

**AN EXPLORATION OF THE PREVALENCE OF DRUG USE AND ABUSE AMONG
ADOLESCENTS IN OYE EKITI, NIGERIA.**

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MATRIC NUMBER: SOC/14/2059

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**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT FOR THE
FULFILMENT OF THE AWARD OF BACHELOR OF SCIENCE (B.Sc) IN
SOCIOLOGY, FACULTY OF SOCIAL SCIENCES, FEDERAL UNIVERSITY OYE
EKITI**

2018

DECLARATION

This research project is my original work and has not been presented for award of degree in this University (Federal university oyeeekiti) or in any other university

Signature.....

Date.....

Apetuje Emmanuel Temidayo

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CERTIFICATION

I hereby certify that **APETUJE EMMANUEL TEMIDAYO** with Matric Number: **SOC/14/2059** carried out this project in the Department of Sociology, Faculty of the Social Sciences, Federal University Oye-Ekiti, Ekiti. In partial fulfilment of the requirements for the award of Bachelor of Science in Sociology (B.sc Sociology)

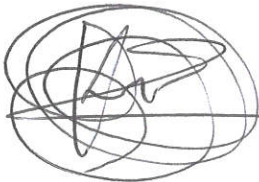


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DEDICATION

This work is dedicated to almighty God, The Alpha and The Omega

ACKNOWLEDGEMENT

My uttermost thanks to almighty God, the giver of all good things, who started this work with me, supported me during the journey of the work and also gave me the grace to complete it in good health, I say may His name only be exalted, for He is the brain behind the success of this work, without him, I am nobody and without his support, I wouldn't have been able to start the work, talk much of recording successful end, glory be to His name.

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My special thanks goes to my parents Pastor and Deaconess S.A.O Apetuje for their support since I was born and up to this moment and especially their support both morally and financially throughout my stay in this university, may God shower his mercy upon you and make you harvest the fruits of your labor in Jesus name (Amen).

Also I'd like to thank my siblings, Adebayo, Funmilayo, Temitayo, Boluwatife, Ayomisiku, Samuel and my son OluwadamilareApetuje for their maximum support, prayers and always being there. Also I will like to say a big thank you to "MY LADY" as I do call her, in person of OluwakemisolaToluwalase. I also appreciate my best friend like twin brother Olanrewaju Michael and my other friends Dayo, Tobi, Fakeye, Raphael, Hamza, Oluwaseun, Folasade,

Omorinsola, Victoria, Joseph it was so good making friendship with you people. I really appreciate you all. You have all been wonderful, loving and caring.

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ABSTRACT

Drug and Substance Abuse has been talked about worldwide and Nigeria is part of that globe. Teachers, parents, church officials and other stakeholders have been at the forefront trying to find out the causes and ways of controlling it. Therefore, there is a need to curb this vice. This study aimed at finding out what makes adolescents abuse drugs and the effects that arise out of this practice with reference to Oye Ekiti, Nigeria. The study also suggested measures that can be taken to control drug and substance abuse. The study was guided by the following objectives; to establish the extent to which parent's sources of income influence the prevalence of drug and substance abuse; to establish the extent to which school administration influences the prevalence of drug and substance abuse among adolescents in Oye Ekiti; to establish how peer pressure influences drug and substance abuse among adolescents in Oye Ekiti; what measures can be taken to minimize drug and substance abuse?. The target population used in this work was 2 secondary schools, one higher learning institute and some selected participants in the community. The sample consisted of one hundred and eighty respondents. Simple random sampling was used to select the respondents. Data was collected using sets of questionnaire. The data collected was analyzed using Statistical Package for Social Sciences (SPSS) software programmed and presented using both qualitative and descriptive methods such as frequencies and percentages and presented as tables and figures. Mental disorder is the greatest effect of drug abuse among drug takers. In this work, it was found out that there is no significant association between the parental income and prevalence of drug abuse and also that the counseling unit has been helpful in working towards the curbing of the problem in the society and lastly, that these drugs and substances were being gotten by the users from their peers. The study concludes that drug and substances abuse is a complex phenomenon in our society today and most especially among the adolescents and when we are talking about adolescents we are talking about a boy or a girl between the ages of eleven and twenty-four years of age. Therefore there is need for more adolescents to explore deeper on this pertinent issue. The researcher recommended that all stakeholders be involved in curriculum review and reform to address drug abuse related issues and guidance and counseling sessions enhanced in changing students behaviors.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The term drug is defined as any substance that when absorbed into a living organism may modify one or more of its physiological functions. The term is generally used in reference to a substance taken for both therapeutic purpose and abused substances (Kwamanga, Odhiambo&Amukoye, 2003). Globally and even regionally, drug and substance abuse is an ever expanding problem and is recognized as a threat with serious effects on people's health, security, social-economic and cultural welfare. In Nigeria, students have consistently shown that there is considerable prevalence of drug and substance use; with varying preference rates found for both overall and specific drug abuse (Abdulkarim, 2005). Some of these commonly abused substances include tobacco, Miraa (khat), cigarette, alcohol, cocaine, mandrax and heroine (NACADA, 2006). Drugs pose a very big problem in the world today and it is ruining the lives of millions of people both in adolescent and general population. The use of illegal drugs has spread at a high rate and has penetrated every part of the world. No nation has been spared from the devastating problem caused by drugs and substance abuse.

Factors influencing students to drug use have been identified among them is parental influence whereby it has been noted that children from homes where parents take drugs tend to imitate their parents' behaviors and by modeling they also start using drugs (Ngesu, et al 2008). School factors can also influence students to drug use (Ngesu et al: 2008). How the school administration manages students' affairs may lead to drug abuse, high handedness, lack of freedom and failure to address them generally creates stress which can lead to abuse of drugs as

depressors (Kingala, 2000). Unfortunately, across all continents in the world and throughout time, drug abuse among both the young and adult population has manifested itself in various forms.

It appears that drug abuse affects behavior and its effects on adolescents whose prevalence was assessed in this study, is a worldwide problem with no exception of Nigerian secondary students. Use of drugs has led to many health problems in the youth, especially among the secondary school students.

The youth experience many special problems and considerations. This is the period of adolescence which is full of many challenges such as stress of physiological and physical change, competition in school and life in general, generation gap, unjust and cruel world among other problems. Psychologically, the adolescents have serious developmental tasks to handle such as peer identification and individualization from their family. Sexual identification; societal and vocational; role identification and negotiating issues of authority power and independence are primary (Oketch, 2008). A report by United Nation Drug Control Programme (UNDCP, 1998) shows that 60% of students abuse drugs. A survey by National Council Against Drug Abuse (NACADA, 2006) shows that substance abuse is widespread. It affects the youth mostly although it cuts across all social groups. Many young people especially the unemployed have resulted to using drugs like heroin and cocaine which are injectables. This has been a major contributor to the spread of HIV/AIDS due to the fact that they share syringes. Other drugs like alcohol can lead to risky sexual behavior as they affect judgment and decision making. A drunkard is unable to assert him or herself especially when it comes to saying no to unprotected sex thus resulting to exposures to sexually transmitted infections.

Research findings indicate that there is a direct linkage between drug and substance abuse and HIV and AIDS prevalence (NACADA, 2006). According to Siringi and Waihenya (2001), 22% of adolescents are on drugs and it has been found out that males have high exposure to miraa and inhalants than females. Poverty also encourages drug use among students due to absenteeism and idleness (Adelekan 1998). As a result of lack of school fees, with availability of and access to drugs in the village kiosks the idleness may in one way or another encourage high prevalence of drug use among students aged 14-24 years old. This study therefore investigated the causes and effects of drug and substance abuse among adolescents in Oye Ekiti

1.2 Statement of the Problem

It is evident that drug use and abuse is still a problem in Nigeria despite the various measures taken to curb it. Drug abuse menace has strangled youthful population both secondary school students and non-students reducing them to dummies, zombies and drooling figures as well as wasting their lives at the age which they are most needed in society (Ngesu, et al 2008). Although the youths have been educated on the dangers of the drug abuse, most of the secondary school students have little or no knowledge of how dangerous the vice is (Ngesu et al 2008). Although students are expected to be aware of the effects of drug abuse and commit themselves to their studies, the habit still exists. Drug and substance abuse lead to many problems in schools especially strikes which are normally experienced in schools although many people attribute the strikes to school mocks especially in the second term of the academic calendar. It is possible that students who abuse drugs while in school play a big role in influencing acts like strikes as they are under the influence of drugs. Although several researchers have preventive measures suggested, the researchers have not effectively led to the desired results of curbing the menace of drug and substance abuse in Nigeria.

This is because apart from the youth facing a lot of challenges as individuals, the family and society including the church and school have not come out wholly to initiate methods of helping the youngsters. There is always a conflict of interest on who has the upper hand in helping the youth. It was against this background that this study investigated the causes and effects of drug abuse among adolescents in Nigeria and suggested pragmatic measures to effectively curb this menace.

1.3 Objectives of the Study

The main objective of this study was to investigate the causes, effects and prevalence of drug and substance abuse among adolescents in Oye Ekiti

The study was guided by the following objectives: -

- i) To establish the extent to which parents' sources of income influence the prevalence of drug and substance abuse among adolescents in Oye Ekiti
- ii) To establish the extent to which school administration influences the prevalence of drug and substance abuse among adolescents in Oye Ekiti
- iii) To establish how peers pressure influences drug and substance abuse among adolescents in Oye Ekiti
- iv) To make suggestions on how Drug and Substance Abuse can be minimized.

1.5 Research Questions

This study was guided by the following research questions: -

- i) To what extent do parents' sources of income influence the prevalence of drug and substance abuse among adolescents in oyeekiti
- ii) To what extent does school administration influence the prevalence of drug and substance abuse among adolescents in oyeekiti
- iii) How does peer pressure influence them on drug and substance abuse among adolescents in oyeekiti
- iv) What measures can be taken to minimize Drug and Substance Abuse?

1.6 Significance of the Study

This study sought to generate useful data on the causes and impact of drugs abuse on education in Nigeria. Therefore, the findings of this study may be useful in several, ways: The Ministry of Education (MOE) may use the study findings to find out ways of preventing drug and substance abuse through public enlightened campaigns in schools, promotion of awareness on the dangers of drugs and how they affect an individual, the family and the society at large. The government may put in modalities of strengthening the guidance and counseling department in schools through taking the teachers for service teacher training courses. The findings may also be used to advocate that campaigns against substance use should be incorporated in schools with special focus on the adverse consequences of the substance use. Ultimately, the society will benefit from the findings of this study in creating a drug free society for social, economic and political development in line with sustainable development goals. The school principals may assist the students in identifying the sources of drugs so that they can take remedial measures. The guidance and counseling departments might be strengthened through appointment of trained and qualified counselors to head the departments.

1.7 Limitations of the Study

The data collection technique was mainly the use of set questionnaire which were used to obtain data from the respondents. There were chances that some respondents might have been unwilling to respond to the questionnaire. The researcher also narrowed down the research objectives to four factors which might, have been conclusive evidence as there are many other factors which are beyond the control of the researcher. Such factors may have included inadequate rehabilitation centers, lack of parental influence, availability of pocket money and school related factors. There were a lot of funds needed to carry out a research so the researcher required a lot of money to research on the causes and effects of drug and substance abuse among adolescents in oyeekeiti

1.8 Delimitations of the Study

The study was limited to two selected public secondary schools, A Federal University and a few people outside educational environments. The findings in the study were used to generalize the percentage of adolescents who engaged in Drug and Substance Abuse.

1.9 Assumptions of the Study

The study assumed that the respondents were honest, truthful and willing to give correct answers. The reasons for adolescents' high prevalence of drug abuse were also stated in the objectives of the study. Other factors had no negligible influence on the frequency of drug abuse among youths. The researcher assumed that school principals would allow guidance and counseling teachers and students to participate and give correct data during the research. It was also assumed that drug abuse prevails in one way or the other in Nigeria and using adolescents in oyeekeiti as case study.

1.10 Definition of terms used in the study

The following terms used in this study such as drug, drug abuse, drug misuse, drug dependence, substance abuse, drug tolerance among others and these are been used or can be used in different ways in different fields for different uses, In pharmacology, drug means a substance that could be used in treatment, cure, prevention or diagnosis of disease or used to otherwise enhance physical or mental wellbeing. Drug abuse is also used to describe the action of a person who self administers drug that is dangerous and or harmful. Drug dependencies when one needs one or more drugs to function. Drug misuse refers to the use of a drug for purposes for which it was not intended or using a drug in excessive quantities. Drug tolerance is a pharmacological concept describing subject's reduced reaction to a drug following its repeated use. Parental influence in the academic field means any opinion, attitude, or action (other than direct tutoring) that somehow shapes or molds the child's reading attitude. Peer pressure means the direct influence of people in a child's environment that makes the child to conform to other people's behavior. But in this study they were used as following

Drug: but in this study, Drug was referred to as any chemical substance which when taken into the body that can affect one or more of the body's functions.

Drug misuse: Refers to the usage of any drug for any other purpose other than the recommended one.

Drug abuse: Refers to excessive illegal drug use and/ or legal drug use without a doctor's prescription.

Drug tolerance: Refers to a state of reduced sensitivity of a drug to the body at given regular (normal) dose.

Substance abuse: Refers to harmful or hazardous use of psychoactive substances including alcohol and other illicit drugs to stimulate behavior.

Drug dependence: Refers to repeated drug taking that usually results in tolerance, Withdrawal and compulsive drug taking.

Parental influence: Refers to the role played by parents into the child's drug use or against it.

Peer pressure: Refers to tendency to conform to the values and expectations of the peer group.

Adolescence: Refers to period between childhood and adulthood and characterized by physical and emotional changes.

Adolescent: Refers to a boy or girl between the ages of eleven and twenty four years.

Legal/licit drug: Refers to a drug socially accepted and readily available.

Prevalence: Refers to the magnitude of drug use among a particular age population.

School administration: Refers to managerial set ups in schools that may influence a non-drug user to start using illegal drugs.

Drug trafficker/peddler: Refers to a person who passes drugs to consumers.

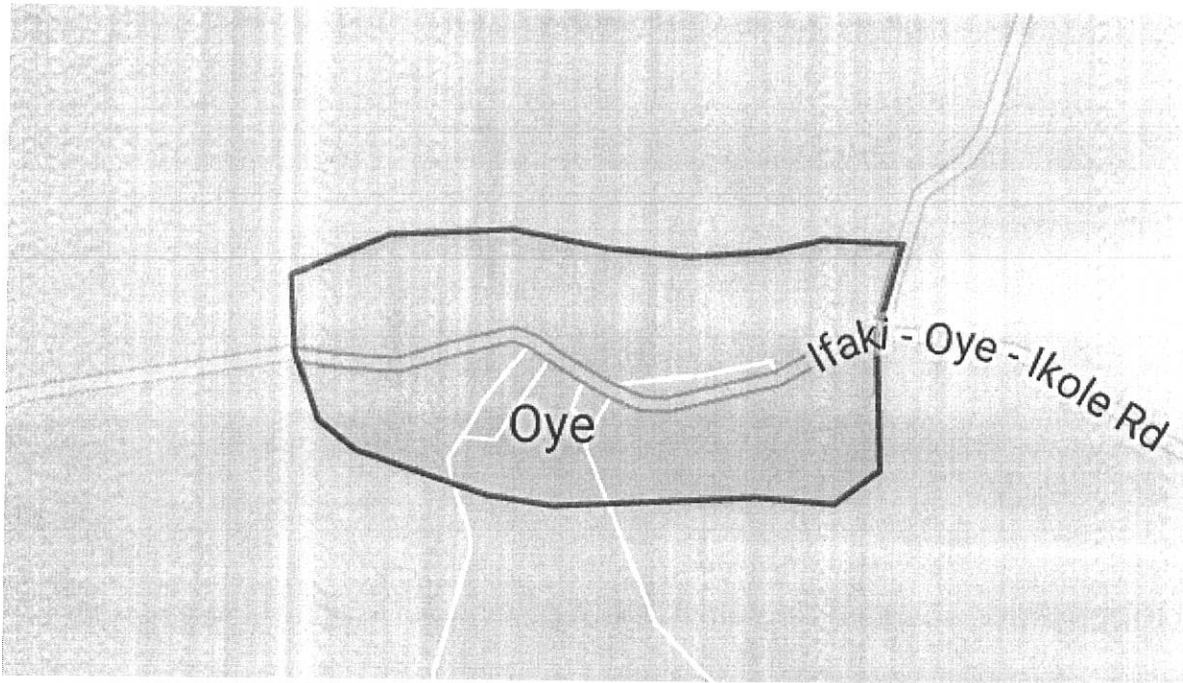
1.11A brief History of the case study

Oye is one of the 16 kingdoms of Ekiti land. Oye local government is bounded by Ilejemeje Local government to the North, Irepodun/Ifelodun to the South, ikole Local government to the east and Ido/Osi local government to the West. Oye Ekiti people are group of the SouthWestern

Yoruba, inhabiting the administrative headquarters' of the present Oye Local government area of Ekiti state. Oye is headquarter for Oye local government in Ekiti state Nigeria. Oye local government was carved out of the defunct Ekiti north local government on 17th May 1989. It comprises the following towns and villages: Oye Ekiti, Ilupeju Ekiti, Aiyegbaju Ekiti, Ire Ekiti, Itapa Ekiti, Osin Ekiti, Ayede Ekiti, Itaji Ekiti, Imojo Ekiti, Ilafon Ekiti, Isan Ekiti, Ilemeso Ekiti, Omu Ekiti, Ijelu Ekiti, Oloje Ekiti and a host of others.

There are no distinctive ethnic groups in the local government as a greater percentage of the people residents are of the Yoruba language race. Nearly all the people speak Yoruba language with negligible dialectical variations.

The population of Ekiti according to the 1952 national census was 13,696.00 (National Archive, Ibadan) 57,196.00 in 1963 and in 2006 the population was 168,251.00 (National Population Commission 2006). Oye Ekiti is located at altitude around 1500 feet with hills and granites outcrops rising to about 200 feet. It is covered by thick forest with very small patches of high forest and it is surrounded by hills which provide her protection in terms of war (Akinyoye 1921). Farming is the major occupation, with cocoa as the cash crop. The food crops include rice, yam, cocoa yam, plantain, cassava, maize, banana and pepper. Majority of Oye indigenes are Christians, but Islam is also represented. There is also a sizeable number of custodians and devotees of various deities and traditional religions such as Songo (the god of thunder) Ogun (god of iron) Yemoja (the goddess of the river) Eborá (god of the dead) and Eye/ Oro-Ode (the god of harmattan) which is the course of the most important festival in Oye-Ekiti a variety of tourist attraction, most of which have to be modernized, and also are bound around Oye-Ekiti.



1.12SYNOPSIS

This study is comprised of five chapters which are chapters one to five. Chapter one of this study is the introductory part of the work and under this chapter one, we have the background to the study, that is the basic idea about the research topic, statement of the problem, the purpose of the study, the objectives of the study, the research questions, significance of the study, limitations of the study, delimitations of the study, the operational definition of terms used in the study and the synopsis.

Chapter two of this study is talking about the past scholars who also talked about the research topic, which is known as literature review.

Chapter three is about the research methods used in carrying out the research and it consists of how the research was designed, the target population, sample size and sampling techniques, the

research instruments, pilot study validity of the study, data collection procedures, data analysis techniques, ethical considerations.

Chapter four of this analysis is the analysis of the data gathered from the research and the last chapter, which is Chapter Five, is summary of the research, conclusion and recommendations to the problem.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This work aims at reviewing some of the available literatures on the study of the use and abuse of hard drugs . Depending on the definition used, substances which are abused include antibiotics, antidiarrhoeals, laxatives, pain-relieving drugs, sedatives, amphetamines and cannabis. Substance abuse is a global challenge with detrimental effects on health, wealth and security of nations (UNODC, 2010). In South Africa drug abuse has been associated with crime, interpersonal violence, risky sexual behaviour (with accompanied increased risk of HIV acquisition and STI. Literature review worldwide shows that undergraduates abused different types of drugs in different institutions.

2.1 THE ISSUES OF ADOLESCENTS AND DRUG ABUSE

A drug is referred to as a substance that could bring about a change in the biological function through its chemical actions (Okoye 2001).

In pharmacology, a drug is “a chemical substance used in the treatment, cure, prevention or diagnosis of disease or used to otherwise enhance physical or mental well being. It is also considered as a substance that modifies perception, cognitions, mood, behavior and general body functions (Balogun 2006). This could thus be considered as chemical modifiers of the living tissues that could bring about psychological and behavioral changes (Nnachi, 2007).

Robins 1972 posit that drug abuse implies the use of a given drug in excessive dose levels, over an unjustified long period of time, or outside therapeutic indications. Amina 2016 argued that

there are different kinds of drugs including the hard drugs and the prescribed drugs. When you abuse any of them it becomes drug abuse.

Adolescent is defined as a period of transition from childhood to an adulthood stage of development and this critical developmental period is marked by several physical, social and psychological changes. Adolescents are a part of population within the range of 11-24 years of age. Most undergraduates in the university of Nigeria are usually within the above stated range of adolescence which is 11-24 years as claimed by (Olugbenga Bello; Adebimpe ,Abodunrin 2009). Adolescence is a period of experimentation, exploration, curiosity and identity search. Part of such search includes some risk taking, including the use and abuse of psychoactive substances, which are the drugs that exerts their major effects on the brain which causes stimulation or change in mood of an individual, sedation. Adolescents are faced with the ambiguous task of establishing a sense of identity. The new cognitive skills of maturing adolescents give them the ability to react on who they are and what makes them what they are that makes them unique all of the developmental changes that adolescents experience prepare them to experiment new behaviors. This experimentation results in risk taking, which is a normal part of adolescent development (Sue, et al, 2009). Engaging in risk taking behavior helps adolescents to shape their identities, try out their new decision making skills and gain peer acceptance and respect (panton 2009).

Unfortunately, some of the risks that adolescents pursue may pose a real threat to their health and well being. These include pregnancy, cigarette smoking, excessive alcohol consumption and drug abuse. Odejide (2000) opined that drug abuse is said to be abused when its use is not pharmacologically necessary especially when used in the face of legal prohibition or when a socially acceptable beverage is used excessively Sambo (2008) said that chronic use of

substance can cause serious and sometimes irreversible damage to abuser's (adolescent's) physical and psychological development. When we talk about drug abuse, it could be the hard drugs including cocaine, weed among others and when we talk about prescribed drugs it means codeine even though it is meant for medication, and some people use it for something else.

Drug abuse is a major public health problem all over the world (UNODC, 2005). The use and abuse of drugs by adolescents have become one of the most disturbing health related phenomena in Nigeria and other parts of the world (NDLEA, 1997). Several school going adolescents experience mental health problems, either temporarily or for a long period of time. Some becomes insane, maladjusted to school situations and eventually drop out of school. NAFDAC, (2004) This was cited by Halladu (2003), he explained the term drug abuse as excessive and persistent self administration of a drug without regard to the medically or culturally accepted patterns. It could be seen as the use of drug to the extent that it interferes with the health and social function of an individual.

Odejide (2000) warned that drug abusers who exhibit symptoms of stress, anxiety, depression, behavior changes, fatigue and loss or increase in appetite should be treated by medical experts and counselors to save them from deadly diseases.

The alarming evidence in the prevalence of drug use and abuse, the effects and consequences of substance abuse among students has called for concern and challenge to all helping professions to mount strategies of equipping youths with skills of living devoid of substance abuse. In Nigeria today, the consequences of substance use are various ways, including acute and chronic health, social as well as psychological problem. There is disruption of interpersonal relationships particularly within the family, marginalization, criminal behavior, school failure, vocational

problems and failure to achieve normal adolescent milestones, yet these adolescents are expected to be the leaders of the country in the future when they do not even have any focus on the future.

Studies carried out among the secondary school students in Benin city by Oimage and Oshiloya, (2006), Nwagwu, (1999), Fayombo, (2000) and Obiawu (2005) discovered that students and youths of easy virtue in the community are involved in cannabis abuse and stimulants such as amphetamines and cannabis. The consensus of opinion therefore seems to be that youths are also seriously involved in substance abuse. Drug abuse has become such a problem of great concern to all well meaning Nigeria and particularly the federal government to the extent that an agency has been established to combat the social disease with a view to reducing the spread of drug abuse to the barest minimum or eradicating it totally.

The Nigerian national drug law enforcement agency (NDLEA) has stated that drug abuse is a major problem in schools (NDLEA 1997). For example, above 20% of the school population in Edo state, Nigeria has taken a psychoactive drug once in their lives (Alemika 1998). Many of these behaviors are heavily tied to the peer culture, as children learn from and imitate the peers they like and admire. Wanting to be attractive to others becomes very important in adolescence, and this factor is significant in the development of eating disorders, alcohol consumption tobacco and drug use, tanning, not practicing safe sex, and vulnerability to injury, among other behavior. These adolescent who get involved in such risky behavior often have high levels of conflict with their parents and poor self control, suggesting that they engage in such behavior to manage a stressful life. Adolescents who abuse substances typically do more poorly in schools, and family problem deviance, and low self esteem appear to explain this relationship. Parents and peers influence adolescent drinking by influencing attitude about alcohol and by acting as role models

(Taylor, 2003). On the other hand, parental deprivation due to deaths, divorces, separation or discord has also been strongly associated with drug abuse (Odejide 1997).

Majority of the Nigerian youths ignorantly depend on one form of drug or the other for their various daily activities such as social, educational, political, moral e.t.c. such drug include tobacco, Indian hemp, cocaine, morphine, heroine, alcohol, ephedrine, madras, caffeine, glue, barbiturates, amphetamines e.t.c. Oshikoya and Alli (2006) in their work on perception of drug abuse amongst Nigerian undergraduates identified dependence and addiction as one of the major consequences of drug abuse, characterized by compulsive drug craving seeking behavior, are use that persist even in the face of negative consequences. These changes are maladaptive and inappropriate to the social or environmental setting therefore may place the individual at risk of harm. Experiment with drugs during adolescence (11-25 years) is common, at this age; they use drugs for new things. They use drugs for many reasons including curiosity, because it feels good, to reduce stress, or to feel grown up. Using alcohol and tobacco at a young age increase the task of using other drugs later.

Today more Nigerian youths are becoming drug dependants, while Nigeria gradually transits from the status of a drug consuming nation to that of a drug producing one. Young ones who are mainly from well to do homes are increasingly identifying with the 'big boys' that practices the use of substance like heroin and cocaine. Other substance like Indian hemp, which is frequently produced in Nigeria and other substances like methamphetamine and tablet with codeine capable of intoxicating are mostly found in schools (Staff 2012).

Cocaine is a stimulant that is made from alkaloid contained in the leaves of the coca bush or plant. It is also from the class of drugs known as stimulants, from the studies of people like

(Davidson, G.C, Neale, J.M. and Kring, A.M. 2004). Cocaine is an odorless, fluffy white, powder which can be swallowed, sniffed and it can also be injected. As a stimulant, it does the work of stimulating the central nervous system. When it is being taken, it takes three major pharmacological actions. Cocaine addiction can erode physical and mental health and it can become so powerful, that it dominates almost all the aspects of the addict's life. Some users spend hundreds or thousands of naira on cocaine and they can also go to any length in making sure that it is available anytime their system asks for it, and they will do anything to support their habits while many resort to drug trafficking, prostitution and other crimes. Illicit drug use may impair functional ability resulting in the user's physical, emotional and social self harm (Croen, et al, 1997). Many of the students in learning institutions in the world have the idea about alcohol, tobacco, khat, bhang (Otieno&Ofulla, 2009). In the literature review gathered by Chebukaka (2014) the result shows that 1.3 billion people use tobacco and 230 million people aged between 14 years to 18 years are engaged in the use of illegal drugs.

According to "current drug abuse reviews journal" volume 10, 2017 by Cornel N. Stanciu, Thomas M. Penders, Samantha A. Granasegaram, Elvin Pirapakaran, Juvraj S. Padda, Jeeven S. Padda. New psychoactive substances are emerging at an alarming rate. With novel structures and properties, they produce unique behavioral characteristics during intoxication. Synthetic cathinones are some of the most common. More and more are presenting to emergency departments due to consequences of use. Aside from isolated reports, little is known about these compounds.

Alcohol and drug use are among the most pressing challenges facing Hawaii and have been the cause of major concern for the past ten years (Austin 2004). In a recent study, stakeholders representing eight out of eleven communities (Withy, Andaya, Mikami, & Yamada, 2007). In

addition, Hawaiian adolescents have exhibited higher rates of alcohol, tobacco, and other drug (ATOD) use when compared with other ethnic groups in Hawaii (Pearson 2004, Hishinuma, Nishimura, Miyamoto, & Johnson, 2000; Ramisetty-Mikler, Caetano, Goebert, Nishimura, 2004). Hawaiian youths experience an early age of onset and high lifetime use rates for alcohol, tobacco and other drugs, with a dramatic increase of alcohol use between grades 6 and 10 (Hishinuma et al, 2000).

Despite this alarming statistics, several recent studies have suggested that the scientific literature has not reflected the clear need for substance abuse research within the native Hawaiian population. For example, Mokuau, Garlock –Tuialii, and Lee (2008) recently published a review of the periodical literature focused on native Hawaiians and other Pacific Islanders (NHOPIS), and found a total of 32 articles focused on the population in 23 social work journals published from 1995-2004. This represented only 0.64 percent of more than 5,000 articles published in the reviewed journals. Okamoto (2010) elucidates this point by examining the journalistic response to research focused on Hawaiian youths and drug use. He concluded that, despite priorities occurring at the federal level, Hawaiian health disparities may not be a topic of importance or relevance for many peer –reviewed journal outlets. Nonetheless, although some literatures establish a base of information about this community, refinement and expansion of this knowledge is still needed (Mokuau et al, 2008). Community generated research pertaining to Hawaiian youths indicates that they are experiencing substance use at a higher rate than youth of other ethnic backgrounds. For example, Pearson (2004) reported higher prevalence rates for almost all substances for Hawaiian students at lower grade levels, compared with their Non –Hawaiian counterparts. Further, at the higher grade levels, prevalence rates were found to be equally high among Hawaiian and white students, and were substantially higher than students

from other ethnic groups. Pearson also found that alcohol, Marijuana, and illicit drug use rates had been highest among Hawaiians in all grades from 1996-2003 , with Japanese, Chinese and Filipino students reporting the lowest use rates of all ethnic groups in Hawaii.

Substance abuse is a global challenge with detrimental effects on health, wealth and security of nations (UNODC, 2010). In South Africa drug abuse has been associated with crime, interpersonal violence, risky sexual behavior (with accompanied increased risk of HIV acquisition and STI incidences), negative health of users and negative psychological impact to their families. Tobacco and alcohol are generally the most commonly used drugs amongst youths. These 2 drugs are also the most experimented with amongst youth. Because they are both legal, many consider them acceptable and 'mild'. This in spite of considerable health and social impact associated with them. A study by Reddy et al in 2010 reported that 12% of South African learners had ever used at least one illegal drug such as heroin, mandrax and cocaine. This figure is the highest in the region. Given the medical and social harm caused by these drugs, it is important to understand the extent of their use amongst sub populations and explore the effective ways to combat them.

Statistics reported by the United Nations World Drug Report of 2014 indicates that 7.06% of South Africa's population abuses narcotics of some kind, and one in every 14 people are regular users. Substance abuse imposes social, health and economic costs on individuals, families, society and economy at large. At the individual level, substance abuse has been linked to depression, violent behavior and various forms of crime, including many accidental and premeditated injuries. Society loses the productivity and energies of people affected by substance abuse. At the macro level, prevention and treatment costs associated with drug abuse are

phenomenal. In South Africa, evidence on the extent, impact of substance abuse as well as its prevention is fragmented and more often not located within a comprehensive theoretical framework that could make it easier to formulate strategies and programs for combating the drug abuse challenge.

Nation-wide Substance Abuse Drug and alcohol abuse in South Africa is alarming and a cause or contributor to many social, health and economic problems afflicting the population. Substance dependency statistics show that drug consumption (cannabis, cocaine, and tik) in South Africa is twice the global average and second to none in Africa (UN World Drug Report, 2014). The average age of drug dependency in South Africa is 12 years and decreasing. South Africa is among the top 10 narcotics and alcohol abusers in the world. For every 100 people, 15 have a drug problem and for every 100 Rands in circulation, 25 Rounds are linked to the substance abuse problem (Christian Addiction Support, 2016). The main drugs being abused are cannabis, methamphetamine, heroin and cocaine. Jointly, the three drugs accounted for over 86% of all cases treated for drug abuse in 2012.

Extent of Substance Abuse among the Youth Of major concern in the South Africa context is the growing problem of substance abuse among the youth (including children and adolescents), a challenge that is denying this population group full participation in the socio-economic development of the country.

A number of studies have presented statistics on substance abuse among learners (Reddy et al., 2010, and Jacobs and Steyn, 2013). The following figures are often reported (Reddy et al., 2010):

Cannabis is the primary drug of abuse among youths (Pddemann et al., 2010c) although young people do not perceive cannabis as a dangerous drug (Nkowane et al., 2004). 2.1% of the learners reported having ever used mandrax. Males (3.2%) were significantly more likely to report mandrax use than females (1.2%). A total of 1.0% of the learners reported ever having used cocaine. A total of 0.8% of the learners reported lifetime heroin use. In total 1.0% of the learners reported ever having used ecstasy. A small proportion (2%) of all learners had used methamphetamine in their lifetime.

Reports substance abuse prevalence rates of Grade 8-11 learners from a national survey of high schools conducted in 2008 (Reddy, 2010). About 50% of the learners had taken alcohol, 30% had smoked cigarettes, 13% had cannabis in their life time, and 7.4% had taken mandrax while 12% had indulged in inhalants of various sorts. Substance abuse among learners has gendered dimensions as well, with male learners outdoing their female counterparts in every type of substance abused.

In South Africa, cannabis (Dagga) is the third most abused substance by youth after alcohol and tobacco (Morojele et al 2013).

2.2 Determinants of drug use (individual, family and societal)

A plethora of risk factors influence the usage of alcohol and drugs, while on the other hand. There are multiple protective factors that potentially buffer the effects of substance abuse. In a bid to frame the interrelationships and intra-relationships of the multiple influences on drug and alcohol abuse behavior, as well as how they operate at different levels, researchers and

practitioners have identified two frameworks; the supply and demand framework and the Bronfenbrenner's socio-ecological model (Bronfenbrenner, 1993).

The Supply and Demand framework has three intervention windows: Demand side, Supply side and Harm Reduction). On the demand side substance abuse is tackled through poverty reduction strategies, advocacy, education and communication, fostering socio-economic development and advancing anti-substance abuse social policies. On the supply side the key intervention areas include controlling production, sale, marketing and distribution of harmful substances. It also includes law enforcement and where necessary taking legal action against suppliers of illegal substances.

2.3 CAUSES OF DRUG ABUSE

Steinman and Zimmerman (2004) observe that behaviors such as low religious involvement, short-term goals in life, depressive symptoms and a poor sense of wellbeing and low self-esteem make the youth succumb to substance abuse. Ziervogel et al. (1997-1998) and Stacey (in Parry, 1998), report that boredom is one reason that youths abuse substances. According to Wegner et al. (2008) boredom is associated with dropping out of school, which is in turn a cause for joblessness, which further places youth at risk of substance abuse.

Evidence also points to the fact that youth are also prone to drug abuse because of their vulnerability (Mohasoa, 2010). Youth become vulnerable because they are in a phase of substantial experimentation, they are unemployed, have no income, and are poor, among other things (Kadalié & Thomas, 2013; Parry et al., 2012). This finding is corroborated, that is, it was supported by Rocha-Silva (1997). He gathered information by interviewing the respondents; Rocha-Silva reported that youths use drugs to gain confidence in dealing with people and

stressful situations surrounding them. Mohasoa (2010) also reported that youths use substances because they are overwhelmed by the challenges in their own lives or families, and society at large. For example, stressors in their own lives could be cold weather which may lead them to taking solvents in order to escape the misery associated with the stressful environment.

Micro system The micro system envelopes the individual domain and represents one's immediate environment. It focuses, inter alia, on the household and family influences, neighborhood, school, and peer pressures. Many studies have singled out the family as the most significant determinant of substance abuse by the youths at the micro system level. In a study of learners in the Western Cape, Peltzer and Ramlagan (2009) found a strong link between risky drinking behaviors and lack of parental and peer support, school truancy, and mental distress. Pretorius (2003), observed that exposure to alcohol in the family causes risk behaviors such as rebelliousness and having friends who drink (Pretorius 2010). In addition, literature shows that youths that have parents who drink heavily, and/or are tolerant of alcohol use, as well as having close acquaintances who drink, places youth at risk for heavy drinking. In other words, role models play a significant part in the substance abuse space. Youths tend to imitate the behaviors of their parents, guardians or other influential people and quantitative and qualitative evidence suggests that those with adequate role models are less likely to indulge in substance abuse (Morojele et al. (2006); Ghuman et al. 2012). Conversely, youth with inadequate role models (role models who drink or do drugs) consider it acceptable (Brook et al 2006 and Onya, 2005). On the other hand, a nurturing home environment, encompassing family supervision and monitoring, together with open communication lines between parents and children, has been empirically determined to be strongly associated with low substance abuse (Meghdadpour et al. 2012). Meghdadpour et al found that in South Africa, family supervision is likely to reduce male

youths being drunk by 23% and lowers their chance of using illegal drugs by 38%. Therefore to combat drug and alcohol abuse emphasis should be placed on strategies that address “parental drinking, low parental monitoring, low parental bonding, poor parent-child communication, poor school performance, low school commitment, peer norms, peer drinking, peer influence, peer delinquency”

Peers encourage their uninitiated peers to use drugs, and more often drug or alcohol use is celebrated with those taking illegal substance held in high regard. Youth will then want to be accepted by their peers in these substance abuse networks at all costs. According to Bility (1999) peer pressure is rampant in youth gang networks and other marginalized groups such as street children.

Evidence also indicates that youth prefer to discuss issues with their peers more than they would with their family members, teachers, or medical doctors (Hoberg, 2003). They value opinions or support of their peers more than any other social structures at their disposal (Hoberg, 2003). The pressure to be recognized and accepted by peers and gain meaningful participation inadvertently increases vulnerability of the youth (Ungar, 2006:7

It is important to note that peer pressure and inadequate parental role modeling discussed above reinforce each other. When there are no good parental role models for the youth, peers become role models and the outcomes may not be desirable for the child, the family and also for the environs, because the child might turn out to become not even useful for him or herself, talk much of being useful for the family and the environs .

Another area that has been variously cited as key to drug/alcohol abuse prevention in the Microsystems is the school. The schools are part of the immediate environment of the learner or youth and quantitative and qualitative evidence shows that some of the influences of alcohol and

drug abuse are found within the school environment. According to Zulu et al., (2004) the availability of alcohol in close proximity to the school is associated with higher incidences of drug abuse. This study noted that when alcohol is close to the school it can easily be brought into the school and even at times, the students could look for exits for themselves in order to get these substances when they are closer to where their school is located. The school also lends itself to being a space for illegal substance when some learners are demotivated, have low academic aspirations or their performance is below par. Matthews et al., (1999 and Morojele et al., 2001).Flisherv at al, (2003) have found a direct relationship between drug abuse with learners' poor performance, absenteeism and repetition of a grade.

Mesosystem The mesosystem is simply a system of Microsystems and how they interact. It involves linkages between an individual and family, family and school, peer group and family, or between family and church. The primary risk factor is when Microsystems are not interacting well, leaving children exposed to pressures that will see them succumb to substance use. A good example is that if the family does not interact with peers of their children, such children will be exposed to peer pressure. The main message implied by the mesosystem is that substance abuse prevention programmes should be multidimensional and integrated.

Exosystem At the exosystem level, the focus is on access and availability of illegal substances that the youth may succumb to. The risk factors considered under the exosystem consists, inter alia, of the legislative, social and economy wide environment that inhibits/delays the onset of drug or alcohol abuse. At the societal level it is about how factors such as poverty, unemployment, community tolerance, slack border controls, etc, place the youth at risk to drug abuse

At the level of the economy, the main factor to consider is the tax regime and how it prevents access/availability of substances likely to be abused. Taxes change the price of drugs, thereby affected their consumption. Raising “sin” taxes has a protective effect as it has been shown quantitatively that it reduces the consumption of tobacco and alcohol products (Anderson, Bruijn, Angus, Gordon, & Hasting, 2009). This means that fiscal instruments can, to a large extent, be used to combat youth substance abuse.

The legislative laws and instruments also play a significant part in the illegal drug abuse challenge.

Van der Vorst, Vermulst, Meeus, Deković, & Engels, (2009) have shown that community disorganization, poverty and high levels of unemployment are risk factors for illegal substances abuse. When a community is well organized, few economic and social problems occur, and young people are less likely to abuse illegal substances. Similarly, if the community is intolerant of illegal drug abuse, the likelihood of youth accessing such substances is quite low. If societal norms favor drug abuse (e.g., in mass media), or if community exposes youths to public drunkenness and peddling of drugs, then youth are at risk of drug dependency.

Although empirical evidence is sketchy, it has been observed that culture can be permissive or protective of drug abuse. Demographic shifts such as migration expose youth to substance abuse. Youth constitute the largest migrant population in Africa. They migrate to urban areas to escape drudgery associated with rural life and in search of employment. But with the current prevailing economic constraints, a significant proportion of such migrants do not find work. This leaves them vulnerable and at risk to substance abuse.

Finally, it is not implausible or believable to imagine that globalization and other open market economy policies contribute indirectly to drug abuse by youths. Globalization implies greater

access to drug markets with the high circulation of people acting as key drivers of drug trade and consumption (Spooner & Hetherington, 2005). In fact, recent United Nations reports indicate that the population of illicit drug users continues to grow globally, especially as economies rapidly urbanize. Globalization through encouraging competition, is affecting families and causing children-parent bonding and communication to take a strain. By its very nature globalization fosters competitive behavior that discourages social and family cohesion. Sectors in the economy compete rigorously, with workers being forced to work long hours with less job security. Part-time, casual and outsourcing of jobs is becoming the norm, and fewer benefits are accruing to workers, forcing workers to take multiple jobs. Women and youth shoulder a disproportionate burden of such precarious jobs. Parents are finding it difficult to balance work and family, and more often child care obligations are compromised (Daly, 2004). Parents are spending less time with their adolescent children, leading to boredom, frustration and depression and increased substance use problems (Spooner & Hetherington, 2005) and Ramsoomar, 2015).

2.4 CONSEQUENCES OF DRUG ABUSE

Theory tells us that substance abuse has multiple consequences. Although in South Africa we know much about the negative effects of alcohol and tobacco on individuals, community and society at large, there is still a dearth on knowledge on the effects of other substance such as cannabis, heroin, cocaine, inhalants, nicotine, opioids, and many other drugs. At a theoretical level, drugs affect the individual, community, and society at large. Needless to say, all its negative effects straddle all sectors of the economy, including the health sector. At the onset, it is critical to point out that literature is clear that the consequences of substance abuse differ between women and men, which implies any treatment or intervention programme has to factor

in gender differences. For example, in a presentation (i.e. based on a survey conducted between June 2010 and March 2011) made to the South African parliament by Dr Ray Eberlein of the Central Drug Authority the following consequences of drug use and abuse on women/girls were noted: Loneliness and rejection were key causes of women drug abuse. Women were more likely to abuse over the counter medication. Women drug users were 46% more likely to be victims of physical abuse including rape and incest. Addiction among women occurred more rapidly than men

Individual level consequences At the level of an individual youth, sustained substance abuse has many social and health problems. It has been linked to various forms of crime, violence, and traffic accidents. Empirical evidence has also pointed out to a strong association between substance abuse by youth and a number of accidental injuries including traffic, drowning, poisoning, burns and falls, as well as premeditated injuries such as interpersonal violence, suicides, child abuse and sexual violence. Seedat et al, (2009) has demonstrated the link between drug misuse and homicide, abuse of children and partners, as well as rape and other violent acts. Lack of resources to sustain drug addiction has also been singled out as a major cause of many serious crimes, such as murder and robbery. A decade ago, Parry et al, 2004 and Parry et al, 2005 noted that violence was strongly related to use of illicit drugs (45%) and 40% cannabis.

Other studies have shown that substance abuse is associated with risky sexual behavior. Pluddemann et al., (2010) found that school going youth who used methamphetamine were characterized by delinquent behavior and engaged in sexual practices more frequently than those who had not used this substance. In a very recent study, Magidson, et al (2016) tests the association between drug use and sexual activity, violence for both males and females in per urban areas. In a sample of 822, 16-18 year olds, and using logistic regression models,

Magidson, et al (2016) found that drug uses (and alcohol) are strongly associated with violence and sexual activity for both males and females. As drugs tend to encourage impulsive behavior and impair one's judgment, some studies have demonstrated that those on drugs are more likely to engage in risky sexual behavior such as having sex without condoms or having multiple partners leading them to contract HIV and STI. In a survey of both sexual partners taking drugs and those not, Kalichman et al (2006) found that the psychopharmacological effects of some drugs boosted the sexual activity of drug users, thereby predisposing them to risky sexual behavior (Morejele, 2006). For example, studies have shown the link between methamphetamine use and increased libido and impulsivity, giving rise to risky sexual behavior and increased susceptibility to contracting HIV and other sexually transmitted infections (Carrico et al., 2012);. This is also confirmed in Reddy (2010), where 14% of school going learners reported having drugs before engaging in sex. Many girls have become pregnant as the psychopharmacological effects of drugs compromise their judgments.

Other social effects of substance abuse to a youth include poor educational achievements, unemployment, crime, welfare dependence, poverty, social exclusion, marginalization, and violent behavior (Bouchery, 2011). Besides these maladies reinforcing each other, they in turn perpetuate substance abuse.

Consequences to Household/Family/School

There is consensus among all studies reviewed that within a household/family environment, substance abuse has severe negative effects, with violence being the most significant problem. According to Zulu, et al (2004) and Jewkes, et al, (2010), substance use is largely implicated in interpersonal violence (including gender-based violence and sexual assault), school violence, and often lead to a non-conducive teaching or learning environment. At home violence is meted

mostly against women partners, wives, siblings or parents, while at school peers and teachers are the prime victims. Drug use often leads to family dysfunctional ties and disintegration, financial losses and distress, increased burdens associated with medical and other treatment services for drug users not able to support them. Substance abuse is also associated with poor academic performance and aspirations and prolonged stay at school. Sutherland and Shepherd (2001) have shown that drug use is associated with academic difficulties, absenteeism and dropping out of school. For example cannabis use, which is a drug of choice among South Africa youth has been shown that it generally interferes with learning, short-term memory and psychomotor skills. Melisa et al (2014) reported that methamphetamine (“tik”) had “adverse effects on mental, physical, and economic well-being, and limited future opportunities through school drop-out and incarceration” of drug users in the Western Cape Province. The same study implicated tik use to household conflict, with negative consequences on children, “including neglect and poor birth outcomes”. At a community level, respondents linked tik use to increased rates of crime, violence and corruption, which undercut community cohesion.

Consequences to Society: Substance abuse certainly means the energies; creativity and talents of the youths are not harnessed. Substance abuse is linked to unemployment, crime, physical inactivity and even premature deaths. To the society this means forgone productivity and economic development. In other words, substance abuse has a direct or indirect bearing on the economy. The National Drug Master Plan (2012-2016) estimates the costs of illicit drugs to the South African economy at 6.4% of GDP or R136 billion per year. The same document estimates that 17.2 million South Africans bore the emotional and financial burden of illegal drugs. However these figures are simple a fraction of the actual costs to society. Other major costs such as drug related violence, injuries, deaths, disease, law enforcement and lost productivity remain

largely unquantified. Melisa et al (2014) noted that at the community level, tik use was associated with “increased rates of crime, violence and corruption, which undercut community cohesion”.

Mba (2008) identified numerous negative effects of drug abuse on the body chemistry as follows:

1. Alcohol-related problems includes:

- a. Physical problems e.g liver cirrhosis, pancreatic, peptic ulcer, tuberculosis, hypertension, neurological disorder.
- b. Mental retardation for the fetus in the womb, growth, deficiency, delayed motor development.
- c. Craniofacial abnormalities, limbs abnormalities and cardiac deficits.
- d. Psychiatric e.g pathological drunkenness, suicidal behavior
- e. Socially-broken homes, increased crime rate, sexual offences, homicide and sexually transmitted diseases.

2. Tobacco: Causes stimulation of heart and narrowing of blood vessels, producing hypertension, headache, loss of appetite, nausea and delayed growth of the fetus. It also aggravates or causes sinusitis, bronchitis, cancer, strokes, and heart attack.

3. Stimulants: Lethargy, irritability, exaggerated self confidence, damage nose linings, sleeplessness, and psychiatric complications.

4. Inhalants: Causes anemia, damage kidney and stomach bleeding.

5. Narcotics: Causes poor perception, constipation, cough, suppression, vomiting, drowsiness and sleep, unconsciousness and death.

2.5 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. Esen (1979) stated that Nigerian secondary school adolescents under the influence of Indian hemp shed all inhibitions and produce behaviour that is inconsistent with school discipline. He went 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 indicated 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 dwelled 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 postulated 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 commended; use drugs 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 showed that adolescents were very susceptible to the influence of their peers. Osikoya and Ali (2006) asserted that socially, a drug abuser is always pre-occupied with how to obtain drug of choice and crave for the substance. Kobiowu (2006) study revealed that the academic pursuits of those undergraduates who engages 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) and Johnson (1979) exhibit a plethora of purposes for which students use drug. The list includes curiosity, boldness, and friends-do-it, enjoyment of social gathering, academic pressure, sound-sleep, sexual-prowess, and performance in sports.

2.6 Conclusion

Hard substance abuse is a problem which causes serious damages to the addict's behaviors, both physically and in the body system and even to the environment which they live and also to the government of that particular community or state. The problem is prevalent among the adolescents and this is because most of the addicts who are adolescents are ignorant about the dangers in abusing drugs. Many of them engaged in drug abuse because of issues like frustration, poverty, lack of parental supervision, peer influence and pleasure.

2.7 Theoretical Framework

There are several theoretical models which explain drug and substance abuse. In this study the researcher will use the theoretical frame work of social learning theory by Albert Bandura.

2.7.1 The Social Learning Theory

This theory advanced by Albert Bandura, (1977) is based on the ideal that adolescence form their beliefs about anti-social from their role models in the environment who are significant owners in life especially relatives, teachers, parents, close friends among others. It asserts that adolescent involvement with the substance using role models is likely to have three consequential effects, beginning with an observation and introduction of substance specific behaviors followed by social reinforcement for early substance use. This culminates into an adolescent's positive social and psychological consequence for future use.

It also emphasizes expectancies that we form about the effects of alcohol and other drugs. Individuals who have adequate coping skills and high self-esteem are able to drink at socially acceptable levels and to develop friendship with others who also avoid alcohol abuse. Those with poor coping skills in general for dealing with life problems may turn to alcohol and drugs to reduce tension, escape from problems and feel better. Secondary indications of the environment are associated with the primary stimuli of adult's drug experience. This includes not only physical aspects of the environment but also the addict's lifestyle. (NACADA, 2006).

Bandura believes that a person learns by observing what others do. Through this one cognitively represents the behavior of others and then possibly adopts this behavior (Bandura, 1977). This theory is relevant to this study because through observation and internalization students learn to abuse or not to abuse drugs. If on the other hand the behavior is negatively reinforced like falling

sick, losing friends, suspended from school, then the behavior may altogether become extinct. Parents may influence their children's drinking through both direct modeling of alcohol use (Bandura 1977) and the transmission of parental values about drinking.

2.7.2 Strain/ Anomie Theory

Drug and alcohol abuse is the result of the incongruence between culturally defined goals and the socially approved means for attaining these goals (i.e. anomie) One adaptation to this gap is to retreat (abandon efforts to achieve goals, escape reality via substance abuse)

Argued cause of excessive drinking and other abuse had nothing to do with absence of values and institutions but in the conflict between them

Merton, using American society as his example, argues that one of the primary goals of that society is success, especially in getting money, material goods, and "the good life"

Most people have been taught to value success yet social inequality ensures most people don't succeed because they won't have access to the socially approved (legal) means and resources to allow them to attain success

Merton calls this gap between goals and means "anomie"

State of anomie allows for solutions which he calls possible adaptations - they include rebellion, innovation etc... Substance abuse results from adopting one such adaptation - retreats

2.8 Summary

In this section, the researcher reviewed literature and identified some of the causes of drug abuse among adolescents. These range from peer pressure, social occasions among other related causes. The school environment plays a major role in enhancing or curbing the vice of drug abuse. In urban centers students are likely to engage themselves in drugs more than those in the rural areas.

The effects of drug abuse can be short term or long term depending on how long one engages in drug taking and the kinds of drugs abused. Drug abuse leads to truancy, indiscipline, and cancers like cancer of the liver, lung and throat. Learning standards also go down because most drug

abusers who are students need to be assisted right from home and school. Religious societies should also play a role in drug abuse control.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter explains how the research was carried out, the research methodology and consists the research design of the target population of the study, sample of the study, sampling techniques, research instruments employed, piloting of the instruments, data collection procedures and data analysis techniques.

3.2 Research Design

According to Cooper and Schindler (2006), research design is the strategy for study and the plan by which the strategy is to be carried out specifying the methods and the procedure for the data collection, measurement, and analysis of data.

Descriptive method of survey was employed in this study. Descriptive method of survey is a process of collecting information or data by interviewing or administering questionnaire to a sample of individuals, as said by (Kombo & Tromp, 2006). This type of design was also useful when collecting information about people's attitudes, opinions, and habits (Kombo et al 2006). This therefore was within the focus of this study.

3.3 Target Population

According to Mugenda and Mugenda (1999), the target population is that population to which a researcher wants to generalize the results of the study. The target population for this study was 180 students from 2 secondary schools in oye, federal university oyeekeiti and also others who were not students were also sampled at their various locations. The students were administered questionnaire since it was assumed that they are at the peak of their adolescence therefore more conversant with drug related issues in their respective schools and they have also settled down in

school and also respondents who were also at the peak of their adolescence. The respondents were picked from OyeEgbo community high school and Saint Augustine in Oye Ekiti and Federal University Oye Ekiti.

3.4 Sample Size and Sampling techniques

Sampling means selecting a given number of subjects from a target population as representatives of that population. According to Mugenda and Mugenda (2003), sampling is the process of selecting a few cases in order to provide information that can be used to make judgment about a much larger number of cases.

A sample is a smaller part of a statistical population where properties are studied to gain information about the whole (Kombo et al; 2006). Random sampling was used to select the students in the 2 secondary schools and also used in Federal University Oye Ekiti faculty of humanity and management science, 180 students were sampled. This was based on a table designed by Krejcie and Morgan (1970:608) cited in Mulusa (1988).

3.5 Research Instruments

The source of data used was primary source of data which was questionnaire. The questionnaire was designed using closed and open- ended questions. This is a type of research instrument that gathers data of a large sample. Copies of the questionnaire were administered to the students and other respondents who were not students were also given questionnaire. The questionnaire has three sections, items in the first section sought demographic information about the respondents such as age, ethnicity, family size, number of children in the family, position among the children etc. by getting to know all these above listed biodata we can know the independent variable(s), that is, what leads adolescents to engage in drug use and abuse. Family is the basic unit of socialization, by knowing the type of family the respondents came from, taking for instance,

children that are from the family whereby the parents are engaged in works which take most of their time like parents who go to work very early in the morning and come back late at night, and don't have time for their children, we will know that if such children are engaged in drug abuse, it could be as a result of the neglect by their parents, and if there are also children from that type of family who have not yet started this drug abuse act, we tend to predict the probability of the future occurrence. Also a number of children in a family determine how the child or children will be treated and also the number of male and female children. Families that are having not more than two or one child, they tend to pamper the children, because they don't have many, or in a situation whereby they have one male among other females, the male child will be pampered by other siblings and parents, and all these cases lead to children's involvement in bad characters. Furthermore, by knowing the income of parents, we will know whether the children from the rich families are the most victims of drug use and abuse or children from poor family background, these will make us to determine our independent variable(s). Taking family background as the independent variable while drug use and abuse is the dependent variable. The second part sought information on the knowledge of respondent on the causes and effects of alcohol and substance abuse and how victims are being introduced to drugs and the last section sought suggestions which could help curb drug abuse.

3.6 Pilot Study

Before data collection, the questionnaires were pre-tested to ensure their validity and reliability. The relevance of the items to the objectives of the study was assessed to ensure comprehensive context coverage. The set of questionnaire were administered to a sample of 10 students and 1 teacher in one of the schools which were not included in the sample.

The following areas were considered:

- The clarity of instruction on the questionnaire
- The simplicity and suitability of the language used
- The length and time taken by each respondent to complete the questionnaire

3.7 Validity of the Study

Validity is the degree to which the results obtained from the analysis of the data actually represent the phenomenon under study. Orodho (2005), defines validity as a prior qualitative procedure test of the research instrument in attempting to ascertain how they are accurate, correct, true, meaningful and right in enhancing the intended data for the study. A pilot study was carried out to help in the identification of items in the research instrument that might bring about ambiguity in eliciting the relevant information. The items which were found to be ambiguous in eliciting the relevant information were reconstructed.

3.8 Reliability of the Study

Reliability of a research instrument is a measure of the degree to which the instrument yields consistent data after repeated trials (Mugenda&Mugenda 2003).Therefore, an instrument is reliable when it can measure a variable accurately and constantly and obtain the same results under the same conditions of a period of time. Reliability of a questionnaire is concerned with the consistency of responses to the researchers' questions. Responses of each question in the questionnaire were correlated with those of other questions in the questionnaire. A few questionnaire were given to a few respondents before the actual study to determine whether the questions were understood by the respondents.

3.9 Data Collection Procedures

Data collection refers to gathering information aimed at producing or refuting some facts (Kombo et al; 2006). After randomly selecting the schools, the schools were visited to conduct

the research. The sets questionnaire was administered by the researcher to the respondents. The researcher assured them of confidentiality for the information they would provide. The researcher gave them the questionnaire to fill in and collected them immediately on completion. This was to increase confidence among the students that teachers or school administrations would use none of the information against them.

3.9.1 Data Analysis Techniques

The data collected were analyzed using simple statistics. The set of questionnaire were checked for completeness, accuracy of information and uniformity. The set of questionnaire were checked to see if there were errors and omissions, adequate information and legibility and relevant responses.

Data was analyzed using Statistical Package for Social Sciences software Program. Qualitative data were to clarify information, give explanations and opinions that may have not been captured in the questionnaire.

3.9.2 Ethical Consideration

The respondents' consent was sought before administering the questionnaire. The researcher assured the respondents of confidentiality on the information given on the questionnaire. The information given by the respondents was not to be used for any other purpose other than education research.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATIONS

4.0 Introduction

This chapter focuses on data presentation and statistical analysis on prevalence of drug use and abuse among adolescents. The univariate analysis shows the percentage distribution of respondent characteristics and information about the prevalence of use and abuse of hard drugs among adolescents. The statistical techniques used were chi-square test to examine the effect of parental source of income on the abuse of hard drugs among adolescents in the study area.

4.1.1 Distribution of Respondents by Socio-Demographic Characteristics

Results in Table 4.1.1 below showed the age of adolescents by 18-24 years had the higher proportion by 76.7%, age 25-34 years by 11.7%, age 12-17 years by 11.1% and the least age were 34-44 years% by 0.6%. The adolescents reported to be male by 55% and female reported by 45%. It was reported that most of the respondents were Yoruba by 84.4%, igbo by 7.8%, Hausa by 1.7% and other ethnicity reported by 6.2%. Also, most of the respondents were Christians by 95.6%, Muslims by 3.3% and the least were traditional by 1.1%. The adolescents reported to be student by 94.4% and other occupational status by 5.6%.

More so, it was reported by the adolescents that the average family size were 6.23 with standard deviation by 1.74. It was reported by the adolescent that the average number of children were 4.24 with standard deviation by 1.69. The adolescents reported father's occupation to be self-employed by 53.9%, retired by 15.6%, clerk by 7.8%, and teacher and unemployed by 2.2% respectively. Mother's reported their occupation to self-employed by 65.4%, clerk by 7.8%, retired by 5%, teacher by 3.9% and the least were those that were unemployed by 0.6%. It was

reported that father earn average income by 57.2%, high income by 34.4%, low income by 6.7% and the least were those reported to earn no income by 1.7%. Mother earns average income by 60%. High income by 26.7%, low income by 11.7% and the least were those reported to earn no income by 1.7%. Father attained bachelor degree and high school by 35.2% and 19.6% respectively, master degree and above by 15.6% and those reported middle school were 12.9% and father with no formal education were reported by 5%. Mother's reported to attain high school by 28.9%, bachelor degree by 27.2%, middle school by 16.7%, master degree and higher by 8.4% and the least were women with no formal education by 3.9%.

Table 4.1.1: Distribution of Respondents by Socio-Demographic Characteristics

Background Characteristic	Frequency	Percent (%)
Age		
12-17 years	20	11.1
18-24 years	138	76.7
25-34 years	21	11.7
34-44 years	1	0.6
Total	180	100.0
Sex		
Male	99	55
Female	81	45
Total	180	100.0
Ethnicity		
Yoruba	151	84.4
Hausa	3	1.7
Igbo	14	7.8
Others	11	6.2
Total	180	100.0
Religion		
Christianity	172	95.6
Islamic	6	3.3
Tradition	2	1.1
Total	180	100.0
Occupation status		
student	170	94.4
others	10	5.6
Total	180	100.0
Family size		

3	5	2.8
4	21	11.7
5	34	18.9
6	54	30.0
7	35	19.4
8	13	7.2
9	8	4.4
10	6	3.3
11	1	0.6
12	3	1.7
Mean Family Size+S.D	6.23	1.74
Total	180	100.0

Number of children in the family		
1	3	1.7
2	22	12.2
3	35	19.4
4	54	30.0
5	35	19.4
6	13	7.2
7	8	4.4
8	6	3.3
9	2	1.1
10	2	1.1
Mean of Number of Children+S.D	4.24	1.69
Total	180	100.0
Father's occupation		
Clerk	14	7.8
Self employed	97	53.9
Unemployed	4	2.2
Retired	28	15.6
Teacher	4	2.2
Others	33	18.3
Total	180	100.0
Mother's occupation		
Clerk	14	7.8
Self employed	117	65.4
Unemployed	1	0.6
Retired	9	5.0
Teacher	7	3.9
Others	31	17.3
Total	180	100.0
Father's income		
High income	62	34.4

Average	103	57.2
Low income	12	6.7
No income	3	1.7
Total	180	100.0
Mother's income		
High income	48	26.7
Average	108	60.0
Low income	21	11.7
No income	3	1.7
Total	180	100.0
Father's educational level		
Illiterate	9	5.0
Reading	10	5.6
Elementary	11	6.2
Middle school	23	12.9
High school	35	19.6
Bachelor Degree	63	35.2
Master's Degree	14	7.8
Master's Degree and Higher	14	7.8
Total	180	100.0
Mother's educational level		
Illiterate	7	3.9
Reading	12	6.7
Elementary	15	8.3
Middle school	30	16.7
High school	52	28.9
Bachelor Degree	49	27.2
Master's Degree	12	6.7
Master's Degree and Higher	3	1.7
Total	180	100.0

4.1.2 Distribution of Respondents by Drug Usage

Results in Table 4.1.2 below showed the adolescents that reported their relationship with their fathers to be good were 76.5%, fair by 18.9% and not good by 4.5%. Those reported to have good relationship with mother were 91.7%, fair by 7.2% and not good by 1.1%. Relationships with sisters were reported to be good by 87.6% and fair by 12.4%. Adolescents reported their relationship with brothers to be good by 90.9%, fair by 6.8% and not good by 2.3%. The feelings

that adolescent experience during frustration and difficulties were always get stressed and anxious by 41.7%, not easily affected by 29.4% and those that talk to friends and families member were 28.9%.

Furthermore, adolescents reported not to use any drugs by 58.3% and used by 41.7%. They reported to never used drugs by 57.9%, often used drugs by 24.2% and 17.9%. It was reported that most of the drugs were used at home by 29.8%, in school by 19.1%, at friends place by 16.7% and the least use it at place of work by 11.9%. They started to engage most in drug usage in 2016 by 37.3%, 2017 by 28.4%, 2015 by 17.9%, 2018 by 5.9% and the least years to use drugs were 2011 and 2013 by 1.5% respectively. The adolescent reported not to engage in drug use by 68.3% and those that engaged were 31.7%. The most reason for the addiction to drug usage were pleasure seeking by 22.9%, emotional problems by 16.9%, availability by 15.7%, to feel good and social pressure by 10.8% respectively and the least were those reported to fit in by 9.6%.

In addition, self-medications as causes of drugs usage was believed by 51.9%, strongly believed by 27.4% and not believed by 20.7%. Influence of friends were strongly believed by 57.8%, believed by 32.8% and not believed by 9.4%. Those that used drugs due to neglect by parents were strongly believed by 46.1%, believe by 42.2% and not believe by 11.7%. Neglect and depression were more believed by 83.9% and not believe by 16.1%. The availabilities of drugs in environment were more believed by 76.6% and not believed by 23.3%. Fitting in were more believed by 80% and not believed by 20%. Those reported to be due to past experience were more believed by 85% and not believed by 15%. The respondents believed that parent's drinking contribute to drug usage by 83.9% and not believed by 16.1%. Sibling's use of drug contributes to drug usage by 77.8% and not believed by 22.2%. The relative's usage of drugs were more

believed by 73.4% and not believed by 26.7%. The impression adolescent get at first drugs being advertise in media seems to be fun by 25.5%, a great thing to do by 21.7%, admire those who smokes or drinks by 13.7% and make one a winner by 5.6%. Drugs were made available to the students by 64.9% and not available by 35.1%. Most of the adolescent reported to get drugs from their student colleagues by 66.9%, Support staff by 4.5% and those reported to be teachers were 1.5%. Those that perceived an increase in drug usage among students were 75.4% and those that reported no were 24.6%. It was stated that drug usage among adolescent students result into violent by 30.5%, hyper active by 20.7%, over confidence by 14%, red eyes by 12.8%, aggressiveness and sluggishness by 10.4% and 6.7%, the least were thuggery and non-challant act by 3.1% and 1.8% respectively.

Table 4.1.2: Distribution of Respondents by Drug Usage

Background Characteristic	Frequency	Percent (%)
How can you describe your relationship with father		
Good	137	76.5
Fair	34	18.9
Not good	8	4.5
Total	180	100.0
How can you describe your relationship with mother		
Good	165	91.7
Fair	13	7.2
Not good	2	1.1
Total	180	100.0
How can you describe your relationship with sisters		
Good	156	87.6
Fair	22	12.4
Total	180	100.0
How can you describe your relationship with brothers		
Good	160	90.9
Fair	12	6.8
Not good	4	2.3

Total	180	100.0
What are your feelings when you face life frustrations and difficulties?		
Always get stressed and anxious	75	41.7
Not easily affected	53	29.4
Talk to friends and families member	52	28.9
Total	180	100.0
Are you at times asked by a family member to buy or prepare some of these drugs		
Heroin	9	5
Cocaine	9	5
Marijuana	12	6.7
Mescaline	4	2.2
Codeine	18	10.0
Fentanyl	1	0.6
Barbiturates	3	1.7
Hashish	2	1.1
Nicotine	1	0.6
Bhang	1	0.6
Cigarette	10	5.6
Others	1	0.6
None	109	60.6
Total	180	100.0
Have you ever used any of the drugs		
yes	75	41.7
no	105	58.3
Total	180	100.0
If yes, which one?		
Heroin	6	3.4
Cocaine	9	5.1
Marijuana	26	14.6
Mescaline	1	0.6
Codeine	13	7.3
Fentanyl	1	0.6
Barbiturates	1	0.6
Hashish	1	0.6
Ketamine	1	0.6
Bhang	1	0.6
Cigarette	12	6.7
Others	3	1.7
None	103	57.9
Total	180	100.0
How frequently do you use them?		
Often	43	24.2
Rarely	32	17.9
Never	103	57.9

Total	180	100.0
Where do you usually use them?		
At home	25	29.8
In school	16	19.1
At friend place	14	16.7
Place of work	10	11.9
Others	19	22.6
Total	180	100.0
When did you start using it?		
2010	3	4.5
2011	1	1.5
2013	1	1.5
2014	2	2.9
2015	12	17.9
2016	25	37.3
2017	19	28.4
2018	4	5.9
Total	180	100.0
Do you still engage in drug use		
yes	57	31.7
no	123	68.3
If yes, why do you still feel attached to it?		
To feel good	9	10.8
To fit in	8	9.6
It's availability	13	15.7
Pleasure seeking	19	22.9
Emotional problems	14	16.9
Social pressure	9	10.8
Others	11	13.3
Total	180	100.0
Do you believe that self-medication contribute to drug abuse		
Believe	93	51.9
Strong believe	49	27.4
Not believe	37	20.7
Total	180	100.0
Do you believe that influence of friends contribute to drug abuse		
Believe	59	32.8
Strong believe	104	57.8
Not believe	17	9.4
Total	180	100.0
Do you believe that neglect by parents contribute to drug abuse		
Believe	76	42.2
Strong believe	83	46.1

Not believe	21	11.7
Total	180	100.0
Do you believe that neglect by depression contribute to drug abuse		
Believe	79	43.9
Strong believe	72	40.0
Not believe	29	16.1
Total	180	100.0
Do you believe that drugs in environment contribute to drug abuse		
Believe	69	38.3
Strong believe	69	38.3
Not believe	42	23.3
Total	180	100.0
Do you believe that fitting in contribute to drug abuse		
Believe	80	44.4
Strong believe	64	35.6
Not believe	36	20.0
Total	180	100.0
Do you believe that past experience contribute to drug abuse		
Believe	92	51.1
Strong believe	61	33.9
Not believe	27	15.0
Total	180	100.0
Do you believe that parent's drinking contribute to drug abuse		
Believe	88	48.9
Strong believe	63	35.0
Not believe	29	16.1
Total	180	100.0
Do you believe that sibling's use of drug contribute to drug abuse		
Believe	79	43.9
Strong believe	61	33.9
Not believe	40	22.2
Total	180	100.0
Do you believe that relative's use of drugs contribute to drug abuse		
Believe	82	45.6
Strong believe	50	27.8
Not believe	48	26.7
Total	180	100.0

what impression did you form at first drugs being advertise in media		
I thought it was fun	41	25.5
I thought it was a great thing to do	35	21.7
I admire those who smokes/drinks	22	13.7
I thought drugs make one a winner	9	5.6
Others	54	33.5
Total	180	100.0
Are drugs easily available to the students in your school?		
yes	115	64.9
no	62	35.1
Total	180	100.0
If yes, where do they get them		
Other students	89	66.9
Support staff	6	4.5
Teachers	2	1.5
Others	36	27.1
Total	180	100.0
Since you joined this school, do you think there is an increase in drug use among students?		
yes	132	75.4
no	43	24.6
Total	180	100.0
what are the characteristics of students on drugs		
Sluggishness	11	6.7
Over confidence	23	14.0
Violent	50	30.5
Hyper active	34	20.7
Red eyes	21	12.8
Non-Challant act	3	1.8
Thuggery	5	3.1
Aggressiveness	17	10.4
Total	180	100.0

4.1.3 Distribution of Respondents by Drugs Usage Discontinuity

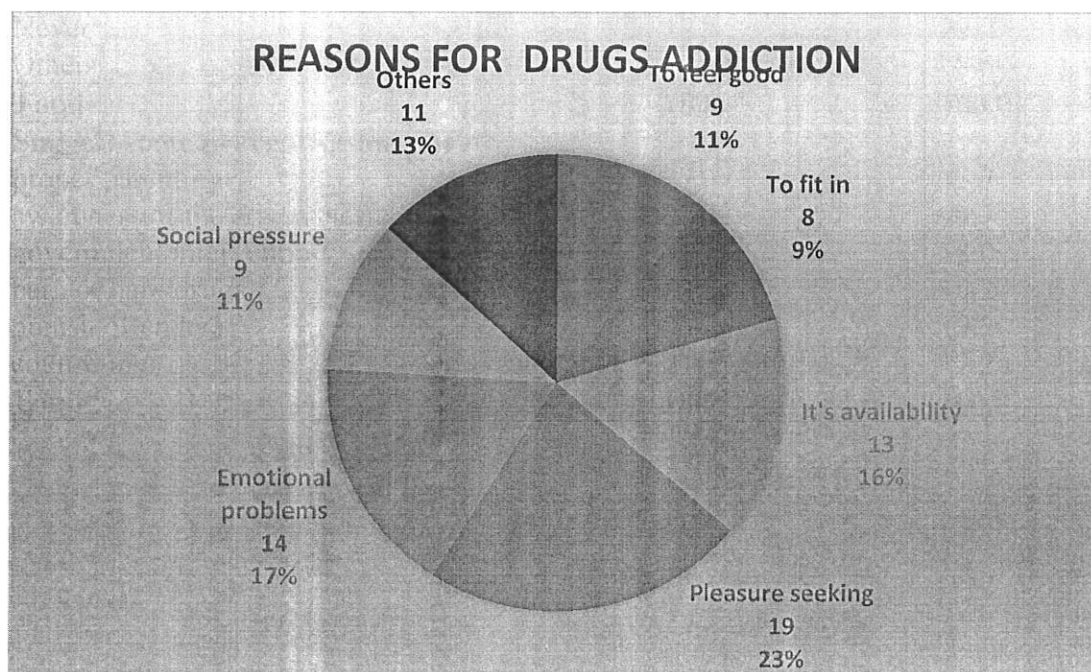
Results in Table 4.1.3 below revealed that guidance and counseling department is effective in dealing with drugs by 71.1% and not effective 28.9%. Adolescents were aware of the adverse effects of drug use by 82.1% and not aware by 17.9%. The adverse effects that were

known were mental disorder by 41.8%, decrease in life expectancy by 29.1%, kidney and liver problem by 20.6% and poor health by 6.1%. Students were into it due to peer influence and feel good by 35.9% and 8.7% respectively. Drug use can be discontinued through counseling by 26.2%, proper guidance by 23.5% and government action by 18.6%, determination and rehabilitation by 12.4% and 11.7% respectively. Most adolescent engage in drug usage aim to discontinue later by 42.4%, never by 22.2% and now by 16.7%. Suggested solutions to the usage of drugs were ban of hard drugs and punish offenders by 19.2% respectively, government intervention by 18%, proper parenting and awareness of the adverse effect by 15.7% respectively and counseling by 12.2%.

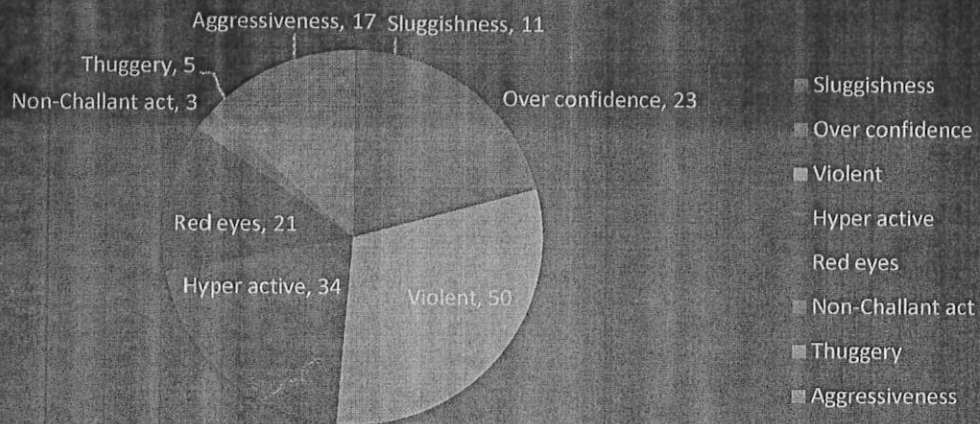
Table 4.1.3: Distribution of Respondents by Drugs Usage Discontinuity

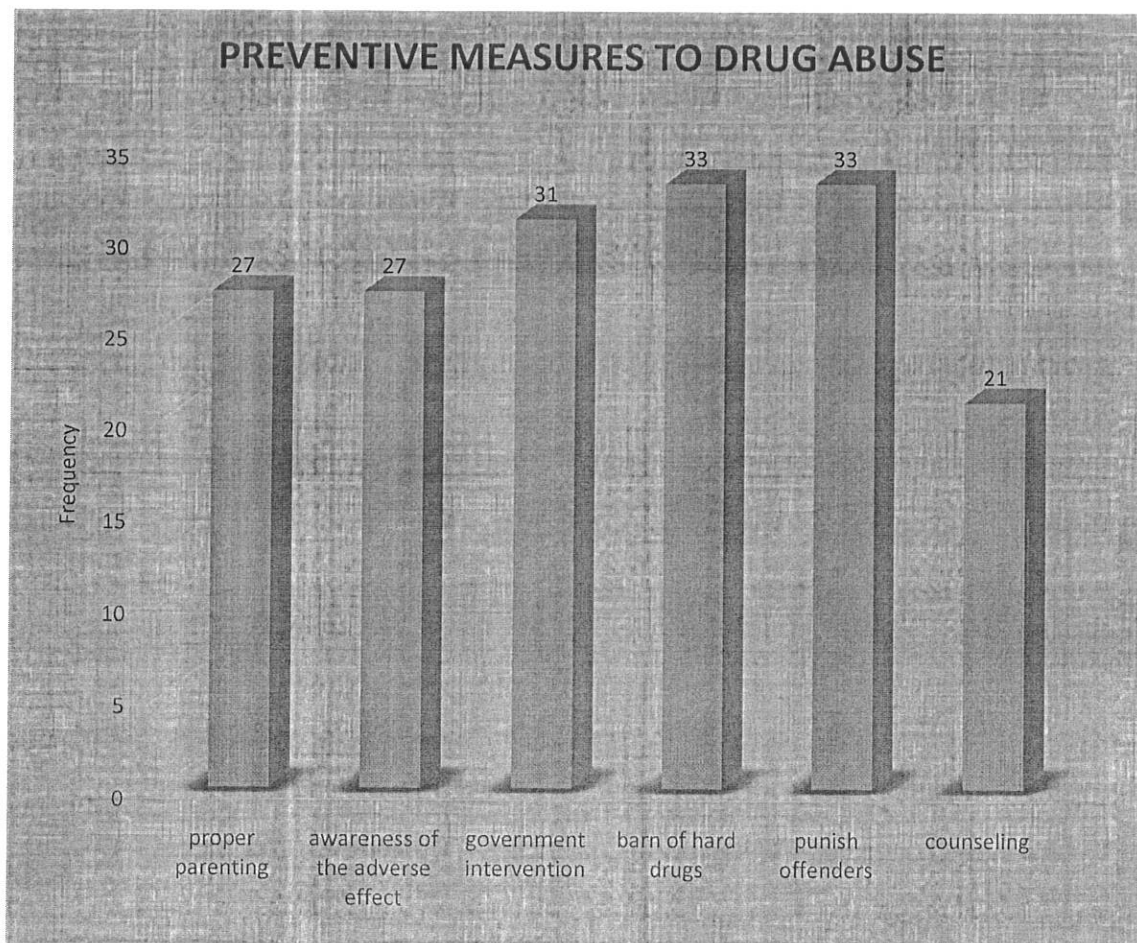
Background Characteristic	Frequency	Percent (%)
Is guidance and counseling department effective in dealing with drugs		
yes	128	71.1
no	52	28.9
Total	180	100.0
Are you aware of the adverse effects of drug use		
yes	147	82.1
no	32	17.9
Total	180	100.0
If yes, what are some of the Adverse effects that you know		
mental disorder	59	41.8
kidney and liver problem	29	20.6
decrease in life expectancy	41	29.1
poor health	9	6.1
other	3	2.1
Total	180	100.0
Why are you still involved in in it when you are aware of the adverse effects		
Not anymore	10	9.7
Was never into it	40	38.8
Peer influence	37	35.9
Feels good	9	8.7

Others	7	6.8
Total	180	100.0
How can someone discontinue the use		
Rehabilitation	17	11.7
Proper guidance	34	23.5
Counseling	38	26.2
Government should take action	27	18.6
Others	11	7.6
Determination	18	12.4
Total	180	100.0
When do you intent to discontinue?		
Now	9	16.7
Later	23	42.6
Never	12	22.2
Others	10	18.5
Total	180	100.0
Suggest some preventive measure		
proper parenting	27	15.7
awareness of the adverse effect	27	15.7
government intervention	31	18.0
barn of hard drugs	33	19.2
punish offenders	33	19.2
counseling	21	12.2
Total	180	100.0



CONSEQUENCE OF DRUG ABUSE AMONG ADOLESCENT





4.1: Distribution of Respondents by Parent Sources of Income and prevalence of drugs abuse and substance abuse among adolescents.

Table 4.1 below revealed the level of significant association between Parent Sources of Income and prevalence of drugs abuse and substance abuse among adolescents ($P < 0.05$). There is no significant association between father's occupation, mother's occupation, father's income and mother's income on prevalence of drugs and substance abuse among adolescents ($\chi^2 = 6.12$, $P = 0.295$; $\chi^2 = 2.66$, $P = 0.752$; $\chi^2 = 0.79$, $P = 0.852$; and $\chi^2 = 5.04$, $P = 0.169$) respectively.

Table 4.1: Distribution of Respondents by Parent Sources of Income and prevalence of drugs abuse and substance abuse among adolescents.

Background Characteristics	Engage in drug use			Statistics
	Yes	No	Total	
Father's occupation				
Clerk	7 (12.3)	7 (5.7)	14 (7.8)	$\chi^2=6.12$ Pr=0.295
Self employed	24 (42.1)	73(59.4)	97 (53.9)	
Unemployed	2 (3.5)	2 (1.6)	4 (2.2)	
Retired	11 (19.3)	17 (13.8)	28 (15.6)	
Teacher	1 (1.8)	3 (2.4)	4 (2.2)	
Others	12 (21.1)	21 (17.1)	33 (18.3)	
Total	57	123	180	
Mother's occupation				
Clerk	5 (8.8)	9(7.4)	14 (7.8)	$\chi^2=2.66$ Pr=0.752
Self employed	37 (64.9)	81(65.6)	117 (65.4)	
Unemployed	1 (1.8)	0 (0.0)	1 (0.6)	
Retired	2 (3.5)	7 (5.7)	9 (5.0)	
Teacher	2 (3.5)	5 (4.1)	7 (3.9)	
Others	10 (17.5)	21 (17.2)	31 (17.3)	
Total	57	123	180	
Father's income				
High income	17 (29.8)	45 (36.6)	62 (34.4)	$\chi^2=0.79$ Pr=0.852
Average	35 (61.4)	68 (55.3)	103 (57.2)	
Low income	4 (7.0)	8 (6.5)	12 (6.7)	
No income	1 (1.8)	2 (1.6)	3 (1.7)	
Total	57	123	180	
Mother's income				
High income	10 (17.5)	38 (30.9)	48 (26.7)	$\chi^2=5.04$ Pr=0.169
Average	37 (64.9)	71 (57.7)	108 (60.0)	
Low income	8 (14.0)	13 (10.6)	21 (11.7)	
No income	2 (3.5)	1 (0.8)	3 (1.7)	
Total	57	123	180	

CHAPTER FIVE

SUMMARY CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter comprises of summary, conclusion and recommendations prevalence of drug abuse among adolescents

5.2 SUMMARY OF THE STUDY

The purpose of the study was to establish the causes and effects of drug and substance abuse among adolescents in Oye Ekiti; the study was guided by the following research objectives.

1. To establish the extent to which parent's sources of income influence the prevalence of drug and substance abuse among adolescents in Oye Ekiti
2. To establish the effectiveness of guidance and counseling units in curbing drug abuse among adolescents in Oye Ekiti.
3. The research also sought to know the sources where students get these drugs from
4. To make suggestion on how drug and substance abuse can be minimized

The study utilized questionnaire to collect data. Data were collected from sampled secondary school students, non-students in Oye town were also sampled in the study.

5.3 SUMMARY OF THE MAJOR FINDING:

- Parents sources of income and prevalence of drug abuse among adolescents; it was discovered in this study that there is no significant association between father's occupation, mother's income and prevalence of drug abuse among adolescents

- Effectiveness of guidance and counseling units in curbing drug abuse; it was discovered in this research that guidance and counseling department are effective in dealing with drug abuse in schools
- The sources where the drugs are gotten from; in this study it was noted that drugs were made available to the students mostly and these drugs are been gotten from their student colleagues by 66.9%, support staff by 4.5% and those reported to be gotten from teachers were 1.5% so we concluded that these drugs were gotten from the other students in schools.

5.4 CONCLUSION

The study concludes that drug and substances abuse is a complex phenomenon in our society today and most especially among the adolescents and when we are talking about adolescents we are talking about a boy or a girl between the ages of eleven and twenty-four years of age. Therefore there is need for more adolescents to explore deeper on this pertinent issue. This calls for efforts by all stakeholders (including teachers, parents, educational officers and other government officials) to fight the vice and make the schools and the societies better places for current generations and generations to come

5.5 RECOMMENDATIONS

There is crucial need to address drug related problems affecting students and other adolescents who are not even students. Therefore, the ministry of education in conjunction with national campaign against drug abuse (NACADA) should review curriculum with the aim of inculcating more values among the youth

The school administrators should develop implement and regularly review, in consultation with the school community and governing council, a school behavioral code

which is consistent with the drug abuse policies. Opportunities should also be provided for staff training and development especially on guidance and counseling. Teachers should develop and foster positive relationships with students and families.

They should also participate in developing, implementing and reviewing the schools procedure for managing drug abuse related cases.

Parents and guardians should ensure that they are close to their children as much as possible and notify school staff of behavior change in these children. They should inform school of health issues and any other matter of relevance

REFERENCES

- Abdulkarim, A.A, Mokuolu, O. A, and Adeniyi, A., (2005).Drug use among Adolescents in Ilorin, Nigeria. *Tropical Doctor* 2005; 35: 225 - 228
- Adam, J (1973). *Understanding Adolescence: Current Development in Adolescent Psychology*. Allyn and Bacon, USA.
- Adelekan, M.L, Makanjuola, A.B., Ndom, J.E., Fayeye, J.O., Adegoke, A.A., and Amusan O (2002).5 yearly monitoring trends of substance use among Boarding Secondary School students' in Ilorin, Nigeria, 1988-1998.*African Journal of Medicine*.
- Aden, A. Dimlo E.A Ndolo, U.N &Chinda, M.L (2006).Socio-economic Effects of Khat Chewing in North Eastern Kenya. *East Africa Medical Journal*.
- Ary, et al.(2010). *Introduction to Research in Education*. Wadsworth: Cengage Learning.
- Bandura, A. (1977). *Social Learning Theory*. Eaglewood Cliff, N. J: Prentice Hall.
- Bandura, A. (1986). *Social Foundations of Thought and Action: Social Cognitive Approach*. Eaglewood Cliff, N.J: Prentice Hall.
- Best, J., & Khan, J. (1998).*Research in Education*. Boston: Allyn and Bacon.
- Blandford, S. (1998).*Managing Discipline in Schools*. London: Routledge.
- Borg, W. R., & Gall, M. D. (1989). *Educational research: An introduction (5th ed.)*. New York, NY: Longman.

- Buchmann, C., (1999). The state and schooling in Kenya: Historical developments and current challenges. *Africa Today* 46 (1), 95-117.
- Conger, J. & Peterson, J. (1984). *Adolescence and Youth. Psychological Development in changing World.* R. R. Donnelly and Sons Co. USA.
- Cooper, D. R., & Schindler, P. S. (2006). *Business Research Methods (9th edition).* USA: McGraw - Hill.
- Dishion, T.; Kavanagh, K.; Schneiger, A.K.J.; Nelson, S.; and Kaufman, N. (2002). *P Preventing Early adolescent substance use: A family centered strategy for The public middle school. Prevention Science and Community Leaders, Second Edition.* New York: United States of America.
- Edward, G. & Anif, A. (1980). *Drug Problem in Social cultural context: A basis for Policies and Programme Planning.* World Health Organization, Geneva.
- Elizabeth B. R., Susan L. D, and Suman A. R. (2003) *Preventing Drug Use among Children and Adolescents: A Research – Based Guide for Parents, Educators,*
- Escando, R. & Galvez C. (2005). *Free from Drugs and Addictions.* Madrid: TalleresGraficos Perialara.
- Gakuru, O. N (2002). *Globalization of Social structure and Practice – Economic Development in Kenya.* *African Journal of Sociology*:4(1),23-28.
- Ghodse, H. (2003). *Drug and Addictive Behaviour, (3rd edition)* United Kingdom, Cambridge.

- Githinji, P. G. M (1995). *Drug Abuse and You*. Nairobi: Pauline Publications Africa.
- Goode, E. (1993). *Drugs in American Society*. (4th ed) New York: McGraw-Hill
- Gorsuch, R.L., & Butler, M. (1976). Initial drug abuse: A review of predisposing social Psychological factors. *Psychological Bulletin*, 83, 120-137.
- Hawkins, J. D., R. F. Catalano, and J. Y. Miller. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin* 112 (1): 64- 105.
- Jessor, R & Jessor, J. (1977). *Problems Behaviour and Psychological Development: A Longitudinal Study of Youth*: New York: Academic Press.
- Johnson, B. D. (1973). *Marijuana Users and Drug Subculture*, New York: Wiley.
- Julian, J (1980). *Social Problems*. New Jersey: Prentice -Hall.
- Kalant, H. (1977;). *Comparative aspects of tolerance and dependence on alcohol, barbiturates and opiates*. M.M. Gross (Ed.)
- Kingala, Y. M. (2000). *Mismanagement of education which results in violence and chaos*, a paper presented at an African convention of principals. St. Stithi a College, South Africa.
- Kombo, D. K & Tromp, L.A. (2006). *Proposal and Thesis Writing*. Nairobi: Pauline Publications Africa.
- Kombo, D.K. (2005). *Sociology of Education*. Nairobi and Print Publishers.

- Kwamanga DH, Odhiambo JA, Amukoye EI (2003). Prevalence and risk factors of smoking among secondary school students in Nairobi. *East Afr Med J.* Apr; 80:207-12
- Lee, T. R & Goddard, W. (1989). "Developing Family Relationship Skills to Prevent substance Abuse among High-Risk Youth". *Family Relations*, vol (38), 3.
- Marcus, G & Ray, H. C. (1991). Responding to Drug and Alcohol Programme in the community. A manual primary Health care worker with guidelines for Trainers. Who, Geneva.
- MauriYambo, and S.W. Acuda, (1983). *Epidemiology of Drug Use and Abuse: Final Report of a Pilot Study of Nairobi City and Kyaume Sub-location, Kenya.* (Nairobi: 1983). (study funded by United Nations Fund for Drug Abuse Control, UNFDAC, based in Vienna, Austria). 184 pp
- Merton, K & Nisert, R. (1971). *Contemporary Social Problems* (3rd Edition). New York: Harcourt Brace Jo Vanorita.
- Merton, Robert K. (1971) "Epilogue: social problems and sociological theory." pp. 793-846 In Merton and Nisbet (eds.), *Contemporary Social Problems*. New York.
- Mlama, P. (2001). *The Education of Girls in Africa.* (vol. 9 No. 6) Nairobi: Fawe News.
- Molins, N.C. & Clopton, R. R. (2002). Teachers Reports of the Problem behaviours of children in their classrooms. *Psychological Reports*, 90, 157-164.
- Mugenda, O. M and Mugenda A. G. (2009). *Research Methods: Qualitative and Quantitative Approaches* (Revised edition) Nairobi: Acts Press.

- Mugenda, O. M. and Mugenda A. G. (1999). Research methods: Nairobi: Acts Press.
- Mugo, W. (2005). Step up war on drug abuse. UN tells Kenya.
<http://www.eastandard.net/archives/news>.
- Mulusa, T (1988). Evaluating Education Community Development Programme college of Adult and Distance Studies. Nairobi: University of Nairobi Press.
- Munyoki, R. K. (2008). A study of the causes and effects of drug abuse among students in selected secondary schools in Embakasi division, Nairobi East District, Kenya. Unpublished M.E. D. Projects, University of Nairobi.
- Musk AW, de Klerk (2003).History of tobacco and health. *Respirology*.;8(3):286–90
- NACADA (2004). Youth in Peril; Alcohol and Drug Abuse in Kenya.Report of the 2002 Baseline Survey.
- NACADA (2006) Drug and Substance Abuse in Tertiary Institutions in Kenya. Nairobi: NACADA.
- Nachmas, F. C & Achmias, D. (1996).Research Methods in Social Sciences. New York: New York Press.
- Ndakwe, P. (2005). Is your Child on drugs? Nairobi. King's Script Publishers
- Ngesu, L. M., Ndiku, J. and Masese, A. (2008). Drug Dependence and Abuse in Kenyan secondary Schools: Strategies for Intervention. *Educational Research and Review* 3 (10), pp304 – 308.

- Ngunyi, A. (2007). Factors Influencing Abuse of Drugs in Kenyan Secondary Schools: A case study of Mbeere District: Unpublished M.E.D. Project University of Nairobi.
- Nnaji, F.C., (2000) Appraisal of psychoactive substance use and psychological problems in the School students in Sokoto state, Nigeria. Proceedings of the year 2000 annual conference of the Association of Psychiatrists in Nigeria held at Federal Neuropsychiatric Hospital, Calabar, Nigeria
- Odero, W. &Zwi, A. B. (1997). Drinking and Driving in an Urban Setting in Kenya. East African Medical Journal.pp 74(11):673-4.
- Okech D.P (1977). Drugs and Prevention in Schools. Unpublished Study For Unesho.
- Oketch, D. P. (1997).Drug and Prevention in Schools.Unpublished study for UNESCO.
- Oketch, S. (2008).Understanding and Treating Drug Abuse. Nairobi: Queenex Holdings Ltd.
- Orodho, J. (2005). Elements of Education and Social Sciences Research Method. Nairobi: Masola Publishers.
- Orodho, J. A. (2005). Techniques of Writing Research Proposals and Reports in Education and Social Sciences. Nairobi: Masda Publishers.
- Otieno A. O., &Ofulla A. V. O., (2009).Drug abuse in Kisumu town western Kenya, Nairobi: An African Journal of Food Agriculture Nutrition and Development (AJFAND) online.
- Otieno, B. (1979). A Study of Alcoholism in a Rural Setting in Kenya. East African Medical Journal.;56(12):665-70.

- Pudo, M. W. (1998). *Let's Talk About Drugs and Drug Use*. Nairobi: Global Bookman Publishers.
- Sadock B. J., & Sadock V.A., (2003). Substance - related disorders, in (eds.) Kaplan & Sadock's *Synopsis of Psychiatry: Ninth Edition*, Lippincott Williams & Walkins.
- Schaps, E., Battistich, V., & Solomon, D. (1997). School as a caring community: A key to character. In A. Molnar (Ed.), *The construction of children's character*. *Ninety-sixth yearbook of the National Society for the Study of Education* (pp. 127–139). Chicago: National Society for the Study of Education.
- Siringi, S. & Waihenya, K. (2001). Drug abuse rife as government braces for narcotics war in Kenyan schools.
- Siringi, S. (1999). Police Arrest Suspect Over Dormitory Arson. *Daily Nation* March 4.
- Sussman, S.; Dent, C.W.; & Stacy, A.W. (2002) Project toward No Drug Abuse: A review of the findings and future directions. *American Journal of Health Behavior*.
- Udoto, P. (2004). "Abortion is Rampant among the Youth". *Daily Nation*, p.3.
- United Nations Drug Control Programme (UNDCP), (1998). *Drug Counselors Handbook*: UNDCP, Nairobi Kenya.
- United Nations International Control Programme (UNICP), (1995). *Rapid Assessment of Drug Abuse in Kenya. A National Report*.
- United Nations Office Drug and Crime (UNODC), (2004). *Global Illicit Drug Trends*. New York: United Nations.

- Van Atta, R.E. (2005). The pseudologiafantastica defense in combat-determined post-traumatic stress disorder: A study of the nature of this defense and how to differentiate it from malingering. *The Forensic Examiner*, 14 (1), 14-25.
- Wagner, F. F. (1984). *Effects of Drugs on Mind*. New York: McGraw Hill.
- Wangai, N. W. (2001). *Maintaining Public Confidence in the Management of Education*. (A paper presented to secondary schools at Moi University, Eldoret June 21). Nairobi: MOEST.
- Wanyoike, W. (2003). *Understanding Youth and Family Issues from a Christian Perspective*. Makuyu: Don Bosco Printing Press.
- Were, N. M. W. (2003). *Discipline: Guidance and Counselling in Schools; A practical Guide to teacher counsellors and Parents*. Nairobi: Strong Wall Africa.
- Wiersman, W. (1995). *Research Methods in Education: An introduction*. London: Allyn and Bacon Inc.
- Wolmer, C. (1990). *Drugs in England*. London: Wayland Publishers Limited.
- World Health Organisation (2004). *A Programme on Substance Abuse. Mutli-City Study on Drug Injecting and Risk of HIV Infection*. A report prepared on behalf of one International Collaborative Group. Geneva
- Yamaguchi, K, &Kandel, D. B. (1984). Patterns of Drug Use from Adolescence to Young Adulthood: III Predictions of Progression. *Am J Public Health* 74: 673- 681.

APPENDIX 1

QUESTIONNAIRE FOR STUDENTS

This questionnaire is aimed at collecting data on the prevalence of use and abuse of hard drugs among adolescents. The information you provide will be treated in utmost confidence and it is going to be used only for academic purposes. Please respond to all items with utmost sincerity.

Thank you for your cooperation.

SECTION A

1. What is your age?

Under 12years old () 12- 17years old () 18- 24years old ()

25- 34years old () 34- 44years old ()

2. Sex (gender)?

Male () female ()

3. Ethnicity?

Yoruba () Hausa () Igbo () others (specify) _____

4. What is your religion?

Christianity () Islamic () Traditional () others (specify)

5. What is you occupation (specify) _____

6. Family size (specify). _____

7. Number of children in the family (specify) _____

8. Father's occupation

Clerk () Self-employed () Unemployed () Retired () others
(specify) _____

9. Mother's occupation

Clerk () Self-employed () Unemployed () Retired () others
(specify) _____

10. Father's income (specify) _____

11. Mother's income (specify) _____

12. Father's educational level

Illiterate () Reading and writing () Elementary school () Middle school ()
High school diploma () Bachelor's degree () Master's degree ()
Master's degree and higher ()

13. Mother's educational level

Illiterate () Reading and writing () Elementary school () Middle school ()
High school diploma () Bachelor's degree () Master's degree ()
Master's degree and higher ()

SECTION B

1. How can you describe your relationship with family members over the last few years?

Good () fair () not good ()

Father Good () fair () not good ()

Mother Good () fair () not good ()

Sister(s) Good () fair () not good ()

Brother(s) Good () fair () not good ()

2. What are your feelings when you face life's frustrations and difficulties?

Always get stressed and anxious () Not easily affected ()

Talk to friends and families members ()

3. Are you at times asked by a family member to buy or prepare some of these drugs?

Heroin () Cocaine () Marijuana () Mescaline () Codeine ()

Fentanyl () Barbiturates () Hashish () Ketamine () Amphetamine

()

Nicotine () Bhang () Cigarette () others (specify)

4. (I) have you ever used any of the drugs mentioned in (3) above?

(ii) If yes, which one? _____

(iii) How frequently do you use them? _____

Where do you usually use them? At home () in school () At friends place () Place of work () Others (Specify) _____

When did you start using it? (Specify) _____

5. Do you still engage in drug use? Yes () No ()

6. If yes, why do you still feel attached to it?

To feel good () to fit in () its availability () Pleasure seeking ()

Emotional problems () Social pressure () others, please specify _____

7. Do you believe that the following factors could have contributed to the drug addiction or drug abuse problem among the adolescents?

Factors	believe	strong believe	not believe
Self-medication	()	()	()
Influence of friends	()	()	()
Neglect by parents	()	()	()
Depression	()	()	()
Availability of drugs in the environment	()	()	()
Fitting in	()	()	()
Past experience	()	()	()
Parents' drinking	()	()	()
Siblings' use of drug	()	()	()
Relatives' use of drugs	()	()	()

8. What impression did you form at first about alcohol drinking, cigarette smoking and others when you saw them being advertised in the media?

I thought it was fun () I thought it was a great thing to do ()

I admired those who smoke/drink () I thought drugs make one a winner ()

Others (specify) _____

9. Are drugs easily available to the students in your school? Yes () no ()

10. If yes, where do they get them from?

Other students () Support staff () Teachers () others (specify) _____

11. Since you joined this school, do you think there is an increase in drug abuse among students? Yes () no ()

12. What are the characteristics of students on drugs?

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____
- (v) _____
- (vi) _____

13. In your opinion why do students abuse drugs? (Rank them in order of prevalence) use from figures 1- 10 in ranking them according to their order of prevalence

Availability () Rebellion () Curiosity () Psychological problems ()

Peer pressure () Advertisement () Academic pressure () Misuse of leisure time ()

Ignorance () others (specify) _____

SECTION C

1. Is guidance and counseling department effective in dealing with drug abuse? Yes ()
no ()
2. Are you aware of the adverse effects of drug use? Yes () No ()
3. If yes, what are some of the adverse effects that you know?

4. Why are you still involved in it when you are aware of the adverse effects?

5. How can someone discontinue the use? _____
6. When do you intend to discontinue? _____

7. Suggest some preventive measures you would like to be put in place to curb drug risk.

(i) _____

(ii) _____

(iii) _____