AN INVESTIGATION INTO THE NATURE AND PREDISPOSING FACTORS RELATED TO DRUG ABUSE IN KANO AND LAGOS STATES.

BY

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B.SC(ED) CHEMISTRY

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2003.

DECLARATION

I hereby declare that this thesis has been written by me and it is a record of my own research work.

It has not been presented in any previous application for a higher degree. All quotations are indicated by quotation marks or indentation and the sources of information are specifically acknowledged by means of references.



28/08/08

Agwogie Martin Osayande

CERTIFICATION

This thesis entitled: An investigation into the nature and predisposing factors related to drug abuse in Kano and Lagos states by Agwogie Martin Osayande meets the regulations governing the award of Masters Degree in Educational Psychology of Ahmadu Bello University, Zaria and is approved for its contributions to knowledge and literary presentation.

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DEDICATION

This work is dedicated to the cherished memory of my late parents Mr. & Mrs. C. O. Agwogie.

REST IN PEACE

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I wish to express my sincere gratitude first to Almighty God for his mercies, grace and inspirations that saw me through my masters programme in Ahmadu Bello University (ABU) Zaria.

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ABSTRACT

The study is an investigation into the nature and predisposing factors related to drug abuse in Nigeria (Kano and Lagos states). Seven hypothetical statements were stated and tested at 0.05 level of significance. The population for the study was estimated at 680 people (drug users) with sample size of 144 people comprising male and female. Questionnaire was the major data gathering instrument used. Data on drug use was collected from NDLEA Kano Zonal Office.

Chi-square was the major statistical instrument used to test the hypotheses. The result rejected all the hypotheses and identified the following predisposing factors to drug abuse viz: Gender, Cultural acceptance / attitude to drugs, social drugs, Drug subculture, single parenthood, peer group, Adolescent, polygamous home, Broken home, urbanization, availability of drugs, low social economic class, lack of love / inadequate parental care, large family size, illiteracy, autocratic / laissezfaire parenting styles, unemployment, ignorance, curiosity, frustration, nature of job, depression, neuroticism and eupheric effect.

Recommendation to remedy the situation were made to parents, government, society, psychologist / counsellor and the National Drug law Enforcement Agency. The implications of the findings were also drawn.

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OPERATIONAL DEFINITION OF TERMS

Availability of Drugs: This refers to the ease at which poeple get (access to) drugs.

Cultural Attitude to Drugs: This refers to the believe, interest of people living in a particular area about drug use.

Depressants: These are drugs which act on and lesson the activity of the central nervous system, deminishing vital functions including reflex function. They induce sleep and relieve tension or anxiety. Examples are barbiturates, methaqualone, benzodiazepines (e.g valium), lexotan etc.

Drug Subculture: This refers to drug use in the family (parents, siblings and relatives living in the same house).

Environment: This comprises of urban-rural factor as it affects drug abuse.

Family Background: This refers to variables such as family type, parental living pattern, family size and position in the family tree.

Family Size: This refers to the number of children in the family.

Family Type: This refers to the type of family such as monogamous or polygamous home.

Hard Drugs: These are drugs which by law are prohibited for use except for medical purpose and with Doctor's recommendation. Examples are cocaine, heroin, cannabis, morphin, codeine, barbiturates, amphetamines, LSD, etc.

Level of Awareness: This refers to the consciouseness of the dangers of drugs before initiating drug use.

Parental Care: This refers to the love, assistance and comfort provided by parents and siblings in the home.

Parental Living Patterns: This refers to who the drug users live with such as both parents, a parent or guardian.

Parenting Style: This refers to whether the parents are autocratic, democratic or laissezfaire.

Peer Group: This refers to people of a particular group by virtue of their age, social interactions, educational level and professions.

Predisposing factors: These are natural, innate or environmental factors which motivate people to use drugs.

Problem Behaviour: These are behaviours which deviates from the norms of the society.

Psychotropic Drugs: These are drugs which alter perception and consciousness. They include analgesics, depressants, stimulants and hallucinogens.

Social Cultural Variables: These are variables like gender difference, age bracket and peer group in drug abuse.

Social Drugs: These are natural or synthetic substances which by law are acceptable for consumption. Examples are alcohol, nicotine as in cigarette, tobacco and caffeine as in kolanuts.

Social Economic Class: This refers to the economic and social status of the home, the level of parents education and occupation.

Stimulants: Such drugs stimulate and increase central nervous system activity and alartness. Examples are cocaine, pemoline, amphetamines etc.

Type of Job: This refers to occupational influence on drug abuse.

Youth: This refers to persons between the ages of 12 and 35 years.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Drug is any chemical substance which when used, affects the body and mind. It does this by changing the body's functions and/or behaviour of the user.

The use and abuse of drugs of natural origin has been known since antiguity. For centuries, man has tried to escape from the unpleasant features of life, whether real or imaginary, by using fermented liquors or plant products such as cannabis, nicotine, coca leaves, opium and other psychotropic substances.

According to Zamani (1993:115)" drug abuse is no longer isolated within cultural groups and geographical region but has permeated various national and continental boundaries". The problem he said is so warrisome that effort to curb its spread and possibly eradicate it has assumed a diplomatic dimension resulting in multilateral and bilateral treaties.

The nature of these drugs can be looked at from different dimensions. It can be classified on the condition of the usage which are not associated with the development of tolerance and an abstinance syndrome, a situation called habituations (Folawiyo 1998). This condition has been closely linked with weakness of individual will or character, rather than the specific drugs' effects. This caused a dichotomy, on one hand. There are drugs that caused physical dependence (fault of the drugs), and on the other hand there are drugs that lead to psychological dependence (weak-willed person). This dichotomy has contributed greatly to the mis-classification of many drugs.

For the purpose of this study, the nature and classification of drugs is based on its pharmacologic effects and discussions on a moralistic or legalistic concept of whether they are good for the society or not as well as their prevalence in Nigeria. On this basis, therefore, drugs of abuse are classified thus; stimulants, depressants and hallucinogens.

Cannabis was the first "hard" drug of abuse to be reported in Nigeria following the realisation that the irrational behaviour that sometimes accompanied its use resulted in some of its users being admitted in psychiatric institutions (Asuni, 1963). Cannabis, however, remain the most widely abused hard drug in Nigeria constituting about 97.65% of the total hard drug abuse with about 75% of the users being youth of the age ranging from 15 to 45 years (Onovo, 2000). The wide consumption of cannabis in Nigeria cannot be separated from the fact that cannabis is cultivated in Nigeria especially in the western part of the country.

Other drugs of abuse in Nigeria are alcohol, kolanuts, tobacco (taba), cigarette, cocaine, heroin, valium, librium, pemoline, morphine, methadone, solution, methaqualone, tranquilizers, codeine, "zakami", hashish, amphetamines, lexotan, anabolic steroids, petrol, correction fluid, LSD, etc. Alcohol, kolanuts, tobacco (taba) and cigarette are, however, social drugs.

The control of use and trafficking of these illicit drugs has been of global concern ever since the first international conference on the subject was held in Shanghai in 1909. The international control system has been built up step by step starting in 1912 with the adoption of the international opium convention, continuing from 1920 under the auspices of the leaques of Nations and since 1946 by the United Nations in which Nigeria is not excluded.

Inspite of efforts by law enforcement agencies, awareness campaign by both Government and Non-Governmental Organisations (NGOs), religious bodies and constitutional provisions prohibiting the use of cannabis and other dangerous drugs in Nigeria, drug abuse by youth in particular is increasing and millions of families are being ruined by it (Onovo, 2000). Despite numerous side effects of these dangerous substances such as damage to health, financial hardship and social difficulties and what culprits pass through in the hands of the law, most of them still go back to abusing these substances. The reasons for which they do so have always been an area of concern to law enforcement agents, the Government, psychologists, educationists, counsellors, sociologists and a host of others.

1.2 Statement of the problem

Drug abuse is the improper or illegal use of drugs, taking it in excessive doses without any medical reason. Drug abuse or chemical dependance is one of the haunting menances that has spread in the society and our institutions of higher learning like an epidemic. The youths in particular are getting involved in the drug scene on a daily basis. The negative effect has been identified to be responsible for the altered behavioural patterns now observable among many students in higher institutions. Violent anti-social tendencies including assassinations, armed robbery, cultism and gang rape are not uncommon in our campuses due to the unfortunate involvement of youths in the habit of drug abuse (Punch July, 5th, 2000.)

The use of drugs for non medical purposes carries risks not only for the user, but for society as well. A compassionate society ultimately pays the costs, not only of injury to non users, but even of self-inflicted injuries to users themselves. Society pays the cost of all acute and chronic toxicity through loss of productivity and by subsidizing medical care, providing welfare assistance to users families and dealing with the special educational needs of children

whose brains were damaged in utero.

The culture of drug abuse today is wide and extensive. The motivating factors for initiating drug use such as search for pleasure and relief of pains remain the same in many cases, other factors such as curiocity, boredom, peer pressure, unemployment and frustration also play important roles. But non of these factors have been able to explain why some people use drug and become addicted while others under similar circumstances do not use drug. This dilemma is the problem that has necessitated this study.

The family factor in drug problem is multi-faceted. The relationship between antisocial behaviours and exigencies such as child rearing patterns, parenting styles, prenatal care, family socio economic status as well as drug subculture in the families are factors associated with child personality. The family is the focal point of a child's development. It is the first environment the child encounters which provides the very first experiences of life that may make or mar the child's developmental process.

Against this statement, this study aimed at examining the nature of drug abuse and the predisposing factors related to drug abuse. This puts into consideration the role of parents in child upbringing and environment as they affect personality development.

1.3 Objectives of the study:

The objectives of this study are to:

(i) Determine the trend of drug abuse in parts of Nigeria.
(ii) Identify the causal factors to drug abuse in parts of Nigeria.
(iii) Profer solutions to the problem of drug abuse and
(iv) Make suggestions to all stakeholders in drug abuse.

1.4 Research questions:

(i) Is drug abuse related to a particular social economic class?

(ii) Does family drug subculture influence the use of drugs?

(iii) Does home background influence the development of drug habi`t?

(iv) Is parenting style / care a motivating factor to drug abuse?

(v) Do people use drugs because of the cultural attitude to drugs?

(vi) Is there gender difference among those who use drugs?

(vii) Is there environmental (urban/rural) difference in drug abuse?

(viii) Does social drugs influence the use of hard drugs?

(vix) Does peer group influence the use of drugs?

(x) Does illiteracy influence drug use?

1.5 Hypotheses

(1) There is no significant difference between male and female in drug abuse.

(2) There is no significant difference between urban and rural environment in drug abuse.

(3) There is no significant difference between the family background of those who use drugs and those who do not.

(4) There is no significant difference between the parenting styles of those who use drugs and those who do not.

(5) There is no significant difference between those who have knowledge of drugs and those who do not in influencing drug abuse.

(6) There is no significant difference between those who use social drugs and those who do not in influencing drug abuse.

(7) There is no significant difference between those influenced to drug use by peer group and those not influenced by peer group.

1.6 Significance of the study

The patterns of drug use and abuse have changed so significantly in the past few years that much of the information used for the development of prevention programs has lost its credibility. With the increase of records of drug abuse and addictions with its associated

health and social hazards, it is important to gather data on the rate of drug abuse in Nigeria and the predisposing factors to this abuse.

Early researchers related the problem of prevalence with the availability of drug rather than considering it from a psycho-social point of view. The prevalent view was to regard availability as the causative factor or the root cause of drug abuse whereas the psychological, social, motivational, attitudinal, home background aspects were not taken into consideration. It is significant, therefore, as this study looked beyond availability and put all the above factors into consideration.

With the drug scene constantly changing, it is significant to understand the current issues and trends in drug abuse and dealings through current research findings, current trends in legalization, changes in sub-cultural drug patterns as well as societal influences on the rates of use.

This study is particularly significant for the fact that law enforcement agencies (the National Drug Law Enforcement Agency and the Nigerian Police in particular) in Nigeria have been using all their resources both human and material to fight drug abuse and trafficking but not much desired goal has been achieved. This probably is because the underlying causes of drug use remain unaffacted. This study is, therefore significant in the sense that it attempted to investigate the nature and the predisposing factors to drug abuse in Nigeria using Kano and Lagos States as examples.

1.7 Basic assumptions

It is assumed that:

(a) Gender is a predisposing factor to drug abuse.

(b) Unfavourable environmental conditions where drug use is acceptable and available has influence on drug abuse irrespective of whether it is urban or rural area.

(c) Unfavourable home background such as broken home, polygamous home, autocratic/liassezfaire, lack of parental care / love and where

drug use is prevelence, predispose children to drug abuse.

(d) Drug abuse cuts across all ages and that drug is mostly initiated at adolescent stage through the influence of peers.

(e) Education provides awareness on the dangers of drug which inturn discourages the use of drugs.

(f) Some jobs have psychological association with drug use.

(g) The use of social drugs (alcohol, nicotine and kolanuts) is directly related to the subsequent use of hard drugs.

1.8. Scope and deliminations

This study is intended to cover persons arrested for various drug offences in Lagos and Kano States. This does not, however, include all persons. The sample was restricted to only persons in the National Drug Law Enforcement Agency (NDLEA) and the Nigerian Prisons custody in Lagos and Kano.

The choice of Lagos and Kano States is principally dictated by the fact that the states have been identified as having the highest record of abuse of illicit drugs in Nigeria (Lokadang 2000) and the two states are recognised for their large volume of business with the largest population in the country. This, therefore, give a good base for the study. The proximity of the area, was also hoped to reduce cost and easy collection of data thereby enhancing close supervision in the administration of the questionnaire.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter presents a review of related literature on the nature and predisposing factors related to drug abuse begining with a classification of drugs abused. For the purpose of easy comprehension, related factors to drug abuse will be discussed under the following sub-headings to allow for a detailed review.

(a) Family background and drug abuse
(b) Environment and drug abuse
(c) Personality / Pharmacological factor
(d) Availability of drugs and drug abuse.
(e) Gender difference / Age bracket and drug abuse.
(f) Peer group and drug abuse
(g) Social drugs and drug abuse
(h) Education and drug abuse.

2.2 Pharmacologic classification of drugs

(a) Hallucinogens
(b) Stimulants
(c) Depressants

2.2.1 Hallucinogens

Hallucinogens except cannabis are drugs of abuse which have recent origin in Nigeria. The hallucinogens cause changes in perception and consciousness. They are synthetic products. They include lysergic acid diethylamide ("LSD", "acid") and phencyclidine. Others are mescaline (lophohora Williamsii), dimethyltryptamine (DMT), methylene dioxymethamphetamine (MDMA) also known as "ecstasy", methylene dioxyamphetamine (MDA), and psilocybin (psylocibe

mexicana).

2.2.1aCannabis

Cannabis exist in the form of Marijuana which is popularly known as Indian hemp, grass, weed, stone, ganja, kaya, pot, weewe (street names) and is usually used in the form of smoking or in food. Other derivatives of Cannabis are hashish, hashish oil and tetrahydrocannabinol (biological name) which are usually taken through injection. Cannabis and its derivatives are the most widely abused hard drug not only Nigeria but throughout the world. This is in accordance with the World Health Organisation report, which referred to Marijuana and other forms of the Cannabis Plant Chemicals the most widely abused drug in the World (Mollier and Russel, 1972).

Cannabis is widely cultivated in Nigeria, especially in the southern part of the country. The cultivation and consumption of Cannabis in Nigeria dates back to the 1940s, after the second World war. The veterans brought back home the seeds of the cannabis plant from Indian. Hence the name "Indian hemp". It was discovered that the Nigerian soil is conducive for the cultivation of Cannabis hence it was initially planted for personal use then it graduated to commercialisation locally and eventually to an export crop.

According to Folawiyo, (1998) in his book "Drug Education for Schools and Colleges", there seems to be some conflict as to the earliest date recorded for the use of Cannabis. But a Chinese treatise on the pharmacology attributed to Emperor Shen Nung, and alleged to date from 2737 B.C, is cited by many historians as the earliest reference to Marijuana (Cannabis). Shen Nung is also credited with recommending the use of Marijuana as a medicine (Juan, 1970).

Lee (1973) writing on Marijuana, stated that Marijuana has been around for a long time and traced its first recorded use to 2700B.C. United States (U.S) Government printing office, reported that while

some stated Cannabis was brought to Brazil by early Portuguese explores, others stated that it came with the arrival of slaves from Brazil who were recruited in various sections of Africa that were knowledgeable in the medical, religious and recreational uses of the plant.

Herodotus in 430 B.C cited in Folawiyo (1998) reported that the Sythians burned hemp seeds and inhaled the smoke to induce intoxication. It was, however, reported that Cannabis has been in used in the religious rituals and for medical purposes for thousands of years. This was supported in 1890 by Dr. J. Russel Reynolds, a fellow of the Royal Society of Health reported in Lancet (a British Medical Journal) that after thirty years of prescribing a Cannabis, he considered it one of the most valuable medicines they possess. Cannabis-based medicines were being recommended as aids for sleeplessness, making the head clear, gout, rheumatism, insanity, mental depression and other ailments Folawiyo (1998) concluded.

While earlier use of Cannabis was for medical purposes, its social use has exploded and is constituting a threat of different categories. The public felt threatened by the aggressive behaviour, increased crime and juvenile deliquency associated with the use. Another feeling of threat was to the health of the public with such unanswered questions as: what is the impact of Cannabis on the user? And does it lead to the use of more dangerous drugs? And another threat is the dominant social order. The consequences of Cannabis abuse has been identified as drug dependency, lung disease, brain damages, impaired motivation, affects sexual behaviour, possible birth defects and psychosis (NDLEA Hand Bill). And according to Mueller (1990) in a study of 1611 infertile women, reported that women who had used cannabis in previous year had an increased risk of infertility (Relative risk = 2:1)

2.2.1bLysergic acid diethylamide (LSD)

The lysergic acid diethylamide (LSD) is known for its distortion of reality especially to sight, smell and touch. It is produced from lysergic acid, a substance derived from the ergot fungus which grows on Rye or from lysergic acid amide, a chemical found in morning glory seeds. It is an odourless and colourless chemically manufactured substance. It initially has medical and recreational uses. But today it is no longer used for any medical or recreation purpose. Some of the effects on the user include increased heart rate, blood pressure, blood sugar, irregular breathing, loss of ability to separate fact and fantasy, distortion of senses, hallucinations, paranoia, panic and violence. The hazards include tolerance develop quickly, increased risk of birth defects in users children, effects may recur ("flashback") days or weeks later, even without further use of LSD. Death may also occur from suicide or accident.

2.2.1c Phencyclidine

Phencyclidine is popularly known as "PCP" or "angel dust". It is the most dangerous of the hallucinogens, it is legally classified as a depressant and its medical use is as a tranquillizer for animals but it has become drug of abuse by man because of the urge or desire to avoid reality. The effect of phencyclidine may be unpredictable. It may include distorted perceptions, depression, hallucinations, confusion, drowsiness, loss of coordination and irrational behaviour. The harzards include tolerance which can develop quickly. Overdose can cause psychosis, convulsions, coma, death and use may contribute to murder, suicide and injuries.

2.2.2. Stimulants

These are drugs which speed up the nervous system. They include nicotine, caffeine, cocaine, pemoline and amphetamines.

2.2.2a **Nicotine**

Nicotine usually is taken by smoking cigarettes, cigars, or pipe

tobacco-snuff and chewing tobacco (Lee, 1973). Tobacco is scientifically called Nicotiana tabacum.

According to Adenijo (2001:6) "Tobacco is a major industrial crop and is fast becoming a major source of cash income for some peasant farmers in West Africa". He added that Nigeria, Ghana and Ivory Coast are leading in the producer of tobacco in West Africa.

The most important parts of the tobacco plant is the broad leaves. The leaves are harvested and processed into cigars, cigarettes, pipe tobacco and snuff. Because of the high concentration of nicotine in tobacco plant, its burnt ash is often used as disinfectants or insecticide (Adenijo 2001). There are, however different varieties of tobacco plant. This include the Virginian hybrid and barley.

According to Folawiyo (1998), the first written, reports of tobacco smoking originated during the fifteenth century. The origin was traced to Christopher Columbus who indicated in his log for October 12, 1492, that the natives of San Salvador gave him tobacco leaves. Other early explorers who followed Columbus also reported that the Indian carried rolls of dried leaves and "drank the smoke produced when the rolls were set on a fire".

Much of the early interest in tobacco was focussed on its medical value. As early as 1529, medical claims were being made about the healing powers of the drug, and use of tobacco as a medicine was reported in many mid-sixteenth century medical book. Not all physicians, however, shared this feeling about tobacco. Some reported that it could adversely affect many parts of the body, not the least of these claims was one that tobacco could cause sterility. Widespread reports about the medical use of tobacco continued through the seventeenth, eighteenth, and nineteenth centuries. With the advent of improved medical science, its (tobacco) use as a medication disappeared except in folk tales (Folawiyo, 1998).

During the nineteenth century, the use of tobacco was banned in public streets in some American cities not due to public health concern, but as a fire hazard. Also during the period, tobacco chewing became popular, and it was not until 1911 that the amount of tobacco used for smoking equated that used for chewing. The production of smoking tobacco did not quantitatively surpass the production of chewing tobacco until 1920s.

According to comments at the International Cancer Congress (New York 1939) as reported in Folawiyo (1998), during the early 1930s wild claims were made by anti tobacco people, some alleged that insanity was inherited from parents who used tobacco. Judges blamed cigarettes for corrupting the morals and deadening the sense of shame of young people. By 1939, as scientists began to look more closely at the physiological effects of smoking, it was noted by one cancer authority that the increase in the incidence of pulmunary calcinoma is due largely to the increase in cigarette smoking. In the United Kingdom the Health Education Authority, in its 1995 report confirmed that cigarettes smoke contained more than 4,000 chemicals of which many are known to be toxic, carcinogenic or mutagenic. The report estimates that 121,000 people per year die prematurely as a result of smoking. The causes of death were divided as 38 percent cancer of which two third are lung cancers, 34 percent heart and circulation disease and, 28 percent respiratory illness. This physiological effect of smoking was supported by Nigerian Television Authority (NTA) News report of 31st May, 2000 which stated that tobacco constitutes 70% of cancer causative agents. And according to Kuti 2001(3) "over 9 million Nigerian smoke and over 3.5 million smoke more than 20 sticks a day". He added that the chemicals in cigarettes damage the eyes, nose and throat with infections. Carbondioxide, a component of the smoke, he said, enters the blood stream where it combines with haemoglobin to form carbonhaemoglobin, a substance which interferes with the body's ability to obtain and use oxygen from blood.

The effects of nicotine include increase heart rate, blood pressure, shortness of breath and its hazards which include physical and psychological dependence. Long term use of nicotine can cause emplysema, lung cancer, heart disease and death. Nicotine in whichever form (cigarette or tobacco), however, is a legal drug.

2.2.2bCocaine

According to Ujorha (1986), cocaine and pemoline were not among the list of drugs abuse in Nigeria as at 1986. Amphetamine which he identified its source as through smuggling constitutes about 9% of drugs abuse in Nigeria as at 1986.

Cocaine is one of the major drug used in Nigeria today. It is the main alkaloid of the coca leaf. It is one of the most potent stimulants of natural origin and the most addictive drug known. According to Ujorha (1993), the abuse of cocaine in Nigeria is less than two decades. Cocaine is popularly called "coke", "snow", or "flake". It is a synthetic product from the leaves of coca plant (Erythroxylon coca) grown in Peru and Bolivia as well as other parts of South America. Pure cocaine which is the principal psychoactive ingredient was first isolated in the 1880's. According to (NDLEA Hand Bill), cocaine is formerly used as an anaesthetic but it is rarely used today for medical purpose.

Cocaine though a stimulant, is legally classified as narcotics. Its effect are quickened pulse and circulation, restlessness, feelings of confusion, anxiety, depression, paranoia, nervous exhaustion, hallucinations as a result of heavy doses.

The hazards of chronic use lead to destruction of nasal tissues. Smoking can cause lesions in lung. Tolerance, physical dependence can develop. Effects are unpredictable, convulsions, respiratory paralysis and death are always possible.

Crack is a highly potent cocaine that's already been processed for smoking. It's just as dangerous as other forms of cocaine and is

extremely addictive.

2.2.2cAmphetamine

Amphetamine according to Ujorha (1996) constitute 9% of drug abuse in Nigeria as at 1986. Amphetamine, however, has its medical uses such as control weight and treatment of hyperactivity. Some of the effects of amphetamine include increased heart rate and blood pressure, loss of appetites, increased activity, feeling of alertness, self confidence, sometimes followed by depression, hallucinations, paranoia and temporary mental deraignment as a result of heavy doses.

Users of amphetamines may push beyond his or her physical limits and suffer exhaustion. Tolerance, physical and psychological dependence can develop; withdrawal from the drug can result in suicidal depression and continue high doses can cause heart problems, infections, malnutrition and death. These are hazards of amphetamines abuse.

2.2.3.Depressant

Depressants generally slow down the central nervous system. They include alcohol and narcotics.

2.2.3aAlcohol

Alcohol is a natural, distilled or fermented liquor which exist in the form of beer, wine, "burukutu", palm-wine, "pito", distilled spirit ("ogogoro", gin, whiskey, hot drinks. etc). Alcohol is usually liquid, intoxicant and taken orally.

According to Folawiyo (1998:3), "Alcohol is the oldest mind altering substance. On the basis of archeological evidence, it would appear that alcohol has been used since prehistoric times". This means that no one knows the exact date of the discovery of alcohol. But many

writers indicate that beer and berry wine were being used around 6400 B.C. It was also suggested that predynastic Egyptian farmers (Ca. 4500 B.C) were using malt to aid in the fermentation process.

The early Alpine peoples now known as Northern Italy made wine and the Beakers in Europe traded heavily in Beer around 200 B.C. Evidence of these Beakers in the British Isles according to Folawiyo (1998) dates to about 1800 B. C. In central Europe, Beaten-bronze vessels identified with the use of beer and wine have been traced to 1300 B.C. These artifacts have been found from Caspian Sea to Denmark. By the first Century B.C, the problem of alcoholism was evident in Rome. Even earlier, the Greek Philosophers had written that intoxication was debasing. Plato (428-348 B.C.) recommended that drinking be regulated and children be prohibited from using alcohol. In Europe as in Egypt, the use of alcoholic beverages was characterized by social distinctions.

In Asia, all the ancient cultures of South, West and Eastern Asia included beer as part of their diet. In the far East, alcohol beverages were being consumed as early as 1700-1100 B.C., drunkenness, was known in ancient China, and efforts to control it took place. Later information refers to the religious use of wine during the Chou Dynasty (1122-256 B.C.), Confucius (551-479 B.C.) warned against boisterous drinking, which was of course, consistent with his teachings about social ethics and order. Under the influence of both Confucius and Buddhist Creed, Japan introduced stringent regulations on drinking, and from 646-777 B.C. a number of emperors enforced prohibitions. In India, the use of fermented liquor and other intoxicating drugs dates back to the ancient times. According to Simmond cited in Joan (1999:11) "distilled alcoholic beverage have been known in India since at least 800 B.C. and in Ceylon from time immemorial". Hassan (1922) cited in Joan added that the use of Liquor in India was widespread because it formed part of the ceremonial and sacrificial rites in the vedic age.

For centuries, Americans have been known for the consumption of strong alcoholic drink (spirit) called whiskey made from malted grain. Up to the middle of the nineteenth century, whiskey was the primary alcoholic beverage in America. According to Folawiyo (1998), this was due to the ease of transporting it and the lack of spoilage problems. With the advent of artificial refrigeration and practice of using hops to help preserve beer, there was an increase in beer production as well as consumption in America.

Nigeria, like these Countries (Egypt, Rome, China, India, Japan and America) has been involved in the use of alcohol. The consumption of fermented liquor (alcohol) in Nigeria dates back to centuries. There were, though, no different brands of alcoholic drinks as being experienced today. The few alcoholic beverages present were palm-wine, "Pito", "burukutu" and distilled spirit (locally called "ogogoro"). They were produced locally and consumed during social, religious and cultural gatherings as well as entertainment of visitors.

The establishment of the first brewery in 1940's, however, marked a new beginning in the manufacture and consumption of different brands of alcoholic drinks in Nigeria. By 1963, the number of breweries increased to 3 and in 1977, there were 8 breweries. In 1988, the number of breweries rose to about 30 producing about 42 different brands of beer and several other brands of alcoholic drinks with many more brands imported.

Today, alcohol dependence is second only to nicotine dependence in the number of people involved and it is estimated that there are between 10 to 15 million alcoholics and problem drinkers in Nigeria (Folawiyo, 1998). He added that the abuse of alcohol cut across the young and old and is number one mental health problem. Lee (1973) also pointed out that alcohol addiction, (alcoholism) ranks as the forth major health problem in the United States. Hence Steve (1987) concluded that "alcohol is useful in science and industries both as solvent and dehydrant. In man, it is of more destruction than benefit since it interferes with the functions of the body and mind".

Alcohol, however, have medical uses. Fermented palm-wine for example is locally used for the treatment of measles and the yeast in palm-wine is important in the treatment of certain eye problems. According to Opene (2001:20), moderate drinking ensures good health. He stated that "moderate drinking can reduce the risk of strokes, cold, heart attacks, gall bladder trouble, rheumatism, osteoporosis and attack certain viruses including those implicated in causing herpes and polio". Opene made reference to a study conducted by the American cancer society which shows that those who drinks about two units of alcohol a day reduces the risk of heart attack by 40 percent. He also refered to another research conducted in America which discovered that the risk of heart disease was lessened in men who drank moderately three or four days a week. Opene, therefore, concluded that moderate drinkers enjoy slightly lower incidence of heart disease compared to teetotalers. This submission was supported by Iyamu (2001). He stated that alcohol is beneficial to the heart in moderate quantities because it raises the level of high-density lipoproteins (HDL) in the blood which help to prevent arteries becoming clogged. He added that alcohol makes blood less inclined to clot and form thrombosis.

According to experts as quoted by Opene (2001), wine is much better than beer and spirits because of the natural fungicides in grape skins which are known to raise HDL and inhibit blood clotting. This was supported by Maury in his book "Your Good Health" cited by Opene who posited that same glasses of good wine taken at meal times with valuable nutrients aid digestion. He added that moderate drinking is particularly helpful to middle aged men who are likely to have coronary heart disease. Maury concluded that an average of two glasses of good wines and certainly no more than half a bottle a day-drink either just before or with a meal, can be a positive aid to good health.

Ayorinde (1983) in his book "Mental Health and Everyday Living" described alcohol as both food and drugs. As food, he said, alcohol provides calories and energy, but as drug it intoxicates the body and

the brain in particular.

Inspite of these numerous medical and health benefits of alcohol, it has, on the other hand, been identified as having several health and social consequences. These consequences range from neurological damage to impaired memory, judgement, intellect psychosis, liver chirrhosis, liver cancer, hepatitis C, fatty liver, fast aging, impotence, traffic/domestic accident, douche courage, weakness, weight loss and impairs oxygen flow to the brain.

According to Miczek (1990), "Drug most consistently linked to voilence in the home and assaults among strangers in public locations is alcohol a drug that is freely available". Joan (1999) also stated that alcohol is the only drug for which there is sufficient statistical evidence to establish a causal relation between crime and direct pharmacological effects. This was supported by Odumodu (2000:12) who stated that, "statistics reveal that alcohol is responsible for over 50% of all drug-related crime and accidents in the world today".

According to Joan (1999:80), "alcohol is now recognized as a teratogenic drug, meaning that prenatal exposure can cause adverse effects to the offspring" and teratogenic drugs according to Wilson (1977) can cause death, malformations, growth deficiency, and functional deficits. No wonder the discovery of "characteristics malformations" among the children of alcoholic mothers. Joan however, concluded that "the body of knowledge gained through clinical reports and experimental studies in the past 12 years clearly shows that alcohol is associated with a variety of adverse fetal outcomes... research to establish the precise mechanisms and extent of potential adverse effect by which alcohol consumption affects fetal and neonatal growth and development is continuing". Nonetheless, alcohol is a legal drug. It is socially and legally acceptable as a social drug.

2.2.3b Narcotics

Narcotics generally lower perception of pain. Constituting this group are Heroin, morphine, opium, codeine, meperidine and methadone. In addition to easing pains by the narcotics, codeine is used to suppress cough, methadone is used as a substitute to help those dependent on heroin. While opium and its derivatives are used to treat diarrhoea and suppress cough. There is, however, no known medical use of heroin (NDLEA Hand Bill).

Opium has a long history of medical use, dating back almost six thousand years (Folawiyo, 1998). It is a unique compound taken from the juice of opium poppy (Papava Samniferum). Folawiyo stated that a Samerian tablet written four thousand years before the birth of Christ contains a reference to the "joy plant". It was known to the Egyptians by 1500B.C. In the Ebers Papyrus (Ca. 1500 B.C) reference is made to a remedy for preventing the excessive crying of children. During the Greco Roman period, opium was an economically and medically important drug used for its sleep-inducing and pain-relieving properties.

Opium has also been used since earliest times for reasons other than medical. Man soon learnt that it could be used to allay anxiety, to escape boredom and loneliness, and some used it to escape reality completely. At this point in history, the medical world according to Folawiyo (1998) does not have a clear evidence that the regular use of opium might cause physical dependence, though during the Roman period there had been hints that opium users, over a period of time, needed increasingly greater dosages to receive the same effect.

The abuse of opium and its derivatives in Nigeria is a recent development. Accordingly to Ujorha (1993:14), "a major reason for this was the fact that most drugs were not readily available to the generality of the population. What drugs that there were, were in the hospitals that were controlled by expatriates and missionaries". This view was also held by Johnson (1986:17) that "the abuse of

these drugs differ. The group of derivatives from the poppy plant like the opium, morphine and heroin are not abused on a grand scale, especially morphine, if it occurs, it is among people in the medical profession because they have access to morphine".

Narcotics which are well known for their medical use were not readily available for abuse. The abuse of morphine, codeine, meperidine, methadone, opium and its derivatives in the mid 80s gave way to indiscriminate sale of these drugs by patent medicine vendors until late 80s when such drugs were legally withdrawn from the market only to be administered by a pharmacist and with the prescription by a medical expert.

The use of heroin in Nigeria became prominent after 1988. According to Ujorha (1993:18) "it was usually believed that Nigeria has been a transit camp for such drugs as cocaine and heroin, for couriers from Pakistan and Thailand to the United States of America and Europe. This view was widely held at around March 1988". He added that "but this opinion is now changing, because more and more young people are reporting to our psychiatric facilities as cases of cocaine or Heroin abuse, and many more are traffickers".

Ujorha further made reference to a study he carried out in Kaduna in 1986 on the problem of drug abuse in the Kaduna Area. He identified the following drugs of abuse in the order of ranking from the most abused to the least abused.

(i) Indian hemp 54%
(ii) Alcohol 35%
(iii) Amphetamines 09%, may be mixed with Robin Blue
(iv) Morphine
(v) Pethidine
(vi) Benzodiazepines e.g Valium } 0.2%
(vii) I.C.D. tablets

Cocaine and heroin were not then mentioned as drug of abuse. This analysis was supported by Johnson (1988:18) who stated that "in the late 50's early 60's and 70's drug abuse and dependence was mostly of Cannabis, and of course alcohol and nicotine which were socially acceptable everywhere". Abuse of Cannabis she said was limited to some groups mostly of the lower socio-economic classes (unskilled and semi-skilled personnel) who were almost exclusively males. She added that pethidine / morphine and babiturate dependence occurred rarely and was limited to medical personnel. Cocaine or heroin dependence she said were virtually unheard of, as also is L.S.D, the volatile inhalants (petrol and glue). Three years later, Sambo (1991) in an unpublished thesis carried out in selected secondary school in Kaduna metropolis reported the use of cocaine, heroin and L.S.D. He discovered that students ages 15 to 19 years of age were involved in the abuse of alcohol, tobacco, cannabis, amphetamine with cocaine, heroin and LSD ranking least.

The effects of narcotics are shallow breathings, reduced hunger, thirst, sex drive, drowsiness. Others are lethargy, heaviness of limbs, apathy, loss of ability to concentrate, loss of judgement and self control.

The hazards include tolerance physical and psychological, painful withdrawal, overdose can cause coma, convulsions, respiratory arrest and death. Risk from long - term use include malnutrition, infection hepatitis.

Other depressants are barbiturates, methaqualone, benzodiazepines (e.g. valium), chloralhydrate. These drugs were primarily used for medical purposes. Barbiturates are used to treat epilepsy, insomnia and relax patients before and during surgery. Some effects include slowed heart rate and breathing, lowered blood pressure, slowed reactions, confusions, weakened emotional control, distortion of

reality, reduced awareness, intoxication. Methadone was once widely used to treat insomnia. Some of its effects were slowed heart rate and breathing, lowered blood pressure, sleepiness, loss of co-ordination, dizziness, impaired perception, confusion and hangover. Likewise depressants like benzodiazepines (valium). Valium is medically used to induce sleep and relief anxiety. It was, however, identified as drug of abuse by Ujorha in 1986 but the percentage of abuse was very small.

Other substance of abuse include volatile solvents (inhalants) such as gasoline, correction fluid, rubber solution, aerosol, nail polish removal, kerosine, petrol, butyl nitrates and "Dantura metal" ("Zakami") - abused in the Northern part of the country (The PUNCH 2000).

2.3. Related factors to drug abuse

Inspite of the wide knowledge of the effects and hazards of drugs, they are still widely used indiscriminately without medical consultation, hence they are considered to be abused. Some researchers and opinion leaders have attributed this to parents and environment, pointing out that personality development of a child is through the interplay between heredity and environment and that the interest of a child is determined largely by the exposures given to the child by the parents. This is in accordance to Denga (1982) who sees the early socialisation of the child as a process through which he internalises the customs and traditions of his society. A child by this orientation grows up to refined concepts, build value judgements and emotional responses related to them. The predisposition is a great land mark for his personality development and consequently influences his social adjustment.

The interaction between the personality of a drug user and the environment has, however, been identified. According to psycho-analyst, there is an "oral fiated" personality underlying drug addiction

as advocated by Rado (1933) Charen and Perelman (1946), Resenfeld (1960) and Lehman (1963), cited in Joan (1999). But the dynamic developmental view point, holds that certain individuals develop certain personality traits, especially during the adolescent, which predispose them to subsequent drug use and given certain precipitating environmental factors may lead to drug addiction. Although, There are differences of opinion with regard to the nature of these personality characteristics commonly known as "predisposed personality", some hold it as basically psychopathic while others neurotic.

Another group of research studies, emphasise the environmental factors, especially the human environment comprising of the social cultural variables. According to this view point as noted by Joan (1999), it is primarily the socio-cultural variables like sex, age, nature of family, inter-familiar relationships, socio-economic status, peer groups influences and religious and moral values that are more significant in drug use.

Folawiyo (1998) analysing drug dependence, emphasises on the importance of pharmacological components in drug abuse. He stated that the reinforcement potential for drugs is much greater from the pharmacological stand point than from the psychological. He argued that for a person to become dependent on a drug, he must have a drug experience. If the psychoactive effect of that experience is good or fills a need, some may become dependent to a degree. He then concluded that the reinforcement potential from psychopharmacologic stand point, the more likely the drug use will be continued. This he said is true of alcohol, heroin, amphetamines, barbiturates and cocaine.

There are research studies which hold drug use as an "international phenomenon" wherein drug or a toxic agent, the personality traits of the drug user, and the environment interact in a complex manner.

Further, the personality characteristic of the drug user play a pivotal role in this interaction. Hence, Cameron (1963) cited in Joan (1999:13) stated that "there is a general agreement among all the students of addiction that addicts have personality aberrations, and these psychiatric conditions proceeded and played an important role in the genesis for addictions, its maintenance and higher relapse rates after treatment".

It has also been discovered that the development of addiction to illicit drugs, involve first of all an unstable personality plus that "accident" of introduction to drugs. Drugs must fall on a fertile soil before addiction occur. It is also held that access to a social group in which drug use was both practice and valued predispose people to the use of drugs. Thus, environmental factors, cultural attitude and interpersonal relationship shape the behaviour of the individual.

Hence Johnson (1988:18) delivering a lecture on Drug abuse in Nigeria: An overview, concluded thus:

> though, there are many answers to this single question, yet all the answers, can fit into (i) factors within the individual himself (e.g. sex, age, presence of mental or physical illness etc) and (ii) factors outside him, but acting on him in the environment, e.g. peer pressure, need for curious experimentations, boredom, and consequent drifting into the drug subculture, urbanization from rural to urban areas in search of employment, wealth and excitement (iii) the dependence nature of the drugs themselves.

It is in recognition of this position by Johnson (1988) that this chapter is discussed under the sub headings below.

2.3.1. Family background and drug abuse

Family according to dictionary meaning is any group of people related by blood or marriage especially a group of two grown ups (parents) and their children. Family background in this study, therefore, refers

to variables surrounding the family such as family type, parental living pattern, family size, parenting style, social economic class as well as family social interactions.

Family System (P. Minuchi, 1988) and social interactional perspective (Paterson etal, 1992) cited in Duncan etal, (1996) maintain that all family members are part of an interactive, interdependent network in which the behaviour of each individual, or subsystems modifies that of other individuals, or subsystems, in the family. It is thus assumed that families characterized by poor adolescent adjustment and problem behaviour define a relatively homogeneous social environment shared by all of its members - parents and siblings.

The parental and siblings life of a child play an important role in determining how the child would respond to the social problems or social situations within the environment. Oxford (1971) emphasized three learning processes - *imitation, operant learning and classical conditioning*. In drug dependence, all the three are important.

By imitation, learning may occur merely as a result of watching someone else perform action. This type of learning is also called observational learning or modeling (Bee 1989). It has already been stated that children model themselves on parental behaviour and this apply in relation to drug abuse habit. Thus Adeniyi, (2000:204) noted that "parents serve as social mirror for their children".

Operant conditioning is a type of learning called instrumental conditioning which results from the consequences of a persons behaviour. The basic principle in Operant conditioning is reinforcement. Any behaviour that is reinforced is more likely to occur again in the same or in a similar way. This reinforcement could be positive or negative. According to Zubi and Katz (1966) cited in Joan (1999:36) "drug behaviour is one kind of learned behaviour established through conditioning with drug acting as a primary reinforcer, and has the capacity to reduce the drive generated by primary needs like sex, hunger". Joan thus added that drugs may also act as a secondary

reinforcer when as in the case of drug dependence the threat of the aversive effect of withdrawal is prevented by further drug use and concluded that according to "Learning Theory Model" the drugs are capable of producing sources of reinforcement that add to those already present in the personality structure of the individual. This view was similar to the findings of Knapfer (1963) in Califonia who found that heavy drinkers were those who drank to relieve unpleasant emotions.

In relation to anxiety and its relief by alcohol consumption in particular, Oxford (1971) considered that two types of oparent learning may operate. The first is *Escape Learning* in which anxiety already present is relieved by alcohol and the second is *Avoidance Learning*, in which anxiety not yet explained anticipated is avoided.

By classical conditioning, Learning involves the acquisition of new signals for existing responses. According to Bee (1989) things or people that are present when you feel good come to be associated with "feeling good" and those that are associated with uncomfortable feelings may later trigger fear or anxiety or embarrassment. In relation to drug abuse, if drugs are present when nice things happens such as warmth, comfort, feeding and other pleasurable conditions, the drugs may come to be a conditioned stimulus for pleasant feelings. This might seem a relatively minor sort of learning, but it is particularly important in the child's developing emotional responses.

Writing on children imitating their parents drug use, Edward (1972) stated that there is an association between drinking behaviours and that of the same sex parents. This was supported by Brook etal (1986) who discovered in their two (2) years study of 9th and 10th grades that Fathers drinking was related to adolescents onset of alcohol use. Studies according to Joan (1999) also showed that it was the normal drinker rather than the uncontrolled drinker or the teetotallers who seemed to be looked upon to by young people. This

means that the immediate background of a child shape the behaviour and interest of the child.

Ary, Tildesley, Hops & Andrews (1993) pointed out that parents modeling of alcohol use did not affect their adolescent children's concurrent use of alcohol, but it was related to residual changes in later use of alcohol and that siblings modeling of alcohol use, on the other hand, significantly influenced concurrent adolescent alcohol use. This view was also held by Patterson, (1984) who stated that within the general realm of antisocial behaviours, siblings outcomes are highly intercorrelated. This was supported by Duncan, Duncan & Hyman (1996) who stated that siblings are significant contributors to the early development of a Plethora of adolescent problem behaviours including substance use. Mckillip etal (1973), Brook etal (!983), Ary etal (1993) and Melby etal (1993) in their separate studies as reported by Duncan, pointed out that youth drug use was related to concurrent older siblings use of drugs and Folawiyo (1998) on parental modeling thus concluded that young people realise that drug can be abused but often felt that their parents use of tranquilizers, barbiturates, amphetamine and alcohol is more irresponsible and dangerous than their own use of marijuana or cocaine.

The influence of parents and siblings on their younger once cannot be overemphasised. From a social interactional perspective, siblings and parents inclusive when combined, may create an environment so homogenous that all younger family members become increasingly similar in their use of substances or in other problem behaviours. This view is consistent with theories that emphasize the proximal role of the family, such as social learning (Bondura 1977), interaction (Brook etal 1990) and social control (Elliot etal 1990). The effects of siblings on each other are complex and difficult to unravel. The parents' behaviours toward one sibling are influenced by the presence of other siblings. The manner in which parents perceive one child is influenced by each of the other children and by the other parent. Besides, as each new family member is added, there are shifts in

already complex family relationships and their reaction.

Parental influence on the behaviour of older siblings, may indirectly and perhaps unintentionally, influence the level of exposure and the rate of change in the younger once. According to Duncan etal (1996:167) "the greater the influence parents have on older siblings may be attributable to the parents being more willing to accept and perhaps even encourage substance use behaviour similar to their own as their children mature". Patterson, Reid & Dishian (1992), earlier, stated that the initial shaping of behaviour within the family is likely to play an important and influential role in the adolescent's development of problem behaviour.

According to Falae (1987:17) in a lecture on schools in drug abuse control pointed out that "lack of love in the home can lead to dejection and can make a child seek consolation in drug". This view was supported by Oyenike (1988) who identified negligence of some responsibilities in the home as one of the factors which exposes children to bad groups. He stated that parents due to materialistic pursuits, have little or no time to articulate good morals and discipline into their children. He also identified modeling on parents and broken home as factors which expose children to drug use.

These views were supported by Adeniyi (2000:203) who pointed out that "failure to experience love and affection is regarded as the most potent cause for antisocial behaviour, for rebelliousness, disobedience and discipline problems of all kinds". This no doubt, include drug abuse. She added that a child that is accepted, experiences loving care and protection, enjoys counsel and encouragement, turns out to be good, natured, considerate, friendly and emotionally stable. Identifying factors contributing to inadequate parenting, Adeniyi noted that bringing up children today required more parental involvement than it did only a few years back. She pointed out that assistance from extended family members is no longer available because of urbanization, industrialization and movement in search of job which

she said is further compounded by the economic and social changes in recent years. This she said have led to an enourmous increase in the number of families in which both parents work, often out of necessity to meet the financial needs of the family.

Inadequate parental supervision can grossly influence children's behaviour. Children from homes that lack parental supervision are left on their own and they learn from whatever environment they find themselves. According to Kadaura (1994:13) in an unpublished thesis on the role of the home in socialising the child pointed out that "when socialization is sound, the child grows up as a well disciplined and morally healthy child with positive ambition and goal". The unique role of socialization centered in a family can be seen as largely based on the unique relationships during childhood and those who intensify these factors and make them crucial for his social development. Buttressing the influence of the family on the social development of the child, Kagan and Moss, Henry and Mowrer in Hollander, (1971) unanimously agreed that personality development has its source in the family set up. According to them, the pre-eminence of the family in the process of socialization has several basis. The family unit provides all the initial indications to the child as to whether or not he is loved, accepted, or having a successful beginning. The inability of the family to provide love, security and acceptance can lead to deviant behaviours which include drug addiction. According to Adeniyi (2000), victims of such ralational victimization such as lack of interest, love and failure to give encouragement to the child exposes the child to deviant paths like early sexual activity and drug abuse. Hence Wittig, Wright & Kamisky (1997:815) in their study on substance use among street children in Hunduras stated that "the early childhood backgrounds and socialization of children who join gangs, sniff glue, smoke cigarettes or marijuana, drink alcohol, or engage in other forms of deviance are fundamentally different from those of other equally deprived, street children who manage to cope without drugs".

Emphasizing the effects of deprivation on the child Maccoby and

John reported in Hussen (1970:83) stated that "the early social relationship between the mother and child must be both continuing and satisfactory for the child's intrapsychic structure to develop adequately... because the child's motivation to take over the controlling and planning functions depend upon a positive relationship with those who are attempting to teach him to do this". They further stated that the positive attitude towards mother is either lacking in the deprived child or if present, is mixed with keen resentment. A similar view is held by Lazarus (1963). Using Freudian psychosexual theory, he stated that in the course of development some individuals because of traumatic experiences at one time or another stage fail to progress normally to the next stage. When they are adults, the primitive psychosexual tendencies characteristics of the respective immature stages continue to remain active, governing their personalities and producing characteristic psychological traits. The oral type he said is characterized by dependent attitudes towards others. Such person will continue to seek sustenance, or feeding from others, and depending on when during the oral stage fixation occurred, is either optimistic, immature, and trusting or pessimistic, suspicious and sarcastic, about the prospects of continuing support. Analysing the effect of oral deprivation, Fenichel (1945), cited by Maccoby and John in Hussen (1970) stated that if there is inadequate gratification or anxiety and insecurity surrounding the nursing situation, there may be a permanent fixation of some libidinal energy on oral activities. This fixation he said, "may give rise in the adult personality to the so-called "oral personality" a syndrome of traits including dependence, passivity, greediness and excessive tendencies toward oral activities, as smoking, chewing or garrulous speech". Hence Rado (1933) Charon and Perelman (1946), Rosenfeld (1960) Lehman (1963), agreed that there is an oral fiated personality underlying drug addiction.

The young child depends on the family group for physical, social and

emotional satisfaction. Burns (1982) commenting on the usefulness of early interaction says that these first human relationships teach the child what to expect later in life when dealing with others. As the parents handle their infant, satisfying or failing to satisfy its need for food, love, comfort and security; they have an unremitting influence on it. He went further to assert that the child begins to feel the world is either benign and to be trusted, or hostile and not to be trusted. This was supported by Adeniyi (2000) who stated that children will only develop maladaptive motivational beliefs if they interpret their environment as conveying negative information. Going by Burns' and Adeniyi's presentations, it becomes a point of concern if the child's first interpersonal relationships give him the wrong view of life.

Families, differ significantly in terms of their social order. Some have more prestige, more money and power, than others. Some have more experience and ability of operation within a given context and social environment. This is to say that some parents have wider scope in the various walks of life than the others. With these variations, therefore, it becomes natural to expect different modes of helping its members in moral development. According to Kadaura (1994:21) "the way a child evaluates himself socially, economically and psychologically depends to a great extent on the position of his family in the society". This means that the position of the family of a child in the society determines the kind of peers the child associate with. Kadaura's view was similar to the view of Anthony as reported by Hussen (1970:705) who stated that "being born of certain parents, under certain traumatic conditions, and living in certain disadvantageous surroundings with exposures to certain stresses may lead at certain critical periods to the expression of abnormal behaviour". This abnormal behaviour can predispose such child to drug abuse. According to Wittig etal (1997:815) on what they described as "structural hypothesis" concluded that "degrees of deprivation and isolation exist even among an impoverished group

such as street kids and thus, children who have been on the streets longer or those who have less contact with their families or other adults will be more likely to use drugs"

From these arguments therefore, it means that children from low social economic class, single parents, orphan, autocratic or Laissezfaire parents are more prone to drug abuse. Similar view was shared by Adeniyi (2000) when she pointed out that family set up can create problems. According to her, "families in which there is a high incidence of marital conflict, divorce, alcohol and substance use, poverty or stressful life events are likely to have children with a higher incidence of emotional difficulties and psychological disturbances".

Education is one criteria through which the social economic class of parents can be measured. Thus Kadaura (1994) stated that educated parents are socially on the advantage side and as such tend to make more effective steps in the provision of educational, social and medical care of their children. This is, however, evident from the fact that the middle and higher social class tend to have fewer children compared to the lower class. Fewer children in a family are better of in the management of the few resources rather than scrambling for the few. This can also enhance better control, better opportunities to good schools, better interaction thus creating a sound development without emotional disturbances. Similarly, it has been noted that a 'child from a good home, well brought up, adequately cared for and disciplined will respond better to societal norms and values. This is a representation of a good personality development which is rooted in the home.

The importance of family social economic status as a predisposing factors to drug abuse cannot be overemphisized. Opinions, however, differs; Hence Johnson (1988) pointed out that drug abuse and dependence cuts across all social classes.

Joan (1999) in her book "Treatment models in addiction" pointed out parental role in drug addiction as that of heredity sensitive or infantile character structure associated with oral fixation and reinforced by frustration and lack of models to emulate in early childhood, frequently underlined addictive patterns. She further stated that addictive behaviour is frequently elicited by causal factors in times of biological crises and increase anxiety and effective tension due to conflicts of intolerable environmental conditions, loneliness and isolations. Freud also emphasized on this biological predispositions on the infant as it does not only satisfy basic needs, but also to relate to the human objects in the environment (Hussen 1970).

Groever and DeLa Rosa, (1993) on their finding in research on drug use among Hispanic youth reported that the influence of the mother and her attitudes towards drugs are far more important than the family structure (single vs two parent households) in influencing children's behaviour. Ogunremi and Okonofua (1977) noted that women are as involved in drug abuse as men. This view was supported by Johnson (1988).

The effects on children of mother's dependence on drugs are multiple. They range from physical neglect to emotional neglect leading below average performance in school and potentially to the child's dependence on psychoactive substances (Deren, 1986). This was supported by Momah (1998). Delivering a lecture on integration of Drug issue into the primary Health Care Programme for women in Nigeria stated that Women use more prescribed abusable drugs than men; a mother who abuses valium is more likely to pass on her habit to her child. This view was also held by (Brazelton, 1970: Burnhan, 1972) in Beilher (1976) who in their report regarding mother heroin addict concluded that heroin users may produce babies who are born heroin addicts, and that the infants need to be treated as such. George Blinick, Robert C. Wallach and Eulogie Jerez (1969) as reported

by Beilher R. F. (1976), however, disagree with Brazelton and Burnham. They in their studies observed over one hundred births of babies born to heroin addicts and were not convinced that the infants actually were addicts. They suggested that the babies may have appeared that way because they suffered from low birth weight and general weakness and immaturity as a result of the poor physical condition and diet of the mother, not the influence of heroin. While Montagu (1964), Zuckerman (1989a) according to Beilher states categorically that smoking can definitely harm the development of the foetus, Saul Blatman (1968), William H. McGothlin, Robert S. Sparkes and David O. Arnold (1970), disagree with the effects.

Steissguth (1991) however stated that prenatal drug exposure have an extensive array of morphological and behavioural effects on the child. This was supported by Raza (1998) who stated that cocaine and other drugs may exert their negative influence on the unborn foetus primarily through neurobehavioural abnormalities which are more subtle and may require years to detect. And with particular reference to crack, King (1993) stated that pregnant women use of crack often lead to multiple pregnancies and give birth to infant who had been exposed to crack frequently just prior to delivery. Kings, however, concluded that, "although it is clear that many legal and illegal substances are potentially harmful to foetuses, the precise cause of relationship between the ingested substance and resulting harm to offspring is difficult to discern. This he said is because the outcome are difficult to assess because of poly drug use and other factors in the pregnant woman users environment that influences fetal development. These factors include poor nutrition, lack of prenatal care, maternal psychopathology and a drug seeking lifestyle.

According to the Punch Newspaper of Tuesday, March 19th 1999, quoting American Medical Publications in Research carried out at Emery University in Atlanta, Georgia by a Danish, stated that 4, 169 Danish men born between September 1959 and December 1961 were

arrested in Copenhagen. The scientist found a close relationship between the amount of maternal prenatal smoking and arrest for nonviolent and violent crimes, thereby linked violent and deliquent behaviour by boys to smoking by their mothers during pregnancy.

Supporting the genetic predisposition to addiction Grabowski (1999) reported in American Psychological Association (APA) MONITOR stated that dependence can be an expression of genetic predisposition. This was also supported by Azar (1999) who stated that while half of the blame on smoking goes to environmental factors, including parents and friends who smoke, society acceptance of smoking, the availability of cigarettes and the abundance of cigarettes advertising, the other half goes to heredity. This he said was based on studies which shows that identical twins are far more likely to share a smoking habit than fraternal twins. He concluded that in addiction like most behavioural traits, there are likely many genes that contribute to one's proclivity to smoke.

Kaza (1998) noted that between the age of 18 and 34 of a woman is the stage where if she is going to use or abuse drugs she is statistically more likely to do so. This stage as we know, coincide with the age when most women become mothers and according to a report (WHO 1993b) once women begin to abuse or use drugs, their use tends to persist. This was supported by Azar (1999:15) who pointed out that "several studies find that female smokers have a harder time quitting than men do, particularly with nicotine replacement therapies". This indicates that women who abuse drugs still do so even when they are pregnant not minding the consequences of such drug use. Hence Singer etal (1991) concluded that maternal cocaine use, either alone or in combination with other drugs accounted for significant portion of statistical variance in behavioural outcome and that these effects were pronounced with increasing age. This means that the child from the womb has developed behavioural problems which will manifest as the child climb the ladder of life. There is no doubt,

therefore, that such a child will be searching for solace from the date of birth to when such a child will begin to exercise some freedom to use whatever he likes as a result of maturity and distancing from the parental direct control.

2.3.2 Environment and Drug Abuse

Nigeria is a multi-ethnic society whose ethnic units are district cultural group in terms of attitudes, customs, and value system. Hence they construe the world, people and events differently. What constitutes a problem in one setting is not necessarily so in another. What may be considered normal drug use in one life-style may be considered deviant in another. The definition of what constitutes drug abuse and dependence may, therefore, vary in the cultural groups, a factor that undoubtedly impedes epidemiological research (Zamami, 1993). This was also noted by Ujorha (1993) who stated that drug abuse is a changeable social concept and that what is acceptable use and what is abuse is determined by each society. He further stated that the concept is not static in any society - what is acceptable to society at present, may not be acceptable in the future. He gave example with Indian where alcohol was one time barred but not so now. He further gave example with opium in the form of medicine which he said was widely used in the United Kingdom in the 19th century, but it is very severely restricted now and especially if obtained without a prescription from doctor. Ujorha in his analysis, stated that terms of references in deciding drug abuse vary from society to society, for example: Is it used in a way which is harmful or not, is it used as a way that leads to an increase in crime or not, is it used with or without a doctor's prescription, or is the use against the law of the land or not?

Whether a drug is abused or used is dependent on the social attitude of the different peoples of the world. This was also supported by Ujorha (1993) who stated for example that coca leaf has been chewed by the Quechua Indians in the Andes mountain in South America for

centuries but in the Andes coca chewing is not considered to be a drug dependence problem. Relating this to Nigeria, Ujorha stated that at the village level alcohol is freely used for ceremonies - naming, burial, marriage and welcoming visitors. This was supported by Zamani (1993) who stated that alcohol is encouraged during Agricultural pursuit and at religious and social occasions. He further added that phases of intoxication tolerated in drunkenness in the Western societies of Europe and America are considered different forms of alcoholism. Zamani concluded that in the African context, a drunk may be described as merely irresponsible or sinful, but most likely to be labelled ill in Western setting.

According to Folawiyo (1998), how one defines what drugs are, and what drug abuses and misuses are determines one's concept of a drug information programme. In otherwords the belief and practices surrounding drug use reflects different perspectives and value orientations and the social correlates. The view of individuals or people in a particular society about substances determines the reactions to such substances. This was also the view of Johnson (1988) who stated that some parts of the country (Nigeria) are associated with one peculiar and predominant use of some drugs over the other. She cited example with "quaya" and volatile inhalant use in the North, although she said a few cases of addiction to solvent have been seen in Lagos. There is no doubt, however, that this view is also held about Cannabis in Nigeria. In some part of the country, it is seen as a "vegetable" and as such used as food and is cultivated. In these areas, Cannabis is not viewed as a dangerous drug and they do not see anything wrong in its cultivation and consumption. There is no doubt that some people, out of ignorance, selfish interest are being dogmatic over the earliest report on the uses of some of these drugs especially Cannabis as reported by Folawiyo (1998) who stated that Cannabis has been used in religious rituals and for medical purposes for thousands of years. It was probably on this ground that Johnson (1988) pointed out that in the late 50's early 60's and 70's drug

abuse and dependence was mostly of Cannabis, alcohol and nicotine which were socially acceptable everywhere and that abuse of Cannabis was Limited to some groups mostly of the lower socio-economics classes (unskilled and semi-skilled personnel) who were almost exclusively males.

The misconception about Cannabis is prevalent in the rural area (Ahmed, 1989). In reviewing the demographic characteristics of female cases of drug abuse at Ahmadu Bello University Teaching Hospital Psychiatric Department, he noted that 67% of all attendant in 7 years, were from rural areas. In a separate study on the incidence of mental illness among Cannabis abusers in the Jos University Teaching Hospital over a period of 12 months, Ikwuagua etal (1991) reported that 53% of the study population come from rural areas.

These findings on the prevalence of drug abuse in the rural areas is contrary to data presented by American National Institute on Drug Abuse 1991C as reported in Bayer and Gerald (1993). The report, though, from a different environment indicated that illicit drug use is less common in non metropolitan than in small or large metropolitan areas. A neutral view was, however, maintained by Johnson (1988) who neither say drug abuse is prevalent in the rural or urban areas but maintained that drug abuse is not limited to urban or rural areas as it is applicable to both. She made reference to the result of research carried out in five centres in the country that shows that drug abuse in Nigeria cut across all ethnic, religious, or political groups as well as social class and that it is not just the problem of the rich or that of the poor - it affects all.

A feature of rural areas that readily differentiate them from urban centres is vegetation. Usually even in the arid region, the portion of rural areas are predominated by plants and farm land that form bushes or forests. This provides a natural hide out for drug users and peddlers as it insulates them from the law Enforcement Agents. It is a common

knowledge that Cannabis, especially, is easily mostly abused in the bushes and hideout. More than that is the fact that rural areas provide a safe environment for the cultivation of plants from which illicit drugs are derived (Oshodi, 1973).

Odejide (1991), however, viewed environmental factor on drug abuse from a different perspective. He stated that Nigerian society has undergone tremendous transformation in the past three decades. There has been relatively rapid industrialisation and urbanisation, increased culture - contact with the Western World which has resulted in acculturation, rural urban migration and depression in the economy leading to unemployment. All these he said have led to the weakening of traditional control system and an upsurge in drug abuse in the society. This view was also held by Gbadamosi (1987:10). Delivering a lecture at a symposium on drug abuse in Lagos, she stated that "in the past two or three decades, parents in the neighbourhood were guardians to everyone else's children. Today in our fast changing life the opposite is the case". She emphasises the need of involving neighbours to be surrogate parents in the absence of parents and to report suspected drug use in the interest of the society. She also pointed out the dangers in a situation whereby a large number of children return home from school only to meet empty homes because parents are out of work. Such kids she said find and join other children to perpetrate crime oriented activities.

Ujorha (1993) also supported the absence of both parents and societal control of children as predisposing factors to drug abuse. Referring to the past, Ujorha stated that our cultural values were in the ascendant and that children and young people had to behave according to the dictates of the social norms. The parents and other significant adults he said were in a position to control the use of such drugs as alcohol in their locality. He admitted the long existence of "ogogoro" (distilled spirit) and the consumption of it by children in social occasions but quickly added that "the amount of it given to a child was effectively

controlled by the adults. They will not give more than necessary to any child at a given time". The behaviour and movement of young people he said were well monitored by the parents. He blamed the desire to get rich quick by parents who both parents work and leaving the children for maids or houseboys as children use such opportunities to watch blue firms and to experiment on drugs which he said are much more readily available now, than they used to be.

In the villages, however, the control of the behaviour of both adults and children were carried out by the elders. This is no longer the case as Ujorha (1993) pointed out that the words of the elders are no longer generally accepted by the young people, whom he said now think that they know more than the elders. This was supported by Folawiyo (1998:65) who stated that young people are naive about the world because most of them have been in the sub-urban. Young people he said have begun to look on their peer group as tribe. "These has always been characteristics of teenagers". He quickly added "but now there seems to be a kind of nostalgia developing among youth".

Analysing the origin of break down in social pattern in Nigeria, Ujorha (1993) hinged it to the Nigeria civil war and the oil boom years of the Gowon Administration which he said gave way to massive corruption. According to him, many young person who fought in the civil war and used to take drugs during the war, continue with the habits. The oil wind fall (the Udoji Bonanza) he said led to rural - urban drift which left majority of them into stealing and abusing drug which he said were readily available in patent medicine stores and kiosks in the towns. The migration of our young people from the rural areas to the urban areas, Ujorha said impoverished the life in the rural areas which led to a break down in the parental control of young people. In the towns, the young people did as they pleased and were not subject to the control of any significant persons an upsurge in drug abuse.

2.3.3. Personality / Pharmacological Factor

"A good self image is the most valuable psychological possession of a human being" J. Powell. We often hear people giving excuses such as "I am a compulsive smoker" I do not know what made me to do it, "I just can't get over it", "that is my weak point". These excuses imply that the will is no longer free and therefore under the control of another force. The degree of this force differ from one person to the other. This view was supported by Lindesmith (1965) as reported in Bayer and Gerald (1993:202) who stated that "addiction is essentially a physiological and cognitive process over which the individual had no willful control". He added that regardless of the original reason for coming to narcotics, the moment of "conversion" was universal. He further argued that once a person recognized that his or her withdrawal symptoms were due to the absence of drugs, that person was "hooked" with little chance for permanent cure.

Hidden in our nature is a lot of flammable material which is not ignited except by some suggestion from outside and with the consent of the will. External influences only tempt, but cannot compel us to act. When Joseph was tempted by Potipher's wife in the Holy Bible, the question he asked himself was, "How can I do this great wickedness and sin against God?". No temptation to abuse drug is wrong in itself (ID). It is only the consent which is wrong which is the mediation by the EGO. That is, if the EGO gives approval to the drug abuse thought. After the approval or consent to the thought comes the deed which is satisfaction. When one continues to repeat the act, it graduates into a habit. These repeated acts of drug abuse are like tiny strands of silk, any one of which can be readily broken, but when woven day after day, they become a great chain which will be difficult to break. When these habits automatically respond to any temptation, we have what is called "compulsion". This is when we begin to say "I just can't help it", "it is my weak point" etc.

The stages by which one advances into compulsion are first the consent of the will to any temptation, then the act which is as a result of the temptation, and finally the habit itself. It takes many acts to make a habit. Good acts make virtue easier while bad acts make vice easier. Hence Fergusan etal (1983) found in their study that while certain favourable values and attitudes may be one of the preconditions of alcohol and Marijuana (Cannabis) use, at the same time such values and attitude become progressively more favourable with greater involvement. This view was supported by Falae (1987) who stated that at times drug abuse is habit forming and at times addiction. Hence Folawiyo (1999) concluded that drug dependence behaviour fall along a continuum. Some habits he said may be strong enough to interfere with one's social obligations; others may be annoying, still others may be important to the individual only for brief periods. He added that such behaviour are usually reinforced by the pleasure it gives the drug addicts. Folawiyo emphasizes the reinforcement of drugs through the central nervous system as the basis for psychological dependence. Winick (1993), however, stated that in any population of drug users there will be some who can regulate their habit. Even the most intoxicating and addictive substances can be and often are, used safely. Almost all the cocaine dealers described by Williams (1989) cited by Winick used cocaine but most of the successful dealers did so in maderation whereas the least successful allowed themselves to become compulsive users. Reanalysis of the data from such studies could provide significant clues for the personal and social circumstances, factors, and variables that could explain functional or dysfunctional consequences of psychoactive drug use.

Studies carried out in Indian context as reported by Joan (1999) revealed that more than 50% of addicts have mood alteration (effective traits) in the personality. This finding is in accordance with the work of Wittig etal (1997) who in their studies on substance use among street children in Honduras discovered that despite the

fact that all the "street children" are exposed to the same social and cultural influences, the same temptations, and the same opportunities, only about half of these children use drugs occasionally or regularly. The rest reported that they have never use drug. This led to the question of what factors would account for this variation? In what seems to be an answer to the question, Joan (1999) pointed out that a person does not make a conscious choice about becoming alcoholic or co-alcoholic and, without the intrusion of alcoholism, he or she would have made other choices. While Ronald (1993) stated that what compelled the addict to seek narcotics (drugs) was not the desire for euphoria and sedation but rather a not fully understood psychological "imbalance".

Asubel (1964) while stating the personality of the drug users, states that this individual fails to identify with such normal adult goals as financial independence, stable employment and establishment of his own home. He is 12 years, but passive, dependent, unreliable and unwilling to postpone immediate gratification of pleasureable impulses, he demonstrates no desire to persevere in the face of environmental difficulties or to accept responsibilities which he finds distastful. This pre-occupation with a search for effortless pleasure represents both an inappropriate persistence of childhood motivations which he has yet not outgrown and regressive form of compensation for this instability to obtain satisfaction from adult goals.

According to Joan (1999) personality problem of addicts could be pre-disposing as well as precipitating factors. This view was also held by Wikler and Rasor. They presented three formulation of the psychiatric aspects of drug addiction - a symptomatological formulation, a psychoanalytic formulation and pharmacodynamic formulation but readily accepted that these formulations overlap in some areas and are not mutually exclusive. In the symptomatological formulation, relapse to the use of drug is related entirely to underlying personality defects of "neurotic", "psychopathic" or "psychotic"

individuals who use the drugs to relieve feelings of anxiety or depression or to produce a sensation of elation, "normal" persons may become involved with drug taking in the course of a chronic illness and continue to take it due to the recurrence of symptoms when the drug is withdrawn.

The psychoanalytic formulation describes the drug addiction process in terms of concepts derived from "transference" and other phenomena occurring in the special relationship developing between patient and analyst by such investigations psycho-sexual development has been shown to be arrested in many drug addicts, who have unsatisfied "oral" craving (Joan, 1999).

Adult personality according to Freud is greatly influenced by the cause of psychosexual development in the child. According to psychoanalytic theory, the Libido at birth is diffused over the entire skin area of the infant. Stroking of the skin is highly pleasurable at this time. Soon after birth the Libido is localized in the mouth lips. Freud called this stage the early oral, during which pleasure is derived from sucking (nursing) and mouthing toys and other objects. Later as teeth erupt, the infant enters the late oral stage and find satisfaction in biting.

All adult personality according to Aaron, Quinn, Alvin, Jack & Harold (1973) show varying amounts of influence from the course of psychosexual development. If the Libido becomes fixated at any stage prior to the final one, the individual may be warped both in sex life and in other aspects of personality. If development progresses normally and then regression (moving backward) occurs, the effect is similar to that of fixation. Fixation at the "oral" stage would imply a continuing importance of oral activities and the associated "clinging" sort of attachment behaviour as well as a continuation of the feelings characteristics of the stage and a tendency under stress, to resort to increased oral and dependent behaviours (regression).

According to Maccoby and John in Hussen (1970:80), "the primary outcome of fixation at the oral stage is thought to be the development of "oral character". Description of this type of character usually emphasize as the central core of passive - dependent, receptive orientation towards life". Hence, Thurston and Mussen (1951) cited in Hussen (1970:81) summarised some of the adult traits which have been alleged to be part of oral character to include "needing to be administered to, attempting to recapture the blissful state of passive dependency and assimilation, talking, singing, drinking, chewing, craving to receive, needing protection, being a "yes man"." These personality traits are not uncommon among drug addicts.

Despite the acknowledged importance of peer group pressures, fads, personal and social stresses, price, availability and numerous other factors that affect drug use by humans, one cannot ignore the psychoactive drug actions which are sought by the users. By the pharmacological formulation, the particular agent used is regarded as of prime importance. Emphasis being laid here is on the addictive components in the drug. Predisposition to the use of such agent is ascribed to the drug itself.

Analysing this pharmacological component as a factor responsible for drug use and dependence, Folawiyo (1998:38) stated that "reinforcement for drug is much greater from the pharmacological standpoint than from the psychological .... The greater the reinforcement potential from a psychopharmacologic standpoint, the more likely the drug use will continue" This he said is true of some drugs such as alcohol, heroin, amphetamines, barbiturates and cocaine. This view was also held by Alberson etal (1973) who stated that if the psychoactive effect of drug experience is good or fills a need, some may become dependent to a degree. Folawiyo, however, concluded that the end result just described does not always happen. Many other variables he said are at work such as: the user's self concept, peer acceptance, and values.

Reward systems have developed over the course of evolution to *reinforce useful behaviours and extinguish harmful ones and to* maintain and adaptively regulate a fine-tuned set of drives related to pleasure and pain, emotional and sexual satisfaction, hunger, thirst and satiety. According to Goldstein and Harold(1993:86), "Addicting drugs act on these same systems by substituting the natural neurotransmitters that act at different points in the circuity, thus producing an artificial state of reward (euphoria), a powerful compulsion to sustain that state, and possibly irreversible (or long persistent) dysfuntion of the reward mechanisms." The pharmacological component of drugs as a predisposing factors to drug abuse is however argueable as drug must fall on a fertile soil before addiction occur (Joan, 1999).

2.3.4. Availability of Drugs and its Abuse

Availability of drugs has been identified as a motivational factor to drug abuse. According to Obot, (1986), there is a strong correlation between availability of drugs and its abuse. This is viewed from the context that availability creates awareness which inturn leads to curiosity. This view was supported by Joan (1999). Commenting on addiction as a sociological phenomenon, she stated that psychopaths, psycho-neurotics or emotionally disturbed persons would not use narcotics as a solution to their personal problems unless such drugs are available. In a separate lectures on drug abuse, Falea (1987), Chilaka (1987) and Johnson (1988) identified availability and easy access to these drugs as factors responsible for drug abuse. Ujorha (1993:14) also acknowledged availability as a factor responsible for drug abuse in Nigeria. Refering to 40 years back, he said "there were very little if any cases of the abuse of drugs in the country. A major reason for this was the fact that most drugs were not readily available to the generality of the population".

In a press briefing by the Chairman Chief Executive of the National

Drug Law Enforcement Agency on the arrest and seizure of drugs for the year 1999 as reported in Vanguard Newspaper of 1st March, 2000 stated that of the 18,120.612 killogrammes (kg) of drug seized, 17.691.140kg is Cannabis which represent 97.64% of the total drug seized. "A study of these seizures however confirmed the same old story that Cannabis sativa which is the only locally grown and processed substance is the largest illicit drug trafficked in this country" (Onovo 2000). Because Cannabis is cultivated in Nigeria, it is the most abused "illicit" drug in the country. Supporting the effect of availability of drugs on drug abuse, Kandel (1993:33) said "prevalence of use differs markedly for various drugs: drugs that are legal for adults - alcohol and tobacco cigarettes - are used much more frequently than illegal substance". He however added that availability does not appear to be strong facilitating factor for drug usage. Attitude, he said appear to be the crucial proximal determinant of drug usage. There is no doubt however that alcohol and cigarettes are the most widely used drugs. This is based on the fact that they are classified as social drugs with no legal prohibition against its consumption. This was supported by Goldstein and Harold (1993:90) who stated that "Alcohol and tobacco, which are now so freely available, are also the most widely abused drugs, but as noted earlier-alcohol consumption was much lower when the drug was less readily available". Giving example of how availability of drugs affects its uses, Goldstein and Harold reported that despite the risk of heavy sanctions such as loss of professional licence and possible criminal prosecution among the medical professionals (Physicians, Dentists, and Nurses) in United States of America (U.S.A.), the per capital prevalence of addiction to opiates and other drugs was found to be much higher than in a matched control population. This was because the medical professionals have access to these opiates and others.

While availability of drugs may motivate people to abuse drugs, some researchers have argued that drug use is "inelastic" (i.e. relatively unresponsive to changes in price and availability). They base their

claims on the addictive quality of drugs rather than the availability of drugs and evidence has shown that where such drugs of abuse are not available at one time or the other, people (addicts) abuse other substances. Supporting the assertion, Kornblum (1993) stated that during Alcohol prohibition in the United States, marijuana (cannabis) became highly popular stimulant in many communities throughout the United States, especially in the ghettos. It was legal, relatively cheap, and pleasureable in social situations. He added that cannibis came to be associated with a bohemian lifestyle and a superficial form of class and racial integration. The period of alcohol prohibition in the United States marked a period of new ideas and social experimentation with cannabis which itself later became a threat in the United States. In Nigeria, however, many substances have been identified as providing psychadelic effects to drugs addicts as alternative to prohibited hard drugs. For example, according to Zamani (1993), youths in Northern parts of the country have been identified as abusing "Zakami" (Datura metal), "Hazagami", "Mallema" and Solutions" for the stimulant and psychadelic effect. He added that "it is a common knowledge that the normadic Fulani chew the roots of unknown plants for psychedelic and euphoria effects before their annual "Sharo" (a rite of initiation into manhood)". Apart from seeking alternative to prohibited drugs, addicts are on daily basis seeking for the cheapest alternative. One is not, therefore, surprised that drug addicts have discovered that a mixture of lizard faeces with water is a "very good" stimulant.

The availability of illicit drugs is determined by natural factors, strong demand and effort by the law enforcement agencies to curb the menace. In Nigeria, the National Drug Law Enforcement Agency (NDLEA) is charged with the responsibility of eradicating the sale, consumption and trafficking in illicit drugs. The efficiency of this agency, however, rest on Government policies, co-operation of other security agencies such as the Nigerian Police, State Security Service, Nigerian custom service and Nigerian Immigration Service and the

society.

Todays' drug predicament cannot be blamed on a particular sector alone as both Government and its Agencies as well as the society share the blame. Though, antidrug laws exist in Nigeria as far back as 1960, but it cannot be said to be taken serious until the establishment of the National Drug Law Enforcement Agency (NDLEA) in 1989.

Analysing the submission of Akpederi (1986:29), "the abusers of Marijuana, Chinese capsule or madrax in Nigeria constitute a small percentage, they are occasional users who "joypop" for kicks and are in no danger of becoming addicts. The threat of cocaine and heroin becoming a great nuisance is also very remote". He concluded by saying "fortunately, the cocaine habit is expensive and a poor nation like Nigeria can hardly afford it". This believe was held by vast majority of Nigerians. Then the drug problems were underestimated by both the Government, the media and the society. Cannabis was not then seen as dangerous drug as such serious efforts were not made to discourage people from using it.

The fight against drug abuse and trafficking in Nigeria cannot be said to have been a worn or lost battle as it is a continues battle. According to Aguiyi (2000:5), "one of the major problems facing the fight against drugs in Nigeria is the problem of leadership in the National Drug Law Enforcement Agency (NDLEA). The leadership problem is not helped by too frequent changes in the chairmanship of the organisation". This was supported by the International Narcotic Control Board (INCB) (2001).

The period of transition from one leader to the other, no doubt weakens organisational strength. Such periods can be capitalized on by drug traffickers to engage in their nefarious activities. Arefetalar (2000:48) lamented that "out of 307.380kg of Indian hemp (Cannabis)

seized in Calabar zone, 107.380kg was seized in September alone". This represented 35% of the total drug seized between January to September 2000. A similar record was also reported in Kano zone. Between January to August, 2000, 1,806.430kg of hard drugs were seized. But between September 1st to September 30th, 404.365kg of hard drugs were seized and this represent 22.38%. It is interesting to note that this is the period when there was no Chairman / Chief Executive in NDLEA because of change in leadership.

The legislation regulating the activities of any organisation is also another area which determine the efficiency of such organisation. According to Folawiyo (1998), passing law can have a beneficial or a harmful effect depending upon the wisdom of the legislation. Enacting laws and having the zeal to enforce the laws especially as it affects drug abuse and trafficking no doubt reduce the availability of drugs and its abuse.

Presenting a data produced by Ujorha (1993) on a six year record of cases of drug abuse in Kaduna area gave the figure below

Year	1980	1981	1982	1983	1984	1985
No of cases of Drug Abuse	243	189	220	275	139	221

Ujorha noted that between 1980 to 1983 was the period of civilian regime and "perhaps laws was not so effectively enforced". 1984 he said recorded a drastic reduction of more than 50%, which he said was Buhari - Idiagbon Military Administration which strictly enforced the law against drug abuse and trafficking by promulgating Decree number 20 of 1984 which carried death penalty for drug offences. In 1985, the numbers increased. He attributed this to the fact that the law controlling drug abuse and trafficking was less stringently enforced as Decree Number 20 was amended to Decree number 22 of 1985 which relaxed the death penalty to terms of imprisonments.

Decree Number 20 of 1984 enacted by the Buhari Administration was criticised and seen as draconian laws. Contrary to this criticism, Goldstein and Harold (1993), stated that stern measures have, indeed, been credited with ending major drug problems. It is claimed that the serious opium problem in China was ended by stern measures including the death penalty after the communists came to power. The Japanese methamphetamine epidemic was also stamped out by less brutal, but nonetheless forceful measures. The air of democracy today is, however, not helping the enforcement of drug laws in Nigeria. The democratic government of Nigeria pose formidable obstacles to drastic drug course. Since the era of Democracy in Nigeria (May, 1999), there have been tremedous increase in the cases of drug abuse and trafficking. Many reasons can, however, be attributed to this. One of which is the ease at which drug barons are granted bail in the Court.

The ease at which drug barons are granted bail was decried by Onovo (1999), then Chairman Chief Executive of NDLEA. He pointed out that he was not against citizens who are entitled to bail not to take it, but that National interest must be put first. He emphasizes the unrepented nature of these barons and argued that granting them bail is sending them back to the society to continue with the drug business. This was supported by Ezeorha (2000). Briefing the press on the activities of NDLEA Kano Zonal command, he paraded a drug suspect who was arrested with 647kg of Cannabis and was rearrested with 84kg of the same substance after three months that he was granted bail by the Court. A similar case was reported in Newswatch Magazine of 10th July, 2000. The ease at which these drug barons are granted bail or conviction with meagre option of fine which is not commensurate with the lucrative nature of the drug business and the numerous harzards is no doubt a factor responsible for people to start or remain in the business.

The dismantling of NDLEA roadblock or check point along with other

security agencies on the nations highway is another factor which can be assumed to be responsible for the increase availability of drugs. Analysing the record of arrest of persons and seizure of illicit drug by NDLEA in Kano zone, it was discovered that it was very difficult to arrest persons with killogrammes of hard drug between 1997 and February 2000 but reverse is the case since February 2000 to October 2000. The dismantling of NDLEA check point in February, 2000, no doubt can be said to be responsible for this change as there is no fear of arrest again on the highway.

2.3.5 Gender Difference / Age Bracket and Drug Abuse

According to Onovo (1999:2), "the problem of drug abuse has become a universal one which cuts across all social groups, sex and age groups all over the world". This position was held by Johnson (1988), Ogunleye (1991). But Kandel on age pattern in drug abuse as reported in Bayer and Gerald (1993) stated that "illicit drug use is a phenomenon of the youth". Analysing the report on the life time prevalence rates of the use of different drugs in 1991 in the General population, by age in New York, he reported that the proportion in the general population having ever used any illicit drug is twice as high among those aged 18 to 34 as among those of 35 and older. What make a youth is the age bracket. According to advanced Learners Dictionary, youth is a period of being young especially the time between childhood and maturity.

According to Wittig etal (1997:821) "drug usage appears to be part of developmental process - the process of being socialized into the street culture by peers, one that also include petty criminality and decay of family relationships as its signal features". They further added that it is not as though younger people get involved first in drugs and are thereby led to crime or other forms of deviance, but rather that "high", hanging out, forming gangs and becoming involved in petty criminality are all part and parcel of the street culture with

no one element of that culture causally prior to any other. Hanging out, forming gangs, deviant behaviour and other youthful exoberances are all associated with the adolescent and early youth stage. Hence Gbadamosi, (1988) delivering a lecture on "parents in drug abuse control - The family concern" stated that it is difficult to separate the typical adolescent behaviour from the drug induced behaviour.

In a press briefing on the number of persons arrested for drug and its related offences, Onovo (2000) stated that out of a total of 2503 persons arrested, 2380 were men while 121 were female, a ratio of 19:1. This however, shows that men are more in drug abuse and trafficking than women. This was also the report of Arinze (2000). Out of 25 persons arrested, 22 were male with only 3 female which is a ratio of 7:1. Lokadang (2000) also supported this when he reported that there is a high rate of Cannabis abuse and that men were found to be more common in the use than women. Kandel (1993:37) commenting on sex differences in drug abuse stated that "for most substances, a higher proportion of men than women are users". The sex differences he said increase with age and with increasing drug involvement. Presenting a table on annual prevalence rates of the use of selected drugs in 1991 in the General population, by Age and sex in the United States of America gave the figure below:

Annual Prevalence Rates of the use of selected Drugs in 1991 in the General Population by Age and Sex Percentages using in the past.

Age	**12 - 17**		**18 - 25**		**26 - 34**		**35+**	
Sex	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**
Total	98	85	206	181	179	147	122	98

Source: National Institute on Drug Abuse 1991F.

He observed that the sex differences in prevalence are small or even

non existence in the teens.

Writing on the scope and nature of women's drug use, king (1993) stated that many substance - abusing women had chemically addicted parents. Often they ere physically and sexually abused as children and, as a result, are prone to depression and low self-esteem. Female addicts he said often live with men who batter them / or men who also abuse drugs. Typically, they do not have marketabe skills. As a result many turn to prostitution to support their drug habit.

Writing on sex differences in nicotine abuse, Azar (1999:15) in APA MONITOR stated that "men cite nicotine, women say social intangibles are behind urge to smoke". This finding was supported by Perkins (1999) who stated that Nicotine clearly drives a man's desire to smoke, but it may be less of a catalyst for women. He, however, added that it does not mean that nicotine ins't important for women but that the external pleasures of smoking such as holding and smelling a cigarette seem to be more important to them which he said is in contrast to men: nicotine seems to influence men's smoking most than the external factor. He added "women appear to be less sensitive to different doses of nicotine than men".

On alcohol consumption McNeill (2000:13) found out in his research that "Almost Universally women as a group drink less than men as a group, but this is probably due to a mix of social and culture factors as well as biological factors". The paper, attributed the reasons to hormones as discovered by scientist. Hormones it said help women chill out faster when they drink alcohol. Alcohol it said triggers the release of stress hormones like corticosterone and progestone. Morrow (2000) thus asserts that "women probably need to drink less to get the rewarding effects of alcohol because they (women) naturally have higher levels of the steroid". This he explained could be why women are less likely to become alcoholics than men.

This submission was supported by Opene (2001:20). He stated that "drinking can be harmful to women. This is because women's bodies have more fat, less water and get drunk faster than men and develop damage more quickly". He added that "alcohol is absorbed more quickly in women during the pre-menstrual and ovulatory phases of their menstrual cycles" On the effect of alcohol on women and what may seem to be a reason why women get drunk more easily than men, Otigbuo (2001) pointed out that when women take a glass of beer, wine or spirit, there is an enzyme in the stomach, called ADH that breaks down the alcohol to acetaldehyde. This enzyme he said is found only in small quantities in women and so, majority of the alcohol goes straight to the liver, much unlike men who have an abundance of this enzyme. This he concluded is the reason why women are more prone to alcohol related liver problem than men.

There are, however, many categories of drugs. While men seems to abuse Cannabis, cocaine, heroin, alcohol more than women, reverse seems to be the case for antistress drugs such as Valium (Momah, 1998). This was supported by Ogundipe (2000). He noted that "for every five persons who use sleeping drugs, four are women".

2.3.6 Peer Group and Drug Abuse

Everything the individual experiences, contributes to the formation of selfconcept, but certain experiences, expecially interpersonal contacts, play more fundamental parts than other. Through the acts and attitudes of others, individuals learn how they are perceived, and they are influenced to perceive themselves in the same way. For example a youth's belief that he or she is unruly, smart, or silly is to a considerable extent formulated through labels applied by others. Especially important are the opinions of those who are "significant others" - persons having a central place in anyone person's scheme of things, especially parents and peers. Because young people are, in a sense a closed corporation,they communicate with other young people, and their goods and services are increasingly provided by

other young people.

Most teenagers who have fallen victims of drug abuse have always attributed the cause to the influence of their friends. According to Elliot, Huizinga, and Agetun 1985; Patterson, Capaldi, and Bank, 1991 as reported by Duncan etal (1996:168), "Peer group has been shown to be one of the most important determinant of drug use, drug abuse, and other forms of problem behaviour". Bucher (1979) cited in Barnabas (1988) also acknowledge this fact. He pointed out that peer group is one of the strongest social reasons for people's use of drugs. This he said normally starts at home parties and schools. The youth he said believe that drugs are used to solve emotional problems hence they take it initially, to enjoy, to relax, and to be more sociable until they become drug oriented. Mustapha (1989) on his own part said "when you are involved with drugs and drug scene, every friend you have is a user. To get off you have to be able to break away from that drug scene and those friends. It takes real courage, co-operation and support to achieve this". This view was also held by Falae (1987) who stated that "Blind imitation of one's peers can make young person take drugs. He can also be persuaded even if he does not want to". And according to Mollie & Russel (1972), a youngster who had a smoking best friend and who belong to a smoking peer group was very much more likely to be a smoker himself. Reviewing the cases of 5000 British boys between the ages of 11 and 15 years of age questioned as to how they perceived smoking in regard to themselves, their ideals, and peers, the boys, they said associated toughness and precocity with smoking. They concluded that smokers were influenced by these perceptions to continuing smoking while nonsmokers were attracted by the notion of toughness which gave them some incentives to start smoking. Folawiyo (1998) on his own part stated that youths are more likely than adults to engage in irresponsible and unstructured drug using behaviour. He concluded that youth is generally a time of

experimentation, as well as a time when peer-group pressure is great.

Friends (peer groups) influences have very strong effect on attitude formation, especially in late adolescence and early adulthood, the age when most of such people are in higher institutions or learning some trade. This is the stage of Erikson identity versus role confusion where parental control is indirect. Generally, Learning to be independent puts them at a higher risk of identifying with a bad group (gang), not necessarily because they share their violent disposition but because such group has shown some promise on strength and commitment to security of its members. This makes identifying with such groups strategic for survival and becoming independent to some people. This view was supported by Lee (1973) who in his book pointed out that "most often the attraction is the need to be accepted by members of their chosen group". While Folawiyo (1998) concluded that the acceptance or approval is what the user is seeking rather than the psychological experience of the drug. He added that desire to be part of the peer group and rebellion against authority, may contribute to first use or continued use of drugs.

The need to belong, and be accepted and loved by others is a strong pull that can drag even a saint into the evil world. The professed attitudes or desire may say, do not take drug but the number of friends who use drugs override such desire. This explain while well brought up children at home may end up "rotten" in school for example. Seeking attention and love (e.g. from peers) has been identified as one of the consequences of child abuse. According to Adeniyi (2000:205), "Maltreatment creates an impaired child-parent relationship.... A child that suffers rejection is likely to show attention giving behaviour, feels insecure and inferior and tend towards deliquency. Children who know they are loved and accepted do not need to act up to get attention or establish their individual importance and worth". That assurance by parents (or care givers) she said

brings inner satisfaction and security and it restrains rebellion and disobedience.

2.3.7. Social Drugs and Drug Abuse

In our society, use of certain substances to midify mood or behaviour under certain circumstances is generally regarded as normal and appropriate: such use includes recreational drinking of alcohol and the smoking of cigarette which a majority of youths and adult Nigerians participate, and uses of caffeine in the form of coffee, tea or kolanuts as a stimulant. There are, however, wide cultural variations. While in some groups the recreational use of alcohol and cigarette are fround upon, the use of even illegal substances for mood-altering effects has become widely accepted in other groups. These mood altering legal substances (alcohol, nicotine (cigarette) and kolanuts) are refered to as social durgs.

Social drugs are natural or synthetic substances which by law are acceptable for consumption. They are socially acceptable and as such are readily available for consumption. While the consumption and selling of these drugs are not illegal in the Nigerian society the basis for not identifying them as illegal and dangerous drugs has been criticised because of their health and social hazards. Though, like in cigarette advertisement, there is always the warnings, that tobacco smoking is dangerous to health. This means that whoever ignore the warnings is taking the tobacco at his or her own risk. This probably form the basis of Odumodu (2000) saying that there is no need to classify drugs as "hard" or "soft" because such classification can give erroneous impression that it is okay to abuse the "soft" drugs. He argued that such drugs which are classified as soft such as alcohol, tobacco or kolanuts because of its acceptance as social drugs have the same effect as others which are classified as "hard" drug. He gave example with alcohol which is a depressant and usually classified as "soft" and babiturates and tetraqualone which are depressants too but classified as "hard" drugs. He pointed out that

drugs mostly abused by first timers are not "hard" drugs but gateway drugs such as alcohol and nicotine in tobacco products. The truth he said is that "there is hardly any youth who will smoke Marijuana, abuse barbiturates or indeed any other "hard" drug if he/she has never smoked cigarette or taken alcohol before".

In a study of over 2,000 school children in Helsinki, Hemminki (1974) stated that ".... a positive relationship was found between smoking cigarette and drug-taking (hard drugs). Ninety two percent of the regular drug-takers smoked compared to thirty three percent of the non-users. Drug taking also correlated positively with the use of alcohol: Sixty seven percent of the drug takers compared with twenty percent of the non-takers used alcohol.

On the classification of drugs, a similar argument was reported by Goldsteine and Herald (1993:100) when they stated that "the time has long overdue to recognise officially, publisize, and incoporate into common speech and legislation the fact that tobacco (Nicotine) and alcohol are potentially harzadous addictive drugs. We need to expunge from the language the phrase "alcohol and drugs" and "tobacco and drugs". This is not mere semantic nitpicking; language influences the way we think". According to Keshi (1987:5), "drug abuse asually starts from a mild situation whereby an individual takes licit drugs without prescription and extend to a situation whereby he uses hard drugs, which are harmful to his body".

A different way of looking at the inconsistencies, however, is to see them as a reflections of historical process that properly makes claims on drug policy. In this conception, the reason we treat tobacco and alcohol differently from heroin, cocain, cannabis or other hard drugs is not mainly that their pharmacological impact is different, but also because society encountered them in various ways and learned about them in slower pace. To comtemporary citizens, these drugs carry various meanings with their own philosophical weight and significance.

of hard drug, the problem will continue to persist".

2.3.8. Education and Drug Abuse

Education create awareness and forge a desireable goal. Education, fashion, and social consensus therefore, contribute to the shaping of public attitudes and practices with respect to drugs. Indeed, there is a positive relationship between education and cessation of drug use. According to Anthony & Helzer (1991) in an Epidemiology Catchment Area (ECA) study, stated that drug abuse / dependence was highest among persons who had received no diploma, either from high school or from college. Anthony (1990) also stated that low educational attainment was a strong predictor of the onset of drug abuse / dependence.

Oyenike (1988:19) delivering a lecture on the involvement of Secondary School Students in drug abuse control stated that "abuse of drugs could also be caused by illiteracy, ignorance and negligence". He added that some people may abuse drugs without knowing the harmful effects of the drugs.

Ignorance has been identified as one of the reasons why people abuse drugs. Ignorance is caused by lack of enlightenment and level of Education. In institutions of learnings today, the implications of drug abuse are being highlighted. Those that are not opportuned to be in schools may lack such awareness campaign.

This does not, however, mean that students do not abuse drug. Oyenike (1988), even pointed out that among students, drug abuse is a common issue. He attributed the reasons to students believe that examination is still far only to end up taking drugs like coffee in excess, kolanuts and strong concortions to be able to read into the night realizing too late that their time before examination is short.

Identifying factors that lead to drug abuse, Falae (1988:17) supported

Oyenike's petition on ignorance as a factor responsible for drug abuse. She stated that "ignorance about possible side effects of certain drugs may make a young person try them". On students and drug abuse, she identified frustration-borne out of poor performance in school, lack of someone to confide in and panic when examination is drawing near as possible reasons why students use drugs. She added that In order to cover lost ground, students may want to take drugs that can make them stay awake for long periods to study.

According to Lee (1973) people are bright enough but they lack the information upon which to base intelligent decisions. In the face of no information, most people rely on reference groups for making decisions rather than considered the unanswered questions for themselves he likened this situation to that of drug abuse.

Likely predisposing factors to drug abuse abound, while ignorance and exam phobia or late night reading purpose are reasons why students may initiate drug use, there is the believe that as one go higher from primary to secondary and tertiary institutions, one become more aware of the dangers of drug abuse as such reduces the chances of initiating drug use. Cases have, however, been reported of people in higher institutions of learning who abuses drugs. Most of them were initiated into the drug scene at their adolescent stage and are already "hooked" why other few initiate drug use for "activity" or cognitive purposes. Enhancement of performance has been identified among reasons why people initiate drug use. The categories of performance or nature of job, however, determines the kind of drugs used. In otherwords, how drugs have their effect and why different people choose different drugs lies in the balance between a person's drive and inhibitions. Hence Folawiyo (1998:40) pointed out that: "those who wish to increase their drives take stimulants, whereas those who wish to release their inhibitions imbibe alcohol". He added that passive or depressive behaviour is brought about by increasing

inhibitions or by decreasing drives.

Oshodi (1973) reported that there is a large scale use of amphetamines by both young and old labourers and farmers. This was supported by Oviasu (1974) who reported the prevalence of Cannabis abuse among ten professional groups in which artisans had the highest prevalence rates. This was also supported by Lokadang (2000:3) that "... the trend in the report was a high frequency consumption of Marijuana, by commercial moto-cyclists, commercial sex workers, commercial drivers, street children, and students in secondary and tertiary institutions".

Bamaiyi (1998) quoting a research conducted in psychiatric care facilities in Northern part of Nigeria stated that Cannabis use has been in the increase and that most of the users are either unemployed, labourers or subsistence farmers. Though, in a different environment, Anthony and Helzer (1991) seems to disagree with Bamaiyi on unemployment and drug use. They stated that drug use and abuse / dependence are concentrated among younger workers who earn less than older once. And Anthony (1990) in the Epidemiologic Catchment Area Study (ECA) in New York reported that low job prestige, but not unemployment, was a risk for developing drug abuse / dependence in adulthood.

Many researchers commonly name cognitive / performance enhancement as one of the reasons why people continue to abuse drugs. In an interview with physicians, nurses, musicians communication specialists and warehouse workers, Winick (1993) stated thus: Individuals in each of these occupational groups tended to use drugs for different but functionally facilitative purposes. One Opthalmic surgeon noted: "With Demerol, I can do three or four perfect operations a day. It builds up my resistance and makes it easier for me to concentrate when I am working double shifts and just couldn't keep up with it. The drugs help a lot". A trumpeter

said: "With the heroin, I could feel and look cool and reach and hold the sound that I wanted." A warehouse worker stated, "It's a very slow and long day, taking plumbing parts out or bins without the drugs, I couldn't make it." A television cameraman observed; "I can't make a mistake on the job. I work a lot of overtime and the drugs make it easier for me to concentrate."

The subjects, he said generally reported that drug use hardly interfered with work functioning but work dysfunction was mainly caused by an interruption in the availability of drugs. The extremely arduous requirements of physicians and nurses, the need for empathy and improvisational skills of the musicians, the urgent deadlines of mass communications specialists and the repetitive tasks of warehouse workers are predisposing or sustaining factors for their drug use and dependence. No doubts, other factors in the lives of these professionals contributed to the relatively prosaic character of their drug habit and enhanced ability to work. But with particular reference to nicotine, Heishman (1999:14) stated that "it does enhance some aspects of performance, but not across the board and not from study to study in a very reliable way. It's not a very roburst performance-enhancing drug". He further stated that while nicotine may improve performance on some types of cognitive task - in particular finger - taping rate, sustained attention and some aspects of memory - the findings, are spotty and the improvement relatively weak, he concluded.

Gilbert (1999), however, believed that the link between nicotine and cognitive performance is stronger than Heishman's research suggest. He theorizes that most people who smoke are in some ways self-medicating mood problems and deficits in attention or other aspects of cognition and that the small effects on cognition seen in nonsmokers may simply indicate that most nonsmokers are at their maximum performance already, he said.

There are, however, controversies as to the activities of nicotine in cognitive enhancement. In fact, no one to date has examined whether nicotine can enhance performance in significant way on a real-world tasks. Hence Aza (1999) says "the jury is still out on whether nicotine really does enhance cognitive performance".

In sporting activities, the use of steroids by sportsmen and women has been on the increase globally over the years and the vice is fast catching up with Nigerians. The use of performance enhancing drugs, also called anabolic steroids by athletes, first detected among Nigerian athletes some 11 years ago, has become more widespread and cuts across sports. Although the problem is not yet as serious in Nigeria as it is in some developed countries, but the trend is fast penetrating. Some of these steroids include Nandrolone, Dranabol, Equipose, Depo-Teslosterone, Donabol, Finajet, Parabolin, Sustainon, Winstol, Android, Oreton and Anawar.

2.4 Summary

This chapter reviewed the nature of drugs which were pharmacologically classified as hallucinogens, stimulants and depressant. Emphasis was based on prevalence drugs of use or abuse in Nigeria. Hence Narcotics, alcohol, nicotine, cannabis, pemoline, cocaine, amphetamine, lysergic acid diethylamide (LSD) and phynciclidine were given detail discussions. Predisposing factors to drug abuse were reviewed under, family background, environment, personality / pharmacological factor, availability of drugs, age / gender, peer group, social drugs and education.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

In this chapter, the methodology for the conduct of the study is described under the following sub headings:

(i) The Research design.
(ii) The population of the study.
(iii) Procedure for sampling from the population.
(iv) Instruments used for gathering data.
(v) Validity and reliability of the instrument.
(vi) Data gathering procedure and
(vii) Procedure for analysing data.

3.2 The research design.

The research design adopted for this investigation is the survey method. Survey method generally attempts to find out the opinions of people about a particular situation or phenomenon. This method was, therefore, used to find out the opinions of drug users on the predisposing factors related to drug abuse.

3.3 The population of the study

The population of this study comprised of all persons arrested for drug related offences and were in the custody of the National Drug Law Enforcement Agency and the Nigerian prisons service. The population was estimated at 680 people consisting of men and women. The choice of persons in the custody of NDLEA or the Nigerian prisons service as the population sample was to minimize possibilities of denial by the drug users on the streets and the difficulties involved in getting their attention.

3.4 Sample and sampling procedure

A non-probability sampling procedure was adopted. This is based on the characteristics that all the respondents use drugs. This method was used to select persons arrested for drug offences in the custody of the National Drug Law Enforcement Agency and the Nigerian Prisons. This is because these are the only constituted places under which drug offenders could be kept pending either the outcome of investigation or on remand or serving jail terms. There are, however, many NDLEA and prisons custodies in Nigeria. Because of this, the researcher was not able to visit all the NDLEA and prison custodies rather a purposive non-probability sampling method was used to select NDLEA and prisons custodies in Kano and Lagos States. The choice of these states were predictated by the fact that Kano and Lagos States have been identified as having the highest records of drug abuse in Nigeria.

There were, though, many people arrested for drug related offences who were in the Nigerian prisons custody and NDLEA custody. They were not all, however, drug users as some were only drug traffickers or in drug business. But about 70% of those in the custody indicated that they use drugs. Because of the purpose of this study which was targeted mainly on the drug users, only those who admitted to taking drugs were given the questionnaire. A total of 144 drug users responded to the questionnaire. 67 from Kano State and 77 from Lagos State. Out of the total number, 15 were female while 129 were male.

3.5 Instrumentation

Questionnaire constructed by the researcher and subjected to content validity was the main instrument used for the study. Data of arrest of persons and seizure of drugs at the Kano zonal office of NDLEA was also analysed to determine sex difference, most prevalence drugs of abuse etc.The questionnaire was divided into two (2) major parts. Part 1 contains the instruction and bio-data. Part 2 was divided into

11 sections with sixty five (65) text items. Section 1 contains the list of drugs of abuse. Section 2 determines where the respondents live whether urban or rural area and the cultural attitude of people in the respondents area about drugs. This section has eleven test items. Section 3 centered on the social economic class of the respondents parents. It has six test items. Section 4 was on drug subculture in the family (parents, siblings and close relatives living in the same house). This section has three test items. Section 5 determines parenting style, love and care in the home. This section has fifteen test items. Section 6 was on family system and has seven test items. Section 7 was on age and peer group. It has four test items. Section 8 was on the influence of availability of drugs. It has four test items. Section 9 was on Education, type of job and ignorance about drug abuse as it affects the use of drugs. This section has five test items. Section 10 was on social drugs. This section has five test items. While section 11 was the conclusion which consolidate some of the responses and for recommendation purpose. It has five test items.

3.6 Validity and reliability

The questionnaire used for the study has not been used in any research as it was designed by the researcher. The questionnaire was subjected to modification and approval by the supervisors. A Pilot study was further carried out by the researcher to establish the internal consistency of the questionnaire using Kurder Richadson Formula 20. The result was .936, .941, .950, .939, for the questionnaire on Environmental factors, family background, availability of drugs and social drugs respectively.

The questionnaire was basically designed to explore the degree of family background, environmental and social cultural variables as motivating factors that initiate drug use.

3.7 Procedure for data collection

Structured interview method was adopted, 144 copies of the questionnaire was designed, one for each subjects response. Each subject was invited one after the other to respond to the questions which was uniform for all the subjects. The researcher filled some questionnaire himself based on the response of the subjects. This was due to the fact that some of the subjects could not read or write and some do not even understand English Language. For this set of people who do not understand English, however, assistance was required from trusted and reliable persons who assisted in the interpretation. Those who could read and write were given the questionnaire to fill by themselves and clarification was made to them where necessary. Out of the 144 respondents, sixty six of them filled the questionnaire themselves. Forty six understood English but needed assistance in filling the questionnaire thirty two could not speak or write in English.

3.8 Data analysis procedure

The responses from the items on the questionnaire and data of arrest of persons and seizure of drugs collected from NDLEA office was classified into a frequency distribution table. The frequency distribution table was converted into simple percentage to represent the responses from the questionnaire and other data collected.

For statistical evidence and hypothesis testing chi-square (χ^2) was used for the analysis of data. The choice of Chi-square was predicted by the fact that it is the most appropriate non-parametric inferential statistical method used in the analysis of frequencies or nominal data. This was supported by Iwuama (1993:133) who stated that "A person is not numerically divisible. As a result, the most appropriate statistical tool is the Chi-square and nothing more".

3.9 Summary

This chapter deals with methdology for the study which include the research method adopted, the population for the study, sample and

sampling procedure, instrumentation, validity and reliability, procedure for data collection and data analysis procedure.

CHAPTER 4

ANALYSIS OF DATA

4.1 Introduction

This chapter presents the analysis of the data collected from the subjects used in the study. The chapter includes the general discussions from the results of the analysis of the data collected as supported by the theoretical frame work on the research. The analysis of the data focused on the objectives of the study.

(a) To determine the trend of drug abuse and
(b) To identify the causal factors to drug abuse.

For statistical analysis, Chi-square method was used to test the seven null hypotheses that guided the study. A standard level of significance of 0.05 was adopted as the basis for rejection of the hypotheses.

4.2 Hypotheses Testing

Seven null hypotheses were tested using Chi-square (χ^2).

HO_1: There is no significant difference between male and female in drug abuse.

Table 4.1

Chi-square analysis on gender difference in drug abuse:

Gender	Frequency	Percentage	$\left(\frac{O-E}{E}\right)^2$
Male	129	89.58	45.13
Female	15	10.42	45.13
Total	**144**	**100**	**90.26**

The above table is a Chi-square analysis of HO_1. The result showed a computed Chi-square of 90.26 which is highly significant with table value of 3.84. The percentage of men who abuse drugs was computed at 89.58 while that of women was 10.42. This shows that men abuse drugs more than women. Therefore, there is gender difference in drug abuse.

HO_2: There is no significant difference between urban and rural environment in drug abuse.

Table 4.2

Chi-square analysis on Environmental (urban/rural) difference in drug abuse.

	Frequency	**%**	$\left(\frac{O-E}{E}\right)^2$
Urban	97	67.36	8.68
Rural	47	32.64	8.68
Total	**144**	**100**	**17.36**

From the table above, the computed Chi-square value is 17.36. At 0.05 level of significance and df=1, Chi-square table is 3.84. The % computation also shows that 67.36% of the sample population are from the urban area while 32.64% are from the rural area. The null hypothesis is, therefore, rejected. This means that there is significance difference in the environment of drug users.

HO_3: There is no significant difference between the family background of those who use drugs and those who do not.

Table 4.3

Chi-square analysis on family background influence in drug abuse.

	Frequency	%	$\left(\frac{O-E}{E}\right)^2$
Stable Family Background	35	24.31	19.01
Unstable Family Background	109	75.69	19.01
Total	**144**	**100**	**38.02**

Table 4.3 above shows the Chi-square analysis of home background influence on children towards drug abuse. The computed Chi-square is 38.02. At 0.05 level of significance and df=1, Chi-square table is 3.84. Percentage shows that 75.69 of the respondents (drug users) are from unstable homes while 24.31 are from stable homes. This means that children from unstable homes are more prone to drug abuse than children from stable homes. The hypothesis is, therefore rejected.

HO_4: There is no significant difference between the parenting styles of those who use drugs and those who do not.

Table 4.4

Chi-square analysis showing relation between parenting styles in drug abuse.

Parenting styles	Frequency	%	$\left(\frac{O-E}{E}\right)^2$
Autocratic	23	23.96	2.53
Democratic	22	22.92	3.13
Laissez-faire	51	53.12	11.28
Total	**96**	**100**	**16.94**

Table 4.4 shows that 23.96% are from autocratic homes, 22.92 from democratic homes while 53.12 are from laissez-faire homes. Chi-square was computed at 16.94 which shows a significant difference in the parenting styles in the family of drug users.

HO_5: There is no significant difference between those who have knowledge of drugs and those who do not in influencing drug abuse.

Table 4.5

Chi-square analysis on the influence of ignorance in drug abuse.

	Frequency	**%**	$\left(\frac{O-E}{E}\right)^2$
Knowledgeable about the effects of drugs	48	33.33	8.00
Ignorance of the effects Of drugs	86	66.67	8.00
Total	**144**	**100**	**16.00**

The table above shows a computed Chi-square of 16. At 0.05 level of significance and df=1, Chi-square table is 3.84. The percentage computation shows that 33.33% were knowledgeable about the effects of drugs before initiating its use while 66.67 claimed ignorance of the dangers of drugs before initiating drug use. The null hypothesis is, therefore, rejected as there is significant influence of ignorance in drug abuse.

HO_6: There is no significant difference between those who use social drugs and those who do not in influencing drug abuse.

Table 4.6

Chi-square analysis on the influence of social drugs in drug abuse.

	Frequency	**%**	$\left(\frac{O-E}{E}\right)^2$
Influenced by social drugs	106	73.61	16.00
Not influenced by social Drugs	38	26.39	16.00
Total	**144**	**100**	**32.00**

Table 4.6 is a Chi-square analysis of the influence of social drugs in drug abuse. From the table, computed Chi-square is 32. At 0.05 level of significance and df=1 Chi-square table=3.84. Percentage of those influenced by social drugs is 73.61 while those not influenced by social drug is 26.39. This means that social drugs have significant influence in the abuse of hard drugs. The null hypothesis is, therefore, rejected.

HO_7: There is no significant difference between those influenced to drug use by peer group and those not influenced by peer group.

Table 4.7

Chi-square analysis showing the influence of peers and drug abuse.

	Frequency	**%**	$\left(\frac{O-E}{E}\right)^2$
Influenced by peers	91	63.19	5.0
Not influenced by peers	53	36.81	5.01
Total	**144**	**100**	**10.02**

Table 4.7 Shows that 63.19% of the respondents were influenced into the drug scene by peers. 36.81% responded that they were not initiated into the drug scene by peers. Chi-square analysis shows significant difference of 10.02. This means that peer group has significant influence in drug abuse.

Other analysis to further probe the effect of environment and family background in influencing drug abuse using Chi-square and simple percentage showed the following results.

Table 4.8.

Chi-square analysis on Cultural influence on drug abuse.

	Frequency	%	$\left(\frac{O-E}{E}\right)^2$
Positive cultural attitude	33	22.92	21.13
Negative cultural attitude	111	77.08	21.13
Total	**144**	**100**	**42.26**

The above result shows that computed Chi-square is 42.26 which shows a very significant difference. The percentage shows that 77.08% of the respondents are influenced to take drugs because of the favourable cultural attitudes to drugs.

Table 4.9

Chi-square analysis on social Economic difference in drug abuse.

	Frequency	%	$\left(\frac{O-E}{E}\right)^2$
Low Social Economic class	90	62.50	36.75
Middle Social Economic class	39	27.08	1.85
High Social Economic class	15	10.42	22.69
Total	**144**	**100**	**61.29**

The table above shows that 62.50% of the respondents are from low Social Economic Class. 27.08% are from middle social economic class while 10.4% are from high social economic class. Computed Chi-square is 61.29. At level of significance and df = 2, Chi-square table is 5.99. This means that there is significant difference in the social economic class of those who use drugs.

Table 4.10

Chi-square analysis on influence of family drug sub-culture in drug abuse.

	Frequency	**%**	$\left(\frac{O-E}{E}\right)^2$
Drug use in the family	121	84.03	33.35
No drug use in the family	21	15.97	33.35
Total	**144**	**100**	**66.70**

The table above shows that there is significance difference between homes where drug is used and homes where drug is not used. The computed Chi-square shows a high value of 66.70. Percentage computation shows that 84.03% of the respondents come from homes where drugs are used while 15.97% comes from homes where drugs are not used. This means that there is significant influence of family drug subculture in drug abuse.

Table 4.11

Chi-square analysis showing relation between adequate and inadequate parental care in drug abuse.

	Frequency	**%**	$\left(\frac{O-E}{E}\right)^2$
Adequate parental care	**47**	34.03	7.35
Inadequate parental care	97	65.97	7.35
Total	**144**	**100**	**14.70**

From the above table, 65.97% of the respondents are from homes where there are inadequate parental care while 34.03% reported that there is adequate parental care in their homes. Chi-square was computed at 14.70 which shows a significant difference between homes where parental care is adequate and homes where parental care is inadequate in influencing drug abuse.

Table 4.12

Chi-square analysis showing relation between polygamous and monogamous homes in drug abuse.

	Frequency	**%**	$\left(\frac{O-E}{E}\right)^2$
Polygamy	105	72.99	15.13
Monogamy	39	27.08	15.13
Total	**144**	**100**	**30.26**

The table aove shows that 72.97% of the respondents are from polygamous homes while 27.08% are from monogamous homes. Chi-square computed was 30.26. Chi-square table at df=1 and level of significance 0.05 was 3.84. This shows a significance difference in the number of drug users from polygamous homes and monogamous homes.

Table 4.13

Chi-square analysis on parental living pattern and drug abuse.

Parental Living Pattern	**Frequency**	**%**	$\left(\frac{O-E}{E}\right)^2$
Live with both parents	32	22.22	5.33
Live with single parent	60	41.67	3.00
Live with guardian	52	36.11	0.33
Total	**144**	**100**	**8.66**

22.22% of the respondents live with both parents, 41.67% live with single parent while 36.11% live with guardian. Chi-square computed was 8.66. At df=2 and level of significance 0.05, Chi-square table was 5.99. This indicate a significant difference in whom drug users live with whether both parents, single parent or guardian.

Table 4.14

Table showing the family size of drug users.

	No of children				
	1 – 5	**6 – 10**	**11 – 15**	**16 – 20**	**20 & above**
Father	10	33	52	35	14
%	6.90	22.92	36.11	24.31	9.72
Mother	74	68	2	-	-
%	51.39	47.22	1.39	-	-

The table above shows that 29.82 % are from small size family with less than 10 children in the family while 70.18% are from large families with more than 10 children.

Table 4.15

Table showing the position of drug users in the family.

	Positions in the family tree					
	1st	**2nd**	**3rd**	**4-10th**	**11th & above**	**last born**
Father	16	21	19	51	32	5
%	11.11	14.58	13.19	35.42	22.22	3.47
Mother	17	18	20	73	2	14
%	11.81	12.50	13.89	50.69	1.39	9.72

Table 4.15 seems not to show significant difference in the positions of drug users in their family trees.

Table 4.16.

Table showing age bracket at which drug is initiated by drug users.

	Age bracket				
	10-12 yrs	**13-15 yrs**	**16-18 yrs**	**19 – 21 yrs**	**22yrs & above**
Frequency	11	29	68	24	12
%	7.64	20.14	47.22	16.67	8.33

The table above shows that 47.22% of drug users initiated drug use between the ages of 16 and 18 years, 20.14% initiated drug use between 13 and 15 years. 16.67% initiated drug use at age between 19 and 21 years. 8.33% **initiated drug use after they were 22 years while 7.64% initiated drug use** between the ages of 10 and 12 years old.

Table 4.17

Chi-square analysis showing the influence of availability of drugs in drug abuse.

	Frequency	**%**	$\left(\frac{O-E}{E}\right)^2$
Influenced by availability	89	61.81	4.01
Not influenced by availability	55	38.19	4.01
Total	**144**	**100**	**8.02**

61.81% of the respondents agreed that availability of drugs influence people to drug abuse. 38.19%, however, disagree. Chi-square analysis shows computed value of 8.02 and table value of 3.84 an indication that there is significant difference.

Table 4.18

Table showing the level of Education of drug users.

	Levels of Education				
	No Formal Education	Primary	Secondary	ND/NCE	1st degree & above
Frequency	43	48	39	12	2
%	29.89	33.33	27.08	8.33	1.39

Table 4.18 shows that 29.86% of the respondents have not attended any school. 33.33% attended primary school, 27.08% attended secondary school, 8.33% have OND or NCE while 1.39% have a minimum of first degree.

Table 4.19

Chi-square analysis on occupational influence in drug abuse.

	Frequency	%	$\frac{O-E}{E}^2$
Occupational influence	68	47.22	0.22
No occupational influence	76	53.78	0.22
Total	**144**	**100**	**0.44**

From the table above, 47.22% responded that occupation has influence in drug abuse, 53.78 disagree. Chi-square was computed at 0.44 and Chi-square did not reach the significance level which means that occupation has no significance influence in drug abuse.

Table 4.20

Table showing gender difference and quantity of drugs found in possession.

Month/Year	No. of persons Arrested with drugs	No. of Male	Qty of drugs in kgs	No of Female	Qty. of drugs in kgs	Total Qty. of drugs seized
Dec., 1994	12	10	2.173	2	103.200	105.373
May, 1995	10	9	1.473	1	55.000	56.473
Sept., 1995	8	7	1.305	1	0.550	1.855
Oct., 1995	11	8	20.913	3	201.500	222.413
March, 1996	18	17	9.885	1	9.500	19.385
Sept., 1996	33	29	7.951	4	131.360	139.311
Nov., 1996	26	23	9.011	3	5.336	14.347
Aug., 1997	29	26	6.155	3	56.220	62.375
Total	**147**	**129**	**58.866**	**18**	**562.666**	**621.532**

Source: *NDLEA Kano Zonal office, Kano.*

Table: 4.21

Table showing the most prevalent types of drugs in Nigeria with number of persons involved.

Year	No of persons involved in kano State.			
	Cannabis	**Valium/Amphetamine/ Librium or Lexotan or pemo line**	**Cocaine**	**Heroin**
1991	14	-	-	6
1992	39	1	4	1
1993	109	4	8	1
1994	131	21	6	10
1995	127	5	5	3
1996	246	9	2	4
1997	348	19	-	-
1998	387	28	3	4
1999	319	31	6	3
Total	**1720**	**118**	**34**	**32**
%	90.34%	6.20%	1.79%	1.68%

Source: *NDLEA Kano Zonal Office, Kano.*

Table: 4.22

Table showing identified predisposing factors to drug abuse in predominance order.

(1) Gender
(2) Cultural acceptance / attitudes to drugs
(3) Unstable Home
    (a) Drug Subculture
    (b) Single parenthood
    (c) Polygamous home
    (d) Low social economic status
    (e) Lack of love / inadequate parental care
    (f) Large family size
    (g) Autocratic / laissezfaire parenting styles
    (h) Broken home
(4) Social drugs
(5) Peer group
(6) Adolescent
(7) Urbanisation
(8) Availability of drugs
(9) Illiteracy
(10) Unemployment
(11) Ignorance
(12) Curiosity
(13) Frustration
(14) Euphoric effect
(15) Depression
(16) Nature of job
(17) Neuroticism

Table 4.23

Table showing whether or not respondents want to stop using drugs.

	Frequency	%
Yes	129	90
No	12	8
No response	3	2

Table 4.24

Table on suggested ways to stop drug usage by the respondents.

(1) Provision of employment
(2) Treatment / Rehabilitation
(3) Isolation from drugs.
(4) Withdrawal from present environment
(5) Withdrawal from peers
(6) Provision of needs
(7) Isolation from parents
(8) Concrete evidence of dangers of drugs
(9) Change of job

Table 4.25

Given reasons for not wanting to stop drug usage.

(1) Withdrawal syndrome (feeling sick, hatred, depression, fear e.t.c.)
(2) Nature of job
(3) Doubting the dangerous effect of drugs
(4) Have tried and failed
(5) Dependence syndrome (makes me happy, not hungry, sexually active, euphoric e.t.c.)
(6) Availability
(8) Long period of use

4.3 DISCUSSION

This study was designed to find out the trend of drug abuse and the predisposing factors to the use of drugs in Nigeria using Kano and Lagos States as case study. How the research study proffered solutions to the research questions was based on the responses from the designed questionnaire. The result was subjected to statistical analysis to test the seven null hypotheses for the study which are discussed sequentially below. The first hypothesis inferred the gender difference among drug users. Generally, the result indicated that there is gender difference in drug abuse. The Chi-square analysis (table 4.1) showed a significant difference between male and female. Many reports have similarly found significance difference between male and female in drug abuse (e.g. Kandel (1993), Onovo (2000), Arinze (2000), Lokadang (2000)). This findings was also supported by data collected from the Kano Office of the National Drug Law Enforcement Agency (NDLEA). Between 1991 and 1999, a total of 1904 people were arrested for drug related offences, out of which, 1834 are men representing 96.32% while 70 are women representing 3.77%. This is a ratio of 26.1. Incidentally, however, a random sampling of number of arrest with quantity of drugs between 1994-1997 (table 20) had a shocking revelations. While men are more involved in drug abuse, dealing and trafficking than women, the few women involved are always in possession of large quantity of drugs than men. While the average quantity of drugs possessed by men is 0.46kg, that possessed by women is 31.26kg. It is, however, difficult to adduce reasons to this findings.

Gender difference in drug abuse could be explained in the light of Azar (1999) investigation into nicotine use. Based on the findings of the study, Azar pointed out that men cite nicotine, while women say social intangibles are behind the urge to smoke. This means that while nicotine drives a man's desire to smoke, it may be a less of a catalyst to women. The external pleasures of smoking such as holding and smelling a cigarette seems to be more important to women.

Gender difference in drug abuse is a mix of social, cultural as well as biological factors. This was the view of McNeill (2000). Morrow (2000) on alcohol asserts that women need to drink less to get the rewarding effects of alcohol because they (women) naturally have a higher levels of stress hormones (corticosterone and progestone). This help women to chill out faster when they drink alcohol. In otherwords, these hormones are determinant factor in drug abuse and a predisposing factor in initiating drug use.

The study also revealed that the physical environment had a significant influence in the use of drugs. This was the inferred result from hypothesis two when tested using Chi-square. People from the urban centers were found to abuse drugs more than people from the rural centers. A similar result was held by Gerald and Bayer (1993). This result is however inconsistent with the work of Ahmed (1989), Ikwuagua etal (1991) who discovered that drug abuse is more prominent in rural areas than urban areas. A further probe into environmental factors such as cultural attitude towards drugs using Chi-square, revealed that the cultural attitude of people in a particular environment is a significant predisposing factors to drug use. Ujorha (1993) asserts that drug abuse is a changeable social concept, what is acceptable use and what is abuse is determined by each society and Kendel (1993) stated that the behaviours of drug users within a society is determined by socio-cultural factors, particularly the overall pervasiveness of the use of drugs in that society. The initiation, degree and persistence of drug involvement, therefore, appear to be directly related to the overall levels of use in a society. The higher the overall societal levels, the greater the involvement in drugs on the part of the users, the more persistence use, the earlier the age of onset into the use of drugs, and the greater the spread of the phenomenon throughout all groups in society, with an attenuation of intergroup differences in the pattern of use. In an environment or society where drug use is not regarded as anti-social behaviour, children from such environment will tend to emulate the tradition

and norms of that society or environment. This negative cultural attitude about drugs has influenced many youths to the drug scene knowing too late of the hazards. Many drugs in Nigeria like alcohol, cigarette, tobacco, kolanut have been accepted as appropriate adjunct to sociability thereby deluding the mind of the innocent youths of the dangers inherent in the use of these drugs. Ujorha (1993), however, noted that the amount of alcohol for example consumed by children in the ancient times were controlled. Urbanisation, industrialization, increase culture contact with the Western world has led to the weakening of this traditional control system thereby deviating from the traditional context of having surrogate parents and extended family system. In our fast changing society, children are now being brought up in an isolated immediate environment comprising only the parents and siblings and the outside multi-cultural environment which has the infusion of cultural beliefs. This multi-dimensional cultural infusions create confusion for the growing child thereby creating physical, psychological and emotional inbalance. Worst still is the fact that parents who are the head of the isolated immediate environment are not living up to expectations in balancing the emotional disposition of their children because of the guest for materialism and the struggle to make ends meet. Neighbours and elders in the society no longer bothers about what other children are doing in the society for fear of attack by the more volatile and rebellious youth or for the sake of not being accused of interference in personal privacy. This has led our society to a lawless and care free attitude of life where nobody cares to report cases of drug use to either the police or NDLEA or educate the victims. This predominant attitude in the urban areas no doubt contributed to the findings which shows that 67.36% of the sample population are from the urban area.

The third hypothesis was on home background while the fourth hypothesis was on parenting styles. Both had significant impact in predisposing drug abuse. The result of the finding revealed that

there is a significant difference between stable home background and unstable home background in influencing drug use. Children from unstable home background are more prone to drug abuse than children from stable home background. Unstable home is characterized by poor living condition, family drug subculture, autocratic/liassez-fair parenting styles, lack of adequate parental supervision, divorced or single parents and large family size.

The family unit provides all the initial indications to the child as to whether or not he is loved, accepted, or having a successful beginning. The inability of the family to provide certain basic needs for the child exposes the child to sort for deviant paths. The child depends on the family group for physical, social and emotional satisfaction. Families, however, differ significantly in terms of their social order. Some have more prestige, more money and power than others. This variations place each families in different social cadres. This, however, have significant influence on their children. Kadaura (1994) thus assert that the way a child evaluates himself socially, economically and psychologically depends to a great extent on the position of his family in the society. The position of the family of a child in the society determines the kind of people the child associate with. Most Western European Societies have lower levels of illicit drug use, abuse and problems than the United States and most developing countries, largely because they have less inequality, poverty and homelessness. Engelsmann (1990) attributed this to the policy of the Dutch which prefer policy of social control, adaptation and integration to a policy of social exclusion through criminilization. Instead of a war on drugs, the Dutch prefer to wage war against underdevelopment, deprivation, and low socioeconomic status. A child who is born to low social economic class parents will live in unsafe, unprotected environment, associate with street boys and girls, form gangs, drop out from school, suffer high degree of neglect or deprivation and undue stress. This according to Hussen (1970)

lead to the expression of abnormal behaviour. This abnormal neurotic behaviour predispose the child to drug abuse. If the home is incohesive and chaotic, the child internalize what he finds in his environment and learn from whatever environment he may meet. These experiences make them to be truants, drug addicts and so on. Hence Adeniyi (2000) asserts that family set up can create problems. Families in which there is a high incidence of marital conflict, divorce, drug abuse, poverty, stressful life events, exposes children to various deviant path like drug abuse. In order to further probe some of the variables that causes unstable and incohesive homes, the researcher discovered from the analysis of result that 72.97% of the respondents are from polygamous homes and that only 22.22% are living with both parents. 41.67% are living with single parents due to either death, divorce, work in different towns or separated while 36.11% are living with guardians. Table 4.14 further indicated that 70.18% of the respondents are from large families with more than 10 children in the family. Polygamous homes often lack compatibility between members of the family because of frequent disagreements, quarrels, fighting and nagging which predispose the child to poor sense of security and identity. In deteriorating situations, the home break-up and the children are subjected to inadequate parental care and supervision (table 4.11). This influences his social and emotional adjustment – a path to drug abuse. One is, therefore, not surprise with the findings that 27.79% of the subjects initiated drug use before the age of 15. The exposure of children to emotional disturbances at a very tender age is a predisposing factor to this trend. At this tender age and with their ignorance of the dangers of drugs, associates toughness and precocity with drug use. This was the findings of Mollie etal (1972). This is because parental care, love and protection is not there for the child. In order to survive the impression of hostility of the world, he looks for alternative protection which peers has assured is present in drug use.

It is, however, sad that even before peers influence the child to drug abuse, the home has already done that. This is evident from table 4.10 which reveals that 84.03% of the respondents comes from homes where drugs are used. The parents, siblings close relatives living in the same house use one form of drug or the other. The home being the primary contact point and a strong agent of socialization introduces the child to drug use. This findings is similar to the findings of Edward Etal (1972), Brook etal (1986), Ary Etal (1993) and Duncan etal (1996).

A further analysis of the drugs used by parents, siblings or relatives and the once used by the respondents, it was discovered that children in addition to using the drugs used by either their father, mother, siblings, guardian or relatives, uses other drugs. While most respondents indicated that their parents smoke cigarette or alcohol or kolanuts, they indicated that in addition to taking these social drugs, they take other hard drugs which are not used by their parents. This findings is in accordance with the work of Folawiyo (1998) who stated that young people realize that drug can be abused but often felt that their parents use of tranquilizers, barbiturates, amphetamine and alcohol is more irresponsible and dangerous than their own use of Cannabis or Cocaine. This means that drugs used by parents in most cases only introduces the children to the drug scene while the choice and types of drugs to use depends on the child. The fact that the parents or siblings use any of these drugs weakens the control which they would have had on the child. The result also shows that children are more biased towards the drugs used by siblings and relatives than that used by parents. This finding was upheld by pattersan (1984). Ary etal (1993) and Duncan etal (1996).

The findings (table 4.15) does not seem to show significance difference in the positions of the respondents in the family tree. This means that the position of a child in the family is not a predisposing factor to drug abuse. This is contrary to wild held views that last born in

the family are always over protected, pampered, babied and "spoilt" by the parents and older siblings.

A careful analysis of the effect of ignorance on drug abuse (table 4.5) revealed that a great number of respondents were not aware of the dangers of drug abuse before initiating drug use. This shows a significant difference on those who have knowledge about drugs and those who do not in influencing drug use. This findings is in accordance with the report of Oyenike (1988), Falae (1988). Ignorance of the dangers of drugs is a manifestation of poor cultural attitudes, inadequate enlightenment programmes by Government and non Governmental organizations about the dangers of drugs. Youth according to Folawiyo (1998) is a period of experimentation. A period where curiosity seems to be the order of the day. Out of curiosity, youth would want to experiment on anything except where adequate enlightenment is given about the dangers of what they want to experiment on. Worst still is the fact that those drugs are readily available. The possibility of experimenting out of curiosity on what is available and which they don't have facts about its dangers are always there. Coincidentally, the subjects were asked to respond to the effects of availability of drugs to drug abuse. 61.81% stated that availability influence drug abuse. This findings was supported by Obot (1986), Falae (1987), Chilaka (1987), Johnson (1988), Ujorha (1993) and Joan (1999). Joan (1999) commenting on the effects of availability of drugs stated that psychopaths, psycho-neurotics or emotionally disturbed persons would not use narcotics and other dangerous drugs as a solution to their personal problems unless such drugs are available. An emotionally disturbed persons would out of ignorance and availability of drugs would want to use drugs to solve their personal problems. Availability of drugs have some kind of magnetic forces. It is a very tempting and always seen as possible way out of any ill feelings. One is not surprise, therefore that medical experts inspite of the risk of heavy sanctions of loss of professional license and possible criminal prosecution, abuses opiates more than

per capital of the controlled population.(Goldstein and Harold 1993). While this findings supported the influence of availability of drugs in influencing drug abuse, it contrasted the effect of ignorance. It would have been expected that the incidence of drug abuse (opiates) by medical personnel be negligible but reverse happens to be the case. This, therefore, point to an indication that no single factor predispose drug use. It is a collection of many factors. Some factors could have more influence than the others. Availability of drugs might have more influence than ignorance. This assertion can be supported by the use of cigarette and advertorial warnings. Inspite of the warnings that cigarette smoking is dangerous to health and the bold inscription on the packs of cigarette which is a form of enlightenment to intending users and users, the continuous use of cigarette tend to defy these warnings. This means that the availability of the cigarette is more inviting than discouragement by the warnings. Many of the negative consequences of drug taking may reasonably be of attributes to pre-existing problems of users or the interactions between their disadvantage status and current policies regulating drugs and the availability of drugs.

Drug users would always want to justify their reasons for drug use. In other to probe the effect of the nature of job on drug abuse, it was discovered that there is no significant difference between those who use drugs because of the nature of their job and those who do not relate drug use to their jobs. Infact, 53.78% responded that occupation has nothing to do with their drug use. 47.22% stated that occupation has influence in their drug use but this does not reach significance level difference. This findings is supported by the observation of Heishman (1999). Refering to previous studies on the enhancement of performance by nicotine, pointed out that nicotine does enhance some aspects of performance, but not across the board and not from study to study in a very reliable way. He concluded that it is not a very roburst performance – enhancing drug. This point to the inconsistencies on the effect of drug on occupational

activities. While some rely on the efficacies of these drugs, others do not, probably because of the dangers associated with its use. While nicotine in cigarette is a common cognitive enhancement drugs by the elites, Cannabis, pemoline, alcohol seems to be the more performance-enhancement drugs used by factory workers, peasant farmers and labourers.

The sixth hypothesis inferred that social drugs have significant influence in the use of hard drugs. This is evident in table 4.6. This findings is consistent with the findings and reports of Mollie and Russel (1972), Johnson (1986), Keshi (1987), Dewan (1993), and Odumodu (2000). Lee (1973), however, had a contrary view. He pointed out that, it is usually the fear expressed by people and that while many people who ended up in abusing hard drugs may have started with less dangerous or social drugs, this is no prove a cause and effect relationship.

As earlier stressed, these social drugs have been socially acceptable and used by both the young and old, male and female. Incidentally it is influencing the youth to the use of hard drugs for the sake of having a wider experience and avoiding the realities of life. This findings point to a serious danger because the use of these social drugs have deviated from the traditional and social context of use to increasing negative psychological, physiological and social consequences. What was earlier termed as within social-culturally accepted limits has gone beyond the limit. This means that the societal acceptance of these social drugs is indirectly encouraging the use of hard drugs. This view was also held by Odumodu (2000) and Onovo (2000).

The seventh hypothesis inferred that peer group is a significant predisposing factor to drug use and abuse. This is evident in table (4.7). This findings is in accordance with the work of Mollie & Russel

(1972), Lee (1973), Barnabas (1988), Duncan etal (1996) and Folawiyo (1998).

The peer group helps adolescents develope independence from their families. In the first place, the group leader temporarily replaces the repudiated, yet needed, father figure. Second, the group provides support when the youth rebels against parental authority. If the child insists on his right to smoke or use drug, his guilt feelings are alleviated by his friend's assurance that he is within his rights. The facts that many different homes are represented in the peer groups helps them keep their own families in perspective. The group members have a social identity denied in the society at large.

The peer groups influence, although vital, is often portrayed as strangling the individual's personality. Indeed, youth see themselves enmashed in unpleasant network of reciprocity and learn that the relationship between priviledge and responsibility restricts freedom. Thus creating a new and to them better society of their own where rigid conformity is the rule. Certainly many adolescent and youth believe they must conform in order to be popular and manifest this belief by their slavish submission to group norms such as drug use. Determined not to jeopardize their status, they go to extremes to avoid offending someone "who counts".

4.4 Summary

In this chapter, the researcher presented the analyses of data collected from the responses of the sampled population. This was done in order to text the hypotheses set out for the study. Chi-square statistical procedure and simple percentage were used to test the seven null hypotheses. The analysis indicated significant differences for the seven hypotheses i.e men are more involved in drug abuse than women, drug is abused more in the urban areas than rural areas, unstable home background have significant influence to drug abuse than stable home background. The analyses also indicated

that ignorance is a major contributor to drug abuse and that social drugs influence the use of hard drugs. And that peer group is a significant predisposing factor to drug abuse.

CHAPTER 5

SUMMARY, IMPLICATIONS, RECOMMENDATIONS AND CONCLUSION

5.1 Introduiction

This chapter presents a summary of findings of the study. The implications drawn, recommendations made and conclusions on the major findings of the research work are also presented.

5.2 Summary

The study investigated the trend and predisposing factors to drug abuse. Principally, Natural, Environmental, Family background and personality factors to drug abuse were the cardinal points for the study. Seven null hypotheses guided the study. The population of the study was estimated at 680 people (drug users) from Kano and Lagos States. Using availability sampling technique, a sample size of 144 subjects were drawn. Questionnaire was the major instrument used. The results from the data were statistically analyzed using Chi-square to test the seven null hypotheses as supported by the theoretical frame work. Generally, the result of the study indicated that gender is a significant factor to drug abuse as men are more involved in drug abuse than women. Hypothesis one was therefore, rejected on the basis that it indicated a significant difference, in the alternative the corresponding hypothesis was adopted. The second hypothesis indicated that environment is a significant factor to drug abuse as people in the urban areas use drugs more than people in the rural areas. Hence hypothesis two was rejected. Hypothesis three was also rejected as the result indicated that family background is a significant predisposing factor to drug abuse. People from unstable home background including poor parenting styles were found to be highly involved in drug abuse, a factor caused by the negative indices

associated with unstable homes. The result also indicated that ignorance is a significant factor to drug abuse. A significant number of the subjects initiated drug use out of ignorance of the dangers of drugs. The hypothesis was, therefore, rejected. Hypothesis six was also rejected as the result indicated that social drugs are significant factors to the use of hard drugs. Hypothesis seven was also rejected.

5.3 Implications

Based on the results from the analyses of the data to test the hypotheses, the results have indicated relevant implications for youths, parents, educationist, psychologist, sociologist, guidance counsellors, law enforcement agencies and government. The first hypothesis concerning gender and drug abuse is rejected thereby adopting the alternate hypothesis. This is to say that there is gender difference in drug abuse. This means that being a man and the associated developmental processes (which implies the orderly change in biological make-up and the behaviour of man throughout the life span) predispose men to use drugs than it does for women. This could be as a result of conglomeration of factors such as genetic, hormonal, societal and cultural factors. Each culture and sub-cultures or ethnic groups have its own set of values, ideas and ways of interacting with people which is its characteristics of its member. Incidentally, Nigeria is a society where sex-typing is encouraged during socialisation. This sex-typing encouraged at the infancy stage grows with the child to adolescent and adulthood thereby creating behavioural and attitudinal difference between male and female. This simply means that while serious effort will be put in place to discourage the female child from using drugs, little or no effort are made to discourage the male child. Further more, parental roles are carried out somewhat differently. Traditionally, the father's role has been portrayed as instrumental, which means being competitive, self-confident, and ambitious, while the mother's role has been portrayed as expressive, or kind, affectionate and cheerful. These also transcend to their relationship

with boys and girls. Adolescent girls have been found to experience a more supportive parent-child relationship than do boys.

Generally, these societal, cultural and environmental consequences were other factors noted when hypothesis two of this study was tested. The result revealed that urban environment has significant influence in drug abuse than rural environment (Bayer and Gerald 1993). As earlier remarked, the result has effect because of the weakening traditional control system as evident in the rural areas. In the rural areas, children in the neighbourhood are surrogate parents compared to urban areas where reverse is the case. It is, however, important to point out that the weakening traditional control system evident in the urban area is fast penetrating the rural areas as noted by Gbadamosi (1987) Ujorha (1993).

Being parented is also the primary preparation for becoming a parent. Patterns of dysfunctional parenting seen in substance abusing families are thus passed from generation to generation. The result is an on going cycle of abuse and neglect leading to depression and self-degradation that, in turn, puts individuals at risk both for substance abuse as a form of self medication and of becoming another inadequate, hurtful parents.

Many substance abusing parents have impaired parenting skills because of their troubled childhood and their drug seeking lifestyles. As a result, substance abuse is frequently noted in cases of child abuse and neglect. This study revealed that children from unstable homes, significantly differed in their involvement in drug abuse. Variables that characterized unstable homes in this study include polygamous homes, drug subculture, laissezfaire / autocratic parenting style, lack of parental love/care, low social economic class, single parents and large family size. The study revealed that 75:69% of the respondents (drug users) are from these type of homes. Unstable homes are characterized by chaotic, disharmonious, incohesive, poor

living condition, frustration and inadequate psychological security. This exposes the child to wrong path such as drug abuse so as to avoid the realities which the homes present. Children from stable homes significantly differed in their emotional, social relationship and academic adjustment. The relationship / difference in the variables are accounted for because of the care and control nature of the homes. In an unstable homes, rejection is the order of the day. Parents rebuffs their children, refusing to accept their behaviours that are basics to their personality. If the children are to please their parents, they must give up some ways of acting that are an essential part of themselves. Rejection may be active, involving outright hostility, authoritarian treatment, laissezfaire, or more subtle behaviours such as criticism for the slightest errors. Or it may be passive not easily identified in overt form. To compensate for the rejection by parents, children may spend much time away from home, often joining a gang and involvement in the drug scene.

Rejection may stem from a parent's own traits, from situations and factors (e.g polygamous homes, low social economic class, single parents or large family size) or from a particular parent - child interaction. For example a mother may reject any child, perhaps because of her own unhappiness or because she did not want children, or she may reject a specific child because he or she is simply not the sort of individual she would like him or her to be. Or a later born child may be rejected because there are already too many mouths to feed.

A casual relationship does not always, however, indicate concious rejection. It may merely represent preoccupation or indifference, devoid either of outright antagonism or warmth. The parents are busy with their own concerns or are simply unsuited to the role of bringing up children. Such children may become overly dependent or overly submissive in fruitless efforts to win the love they need. The implication is hostility towards the parents and serious attempt to cut off relationships with the parents as soon as possible. The children,

therefore have no adult model of their own sex with the immediate vicinity with whom to identify.

This study revealed that inspite of the unstable home background predisposition to drug abuse, not all children from such homes get involved in drug abuse. This can, however, be explained by the complexity in parental child rearing attitudes. Parents may demonstrate widely contrasting behaviours towards different children. A mothere may cling to her youngest, feeling that the child's maturity will rob her of her last claim to feeling needed. Or she may permit all the children to become independent except the one most like herself, with whom she identifies closely. Much depends on how a particular parents and child relate to each other. For example, a mother with a strong need to be needed may adore the sickly teenage daughter whom a more vigorously mother would unconsciously reject. In some cases, parents and children may be so different that a close relationship is out of the question or even unwise , because it is false or they may be so close that the parents must guard against encouraging dependency.

Reasearch relating to domestic violence shows that witnessing voilence may just as detrimental to the emotional and psychological development of a child, as if the child were actually being abused. Just as children who are abused tend to be abusers themselves in adulthood. Children who witness assault on parents or siblings also themselves tend to be abusers and / or abuse victims in adulthood. The same way many children of drug addicted parent become involved in drug use and abuse just like many children of batteries become batteries.

Ignorance of the dangers of drugs was revealed to be a significant factor why people take to drugs. This was inferred from the analysis of hypothesis four. This was compounded by the high availability of drugs with little or no information about the dangers of the drugs.

The availability of drug is a strong pull for experimentation (Folawiyo 1998). While ignorance no doubt has a significant influence on drug abuse, it sound amazing that medical personnel's who knows much about the dangers of drugs, use drugs even more than does the populace (Goldstein and Harold 1993). This suggest an indication of the existence of an underlying motivational factors to drug abuse.

The study also revealed that social drugs are gateway drugs to hard drugs. 73.61% of the respondents graduated from the use of social drugs to hard drugs. While not all those who use social drugs like alcohol, kolanuts, cigarette and tobacco end up using hard drugs, the result shows that the use of these social drugs predispose them to the use of hard drugs.

This study also revealed that peer influence predispose drug use and abuse. The relationship between adult and peer influence, however, varies by social groups. Peer influence is especially stronger in lower social class. Youths from this class are somewhat alienated from their families, find in gangs the security and status they seek, whereas middle and upper social class youths pursue their parents' ideals of popularity and success. The lower class youth gravitate to peer influence for various reasons, the basic reason being their own low status in the society. Peer membership is also easy for them because they are less closely confined to home. From an early age, they wonder the streets and come in at late hours. Their parents aware of their own inferior status, often share their children's negative attitudes toward society at large.

5.4 Recommendations

Based on the findings of this research work, the following recommendations are made to the Parents, Government, Society /

Communities, Psychologist / Counsellors and the National Drug law Enforcement Agency.

Parents

In a healthy family a person moves from being to a process of becoming. This is achieved in the family environment through socialization. Hence good parents produce good children through their interaction, and influence. Home atmosphere determines individuals growth as the parents keeps a silent rule in the family. They keep the window and doors open or close as required. His or her worth and the capacity to achieve through family interaction is fulfilled. The frame of reference in the family for any individual and the person achieves possibility assumption, reality assumption and value assumption. When the family is operating at optimum level, we say it is a healthy family. When we look at the family as a process, its growth, development and expansion, we can see certain pathological element in marriage, child rearing, education, launching into job finally, the empty nest. In an atmosphere of conflict, tension and uncertainty, the children's need for warmth, security and even physical care may be inadequately met. In a family where adult roles are inconsistently and inadequately filled, children lacks good models to form their own identities. Thus make the children develop some character traits such as immature, persimistic, suspicious, sarcastic, passivity, dependence, greediness, impatience, envy, irritability and resentment which predispose them to drug use and abuse. It is also likely that such children will have a hard time as they enter into a relationship outside the home, at school, or with playmates. Parents should, therefore, always try to play their roles adequately to help develop the child since adequate development of the child breeds good moral development. They should understand that the responsibility of the child to adulthood is theirs and should not be too care free about it. They should also know that they act as social mirror to their children from whom they develop their personality. If what they (children) grow to meet is parental and siblings use of

drugs, drugs will no doubt be seen as a normal thing in life. Parents should spend time with their children and listen to their problems. This will make the child feel loved and cared for. By so doing, children will feel accepted, secured and this can influence their behaviour and attitude in life including moral and social adjustment.

Parents should create a conducive environment for the child to grow. They should also watch their children's peers and advise their children against associating with drug users. They should be diplomatic in relating with their children and not autocratic or laissezfaire. Children should know why they should not associate with drug users or "bad" groups and not just stopping them from associating with people. Chilldren will understand better when you explain to them rather than dictatorial.

According to demographers, fewer members in the cohorts of young people and smaller relative cohort size will reduce oppourtunities for social interactions with peers (a very important factor in drug use initiation) and increase social control by the older generation. Parents should, therefore, limit the number of children they can cared for so as to give effective control and fathers should try as much to avoiding problems associated with polygamous homes. Parents should also not allow the idea of separating their children from them for it is not helpful to the children. The child in such cases cannot grow up to what the parents want him/her to be. It will rather generate emotional insecurity and maladjustment in the child.

Parents should try inspite of the prevailing harsh economic situation, create better ways of at least minimally meeting the basic needs of their children because the way a child evaluate himself in the society depends to a great extent on the provisions the parents are able to make for him. As the parents handle their infants, satisfying or failing to satisfy its need for food, love, comfort and security, they

have unremitting influence on it. The child begins to feel the world is either benign and to be trusted, or hostile and not to be trusted.

No one can give something to another unless he has it himself. Parents cannot give to children a sense of direction unless they themselves have a good sense of direction. Parents should, therefore, live a drug free lives, help the youth to align their values in keeping with the reality of life situations. Must be aware of how their grown-up children are developing in life; if their studies are weak, if they keep irregular hours and do not easily answer questions about their activity or friends; if they growth-in, do not eat, oversleep and are secretive, it is a time for loving, sympathetic, seeking to understand rather than harshly criticize. Talk with them about their plans for the future, their interests and how to go about achieving them. Let them share with you the impressions they get from their friends, and how they feel because of those things. Confide in them, the problems which you adults feel too with the strains of modern life in our land-locked opportunity locked society.

Parents and adult should also be surrogate parents and adults to other children outside their homes. We should be our brother's keepers rather than minding just one's business. The guest for materialism should not take over parental role in the homes.

Government

Effective prevention of drug use and abuse may be impossible or less effective without creating opportunities from economic advancement within a licit social framework. In other words if a good drug policy reform is put in place without addressing the underlying problems of the urban poor (poverty and despair), the problem of drug use and abuse will remain. The government at all levels (federal, state and local) should, therefore, wake up to their responsibilities by providing the basic needs of the people so as to reduce the psychological, emotional, economical and social stresses that predispose drug abuse. They should significantly improve schools and housing, eliminate

homelessness, and provides universal medical care, well-paying jobs and expanded delivery of other social services.

The Government should enact laws to make it mandatory for parents to take care of their children. If effected, it will go in line with the family planning campaign programme so that parents will not produce number of children they cannot care for. This is because the neglect of children leads to drug abuse and other vices. The undisputed fact that Nigerian children have been exposed to a Myriad of problems confronting the nation is a thing of concern. Unemployment, acculturization, industrialization and economic hardship is exposing children to deviant paths.

Government should enact laws to regulate the cultivation, production, manufacture, advertisement, and the use of social drugs (especially cigarette and alcohol) and empowers the National Drug Law Enforcement Agency to enforce the law. Matching the degree of regulation and the effort expended in enforcement to the real dangers posed by alcohol and tobacco in particular to the user and the society, one would respond effectively to the criticism that our present drug laws are hypocritical, in that alcohol and nicotine which are known to be dangerous, addictive and predisposing drugs are freely available and advertised. A strictly rational approach, though, seems to be impracticable because of public acceptance and political feasibility of legislation which depends not only on scientific evidence, but also on long established values and practices. This has accounted for the failures in the enforcement of alcohol and cigarette laws in Nigeria.

If removing the social drug problem from politics is not yet feasible, the ligislature and the government should at least be guided on a routine, ongoing basis, by the best factual information from experts in various fields such as pharmacology, toxicology, medicine, psychology, psychiatry, criminology, law enforcement agencies,

education etc on the effects of alcohol, nicotine and other social drugs.

There should be an increased taxation on tobacco and alcohol and there should be uniformity in the taxation across the country and in all alcoholic drinks both locally manufactured and imported products. The proceed from the taxation should be transferred from the government treasury to the National Drug law enforcement agency for drug related research, education and treatment of drug victims.

The government at the local level should promulgate laws authorizing people in the community to comment informally on the behaviour that lies well outside the drugs and social laws. This should be with the aim of establishing, sustaining and giving force to a community norm.

Drug laws at the community levels must be enforced so as not only to respond to the interests and concerns of the local communities, but also to help build the community's own efforts to control the problem. Both the overall operations and the handling of indvidual cases should be influenced by the community's ideas about what is in their best interest in controlling the drug problem.

Government should shift resources currently placed into expanding law enforcement, criminal justice system such as prosecution, trial and imprisonment into expansion of education and enlightenment programs.

The Government should enact a more stringent law against cultivation of Cannabis which is the only illicit drug grown in Nigeria by confisticating land used in the cultivation of Cannabis plants.

National Drug Law Enforcement Agency (NDLEA)

Enforcement is essential for credibility and as a concrete expression of social disapproval. Enforcement should, however, be directed primarily at the higher levels of the drug distribution chain, but grandiase attempts to achieve a total interdiction of drug entry and exit the country (Nigeria) are a relatively poor investment considering our porous land borders in particular. And advances in pharmaceutical Chemistry are such that highly potent psychoactive drugs of every kind can be synthesized readily in clandestine laboratories, so the illicit market would adjust quickly even to a complete sealing of our borders, were that possible. A modest level of highly visible interdiction activities should be continued, if only for their symbolic value. A massive shift of available budgetary allocation is called for from supply reduction to demand reduction (prevention education, treatment and research). This is to enable a cost effective approach to drug war in Nigeria. Demand reduction should involve community action, originating locally, but supported by adequate governmental and other forms of assistance.

A reduced demand for drugs offers the best if not the only real hope of eventually achieving, not a drug free society, but one with substantially less drug abuse. All kinds of prevention efforts should be expanded as part of a broad strategy of demand reduction. Perhaps the most effective recommended single factor in echieving this goal would be a social concensus on the appropriate circumstances and amount of drug use. Changing attitudes, beliefs, and values at all levels of a society in order to achieve the desired concensus requires long-term programs of education aimed at different ages, cultures, and social economic groups. To achieve this broad based goals, there is need to expand the activities of the Drug Demand Reduction Unit of the National Drug Law Enforcement Agency(NDLEA) with the establishment of Drug Demand Reduction unit in all the Local Government headquarters in the country with professional staff such

as psychologist, educationist, psychiatrist, counsellors who will educate and empower communities on the predisposing factors to drug abuse, the dangers of drugs and other activities as may be required by NDLEA. The Agency should liaise with psychiatrist, psychologist, sociologist, ex drug addicts, guidance counsellors, cultural anthropologists, epidemiologists, economists, educators, criminologists, attorneys, legislators, jurists, clergymen, historians, labour leaders, industrial and other managers, other law enforcement agencies and other stake holders in drug abuse to design a comprehensive therapy for drug victims. This is because 90% of the respondent want to stop taking drugs but do not know the best way to stop it as they have tried and failed. Since both parents and sibling contribute to the disruptions in prosocial behaviour, then it follows that drug prevention programmes for the younger once must include components that speak to changing the interactions in the family unit. Parents should, therefore, not be left out in such therapeutic programme.

NDLEA should put an end to the prosecution of people who have drugs in their possession, or who are engaged in small-scale, street level trade instead treatment alternative should be adopted. To reduce the availability of drugs in our society, however, the National Drug Law Enforcement Agency should strengthen there interdiction activities so as to reduce the influx of drugs not produced in Nigeria. Since majority of the hard drugs are not produced in Nigeria. To criple the activities of the unrepentant drug barons a militant anitdrug policy is recommended to increase NDLEA powers to infringe on their civil liberties such as search without warrant, prolonged detention for interrogation without formal charges, or further dramatic increase in the severity of penalties such as long term jail terms and confiscation of all identified properties or assets.

The practical aim of drug policy should be to identify predisposing factors to drug abuse, profer solution to the identified factors, minimize

the extent of use by present users, and thus minimize the harm. Because the best way to minimize the extent of use and harm is often uncertain (as pointed out by the respondents) budget established in drug legislation should routinely mandate funds for evaluation. In as much as behaviour change come slowly, it is also important, as the element of an improved drug policy are put in place, to be patient and give then time to work.

Another step towards a more rational and effective drug policy is for the media, the public, and the government to see the drug problems in correct perspective through records and research by NDLEA.

Society / Communities

Communities should unite in family way to consider and face up to the presures and problems which modern developments are bringing to the society and homes.

The society should join hands in the fight against drug abuse and trafficking by reporting drug activities to either the National Drug Law Enforcement Agency (NDLEA) or the Nigerian Police. Cultural attitude to social drugs should also change. All drugs whether social or hard should be seen as dangerous, as such their use should be condemned and discouraged.

Psychologist / Counsellors

There is need for psychological intervention in drug abuse. Drug abuse seems to be another form of behavioural problems emanating from parental, societal and governmental inadequacies, coupled with the infusion of foreign culture and traditions. This is a big challenge for psychologist and counsellors in balancing the emotional disposition of the growing child with the realities of life. Worst still is the fact that 90 percent of the respondents want to leave the drug scene but do not know the best way out of it. They seems to see imposibilities in their guest to forgo the drugs as they have tried and failed.

Psychologist / counsellors should in collaboration with other professionals design a therapeutic approach to assisting those addicted to drug from their behavioural problems.

Abstinence from drug alone is not recovery. In otherwords, a choice to stop using drugs is not sufficient to bring a long term sobriety and recovery unless the decision is accompanied by treatment of some type. Many well intentioned drug dependent have made honest attempts to quit using drugs, but without help outside of themselves they have not been successful. Some drug users, however, never invested their energy on their hidden potentials to get out of their habits, their self awareness and insight about their emotional experiences are not deep enough to hold on to a sober living. Many of them are lovers trying to recover with their own effect. This calls for psychological implications / intervention.

5.5 Conclusion

The study has only been an attempt to investigate the nature and predisposing factors to drug abuse in Nigeria with particular emphasis on the home and environment. It makes little sense to process large numbers of drug dependent persons, at exhorbitant cost, through prosecution, trial, and imprisonment without systematic effort to lessen their physical and psychological dependence on drugs. The best way to do this is to identify predisposing factors to drug dependence which this study has attempted to identify. The research revealed that there is significance influence of home, environment, peer groups, ignorance and social drugs to drug abuse. The study shows that no single factor predispose drug abuse. It is a conglomeration of factors. Since the aim of the study is to identify the causal factors to drug abuse, there is the need for further research in the area to identify other possible predisposing factors to drug use, because there may be deeper reasons for experimenting with drugs. The sample for the study should be expanded to include

especially those who use social drugs but have not advanced to the use of hard drugs. Further study should be carried out on the most appropriate therapy for drug addicts. An in-depth study of the homes of drug addicts should be carried out to include the interview of parents and siblings of drug users as this study interviewed the drug users alone. When this is done, it will provide detail information of the upbringing of the drug users from early childhood.

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APPENDIX

DEPARTMENT OF EDUCATION AHMADU BELLO UNIVERSITY ZARIA, KADUNA STATE QUESTIONNAIRE .

PART 1

(a) **INSTRUCTION**

This is a research questionnaire designed to investigate the nature and predisposing factors related to drug abuse in Nigeria. The purpose of the study is to properly help the government and collect reliable data on the causes of drug abuse. You are please required to respond by ticking [✓] the most appropriate corresponding box or verbally respond if you choose to, and write where you are required to do so. Kindly respond to the questions objectively, honestly without bias so as to enhance the quality of this research which is aimed at assisting you and future youths who would have find themselves in this your present predicaments.

You are, however, not obliged to respond to this questionnaire. If you choose to respond, please respond to all the questions and do not hesitate to call for assistance where necessary.

(b) **BIO-DATA**

(i) Age ----------

(ii) Sex Male [ ] Female [ ]

PART 2

This Part of the questionnaire contains list of drugs of abuse. Use it to respond to the corresponding questions below.

Section 1:

(a) **List of drugs**

(i) Cannabis [ ] (ii) Cigarette [ ]

(iii) Valium	☐	(iv) Pemoline	☐
(v) Alcohol	☐	(vi) Kolanut	☐
(vii) Tobacco (taba)	☐	(viii) Zakami	☐
(vix) Petrol	☐	(x) Amphetamines	☐
(xi) Codeine	☐	(xii) Lexotan	☐
(xiii) Solution	☐	(xiv) Heroin	☐
(xv) Cocaine	☐	(xvi) Anabolic steroids	☐
(xvii) Tranquilizers	☐	(xviii) Correction fluid	☐
(xix) Librium	☐	(xx) Morphin	☐
(xxI) LSD	☐	(xxii) Hashish	☐
(xxiii) methadon	☐	(xxiv) Phencyclidine	☐

(b) (i) Tick any of the above listed drugs you have used.

(ii) Specify other drugs not listed above that you have used

- -

Section 2: Physical (urban/rural) and social cultural environment.

(1) What is your state of origin -

(2) If not from this state, for how long have you lived in this State?

(a) Below one year	☐	(b) 1 -3 yrs	☐
(c) 4-6 yrs	☐	(d) 7-9 yrs	☐
(e) 10-12 yrs	☐	(f) 13 yrs and above	☐
(g) From birth	☐		

(3) Were you using this/these drug (s) before you came to this State?

Yes ☐ No ☐

(4) Which area and under which LGA do you live in this state?

- -

(5) Would you say your area is conjested with buildings and people?

(a) Very congested	☐	(b) Congested	☐
(c) Not congested	☐		

(6) How would you describe the area you live?

(a) Ghetto	☐	(b) down-town	☐
(c) G.R.A	☐		

(7) Where do you usually take the drugs?

(a) In the house	☐	(b) Hideout in my area	☐

(c) In the bush ☐ (d) uncompleted buildings ☐
(e) at work ☐ (f) anywhere. ☐

(8) Is the use of hard drugs common where you live?
Yes ☐ No ☐

(9) Are people in the area you live against taking drugs?
Yes ☐ No ☐

(10) Do people in the area you live give enlightenment on the dangers of drug use?
Yes ☐ No ☐

(11) Do people in the area you live freely report cases of drug use to NDLEA or the police ?
Yes ☐ No ☐

Section 3: Social Economic Class.

(1) What is the occupation of your father?
(a) Civil servant ☐ (b) Business man ☐
(c) Farmer ☐ (d) petty trader ☐
(e) Unemployed ☐ (f) Others (specify) ----------

(2) What position does your father hold in his place of work?
(a) Manager ☐ (b) Principal ☐
(c) Headmaster ☐ (d) Senior clerical officer ☐
(e) Clerical officer ☐ (f) Messenger/cleaner ☐
(g) Any other (specify) ----------

(3) What is the occupation of your mother?
(a) Civil servant ☐ (b) Business woman ☐
(c) Farming ☐ (d) petty trader ☐
(e) House wife ☐ (f) others (specify) ----------

(4) What position does your mother hold in her place of work?
(a) Manager ☐ (b) Principal ☐
(c) Headmistress ☐ (d) Senior clerical officer ☐
(e) Clerical officer ☐ (f) Messenger/cleaner ☐
(g) Any other (specify) ----------

(5) What is the highest educational qualification of your parents?

Father:(a) 1st degree and above ☐
(b) NCE or OND ☐
(c) Secondary certificate ☐
(d) Primary certificate ☐
(e) No formal Education ☐

Mother:(a) 1st degree and above ☐
(b) NCE or OND ☐
(c) Secondary certificate ☐
(d) Primary Certificate ☐
(e) No formal Education ☐

(6) Tick the available facilities in your parents home.

(a) Car (s) ☐ (b) Airconditioner ☐
(c) Telephone ☐ (d) Cushion chair ☐
(e) Rug carpet ☐ (f) Video C.D set ☐
(g) Motor cycle ☐ (h) Refregerator ☐
(i) Television set ☐ (j) Audio video set ☐
(k) Fan ☐ (l) Ordinary chair/bench ☐
(m) Rubber carpet ☐ (n) Wall clock ☐
(o) Coal Iron ☐

Section 4: Drug subculture

(1) Do your parents use any of the drugs listed above?

Father yes ☐ No ☐
Mother Yes ☐ No ☐
If yes, list the drugs use by your father -
mother -

(2) Does any of your siblings (brothers and sisters) use any of these drugs?

Yes ☐ No ☐
If yes, list the drugs they use
- -

(3) Does any of your relatives you live in the same house with use any of these drugs?

Yes ☐ No ☐

If yes, List the drug(s)
- -

Section 5: Parenting styles/care

(1) Do your parents often discuss with you?

Yes ☐ No ☐

(2) Do your siblings often discuss with you?

Yes ☐ No ☐

(3) Are your parents willing to discuss your problems with you?

Yes ☐ No ☐

(4) Do your parents punish you?

(a) Often ☐

(b) Sometimes ☐

(c) They don't ☐

(5) If they punish you, do they always tell you why they Punished you?

Yes ☐ No ☐

(6) Do your parents always insist on what they say without explaining details to you?

Yes ☐ No ☐

(7) Do your parents bother about your movement?

Yes ☐ No ☐

(8) Do you always get the kind of freedom you need?

Yes ☐ No ☐

(9) Are you happy living with your parents

Yes ☐ No ☐

(10) Are you happy living with your siblings

Yes ☐ No ☐

(11) If not living with parents, are you happy living with your quardian

Yes ☐ No ☐

(12) Which one of these is true of your father

(a) He is very strict ☐

(b) He is very understanding ☐

(c) He doesn't interfere in my personal life ☐

(13) Which one of these is true of your mother.

(a) She is very strict ☐

(b) She is very understanding ☐

(c) She doesn't interfere in my personal life ☐

(14) If not living with parents, which one of these is true of your guardian

(a) My guardian is very strict ☐

(b) My guardian is very understanding ☐

(c) my guardian does not interfere in my personal life ☐

(15) Which of these is true of your parents

(a) often quarrel ☐

(b) sometimes quarrel ☐

(c) seldom quarrel ☐

Section 6: Family System

(1) My parents are:

(a) married and living together ☐

(b) Separated ☐

(c) Divorced ☐

(2) My parents work in:

(a) The same town ☐

(b) Different towns ☐

(3) How many wives has your father ?

(a) 1 ☐ (b) 2 ☐ (c) 3 ☐

(d) 4 ☐ (e) more than 4 ☐

(4) Which of these is true of your parents:

(a) My father and mother are alive ☐

(b) Only my father is alive ☐

(c) Only my mother is alive ☐

(d) None is alive ☐

(5) I live with my:

(a) Father and Mother ☐

(b) Father alone ☐

(c) Mother alone ☐

(d) Relation(s) ☐

(6) How many children have your parents?
Father:

(a) 1-5 ☐ (b) 6-10 ☐

(c) 11-15 ☐ (d) 16-20 ☐

(e) 20 and above ☐

Mother:

(a) 1-5 ☐ (b) 6-10 ☐

(c) 11-15 ☐

(7) What is your position in your family tree:

Father's side

(a) 1st ☐ (b) 2nd ☐ (c) 3rd ☐

(d) 4th-10th ☐ (e) 11th and above ☐ (f) last born ☐

Mother's side

(a) 1st ☐ (b) 2nd ☐ (c) 3rd ☐

(d) 4th-10th ☐ (e) 11th-14th ☐ (f) last born ☐

Section 7. Age and peer group

(1) At what age did you start using hard drug (s)?

(a) 10 - 12 yrs ☐ (b) 13 - 15 yrs ☐

(c) 16 - 18 yrs ☐ (d) 19 - 21 yrs ☐

(e) Above 22 yrs ☐

(2) Do your friends use hard drugs?

Yes ☐ No ☐

(3) Where you using hard drugs before you met your friends?

Yes ☐ No ☐

(4) Did your friends introduce you to the use of hard drugs?

Yes ☐ No ☐

Section 8: **Availability of drugs.**

(1) Which of the listed drugs above is most available in your area?

(2) Out of the drugs, list six drugs in their order of availability.

(3) Did you use drug (s) becuase it was readily available?

Yes ☐ No ☐

(4) Does the availability of drugs influence people to use drugs?

Yes ☐ No ☐

Section 9: Education, type of job and ignorance.

(1) What is your highest educational qualification

(a) 1st degree and above ☐

(b) NCE or OND ☐

(c) Secondary Certificate ☐

(d) Primary/equivalent certificate ☐

(e) No formal education ☐

(2) What is your occupation?

- - - - - - - - - - - - - - - - - - - -

(3) Did you start using drugs becuase of your kind of job?

Yes ☐ No ☐

(4) If yes to question 3, does the drugs enhance your job performance?

Yes ☐ No ☐

(5) Where you aware of the dangers of drugs before you started using drugs?

Yes ☐ No ☐

Section 10: Social drugs

(1) Which of the social drugs (Cigarette, alcohol and kolanuts) have you used?

- - - - - - - - - - - - - - - - - - -

(5) Did the use of cigarette, alcohol or kolanut influence your use of hard drugs(s)?

Yes ☐ No ☐

Section 11: Conclusion

(1) State the reaons why you use hard drugs

(i) ----------

(ii) ----------

(iii) ----------

(2) Do you want to stop using drugs

Yes ☐ No ☐

(3) If yes, can you stop it without any help?

Yes ☐ No ☐

(4) If you want to stop using drugs, suggest how you can stop it.

(i) ----------

(ii) ----------

(iii) ----------

(5) If you don't want to stop, state reason(s) why you don't want to stop using hard drugs

(i) ----------

(ii) ----------

(iii) ----------