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**THE EXTENT OF PROFESSIONAL RESPONSES TO THE  
PSYCHOSOCIAL NEEDS OF OLDER ADULTS WITH ALCOHOL  
BEHAVIOUR IN VIOLENT CONFLICT SITUATIONS IN  
NIGERIA**

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**ABSTRACT**

This paper investigates the alcohol behaviour and stress coping strategies of older adults confronted with a combination of age-related problems and psychosocial needs in violent conflict situations in Nigeria. The specific objectives of the study are to find out (1) if there are psychosocial needs and problems of older persons that are internally displaced and dislocated as victims of violent religious and ethnic crises in the country that could lead them to use alcohol or increase its consumption for coping with stress; (2) the appropriateness and effectiveness of the coping responses of distressed older adults as victims of stressful religious and ethnic conflicts; (3) the extent of the involvement of professional counsellors, social gerontologists, medical social workers and clinical psychologists in understanding the alcohol behaviour and psychosocial needs of older victims of stressful conflict situations as traumatic life events and helping them to make better and more successful responses to the challenges of these events in Nigeria. This study used a desk-based, exploratory literature search as its design in

which there is the review of literature on the alcohol behaviour of older adults as they try to cope with their age-related problems and psychosocial challenges in violent conflict situations in Nigeria. The major result suggests that if appropriate and successful professional responses are not made to the psychosocial needs of older victims of stressful conflict situations, they will abuse alcohol/drugs and use other maladaptive responses to their stressful life events. The paper concludes that counsellors, social gerontologists, psychologists, social workers, and professional health care givers can educate older adults that use and abuse drugs as coping strategies in conflict situations on how substance abuse can occur with HIV infection, depression, dementia and other forms of emotional mental illness and how to prevent co-occurring disorders.

**Key words:** Violent conflict situations, Use of alcohol, Older adults in Nigeria, Psychosocial needs.

### **Introduction**

Violent conflict victims, unarguably, are devastated by trauma. However, the nature and scope of their psychological and physical trauma will be a function of some variables including (a) of victims, (b) severity of violence unleashed on victim, (c) frequency of violence experienced by victim, (d) appropriateness and effectiveness of victim's stress coping strategies or responses, (e) the relevance, appropriateness, effectiveness and timing of professional interventions, health and social services available to victims, and the extent to which victims can gain access to these professional interventions that can mitigate their psychosocial needs and problems. The use of alcohol or increased use of it is an inappropriate coping strategy among older adults in distress that lack the services of counsellors, psychologists and social workers, as human service providers, who have the professional knowledge and skills to help them make appropriate and effective psychosocial adjustment. These professional helpers can strengthen the capacity and resilience of trauma victims to cope with, and adjust to trauma or severe psychological distress. And so, professional responses to the alcohol behaviour and psychosocial needs of older adults in stressful conflict situations as traumatic life events in Nigeria need to be adequate and effective for them to derive maximum benefits from medical



care and other intervention in the country (Ejikeme & Ejikeme, 2012). Professional responses of psychologists, counsellors and social workers could be through (a) timely and appropriate referrals, (b) need assessment, (c) treatment (d) preventive interventions (d) relapse prevention and rehabilitation services. Next, this paper briefly examines the nature and the scope of the violence in Nigeria that demands the scientific understanding of the extent of professional responses to the psychosocial needs of older adults with alcohol behaviour in violent conflict situations in the country.

North-Eastern Nigeria has been experiencing violent ethnic and religious conflicts and hostilities that are psychosocially devastating since 2001. As a fall out of these violent conflicts, many people of all ages are becoming internally displaced persons, severed from their loved ones, social networks, possessions, familiar health care providers, and housing facilities. The loss of loved ones or bereavement, loss of possession, property, possession, jobs, important social position, and social contacts due to violence-induced displacement are traumatic life events or incidents and so, they induce high levels anxiety and severe stress beyond the coping resources of many older adults. These traumatic or severely stressful life events can have devastating effects on social, psychological or mental functioning of victims of all ages. Where these effects are not mitigated or reduced through social support and are prolonged, undiagnosed and untreated by professional health care givers, social gerontologists, counsellors, psychologists, and social workers, they manifest in negative emotional reactions including post-traumatic stress disorders (PTSD) and other forms of emotional mental illness. In severely stressful life events such as the frequent ethnic and religious conflicts in some parts of Nigeria, they may also lead to maladaptive stress responses such as increased use of alcohol (Ejikeme & Ejikeme, 2012). We recognize that it is not all victims of disasters that develop a psychological problem such as experience PTSD; there are people who have the resilience to cope with, and walk through traumatic events without developing severe psychological distress. They are psychosocial factors which if undiagnosed and untreated can complicate age-related problems, stress or disorders, hinder satisfactory prognosis, and satisfactory treatment outcome especially in a mental health treatment facility in a less developed country like Nigeria where there is the scarcity of



experts in the prevention, assessment, diagnosis, treatment and rehabilitation of cases of co-occurring substance abuse, physical and mental disorders. The system of providing care and support for victims of violence of all age cohorts in Nigeria can hardly be described as the state of the art (Ejikeme, & Ejikeme, 2012).

The internal displacement of persons due to violence represents a traumatic life event which can differentially affect individuals of all ages, families, communities and the larger society in which they exist, and can have more devastating impact on the most vulnerable populations in society such as older adults who ordinarily are struggling with the stress of ageing arising from retirement and geriatric disorders and are very likely to either (a) start using alcohol or (b) increase its consumption as means of coping with traumatic stress exacerbated in conflict situations. The use of alcohol or increased use of it is an inappropriate coping strategy among older adults in distress that lack the services of counsellors, psychologists and social workers identified by LaGreca et al.; Ejikeme, Ejikeme, Badru, & Akwash, (2014). And so there is the need for research evidence of the alcohol behaviour and coping strategies of older adults when confronted with a combination of age-related problems and psychosocial needs in conflict situations in Nigeria.

### **Disintegration of Family Support System and Stress Coping Resources of Older Adults in Distress**

One of the pioneer assessments of the drug scene in Nigeria was by Asuni (1977) who reported that the "drug dependence is not as it is in other countries. There is, however, some evidence that it will increase with increasing affluence, disintegration of the family, and other cultural systems which have had supportive and restraining influence on the individual" (Asuni, 1977, p.7, in Obot, 1996). Today, Asuni's prediction about drug abuse trend in the country has served as a self-fulfilling prophecy because owing to the effects of some social change processes such as globalisation, urbanization and migration on Nigeria as exemplified in the increased use of alcohol and other drugs by older adults as means of coping with lack of social support, depression and traumatic stress arising from frequent violent religious and ethnic conflicts and the absence of their middle-aged adult care givers who have migrated to cities in search of greener pastures

(Ejikeme, & Ejikeme, 2012). Over three decades since Asuni identified the need for empirical studies that can establish the nature, scope and causative factors of the Nigerian drug abuse problem, there is scarcity of literature on older adult substance abuse which can occur with ageing problems and HIV infection among ageing people in the country (Lahey, 2004; Ejikeme, 2003). The scarcity of research evidence on how the weakening of the restraining influence on individuals of all age cohorts due to the corroding family support system and other cultural systems (mentioned by Asuni) is affecting elder drug abuse in crisis situations in Nigeria is gap in literature that needs to be filled through research.

### **Review of Relevant Literature**

The assessment, treatment, prevention and rehabilitation of cases of older adult substance related disorder are tasks that are best handled by specialists in ageing, social workers, psychologists and counsellors with some tint towards gerontology, due to the increasing complexities of these disorders with age. For instance, owing to the closeness of the signs of ageing problems to those of substance abuse, care givers to older adults may be unable to establish (a) when it is ageing problems (b) ageing or geriatric problems or (c) co-occurring substance related disorders and ageing disorders. Ejikeme (2010) & Karuri (2013) argued that a valid and reliable assessment of a disorder is basic essential step towards its appropriate and effective management, and that accurate assessment and effective treatment of substance use disorders are effective means of preventing HIV/AIDS; for substance use disorders often coexist with HIV/AIDS. One of the important research findings on the co-morbidity of substance use disorders reported by Karuri (2013) was that “the successful treatment of these dual disorders of substance abuse and mental illness whether induced or otherwise, also means success in the war against HIV/AIDS and other deadly sexually transmitted diseases that require behaviour and attitude change” (p. 176).

### **Co-occurring Alcohol Use/Abuse, HIV disease and Ageing Problems**

Lahey (2004) explained that some drugs are hazardous not only “because of their direct psychological and medical effects but because of their indirect effects” (p.184). Lahey also stated that the typical example is “the greatly increased risk of infection with hepatitis or human immunodeficiency virus



(HIV) which causes acquired immune deficiency syndrome (AIDS) as a result of sharing needles used during injection” p. 184). Unprotected sex, which often takes place when one or both sexual partners are under the influence of alcohol is linked with the contraction of sexually transmitted infections, including HIV infection. Under the influence alcohol or any other drug characterised by sluggish motor coordination, lowered reaction time, and behaviour deterioration unprotected sex can occur and lead to sexually transmitted infections such as HIV infection (Ejikeme, 2003).

The attitude and behaviour change agents including professional counsellors, social workers, psychologists and social workers that are professionally expected to prevent and manage co-occurring psychosocial difficulties, alcohol use disorder and HIV/AIDS among older patients in violent conflict situation include social gerontologists, clinical psychologists, social workers and counsellors. But how effective are these professionals in assessing, diagnosing and treating psychosocial needs, alcohol behaviour, and HIV infection among older adults? In their report on HIV- infected and HIV- affected older adults, Poindexter & Emlet (2006) have drawn attention to “the social work practice implications that can arise when the experience of HIV and ageing intersect”, showing how crucial it is for providers of old age care and social support to examine the coexistence of HIV, ageing and drug abuse. According to Poindexter et al. (2006), “medical/or social service practitioners still frequently fail to identify and serve HIV-infected midlife and older adults; thus, HIV-infected persons over the age of 50 often remain hidden and their needs un-assessed. The authors also reported that the prevalence rate of HIV/AIDS being higher among the younger populations, and that caregivers of children or younger adults living with HIV/AIDS are often middle-aged and older adults, “who may be grieving, unprepared, unsupported, hidden and frail” (p. 91).

A more serious evaluation of gerontological social workers by Poindexter et al., is that they “sometimes seem uncomfortable or unknowledgeable about HIV disease” (p. 91). The authors, however, noted that in recent times, more attention is being given to the special needs of middle-aged and older adults by HIV and ageing researchers and advocates in America. There is little or no literature on the nature and scope of attention being given to the psychosocial needs of this population (especially ageing women) by social workers, psychologists and



counsellors in less developed countries including Nigeria. This constitutes a major gap in knowledge in the field of co-occurring alcohol use/abuse and HIV infection in older adults.

### **Prevalence of Alcohol Use/Abuse among Older Adults**

Shibusawa (2006) reported that the abuse of alcohol and other drugs in old age is a disturbing public health which hardly receives the health and social services responses or attention it deserves in America. Shibusawa's (2006) report predicts some increase in anxieties, stress experiences, worries, concerns and other the psychosocial needs of older adults and the need for professional services to be elastic and proactive enough to address such needs. Because there is little or no literature on the prevalence rates for alcohol use/abuse and psychosocial needs among older Nigerians, literature is also scarce on the frequency, quantity and duration of consumption of prescription drugs and over-the-counter medications by older adults and the extent of professional responses to their psychosocial needs in Nigeria, where in addition to alcohol and tobacco which commonly abused in America there are locally brewed alcoholic beverages and gins such *burukutu*, *pito* (locally brewed beverage that intoxicates), and *goskolo* (a locally brewed gin) which pharmacologically are equally hazardous to physical and mental health of users.

### **Effects of Alcohol and Other Substance Abuse**

Alcohol and other drugs adversely affect the physical and mental functioning of everyone that abuses them. However, their effects on older people tend to be more devastating than their effects on the younger populations. In ageing years relative to younger years, the human body tends to become less efficient in absorbing drugs and certain foods, and when alcohol is not oxidized in the liver some health challenges will emerge. Shibusawa (2006) reported that, with age, long-term use of alcohol can lead to such health problems as "malnutrition, increased cancer risk, myopathy, hypertension, hepatitis, pancreatitis, stroke dementia, and esophagitis/gastritis. Depression is often co-morbid with alcohol and substance abuse; mood and anxiety disorders can be exacerbated by alcohol and drug use" (p. 142). This is an important research finding from literature that can guide evidence based solutions to the problems of older adults in

Nigeria: it provides brief but valuable insights into the type of care and support people need as they age in place in their culture.

### **Assessment of Alcohol and Other Drug Abuse among Older Adults**

Whereas the abuse of alcohol is more visible among the younger generations, detecting it among seniors is often difficult. This is because, as Shibusawa (2006) notes, many older adults have disengaged from the workplace where substance related problems are often detected. Shibusawa also notes that while white women of the higher socioeconomic group relative to other ageing white women are less likely to be assessed and diagnosed as substance abusers because such older female adults do not match the stereotypical thinking about people who abuse alcohol and other drugs. Another difficulty in the assessment of substance use disorders among older adults identified by Shibusawa is that:

Symptoms of alcohol and other substance abuse often manifest as age-related problems such as insomnia, gastrointestinal problems, sexual dysfunctions, forgetfulness, dementia, and depression, further deterring service providers from exploring the possibility of alcohol and substance abuse (p. 143).

Since the symptoms of alcohol or substance use disorders often mimic those of ageing, it becomes imperative for providers of old age care and social support to have the knowledge and skills of assessing co-occurring disorders among older adults in both conflict and non-conflict situations in Nigeria. Corley, Gray & Yakomo (2006) who also examined factors that hinder the detection of psychosocial functioning including the assessment of substance abuse by older adults stated that:

Many older adults prompt the attention of family members and ultimately the health care system for issues that do not immediately suggest problematic substance use. For example, falls, injuries, confusion, neglect, depression, memory loss, emotional lability, sleep disturbances, and adverse drug interactions may be attributed to chronic medical conditions, dementia, or the consequences of ageing rather than alcohol use" (p. 511).

The prevention and management of chronic, drug-related mental illness among older adults should involve the trajectory model which refers to the way in which the course of the illness develops over time including the



responses from family care givers and health care providers that contribute to the course of the illness. Straus, a medical sociologist, and Juliet Corbin (1998), developed the trajectory model of chronic illness following over 30 years of interdisciplinary research on a variety of chronic illnesses as a nursing model that is applicable to chronic disease conditions. They defined the term, trajectory as "course of illness over time plus the actions taken by patients, families and health professionals to manage or shape the course" of chronic illness in its different stages and phases.

The detection of the signs and symptoms of substance use disorders and psychosocial needs in older adults therefore demands the expertise of specialists such as social workers, psychologists and counsellors in the field of the co-existing ageing problems and alcohol abuse, and such experts are scarce in Nigeria and other less developed countries. Drug abuse by children and young people is a source of serious concern, anxiety, worry and stress among parents which can exacerbate parenting challenges and ageing problems. The spouse of a frail older adult in need of care and social support is likely to be also too frail and too old to be effective in meeting the health, nutritional, housing, learning, emotional, social and security needs of his or her spouse. And so, substance abuse by children and young people can exacerbate the functional disabilities and mental health challenges of their elderly parents in need of their care and support. It is expected that the training of 22 relevant academic staff members of selected Nigerian Universities by the National Universities Commission (NUC) in collaboration with the Dave Omokaro Foundation (DOF) and the University of North Texas (UNT) will produce the much needed specialists in ageing that adequately address the challenges of detecting alcohol and other drug abuse among older Nigerians especially by exploring how some of the instruments applied to older adults in America such as. The CAGE, the Michigan Alcohol Screening Test-Geriatric Version (MAST-G) and the Alcohol Use /Disorders Identification Test (AUDIT) can be adapted to be indigenously effective and relevant in the Nigerian culture.

As mentioned earlier, accurate assessment, effective treatment and prevention of substance abuse among older Nigerian adults will lead to the prevention of the spread of HIV infection among older adults in the country. The prevention of substance abuse among older adults will also prevent suicide risk, dementia and depression among them. And so, the expected



UNT- trained specialists in ageing should not only develop culturally relevant screening or assessment instruments to be applied to older adults in Nigeria but should also come up with age-specific treatment for substance abuse related disorders including educational and psychological interventions such as attitude and behaviour change strategies which Shibusawa described as being appropriate and effective for older adults who have the awareness that they are consuming improper quantities of alcohol and other drugs.

In Nigeria, there are numerous research efforts designed to educate children and adolescents on the social, psychological and health risks of increased use of alcohol and other drugs as a strategy for coping with anxiety, stress, burnout and depressive disorders, loneliness, isolation, empty nest, learned helplessness, economic insecurity, food insecurity and poverty especially in an era of high rates of youth unemployment and extremely stressful traumatic life events such as violent religious conflicts and hostilities. The numerous research concerns about the causes and prevention of psychosocial adjustment difficulties and drug use/abuse among children and adolescents in the country unarguably derive heavily from the premium society places on them as future leaders. Studies which have identified the causes of substance abuse especially among students in the country include those by Abiodun, Adelakan, Ogunremi, Oni, & Obayan, (1994); Asuni, (1977); Attah-Johnson (1985); Boroffka (1966); Ebie (1990); Ejikeme & Ejikeme (2012a, b); Ejikeme & Ejikeme (2013); Erinoshio & Ayorinde (1978); Ifambumuyi (1986); Karuri, Ejikeme & Zamani (2012); Lambo (1965); Ejikeme & Zamani (2012); Odejide, (1978); Pela (1984). Whereas substance abuse among younger generation has been of great concern to researchers and professionals in mental health professions in Nigeria, alcohol and other drug abuse problems and their related psychosocial needs among older adults are receiving less attention in terms of their prevention and management than in younger populations in Nigeria not necessarily because elder drug abuse problems are confused with ageing problems but largely because researchers and practitioners in the fields of clinical social work, clinical psychology and counselling seem to lack interest in this field of co-morbid ageing problems, psychosocial problems and substance abuse.

The use of alcohol and other drugs in response to traumatic life

events such as violent conflicts is viewed as being maladaptive from the perspective of clinical social work and counselling. There is little or no research on how older adults who are internally displaced victims of reoccurring conflicts cope with the stress of ageing and other forms of stress induced by violent conflict situations in Nigeria. This research paper therefore attempts to find out if cases of older adults in conflict situations in Nigeria who use alcohol as coping strategy (Ejikeme & Ejikeme, 2012b) are diagnosed and treated.

### **Theory of Alcohol Abuse among Older Adults**

#### *The Political Economy Theory of Ageing*

The theories of ageing that are favoured by social gerontologists include (a) the disengagement theory, (b) continuity theory, and (c) role theory. Whereas these theories explain the concepts of ageing and the old and can increase the understanding of the determinants of the volume and quality of services for older adults with substance related disorders in society, the political economy theory offers a broader analysis of the inequality of access to social, psychological and medical services for drug abusing older adults in a given society. One theory in the area of gerontology that can enable one understand the differences in societal responses to the special needs of older adults who abuse alcohol and other drugs and are at risk for HIV infection, depression, dementia and suicide is the political economy theory. The theory is intimately associated with Bates & Minkler (1991). The political economy theory explains the role played by the state and capitalism as contributors to the political and economic conditions and structures that subject older adults to deprivations, frustrations, domination and marginalisation which do not only exacerbate the stress of ageing but can bring enormous pressure on older adults to use and abuse drugs as means of coping with disturbing anxiety and stress.

According to Giddens (2010), "political economy theory focuses on the role of economic and political systems in shaping and reproducing the prevailing power arrangements and inequalities in society" (p. 309). Social policies are formulated in response to the welfare needs and problems of people of all ages-unborn babies, infants, children, adolescents, young adults, middle-aged adults and older adults. Social policies are operationalised by translating them into social action such as the provision



of health care, geriatric services, nutrition, social support, education, housing programmes and social security services. Specific policies that are designed to address the situation of older adults are expected to effectively regulate the provision of health and social services in response to the needs of older adults in both conflict and non-conflict situations in rural and urban populations. As Ejikeme (2014a, 2014b) observed, geographic medical doctor scarcities which America is making effort to curtail also exist in Nigeria's system of healthcare delivery. There is the inequitable distribution of specialists in medicine and the specialists hospitals in the country, in which there is a high concentration of these health experts and technological facilities in urban centers that are far from underserved rural areas where many frail older adults with disabilities live in the country. It takes the political will of the ruling class to ensure the equitable distribution of welfare services in a society. Inequality of access to such services means that some members of society will experience marginalisation and deprivations-factors that can fasten the ageing process. This notion is in line with Giddens'(2010) view that "social policy or social security, for example- is understood as the result of social struggles, conflicts and the dominant power of the time" (p. 309). Social policies affect children, adolescents, young adults, middle-aged adults, and older adults differentially in both industrialised societies and less developed societies. Any policy affecting older adults is an indicator that society is stratified according to certain criteria such as social class, ethnicity, religion, and gender. And so, ageing and old age cannot be adequately understood and explained without reference to the prevailing mode of production of material life in the society concerned.

The social policy affecting older adults in one society may be benevolent while it might be malevolent in another society. In both developed and less developed societies, older adults tend to be more economically disadvantaged than other age cohorts. According to Giddens, "the inequalities of class, race and gender are often exacerbated when a person stops a paid work and so the added inequality of later life means that old women, minorities and manual workers are poorer than peer equivalents in middle age"(p. 311). Retirement can mean loss of income and considerable decline in the income of an older adult. Retirement is not synonymous with the end of life and human functioning. Retirees with



marketable skills can be re-engaged in economic activities that will enable them eke out existence without being serious liability to care givers if they are physically stable. This relates to both the continuity and activity theories.

The continuity theory is anchored on the notion that retirees can continue to work with slight modification of the role they play in the workplace. A retired, high-income earning sociologist can engage in a part-time job or serve as volunteer and then earn lower remuneration than he did before retirement. It also relates to the activity theory which is based on the premise that people who are active tend to be more satisfied with their lives; physically they feel better. Older people desire to belong, be socially engaged and be seen as active participants and contributors in social life. Participation in social life makes them feel accepted, relevant and happy. Training, retraining, adult education and lifelong learning can enable some retirees to acquire new skills that can enable them get employed again and can even be an asset and not a liability or burden to their younger siblings that lack economic security. And so, whether or not people age healthily, successfully, gracefully, and happily; and whether or not people live long will depend largely are products of the society in which they exist; and so, these concepts- ageing and old age- cannot adequately understood if we ignore their related social and cultural phenomena. In Nigeria, where there is little or no literature evidence of the assessment, identification, and psychosocial treatment of co-occurring substance abuse, HIV infection, and psychopathology among older adults, ageing and old age in the country cannot match what they are in societies where the physical and mental health needs of older adults are accurately identified, assessed, treated and prevented.

### **Summary of Literature Reviewed**

Alcohol use or abuse which can co-exist with psychosocial needs, HIV infection and other physical disorders among older adults, though more difficult to detect than in younger populations, have their prevalence rates established in the review of literature, whereas studies on such problems among older adults in Nigeria are less visible in literature. This constitutes a problem for the effective treatment of co-occurring substance abuse, HIV infection and ageing problems in Nigeria, and as-such, should be addressed

as a matter of urgency. This is because accurate assessment and effective treatment of psychosocial difficulties and alcohol abuse among older adults in Nigeria is a basic, essential step towards the reduction and prevention of HIV infection, dementia and depression among them.

### **Statement of the Problem**

Old People's Homes are few in Nigeria and older adults hardly receive professional services of clinical social workers, psychologists and counsellors who can educate them on the hazards of increased use of alcohol and other psychoactive substances that can complicate their social, physical and mental health problems including suicide attempts, dementia and depression especially in violent conflict situations in the country. This is because the abuse of alcohol and other drugs has hazardous effects on individuals of all ages and the harmful effects include liver cirrhosis, lowered reaction time, and HIV infection. And so, the prevention of adult drug abuse is a basic, essential step towards the prevention of the spread of HIV and psychosocial needs among older adults in Nigeria. Before effective and appropriate intervention can be undertaken to prevent and manage older adult substance abuse which can exacerbate or complicate their ageing problems, there must be scientific data on the causes and prevalence of the problem among elderly people in the country. Scientific data facilitate evidence-based solutions to health and social problems that can exacerbate the stress of ageing and put older adults at risk for drug abuse. The abuse of alcohol by older adults who already have age-related problems is a disturbing problem but the problem this study is concerned with is that there is a worse problem in a country where co-occurring alcohol abuse, mental illness and psychosocial needs of older adults are undiagnosed and untreated (Ejikeme, Ejikeme, Badru, & Akwash, 2014). Except clinical social workers, clinical psychologists, and counsellors are guided by research findings on the signs and symptoms of elder drug abuse they will hardly provide evidence-based interventions or services that are indigenously relevant, effective and appropriate in the Nigerian culture.

The present situation in which social workers, counsellors and psychologists are not practically involved in the provision of social support and other psychosocial services to older adults who are victims of internal



displacement due to extremely stressful conflicts, flood disaster and other devastating life events, as observed by Ejikeme, Ejikeme, Badru & Fatai (2014), is wrong and needs changing. So far, there is no literature evidence to show that something is being done to change the problem. But not doing anything in terms of research to understand the alcohol behaviour and the psychosocial needs of this cohort of older Nigerian adults will be risky; drug research findings enhance evidence-based intervention that can enable drug using older adults live health lives. This paper prefers evidence based solutions to the problems facing younger and older generations in Nigeria to non-scientific interventions.

A radical turnaround is expected in Nigeria's approaches to the plight of older adults in Nigeria now that the National Universities Commission, Abuja, Nigeria, in collaboration with the University of North Texas Faculty and personnel are training Nigerian scholars to be specialists in ageing. The scarcity of hard data on alcohol behaviour and psychosocial needs of older adults in conflict situations in Nigeria constitutes a research problem confronting the Nigerian university scholars being trained by as specialists in ageing and expected to adequately attend to the psychosocial or social support needs and problems of older adults including those of them that are at risk for drug abuse and its related disorders in the country.

## **Method**

The authors of this paper decided to collect data on a cohort of older Nigerian adults in and exploratory study by first conducting desk-based literature search to know how other countries such as America approach the social support including counselling and psychosocial needs of their older populations in violent conflict situations as traumatic life events. Second, the authors analysed the research findings by Corley (2006) and Shibusawa (2006) on the effects of adult drug abuse identification/assessment and age-specific treatment for alcohol and other drug abuse (AOD). Ejikeme & Ejikeme (2012b) studied 217 internally displaced persons including older adults who were victims of violent religious and ethnic insurgencies placed in Tati Hotel Refugee Camp in Jos Metropolis in 2012 and identified the need for treatments and interventions that can be effective in managing previously un-assessed and untreated drug-related problems of older Nigerian adults placed in the Rehabilitation Centre or camp.

For professional responses to the psychosocial needs of older adults who are victims of violence in Nigeria to be indigenously relevant and effective, policy makers and health and social service providers in the country need to consider that (a) there are individual, age, cultural and socio-economic differences in the way people manifest normality and abnormality, and (b) what may be defined as psychopathology and its treatment in Europe and America may be slightly different from what they are in the Nigerian socioeconomic and cultural context. For instance, it will be unscientific to assume that the diagnostic and therapeutic approaches to the psychosocial needs of older adults drug use disorders that have worked in the Western culture must necessarily be defined as-such in a non Western country like Nigeria. Validating therapeutic approaches that have worked in the Western world was the major concern of Karuri's (2013) in her PhD research work which assessed therapeutic effectiveness of Western approaches in the management of co-occurring substance related disorders in Nigeria. And so, the research findings of Karuri (2013) were also reviewed for the purpose of exploring how psychological approaches, counselling and related interventions can be effective in managing the un-assessed and untreated drug-related problems of older Nigerian adults placed in the Rehabilitation Centre or camps as victims of violent conflict situations in Nigeria. This was based on the report by Ejikeme & Ejikeme (2012b) that these older victims of violence and displacement in a rehabilitation camp presented symptoms of the combination of substance abuse and psychopathology (including high levels of anxiety, stress, and feelings of inadequacy, inferiority, insecurity, helplessness, hopelessness, and guilt) which can respond to therapeutic and counselling approaches of clinical psychologists, clinical social workers and counsellors.

Karuri's study which demonstrates the efficacy of Western psychological methods in treating the co-morbidity of substance related disorders and mental illness in the Nigerian culture provides the stage for the present exploratory study to find out how psychological methods can be effective and treating the drug problems and meeting psychosocial needs of internally displaced older adults rehabilitated as victims of stressful conflicts as traumatic life events in a rehabilitation camp in Jos, Nigeria, based on the report by Ejikeme & Ejikeme (2012b) had symptoms of substance abuse and psychopathology which can respond to the effective



therapy for alcohol use/abuse which Karuri (2013) validated in the Nigerian culture. As noted in the review of literature, there is little or no literature on the nature and scope of attention being given to the assessment and management of the psychosocial functioning and needs and alcohol behaviour of middle-aged and older adults (especially ageing women) by professional psychologists, counsellors and social workers in less developed countries including Nigeria, and this also constitutes a major gap in knowledge in the field of psychosocial needs, alcohol use disorder and related problems among older adults.

### **Objective**

The mission of this research project is find out the extent to which the alcohol behaviour and psychosocial needs of internally displaced older adults rehabilitated as victims of violent conflicts in a Rehabilitation camp in Jos are assessed, diagnosed and treated by psychologists, counsellors, social workers and human service providers. This major goal is expected to provide useful insights into how psychological methods can be effective and treating the psychosocial adjustment difficulties and alcohol use /abuse problems of internally displaced older adults rehabilitated as victims of stressful conflicts in a Refugee camp in Jos, Nigeria, based on the report by Ejikeme & Ejikeme (2012) had symptoms of substance abuse and psychopathology which can respond to therapeutic approaches which Karuri's (2013) validated in the Nigerian culture.

The study by Ejikeme & Ejikeme (2012b) addressed the following specific objectives:

- (a) To identify the psychosocial needs and problems of older persons internally displaced and dislocated by extremely stressful religious and ethnic conflicts
- (b) To find out the extent to which the psychosocial needs of older adults in these stressful conflict situations led them to use alcohol or increase its consumption and engage in other maladaptive responses as stress coping strategies in the country;
- (c) To find out the extent to which professional responses are made by psychologists, counsellors and social workers to the psychosocial needs and alcohol behaviour of these distressed older adults as victims of these traumatic life events.

- (d) To recommend the need for the involvement of professional psychologists, counsellors, medical social workers and other human service professionals in preventive, diagnostic, treatment and rehabilitation services for older adults experiencing psychosocial adjustment difficulty especially in stressful conflict situations as traumatic life events in Nigeria.

### **Review of Karuri's Research Findings in Relation to Alcohol Behaviour of Older Adults in Nigeria**

Data for this paper were obtained from the major findings of by Ejikeme & Ejikeme (2012 b, 2013) indicating that the older adults presented symptoms of the combination of psychosocial needs, alcohol abuse and psychopathology which can respond to therapeutic and counselling approaches of clinical psychologists, clinical social workers and counsellors but lacked professional responses in Nigeria.

### **Findings and Discussion**

The study by Ejikeme & Ejikeme showed that the psychosocial needs and problems of older persons internally displaced and dislocated by violent religious and ethnic crises in a Nigerian rehabilitation camp for violent conflict victims that led them to use alcohol and also increase its consumption for coping with stress and frustration arising from violence and displacement could be effectively managed by the diagnostic and therapeutic methods used by Karuri (2013). It was also found that the psychosocial needs and problems of these internally displaced older adults were neither assessed, diagnosed nor treated by gerontological social workers, counsellors, and psychologists. The coping responses of distressed older adults as victims of violent religious and ethnic conflicts to stress such as increased alcohol use were in appropriate and effective; and (4) there was no evidence of the involvement of gerontological /medical social workers, clinical psychologists and counsellors in understanding the psychosocial needs and concerns of older victims of violence and displacement and helping them to derive maximum benefits from medical care for sample of internally displaced older adults –through (a) timely and appropriate referral services, (b) need assessment, (c) treatment (d) preventive interventions (d) relapse prevention and rehabilitation services.



The study by Ejikeme & Ejikeme showed that sample of older adults who were victims of violent conflicts as traumatic life events in Nigeria reported that they were unhappy and lacked life satisfaction. Some of them reported that they increased their consumption of alcohol as means of coping with the severe stress of their devastating conflict situation. Lack of happiness and life satisfaction can lead to increased drug consumption and suicide attempts, especially among older adults lacking social support in time of severe need and stress of illness; happiness as a positive emotion is a reflection of one's feeling about existence and it enhances the physical, mental and social well-being of an individual and so elongates the ageing process (Ejikeme & Ejikeme, 2013). Any traumatized and distressed victim of senseless religious and ethnic conflicts that are violent can lose control of negative emotions (fear of terror, hatred for the enemy and anger towards self and the perpetrator of the conflict) and then engage antisocial behaviour (verbal and physical aggression, criminal violence). And so, distressed older victims of violence and displacement need the assistance of professional helpers achieve a high level of social intelligence (the ability to have positive relationships and interactions with other people) and emotional intelligence (the ability to understand, interpret, master and controls one's emotions and those of other people) in order to cope successfully with the stress of ageing and conflict, achieve happiness and life satisfaction the older adult's inability to manage negative emotions and violence in time in a scary and disturbing ethnic, religious or political insurgencies can exacerbate or complicate their age-related problems.

The findings of Karuri's (2013) on the effectiveness of treatment methods can guide the application of evidence based psychotherapy and counselling as psychological treatments and interventions that can be effective in managing the un-assessed and untreated drug-related problems of older Nigerian adults placed in the Rehabilitation Centre or camps as victims of violence in Nigeria. As noted in this exploratory study, literature reviewed shows that psychosocial problems, co-occurring substance abuse, HIV infection and other physical disorders among older adults, though more difficult to detect than in younger populations have their prevalence rates established and reported in literature, whereas literature on such problems among older adults in Nigeria is less visible in literature. This constitutes a problem for the effective treatment of co-occurring substance

abuse, HIV infection and ageing problems in Nigeria, where Ejikeme & Ejikeme (2012b) reported cases of undiagnosed and untreated drug problems of internally displaced older adults rehabilitated as victims of conflicts in a Rehabilitation camp in Jos, Nigeria. According to Ejikeme et al. (2012b) the older adults presented symptoms of the combination of substance abuse and psychopathology which can respond to therapeutic and counselling approaches of clinical psychologists, clinical social workers and counsellors). As reported by Ejikeme, Ejikeme, Badru & Akwash (2014), evidence based psychotherapy and counselling are imperative as professional responses to the psychosocial needs of older adults with alcohol behaviour in violent conflict situations in Nigeria.

### **Conclusion**

Based on the effectiveness of the psychological treatments used by Karuri (2013) in managing co-occurring substance abuse and mental illness in Nigeria, the finding of Ejikeme & Ejikeme (2012, 2013) that the older adults presented symptoms of the combination of substance abuse and psychopathology which can respond to therapeutic and counselling approaches of clinical psychologists, clinical social workers and counsellors is confirmed. The paper concludes that the existing professional responses to the psychosocial needs of older victims of violence with drug-related problems in Nigeria are not being adequately met. A similar finding was obtained by Ejikeme, Ejikeme, Badru, & Akwash, (2014). Thus, the paper has increased the understanding of how counsellors, social gerontologists, psychologists, social workers, and professional health care givers can educate older adults that use and abuse drugs as coping strategies in conflict situations on how substance abuse can co-occur with HIV infection, depression, dementia and other forms of emotional mental illness and how to prevent co-occurring disorders. Ethnic, religious and political insurgencies, as traumatic life events in Nigeria are reoccurring and severe and can elicit in people with low levels of cognitive ability, social and emotional intelligence, negative emotional reactions such feelings of inadequacy, inferiority, insecurity, helplessness, hopelessness, abandonment, disappointment and distrust can hinder recovery and create further physical or emotional mental health problems. In the absence of professional intervention, older adults tend to cope with these psychosocial



needs by using/abusing alcohol. These psychosocial factors which can underlie the alcohol, physical and mental health problems of older adults hinder improved prognosis and the success of medical intervention can be ameliorated by social gerontologists, counsellors, psychologists, social workers in Nigeria. Thus, the purpose of this study is conformed.

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