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PSYCHO-SOCIAL AND DISCRIMINATORY ANALYSIS OF 16 PF TEST SCORES OF DRUG USERS AND NON USERS IN THE NIGERIAN SOCIETY

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Abstract

The present study undertakes the psycho-social and discriminatory analysis of drug-users and non-users among youths in Nigerian society. The analysis employed the 16 P.F. scores to identify participants who belonged to one of the four drug users categories, habitual users, occasional users, non-users and principled non-users within the Nigerian society. The results indicate that the discriminatory analysis yielded four discriminant functions which have predictive values in assessing any subject into one of the four categories of drug use behaviour with reasonable good probability, on the bass of 16 P.F. test scores.

INTRODUCTION :

It is truism that drug-use behaviour like any other form of human behaviour is a complex phenomenon, wherein, the drug or a toxic agent, the person, and the environment interact (Cameron, 1963). And in this interaction the significant role of the personality factors has also been vouched (Ausubel, 1958; Bourne. 1974: Cameron, 1973, Cockett, 1971, Mott. 1972, Sadava. 1972 etc.). Further, the drug-use behaviour has been considered to be a continuum rather than a dichotomous event. The underlying rationale is that the drug-use behaviour is too complex a phenomenon to be explained by means of a dichotomous approach. There is, therefore a need to explain the complex phenomenon of drug-use behaviour by devising some more subtle techniques (Cross and Davis, 1972).

The approach has led the researchers in the field to categorise their subjects into three or more groups. For example, Scherer, Ettinger and Mudric (1972) divided their subjects into three categories of non-users, soft-drug users, and hard-drug users. Kenneth and Malcolm (1974) also had three categories of subjects but of different nature, that is, non-users, moderate users, and heavy-users. Similarly, Haagen (1970) had three groups of subjects, that is, no-users, casual-users, and frequent users. Whereas, Hogan et al. (1970) divided their subjects into four categories of frequent-users, occasional-users, non-users and principled non users. In the present study also, the subjects have been grouped into four categories of habitual-users (HU), occasional-users (OU), non-users (NU), and principled non-users (PNU).

Many factors are responsible for the causation of drug abuse in Nigeria. They have been found to be genetic, social, cultural, psychological, occupational, religious and economic, in the Nigerian situation this causal aspect of drug abuse seems to maintain a cyclic posture. The causal factors are there to cause the condition of drug abuse, problems will then be generated by this condition, complications will develop out of these problems and will have an adverse effect on other members of the society, those vulnerable will end up also developing the condition of drug abuse.

Drug abuse has been found to be the cause of many problems in Nigeria. The use of alcoholic spirits, cannabis and nicotinic substances, introduced by the early European slave traders, was one of the reasons the Negroes of West Africa were susceptible to be used as suppliers and middlemen, in the devilish slave trade of the 18' and the 19 centuries. Drug abuse is associated with a wide spectrum of behaviour, especially those characterized by rigorous activities, criminality or abnormality.

The adverse impact of cannabis abuse on the society during the colonial period, for instance, led to the promulgation of the cannabis decree of 1956. Yet this did not solve the problems generated, instead the addicts developed new

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tricks to outwit the law enforcement agents. Drug abuse had been identified as (he integral factor that caused the exacerbation of the political tension of 1963 and the bloody coup d'etat of 1966 in Nigeria.

Certain events in the country have also played significant roles in the high incidence of drug abuse. Prominent among these are (he Nigerian civil war of 1967 - 70, the political campaigns of the second republic, the various pilgrimages made to our holy cities, and the unfortunate situation of the structural adjustment. There is no community in Nigeria in which the problem, of drug abuse is absent. The extent to which the society has been affected by the problems generated by it today, can only be likened to the small pox epidemics of the early 20" century.

Being a habit forming condition, it can be effectively prevented and controlled, if its problems are well identified and promptly treated. Our everyday life has been so seriously affected by it, and the question of where we are heading to, has become the crucial issue of the time. The importance therefore, of the topic "psycho-social and discriminatory analysis of 16 PF test scores of drug users and non users in the Nigerian society" at this point in time cannot be overemphasized. It shall be of interest to everybody, especially those in the helping · professions.

Various individuals, groups, communities, religious organizations and governments, have employed various strategies to resolve the issue and problems of drug abuse in Nigeria. The extent to which these strategies have been effective is yet to be determined. Very tittle success seems to have been achieved. The incidence of drug abuse and drug-induced psychosis is still high, the rate of criminality is on the increase, the causal factors of drug abuse are multiplying everyday. These, with all the adverse consequences have seriously shaken the fabric of our society, and the question of what is going to become of our society, if the present situation is allowed to continue, has motivated the interest for this study.

CAUSES OF DRUG ABUSE IN NIGERIA

1. THE SOCIAL FACTORS:

According to Jaiyeoba (1983), ignorance, poverty, avarice, unemployment, retrenchment, broken homes, club membership, change of environment, adoption of new social roles, identification with bad companies, dancing competitions, drinking competitions, launchings, marriage ceremonies, social parties, and family Feasts have contributed immensely to the causation of drug abuse. Most of these factors are very prominent in the process of socialization, in which the individual internalizes the wrong forms of values and norms, and begins to develop the undesirable habit of drug abuse.

2. THE PSYCHOLOGICAL FACTORS:

i. **Personality:** Berzins et al. (1974) has identified individuals who are prone to drug abuse, as those who are always susceptible to tension and stress, and would always attempt to solve their problems by means of mood-altering agents. In the psychodynamic study of narcotic addicts, Gilbert and Lombardi (1967), have come up with the conclusion that, they have a dependent, infantile character structure and would always maintain certain degree of inferiority complex. Another group according to him, is that of those with psychopathic personality structure. Drug abuse might also be a characteristic of the premorbid personality of a particular mental condition.

ii. **The Learning Aspect:** The anxiety reducing effect of addictive drugs can act as a powerful reinforcer of behaviour. Dollard and Miller (1980), have interpreted drug abuse in terms of anxiety reduction, leading to increase in the drug consumption. According to Edward (1982), the drive in Opiate abuse is derived from the changes that the abuser felt on injecting the drug on earlier occasions. According to him, once the abuser fails to take the drug, he feels very unpleasant but when he takes it the unpleasantness is reduced. This drives him into developing dependence on the drug so as to continue having the pleasant effect.

Another learning factor is the aspect of imitation. This has been found to be responsible for the 45% of cases of drug abuse in our post primary and post secondary' institutions.

3. THE CULTURAL FACTORS

The influence of culture is very great in the causation of drug abuse. The use of alcohol, for example, in entertainment, libation and preparation of concoctions has formed an important part of our customs. The gift of alcohol, kola, snuff and cigarette, is a great sign of love, respect and honour, in most of our communities. The use of these substances is also common during some cultural plays like the "Ekpo". "Ekpe", and "Utut Ekpe".

It has been discovered during interviews with native priests in some of our shrines that cannabis is always prescribed for driving away evil spirits. They believe that the smell of hemp drives away witches and wizards, and that if somebody smokes cannabis, he or she is immuned to all forms of evil forces To this group, there is nothing wrong with the smoking of cannabis. It is bad only when it is taken in excess. Ugal (1995) found that some of this line of thinking is attributable to feelings of insecurity and inadequacy in our society.

The influence of some foreign cultures has played a great part in the high incidence of drug abuse in Nigeria. The National Drug Law Enforcement Agency has revealed that thousands of Nigerians have been arrested abroad, in connection with drug offences. Many who escape arrest have come back home to establish their operation base, introducing what they saw in some of the foreign countries to their own people.

Another important cultural aspect of the series of burial ceremonies in which alcohol, cigarette, snuff and even cannabis are being freely taken. Some of our people have made it a point of duty to be going around all the homes of the deceased taking these substances. 95% of the people who have been doing this have been addicted to suffer affective problems.

4. STRESS FACTOR:

This is a very important psychological factor created by the social problems of our fast changing society. So many people cannot cope with stressful situations without the use of drugs. The unfortunate situation according to Morgan and King (1975) is that, the euphoric state created after taking these drugs is short-lived. There is therefore a tendency for the individual to relapse and continue taking more of the drugs till he develops addiction.

METHOD:

SAMPLE:

A sample of 120 youths belonging to six associations' from Lagos metropolis were selected from the respective youth population. The sample constituted of four groups of habitual users (HU), occasional users (OU), non-users (NU), and principled non-users (PNU), with 30 subjects in each group. Youths in this study include persons of the age grouping ranging from 15 to 24 years. The rationale underlying the selection of these six associations was to have a representative youth population of the entire city in respect of socio-economic conditions and family background. These four groups of subjects were identified with the help of opinion leaders among the youths in each of the six associations. To begin with, 12 to 15 youths belonging to each of the four categories were identified from each of the six associations and listed category-wise. Afterwards, five subjects were randomly selected from each of these lists, thereby making 30 subjects in each of the four categories and a total sample of 120 subjects. The drop outs were substituted by taking other subjects from the respective lists. The four categories of subjects were operationally defined as follows:

Habitual-Users (HU): The subjects who have been reported to be taking drugs and/or other toxic agents without medical prescription for the last two years or more, at least 3 times a week.

Occasional Users (OU): The subjects who have been reported to be taking drug/drugs or any other toxic agent without medical

Table - 1
Group Mean-Scores for 16 Personality Factors

Sl. No.	16 P.F. Variables	Groups			
		HU	OU	NU	PNU
1	A	5.66667	6.00000	5.90000	5.76667
2	B	6.50000	6.73333	5.73333	5.93333
3.	C	3.53333	6.30000	5.23333	5.00000
4.	E	6.13333	5.60000	5.36667	5.30000
5.	F	3.80000	4.30000	3.73333	4.26667
6.	G	4.83333	4.93333	5.66667	6.53333
7.	H	5.66667	5.70000	5.90000	5.83333
8.	I	6.96667	6.33333	5.90000	5.93333
9.	L	6.26667	5.43333	6.6667	5.53333
10.	M	6.86667	6.53333	6.23333	6.53333
11.	N	4.20000	4.76667	4.76667	5.60000
12.	O	6.50000	4.70000	5.23333	5.70000
13.	Q_1	6.73333	6.30000	5.9667	5.3667
14.	Q_2	5.30000	6.26667	5.50000	5.80000
15.	Q_3	4.66667	6.36667	7.26667	7.23333
16.	Q_4	6.83333	4.73333	5.10000	5.23333

prescription for atleast one year or more, on the average of 2 -3 times a month.

Non-Users (NU): The subjects who have been reported to have never taken any drug or a toxic agent without medical prescription, at the same time do not have any bias against dam use behaviour.

Principled Non-Users (PNU): The subjects who have been reported to have never taken any drug or a toxic agent without medical prescription, and consider drug-use without medical advice as physically and mentally harmful, socially undesirable and morally wrong.

PROCEDURE:

The youths were approached through opinion leaders in each of the six associations taken up For study. Information relating to the subject's bio-data and drug use pattern was obtained through personal interviews and with the use of a structured interview schedule. The subjects were grouped into the above-mentioned Four categories on the basis of this information. Thereafter each of the selected subjects were administered 16 PF Test individually,

The scores obtained from all the four groups comprising 120 subjects on the 16 P.F. test were subjected to discriminant analysis, through the

Table 2

Group Discriminant Functions for Each of the 16 Personality Factors

Groups	Constants	Coefficients			
HU	-96.70279	1.12374;	2.57270;	2.05763;	0.91982;
		1.25774;	0.85776;	1.81769;	2.10689;
		0.51157;	3.15756;	2.10648;	1.86547;
		1.73040;	2.48035;	5.11044;	4.18383;
OU	-102.62456	1.48403;	2.70074;	2.86600;	0.78289;
		1.05034;	1.43953;	1.67103;	1.92103;
		0.60474;	2.97570;	2.41877;	1.81608;
		1.73734;	2.79342;	5.19155;	3.75675;
NU	-100.80934	1.51264;	2.32601;	2.39032;	0.67155;
		0.75717;	1.63872;	1.85292;	1.65147;
		0.59626;	3.00590;	2.39056;	2.03640;
		1.84340;	2.48505;	5.78538;	3.82849;
PNU	-106.60950	1.53040;	2.44077;	2.39518;	0.64384;
		1.09124;	2.24726;	1.72798;	1.62936;
		0.30219;	3.05437;	2.74104;	2.17576
		1.67991;	2.48523;	5.61793;	3.98108;

use of computer analysis for the purpose. The results obtained indicated group means, pooled dispersion-matrix, discriminant-function for each group, and evaluation of classification function for each of the 120 observations, 'the latter was accomplished with the help of probabilities associated with the largest discriminant functions.

RESULTS:

The analysis of data has provided the group-mean scores on all the sixteen factors of the 16 P.F. test (table 1). The discriminatory analysis of the 16 P.F. test scores yielded group discriminant functions pertaining to HU, OU, NU, and PNU. These discriminant functions have a potentiality to classify a subject into one of the four categories of drug-use behaviour (table 2). In table 3, the classification of the subjects among the four groups according to the probabilities associated with largest discriminant functions has been given.

DISCUSSION

The 16 P.F. test results have provided two significant findings. First, the power of 16 P.F. test to classify a group of subjects into the said four categories of drug-use behaviour. It would be observed from the data given in table 3 that 26 subjects (86.7%) of HU; 20 (66.7%) of OU, 15(50.0%) of NU and 18 (60.0%) of PNU have been correctly classified, with varying associated probabilities. It is interesting to note that of the 26 subjects correctly classified as belonging to HU group, 23 (89%) have probability of 0.60 and above. The percentage of cases classified correctly with probability 0.60 and above for PNU group, likewise, is 0.78. The number of correctly classified cases with probability 0,60 and 0.60 are about equally balanced for the groups OU and NU. The 16 P.F. test has, thus, vouched for the subjective

Table - 3

Classification of Subjects among the four groups according to Discriminant Functions on 16 PF Test

Group to which S actually belongs	Probability Associated with Largest Discriminant functions	No. of Ss Classified According to the Largest Probability Associated			
		HU	OU	NU	PNU
HU	0.20 - 0.39	1	-	2	-
	0.40 - 0.59	2	-	-	-
	0.60 - 0.79	6	1	-	-
	0.80 and above	17	-	1	-
	Total	26	1	3	-
OU	0.20 - 0.39	-	-	-	-
	0.40 - 0.59	-	10	5	3
	0.60 - 0.79	-	5	1	-
	0.80 and above	-	5	-	-
	Total	-	20	6	4
NU	0.20 - 0.39	-	2	-	1
	0.40 - 0.59	4	3	7	2
	0.60 - 0.79	-	-	6	2
	0.80 and above	-	-	2	1
	Total	4	5	15	6
PNU	0.20 - 0.39	1	-	3	1
	0.40 - 0.59	-	1	3	4
	0.60 - 0.79	-	2	1	11
	0.80 and above	-	1	-	3
	Total	1	4	7	18

classification with reasonably good probability measure.

Second, test results provided a schema through which a subject could be classified as having come from one of the four groups Suppose, for example, we had a subject with scores on 16 personality factors as 6, 6, 3, 6, 3, 4, 6, 4, 5, 7, 5, 5, 8, 5, 4 and 6. The values of discriminant functions for these scores for HU, OU, NU and PNU groups will thus be 80.00074, 78. 78.59446, 79.49252 and 78.1 1370 respectively. The highest discriminant function is obtained for the first group, viz. Habitual User. We, therefore, assign the subject to the first group.

To conclude, the 16 P.F. test scores have provided a satisfactory base for classifying the subjects into the four categories, viz., the habitual user, the occasional user, the non-user, and the principled non-user. These four groups have been fairly discriminated from each other with regard to their personality characteristics as revealed by 16 P.F. scores.

Further, the discriminatory analysis has yielded four discriminant functions which have predictive values in assigning any subject into one of the four groups of drug-use behaviour with reasonably good probability measure, on the basis of his 16 P.F. test scores. The implication of this result for our society is that being a habit forming condition, it can be effectively prevented and controlled, if the problems are well identified and promptly treated with the 16 P.F. test the job of the National Drug Law Enforcement Agency (NFDAC) and social welfare department have been made easy for the predisposed personalities involved among the youths can easily be identified, treated and rehabilitated. In conclusion parents and teachers should lay good foundation for the proper growth and development of the children in our society. More opportunities should be created for people to undergo full social work education in the Nigerian tertiary institutions, so that there would be sufficient manpower to tackle the multifarious social problems we are encountering in our society today.

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