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ADDICTION IN SILENCE: A DEAF MAN'S JOURNEY THROUGH DRUG ABUSE AND REHABILITATION IN ONITSHA

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ABSTRACT

Drug addiction affects many diverse groups, but despite being more vulnerable due to barriers to social inclusion, communication, and support systems, the Deaf community is often excluded from discussions about addiction. By investigating the structural, social, and psychological factors that impact drug use and obstruct rehabilitation among Nigerian Deaf individuals, this study explores the intricate link between substance addiction and deafness. The core of this study is the intriguing tale of Joseph Kesuk, a Deaf apprentice from Onitsha whose promising career in carpentry was destroyed by addiction. Joseph, who was born deaf and grew up without a mother, used drugs as a coping method because he experienced ongoing loneliness and a lack of emotional support. His experience serves as an example of the larger issues that the Deaf community faces, such as stigma, lack of inclusive addiction treatment programs, and restricted access to Deaf-friendly mental health care. The study highlights important interventions designed for Deaf people, such as cognitive behavioral therapy, Deaf-friendly rehabilitation, sign language-based therapy, vocational reintegration, and community-based support networks, using qualitative methodologies and a rehabilitative case study approach. Deaf people who are battling addiction can gain from appropriate care that is accessible in their language and culture, as demonstrated by Joseph's recovery story. The report highlights how urgently the Deaf community needs specific approaches in healthcare, education, and law that put their accessibility and inclusivity first. In the end, this study promotes an all-encompassing, compassionate, and rights-based strategy for treating

addiction that takes into account the particular lived experiences of the Deaf community in Nigeria and elsewhere.

KEYWORDS: Addiction in Silence, Deaf Man's Journey, Drug Abuse, Rehabilitation, Onitsha.

INTRODUCTION

Drug addiction affects people of all backgrounds and communities, but the Deaf community is often overlooked in the discussion of addiction, despite the fact that they are more vulnerable to substance abuse and its devastating consequences due to major barriers to social inclusion, communication, and access to support systems. The relationship between drug addiction and deafness is one that needs more research because traditional approaches to prevention, treatment, and recovery may not be sufficient for Deaf people's particular needs. By analyzing the social, psychological, and structural elements that lead to substance misuse as well as the obstacles that prevent successful intervention and rehabilitation, this thorough investigation aims to clarify the intricacies surrounding drug addiction in the Deaf community.

One heartbreak example that emphasizes the urgent need for this research is the terrible story of Joseph Kesuk, a Deaf young man from Onitsha, Nigeria, who diagnosed of addiction. There had once been hope in Joseph's life; he was an apprentice in upholstery and a well-respected member of his community. However, Joseph, like many Deaf individuals, struggled with communication, felt isolated, and was lonely—especially as a child growing up in a home without a mother—all of which led him to turn to drugs for solace. His personal and professional lives completely collapsed as his addiction became out of control over time.

Joseph lost everything he owned, including relationships, his position in the community, his role in the home, and the art and work he had already learned. His heartbreaking tale demonstrates the severe effects of addiction on the Deaf community and emphasizes the urgent need for focused treatments and studies.

Like in many other parts of the world, the Deaf community in Nigeria is frequently stigmatized and has little access to mental health, medical, and educational resources. Barriers to communication between Deaf people and medical professionals can delay the diagnosis and treatment of mental health conditions, which are frequently associated with substance misuse. Furthermore, stigma and prejudice make Deaf people feel even more

alone, which makes them more vulnerable to mental health conditions including anxiety, depression, and others. As a coping strategy, drug use may result from these conditions. These elements combined to form a perfect storm for people like Joseph Kesuk, which led to addiction and its destructive consequences.

The Deaf community in Nigeria, like in many other countries, faces stigma and lacks access to services for mental health, health care, and education. Communication barriers between Deaf individuals and health care providers can cause delays in the identification and treatment of mental health disorders, many of which are linked to substance abuse. Additionally, discrimination and stigma increase Deaf people's sense of isolation, leaving them more susceptible to mental health issues including despair and anxiety. These disorders may lead to drug usage as a coping mechanism. For individuals like Joseph Kesuk, these factors created a perfect storm that resulted in addiction and its harmful effects.

In Nigeria, where a combination of institutional, cultural, and economic issues make it more challenging for Deaf individuals who are addicted to get the help they require, this study is particularly relevant. In a country where traditional beliefs and the stigma associated with disabilities persist, the Deaf population is often ignored. People like Joseph Kesus are particularly vulnerable to the damaging cycle of addiction because they are marginalized and there are few specialized assistance programs available to them.

Through the lens of Joseph's experience and the broader context of drug addiction in the Deaf community, this study seeks to advocate for a more inclusive approach to addressing mental health and substance abuse issues among Deaf individuals. Additionally, it seeks to highlight the urgent need for customized addiction services.

Prevalence of Drug addiction in the Deaf Community

Although drug addiction affects people from many walks of life, the Deaf population faces unique difficulties that make them more likely to use drugs. Research indicates that mental health conditions including anxiety and depression, which are commonly associated with substance addiction, are more common among Deaf persons. Due to social isolation and communication barriers, the Deaf community may experience higher levels of stress, which could increase the prevalence of drug use as a form of self-medication.

According to a survey done in the United States, substance misuse was far more common among Deaf adults than among hearing adults, with a prevalence rate of about 20% among Deaf people and 15% in the general population (Park et al., 2021). This increased risk is not unique to the United States; research from other countries, such as Nigeria, shows comparable patterns. (Akinniyi et al., 2024; Olatunbosun, 2020; Opoku et al., 2024). This is due to the lack of access to mental health care and drug rehabilitation programs.

There are several reasons why drug addiction is so common among the Deaf community. Communication barriers between Deaf people and healthcare professionals can result in inadequate mental health diagnosis and treatment (Olatunbosun, 2020). Deaf persons often have a harder time accessing readily available services, such as interpreters and sign language information, which makes it harder for them to receive the addiction treatment they require. As a result, drug use may be a coping mechanism for unresolved emotional trauma, loneliness, and discrimination.

Social isolation is also a major risk factor (Pantell et al., 2013). Feelings of loneliness and low self-esteem might result from deaf people's frequent exclusion from mainstream social activities. Some people may turn to drug use as a means of escaping their emotional distress as a result of this isolation. Due to their strong correlation with higher rates of drug use, economic hardship and a lack of educational possibilities further enhance the risk for Deaf populations in Nigeria.

The absence of Deaf-specific addiction treatment programs exacerbates the issue. The linguistic accessibility and cultural competence needed to give Deaf individuals with addiction the kind of effective care they require are often lacking in rehab centers (Cacioppo et al., 2015; Wang et al., 2024). Without access to Deaf-friendly services and sign language interpreters, many Deaf persons cannot engage in treatment programs effectively, which reduces their chances of recovering from addiction.

Case Study: Joseph Kesuk, a Deaf Carpentry from Onitsha

Born deaf, Joseph Kesuk grew up in Onitsha, Nigeria, at the Motherless Babies' Home. His hearing issue caused him to struggle with social inclusion and communication from a young age. But with perseverance, Joseph became proficient in his trade and learnt carpentry as an apprentice. His long-term goal was to establish a small but potential carpentry business in the Onitsha neighborhood, wishing that he would be respected for his hard work and skill, and

that he would enjoy consistent employment. However, behind the surface, Joseph battled loneliness, discrimination, and isolation—all of which are typical for many Deaf people in Nigeria.

Joseph first experimented with drugs as a young adult to deal with the social rejection he was subjected to. This occasional use eventually turned into a serious addiction, first to cannabis and then to more potent drugs like meth. His addiction slowly took over his life, causing him to disregard his relationships and training in carpentry. As a result, Joseph's acquaintances distanced themselves from him, his master asked him to leave, and he ended up homeless after selling his personal items to pay for his heroin habit.

Joseph's life became unmanageable. He was shunned and left penniless by the same group that had once held him in high regard. He lost his home, his job, and his dignity as a result of his addiction. When Joseph was at his lowest, he was living on the streets of Onitsha, cut off from his previous networks of support.

Practical Therapeutic Steps

A multi-phase therapeutic intervention plan was created to assist Joseph in overcoming his addiction and starting over after a local researcher became aware of his predicament. This case study demonstrates the therapeutic strategies that were applied, which were especially designed to meet the special requirements of a Deaf person struggling with heroin addiction.

1. Building trust was essential because Joseph had been reluctant to accept assistance due to his isolation. Since Joseph is a sign language instructor, therapist, priest, and counselor, the study team leader made sure he felt understood and encouraged by communicating with him in sign language. The initial objective was to provide a secure environment in which Joseph could express his feelings without worrying about criticism. Given that Joseph had been subjected to rejection and discrimination all his life, this stage was crucial to establishing rapport.

2. To determine the extent of his addiction, his emotional state, and any underlying psychological disorders, Joseph had a thorough mental health evaluation. Given his history, it was evident that Joseph experienced ongoing anxiety and depression, both of which fueled his substance usage. Joseph interacted with a Deaf-friendly psychologist who used sign language to help them communicate during the evaluation. According to this evaluation,

Joseph had been doing narcotics for years as a coping strategy since he felt abandoned throughout his stay at the Motherless Babies' Home.

3. The researcher managed Joseph's rehabilitation process using resources intended for Deaf people, such as sign language and mental health care. Joseph was meticulously watched during detoxification in order to control the physical signs of withdrawal. Joseph was able to completely engage in the rehabilitation process since the therapy team included Deaf counselors and an associate researcher who could speak to him in his home language.

4. To help Joseph pinpoint the unfavorable ideas and actions that led to his drug usage, Cognitive Behavioral Therapy (CBT) was implemented. CBT sessions were modified to incorporate visual aids and sign language to improve understanding since Deaf people may internalize their difficulties differently as a result of language obstacles. The goal of the therapy sessions was to help Joseph identify his feelings of loneliness and abandonment and replace substance use with more constructive coping mechanisms.

5. Reintroducing Joseph to carpentry was one of the pragmatic measures in his recuperation. To assist Joseph in regaining his self-esteem and abilities, the researcher collaborated with a nearby Deaf-friendly vocational rehabilitation program. Joseph was helped to rebuild his carpentry business by a Deaf mentor who helped him construct a sustainable business plan, connect with customers, and obtain new tools. Joseph's feeling of purpose and community reintegration were greatly aided by this occupational support.

6. Understanding the value of social support, the researcher helped Joseph reintegrate into Onitsha's Deaf society. The Special Church for the Deaf (Signs Chapel Onitsha) was used to create support groups for Deaf people overcoming addiction, where Joseph could talk about his experiences and get advice from others. Peer support, which offered a sense of community and understanding, was crucial in assisting him in staying sober. In order to prevent Joseph from experiencing the same degree of marginalization that led to his initial drug use, community education initiatives were also started to lessen stigma against Deaf people and those in recovery from addiction.

7. Unresolved feelings of loss and abandonment contributed to Joseph's mental discomfort because he was raised in a motherless household. In this instance, engaging with caretakers from the orphanage and other individuals who had influenced Joseph's early life was part of family therapy sessions. The goals of counseling were to help him move past the trauma he had as a child and create more wholesome, sustaining relationships. In order for Joseph to put his past behind him and concentrate on the future, this component of therapy was essential.

8. Joseph was placed in a long-term aftercare program that offered continuing assistance through frequent check-ins and counseling after finishing the recovery program. Relapse prevention was a major focus of this phase, during which Joseph learned how to spot the early warning indicators of a relapse and created coping mechanisms for stress and cravings. While he was getting ready to return to his carpentry company, he was given a mentor who kept an eye on his progress and made sure he was staying sober. He is currently living in a one-room apartment in a street in Okpoko.

As an illustration of the unique challenges Deaf individuals face in the battle against substance abuse, Joseph Kesus's journey from addiction to recovery highlights the importance of support systems that are available in a variety of languages and cultures. Through a combination of community reintegration, vocational rehabilitation, and sign language-based treatment, Joseph was able to restore his business and his life.

Factors Contributing to Drug Addiction in the Deaf Community

Communication problems frequently make it difficult for Deaf people to obtain information and services about addiction and mental health (Fellinger et al., 2012; James et al., 2022). Drug usage as a coping strategy may arise from delayed diagnosis and treatment due to a lack of access to Deaf-friendly resources and sign language interpreters (Glickman et al., 2020; Yu & Pan, 2024). This problem is made worse by misunderstandings with medical professionals brought on by language barriers.

Being excluded from mainstream activities and social contacts causes social isolation for many Deaf people. Drug use as a means of escaping mental discomfort can be exacerbated by this loneliness and isolation. Limited opportunities for meaningful participation and social marginalization frequently increase the likelihood of substance abuse.

According to studies by (Rosyad, et al, 2025), the psychosocial difficulties Deaf people encounter increase their risk of developing mental health issues like anxiety and depression. In the absence of appropriate mental health assistance, people can use drugs as a kind of self-medication, which could result in addiction. One major factor increasing Deaf people's susceptibility to substance abuse is the absence of specialist addiction recovery services (Anderson et al., 2016; Green & Gree, 2025). Deaf people find it challenging to fully participate in treatment and recovery processes because rehabilitation facilities frequently lack translators or counselors who are trained in Deaf culture.

Deaf people often face stigma, both because of their addiction and because of their impairment (Becker, 2016; Dunn, 2024; Mikhailova et al., 2020). Because they are afraid of being more marginalized and judged by both the hearing and Deaf communities, this double stigma may keep them from getting help.

Consequences of Drug Addiction in the Deaf Community

Drug abuse frequently causes Deaf people's mental and physical health to deteriorate significantly (Albert et al., 2025; Fellinger et al., 2012; Green & Chiazo, 2024; Landsberger et al., 2013). Due to communication difficulties and social isolation, substance misuse exacerbates pre-existing mental health issues including anxiety and depression, which are particularly prevalent in the Deaf community. Addiction also impairs physical health, raising the likelihood of conditions including heart disease, liver damage, and respiratory problems, especially in situations where access to healthcare is restricted.

The social isolation that many Deaf people already endure is exacerbated by drug use. Addiction frequently results in strained connections with friends, family, and the larger community, which further isolates the addict (Arlappa et al., 2019; Best et al., 2016; Christie, 2021; Mardani et al., 2023). Addiction and disability stigma can be especially harsh in the Deaf community, as people are frequently rejected by both the hearing and the Deaf communities (Anderson et al., 2016; Fisher & Mirus, 2018; Green & Chiazo, 2024; Uluroti, 2024, 2025; Uluroti & Eweni, 2024). Deaf people may continue taking drugs as a coping mechanism for the loneliness and social rejection they endure as a result of this isolation, which can prolong the cycle of addiction (Becker, 2016; Schoffstall, 2017; Solomon, 2012).

Financial instability and job loss are frequent outcomes of addiction (Dubanowicz & Lemmens, 2015). Discrimination and communication obstacles may already make it difficult for Deaf people to find work (O'Connell, 2022; Punch, 2016; Young et al., 2019). This is made worse by addiction, which affects work performance and causes absenteeism, which leads to job termination and the following loss of financial stability. This is best illustrated by the story of Joseph Kesus, a Deaf carpenter from Onitsha, whose addiction caused his carpentry business to fail and ultimately resulted in his homelessness.

There are special obstacles for Deaf people who are addicted to treatment, such as a dearth of interpreters and addiction treatment programs that take Deaf culture and sign language into account. Deaf people are more likely to suffer from chronic addiction and are less likely to

seek treatment if there are no easily available support networks (Hersh, 2013; Punch, 2016). Additionally, since effective therapy depends on cultural competence and good communication, this lowers their prospects of successful rehabilitation.

Drug addiction can make it more likely to commit crimes, either to pay for the addiction or because it impairs judgment (Kennett et al., 2015). Deaf people are not exempt from this risk, and crimes involving addiction can have very severe repercussions, including incarceration and increased marginalization. Due to inadequate services and a lack of communication support, Deaf inmates frequently experience additional difficulties in jail, which makes rehabilitation even more difficult.

Interventions for Drug Addiction in the Deaf Community

The development of culturally and linguistically relevant treatment programs is one of the most important strategies for combating drug addiction in the Deaf community (Smith-Wilson, 2014). Deaf counselors, sign language interpreters, and materials in formats that are accessible to Deaf people must all be made available through these programs. For Deaf people to comprehend the therapy process and be able to actively engage in their rehabilitation, effective communication is crucial in treatment settings (Green, 2024; Uluroti, 2024).

A key element of addiction recovery is peer support (Reif, et al, 2014). Support groups designed specifically for Deaf people provide a forum for them to talk about their experiences and encourage one another as they work toward recovery. In standard addiction recovery programs, where communication problems often hinder full participation, these groups help Deaf people feel less alone (Anderson, et al, 2016: Guthmann, & Sternfeld, 2013). These groups foster an atmosphere of mutual understanding and support by allowing participants to freely interact using sign language.

Addiction treatment programs should include visual aids and technology-based interventions, such as video-based therapies and mobile apps with sign language content, since Deaf people rely largely on visual communication (Simões de Almeida, et al, 2023: Philip, et al, 2024). This method can improve comprehension and participation in treatment, especially for Deaf people who might find it difficult to use spoken or text-based therapy forms. Additionally, technology can make it easier to obtain Deaf-specific materials and online support groups.

To increase the efficacy of addiction treatments, healthcare professionals must receive training in Deaf culture and communication techniques (Green, 2024). Providers need to acquire basic sign language skills and cultural awareness in order to communicate with Deaf people. Treatment results may be enhanced by this training, which makes sure Deaf patients in clinical settings feel valued and understood. Professionals in mental health who are knowledgeable about addiction and Deaf culture can help close the gap and provide more individualized and efficient treatment.

To lower the risk of addiction in the Deaf population, early intervention programs and preventive education are crucial (Green, et al, 2025: Humphries, et al, 2012). Sign language-only educational materials about the dangers of drug use should be disseminated through community centers, schools for the Deaf, and other accessible venues (Saunders, 2016). These initiatives can support early intervention before substance use turns into addiction and assist increase knowledge about addiction.

The efficacy of addiction therapy can be increased by including holistic approaches that address the wider needs of Deaf people, such as mental health, social support, and vocational rehabilitation (Leigh, et al, 2022). For instance, it has been demonstrated that Cognitive Behavioral Therapy (CBT) modified for Deaf people is successful in treating the underlying mental health conditions that frequently result in addiction. Programs for vocational rehabilitation that assist Deaf people in developing their skills and finding work can also provide them a sense of purpose and lower their chance of relapsing.

CONCLUSION

Communication barriers, social isolation, mental health issues, and restricted access to Deaf-friendly treatment facilities are some of the unique variables that contribute to the complex problem of drug addiction in the Deaf population. The story of Joseph Kesus, a Deaf carpenter from Onitsha, serves as an example of how these difficulties can have disastrous social and personal repercussions. In addition to worsening mental and physical health, addiction among Deaf people increases social shame, loneliness, and financial difficulties. Recovery is achievable, though, with the right therapies catered to the unique requirements of the Deaf population, like early intervention, peer support groups, and treatment that is linguistically and culturally accessible. To guarantee that Deaf people receive the care and assistance they require, addressing these difficulties calls for a cooperative strategy that combines social services, healthcare, and educational programs.

RECOMMENDATIONS

1. By providing sufficient money for such programs and training more mental health specialists in Deaf culture and communication techniques, governments and healthcare organizations should concentrate on enhancing mental health services for Deaf people. Services designed especially for the Deaf community should be provided by addiction treatment facilities. To guarantee complete participation in treatment, this entails hiring Deaf counselors, utilizing visual aids, and providing sign language interpreters.
2. Substance abuse education programs in sign language should be implemented at community centers and schools for the Deaf, and peer support groups tailored to the Deaf community that offer a secure environment for Deaf people overcoming addiction should be created as well, public awareness campaigns should be started to lessen the stigma associated with addiction and disability.

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