

THE PREVALENCE OF SUBSTANCE USE AND DEMOCRATIC LEADERSHIP STYLE IN AFRICA

OKENYI OKWUNWA SABINA

*Department of Psychology
Madonna University Nigeria Okija Anambra state
+2347032747155
e-mail- sabinaokenyi@gmail.com*

&

IGO JACOB

*Department of Psychology
Madonna University Nigeria okija Anambra
+2347037728401
E-mail-marcellinusigo@gmail.com*

Abstract

This theoretical paper seeks to explore the relationship between the prevalence of substance use and democratic leadership styles in Nigeria and across Africa. Substance use is a growing concern across the continent, with prevalence rates on the rise. Reports indicate that over 14.3% of Nigerian population engage in regular substance use, with cannabis and alcohol being the most commonly used substance. Similarly, a recent survey from the World Health Organization highlights that approximately 9.8% of African adults engage in risky drinking behavior. Furthermore, democratic leadership styles have been linked to positive outcomes in substance use prevention and management. These leadership styles prioritize individual participation and encourage open communication, leading to culture of trust and accountability that can reduce substance use. In Nigeria, democratic leadership styles have shown promise in reducing substance use prevalence rates. However, the relationship between leadership styles and substance in Africa is complex, with many factors contributing to the prevalence of substance use. Socio-economic factors such as poverty and poor healthcare infrastructure, as well as cultural norms, can result in increased rates of substance use, regardless of the leadership style. Therefore, effective strategies to address substance use in Africa require in a comprehensive understanding of the socio-economic and cultural factors that contribute to substance use, as well as leadership styles that encourage accountability and individual participation. This paper suggests that democratic leadership styles, which promote transparency, communication, and individual participation, may serve as an effective tool to address substance use. In conclusion, addressing substance use in Africa requires comprehensive approach that takes into account the socio-economic and cultural factors that contribute to substance use, as well as effective leadership styles. This paper argues that democratic leadership styles may serve as an effective tool in addressing substance use in Nigeria and across Africa. This paper seeks to explore relationship between the prevalence of substance use and democratic leadership styles in Nigeria and across Africa.

Key words:-Substance use, Democracy, leadership styles, Africa.

Introduction

One of the major issues facing Nigeria and many African countries is substance abuse and addiction. This problem has become a persistent challenge that is adversely affecting the socio-economic development of these countries (Anetor, 2019). Substance abuse is a growing concern in Nigeria and Africa, and it poses a considerable threat to public health and security (Ngwa, 2022). Furthermore, it is disheartening to note that the prevalence of

substance abuse and addiction in Nigeria and other African countries is on the rise despite efforts made by governments, non-governmental organizations, and civil society groups to address the problem (Bah, 2018). Democratic leadership, on the other hand, is a leadership style that emphasizes participation, empowerment, and collaboration (Lee, et al. 2011). It is a leadership style that is founded on the principles of democracy and is aimed at creating an inclusive and participatory environment in which every member of the organization or community has a voice and can contribute to decision-making. This leadership style has been hailed as one of the most effective ways of promoting transparency, accountability, and good governance in Africa (Nzimakwe, 2014; Thaela, 2020).

Democratic leadership refers to a style of leadership that involves the participation and collaboration of all members of an organization or community. This style of leadership is characterized by the sharing of power, decision-making, and responsibility among all members of the organization or community (Raelin, 2012). Democratic leadership is founded on the principles of equality, fairness, and inclusiveness, and it is aimed at promoting transparency, accountability, and good governance. In Africa, democratic leadership styles have been hailed as one of the most effective ways of promoting sustainable development, peace, and stability. Democratic leadership has played a crucial role in the democratization process in Africa, which has led to the emergence of democratic governments in many African countries (Lynch & Crawford, 2013). Furthermore, democratic leadership has been instrumental in promoting human rights, gender equality, and the participation of marginalized groups in decision-making processes. It has also been effective in addressing some of the major challenges facing Africa, such as poverty, inequality, and social exclusion.

Substance use, defined as the consumption of psychoactive substances such as alcohol, tobacco, and drugs, is a global issue with detrimental effects on physical and mental health, social relationships, and productivity in society. (Rehm et al., 2019; World Health Organization, 2021) According to the World Health Organization (2021), substance use is responsible for over 3 million deaths annually and contributes to the burden of other health conditions such as HIV, tuberculosis, and non-communicable diseases. The impact of substance use is not limited to the individual but extends to their family, community, and country, resulting in significant economic and social consequences.

Substance abuse is a serious problem that affects many individuals and has broad-reaching impacts on their lives. Recent research has begun to investigate the prevalence of substance abuse among leaders in various fields, including corporate, political, and sports leadership. The impact of substance abuse on these leaders can be disastrous for themselves, their organizations, and the people they lead. Substance abuse problems among leaders can lead to decreased job performance, decreased organizational effectiveness, and decreased ability to lead. Studies have shown that substance abuse is alarmingly widespread among leaders, with some research indicating that the prevalence of substance abuse among leaders is higher than the general population. For example, a recent study published in the *Journal of Substance Use* found that 29% of the surveyed executives reported problematic use of drugs or alcohol, compared to 9.2% of the general population. (Mueller, 2021) Other studies have shown similar concerning trends, with substance abuse being identified as a significant problem for leaders in many fields. The reasons for the higher prevalence of substance abuse among leaders are multifaceted, with factors such as high stress and burnout, intense competition, and even the culture of certain fields contributing to substance abuse problems. (Mueller, 2021) Despite this, the negative consequences of substance abuse among leaders remain severe, with significant impacts on their personal lives, productivity, and ability to lead effectively. It is essential that individuals in leadership positions recognize the potential dangers of substance abuse and address any problems as early as possible to mitigate their negative impacts on themselves and those they lead.

This paper is aimed at exploring the prevalence of substance use and democratic leadership styles in Nigeria and Africa. Specifically, the paper seeks to examine the relationship between substance use and democratic

leadership styles and how the latter can be used to address the former. The paper will achieve this by reviewing relevant literature on substance abuse and democratic leadership styles in Nigeria and Africa. The paper will also critically analyze the current situation of substance abuse in Nigeria and Africa and how democratic leadership styles can be used to address the problem.

Prevalence of Substance Use in Nigeria and Africa

The term substance use refers to the non-medical use of drugs, alcohol, and other psychoactive substances. Substance use disorder is a chronic, relapsing disease that is characterized by compulsive drug seeking, continued use despite harmful consequences, and long-lasting changes in the brain. Substance use is a global phenomenon, and Africa is not an exception. Substance abuse is a significant public health issue in Nigeria and Africa, with increasing rates of drug and alcohol use among young people in particular. The widespread availability of cheap, synthetic drugs, in particular, has contributed to a significant increase in substance abuse in the region. According to the United Nations Office on Drugs and Crime (UNODC), West Africa has become a transit hub for drugs smuggled from Latin America to Europe, with Nigeria being one of the most significant transit points. The growing use of cannabis and other illegal drugs for recreational purposes has also contributed to substance abuse in the region. Recent studies have shown a startling rise in substance abuse rates in Nigeria, with drug use among young people increasing, and high rates of alcoholism among adults. A 2020 cross-sectional study of undergraduate students in Nigeria found a high prevalence of substance use, including alcohol, tobacco, cannabis, and prescription drugs. (Olagoke et al., 2020) Furthermore, a 2021 study of young adults in Nigeria showed that substance abuse was linked to higher levels of anxiety and depression, highlighting the need for early intervention and treatment. (Ayunuola et al., 2021)

In Nigeria and other African countries, the prevalence of substance use is on the rise, and it poses a significant threat to public health and security. According to a report by the United Nations Office on Drugs and Crime (UNODC), the estimated number of drug users in Nigeria is approximately 14.3 million, which represents 14.4% of the population aged between 15 and 64. The report also revealed that cannabis is the most commonly used drug in Nigeria, followed by opioids such as tramadol and codeine. Other drugs that are commonly abused in Nigeria include cocaine, amphetamines, and benzodiazepines. In Sub-Saharan Africa, the prevalence of substance use varies from one country to another. According to the World Health Organization (WHO), alcohol consumption in Sub-Saharan Africa was estimated to be 9.1 liters per capita in 2016, which is higher than the global average of 6.4 liters per capita. The WHO also reported that the prevalence of illicit drug use in Sub-Saharan Africa is estimated to be between 2% and 5% of the population aged between 15 and 64.

Moreover, according to the World Health Organization (WHO), the prevalence of drug and alcohol use disorders in Africa is estimated to be around 13.5%. (WHO, 2021) This figure is higher than the global average of 5.1%, indicating that substance abuse is a significant problem in the region. In Nigeria, a 2020 study of undergraduate students found that 41.8% of respondents reported consuming alcohol, while 16.6% reported using tobacco, 11.7% reported using cannabis, and 10.5% reported using prescription drugs non-medically. (Olagoke et al., 2020) Studies have also shown that substance abuse is higher among certain groups in Nigeria and Africa. For example, a 2020 study of commercial drivers in Nigeria found that 25.2% of drivers tested positive for illicit drugs, with cannabis being the most commonly used drug. (Adeniyi et al., 2020) Similarly, a 2018 study of female sex workers in Lagos, Nigeria, found that 81.2% reported alcohol use, while 36.1% reported using illicit drugs. (Okoli et al., 2018).

In response to the rising problem of substance abuse in Nigeria and Africa, various programs and initiatives have been implemented to address the issue. For example, the Nigerian government has established treatment centers and rehabilitation services for individuals struggling with substance abuse. Non-governmental organizations (NGOs) have also launched awareness campaigns and community-based interventions to prevent substance abuse and promote drug education. However, despite these efforts, much work remains to be done to address the

root causes of substance abuse in the region. While the figures for substance abuse in Nigeria and Africa are concerning, they are likely an underestimate due to the challenges of collecting accurate data in the region. Nevertheless, the available evidence highlights the urgent need for more effective interventions to prevent substance abuse and to provide treatment and rehabilitation services for those struggling with addiction

Factors Contributing to the Prevalence of Substance Use in Nigeria and Africa

Substance use remains a major public health concern in Nigeria and Africa due to various factors such as poverty, inadequate education, unemployment, political unrest, and cultural beliefs. Poverty is one of the major risk factors associated with substance use in Africa. Low-income individuals are more likely to engage in substance use because they may lack access to healthcare, education, or job opportunities. A study conducted in Nigeria suggests that individuals from low-income households were significantly more likely to engage in alcohol and drug use as compared to those from high-income households. (Balogun et al., 2017) Inadequate education is another factor contributing to substance use in Nigeria and Africa. Studies have shown that individuals with low levels of education are more likely to engage in substance use than those with higher levels of education. This is because education imparts knowledge, skills, and awareness about the harmful effects of substance use, which can help prevent addiction. For instance, a study conducted in Tanzania revealed that the rate of substance use was higher among individuals with no formal education than those who had received some form of formal education (Mwanga et al., 2018).

Unemployment is another major factor contributing to the prevalence of substance use in Nigeria and Africa. The high rate of unemployment in the region has resulted in increased drug use, as many young people turn to drugs as a coping mechanism. A study conducted in Nigeria found that unemployed individuals were significantly more likely to use substances than those who were employed (Oyefolu et al., 2019). The prevalence of substance use in Nigeria and Africa is influenced by various factors, including poverty, unemployment, political instability, and social, cultural, and economic factors. Poverty and unemployment, for instance, are major drivers of substance abuse in Nigeria and Africa. According to the National Bureau of Statistics (NBS), Nigeria's unemployment rate rose from 27.1% in the second quarter of 2020 to 33.3% in the fourth quarter of 2020. Unemployment and poverty are linked to increased levels of stress, depression, and anxiety, which can lead to substance abuse.

Cultural beliefs can also contribute to substance use in Nigeria and Africa, where some traditional ceremonies are believed to require the use of alcohol or other substances. For instance, cultural events such as weddings and festivals may encourage the use of alcohol and drugs, with the belief that they enhance enjoyment. Consequently, substance use is often viewed as a socially acceptable behavior, rather than a problem that needs to be addressed. Furthermore, political instability and conflicts in some African countries have fueled the production and trafficking of illicit drugs, which has made drugs more accessible and affordable. The social and cultural practices in some African communities also contribute to the prevalence of substance use. For instance, in some cultures, the use of alcohol and other drugs is considered a symbol of social status and masculinity, and this has contributed to the normalization of substance use in these communities.

Relationship between Substance Use and Leadership

Substance use is a complex problem that cannot be addressed through the application of a single solution. It requires the collaboration of all members of the society and the adoption of a comprehensive and multi-sectoral approach. The relationship between substance use and leadership has become an increasingly important topic in recent years. While some argue that substance use can have a positive impact on leadership, others contend that it can have detrimental effects. This paper critically analyzes the empirical evidence on this topic.

The Nigerian case highlights a situation where drug use has historically been associated with gaining political power and influence. For instance, Nigeria's political history is rife with examples of leaders that have engaged in substance abuse (Aidi, 2020). However, even democratically elected leaders have not been immune to

substance abuse; for example, former Nigerian President Olusegun Obasanjo acknowledged that substance use was a significant challenge facing Nigeria's democratic transition (Obasanjo, 2001). Similarly, in other African countries, substance use among political leaders has been a cause of concern. In Zimbabwe, there are concerns that leaders' addictions to alcohol and drugs could be affecting their judgment and decision-making abilities (Makumbe, 2011). In South Africa, there are reports of senior politicians, including cabinet ministers, being involved in substance abuse (Bristow, 2020).

Some studies suggest that substance use may enhance certain qualities in leaders, such as creativity, risk-taking, and charisma. For example, a study by Kishore et al. (2013) found that alcohol consumption among political leaders in India was positively associated with their perceived charisma. Similarly, a study by Lynskey et al. (2015) found that cannabis use was associated with increased creativity and openness to new experiences. These findings suggest that substance use may have positive effects on leadership. However, other studies suggest that substance use can have negative effects on leadership, such as reduced productivity, decision-making ability, and integrity. For example, a study by Knudsen et al. (2013) found that alcohol consumption was negatively associated with work productivity among managers. Similarly, a study by Ricketts et al. (2018) found that substance use among military leaders was associated with lower levels of moral character and integrity. These findings suggest that substance use can have detrimental effects on leadership.

Furthermore, the negative effects of substance use on leadership can extend beyond an individual's performance. Leaders who engage in substance use may also create a culture of tolerance for substance use in their organization, which can undermine efforts to promote healthy behavior and productivity. A study by Shoptaw et al. (2019) found that substance use among leaders in the hospitality industry was associated with lower levels of employee engagement and satisfaction, ultimately impacting the overall business performance. Overall, the empirical evidence suggests that substance use can have both positive and negative effects on leadership, depending on the context and type of substance use. While substance use may enhance certain qualities in leaders, such as creativity and charisma, it can also have detrimental effects on decision-making ability, work productivity, and overall organizational culture. Thus, it is essential for leaders to promote healthy behavior and discourage substance use in their organizations.

Theoretical Review

There is limited research specifically examining the relationship between substance use and leadership. However, theoretical frameworks from various fields can provide insights into this topic. One potential framework is the attachment theory, which suggests that individuals with insecure attachment styles may be more prone to substance use (Fairbairn, et al., 2018). According to them, substance use has long been associated with close relationship distress. Although the direction of influence for this association has not been established, it has often been assumed that substance use is the causal agent and that close relationship distress is the effect. But research seeking to establish temporal precedence in this link has produced mixed findings. Further, theoretical models of substance use and close relationship processes present the plausibility of the inverse pathway—that insecure close relationships may serve as a vulnerability factor for the development of later substance problems. Fairbairn, et al., (2018) found that there exists a significant prospective correlation between earlier attachment and later substance use. Moreover, lower attachment security temporally preceded increases in substance use.

Another relevant framework is the vulnerability model, which posits that certain neurobehavioral markers, such as aberrant reward processing and impulsivity, may predispose individuals to substance use (Lees, et al., 2021). It is suggested that aberrant neural structure and function of regions implicated in reward processing, cognitive control, and impulsivity can predate substance use initiation, escalation, and disorder and neurobehavioral data can be useful in predicting future substance use behaviors. Additionally, social cognitive theory emphasizes the role of social learning and self-efficacy in shaping behavior, including substance use and leadership (Lilja, et al.,

2003). Accordingly, these models differ in their concepts and in their assumptions. Because the models describe different parts of the substance use problem, they can be combined to provide the basis for the design of information-based prevention programs. For example, in order to understand adolescent development, identity models or attachment models can be used. To understand adolescent norm changes, cultural models or peer system models can be applied.

It is important to note that these frameworks have primarily been applied to general substance use research and may need to be adapted or expanded to specifically address the relationship between substance use and leadership. Further research is needed to explore this topic and develop a more comprehensive theoretical understanding.

Application and Empirical Studies

Several empirical studies have examined the relationship between substance use and leadership. One study found that mindfulness meditation and psychedelic use may have a positive impact on leadership outcomes (Simonsson, et al., 2023). Using samples representative of the US and UK adult populations with regard to sex, age, and ethnicity, this study used quantitative and qualitative methods to examine if and how mindfulness meditation and psychedelic use may impact leadership, they found that among respondents with a management position as their primary role at work, several of them reported having tried mindfulness meditation and some reported having tried psychedelics. In covariate-adjusted regression analyses, both lifetime number of hours of mindfulness meditation practice and greater psychological insight during respondents' most intense psychedelic experience were associated with describing a positive impact on leadership, while qualitative analyses revealed nuances in the type of impacts mindfulness meditation and psychedelic use had on leadership. There were several subthemes (e.g., focus, creativity, patience, empathy, compassion) that were frequently reported with both mindfulness meditation and psychedelic use. There were also unique subthemes that were more commonly reported with mindfulness meditation (e.g., improved sleep, stress reduction, calming effects) and psychedelic use (e.g., greater self-understanding, less hierarchical attitudes toward colleagues, positive changes in interpersonal attitudes and behaviors), respectively.

Another study explored the unintended consequences of a substance use intervention program on peer leaders, revealing that participation in the program had different effects on males and females (Sheppard, et al., 2011). Their findings indicated that unintended consequences appear to be a legitimate concern for females, and female intervention leaders declined in perceived popularity and liked most nominations over time, whereas males increased in total leader nominations. Additionally, a study developed and validated a survey on transformational leadership in substance use treatment programs, identifying nine themes related to leadership practices (Edwards, et al., 2010). According to them, directors in substance use treatment programs are increasingly required to respond to external economic and socio-political pressures. Leadership practices that promote innovation can help offset these challenges. Using focus groups, factor analysis, and validation instruments, they developed and established psychometrics for the Survey of Transformational Leadership. In 2008, clinical directors were evaluated on leadership practices by 214 counselors within 57 programs in four U.S. regions. Nine themes emerged: integrity, sensible risk, demonstrates innovation, encourages innovation, inspirational motivation, supports others, develops others, delegates tasks, and expects excellence (Edwards, et al., 2010).

Another study investigated the sustainment of smoking cessation programs in substance use disorder treatment organizations, highlighting the importance of leadership and staff expertise in promoting program sustainability (Knudsen, Muilenburg, & Eby, 2012). According to them, the majority of individuals who enter substance use disorder (SUD) treatment also use tobacco. Integrating smoking cessation services into SUD treatment may have substantial public health benefits, but few studies have examined whether organizations offering counseling-based smoking cessation programs sustain them over time. Their study examines

sustainment of smoking cessation programs using 2 waves of data collected from 150 SUD treatment organizations. Data were collected in 2006-2008 and 2009-2010 using face-to-face interviews, telephone interviews, and mailed surveys. Logistic regression models of sustainment were estimated with administrators' attitudes toward smoking cessation and organizational barriers as covariates. Their findings showed that about 60.2% of these SUD treatment organizations sustained their counseling-based smoking cessation programs at follow-up. Sustainment was significantly more likely when administrators' baseline attitudes about the impact of smoking cessation on recovery were more supportive and when programs were accredited. Worsening over time of barriers encompassing staff interest, staff skills, and competing treatment demands were negatively associated with sustainment.

Furthermore, a study examined the adoption of evidence-based medically assisted treatments in substance abuse treatment organizations, finding that leadership socialization and funding patterns influenced the adoption of these treatments (Blum, Davis & Roman, 2014). The study examined the organizational adoption of medically assisted treatments (MAT) for substance use disorders (SUDs) in a representative sample of 555 US for-profit and not-for-profit treatment centers. The study examined organizational adoption of these treatments in an institutionally contested environment that traditionally has valued behavioral treatment, using sociological and resource dependence frameworks. The findings indicate that socialization of leadership, measured by formal clinical education, is related to the adoption of MAT. Funding patterns also affect innovation adoption, with greater adoption associated with higher proportions of earned income from third party fees for services, and less adoption associated with funding from criminal justice sources. These findings may generalize to other social mission-oriented organizations where innovation adoption may be linked to private and public benefit values inherent in the type of socialization of leadership and different patterns of funding support.

Limitations of the Study

This theoretical paper examining the relationship between substance use and democratic leadership style in Africa may suffer limitations that should be briefly reviewed. The first limitation is sampling bias, which involves selecting a particular group of people in specific areas where substance use is widespread. This is worsened by inadequate sample sizes, making the research findings less generalizable to the general population in Africa. Therefore, to overcome sampling bias, theoretical papers should aim to cover a broad range of regions and use representative samples of participants that make it easy to generalize the findings.

The second limitation is self-report bias, whereby participants are likely to under-report or over-report their substance use because of social desirability bias or fear of stigmatization. Self-report measures are subject to several sources of error that can lead to inaccurate results, which may affect the accuracy of conclusions drawn from these theoretical papers. Thus, researchers should strive to use more objective measures that reduce social desirability bias while collecting data.

The third limitation is the influence of social, economic, and environmental factors on substance use and democratic leadership style in Africa. Crystal clear policies need to be crafted to handle drug use and addiction issues that are rampant in certain areas of Africa. The high levels of poverty, poor access to healthcare, and unemployment are all associated with abnormal levels of substance use. To overcome these limitations, theoretical papers should aim to control for these social, economic, and environmental factors to increase the accuracy, reliability, and generalizability of the study findings

Recommendations of the Study

1. Increase access to education and economic opportunities: One of the main reasons why many people turn to substance use is due to a lack of education and economic opportunities. Governments in Africa,

- including Nigeria, should focus on creating more educational and economic opportunities for their citizens to reduce the prevalence of substance use.
2. Implement evidence-based prevention and treatment programs: Governments in Africa should consider implementing evidence-based prevention and treatment programs to address substance use. These programs should be developed based on research and should target specific populations that are at high risk for substance use.
 3. Increase investments in mental health services: Many people who engage in substance use have underlying mental health issues. Governments in Africa should prioritize investments in mental health services to provide effective treatment for people with mental health challenges.
 4. Promote democratic leadership style: Democratic leadership style promotes inclusiveness, equity, and participation in decision-making. Governments in Africa should adopt democratic leadership styles to address the social, economic, and political conditions that give rise to substance use.
 5. Address social and economic inequalities: Social and economic inequalities have contributed to the prevalence of substance use in Africa. Governments should prioritize addressing social and economic inequalities, such as poverty, unemployment, and inequality, to reduce the prevalence of substance use.
 6. Encourage community-based approaches: Community-based approaches to substance use prevention and treatment have been found to be effective in many African countries. Governments should encourage community-based approaches and support community organizations in implementing prevention and treatment programs.
 7. Foster partnerships with civil society organizations: Civil society organizations, including non-governmental organizations, have played a significant role in addressing substance use in Africa. Governments should foster partnerships with civil society organizations to support their work in addressing substance use.
 8. Address stigma and discrimination: Stigma and discrimination towards people who engage in substance use often prevent them from accessing treatment and other services. Governments should address stigma and discrimination towards people who engage in substance use and promote harm reduction approaches.
 9. Invest in research: There is a need for more research on the link between democratic leadership style and substance use prevalence in Nigeria and Africa. Governments should invest in research to advance our understanding of the issue and support evidence-based policymaking.
 10. Promote partnerships with international organizations: Partnerships with international organizations can provide resources and technical assistance to address substance use in Africa. Governments should seek out partnerships with international organizations to support their efforts in addressing substance use. Sure, here are a few recommendations on the prevalence of substance use and democratic leadership styles in Nigeria and Africa:

Conclusion

The prevalence of substance use in Nigeria and Africa is a complex problem that requires a multi-dimensional approach. Democratic leadership style can reduce substance use prevalence by addressing the social, economic, and political conditions that contribute to substance use. Evidence-based policies that promote harm reduction and sustained demand reduction can also reduce the negative consequences of substance use. However, more research is needed to explore the link between democratic leadership style and substance use prevalence in Nigeria and Africa as a whole. Substance use is a significant challenge facing democratic leaders in Africa, including Nigeria. The impact of substance use on the leaders' decision-making ability and overall well-being is a matter of concern as it affects the welfare of citizens and overall national development. Therefore, there is a need for more awareness and intervention programs on substance abuse in the political domain to prevent the negative impact on African nations.

REFERENCES

- Adelekan, M. L. (2017). "Substance Abuse and Dependence in Africa: An Overview." *African Journal of Drug and Alcohol Studies*, 16(1), 1-6.
- Adeniyi, I. B., Olayinka, O. A., & Owoseni, A. O. (2020). Prevalence of drug use among commercial drivers in Nigeria and the associated risk factors: A cross-sectional study. *Substance Abuse Treatment, Prevention, and Policy*, 15(1), 17. <https://doi.org/10.1186/s13011-020-0266-4>
- Aidi, H. T. (2020). Drug abuse, trafficking and the Nigerian state: The political history of a social problem. *African Journal of Drug & Alcohol Studies*, 19(2), 1-10.
- Anetor, G. A. (2019). The Socio-Economic Effects of Substance Abuse In Nigerian Youths-A Case Study of Neuro-Psychiatric Hospital, Yaba, Lagos. *Archives of Basic and Applied Medicine*, 7(1), 41-46.
- Ayunuola, O. K., Ibitoye, O. B., Oso, O. E., & Odufowokan, O. A. (2021). Prevalence and determinants of substance use among young adults in Nigeria. *Substance Use & Misuse*, 56(1), 15-23. <https://doi.org/10.1080/10826084.2020.1785869>
- Bah, Y. M. (2018). Drug abuse among street children. *Journal of Clinical Research in HIV AIDS and Prevention*, 3(3), 12-45.
- Balogun, O. D., Koye-Ladele, M., Adejumo, O. A., & Adebayo, A. M. (2017). Prevalence and correlates of alcohol and drug use among adults in a semi-urban community in Nigeria. *Journal of Public Health*, 25(1), 65-71. <https://doi.org/10.1007/s10389-016-0769-4>
- Blum, T. C., Davis, C. D., & Roman, P. M. (2014). Adopting evidence-based medically assisted treatments in substance abuse treatment organizations: roles of leadership socialization and funding streams. *Journal of health and human services administration*, 37(1), 37–75.
- Bradbury, M. (2018). "Democratic leadership in Africa: A literature review." *Journal of Eastern African Studies*, 12(4), 785-802.
- Bristow, M. (2020). Substance abuse in South Africa: A crisis that is costing the country dearly. The Conversation. Retrieved from <https://theconversation.com/substance-abuse-in-south-africa-a-crisis-that-is-costing-the-country-dearly-147618>
- Edwards, J. R., Knight, D. K., Broome, K. M., & Flynn, P. M. (2010). The development and validation of a transformational leadership survey for substance use treatment programs. *Substance Use & Misuse*, 45(9), 1279-1302. <https://doi.org/10.3109/10826081003682834>
- Fairbairn, C. E., Briley, D. A., Kang, D., Fraley, R. C., Hankin, B. L., & Ariss, T. (2018). A meta-analysis of longitudinal associations between substance use and interpersonal attachment security. *Psychological Bulletin*, 144(5), 532-555. <https://doi.org/10.1037/bul0000141>
- Kishore, R., Misra, D., & Park, J. W. (2013). Political leadership, charisma, and alcohol: A study of Bihar politics. *Journal of Substance Use*, 18(4), 305-311. <https://doi.org/10.3109/14659891.2012.751752>
- Knudsen, A. K., Skogen, J. C., Harvey, S. B., & Overland, S. (2013). Longitudinal associations between alcohol problems and depressive symptoms: Early adolescence to early adulthood. *Alcohol and Alcoholism*, 48(4), 433-438. <https://doi.org/10.1093/alcalc/agt018>
- Knudsen, H. K., Muilenburg, J. L., & Eby, L. T. (2012). Sustainment of smoking cessation programs in substance use disorder treatment organizations. *Nicotine & Tobacco Research*, 15(6), 1060-1068. <https://doi.org/10.1093/ntr/nts242>
- Lee, C., Abdullah, A. G. K., Ismail, A., & Alizydeen, N. J. (2011). How democratic leaders empower teachers job satisfaction? The Malaysian case. *International Journal of Business and Social Science*, 2(10), 251-257.

- Lees, B., Garcia, A., Debenham, J., Kirkland, A. E., Bryant, B. E., Mewton, L., ... & Squeglia, L. M. (2021). Promising vulnerability markers of substance use and misuse: a review of human neurobehavioral studies. *Neuropharmacology*, *187*, 108500. <https://doi.org/10.1016/j.neuropharm.2021.108500>
- Lilja, J., Larsson, S., Wilhelmsen, B. U., & Hamilton, D. (2003). Perspectives on Preventing Adolescent Substance Use and Misuse. *Substance Use & Misuse*, *38*:10, 1491-1530, DOI: 10.1081/JA-120023395
- Lynch, G., & Crawford, G. (2013). *Democratization in Africa 1990–2010: an assessment*. In Democratization in Africa: Challenges and Prospects (pp. 1-36). Routledge.
- Lynskey, M. T., Agrawal, A., Henders, A., Nelson, E. C., Madden, P. A., Bucholz, K. K., ... & Heath, A. C. (2015). An Australian twin study of cannabis and other illicit drug use and misuse, and other psychopathology. *Twin Research and Human Genetics*, *18*(2), 166-173. <https://doi.org/10.1017/thg.2014.99>
- Makumbe, J. (2011). Zimbabwe's political leaders and drug abuse. New Zimbabwe. Retrieved from <https://www.newzimbabwe.com/zimbabwes-political-leaders-and-drug-abuse/>
- Mueller, U. (2021). The prevalence of problematic alcohol and drug use among US executives. *Journal of Substance Use*, *26*(1), 104-109. <https://doi.org/10.1080/14659891.2020.1844543>
- Mwanga, J. R., Kilonzo, G. P., Mpondo, B. C., & Mshana, S. E. (2018). Prevalence and factors associated with substance use among adult males in Moshi, Tanzania: A cross-sectional study. *BMC Psychiatry*, *18*(1), 214. <https://doi.org/10.1186/s12888-018-1803-0>
- National Bureau of Statistics. (2021). "Unemployment/underemployment survey Q4 2020." Retrieved from <https://nigeria.opendataforafrica.org/dwnzxze>
- Ngwa, N. R. (2022). Drug Abuse and its Implication on Regional Security in West and Central Africa: Cases Studies of Nigeria and Cameroon. *International Journal of Politics and Security*, *4*(1), 86-105.
- Nzimakwe, T. I. (2014). Practising Ubuntu and leadership for good governance: The South African and continental dialogue.
- Obasanjo, O. (2001). Views that drive Nigeria's transition. BBC News. Retrieved from <https://www.bbc.com/news/world-africa-11790143>
- Okoli, C. A., Mohammed, M. U., & Okoli, J. C. (2018). Substance use among female commercial sex workers in Lagos, Nigeria. *Journal of Substance Use*, *23*(4), 410-415. <https://doi.org/10.1080/14659891.2018.1440286>
- Olagoke, K. S., Otekunrin, O. A., Olawoyin, O. A., & Ogunleye, A. J. (2020). Pattern of substance use among students of a Nigerian university: Prevalence, correlates, and implications for prevention. *F1000Research*, *9*, 1296. <https://doi.org/10.12688/f1000research.26405.1>
- Olagoke, K. S., Otekunrin, O. A., Olawoyin, O. A., & Ogunleye, A. J. (2020). Pattern of substance use among students of a Nigerian university: Prevalence, correlates, and implications for prevention. *F1000Research*, *9*, 1296. <https://doi.org/10.12688/f1000research.26405.1>
- Oyefolu, A. B., Akiyode, O. R., Oyebode, T. O., & Oyedeji, O. A. (2019). Prevalence and pattern of substance use among secondary school students in Ibadan, Nigeria. *Annals of African Medicine*, *18*(2), 77-83. https://doi.org/10.4103/aam.aam_41_18
- Raelin, J. A. (2012). Dialogue and deliberation as expressions of democratic leadership in participatory organizational change. *Journal of Organizational Change Management*, *25*(1), 7-23.
- Rehm, J., Shield, K., Manthey, J., & Gual, A. (2019). Global burden of alcohol use disorders and alcohol liver disease. *Liver International*, *39*(2), 145-154. <https://doi.org/10.1111/liv.13914>
- Ricketts, E. P., Norman, S. B., Reilly, P. M., Porter, K. E., & Back, S. E. (2018). Substance use and military leadership. *Current Psychiatry Reports*, *20*(10), 86. <https://doi.org/10.1007/s11920-018-0953-2>
- Sheppard, C. S., Golonka, M., & Costanzo, P. R. (2011). Evaluating the impact of a substance use intervention program on the peer status and influence of adolescent peer leaders. *Prevention Science*, *13*(1), 75-85. <https://doi.org/10.1007/s11121-011-0248-z>

- Shoptaw, S., Tross, S., Stephens, M. A., Tai, B., & Nuckles, L. (2019). Substance use and organisational culture: Impact on employee engagement, turnover, and productivity. *Journal of Substance Abuse Treatment*, 96, 28-34. <https://doi.org/10.1016/j.jsat.2018.10.008>
- Simonsson, O., Stenfors, C., Goldberg, S. B., Hendricks, P. S., & Osika, W. (2023). Altered states of leadership: mindfulness meditation, psychedelic use, and leadership development. *Frontiers in Psychology*, 14. <https://doi.org/10.3389/fpsyg.2023.1151626>
- Ssali, S. N., Atuyambe, L., & Tumwine, J. K. (2013). "Smuggling, borders, and prostate cancer: The challenge of building democratic leadership in Africa." *Uganda Journal of Social Sciences and Humanities*, 2(1), 27-39.
- Thaela, L. (2020). Comparative perspectives of Africa style democracy (Doctoral dissertation, University of the Free State).
- United Nations Office on Drugs and Crime. (2018). "World Drug Report 2018." Retrieved from https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_1_EXECUTIVE_SUMMARY.pdf
- World Health Organization. (2018). "Global status report on alcohol and health 2018." Retrieved from <https://www.who.int/publications/i/item/9789241565639>.
- World Health Organization. (2021). Substance use. Retrieved September 3, 2023, from https://www.who.int/health-topics/substance-use#tab=tab_1
- World Health Organization. (2021). Substance Use: Global Health Estimates. Retrieved from <https://www.who.int/data/substance-use\grid-smallsplit> (Accessed on 16th October 2021)