Drug Abuse and its Devastating Effect on Youths and their Contribution towards Nation Building

[1]CHINGLE, I. P., [2]MWANTI, B. Y.

Abstract

The problem of substance abuse is so great that though it was originally conceived as the problem of a 'select few', it has extended beyond the usual characteristics of abusers being male, adult and urban based people to now include female, youngsters and rural dwellers. The accompanying problems of this act constitute a major threat to the well-being of the society if not checked immediately. This study is exploratory and it uses psychosocial theory of drug abuse dependence to explain the use of substance abuse in Nigeria. The study established that majority of young people engage in drug addiction in the search of pleasure to alter their state of consciousness. It also shows that people abuse drugs for the enhancement of good feelings and used it as a means of coping with stress in life. Drugs abuse according to the study appears to be common among males with 94.2% while females have 5.8%, and the age of first use is between 10-29 years. The use of volatile organic solvents is 0.53%. The record of drugs abuse in Nigeria as established by the study shows that the Northwest has a statistics of 37.47% of the drug victims in the country, while the Southwest has been rated second with 17.32%, the South-east was rated third with 13.5%, North-central has 11.71%, while the North-east zone has 8.54% of the drug users in the country. The study conclude that drug abuse is a social problem basically associated with young people and therefore recommends that, youths have to be kept busy at all time and also greater availability of good educational activities, material and leadership opportunities are necessary to curtail youths restiveness.

Introduction

The more complex any society becomes, the more socially sophisticated its youths become in substance abuse. This abuse is a social problem that has spread and increased rapidly like wild fire in both developed and developing communities especially among our youths. In Nigeria, this social maladaptation is considered an issue of serious concern as it adversely affects the lives and performance of people involved as well as the harmonious functioning of the entire structure of the society. Drug abuse and other associated problems are inimical to the survival and effective functioning of human societies. A significant number of untimely deaths and accidents in Nigeria have been ascribed to the activities of persons under the influence of one drug or the other.

The problem of substance abuse is so great that though it was originally conceived as the problem of a 'select few', it has extended beyond the usual characteristics of abusers being male, adult and urban based people to now include female, youngsters and rural dwellers. These abusers erroneously and popularly believe that drugs enhance their performance and put them in good mood. The accompany problems of this act constitute a major threat to the well-being of the society if not check immediately.

In Nigeria and many other countries of the world the youths have become addictive to psychoactive substances (Fayombo, 1998). For example, in 1992, the National Drug Law Enforcement Agency (NDLEA) collected data on drugs-use and abuse from schools, records of patients admitted at mental health institutions for drug problems and interview of persons arrested for drug offences. The result showed that youths constitute the high risk group for drug trafficking and abuse. Research findings have established that

[1]Department of General Studies, Plateau State Polytechnic, Barkin Ladi [2]Department of Psychology, Plateau State University, Bokkos

Corresponding Author
CHINGLE, I. P.
E-mail: iziks2u@yahoo.com

people abuse substances such as drugs, alcohol, and tobacco for varied and complicated reasons and the specific drug (or drugs) used varies from country to country and from region to region.

In Nigeria, alcohol and cigarette are legal substances but, the two have been discovered to cause physical damage to human bodies. These substances are also said to be "gateway drugs" to other more potent drugs like heroin and cocaine (UNDCP, 2005).

Worldwide, the five main drugs of use are cannabinoids, stimulants, hallucinogens and other compounds, opiods and morphine derivative and depressant. Studies have shown that effects of drug addiction manifest physically, physiologically, and socially through the behaviour of drug addicts in society (NIDA, 2008). It is therefore to note that dependence on psychoactive substances is widely prevalent, cutting across age, class and gender, but it is difficult to estimate the number of drug addicts or formulate a comprehensive approach to deal with the problem primarily because it involves a "hidden population" that does not seek treatment. Hence, it is necessary to assess the problem, estimate its costs (social and economic), and design reliable intervention strategies for it (Makanjuola, Abiodun and Sajo 2014).

In the case of Nigeria, substance abuse and addiction is becoming increasingly widespread and a substantial percentage of the national budgetary health allocation is utilized for treatment and rehabilitation of people with substance use problems (Adelekan. 1999; Makanjuola, Daramola and Obembe, 2007). From the various reports of rapid situation assessments of drug abuse and addiction in the country, it shows a picture of widespread consumption of cannabis (10.8%), followed by psychotropic substances (mainly the benzodiapines and amphetamine-type stimulants) 10.6% and to a lesser extent heroin (1.6%) and cocaine (1.4%) in both urban and rural areas. The use of volatile organicsolvents (.053%) has become so popular, especially among street children, school children, the youths and women (Fayombo, 2000). This and other reports have become major issue and concerns for the control of drug abuse and addiction in Nigeria.

Drugs are abused for various reasons. Majority of young people engage in drug addiction as confirm by Weil (1973) and Lief (1975) the opined that the search for pleasure is what motivated the drug abusers to always alter their state of consciousness. This confirms that people abuse drugs for the enhancement of good feelings and the erroneously belief that when used, it serve as a means of coping with stress of life. Contributing, Idowu (1992) posited that, in Nigeria individuals involve in substance abuse due to many factors among which are intra-individual reasons such as sex, physical and mental illness, others are personality make up, extra individual reasons, dependence producing nature of the drugs and availability.

Individuals differ in their makeup and in the way they respond to situations and events in their environment. The ability to tolerate or yield to stress, frustrations, pain and discomfort determines whether an individual will become a drug abuser or not. A study carried out by Makanjuola, Daramola and Obembe (2007) inferred that drug abusers are usually weak and unable to cope with stress, pain or discomfort. Thus, drugs foster a sense of relaxation and sedation which help abusers to escape the reality of environmental stress, such as urbanization, the pressure to get ahead in school and business, unfair distribution of income, poverty and family problems.

From the record of drugs abuse in Nigeria, the Northwest has a statistics of 37.47 percent of the drug victims in the country, while the Southwest has been rated second with 17.32 percent, the South-east was rated third with 13.5 percent, North-central has 11.71 percent, while the North-east zone has 8.54 percent of the drug users in the country (Akannam, 2008).

In Nigeria, the estimated consumption of cannabis among the population is 10.8%, followed by psychotropic substances like benzodiapines and amphetamine-type stimulants 10.6%, heroin 1.6 percent, and cocaine 1.4%, in both urban and rural areas (Ajala, 2009). Drug abuse appears to be common among males with 94.2% than among females 5.8% and the age of first use is 10-29 years. The use of volatile organic solvents is 0.53%, and is widely spread among the street children, in school youth's and women. Multiple drug use happens nationwide with 7.88% to varying degree (UNODC, 2005).

Studies have revealed that most of the drug addicts started smoking from their youths. As they grow older they seek new thrills and gradually go into hard drug abuse (Oshodi, Aina & Onajole, 2010; Igwe, Ojinnaka, Ejiofor, Emechebe & Ibe, 2009). A survey of high school students in Nigeria, indicated that 65% used drugs to have good time with their friends, 54% wanted to experiment to see what it is like, 20-40% used it to alter their moods, to feel good, to relax, to relive tension and to overcome boredom and problems (Abudu, 2008).

The submission above indicates that the abuse of drugs and other substances has led to risky behaviour among Nigerian youths and adolescents, this act have a devastating effect on nation building as the youths have engaged themselves in this act. Oshodi, Aina & Onajole (2010) posited that most Nigerians have accepted that drug abuse is an undesirable feature of our culture, and it is also important to emphasize the fact that majority of our youths and adolescents come from different backgrounds and that the drug use and addiction is not restricted to any one social class.

Review of Related Literature

Various literatures and concepts that gave impetus to the *study* will be review here under the following headings:

Review of Empirical studies

Several researches on substance abuse had focused on alcohol because it is legal and more widely used; thus more is known about alcohol effects. According to (Schuckit, 2005), the early course of alcoholism typically begins with the first episode of intoxication between 15 and 17 years of age. The first evidence of minor alcohol related problems is seen in the late teens. These events do not differ significantly from the experiences of people who do not go on to develop alcoholism. A pattern of more severe difficulties for people with alcoholism begins to emerge in the middle twenties to the middle thirties (Jeffery and Anthony, 2005). These difficulties can be the alcohol related intoxication or driving while intoxicated evidence of early alcohol related health problems or significant interference with functioning at work or school. During this time, the person experiences his or her first "black out" which is an episode during which the person continues to function but has no conscious awareness of his or her behavior at the time or any later memory of the behaviour.

As the person continues to drink, he or she often develops a tolerance for alcohol; i.e. he or she needs more alcohol to produce the same effect. After continued heavy drinking, the person experiences a "tolerance break" which means that very small amounts of alcohol intoxicate the person.

The Diagnostic and Statistical Manual of Mental Disorder (DSM-IV) 2000 defines alcohol abuse as repeated use of alcohol despite recurrent adverse consequences. According to the National Institute of Drug Abuse and Alcoholism, 2010 about 7 million of people were taking prescription drugs for non-medical purpose. Among 12th graders, the prescription of drug abuse is now second to cannabis. Jeffery and Anthony (2005) stated that the exact causes of drug abuse are not known but various factors are thought to contribute to the development of substance-related disorders. They further stated that children of alcoholic parents are at higher risk of developing alcoholism and drug dependence than children of non-alcoholic parents.

These studies lead theorists to describe the genetic component of alcoholism as a genetic vulnerability that is influenced by various social and environmental factors. Slutske, Heath and Madden (2002) found that 50% to 60% of the variation in cause of alcoholism was the result of genetics, with the remainder caused by environmental influences.

Neurochemical influences on substance abuse patterns have been studied primarily in animal research (Jeffery and Anthony, 2005). The ingestion of mood-altering substances stimulates dopamine pathways in the limbs system which produce pleasant feelings or a "high" that is reinforcing or positive experience.

Distribution of the substance throughout the brain alters the balance of neurotransmitters that modulate pleasure, pain and reward responses. They continued that some people have an internal alarm that limits the amount of alcohol consumed to one two drinks so that they feel a pleasant sensation but go no further. People without this internal signalling mechanism experience the "high initially but continue to drink until central nervous system depression is marked and they are

intoxicated."

Okpataku, Kwanashie, Ejiofor and Olisah (2014) were among the theorists to believe that inconsistency in the parent's behaviour, poor role modelling and lack of nurturing pave way for the child to-adopt a similar style and maladaptive coping, stormy relationship and substance abuse and added that children who abhorred their family lives are likely to abuse substances as adults because they lack adaptive coping skills and cannot form successful relationships.

Ciraulo and Sarid-Segal (2005) have written that sedative, hypnotics and anxiolytic drugs which act as central nervous system depressants particularly benzodiazepines and barbiturates are the most frequently abused drugs. The intensity of the effect depends on the particular drug. The effects of the drugs, symptoms of intoxication and withdrawal symptoms are similar to those of alcohols. In the usual prescribed doses, these drugs cause drowsiness and reduce anxiety which is the intended purpose. Intoxication symptoms include slurred speech, lack of coordination, unsteady gait, labile mood, impaired attention or memory and coma.

Milkman and Frosch (1973) state that cannabis sativa is the hemp plant that is widely cultivated for its fibre use to make rope and cloth and for oil from its seeds. It has become widely known for its psychoactive resin. This resin contains more than 60 substances called cannabinoids of which delta-9-tetrahydrocannabinol is thought to be responsible for most of the psychoactive affects. Excessive use of cannabis may produce delirium or rarely cannabis-induced psychotic disorder both of which are treated symptomatically. Although some people have reported withdrawal symptoms of muscle aches, sweating, anxiety and tremors no clinically significant withdrawal syndrome is identified (Lehne, 2003).

Lawoyin, Ajumobi, Abduul, Abdul, Adegoke, and Agbedeyi (2005) carried out an investigation on adolescents and youths from three out of the six senior secondary schools in Igboora, Nigeria, selected by simple random sampling. A cross-sectional study, using interviewer-assisted questionnaire to determine the prevalence of and identify factors associated with drug use. Two hundred and seventy three respondents were currently using one or more drugs of which one hundred and twenty three were single drug users while one hundred and fifty were multiple drug users. Fourteen different psychoactive substances were reportedly used of which Alabukun, a popular, locally manufactured analgesic (a mixture of acetyl salicylic acid and caffeine) was the most commonly reported drug currently used and ever used. Alcohol was the next commonly reported currently used drug while Kolanut was the next commonly ever-used drug. Tobacco ranked low on the list with only 1.5% current users, while 4.4% reported not having ever-used this drug. Following logistic regression analysis, having peers (close friends) and primary caretakers who use drugs, significantly increased the chances of the students using drugs. Males compared with females were also significantly more likely to use drugs ($P = 0.024$). Significant relationship exists between drug use and poor role modelling.

Similarly, Nnoruka and Okoye (2006) studied the prevalence, motives and observed complications of steroid use as a depigmenting agent amongst African blacks in southeast Nigeria. Consecutive new patients attending the dermatology clinic of the University of Nigeria Teaching Hospital, Enugu, from June to December 2004 were recruited. Active substances of products used were determined from packages, while unknown concoctions were analyzed. Chi-squared and Fischer tests were used for statistical analysis, with a significant threshold fixed at 5%. Female person aged 18-69 years accounted for 75% (414) of patients. Main topical steroids used by both women and men were class-1 steroids, and these were often compounded with other bleaching products. Median duration of usage was nine years. Disorders observed included steroid-induced acne, macular hyperpigmentation of face, mycoses, striae, telangiectasis, hypertrichosis and diabetes mellitus. Duration of utilization of these topical steroids was significantly associated with severe local and systemic consequences, while withdrawal of the offending steroids usually resulted in severe withdrawal dermatitis that was unpleasant to patients.

Furthermore, Gureje, Degenhardt, Olley, Uwawe, Udofia, Wakil, Adeyemi, Bohnert and Anthony (2007) examined the use of psychoactive

substances among selected groups in Nigeria extending the description to include the features of substance dependence. A stratified multi-stage random sampling of households was used to select respondents in twenty-one of Nigeria's thirty-six states (representing 57% of the national population). In-person interviews with 6752 adults were conducted using the World Health Organization Composite International Diagnostic Interview, Version 3. Lifetime history and recent (past year) use, as well as features of dependence on, alcohol, tobacco, cannabis, sedatives, stimulants, and other drugs were assessed. The result revealed that alcohol was the most commonly used substance, with ever users and recent (past year) users. Roughly 3% were recent smokers. Next most common were sedatives, and cannabis smokers. Male persons were more likely than female persons to be users of every drug group investigated, with male preponderance being particularly marked for cannabis. Prevalence of both alcohol and tobacco use was highest among middle aged adults. Moslems were much less likely to use alcohol than persons of other faiths, but no such association was found for tobacco, non-prescription drug use, or illegal drug use. Features of abuse and dependence were more common at the population level for alcohol; but among users, these features were just as likely to be experienced by alcohol users as they were by other drug users.

Conceptual Review

Various concepts will be review under this heading

Causes of Youths Vulnerability to Drug Abuse

Studies revealed that most drug addicts started smoking from their youths. As they grow older they seek new thrills and gradually go into hard drugs (Oshodi, Aina & Onajole, 2010; Igwe, Ojinnaka, Ejiofor, Emechebe, and Ibe, 2009). A survey of high school students in Nigeria shows that 65% used drugs to have good time with their friends 54% wanted to experiment and see what it is like, 20% to 40% used it to alter their moods, to feel good, to relax, to relive tension and to overcome boredom and problems (Abudu, 2008). No single factor could be solely responsible for the abuse of drugs but the following are some of the causes attributed to drug abuse in Nigeria as explain by (Oshodi, Aina, & Onajole, 2010; Igwe, Ojinnaka, Ejiofor, Emechebe, and Ibe, 2009; Abudu, 2008; Oluremi, 2012; Desalu, Iseh, Olokoba, Salawu, & Danburan, 2010; Ajibulu, 2011; Henry, Smith, & Caldwell, 2006).

1. Curiosity and desire to find out the effectiveness of a particular drug: Curiosity to experiment the unknown facts about drugs thus motivates youths into drug use. The first experience in drug abuse produces a state of arousal such as happiness and pleasure which in turn motivate them to continue. Youths usually engaged in drugs in order to find out the effectiveness of a particular drug and if they find out that the drug is effective, they continue using such drugs.
2. Peer group influence: Peer group pressure plays a major role in influencing many youths into drug usage. This is because peer pressure is a fact of teenage and youths life. In Nigeria, and other parts of the world, one may not enjoy the company of others unless he conforms to their norms.
3. Environment: Many young people live in communities which suffer from multiple deprivations, with high unemployment, low quality housing and where the surrounding infra-structure of local services is splintered and poorly resourced. In such communities drug supply and use often thrive as an alternative economy often controlled by powerful criminal groups. As well as any use that might be associated with the stress and boredom of living in such communities, young people with poor job prospects recognise the financial advantages and the status achievable through the business of small scale supply of drugs.
4. Promotion and availability: There is considerable pressure to use legal substances. Alcohol and pain relieving drugs are regularly advertised on television. The advertising of tobacco products is now banned, but research from Strathclyde University published by Cancer Research concluded that cigarette advertising did encourage young people to start smoking and reinforced the habit among existing smokers. Despite legislation, children and adolescents have no problems obtaining alcohol and tobacco from any number of retail outlets. Breweries refurbish pubs with young

people in mind, bringing in music, games, more sophisticated decor and so on while the general acceptance of these drugs is maintained through sports sponsorship, promotions and other marketing strategies.

5. Enjoyment: Despite all the concerns about illicit drug use and the attendant lifestyle by young people, it is probably still the case that the lives of most young people are centred on school, home and employment and that most drug use is restricted to the use of tobacco and alcohol. They may adopt the demeanour, fashion and slang of a particular subculture including the occasional or experimental use of illegal drugs without necessarily adopting the lifestyle. Even so, the evidence of drug use within youth culture suggests that the experience of substances is often pleasurable rather than negative and damaging. So probably the main reason why young people take drugs is that they enjoy themselves.
6. Lack of Parental Supervision: Many parents have no time to supervise their sons and daughters. Some parents have little or no interaction with family members, while others put pressure on their children to pass exams or perform better in their studies. These problems initialize and increase drug usage.
7. Socio-economic Status of the Parents: Socio-economic status of the parents entails direct costs which are very important to families; particularly this is related to every aspects of the family's life and caring to children. The implications of family relationship on students have remained an alarming factor to the total life of the children. By implication the socio-economic status of the parents influence adolescents to abuse or not to abuse drugs even if the parents have very low income, low income average, high, or very high income.
8. Pathological family background – broken homes, illegitimate relationships, alcoholic parents or parent's involvement in antisocial and illegal activities.

Types of Drugs

In Nigeria, the most common types of abused drugs according to NAFDAC (2000) as cited by Haladu (2003) are categorized as follow:

1. Stimulants: These are substances that directly act and stimulate the central nervous system. Users at the initial stage experience pleasant effects such as energy increase. The major source of these comes from caffeine substance.
2. Hallucinogens'**:** These are drugs that alter the sensory processing unit of the brain. It then produces a distorted perception, feeling of anxiety and euphoria, sadness and inner joy, they normally come from marijuana, LSD, etc.
3. Narcotics**:** These drugs relieve pains; induce sleeping and they are addictive. They are found in heroin, codeine, opium etc.
4. Sedatives**:** These drugs are among the most widely used and abused. This is largely due to the belief that they relieve stress and anxiety, and some of them induce sleep, ease tension, cause relaxation or help users to forget their problems. They are sourced from valium, alcohol, promotazine and chloroform.
5. Miscellaneous**:** This is a group of volatile solvents or inhalants that provide euphoria, emotional disinhibition and perpetual distortion of thought to the user. The main sources are glues, spot removers, tube repair, perfumes and chemicals.
6. Tranquilizers**:** They are believed to produce calmness without bringing drowsiness; they are chiefly derived from Librium, Valium, etc.

Prevalence of Substance Abuse

The initiation of drugs abuse is most likely to occur during adolescent, and some experimentation with substances by older adolescents is common. For example, results from 2010 monitoring the future survey, a nationwide study on rates of substance abuse in the United States shows that 48.2% of 12th graders had consumed alcohol and 19.2% of 12th graders had smoked tobacco cigarettes. In 2002, the World Health Organization (WHO) estimated that around 140million people were alcohol dependent and around 400 million people suffered alcohol related disorders. According to the National Institute of Drug Abuse report from 1991-2010, pain killer prescription skyrockets from 75.5million to 209. 5 million, this increase had deadly consequences; the most tragic aspect of the surge is its effect on babies. The number of babies born addicted to the class of drugs that include

prescription pain killers has nearly tripled in the past decades (Crowley and Sakai 2005).

Obot, Ibanga, Ojiji and Wai (2001) found that drug abuse mainly of cannabis and amphetamines were more prevalent among privileged youths. Years later, Odejide (1994) reported from the same geographical location a relationship between social class and drug use.

In a study of different geographical area, Obot, Ibanga, Ojiji and Wai (2001) did not find social class to be a factor of drug abuse. In a more recent finding Crowley and Sakai (2005) made clinical observation of approximately 70% of cases of toxic psychosis and found out that are from wealthy homes. This indicates apart from what is termed a "vulnerability" factor in predisposition to psychosis from substance abuse.

Incidences of drug abuse among Nigerian adolescents

Students, especially those in secondary school tend to see the drug user as one who is tough, bold and strong. Many youngsters have been known to use drugs at the instance of peers, elders or siblings. Students who usually feel inadequate have been known to use drugs to achieve social acceptance. Obot, Ibanga, Ojiji and Wai (2001) state that Nigerian secondary school adolescents under the influence of Indian hemp shed all inhibitions and produce behaviour that is inconsistent with school discipline. The go further to observe that the increasing incidence of drug abuse among secondary school students is a contributory factor in the ugly confrontation between school administration and students. Odejide (1979); Ogunremi and Rotimi (1979); Agunlana (1999); Ubom (2004); Obiamaka (2004); Okorodudu and Okorodudu (2004) in their research work indicate that the problem of drug abuse know no boundaries or social class. It impedes the development of any society as it is a threat to life, health, dignity and prosperity of all individuals. Fayombo and Aremu (2000) in their research on the effect of drug abuse on educational performance of some adolescent drug abusers in Ibadan found that the misuse of marijuana had reached an epidemic level in the present Nigeria society, and that drug abuse could lead to reduce academic achievement or even halt one's entire academic process. Adesina (1975); Ekpo (1981); and Orubu (1983) in their studies dwell extensively on reasons students use drugs include success in examination, social acceptance and initiation of peers. Olatunde (1979), states that Nigerian adolescents take drugs such as amphetamines and pro-plus as aid for success in examination. He postulates that those who take drugs as aid for studies toward examinations are those with poor academic records, a history of instability and family/social problems, while others, he comments; use rugs to increase their self confidence, heighten pleasure, cope with feelings of depression and inadequacy, and to facilitate communication.

Idowu (1987) found that students smoke and use drugs at the instance of friends/peers, parents and television/radio advertisements. Oladele (1989); Okorodudu and Okorodudu (2004); and Enakpoya (2009) in their studies show that adolescents were very susceptible to the influence of their peers. Osikoya and Ali (2006) assert that socially, a drug abuser is always pre-occupied with how to obtain drug of choice and crave for the substance. A study by Kobiowu (2006) reveals that the academic pursuit of those under-graduates who engage in drug misuse is not unduly jeopardized, and that the abusers do not socialize extraordinarily, contrary to seemingly popular expectation.

Studies by Okoh (1978); Oduaran (1979) exhibit a plethora of purposes for which students use drugs. The list includes curiosity, boldness, and friends-do-it, enjoyment of social gathering, academic pressure, sound-sleep, sexual-prowess, and performance in sports. Drug abuse is a very serious problem among school adolescents and which has slowly made the average Nigerian student to be maimed, sentenced to a life of delinquency, insanity, street walking and premature death.

Causative factors for substances abuse

Substance use and abuse is perceived by some to be a family disease, which can be transmitted to family members either genetically or through the home environment (Gardner & Young, 2000). In a study conducted by Hayward, Ciraulo and Sarid-Sagal (2005), they posited that the following factors may cause youths to be at high risk to use and abuse

substances: dropped out of school; out of wedlock pregnancy; failure in school; suicidal tendencies; parents who are substance abusers; have violent tendencies; experience mental health challenges; economically disadvantaged; have been abused physically, sexually, emotionally, or mentally; have experienced an injury resulting in long-term pain and discomfort; or have been involved with the local authorities, been criminally charged, and/or placed in a juvenile detention centre.

Studies by Statistics Canada (2004) link parental substance use and abuse and youth substance use and abuse, outcomes of this study shows that hostile parenting styles also had an influence on their children's behaviour, with negative behaviour by the parents having the biggest influence on a youth deciding to use and abuse various substances. It was found that parents who use substances heavily, while also nagging, yelling, and belittling their children, created a stronger chance that their children would choose to use and abuse substances as well, the results of this study also showed that families where substance use was a negative factor, youth were more prone to abuse substances over youth who did not live in such families. However, this was just one study and no direct correlation has been statistically proven at this point. The study also found out that peers have a stronger influence on youth substance abuse over family influences. Furthermore, youths who have also done poorly academically were also twice as likely to abuse various substances over those youth who did better in school. While youths who also felt more connected to their schools were less likely to engage in substance use and abuse. Peer pressure, social interactions, boredom, curiosity, gender, the media, and low self-esteem may also cause some youths to use and abuse certain substances.

In yet another study, Osikoya and Ali (2006) Posit that youth may experience pressure from friends, find substances readily available at social gatherings, or simply feel bored on the weekends. We live in a society where youths are constantly being bombarded with mixed messages, with the media glorifying drinking, partying, and living to extremes, while being told by many prevention and treatment programmes to completely abstain from these substances (Office of National Drug Control Policy, 2001). This is turn can lead to numerous reasons as to why a youth may choose to use and/or abuse substances, or completely abstain for their entire lives. It can be extremely challenging to discover exactly why a youth becomes involved with substance use and/or abuse, and it may never be possible to state why all youth become involved with these activities.

Although there may be numerous reasons as to why youths choose to use and/or abuse various substances, such as negative home lives, poor academic achievement, mental health challenges, depression, peer pressure, and other influences, these are not the only reasons why youths choose to use and abuse substances. One must ask questions about the youths who do use and/or abuse substances that do not fall into any of these categories, and have not experienced numerous challenges and obstacles.

Methodology

This study is exploratory base that make use of literatures from studies undertaking by authors who have explore the drug abuse and its devastating effect on youths in different settings. The study adopted Psychosocial theory of drug abuse dependence that explain the used of substance abuse in Nigeria.

Discussions

A psychodynamic approach to psychosocial problems seeks to explain the interrelation between social and psychological variables in producing adaptive and maladaptive behaviour. It relies on psychodynamic study of a representative number of individuals to assess the meaning of these variables.

Psychosocial theory without a psycho-dynamic base has increasingly tended to reduce emotional illness to the consequences of such social factors as poverty, sex, and race. Economic determinism, sexism, and racism, however, cannot explain the great variations in the abilities of people to deal with the problems of class, sex, and race. The psychology of a considerable number of any groups must be evaluated to understand the actual impact of caste or class on the character and adaptation of the rich or the poor. On the basis of work with

Puerto Rican families, Oscar Lewis (1966) gave an illuminating picture of the "culture of poverty." Yet anyone who works with poor Hispanic, poor white, and poor black families quickly becomes familiar with how different the culture of poverty is in each of these groups, let alone how varied the individual and family response is to the fact of poverty.

In the case of the drug problem, social variables ranging from sexual activity to association with friends who use drugs have been shown to be related to drug use (Kandel 1973; Jessor & Jessor, 1975). Friends, sexual activity, and drug use, however, are all part of an individual's total adaptation, and their interrelated significance for this adaptation must be understood in order to establish any meaningful psychosocial perspective.

Psychodynamic investigation employing unstructured interview sessions that rely on free associations, associative linkages, transference reactions, omissions, dreams, and fantasies provide a uniquely sensitive method for establishing individual and family dynamics (Hendin, 1964; Hendin, Gaylin & Carr, 1965). Early psychodynamic studies of drug abuse, however, ignored social and even familial factors and viewed the abuser in a psychodynamic vacuum. Cravings according Rado (1933) is seen as representing a single disease characterized by an impulse disorder in which the "ego is subjugated" by an "archaic need for oral gratification". In the past two decades (Ausubel 1961; Allen & West, 1968; Cuarner, 1966; Krystal, & Raskin, 1970; Hendin, 1975) become aware of the adaptive or defensive functions of drug use and abuse. The come to realize that heroin, marijuana, LSD, and amphetamines appeal to different kinds of people according to the specific psychopharmacological effects of each drug Krystal, & Raskin, 1970; Hendin, 1973, Milkman & Frosch, 1973). Mixed drug abuse also has its own particular effects and appeal (Hendin, 1973). Psychodynamic emphasis, nevertheless, have confined to determining the regressive state produced by each drug and establishing parallels between the regressive state and specific phases of childhood development (Krystal, & Raskin, 1970).

Hendin (1973) views drug use as part of the individual's attempt to deal with needs and conflicts, relations with others, and the social environment in which he or she lives. Since all these vary with age and stage of life, one would expect drugs to be used and abused for different purposes at different points in life. A comparison of study of adolescent drug abusers and their families with a study of college students who were drug abusers tends to support this conclusion.

The study of drug-abusing college students showed that conflicts over performance and competition were pervasive among college students who were marijuana abusers (Hendin, 1973). The same students who advocated a competition-free world saw their own success or failure in terms of murderous aggression or intolerable humiliation. This usually reiterated from activities that engaged them because they wished to be free of such painfully intense feelings and they found relief in less challenging activities. No survey of drug incidence or evaluation of students' marks would reflect the numbers of students who withdrew from what they wanted most, to pursue activities with which they were less engaged and by which they were not challenged.

In another study, Zinner & Shapiro (1974) believe that most drug abuse begins in adolescence. Since a major adaptive task of adolescence is a change in the individual's relationship to his or her family, one would expect the family to be the arena in which the conflicts that centre on drug abuse are expressed.

The parents' difficulties in accepting the changes in relationships with adolescent children have been shown to contribute to the problems (Zinner & Shapiro, 1974). Most families are aware of the drug-abusing youngsters' anger, defiance, and destructiveness and perhaps infuriated by their provocativeness--agreements violated, promises broken, and the like. For some youngsters the anger they feel towards their families is open, often uncontrollable, and frequently frightening to the youngster. Marijuana in particular may be used by youngsters to help them subdue their rage (Allen & West, 1968).

According to studies on the family, Ackerman's (1958) highlighted the contribution of the delinquent child (often the scapegoat) to the family situation. Stanton (1978) developed and applied this concept to their work with drug-abusing youngsters and their families. In another study of adolescent drug abusers, in which nondrug abusing

siblings were used as controls, it was discovered that in family dynamics it was more or less likely for youngsters to express their difficulties through drug abuse (Hendin, 1973).

Early childhood experiences play critical role in determining later vulnerability to drug abuse (Hartmann 1969; Pittel, Calef, Gryler, Hilles, Hofer, & Kempner 1971). By the time a child reaches adolescence, parents may have resolved the problems that troubled their marriage earlier or that interfered with their interaction with a particular child. Unfortunately, the youngster will have already suffered the consequences and may, in a sense, make the parents continue to pay for old injuries. Parental response to the youngster's difficulties must be distinguished from the parent's contribution to the origin of those difficulties. Failure to make this distinction can lead to the mistaken assumption that the family's need for a drug-abusing youngster is responsible for the drug abuse. In some cases, the drug abuser brings the family

In a study of self destructive behaviour, Guarner (1966) illustrated the illusion of invulnerability to injury that often accompanies a grandiose self-image that frequently serves to alleviate the depression and low self-esteem that accompany the self-destructive behavior of drug-abusing young men

He argued that grandiosity encouraged the sense that magical transformation without effort was possible; the use of drugs to transform their mood helped support this belief. One young drug abuser whose current life was a nightmare believed he was destined for some special fate that would make itself evident in time. Another talked of his special luck, believing that unusual things, both good and bad, happened to him more than to others.

For some of this young people Guarner (1966) in another study opined that, drug abuse was secondary to their delinquent behaviour, some of the drug-abusing youths occasionally stole money to buy drugs, but such behaviour was not central to their adaptation as it was for the delinquent youngsters. Conversely many delinquent youngsters were not drug (or alcohol) abusers.

Many drug abusing youngsters are conscious of their rage and frustration with their families. To some extent, their drug abuse is a way of making their emotions more tolerable. Delinquent youngsters more often use their behavior as a way of expressing their frustration without being aware of what they feel.

Some youngsters, however, see drug abuse itself primarily as a delinquent act and they, too, are often unaware that their abuse has anything to do with their families, so profoundly have they pushed their rage at them out of their consciousness. These young people are invariably unable to deal with their parents directly and are bound in simultaneous needs to defy their parents and to punish themselves for their rebellion (Hartmann, 1969).

Individuals and social distresses are linked in psychosocial pathology by the destructiveness and self-destructiveness that are common to all of the barometers of psychosocial stress. Failure to understand this has led to confusion concerning the subject of correlations or inverse correlations between one form of psychosocial pathology and another. Some suicides are attributed to alcoholism or drug abuse because of the high frequency of alcoholics and drug abusers among those who kill themselves. A young man may narcotize his depression in alcohol and other drugs for years before deciding to kill himself. He may even drink or drug himself to death. In either case, it may be psychologically inaccurate to attribute his suicide to alcoholism or drug abuse.

Conclusion and Recommendation

In line with the findings of the study, the researchers therefore conclude that drug abuse is a social problem basically associated with young people. These young people involve themselves in taking hard drugs and excessive taking of some drugs which may alter the body system or may cause damage to their health. Drug abuse is very common among youths; they take drugs, to get high or to make them feel big or for them to just feel among or fit into the environment while some take this drugs through the influence of friends or other people around them.

The problem of drug abuse among youths in Nigeria has revealed that drugs do nobody or any nation any good. That being the case, the questions that arise, what then can be done to this thorny issue of drug use and abuse among our youths?

Perhaps, the following suggestions might be of help to policy maker's administrators in this very fight against use and abuse of drugs among Nigerian youths. An idle mind, they say is the devil's workshop, youths have to be kept busy realizing their potentials rewarding and interesting manner. Otherwise their potentials or energies which is at a peak in these formalize years may be vented through mischievous channels like drug taking which harm both society and the individual.

Greater availability of good educational activities, material and leadership opportunities for youths are necessary to keep the youths happily busy. This would help a lot towards solving the drug abuse problem. Government should set up rehabilitation centres to aid victims of drug abuse.

Further to this, there is also the need for agency in combating the social disintegration by way of public awareness and education. Community organizations and health and social agencies must identify high-risk groups and educate the public about the dangers of drug use, emphasizing vital importance of drug free life.

A social environment should be created which would discourage drug abuse, with schools educating students on the dangers of drug abuse and the value of life. Their schools authorities should formulate policies to prevent drug abuse and should also hold seminars for parents and families to alert them early to the symptoms of drug abuse in their children.

Pamphlets and badges should be distributed to schools, colleges and universities. Also entertainment and sport celebrities should also deglamorise drug abuse to add to this, parents also should strive to be showing examples to their children and they should also be wary of the company their kids keep.

Furthermore, legislation should be enacted to penalize haulage companies especially transporters who do not implement and enforce procedure to prevent misuse of their facilities by drug traffickers. Also, as a measure to combat drug abuse and trafficking, the penalty for drug peddling should be made commensurate with the peddlers profits because profits made by drug pushers far exceed the risk, and that is why many people are going into the business.

References

Abudu, R. V. (2008). *Young People and Drugs Abuse:* Biennial International Conference on alcohol, drugs and society in Africa, Abuja, Nigeria. Between 23rd-25th, 2008

Adelekan, M.L. (1996). West African sub region: An overview of substance abuse Problem. *Education, Prevention and Policy, 3(3) 231-237.*

Agunlana, G.G. (1999). Family structure and prevalence of behaviour problems among Nigerian adolescents, *The Counsellor, 17(1) pp. 154-159*.

Ajibulu, E. (2011). Eradicating Drug Abuse in Nigeria: How feasible. Retrieved May 24, 2012 from*http://www.modernghana.com/news/337520/1/*eradicating-drug in Nigeria How-feasuble. html.

Ajala, J.A. (2012). A profile of drugs use in some selected universities in Nigeria. West *Afri. J. Physical and Health Educ.* 1(1): 50-52.

Akannam, T. (2008). North-West Rank Highest in Drug Addiction. Nigerian Drug Statistics by Zone. Retrieved May 5, 2012. from http://www. naira land.com/nigerian-*drug statistics zone.*

Allen, T.R., & West, L.J. (1968). Flight from violence: Hippies and the green rebellion. *American Journal of Psychiatry, 124:364-370.*

Ausubel, D.P. (1961).Causes and types of drug addiction: A psychosocial view. *Psychiatric Quarterly, 35:523-531.*

Ciraulo, D.A., & Sarid-Sagal, O. (2005). *Sedative, hypnotic or anxiolytic related abuse*. In B.J Sadock & V. A Sadock, Comprehensive text book of psychiatric, Vol. 1(8th ed, pp. 1300-1318).

Crowley, T.Y, & Sakai, J. (2005) *Inhalant-related disorder in* B.J. Sadock & V.A. Sadock, Comprehensive textbook of Psychiatry, Vol. 1 (8th ed, pp. 1247-1257). Philadelpia: Lippincott Williams & Williams.

Desalu, O. O., Iseh, K. R., Olokoba, A. B., Salawu, F. K., & Danburan, A. (2010). Smokeless Tobacco use in adult Nigerian population. Journal of clinical practice, 13(4), 382 – 387.

Enakpoya, E. (2009). "Prevalence of drug abuse among Nigerian adolescents: Implication for counseling", *The Counsellor, Vol. 26, No 2.*

Ekpo, A.U. (1981). Marijuana is very harmful, *Nigerian Gong, 3(7). 9-11.*

Fayombo, G.A. & Aremu, S. (2000). Drug education and its effects on the educational performance of some adolescents drug abusers in Ibadan*, The Counsellor, 18(5), 378-387.*

Fayombo, G.A. (1998). *Differential effective of communication and social skills training in the treatment of drug abuse among the secondary school pupils in Ibadan:* An unpublished Ph.D. Thesis, University of

Ibadan, Ibadan

Gardner, S. & Young, N., (June 2000). *Alcohol, Tobacco, and Other Drugs in the Lives of Young Children. The California University Center for Healthier Children, Families and Communities. Retrieved October 27, 2004, from the ERIC database.*

Guarner, E.(1966). Psychodynamic aspects of drug experiences; *British Journal of Medical Psychology, 39:157-162.*

Gureje, O., Degenhardt, L., Olley, B., Uwakwe, R., Udofia, O., Wakil, A., Adeyemi, O., Bohnert, K.M., & Anthony, J.C (2007). A descriptive epidemiology of substance use and substance use disorders in Nigeria during the early 21st century. *Drug Alcohol Depend; 91(1):1-9.*

Hartmann, D. (1969). A study of drug taking adolescents. *Psychoanalytic Study of the Child,* 24:384-398.

Idowu, A. (1987). Prevalence of smoking and drug abuse among students in Ilorin metropolis: Implications for Counselling, *Journal of Education*, Vol. 7, p.85-97

Igwe, W. C., Ojinnaka, N., Ejiofor, S. O., Emechebe, G. O., and Ibe, B C. (2009). Socio-Demographic Correlates of Psychoactive Substance Abuse Among Secondary School Students in Enugu, Nigeria. *European Journal of Social Science*, 12(2), 277 – 283.

Jessor, S.L. & Jessor, R. (1975).Transition from virginity to non virginity among youth: A social-psychological study over time. *Developmental Psychology, 11:473-484.*

Jeffery J. H, & Anthony, J.C. (2005) *Substance-related disorder: introduction and overview*.

In B.J. Sadock & V. A Sadock, compressive textbooks of Psychiatry, Vol 1 (8th ed., pp. 1188-1201) Philadelphia: Lippincott Williams & Wilkins.

Johnson, B. (2002): Psychological addition, physical addiction, addictive character and addictive personality disorders. A Nosology of addictives disorders. Retrieved on *July 5, 2007.*

Kandel, D.(1973). The role of parents and peers in adolescent marihuana use. *Science, 181:1067- 1070,*

Krystal, H., &Raskin, H.A. (1970). *Drug Dependence: Aspects of Ego Functions*. Detroit: Wayne State University Press,

Lawoyin, T.O., Ajumobi, O.O., Abdul, M.M., AbdulMalik, J.O., Adegoke, D.A., & Agbedeyi, H (2005) Drug use among senior secondary school students in rural Nigeria. *West Afr J Med. 2(2): 8-17.*

Lehne, R.A (2003). *Pharmacology for nursing care* (5th ed) Philadelphia: W.B. Saunders Lief, V.F. (1975). *Drug addiction students in schools: A case study of police secondary school in Nigeria.* A paper presented at the Bi-annual Conference of the Force Educatioal Officer Commandants and Command Education Officers of all Police Secondary Children Schools at Ibadan, Oyo State.

Makanjuola, A.B,Daramola,M.A and Obembe,O. (2007). Psychoactive substance use among medical students in Nigerian university. *World Psychiatry, 2 (3).*

Makanjuola, A.B., Abiodun, O.A, & Sajo, O. (2014) Alcohol and Psychoactive Substance Use among Medical Students of the University of Ilorin, Nigeria. *European Scientific Journal,* 10 (8).

Milne, D. (2002). Alcohol consumption in Japan. *Canadian Medical Association Journal, 167(4), 388.*

Milkman, H., & Frosch, W.A. (1973). On the preferential abuse of heroin and amphetamine. *Journal of Nervous and Mental Disease, 156:242-248*,

NIDA, (2009). *Principles of Drug Addiction Treatment*. A research based guide, 2nd edition. National Institutes of Health U.S. Department of Health and Human Services.

Nnoruka, T., & Okoye, S (2006) Drug use and its association with deviant behaviour among rural adolescent students in South Africa. *East Afr Med J, 83(9):500-6.*

Office of National Drug Control Policy. (2001). *Helping Youth Navigate the Media Age: A New Approach to Drug Prevention. Retrieved October 28, 2004, from http://www.mediacampaign.org/kidsteens/media_age. pdf*

Obiamaka, V.O. (2004). *Problem behaviours in Nigerian secondary schools*, *Nigeria Society for Education Psychologists (NISEP), pp. 69-75.*

Obot, I.S. Ibanga, A.J. Ojiji O.O and Wai, P. (2001). Drug and alcohol consumption by out of school Nigerian adolescents, *African Journal of Drug and Alcohol Studies*, 198-109.

Ogunremi, O.O. & Rotimi, D.O. (1979). The Nigerian teenage and the use of drug, *African Journal of Psychiatry, Vol. 5(1&2), pp. 21-27.*

Olatunde, A. (1979). *Self medication: Benefits, precautions and dangers,* London: The Macmillan Press.

Oluremi, D. F. (2012). Drug Abuse among Nigerian Adolescents strategies for counselling. *Journal of International Social Research. 5(20), 342 – 347.*

Okorodudu, R. & Okorodudu, G.N. (2004). An overview of conduct problems of the *Nigerian child, Journal of the Nigerian Society for Educational Psychologists. (NICEP), pp. 76-83.*

Okuh, B. (1978). Problems of secondary school learners, *Careers*. Vol. 2, No 3.

Orubu, A.O. (1983). Purpose for which secondary school students use drugs: A challenge to guidance counselors, *Journal of Institute of Education, ABU, 6(22) 109-120.*

Oshiokoya & Alli, (2006) Perception of Drug Abuse

Amongst Nigerian Undergraduates. *World Journal of Medical Science 2(3).*

Ubom, I.U. (2004). *Behaviour problems of children*: Counselling interventions, *Nigerian Society for Educational Psychologists (NISEP) pp. 47-58.*

Odejide, A.O. (1997). Observation on drug abuse in western Nigeria. *Afri. J. Psycho*l. 15 (80).

Okpataku C.I, Kwanashie H.O, Ejiofor J.I & Olisah V.O.(2014). Prevalence and socio-demographic risk factors associated with psychoactive substance use in psychiatric outpatients of a tertiary hospital in Nigeria. *Niger Med J ;55:460.*

Oshodi, O. Y., Aina, O. F., and Onajole, A. T. (2010). Substance use among secondary school students in an urban setting in Nigeria: prevalence and associated factors. *African journal of psychiatry*, 13(1), 52 – 57.

Osungbade, K.O., & Oshiname, F.O (2008). Determinants of cigarette smoking among senior secondary school students in a rural community of southwest Nigeria. *Nigerian Journal of Medicine, 17(1):40-4.*

Pittel, S.M.; Calef, V.; Gryler, R.; Hilles, L.; Hofer, R.; & Kempner, P.(1971). Developmental factors in adolescent drug use. A study of psychedelic drug users. *Journal of the American Academy of Child Psychiatry, 10:640-660.*

Schuckit, M.A (2005). Alcohol related disorder. In B.J. Sadock O.A Sadock*, Comprehensive textbook of psychiatry,* 0011 (8th ed. Pp. 1168-1188). Philadelphia: Lippincott Williams & Wilkins.

Stanton, M.D. (1978).The family and drug misuse: A bibliography. *American Journal of Drug and Alcohol Abuse, 5(2):151-170.*

Statistics Canada. (2004). *Alcohol and Drug Use In Early Adolescents.* Retrieved June 3, 2006, from http://www.statcan.ca/Daily/English/040518/d040518b.htm

Slutske, W.S., Health, A.C., Madden, P.A. F., (2002). Personality and the genetic risk for alcohol dependence. *Journal of Abnormal Psychology, 111(1), 124-133.*

UNODC, (2005). World Health Organization Expert Committee on Dependence Producing Drugs Fourteenth Report Urban Adolescent: *Child Development*, 61, 2032 – 2046

Weil, A. (1973). *The natural mind: Another way of looking at drugs and higher consciousness. Boston: Houghton Mifflin. The African Symposium: An online journal of the African Educational Research Network, 3 (5)*.

Zinner, J., & Shapiro, R. (1974).The family group as a single psychic entity: Implications for acting out in adolescence. *International Review of Psycho-Analysis, 1:179-186.*