

ADDRESSING DRUG CHALLENGES IN HEALTH AND HUMANITARIAN CRISES: SETTINGS IN NEED OF CARE FOR A COMPREHENSIVE DRUG USE PREVENTION IN NIGERIA



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Paper presented at the

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Introduction

Whether we are in a developed, or developing country, we all now live in challenging times. Global displacement has reached unprecedented levels with over 80 million people forced to flee their homes due to humanitarian crises threatening the safety, health, and wellbeing of a population (United Nations High Commission for Refugees, 2020). The criteria used to define a humanitarian crisis includes a rapid and serious deterioration in a situation, numerous victims or numerous people whose lives are in danger, the unique nature and the extent to which the crisis has plunged the population, great distress, substantial material destruction, institutional management undergoing great difficulty or incapable of managing the situation (Josse and Dubois, 2009).

Trends in humanitarian crises or emergencies have shifted in recent years and differs from one continent to the other, countries, states and communities. Across the globe, terrorism, communal violence, political conflicts have become more intense, more people have been internally displaced in the last decade than ever before, hunger and poverty have increased, and climate change has precipitated natural disasters and severe weather events, all of which have been compounded by the direct and indirect consequences of the COVID-19 pandemic (United Nations Office on Drugs and Crime (UNODC), 2021a). Vulnerability, poverty, hunger, rising inequality, frustration and sufferings that follow both natural and man-made disasters have significant implications for not only general and social well-being as well as development policy with personal resources, but also critical mental health, without which there is no health. Lack of or

dwindling resources further contributes to vulnerability and increases the risk of suffering, injury, death and loss of livelihoods.

Studies suggest that exposure to humanitarian crises is associated with substance use, development of substance use disorders and related harms among others (Greene et al., 2021; WHO, 2015). Elevated risk for substance use and disorders in these settings is related to exposure to traumatic events, adversity and stress, and the higher prevalence of mental health problems that commonly co-occur with substance use disorders (SUD) (Weaver and Roberts, 2010), an increased exposure to readily available substances and potential breakdown of social norms around substance use (Greene et al., 2021). Thus, addressing the underlying causes of vulnerability to the impacts of crises is crucial to sustainable development and in particular drug or substance use prevention. Nigeria is not left out in the global humanitarian crises and it has its own additional set of settings and risk factors that further worsen the burden of substance use and its disorders in the country.

Overview of drug or substance use in Nigeria

More than most countries of the world, Nigeria is plagued with the challenges of substance abuse which has become a significant threat to public health, national stability, peace, security and economic development. According to the first comprehensive national drug use survey conducted in Nigeria, 14.3 million adults aged 15-64 (14.4%) used at least one psychoactive substance (excluding alcohol and tobacco) in the previous year (UNODC, 2018). This figure is considerably higher than the 2016 global annual prevalence rate (5.6%) of all substances used among the adult

population. In addition, among this 14.3 million people, 20% have SUD, a figure that exceeds the global average by 11%. One in four persons who use drug is a woman. One in five high-risk persons who use psychoactive substances injects them, using needles and syringes; pharmaceutical opioids account for the most injected substance.

As a country, Nigeria is about 3% of the world's population, but account for 6% of the world population of cannabis users and 14% of the world's population who misuses pharmaceutical opioids making Nigeria one of the countries in the world with the highest number of people who misuse tramadol and cough syrups containing codeine or dextromethorphan (Agwogie, 2021).

From the statistics, it is obvious that Nigeria is in a crisis of substance use and abuse. More worrisome is the prevalence of substance use among women and girls, considering their roles in child nurturing and upbringing. Furthermore, a 40% increase in the prevalence of drug use in Africa, including Nigeria by 2030 (approximately 20 million persons in Nigeria) is projected (UNODC, 2021b). No doubt, this will be a threat to different sectors of the Nigerian society. From investigation, Nigeria has the highest level of ingenuity in substance use in the world with the use of complex mixture and unimaginable substances which has become a major challenge in drug use prevention and treatment. These complex mixtures are generally referred to as New Psychoactive Substances.

The threat of New Psychoactive Substances (NPS) in Nigeria

The definitions of NPS vary between countries, and this difference is reflected in varying national legislations. However, these differences are not

based on pharmacological or structural classification. Generally, NPS refers to a group of complex and diverse substances often described as designer or synthetic drugs, non-synthetic, or legal highs. UNODC defines NPS as pure or prepared narcotic or psychotropic substances that are not covered by either the 1961 Single Convention on Narcotic Drugs or the 1971 Convention on Psychotropic Substances but may pose a risk to public health (UNODC, 2016). Even though NPS are defined as substances designed to replicate the effects of conventional or traditional illegal drugs such as cocaine, ecstasy, amphetamines and cannabis, these mimics are extensively more potent than their counterparts (Hagan & Smith, 2017) thereby posing challenges in the identification and treatment of use. Functionally, NPS are categorised into stimulants, cannabinoids, hallucinogens and depressants with somewhat overlapping functional categories related to their chemical structure, psychopharmacological desires and unwanted effects (Shafi et al., 2020). However, in Nigeria, NPS are difficult to categorise due to the high level of ingenuity (Agwogie, 2016) and the “non-classical packaging” (Dumbili et al., 2021).

In a newspaper article titled “Drug Abuse and Nigerian Youths”, Agwogie (2016) decried the trend in substance use in Nigeria with the consumption of lizard dung, pit toilet/soak away fumes (bio generic gas), volatile solvents or inhalants (gasoline, correction fluid, rubber solution, aerosol, nail polish remover, kerosene, petrol, and butyl nitrate), “gokolo” and “gadagi” (concoctions of local herbs), robin blue powder cocktail, a mixture of tramadol and rohypnol, and a mixture of codeine containing cough syrup with soft drinks. Similar substances reportedly used in Nigeria includes

Gutter-Water (a cocktail of tramadol, cannabis, codeine, and vodka) and Monkey-Tail (a cocktail of homemade gin, cannabis seeds, leaves, stems, and roots), 'La Casera Apple Drink' (carbonated soft drink) mixed with 'Tom-Tom' (menthol-flavoured candy), dry human faeces, dry cassava and pawpaw leaf/seeds, Zakami (*Datura metel*) seeds, Moringa (*Zogale*) leaf and inhaling/sniffing burnt tyres, a mixture of bleach (sodium hypochlorite solution) and carbonated soft drinks and 10-day old urine (Dumbili et al., 2021; Igonikon, 2018). Most of these substances are waste, local herbs or plant based, non-synthetic and with no classical packaging, and have not been officially designated as NPS by the UNODC. Even though there is still controversy over whether some of these substances can be referred to as NPS, the attraction for their use and health implications should be of great concern.

The evolution of NPS and the growth of the market will continue to pose a range of challenges for public health and drug policy over a long time. Challenges include the speed at which NPS are produced, identification, the use of multiple NPS and the limited information on their effects/harms for clinical interventions. The paucity of empirical evidence and diversity of NPS used in Nigeria are also major challenges. Given that sociocultural and contextual factors influence substance use, those who may not be able to afford cannabis, cocaine, heroin and other drugs among the Nigerian poor may resort to the use of NPS, some of which are sourced locally and freely, as alternatives in the search for pharmacological, metabolism and bodily effects.

The major challenge in the future of drug control in Nigeria, therefore, will be more on the NPS and other non-conventional substances. Consequently, as important as law enforcement strategies may be, it must be complemented by evidence-based prevention strategies through identification and addressing the risk factors for drug use among the young population particularly those in crises. This is because, where the conventional drugs are not available or easily accessible, those who are in crises will resort to NPS as alternatives. Regrettably, some of these substances are household items, readily available and easily accessible.

Settings in crises in Nigeria that are posing risk for substance use and abuse

In view of the prevailing crisis of substance abuse in Nigeria, some of the settings that are experiencing crises and need urgent care will be highlighted to guide policy interventions.

1. Family setting

One of the settings in Nigeria that is experiencing crisis is the family. Recent statistics shows that married couples in Nigeria are increasingly drifting apart. For example, there was an increase of 14% cumulative spousal separation in Nigeria in 2018 (Iwunze-Ibiam,2019). In the Federal Capital Territory, an average of 30 divorce cases are documented every day,10 cases in Badagry, Lagos state, while Kano state has over one million divorcees (Adegbesan, 2022; Yakubu, 2019). The family is a central institution and cornerstone of a generation that must be protected as the society reflects the pictures from the family units. As it may be well known, parenting has become more challenging now than it was in the 70s and 80s to be left in the

hands of a parent. Even where both parents are not separated, investigation shows that more parents have become absentee parents, paying little or no attention to the emotional needs of their children. In some cases, parents are preoccupied and fatigued by their struggles to eke out a living with little or no time and patience to take care of the needs of the children. There is limited bonding in many families with little understanding of the growing child. Among some of the well to do parents, parenting is limited to provision of clothings, cars and attending the best of schools. As important as these may be, attending to the social and emotional needs of the child enhances the whole child development. Family is the smallest unit of socialisation through which the child learns about morals, belief, rules, social norms and values system of a society. Crisis in the family and inadequate parenting are risk factors for substance use and abuse (Ikoh et al., 2019). Children from such families becomes vulnerable, and in most cases, left at the mercy of peers, hence the common excuse of peer pressure as reason for initiating drug use. Contrary to wide believe that peer influence is stronger than parents influence, there are significant evidence to show that parents have stronger influence on the child than peers. A better understanding of this by parents, promoting family bonding through appropriate parenting skills and monitoring will help to protect children from negative peer influence and substance abuse.

2. Peace and Security

Nigeria has been battling with the problem of insecurity for more than ten years now. The insecurity has penetrated every facet of human life and development. For example, persistent armed conflict by the Boko Haram in

the North-Eastern Nigeria resulted to widespread displacement, devastated agricultural production and other livelihoods, food insecurity, cut off essential services, caused a crisis of protection, widespread cases of gender-based violence, child abuse and trafficking, and severe public health challenges (Office for the Coordination of Humanitarian Affairs (OCHA) (2022). In addition, the conflict has resulted in one of the most severe humanitarian crises in the world, with about 1.7 million internally displaced persons, over 3 million people facing 'critical and crisis' levels of food and nutrition insecurity and about 8.4 million in need of humanitarian aid (OCHA, 2022). More than 80 percent of the victims of crises are women and children (Care, 2022).

According to the Federal Government of Nigeria, the crisis has also led to the destruction of over 1500 schools, death of about 2295 and displacement of 19,000 teachers (Punch News, 2018). Even though there are limited studies on crisis in the northeast and other parts of Nigeria as risk factors for drug use, illegal drug use is associated with crisis and criminal behaviours (Ikoh et al., 2019; UNODC, 2014). In these circumstances, the children of victims of crisis go through emotional and psychological stress that exposes them to substance use and abuse. Part of which is to cope with the trauma of losing a loved one, anxiety, loneliness and witnessing devastations.

3. Early childhood education

Nigeria has about 11 million out of school children, the highest in the world (UNICEF, 2022). Among the population, girls and children with disabilities, children from the poorest households, on the street, displaced by crisis or

emergencies, and children in geographically distant areas are all disproportionately affected. Millions of Nigerian children have never set foot in a classroom. Among those who started basic or primary education, 35% are not able to transit to the secondary schools (UNICEF, 2022). Thus, leading to high school dropouts of children and youths from the formal education system. Another threat to formal education in Nigeria is insecurity. For example, in 2021 alone, over 25 attacks were carried out in the school setting by terrorist and bandits with 1,440 children abducted and 16 children killed (UNICEF, 2022). In some families, children are on the street to hawk so as to contribute to the family's income thereby exposing them to street lives (Ikoh et al., 2019). One of the implications of this is exposure to drugs and substance use. For example, Abdulmalik and colleagues (2008) reported a high prevalence of drug use (66.2%) among the out of school children and adolescents.

4. Education setting

Besides the early childhood education, education setting in Nigeria, generally, has witnessed several crises. Some of which includes incessant school closures due to strike or industrial action, poor products and deplorable conditions which has made learning to be less attractive for the young ones (BBC, 2021). It has become a ritual for schools to be shut down in every academic year, especially in higher institutions of learning. On global education ranking, Nigeria occupies the 124th position in the world and 25th in Africa, and about 70 percent of products of the universities are unemployable (Edeh, 2021; Ogunode et al., 2022; Omebe and Omebe, 2015).

The education sector crisis has been made worse by the intractable insecurity in various parts of Nigeria. It is a common occurrence that one higher institution, secondary school or primary school is closed due to internal crisis or attacks from bandits and other criminal elements. For example, in the North West, more than 4,000 public primary and 4,000 public secondary schools were closed in 2021 and over 400,000 students and pupils have stopped going to school since the incidence of the kidnap of Chibok school students in 2014 (Ogunode et al., 2022). Similarly, many youths who are qualified for higher institutions are denied admissions due to limited space (Ogunode et al., 2022).

As always acknowledged, education has economic, social, political, and security benefits for an individual, society and a country (Omebe and Omebe, 2015). Neglecting the education of the present generation of the young ones would, in many ways, endanger the prosperity of the future. As the crisis in the education sector will affect the economic and social development of the nation, so it is a risk factor for substance use in the country. One of the implications of incessant school closure is idleness and frustration, both of which are risk factors for substance use.

5. Economy

According to the National Bureau of Statistics (NBS), more that 20 percent of the full-time workforce in Nigeria lost their jobs due to the COVID-19 pandemic in 2020 (Ejechi, 2021). The pandemic caused an increase in the unemployment rate from 27 percent to 33 percent between the second and fourth quarters of 2020. Businesses resorted to laying off employees to

survive, and shutdowns of enterprises severed crucial livelihood lines for households that depended on them for income, coupled with the lack of new business opportunities and reduction in capital investment further limiting new job prospects.

National and international economic recessions not only have financial and employment consequences for individuals but also potential health consequences. Recessions and unemployment increase psychological distress. During economic recessions, deteriorations in mental health and increases in suicides are observed at a population level (Bruguera et al, 2018) as well as drug use. An international study from Australia found that economic downturns were significantly associated with the frequency of drug use among the adult population (Azagba et al., 2021). While there is a nexus between economic recession and drug use, lower income or unemployment does not reduce drug use. One of the implications of this is when those who use drugs lost their job, instead of stopping drug use, they devise other means with which to fund their drug habit (Azagba et al., 2021; Bruguera et al., 2018) or switch to cheaper drugs, including alcohol (Trautmann, 2013).

Drug use increases in times of recession because unemployment increases psychological distress. Increased non-working time and increased social exclusion are triggers to drug use (Azagba et al., 2018). Similarly, unemployment rate is associated with higher rate of treatment admissions for SUD and more susceptible to self-medication and consumption of alcohol to cope with psychological distress (Azagba et al., 2018). Therefore, psychological support for those who lost their job and are vulnerable to drug

use is important. Adequate provision of treatment and care for persons with SUD should, therefore, be a priority even during economic downturns and guide policy development.

6. Youth unemployment

Closely related to the economic crisis is the crisis of unemployment. Unemployment, defined as condition where people who are ready, able and willing to work, do not find work. According to the NBS (2021), about 23 million (33.3%) Nigerians are unemployed. This is the second highest globally after Namibia (Olaitan, 2021). Similarly, underemployment rate, people who work less than 20 hours a week, is at 22.8%, a sharp deviation from an acceptable national unemployment rate of between 4 and 6% (Ekeanyanwu, 2021). The absence of a functioning social security system capable of providing support to households that are not employed or lost jobs and income complicate the unemployment situation in Nigeria. A combination of rising unemployment, soaring demographics, and unfulfilled aspirations is increasing the pressure on the young population in Nigeria.

Regrettably, the 2020 COVID-19 pandemic plunged the nation into another recession which was the worst in four decades (The World Bank, 2020). One of the implications of this, especially among the youth population, is idleness, psychological stress and frustration – risk factors for substance use and abuse (Ikoh, et al., 2019; Nagelhout et al, 2017).

7. Mental health

Mental disorders are the leading cause of disability globally (WHO, 2022). It is difficult to estimate the number of people with mental health conditions in Nigeria. However, recent report by WHO indicates that one in four Nigerians (about 50 million people) are suffering from mental illness (Mbamalu, 2019). The five most common mental illness in Nigeria are depression, post-traumatic stress disorder (PTSD), postpartum mental disorders, anxiety disorders, schizophrenia and other psychosis with depression taking the lead (Nwokolo, 2019).

Nigeria has the highest caseload of depression in Africa and 15th in the world on the frequency of suicide (Mbamalu, 2019) with a suicide estimate of 17.3 per 100 000, higher than the global 10.5 per 100 000 and Africa's 12.0 per 100 000 estimates (Oyetunji, 2020). With the persistent increase in armed conflict and attacks in different parts of Nigeria, mental health has been more impaired. Regrettably, there are limited access to effective, high-quality, and inexpensive mental care in Nigeria. With the increase in the level of insecurity across the length and breadth of the country, millions of people are in long-term displacement, impoverishment, sexual violations, physical disabilities and have developed mental health problems. More worrisome is that about 80 percent of victims of the conflict in Nigeria are women and children (Care, 2022) who have lost their loved ones or bread winners, poor, sexually violated and with mental illness, all of which are risk factor to substance use and abuse.

Despite this mental health burden, there are less than 150 psychiatrists and psychologists each working in mental health field in a country of over 200

million, with less than 10 percent of mentally ill persons having access to the care (Mbamalu, 2019; Vanguard, 2019). This is complicated by the recent rise in brain-drain that has cut across different health care workers who are involved in multidisciplinary mental health care for those in need. One of the implications of this, is resorting to self-help, including the use of controlled medications and other substances to address mental health conditions. Besides inadequate manpower, other problems in the health care system includes accessibility of quality health care, poor hygiene, corruption, delayed salaries and allowances, poor health infrastructure, fake drugs, supremacy battle among labour leaders and hierarchy of institutions and insufficient financial investment (Adeloye et al, 2017).

COVID-19

COVID-19 crisis has pushed more than 100 million people into extreme poverty, and has greatly exacerbated unemployment and inequalities, as the world lost 114 million jobs in 2020 (UNODC, 2021a). COVID-19 increased stress, boredom, more free time, reduced economic activity and changes in financial resources, triggered an increase in drug use and pharmaceutical sedatives in 64 percent of countries surveyed (UNODC, 2021b). In Nigeria, it is estimated that COVID-19 has driven more than 10 million people into poverty, thereby increasing their vulnerability to crime, substance use and violent extremism (UNODC, 2021c). Depression and anxiety went up by more than 25% in the first year of the pandemic alone (WHO, 2022). Thus, created conditions for more teenagers, young adults, and the adult population to be susceptible to drug sale and use, illicit cultivation and trafficking which became more appealing to fragile rural communities (Azorundu, 2020; UNODC, 2021b; Zaami et al., 2020).

The challenges of economic breakdown and social changes that came as a result of the pandemic, aggravated the health condition of people who use drugs, reduced the level of access to treatments and health care opportunities (Bojdani, 2020). Similarly, services for the prevention of adverse health consequences of persons who use drugs were partially or completely disrupted. Other social impacts of the pandemic include rise in inequality, poverty, boredom, constant frustrations, naggings from the parents and lack of freedom caused by lockdown measures (Stack et al., 2021).

Substance use prevention

In view of the crises in the different settings, which are risk factors for substance use, there is the urgent need to focus on prevention by addressing the different areas of risk. Prevention science focuses on the development of evidence-based strategies that reduce risk factors and enhance protective factors to improve the health and wellbeing of individuals, families, and communities (National Prevention Science Coalition, 2019). Therefore, substance use prevention programmes and policies are designed to enhance protective factors and to reduce risk factors. Protective factors are those associated with reduced potential for substance use while risk factors are those that make substance use more likely (National Institute on Drug Abuse, 2018).

An integrated delivery system of comprehensive evidence-based substance use prevention strategies that crosses many public sectors (e.g., education, child welfare, health, economy, justice) is most cost-efficient and exerts wide-scale benefits. The impact on individual lives, schools, child welfare,

communities and society can increase exponentially with additional investment of resources and systems to support economic and social development across communities, local governments, states and the nation.

Beyond substance use and abuse, evidence-based prevention policies, programmes, and practices have been shown to reduce the incidence and prevalence of individual and community vulnerabilities and promote healthy lifestyles, including: the promotion of daily physical activity and good nutrition to protect against chronic disease; improving academic and behavioural outcomes with the expansion of high-quality childcare and early learning and development and security of the society. Evidence-based prevention policies and programmes also help to promote positive and supportive school environments; and enhance community-wide capacity to attenuate detrimental conditions and increase access to supportive services. Evidence-based prevention policies and programmes increase resilience, social competency and self-regulation in order to reduce impulsive, aggressive and off-task behaviour; and support the development of healthy relationships to reduce interpersonal and domestic violence (National Prevention Science Coalition, 2019).

Barriers to care (prevention and treatment of SUD) in humanitarian crises

Interventions during humanitarian crisis generally includes building trust, reducing stigma, integrated service delivery, considering culture and context in service delivery, and an ethical practice of 'do no harm' (Greene et al., 2021). However, delivering these interventions, especially in the areas of

substance use prevention and treatment are confronted with some challenges. As highlighted by Greene and colleagues (2021), Van-Ommeren and colleagues (2015), Weissbecker and colleagues (2019), these barriers include:

- i. Limited knowledge and skills in delivering appropriate substance use prevention and treatment interventions.
- ii. Limited knowledge of the burden and patterns of substance use in humanitarian settings and risk of substance use associated with humanitarian crisis.
- iii. Uncertainties about the effectiveness of substance use prevention and treatment of disorder in humanitarian settings and strategies for adapting and implementing interventions for a given population and humanitarian context.
- iv. Scarce resources, existing health infrastructures are often too overwhelmed to provide sufficient care to all those with mental health and SUD related needs in humanitarian settings.
- v. Low political prioritization, coordination and integration of substance use and related services.
- vi. Competing priorities, high staff turnover, structural and community stigma, and logistical challenges.
- vii. Impact of conflict and drug production on the vulnerabilities of young people, women and girls.
- viii. Lack of recognition of intersectionality of substance use with critical social issues (e.g.intimate partner violence and poverty).
- ix. Lack of support among key decision makers for a particular policy solution to a particular problem.

Recommendations

- i. Considering the risk associated with conflicts, including substance use and abuse, response to conflict-induced humanitarian crises, should go beyond providing immediate relief materials (such as food, clothing, shelter, essential medications) to restoring destroyed livelihoods, rehabilitation of individuals and communities, building resilience and reducing risks, and preventing further spread of conflict. This will require paying adequate attention to better understanding of the peculiar livelihood needs and conditions of the people and communities.
- ii. There is the need to strengthen awareness and commitment related to the risk of substance use among victims of humanitarian crises and the burden of SUD treatment interventions among communities, practitioners, and policymakers in humanitarian settings.
- iii. Epidemiological, intervention, and implementation research as well as operational guidance are needed to fill these gaps and improve substance use prevention strategies and access to treatment services in humanitarian settings.
- iv. There is the need to strengthen the broad framework of responses, including laws, institutions, capacities, and awareness towards a more impactful intervention.
- v. As a matter of deliberate government policy, substance use prevention and treatment strategies and related crime prevention assistance should be incorporated into humanitarian crises interventions in Nigeria in line with the provision of The Economic and Social Council of the United Nations in its 2004 resolution.

- vi. Long term follow up on substance use prevention and treatment strategies should be incorporated into post-conflict zones, reintegration or resettlement process.
- vii. Substance use prevention strategies that support families, communities, schools, traditional institutions and faith-based settings to be able to identify early warning signs of crises and the means to deal with such situations should be developed.

Conclusion

Humanitarian crises situations destabilise communities, families, relationship between parents and child and thus threatens the future of the entire society through its young victims or new generation and exposing them to substance use and abuse. When people who are under extreme stressful conditions gain access to drugs, they use them to relieve stress or mental conditions and cope with life in a new environment. Hence the need to protect the right to health for the most vulnerable population particularly children and youth. It is therefore, a call to governments, international organizations, civil society, and all stakeholders to take urgent action to minimize conflict and protect people, including strengthening drug use prevention and treatment, and by tackling illicit drug supply. It is obvious that when we care for those in crises, we help to prevent substance use and abuse, but when we fail to care for those in crises, we contribute to the risk of substance use and abuse.

Thank you.

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■ THE GUEST SPEAKER ■



DR. MARTIN O. AGWOGIE

Dr. Agwogie is the Founder/Executive Director, Global Initiative on Substance Abuse (GISA). He is the National President of the International Society of Substance Use Prevention and Treatment Professionals (ISSUP Nigeria Chapter) and member Board of Directors of ISSUP Global, the assistant coordinator of the International Consortium of Universities for Drug Demand Reduction (ICUDDR) in Africa and the National Coordinator of the Universal Prevention Curriculum (UPC) for substance use disorders in Nigeria. He is a Global trainer in Drug Demand Reduction and an expert contributor to the UNODC-WHO International Standards on Drug Use Prevention, one of the 2 expert contributors from Nigeria.

He is an Asst. Professor, Department of Psychology, Virginia Commonwealth University, United States, a Fulbright Scholar (Hubert Humphrey Fellow) in Substance Use Prevention, Treatment and Policy, Virginia Commonwealth University, United States and a Distinguished Hubert Humphrey Fellow. An alumnus of the prestigious Harvard Kennedy School of Executive Education, a fellow of the National Institute on Drug Abuse (NIDA), United States and a Fellow the Nigerian Association of Clinical Psychologists (FNACP).

He holds a PhD and M.Ed in Educational Psychology from Ahmadu Bello University, Zaria, Nigeria, MBA in Human Resource Management from the National Open University of Nigeria, Post Graduate Diploma in Hospital Management from University of Lagos, Nigeria, a Post Graduate Certificate Course in Addiction Studies, Virginia Commonwealth University, United States, among other academic and professional qualifications. He has attended over 70 local and international seminars and conferences on drug demand reduction and presented papers in over 35 conferences particularly on opioid use prevention and management.

He is a certified addiction professional (ICAP 11), the author of Drug Abuse: Prevention and Management in the Workplace, Drug Abuse: Not My Child, Drug Abuse: Weep Not Mummy and Drug Abuse Prevention Workbook for Secondary Education. He is also involved in mentorship, youth and community development initiatives on drug control in Nigeria.

Dr. Agwogie has over 26 years of experience in drug control. Part of which was with the National Drug Law Enforcement Agency (NDLEA) where he served in different capacities particularly in drug demand reduction before retiring into private practice.