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# **Culture, Substance Use, and Addiction: A Qualitative examination of Sociocultural Determinants of Drug Abuse in Ebonyi State, Nigeria**

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## **Abstract**

*Drug abuse remains one of the most pervasive public health and psychological challenges across the globe, with sociocultural contexts shaping patterns of use, meanings, and responses. In many societies, cultural beliefs, rituals, and social norms influence how individuals perceive and engage with substances, often determining whether drug use is stigmatized, tolerated, or normalized. This study investigates the sociocultural determinants of drug abuse in Ebonyi State Nigeria, with specific attention to how cultural values, peer networks, and community norms sustain patterns of substance use and addiction. Employing a qualitative phenomenological design, semi-structured interviews were conducted with 25 participants, including drug users, recovering addicts, and community health workers in Ebonyi State. Thematic analysis following Braun and Clarke's (2006) six-step procedure revealed four key themes: (1) cultural normalization of certain substances, (2) peer and social learning as drivers of initiation, (3) stigma, shame, and double standards, and (4) cultural coping mechanisms and silence. Findings highlight that drug abuse cannot be fully addressed without understanding its deep cultural underpinnings, which influence both risk and resilience. The study recommends the following to combat drug abuse; community-based psychoeducation, culturally sensitive counseling interventions, and collaboration between psychologists, health workers, and traditional leaders. Implications for psychological research and public health practice are discussed.*

**Keywords:** *Culture, drug abuse, addiction, sociocultural determinants*

## **Background**

Drug abuse is a multifaceted public health and psychological concern that has escalated globally, with patterns of use influenced by individual, social, and cultural determinants. According to the World Health Organization (WHO, 2021), more than 275 million people worldwide used drugs at least once in 2020, and over 36 million were estimated to be living with drug use disorders. Substance use and addiction account for a significant proportion of mental health morbidity, including anxiety, depression, psychosis, and suicide (Volkow et al., 2020). While biomedical explanations often dominate discourse on drug abuse, culture remains an underexplored but critical determinant of how drug use is understood, normalized, or stigmatized in society (Room, 2019).

In sub-Saharan Africa, the growing crisis of drug abuse is intertwined with rapid urbanization, economic hardship, political instability, and cultural transformations (Odejide, 2019). Nigeria, the most populous country in Africa, has been identified as a major hub for both drug trafficking and local consumption. The UNODC (2018) National Survey on Drug Use and Health revealed that 14.3 million Nigerians (14.4% of the population aged 15–64) were active drug users, a rate almost triple the global average of 5.6%. Cannabis was the most commonly used substance, followed by opioids such as tramadol, codeine, and morphine. Alarmingly, more than 20% of those who used drugs were classified as dependent, indicating a high burden of addiction (UNODC, 2018).

While these statistics highlight the scale of the problem, they fail to capture the sociocultural dynamics that drive substance use in Nigeria. Drug abuse does not occur in a vacuum; rather, it is embedded in cultural meanings and practices. For example, kola nut chewing and palm wine consumption have long-standing cultural and ritual functions among the Igbo people, symbolizing hospitality, unity, and masculinity (Okeke, 2020). Alcohol use, in many Nigerian communities, is normalized as part of rites of passage, festivals, and even religious practices (Obot, 2021). Yet, these culturally sanctioned practices can blur the boundary between social use and abuse, creating contradictions in how substance use is perceived and addressed.

From a psychological standpoint, culture influences not only the initiation of drug use but also the stigma surrounding it. In some communities, the use of alcohol or cannabis by men is interpreted as an expression of resilience or toughness, whereas women who engage in similar behaviors are harshly stigmatized (Adejumo & Olaniyan, 2020). These gendered cultural expectations amplify the psychological distress of individuals struggling with addiction. Moreover, cultural silence and denial often discourage open conversations about drug abuse, thereby limiting help-seeking behaviors and access to treatment (Dada et al., 2021).

What makes the problem even more complex is the clash between modernization and tradition. The availability of synthetic drugs such as Tramadol, methamphetamine and codeine has expanded patterns of use beyond traditional substances like alcohol and kola nut. Tramadol misuse, for instance, is not only associated with recreational purposes but is also embedded in narratives of work endurance and sexual performance, reflecting cultural pressures tied to masculinity and productivity (Akanbi et al., 2021). Thus, cultural values intersect with economic and psychological pressures to sustain patterns of abuse.

Despite the scale and cultural depth of the issue, research on drug abuse in Nigeria has disproportionately focused on medical consequences, epidemiology, or criminological perspectives (Odejide, 2019; Dada et al., 2021). There is insufficient attention to the psychological meanings and cultural determinants of substance use. As Room (2019) argues, public health interventions often fail when they overlook cultural contexts, because prevention strategies that conflict with local values are less likely to be adopted. Similarly, Kleinman (2020) emphasizes that substance use must be understood through “local moral worlds” which are the culturally shaped meanings that people attach to health and suffering.

This study, therefore, is motivated by the need to problematize drug abuse not simply as a medical or criminal issue but as a cultural and psychological phenomenon. In Nigeria, and Ebonyi State specifically, cultural beliefs and norms actively shape the initiation, maintenance, and responses to drug abuse. Without addressing these cultural underpinnings,

interventions risk being misaligned, ineffective, or resisted by the very communities they aim to help.

### **Statement of the Problem**

Drug abuse has become a serious public health and psychological concern in Nigeria, with prevalence rates that far exceed the global average. The UNODC (2018) reported that more than 14% of Nigerians between the ages of 15 and 64 use psychoactive substances, compared to a global average of 5.6%. Despite the magnitude of this problem, responses to drug abuse in Nigeria remain largely biomedical or criminological, focusing on medical consequences or law enforcement rather than on the sociocultural drivers that sustain use. This narrow perspective overlooks the ways in which cultural beliefs, practices, and community values shape attitudes toward drugs and influence pathways into addiction.

In Ebonyi State, like in many parts of Nigeria, culture plays a central role in defining the boundaries between socially accepted use and abuse. Alcohol, kola nut, and palm wine are often integrated into rituals, ceremonies, and everyday interactions, symbolizing respect, masculinity, and community bonding (Okeke, 2020; Obot, 2021). Yet these same practices may inadvertently normalize substance use, blurring the line between cultural tradition and harmful consumption. The use of newer substances such as tramadol and codeine has further complicated this landscape, as cultural narratives of endurance, productivity, and sexual vitality encourage patterns of misuse (Akanbi et al., 2021).

The psychological implications of these cultural dynamics are profound. Stigma, shame, and cultural silence often prevent open discussion about substance abuse, discouraging individuals from seeking help (Dada et al., 2021). Gendered cultural expectations compound this problem, as men may be praised for substance use while women are condemned, creating unequal burdens of stigma and distress (Adejumo & Olaniyan, 2020). Existing interventions fail to adequately address these cultural contradictions, leading to low uptake of prevention programs and poor rehabilitation outcomes.

Therefore, the central problem is the limited exploration of drug abuse as a culturally embedded psychological phenomenon in Nigeria. While data exist on prevalence and medical outcomes, little is known about how cultural beliefs, social networks, and community norms in Ebonyi State actively shape patterns of substance use and addiction. Without this knowledge, interventions risk being culturally misaligned, ineffective, or resisted by the communities they intend to serve. This study addresses this gap by examining the sociocultural determinants of drug abuse through the lived experiences of users, recovering addicts, and community stakeholders in Ebonyi State.

### **Aim of the Study**

The main aim of this study is to explore the sociocultural determinants of drug abuse in Nigeria, with a focus on how cultural beliefs, values, and social dynamics in Ebonyi State shape drug use and addiction.

### **Objectives of the Study**

1. To examine cultural beliefs and practices that normalize or stigmatize drug use in Ebonyi State.

2. To explore how peer and community networks influence the initiation and continuation of substance use.
3. To analyze the role of cultural stigma and societal expectations in shaping the experiences of drug users and recovering addicts.
4. To identify culturally grounded coping mechanisms and potential community-based interventions for addressing drug abuse.
5. To explore how culturally sensitive interventions be designed to address drug abuse more effectively in the Nigerian context

## **Research questions**

1. How do cultural beliefs and practices in Ebonyi State influence perceptions of drug use and addiction?
2. In what ways do peer and community networks shape the initiation and continuation of substance use?
3. How do cultural expectations and stigma affect the lived experiences of individuals struggling with drug abuse?
4. What coping mechanisms and culturally rooted responses to drug abuse are evident within communities in Ebonyi State?
5. How can culturally sensitive interventions be designed to address drug abuse more effectively in the Nigerian context?

## **Literature Review**

### **Conceptual review**

Drug abuse (also referred to as substance use disorder in clinical taxonomies) denotes the recurrent, harmful pattern of psychoactive substance use that results in clinically significant impairment or distress (World Health Organization [WHO], 2021). Substance use spans a continuum from experimental and socially sanctioned use (e.g., alcohol at ceremonies) to regular, dependent use with adverse health, psychological, social, and economic consequences. The WHO and UNODC reports emphasize that quantifying prevalence is necessary but insufficient; understanding the social meaning of substance use, why people start, continue, conceal, or desist requires attention to cultural context (UNODC, 2018; WHO, 2021).

Culture here is defined as the shared beliefs, norms, rituals, and practices that shape people's behaviours and interpretations of experience (Markus & Kitayama, 1991). In relation to substance use, culture determines which substances are considered acceptable, the social contexts in which they may be used (ceremonial, recreational, medicinal), gendered expectations about use, and normative responses to people who misuse substances (Room, 2019). The term sociocultural determinants thus refer to community-level values, symbolic meanings, social roles, rites, and interpersonal dynamics that influence initiation, maintenance, and recovery from substance use (Johnson, 2022).

A culturally embedded conceptualization of drug abuse recognizes three interlinked domains: (a) symbolic meaning (what the substance stands for in a community: status, masculinity,

ritual), (b) social processes (peer influence, family pressures, rites of passage), and (c) structural constraints (poverty, unemployment, access to services). This tripartite perspective foregrounds that interventions focused only on individual pathology or supply reduction will likely underperform when cultural drivers are not addressed (Room, 2019; Johnson, 2022).

## Theoretical framework

The study is guided by three complementary theoretical lenses: Social Learning Theory, Social Identity Theory, and Cultural Psychology / Symbolic Interactionism.

Social Learning Theory (Bandura, 1977): Bandura's model posits that behaviours including substance use are learned through observing models (peers, elders), imitation, and reinforcement. In many contexts, young people learn normative patterns of use by watching elders or peers (e.g., alcohol use at festivals), then adopt these behaviours when they receive social rewards (acceptance, status) (Bandura, 1977). Social learning theory helps explain initiation pathways and the role of peer networks as vectors of normative behaviour and reinforcement.

Social Identity Theory (Tajfel & Turner, 1986): This theory emphasizes that people derive a sense of self from group memberships. Substance use can become a marker of belonging to particular social groups (e.g., "the hustlers," "the night-life crowd"), and group norms can exert strong pressure to conform (Tajfel & Turner, 1986). Social identity processes explain why individuals may persist in drug use to avoid exclusion, or why recovery can be difficult if abstinence means leaving one's social group.

Cultural Psychology & Symbolic Interactionism: Cultural psychology (Markus & Kitayama, 1991) attends to how cultural models shape cognition, emotions, and behaviour. Symbolic interactionism (Aylmer, 2024) foregrounds interpersonal meanings created through interaction: substances carry symbolic meanings (e.g., kola nut as hospitality; alcohol as masculinity) that shape how use is interpreted and policed. These perspectives, together, orient the researchers to study not only behaviours but the shared meanings, rituals, and discourses that sustain them. For policy and intervention, these frameworks require that prevention and treatment be culturally congruent and sensitive to local idioms of distress (Kleinman, 1988).

## Empirical review

### *Global and regional patterns*

Global surveillance shows rising attention to substance use disorders and their mental-health consequences. WHO and UNODC data indicate substantial regional variation, with particular concern about the increasing misuse of prescription and synthetic opioids in low- and middle-income countries (WHO, 2021; UNODC, 2020). Recent syntheses also stress that youth and

marginalized populations are disproportionately affected (Volkow et al., 2020; Johnson, 2022).

A growing regional literature examines how cultural patterns modulate substance use in Africa. Scoping reviews and multi-country analyses identify that cultural practices (ceremonies, rites) and economic pressures (unemployment) jointly shape risky use patterns; meanwhile, stigma and service gaps create large treatment deficits (Jatau et al., 2021; Emmanuel et al., 2024). Crucially, the nonmedical misuse of prescription opioids such as tramadol has emerged as a contemporary problem across West Africa, warranting attention to how these drugs are culturally framed (Boun et al., 2024; Danso et al., 2021).

### ***The Nigerian context***

Nigeria presents an instructive case because cultural diversity, rapid urbanization, and economic pressures co-exist with longstanding substance-related rituals and changing availability of modern drugs. The UNODC national survey (2018) reported that approximately one in seven Nigerians (aged 15–64) had used a drug in the previous year, with cannabis and opioids (including tramadol and codeine preparations) prominent among the substances being misused. Scoping reviews and national syntheses (Jatau et al., 2021; Odejide, 2019) document that youth unemployment, access to cheap pharmaceuticals, and weak public-health infrastructure have facilitated rising nonmedical use. A systematic Nigerian scoping review concluded that despite existing laws and policies, the burden of substance use remains high and is inadequately addressed by culturally insensitive strategies (Jatau et al., 2021).

Empirical qualitative work in Nigeria points to cultural normalization and gendered double standards. Ethnographic and qualitative studies show alcohol and traditional brews are often normalized within rites, while newer opioids are framed as tools for work endurance or sexual enhancement among men meanings that lessen perceived harm and can increase use (Dumbili, 2015; Danso et al., 2021). Quantitative surveys corroborate that males are more likely to use and be publicly tolerated for substance use, whereas women face harsher stigma if they use (Mehanović et al., 2022; Emmanuel et al., 2024).

### ***Cultural meanings and initiation pathways***

Multiple studies emphasize that initiation often occurs within social networks peer groups, workplaces, or social ceremonies consistent with Social Learning Theory. Danso et al. (2021) (Ghana) and similar West African studies highlight occupational drivers (e.g., long-distance drivers using tramadol to combat fatigue) and rituals (alcohol in initiation rites) as contexts where substances are presented as adaptive rather than harmful. In Nigeria, qualitative evidence documents how drug use is entangled with masculinity scripts and expectations of productivity; men may be socially rewarded for demonstrating stamina via stimulant use, which normalizes problematic consumption (Dumbili, 2015; Johnson, 2022).

### ***Stigma, help-seeking, and cultural silence***

Stigma toward people with substance use problems is a consistent barrier to help-seeking. Cultural norms that frame addiction as moral failing or spiritual weakness lead individuals to conceal problems or seek unregulated traditional/spiritual remedies rather than biomedical or psychosocial care (Room, 2019; Jatau et al., 2021). Studies in Nigeria reveal that stigma is

multidimensional public stigma, self-stigma, and structural stigma (e.g., employment discrimination) and these forms of stigma deter engagement with treatment services (Adejoh et al., 2024).

Cultural silence also operates through mechanisms such as family shame and reputational concerns; families may hide members with addictive problems to avoid communal dishonour, further isolating affected individuals (Jatau et al., 2021). Research in other African contexts (Van Rooij et al., 2021) shows similar dynamics for other stigmatized conditions (e.g., infertility), suggesting cross-cutting cultural mechanisms that applies to substance problems as well.

### ***Coping, recovery and culturally consonant interventions***

Empirical studies indicate that community-embedded resources religious institutions, peer support groups, and family networks both enable and constrain recovery. Churches and faith-based organizations often provide accessible psychosocial support though sometimes promote moralizing interpretations that can compound shame (Johnson, 2022). Community-based harm-reduction and public-health approaches that collaborate with local leaders and use culturally framed messaging have shown promise in other LMIC settings (Kleinman & Benson, 2006; Johnson, 2022). Recent reviews argue that successful programs must address structural factors (jobs, education), normalize help-seeking, and leverage culturally valued roles to reframe recovery as socially acceptable (Room, 2019; UNODC, 2020).

### **Gaps in the literature**

Despite growing attention, three gaps are notable and justify the present qualitative study: (1) the lack of in-depth, phenomenological studies in many Nigerian states (Ebonyi included) that center users' own meaning-making about culture and substance use; (2) limited research on emerging opioids (tramadol, codeine) from a cultural perspective; and (3) few rigorous evaluations of culturally adapted psychosocial interventions in Nigeria. Filling these gaps requires narrative, locally grounded inquiry that can inform culturally consonant prevention and treatment strategies.

## **Method**

### **Participants**

Participants were men and women aged 18 years and above residing in both rural and urban communities of Ebonyi State, Nigeria, who self-reported current or past involvement with substance use. Maximum variation sampling was adopted to ensure diversity in gender, age, occupation, and type of substances used (Patton, 2015). Recruitment was facilitated through community health centers, religious organizations, and peer referrals (snowballing).

A target sample of 25 participants was deemed sufficient for phenomenological saturation (Guest et al., 2020). Inclusion criteria included: (a) being an adult resident of Ebonyi State; (b) having personal experience of substance use or addiction; and (c) willingness to provide informed consent. Exclusion criteria included individuals with severe cognitive impairments or acute psychiatric conditions that could hinder meaningful participation.

## Instrument

The primary instrument was a semi-structured interview guide, developed in English and translated into Igbo (back-translated to ensure semantic accuracy). The guide contained open-ended questions probing cultural perceptions of drug use, initiation contexts, gendered expectations, stigma, coping mechanisms, and treatment experiences. Interviews were supplemented with field notes documenting contextual observations, body language, and cultural cues.

## Procedure

Community entry was facilitated through traditional rulers, local health officials, and religious leaders. After permission, participants were approached individually, informed about the study purpose, and given information sheets and consent forms in both English and Igbo.

Interviews were conducted face-to-face in private, safe spaces (e.g., community centers or participants' homes) lasting 45–60 minutes each. With participants' consent, conversations were audio-recorded and later transcribed verbatim. For Igbo-language responses, professional translators assisted in transcription and translation into English, ensuring cultural meanings was preserved.

To protect confidentiality, pseudonyms were assigned and identifying information removed. Participants received small tokens of appreciation (e.g., phone airtime or transport reimbursement) to acknowledge their time. In line with Nowell et al (2017), trustworthiness was ensured through triangulation (field notes + interviews), peer debriefing with qualitative experts, and member checking (participants reviewed summaries of interpretations). Reflexivity was maintained by the researchers keeping a journal to bracket personal assumptions and cultural biases.

## Design/Analysis

This study adopted a qualitative phenomenological design to explore the sociocultural determinants of drug abuse in Ebonyi State, Nigeria. Phenomenology was appropriate because the focus was on lived experiences of how individuals interpret and make meaning of substance use within their cultural environments (Creswell & Poth, 2018). Rather than imposing pre-defined categories, the design allowed participants' voices to emerge, providing depth and contextual richness. The study was situated within an interpretivist paradigm, which assumes that reality is socially constructed and best understood through interaction with participants (Lincoln & Guba, 1985). This perspective was necessary for examining how cultural scripts, communal expectations, and symbolic meanings shape drug use behaviors.

Additionally, the study was guided by reflexive thematic analysis (Braun & Clarke, 2006) as the analytic framework, enabling the researchers to identify, interpret, and present patterns of meaning while acknowledging subjectivity as an integral part of the research process. The emphasis was not only on describing patterns of substance use but also on uncovering the cultural logics that sustain them.

## Findings

The qualitative analysis yielded four overarching themes, each reflecting how culture interacts with substance use and addiction in Ebonyi State:

1. Cultural Normalization of Substance Use
2. Stigma, Shame, and Gendered Double Standards
3. Socioeconomic Pressures and Cultural Rationalizations
4. Coping, Recovery, and Culturally Rooted Support Systems

### ***Theme 1: Cultural Normalization of Substance Use***

Participants emphasized that certain substances, especially alcohol and kola-based drinks, are deeply embedded in cultural practices such as festivals, burials, and marriages. Drug use was often not perceived as deviant when it occurred in sanctioned contexts. Several participants narrated that initiation into alcohol or cannabis use began during communal ceremonies where refusal might be interpreted as disrespectful.

*“In our place, if you don’t drink during a burial or wedding, people will say you are proud. That is how many young boys started; they want to show they are part of the people.”* (Male, 27 years)

Tramadol use was frequently framed as an extension of cultural expectations of hard work and masculinity, particularly among farmers, traders, and motorcycle riders who claimed it helped them “endure stress.”

*“They say, if you are a real man, you must have strength. Tramadol helps you to carry more loads and still go to work the next day.”* (Male, 32 years)

Thus, cultural rituals and ideals of productivity functioned as legitimizing contexts for drug use.

### ***Theme 2: Stigma, Shame, and Gendered Double Standards***

While substance use was normalized for men in specific contexts, women’s use was heavily stigmatized. Female participants reported being judged more harshly, often framed as “wayward” or “irresponsible.”

*“If a man drinks, they call him strong, but if a woman drinks or smokes, they call her useless. The shame is double for us.”* (Female, 24 years)

Participants described layers of stigma: community gossip, family shame, and self-stigma. Some concealed their use to avoid exclusion or rejection. One participant recalled being rejected from her church group after rumors of cannabis use:

*“Once they knew I was using, I was removed from the women’s meeting. They didn’t even ask if I needed help.”* (Female, 29 years)

This theme underscores how gender norms and cultural expectations amplify psychological distress among women who use substances.

### **Theme 3: Socioeconomic Pressures and Cultural Rationalizations**

Drug use was frequently linked to economic hardship. Young men in particular described unemployment, lack of opportunities, and poverty as drivers of initiation. Substances such as tramadol were rationalized as tools for productivity, resilience, and coping with hunger.

*“When there is no work, when you have nothing, you take tramadol or smoke to forget. It is cheaper than food sometimes.”* (Male, 21 years)

Cultural discourses also framed substance use as a necessary evil to survive. In rural farming communities, stimulants were believed to enhance endurance, while among motorbike riders, substances were rationalized as “keeping awake” to avoid accidents despite evidence to the contrary.

*“They say it keeps you awake on the road. But many times, it makes people reckless, yet still they use it.”* (Male, 35 years)

This rationalization reveals how economic deprivation interacts with cultural logics to sustain patterns of use.

### **Theme 4: Coping, Recovery, and Culturally Rooted Support Systems**

Despite cultural pressures, participants identified community and religious institutions as both sources of stigma and avenues for recovery. Churches were frequently cited as primary spaces where people sought help. For some, faith-based interventions provided hope and accountability.

*“When I joined the church fellowship, they prayed for me, and I stopped for some months. The support kept me strong.”* (Female, 26 years)

However, participants also noted that some religious responses were moralizing, blaming individuals rather than addressing structural needs. Others described family and peer support as crucial, though often compromised by secrecy and shame.

*“My brother was the only one who encouraged me. Others said I had brought disgrace, but he kept standing by me until I started reducing.”* (Male, 30 years)

This theme highlights the ambivalence of culturally rooted systems simultaneously stigmatizing and potentially rehabilitative.

### **Summary of Findings**

The findings demonstrate that cultural norms, socioeconomic realities, and gender roles jointly shape drug use and addiction in Ebonyi State. While cultural practices normalize initiation, stigma disproportionately affects women, and economic hardship fuels rationalizations for continued use. Yet, culturally embedded institutions such as churches and family networks remain pivotal in both perpetuating stigma and offering recovery support.

## **Discussion of Findings**

The study explored how cultural factors influence drug use and addiction in Ebonyi State, Nigeria. The findings are discussed in relation to the research questions, theoretical perspectives, and existing literature.

### **Research Question 1: *How does culture influence the initiation and normalization of drug use in Ebonyi State?***

The study revealed that cultural practices and community rituals significantly shape initiation into substance use. Alcohol, cannabis, and even newer substances like tramadol were frequently introduced in communal settings such as weddings, burials, and festivals, where refusal was culturally interpreted as disrespectful. This aligns with Social Learning Theory (Bandura, 1977), which posits that individuals learn behaviors by observing and imitating others, especially when such behaviors are socially rewarded.

The normalization of tramadol use as a marker of masculinity or endurance resonates with cultural psychology perspectives (Markus & Kitayama, 1991), which emphasize that cultural models shape motivation and identity. Prior Nigerian studies confirm this pattern: Dumbili (2015) found that alcohol use among young men was linked to cultural scripts of masculinity, while Danso et al. (2021) showed tramadol was perceived as enhancing productivity among transport workers. Thus, drug initiation in Ebonyi is not merely individual experimentation but culturally embedded practice.

### **Research Question 2: *In what ways do cultural norms and gender roles shape the stigma associated with drug abuse?***

Findings indicated that stigma was universal but disproportionately harsher for women. Men's substance use was often excused or normalized, while women who engaged in similar behaviors were labeled "wayward" or "irresponsible." This gendered double standard is consistent with prior studies showing that women in African contexts face heightened stigma around both substance use (Mehanović et al., 2022) and other socially sensitive conditions such as infertility (Van Rooij et al., 2021).

The Social Identity Theory (Tajfel & Turner, 1986) helps explain this dynamic: substance use becomes a symbolic marker of group membership. For men, being part of the "drinking group" enhances belonging, whereas for women, group norms exclude them, reinforcing marginalization. Cultural narratives of respectability for women create identity conflicts, where stigma is internalized as shame, leading to concealment and psychological distress. This finding echoes Jatau et al.'s (2021) scoping review in Nigeria, which noted that stigma is multidimensional, public, self, and structural and that gender differences intensify vulnerability. The findings therefore underscore how cultural gender norms perpetuate unequal social penalties for substance use.

### **Research Question 3: *What socioeconomic and cultural rationalizations sustain substance use among individuals in Ebonyi State?***

Participants consistently described unemployment, poverty, and daily stress as drivers of substance use, with cultural rationalizations framing drugs as coping mechanisms or tools for

productivity. Substances like Tramadol, alcohol, cannabis and methamphetamines were not only accessible but symbolically associated with resilience, reinforcing their use.

This pattern demonstrates the intersection of structural and cultural determinants: economic hardship created vulnerabilities, while cultural logics framed drug use as a rational response. As Room (2019) argues, substances acquire meaning through cultural narratives that shape whether they are seen as harmful or adaptive. In this study, participants used drugs to “forget hunger” or “stay strong,” rationalizations echoed in West African studies (Danso et al., 2021; Emmanuel et al., 2024). Thus, the persistence of drug use cannot be understood solely in biomedical terms; it must be viewed through the interplay of socioeconomic deprivation and culturally embedded rationalizations.

#### ***Research Question 4: What culturally rooted coping and recovery strategies are available to individuals struggling with addiction in Ebonyi State?***

Coping and recovery strategies emerged as both facilitated and constrained by cultural systems. Religious institutions, especially churches, provided significant support, offering prayer and fellowship that participants described as sources of hope and accountability. However, these same institutions often adopted moralizing stances, framing addiction as sin rather than illness, which compounded stigma for some. Family support was also ambivalent: while some relatives encouraged recovery, others distanced themselves due to shame. This dual role mirrors Jatau et al.’s (2021) observation that cultural institutions can both help and hinder recovery. The findings suggest that recovery efforts in Ebonyi State are most effective when they integrate culturally valued institutions (churches, family, traditional leaders) while reframing addiction in less stigmatizing terms. This reflects Kleinman’s (1988) argument that culturally consonant interventions are critical for sustainable outcomes.

### **Conclusion**

This study examined the cultural determinants of substance use and addiction in Ebonyi State, Nigeria, through a qualitative exploration of lived experiences. The findings demonstrate that drug use is not merely an individual choice but a socially embedded behavior influenced by cultural rituals, gender norms, and socioeconomic conditions. Cultural practices normalize initiation into substance use, while gendered stigmatization deepens marginalization, particularly for women. Poverty and unemployment reinforce the persistence of substance use, with cultural rationalizations framing drugs as coping tools. Recovery efforts are mediated by culturally rooted institutions such as churches and families, which provide both support and barriers through moralizing discourses. By situating the findings within Social Learning Theory, Social Identity Theory, and Cultural Psychology, the study highlights the inseparability of culture and substance use. Effective prevention, treatment, and policy must therefore account for the cultural scripts and symbolic meanings that sustain drug abuse.

### **Recommendations**

**(a). Culturally Sensitive Prevention Campaigns:** Public health interventions should integrate cultural scripts in their design. Awareness programs must reframe substance use as a health issue rather than a moral failing, while leveraging community festivals, churches, and traditional leaders as platforms for dissemination.

**(b). Gender-Specific Interventions:** Programs must address the double stigma faced by women. Safe spaces, women-led peer support groups, and gender-responsive rehabilitation centers should be prioritized to counter cultural marginalization.

**(c). Community-Based Rehabilitation Models:** Treatment services should partner with families, churches, and traditional authorities to create culturally consonant recovery pathways. Training community stakeholders to recognize addiction as a medical and psychosocial issue would reduce stigma and strengthen support.

**(d). Policy and Economic Interventions:** Beyond health responses, policymakers must tackle socioeconomic drivers such as unemployment and poverty. Job creation, youth empowerment, and skills acquisition initiatives will reduce the structural vulnerabilities that sustain substance use.

**(e). Education and Early Intervention:** Schools and tertiary institutions should introduce culturally relevant drug education curricula that emphasize critical thinking about peer influence, masculinity norms and resilience without substances.

## Implications

**For Research:** This study contributes to the growing body of African-centered addiction studies by highlighting how cultural practices and meanings sustain substance use. Future research should adopt mixed-methods approaches and longitudinal designs to examine cultural change and its effects on drug trends.

**For Policy:** Policymakers must integrate cultural dynamics into drug policies rather than relying solely on punitive or biomedical approaches. A multi-sectoral strategy involving health, education, labor, and cultural institutions is necessary.

**For Practice:** Mental health professionals and social workers should adopt culturally informed therapeutic models. Interventions that align with clients' cultural identities are more likely to succeed than those that pathologize local practices.

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