Towards Noncustodial Harm Reduction in Substance Abuse Amongst Youths: The Need to Incorporate Social Marketing Interventions into the Nigerian Legal Framework

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ABSTRACT

The overly reliance on getting 'tough on drugs policy' by the Nigerian government is counterproductive, as the problem is still on the increase. This has called for explicit and formal incorporation of social marketing strategies into our legal framework for better outcomes in the 'war on drugs'. Theory deconstruction (i.e. integrated model approach) was adopted to underpin the perspectives raised on the utility of social marketing as a noncustodial drug-use prevention and control mechanism. Findings revealed that the programme discourages drug-use behaviours through media education, counselling, and advertorial sea change in decision-making processes and drives. Both potential and actual users are sensitised to the dangers of drugs and how to desist (for users) and resist (for potential users) the temptation and contemplation to experiment with drugs. The issues raised suggested policy direction which orientated the conclusion, policy implications and suggestions for further studies. Commonly abused by the youth population, alcohol, marijuana, tobacco, and new/emerging local psychoactive substances, were found to be effectively curtailed using this approach. The promise of social marketing in combating youth drug culture is phenomenal and yet the framework is only tangentially discussed and referenced in most drug discourses. There is urgent need and necessity to incorporate the idea into our educational curricula and national drug plans. It is also suggested that additional studies be conducted on the subject matter using a more sophisticated scientific tools to further measure the strengths of social marketing variables in combating illicit substance use.

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Introduction

The phenomenon of drug/substance abuse has been a public and social issue for some time in contemporary society. The abuse of tobacco, alcohol and marijuana, for instance, is particularly a youth problem and culture; most of the users, victims are young people. It constitutes a serious threat to the health and psychosocial wellbeing of individual users, their families and society (for details, see Room, 2010, [12,17]; United Nations Office on Drugs and Crime [UNODC,[33,37,60,61]). Research shows that "there has been a significant increase in drug use worldwide…no society, whether urban or rural, developed or developing, is free; all are affected by one drug problem or another, with the youth population leading in the unhealthy behaviour" ([35], p. 128). The problem is on the increase despite the prevailing policy and practice of 'getting tough on drugs', which involves rough justice and severe punishment (custodial measures), including incarceration and sometimes execution of offenders (see also [43,59], 2018b, [37]).

However, the over reliance on repressive approach in Nigeria [21,30,35,39,42,43], as in other countries of the world such as the United States (US) and the United Kingdom (UK) [7,8,10,16], appears to be counterproductive. This measure might have had its deterrent effects at some point in history, but not now, and holding tenaciously to it in a democratic society arguably negates global best practices which intersect the areas of harm reduction in terms of treatment and respect for human rights and dignity. Accordingly, suggesting an alternative or complementary strategy that is more proactive, result-orientated, evidence-based and humane with wide coverage of what works and long-term policy implications for law enforcement, adjudication and treatment, is timely and necessary. Hence, social marketing is introduced to strengthen the existing policies and scholarship on drug prevention and control efforts.

Regrettably, social marketing is often misconstrued to mean social advertising or communications [2], whereas they are two different interventions. The concept is also different from social networking and commercial marketing. As conceived in the current research, social marketing entails a careful initiation and bringing into light specially designed marketing programmes to positively change the attitude of people towards a particular behaviour, say psychoactive substance abuse. It encompasses a variety of mechanisms through which information are elicited and disseminated on the dangers of substance use and how to guard people from being initiated into drug culture (for potential users) and discontinued (for already users) from the act. For clarity of purpose and avoidance of doubt, it is important to note that the social marketing-drug prevention/control connection is not a new or emerging practice, as it were. Nonetheless, the programme is yet to receive serious legal support in terms of official recognition and formalisation in the Nigerian criminal justice system despite its practical outcomes in solving some drug problems in local neighbourhoods. Indeed, the idea is widely used in informal and semiformal settings to address issues relating to alcohol and drugs with huge success.

According to Smith [52], social marketing goes beyond single mass media or public education campaigns and involves a complex, sustained and integrated approach designed to achieve a long-term vision. Thornley and Marsh [[57], p. 8] posited that, unlike "commercial marketers [referring to those who carry out profit-maximising advertising, marketing and networking], whose aim is to sell goods or services for commercial gain, social marketers promote voluntary behaviour change to improve individuals' wellbeing or the wellbeing of society". Experts' opinion further revealed that:

> Social marketing draws from different techniques to influence behaviour change to improve social and personal outcomes. It reviews and identifies 'what works' to change young people's behaviours (and attitude towards a particular commodity [psychoactive substance]. Investigating the success factors of effective youth-focused social marketing interventions will help inform policy development by identifying how interventions can facilitate positive behaviour change by young people and lead to improved health and social outcomes ([57], p. 7)

By implication, the factors responsible for drug abuse can be effectively tackled using social marketing principles and practices. This becomes realisable, since product (for e.g., drugs) regulations and awareness are linked to social marketing, which most often finds expression in public enlightenments through the media and other communication channels. To achieve this, a formal, semiformal, or informal non-profit social, communication and marketing sessions are created or organised through the media, workshops, symposia, seminars, schools, town hall meetings, and places of work and worship. The goal is to educate and counsel people, especially the most vulnerable group (the youth population) in society, on how to resist the contemplation and temptation of experimenting with drugs.

As a designed policy-reinforcing plan, the hallmark of social marketing campaign is geared towards curbing both identified and unidentified threats to public safety, amongst which is, substance abuse. Corroborating this view, Samouei et al., [[50], p. 187] maintained that "social marketing tries to affect the social behaviour of the target audience in a way that is beneficial to the society and has wide use in international health programmes, such as dealing with alcohol and substance abuse". It also indirectly re-echoed, in solidarity, the importance of the widely acknowledged source-control and treatment plans by creating practical pathways to follow in making a positive sea-change in both the penal policies on drug and the psychosocial driving forces that give rise to drug abuse. Here, emphasis is on social and psychological learning and soul-winning through drug mass literacy (education), which follows systematic, regulated and monitored teachings and learning. This has necessitated the call for explicit and formal integration of social marketing campaigns into the Nigerian legal framework, system for better outcomes in the 'war on drugs'.

Theoretical framework

The paper is anchored in crime 'theory deconstruction' framework, popularly known as integrated model approach, which Siegel [[51], p. 204] described as a "model of crime causation that weave social and individual variables into a complex explanatory chain". For broad-based understanding and explanation of substance abuse causality, the predictions of reasoned-action, planned-behaviour, rational choice, social learning, anomie, conflict/political economy, subcultural, functionalist, differential opportunity and social disorganisation theories were systemically fused. The reason for adopting this theoretical orientation is premised upon the fact that no single theory can provide adequate analysis of any part of drug studies, so presenting a holistic view of drugs requires analytical theory building and synthesis. The deconstruction, therefore, is in concordance with the position of Lanier and Henry [26], who explained that an integrated theoretical framework is required to analyse the sequential chain of events, especially when a social problem (e.g. substance abuse) is an outcome of several different causes. In drug studies, integrating theories to establish causality and/or correlates is important because it presents an interaction of probabilities from different perspectives in explaining the motivation for people's involvement in illicit drug use.

The theory of reasoned-action is a corollary of rational choice/deterrence/economic theory, which holds that individuals will consider the consequences of a chosen behaviour before undertaking action leading to that particular behaviour. In this way, they will first form an intent which remains an important factor in determining behaviour and behavioural change [44]. That is, "intentions often arise from an individual's perception of a behaviour, as either positive or negative, together with the individual's idea of the way his/her society perceives the same behaviour" ([1] as cited in [44], p. 32). Usually, intent is formed and behaviour learnt and/or transmitted through conscious and unconscious means, as well as by direct and indirect media and interpersonal observations. The interchange of idea is often criminogenic in nature and most powerful within a subculture, where youths of like minds and similar thought pattern influence one another into such antisocial conducts as binge drinking and illicit cannabis use.

The preceding argument underscores the importance of social learning and subcultural perspectives in explaining why and how some people take to drugs. Sutherland [55], one of the leading proponents of social learning theory in criminology, averred that criminal/deviant behaviour, in this case, referring to illicit use of alcohol, marijuana and other consciousness-altering drugs, is not biologically determined. It is not inherited or created by individuals, but rather learnt, and the learning processes usually take place within intimate social groups. Banduras [4] contended that individuals learn how to behave by modelling their behaviour after that of others, especially those people they see as role models. This behaviour is socially transmitted through examples that come from the intimate personal groups such as family, subculture and mass media. This, then, implies that people learn how to abuse substances by not only imitating and emulating their peers, celebrities or models in the media industry, but also from close adult associates and parents who engage in the act in their presence.

Following from this, it is clear that experimental curiosity is one of the reasons for young Nigerians taking to drugs. To a large extent, this follows a psychosocial behavioural learning pattern and decision-making, which social marketing stand to correct. Individuals, after trying drugs with friends that are already experienced, may be stimulated and decide to continue in the practice [18]. Experimental substance use is a typical example of normative component of reasoned-action/planned-behaviour theory. The normative component simply refers to a personal worldview on or about the social pressure to perform (i.e. to use drug) or not to perform certain behaviour (i.e. to abstain from drug use). This particular component is subjective and could directly lead to drug experimentation and consequent habitual use [15]. Since the component simply refers to a short and long-term trial of one or more drugs, it makes much sense to argue that social marketing can control both recreational and habitual drug use/users to a large extent.

Indeed, the theory of planned-action is a spinoff of reasoned-action theory. Little wonder therefore, their basic assumptions are interchangeably used to explain decision-making processes prior to involvement in drug culture. Their predictions largely coincide with the basic tenets of rational choice theory, which also argued that drug use is a thought-out plan and calculated behaviour. The rational decision-making processes involved in drug dealings are of multidisciplinary scholarship, cutting across Economics, Law, Psychology, Criminology, Sociology, Political Science, Mass Communication and Marketing. Fundamental to rational theorists, irrespective of discipline, is the belief that individuals violate the law, including illicit drug use, when they perceive the benefits from the act to outweigh the possibility of being apprehended, prosecuted and incurring costs [46].

Particularly, reasoned-action theory is effective in describing behaviour when volitional control is high. This occurs when there is high degree of perceived success or perceived and actual control over the internal and external factors that may interfere with the execution of the intended action. However, in situations where volitional control is low, integrating theories of planned-behaviour and reasoned-action (with other theories or models) are more appropriate as a means of presenting an in-depth analysis of drug-use behaviours (see Ajzen & Fishein, 1980; Montano & Kasprzyk, 2000). Consequently, incorporating those highlighted relevant theories into the presenting discourse becomes imperative. It is also necessary we establish where all the theories formed a correlate and continuum, or their area of convergence, where they collectively account for the different needs and reasons for substance abuse. Here, functionalist approach (comprising social structures and social processes) aligns itself with conflict perspective to examine the phenomenon of interest. The two perspectives, with their shared subsets and intersecting areas, predict drug use amongst youths. Arguing from anomie theory, for instance, drug culture is bound to develop and sustain when the collective sentiments (i.e. the cherished norms and values that bind in-

dividuals and society together) are thrust aside. This could be the reason for Tepperman [[56], p. 166] linking the causes of drug abuse to social structural dynamics:

> Functional theory of drug abuse focuses on the gap between cultural goals and institutional means for satisfying those goal…the cause of excessive drinking (of alcohol and illicit drugs) and other substance abuse lies not in an absence of values and institutions but in the conflict between them…alcohol and drug abuse are adaptations to this gap, which causes anomie (normlessness/lawlessness; a situation whereby the regulatory system, whether formal or informal, is no longer effective to regulate individuals' conducts in society).

Anomic conditions are most likely to manifests in a society whose social structure and political economy are capitalist-orientated in nature (this supports conflict/political economy theory). Structural strains induced by systemic exploitations, alienation, marginalisation, hardship, poverty and social exclusion are common features of capitalist societies such as Nigeria. Lower-class people are the most vulnerable populations, who in a bid to respond or adjust to these social strains, turn to what Robert K Merton christened *retreatists/retreatism*. This pattern of adjustment involves a total rejection of both the societal goals and the acceptable means of achieving them. People in this category include societal pariah, vagrants, drug addicts and chronic alcoholics ([28], 1957). Because they are under intense status frustration and deprivation, the *retreatists* may join criminal subcultures or gangs (e.g. campus or street secret cults) where psychoactive substance abuse is the norm rather than the exception. Out of desperation to survive, or perhaps as a means of waging protest, the gang members may try to reject their rejecters (the ruling/political/upper class, capitalists) who they often perceived to be responsible for their plight in one way or another. As summarised by Tepperman [[56], p. 166]:

> The characteristics of capitalist society make excess drug use a necessary adaptation for some people. Drug use allows social inequality to persist; instead of rebelling against socially prescribed goals or inequalities, many people dull the pain of disappointment with drugs or alcohol. Society blames those who retreat to drugs and alcohol for their own weakness and failure. This protects society from blame and allows inequality to continue without change.

Still on this, subcultural and differential opportunity theorists corroborate the view that some youths have failed to achieve status in society and consequently adopt different kinds of coping mechanism, including joining a subculture, where illicit drug use is permissible ([9], Cloward & Ohlin, 1960). From the same sources, as cited in Haralambos et al. [19], some lower-class youths form *retreatist* subculture, organised mainly around illegal drug use, because they have failed to succeed in both the legitimate and illegitimate structures of society. As failed gang members, they retreat, tails between their legs, into *retreatist* drug cultures. This suggests that abusers of alcohol and drugs are also influenced by environmental factors, which supports the adoption of the basic tenets of social disorganisation theory to further explain the aetiology of youth drug culture.

Siegel [51] acknowledged that substance abuse is viewed as having an environmental origin and basis, with major focus on lower-class addiction. Since a disproportionate number of substance abusers are said to be poor, the onset of this problem can be tied to such factors as racial prejudice, devalued identity, low self-esteem, poor socioeconomic status, and the high level of mistrust, negativism, and defiance found in impoverished areas. Residents feel trapped in a cycle of violence, drug abuse, and despair (James et al., 2004). Under these conditions, "some lower class youths (may) form retreatist subculture, organised mainly around illegal drug use, because they have failed to succeed in both the legitimate and the illegitimate structures of the society. As failed gang members, they retreat, tails between their legs, into retreatist cultures" (Cloward & Ohlin, 1961 as cited in [19], p. 326).

According to Bowden (1971), as cited in Siegel [51], residing in a deteriorated inner-city area is often correlated with entry into a drug culture. Youths living in depressed areas, where feelings of alienation and hopelessness run high, often meet established substance abusers who teach them that narcotics provide an answer to their feelings of personal inadequacy and stress. This overlaps with the basic assumptions of social disorganisation theory, which reveals that the need for social order and cohesion in some communities are so great that drugs are bound to play important role in reaching these functional, structural prerequisites. And this becomes particularly true and realisable when traditional patterns and constraints break down [56]. Was it not predicted by the social disorganisation theorist that "drugs and alcohol abuse increase when institutions that have traditionally discouraged deviant behaviour becomes less effective. Then, norms and values become unclear and people turn deviant behaviour—in this case, to alcohol and drugs" ([56], p. 166)

The strength of the integrated theoretical framework is found in its synchronised predictions as progressively analysed. It explained the underlying causes of substance abuse in detail. From the deconstructed theories, for instance, a preponderance of evidence abound to support social marketing dynamics as a robust tool for combating substance abuse. Social marketing is premised upon preventive and control measures that are treatment, counselling and education-focused. It is effective and functional, especially in the area of harm reduction. As a result, the sequence of events stemming from the theory synthesis informed the understanding that social marketing is a valid and reliable strategy that could lead to a significant reduction in the use and abuse of such psychoactive substances as alcohol, tobacco, marijuana, and so on.

The drug situation in Nigeria: a critical review

A critical review of the drug situation in Nigeria would presents a steady increase in its patterns, seriousness, prevalence, and extent or degree. The escalating trend in drug culture has been a major source of concern to different sections of the

population, with much of the concerns coming from the international community, policy reports, scholars and researchers [36,37,43,54,59–61]. Overall, the vast majority of the call to eradicate controlled psychoactive, mood-altering substances comes from the government and its drug prevention and control agents/agencies. For instance, the National Drug Law Enforcement Agency (NDLEA) reported the act as both a thriving business and a serious issue in Nigeria which requires strong concerted efforts to control its trade and use. Consequently, the problem has led to proliferation of drug policies which, on the average scale, had been counterproductive or perhaps yielded little practical result (Gyong & Taminu, 2010; NDLEA, [32,37]). Research shows that, between 1979 and 1988, a total of 14,833 arrests and 4574 convictions for drug related offences, especially in trafficking involving Nigerians were recorded in foreign countries alone [39].

Prior to 1984, the amount of heroin seized in Africa, particularly Nigeria, was negligible. However, in 1984, the quantity seized amounted to 24 Kilogrammes, and by the end of 1986, the rate extended to 155 Kilogrammes (Obot, 2001 as cited in [22]). The greatest concern for medical practitioners is the growing use of hard drugs which have been causing psychiatric disorders amongst Nigerians, particularly teenagers. In the early part of 1988, official report at the Psychiatric Hospital, Yaba in Lagos State of Nigeria reveals that marijuana victims accounted for 687 cases, followed by alcohol with 204 recorded cases [58]. From the same source, while a combination of alcohol and marijuana accounted for 160 recorded cases, cocaine and heroin accounted for 37 and 31 cases each. Of these figures, 150 students were affected by drug abuse whereas 200 victims were unemployed youths from various parts of Nigeria [58].

By the mid-1980s, Nigeria came face to face with a new phenomenon of cocaine and heroin availability in the country as a result of arrests at the airport in Lagos. Beginning from the mid-1980s and throughout to the 1990s, Nigeria and Nigerians came to be associated with a prominent role in global drug trafficking in cocaine and heroin [39]. The NDLEA's compilation of drug seizures and arrestees between 1990 and 2011 revealed a shocking trend. The following evidential data were found: Cannabis, 3, 027,851.50; cocaine, 19,781.24; heroin, 2954.83; and others, 16,071.17 (NDLEA, 2012). Notwithstanding the punitive laws and other harsh operational procedures, policies adopted by the government of Nigeria to curb the phenomenon, a number of seizures and arrests relating to illegal drug cultivation, trade, distribution, and use is rapidly increasing and thereby causing observers to cast aspersions on the efficiency of their implementation and strengths. For instance, research findings of Gyong and Tanimu (2010) confirmed that, despite the prevailing war on drugs, the number of suspects arrested for drug related offences in Nigeria over the past two decades is significant. The results of their study showed that the number of male arrestees rose from 293 persons in 1991 to a maximum of 6323 persons in 2006, showing an increase of 2158%. On the side of female suspects arrested, their involvement in drug related offences also demonstrated high increase, from 61 females in 1994 to 440 in 2006.

To stem the tide, State drug regulatory bodies have, for long and consistently, favoured the application of punitive measures, getting 'tough on drugs' while ignoring such humanistic, democratic and noncustodial frameworks as restorative justice (see [35]) and social marketing principles and their usefulness in harm reduction. In response to this, the then British administration in Nigeria enacted the first official drug control law termed the 'Dangerous Drug Act' in 1935. The Act outlawed illegal production and cultivation, importation and exportation, sales and distribution, and use and abuse of marijuana, heroin, and opium or other dangerous drugs [41]. Yet, the problem persisted, leading to the promulgation of the notorious Indian Hemp Decree of 1966, which imposed death penalty or a-21-year prison term for the cultivation of cannabis, while its exportation attracted 10 years imprisonment [39]. However, Otu [43] described the ongoing wars/policies on drugs in Nigeria as no more than a product of moral panic that is borne out of 'drug scares'. Moral panic generally, and drug scares in particular, are integral aspect of human nature which have become recurring cultural, political and economic phenomena in their own right, so that the resultant rightist drug policy—antidrug crusades, punitiveness, war and other marked nuanced public concerns about drugs—can be explained sociologically (Reinarman, 1994 as cited in [43]).

The above extant literature and statistics on drug problem has not decreased; the current drug situation in Nigeria is rapidly increasing. Particularly, recent reports from UNODC (2013) observed a steady increase in, if not alarming rate of, drug situation in Nigeria, which has led to increased law enforcement efforts and greater political commitment to control drugs. From the same source, Nigerian trafficking groups based in Brazil and elsewhere in South America, remain quite active in cocaine trafficking, with these groups importing cocaine through containerised consignments and maritime shipping, air couriering and postal shipments. In the national or home front, 847.46 hectares of cannabis plantations nationwide were discovered and destroyed in 2013. Cannabis plantations are usually located in remote areas, with difficult terrain that limits access, which poses challenges for drug interdiction, eradication and crop substitution (see also UNODC, [60]). Empirical evidence further showed that "an estimated 10.8% of the population or 10.6 million people, had used cannabis in the past year; and the average age of initiation of cannabis use amongst the general population was 19 years in 2018 (UNODC, 2018b, p. 12).

Furthermore, the above source indicated that "cannabis use was 7 times higher amongst men (18.8% amongst men vs 2.6% of women), while the gender gap in the nonmedical use of pharmaceutical opioids (such as tramadol) was less marked (6% amongst men vs 3.3% amongst women)" (UNODC, 2018b, p. 12). The current World Drug Report 2019, as documented by the UNODC, Nigeria is occupying the third position in global rankings on the use of marijuana and first in Africa (UNODC, [61]), "only trailing behind Iceland and United States, while leading Canada, Chile, France, New Zealand, Bermuda, Australia and Zambia" ([37], p. 2). According to the New Frontier Data report, "a technology-driven analytics company specialised in the cannabis industry in the Washington, District of Columbia, United States, reported that, despite being an illegal substance in Nigeria, an estimated 20.8 million people use cannabis every year in a market estimated at $ 15.3 billion" (Ojewale, 2019

as cited in [37], p. 2). Having presented the drug situation in Nigeria, it becomes necessary to analyse how social marketing can be used to change the behaviour of drug users and strengthen existing drug policies for effective prevention and control.

Social marketing as a tool for harm reduction in substance abuse

Linking social marketing to the national drug plans appears to be a Western experience and practice, as many empirical studies on the subject are generally found in the Western literature [3,20,29,53,62]. On the other hand, the subject of discussion has received comparatively far less scholarly attention in Nigeria. Identifying and filling this gap in knowledge is acknowledged as the novelty and merit of the current scholarship. For instance, a study conducted by the Advertising Educational Foundation (AEF) in US revealed that the social marketing slogan 'Don't let your friends drive while drunk' has led to a 10% reduction in deaths related to alcohol abuse (AEF, 2003). In order to reduce the number of Driving While Intoxicated (DWI) incidents, the slogan 'We don't drink and drive' was used during US election campaigns and it recorded significant positive results [45]. Research suggests that the number of DWI incidents decreased by 17% in the 1st year and great reduction in drinking with no great costs, and that this new behaviour (social marketing) is now part of the social lifestyle [49].

A report in the docket of the Society for the Study of Addiction (SSA) revealed that there is a relationship between social marketing and substance use control in USA. A case in point regarding a successful social marketing campaign is the Truth Initiative's (formerly known as the Legacy Foundation) anti-smoking campaign. The campaign used television and online content to change social norms about smoking by countering the appeal of cigarettes through encouraging young people to rebel against the duplicity of the Tobacco Industry. Further studies on this attest that the campaign led to a 22% decrease in the prevalence of smoking in young people [14,29]. Social marketing is not custodial-based, but rather a community-based programme, and, unlike the formal approach, the latter has been known across cultures to be successful both in the short and the long terms because it seeks to minimise harm and increases the urge to seek help and treatment. Particularly, this it does by sustainably and considerably reducing stigma and social labelling associated with drug use which often encourage persistence in use and hidden use. There is a strong relationship between social stigma and drug use/addiction, causing many victims not to seek help they need, and leading to lack of public support for a comprehensive intervention to handle the drug problem in society (B. C. Partner, 2005; [27,47]).

Consequently, B. C. Partner (2005) was referring to the implementation of social marketing when he suggested that 'there is a strong need to create an attitudinal shift in society in order to destigmatise addiction'. This is further understood in the current research to mean a paradigm shift from clinging on custodial approach and other State repressions in Nigeria and other developing countries to the internalisation of social marketing campaigns for effective and long-term output with minimal input. With social marketing in Nigeria, the percentage of youth population to be influenced into 'desistance from and ageing of out drug' stands to be significant, since this new approach seeks to impact social behaviour (drug use) so as to assist the target audience (drug users) and society in general (Kotler & Andreason, 2002). Another enduring, sustainable pathway to ensuring that drug abuse by youths will continue to decrease over time is in the value of social market in combating stigma and changing public attitudes and behaviour towards people with addictions [27]. This is made possible because social marketing is one of the large-scale public awareness programmes aimed at promoting such health literacy as knowledge, recognition, and management that are designed to fighting attitudes, perceptions, and stigma attached to drug abuse [6]. The success stories of this intervention appears to have high impact factor both in the developed and the developing, mostly when delivered by nationally identifiable public personalities or by media pundits [24].

The government social marketing strategies which encourage stores in England not to sale alcohol to people under the legal age actually controlled public drinking and smoking amongst the youth [31]. The Alcohol-Health Committee (2010), as cited by Milward [29], reported the findings of Know Your Limits Campaign (KYLC)—a formal social marketing crusade in the United Kingdom that targets awareness of sensible drinking in young adults—a third of the audience reported that the campaign messaging made them to consider the negative consequences of getting drunk. Under the US Truth social marketing programme, empirical evidence showed that smoking prevalence amongst all secondary school students declined from 25.3% to 18.0% between 1999 and 2002 and that the campaign accounted for approximately 22% of this decline [14]. A study on initiation into smoking showed that there were 456, 281 fewer adolescents initiating smoking over the 2000 to 2004 (social marketing) Truth campaign period and that this reduction in the number of smokers could be attributed to the Truth campaign (Farrelly's et al., 2009 as cited in [57]).

Even in Australia and New Zealand, success stories have been recorded in the use of social marketing to positively alter drug-use behaviour amongst young people. This is evidenced by the findings of Smarter than Smoking (SS), a social marketing campaign, established in 1995 to tackle the prevalent youth smoking culture in Western Australian. The intervention strived for harm reduction, specifically aimed at reducing the social acceptability of smoking, reinforcing the negative short-term and immediate effects of smoking, and assisting those youths who had not smoked to develop the skills required to remain non-smokers [57]. A New Zealand report on 'What Works in Social Marketing to Young People' summarised the components of SS programme and their importance to drug use reduction amongst Australian youths thus:

> Components of the project include mass media communications; school-based education programmes, small grants and resources for schools, and training for school nurses to provide cessation support for smokers; promotion of the SS message through sponsorship of sports and arts events and activities involving young people; youth-orientated

publications, merchandise, and websites; and advocacy to reduce tobacco promotion, availability and affordability. The mass media campaigns helped raise awareness and create a strong brand image, under which a range of complementary strategies were implemented ([57], p. 13).

Clearly, much has been written on drug use-social marketing nexus. Unlike in such developed countries as the UK, US, Australia and New Zealand where there are National Social Marketing Centres and the programme mainstreamed into their Criminal Justice System (CJS) for quality control and better outcomes, the situation is different in most developing countries in Africa (e.g. Nigeria, Ghana, Senegal, Ethiopia, amongst others) and Latin America (e.g. Columbia, Ecuador and Peru). To add to this is the paucity of policy discourses and scholarly works on the subject. Deb and Gupta (2012, p. 112) attested that, "although evidence for effectiveness exists for various prevention programmes in high-income countries (HICs), research from the developing world remains scarce..." Rather, State repressions dominate existing approaches in the latter societies. Yet, "substance use continues to be a major public health problem for the low and middle-income countries (LMICs, including Nigeria) around the world. Prevention strategies, which are theoretically grounded, culturally sensitive, and cost effective, can help such resource-constrained nations mount effective control measures against drug use" ([11], p. 112). By this, the referred to noncustodial measures (community-based programmes), including social marketing, which require "multisectorial involvement and multistakeholder participation" (p. 112).

Nevertheless, the relatively few existing research on the merits of drugs-social marketing connections in the developing climes revealed positive findings in relation to success stories. For instance, a study on community-based intervention in rural India revealed 60% reduction in alcohol use which was achieved by such noncustodial strategies as 'awareness building activities, advocacy to policymakers for limiting sale of alcoholic beverage, and by asking people to take oaths to remain abstinent' [5]. In a community-based trial to prevention drug use amongst in Yonnan-China with focus on prime-movers of social marketing plan village leaders, families and youths for literacy enhancement and to reach the end-users at the grassroots where there could electricity and telecommunication challenges, the finding showed a-2.7-fold reduction in the prevalence of drug abuse over time [64]. To guard against relapse into drug abuse by youths who have been positively changed by social marketing tenets, there are some programmes to accessed and internalised. The most important amongst the available interventions is to sustain the campaigns on noncustodial frameworks (social marketing, restorative justice, and so on) to combating drug abuse in Nigeria using both formal and informal communication channels. Others include enrolment into the Narcotics and Drugs Abuse Programme (NDAP), Counselling and Detoxification Programme (CDP), Social Rehabilitation or Relapse Prevention Programme (SRRPP), Self-Help Groups, amongst others.

With regard to drug prevention and control in Nigeria, the initiative was and still is only used in informal and semiformal settings, with meaningful results. Nonetheless, only a limited policy discourse and academic literature have been specifically initiated on the scheme. Olujide and Gbadeyan [40] acknowledged that the idea of social marketing is very new in Nigeria but either consciously or unconsciously people have been involved in social marketing activities. They went further to suggest that the Nigerian government at various levels have been involved in social marketing activities. Examples include public health campaign against Smoking, Drug Abuse and Acquired Immune Deficiency Syndrome; Campaigns for Immunisation, Family Planning and Mass Literacy, Road Safety, amongst others. For such researchers as Izogo and Chukwuemeka [[23], p. 93]

> Social marketing campaigns are one of the strategies which the Nigerian government has given plausible attention through its various institutions and agencies because of the corruption-driven nature of our society and the unceasing crave for attitudinal change. The birth of such governmental agencies as Consumer Protection Council (CPC), Economic and Financial Crimes Commission (EFCC), Independent and Corrupt Practices Commission (ICPC), National Agency for Food, Drug Administration and Control (NAFDAC), National Drug and Law Enforcement Agency (NDLEA), and so on was as a result of this caveat.

Although those agencies, particularly NDLEA, NAFDAC and CPC, sometimes make reference to or apply social marketing techniques in addressing the drug problem, such policy approach is not exhaustive and lacks legal merit and scientific rigour. Going by international best practice guidelines on social marketing, as progressively reviewed, there is no formalised programme and intervention specifically designed and established for the purpose of harm reduction and substituting custodial approach in drug-use behaviour in Nigeria. Critically assessed, what exist in Nigeria are occasional media reports and advertisements by those social regulatory institutions, and by extension, tobacco, alcohol and drug companies, as well as family, school and church drug education and counselling programmes. All this, in most cases, only have short-term results due to its inability to achieve sufficient target population exposue to communications and information.

The validity, reliability and applicability of social marketing interventions are found in streamlined political, mass communication and social 'innuendoes' (contextually referred to as strategies) or slogans on drugs. Notable amongst them are the idea of 'know your limit', 'say no to drugs', 'smokers are liable to die young', 'drink responsibly', 'don't allow drugs to change your neighbourhood' and 'don't get started in the first place'(source: personal communication of the researchers). These social marketing campaigns truly serve protective functions, but such are conducted outside the scientific community on a small-scale and in an unsystematic and irregular manner. Arising from this is the conceptualisation of social marketing as the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon (antisocial) behaviour for the benefit of individuals, groups, or society as a whole ([25]; Izogo & Chukwuma, 2013).

Social marketing is useful in enhancing behaviour and attitude in both formal and informal settings, because it provides insights into what works in discouraging people from drug-use behaviours. Therefore, explicit and formal inclusion of this initiative into the Nigerian legal system stand strong to strengthen the existing State interventions on drugs. It offers a responsive and forward-looking drug education programmes using several different channels of communication, such as television, radio, the internet, and other online contents, as well as school and church teachings, reintegrative shaming, and family circle and conferencing as restorative programmes. The objective of these media and community-based services offered by social marketing is to rekindle in the social and moral conscience of people the right perception and ideology that could change their misguided worldview about drugs. It entails resocialising the at risk groups, mainly young people, on how to resist the advertorial appeals of tobacco and alcohol industries in the media. It has been established that "social marketing strategies could effectively dissuade Nigerians from importing, producing and sales of counterfeit drugs ([13], p. 30).

Furthermore, social marketing communication tools are effective in curbing, if not, eliminating the sales, distribution and consumption of fake and illicit drugs. It uses the right media and adequate publicity to carry out mass education of members of the public [13]. Understanding the workings of social marketing techniques is important for providing relevant information and awareness networks for victims (primary, secondary or vicarious victims) and narcotic agents. This is in view of the fact that most unlawful psychoactive substance use are carried out behind closed doors, while such other drug offences as cultivation, transportation and selling and supplies are clandestinely committed in remote communities and within sub-cultures, thereby beating security and intelligence. The United Nations Office on Drugs and Crime reported that cannabis plantations are usually located in remote areas in Nigeria, with difficult terrain that limits access, which poses challenges for drug interdiction, eradication and crop substitution (UNODC, 2013; UNODC, 2018). Here, social marketing holds merit in closing this lacuna; the approach is implemented through rural awareness and outreach programmes on the dangers of illicit psychoactive substance use and way out of the problem behaviour. This is usually conducted by public health and social workers, as well as nongovernmental organisations and supported by the clergy, teachers, parents, community leaders, restorative justice facilitators in remote areas where such challenges as limited access to or outright nonexistent of electricity and telecommunication are present. According to ([27], pp. 13–14), the messages are conveyed through:

> …consumers could be reached with messages through a variety of channels, including the mass media (both paid media and earned media, including some combination of TV, radio, newspapers, magazines, and outdoor/transit advertising), face-to-face interaction at community meetings, through posters in doctors' offices, health clinics, and schools, etc. Messages can also be delivered on TV and radio talk shows, within plots of TV series, and through other popular media examples. Further information about de-stigmatising addiction (and drug abuse) can be delivered through websites, brochures, buttons, bumper stickers, and other means of communication. If there is a specific organisation heading up the effort, there may be specific services that are offered (workshops, community meetings, etc.) which become tangible ways to deliver the message.

Take for instance, the recent discovery and development in drug cultures in Nigeria, where the youth population has discovered wide availability of and/or easy access to local, somewhat hidden, and less incriminating psychoactive substances. Examples include the culture of inhaling "whitish part of lizard faeces, bat droppings, emissions from fermented public latrine, dried filthy sewage debris, solvents, Premium Motor Spirit (fuel), glue and artificial nail-removing fluid" ([34], p. 92), as well as a mixture of Lacasara soft drink with certain number of TOM-TOM sweet. Similarly, Abasiubong's et al. (2014) study revealed a growing trend in local psychoactive substance abuse: Kola nut (64.5%), formalin (33%), petrol (29%), shoe polish (27%), glue (21%), amongst others. Given the nature of these mood-altering substances, coupled with the complexities of Nigerian social, economic, political, legal, environmental and cultural structures, it poses a serious challenge to curtail this behaviour through conventional policing, law enforcement and legal actions. To tackle this problem, intensive and harmonised informal and semiformal marketing campaigns have been carried out in the official language (English) and different local languages and dialects in Nigeria, using local mass media and local communication tools for wider dissemination of information and messages.

Indeed, drug education has more potential value than the frequent police and legal actions against drug use commonly experienced in Nigeria. The advocacy is on the use of social marketing as a suitable means of education, sensitisation policy through which drug-use habit can be changed with significant result. In a sample of 134 aimed to determine the effects of social marketing on drug-use behaviourial change, the result showed a greater effect amongst friends: 67(40.2%), amongst family members: 66(39.2%), amongst professional colleagues: 69(35.5%), and amongst office colleagues: 52(25.2%) [13]. In every society, education, law enforcement and marketing messaging are the three main instruments used to control and guide the behaviour of people, including their drug habit. But, amongst these variables, social marketing is the only one of the available management tools for creating social and psychological changes in this regard [48,50].

A recent study (see [38]) summarised the role of social marketing in curbing the menace of drug use amongst secondary school students in Nigeria. For these authors, the programme is useful in behavioural modification of adolescents regarding their drug habit. During social marketing campaigns, such as anti-smoking campaigns, drug-free drama, teachers, school counsellors and health educators reinforce media messages through brief counselling against addiction. They make valuable contributions by providing additional communication channels to reach the target audience in terms of advice, counselling and rehabilitation. Particularly, health educators at schools, hospitals and other service-care centres are trusted source of health information, and social marketing messages add value beyond the effects of mass communication [38].

Conclusion

Efforts have been made to incorporate social marketing strategies into harm reduction principles. The research suggests with justifications, as progressively reviewed, the inevitability of explicit and formal integration of social marketing principles into the national drug agenda. The policy thrust of this strategy in combating drug problems cannot be overemphasised; it promises effective harm minimisation and significant psychosocial repentance outcomes, with insignificant (if not) zero stigmatisation and rejection of drug users, unlike the custodial and penal policies on drugs. Its central goal is drug policy-reinforcement and public enlightenments on the dangers of drug use and making reliable information on the phenomenon freely available and easily accessibility to members of the public to chart the course of desistance—discontinuity and ageing out of substance abuse.

Adopting this mechanism stands strong to provide people, whether literate, semiliterate or illiterate, with deeper insights into the causes of illicit drug-use, the associated harms, and the way out of drugs. It is a practical way of grappling with the drug problem, informing the grand basis for expanding the frontiers of interdisciplinary and multidisciplinary scholarship, as elucidated in the introductory and theoretical framework sections. This accounts for the exploration of Mass Communication, Marketing, Psychology, Sociology and Criminology dynamics and variables. Thinking in this direction is to ascertain what works for in-depth understanding and explanation of how this complex health and social issue can be practically addressed and hence informed our initiation of critical discourse on social marketing interventions and their correction with drug use control.

Again, the drug problem is universal, a global phenomenon of major concern, which has compelled many governments and their criminal justice systems to adopt punitive measures in a bid to stem the tide. Yet, the production, sales and use of illicit drugs and local psychoactive substances are on the increase. From the review, coupled with daily observations and conventional wisdom, the researchers found empirical evidence to justify the assertion that the apparently predominantly law enforcement approach to drug prevention and control is rather reactive and offensive in terms of methodology and practice. It is structurally weak, counterproductive and impractical. The Nigerian situation particularly presents some peculiarities that require urgent attention to address. Therefore, holding tenaciously to the idea of addressing drug-problems through custodial measures that usually do not produce meaningful result rather contributes to the growing phenomenon of drug culture amongst Nigerian youths.

The war on drugs has lasted more than necessary without any end in sight or significant reduction in the trends and patterns. This further orientated the conclusion that additional reinforcements (not substitutions) will pave way for discovering the missing link to strengthen the evidence base for effective and humanistics policy and action. By seeking interventions from what is already well-known and in implementation elsewhere, elucidating the core of the problem is near and possible, and social marketing holds great promise for actualising this goal. It is capable of directing incisive policy approach and has strong reinforcing power to reach out to wider target audience with long-term promising results. Subjecting drug offenders to imprisonment or execution, as promised and sometimes implemented by the Nigerian criminal justice system, is a common belief that this alone would solve the problem of drugs. And, in that way, negating the introduction of humanistic, corrective community-based frameworks into the national drug control policy. To determine what works in relation to effective harm reduction, the introduction of many more additional relevant noncustodial drug control programmes is of paramount importance and remains the rationale behind advocating for social marketing in this research.

As for social marketing, its problem-solving ability and policy reinforcing power are yet to be formally accorded deserved recognition in the Nigerian drug laws and criminal justice. Rather, it is seen or observed that the initiative and its application to substance-abuse prevention and control are limited and not formalised, suggesting its official inclusion in the national drug plans. The international evidence base (as implicated by the volume of literature in the Western climes), which supports the present research findings, puts forward that social marketing can be an effective approach to alter human behaviour for the control of such drugs as alcohol, marijuana, tobacco, and new/emerging local psychoactive substances. For this reason, moving away from the use of this programme from the informal and semiformal backgrounds is quite commendable and recommended paradigm shift. In other words, there has not been any serious formal move to make the idea a national working policy specifically on psychoactive substance control. This, coupled with the strong desire of modern democracies to key into the international best practices and the urgent global call to adopt more humane, balanced and just operational procedures in combating drug offences, informed the importance of the implementation of the results of this study.

Policy implications and suggestions for further studies

The drug-use behaviours are caused by a multiplicity of factors, underscoring the importance of theory integration, with serious policy implications for health, education, economy, psychosocial wellbeing, security, policing and legal institutions. The act is learned, and learners possessing rational thinking skills and structural strains, which draws attention to the interdisciplinary outlook of this paper. To state the obvious, the idea demonstrates a clear blend of Marketing, Mass Communication, Psychology, Sociology and Criminological theories that formed the basis for our integrated theoretical framework. Since dealing in drugs, for whatsoever reason, is predicated upon several factors, a paradigm shift in the current nature and extent of the war on drugs is necessary. It calls for, to say the least, moving away from 'rough justice' and 'tough on drugs' to a more democratic and realistic interventions, hence social marketing. On the whole, no matter the severity of

the law/punishment on drugs, it will continue to yield little or no practical result if it is not in tandem with global best practices, which social marketing is inclusive. Even previous studies in Nigeria have strongly recommended noncustodial and nonpunitive models, arguing that the punitive models have failed in achieving desired goals [35,39,43].

Social marketing is being advocated for segmenting, profiling, and targeting population; designing, positioning, testing and refining products and services; and sometimes galvanising community action or shaping policy [63]. Also set out to achieve from and/or using this advocacy is to, though if objectively and timely applied, understand the general rise in social and public health problems occasioned by substance abuse. To reach the set goal, this grossly neglected but important area of scholarship deserves increasing theoretical and data-based studies to draw the attention of all levels of government (federal, State and local) and their policymakers to its effectiveness in the prevention/control of youth drug culture. The paper is essentially theoretical, relying mainly on review of relevant literature to obtain necessary data and information. Be that as it may, more empirical (primary data-based) studies on the subject matter is suggested, for theoretical examination alone may not cover adequate variables for both cross-sectional and longitudinal outcome evaluation and monitoring, hence the inevitable limitation of the current study.

Since there are few scientific studies specifically and directly on the phenomenon under investigation in Nigeria, future researchers, civil liberty organisations, and government and its narcotic agencies will find the present study timely and useful. It will serve as a reliable source of literature upon which stronger results, policy implications and recommendations will be built, validated and generalised. No wonder Wakefield et al. [62] suggested a longer and better funded social marketing campaigns that are anchored in achieving adequate population exposure to messages. Besides, potential researchers may consider inclusion of different or additional types of drugs (other than alcohol, marijuana, tobacco and the said new/emerging local psychoactive substances), drug markets, and the same or other drug use group(s) as areas of research interest. Others may delimit their scope of study to qualitative or quantitative analysis of data on different substances, general or specific rise in consumer culture, and trajectories of or pathways to drug-users-desistance.

Declaration of Competing Interest

The Authors have no conflict of interest to declare.

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