** Many parents have no time to supervise their sons and daughters. Some parents have little or no interaction with family members, while others put pressure on their children to pass exams or perform better in their studies.

These problems initialize and increase drug usage.

**Socio-economic Status of the Parents:** Socio-economic status of the parents entails direct costs which are very important to families; particularly this is related to every aspects of the family's life and caring to children. The implications of family relationship on students have remained an alarming factor to the total life of the children. By implication, the socio-economic status of the parents may influence adolescents to abuse or not to abuse drugs even if the parents have very low income, low income average, high, or very high income.

**Pathological family background** – broken homes, illegitimate relationships, alcoholic parents or parent's involvement in antisocial and illegal activities.

**Self-medication; of primary psychological disorders and Ignorance of the dangers of illegal drug use.**

### **Consequences of Illicit Drugs**

**Hangovers:** Headaches, nausea, vomiting, aches and pains all result from illicit drugs.

**Weight Gain:** An illicit drug is neither water nor food. For instance, a beer has about 150 "empty" calories that provide few if any nutrients (Center on Alcohol Marketing & Youth, 2003).

**High Blood Pressure:** Along with being overweight, high blood pressure is associated with many serious illicit drugs problems (Center on Alcohol Marketing & Youth, 2003).

**Depressed Immune System:** Impaired immunity makes you more likely to contract viral illnesses such as flue and infections.

**Cancer:** 2-4% of all cancer cases are related to illicit drugs. Upper digestive tract cancers are the most common hitting the esophagus, mouth, larynx, and pharynx. Women who drink prior to menopause are more likely to

develop breast cancer. Your risk of skin cancer doubles if you drink slightly more than “moderate levels”. Some studies implicated illicit drug in colon, stomach, pancreas and lung cancer. And let’s not forget the liver.

**Liver Disease:** Illicit drug can cause fatty liver, hepatitis, cirrhosis, cirrhosis and cancer of the liver. The liver breaks down at the rate of only one illicit drug per hour (Center on Alcohol Marketing & Youth, 2003).

**Poisoning:** Taking large amount of illicit drugs can result in poisoning which also result in unconsciousness and even death. Breathing slows, and the skin becomes cold and may look blue (Center on Alcohol Marketing & Youth, 2003).

**Heart of Respiratory Failure:** Excessive illicit drugs can have serious results. Heart or respiratory failure often means death (Center on Alcohol Marketing and Youth, 2003). Other long-term effects of illicit drugs use include loss of appetite, vitamin deficiencies, stomach ailments, sexual impotence, central nervous system damage and memory loss (Center on Alcohol Marketing and Youth, 2003). Though, much has been said, about substance abuse little or none have been said about substance abuse in relation to gender and locality. From the history it is discovered that drinking of alcohol is for in adult males (Netting, 2004). In addition, studies done in the western world revealed cultural differences in illicit drug abuse (Cahalan & Room, 1974; Hilton, 2008). Surprisingly, empirical works on the level of being, reduces inhibition, and makes one to be more out-going (Durand & Barlow, 2003). This is because the inhibitory centres in the brain are initially depressed or showed down with continued drinking, however, illicit drug depresses more areas of the brain, which impedes the ability to function properly Motor co-

ordination is impaired (staging, slurred speech), reaction showed, it causes confusion and reduction in judgment ability even vision and hearing can be negatively affected (Durand & Barlow, 2003).

### **Violence and Illicit Drug**

Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation (WHO, 1999). On the other hand, violence is a significant community health concern involving “physical, sexual, psychological or emotional violence within a dating relationship” (Centers for Disease Control, 2010). Studies indicate that anywhere between 20-50% of teens have experienced an aggressive dating relationship (Connolly & Josephson, 2007; Jouriles, Platt, & McDonald, 2009), and 50-80% have known a friend who has experienced dating violence (Craigien, Sikes, Healey, & Hays, 2009). Youth violence is associated with a number of risk factors and negative outcomes. Pregnancy, substance/alcohol use and abuse, interpersonal violence, eating disorders, suicidal intentions, decreased mental and physical health, and low life satisfaction are often associated with DV (Banyard & Cross, 2008; Bossarte, Simon, & Swahn, 2008; Connolly & Josephson, 2007; Craigien *et al.*, 2009). DV has been associated with mental health concerns (e.g., depression), substance use, and negative views of school (Banyard *et al.*, 2008).

Thus, “the use of physical violence or power” should be understood to include neglect and all types of physical, sexual and psychological abuse, as well as suicide and other self-abusive acts. Research has found an association between dating violence and

substance abuse (Barrett, Mills, & Teesson, 2011; Boles & Miotto, 2003). A study on a community sample found that among individuals who were violent, illicit drug was a common diagnosis (Swanson, Holzer, Ganju, & Jono, 1990). Individuals in treatment for illicit drug were more likely to engage in violent behavior than individuals in the general population (Murray *et al.*, 2008). This link between dating violence and illicit drug is further emphasized by research done on individuals arrested for violent crimes. These studies have shown there are substantial rates of illicit drug among these offenders (Drake, 2010; Moore & Stuart, 2004). Illicit drug includes the use of various drugs and alcohol. Research on alcohol, cocaine, benzodiazepines, amphetamines, methamphetamines, tramadol and marijuana has shown that the use of each of these drugs could lead to dating violent behaviors (Boles & Miotto, 2003).

### ***Trauma and Illicit Drug***

Trauma is defined as an extreme stressor which presents itself in the form of experiences ranging from natural disasters, accidents, life threatening illness or painful medical procedures, physical or sexual abuse, domestic violence, or loss of a parent or significant person and can occur at home, in the community and in schools (Mulvihill, 2005). Trauma can be experienced directly or witnessed. Traumas associated with PTSD include interpersonal violence (physical and sexual abuse), natural disasters, and combat. Studies suggest there is also an association between illicit drug, trauma and PTSD. In a U.S. national comorbidity survey, men with alcohol use disorder were 2.06 times more likely than those without alcohol use disorder to have co-occurring PTSD (Kessler, Sonnega, Bromet, & Hughes, 1995). Men who had a

drug use disorder were 2.97 times more likely than those without a drug use disorder to have cooccurring PTSD and trauma. Among women, the cooccurrence of PTSD, trauma and alcohol was 2.48 and the cooccurrence of PTSD and drug use disorder was 4.46, compared to women without these disorders (Kessler *et al.*, 1995).

Other studies have shown a high occurrence of PTSD in patients seeking treatment for a illicit drug and trauma (Brady *et al.*, 1994; Brown & Wolfe, 1994). An epidemiological study conducted in the United States found that men who met criteria for PTSD were five times more likely to have drug abuse or dependence than men without PTSD and trauma (Regier *et al.*, 1990). Women who met criteria for PTSD were 1.4 times more likely to have drug abuse or dependence than women without PTSD and trauma (Regier *et al.*, 1990). One explanation for the relationship between trauma, PTSD and illicit drug is the self-medication hypothesis. Individuals with PTSD use substances to relieve the psychological stress that results from trauma symptoms (Brady *et al.*, 1994). These substances might be used to avoid traumatic memories or other symptoms of PTSD and in essence individuals use substances to cope with this distress. A study by Chilcoat and Breslau (1998) found that having PTSD increased the risk of developing a illicit drug. Exposure to a traumatic event that did not result in PTSD symptoms did not increase the risk of developing a illicit drug. It was unclear how symptoms of PTSD and illicit drug might relate to trauma.

### **Theoretical Review**

The theories of illicit drug indicate that some individuals depend on certain drugs for their survival due to the number of factors. The main emphasis of the theories

of illicit drug is that people have their own reasons for defending on a particular type of drug or the other.

**Socio-cultural Theory of Illicit Drug:** This theory maintained that drug abuse is determined by socio-cultural values of the people. For example, certain cultures permit the consumption of alcohol and marijuana, while other cultures do not. Among the tribes in Nigeria for example, Edo, Ijaw, Igbo, Ibibio, Urhobo, Itsekiri and Yoruba, alcohol is used in cultural activities. In the northern part of Nigeria any form of drug is not allowed.

**Personality Theory of Illicit Drug:** The major emphasis of this theory is that there are certain qualities of characteristics in the individuals that abuse drugs. Such personality characteristics are in ability to delay satisfaction, low tolerance for frustration, poor coping ability and low self esteem, poor impulse control and high emotional dependence on other people. People with these personality characteristics find it difficult to abstain from illicit drug.

**Biological Theory of Illicit Drug:** The theory maintains that drug abuse is determined by the individual's biological or genetic factors which make them vulnerable to drug addiction.

**Learning Theory of Illicit Drug:** The theory maintains that usage or dependence of drugs occurs as a result of learning. The learning could be by the means of instrumental learning, conditional learning, or social learning.

### **Empirical Review**

Reyes, Foshee, Tharp, Ennett and Bauer (2017) examined whether social control and violence in the neighborhood, peer, and family contexts moderate the associations between substance use (heavy alcohol use, marijuana, and hard drug use) and adolescent physical dating violence

perpetration. Adolescents in the eighth, ninth, and tenth grades completed questionnaires in 2004 and again four more times until 2007 when they were in the tenth, 11th and 12th grades. Multilevel analysis was used to examine interactions between each substance and measures of neighborhood, peer, and family social control and violence as within-person (time-varying) predictors of physical dating violence perpetration across eighth through 12th grade (N=2,455). Analyses were conducted in 2014. Result revealed that physical dating violence perpetration increased at time points when heavy alcohol and hard drug use were elevated; these associations were weaker when neighborhood social control was higher and stronger when family violence was higher. Also, the association between heavy alcohol use and physical dating violence perpetration was weaker when teens had more-prosocial peer networks and stronger when teens' peers reported more physical dating violence.

Cucciare, Weingardt, Valencia-Garcia and Ghaus (2014), examined (a) rates of PTSD and associated mental health comorbidities (depression, suicidal ideation), (b) current and lifetime illicit drug use and (c) alcohol use severity in relation to PTSD status in a sample of veterans presenting to primary care with alcohol misuse. We also tested the hypothesis that greater depressive symptoms, illicit drug use and alcohol use severity would be independently associated with greater likelihood of PTSD, after controlling for age and ethnicity. Veterans (N=166) were recruited from primary care as part of an intervention study between the years 2010 and 2011. Veterans participating in the study completed an in-person semi-structured interview with study staff. Using the post-traumatic Stress Disorder Checklist-Military

version, they found a 16.3% rate of PTSD. PTSD was associated with greater depressive symptoms, rates of suicidal ideation, alcohol use severity, current use of hypnotics and lifetime use of cocaine and amphetamines. Using logistic regression, we found that severity of depressive symptoms and lifetime cocaine use were independently associated with greater likelihood of PTSD, after controlling for age and ethnicity.

Mazer and Haden (2014), examined how the symptom clusters of post-traumatic stress disorder (PTSD) were related to substance use and self-reported aggression in a college sample. There were 358 participants (ages 18–24) who completed surveys to assess PTSD symptoms, substance use as coping, and aggression. Hierarchical regressions tested for the effects of PTSD symptoms (total symptoms as well as cluster symptoms) on self-reported aggression, along with the main and interaction effects of substance use coping on these relationships. The hyper arousal cluster of PTSD was the only group of symptoms significantly related to aggression. There was an interaction between avoidance symptoms and substance use coping on aggression such that under conditions of high substance use coping, aggression increased regardless of avoidance symptoms; however, the relationship between avoidance and aggression was stronger under conditions of low substance use coping, with greater aggression as avoidance symptoms and low substance use coping increase.

Reed, Anthony, and Breslau (2007) examined incidence of drug problems in young adults exposed to trauma and post-traumatic stress disorder. Multiwave longitudinal study of an epidemiologic sample of young adults first assessed at entry to first grade of primary school in the

fall semesters of 1985 and 1986, with 2 young adult follow-up assessments in Mid-Atlantic US urban community. The participants were Young adults (n=988; aged 19-24 years) free of clinical features of *DSM-IV* drug use disorders at the first young adult assessment and therefore at risk for newly incident drug use disorders during the 1-year follow-up period. During the 12-month interval between the 2 young adult follow-up assessments, newly incident (1) *DSM-IV* drug abuse or dependence; (2) *DSM-IV* drug abuse; (3) *DSM-IV* drug dependence; and (4) emerging dependence problems (1 or 2 newly incident clinical features of *DSM-IV* drug dependence), among subjects with no prior clinical features of drug use disorders. The results shows that Prior PTSD (but not trauma only) was associated with excess risk for drug abuse or dependence (adjusted relative risk, 4.9; 95% confidence interval, 1.6-15.2) and emerging dependence problems (adjusted relative risk, 4.9; 95% confidence interval, 1.2-20.1) compared with the no-trauma group controlling for childhood factors. Subjects with PTSD also had a greater adjusted relative risk for drug abuse or dependence compared with subjects exposed to trauma only (adjusted relative risk, 2.0; 95% confidence interval, 1.1-3.8) controlling for childhood factors.

### **Hypotheses**

1. Violence will significantly correlate with illicit drug among youth in Awka Urban
2. Trauma will significantly correlate with illicit drug among youth in Awka Urban.

### **Method Participant**

A total number of two hundred and forty-one (241) youths in Awka urban; served as participant for the study. The researcher was

unable to randomly select the participants so he used non-probability (convenient sampling technique). So the researcher administered the questionnaire to the respondents as he came across them. Their age ranged from 18-32 years and their mean age was 23.20 with standard deviation of 4.07.

### **Instrument**

The first instrument adopted for the study was Substance Craving Scale developed by Mazza (2004), a 12 items scale: designed to measure individual nervous, urge, crave now, perfect, no better, overwhelming, taste it, all want, do anything, can't think, use soon toward drugs. And it has a response scale of "Yes=1, and No=2". The instrument generally was valid at 0.63 as was determined by Mazza (2004), Winsteps estimation showed a mediocre person-reliability of .70 for the measure. The Cronbach's alpha for the Substance craving scale was 0.93.

The second instrument was Dating Violence Questionnaire-Reverse (DVQ-R) by Rodríguez-Franco et al., 2010 design to measures with 20 items five dimensions of abuse in affective interpersonal relationships of adolescents and youth: Detachment, Humiliation, Coercion, Physical and Sexual violence. Providing information about perceived frequency of victimization and perceived disturbance using a 5-point Likert scale (from 0-never to 4---all of the time). Each of the five domains of abuse has four items: physical, sexual, humiliation, coercion, and detachment. The internal consistency of the five scales was between .64 and .74. DVQ-R subscales have cronbach alpha co-efficiency detachment .68, humiliation .72, sexual .74, coercion .64, physical .75, and the general alpha co-efficiency was .85.

The third instrument adopted was Impact of Event Scale: A 15 items scale. Constructed by Horowitz, Wilner, and

Ilvarez (1979), designed to assess stress associated with trauma whether from intrusive or avoidance perspective. It has 4-Point response format "Not at All"=1, "Rarely"=2, "Sometimes"=3, and "Often"=4. It has two subscales: "Intrusive" and "Avoidance. The subscales has seven (1,4,5,6,10,11,14) for intrusive items and eight (2,3,7,8,9,12,13,15) avoidance items each; both subscale have good reliability (Cronbach's Alpha = .79 - .92). With an average of .86 for intrusive subscale and .90 for the avoidance subscale.

### **Procedure**

The youths were met in different places within Awka urban. The places they were met ranged from different churches, workplaces, hospitals and markets. The researcher met them individually and explained the purpose of her visit to them. Copies of the questionnaire were administered to the participants. They were directed to respond to the questions properly. While some copies of the administered questionnaire were collected immediately after completion, other copies were retrieved after some days. On the whole, 250 copies were administered but just 246 copies were retrieved and the valid ones were only 241 copies which constituted the participants of this study. Afterwards, the researcher subjected the data collected to SPSS for analyses of the result.

### **Design and Statistics**

The study adopted correlational design and Pearson Product Moment Correction Coefficient as appropriate statistics for analyses of the data. This is because; it geared towards ascertaining the relationships between or among variables.

### **Results**

The results were presented in the order in which the research hypotheses were tested

**Table: Summary Table of Descriptive and Pearson Product Moment Coefficient Statistics of the Studied Variables**

Variables	M	Std.D	1	2	3	4	5	6	7	8
1. Illicit Drugs	17.00	1.04	1.00							
2. Detachment	11.98	2.59	.03	1.00						
3. Humiliation	11.98	2.59	.03	1.00**	1.00					
4. Coercion	11.98	2.59	.03	1.00**	1.00**	1.00				
5. Physical	12.37	2.29	-.13*	.92**	.92**	.92**	1.00			
6. Sexual	12.37	2.29	-.13*	.92**	.92**	.92**	1.00**	1.00		
7. Intrusive T.	18.83	6.01	.14*	.10	.10	.10	.14*	.14*	1.00	
8. Avoidance	23.20	4.95	-.23**	.29**	.29**	.29**	.29**	.33**	.33**	1.00

**Dependent Variables:** *Illicit Drugs.* \*Correlation is significant at the 0.05(2-tailed).

\*\* Correlation is significant at the 0.01(2-tailed)

Based on the above table, there is no significant correlation at  $r$  ( $N=241$ ) = .03,  $p>.05$ , ( $M=11.98$  and  $Std. D=2.59$ ) between detachment violence and illicit drugs; also there is no significant correlation at  $r$  ( $N=241$ ) = .03,  $p>.05$ , ( $M=11.98$  and  $Std. D=2.59$ ) between humiliation violence and illicit drugs; more so, there is no significant correlation at  $r$  ( $N=241$ ) = .03,  $p>.05$ , ( $M=11.98$  and  $Std. D=2.59$ ) between coercion violence and illicit drugs; In contrast, there is significant negative correlation at  $r$  ( $N=241$ ) =  $-.13^*$ ,  $p<.05$ , ( $M=12.37$  and  $Std. D=2.29$ ) between physical violence and illicit drugs; Also, there is significant negative correlation at  $r$  ( $N=241$ ) =  $-.13^*$ ,  $p<.05$ , ( $M=12.37$  and  $Std. D=2.29$ ) between sexual violence and illicit drugs; However, there is significant positive correlation at  $r$  ( $N=241$ ) =  $.14^*$ ,  $p<.05$ , ( $M=18.83$  and  $Std. D=6.01$ ) between intrusive traumatic experience and illicit drugs; also there is significant negative correlation at  $r$  ( $N=241$ ) =  $-.23^{**}$ ,  $p<.01$ , ( $M=11.98$  and  $Std. D=2.59$ ) between avoidance traumatic experience and illicit drugs. Thus, the above result shows that hypothesis one which states that violence will significantly correlate with illicit drug among youth in Awka urban were partly

accepted, because sexual and physical violence correlate with illicit drugs, while detachment, humiliation and coercion violence did not correlate with illicit drugs, while hypothesis two which states that trauma will significantly correlate with illicit drug among youth in Awka urban was accepted.

### Discussion

The findings of the study indicated that hypothesis one, which stated that violence will significantly correlate with illicit drug among youth in Awka urban were partly accepted, because sexual and physical violence correlate with illicit drugs, while detachment, humiliation and coercion violence did not correlate with illicit drugs. This is in line with the finding of Reyes *et al* (2017), they examined whether social control and violence in the neighborhood, peer, and family contexts moderate the associations between substance use (heavy alcohol use, marijuana, and hard drug use) and adolescent physical dating violence perpetration. Their result revealed that physical violence perpetration increased at time points when heavy alcohol and hard drug use were elevated; these associations were weaker when neighborhood social

control was higher and stronger when family violence was higher. Also, the association between heavy alcohol use and physical dating violence perpetration was weaker when teens had more-prosocial peer networks and stronger when teens' peers reported more physical dating violence. This implies that violence like sexual and physical violence increases illicit drugs use among youth, which shows that youth engage in illicit drugs use in order to be sexual and physical violence with their same sex and opposite. Little wonder youth of nowadays literally abused drugs like Indian hemp, cocaine, morphine, tramadol, opiates, codeine, Heroin, Alcohol, ephedrine, Madras, Caffeine, Glue, Barbiturates, Benzodiazepines, and Amphetamines like water in order to have sense of belonging and actualization which are neither here nor there rather than high risk factors and negative outcomes like unwanted pregnancy, interpersonal violence, eating disorders, suicidal intentions, decreased mental and physical health, and low life satisfaction, depression and negative views of school which leads to dropout and poor academic performance (Banyard *et al.*, 2008; Bossarte *et al.*, 2008; Connolly *et al.*, 2007; Craigen *et al.*, 2009). In contrast, dating violence like detachment, humiliation and coercion have no correlation with illicit drugs, and have no impact on how the youth Anambra state indulge themselves in illicit drugs.

Hypothesis two which states that trauma will significantly correlate with illicit drug among youth in Awka urban was accepted. This is in line with the finding of Mazer *et al.*, (2014), they examined how the symptom clusters of post-traumatic stress disorder (PTSD) were related to substance use and self-reported aggression in a college sample. Their result shows an interaction between avoidance symptoms and substance

use coping on aggression such that under conditions of high substance use coping, aggression increased regardless of avoidance symptoms; however, the relationship between avoidance and aggression was stronger under conditions of low substance use coping, with greater aggression as avoidance symptoms and low substance use coping increased. This depicts that traumatic experience increases the illicit drugs use that shows that experience with trauma, trapped the youth with illicit drugs use.

### **Psychotherapy Model of illicit Drugs, Violence and Traumatic Experience Alleviation**

Psychotherapy is a form of talk therapy. It is a key part of alcohol and drug addiction treatment. Therapists mostly use it during individual counselling, using techniques such as behavioural therapy to get the cause behind your addiction. The goal is to analyze and modify destructive thought patterns, which helps people stay far beyond treatment. Psychotherapy may also be effective in treating co-occurring mental health conditions. These conditions feed drug and alcohol abuse, just as the substance abuse feeds the mental illness. Qualified therapist can address both issues at once dual diagnosis treatment. Individual therapy helps patients work past problems that trigger them to abuse drugs or alcohol.

### **Alleviation Models**

**Supportive Psychotherapy:** the model offers clients a safe and trustworthy forum in which they may discuss the troubling aspect of their lives. The therapist strives to listen to the patient, who is encouraged to share emotionally. When needed, the therapist may act as a strong guide/authority figure, outlining things that patients should do and not do. This type of therapy is not

exploratory and doesn't delve into the past histories of patients. It is most helpful for interpersonally and emotionally fragile patients, and/or patients who become disorganized when confronted with stressful situations and memories.

***Coping-Focused Psychotherapy:*** the model teaches clients specific and practical ways to cope with specific problems such as Depression, Anxiety, Panic and Substance Abuse relapse prevention. The best and most effective forms of coping-focused psychotherapy are those that are based on specific research. Most any form of Cognitive-Behavioural Therapy is recommended.

***Social skills/interpersonal/growth Psychotherapy:*** The model teaches clients to become more emotionally and socially mature in their dealing with others. For a variety of reasons, many addicts tend to have poor interpersonal skills and to deal with their emotions in self-destructive ways. Social skills/interpersonal/growth psychotherapy (usually performed in a group therapy context) helps patients to learn about and practice (within the session amongst each other) healthy ways of communicating with others

***Exploratory psychotherapy:*** The model teaches clients to uncover the links between past experience (trauma, violence, abuse, etc.) and present behaviour. Because exploratory forms of psychotherapy often involve recalling painful past events, this sort of therapy can be disorganized and itself traumatic to fragile recovering persons and to dually diagnosed patients with psychotic or other severe symptoms, it is not recommended. There is much evidence in fact healing from many forms of mental illness can proceed just fine without any

need to bring up past traumas ( the most effective forms of psychotherapy for improving functioning being the coping focused varieties).

### **Recommendations**

Therapeutic centres should be established in every community by the government or private Individuals and experts in health therapy should be employed in helping drug addicts or those dependent on illicit drugs by giving them advice on ways to reduce hazardous substance intake. Government via Ministry of education (State and Federal) should introduce illicit drugs as a course in the curricula of schools at all levels of education. Public campaign against illicit drugs should be intensifying in order to have a violence and traumatic free society. Parents who are known be primary caregiver and first agent of socialization should educate their children on consequences associated with illicit drug use and this will aid to tame their curiosity to substance, and thereby reduce violence associated with trauma and drugs use.

### **Conclusion**

The impact of illicit drugs among youth has been a feature of a morally bankrupt, corrupt and wasted generation and loss of our societal values and ideals. However, the use of physical violence or power should be understood to include neglect and all types of physical, sexual psychological abuse and traumatic experience, as well as suicide and other self-abusive acts in relation to illicit drugs. Thus, this study explored alleviating violence, traumatic experience and illicit drugs use using psychotherapeutic model: a case study of youth in Awka urban. And thereby concludes by stating that trauma and violence like sexual and physical violence correlate with illicit drugs use, while detachment, humiliation and coercion dating violence did not correlate with illicit drugs

use. Hence, study proposed psychotherapeutic model and recommendations to the menace associated with illicit drugs use.

#### References

- Abudu, R. V. (2008). Young People and Drugs Abuse: Biennial International Conference on alcohol, drugs and society in Africa, Abuja, Nigeria. Between 23rd-25th.
- Ajibulu, E. (2011). Eradicating Drug Abuse in Nigeria- How feasible? Retrieved from <http://www.modernghana.com/news/37520/1/eradicating-drug-abuse-in-nigeriahow-feasible.html>
- Akannam, T. (2008). North-West Rank Highest in Drug Addiction. Nigerian Drug Statistics by Zone. Retrieved from <http://www.nairaland.com/203955/nigerian-drug-statistics-zone>
- Banyard, V. L., & Cross, C. (2008). Consequences of teen dating violence: Understanding intervening variables in ecological context. *Violence Against Women*, 14(9), 998-1013.doi: 10.1177/1077801208322058
- Bossarte, R. M., Simon, T. R., & Swahn, M. (2008). Clustering of adolescent dating violence, peer violence and suicidal behavior. *Journal of Interpersonal Violence*, 23(6), 815-833. doi: 10.1177/0886260507313950
- Brady, K. T., Black, S. E., & Coffey, S. F. (2004). Substance abuse and posttraumatic stress disorder. *Current Directions in Psychological Science*, 13(5), 206-209.
- Centers for Disease Control and Prevention. (2010). Understanding teen dating violence: Fact sheet. Retrieved from <http://www.cdc.gov/violenceprevention/pdf/TeenDatingViolence>.
- Chilcoat HD, Breslau N., (1998). Investigations of causal pathways between PTSD and drug use disorders. *Addictive Behaviors*.; 23:827-840.
- Connolly, J., & Josephson, W. (2007). Aggression in adolescent dating relationships: Predictors and prevention. *The Prevention Researcher*, 14(5), 3-5.
- Cottler LB, Compton WM, III, Mager D, Spitznagel EL, Janca A. (1992). Posttraumatic stress disorder among substance users from the general population. *The American Journal of Psychiatry*, 149:664-670.
- Craigien, L. M., Sikes, A., Healey, A., & Hays, D. (2009). School counselors' role in dating violence intervention. *Journal of School Counseling*, 7(18), 1-30. Retrieved from <http://www.jsc.montana.edu/articles/v7n18.pdf>
- Jouriles, E. N., Platt, C., & McDonald, R. (2009). Violence in adolescent dating relationships. *Prevention Researcher*, 16(1), 3-7.
- Kessler RC, Chiu WT, Demler O, Walters EE. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*.;62:617-627.
- Kessler RC, Sonnega A, Bromet E, Hughes M, Nelson CB. Posttraumatic stress disorder in the National Comorbidity Study. *Archives of General Psychiatry*; 52:1048-1060. [PubMed]
- Lakhanpal, P. Agnihotri, A., K. (2007). Drug Abuse an International Problem: A short —Review with Special reference to African Continent. *Journal of Medicine and Toxicology*, 1(1), 1-11
- National Drug Law Enforcement Agency. (2009). Drug Free Club. Retrieved

- from <http://www.ndlea.gov.ng/v1/?q=content/drug-free-club>
- Oluremi, D. F. (2012). Drug Abuse among Nigerian Adolescents strategies for counselling. *Journal of International Social Research*, 5(20), 342 – 347.
- Oshodi, O. Y., Aina, O. F., and Onajole, A. T. (2010). Substance use among secondary school students in an urban setting in Nigeria: prevalence and associated factors. *African journal of psychiatry*, 13(1), 52 – 57.
- Oshikoya, K. A., Alli, A. (2006). Perception of Drug Abuse Amongst Nigerian Undergraduates. *World Journal of Medical Sciences*, 1(2), 133-139.
- Resnick, H. S. (2003). Loss, trauma exposure, and mental health in a representative sample of 12-17-year-old youth: Data from the National Survey of Adolescents. *Journal of Loss and Trauma*, 9, 1-19.
- Reyes H. L.M, Foshee V.A, Tharp A.T, Ennett S.T, and Bauer D.J, (2017). Substance Use and Physical Dating Violence The Role of Contextual Moderators. *Am J Prev Med.*, 49 (3): 467–475. doi: [10. 1016/j. amepre. 05.018](https://doi.org/10.1016/j.amepre.2015.05.018)
- United Nations Office on Drugs and Crime. (2007). Drug Abuse and Drug Dependence Treatment Situation, in Nigeria. According to UNODC data for the year 2007. Available at [http://www.unodc.org/docs/treatment/CoPro/Web\\_Nigeria.pdf](http://www.unodc.org/docs/treatment/CoPro/Web_Nigeria.pdf)
- United Nations Office on Drugs and Crimes. (2011). World Drug Report. Austria. No.: ISBN 978-92-1-148262- 1, 272. Retrieved from [http://www.unodc.org/documents/data-and-analysis/WDR2011/World\\_Drug\\_Report\\_2011\\_ebook.pdf](http://www.unodc.org/documents/data-and-analysis/WDR2011/World_Drug_Report_2011_ebook.pdf)
- Mulvihill, D. (2005). The health impact of childhood trauma: An interdisciplinary review, 1997-2003. *Issues in Comprehensive Paediatric Nursing*, 28, 115-136.