A STUDY OF DRUG ABUSE AMONG STUDENTS IN SELECTED SECONDARY SCHOOLS IN KADUNA METROPOLIS: IMPLICATIONS FOR EDUCATION AND GUIDANCE

BY

SANI SAMBO

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DECLARATION

I declare that this thesis is my own work and has not been submitted in any form for another degree or diploma at any other University or institution.

Information derived from the published or unpublished work of others has been acknowledged in the text.

Sani Sambo
Author

CERTIFICATION

This work entitled "A Study of Drug Abuse Among Students in Selected Secondary Schools in Kaduna Metropolis: Implications for Education and Guidance", submitted by SANI SAMBO, meets the requirement governing the award of the degree of Master of Education (Guidance and Counselling) of Ahmadu Bello University, Zaria. Its contribution to knowledge and literary presentation is approved.

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DEDICATION

This Piece of Work is Dedicated

To My Beloved late Father

Alhaji SAMBO BAMBALE and

To the Entire Members

Of the Family

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ABSTRACT

This study intends to find out whether there are cases of drug abuse and other related problems among students in the selected secondary schools and the psychiatric hospitals. The study sample is made up of three groups of people: the students from the selected schools, the principals and teachers from the same selected schools where the students were drawn, and the hospital personnel from the selected psychiatric hospitals all in Kaduna Metropolis.

Three hundred and ninety-eight (398) students of forms five and six made up 256 males and 42 females were used. Their ages ranged from 15 years to 20 years. one hundred and fifteen (115) staff members were used in the study. The males numbered 73, while the females were 42. The teachers were 113, the principals were seven, and the vice-principals were five. Eighty-six (86) of them are married, while the remaining 29 members in the group are single. on the hospital personnel side, the males numbered 11, and the females numbered five. Three personnel in the group are medical doctors, one psychiatric consultant, five psychiatric nurses, three principal nursing officers and two senior community health assistants. Two personnel in the group did not state their rank. Eleven in the group are married while, the remaining five personnel are single.

Data collection was by means of three sets of questionnaires, namely: (a) the secondary school students questionnaire; (b) the principals/teachers questionnaire; and (c) the hospital personnel questionnaire. The tables are analysed in percentages. The staff members are selected because they are likely to be directly involved in dealing with such cases of drug abuse and other related cases of bad behaviour among students in the selected schools, while on the other hand the two hospitals are selected because they deal with patients who have drug related problems and other cases of mental illness.

The following findings were made:

1. There were cases or incidence of drug abuse and other related problems among students in both the selected schools and hospitals;
2. alcohol, marijuana and amphetamine were found to be the most popular drugs among the students as well as the ones commonly abused by the students, while drugs like cocaine, barbiturates, lysergic acid diethylamide (LSD), and heroin were found to be less popular among the students and therefore found to be less abused;
3. finally, the study revealed that the problem can be reduced or prevented through balanced parenthood without over indulgence or rejection by the parents towards proper upbringing of the children.

It was found out that counselling those at high risk - (teenagers) before they start could help in minimizing the problem, and so on.

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DEFINITION OF TERMS

The following terms have been used in the study and they are defined below:

DRUG: Drug is a very general term and there are many definitions of drug. For example, Greenberg (1971:12) simply defined a drug as a substance introduced into the body to change the way the body works. A drug's chemical make-up may be simple or very complicated. A drug may be extracted from natural sources, such as plants, berries, or trees, and used in its original state or purified. Or it may be made in laboratory (e.g. heroin and panadol).

DRUG ABUSE: It should be noted here first that all drugs can be abused, and that all medicines are drugs, but not all drugs are medicines. So, to abuse a drug depends on a number of ways. These include wrong use, excessive use, improper use and misuse which variously or severally constitute drug abuse. But however, Nahas et al, (1981:5) defined drug abuse as the persistent or even sporadic excessive use of drugs not conforming with or un-related to accepted medical practice. In other words drug abuse is the chronic over or misuse of medication or chemicals to alter mood either without the advise of a physician or which

has not been prescribed by a physician. Drug abuse does not necessarily mean self medication, but could however be used in a situation where self medication involves excessive use of the type of drug, leading to tolerance or physical and psychological dependence.

DRUG ADDICTION: Greenberg's (1971:12) definition of the term is adopted here: falling into disuse; used to describe a state of strong physical dependence alone. He also noted that, modern drug researchers believe that anyone who becomes so physically or psychologically dependent on a drug, not being able to live usefully without it, whose entire life really centers around seeking and taking drugs, can be called an addict.

DRUG DEPENDENCE: All drugs according to Greenberg, (1971:18) can create a state of dependence if administered over a long enough period of time. This means that the abuser will experience a sense of need if deprived of his supply. The nature and strength of this need changes with the kind and amount of drug abuse.

DRUG MISUSE: This refers to wrong application of drugs.

EXPERIMENTATION/USE: The terms "experimentation" and "Use" are often used interchangeably, even though their meaning can be quite different. In this study, the term "experimentation" generally connotes trying a substance, once or twice while "use" includes both experimentation and more regular use.

METROPOLIS: This refers to the chief city of a country or a state capital. In this study, it refers to the Kaduna Capital City, that is to say Kaduna Metropolis as the capital city of Kaduna State.

PHYSICAL DEPENDENCE: This according to Greenberg, (1971:21) develops when the tissues of the body get so used to a drug, and, in some unknown way come to require it in order to continue functioning well. If it is then withdrawn suddenly, uncomfortable and even violent physical reactions occur.

PSYCHOLOGICAL DEPENDENCE: Greenberg, (1971:20), pointed out that the drug is relied upon to give a pleasurable emotional effect. If withdrawn, the abuser experiences a strong emotional, (as opposed to physical) craving for it. However, he pointed out that this can be almost as compelling as a physical need, and in some cases leads the dependent person just as quickly into a life in which seeking and taking drugs is all that matters.

Chapter 1

1.0 THE PROBLEM

1.1 Introduction

The widespread use of drugs, alcohol, marijuana, etc., among young people is a major national concern. It is known from Falco (1988:2) that "chronic use of these substances can cause serious, sometimes irreversible damage to adolescent physical and psychological development". Falco, (1988), further emphasized that adolescent substance abuse is closely correlated with other problem behaviours, such as early and unwanted pregnancies, delinquency and violence.

It is no wonder therefore, the recent outcries in the media by parents, educators and all those concerned with the proper upbringing of our children over the high incidence of moral decadence and indiscipline among most of our youths in primary and post primary schools and even universities. In fact the strong public demand in Nigeria for effective action to combat drugs may provide the means to develop a more concerted, comprehensive and truly nation-wide effort to reduce the plague of not only substance abuse but also the related problem behaviours of many adolescents. This is necessary since the nation was quickly turning into a great consumer of the stuff instead of the role it was playing as a transit camp for

the shipment of drugs to the United States and other Western nations.

In another related development, Denga (1982:10) observed that: "as much as there are increasing number of secondary schools and universities in Nigeria, and many students are admitted yearly into these institutions, observations have revealed that these students have varying developmental needs and problems to contend with. Prominent among these problems are academic, vocational, personal-social and those psychological in nature".

Indeed students' academic problems include poor learning methods having unrealistic idea of the amount of study necessary to pass examinations, inability to concentrate, teachers inability to understand student's individual differences while teaching etc. Vocational problems on the other hand, are those related to lack of knowledge about different occupations, lack of information on job requirements and parents' authoritative involvement in students' choice of occupation. While students' personal-social and psychological problems include being extremely shy, lacking self-knowledge and identity wanting love and affection, going too far in sexual relations with people of opposite sex, not being happy at home, and of course drug abuse (Denga, 1982; Okon, 1983; and Akinboye, 1987).

It is quite true that all societies in the world are diverse and heterogeneous with a high degree of complexity and other related problems. But still, there is one thing in common which cuts across all levels of stratification and that is drug abuse: Perhaps it could equally be said at this point that the greatest discoveries of man, is his therapeutic use of drugs to cure his ailments and perhaps among the greatest hazards of man are drugs, because, when abused, it could render the most brilliant mind useless! But then the immediate question that should come to one's mind are: Why do people abuse drugs? Which category of people in the society are mostly involved in this deadly habit? What influences them into the habit, etc?

In an attempt to answer these questions, Bangudu, (1988:22), is of the view that:

> Virtually all sections of the community are quite guilty of drug abuse - the illiterates, semi-illiterates, academicians, undergraduates, motor park touts, political thugs, administrators, top executive directors, professional drivers, military personnel, actors, the jobless, the poor, the rich, the young, the elderly, etc.

In a nutshell, Bangudu (1988) observed that all the categories of people he mentioned above takes drugs

in order to feel better in the course of discharging their day to day activities and also due to the situations, they might have found themselves.

This observation by Bangudu, seems to be in line with Ahmed's view as to: (a) why people abuse drugs; (b) what factors influence people into the habit and (c) which category of people in the society are mostly involved in drug abuse, etc. He found out that, account for syndromes of problems drug taking spans several fields, from pharmacology to sociology, and that it is increasingly clear that each drug dependence syndrome is the end-point of a complex of interrelated causal mechanisms. In essence, Ahmed agreed that genetic and constitutional factors are known to predispose to drug addiction, though he pointed that how it does is ill-understood.

However, he is of the view that environment is known to contribute a great deal to the development of addiction, specifying that in homes where parents ingest alcohol freely, there is a higher incidence of alcoholism among the offsprings of such homes. To these children, he emphasized that taking of alcohol is the rule and the norm. Other reasons, he further pointed out, were physical illness, peer group influence, psychiatric illness and existential problems. Continuing, he pointed

out that the people that he saw who were addicted to drugs in the Ahmadu Bello University Department of Psychiatry, Kaduna were mainly medical personnel, - doctors, pharmacists, nurses, etc.

But he further pointed out that there are some groups of people who are likely to abuse drugs apart from medical personnel mentioned above. These, according to him, are: (a) bar tenders; (b) prostitutes, (c) homosexuals, (d) assorted group of beggers, (e) students, (f) professional lorry drivers, (g) manual workers, (h) labourers, (i) farmers, (j) herdsmen, and (k) night watchmen. He however, concluded that, more than 60% of cases of drug abuse related cases seen by him are within the age bracket of 15-30 years (Ahmed, 1984: 2-6).

He concluded that drug abuse and dependence now cut across all social classes and found out that young people are increasingly involved and constitute the significant and frightening majority of victims. That these youths abuse both licit and illicit psycho-active drugs. He added that the social implications of this in view of Nigeria's youthful population is catastrophy for the future!

Similarly, a recent United Nation's report (1987:8) observed that:

> Perhaps the worst aspect of the drug trade is that it makes its deepest impression on those who are most vulnerable - youth. The use of drugs has strong appeal to those who are beginning their struggle for independence as they search for self-identity. Because of their inate curiosity and thirst for new experience, the young are particularly susceptible to the drug experience.

From the different findings highlighted above, it would be seen that the reasons why people are turning to narcotics and other illicit drugs are as varied as the types of people who abuse them. But one important thing that should be borne in mind is that all drugs can be abused! And that when abused, the effects are detrimental to the individual abusing them; and to the society in general because it can create large scale social and public health problems. It is also equally important to emphasize at this point that drug use/abuse has only one absolute necessary condition: the existence, distribution and the availability of the drug itself.

In essence, this means that wrong use of drugs, excessive use, inadequate use and of course inappropriate use could only occur as a result of one, or all of the three necessary conditions i.e. exsistance, distribution and availability. In fact the above four factors (wrong, excessive, inadequate and inappropriate uses) can each or collectively constitute or lead to drug abuse.

Similarly, factors like free acess to drugs at home, streets and in the drug stores, lack of love at home, which could lead to dejection, frustration which could be borne out of poor performance at school, blind limitation of one's peers, ignorance about possible side effects of certain drugs and curiosity have all been attributed towards leading young adults into drug abuse. Of all the factors highlighted above, peer group influence is known to be the most determinant factor in influencing young adults into drug abuse. For example, writing on the concept of peer group problems, Akinboye (1987;80) describes the group as "the various ways in which people of similar age, sometimes similar height, class, (if in school) and status (adults in society) related and adjusted to each other".

That for the adolescent, this is an extremely important group when they formulate and revise the way they perceive themselves. It has also been described as playing the role of emancipation for the adolescent because the youngsters' first exposure to other groups is often made into the peer group having a number of things in common (age, class, thinking, feeling, reactions and problems). Infact, he went further to elaborate that the adolescents tend to be even more loyal to this group than even their family group.

Most of these young adults according to him might have started stealing, drinking alcohol, smoking cigarette or Indian hemp, gambling and, of course, other drugs of abuse as a result of peer group influence.

Other people however agree that many youngsters are initiated into smoking by advertisements in both the print and electronic media - radio, newspapers or the television. After such initial visual stimulation through the media the adolescents may want to act out and hence they engage in smoking all sorts of things, most especially when people they admire use drugs: public personalities, be they athletes, actors, business men and women, etc.

In his own contribution, Ahmed (1987:6) found out that the warped personalities, which lead some of these young people to resort to self-gratification in the form of drug abuse as he observed, is evidently due to the depreciating guidance given to them by their parents, mainly given to them by the mothers. He further noted that the near astronomical rise in the use of drugs in this part of the country (Northern Nigeria) almost to epidemic proportions may be said to have started in the early sixties. This is so, because according to

him, in their secondary school days in the late fifties (50s), one could almost get expelled if one was found smoking.

The use of drugs like amphetamine and smoking of hemp was unknown then. But he noted with dismay that, this is hardly the picture today in the secondary schools or even in the elementary schools. That not only do these young people take drugs that he has mentioned above, they sometimes take concoctions which are virtually poisons. Some are addicted to two or more drugs;

One then wonders what went wrong with our youths, or what really is responsible for these unhealthy behaviours among them. There is therefore a pressing need for everyone to realise the inherent dangers associated with drug abuse so that steps could be taken towards alleviating the problems. But it is however, very unfortunate to note that today, many parents due to materialistic pursuits, or otherwise have little or no time at all to inculcate good morals and discipline into their children. On the long-run these children end up falling into bad groups where they are influenced to take drugs and in the long run become drug addicts.

Many youths in trying to imitate their parents, teachers, or friends have taken to drug abuse as revealed by Okon (1988:243-244). There is therefore a greater need for both parents and teachers now than ever before to play a more positive and active role in their children's lives.

Therefore, since the school and the home are both concerned with the full development of children, including their moral and intellectual well-being, they must as well also be concerned with the use of drugs, both in and outside the school. Research in some countries has shown that students who used marijuana regularly are twice as likely to receive below average marks or falling grades and school drop-outs are twice as likely to be frequent drug users. The research further elaborated that the case here is clear: when a student uses drugs the chances are that students' ability to learn will be impared. On the other hand, the United Nations and Drug Abuse Control (1987:40-41) found out that drug use brings into the school environment the illegal activities connected to drug use - theft, prostitution and selling of the drugs to others.

Finally, it should be clearly stated here that taking drugs while the body is still forming interrupts the normal developmental/maturation process and therefore

compounds the dangers posed to the user as an adult. In conclusion, this particular study intends among other things to find out: whether there are cases/ incidences of drug abuse among students in both the selected secondary schools and the psychiatric hospitals in Kaduna Metropolis; reasons why these young adults are not turning to abuse drugs instead of concentrating on their studies and other matters necessary for their vocational, personal-social and psychological development; factors influencing them into the deadly habit - drug abuse etc.

All these, with the hope of making it possible for not only the medical profession but also the education policy makers, curriculum planners, counsellors, parents, teachers etc., to develop a more concerted, comprehensive and truly nation-wide effort to reduce the plague of illicit drugs and drug abuse, so as to promote and ensure a healthy, drug-free living for all individuals and societies.

1.2 Statement of the Problem

Drugs have been used since civilization began for medication, devination and recreation. Their proper use has revolutionized the practice of medicine, in

many ways bypassing natural law and overcoming death. But like all revolutions, this one carries with it the risk of excesses - abuse.

Many people, most especially youths have built up unrealistic expectations of what drugs can do for them. The youths in their zealous search for miraculous cures, and adventures, etc., often decide for themselves what drugs and what quantities of drugs are needed, instead of leaving this difficult and delicate decision of drug treatment where it belongs; in the hands of trained physicians and dentists. It is now clear that chronic use of these substance can cause serious, sometimes irreversible damage to adolescent physical and psychological development which if not properly checked, has a potential of destroying the moral and ethical foundation of any society.

Moreover, adolescent substance abuse, is closely correlated with other problem behaviours, such as early pregnancy, poor academic performance in school, dropping out of school, delinquency and violence. These problems have been of great concern not only to parents and teachers, but also to all those who are concerned with the proper upbringing of our children, hence the purpose of this study is to try to find out what really is responsible for this unhealthy behaviour among the

secondary school students so that some understanding of how drugs act and of what can be expected of them pay help put the myth of 'miracle drugs' into its proper perspective. In order to do this, questions are raised in order "to find out":

1. Are there cases of drug abuse among students in the selected schools as well as in the selected psychiatric hospitals?

2. Are the students aware of the inherent dangers associated with drug abuse?

3. What are the types of drugs commonly abused by the students, and the sources through which the illicit drugs are obtained?

4. Is there any relationship between drug abuse and secondary school students poor academic performance, dropping out of school and delinquency? etc.

5. What are the factors influencing the students into drug abuse?

6. What are the common sources through which the students obtained the illicit drugs?

7. Are students within the age-group of 15-19 years more involved in drug abuse?

8. Do male students predominates the female students in the abuse of drugs?

1.3 Purpose of the Study

The primary purpose of this study is two-folds:

1. To ascertain whether there are cases of drug abuse and other related problems among secondary school students in both the selected schools as well as in the psychiatric hospitals in Kaduna metropolis. And if such cases really exist, then:

2. What would be the implications of such findings to education and guidance, since it has been observed that the problem related to young people having difficulty in acquiring significant life values and standards will not be resolved by our educational institutions alone. That the parents or parent-figures, mosques, churches, youth-serving organisations and other voluntary bodies have responsibilities to help young people acquire significant life values and standards.

1.4 Objectives of the Study

The objectives of the study include:

1. To ascertain whether drugs are abused by the secondary school students in the selected schools.

2. To identify the factors influencing the secondary school students into drug abuse.

3. To find out the common sources through which the students obtained the illicit drugs.

4. To identify the types of drugs commonly abused by the secondary school students.

5. To identify some of the major consequences associated with students abusing drugs.

6. To find out whether the students are aware of the inherent dangers associated with different types of drugs being abused.

7. To find out which age-group are mostly involved in the abuse of drugs among the students.

8. To find out which sex predominates the other in the abuse of drugs among the students.

1.5 Delimitation of the Study

This study was aimed at finding out whether there are cases of drug abuse and other drug related problems among students in the 14 selected secondary schools as well as in the two psychiatric hospitals in Kaduna metropolis. The study was further aimed at finding out the types of drugs commonly abused by the students, sources through which the illicit drugs are normally obtained by the students, reasons for taking the drugs by the students, whether the students are aware of the harmful effects of abusing drugs, and whether there is any close relationship between drug abuse and students poor academic performance, dropping out from school, truancy and other delinquent behaviours among students.

For the purpose of this study, the researcher drew samples from senior secondary two and three students and also teachers and principals from the same 14 selected secondary schools where the student respondents were drawn. The schools includes federal, private, special, military as well as state owned secondary schools. Similarly both day and boarding schools, as well as co-educational, boys-only, and girls-only secondary schools have been used in the study. Also, the researcher drew sample from the hospital personnel in the two psychiatric hospital in the metropolis. In all, 16 hospital personnel were drawn from the psychiatric hospitals.

Only 30 students (15 each from forms 5 and 6) were randomly selected from each of the 14 selected schools used in the study. Similarly, 115 teachers and 16 well qualified and experienced hospital personnel were also randomly selected for the study.

1.6 Basic Assumptions

The following assumptions are made:

1. Drug abuse can contribute to poor academic performance among secondary school students.

2. Drug abuse can contribute to secondary school students drop-out rate.

3. Drug abuse can lead to truancy and other delinquent behaviours among secondary school students.

4. Students within the age group of 15-19 years are mostly involved in drug abuse than any other age group.

5. Male students predominate the female students in the abuse of drugs among secondary school students.

1.7 Significance of the Study

We are today, in a period where youths and even sometimes adults, are heavily confronted and confused with various developmental needs and problems to contend with in their lives. Thus, this study; Drug Abuse Among Students in Selected Secondary Schools In Uduna Metropolis and Its Implications for Education and Guidance is specifically concerned with the proper upbringing of our youths.

There is therefore a pressing need now more than ever before for everyone to realize the inherent dangers associated with drug abuse among youth and other adults in our society, with the aim of preventing or at least minimising the problem since this is a problem that requires a collective responsibility from government, organizations and individuals as well.

Therefore, it is hoped that this study will equip teachers and counsellors with the right information on the nature and the magnitude of the problem of drug abuse among their students as revealed by the study, so as to help the students through meaningful advice and guidance, against being influenced by others, into the deadly habit of drug abuse. Such meaningful advice and guidance by teachers and counsellors, would go a long way in helping students to perform all their educational, vocational personal-social a and psychological duties without necessarily taking drugs.

For the school administrators, government and the community agencies as well as parents, it is hoped that the study would, apart from giving them an inside knowledge about the reasons why students abuse drugs, the sources of obtaining the illicit drugs etc. It would also enable our government to see the urgent need of integrating drug abuse education into public and private organizations so as to enlighten the general public on the serious dangers inherent in drug abuse.

such public enlightenments could be through the media or other local means in the villages such as the use of town cries, etc.

Similarly, the study would help schools realise that in this task, curbing drug abuse among our youth, is a preventive one. This is because our young ones spend their formative years in school, and any habit formed by a student at this stage of his life, will continue to influence him in his later life. Thus, schools should create an atmosphere that will prevent students from indiscriminate use of drugs.

On the part of parents, the study is hoped to help them see the need for setting good examples for the children by avoiding acts that may encourage the abuse of drugs among their children. If parents should realise the devastating effects of drug abuse upon the child as an individual and as an asset to the family and the nation in general, they would strive hard to make the best of a human being out of their children. This is because it is the parents' great responsibility to nurture their children from infancy to useful adulthood. The study would help parents realise some of the factors that influence their children into the bad habit of drug abuse such as keeping bad company/ friends, attending night parties, keeping late hours at

night, etc. The study would particularly help parents to:

1. become more enlightened on all illicit drugs and their effects on health so as to be a credible source of information to their children and also be prepared to discuss drug abuse with their friends;

2. speak firmly and frankly to the children on why they should not be allowed to take hard drugs;

3. encourage their children to be courageous enough to refuse taking part in the unwholesome activities which usually lead to violence and disaster;

4. train the children to cultivate the habit of modesty, contentment, moderation, honesty, hard work and humility in their daily lives, etc.

Finally, it is hoped that this study would not only add new dimensions to work already done in the field of drug abuse, but also open up other areas where useful inquiries/researches could be conducted.

1.8 Limitation of the Study

The study was faced by a number of problems. Being an opinion questionnaire coupled with the nature of the study which is a sensitive one right from the title, this therefore may have affected the perceptange (%) returns of the questionnaires of the three respondent groups. For example, the negative attitude of some principals, teachers and students who suspected the honest intentions of the study and therefore withheld some information in responding to the items on the instruments. This problem is even more with the students who suspected the researcher as a security agent who want to arrest those of them taking the illicit drugs despite the assurance given to them in the questionnaires that any information gathered from them will be treated as confidential. They were even asked not to write their names on any part of the questionnaire as the researcher has nothing to do with their names.

Similarly, some students did not respond to some certain questions in the questionnaire probably they were not in agreement with the alternatives given. This very aspect contributes greatly to the limitation of the study. It should still be noted that the biases of the respondents in the study should

not be overlooked. This of course is another aspect of the limitation of the study.

The study was limited to selected secondary schools and the two psychiatric hospitals in Kaduna Metropolis. Only 398 students, 115 staff members and 16 hospital personnel were used. It is not feasible, therefore to generalise the findings to all drug abuse cases among secondary school students in the state or in the country.

1.9 Summary

This chapter deals with the background of the problem, statement of the problem, and the purpose of the study. It has also discussed the objectives and delimitations of the study. Similarly, the basic assumptions and the research questions raised in the study has also been outlined. Finally, the significance and the limitations of the study has been highlighted.

Chapter 2

2.0 REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter comprises a review of the following: origin and nature of drug abuse, some definitions of drugs, trends of drug abuse in contemporary Nigeria , effects associated with different types of drugs being abused, dangers of drug abuse, and the drug takers: who they are and why they take drugs. The chapter also reviews some of the related literature about patterns of drug abuse among youths and finally, a review of previous writings on drug abuse in Nigeria.

2.2 Origin and Nature of Drug Abuse

It must be clearly pointed out from the beginning, that the origins of drugs can only be found in antiquity; that is, drug use is as old as mankind, since the history of human race has also been a history of drug use. In fact, it could be said that the greatest discovery of man is his therapeutic use of drugs to cure his ailments; and, perhaps, it could also be said that the greatest hazards of man are also drugs, because, when abused, they could render the most brilliant mind useless! Jones et al (1974:73) observed that "society is experiencing dramatic changes in drug-abuse patterns". Historically, they revealed that "struggling segments of society have misused the depressant drugs, such as

alcohol, barbiturates, and heroin, as escape mechanisms".

But many of today's young people, they noted are abusing drugs of all kinds "just for kicks". They are of the opinion that the young people may be from the struggling or the affluent segments of society. That they want not only the feelings of relief, euphoria, or being "stoned" that are produced by the depressant drugs, but also the "new experiences" or "highs" which, they feel, they are aunable to obtain without the use of drugs. That many of them mix their drugs, a very dangerous habit.

They further pointed out that another significant change is the spread of drug abuse among age groups both younger and older than that in which most drug abuse was previously concentrated. They further pointed out that yet another pattern is the added social element: the taking of drugs, except for alcohol, was once almost exclusively a solitary activity, but now they lamented that drug use is often a social function, not unlike social drinking, they concluded.

In another recent related development, the United Nations report (1987:4) stated that:

> Perhaps the worst aspect of the drug trade is that it makes its deepest impression on those who are most vulnerable - youths. The use of drugs has strong appeal to those who are beginning their struggle for independence as they search for self identity, because of their innate curiosity and thirst for new experiences, the young are particularly susceptible to the drug experience.

The report further pointed out that, since earliest times, herbs, roots, barks, leaves and plants have been used to relieve pain and help control disease. Pointing out that in and of itself, the use of drugs does not constitute an evil; drugs properly administered, have been a medical blessing. But unfortunately, they noted that certain drugs also initially produce enticing side effects such as a feeling of euphoria, a sense of "feeling good", elation, serenity and power. Lamenting that what began as something of a recreational activity evolved in time into a problem of dependence and abuse. It is however, important to emphasize at this point that virtually any drug can be abused. In this connection Greenberg, (1971:15-16), writes:

> Abuse of a drug occurs when a drug is taken, usually by self-administration in a way that departs from approved medical or social practice. The abuser takes his drug to produce pleasurable physical and/or emotional sensations, rather than for a good medical reason. Sometimes he takes it in such large amounts that it causes physical and/or psychological damage, as well as unusual or anti-social behaviour.

It is known from Greenberg (1971:18) that the roots of drug use can only be found in antiquity. Greenberg's ideas agree with Weil's (1972:37-38) who also said that: "... the desire to alter consciousness periodically is an innate, normal drive analogous to hunger or the sexual drive... (The) omnipresence of the phenomenon argues that we are dealing not with something socially or culturally based but rather with a biological characteristic of the species". Continuing, Weil (1972:38) notes that "of all the societies of the world, only the Eskimos, before the coming of the Europeans, did not possess and use a consciousness-altering substance. Moreover, not only is drug taking extremely common from epoch to epoch, from civilization to civilization, from region to region, but it is also a peculiarly human activity; it is quite rare among wild animals".

From example, in 13,000 B.C. as reported by Fulton, (1978) the opium poppy is cultivated in Neolithic villages throughout the Eastern Mediteranean area, while in 8,000 B.C., there were indications of the fermentation of honey into "mead", an early alcoholic beverage. But it was in 6,000 B.C. that opium was known to Sumerians in Mesopotamia. It was also in the same year that early evidence of breweries in Egypt was recorded, and in 4,500 B.C. Egyptian farmers learnt to maximize fermentation

and alcoholic content by malting their grain while wine drinking was part of Egyptian culture in the year 4,000 B.C., evidence of beer drinking was reported in Mesopotamia. It should be noted that the first use of medically, started in 3,000 B.C. in 2,737 B.C. Sheng Nung (or Shen Neng), a Chinese Emperor, compiled a pharmacopea and mentions marijuana as a cure for gout, rheumatism, female disorders, beri-beri, constipation, and absent-mindedness.

On the other hand, it was in 2,000 B.C. that the first known reference of cannabis was made in India. In 1,500 B.C. Egyptian artifact (the Ebers Papyrus), lists opium as one of 7,000 remedies. Remedy listed to hush crying babies was probably opium. Similarly, it was in the same year (1,500 B.C.) that archeological evidence suggested the use and worship of hallucinogenic mushrooms. Still in the same year in 1,500 B.C. the use of the mushrooms Psilocybe mexican was practiced in religious ceremonies and for pleasure by the Aztects of the Western Hemisphere.

In another development, Nahas et al; (1976:365) pointed out that the use of elevated mood induced substances was always perceived as gifts of the gods. For instance, Dionyos in Greece, was worshipped because

of his gift of the grape, Mamma Ocelo in Peru brought the divine plant coca to the Incas. Similarly in Mexico, they noted that sacred Mushrooms are called the flesh of the gods. Cannabis, the plant from which marijuana is made, was regarded by the Hindus in the pre-Christian era as a holy plant and played an important religious role. It is referred to in the Sanskrit literature as "food of the gods". Similarly, Greenberg (1973:91) pointed out that "Chinese physicians prescribed cannabis for pain relief thousands of years ago, while in India folk doctors have used it for centuries. The followers of some Eastern religious took cannabis to expand consciousness and increase spiritual enlightenment - and still do".

Continuing, Greenberg (1973:91-92) observes that in popularity, cannabis is second only to alcohol across the world as an intoxicating, pleasure-giving agent. It is estimated that there are more than 200 million regular cannabis takers, and that at least 5 to 20 million Americans have either sampled marijuana or used it regularly. In the Middle East, India, and parts of North Africa, where the cannabis habit has long flourished, it is often as easy to get as alcohol in the U.S.A. Most abusers in these countries take cannabis preparations in moderation and can handle the

less potent ones without any particular difficulty. In the Western world, cannabis did not achieve popularity in the U.S.A. until recently. As marijuana, it was first brought into the United States after World War I by Mexican labourers, and was initially a drug of the poor. Then it reached the under-world scene and was identified in the public mind with crime and heroin.

It is also known from Nahas et al (1976;366-368) that the ancient Sumerians who used opium 4,000 years before Christ, identified poppy from which this drug is extracted, with a symbolic lettering meaning "joy". While opium derivations and cannabis preparations were used in the East and Far East, in the New World, tobacco and hallucinogenic Cactic were used in pre-historic times. These concoctions were either sniffed or ingested and later inhaled whenever possible.

In a similar development Greenberg (1973:106) again noted that "knowledge of opium and its power reaches back to the dawn of recorded time". Originally according to him, "the poppy grew only in Asia Minor. From there, its fame and its seeds spread to Greece, where references to it are found in medical writings three centuries before Christ. Similarly, Arabian physicians prescribed it and traders from Arabia brought

it to the Orient. By the 17th century, opium was familiar to European doctors, some of whom eventually came to United States. Only crude opium extract was available until the early 19th century, when morphine was chemically isolated from opium and quickly became one of the most medically beneficial drugs ever discovered".

The statements above clearly show that the urge to elevate one's mood and reach a blissful state with mind-altering drug is a universal phenomenon; an inherent part of man's nature, and man's brain. Jonathan (1987) observes that the abuse of euphoriant drugs threatens man's creative activities with damaging results of his community. He is of the opinion that the fundamental observation that all societies throughout history should focus on is to restrict the consumption of these drugs which may be readily abused. This point, in the writer's opinion is very important in order to ensure a healthy, drug-free living for all individuals and societies.

In primitive societies, religion was the primary regulating factor in controlling the use of mind-altering drugs. But it is very unfortunate to note that these were jealously kept by the medicine man or high priest who did not care to share with the common folk the secret of his super power.

In another development, Goode (1973:18) highlighted a significant progress in the history of the origin of alcoholism. He noted that alcohol is humanity's oldest and most widely known and abused drug; that even very few civilizations have not had it at their disposal. He maintained that the technique of fermentation was discovered long before writing, iron, or the rise of cities, for good or ill is a universal human activity and all societies which consume alcohol have norms relating to its use. Beverages containing alcohol vary considerably in their potency. The fermentation of fruit juices produces wines which is approximately ten percent alcohol.

The history of the origin of alcoholism identified by Keller (1976) is similar to the above. He identified social and integrative, private and pleasurable drinking of wine as early as 3000 B.C. He reported that harmful over-drinking was condemned by Kings and prophets, philosophers and physicians as "alcoholism". Infact from the beginning of recorded history drugs have been used for both medical and non-medical purposes. They became the object of concern and so rules and custom were applied to control their production and use.

However, in modern times, as Nahas et al, (1976) put it, secular rulers have attempted to curtail the

use of these drugs by laws and edicts which formulated and strengthened social taboos. In Nigeria, for example, Ahmed (1980) notes that "drug abuse in the country (as in any part of the world) is becoming a national problem and that the abuse of drugs obtains wide covering by all the media". He further asserts that "the escalation of the problem to almost epidemic proportions after the Nigerian civil war (June 1967-January, 1970) prompted the then military government to enact two decrees in an attempt to curb the abuse". Decree No. 19 of 1966 prescribed death sentence for the cultivation of Indian hemp and 5-21 years imprisonment for other offences with this drug. But it is very unfortunate to note that all these punishments do not seem to serve as deterrent for future traffickers and abusers.

In more recent times, Nahas et al, (1976) pointed out that the urge to achieve happiness through chemical stimulation has spread to a considerable degree in Western societies and indeed all over the world. It seems to be a fact that the problem of drug abuse is now recognized world-wide as one of the most pressing social problems. In this connection, the United Nations and Drug Abuse Control committee (1987:7) states: "drug abuse is a crime against humanity; a crime that imposes a staggering burden on the people and the nations of

the world. It is a burden no society can afford to carry.

Continuing, Nahas et al (1976:15) asserted that in addition to tobacco and alcohol, modern man has the possibility of exposing himself to a large series of other psychoactive drugs. He noted that this playful activity of drug consumption has not always been in the best interest of his own health and has not benefitted society. It is also known from Huxley (1979:77) that: "from the beginning of history, man has exploited every root twig, berry and grain in nature of their possible use: (1) to satisfy his hunger and thirst; (2) to cure his ailments and also (3) to satisfy another basic need which is to highten his state of consciousness".

2.3 Some Definitions of Drug

Drug is a very general term and there are many definitions of it. A good number of them either overlap or are nearly in agreement as to what drug is all about. Greenberg (1971) for example simply defined drug as a substance introduced into the body to change the way the body works. A drug's chemical make-up may be simple or

very complicated. According to Greenberg, (1971:2) a drug may be extracted from natural sources, such as plants, berries, or trees, and used in its original state or purified. Or it may be made in the laboratory. The definition of drug by Ezenwa (1984:355) is similar to the above. He states that "drug is any chemical substance which brings about physiological, emotional or behavioural changes in a person". He further explained that these include the psychoactive drugs which produce physical and or psychological dependence usually referred to as addiction. This group of drugs include opium, heroin, other opiates such as cocaine, cannabis, hallucinogens, amphetamines, barbiturates including other sedatives and tranquilisers. Some of these drugs according to him are quite useful when medically dispensed and administered to the patient as the need arises.

In both definitions, one will observe that emphasis has been laid on drug as any substance that by its chemical or physical nature, alters structure or function in the living organism. This sounds quite reasonable at first, but Goode (1973:5-6) is of the opinion that "some reflection renders it meaningless and without any utility." He observed that by this definition, water would be a drug and so would oxygen. Almost any chemical substance has an effect on living tissue and so does wide range of activities. Infact, there is almost nothing whatsoever

that has no effect at all on the human organism. So to him, this definition is far too broad to be useful.

One then wonders if it is possible to arrive at a meaningful objective definition of what drugs are. That is to say if there is any characteristic which groups together all, or nearly all, substances which would more or less universally be regarded as drugs, while unambiguously excluding those which almost no one would want to call drugs? The answer is no. According to him, instead of searching inside drugs for their intrinsic properties, for biochemical reactions which drugs supposedly touch off, something that all drugs "do" it is necessary to search outside the substances themselves, to see how they are defined, used, and conceptualized.

He is, therefore, of the opinion that what we call a drug is simply arbitrary and depends on our purposes for making the categorization in the first place. In short, the category "drug" is humanly fabricated. What is or is not a drug is decided not by nature, but by us, by humans - by definition. Sharing the same idea with Goode, as to what a drug is, Clausen (1971:8) states: "custom and law, not science or logic, are the definers" of what a drug is. Sharing this same opinion Berber, (1967:8) writes: there is nothing intrinsic to any physical or biological substance that makes it a

drug, or not... We might even say that nothing is a 'drug' but naming makes it so".

From the above definitions of what a drug is by Goode, Clauseen and Berber, one will realize that instead of thinking of drugs as belonging in some natural category and sharing some basic characteristic - that they do something or are something basically different from the things not in that category - we should first of all investigate the social and cultural processes which occur in labelling one or another substance as a drug. In essence, this shows that any discussion of "drug" - must select what to include on a somewhat arbitrary basis. What goes in and what is kept out depends on one's interests. It is very interesting to note at this point that Nahas et al (1981:222-225) extended the above definitions in a broader way by identifying four traditional sources of drug definitions - each is associated with specific consequences, as outlined below:

1. Socio-religious Definition

The socio-religious definition is based on the ritualization and social use of drugs. Within this context drugs are used in terms of social, political, economic and religious factors, that is in form of medication, devination and recreation. According to

them medical and psychiatric issues play no major role in determination of social pharmacology and that treatment has rarely been turned to as a preferred technique for changing a person's drug related behaviour. Rather social and/or religious stigmatization, isolation and various forms of political intervention have been used.

2. Medical Definition

Medical definitions are based on the thesis that when chemicals are prescribed by medical representatives, solely for the purpose of relief from pain, return to a particular level of health, maintenance of a particular level of health, or treating and/or curing disease, that such use is legitimate. This legitimacy, according to them, is a form of actual or imputed control by others than the drug user (i.e., the physician), results in the chemical being categorized as medicines. This distinction is important since most people feel that they use medicine while others use drugs. It is the uncontrolled user who is, or has, become visible, that is the focus of the drug treatment efforts. Medical definitions also suggest that leadership in treatment intervention should be the primary province of physicians.

3. Legal Definition

The legal definitions are based on the simple notion that if a substance is dangerous to a person and/or his community, the substance and the person should be controlled. Thus we control growth, manufacture, distribution, sale, possession, importation, etc., via licensing, incarceration, fines and death. Legal definitions also have resulted in faulty drug classifications. Two widely used classifications are HARD and SOFT drugs and the notion of dangerous drugs. It should be understood that drugs are just drugs and there are no un-dangerous ones.

Lastly, legal definitions may result in the notion that the preferred intervention agent is a law enforcement representative. Three consequences are derived from this. Empirically, none of man's appetites has to be adequately controlled by laws. Secondly, law enforcement agencies are in no better position via training, skills, status, etc., than any other group to intervene effectively. And lastly, the focus of the law enforcement agent, in terms of what his community asks him to do, more often than not runs counter to the logic, goals and process of treatment.

4. Scientific Definition

The scientific definition of a drug as any active,

chemical substance which alters the structure of functioning of a living organism has the virtue of not being judgemental but has the distinct limitation of being irrelevant to the contemporary use and misuse of drugs. The general public, community leaders, policy planners and makers are not concerned about scientific issues in terms of drug use. They are concerned about certain people, using certain drugs, in certain ways, for certain reasons, in their neighbourhoods. It becomes quite clear then that treatment as a process is not related to drug definitions, but rather to defining who the drug misuser, abuser, etc., is.

2.4 Trends of Drug Abuse in a Contemporary Nigeria

The widespread abuse of drugs has become a human tragedy. The problem is recognized world-wide as one of the most pressing social problems. Recognizing this problem among children, and her concern that prevails in the international community about the problem of the illegal production of, illegal trafficking in and abuse of drugs... the United Nations General Assembly Resolution 39/142 (1984:1-2)... declares that "drug trafficking and drug abuse... have become international criminal activity demanding urgent attention and maximum priority (and

that) the eradication of trafficking in narcotic drugs is the collective responsibility of all states".

However, Ezenwa (1985:355) noted that it is difficult to estimate the extent of drug abuse in most countries due to the poor quality of data on the matter. But as noted by Hughes, et al (1983:22) in a recent publication, World Health Statistics showed that there are at least 47.8 million drug abusers in the world with cannabis accounting for 29.8 million. The distribution of drug abusers by region showed that the highest number and hence rate was in the United States of America (U.S.A.) with 39.82 million abusers while Africa was the region with the least number, 842,429 abusers.

In Nigeria, as noted by Ahmed (1984) in a research study he conducted on drug abuse as seen in the University Department of Psychiatry, Kaduna, Nigeria, drug abuse in Nigeria (as in any other part of the world) is becoming a national problem. He further asserted that the escalation of the problem to almost epidemic proportions after the Nigerian civil war (June 1967-January 1970) prompted the then military government to enact two decrees in an attempt to curb the abuse.

Decree No. 19 of (31st March 1966) prescribed the death sentence for the cultivation of Indian hemp and

5-21 years imprisonment for other offences related with this drug. According to Ahmed (1984) the spate of criticisms forced the government to drop the death sentence and reduce the prison sentence to a maximum of ten years in Decree No. 34 of (24th October, 1975); Indian Hemp (Amendment) Decree. Decree No. 5 of 1968 states that no un-authorised person is permitted to import or distribute amphetamine or other drugs.

Ahmed (1980) further noted that the embarrassment and concern which this was causing the government led to the Miscellaneous offence Decree No. 20 of 1984 which prescribed the death sentence for trafficking in heroin and cocaine. Ahmed (1980) further pointed out that "the Department of Psyhiatry at the Ahmadu Bello University Teaching Hospital, Kaduna was until the late 70s the only department providing psychiatric services to the ten northern States, with more than 50% of Nigeria's 100 million inhabitants".

In a paper on drug abuse in a contemporary Nigeria Yakasai (1989:2) observed that "the knowledge of the extent of drug abuse in Nigeria is lacking due to the absence of any national epidemicological studies. He however noted that the few studies conducted in some

of our teaching hospitals hshowed that acceptable drug started becoming a problem in Nigeria in the 60s. At that time abuse of drugs was limited mainly to the hospital workers such as doctors, nurses, pharmacists and attendants, who were able to lay hands easilyeasily on some of the drugs of dependence like morphia, pethidine, codeine and anaesthetic gases. He lamented that with the outbreak of Nigerian civil war, as already reported by Ahmed, the number of people who abused drugs rose considerably. Indian hemp and amphetamine became popular especially among members of the Armed Forces.

He further highlighted that after the war, this problem of drug abuse became escalated especially amongst youths, the main concern of this study. Again, in a hospital study, Ahmed (1986) found that 80% of drug addicts were between 15 and 30 years and 70% of them were single. Such group, according to him, tend to abuse cannabis and amphetamine more than alcohol whereas those in the middle age group tend to abuse alcohol and 76% of them were married. This trend is similar to what we see in the Western world.

It is also known from Yakasai (1989) that drug abuse in Nigeria is not only limited to narcotics, and amphetamine or Indian hemp alone, but also to other conconctions such as the cocktail of Robin blue powder,

lizard faeces, various drugs and other toxic substances in order to get a hightened experience. He explained that in the northern part of this country such concoction is common and is usually mixed in Fura or other liquid foods. Whereas in the southern part of the country more sophisticated drugs of abuse such as cocaine, heroin and LSD (Lysergic Acid Dimettylamide) have been reported. Glue snipping and solvent abuse have been reported in most part of the country. According to him, on the whole there has been an increase in the trend of drug abuse in a hospital setting, as reported at ABUTH Kaduna, from 11% in 1980/84 to about 12% in 1986.

In another development, a review of drug abuse in Nigeria (Pela and Ebie, 1982) showed that the substances abused include pain-relieving drugs, sedatives, amphetamines and cannabis. They noted that there is no age limit among abusers. In Nigeria there is emphasis on cannabis abuse because it is frequently reported to be associated with drug induced psychosis. It also appears that the substances such as heroine, cocaine and LSD is not prevalent within the adolescent population. Similarly, in an attempt to find out the characteristics of drug abusers in Nigeria, Ezenwa, (1985:358-359) states that "there are more males than

females, high percentage of them are youths, single and unemployed with low educational background". He writes:

> The individuals are usually introduced to the drugs by friends and peers. Drug usage and subsequent abuse provides a temporary escape for the user from harsh realities of life such as unemployment, hardship, emotional deprivation and other related personal problems.

He further noted that: "among the teenagers, the use of addictive drugs is symbolic of their participation among their social set -up and, also, it is part of an exploratory behaviour associated with growing up". Pela (1984:358-363) reviewed the psycho-social aspects of drug dependence in Nigeria and he observed that the psycho-social variables implicated were similar to those observed in other cultures. He pointed out that drug abuse in Nigeria is associated with polygamous or large monogamous families which suggests "stressful sibling rivalry". He states:

> Other factors included defiance of or rebellion against parental control, harmful early childhood experiences facilitation of social intercourse. The socio-cultural factors included urbanisation, Westernisation and migration to the cities which could weaken the traditional support system.

The increasing health and socio-economic problems associated with drug abuse include problems for the

drug abusers, the families and the community. In a paper presented at the National Seminar on Nigeria's population Dynamics, Otti (1933) reviewed the health, and socio-economic implications of drug abuse. His observations are summarised below in Table A.

Table A: THE HEALTH, AND SOCIO-ECONOMIC IMPLICATIONS OF DRUG ABUSE

PROBLEMS FOR THE USER	PROBLEMS FOR USER'S FAMILY	PROBLEMS FOR GENERAL POPULATION
- Impairment of functioning	- Marital discord	- Rise in road traffic and industrial accidents
		- Premature death
		- Loss of manpower
- Inadequate nutrition	- Loss of esteem	- Premature death
- possible damage to tissues and central nervous system	- Fetal defects and growth anomalies	- Working efficiency decrease. Reduced economic and industrial output
- Deterioration in interpersonal relationship	- Juvenile delinquency	- Disruption of public order e.g. violence, criminal activity
- Working efficiency decrease and absenteeism increases		- Economic cost of health, welfare and law enforcement services
- Danger of overdose		
- Premature deaths and accidents		
- Mental disorder		

SOURCE: Comprehensive Text on Community Health and Safety in the Tropics, 1985 (pp. 363-364)

Various attempts are being made by individual countries, World Health Organisation (WHO), and various agencies to prevent and control drug abuse. It was on the background of various countries efforts to stop or at least minimize the detrimental effects of drug abuse that the National Campaign Against Drug Abuse and Illicit Drug Trafficking in Nigeria was launched by the First Lady, Mrs. Maryam Babangida on Wednesday 14th October, 1987. In an address the Honourable Minister of Health, Professor Olikoye Ransome-Kuti, on the occasion of the launching of the Campaign Against Drug Abuse and Illicit Drug Trafficking in Kaduna State on Thursday, 21st April (1988:2-5) observed that "the wide-spread misuse and abuse of drugs are detrimental to the individuals taking them and create large scale public health and social problems through diversion into illicit traffic.

He noted that these problems have been of great concern to the entire international community". He therefore pointed out that it was for this reason, that the Secretary-General of the United Nations convened a World Ministerial Conference in Vienna, Austria from 17th to 26th June, 1987. He noted that the conference was attended by Nigeria and 139 other states and that demonstrated the determination of all governments to act against the scourge of drug abuse and illicit trafficking. He went further to emphasise that the campaign is

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necessary because the problems arising from drug abuse and illicit drug trafficking are presently of great concern to every Nigerian. Continuing, the Minister said: "since 1982, our country became a transist centre for drug traffickers, logically and unfortunately the left-overs of these drugs from the illicit traffic became available for consumption by Nigerians especially our youths.

He also pointed out that apart from such hard drugs as heroin, cocaine and cannabis, there is a growing abuse of other psychotropic substances. He further emphasized that we need to apply ourselves diligently to find solutions to the problems at national, state and local government levels. He states that "Nigeria recognised that the problems are complex and that they can only be effectively tackled through a multi-disciplinary approach". For this reason, he said inter-ministerial committees on Narcotic Drug and Drug Abuse Control have been constituted at federal and states levels. These committees are drawn from the health ministries and other relevant ministries, arms of governments, public institutions and voluntary organisations. Strategy for action according to the minister, has therefore been two-pronged, aimed at reducing its supply and demand in order:

1. To prevent those who do not abuse drugs from doing so and those who are occasional users from becoming chronic users;

2. To reduce the number and severity of problems associated with non-medical use of drugs;

3. To prevent the worst effect of chronic drug abuse through treatment and rehabilitation.

As noted earlier on, the minister said:

> This campaign against drug abuse and illicit drug trafficking is aimed at the various groups within our population. It should involve the teachers, parents, associations, school authorities, various student organisations in colleges and universities. We therefore enlist the support of religious leaders, women associations and service clubs, etc.

Equally important, he recognized the support, understanding and cooperation of the mass media and professionals as potent vehicles for reaching a vast audience every day either through newspapers, radio or television. In this connection, Okon (1988:243-244) states:

> A great many teenagers in Nigeria use some drugs in and outside secondary schools. There is a vital need for both teachers, and parents to understand why young people are attracted to drugs. For one thing, teenagers might be conditioned to the use of drugs by their seniors' example. There are many teenagers who take pills to enable

> them stay awake and study. There are others who take pills to go to sleep, to pep themselves up, to fight "cold", to conquer discomfort and so on.

Okon (1988) further states that the causes of drug dependence are usually numerous and many people in this country seem to feel that drug abuse has not assumed an alarming dimension. Keshi (in Okon, 1988:244-245) states that "drug abuse is slowly, but steadily screening into the socio-cultural fabric of this society gradually shaking its very foundations". Writing on the title "Contemporary Drug Abuse Among Children", Aliyu (in Okon, 1988:246) states:

> The various drugs abused by young people in Kaduna State include: alcohol (particularly, in beer, stout, 'burukutu' 'pito', illicit gin or 'ogogoro', palm wine and various other alocholic beverages), cannabis preparations (marijuana, Indian hemp), amphetamine ('kwaya'), caffeine (particularly in kola nuts, coffee, tea, cocoa and chocolate, and the cola soft drinks), nicotine (in tobacco, cigars, cigarettes and snuff) and pethidine.

In a paper on drug abuse, Brooks Anne Robinson, Director, United States Information Service (USIS), Kaduna, at the Kaduna State Drug Abuse Control Week and the International Day Against Drug Abuse and Illicit Trafficking held on 26-30th June, (1989:2) states:

> Drug abuse is no longer a problem only to the traditional consuming countries such as the United States and Western Europe... Nigerians have been arrested for trafficking in growing numbers in airports and other parts of entry all around the world. An important point to make here is that along with the growth on trafficking has come an increase in actual drug abuse within Nigeria... unless trafficking is attacked effectively, drug abuse will become even more widespread in Nigeria.

Robinson (1989:2-3) further said that it is unfortunate that the concern over the spread of illicit drugs has been mounting in Nigeria. But she however, noted that it is important that the Nigerian government has begun to take the problem very seriously. She noted that in November, 1987, Nigeria and the United States adopted a mutual law enforcement agreement which will better enable both nations to combat drug trafficking. She said while she was in Washington D.C. to sign the accord with Nigeria, Nigerian Justice Minister Prince Bola Ajibola described drug trafficking as an international problem that countries throughout the world now recognized as a menance, and he, therefore, called it an "offence against humanity" that violate the peace and well-being of all mankind".

Robinson, (1989:7) is therefore of the view that the recognition of the problem at the highest levels of Nigerian government combined with the growing public awareness is a good sign for Nigeria. She emphasized the

hope that Nigeria may be able to halt this scourge before it eats away at our society too deeply. But Robinson is of the view that the recognition of the problem at the highest levels of Nigerian government coupled with the growing public awareness may not on the other hand yield any good result towards halting the problem.

This is because contrary to her view, past and current management of drug abuse in Nigeria has tended to deal with only its effects and not its causes. Laws have been passed and very little effectively implemented. Even when effective from the start, laws tend to make the culprits sophisticated in their techniques and, as such, more laws have to be make to take care of the new techniques, etc. She further asserted that the implementation of anti-drug abuse laws is difficult in a society like that of Nigeria where the law agents are themselves part of the problem. Some of the law executors are themselves drug abuse syndrome, that is by either cooperating with the culprits, or are only formalistic in the execution of these laws.

For example, the recent removal of Mr. Fidelis Oyakhilome, as the Chairman of the National Drug Law Enforcement Agency (NDLE) by the Federal Government

over drug trafficking scandal, involving him and one Miss Jennifer Madike, is enough indication by Nigerians to ascertain the effectiveness of law enforcement agencies in the control of Drug Trafficking, smuggling, peddlings, etc., in Nigeria. The agency was established in January, 1990 and was charged with the difficult task of curtailing the cocaine and heroine trade within the country in cooperation with similar agencies in other countries. Many Nigerians saw the emergency of the Agency as positive because the nation was quickly turning into a great consumer of the stuff instead of the role it was playing as a transit camp for the shipment of drugs to the United States and other Western nations.

It was alleged that Miss Madike, had obtained 800,000 naira from suspected drug dealers, on the grounds that the money would be passed to Mr. Oyakhilome so as to influence their release and that of their seized goods. Revelations upon revelations show that there is, indeed, a close relationship between the Chairman of the Drug Law Enforcement Agency and the business woman.

Although a statement from the government had earlier cleared him of possible implication in any shady deal with regards to the Madike affair, Mr. Oyakhilome was, nevertheless, later relieved of his duties as Chairman

of the Agency "until further notice". Many analysts believe that the Federal Government move was mainly to allay fears of the international community and re-enforce the government's determined role, in the eyes of the world community, that the nation's drug war effort will remain unabated.

It should however, be noted that the problem of drug abuse has caused the government of Nigeria some concern and that led to the promulgation of the miscellaneous offence decree of 1984 which prescribed death sentence for trafficking in heroin and cocaine. To demonstrate to the Nigerians that the Federal Military Government is serious about the problem of drug abuse and illicit trafficking, there was public execution of three convicted male drug traffickers in the country in accordance with the above decree with the expectation that such penalty will deter future trafficking. But after Babangida's coup of 27th August 1985, the Decree prescribing the death penalty was amended to just sentencing the convicted person to some years imprisonment and confiscating his/her properties/assets both moveable and immoveable.

Recently in November, 1989, the Attorney-General of the Federation, was reported to have said that: "the federal military government is very much considering

bringing back the death penalty for any drug convicted person because of the escalation of the problem both nationally and internationally". Presently, Nigeria is recognized world-wide as a transit centre for drug trafficking. Obviously this is causing the present military government a lot of embarrassment. A large number of Nigerians most especially the females are now serving various numbers of years in jail terms in Nigeria and other various countries all over the world.

2.5 Some Agencies Which Have Been Invaded by Drug Abuse

As earlier on mentioned, the widespread abuse of drugs has become a human tragedy affecting virtually all segments of people all over the world. Drugs entice, captivate and ultimately destroy people who abuse them. It is common in our society today that quite a number of people are habitually abusing sleeping pills. Others abuse analgesics, anti-malaria antibiotics, alcohol, amphetamines, barbiturates, major and minor tranquilizers. All these types of drugs have different effects on the

individual who abuses them. The United Nations and Drug Abuse Control (1987:38-43) acknowledges the devastating effects of drug abuse when it states:

> Growing abuse of drugs is much more than a "street problem". It has invaded the home, the work place and educational institutions, affecting individuals of all ages and classes. Beyond the human destruction caused by drug dependence is the damage to traditional values, life-styles and national to traditional values, life-styles and national economies. In short, drug abuse poses a serious threat to societies everywhere.

In the light of the above statement, the UNDA control further identifies the following four agencies which have been invaded by drug abuse.

1. Home and Family

The devastating effects of drug abuse on the family are perhaps, those which pose the greatest thread to

society as we know it. When one member of a family abuses drugs - be it a parent, child, or other relative - it causes destruction and disharmony within the family and every family member suffers. Drug abusers often become so obsessed with the habit that everything going on round them, including the needs and situations of other family members, are ignored, leading to a breakdown of the family as an entity. Aside from possible criminal behaviour brought into the home by the drug user, he or she suffers ranging degrees of personal anquish - both physically and psychologically. Family members suffer greatly as they watch the systematic and willful destruction of an individual who is close to them. No one enjoys seeing a family member hurt and when drugs are involved, the insidious nature of the problem intensifies the pain.

There are other serious consequences. When younger children, unaware of the danger involved, see older siblings or parents using drugs, they may erroneously believe that drug-taking is normal or accepted behaviour. Parents often cannot face the fact that their children take drugs, or attribute their deviant behaviour to something the parents did or did not do in bringing up the child. Shame and embarrassment far too often prevent them from acknowledging their child's drug problem. In failing to confront the problems they cannot

help the child find the courage and the appropriate means to stop taking drugs.

2. School

Most drug users begin taking drugs at an early age, as adolescents or even younger. Taking drugs while the body is still forming interrupts the normal maturing process and compounds the dangers posed to the user as an adult. When children cannot read at age 8, they can be taught with some effort at the age of 9. When children cannot multiply or divide at age 11, they can be taught at age 12. But when a child's mind is destroyed by drugs, that child may not be able to start again. The time lost and the damage done may be irreversible. Since schools are concerned with the full development of children, including their moral and intellectual well-being, they must also be concerned with the use of drugs, both in and outside of school.

Drug use is a school problem because it undermines a student's academic ability and performance. Research in some countries has shown that students who use marijuana regularly are twice as likely to receive below average marks or failing grades and school drop-out are twice as likely to be frequent drug users. The case here is clear: when a student uses drugs the chances are that student's ability to learn will

be impaired. Drugs can also disrupt an entire school. When many students in a class are under the influence of drugs, or absent because of drug abuse, the progress of all students is impeded. Also, the pressure is increased on those young people who have the good sense and the courage to resist drugs. In addition, drug use brings into the school environment the illegal activities connected to drug use-theft, prostitution and the selling of drugs to others. Clearly, none of these activities is conducive to the development of a healthy productive life.

3. Work Place

Societies pay a heavy toll for drug abuse in economic terms as well as in human terms. The United Nations and Drug Abuse Control Committee (1987) noted that most of the world's drug users are within 18-35 years of age, are employed and carry their behaviour to the work place. Wide spread drug use in the work place generates a number of serious problems. There are many accounts of drugs being sold on work premises to and by employees. Efforts by concerned individuals and managers to stop these activities in many Western countries are often met with violence and intimidation. Some companies in Western countries have resorted to drastic law enforcement actions in an effort to bring this criminal activity under control: the use of "drug-

snuffing" dogs, body searches, searches of personal property and lie-detector tests are becoming more and more frequent.

In additon to the criminal aspects of on-the-job drug use, decreased productivity and job-related accidents are more and more seen to be direct reults of employee drug use. Studies in other countries of the world have shown that in one industrialized nation drug users were found to be one third less productive, over three times more likely to be involved in an on-the-job accident, and absent from work more than twice as non-drug-using employees. Healthcare benefits paid to employees using drugs exceed the average level. Sloppy workmanship, combined with rising health-care costs and lost productivity, increase an employer's cost of doing business and may hinder the company's ability to compete in the market-place.

Moreover, defective products and services pose safety and health hazards to the public. As for many workers involved with the public, such as pilots, truck drivers, public transportation operators, air traffic controllers, nuclear power-plant operators, etc., it is impossible to excuse the self-indulgence of the drug user when public safety is in question. Furthermore, states cannot maintain armed forces or protect their citizens from crime if drug use is widespread in the military

and in law enforcement agencies. Increased illegal crop growing has serious consequences: it may contribute to shortages in food crops in a given region, create an artificially based cash economy, and foster a close relationship between farmers and drug traffickers placing them to become dependent on criminal activity as a means of survival.

4. Drugs and Crime

The use of illegal drugs and crime go hand in hand. In many cases, drug users will literally do anything to obtain enough drugs to satisfy a habit. The crimes most frequently committed by drug abusers are those by which the drug user can gain the most money for the least amount of effort, usually by theft, prostitution and drug peddling. This, however, does not limit the types of crimes committed, exemplified by stories of business executives who have stolen company funds and of workers who have intentionally damaged goods in order to acquire them at a reduced rate and then sell them for more money on the street to finance their habit. When individuals begin to take drugs, they accept the obvious risks to their personal health and well-being, both physical and psychological.

After a prolonged use of or the development of an obsession for a drug, the personality of the user is

notably altered. This is a major obstacle encountered when attempting to overcome drug dependency. The problem is exacerbated if the user has also become adjusted to criminal behaviour. While obviously not all crimes are necessarily connected with the acquisition of drugs, many crimes however, are committed by individuals while under their influence. A recent study of inmates in one industrialized nation found that over 50 percent admitted to being under the influence of drugs at the time they committed the crime for which they were imprisoned.

2.6 Effects Associated with Different Types of Drugs Being Abused

The most commonly abused drug world-wide at present is cannabis; cocaine is being used in epidemic proportions in some regions. The abuse of amphetamines, barbiturates, sedatives, and tranquillizers, alone or in combination with other drugs, alcohol, is on the rise in most countries. The sniffing of volatile solvents, such as glue or paint thinners, continues to be a problem among teenagers.

The United Nations Handbook of Drug Abuse Control (1987), highlighted the most widely, and other types of drugs being abused world-wide and their adverse effects in human body. These are classified into two categories as stated below:

Most Widely Abused Drugs

1. Cannabis: Also known as marijuana or hashish, this hemp plant is a weed that grows wild or is cultivated in temperate to tropical climates. For three millenia, people in Africa and Asia have been smoking it, often mixed with tobacco. It has hundreds of "street" names, including "pot", "grass", "weed" and "bhang".

Effects of low-to-moderate dose can include: hilarity; loquacious euphoria; changes in perception of time and space; impaired coordination, judgement and memory; increased visual and auditory sensitivity, conjunctivitist, and brochitis. Higher dosages may result in illusions, delusions, depression, confusion, alienation and hallucinations sometimes resembling a psychotic episode marked by fear and aggression. Regular and prolonged use of cannabis may impair psychomotor, cognitive and endocrine functions; reduce immunity; and lower resistance to infection.

2. Cocaine: The alkabid cocaine, which is commonly in the form of a white powder, is extracted by a simple chemical process from the leaves of the coca bush, an evergreen shrub grown primarily in the mountainous western region of South America. Coca leaves have been chewed by the Andean population for centuries, to

overcome fatigue caused by high altitude and to combat hunger. Coca paste smoking may often induce psychic dependence and psychopathology and can even cause poisoning through overdosage. A stimulant, cocaine can be sniffed, smoked or injected. It induces euphoric excitement and creates a feeling of great strength and mental clarity.

This sense of being "super powerful", combined with paranoid delusion and auditory, visual and tactile hallunications may lead the user to commit serious anti-social acts. To counteract the sensations of ultra-excitation it produces, alternate or simultaneous administration of cocaine and a depressant drug is widely practiced. A new, more addictive form of cocaine called "crack" is smoked in crystalline form, giving a quick, intense high which lasts a few minutes and often leaves the user desperate for more. Crack abuse is harmful to the brain, heart, lungs, and nervous system, and also produces serious psychological effects.

The effects of cocaine rapidly dissipate once the drug enters the body, and the desire for repeated administration at shorter and shorter intervals can turn the life of a user into a constant and expensive search for the drug. Cocaine is the most pernicious drug currently being abused; with heavy use often

leading to paranoia, psychosis and violence. So great are its addictive properties that studies have shown that laboratory animals will time after time select cocaine over their favourite food, until they eventually starve or die of an overdose. The legitimate medical use of cocaine as a local anaesthetic is now extremely limited since it can, for the most part, be replaced by synthetic, non-addictive local anaesthetics.

3. Heroin/Opiates: Opium is the coagulated juice from the unripe capsule of the poppy plant, which grows in temperate and sub-tropical climates and appears to have originated in the Eastern Mediterranean region about 5,000 years ago. Its use spread rapidly to Persia, Egypt, China and Europe; the "panacea laudanum" praised by Philippus Paracelsus, the sixteenth alchemist and physician, was a preparation of opium. Both the medical and dependence producing properties of opium are derived from its main constituents morphine and codeine. These two substances, together with synthetic morphine-like drugs, have taken over opium's therapeutic role.

Opium is now used primarily as an important raw material for the licit manufacture of morphine, codeine

and their derivatives. Unfortunately, it is also the raw material for the illegal production of heroin, the abuse of which has reached alarming proportions worldwide. In the early twentieth century, it was international concern over the abuse of opium and the opiates that led to the formulation of the first international treaties on narcotics control.

4. Morphine: Which can be extracted either from opium or directly from poppy straw, remains the classic analgesic (pain-reliever) for severe pain, but the extent of its use is being challenged by synthetic narcotics thought to be less likely to produce dependence. Physical dependence to morphine develops quickly and increases in intensity with increased dosage, leading to addiction. Withdrawal symptoms begin with a few hours after the last dose, reaching maximum intensity within 24 to 48 hours, then subsiding.

5. Heroin (Diacetylmorphine): Obtained from morphine by a relatively simple chemical process, produces a very strong dependency. Because heroin is easily manufactured clandestinely and transported in its pure state, it is the greatest public health hazard among

drugs. The heroin content of the drug sold on the street may vary considerably, since it is usually "cut" (mixed) with other substances. The wide and unknown range in amounts and types of adulterants used is responsible for illness, poisoning and death.

Since heroin can be fully replaced by equally effective and far less dangerous analgesics, the WHO and the United Nations Commission on Narcotic Drugs have recommended a ban-honoured by most countries - on both the manufacture and use of heroin.

6. Other Morphine Derivatives: A number of chemical derivatives of morphine which closely resemble the parent substance in both therapeutic properties and addictive side effects are also subject to international control. Codeine (methylmorphine) is used extensively as an effective cough suppressant and mild analgesic with a comparatively low addictive potential.

7. Synthetic Opiates: A number of strong analgesic with morphine-like effects were developed in the late 1930s, with a view to obtaining a powerful but non-addictive pain-reliever. The number of synthetic analgesics developed to date and under interational control far exceeds that of "natural" drugs, but only a few of these synthetics have entered the illegal world

market because they are usually difficult to manufacture. Scientific research continues to seek an effective analgesic that produces the beneficial effects of morphine and its derivatives without causing dependency.

(b) Other Drugs of Abuse

1. Depressants: Almost all depressants now under international control are barbiturates or their close pharmacological relatives. These drugs are of sedatives which in higher doses induce sleep. When taken in sufficient amounts, they produce psychological dependence. Withdrawal from chronic heavy use of barbiturates is even more severe and life-threatening than heroin withdrawal. Distinct from the morphine-type withdrawal syndrome, these symptoms reach maximum intensity a few days after onset and sub-side slowly.

2. Stimulants: Amphetamines are the prototype for this class of drugs, in some respects related pharmacologically to cocaine. Like cocaine, they can elevate mood, and dispel fatique and hunger. In most cases the drugs are taken for their euphoric effects, but in other cases abuse may result from consumption as weight-reducing aids or anti-fatigue agents. Since amphetamines are dependence-liable, however, they are no longer used legitimately to curb appetite.

Psychological dependence to amphetamines develops rapidly and is perpetuated by a strong drive to reach maximum euphoria and excitation. A toxic psychosis indistinguishable from schizophrenia may occur after weeks of continued use, characterized by profound behavioural changes and auditory, visual and tactile hallucinations, feelings of panic or aggression, and an urge to commit dangerous anti-social acts. High levels of excitation are coupled with the sudden onset of excessive fatigue.

3. Hallucinogens: are a chemically diverse group of drugs which produce profound mental changes such as euphoria, anxiety, sensory distortion, vivid visual and auditory hallucinations, delusions, paranoid reactions, depression and a sense of identity loss, as well as changes in behaviour. The extremely powerful substance, LSD (Lysergic Acid Diethylamide), is the best known. Fortunately, it no longer enjoys the popularity it once held among drug abusers.

Psychological dependence on hallucinogens varies, but a high degree of tolerance develops within a short period of use. No physical dependence is involved, but flashbacks of extreme anxiety may occur even months after use of such drugs. "Killer weed", "angel dust" and "elephant tranquillizer" are among the street names

given to POP (pheneyclidine), considered one of the most dangerous drugs available today. Introduced initially as a general dissociative anaesthetic, it has unpredictable and dangerous side-effects that have made it totally unsuitable for therapeutic use in humans, although it is sometimes used as an effective anaesthetic for animals.

Although POP abuse is not associated with the development of physical dependence, it does give rise to a marked psychological dependence. A single dose, usually smoked with tobacco or other materials, can provoke a serious toxic psychosis, Schizophrenic in character and accompanied by delusions, mental confusion and violent aggressive or self destructive behaviour. Flashback episodes occur frequently; total personality changes and even catatonic reactions are common.

Several hallucinogens are still used in religious and healing ceremonies practiced by some American Indians. Mescaline, the active principals of the cacths peyote (Loporphora Williamsli) grows wild in certain parts of Mexico and the Southen and Western United States, and is a favourite ritualistic hallucinogens. Tolerance to mescaline develops rapidly with continued abuse, but it is not considered physiologically addictive and withdrawal symptoms do not occur.

DOM (2.5 - dimethoxy-4-methylamphefamine), also known as STP, is related to amphetamines and mescaline, with effects similar to those of LSD. Since it is not used therapeutically, its manufacture is illegal. The effects of DOM are a heightened awareness of sensory inputs, often accompanied by limited control over what is experienced.

The same phenomenon also results from the use of other hallucinogens: Psilocin and its congener (KIN) Psilocybin, found in the Mushroom psilocybe mexicana (indigenous to Mexico and parts of U.S.A.); the tryptamine compounds DMT (dimethyl tryptamine) and DET (dethyltryptamine) active principles in hallucinogenic snuff obtained from the minosapiptadenic peregrina found in the Orinoco region of Amazonia. The user of such substances finds it difficult to distinguish between fantasy and reality, between one object and another or even oneself and the surrounding environment. These substances have no recognized therapeutic applications and are subject to the strictest control under the 1971 Convention on Psychotropic Substances.

Inhalants: Inhalants are a diverse group of chemicals which produce psychoactive (mind altering) vapours; they include such common products as aerosols, gasoline,

some glues, solvents and butyl nitrites marketed as "room odorizers". Sniffing moderate amounts of inhalants for even a relatively short time can disturb vision, impair judgement, and reduce muscle and reflex control. Death from sniffing inhalants occur suddenly and without warning, as a result of suffocation, respiratory collapse or heart failure. While inhalants are not under international control, they merit careful monitoring by the international community because of their wide use in some countries, and their popularity among children.

Effects of Drug Abuse in Human Body

The United Nations and Drug Abuse Control Committee (1987:39) states that: "the wide spread abuse of drugs has become a human tragedy. Clearly, drug abuse, addiction and dependence are problems no longer confined to small segments of a given people from all walks of life. Growing drug abuse is much more than a "street problem". It has invaded the home, the work place and educational institutions, affecting individuals of all ages and classes. Beyond the human destruction caused by drug dependence and abuse, is the damage to traditional values life-styles and national economies. In short, drug abuse poses a serious threat to societies everywhere".

Detailed scientific knowledge regarding mind-altering drugs has been accumulating at an increasing

pace owing to public health and societal concerns generated by the increasing prevalence of drug usage world-wide. It should be noted however that lack of a large body of experience regarding the effects of mind-altering drugs on the young, namely that, whereas use by adult men has been prevalent for millenia, child and adolescent use is a phenomenon of only the past two decades.

Anker et al (1968) are of the view that cannabis is second only to alcohol as the most prevalent drug abused among young people. It began to gain acceptance among college students in the sixties. Because of these trends of wider usage and usage at a younger age, the psychological effects of cannabis take on over-riding significance.

Psychological Effects

The psychological effects of cannabis intoxication have been well-defined and well documented. The most dramatic cannabis effect and the earliest to be appreciated and noted in the literature, first recorded in the Asian medical literature because of its prevalence in the Far East. Ewens (1962) was reported to have said in the Indian medical Gazette 39, 401 of (1904) that that cannabis induced psychosis. Typical symptoms include somatic, visual, and paranoid delusions, disorientation, hallucinations, and feelings of depersonalization and derealization. When transient

it is present as an acute toxic psychosis, when prolonged as a chronic psychosis of the schizophrenic or paranoid type.

With more refined psychological investigative techniques a myriad of cognitive and emotional changes have been defined. Dorubus, et al (1978), are of the view that the most prominent cognitive effects are impairment of the recent memory and retrieval, attentional deficits, difficulties in central processing, altered time perception, visual distortions, and hallucinations. They emphasized that, among emotional effects are mood fluctuations including euphoria, dysphoria, listlessness, apathy and depression. Keeler (1968) highlighted other emotional effects of cannabis which include drowsiness, indolence, withdrawal, anxiety, and apprehension. He said, hallucinations, paranoid delusions, and feelings of depersonalization and derealization are not uncommon, and are seen in acute intoxicated states as well as in acute or chronic psychoses.

A consideration of normal child and adolescent development has been advanced to provide the framework in which to view the special psychological effects of cannabis using the developmental schemata of Freud, post Freudian ego psychology, Erikson, and Piaget (1963). In broad outline these schemata offer

complimentary views of the developmental sequence. Freudian psychology and post-Freudian ego psychology address intra-psychic, interpersonal and instinctual phenomena, Erikson intrapsychic and interpersonal phenomena, and Piaget Cognitive phenomena. All of these areas of functions are affected by cannabis. Given that the age of initiation into cannabis use can be as young as eleven years, it is necessary to discover how specific cannabis effects influence these various developmental stages.

Late childhood is a relatively unconflicted stage emotionally, with early childhood tensions submerged, with the rules of the game mastered and peer relationships facilitated, and with an active, even accelerating push toward learning and accomplishment. Erikson, et al (1963) are of the view that introduction of cannabis at this stage can disrupt both emotional equillibrium and intellectual striving. The dysphoric mood effects of cannabis are experienced principally as apathy and listlessness, dampening the normal efforts at mastery and achievement. The cognitive effects of impairment of memory, processing, and retrieval serve to augment the emotional effects of apathy and indifference. Thus the normal goal-oriented, achievement-oriented stage is foreclosed both by lack of will and lack of capacity. Lack of achievement, in turn, leads to

failure to reach one's ego ideal, with consequent loss of self-esteem.

At age 12, 13 and 14, corresponding to junior secondary school during which initiation into marijuana use is proceeding at an increasingly rapid pace, developmental phenomena are in a far more dynamic phase than in childhood, hence the effects of disruption are more telling. The psychological effects of cannabis on specific adolescent developmental progression is the high vulnerable of cognition ability. The acquisition of skills and the mastery of new material, so important to the individual's self-esteem and academic progress will be hampered by the drug.

A dramatic falling off in academic performance is the most objective evidence of the drug effect. It is further asserted by Erickson that not only is the acquisition of new information impaired, but also the type of learning that requires abstract reasoning or weighing of alternatives, a good example of which is the study of Mathematics. Academic incapacity, in turn, leads to lowered self-esteem and weakened ego structure. Abstract reasoning, the ability to think in reversible terms, and to make moral judgements play an essential role in the restructuring of the super-ego and generating an independently determined value system. He further emphasized that

failure to develop a serviceable value system can lead to serious social conflicts and dislocations.

The process of separation from parents, including development of a new ego ideal and a new sense of identity, necessitates substitutions of other attachments and affiliations. The youngster whose drug usage renders him emotionally detached or apathetic has difficulty in developing sustained and supportive new attachments and is prone to become self-involved and isolated. The failure to form meaningful new attachments may also delay or altogether inhibit the development of a stable sense of identity.

Erikson (1963), pointed out that another normal feature of the parental separation process and drive towards independence is oppositional or hostile behaviour. He said, when the adolescent's drug usage places him at odds with parental standards, his drug behaviour can become the focus of severe discord. The separation process then becomes overlaid with irreconcilable differences. The young person may interprete parental criticism as rejection and may respond with withdrawal narcissistic preoccupation and progression. Alienated from parents, tenuously affiliated with his peer group, this adolescent is highly vulnerable to the development of psychopathology.

In their own assertion, Millinger et al (1976) were of the view that a major consequence

of the allienation, ego diffusion, and super-ego weakness described above, augmented by drug-induced apathy, listlessness, and depression is an adolescent pathological development often refered to as the emotional syndrome. Its common form is inability to define or to make any commitment to life goals, and hedonistic pursuit of immediate gratification.

2.7 Dangers of Drug Abuse

According to Ekanem, (1988:14), to abuse a drug is to make wrong use of it which may harm the consumer's health. A person abuses any drug if he takes it when it is not prescribed with the aim of enhancing his health. Drug abuse could also be the chronic over-use or mis-use of medication or chemicals to alter mood either without the advice of a physician or in doses not prescribed by a physician. What is more important here is that drug abuse, in any of its forms entails high risk of danger to our health, and greatly contributes a lot to society's table of social problems. Related to the above statement, Okon (1988:44) states:

> Many of us have come across students who stay with the practice of dependence-producing drugs. The risks of chronic dependence need no stressing. Drug-taking reflects self-destruction and we should be concerned about

> drug dependence by teenagers and other people because it can result in death even on the first occasion. In chronic abusers, damage to the brain, the peripheral nervous system, the liver, or the heart may occur, depending on the solvent used.

Similarly, a United Nations poster titled "Danger of Drug Abuse as a Signal to the Society", states:

> In the global village created by 20th century civilization, drug abuse not only harms the person who takes drugs (death, psychosis, health and social problems, etc), but also affects the social environment where he lives (traffic accidents, violent behaviours, crimes to obtain drugs, etc). Dependence on psychoactive drugs may be linked with human misery and social disorganization. It may be the result of socio-cultural pressures or produced by self-treatment for mental or physical distress. (From the U.N. Information poster, No. 3, of March, 1977).

Even though the danger of drug abuse is evident everywhere in Nigeria and other parts of the world, yet one then wonders why the problem is escalating at an alarming rate. Okon (1988:243) states that a great many teenagers in Nigeria use some drugs in and outside secondary schools. As earlier on quoted in a paper entitled "Drug Abuse in a contemporary Nigeria", Yakasai (1989:3-4) commented that anyone taking drugs that affect the mind frequently, in high doses and for a long time, is likely to distort his perception of and response to his environment such that normal mental and physical

functioning and normal development are impaired. Socio-economically, too, tolerance/dependence develop, the problems of financing drug purchases can add to the deteriorating housing, diet and life-style.

He states that:

> Even in moderate doses most of these drugs that affect the mind impair motor control, reaction time and the ability to maintain attention, effects which can last several hours. No matter how the person feels, they are not as capable as before, and such activities as driving, operating machinery and crossing roads become more hazardous to themselves and to others. They will also be less effective at their job. Also many drugs amplify mood such that if someone is depressed, anxious or aggressive, they could make things a lot worse. Even drugs (like alcohol and tranquillizers) we think of as calming people down, can also release aggressive impulses because they weakened social and personal inhibitions.

On dangers of drug abuse, Yakasai (op cit) posits that one of the greatest dangers of drug abuse is that when these drugs are obtained in the illicit market, they are likely to contain impurities or adulterants. The buyer is then rarely sure how strong the substance is, and even if he were sure, he would not necessarily know how much to take. These factors, according to him, add greatly to the unpredictability of the effects of, and damage from, the use of drugs obtained without the safeguards of medical supervision or the quqlity control imposed on licit manufacturers.

Also the dangers of any drug is likely to be increased if it is taken while another drug is still in the body, what he called doubling up on depressant drugs (alcohol, solvents, sedatives, hypnotics, opiates, tranquillizers), which is probably the most dangerous, because much lower doses of each will prove fatal than would normally be the case. But complex interactions can occur between other types of drugs, and generally speaking, loading one drug on top of another multiplies the risks of a harmful outcome.

Commenting on the effects abuse of drugs by pregnant women, Yakasai states that abuse of drugs by a pregnant woman can result in damage to the foetus. According to him heavy use may affect the mother's health either directly or through self neglect and poor nutrition. Secondly, drugs may through the mother's blood stream, reach the foetus whose immature bodily processes are less able to cope than those of the adult. Generally, heavy drug use in pregnancy is associated with premature birth and low birth weight, and increased risk of losing the baby around the time of birth.

As for the methods of application of drugs, injection, though less widespread, is found to be the most hazardous and is particularly applicable to opiates, sedatives and stimulants. According to Yakasai (op cit):

> When injected into a vein all the drugs enter the blood stream and some are carried directly to the brain, producing the effect within seconds. The major dangers are overdose, infections, such as hepatitis or AIDS (Acquired Immune Deficiency Syndrome) caused by non-sterile or shared injections, also abscesses and gangrene caused by missing the vein, and damage from using crushed tablets and other dosage not meant to be injected. Dependence is more likely when a drug is injected, partly because of the rush, and partly because the injection ritual may become as important to the user as the effect of the drug itself.

From the above observations one can realize that virtually any drug can be abused, and therefore once abused, all its effects are always negative both from the point of view of the individual's health and from the point of view of his life as a member of the society. This is true because when a drug interferes with, or disrupts the normal functioning of the consumer's sense, he ceases to be normal in whatever he is engaged in and his nerve and limb coordination may be visibly disrupted too. probably many road accidents in our society can be attributed to the problem of drub abuse, similarly the hundreds of mentally impaired youths especially on the streets in our urban centres could also be attributed to the problem of drug abuse.

It is disturbing that these young active members of the society cease to contribute positively to the family, community, school and society's purposes. On the contrary the ignored these purposes. Obviously this unhealthy situation cannot be left like that. Definitely, something must be done

to arrest the situation. It is therefore desirable on all those concerned in the proper upbringing of our children including both the teachers and parents to develop a more concerted, a more comprehensive and a truly nation-wide effort to promote and ensure healthy, drug-free living for all individuals and societies.

2.8 The Drug Takers: Who are They and Why do they do it?

A: Who are They?

It is true that all societies in the world are diverse and heterogeneous with a high degree of complexity and other related problems. But, still, we have one thing in common which cuts across all levels of stratification and that is drug abuse. In the light of the above statement, Bangudu (1988:14-16) is of the view that "virtually all sections of the community are guilty of drug abuse - the illiterates, semi-illiterates, academicians, undergraduates, motor park touts, political thugs, administrators, top executive directors, professional drivers, military personnel, actors, the jobless, the poor, the rich, the young and the elderly", etc.

For example, the top business executive has an irresistable business stress, tight schedule and itenery. But because of increasing competition, ambition and aspirations he takes stimulant drugs to keep him going because he has learnt that when the going gets tough, the tough get going. He uses pain killers to sustain himself, instead of sleeping or resting. Similarly, the student who is preparing for terminal tests or "almighty" sessional examinations wants to stay awake all night for "crash programme". He therefore takes strong coffee or even

dangerous stimulant drugs. After a test, he wants to sleep at rather unsual and unnatural time but he is sleepless and so he is tempted to take depressing or sleeping pills, thereby completing the cycle of vice - the possible addiction to both stimulant and depressant drugs.

The actor, the job seeker, the pensioner or old civil servant, the professional taxi/bus driver etc., all have their reasons for going into drugs. The act to impress his audience, the job seeker to escape the psychic stress that is the result of his frustration, the pensioner to overcome the frustration of an unfulfilled life, the taxi-driver to stay awake and make as much money per day.

Greenberg (1971) concentrated his attention on teenage drug abusers. He emphasised that their involvement can be classified into degrees as:

1. Experimenters or tasters: Individuals who have actually tried a drug (usually marijuana) one or more times and have not wished further contact.
2. Irregular Users: Those who take drugs occasionally "just for fun", or in stressful situations, such as cramming for examinations. They generallys suffer no physical ill-effects, and any dependency they develop is usually psychological and mild. As far as the average teenager in this category is concerned, a drug problem does not exist (unless he gets arrested, becomes temporarily ill, or dies). However,

undeniably, some irregular users will become addicted.

3. Heads: To these, according to Greenberg (1971:20-21), the use of drugs has become the biggest concern of life, they are so hung up that they cannot function adequately without drugs and whose capacity to live effectively is seriously disturbed for varying and sometimes long periods of time. Strong psychological and physical dependence is regularly found in this group.

Experts agree that the overwhelming majority of teenage drug users belong to the first two groups. This does not mean that even an experimenter cannot be badly harmed by taking a highly dangerous drug just once. But it does mean that to the best of our knowledge, according to Greenberg (1971), the number of youths mentally crippled by chronic drug use is relatively small. "Many of these 'heads' are emotionally disturbed to begin with. Where drugs are not available, they would very likely turn to other self-destructive activities, such as criminal acting out, suicide attempts, or accident - prone behaviour".

B: Why Do They Do It?

The reasons why people turn to narcotics and other illicit drugs are as varied as the types of people who abuse them. But it should be pointed out here that drug use has only one absolutely necessary condition: the existence, distribution, and availability of the drug itself. Indeed many

observers of drug scene believed that drug sellers are the "cause" of addiction and the widespread use of illegal drugs. So they are therefore of the view that by "cracking down" on dealers, the drug problem will be solved. The United Nations and Drug Abuse Control (1987) observed that one of the greatest obstacle in combating the growing abuse of drugs has been identifying the cause of the deviant behaviour. However, whatever the cause, the important message to get across is that all drugs are dangerous and the deliberate ingestion of drugs for non-medical reasons is wrong and harmful to the individual, the family, the community and society in general.

Why is drug abuse so rampant in the community and why do people take drugs in inappropriate manner? Bangudu, (1988:17-19) in an attempt to answer the above questions highlighted some of the major reasons why people take drugs inappropriately. They are:

1. Medical Treatment: Drugs may be prescribed by a doctor to relieve physical or mental distress. Many people most especially teenagers simply continue to buy and use such drugs without further consultations with the doctors or pharmacists.

2. Social Conformity: If the user of a drug is accepted in a group to which a person belongs, or which he identifies with, he will feel a need to use the drug to show that he belongs to the group. This is true of all drugs from nicotine and alcohol to heroin and cocaine.

3. Escape from Psychic Stress: A proportion of the society see the use of drugs as answer to their physical problems and they, therefore, inevitably use drugs to escape their psychological problems.

4. Alienation: Feeling of 'Unwantedness' - This may underline drug abuse. In social alienation where the values of society are rejected, drug use may seem a valid symbol of opposition. In psychic alienation, when a person has rejected not only society but all alternatives including himself, his hopes and goals, the resulting feelings of meaninglessness, isolation, deprivation, inadequacy will predispose him to chronic drug abuse.

5. Availability: Illegal use of drugs is highest where there is a ready supply (seaports, border towns) or where the market has attracted a ready supply (large cities, university towns). For example, alcoholism is common in the liquor trade.

The chronic consumption of several categories of drugs is common in the health professions because of easy accessibility and ready availability.

6. Curiosity: Curiosity about drugs and why people take them often start off drug taking especially by the young ones. People want to satisfy the impulse of their curiosity and may fall into the trap of chronic drug abuse. It is always said that curiosity kills the cat.

7. Affluence and Leisure: Affluence and leisure can produce boredom and loss of interest in meaningful activity. Drugs can then supply an easy answer to the desire for stimulation and escape.

The reasons highlighted above by Bangudu seem to agree with some of the ideas of Greenberg (1971:21-22) on the reasons why people take drugs. Greenberg writes:

> There are also reasons for drugs that stem from the particular problems adolescents have always had to deal with and resolve, such as the tyranny of teenage conformity. The pressure to be like everyone else in the group, to be with it and the thing. All too often, you may be considered out of it if you don't turn on with drugs.

It is a well known fact that many concerned citizens in this country have known that many teenagers use some

drugs in and outside secondary schools (Okon, 1988). Many concerned adults also have emphasized the vital need for both teachers and parents to understand why young people are attracted to drugs. Okon (1988: 243-244) writes that teenagers might be conditioned to the use of drugs by their seniors' examples. There are many teenagers who take pills to enable them stay awake and study. There are others who take pills to go to sleep, to pep themselves up, to fight "colds", to conquer discomfort and so on.

In short, many young people, just like adults, seek immediate chemical solutions to physical and psychic problems without considering the possibility of riding them out or trying to come to terms with them. Okon (1988:224, 5, 68-84) further writes that:

> Many young people also take drugs because they see their friends or peers take them. Some use drugs of curiosity on an experimental basis and some abuse drugs to escape from stress and problems or as the users usually put it "to help deal with problems, stresses and failures" just as adults use alcohol. Lack of money or "financial failure", a failure in a love affair or personality problems can drive one into taking drugs. Frustrations may motivate an individual to abuse drugs. Some young people claim that "Indian hemp sores up one's courage". Many young people may be rebelling against their families or more often, the Nigerian society in general by abusing drugs. Some adolescents use drugs as a way to belong to the peer group.

2.9 Patterns of Drug Abuse Among Youths

A study carried out by Millman (1978:98) pointed out that it is often during the adolescent years that people begin using psychoactive substances. He went further to say, that the adolescent drug abuse patterns and prevalence continue to change rapidly in response to a variety of factors, which include the cultural and economic climate, media emphasis, the availability of particular drugs, the impact of treatment programmes, and legal sanctions. Similarly, accurate assessment of the character and extent of emerging drug abuse patterns is difficult given the rapidity of change, great geographical and cultural variation and illegal or otherwise stigmatized nature of the phenomena.

Similarly, Donald and David (1978) found out that there is evidence to prove that particular groups of young people use drugs in groups or clusters dependent on variables of drugs, set, and setting. Thus, they emphasized that alcohol, marijuana, and the hallucinogens may be considered benign drugs by some groups. For example, the development of methaqualone abuse patterns in America is of interest because with only minimal knowledge of what had happened in Japan and Germany when methaqualone was available there, the pattern of abuse in this country could have been anticipated. Again, Donald and David (1978) carried

out a survey of drug addicts in mental hospital in Japan during the years 1963 to 1966.

The result showed that 176 out of 411 (42.8%) were addicted to Mathaqualone. It should be pointed out that the drug was available in the country as an over-the-counter drug in 1960, and it began to be abused widely by the youth in that country. Furthermore, withdrawal convulsions occured in 7% of the Mothaqualone addicts, and 9% developed delirium symptoms.

It was pointed out by Kandel, (1968), that many people stop at particular points in this sequence, depending on a variety of factors. He said that some young people will use only one drug or group of drugs during a particular period. More often, youthful drug abusers will use a variety of drugs, depending on their assessment of the situation, their needs, and the availability of drugs. It is not unusual for a boy or girl to take a variety of drugs, perhaps several hypnotics such as methaqualone or secobarbital, a large quantity of alcohol, and marijuana in order to get 'high'. After waiting for some time, the youngster may not feel high enough and will therefore "take another hit" of whatever is available overdose.

Johnson (1986) highlighted that it is interesting to note that as young people give up more dangerous

abuse patterns, they often return to the drugs used earlier in their drug histories. An epidemiologic data from a study between the years 1974-1975 carried out by Blum et al (1964) suggested that in sub-urban, more affluent areas the student pattern is as follows:

a) By the time of graduation from high schools, one-third to two-thirds of the students will have at least experimented with cannabis.

b) There has been, in 1973-1975, a profound increase in use of alcoholic beverages, particularly in the regular ingestion of beer. In some grades, regular beer use has increased an oustanding six-fold in an eighteen month period.

c) Use of LSD and other hallucinogens is diminishing, and there is no evidence of a significant increase in the use of oral stimulants, but there does appear to be a somewhat greater use of ingested depressants or tranquillizers.

d) The rate of increase in marijuana experimentation has slackened, but there continues to be a yearly increase in the percentage of high school students using cannabis, at least transiently.

e) The ratio of regular use to experimentation for cannabis remains for the most part unchanged, varying from 25 to 45 percent. However, in some schools or school grades, the percentage of experimenters who become regular (i.e. weekly) users has diminished substantially. Whether these are stable or ephemeral trends is currently uncertain.

f) Cigarette (nicotine) smoking continues to be a monumental and inadequately handled drug problem. In the high schools studied by Blum et al (1969), they found out that 13 to 20 percent of male and female students in grades 10 to 12 smoke 10 or more cigarettes per day. This clearly shows, that educational campaigns and warnings on packages of cigatettes have not succeeded in diminishing this problem among young people. In part, the educational programs have been counter-balanced by advertising suggesting that cigarette smoking is one way for young women to demonstrate that they are indeed liberated.

g) The girls have caught up with, or exceeded, the boys in prevalence of use of illicit drugs and

cigarettes and are rapidly closing the gap in regard to alcoholic beverages.

h) There are pockets of excessive use in many communities that conflict with the overall pattern. For example, a community with a stable drug problem may have one class in a given school, in which cocaine, heroin or hallucinogen use is surprisingly frequent.

i) Among those using illicit drugs, the use of alcohol is greater than among non-users of such drugs or past users. There is no evidence that young persons are eschewing illicit drugs in favour of alcohol. Rather, the multi-drug user is also likely to use alcohol.

The 1974-75 data suggests strongly that the two major drugs problems facing our society are once again tobacco and alcohol. The illicit drugs have more spectacular effects, but are currently of less importance than the legal intoxicants, whose use we encourage.

1. Sequential Patterns of Drug Abuse

There are sequential patterns of individual, and of community use that merit some emphasis. Blum, (1969)

in his study of the young persons' sequential patterns of drug abuse in the sub-urban areas in the United States revealed some interesting findings. A young person is likely first to smoke tobacco and next utilize marijuana. Many who use tobacco will not smoke marijuana, and most of those who smoke marijuana will not utilize more dangerous drugs to any extent except for use of other forms of cannabis and, in some cases, a very limited use of oral stimulants or depressant.

The minority who subsequently become involved with more dangerous drugs ordinarily do so in a predictable sequence, first ingesting lysergic acid diethylamide, then injecting methamphetamines or other stimulants, and finally turning to heroin. Although patterns vary from area to area, this is perhaps the most frequent sequence for the multi-drug user in relatively affluent communities. Sniffing glue or ingesting stimulants, tranquillizers or depressants fits in early in the sequence, the precise pattern varying widely from community to community.

Thus, in economically advantaged communities, intravenous opiate use is the end of the line. Very few (well under 4 percent) of those who start with tobacco and cannabis ever reach the stage of injecting

heroin and likewise very few become habituated to injected stimulants. The community sequential pattern of use has real meaning for the counsellor or physician. Many young persons progress from casual cannabis use to more intensive involvement and then to multi-drug use, but ordinarily they follow the documented, sequential community pattern.

The pattern of sequential use is different in the inner city. There, cigarettes, glue, marijuana and pills are used early, often before the age of 12, and then those who will be involved with increasingly dangerous agents tend to go directly to heroin or methadone, usually avoiding hallucinogens. One particularly interesting pattern has been observed in the Haight-Ashbury District of San Francisco. This avantgarde area was inundated, indeed virtually taken over, by the so-called 'flower children' in the mid and late 1960s.

Initially, these easily influenced young people espoused the gurus of mind expansion and the drugs of choice were cannabis and hallucinogens, particularly LSD. In a surprisingly short period of time, the cannabis - stimulant pattern became as prevalent as the use of cannabis and hallucinogens. One unexpected and disturbing pattern has recently been observed in some urban areas. This is the use of heroin by young persons as the first illicit drug with which the individual experiments. Thus far, this pattern has been observed infrequently.

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2. Epidemiological Patterns

Examination of the epidemiological patterns in local communities has led Patrick Hughes et al (1972) view heroin abuse as similar in many ways to a communicable infectious disease.
This concept, rejected by many, is based primarily on two observations. First, local incidence trends tend to follow an epidemic rather than an endemic pattern with clusters of new cases appearing over a brief period of time.

2.10 Previous Writings on Drug Abuse in Nigeria

In Nigeria, literature dealing specifically with the incidence of drug abuse is scarce due to the absence of any national epidemiological studies, inspite of the fact that Ahmed, (1984), noted that the near astronomical rise in the use of drugs in this part of this country (northern Nigeria) almost to epidemic proportions may be said to have started as far back as the late sixties (60s). At that time, abuse of drugs was limited mainly to the hospital workers such as doctors, nurses, pharmacists and attendants, who were able to lay hands easily on some of the drugs like morphia, pethidine, codeine and anaesthetic gases. He further pointed out that during their secondary

school days in the late fifties (50s), one could almost get expelled if one was found smoking. But he noted with dismay that this is hardly the picture today in the secondary schools or even in the elementary schools, that not only do these young people take drugs that he had mentioned earlier, they sometimes take conc'ctions which are virtually poisons. Infact some are addicted to two or more drugs.

Continuing, Ahmed (1984) further noted that with the increase in the number of places where medicine can be procured outside the hospitals, cases of addiction of the above drugs among the non-medical personnel are occasionally seen, including among others, students. But he found out that drug addiction is not common amongst women in Kaduna. A survey of drug abuse among patients conducted by Ahmed et al (1974:1-3) found out that there were only two female cases of drug abuse out of a total of 240 cases they observed, but that it is already apparent to note that more females are now turning up with alcohol related psychiatric problems than one has seen before. Thus, drug abuse with its attendant psychiatric complications is not causing as much psychiatric problem in women as it is doing in the menfolk.

It is perhaps pertinent to repeat at this stage, that more than 60% of cases of drug abuse related cases seen by Ahmed (op cit) were within the age bracket of 15-30 years - the age range within which the subjects of this study fall. It is however, threatening to include younger age group since alcohol ingestion, smoking and gambling is increasingly being found amongst youth below 15 years. While the womenfolk may not be much of the problem the fact that their young ones are slowly destroying themselves should attract their attention. The warped personalities, which lead some of these young people to resort to self-gratification in the form of drug abuse is evidently due to depreciating guidance given to them by their parents which, in the main, is given by the mothers.

In another related study, Yakasai (1989:2) found out that with the outbreak of Nigerian civil war, the number of people who abused drugs rose considerably. According to him, Indian hemp and amphetamine became popular especially among members of the Armed Forces. Yakasai further emphasized that after the war, the problem of drug abuse became escalted especially amongst the youth, the main concern of this study.

In another study on "Drug Abuse as seen in the University Department of Psychiatry, Kaduna", involving patients seen in the department from January 1980 to December, 1984, Ahmed (1986) set out to find out:

a) Whether drug abuse is still mainly an urban problem in this part of the country.

b) Which drugs are predominantly abused.

c) Which age group tends to be more susceptible to the different drugs.

d) Whether there is an increase in drug abuse

e) Whether there is a high degree of mental illness among relatives of patients.

f) The marital status of cases under and over 30 years of age.

g) The predominant occupations, ethnic and religious groups.

In all, 367 cases of drug abuse and related cases were admitted to the teaching hospital within the study period. The relevant findings of the study were as follows: Of the 352 males, 83% were 30 years and under with 76% of the males in this age group being single. There were only 15 female patients (approx. 4%) six of whom were under 30 years. Three hundred and fourteen (314) patients (86%)

resided in urban areas while 53 (14%) came from rural areas. It is estimated that over 80% of Nigeria's approximately 100 million people live in the urban areas (Kaduna State Statistical Year Book, 1978). Students constituted 23% of the subjects.

Types of drugs abused included alcohol, amphetamines, and cannabis abused either individually or in combinations.

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Ahmed and Akendele (1974) conducted another research study entitled "Drug Abuse Cases Seen at the Psychiatric Unit of Ahmadu Bello University Hospital, Kaduna", in which 240 patients were identified from the hospital case records. Sixty (60) percent were in the 16-30 years of age group (the new generation - oyouths), with only two female patients in the identified group, students from (primary and post primary including Arabic Schools) formed 10% of the cases seen. Fifty eight percent resided in urban areas, while only 12% in the group were residing in the rural areas. This together with the findings of the earlier research reviewed above justify the attention this research pays to an urban centre (Kaduna metropolis). Types of drugs used included cannabis, amphetamines, and alcohol. Types of drugs used (abused) were very much the same as found in the Ahmed (1986) study.

Comments About the Study

As far as this study is concerned, it is important to note that the majority of the patients (60%) were in

the 16 to 30 years age range. The indication is that the problem is more common with the younger generation. Although there was no indication in the case notes as to the duration of the period of using the drugs, it is peculiar that children under the age of 15 were also identified. Perhaps the drugs was started at an early age in the others, and it is not quite clear where the 70 patients whose ages were not stated really belonged (Ahmed and Akindele (1974).

According to the researchers (Ahmed and Akindele 1974) of the 240 identified patients, 140 were from the urban community and 28 were from the rural community, the places of the abode of the rest 72 were not stated. The inference from the above shows that the problem of illicit drug taking probably cuts through all the age group of Nigerians and although it is predominantly an urban problem it is also a rural peculiarity. The various types of drugs taken are similar to those observed by other workers (Lambo 1964, 1965, Auni (1963), Akindele, 1970, 1974).

An overview study of "Drug Abuse: Its Present Situation and Its Prevention in Kaduna Metropolis", conducted by Ujorha (1987:2-6) revealed some interesting findings. The study, from among other things was aimed at finding out:

a) Drugs that are abused in Nigeria in order of Ranking from the most Abused to the least Abused

Indian hemp ranked first among the drugs mostly abused with (50%) abusers. It was closely followed by alcohol as the second most abused drugs with (35%) abusers, while amphetamines which may sometimes be mixed with Robin Blue ranked third among the drugs mostly abused with 19% abusers. The least abused drugs included morphine, pethidine, benzodiazepines e.g. (valium), I.C.D. which comprises (Aspirin, Caffeine and dexamphetamines tablets), codeine, coffee, kolanuts and glue for sniffing.

Explaining why certain drugs such as heroin, cocaine, opium and Lysergic Acid Diethylamide (LSD), were not abused here in Nigeria, Ujorha (op cit) stated that Nigeria serves as a transit camp for couriers of these drugs to Europe and America, as is evidenced by the many arrests of Nigerian couriers both here and abroad. Ahmed (1984)2) earlier on expressed the same views as regards the non-existance of hard drugs like cocaine or heroin in Nigerian society, due, he said, to the fact that they are very difficult to come by and obtainable only at astronomical prices.

b) The sources Through Which the Drugs are Obtained

Ujorha, like Ahmed, et al (1984) also found the same sources through which people used to obtain these drugs.

These include (a) hawkers; (b) chemist shops; (c) patent medicine stores; (d) drug barons in hotels; (e) friends; (f) on demand (alcohol); (g) cultivation; (Indian hemp); (h) smuggling, (amphetamines); (i) with precription (diazepam); and (j) drug couriers.

c) The Abusers of Drugs

These according to Ujorha, include students, long distance motor drivers, tailors, farmers, various cadres of health workers and finally, members of the uniformed forces (Also Ahmed, 1984, and Bangudu, 1988).

d) The Age Range of Abusers

According to Ujorha (op cit), these abusers come from different social classes, the most implicated being (i) people aged 12-30 years: according to him, these people are responsible for 80% of abusers; and (ii) people aged 30 years and above.

e) Effects of some Drugs of Abuse on Abusers

These according to Ujorha, can be divided into social, economic and psychological effects, summarized in the following table.

DRUG	SOCIAL EFFECTS	ECONOMIC EFFECTS	PSYCHOLOGICAL EFFECTS
(i) INDIAN HEMP	a. The subject develops a faulty life style and lives in a world of his own. b. He mixes with drug taking groups and graduates to the more harder drugs such as morphine c. Absenteeism d. Neglects self and relations	a. Spends his money on buying drug b. Absenteeism leads to retrenchment c. Inability to meet family responsibility due to financial improverishment	a. Immediate effect brings on euphoria. b) May be irritable and aggressive c. May develop cannabis induced psychosis, which may need hospitalisation. d. Sudden withdrawal produces lethargy and depression, and the subject strives to obtain supplies
(ii) ALCOHOL	a. Alcohol is the most important thing in the life of the subject. b. Absenteeism c. Impairment of judgement d. Evasion of family responsibility e. Impotence f. Accident proneness as a driver or as a pedesterian	a. Retrenchment on account of absenteeism b. Spends all his money on alcohol c. Relative deprivation on the family, and children may become delinquent	a. Subject has to drink in order to feel alright. b. Abstinence will produce delirium tremens. c. He has to strive to continue drinking to avoid unpleasant symptoms of delirium tremens.
(iii)	a. Produces dependence in users/abusers b. Subjects may develop anti-social behaviour such as aggression c. May be suicidal d. Accident proneness	a. Spends his money on the drug b. Absenteeism and unpredictable behaviour lead to retrenchment c. Effect of accidents may make the subject to be financially embarassed	a. Immediate effect produces euphoria in subject. b. Impulsive behaviour during experience c. May be involved in accidents during experience d. May suffer with amphetamine induced psychosis

SOURCE: Ujorha, J.M. (1987:3) An Overview Study of Drug Abuse: Its Present Situation and Prevention in Kaduna State

f. The Number of Drug Abuse Patients Seen/Treated in Both the New and the Old Psychiatric Hospitals in the Metropolis 1980-85

THE NEW PSYCHIATRIC HOSPITAL, KADUNA

1980		1981		1982		1983		1984		1985	
M	F	M	F	M	F	M	F	M	F	M	F
81	70	60	57	94	41	121	87	69	34	95	31
TOTAL = 151		TOTAL = 117		TOTAL = 135		TOTAL = 208		TOTAL = 103		TOTAL = 126	

DEPARTMENT OF PSYCHIATRY - A.B.U.T.H. - KADUNA

1980	1981	1982	1983	1984	1985
92	72	85	67	36	95

g. Number of Persons Tried for Drug Abuse in Chief Magistrate Court 1, Kaduna 1980-1985

1980		1981		1982		1983		1984		1985	
M	F	M	F	M	F	M	F	M	F	M	F
969	20	901	21	990	30	730	19	329	10	94	5
TOTAL = 989		TOTAL = 922		TOTAL = 1020		TOTAL = 749		TOTAL = 339		TOTAL = 99	

SOURCE: Ujorha, J.M. (1987:4) "An Overview Study of Drug Abuse: Its Present Situation and Its Prevention in Kaduna Metropolis. A paper presented during the United States Information Service Seminar on the Prevention of Drug Abuse, held at the Durbar Hotel, Kaduna.

h. The Steps Being Taken to Deal with the Problem

With regards to the steps that are being taken to deal with the problem, Ujorha highlighted the following steps being taken by the Federal and State Governments and their agencies which include: the Police, the Customs and Interpol who are doing their best towards minimizing the problem in the following ways.

KASHIM ...

(i) Each stage government has Drug Abuse Control Committee, of which the Police are members.

(ii) Use of Health Education.

(iii) Police swoops on patent medicine stores and hideouts of abusers. People found selling poisonous drugs in their patent medicine stores, do not have their licences renewed.

(iv) The pharmacy Board of Nigeria tries to regulate those who are qualified to sell drugs, for example in chemist shops.

(v) Professionals write articles in the newspapers on the evils of drug abuse from time to time.

(vi) Those abusers that have been treated in psychiatric hospitals are advised to keep their follow-up appointment and to abstain from taking the drug in question, their relations also advised to keep a close watch on them so that they do not get supplies easily etc.

In conclusion, he was of the view that the problem of Drug Abuse ~~exists~~ exists throughout the world, but perhaps the greatest problem is how to control it as well as to reduce the supply and demand of the various drugs that are abused. He also stressed the utmost duty and responsibilities for all Nigerians concerned with the

proper upbringing of our children into stable family units, so that they will grow into integrated personalities, which will prevent them from delinquent behaviour and abuse of drugs.

2.11 Summary

This chapter deals with the origin and nature of drug abuse, some of the definitions of drug, trends of drug abuse in a contemporary Nigeria and some agencies which have been invaded by drug abuse. It has also discussed the effects associated with different types of drugs being abused, dangers of drug abuse, the drug takers: who are they and why do they do it? Finally, the chapter highlighted the patterns of drug abuse among youths and some previous writings of drug abuse in Nigeria.

Chapter 3

3.0 DESIGN AND PROCEDURE

3.1 Introduction

This chapter describes the methods and procedures used in the study. The study sample, instrumentation, statistical procedures of the study are discussed.

3.2 The Study Sample

The study sample is made up of three groups of people: the students from the selected secondary schools; the principals and teachers from the same selected secondary schools where the students were drawn and the hospital personnel from the two psychiatric hospitals in Kaduna metropolis.

Selection of the Schools

Fourteen secondary schools were randomly selected from the population of 21 secondary schools in the metropolis. The schools however, include Day and Boarding Secondary schools, with co-educational, boys-only and girls-only secondary schools as well as federal, private, special, military and state-owned secondary schools. In essence, four schools were selected from each of the five districts that constitute the Kaduna metropolis namely: Kawo, Doka, Gabasawa,

Tudun-wada and Kakuri districts respectively. But it should however, be noted that Doka district has no secondary school, while Tudun-Wada district has only two secondary schools.

Selection of the students

For this particular study, 398 students of both sexes were selected from senior secondary two and senior secondary three (i.e. forms 5 and 6) from a population of 15,795 senior secondary school two and three students within the metropolis. Out of this number, 8,908 are boys, while 6,887 are girls. In essence, 30 students were randomly selected from each of the 14 schools of which 15 students each were selected from forms 5 and 6. The students' ages ranged from 15-19 years. The reason why only forms five and six students were involved in filling the questionnaires was because they are more likely to understand the instructions better than those in the junior classes and also what the questions demand from them, because of their academic standard and maturity level.

It should be noted that there are 42,548 secondary school students of all classes within the metropolis. These figures were obtained from the Department of Research and Statistics Office of the Kaduna State Ministry of Education.

Selection of Principals and Teachers

On the principals and teachers side, 115 staff members of both sexes made up of 113 teachers, seven principals and five vice-principals were also randomly selected from the same 14 selected secondary schools where the student respondents were drawn.

Selection of Hospital personnel

Sixteen well qualified and experienced hospital personnel of both sexes were also randomly selected from the two psychiatric hospitals in the metropolis.

3.3 Instrumentation

Three sets of questionnaires were the main instruments used in the study. The first set is called "the secondary school students questionnaire", the second set of the questionnaire is called "the principals/teachers questionnaire", while the third set of the questionnaire is titled "hospital personnel questionnaire". In addition to the hospital personnel questionnaire, an interview guide for the hospital personnel was conducted in order to get additional information from them.

The students questionnaire is divided into six sections. Section A calls for the personal data about each respondent. In section B of the questionnaire, the students' degree of awareness about the types of drugs listed in the questionnaire was asked. In essence, the

students were first asked to identify those drugs they have "heard about", "seen" or "touched" and those 'commonly abused by students and those drugs they themselves have ever tried". The respondents were also asked to mention additional names of drugs they have heard about, seen, touched etc., that were not mentioned in the questionnaire. Section C sought to find out from each student the main reasons why some students take drugs inappropriately. Section D was aimed at finding out whether the students were aware of the inherent dangers associated with the abuse of each drug listed in the questionnaire. The students were finally asked to mention at least five important ways by which the taking of drugs inappropriately can be reduced or prevented among secondary school students.

The principals and teachers' questionnaire on the one hand, helped in gathering information from the staff members about cases of drug abuse among their students and other matters related to drugs problems in their schools while the hospital personnel questionnaire on the otherhand solicited information about: (a) the age-group of most drug abusers in their hospitals; (b) the types of drugs commonly abused by their inmates; (c) whether the inmates usually responded to treatment and (d) some of the major advice they would give to secondary school students about the inherent dangers associated with taking drugs inappropriately.

Validity and Reliability of the Questionnaires

The three set of the questionnaires were validated by a psychiatric consultant and three university lecturers. Similarly, a pilot study has been done with the questionnaires and the result of the pilot study has shown that the instruments are very useful (See Appendix VI).

3.3.1 Data Collection

The questionnaires were administered by the researcher himself to the selected schools and the psychiatric hospital. The researcher collected the completed copies of the questionnaire personally, though at different dates, after they have been duly completed by the respondents.

3.4 Statistical Procedures Used

The data was presented and organised in Tables. Percentages are used for data analysis.

3.5 Summary

This chapter deals with the study sample, instrumentation, validity and reliability of the instruments, data collection and procedures for data analysis.

Chapter 4

4.0 ANALYSIS AND INTERPRETATION OF DATA

4.1 Introduction

This chapter is mainly concerned with the presentation, analysis and interpretation of the study data. The description and analysis of the data are facilitated by meanings of tables which show responses to each item in the questionnaires of the three respondent groups (1) the students; (2) the principals and teachers of secondary schools; and (3) the hospital personnel. Comments are made after presenting the information collected from the three respondent groups.

The chapter gives detailed information about the following:

1. Cases of drug abuse among secondary school students in the 14 selected secondary schools as well as in the two psychiatric hospitals.

2. The types of drugs commonly abused by the students.

3. The major reasons why students abuse drugs.

4. The harmful effects of abusing drugs.

5. The effects of drug abuse on students academic performance, and its relationship with truancy and other delinquent behaviours.

6. The age group among secondary school students that are mostly involved in the abuse of drugs, etc.

Table 1: CLASSIFICATION OF THE STUDENT RESPONDENTS BY SEX AND SCHOOL TYPE

SEX	FEDERAL OWNED SCHOOL (1)		STATE OWNED SCHOOLS (9)		PRIVATE OWNED SCHOOLS (1)		SPECIAL OWNED SCHOOL (1)		MILITARY OWNED SCHOOLS (2)		TOTAL	
	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
Male	19	79	142	55.0	18	60.0	30	100.0	47	84.0	256	64
Female	5	21	116	45.0	12	40.0	0	0	9	16.0	142	36
TOTAL	24	100	258	100.0	30	100.0	30	100.0	56	100.0	398	100

As shown in Table 1 above, twenty four student respondents were drawn from the Federal Government College, Kaduna of which nineteen students (79%) were males and five students (21%) were females. Thirty student respondents were drawn from a private school and eighteen students (60%) in that group were males while twelve students (40%) were females. One special school was included from which thirty male students only participated in the study. This particular school is special in the sense that drop-out students from secondary schools and other tertiary institutions are admitted for remedial programmes and rehabil tation. Similarly, juvenile delinquents (the deviants) are also admitted.

The school is geared towards providing community-based family-oriented services to the students. The school also serves as a Child Guidance Centre, under the State, the Federal Ministries of Social Development, Youths, Sports and Culture where various forms of family, school and social breakdown are

breakdown are investigated and associated parental difficulties given psychological and social help. The students are also involved in some occupational, industrial and recreational activities in order to counteract boredom, to develop interest, self-confidence and pride in achievement and to guide their behaviour into more desirable channels. The students produce various types of crafts used locally, for example, raffia and wood work, basket work, leather work, weaving, rug-making etc. They participate in games, dancing, debate, etc. All these activities provide the students with an avenue for individual interaction and the development of interpersonal relationships.

Two military schools that participated in the study had fifty-seven student respondents made up of forty-seven males (84%) and nine females (16%). More than one half of the students (two hundred and fifty-eight (65%) who participated in the study came from nine

state owned schools. Out of the number, one hundred and forty two student respondents (55%) were males, while one hundred and sixteen (45%) were females. Other respondents who participated in the study were one hundred and fifteen staff members from the same 14 selected secondary schools and a Teacher Training College, where the student respondents were drawn.

The teachers were one hundred and three (90%) the principals were seven (6%) and the Vice-principals were five (4%). Others who participated in the study were personnel from the new and the old Psychiatric hospitals in Kaduna metropolis. The hospital personnel numbered sixteen. Out of the number seven (44%) were drawn from the New Psychiatric Hospital, while nine (56%) came from the old psychiatric hospital.

The hospital personnel participated in the study simply because they are directly involved in the treatment of people involved in drug abuse and related problems as earlier on mentioned in chapter three of this particular study.

Finally, it should be noted that all the three hundred and ninety eight student respondents, one hundred and fifteen staff members and sixteen hospital personnel were drawn from Kaduna metropolis.

In Section two of the questionnaire, students were asked to identify those drugs they have "heard about, those they have seen, touched, those commonly abused by them and those drugs they themselves have ever tried". The respondents were also asked to mention additional names of drugs they have heard about, seen, touched etc., that were not mentioned in questions 7, 8, 9, 10 and 11. Table 2 below shows the responses from the students of Federal Government College, Malali, Kaduna. There were twenty-four respondents made up of nineteen boys (79%) and five girls (21%) from the school.

Table 2: CLASSIFICATION OF STUDENT RESPONDENTS BY SCHOOL TYPE AND SEX IN TERMS OF DRUGS THEY HAVE HEARD ABOUT; SEEN; TOUCHED; THOSE COMMONLY ABUSED AND THOSE DRUGS THEY HAVE EVER TRIED: A Fed. Sec. School (Federal Government College, Malali, Kaduna) (M=19; F=5 - TOTAL 24)

DRUG TYPES		HEARD		SEEN		TOUCHED		COMMONLY ABUSED		EVER TRIED	
	SEX	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
Alcohol	M	19	79	19	79	17	71	17	71	10	42
	F	5	21	3	13	4	17	5	21	3	13
	NR	0	0	2	8	3	12	2	8	11	45
Marijuana	M	19	79	13	54	7	29	16	67	0	0
	F	4	17	0	0	0	0	0	0	0	0
	NR	1	4	11	46	17	71	8	33	24	100
Cocaine	M	19	79	5	21	4	17	3	13	3	13
	F										
	NR	0	0	16	66	18	75	20	83	21	87
Amphetamine	M	19	79	5	21	4	17	7	29	2	8
	F	2	8	0	0	1	4	0	0	0	0
	NR	3	13	19	79	19	79	17	71	22	92
Barbiturates	M	7	29	1	4	2	8	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0
	NR	17	71	23	96	22	92	24	100	24	100
L.S.D.	M	7	29	5	21	3	13	1	4	1	4
	F	1	4	0	0	0	0	0	0	0	0
	NR	16	67	19	79	21	87	23	96	23	96
Heroin	M	17	71	7	29	3	13	2	8	0	0
	F	2	8	0	0	2	8	1	4	0	0
	NR	5	21	17	71	19	79	21	88	24	100

The table shows that nineteen males (70%) and five females (21%) admitted hearing about alcohol and more than seventy percent of the boys in the school indicated that they had "seen" and "touched" alcohol. Seventeen boys (71%) and all the five girls in the school admitted that alcohol was commonly abused by the students. Other types of drugs which were popular among the students are marijuana, cocaine and amphetamine. Table 2 also shows that more than seventy percent of the male students in this particular school have heard about these three types of drugs. Thirteen male respondents (54%) in the school indicated that they had seen marijuana and sixteen boys (67%) in the school stated that this particular drug is commonly abused by students.

No student in the school admitted that he or she had ever tried the drug. Only three boys (13%) in the group indicated that cocaine is commonly abused while the same number of boys in this school admitted that they had tried cocaine. Only seventeen boys (71%) and seven girls (29%) in the school indicated that they had seen heroin. The table shows that only two male respondents (8%) and only one male respondent (4%) in the school abused or ever tried amphetamine and barbiturates. None of the femald respondents in this school admitted every trying cocaine, amphetamine, barbiturates, D-lysergic acid diethylamide (L.S.D.) and heroin.

Table 3 below shows the responses from the students of Capital School, Kaduna, (a private school). Thirty students were drawn from this school and they were made up of eighteen boys and twelve girls.

Table 3: CLASSIFICATION OF STUDENT RESPONDENTS BY SCHOOL TYPE AND SEX IN TERMS OF DRUGS THEY HAVE HEARD,ABOUT; SEEN; TOUCHED; THOSE COMMONLY ABUSED AND THOSE DRUGS THEY HAVE EVER TRIED: A Private Sec. School (Capital School, Kaduna) (M=18; F=12 - Total 30)

DRUG TYPES		HEARD		SEEN		TOUCHED		COMMONLY ABUSED		EVER TRIED	
	SEX	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
Alcohol	M	18	60	18	60	8	27	15	50	5	17
	F	12	40	12	40	9	30	11	37	2	7
	NR	0	0	0	0	13	43	4	13	23	76
Marijuana	M	16	53	15	50	1	3	7	23	1	3
	F	12	40	6	20	4	13	7	23	1	3
	NR	2	7	9	30	25	84	16	54	28	94
Cocaine	M	18	60	17	57	1	3	0	0	1	3
	F	12	40	3	10	0	0	2	7	1	3
	NR	0	0	10	33	29	97	28	93	28	94
Amphetamine	M	9	30	7	23	1	3	8	27	2	7
	F	5	17	1	3	0	0	2	7	1	3
	NR	16	53	22	74	29	97	20	66	27	90
Barbiturates	M	0	0	1	3	2	7	1	3	2	7
	F	2	7	0	0	1	3	0	0	1	3
	NR	28	93	29	97	27	90	29	97	27	90
L.S.D.	M	4	13	5	17	1	3	2	7	1	3
	F	6	20	2	7	1	3	1	3	1	3
	NR	20	67	23	76	28	94	27	90	28	94
Heroin	M	8	27	10	33	2	7	2	7	1	3
	F	12	40	4	13	3	10	4	13	1	3
	NR	10	33	16	54	25	83	24	80	28	94

The table clearly indicates that all the students in this school admitted "hearing" about alcohol, as well as seeing it. Fifteen of the male respondents (50%) and almost all the female respondents, eleven of them (37%) stated that alcohol was commonly abused by students. The popularity of alcohol, marijuana and cocaine among the students over the rest of the drugs is clearly discernible from the table. All the male and female respondents admitted hearing about them while sixteen boys, (53%) and all the female respondents admitted hearing about marijuana. Similarly, fifteen males (50%) and six females (20%), as well as seventeen males (57%) out of the eighteen male respondents and only three females (10%) admitted seeing marijuana and cocaine.

Other types of drugs which are less popular among the students are amphetamine, barbiturates, D-Lysergic Acid Diethylamide, (LSD), and heroin. Table 3 shows that only nine male respondents (30%) and only five females (17%) admitted hearing about amphetamine, while none of the male respondents and only two females (7%) in the school admitted hearing about barbiturates. Only one male (3%) and none of the female respondents admitted having seen barbiturates. Similarly none of the respondents admitted ever touching the drug. Only one

male (3%) respondent with no female respondent stated that this particular drug is commonly abused by the students. Only two males (7%) and only one female (3%) admitted ever trying barbiturates. Very few of the whole respondents (about ten of them) indicated that they have heard and seen D6Lysergic acid diethylamide, (LSD), while few respondents (about five) both male and female stated that the drug was commonly abused by students and that they had tried the drug.

Very few respondents (about fourteen) indicated seeing heroin and amphetamine; only one male respondent (3%) and no female respondent admitted ever touching amphetamine. Similarly, very few of the whole respondents (about six) either admitted touching or stated that heroin was commonly abused by the students. Only two male respondents (7%) and one one female respondent (3%) admitted every trying amphetamine. Only one male and one female respondent (6%) admitted ever trying heroin.

Table 4 shows the responses from the students of Borstal Training Institute, Barnawa, Kaduna. There were thirty male respondents drawn from the school.

Table 4: CLASSIFICATION OF STUDENT RESPONDENTS BY SCHOOL TYPE AND SEX IN TERMS OF DRUGS THEY HAVE HEARD ABOUT, SEEN, TOUCHED, THOSE COMMONLY ABUSED AND THOSE DRUGS THEY HAVE EVER TRIED: A SPECIAL SCHOOL (BOYS SCHOOL) BORSTAL TRAINING INSTITUTE, BARNAWA, KADUNA. TOTAL = 30 MALES

DRUG TYPES	SEX	HEARD NO.	HEARD %	SEEN NO.	SEEN %	TOUCHED NO.	TOUCHED %	COMMONLY ABUSED NO.	COMMONLY ABUSED %	EVER TRIED NO.	EVER TRIED %
Alcohol	M	26	87	27	90	24	80	22	73	24	80
	NR	4	13	3	10	6	20	8	27	6	20
Marijuana	M	29	97	28	93	25	83	28	93	22	73
	NR	1	3	2	7	5	17	2	7	8	27
Cocaine	M	27	90	29	97	26	87	22	73	21	70
	NR	3	10	1	3	4	13	8	27	9	30
Amphetamine	M	8	27	6	20	8	27	5	17	7	23
	NR	22	73	24	80	22	73	25	83	23	77
Barbiturates	M	4	13	4	13	5	17	4	13	6	20
	NR	26	87	26	87	25	83	26	87	24	80
L.S.D.	M	9	30	7	23	6	20	4	13	5	17
	NR	21	70	23	77	24	80	26	87	25	83
Heroin	M	19	63	23	77	20	67	19	63	12	40
	NR	11	37	7	23	10	33	11	37	18	60

The table shows that more than eighty percent of the student respondents in the school, indicated that they had "heard" and "touched" alcohol, marijuana and cocaine. Similarly, the table shows that more than ninety percent of the respondents in the school indicated that they had "seen" alcohol, marijuana and cocaine. More than sixty percent also indicated that they had "heard of",or "seen" and "touched" heroin.

It is clearly indicated from the table that amphetamine, barbiturates and D-lysergic acid diethylamide (LSD) were not popular among the students. The table further shows that very few students in this school (not more than thirty percent) indicated that they had "heard of" 'seen" and "touched" amphetamine, barbiturates, and LSD. On the other hand, it can be seen from the table that more than seventy percent of the student respondents in the school stated that these particular drugs - alcohol, marijuana, and cocaine - were commonly abused by the students while nineteen student respondents (63%) in this school indicated that heroin was commonly abused by the students.

The table further shows that many students (more than seventy percent of them) in this school abused or ever tried alcohol, marijuana and cocaine, while very few students about seven of them (less than twenty five percent) in the school abused or ever tried amphetamine, barbiturates and D-lysergic acid diethylamide (L.S.D.).

Table 5 below shows the responses from the students of the two military schools that participated in the study. These are Government Day Secondary School, Nigeria Defence Academy (NDA), Kurmin-Mashi, Kaduna and Command Secondary School, Kaduna. There were fifty six respondents made up of fourty-seven boys and nine girls drawn from the schools.

Table 5: CLASSIFICATION OF STUDENT RESPONDENTS BY SCHOOL TYPE AND SEX IN TERMS OF DRUGS THEY HAVE HEARD ABOUT; SEEN; TOUCHED; THOSE COMMONLY ABUSED AND THOSE DRUGS THEY HAVE EVER TRIED Military Schools (Government Day Secondary school NDA, Kurmin-Mashi, Kaduna and Command Secondary School, Kaduna) (M=47; F=9; Total 56)

DRUG TYPES		HEARD		SEEN		TOUCHED		COMMONLY ABUSED		EVER TRIED	
	SEX	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
ALCOHOL	M	46	82	43	77	39	70	43	79	42	75
	F	9	16	9	16	8	14	8	14	5	9
	NR	1	2	4	7	9	16	5	9	9	16
MARIJUANA	M	40	71	35	62	19	34	30	53	13	23
	F	9	16	1	2	0	0	1	2	6	11
	NR	7	13	20	36	37	66	25	45	37	66
COCAINE	M	39	70	19	34	9	16	5	9	9	16
	F	9	16	2	4	0	0	2	4	0	0
	NR	8	14	35	62	47	84	49	87	47	84
AMPHETAMINE	M	28	50	9	16	3	7	9	16	4	7
	F	3	5	0	0	0	0	0	0	0	0
	NR	25	45	47	84	52	93	47	84	52	93
BARBITURATES	M	9	16	2	4	0	0	4	7	0	0
	F	1	2	0	0	0	0	0	0	0	0
	NR	46	82	54	96	56	100	52	93	56	100
L.S.D.	M	15	27	3	5	3	5	3	5	3	5
	F	1	2	0	0	0	0	0	0	0	0
	NR	49	71	53	95	53	95	53	95	53	95
HEROIN	M	27	48	12	21	6	11	4	7	6	11
	F	6	11	0	0	0	0	0	0	0	0
	NR	23	41	44	79	50	89	52	93	50	89

The table shows that forty-six males (82%) and all the females admitted hearing about alcohol. More than seventy percent of the male respondents in the schools indicated that they had "seen" and "touched" alcohol. Similarly, forty-three boys (77%) and eight girls (14%) in these schools admitted that alcohol was commonly abused by students, while forty-two boys (75%) and five girls (9%) admitted that they had tried alcohol. Other types of drugs that were popular among the students were marijuana, cocaine and amphetamine. The table further shows that more than seventy percent of the male respondents as well as all the female respondents in these schools admitted seeing marijuana and cocaine, while fifty percent of the male respondents and only three females (5%) alsoadmitted hearing about these drugs.

Thirty five male respondents (62%) and only one female (2%) in the schools indicated that they had seen marijuana, while thirty male respondents (53%) and only one female student (2%) in the schools stated that this particular drug was commonly abused or tried by the students. Similarly, only thirteen male respondents (23%) and six female respondents (11%) in these schools admitted that they had ever tried marijuana.

Very few (about twenty male and two female) respondents, as indicated in the table, admitted that

they had "seen" and "touched" cocaine, amphetamine, barbiturates, D-Lysergic acid diethylamide (LSD) and heroin and also very few students in these schools (about nine male and two female) respondents stated that these drugs were commonly abused by other students. Again, very few male respondents (about nine) (16%), and none of the female respondents admitted ever trying cocaine, amphetamine, D-Lysergic acid diethlylamid (LSD) and heroin. None of the respondents in the schools admitted every trying barbiturates.

Table 6 below shows the responses from the students of the nine State schools that participated in the study in Kaduna Metropolis. These schools are (1) Government College, Kaduna (2) Government Day Secondary School, Barnawa, Kaduna; (3) Government Day Secondary School; Kakuri, Kaduna (4) Government Day Secondary School, Kawo, Kaduna; (5) Government Day Secondary School, Tudun-Wada, Kaduna (6) Kaduna Teachers College, Kaduna; (7) Queen Amina College, Kaduna; (8) Rimi College, Kaduna and (9) Sardauna Memorial College, Kaduna. There were two hundred and fifty-eight respondents made up of one hundred and forty-two boys (55%) and one hundred and sixteen girls (45%).

Table 6: CLASSIFICATION OF STUDENT RESPONDENTS BY SCHOOL TYPE AND SEX IN TERMS OF DRUGS THEY HAVE HEARD ABOUT; SEEN; TOUCHED; THOSE COMMONLY ABUSED AND THOSE DRUGS THEY HAVE EVER TRIED State Secondary Schools (M=142; F-116; Total 258)

DRUG TYPES		HEARD		SEEN		TOUCHED		COMMONLY ABUSED		EVER TRIED	
	SEX	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
ALCOHOL	M	130	50	130	50	103	40	113	44	66	26
	F	104	40	107	42	64	25	100	39	29	11
	NR	24	10	21	8	91	35	45	17	163	63
MARIJUANA	M	120	47	100	39	60	23	100	39	36	14
	F	88	34	552	20	20	8	45	17	2	1
	NR	50	19	106	41	78	69	113	44	220	85
COCAINE	M	112	43	58	22	35	14	46	18	20	8
	F	87	34	44	17	17	7	18	7	4	2
	NR	59	23	156	61	206	79	194	75	234	90
AMPHETAMINE	M	83	32	45	17	26	10	34	13	16	6
	F	54	21	25	10	4	2	14	6	3	1
	NR	121	47	188	73	228	88	210	81	239	93
BARBITURATES	M	46	18	18	7	16	6	17	7	7	3
	F	23	9	9	3	1	1	0	0	1	1
	NR	189	73	231	90	241	93	241	93	250	96
L.S.D.	M	665	25	27	10	23	9	21	8	9	3
	F	33	13	15	6	3	1	6	2	1	1
	NR	160	62	216	84	232	90	231	90	248	96
HEROIN	M	77	30	40	16	27	10	24	9	12	5
	F	54	21	29	11	3	1	18	7	2	1
	NR	127	49	189	73	228	88	216	84	244	94

State Secondary Schools

1. Government College, Kaduna
2. Government Day Secondary School, Barnawa, Kaduna
3. Government Day Secondary School, Kakuri, Kaduna
4. Government Day Secondary School, Kawo, Kaduna
5. Government Day Secondary School, Tudun-Wada, Kaduna
6. Kaduna Teachers' College, Kaduna
7. Queen Amina College, Kakuri, Kaduna
8. Rimi College, Kaduna
9. Sardauna Memorial College, Kaduna

The table clearly shows that one hundred and thirty male respondents (50%) as well as over forty percent of the female respondents (about one hundred and seven) admitted that they had heard about and seen alcohol. Similarly, over forty percent of the male respondents (about one hundred and thirteen), admitted that they had touched the drug. The same number of the male students as stated here also indicated that alcohol was commonly abused by students. Only sixty-four girls (25%) stated that they had touched alcohol, while another one hundred (39%) stated that alcohol was commonly abused by students.

Over forty percent male respondents in these schools (about one hundred and twenty) admitted that they had heard about marijuana, while, over thirty percent among the female respondents (about eighty-eight) in the schools indicated that they had seen marijuana and that it was also commonly abused by students. Fifty-two female (20%) respondents admitted seeing marijuana while only twenty girls (8%) in the group admitted touching marijuana. Forty-five female respondents (17%) stated that marijuana was commonly abused by students, while only two female respondents (1%) in the school admitted that they had ever tried marijuana.

The study further revealed that sixty-six male (26%) respondents and only twenty-nine females (11%)

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admitted that they had ever tried alcohol. Not more than thirty-two percent of both sexes in the schools (about eighty three males and fifty-four females) admitted seeing amphetamine, barbiturates, D-Lysergic acid diethylamide (LSD), and heroin. Similarly, not more than ten percent of the male respondents (about twenty-seven of them), and less than three percent female respondents (about four of them), admitted that they had touched these particular drugs. Very few of the whole respondents (about thirty-four males and eighteen females) stated that amphetamine, D-Lysergic acid diethylamide and heroin were commonly abused by the students. No female respondent stated that barbiturates was commonly abused by the students. Finally, very few of the whole respondents (less than seven percent of the male respondents and only one percent female respondents) in these schools admitted that they had ever tried these drugs.

In summary the tables in the five categories of schools used in the study, revealed that 94% of the 398 respondents that participated in the study have heard about all the drugs listed in the questionnaire. Ninety-one (91%) respondents admitted seeing the drugs while another 91% of the respondents indicated that they have touched the listed drugs. It can also be seen from the tables that a total of 97% of the total respondents

admitted that secondary school students were commonly abusing the listed drugs. Finally 74% have reported ever trying one drug or the other. The study therefore revealed that alcohol, marijuana and amphetamine are the commonest types of drugs being abused by the students thus answering one of the research questions which sought to find out the types of drugs commonly abused by secondary schools students.

Finally, as earlier on mentioned, the respondents were asked to mention other additional names of drugs they have heard about, seen, touched etc., that were not mentioned in questions 7, 8, 9, 10 and 11. The following were such additional names of the drugs: Ampheciline, angel-dust, anileridine, aramode, ashes, balyet, bamme, ben, bukky, bula, black pills, buza, caffeine, cassut, chanchakas, capson, cho-cho, chinese capsules (cc), crack, captain black, dapson, deherepain, dextromaramide, dio, dipipanione, dupe, E tablet, eleshin lashe, ethlylcadmeets evostinck (cum), fagara, zenthoxyloides, folic acid, gogoro, guguru, guana, ginger, Harry, Henry more, horses, I.C.D., Igpo, Indian power, jumbo, jumping junk, kola-nut, lank, linda, madrax, mai-lema, mai-ribas, mai-karen ruwa, maja-maja, medinan powder, mutumber, nescafe, nilesplines, ogogoro, oxycodeine, pauldrin, pito, p.c.p. pr. p.r.p. pepeline, phemolyn, pimalling or man power and taxamacin, push

me/push you, pills for abortion, psychedelic, pipipanion, pami, sapele water, steroid solution for bicycle patching, sleep, snuff, silk, sonew, T.t., tracate, tonic umergen, valium 2, 5, and 10 and Zakami.

It should be noted that each of these names does not refer to a different item; some are different names for the same item.

Question number 12 sought to find out when those who admitted ever trying the drugs in question 11 started the habit. Question 13 sought to find out how often the students took the drugs; question 14 sought to find out where (places) they normally take the drugs and question 15 sought to find out the usual time that the students normally took the drugs.

Table 7: NUMBER OF STUDENTS WITH RESPECT TO WHEN THEY STARTED TAKING THE DRUGS

CATEGORIES SHOWING WHEN THE RESPONDENTS STARTED TAKING THE DRUGS	NO.	%
Just recently	47	12
A year ago	23	6
Long ago	116	29
No response	212	53
TOTAL	398	100

The table above indicates that only twenty-nine percent (116) of the students who responded to this particular question said that they started taking the drugs long ago, while forty-seven students in the group (12%) admitted starting the habit just recently. A little more than a half of the students in the study did not however respond to this question at all.

With respect to Question Number 13, Table 8 shows the responses of the students with respect to "how often" they takethe drugs. The study revealed that one hundred and twenty respondents in the group (30%) indicated that they take the drugs occasionally.

Table 8: CATEGORIES ACCORDING TO HOW OFTEN STUDENTS TAKE THE DRUGS

HOW OFTEN THE DRUGS WERE TAKEN	NO.	%
Occasionally	120	30
Any time	35	9
Once in a day	22	6
Many times	10	3
No response	211	53
TOTAL	398	100

Thirty-five respondents (9%) in the group indicated that they take the drugs any time while twenty-two respondents

(6%) stated that they take the drugs once a day. Only ten students (3%) in the group indicated that they take the drugs many times. It should be noted that although two hundred and eleven students in the group did not respond to this particular question, yet the responses of the rest of the students have a lot of implications.

Table 9: CATEGORIES SHOWING WHERE (PLACES) STUDENTS NORMALLY TAKE THE DRUGS

WHERE STUDENTS NORMALLY TAKE THE DRUGS	NO.	%
In the bush	55	12
In the bedroom	84	19
In uncompleted buildings	90	21
In the toilets	23	5
No response	192	43
TOTAL	444	100

Question 14 was asked to find out where (places) the students normally take the drugs. The respondents were free to indicate more than one answer if applicable. Table 9, above shows that ninety respondents (21%) in the group indicated that they normally take the drugs in uncompleted buildings, while eighty-four students (19%) stated that they normally take the drugs in their bedrooms; fifty-five respondents (12%) indicated that

they normally take the drugs in the bush, while only twenty-three other respondents (5%) admitted that they take the drugs in the toilets. It should be pointed out however, that more than a half of the whole respondents in the study did not respond to this question.

Other additional places where the respondents normally take such drugs were identified. They include: (a) "joints which serve as the meeting places where the illicit drugs can be obtained and abused", (b) Railway stations and Railway lines usually away from the general public; (c) river sides; (d) on top of trees; (e) hill-tops; (f) under the bridges; (g) beer palours; (h) night party places; (i) in cars/motors while moving; (j) burial grounds and other places for social gatherings.

With respect to the "usualy times" for taking the drugs the students were free to indicate more than one answer if applicable.

Table 10: CHI SQUARE TEST FOR TIME OF DRUG TAKING BY THE STUDENTS

AT NIGHT		IN THE MORNING		IN THE EVENING		BED TIME		ANY TIME		NO RESPONSE	
81	66.3	36	66.3	59	66.3	28	66.3	69	66.3	207	125
14.7		-30.3		-7.3		-38.3		2.7		58.7	
216.09		918.09		53.29		1466.9		7.29		3445.7	

$\$^2$ = 89*

DF = 5

* significant at P .05

Chi-square for goodness of fit test was used in testing the time for taking the drugs. A chi value of 89 was found with 5 degree of freedom. The relatively large chi value obtained indicates that the expected values for each cell differed more from the observed values than is likely by chance. This means to say that the differences between the observed and the expected values does not happen by chance.

Question number 16 in section C; of the questionnaire was asked to find out some of the reasons why students take drugs. The students were requested to tick as many reasons given in the questionnaire as possible. Table 11 below shows that one hundred and thirty-six respondents (19%) in the group indicated that they take the drugs because the drugs enable them to stay awake and study. Also, they admitted taking other drugs to enable them sleep easily. One hundred and one respondents (14%) also admitted taking the drugs, in order to use their leisure time well as well as to feel comfortable among their friends. On the other hand, eighty seven respondents (12%) indicated that they take drugs because the drugs keep them out of frustration and also help them forget about their home and school problems.

seventy respondents (10%) stated that they take the drugs when the drugs were prescribed for them by a medical doctor, or even when they were sick they also take the drugs not prescribed for them by a medical doctor. It should be noted that another seventy respondents (10%) indicated that they take the drugs to relieve them from anxiety and fear.

One hundred and eighty seven respondents (27%) did not however respond to this particular question. This could probably be because the respondents did not agree with the reasons as to why they take drugs listed in the questionnaire. Some of the most important additional reasons given by the students for taking the drugs include the following: (a) to feel high, when they were tired; (b) to feel confident at all times; (c) for real satisfaction; (d) to cool one's mind; (e) to feel comfortable at night, (f) to be in good mood; (g) not to be ashamed to approach girls or anybody; (h) just for the fun of taking the drugs; (i) to feel strong; (j) to be in action at all times; (k) when attending parties; (l) to forget about sorrowful situations, for example (death); (m) to be able to play football well and other sports; (n) to drive away fear; (o) to feel strong during sexual act; (p) to forget about home problems; (q) just to imitate friends when they were taking drugs; (r) to work vigorously throughout the day; (s) for smartness and sophistication; (t) to be happy and free from all problems at all times; (u) to be able to remember well what is read; (v) in order not to be lazy every time;

Table 11: REASONS FOR TAKING OR ABUSING DRUGS BY THE STUDENTS AS LISTED IN THE QUESTIONNAIRE

REASONS GIVEN	NO.	%
It enables me to stay awake and study and I also take other drugs to enable me to sleep easily	136	19
It keeps me out of frustration and also helps me forget about my home and school problems	87	12
It helps me use my leisure time well and feel comfortable among friends	101	14
When it is prescribed for me by a medical doctor or even when I am sick without a doctor's prescription	70	10
Curiosity to try the drugs	54	8
It relieves one from anxiety/ fear	70	10
No response	187	27
TOTAL	705	100

(w) on parents advise; and finally (x) due to weather change(s).

In order to find out what factors influence or motivate individual students to take drugs question 17 reads as follows: "If you have ever tried or took the drugs what influenced or motivated you into the habit"?

A number of possible influences were clearly stated in the questionnaire and the students were advised to tick as many factors that influenced them into drug abuse.

Table 12: FACTORS WHICH INFLUENCE/MOTIVATE STUDENTS TO TAKE DRUGS

INFLUENCING FACTORS	NO.	%
Friends	154	36
Teachers	8	2
Parents	19	4
Through reading novels, magazines and watching video, etc.	68	16
NO response	179	42
TOTAL	428	100

Table 12 above shows clearly, that one hundred and fifty four students in the group (36%) stated that they were influenced into the habit (drug abuse) by their friends (peers) while sixty eight respondents (16%) indicated that they were influenced through reading novels, magazines and through watching television, video and other films, etc. Four students (19%) in the group indicated that they were influenced into drug abuse by their friends and parents. Although almost a half of the students in the group (179 or 42%) did not respond to this particular question, yet the responses of the rest of the students have a lot of implications.

Some of the most important additional factors which influenced the respondents into drug abuse were cited by them. These include: (a) their personal interest to try the drugs; (b) when the students were together with their girlfriends during parties; (c) for adventures; and (d) recent fallacies of drugs in enhancing sports performance in the mass-media. It should also be noted that studies have disclosed little evidence that drugs can improve an athlete's performance without also posing the threat of serious harm.

In this section of the study, an attempt was made to find out the common sources through which the illicit drugs were obtained by the students. Question number 18, therefore reads as follows: "If you have ever tried taking the drugs, please indicate by a tick on how you usually obtain the drugs". A number of common sources through which the drugs were normally obtained were clearly stated in the questionnaire and the students were free to indicate one or more sources if applicable. Question number 19 sought to find out the methods through which the students take the drugs. Similarly as there was no limitation as to the methods used in taking the drugs the students were therefore free to indicate, the one or several methods applicable to each student while taking the drugs. Question number 20, was further asked specifically to find out whether the respondents used to

take the drugs when they were alone or when they were in the company of other people for instance, friends (peers) or others. In this case also, the students were free to indicate one orm more choices as applicable.

Table 13: COMMON SOURCES WHERE STUDENTS OBTAINED THE DRUGS

SOURCES	NO.	%
Chemist	129	23
Hospital	63	11
Market	66	12
Peddlers	56	10
Hawkers	48	9
Parents	32	6
Military men	50	9
Police men	32	6
Prison workers	28	5
Quacks	20	4
No response	30	5
TOTAL	554	100

Table 13 above clearly shows that one hundred and twenty-nine students (23%) who responded to this particular question indicated that they obtained the drugs in the chemists. Sixty-six other students (12%) and sixty-three other students (11%), all in the group admitted obtaining the drugs in the market and in the hospital respectively. The study further revealed that

fifty-six students (10%) in the group indicated obtaining the drugs from drug peddlers, while thirty-two other students (6%) in the group however admitted obtaining the drugs from their own parents. It is to be noted that another thirty-two students (6%) in the group indicated obtaining the drugs from the police men.

Thirty respondents (5%) did not however, respond to this particular question at all. Some of the most important additional sources given by the students through which the illicit drugs were obtaining include: (a) "joints" which serve as the general meeting places where these drugs can be obtained and abused; (b) shrines; (c) clubs and hotels receptionists; (d) traders of assorted things; (e) prostitutes; (f) manual workers; (g) farmers; (h) labourers; (i) herdsmen; (j) bunks; (k) bus stops; (l) Railway Stations; (m) Airports; (n) motor garages/parks; (o) at party places; (p) long distance lorry drivers; (q) through friends in the school; (r) in the bush where drugs can be got from roots of plants; (s) plant leaves; (t) private dealers or individuals; (u) from herbalists; (v) from the students' grand parents; (w) in the military, police and prison workers' barracks, etc.

Question number 19, in the study sought to find out the methods commonly used by the students when taking drugs. The students were however requested to tick as many methods as possible.

Table 14 below shows that one hundred and four respondents (19%) indicated that they smoked their drugs. Eighty-seven respondents (16%) in the group admitted taking the drugs with soft drinks, while seventy-nine respondents (14%) that participated in the study stated that they take the drugs through swallowing usually with water.

Table 14: METHODS USED WHEN TAKING THE DRUGS

METHODS USED	NO.	%
Smoking	104	19
Sniffing	449	9
Injecting	41	7
Swallowing	79	14
Taken with soft drinks, etc.	87	16
No response	194	35
TOTAL	554	100

It should be noted that although more than a half of the respondents (194) or (35%) in this group did not respond to this particular question, yet the responses of the rest of the students have a lot of significant implications.

Other important additional methods which the students identified were that they take the drugs through inhaling

by chewing the drugs, by wrapping the drug/drugs in foil paper and inserting it in pipes, by cooking/ boiling the drugs and then drinking it, by burning the drugs and inhaling the smoke as earlier on mentioned, by dropping the liquid drug into their eyes, by eating the drugs or mixing different chemicals and then by taking the drugs through licking with the tongue, etc.

In answer to question number 20, which seeks to find out whether the respondents usually take the drugs when they are alone or when they are in the company of other people, the study revealed that one hundred and five respondents (26%) admitted taking the drugs mostly when they are both alone and sometimes when they are in the company of other people. Thirty seven respondents (9%) indicated taking the drugs when they are alone, while forty six respondents (12%) in the group admitted taking the drugs when they are with their friends. Although more than a half of the respondents in the group (210 or 53%) did not respond to this particular question, yet the responses of the rest of the students have a lot of implications.

It was expected that many students do not know the harmful effects of abusing drugs. In order to find out if they know such effects, questions 21, 22, 23, 24, 25, 26 and 27 were asked. Question 21, reads as follows: "If you have ever tried any of the drugs

listed below, please you are required to tick in the column provided whether the effects are True, False, or that you don't know".

Analysis revealed that one hundred and seventy-three respondents (43%) in the group affirmatively indicated that: (a) drinking of alcohol could make one forget things easily; (b) if taken in much quantity, alcohol could weaken one's whole body; (c) taking of alcohol by motorists could increase the incidence of road accidents; (d) taking of alcohol in large quantity could lead to abnormal behaviours; (e) a moderate dose of alcohol could increase the rate of heart beat; (f) alcohol drinking could cause some irritations in the throat as well as stomach; (g) alcohol taking, might make one unable to walk or talk properly and (h) alcoholics could have their hands shaking and their temperature might run very high with serious sweating.

Almost a half of the respondents (196 or 49%) in the group indicated that they do not know the effects associated with alcohol in the body. However, the information which has been collected so far has several implications.

Question number 22, which is similar to question number 21, reads as follows: "If you have ever tried

marijuana, please, you are required to tick in the column provided whether the effects are True, False or that you don't know. Analysis revealed that one hundred and twelve respondents (28%) in the group stated affirmatively that (a) the smoking of marijuana could swell and redden the eyes of the smoker, (b) it could also make the smoker's hands shaky and, may be, unable to hold things, (c) smoking marijuana might lead to such effects like: vomitting, inability to balance/hold one's body erect and the person could also collapse; (d) it might also make the smoker to be alert, overtalkative as well as restless with only "one joint" (one roll/would); (e) it could make one to see things as well as hear voices that do not really exist; and (f) it could make the smoker experience dryness in his mouth and throat as well as some bad smell in the mouth. It should however be noted that more than a half of the respondents (255 or 64%) that participated in the study indicated that they did not know the inherent dangers (effects) associated in smoking marijuana. The information so far collected has several implications.

Like questions numbers 21 and 22, question 23 was asked to find out if the students know the effects of cocaine. The question therefore read as follows: If you have ever tried cocaine, please you are required to

tick in the column provided whether the effects are True, False, or that you don't know. Ninety-five students (24%) responded to this particular question, even though only twenty-four students (9%) had admitted in question number 11 ever trying cocaine. Because the study wanted to rely only on the responses of those who had actually tried cocaine, therefore only responses from those twenty-four were considered. It should be noted that this statement is applicable to the first four categories of schools where this similar situation happens where those respondents who admitted ever trying any of the drugs in the study are less than those respondents who indicated or admitted knowing the effects of such drugs, since the study wanted to rely only on the responses of those who had actually tried the drugs.

In essence, only the respondents who had actually tried the drugs were considered in knowing the effects of the drugs. So, the study shows that ninety-five respondents (24%) as earlier on mentioned in the selected schools admitted affirmatively that: (a) the user might feel some joy and dignity in him or her when he or she inhales cocaine; (b) after taking it, the user might want to have more of it immediately; (c) many crimes committed by cocaine users could be as a result of the influence of the drug; (d) it could make one see things and hear voices that do not really exist; (e) if sniffed through the nose,

it might cause some irritations to the nose (e.g. ulcers of the nose); (f) a person under high influence of cocaine, might engage in a lot of talking and restlessness; (g) breathing, rate of heart beat and blood pressure might increase or rise after the use of this drug; (h) an over dose of cocaine might make the abuser over excited, and might also suffer high temperature, headache, abnormal pains, loss of consciousness and vomitting; (i) the abuse of the drug could make the user lose some weight and might even appear skinny with bones showing on his body; and (j) it could make the hands of the users or even the whole body to be shaking always.

It should be noted that although more than a half of the respondents (28.1 or 70%) that participated in the study did not know the effects associated with the abuse of cocaine, yet the responses of the rest of the students have a lot of implications.

Question number 24 sought to find out if the student respondents know the harmful effect of amphetamine. The question reads as follows "If you have ever tried amphetamine, please you are required to tick in the column provided whether the effects are True, False or that you don't know. The study revealed that only sixty five respondents (16%) in the selected schools admitted affirmatively that: (a) a single dose of amphetamine

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could improve the user's physical performance (e.g. in swimming and running); (b) it could also increase the ability to concentrate in reading; (c) an over dose of amphetamine might make the abuser over excited, resless and even unable to concentrate in doing some activities; (d) the abuse of amphetamine could make the abuser lose some weight; (e) frequent abusers of amphetamine do not normally take good care of themselves and therefore do not even care how they appear; (f) a person under high influence of amphetamine might believe that he or she can do anything; (g) the abuse of amphetamine could prevent tiredness and even hunger; (h) it might also prevent the abuser from sleeping; and (i) the abuse of the drug could make the body of the abuser become weak due to lack of sleep and food. It should be noted that three hundred and twelve (78%) respondents indicated that they did not know the effects associated with abusing amphetamine. This finding has several implications.

With respect to question number 25, which seeks to find out if the students know the harmful effects of barbiturates, the study shows that only forty-four respondents (11%) in the study indicated affirmatively that: (a) a single dose of the drug could bring about hindrance in one's state of well-being; (b) taking of barbiturates by motorists might lead to increased road

accidents; (c) abusing of barbiturates could make the body of the abuser to be shaking always, therefore unable to hold things properly; (d) the abuse of the drug could make one to sleep easily or could facilitate sleep; (e) breathing and the functions of the heart, muscles could be reduced after the use of the drug; (f) a person under high influence of barbiturates might feel calm and relaxed, (g) one's mind may change due to over dose of the drug; (h) the drug may provide a dreamy, sleepy feeling of happiness; (i) a person under high influence of barbiturates, might appear and act drunk, it could also make one unable to walk or talk properly, and (j) it could also make one see things and hear voices that do not really exist, the person might not even know where he or she is. It is important to note that three hundred and thirty-six respondents (84%) in the study indicated that they do not know the effects associated with someone abusing barbiturates.

Question number 26, also seeks to find out if the students know the harmful effects of D-Lysergic Acid-diethylamide (L.S.D.). The study revealed that forty three respondents (11%) in the study admitted affirmatively that: (a) it could make one see things and hear voices that do not really exist; (b) abusers of L.S.D. may not be able to recognise colour of things and could also make the abusers to see things (objects) changing in shapes and sizes; (c) it could make the abusers find

it difficult to concentrate in doing some activities and therefore he or she might not think logically; (d) a person under high influence of L.S.D. might feel that everybody around does not like him or her (ememies); (e) it might also make the user to be alert ready to take on the world with only "one sniff"; (f) taking of L.S.D. in large quantity might make the abuser forget things easily and could also lead to abnormal behaviours; (g) it could also make the user fearful and aggressive; (h) it might make the abuser grow restless as well as to feel as if everything around him or her were turning around with only "one dose of L.S.D"; (i) a person frequently under high influence of LSD, might be confused on the past, present and future happenings of things, and (j) also a person on high doses of LSD could make him or her feel sick, cold with rapid heart beat and the abuser might run a very serious sweating of hands.

It should be noted that an overwhelming majority of the respondents in this particular study (338 or 85%) indicated that they do not know the harmful effects associated with abusing L.S.D. This information, just like the previous ones gathered so far, has several implications.

Concerning heroin, question number 27 reads as follows: "If you have ever tried heroin, please you are

required to tick in the column provided whether the effects are True, False or that you don't know. The study revealed that only seventy four student respondents (19%) in the selected schools that participated in the study indicated affirmatively that: (a) the user might have a quick feeling of well-being immediately after using the drug; (b) it could later on facilitate sleep on the abuser; (c) an over dose of heroin might make the abuser to behave violently and could also lead to other criminal acts by the abuser; (d) an over dose of heroin might also cause general weakness and sickness on the body of the abuser; (e) since the ability to recognise pain could be decreased, the abuser may cut, burn, or injure himself or herself without realizing that he or she is injured, and (f) an over dose of heroin could cause severe problem in breathing for the abuser. It should be noted that three hundred and eight student respondents (77%) in the group indicated that they do not know the harmful effects of heroin. This information has implications.

STAFF RESPONDENTS

As earlier on mentioned, the total number of staff members, who participated in the study was one hundred and fifteen. They were drawn from the same 14 selected

secondary schools and a Teacher Training College where the student respondents were drawn. This section of the study presents the responses of the staff members who participated in the study. The respondents were all adults, made up of seventy-three males (63%) and forty-two females (37%). Forty eight (42%) out of the one hundred and fifteen (115) staff members were holders of Nigeria Certificate in Education (N.C.E.). Fifty-nine staff members (51%) were degree holders, while the remaining eight staff members (7%) in the group have a Masters degree. Out of this number also, one hundred and three staff members (90%) were classroom teachers, seven (6%) were principals of various schools and the remaining five (4%) were Vice-principals. In addition, eighty-six out of the total number of staff members in this group (75%) were married men and women and the remaining twenty nine staff members (25%) were single.

In order to find out from the staff respondents if at all there were cases of drug abuse and other drug-related problems among the students in the selected schools, question number 6 was asked. Question number 7 on the other hand, sought to find out from the respondents the drugs commonly abused by the students from a list of drugs listed in the questionnaire. The respondents were also asked to mention additional names of drugs that

were commonly abused by the students that were not mentioned in question number 7. Question number 8 further sought to find out how the cases of drug abuse among their students usually came to their notice. In this case, a number of possible sources through which the staff members could get such information were clearly stated in the questionnaires, and the respondents were requested to indicate as many sources as possible through which they got such information. Finally, question number 9 in the section, was specifically asked to find out whether or not there are increased cases of drug abuse and other drug-related problems among the students in the selected schools.

With respect to question number 6, the study revealed that thirty four staff members (30%) in the group stated that they recorded or witnessed only a few cases of drug abuse among the students in their schools since they assumed office either as principals or teachers in the various schools. On the other hand, fifteen staff members (13%) in the same group admitted having recorded/witnessed many such cases of drug abuse among the students. The study further revealed, as stated by nine staff members (8%) that there were no proper records kept by the schools concerning cases of drug abuse among students. However, thirty-five respondents (30%) in the group believed that there was

no single incidence or case of drug abuse and other related problems among their students. This seems to show that these staff members are not aware of such cases in their schools since other sources from the same schools indicated that such cases occured. Twenty-two staff members (19%) out of the total number of staff members did not respond to this particular question.

Concerning the drugs commonly abused by the students in question number 7, table 15 below, shows the responses of the staff members. The table clearly

Table 15: THE TYPES OF DRUGS COMMONLY ABUSED BY THE STUDENTS AS IDENTIFIED BY STAFF MEMBERS

DRUG TYPES	STAFF MEMBERS NO.	%
Alcohol	79	43
Marijuana	52	28
Cocaine	9	5
Amphetamine	11	6
Barbiturates	0	0
LSD	3	2
Heroin	7	4
No response	21	12
TOTAL	182	100

shows that seventy-nine respondents (43%) in the group indicated that alcohol is popularly abused by the students in their schools. This is closely followed by marijuana, with fifty-two respondents (28) in the group stating that it was also commonly abused by the students. No staff member indicated that barbiturates was commonly abused by the students. Other types of drugs which were less popular among the students as the findings showed are as follows: Lysergic Acid Diethylamide (LSD), heroin, cocaine and amphetamine. Twenty-one respondents (12%) in the group did not respond to question number 7.

Other additional types of drugs that were abused by the students according to the respondents were: (a) acid solution; (b) analgesic drugs; (c) Arungumi Zaki; (d) blue detergent, (e) blue for washing clothes; (f) Chinese capsules; (g) cho-cho; (h) contraceptive pills; (i) glue usually sniffed by the students; (j) gum arabic, (k) haematinics; (l) ICD; (m) indelible ink; (n) solution for mending bicycle puncture-usually inhaled (o) kola nut; (p) "lalle" (for "kunshi" i.e. a local dye used by Hausa women); (q) madras; (r) "ogogoro", (s) pemoline; (t) PRP; (u) perfume; (v) petrol, (w) weilding fradunete, etc.

With respect to question number 8, table 16 below shows the responses of the staff members with respect

to how the cases of drug abuse among their students usually come to their notice. A number of possible ways through which such cases might reach the teachers were clearly stated in the questionnaire. The respondents were also asked to state other additional ways through which they might get such information.

Table 16: VARIOUS WAYS THROUGH WHICH SCHOOL AUTHORITIES MIGHT LEARN ABOUT CASES OF DRUG ABUSE AMONG STUDENTS

POSSIBLE INFORMANTS	NO.	%
Personal investigation by teachers	57	37
Parents	17	11
Teachers	26	17
prefects	28	18
police	5	3
No response	21	14
TOTAL	154	100

The table shows that fifty-seven respondents (37%) in the group stated that they usually get such information through their own personal investigations. Twenty-eight respondents (18%) in the group indicated that the schools' prefects also report students who are involved in drug taking and drug related problems to the school authority, for necessary action. Seventeen staff members

(11%) reported that the students' parents help in reporting such cases among their children to the school authorities. Twenty one respondents (14%) in the group did not respond to the question.

Other additional ways through which the incidences were brought to the notice of the school authorities were mentioned by the staff members. These include: (a) reports by members of the community; (b) through the observation of the suspected student's general behaviour by his class-mates and the teachers; (c) through the help of the public, private establishments and voluntary organizations: they usually help by reporting such incidences to the school authority.

Question number 9, was asked to find out from the staff members whether there were increasing cases of drug abuse and other related problems in their schools. The study revealed that forty five respondents (39%) in the group admitted that there were increasing cases of such problems in the schools. Sixty two respondents (54%) in the group stated that there was no increase in the number of cases of drug abuse among the students. Only eight respondents (7%) did not respond to the question.

Question number 10, in section C of the questionnaire was asked to find out from the staff members some of the reasons why they though their students took

drugs. The staff were requested to tick as many reasons as applicable. Various reasons were given in the questionnaire.

Table 17: REASONS GIVEN BY THE STAFF MEMBERS ABOUT WHY THEIR STUDENTS TAKE/ABUSE DRUGS

REASONS GIVEN	NO.	%
It enables them to stay awake and study as well as to sleep easily	40	18
Curiosity to try the drugs which enables them to feel comfortable among their friends	105	48
It keeps them out of frustration as well as helps them to forget about their home and school problems	25	11
Due to the availability of the drugs within easy reach of the students.	35	16
No response	15	7
TOTAL	220	100

Table 17, above shows that one hundred and five respondents (48%) in the group indicated that students took the drugs because of curiosity to try the drugs and because students usually seem to believe that the drugs will help them to feel comfortable among their friends. Forty staff members (18%) in the group stated that the students take the drugs because in their opinion, it

enables them to stay awake and study. Students seem to believe that drugs will help them to sleep easily. Thirty five staff members (16%) in the group stated that the students abuse drugs because these drugs are easily available and are within their reach. Fifteen respondents (7%) in the group did not, however, respond to this particular question.

Some of the most important additional reasons given by the staff members with respect to why their students take drugs include the following: (a) to boost their ego; (b) to relieve themselves from tension (c) to feel strong and alert; (d) to be recognized by members of their group; (e) to demonstrate who is more hardened or tougher than the other in the group; (f) because of family problems confronting them (marriage problems, poor parental care, etc.). Some respondents blamed the parents for giving their children too much pocket money which they used to obtain the illicit drugs. Other staff respondents saw the abuse of drugs among students as the consequence of Western culture which is commonly preached by the media and which makes these students to see the use of drugs as a fashion.

As to the main sources through which the students usually obtain the illicit drugs, Table 18 below shows the various sources. The respondents were asked

to indicate one or more sources through which the students obtain the drugs. The study revealed that one hundred and fifty nine respondents (46%) in the

Table 18: STAFF MEMBERS IDENTIFY THE SOURCES WHICH STUDENTS OBTAIN ILLICIT DRUGS

SOURCES	NO.	%
Chemists and markets	103	31
Peddlers, hawkers and quacks	159	46
Parents	21	6
Military, police and prison warders	46	14
No response	10	3
TOTAL	339	100

group indicated that the students usually obtain the illicit drugs from drug peddlers, hawkers and the "Quacks". Similarly, one hundred and three respondents (31%) in the group admitted that their students obtained the drugs from the chemists and in the markets.

It should also be noted that forty-six staff members (14%) in the group said that their students usually obtain the drugs from their security forces, vis-a-vis the army, the police, and the prison warders mostly in their so-called mami-markets. Only ten respondents (3%) in the group did not respond to this particular question.

The respondents also mentioned other important additional sources through which the drugs were obtained by the students. They include: (a) clubs and hotels; (b) "joints" which serve as the normal meeting places where these illicit drugs can be obtained and abused; (c) others - railway stations, bus stops, friends, in the bush, parents, students' brothers; (d) teachers, and from roots of certain plants.

Question number 12, sought to find out from the staff respondents the methods used by their students whenever they took the drugs. Question number 13, on the other hand, sought to find out whether the students usually took the drugs when they were alone or when they were in the company of other people. Question number 14, sought to find out from the staff members the likely effects associated with different types of drugs being abused by the students.

With respect to question number 12, Table 19 below shows the responses of the staff members with respect to "the methods" their students normally used in taking the drugs. The study revealed that eighty staff members (36) in the group stated that the students mostly take the drugs through smoking. Thirty-one staff members (14%) in the group admitted that their students also

take the drugs through sniffing, while twenty other staff members (9%) in the group stated that they normally swallow

Table 19: METHODS THE STUDENTS USED WHEN THEY TAKE DRUGS

METHODS USED	NO.	%
Smoking	80	36
Sniffing	31	14
Injecting	19	9
Swallowing	20	9
Taken with soft drinks, etc.	50	23
No response	19	9
TOTAL	200	100

the drugs. It should be noted that although nineteen staff members (9%) in the group did not respond to the question, the responses of the rest of the staff have a lot of significant implications.

Some of the most important additional methods used by the students as identified by the staff members were that the students sometimes (a) inhale; (b) chew; (c) rub the drugs over their bodies; (d) kiss them; (e) put the drugs in the fire and then inhale the smoke; (f) put a few drops of the drug in the eyes and (g) mix the drugs in food and then eat it.

In answer to question number 13, which sought to find out from the staff members whether their students usually take the drugs when they are alone or when they are in the company of other people, it was learnt through the responses of eighty staff members (54%) that sometimes students take the drugs when they are in the company of other people. Forty one other members (28%) of staff in the group stated that the students take the drugs when they are alone. Only ten respondents (7%) in the group stated that the students also take drugs both when they are alone and when they are in the company of other people. Seventeen respondents (11%) in the group did not however respond to the question.

In order to find out from the staff members their personal experiences on the likely effects associated with different types of drugs commonly abused by secondary school students, question number 14, was asked. The question read as follows: "What do you think are the likely effects associated with different types of drugs being abused by your students?" The staff members were free to indicate as many likely effects associated with the drugs being abused. In response to this question, more than half of the staff members (68 or 26%) in the group stated that drug abuse may lead to a variety of anti-social behaviours among students such as aggressiveness, disobedience, etc.

Fifty-four respondents (21%) in the group stated that drug abuse can also lead to the damage of the organs of the body, (brain, kidney, lungs, etc.,); and may even lead to death. Similarly, forty respondents (16%) in the group maintained that drug abuse can lead to addition, poor performance in school which eventually leads to drop out among the students. According to the respondents, it may also lead to withdrawals and other deliquent behaviours. Only twenty-two staff members (9%) in the group admitted that students who abused drugs are prone to accidents and diseases because of the side-effects of the drugs abused. Thirty-one staff members (2%) in the group did not however, respond to this particular question.

Also, to find out from the staff respondents which age group among their students are mostly involved in drug abuse, question number 15, was asked. Question number 16 on the other hand, sought to find out from the staff members which of the sexes among their students predominates the other in the abuse of drugs in the selected schools. In response to question number 15, Table 20, below shows the responses of the staff members with respect to "which age group" are mostly involved in the habit. The study revealed that ninety-three staff members (81%) in the group indicated that students within the age group of 15-19 years, are more involved in dru

Table 20: STAFF MEMBERS IDENTIFY WHICH AGE GROUP ARE MOSTLY INVOLVED IN DRUG ABUSE AMONG THEIR STUDENTS

AGE GROUPS	NO.	%
10 - 14 years	3	3
15 - 19 years	93	81
20 years and above	7	6
No response	10	10
TOTAL	115	100

abuse than the other age groups. This is followed by only seven staff members (6%) in the group who also indicated that students from 20 years and above are involved in drug abuse among their students. Ten staff members (10%) in the group did not however respond to the question.

With respect to "which sex" predominates the other in the abuse of drugs among the students, question number 16 was asked which reads as follows;"please specify which sex predominates the other in the abuse of drugs among the students in your school". In response to this question, almost all the staff members (96 or 84%) that participated in the study stated that among their students the male students predominate female students in the abuse of drugs.

It should be noted that only fourteen staff members (12%) in the group did not respond to the question.

HOSPITAL PERSONNEL RESPONDENTS

As earlier on stated, hospital respondents participated in the study because they are directly involved in the treatment of people involved in drug abuse and other related problems. This section of the study presents the responses of the hospital personnel, that formed the last series of the three respondent groups in the study. The personnel were drawn from the New and Old Psychiatric Hospitals in Kaduna metropolis.

The respondents are all adults made up of eleven males (68%) and five females (31%). Three respondents (19%) in the group are medical doctors, one psychiatric consultant (6%), five psychiatric nurses (30%), three principal nursing officers (19%) and two senior community health assistants (13%). Only two respondents (13%) in the group did not respond to this particular question. Eleven respondents (69%) in the group are married, while the remaining five respondents (31%) are single.

In an attempt to find out if at all there are secondary school students with drug abuse and other related problems admitted to the psychiatric hospitals for treatment, question number 7, was asked. Question number 8, on the other hand, sought to find out from the hospital respondents what drug was commonly tried by the students. Question number 9, was asked to find out from the hospital respondents whether there are increased cases of drug abuse and other related problems among students in the hospitals.

With respect to whether there were secondary school students with drug abuse and other related problems admitted into the psychiatric hospitals for treatment, question number 7 read as follows: "How many drug addicted students were admitted in this hospital from 1985-1990"? Tables 21 and 22, below shows the number of such patients from the two psychiatric hospitals within the stated period (i.e. 1985-1990).

Table 21: NUMBER OF STUDENT PATIENTS INVOLVED IN DRUG ABUSE SEEN/ TREATED IN PSYCHIATRIC HOSPITAL, BARNAWA, KADUNA

1985		1986		1987		1988		1989		1990	
M	F	M	F	M	F	M	F	M	F	M	F
29	25	21	20	34	15	43	31	25	12	34	11
TOTAL	54	TOTAL	41	TOTAL	49	TOTAL	74	TOTAL	37	TOTAL	45

Table 22: DEPARTMENT OF PSYCHIATRY, AHMADU BELLO UNIVERSITY TEACHING HOSPITAL, KADUNA

1985		1986		1987		1988		1989		1990	
M	F	M	F	M	F	M	F	M	F	M	F
30	3	22	1	19	0	9	9	21	0	7	0
TOTAL	33	TOTAL	23	TOTAL	19	TOTAL	12	TOTAL	21	TOTAL	7

KEY: M = Males
F = Females

Concerning the drugs commonly tried by secondary school students brought to them for treatment in the selected hospitals, Table 23 below shows the responses of the hospital respondents. All the sixteen respondents (24%) in the group indicated that among the drug abuse related cases in their hospitals, marijuana is popularly

Table 23: THE TYPES OF DRUGS COMMONLY ABUSED BY THE STUDENTS AS IDENTIFIED BY HOSPITAL RESPONDENTS

DRUG TYPES	HOSPITAL RESPONDENTS NO.	%
Marijuana	16	24
Alcohol	14	21
Amphetamine and related drugs	16	24
Cocaine	9	14
Pethedine, phenobarbitone etc.	7	10
Heroin, morphine, etc.	5	7
TOTAL	67	100

abused by secondary school students. It should be noted that the same sixteen personnel (24%) in the group also indicated that amphetamine and other related drugs were commonly abused by the students. The study further shows that fourteen hospital respondents (21%) in the group stated that alcohol was also commonly abused by

the students. Other types of drugs which were less popular among the students as the findings shows are as follows: Cocaine, pethedine, phenobarbitone, heroin and morphine etc.

Question number 9, read as follows: "Is there an increase in the number of drug abuse cases among students being admitted here for treatment?" In response to this question, all the sixteen hospital personnel (100%) that participated in the study admitted that there were increasing cases in the number of drug abuse among students admitted in the hospitals for treatment.

Drug abuse and addiction has been attributed to several factors. Question number 10, was therefore asked to find out from the hospital respondents some of the factors which usually make students to take drugs. The respondents were requested to state such factors. Table 24 below shows that thirteen respondents (21%) in the group indicated that pressure from the students peer group is one of the factors which make students to take drugs. It should also be noted that another thirteen respondents (21%) in the group stated that societal problems (like broken homes, sexual inadequacy, socialization etc.), are factors known to to be responsible in making students to abuse drugs.

Table 24: FACTORS GIVEN BY THE HOSPITAL PERSONNEL WHICH MAKE STUDENTS TO TAKE/ABUSE DRUGS

FACTORS GIVEN	NO.	%
Adventure	11	18
Pressure from peer group	13	21
Improper diagnosis before medication (self medication)	5	8
Psychosis, minor psychological/ physical problems/illness	12	19
Societal problems, like broken homes, sexual inadequacy, socialization, etc.	13	21
To keep awake at night for longer hours by the students to study		
TOTAL	62	100

Twelve other respondents (19%) in the group were however of the view that psychosis, minor psychological and physical problems as well as illness are other contributing factors leading to drug abuse among students as identified by the hospital respondents. Other factors identified by the respondents include: adventure, improper diagnosis before medication (self medication), etc.

Question number 11, read as follows: "Howaare students involved in drug abuse and other related cases usually broggth to the hospital for treatment"? In this case, a number of possible ways through which the

students might be taken to the hospitals were clearly stated in the questionnaire. The respondents were also asked to state other additional ways through which students involved in such cases might be taken to the hospitals for treatment.

The table below shows that fifteen respondents (75%) in the group stated that the parents of the

Table 25: VARIOUS WAYS THROUGH WHICH THE STUDENTS MIGHT BE TAKEN TO THE HOSPITALS FOR TREATMENT

POSSIBLE WAYS TO BE TAKEN TO THE HOSPITALS	NO.	%
Students themselves	3	15
Police	22	10
Parents	15	75
TOTAL	20	100

students help in bringing them to the hospitals for treatment. Three other respondents (15%) in the group indicated that some of the victims (students) sometimes bring themselves to the hospitals for treatment. Other additional ways through which the students might be taken to the hospitals for treatment identified by the respondents include: (a) schools where the students come from: (b) through the help of private establishments and voluntary organizations. They usually help in taking

such students to the hospitals, other relations of the affected students, the friends of the victims, etc.

With respect to whether or not the student patients disturb the hospital authorities and other members of the hospital communities while on addmission, in response to the question, all the sixteen respondents (100%) that participated in the study admitted that the patients often disturb the hospital authorities and other members of the hospital community.

Concerning the nature of the disturbances usually exhibited by the patients, table 26 below shows the nature of such disturbances as indicated by the hospital personnel.

Table 26: NATURE OF DISTURBANCES BY THE STUDENT PATIENTS

NATURE OF THE DISTURBANCE	NO.	%
Aggressiveness and regression	13	35
Non-compliance in taking the drugs and other instructions for the treatment	10	27
Untrustworthiness and absconding from the beds, etc.	14	38
TOTAL	37	100

Analysis revealed that fourteen respondents in the group (38%) stated that the patients are usually untrustworthy and usually abscond from their beds, and on some occasions they could stay outside the hospital wards. Thirteen other respondents in the group (35%) stated that the patients are usually aggressive. They normally attack the attendants on duty and sometimes even their fellow patients. Similarly, other ten respondents (27%) in the group stated that the patients do not easily comply with the necessary pieces of advise and other instructions given to them by the hospital respondents for their quick recovery.

Most of the patients usually attack the personnel. As indicated by the respondents the patients have to be forced to take all sorts of medicinesfor their quick recovery as prescribed for them. Similarly, there were many reported cases of physical fight between the patients and the respondents while trying to ask them to eat their meals, or in asking them to take their drugs.

The study went further by asking the respondents to state whether there are other places outside the metropolis, where treatment or referals could be made. In response to this question, the respondents made mention of Aro-Abeokuta, Psychiatric Hospital, in Ogun State and other traditional methods of curing mental

disorders in our towns and villages.

Drug abuse has only one absolute necessary condition: the existance, distribution, and the availability of the drug itself. Related to this condition, question number 15, was asked. The question requested the respondents to identify some of the main sources through which secondary school students obtain the illicit drugs. Table 27 below shows the responses of the hospital personnel in respect to such sources.

Table 27: HOSPITAL RESPONDENTS IDENTIFY THE SOURCES WHICH STUDENTS OBTAIN ILLICIT DRUGS

SOURCES	NO.	%
Roadside hawker of assorted things	16	28
Pharmacists, shops, hospitals and hotels	15	27
Military, police and prison warders	2	4
Friends at 'joints'	16	28
Parents and other relations	5	9
Farmers	2	4
TOTAL	56	100

The study revealed that sixteen respondents (28%) in the group indicated that students usually obtain their

illicit drugs from roadside hawkers of assorted things. It should be noted that another sixteen respondents (28%) in the group stated that students obtain the drugs from their friends, usually at 'joints' which serve as the normal places where the students meet to buy and abuse the drugs. Fifteen respondents (27%) in the group admitted that the students obtain the drugs from the pharmacists shops, and hotels. Other places identified by the respondents through which the drugs are obtained by students include: the military, police and prison workers, from students' parents and other relations and also from farmers.

Question number 16, sought to find out from the hopsital respondents the methods used by students whenever they take the drugs. In this question, a number of possible methods which students use in taking the drugs were clearly stated in the questionnaire. The respondents were then requested to tick as many methods the students normally used in taking the drugs. The respondents were asked to specify other additional methods if any which were not stated in the question.

In response to the above question Table 28 below shows that sixteen respondents (60%) in the group stated that the students mostly take the drugs through smoking.

Table 28: METHODS THE STUDENTS USE WHEN THEY TAKE DRUGS

METHODS USED	NO.	%
Smoking	16	60
Sniffing	2	7
Injection	3	11
Eating	3	11
Taken in soft drinks	3	11
TOTAL	27	100

Three other respondents (11%) in the group stated that the students also take the drugs through injection. Three other respondents (11%) in the group stated that the students take the drugs by eating the drugs as well as mixing the drugs in beverages and soft drinks. Other additional methods stated by the respondents that were not stated in question number 16, are: (a) chewing; (b) licking the drugs; (c) inhaling the drugs; (d) rubbing the drugs over the body; (e) drinking; and (f) swallowing the drugs.

In this section of the study, question number 17, was asked to find out from the respondents the types of treatment usually given to the drug addicts when admitted to the hospitals. Question number 18 went

further to find out how long it takes for an addict (patient) to be completely cured from the illness. In this case, a number of possible periods of stay in the hospital were clearly stated in the questionnaire, and the personnel were expected to tick the periods of stay normally for a patient to be cured depending on the magnitude of the illness.

The respondents were also asked to specify other possible periods of stay, if different from those stated in the questionnaire. The study went further by asking the personnel in question number 19, whether the students admitted to the hospitals normally respond to treatment or not, while question number 20, sought to find out whether there are sufficient personnel and equipment and other resources in the selected hospitals towards handling the patients. If yes, question number 21, went further to request the respondents to state what these resources were.

In an attempt to find out whether it is possible for the addicted patients to recover their normal state of health, question number 22, was asked. If it is also possible question number 23, then requested the respondents to give reasons for the possibility of the patients to recover back their normal state of health. Finally, question number 24 in the section sought to find out from the respondents the likely effects associated with different types of drugs commonly abused by the students.

With respect to the types of treatments usually given to the patients on admission to the hospitals, the study found out that five respondents (8%) in the group stated that the patients must first of all abstain or withdraw themselves from taking the illicit drugs completely as a first condition towards better and quick recovery from the illness. Nine respondents (15%) in the group indicated that the patients must also abstain from taking the drugs through therapies in form of replacing or substituting the drugs so that the drugs can be gradually withdrawn. Four respondents (7%) in the group saw the need of treating any underlying illness identified from the patients before it is too late or before it reaches a chronic stage.

This is necessary because the students may decide for themselves what type of drugs to take (self medication which could itself lead to drug abuse. Thirteen respondents (22%) in the group also indicated that psychotherapy whether individual or in groups is another form of treating mental illness. Ten respondents (17%) in the group also stated that drug abuse patients can be treated through physical and psychological help to overcome such problems.

Related to these physical and psychological rehabilitations, counselling, occupational, diversional/aversion, electroplexy therapies etc., were

highlighted by eighteen respondents (31%) in the group as other important forms of treating the patients with drug abuse and other related problems. They stated that the patients need to be involved in these therapies in order to counteract boredom and to develop interest, self confidence and pride in achievement. The therapy also helps and guides their behaviours to more desirable channels. All these according to them will go a long way in providing the patients with an avenue for individual interaction and development of interpersonal relationship.

With respect to Question number 18, Table 29 below shows the responses of the respondents with respect to the duration of time, it takes for a drug abuse (patient) to be completely cured.

Table 29: POSSIBLE DURATION OF STAY FOR THE TREATMENT OF DRUG ABUSE PATIENTS

POSSIBLE DURATION OF STAY	NO.	%
1 - 6 months	7	28
7 - 12 months	0	0
1 - 2 months	1	4
Different from above	17	68
TOTAL	25	100

The study revealed that seven respondents (28%) in the group stated that it takes between one to six months for the patient to be cured. Only one respondent (4%) in the group stated that it can even last between one to two years for a patient to be cured. However, no respondent in the group indicated the period between seven to twelve months.

Majority of the respondents (17% or 68%) in the group indicated that one cannot specify the exact period for a patient to be cured. periods of treatment could be less or more than the range provided in the questionnaire (1 month to two years): according to analysis: (a) seven respondents (28%) in the group stated that the period could vary from individual patient to another, hence the period could be more or less; (b) two other respondents (8%) in the group are of the view that the periods could also vary on the same time concentrating in taking his or her prescribed medicines and following other instructions given by the personnel from time to time, (c) however, six respondents (24%) in the group are of the view that the periods could still vary depending largely on the extent of the damage done to the brain, kidney, etc., of the patient and finally (d) two respondents (8%) in the group stated that the periods are subject to change from either more or less emphasizing that it will be more if the patient continues taking the drugs.

while it will be less if the patient stops taking the drugs.

Question number 19, reads as follows: "Do patients generally respond to treatment"? Analysis revealed that all the sixteen respondents (100%) that participated in the study from the selected hospitals admitted affirmatively that the patients normally respond to treatment.

Concerning whether there are sufficient personnel, equipment and other resources in the selected hospitals towards handling drug abuse and other related problems among patients, the study showed that almost all the respondents (15 or 94%) in the group indicated that there are no sufficient personnel, equipment and other resources in the hospitals for proper handling of the problems. Only one respondent (6%) in the group admitted that there were sufficient personnel and equipment for handling such problems. Question number 20, reads as follows: "If Yes, what are these resources"?

The study showed that only one respondent (6%) in the group responded to the question by admitting that there are trained personnel, drugs, etc., for the treatment of the drug addicted patients while the remaining fifteen respondents (.4%) in the

group did not respond to the question since they did not agree at the first instance or in question number 19 that there are sufficient personnel, equipment and resources towards proper handling of the problems.

Regarding whether it is possible for addicted patients to recover their normal state of health, the study further found out that all the sixteen respondents (100%) that participated in the study indicated affirmatively that it is possible for the addicted patients to recover their normal state of health.

Question number 23, extending from number 22, therefore reads as follows: "If Yes, give reasons please". The study found out thattwelve respondents (35%) in the group stated that it is possible for the addicted patients to recover their normal state of health if the problem is identified in time, that is to say the reason or the causes of the sickness is known and that the condition of the patient is organic in nature. Nine respondents (26%) in the group stated that the patients could be cured if the damage is not done to the brain and if the patient abstains from the drugs and also takes his or her treatment and also follows other instructions relevant to his condition. On the other hand eight respondents

(24%) in the group stated that the possibility for the patients to recover their normal state of health depends largely on if the primary cause is treatable and the patient is followed up for a long time to see that he or she is actually taking his or her treatment and following other instructions given to him or her by medical personnel.

When asked about the likely effects associated with different types of drugs commonly abused by students, thirteen respondents (34%) in the group indicated that drug abuse can lead to psychological and physical dependence of the drug itself which means psychologically the abuser relied upon the drugs to give him or her some pleasurable emotional effect. And if this is withdrawn, the abuser experiences a strong emotional reaction as opposed to physical craving for the drug. Physical dependence of the drugs also develops when the tissues of the body get so used to a drug and in some unknown ways the abuser comes to require it in order to continue functioning well. They further stated that if the drug is withdrawn suddenly uncomfortable and even violent physical reactions can occur.

Twelve other respondents (32%) in the group stated that the students are prone to accidents and diseases because of side effects of the

drugs abused. Nine respondents (24%) in the group also admitted that the abuse of drugs among the students can lead to addiction which can lead to poor performance at school among the students and can at the long run lead to drop out from the school. Only two respondents (5%) in the group failed to respond to this question.

In order to find out from the hospital respondents which age group among the students (patients) admitted into the hospitals are mostly involved in drug abuse and other related problems, question number 3, was asked. Question number 32 on the other hand sought to find out from the personnel which sex predominates the other in the abuse of drugs among the students admitted into the hospitals. While question number 33, sought to find out from the respondents that participated in the study some of the major advise they would like to give to the students about the inherent dangers associated with taking of drugs inappropriately.

With respect to which age group among the students are mostly involved in drug abuse, table 30 below shows the responses of the respondents.

Table 30: AGE GROUPS OF STUDENTS MOSTLY INVOLVED IN DRUG ABUSE

AGE GROUPS	NO.	%
10 - 14 years	1	6
15 - 19 years	15	94
20 and above	0	0
TOTAL	16	100

The table revealed that almost all the respondents (15 or 94%) that participated in the study indicated that students between the ages of 15-19 years are mostly involved in drug abuse. Only one out of the remaining respondents (6%) in the group stated that students between 10 - 14 years are also involved in the habit (drug abuse).

Concerning which sex predominantes the other in the abuse of drugs among the students, question number 32 reads as follows "Please specify which sex predominates the other in the abuse of drugs among secondary school students admitted into your hospital". The study found out that all the sixteen respondents (100%) that participated in the study from the selected hospitals indicated that the male students predominate the female students in the abuse of drugs.

With respect to some of the major advise the respondents would like to give to the students about the inherent dangers associated with taking of drugs inappropriately, table 31 below shows the responses of the respondents.

Table 31: MAJOR ADVISE ABOUT THE DANGERS OF DRUG ABUSE

ADVISE	NO.	%
Dangers of accidents as a result of drug addiction	19	31
Unfulfilled or partially fulfilled ambition	4	7
Risk of mental illness, physical illness or even suicide:	18	30
False confidence and irresponsibility	8	13
That the students can equally do very well in all their educational, vocational and personal-social tasks, without taking drugs	4	7
One is proned to committing crime just to satisfy his false confidence and to ensure the flow of the drugs by all means	6	10
No response	1	2
TOTAL	60	100

Nineteen respondents (31%) in the group advised the students to desist completely from the habit because

of the dangers and accidents associated with the abuse of such drugs. They advised the students that even in moderate doses, most of these drugs that affect the mind/can also impair motor control, reaction time and the ability to maintain attention - effects that can last several hours. They warned that no matter how the persons feel they are not as capable as before, and such activities as driving, operating machinery and crossing roads becomes more hazardous both to the abusers and to others. They will also be less effective at their jobs and could also affect their academic activities.

Eighteen other respondents (30%) in the group however advised the students on the risk of mental and physical illness as a result of drug abuse. They further advised the students that any one taking drugs that affect the mind frequently in high doses and for a long time, is likely to distort their perception and response to their environment such that normal mental and physical functioning and normal development are impaired. That drug taking also reflects self destruction because the drugs not only harm the person who takes them (deaths, psychosis, health and social problems, etc.) but also affect the social environment where he lives (traffic accidents, violent behaviours, crimes to obtain the drugs; etc.).

Eight other respondents (13%) in the group again advised the students on the dangers of false confidence and irresponsibility usually exhibited by drug abusers. They emphasized that the abusers are irresponsible in the sense that when they become so obsessed with the habit they feel that everything going on around them including the needs and situations of themselves and other family members, are ignored, leading to a break-down of their responsibilities first to themselves, their family, their friends and to the society in general. It should be noted that only one respondent (2%) in the group did not respond to this particular question.

Finally, the three respondent groups, the students, principals/teachers and the hospital respondents were asked to mention at least five important ways by which the taking of drugs inappropriately by secondary school students could be reduced or prevented. The responses were arranged accordingly as shown in Tables 32, 33 and 34 respectively.

Table 32: STUDENTS SUGGESTIONS ON HOW TO REDUCE OR PREVENT STUDENTS FROM TAKING DRUGS INAPPROPRIATELY

SUGGESTIONS	NO.	%
Proper discipline and punishing students both at home and in the school involved in taking drugs	220	20
Proper parental care and guidance at home	72	6
Drug education should be incorporated in the school curriculum, while public enlightenment campaign on the dangers of drug abuse should be intensified by the government	264	24
Establishing proper and functional guidance and counselling in schools and other public and private establishments	142	13
Engaging the students in sports and other extra-mural curricula	21	2
Converting all day schools into boarding schools	13	1
Stiff penalties by the government to: drug traffickers, peddlers, hawkers, pushers, abusers, etc.	271	25
No response	98	9
TOTAL	1,101	100

It should however be noted that the respondents were free to state whatever suggestions they feel will help towards preventing or reducing the problems. Question

number 28 in the students questionnaires reads as follows: "Mention at least five important ways in which the taking of drugs inappropriately by secondary school students can be reduced or prevented".

The students' responses were as follows: More than a half of the students (271 or 25%) in the group suggested that the problem could best be tackled through stiff penalities by the federal, states and local governments to deal ruthlessly with anybody caught either trafficking, peddling, hawking, abusing etc., of any of these illicit drugs. It should also be noted that more than a half of the respondents (264 or 24%) in the group saw the need for school authorities and the government in general to include drug education in the school curriculum right from the elementary schools up to university level to teach the students about the inherent dangers associated with drug abuse.

Similarly, the government at both federal, state and local government levels, should as a matter of urgency embark on a mass public enlightenment campaign through the mass media, the medical profession, counsellors, voluntary organizations, public and private organizations, etc., to enlighten the general public about the dangers of drug abuse highlighting that the widespread abuse of drugs has now become a human tragedy affecting virtually all segments of people all over the world invading the

home; the work place and educational institutions, etc.

Two hundred and twenty other respondents (20%) in the group suggested that the problem could best be tackled through proper discipline and punishment of the affected student or students caught with the habit both at home and in the school. One hundred and fourty two respondents (13%) however suggested that the government and other private organizations and establishments should establish proper and functional guidance services in both schools and other social centres towards helping, advising and guiding students and the general public on proper drugs use, proper moral behaviours and other social, vocational and educational problems confronting them. It should be noted that ninety-eight respondents (9%) in the group did not respond to this particular question.

Question number 25, in the staff members questionnaires reads as follows: "Mention at least five important ways in which the abuse of drugs can be reduced or prevented among secondary school students". Majority of the respondents (133 or 30%) were of the view that the problem could best be tackled through the inclusion of drug education in schools curriculum right from the elementary schools to the University level. They were also of the view that government should as a matter

of urgency embark on mass enlightenment campaign on the dangers of drug abuse to the general public.

In essence, the general public should be enlightened on the use and abuse of drugs generally.

Table 33: STAFF MEMBERS SUGGESTIONS ON HOW TO REDUCE OR PREVENT STUDENTS FROM TAKING DRUGS INAPPROPRIATELY

SUGGESTIONS	NO.	%
Proper discipline and punishing students both at home and in the schools involved in taking drugs	92	20
Proper parental care and guidance at home	37	8
Drug education should be incoporated in the school curriculum, while public enlightenment campaign on the dangers of drug abuse should be intensified by the government	133	30
Establishing proper and functional guidance and counselling in schools and other public and private establishments	80	18
Engaging the students in sports and other extra-mural curricula	5	1
Converting all day schools to boarding schools	7	2
Stiff penalties by the government to: drug traffickers, peddlers, hawkers, pushers, abusers etc.	87	19
NO response	10	2
TOTAL	451	100

Ninety-two respondents (20%) in the group however, saw the need for both parents and teachers to discipline and punish the students involved in drug abuse. Eighty-seven other respondents (19%) in the group however, suggested that the problems could best be tackled through stiff penalties by the government to anybody caught trafficking, peddling, pushing, abusing etc., any of these illegal and illicit drugs. While eight respondents (18%) in the group suggested that counselling could solve the whole problem thus opposing stiff penalties suggested by other respondents.

They are therefore suggesting that proper and functional guidance and counselling be established in all schools and colleges and other public and private establishments. It should be noted that ten respondents (2%) in the group did not respond to this particular question.

On the hospital respondents side, the study found out that thirteen respondents (17%) in the group suggested that there should be proper surveillance by the security agencies - police, the customs, and the interpol to reduce or prevent the problems through arresting and punishing those trafficking, peddling, hawking etc., the illicit drugs. In essence, they were of the view that these people should carry the major blame and punishment. They argued that, without their constant supply of these illicit drugs, the

Table 34: HOSPITAL RESPONDENTS SUGGESTIONS ON HOW TO REDUCE OR PREVENT STUDENTS FROM TAKING DRUGS INAPPROPRIATELY

SUGGESTIONS	NO.	%
Balanced parenthood without over-indulgence or rejection in the bringing up of the children	10	13
Too much pocket money should not be given to the students while going to school	9	12
Counselling those at risk (before they start)	11	15
Avoidance of peers using drugs	4	5
All day schools should be converted to boardings	10	13
Proper public enlightenment campaign on the dangers of drugs, while drug education including its dangers should be included in school curriculum	10	14
All schools should have health and counselling officers	5	7
Proper surveilance to get those buying, selling, trafficking and using it	13	17
No response	3	4
TOTAL	75	100

consumers, that is the abusers, might not get the drugs, or at least the problem could be very minimal.

Eleven respondents (15%) in the group who seem to oppose the

suggestion that proper surveilance to get those trafficking, peddling etc., the drugs could solve the problems, however suggested that counselling those at high risk (teenagers) before they start taking the drugs, could best solve the problems. They argued that the counselling units or centres will teach the students the side effects of drugs, by inviting experts in the medical profession to talk to the students, about the dangers of drug abuse. This they said will help to enlighten the students at early age about such dangers before they start taking the drugs, while to those who have already started taking the drugs, the counselling centres can still provide them with long term counselling and supportive rehabilitation.

Ten respondents (14%) in the group suggested that proper public enlightenment campaign on the dangers of drugs and including drug education in schools curriculum will go a long way towards preventing the problems, while another ten respondents (14%) in the group suggested that balanced parenthood without over-indulgence or rejection in bringing up the children; could help towards preventing the problems. It should be noted that only three respondents (4%) in the group did not respond to this particular question.

4.3 Discussions of the Major Findings

The study was intended to provide answers to the following questions:

1. Are there cases of drug abuse among secondary school students in the 14 selected secondary schools as well as in the two psychiatric hospitals in Kaduna metropolis?
2. What are the types of drugs commonly abused by the students?
3. What are the major reasons why students abuse drugs?
4. What are the factors that usually influence the students
5. Are the students aware of the harmful effects of abusing drugs?
6. What are the likely effects associated with different types of drugs being abused by the students?
7. Can drug abuse among secondary school students contribute to poor academic performance, drop-out rate in schools, truancy and other delinquent behaviours among the students?
8. Which age-group among secondary school students are mostly involved in the abuse of drugs?
9. Which sex predominates the other in the abuse of drugs among secondary school students?
10. What are the main sources through which the illicit drugs are obtained by the students?
11. What are the most important ways in which the abuse of drugs among secondary school students can be reduced or prevented?

The major findings of the study are discussed below:

Evidence of Drug Abuse Cases Among Secondary School Students in Both the Selected Schools as well as the Psychiatric Hospitals

All the three respondent groups; the students, the staff members and the hospital personnel, stated that there were quite a number of drug abuse cases and other drug related problems among the students. The study found out that one hundred and eighty-seven (47%) student respondents out of the 398 students that participated in the study admitted ever trying alcohol. The study further revealed that sixty-eight student respondents (17%) tried marijuana, while fifty-three students (13%) admitted that they have tried cocaine. Similarly, thirty one students (8%), indicated ever trying amphetamines, while only sixteen students (4%) that participated in the study tried barbiturates. Nineteen other students (5%) in the study said that they have tried LSD. Finally, thirty students (8%) from the selected schools admitted ever trying heroin.

On the staff members side the study revealed that thirty four staff members (30%) that participated in the study stated that they recorded or witnessed only a few cases of drug abuse among the students in the selected schools. Another fifteen respondents (13%) in the group admitted recording/witnessed many such cases of drug abuse among the students. The study further revealed however as stated by nine staff members (8%)

in the group that there were no proper records kept by the schools concerning cases of drug abuse among students in the schools. However, thirty-five other staff members (30%) in the group believes that there was no single incidence of drug abuse and other related problems among the students. This findings seems to show that this last group of staff members were not aware of such cases in their schools, since other sources from the same schools indicated that such cases occured.

On the hospital respondents side, the study found out that a total number of three hundred (300) secondary school students involved in drug abuse problems were seen/treated in Kaduna psychiatric hospital, Barnawa, Kaduna, from the year 1985-1990, while a total number of one hundred and fifteen (115) students were also seen/treated at the psychiatric unit of A.B.U. Teaching Hospital, Kaduna also from the year 1985-1990. See Tables 21 and 22. Furthermore, all the sixteen hospital respondents (100%) that participated in the study stated that there are increasing cases in the number of students involved in drug abuse being admitted to the hospital.

From the findings highlighted above it can be seen that there are quite a number of cases of drug abuse among students in both the 14 selected secondary schools as well as in the two psychiatric hospitals in Kaduna

metropolis. These findings have answered the first research question in the study which sought to find out if at all there are cases of drug abuse among secondary school students in both the selected schools as well as in the two psychiatric hospitals in Kaduna metropolis. This finding is similar to that of Ahmed (1982); Ujorha (1987); and Bangudu (1988).

From the above discussions on the findings of the study, the researcher is therefore calling on both parents and teachers to sit down and discuss the evils of drugs to the students when abused, and its implications on their physical and psychological development. Importantly, the teachers and parents can organize series of lectures on health education most especially during parents Teachers Association week, in their schools where experts in the medical profession can be invited to talk to the students about the inherent dangers associated with abusing drugs.

In essence, the researcher, is therefore, of the view that a developmental approach to guidance is preferred to crisis oriented approach this means that adequate prevention is necessary before the problem gets out of hand; hence it is cheaper to prevent the students from the habit right from their early stage of growth than to wait until when they grow to young adults and

rely on treatment which is usually of long duration and very costly. The researcher is still calling on both parents and teachers at homes and in schools to realize that their role in the control of drug abuse on their children, should be a preventive one. It should also be pointed here that when drug use is suspected, especially among the young ones, either at home or in the school, it must be handled as an illness and not as a crime. The diagnosis and treatment for it must always be under medical supervision.

As mothers who are really closer to the children, they owe it as a duty to keep a tab on their children, the company the keep and ensure that the children do not indulge in such a dangerous preoccupation as drug abuse. The parents for example, should devise more appropriate enlightenment technique hinging on gentle persuation to guide the impressionable minds of the children aright and away from drug consumption. These vital messages can be subtly woven into past-time children love, like music, drama sketches, nursery rhymes and books, toys and other preoccupations of children.

The researcher is of the view that since schools alone cannot help and train young people, the parents, teachers and other concerned individuals and organizations should therefore work jointly to help adolescents understand the health hazards of abusing drugs. Towards this end therefore, the curriculum of the secondary schools, communities, their agencies and government should be sensitive of this problem. The school curriculum in particular should be geared to help young people of drug abuse. In this connection, drug education should be

incorporated in the school curriculum right from the primary school to University level. In essence, the teaching should be done taking into consideration the developmental stages of the students.

Okon, (1988:1) states:

> Parents, guardians, school staff, members of the community and government should have vested interest in the teenagers and what actually goes on in the school. They should also understand the conditions under which the youngsters are living today and how such conditions may influence their aspirations, desires, interests, values, purposes, what they can learn, their behaviour in and outside the school and what they may become in our society.

Types of Drugs Commonly Abused by the Students

Concerning the types of drugs commonly abused by the students, all the sources of data identified alcohol, marijuana and amphetamine as the most commonly abused drugs. While cocaine, LSD, barbiturates and heroin ranked least. The findings of this study correlated with similar studies, especially Ifabumuyi et al (1982). This particular study found out that 187 students (47%) abused alcohol, while 334 other students (84%) in the group also identified alcohol as one of the most commonly abused drugs. Similarly, on the staff members' side 79 staff respondents (43%) in the group also indicated that alcohol is one of the drugs commonly abused by the students, while 14 hospital respondents (21%)

in the group also reported that alcohol is also commonly abused by the students.

Ifabummuyi, et al (1982 found out that 79 teenagers (16%) used alcohol on a regular or discontinuous basis. In the data given above, it will be noted that the number of alcohol consumptors was initially low in 1982, but gradually increased in 1990. This could probably be because of the availability of the drug almost everywhere in Nigeria.

It is important to note that in Nigeria, alcohol beverage is readily available and freely used by a large number of people. Infact it is not only used on social occasions such as meetings, conferences, marriages and other festivities, but it also forms part of the ingredients of a variety of traditional rituals. Infact some earlier writers on alcoholism among Nigerians claimed that alcoholism constitutes a minimal problem among Nigerians (Asuni, 1974; Odejide, 1978). The view held by Asuni (1974) may probably be so but within the past six years or so in Nigeria, the alcohol beverage industry

has proliferated over and above almost all other industries. The World Health Organization (WHO) (1979), statistics available for Nigeria till 1976, indicates that "the amount of beer available from recorded production and imports rose from 106 to 148 million litres between 1970 and 1976". This is not inclusive of the various "illicit" production of ethanol and other various intoxicating local brews which are freely and legally allowed to flourish in the markets and street corners".

In fact, with such an increase in the availability of alcohol beverages, one would equally expect an increase in consumption among the students and other adults; though not necessarily an increase in prevalence of alcoholism.

With regards to marijuana, the study found out that 68 students (17%) used marijuana, while 229 other students (58%) in the group indicated that the drug is commonly abused by students. Fifty two staff respondents (28%) and 16 hospital respondents (24%) all indicated that the drug is commonly abused by students. The popularity of this drug among the students could be due to the cultivation of the drug almost everywhere in the country, which even led the then Federal Military Government in 1966 to

enact a decree in an attempt to curb the cultivation and abuse of the drug.

The decree carried the death penalty for the cultivation of Indian hemp (marijuana), and 5-21 years imprisonment for other offences related with this drug. The finding of the study correlated with similar studies conducted by Ahmed (1984:3), Pela and Ebie (1982:258) and Ujorha (1987:2). Ujorha, for example, observed that drugs that are abused in Nigeria in order of ranking from the most abused to the least abused include: (a) Indian hemp (marijuana), which accounts for 50%; (b) alcohol which accounts for 35%; (c) amphetamine which accounts for 19% (usually mixed with Robin Blue); (d) morphine, (e) pethidine etc. He further noted that drugs such as heroin, cocaine, opium and LSD are abused mostly in Europe and America. Ujorha further maintained that these drugs are not abused here, but Nigeria serves as a transit camp for couriers of these drugs to Europe and America, as is evidenced by many arrests of Nigerian couriers both here and abroad.

The study found out that 31 students (8%) in the group admitted ever trying amphetamine, while 71 other students (18%) in the same group also identified amphetamine as one of the most commonly abused drugs. On their own part, 11 staff respondents (6%) and 16 hospital respondents (24%) also stated that amphetamine is commonly abused by the students. This finding is

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also in line with Ahmed (1984), Pela and Ebie, (1982), and Ujorha (1987).

It should be noted that the study found out that not only do these students take the drugs listed in the questionnaire, but they also knew other additional names of illicit drugs which they have "touched", "those commonly abused", by other students, and those drugs they admitted "ever trying" themselves that were not mentioned in questions 7, 8, 9, 10 and 11 in their questionnaire.

Major Reasons and Factors Which Make the Students to Abuse Drugs

As far as the reasons for taking the drugs are concerned, majority of the students (136 or 19%) in the group stated that they took the drugs in order to be able to stay awake and study and also to be able to sleep easily. One hundred and one (14%) other respondents admitted taking the drugs because the drugs help them to use their leisure time well, and also help them to feel comfortable among their friends. Similarly, eighty seven respondents (12%) in the group stated that they took the drugs because the drugs keep them out of frustration and also help them to forget about their home and school problems.

On the staff members side, the study revealed that one hundred and five (48%) staff respondents stated that the students take drugs

because of the students' curiosity to try the drugs and also to feel comfortable among their friends. Forty other staff respondents (18%) in the group were of the view that students used to take drugs in order to stay awake and study as well as to sleep easily.

This finding is similar to the one stated by the students. Thirty-five other staff members (16%) in the group were however of the view that availability of the drugs within the reach of the students in one of the reasons why the students abuse drugs. Thirteen hospital respondents (21%) in the group were of the view that pressure from peer group association is a strong factor towards making the students abuse drugs. It should be noted that thirteen other respondents (21%) in the group stated that societal problems, like broken homes, sexual inadequacy, socialization, etc., are some of the factors which usually influence students to take drugs. Similarly, twelve respondents (19%) in the group however identified psychosis, minor psychological/physical problems/illness to be other factors in making students to abuse drugs.

If one observes the reasons stated by the student respondents above, one would see that majority of them admitted taking the drugs in order to be able to stay awake and study and also to be able to sleep easily. This seems to reveal students' worries over their

academic performance and the end result of whatever they can make in their results. So the students who are preparing for their examinations would like to stay awake for longer hours at night for "crash programmes". This finding is also similar to the finding of Ahmed (1982), Bangudu (1988) and Ebie (1988).

Similarly, a lot of people, when they have problems try to sweep such problems under the carpet by resorting to drugs. These could be home and family-related problems. Other problems could be too little social life, nothing interesting to do in the students spare or leisure time, getting sick too often, separated/ divorced parents, too little freedom in class, not getting personal help from teachers etc. These could be some of the reasons why the students admitted taking the drugs to forget about their home and school problems.

The findings above seem to suggest that the reasons why people take illicit drugs could be as varied as the number of people themselves and therefore cut across all age-groups of Nigerians including students and non-students.

Peer Group Pressure is the Strongest Factor in Influencing the Students into Drug Abuse

The study showed that one hundred and fifty-four (36%) of the students in the group indicated that they were influenced into the habit by their friends. Sixty-eight students (16%) in the group were influenced into drug abuse through reading novels, magazines, and watching video, films etc., while nineteen students (4%) in the group were influenced by their parents. The above findings seem to suggest that early exposure to drugs at an early stage of the secondary school period contributes in no small measure to influencing these young adults into drug abuse.

In fact findings have revealed that it is often during the adolescent years that people begin using psychoactive substances. This is always the period of life when these young adults are busy experimenting all the available new things around them, trying to have a taste of everything that comes their ways including drug.

It should also be noted that factors like free access to drugs at home, streets and in the drug stores, lack of love at home, which could lead to dejection,

frustration which could be borne out of poor performance at school, blind imitation of one's peers, ignorance about possible side effects of certain drugs and also curiosity have all been attributed towards leading young adults into drug abuse. Of all the factors highlighted above, peer group influence is found to be the most determinant factor in influencing young adults into drug abuse.

For example, Akinboye (1987:80) found out that the youngsters' first exposure to other groups is often made into the peer group having a number of things in common (age, class, thinking, feeling, reactions and problems). In fact, he states that the adolescents tend to be even more loyal to their peer group than even to their family group. Most of these young adults, according to him, might have started stealing, drinking alcohol, smoking cigarette or Indian hemp, gambling and taking other drugs of abuse as a result of peer influence.

Other people agree that many youngsters are initiated into smoking by advertisements on the radio, newspapers or the television. After such initial visual stimulation through the media, the adolescents may want to act out, and hence they engage in smoking all sorts of things, most especially when people they admire use drugs. These people could be public personalities, be they athletes, actors, businessmen and women, etc.

The Carnegie Council on Adolescent Development in its working papers (1988:42-44); on the prevention of drugs of abuse, alcohol, and tobacco by adolescents, revealed some very interesting findings on the impact of media on substance use; The council stated that "the role of the media in influencing adolescent substance use is substantial in that it both creates and reflects the normative values that shape perceptions of acceptable behaviour". The council further highlighted that television advertising of alcohol and tobacco was believed to have such a powerful impact on behaviour that, except for beer and wine, these substacnes can no longer be advertised on television.

The council further noted with dismay that the significant reduction in adolescent smoking in the United States of America (USA), during the late 1970s may have been affected by the corrective television advertising against cigarette smoking which ran on prime time spot for every three to five cigarette adverts for several years until cigarette advertising was removed from television.

The council further noted that the mass media's efforts to reduce drug use in U.S.A. have not succeeded to date for a number of reasons. That many of the earilier public service announcements used fear-based messages which failed to reach prime time audiences;

were given infrequent, low exposure; and lacked highly sophisticated advertising techniques.

Many of the more recent public service announcements use well-known sports, media, and rock figures who have "recovered" from drug abuse to urge children not to follow their example. The council however noted that the message in this approach is ambiguous. The role model is admired because of his success, which seems to have included using drugs and being able to overcome any ill effects. Drugs themselves are not necessarily "deglamourized" in the child's perception.

Finally, the council, acting on the belief that effective advertising can convince the viewing public that drug use is not acceptable at any level, the media-advertising partnership for a drug-free America launched a three year effort in March, 1988 which involved $1.5 billion in donated advertising and prime media time and space. The researcher is of the hope that Nigeria will follow such similar example of the U.S.A. by investing huge amount of money to embark on a mass public campaign to enlighten the general public on the destructive effects of drug abuse. This is necessary since Nigeria, as a whole and Kaduna State in particular certainly need more than material resources to develop.

Nigeria needs people who are healthy, energetic and/with sound minds who could bring their creativity, innovativeness

and productive hard work to transform such material resources into goods and services for our people. In essence, since it is only people who could bring progress and development into being, we must, therefore, pay serious attention to first building a healthy nation before we can create wealth. So, we must develop a more concerted, comprehensive and truly nation-wide effort to reduce the plague of illicit drugs and drug abuse so as to promote and ensure a healthy, drug-free life for all individuals and societies in Nigeria.

Sources of Obtaining the Illicit Drugs

The study found out that two hundred and fifty eight (47%) student respondents in the group indicated that they used to obtain the drugs in the chemists, hospitals, and markets. One hundred and forty-two other student respondents (26%) in the group admitted obtaining the illicit drugs from their parents and from the military police and prison warders mostly in their so-called (mami markets). The study further found out that one hundred and fifty nine staff respondents (46%) in the group indicated that students usually obtain the illicit drugs from drug peddlers, hawkers and the "quacks". Similarly, one hundred and three respondents (31%) in the group admitted that their students obtain

the drugs also from the chemists and in the markets. It should also be noted that forty six staff members (14%) in the group also said that their students usually obtain the drugs from the security forces, vis-a-vis the army, the police, and the prison warders mostly, in their so-called mami markets .

It is found out from the hospital respondents that sixteen responds (28%) in the group indicated that students usually obtain the illicit drugs from roadside hawkers of assorted things. It should be noted that another sixteen respondents (28%) in the group stated that students obtain the drugs from their friends, usually at "joints" which serve as the normal places where the students and others meet to buy and abuse the drugs. Fifteen respondents (27%) in the group admitted that the students obtain the drugs from the pharmacists shops, and hotels.

These findings further indicate that the individual students are usually introduced to the drugs by friends and peers since the study shows that most of these students usually obtain the illicit drugs from their friends at "joints" which also serve as the normal meeting places where the students and other people can buy and abuse the drugs. The findings further indicate that virtually everybody in the society seems to be contributing to the problem of drug abuse in one way or the other. It should also be noted that Kaduna metropolis

being one of the most important military centres of this country since independence, could be the reason why all the three respondents group in the study indicated that the students usually obtain the illicit drugs from the military, police and prison warders since the use of these drugs is popular among members of the Armed Forces.

A study carried out by Ahmed (1987:5), Bangudu (1982:2) and Ujorha (1987:2) identified other sources of obtaining the illicit drugs by the students similar to ones identified above. The researchers, indicated that the sources are common and cut across all levels of stratification in the society. The researcher is calling on the Federal and State Governments and their agencies - police, the customs and interpol, to swoop on patent medicine stores, and hideouts of abusers, on regular basis. People found selling poisonous drugs in their patent medicine stores, should not have their licences renewed. Similarly, the Pharmacy Board of Nigeria should put more effort in regulating those who are qualified to sell drugs, most especially in chemist shops.

Further, it is known from Ujorha (op. cit) that the following serve as sources through which the illicit drugs can be obtained by the students. These include: (a)

hawkers, (b) chemists, (c) shops, (d) patent medicine stores, (e) drug barons in hostels, (f) friends, (g) on demand (alcohol), (h) cultivation (Indian hemp) (i) smuggling (amphetamine), (j) with prescription (diazepam), and (k) drug couriers.

Majority of the Students are not Aware of the Harmful Effects of Abusing Drugs

On whether the students are aware of the harmful effects of abusing drugs, the study revealed that almost a half of the respondents (196 or 49%) in the group indicated that they do not know the effects associated with alcohol in the body. It should also be noted that more than a half of the student respondents (255 or 64%) that participated in the study indicated that they did not know the inherent dangers (effects) associated with smoking marijuana. Similarly, the study further found out that more than a half of the respondents (281 or 70%) in the group did not know the effects associated with abuse of cocaine. It should also be noted that three hundred and twelve respondents (78%) in the group indicated that they did not know the effects associated with abusing amphetamine.

The study further revealed that an overwhelming majority of the student respondents in this particular group (336 or 84% and 338 or 85%) indicated that they

do not know the effects associated with someone abusing barbiturates and lysergic acid diethylamide. Finally, the study revealed that three hundred and eight student respondents (77%) in this group stated not knowing the harmful effects of abusing heroin.

Since those student respondents who admitted knowing the effects of drugs are more than the number of those who had actually tried the drugs with the exception of alcohol where those who admitted trying it are more than those who admitted knowing its effects, that is to say of the 1.7 student respondents (47%) who had tried alcohol, only 173 (43%) students know its effects. Therefore the responses of those who had actually tried the drugs should be considered in respect to those who admitted knowing the effects of the drugs. Similarly, of the 68 student respondents (17%), 53 student respondents (13%) 31 student respondents (8%), 16 student respondents (4%) 19 student respondents (5%) and 30 student respondents (8%) who had tried marijuana, cocaine, barbiturates, LSD and heroin, only 112 respondents (28%) 95 respondents (24%) respondents (11%) and finally 74 respondents (19%) admitted knowing the harmful effects of abusing, marijuana, cocaine, amphetamine, barbiturates, LSD and heroin respectively.

There is a strong need therefore for parents to play a more prominent and active role into their children lives. Children need parents who will articulate moral values into their daily lives. The parents need to discuss with their children the health hazards of abusing drugs. They should for example discourage their children from self-medication,

as this could lead to drug abuse. They should instead advise them to always consult a physician in case of any sickness.

The findings above call for the need to include drug education in the school curricula to educate the students on the dangers of the practice (drug abuse).

Drub Abuse Can Cause Serious and Sometimes Irreversible Damage to Adolescent Physical and Psychological Development. Moreover, It is Also Closely Related with other Problem Behaviours, such as Delinquency, Violence, Poor Academic Performance which could lead to Dropping out of School, etc.

On the staff members' personal experience on the likely effects associated with different types of drugs commonly abused by secondary school students, more than half of the staff members (68 or 26%) in the group stated that drug abuse could lead to a variety of anti-social behaviour among students such as aggressiveness, disobedience etc. Fifty-four respondents (21%) in the group stated that drug abuse can lead to the damage of the organs of the body, (brain, kidney, lungs, etc), and may even lead to death. Similarly, forty respondents (16%) in the group maintained that drug abuse can lead to addiction, poor performance in school, which eventually could lead to drop out in school among the students.

On the hospital personnel side, thirteen respondents (34%) in the group indicated that drug abuse can lead to psychological and physical dependence of the drug itself, which means psychologically the abuser relied upon the drugs to give him or her some pleasurable emotional effect. And if this is withdrawn, the respondents further noted that the abuser experiences

strong emotional reactions as opposed to physical craving for the drugs. Physical dependence of the drugs also develops when the tissues of the body get so used to a drug, and in some unknown ways the abuser comes to require it in order to continue functioning well. They further stated that if the drug is withdrawn suddenly uncomfortable and even violent physical reactions can occur. Twelve other respondents (32%) in the group stated that the students are prone to accidents and getting diseases because of the effects of the drugs abused. Nine other respondents (24%) in the group also admitted that the abuse of drugs among students can lead to addiction which can lead to poor performance at school among students and can at the long run lead to drop out from school.

The above findings seem to suggest that the students' poor academic performance as a result of drug abuse could be attributable to the students' absenteeism to class, since most time is wasted at "joints" drinking instead of being in the class. It is obvious that the polluted minds of the students coupled with the mental disharmony could lead to poor performance. It is to be noted again, that since there is no time for personal evaluation, the students' academic performance could greatly be affected. It is also to be noted that an

addicted person strongly influenced by drugs has a sterile knowledge of what he/she may become, the students may therefore abandon their books for drugs. Similarly, breaking of school rules and regulations, raping, stealing in order to get the means of obtaining the drugs, truancy etc., could all be some of the characteristics of drug addicted students.

Similarly, studies carried out by United Nations and published in the handbook of Drug Abuse Control (1987) highlighted a number of the adverse effects on the most widely abused and other types of drugs world-wide, similar to the effects identified above by the staff members and the hospital respondents. Again, the UN and drug abuse control (1987:38-41) acknowledged the devastating effects of drug abuse at home and family, school and work place similar to the ones found in the study.

From the findings of the three respondent groups on the harmful effects of abusing drugs by secondary school students, the researcher is of the view that drug counselling units should be fully integrated into public and private religious or secular, school curricula to enlighten the students on the harmful or destructive effects of drug abuse. This will obviously encourage excellence in teaching, health and overall personal well-being. It should be noted that educational programmes play a critical role in the overall fight

against drug abuse, in the sense that those who have started using drugs, proper education could provide them with a pathway or successful intervention and treatment by increasing their awareness on the dangers connected with drug abuse and by helping them to make the choice to stop. While those at high risks, (teenagers) who are not yet exposed to the habit could easily be prevented from getting involved.

In a nutshell, the researcher is calling for the establishment of anti-drug abuse clubs in post primary schools in Kaduna State and in the country as a whole, for the purpose of organising activities that will discourage the use of drugs in schools. It is my belief that the eradication of drug abuse will effectively take its root right from the elementary school up to university level only if the state and the country as a whole could adopt such a system. It should be noted that all these would lead to adequate management and treatment of drug addicted students when identified thus, more effective counselling outcomes can be expected.

Similarly, education is also critical in helping parents and educators understand the nature of the problem and consider how best to respond to a particular situation. On the other hand, prevention programmes provide a basis for teaching young people to develop healthy behavioural patterns which do not include drug taking and for instiling in them a sense of responsibility.

Students Within the Age-group of 15-19 Years are Mostly Involved in Drug Abuse

With regard to "which age group" among the students is mostly involved in drug abuse and other related problems, the study found out that an overwhelming majority of the staff respondents (93 or 81%) in the group indicated that students within the age group of 15-19 years, are mostly involved in drug abuse more than the other age groups. Seven other staff respondents (6%) in the group stated that students within the age group of 20 years and above are also involved in the habit. On the hospital respondents' side, the study found out that fifteen (15) respondents that participated in the study (15 or 94%) indicated that students between the ages of 15 - 19 years are mostly involved in drug abuse. Only one respondent (6%) in the group stated that students between the ages of 10-14 years are also involved in the habit (drug abuse).

The indication of the above finding shows that the problem is more common with younger generation (teenagers) the main concern of this study. although it is peculiar that children under the age of 15 years were also identified. Perhaps the drug was started at an early age. This of course will have an adverse consequence on the proper development of our youths, the greatest asset of our nation.

The above findings also seem to be similar with other studies especially Ezenwa (1985:358) and Ahmed (1987:6). For example Ahmed wrote that "... it is perhaps partient to repeat at this stage, that more than (60%) of cases of drug abuse related cases are within the age bracket of 15-30 years". He lamented that it is threatening to include younger age group since alcohol ingestion, smoking and gambling is increasingly being found amongst the youth these days.

Sharing his own experience with Ahmed, Ujorha (1987:2) wrote that "the age range of drug abusers comes from different social classes and implicated are: (a) people aged 12-30 years emphasizing that these people are responsible for 80% of abusers, and (b) people aged 30 years and above. Related to the two issues raised by Ahmed and Ujorha, a recent united Nation Report (1987:16) states:

> Perhaps the worst aspect of the drug is that it makes its deepest impression on those who are most vulnerable - youth. The use of drugs has a strong appeal to those who are beginning their struggle for independence as they search for self identity. Because of their innate curiosity and thirst for new experiences, the young are particularly susceptible to the "drug experience".

Similarly, a research project on substance abuse in some urban and rural areas in Nigeria, conducted by

Ebie, (1987:15) pointed out that the main changes in the pattern of drug abuse are: (a) that drug abuse and dependence now cut across all social classes, (b) that younger people are increasingly involved and constitute the significant and frightening majority of victims. These youths abuse both licit and illicit psychoactive drugs. The social implications of this, in view of Nigeria's youthful population, is catastrophic for the future.

Based on the above findings, the researcher is of the opinion that parents, school staff members and anybody concerned with the proper upbringing of our children should strive hard to make the best of human being out of these young adults both at home and in school, since most secondary school students are adolescents, and this age group has peculiar developmental, social and psychological problems to contend with. For example, Shertzer and Stone (1976) in a description of the personal concerns of adolescents stated that they are most concerned about changes in physical development, interpersonal relationships, school activities, family situations and relationships with the opposite sex. It is also stated that insecurities arising from the adolescents' personal concerns generate anxiety which may lead to moodiness and extreme fluctuations in behaviour.

Ikeotuonye (1989:2-3) states that "a major point of interest is that students' problems span most aspect of life just as in the case of adults, pointing that students may be in a more vulnerable situation as a result of their young age and experience. He maintained that effective management of problems and the accompanying stress and strain is a learnt behaviour that comes gradually with age and experience. It should be noted that the finding above has answered the fourth research question which sought to find out which age group among secondary schools students are mostly involved in the abose of drugs.

Male Students Predominate the Female Students in the Abuse of Drugs

As far as "which sex" predominatesthe other in the abuse of drugs among the students that participated in the study, the study found out that an overwhelming majority of the staff respondents (96 or 84%) in the group stated that the male students predominate the female students in the abuse of drugs among their students. Similarly, the study found out that all the sixteen hospital respondents (100%) that participated in the study indicated that the male students predominate the female students in the abuse of drugs among student patients admitted to their hospitals. The finding seems

to suggest that the females are less susceptible to "drug use" probably because of their lesser interaction with the boys as compared to their female friends.

The findings highlighted by Ahmed (1984:4); Ujorha (1987:4); and Ezenwa (1985:358) seem to be in line with the above finding. For example, Ahmed, observe that the problem of drug abuse with its attendant psychiatric complications, is not, in his experience, common amongst women in this part of the country (northern Nigeria). According to him, it is more common with men than in the women folk. He further concluded by saying that more females are now turning up with alcohol related psychiatric problems than he has seen before.

Also, in a related study on the "prevention of drug abuse: an overview of the present situation at Kaduna", Ujorha (op. cit.) pointed out the number of males and females drug abuse patients seen/treated in both the two psychiatric hospitals in Kaduna metropolis and also the number of males and females persons tried for drug abuse at the chief magistrate court I, Kaduna all from the year 1980-85. In the New Psychiatric Hospital, there were only 320 female cases out of a total onumber of 840 cases. There were only 105 females out of the total number of 4118 persons tried

for drug abuse in the Chief Magistrate Court I, in Kaduna.

Highlighting the characteristics of the cases of drug abusers in Nigeria, Ezenwa (1985:358) shows that "there are more males than females, high percentage of whom are youths, single and unemployed with low educational background". He further pointed out that individuals are usually introduced to drugs by friends and peers.

Major Advice Given to the Students by the Hospital Respondents on the Inherent Dangers Associated with Taking of Drugs Inappropriately

In response to the major advise the hospital respondents gave to the students about the inherent dangers associated with taking of drugs inappropriately, the study found out that nineteen respondents (31%) in the group advised the students to desist completely from the habit because of the dangers of accidents associated with the abuse of such drugs, highlighting that even in moderate doses, the drugs can, among other things impair motor control, reaction time, and therefore the ability to maintain attention, - effects that can last several hours. They further warned that no matter how the persons feel (the abusers), they will not

be as capable as before, and such activities as driving, operating machinery and crossing roads become more hazardous to the abusers and to others. They maintained that such people will be less effective at their jobs and could also effect their academic activities if they are students.

Eighteen respondents (30%) in the group advised the students on the risk of mental illness as a result of drug abuse. They emphasized that anyone taking drugs that affects the mind frequently in high doses for a long time stands the risk of distorting his or her perception and therefore response to their environment, such that normal mental and physical functioning and normal development are impaired. Six respondents (10%) in the group, also advised the students that drug taking reflects self destruction because the drugs not only harm the person who takes them (death, psychosis, health and social problems, etc.) but also affect the social environment where he lives (traffic accidents, violent behaviours, crimes to obtain the drugs, etc).

Eight hospital respondents (13%) in the group further advised the students on the danger of false confidence and irresponsibility usually exhibited by the drug abusers. They stated that the abusers are irresponsible in the sense that when they become so obsessed with the habit, they feel that everything going

on around them, including the needs and situations of themselves and other family members are ignored, leading to a breakdown of their family, their friends and to the society in general.

From the advises given to the students above, the finding seems to reveal that the respondents are quite aware that the students are having a false impression of what drugs can do for them, that is the students assume that the drugs can help them to overcome their educational, vocational, psychological and personal-social problems hence the respondents major advice centred on these areas.

Drug Abuse Preventive Strategies/Ways Among Secondary School Students

Finally, the three respondent groups the students, staff members and the hsopital personnel suggested some important ways towards preventing the taking of illicit drugs among secondary school students. The suggestions given by them are more or less similar to each group, but the most important ones common to each of the three groups include: (a) balanced parenthood without over-indulgence or rejection in the proper upbringing of the children; (b) that too much pocket money should not be given to the students while going to school or even at home, because they usually use part of it in obtaining the illicit drugs, (c) that counselling

those at high risk (teenagers) before they start could help in minimizing the problem, (d) that the students should try to avoid peers using drugs who could easily influence them, (e) that all day secondary schools should be converted to boarding schools, (f) that the problem could also be prevented through proper public enlightenment campaign on the dangers of drugs, while drug education including its dangers should be incorporated in the school curricula, (g) that schools should have at least health and counselling officers and finally (h) government should impose stiff penalties to all drug traffickers, peddlers, hawkers, pushers, etc.

Based on the above suggestions given by the three respondent groups, the researcher is also of the opinion that since the level of drug abuse in Nigeria from studies done, shows that we are at a redeemable stage, it is a problem that can be seriously tackled if not altogether nipped in the bud. Based on this therefore, it is crucial to cure this malaise at this stage, otherwise even our unborn children stand the risk of deformity. The Nigerian situation can be tackled from three dimensions viz: the drugs, the users and the suppliers, as suggested by the three respondent groups, just similar to the ones highlighted by Falco, (1980 13-14) in the Carnegie Council on Adolescent Development Working Papers,

on preventing abuse of drugs, alcohol and tobacco by adolescents.

Falco is of the view that drug control strategies can effectively be tackled through reducing supply and demand. He states that "federal strategy for dealing with drug problems in U.S.A. is basically two pronged: supply control efforts designed to reduce availability, and demand control efforts designed to reduce the consumer (abusers) market for drugs". The goal of both efforts according to him is to prevent first use and if that is not possible, then reduce or eliminate subsequent use.

Continuing, Falco (1988) states that the supply control efforts include: (a) laws prohibiting or restricting the availability of certain substances, (b) enforcement of those laws at the federal, state, and local level, and (c) international diplomatic and foreign assistance initiatives to enlist the support of other governments in reducing the illicit production and traffic of drugs. That the assumption behind these efforts according to him is that reduced supply will necessarily result in reduced consumption as suggested by the three respondent groups. He further maintained that disruption of illicit drug production and trafficking will drive up drug prices, reducing both the amount of consumption among current users and the numbers of new users who might otherwise try lower priced substances.

With regard to totally prohibited drugs, like marijuana, heroin cocaine, and hallucinogens, supply control efforts focus entirely on law enforcement: keeping drugs from coming across our borders and eliminating illicit domestic production and trafficking. These views were also suggested by the three respondent groups in the study, that government should enact law to deal with the culprits. They believed that drug sellers, illicit drug producers, traffickers, peddlers, etc., are the real cause of this criminal activity. They are therefore of the opinion, that cracking them down by all means will solve the drug problem in Nigeria.

The New National Drugs Law Enforcement Agency is trying its best in tackling the problem, but the researcher is of the opinion that "if we must shed blood to bring back the already dented dignity of Nigeria, nationally and internationally, to its political, social, economic etc., well-being, then we should not hesitate to do so". This is necessary since it will benefit majority of the general public. Moreso, Kaduna State in particular, and Nigeria as a whole, certainly need more than material resources to develop. It needs people who are healthy, energetic and with sound minds who could bring their creativity, innovativeness and productive hardwork to transform our vast material and human resources into goods and services for our people.

In essence, since it is only people who could bring progress and development into being, we must therefore pay serious attention to first, building a healthy nation before we can create wealth. I therefore suggest that the present administration should as a matter of urgency bring back decree number 20 of 1984 which carried the death penalty formally promulgated by Buhari/Idiagbon regime, for anybody caught selling, trafficking, smuggling, peddling these totally prohibited drugs, while various jail terms should be passed on the abusers if caught.

Nigeria as a developing country, cannot allow her human and material resources to be wasted coupled with the bad image of Nigeria internationally as the world major drug re-export centre. Infact it was reported by Yahya (1990:10-11) in Africa Events Magazine, of May, 1990 that United States of America's claim that Nigeria's deep involvement into international drug trafficking has added a dense layer of smear to an already reviled reputation amongst anti-drug enforcement agencies in Europe and North America. Therefore effective legislation, effectively enforced by the law enforcement agencies will help in fighting the problem of drug abuse.

In this connection, the researcher is still of the opinion, that to fight this problem in Nigeria, calls for the cooperation and dedication of law enforcement agents of all categories - air, sea and boarders because some of these drugs come in through our own ports and boarders, lack of dedication to duties would sabotage the war. The Federal Government through the mass public enlightenment campaign in collaboration with the National Drug Law Enforcement Agency and other philanthropists can help if they are asked to. In essence all hands must be on deck to fight this war. The mass media precisely the television and the Nigerian Film Corporations should censor films shown to the public. Films depicting abuse of drugs should not be shown.

Parents and educational institutions as stated earlier have a role to play. It is no use some parents pretending that their kids are not taking any drug. Some parents are just too busy chasing money to give the care and love children desire. Such neglected children could resort to drugs to fill the vacuum. In this respect, group counselling of both parents and kids along with specially designed radio and television programmes are important.

From the different views highlighted by the three respondent groups on the preventive measures of drug abuse among students, the study further suggest that

parents, guardians, school staff and members of the community seem to have greater role to play in these preventive strategies. This shows that no individual can solve the drug problem alone, but as concerned parents armed with information about the adverse effects of drug abuse on adolescents, they can come together and network with the people in the community from all works of life and form a parent group in each locality. People should be aware that young people with drug problems severely affect not only their families but every aspect of the community life.

As parents, they can initiate actions among members of the parents teachers association and other associations they belong to in mosques and churches or any organisations where youths are members. The parents usually overlook that mosques and churches can be used as resources because they are vital components of all communities.

The goals of the parents should be on prevention and elimination of drug abuse, through education and creating an awareness of the psychoactive drugs on lives of their users, hence it is cheaper to prevent adolescent's use of drugs than to rely on treatment which is usually of long duration and very costly.

The school's role in the control of drug abuse should be a preventive one. In this case the school should try to create an atmosphere which will prevent students from using drugs indiscriminately. The school

is a second home to a child where he spends the greater part of his waking hours. Therefore, in addition to home based prevention programmes, a wide variety of organized schools programmes or clubs should be established so as to organize activities that will discourage the use of drugs in the schools. So the school and the home should work together in bringing up a child. It should be noted that a child who has free access to drugs at home is not likely to heed a contrary instruction at school. This is where the home and parents must work hand in hand with the schools to achieve the desired goal.

Parents teachers association need counselling like their children, and can be invited to the schools. parents should be made to realize that the atmosphere in the home should be condusive and loving. Where the school notices that a child has problems at home, the school can investigate. This is where the work of guidance counsellors comes in. In fact every school needs a counselling unit staffed with experts to look into problems that can affect a child at school.

The counselling unit of a school should also teach students the side effects of drugs, by inviting experts in the medical profession to talk to the students. The school authority should set up more school clinics

manned by trained staff where students can receive treatment without wasting much of their study time, such clinics should also be well stocked with drugs, so that students do not resort to self medication.

4.4 Summary

The chapter gave detailed information about the description of the three respondent groups in the study. Discussions of the major findings of the study has also been highlighted.

Chapter 5

5.0 RESEARCH FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the sources of the data and a summary of the research findings. Conclusions and recommendations have been highlighted. Therefore, the chapter includes the following:

a) Summary of the sources of the data and of the study findings;
b) conclusions from the study, and
c) recommendations.

5.2 Summary of the Sources of the Data

The study was conducted to get information about the incidence or cases of drug abuse among students in 14 selected secondary schools as well as the two psychiatric hospitals in Kaduna metropolis. The sample is made up of three groups of people: (a) the students from the selected schools; (b) the principals and teachers from the same selected schools where the students were drawn; and (c) the hospital personnel from the two selected psychiatric hospitals also in Kaduna metropolis. Three hundred and ninety-eight students were drawn from the selected schools. The males numbered two hundred and fifty-six (64%), while the females numbered forty-two (36%).

The reason why the male students outnumbered the females could be as a result of the culture and the tradition of the people in this part (north) of the country. For decades, the culture and tradition of the people tends to put the education of females at a disadvantage due to the long standing tradition of them begging seen as child bearers at home, therefore, sooner or later they will be married outside their homes. While, on the other hand, the males are seen as potential bread-winners and salary earners who would serve as source of income and support to their families after they might have completed their school and got employed. So, with this reason, the parents tend to send more males to schools than the females.

Similarly, the religion of the people encourages early marriage of the females for the fear of being influenced by the western system of education and way of life, which go contrary to the norms, traditions and ethical teachings of their religion. They therefore fear that their children, most especially the females, could easily be involved in some anti-social behaviours like unwanted pregnancies, and other related acts, in the name of acquiring western education and civilization. This reason and other similar reasons tend to restrict women education in many parts of the northern states. These are some of the reasons why more boys are in secondary schools than girls.

The Schools

Five categories of schools were selected for the study. These include: (a) a dfederal government secondary school; (b) a private secondary school; (c) a special secondary school; (d) two military secondary schools; (e) nine state owned secondary schools. These schools however, include day and boarding secondary schools. There were co-educational secondary schools in the study. As earlier on stated, the study is aimed at finding out information about incidence or cases of drug abuse among students in the selected schools as well as in the two psychiatric hospitals.

The study is further aimed at finding out the types of drugs commonly abused by the students, reasons for abusing the drugs, sources through which the illicit drugs were obtained, whether the students are aware of the harmful effects of abusing drugs and, also, the study is concerned at finding out whether school-type determines or reflect drug abuse or, in other words which of these categories of schools is more involved in drug abuse.

The study found out that the problem is less in federal and private secondary schools and more in special, military and state owned secondary schools. (See Tables 2, 3, 4, 5 and 6). This could probably be

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because of proper discipline, enough teaching staff and adequate health care and other facilities for proper maintainance of students welfare in these two categories of schools over the other three categories of schools. It is very common, most especially in the state owned secondary schools, to see students roaming about, due to lack of furniture and teaching staff in their schools. Infact, most of these students sit on the bare floor or sit on windows while receiving their lessons. It should be noted again that the special secondary school included in the study is special in the sense that drop-out students from secondary schools and other tertiary institutions are admitted for remedial programmes and rehabilitation. Similarly, juvenile delinquents (the deviants) are also admitted. Therefore, this could be the reason why the problem is even more severe in this type of school.

The Principals and Teachers

The principals and teachers that participated in the study numbered one hundred and fifteen. They were made up of seventy three males (63%) and forty two females (37%). The principals and teachers were used in the study because of their close contact and association with the students, most especially the teachers who meet with the students daily both formally and informally.

The staff members were requested to provide information about cases of drug abuse among their students and other matters related to drug problems in their respective schools.

The Hospital Personnel

The hospital personnel that participated in the study numbered sixteen. They are made up of eleven males (69%) and five females (31%). The hospital personnel participated in the study because they deal directly with patients who have drug related problems. The personnel were also requested to provide information on: (a) the age group of most drug abusers in their respective hospitals; (b) the type of illicit drugs commonly abused by the inmates; (c) whether the inmates usually respond to treatment; and (d) some of the major advice they would like to give to secondary school students about the inherent dangers associated with illicit drug takings, etc.

5.3 Summary of the Research Findings

The study attempted to find out whether there are cases of drug abuse and other drugs related problems among students in both the 14 selected secondary schools as well as in the two psychiatric hospitals in

Kaduna metropolis, using the three sets of instruments: the students questionnaire, the principals and teachers questionnaire; and the hospital personnel questionnaire. Arising from the findings of the study, the study found out that a number of drug abuse cases among the students were recorded in both the selected schools and the hospitals. It has been found out that alcohol, marijuana and amphetamines are the drugs commonly abused by the students, while cocaine, LSD, barbiturates and heroin ranked least.

The study further revealed that the students abused drugs mostly because they want to stay awake for longer hours at night to study and sometimes admitted taking the drugs to enable them sleep easily. Others are taking the drugs in order to feel comfortable among their friends, and also to forget about their home and school problems. It was also found out from the study that peer group pressure is the strongest factor in influencing the students into drug abuse. Other similar factors found to be influencing the

students into drug abuse includes the students' parents, societal problems, like broken homes, socialization and through reading novels, magazines and watching video, films, etc.

The study found out that majority of the students usually obtained the illicit drugs in the market, chemists, hospitals and shops, while others admitted obtaining the drugs from their parents, friends and even from the security forces vis-a-vis the army, the police and the prison warders mostly in their so-called mami markets. It was further revealed by the study that majority of the students are not aware of the inherent dangers associated with abusing drugs, while, it has been found out that drug abuse can cause serious and sometimes irreversible damage to adolescent physical and psychological development. Moreover, it has been found out that drug abuse is closely related or associated with other problem behaviour, such as delinquency, violence, poor academic performance, which could lead to dropping out of school, etc.

Students within the age-group of 15-19 years are found to be mostly involved in drug abuse, while male

their friends, and also to forget about their home and school problems. It was also found out from the study that peer group pressure is the strongest factor in influencing the students into drug abuse. Other similar factors found to be influencing the students into drug abuse includes the students' parents, societal problems, like broken homes, socialization and through reading novels, magazines, and watching video, films, etc.

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Students within the age-group of 15-19 years are found to be mostly involved in drug abuse, while male

students are found to predominate the female students in abusing drugs. The students were adviced by the hospital personnel to desist completely from the habit (drug abuse) because of the inherent dangers associated with takings of drugs inappropriately. These includes: dangers of accidents as a result of addiction, unfulfilled or partially fulfilled ambition, risk of mental illness, physical illness or even suicide, false confidence and irresponsibility, that one is also proned to committing crime just to satisfy his false confidence and to ensure the flow of the drugs by all means. They were finally adviced that they can equally do very well in all their educational, vocational, and personal-social tasks without taking drugs.

Finally, the three respondent groups, the students, principals/teachers and the hospital personnel mentioned five important ways each, by which the taking of drugs inappropriately by secondary school students could be reduced or prevented. These ways were however more or less similar to one another. Prominent among such ways includes proper discipline and parental care and guidance of the students at home, drug education should be incorporated in the school curriculum to teach the students the destructive effects of abusing drugs, while public enlightenment campaign on the dangers of drugs should be intensified by the government. They further

suggested that establishing proper and functional guidance and counselling services in schools and other public and private establishment could help reduce the problem. They were all of the view that stiff penalties should be meted by the government to drug traffickers, peddlers, pushers etc.

5.4 Conclusions

In respect of the findings above, the following conclusions are drawn:

1. That there are cases of drug abuse and other related problems among students in both the selected secondary schools as well as in the two psychiatric hospitals.
2. That majority of secondary school students are not aware of the inherent dangers or harmful effects of abusing drugs.
3. That drug abuse can contribute to poor academic performance, drop-out rate in schools and can also lead to truancy and other delinquent behaviour among secondary school students.
4. Drug abuse has also serious adverse effects on the physical and psychological development of the individual abusers, which could lead to, among other things: mental disorder, damage to the organs

of the body (lungs, kidney, heart, liver, etc.) impairment of the brain etc.

5. That students from the age group of 15-19 years are more involved in the abuse of drugs than other age groups among the students.

6. That male students predominate the females in the abuse of drugs among the students.

7. Alcohol, marijuana and amphetamines are the most popular drugs as well as the ones commonly abused among the students, while drugs like cocaine, heroin, barbiturates and lysergic acid diethlymide (LSD) are less popular among the students and therefore less abused.

8. That peer group relationship is the strongest factor in influencing students into substance use/abuse.

9. That students mostly take drugs in order to stay awake for longer hours of study as well as to feel comfortable among their friends during their leisure times.

10. That students usually obtain the illicit drugs from their friends, chemists, markets, hawkers, peddlers, parents, teachers and even from the

security forces vis-a-vis the military, police and prison warders usually in their so-called mami-markets, etc.

5.5 Recommendations from the Study

Based on the findings of this study, the researcher would like to give the following suggestions or recommendations with the hope that they will help solve the existing problems or at least reduce them to the barest minimum.

1. It is imperative that some youth development programmes need to be established in secondary schools and other theatres of human activities for proper guidance of our youth. These programmes such as youth clubs, should aim at de-emphasizing the use of drugs and emphasize those areas where young people can play useful roles in the society.

2. Since education has been identified as playing a key role in the fight against drug abuse, there is therefore the need for the government and other concerned individuals and organizations to fully integrate drug education into public and private, religious or secular organizations and school curricula with emphasis on the destructive effects of drug abuse.

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3. Drug counselling units should also be set up in schools and other youth development centres to prevent those at high risks (teenagers) before they start, and also to counsel those already in the habit. In essence, a developmental approach to guidance is preferred to a crisis-oriented approached. Similarly, there should be students advisers among the guidance counsellors in the schools whom students can seek advice from concerning their problems rather than resorting to drugs to temporarily forget about their problems.

4. Parents, teachers and school administrators should be more sensitive to the signs and symptoms among students and find a means of dealing with the students, the reasons why they take the drugs, the sources through which they usually obtain the drugs, etc., with possible solutions.

5. Government on its part should have a stated policy on the use of drugs among students through the Ministry of Education which must be adhered to by all schools. In this respect, the National Drug Law Enforcement Agency in conjunction with the Federal and States Ministries of Health and Social Development, Youths, Sports and Culture should be involved.

6. There should be an edict banning public drug hawking in all states of the country, and another to ban all mushroom chemists, shops or medicine stores. In essence, the operation of chemists shops should be limited only to qualified pharmacists. The federal government of Nigeria is already thinking in the right direction, with its policy stating that as from January this year (1991) it will be an offence to manufacture, import, sell, display for sale or advertise any drug outside essential drugs list published by the federal government.

7. Only prescribed drugs by the doctors should be sold to customers. Similarly, doctors should also change their prescription habit such that only those drugs on the essential list should be prescribed, using their generic names.

8. Government should also look into the legislation on drugs importation and distribution in the country. Any body or patent medicine store caught with fake and counterfeit drugs should be summarily dealt with by the law. Similarly, government should ensure the effectiveness of the ban on the advertisements of cigarettes and alcohol.

9. More schools of health technologies should be established and resources should be provided to train teachers to manage such schools. More significantly, is the need for greater efforts to assist colleges of medicine to train officers of higher cadre for effective handling of medical cases in our hospitals.

10. Also of importance, is the need for both the federal and state governments to establish drug treatment and rehabilitation centres to cope with the increasing number of drug addicts in the society. The centres should provide long term counselling and support during rehabilitation.

11. The fight against drug abuse should also be carried further to the grassroots, in this case local government committees should set up sub-committee at the ward and village levels to support the state drug abuse control committee. The committee should be adequately funded by the government in order to effectively check the menace of drug abuse before it gets rooted in our society.

12. Finally, if we must shed blood to bring back the already dented image of Nigeria, nationally and internationally as the world's major drug re-export

centre, we should not hesitate to do so. I therefore suggest that the present administration should as a matter of urgency bring back the death penalty by firing squad decree, formerly promulgated by the Buhari and Idiagbon regime, for anybody caught selling, trafficking, smuggling, peddling, etc., any of the totally prohibited drugs like cocaine, heroin, etc.

5.6 Implications for Education and Guidance

As earlier on stated that in addition to serious public health consequences, adolescent substance abuse is highly correlated with other problem adolescent behaviours, such as early pregnancy, dropping out of school, delinquency, and violence. The strong public demand for effective action to combat drug abuse may provide the means for not only the medical profession, but also the education policy makers, curriculum planners, counsellors, parents, teachers, communities and their agencies etc., to develop a national strategy which not only will address substance abuse but will also have an impact on the related problems behaviours of many adolescents.

This section of the study will examine the implications of drug abuse to education and guidance and counselling. In essence, the section is concerned with the roles that education and guidance can play in promoting and ensuring healthy, drug-free living for all individuals and societies.

But it is however, important to point out at the very beginning the role of counselling students on drug abuse; that counselling deals with normal individuals. Drug abuse that could lead to mental illness is outside the realm of operation of the counsellor, particularly the school counsellor; it is the province of the psychiatrists. Anderson (1973:124) wrote:

> The grossly mentally ill are in need of special medical and hospital services and this is the province of the psychiatrist or the medical practitioner. Psychiatry is that discipline or profession that concerns itself with the prevention, diagnosis, treatment and cure of mental disorder.

Anderson also advised that mental health counselling should be provided by qualified mental hygienists. There is no doubt that one of the goals or purposes of counselling in school is mental health. Shertzer and Stone (1980) stated that preservation or attainment of positive mental health is one of the goals of counselling. Patterson (1980:91) wrote:

> The aims or goals of counselling stated by Ellis are similar to those of most other counsellors or psychotherapists. He speaks not only of the elimination or minimization of anxiety, hostility, depression, feelings of inferiority and inadequacy, unhappiness and other symptoms, but also of happiness, effective living, rational behaviour, independence, responsibility and even self-actualization.

Again, from Patterson, it is known that for psychoanalytic therapy, the goal of counselling is to restore mental health, which comprises adaptation to the internal and external environment. Berne (1961) pointed out that the ultimate aim of the transactional analysis approach to counselling is structural readjustment and reintegration. For Perls' (1973:23) gestal therapy:

> The man who can live in concernful contact with his society, neither being swallowed up by it nor withdrawing from it completely, is the well-integrated man.... he is the man who recognizes the contact boundary between himself and his society, who renders onto Caeser the things that are Caeser's and retains for himself those things which are his own. The goal of (counselling) is to create just such a man.

But then, what should be the role of Guidance in Drug Abuse and Education? In this regard, Ikeotuonye (1989:7) advocated that the role of the school counsellor as regards students problems and mental health is to help the students to develop a well-integrated personality and attain a very high level of mental health. Towards this end, he stated that there is need for high level adjustment in his inter-personal relationships and interaction with the environment. In playing this role, Ikeotuonye, (op cit) further stated, that the school counsellor should:

1. Assist students to understand themselves in terms of their aptitudes, interests, resources, limitation and other qualities. Self understanding is considered a first step in proper adjustments to self, others and the environment.

2. Help students to understand the motives behind human conduct, and the need for emotional maturation.

3. Provide opportunities for students to learn and engage in healthy recreation activities. Recreation helps to bring about self-gratification and the experience of pleasant emotions. Anderson (1973:136) wrote that "the most important health

value in recreation, to the greatest number of people, lies in the mental health benefits that are derived". Anderson also made reference to a statement by Dr. Charles Loomis, Dean of Cornell University Medical College which reads as follows:

> When young folks are taught the worth and means of recreation, they are taking out an insurance policy against nervous disorders and, in middle age when they come to collect, they will find themselves reimbursed a hundredfold.

In fact, it is known that famous mental health clinics prescribe specific types of recreation activities for each patient as part of the therapeutic procedure.

4. Identifies opportunities in the community for mental health counselling and encourages students to make use of the opportunities.

5. Identifies students with gross mental disorders and carries out referrals to appropriate mental health clinics or psychiatric hospitals. If it is necessary to obtain parental consent, he should do so. He, of course, maintains a close working relationship in all referrals.

6. Counsels with students particularly emotionally disturbed ones, and the aims is to help them remove obstacles on the way to attainment of higher levels of mental health.

7. Conducts local research in respect of:
   a) Factor influencing mental health in the community. (b) Mental health facilities in the community. (c) Recreation and leisure facilities in the community. (d) Conditions of students who come to counselling because they are emotionally disturbed, those who are mentally ill and are receiving treatment, and those who received treatment but are now probably well.

It should however be noted that many countries in the world, including Nigeria, are diverting their scarce financial resources to the tackling of the scourge of drug abuse, which if left un-attended/could cripple a whole generation and leave the country concerned completely paralysed.

This is obvious since a substantial percentage of such generation will lose contributing citizens. In the light of the above statement, Okon (1984:1) wrote: "since Nigeria became a sovereign nation in 1960, several attempts have been made by its various governments to evolve an educational policy and programmes uniquely

suited to the country's growing and changing needs. He continued that in fact many of the changes introduced into our various educational levels during the past two decades are reflections of the changes and needs in our society. He was therefore of the view that Nigeria must continue to gear its educational policies and programmes to meet the diversifying needs, aspirations and concerns of individual citizens in particular and the nation in general, so that individuals may derive maximum benefits from education".

In another related development, Lewis (1968) in Okon (1988:4) stated that:

> Many adolescents are in our secondary schools. Education, particularly at the secondary level, has been assigned a major role in the development of Nigeria. If, as the national planners contended, education and training is one of the two "key ingredients" for generating the nation development, and if it is to make it possible at an early date, it seems imperative that there should be an examination of the secondary school education whose products have been termed the officers and non-commission officers of an economic and social system.

Similarly, Okon, (1989:12) highlighting the basics of guidance and counselling; the expressed philosophical positions and values that underline guidance in a democratic society states that "Guidance and Counselling are designed to serve the developmental needs of all

youth since good education and good guidance are interrelated". He further maintained that one supports and compliments the other to the pupils' or student's advantages, emphasizing that when functional guidance programme becomes an integral part of the educational system, the school activities will adequately satisfy the developmental needs of all pupils or students.

But could such maximum benefits of education be achieved when a substantial percentage of this generation and indeed future generations of this country are addicted to drugs? Obviously not! Towards this end, therefore, any educational system aimed at meeting the increasing developmental needs of our nation as well as the increasing educational needs of our own citizens, must first of all be concerned about the health of all her citizens before achieving any meaningful development. This is necessary since it is wisely argued that a healthy nation is a wealthy nation, and, indeed, a healthy mind can only be found in a healthy body. Nigeria as a whole, and Kaduna State in particular certainly need more than material resources to develop. It needs people who are healthy, energetic and with sound minds who could bring their creativity, innovativeness and productive hardwork to transform such material resources into goods and services for our people. In essence, since it is only people who could bring progress and development into being,

we must therefore pay serious attention first to building a healthy nation before we can create wealth. Related to the above statement, Okon (1988:1) is also of the view that we must first build a healthy nation before we can create wealth:

> The teenagers are our nation's richest resource and as such parents, guardians, curriculum planners, principals, teachers, career masters/ mistresses, guidance counsellors, youth leaders, other adults and policy makers at all levels of government should genuinely study and understand the development, needs and problems facing today's teenagers during their transitional years in order to effectively help, advise and guide them in their development.

At this point, the researcher is also of the view that as concerned parents, teachers and other adults in the society, they can all come together and network with the people in their various communities to ensure that their children's school are drug free through living by example and being drug and alcohol free models and not being afraid to be regarded as very disciplined parents and moreso, not being afraid of their children. It should be their collective responsibilities to lay down rules of behaviour because they definately need guidance and discipline in their lives.

It should be pointed out again that when drug use is suspected, especially among the young ones, either at home or in the school, it must be handled as an illness

and not as a crime. The diagnosis and treatment for it must always be under medical supervision. Ekanem; (1988:14) states that "too rapid a withdrawal from many types of drugs can cause seizures, coma and even death.

One of the factors making guidance and counselling a necessity in schools is students' problems. Ikeotuonye (1983) stated that problems and needs characterize everyday living, and that Nigerian students, like their counterparts all over the world, have their share of the problems and needs of daily living: developmental, psychological, vocational, educational, and so on.

An individual's problem may affect his mental health to varying degrees depending on his abilities to conform with problems. Counselling can help the individual to attain positive mental health. Related to this statement, Okon (1988;243-244) states that "there is a vital need for both teachers and parents to understand why young people are attracted to drugs." He further stated that the curriculum of the schools, communities, their agencies and the government should be sensitive of this problem, pointing out that secondary school curriculum should be geared to help young people of drug abuse. He was therefore of the view that small group

discussions, teaching and individual counselling should be provided to both adolescent boys and girls and their parents so that they may learn about drugs, drug abuse and the consequences on the human body".

Continuing, Okon (op cit) wrote that "the widespread uses and abuses of alcoholic beverages in our country, calls for the parents, school staff, communities, governments, other adults and the community agencies to be concerned about their effects on young people in our society." He noted that the drinker may be unaware of the fact that his muscular actions are slowed down, his reflexes impaired and his thinking dulled. The fact that alcohol stealthily produces all these effects is not known by many young people and adults. He further noted that chronic alcoholism is to be looked upon as a disease like any drug addiction, highlighting that it is definitely on the increase among adolescents and youths and in some urban centres, it has reached the proportion of a serious public health concern about which he calls on the curriculum of secondary schools not to overlook.

Okon (1988) further called that the curriculum of the secondary school should also be concerned about the problems associated with smoking among adolescents. It should help students through group and class discussions to know that smoking may produce a steady

health deficit in addition to such catastrophes as heart attacks and lung cancer. He is therefore of the view that the curriculum should help adolescents to know that it is not easy to give up cigarette smoking once the habit is acquired and that it takes good motivation and great self-discipline. This is the reason the secondary school curriculum and teachers should try to control this serious medical problem by persuading adolescents through the curriculum not to take up the habit at all.

He finally concluded, that there is an increasing need for parents, relations and the social agencies to show more concern about young people who take up smoking. He emphasized that schools alone cannot help and train young people. Young people's training is a joint venture and joint responsibility of both the parents and the schools. That the father, mother, the school, mosque, church, community, government and other organisations should work jointly to train, care for, guide and bring up children and adolescents. They should work cooperatively to help adolescents understand the health hazards of cigarette smoking.

From the above discussions, it can be seen that education and guidance have been found to play a key role in the fight against drug abuse, most especially

for those who have started to use drugs. The proper education provides a pathway to successful intervention and treatment by increasing the users' awareness of the dangers connected to drug abuse and by helping them make the choice to stop. Education is also critical in helping parents and educators understand the nature of the problem and consider how best to respond to a particular situation.

Prevention programmes provide a basis for teaching young people to develop healthy behavioural patterns which do not include drug-taking, and for instilling in them a sense of responsibility. It should be noted that drug abuse education should be fully integrated into public and private, religious, or secular, school curricular, with emphasis on the destructive effects of drug use, the encouragement of excellence in teaching, health and overall personal well-being. When fully integrated into the public and private bodies, education should help from among other things to:

1. Arouse public concern and create or mobilize and implement resources to deal adequately with any serious problem of drug dependence/abuse in all its forms. It should be pointed that the proper stimulus must come from community leaders who are aware of these needs and from other

professionals who apply themselves to these needs.

2. Organize frank and forceful public discussions and education, focusing on the futility and inherent dangers in experimentation with drugs and the consequences of any subsequent dependence to act as deterrents.

3. Expand counselling services in schools which could offer more effective and more suitable alternatives to young people for dealing with their problems.

4. Continue with the emphasis on the incompatibilities between a primary punitive approach toward those who experiment with or become dependent on drugs; modern concept of treatment and rehabilitation could lead to further improvement of legislation and enhance the opportunities for the drug dependent person to obtain treatment.

5. That persistent vigilance by law-enforcement agencies in eliminating illegal sources of the drugs needs public support and sufficient means with which to do the job. In this case real crusading may be required before adequate amounts of public funds are devoted to creating and operating effective treatment-

5.7 Recommendations for Further Research

Further studies in a number of areas related to the general issue of drug abuse in Kaduna State in particular and in Nigeria as a whole should provide a rewarding research experience.

There is need for further investigations to ascertain the extent of peer group influence on substance use among students and other youths, because it has been found in the study that peer group, is the strongest influencing factor in substance use among the students. Of significant importance for further research is also the role of the media in influencing adolescent substance use. The media plays a powerful, although still largely unexplored role in influencing adolescent substance use. For example, the recent fallacies in the media that drugs can enhance performance in sports might be another contributing factor in influencing these young adults to resort to drug use most especially when people they admire use drugs. Infact studies have disclosed little evidence that drugs can improve an

athlete's performance without also posing the threat of serious harm. Moreso, the improper use of chemical substances erodes the traditional values and ideal of sports.

Since studies have also shown that environment is known to contribute a great deal to the development of addiction, for example where it has been found that in homes where parents ingest alcohol freely, there is a higher incidence of alcoholism amongst the offspring of such homes, there is a need to investigate further, the level of parental influence on substance use among students.

There is for example, a need to ascertain the effectiveness of law enforcement agencies in the control of drug trafficking, smuggling, peddlings, puwshing etc., in Nigeria. This is because different reports and observations indicate that some of these drugs came in through our own ports and borders. Similarly, contrary to the past and current management of drug abuse in Nigeria, observations have also shown that the law tended

to deal with only its effects and not its causes. Laws have been passed and very little effectively implemented. Even when effective from the start, laws tend to make the culprits sophisticated in their techniques, and as such more laws have to be made to take care of the new techniques.

The problem of reaching adolescents who have dropped out of school and who are at highest risk for substance abuse is even harder to solve. Research is therefore lacking on what kind of prevention and intervention efforts might be effective for this group and how these programmes could be successfully delivered outside the school system. Research in this area will definately provide a rewarding experience. Similarly, very little work has been done on developing treatment programs specifically designed for adolescent substance abusers, who often have multiple behaviour problems. The absence of reliable outcome data for existing programmes means that very little is known about the effectiveness of various treatment approaches. Further research in this area is very much needed.

There is much value to be derived from using a larger sample than was used in this study to further investigate the magnitude of drug abuse among secondary school students and other young adults and even adults in the society. Further studies may also explore the

relevance or otherwise of taking age and sex into consideration in the rate of involvement or predominancy in the substance use.

Finally, since the study is limited to some selected secondary schools and psychiatric hospitals in Kaduna metropolis, it is strongly recommended that replication of this study in some selected secondary schools in the rural areas will provide a basis for comparison between the rate of involvement of drug abuse among students in urban secondary schools and that of students in rural secondary schools.

5.8 Summary

An attempt has been made in this chapter to put in summary the sources of the data and a summary of the research findings of the study. Finally, conclusions were drawn and recommendations based on the findings were made. Areas for further inquiry have been outlined.

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Appendix 1: THE SECONDARY SCHOOL STUDENTS QUESTIONNAIRE

Introduction

" What you are about to read in this booklet is a questionnaire which is part of a research study on Drug Abuse Among Students in Selected Secondary Schools in Kaduna Metropolis and Its Implications for Education and Guidance. Your answer to questions like these will make it possible for not only the medical profession, but also the education policy makers, curriculum planners, counsellors, parents, teachers etc., to develop a more concerted, comprehensive and truly nation-wide effort to reduce the plague of illicit drugs and drug abuse, so as to promote and ensure a healthy, drug-free living for all individuals and societies.

Instruction

It would be highly appreciated if you could respond to the questions below honestly, freely and objectively as you can. Do not regard these questions as an examination. Infact, there are no 'right' or 'wrong' answers. The only answers are the ones that are right for you. Please be assured that any information gathered from you would be treated as confidential. Your name should therefore not appear on any part of the questionnaire.

SECTION A: PRELIMINARIES

1. Name of the School _____

Please indicate with a tick whether your school is:

(a) A day school ☐

(b) A boarding school ☐

(c) Mixed School, i.e. (for both boys and girls) ☐

(d) Or boys only ☐

(e) Or girls only ☐

(f) Both day and boarding schools (boys) ☐

(g) Both day and boarding schools (girls) ☐

2. Your class: (a) Forms 5 ☐

(b) Forms 6 ☐

(Tick only your form)

3. Your age: (a) 10-14 years ☐

(b) 15-19 years ☐

(c) 20 and above ☐

(Tick only the one which applies to you)

4. Sex: (a) Male ☐

(b) Female ☐

(Tick only your sex)

5. Marital Status: (a) Married ☐

(b) Single ☐

6. Tribe _____

SECTION B

(Please remember not to write your name on any part of the questionnaire, as the writer has nothing to do with your name).

Some of the names of drugs are written down below. Please indicate by a tick in the box provided against each drug that you have heard about.

7. a) Alcohol, also known as (giya, burkutu and tsuwara ☐

b) Marijuana, also known as (wee-wee, ganja, grass, Indian hemp or hashish) ☐

c) Cocaine, also known as (snow, snuff, coke or garin-tabar iblis) ☐

d) Amphetamine, also known as (ups, pep pills, wake ups, eye openers, truck drivers, kwaya or sleepless tablets) ☐

e) Barbiturates, also known as (downs, barbs, candy, peanuts, plue devils, seggies, ranb, rainbows or dots). ☐

f) LSD (D-Lysergic acid diethylamide), also known as (acid, sugar or dots) ☐

g) Heroin, also known as (H, harry, horse, junk, dope, shineck, smeck and scag) ☐

h) Any other drug(s) not listed above:

i) _____

ii) _____

iii) _____

8. Below are the same list of illicit drugs listed on question seven (7). Please indicate by a tick in the box provided against each drug that you have <u>seen</u>.

a) Alcohol ☐

b) Marijuana ☐

c) Cocaine ☐

d) Amphetamine ☐

e) Barbiturates ☐

f) LSD ☐

g) Heroin ☐

Please mention other illicit drugs that you have <u>seen</u> but are not listed here:

i) _____

ii) _____

iii) _____

iv) _____

v) _____

9. Below are still the same list of illicit drugs listed on questions seven (7) and eight (8). Please indicate by a tick in the box provided against each drug which you have <u>touched</u>.

a) Alcohol ☐

b) Marijuana ☐

c) Cocaine ☐

d) Amphetamine ☐

e) Barbiturates ☐

f) LSD ☐

g) Heroin ☐

Please mention other illicit drugs which you have touched but are not listed here:

i) _____

ii) _____

iii) _____

iv) _____

v) _____

10. Below are still the same list of illicit drugs listed on questions seven (7), eight (8) and nine (9). Please indicate by a tick in the box provided against each drug which is/are commonly used by secondary school students

a) Alcohol ☐

b) Marijuana ☐

c) Cocaine ☐

d) Amphetamine ☐

e) Barbiturates ☐

f) LSD ☐

g) Heroin ☐

Please mention other illicit drugs which are commonly used by secondary school students but are not listed here:

i) _____

ii) _____

iii) _____

iv) _____

v) _____

11. Below are the same list of drugs listed on questions seven (7), eight (8), nine (9) and ten (10). Please indicate by a tick in the box provided against each drug that you have ever tried.

a) Alcohol ☐

b) Marijuana ☐

c) Cocaine ☐

d) Amphetamine ☐

e) Barbiturates ☐

f) LSD ☐

g) Heroin ☐

Please mention other drugs which you have tried that are not listed here.

i) _____

ii) _____

iii) _____

iv) _____

v) _____

12. If you have ever tried taking the drugs, when did you start? Tick only the one answer which applies to you:

a) Just recently ☐

b) Last year ☐

c) Long ago ☐

13. If you have ever tried taking the drugs, how often do you take the drugs? Tick only one answer which applies to you:

a) Occasionally ☐

b) Anytime ☐

c) Once in a day ☐

d) Many times ☐

14. Where do you usually take the drugs? Tick as many places as it applies to you:

a) In the bus ☐

b) In the Bedroom/room ☐

c) In some uncompleted buildings ☐

d) In the toilets ☐

Other places, write it here:

i)_____

ii)_____

iii)_____

15. What is the usual time for taking the drugs? Tick as many times as it applies to you:

a) At night ☐

b) In the morning ☐

c) In the evening ☐

d) Bedtime ☐

e) Anytime ☐

SECTION C

Please remember not to write your name on any part of the questionnaire, as the writer has nothing to do with your name).

16. Some secondary school students usually have very good reasons for taking drugs. If you have ever tried taking any of the drugs, what was the reason for taking the drugs? You can tick as many reasons as it applies to you:

a) It enables me to stay awake and study ☐

b) It enables me to sleep easily ☐

c) It relieves one from fear ☐

d) It keeps me out of frustration ☐

e) It enables me to feel comfortable among my friends ☐

f) It helps me forget about home and school problems ☐

g) It help me use my leisure time well ☐

h) When it is prescribed for me by a medical doctor ☐

i) When I am sick, even without a doctor's prescription ☐

j) Curiosity to try the drug(s) ☐

*Please state other reasons for taking the drugs:

i) _____

ii) _____

iii) _____

iv) _____

v) _____

17. If you have oever tried taking drugs, what influenced/ motivated you into the habit? You can tick as many factors that influence you:

a) Friend's influence ☐

b) Teachers' influence ☐

c) Parents' influence ☐

d) Through reading novels, magazines, books and watching TV/Video etc. ☐

*Mention other ways that influences you into taking the drugs:

i) _____

ii) _____

iii) _____

iv) _____

v) _____

KASHIM IBR...

SECTION D

(Please remember not to write your name on any part of the questionnaire, as the writer has nothing to do with your name).

18. Below are some of the sources of getting the drugs. If you have ever tried taking the drugs, please indicate by a tick on how you usually obtain the drugs. (You can tick as many sources as your know)

a) In the chemist ☐
b) Hospital ☐
c) Market ☐
d) Peddlers ☐
e) Hawkers ☐
f) At home from parents ☐
g) From the military men ☐
h) From the police men ☐
i) From the prison workers ☐
j) Quacks ☐

*Mention other sources you know that are not listed here

i) _____

ii) _____

iii) _____

SECTION E

(please remember not to write your name on any part of the questionnaire, as the writer has nothing to do with your name).

19. Below are some of the methods or patterns that s students normally used in taking drugs, please if you have ever tried taking any drug, indicate with a tick on how you take the drugs. You can tick as many methods as you used when taking the drugs:

a) By smoking ☐

b) By sniffing ☐

c) Injecting ☐

d) Swallowing ☐

e) Taken in beverages and soft drinks ☐

*Please state other methods or patterns not listed here:

i) _____

ii) _____

iii) _____

20. Do you take the drugs when you are alone or when you are in the company of other people? Tick as many answers as it applies to you.

a) When I am alone ☐

b) When in company with other people ☐

c) Both (a) and (b) above ☐

SECTION F

(Please remember not to write your name on any part of the questionnaire, as the writer has nothing to do with your name)

21. Below are names of some drugs, and under each drug a number of possible effects associated with such drugs are listed. If you have ever tried any of the drugs, please you are required to tick in the column provided whether the effects are True, False or that you don't know.

21. Alcohol	TRUE	FALSE	I DON'T KNOW
a) Drinking of alcohol could make one forget things easily			
b) If taken in much quantity alcohol could weaken one's whole body			
c) Taking of alcohol by motorists could increase the incidence of road accidents			
d) Taking of alcohol in large quantity could lead to abnormal behaviours			
e) Moderate dose of alcohol could increase the rate of heart beat			
f) Alcohol drinking could cause some irritations in the throat as well as stomach			
g) Alcohol taking, might make one unable to walk or talk properly			

		TRUE	FALSE	I DON'T KNOW
h)	Alcoholics could have their hands shaking and their temperature might run very high with serious sweating			
22.	MARIJUANA			
a)	The smoking of marijuana could swollen and redden the eyes of the smoker.			
b)	It could also make the smoker's hands shaky and might be unable to hold things			
c)	Smoking marijuana might lead to such effects like: vomitting, inability to balance/hold one's body and the person could also collapse			
d)	It might also make the smoker to be alert, over-talkative as well as restless with only "one joint" (one roll/mould)			
e)	It could make one to see things as well as hear voices that do not really exist, and			
f)	It could make the smoker experience dryness in his mouth and throat as well as some bad smell in the mouth			
g)	Breathing, rate of heart beat and blood pressure might increase or rise after the use of this drug			

		TRUE	FALSE	I DON'T KNOW
h)	An over dose of cocaine might make the abuser over-excited and might also suffer high temperature, headache, abnormal pains, loss of consciousness and vomitting			
i)	The abuse of the drug could make the user lose some weight and might even appear skinny with bones showing on his body; and			
j)	It could make the hands of the users or even the whole body to be shaking always			
24.	AMPHETAMINE			
a)	A single dose of amphetamine could improve the user's physical performance (e.g. in swimming and running).			
b)	It could also increase the ability to concentrate in reading			
c)	An over dose of amphetamine might make the abuser over excited, restless and even unable to concentrate in doing some activities.			
d)	The abuse of amphetamine could make the abuser lose some weight			
e)	Frequent abusers of amphetamine do not normally take good care of themselves and therefore not even care how they appear			

		TRUE	FALSE	I DON'T KNOW
f)	A person under high influence of amphetamine might believe that he or she can do anything			
g)	The abuse of amphetamine could prevent tiredness and even hunger			
h)	It might also prevent the abuser from sleeping, and			
i)	The abuse of the drug could make the body of the abuser become weak due to lack of sleep and food			
25.	BARBITURATES			
a)	A single dose of the drug could bring about hinderance in one's state of well-being			
b)	Taking of barbiturates by motorists might lead to increased road accidents			
c)	Abusing of barbiturates could make the body of the abuser to be shaking always, therefore unable to hold things properly			
d)	The abuse of the drug could make one to sleep easily or could facilitate sleep			
e)	Breathing and the functions of the heart, muscles could be reduced after the use of the drug			
f)	A personuunder high influence of barbiturates might feel calm and relaxed			

		TRUE	FALSE	I DON'T KNOW
g)	One's mind may change due to over dose of the drug			
h)	the drug may provide a dreamy sleepy feeling of happiness			
i)	A person under high influence of barbiturates might appear and act drunk, it could also make one unable to walk or talk properly, and			
26.	L.S.D.			
a)	It could make one see things and hear voices that do not really exist			
b)	Abusers of LSD may not even be able to recognise colour of things and could also make the abusers to see things (objects) changing in shapes and sizes			
c)	It could make the abusers find it difficult to concentrate in doing some activities and therefore he or she might not think logically			
d)	A person under high influence of LSD might feel that everybody around him or her are planning to harm him or her			
e)	It might also make the user to be alert, ready to take on the world with only "one sniff"			

		TRUE	FALSE	I DON'T KNOW
f)	Taking of LSD in large quantity might make the abuser forget things easily and could also lead to abnormal behaviours			
g)	It could also make the user fearful and aggressive			
h)	It might make the abuser grow restless as well as to feel as it everything around him or her were turning around with only "one dose of LSD"			
i)	A person frequently under high influence of LSD, might be confused on the past, present and future happenings of things, and			
j)	Also a person on high doses of LSD could make him or her feel sick, cold with rapid hear beat and the abuser might run a very serious sweating of hands			
27.	HEROIN			
a)	The user might have a quick feeling of well-being immediately after using the drug.			
b)	It could later on facilitate sleep on the abuser			
c)	An over dose of heroin might make the abuser to behave violently and could also lead to other criminal acts by the abuser			

		TRUE	FALSE	I DON'T KNOW
d)	An overdose of heroin might also cause general weakness and sickness on the body of the abuser			
e)	Since the ability to recognise pain could be decreased, the abuser may cut, burn, or injure himself or herself without realizing that he or she is injured.			
f)	An overdose of heroin could cause severe problem in breathing for the abuser			

Appendix II THE PRINCIPALS/TEACHERS' QUESTIONNAIRE

Introduction

What you are about to read in this booklet is a questionnaire which is part of a research study on Drug Abuse Among Students in Selected Secondary Schools in Kaduna Metropolis and Its Implications for Education and Guidance. The questions require information from you about cases of drug abuse among your students and other matters related to drugs problems in your respective schools, etc. Your answers to questions like these will make it possible for not only the medical profession, but also the education policy makers, curriculum planners, counsellors, parents, principals, teachers, communities and their agencies etc., to develop a more concerted, comprehensive and truly nation-wide effort to reduce the plage of illicit drugs and drug abuse so as to promote and ensure a healthy, drug-free living for all individuals and societies.

Instruction

The writer will highly appreciate your effort if you could kindly respond to the questions below very honestly, freely and objectively as you can. Please be assured that any information gathered from you will be treated as confidential. Your name should therefore not appear on any part of the questionnaire.

1. Your status in the school _____

2. Your age _____

3. Sex: (a) Male _____

   (b) Female _____

4. Qualification _____

5. Marital Status: (Tick only one answer)

   (a) Single ☐

   (b) Married ☐

   (c) Divorced ☐

6. Since your inception into this school as a Principal/ Teacher in the past years, how many cases of drug abuse among your students did you record?

   a) Few cases ☐

   b) Many cases ☐

   c) No proper records ☐

   d) No such incident ☐

7. Below are list of some of the types of drugs that are commonly abused by secondary school students. Please indicate with a tick in the box provided against each type of drug that your students are commonly abusing:

   a) Alcohol ☐

   b) Marijuana ☐

   c) Cocaine ☐

   d) Amphetamine ☐

e) Barbiturates ☐

f) LSD ☐

g) Heroin ☐

*Please mention other types of drugs which are commonly used by your students but are not listed here;

i)_____

ii)_____

iii)_____

8. What are the ways through which the incidence of drug abuse among students used to get to your notice or is being reported to you?

a) by your own personal investigations ☐

b) By their parents ☐

c) By the prefects ☐

d) By the teachers ☐

e) By the police ☐

*By Others (please specify)_____

_____

9. Is there an increase in the number of drug abuse cases among your students?

a) Yes ☐

b) NO ☐

10. What do you think are the main reasons why students do take drugs inappropriately?

a) It enables them to stay awake and study /☐/

b) It enables them to seeep easily /☐/

c) Because of the curiosity to try the drugs by the students /☐/

d) It enables them to feel comfortable among their friends (peers /☐/

e) To escape from psychic stress and other problems /☐/

f) It helps them to forget about their home and school problems /☐/

g) Due to the availability of the drugs within the reach of the students /☐/

•Please state other reasons why you think secondary school students take to drug abuse:

i)_____

ii)_____

iii)_____

iv)_____

v)_____

11. Some of the main sources through which secondary school students usually obtained drugs are listed below. (Please tick as many sources as you know).

a) In the chemist /☐/

b) In the market ☐

c) From the peddlers ☐

d) From hawkers ☐

e) At home from their parents ☐

f) From the military men in the barracks ☐

g) From the police men in the barracks ☐

h) From the prison warders in the barracks ☐

i) From quacks ☐

*please mention other sources you know that are not listed here:

i) _____

ii) _____

iii) _____

iv) _____

v) _____

12. Below are some of the methods that students normally used in taking drugs. Please indicate with a tick the methods that is common among your students. You can tick as many methods as you know:

a) Through smoking ☐

b) Sniffing ☐

c) Through injection ☐

d) Swallowing the drugs ☐

e) Taken with soft drinks, etc. /__/

*Please mention other methods not listed here

i)_____

ii)_____

iii)_____

13. Are the students usually caught taking the drugs while alone or in groups with their peers? Please specify:

i)_____

ii)_____

iii)_____

iv)_____

v)_____

14. What do you think are the likely effects associated with different types of drugs being abused by the students?

a)_____

b)_____

c)_____

d)_____

e)_____

f)_____

15. Please specify which age-group among secondary school students are mostly involved in the abuse of drugs in your school.

_____

16. Please specify which sex predominate the other in the abuse of drugs among the students in your school

_____

17. Mention at least five (5) important ways in which the abuse of drugs can be reduced or prevented among secondary school students:

a) _____

b) _____

c) _____

d) _____

e) _____

Appendix III HOSPITAL PERSONNEL QUESTIONNAIRE

Introduction

What you are about to read in this booklet is a questionnaire which is part of a research study on Drug Abuse among Students in Selected Secondary Schools in Kaduna Metropolis and Its Implications for Education and Guidance. The questions require information from you on: (a) the age group of most drug abusers in this hospital; (b) the types of illicit drugs commonly abused by the inmates; (c) whether the inmates usually respond to treatment; (d) your own personal experience on the degree of the effects and agreement of drug abuse on the individuals who abuse them on certain issues; (e) some of the major advice you would like to give to secondary school students about the inherent dangers associated with illicit drug taking etc. Your answers to questions like these will make it possible for not only the medical profession, but also the education policy makers, curriculum planners, counsellors, parents, teachers, communities and their agencies etc., to develop a more concerted, comprehensive and truly nation-wide effort to reduce the plague of illicit drugs and drug abuse so as to promote and ensure a healthy, drug-free living for all individuals and societies.

Instruction

The writer will highly appreciate your effort if you could kindly respond to the questions below very honestly,

freely and objectively as you can. Please be assured that any information gathered from you will be treated as confidential. Your name should therefore not appear on any part of the questionnaire.

1. Name of the hospital _____

2. Your status _____

3. Age _____

4. Sex: (a) Male _____

   (b) Female _____

5. Qualification _____

6. Marital Status: (Please tick the one that applies to you)

   (a) Single ☐

   (b) Married ☐

   (c) Divorced ☐

7. How many drug addicted students are admitted here from 1985-1990?

   a) 1985 _____

   b) 1986 _____

   c) 1987 _____

   d) 1988 _____

   e) 1989 _____

   f) 1990 _____

8. From diagnosis and treatment what types of drugs that are commonly tried by the secondary school students have you seen?

i) _____

ii) _____

iii) _____

iv) _____

v) _____

9. Is there an increase in the number of drug abuse patients being admitted here for treatment?

Yes ☐

No ☐

10. If Yes, please could you identify the main factors which usually make students to take the drugs inappropriately?

i) _____

ii) _____

iii) _____

iv) _____

v) _____

11. How are the addicts brought for treatment?

a) By himself/herself ☐

b) By the police ☐

c) By parents ☐

d) By others, please specify ☐

_____

12. Does the addicted patient disturb the hospital authority and others while in bed?

Yes ☐

NO ☐

13. If Yes, what is the nature of the disturbance?

_____

_____

14. Apart from this hospital, is there any other place outside the metropolis where treatment or reference can be made? Please specify:

_____

_____

15. From your experience, please identify some of the main sources through which the students obtain the drugs:

i) _____

ii) _____

iii) _____

iv) _____

v) _____

16. Below are some of the methods or patterns through which people used in taking drugs inappropriately. please indicate with a tick the method that is common among students (patients) brought to your hospital.

a) By smoking ☐

b) By sniffing ☐

c) Through injection ☐

d) By eating ☐

e) Taken in beverages and soft drinks ☐

*Please state other methods or patterns not listed here:

i) _____

ii) _____

iii) _____

iv) _____

v) _____

17. What type of treatment is usually given to the drug abusers (patients)?

_____

_____

_____

_____

18. How long does it take for a drug abuser (patient) to be completely cured?

a) 1-6 months ☐

b) 7-12 months ☐

c) 1-2 years ☐

d) If different from the above please specify

_____

_____

19. Do they generally respond to treatment?

a) Yes ☐

b) No ☐

20. Are there sufficient personnel, equipment and other resources in this hospital to help handle drug abuse patients and other drugs related problems effectively?

a) Yes ☐

b) No ☐

21. If Yes, what are these resources?_____

_____

_____

22. Is it possible for the addicted patients to recover their normal state of health?

a) Yes ☐

b) No ☐

23. If Yes, give reasons please_____

_____

_____

24. What do you think are the likely effects associated with different types of drugs commonly abused by the secondary school students?

a)_____

b)_____

c)_____

d)_____

e)_____

25. Please specify which age-group among secondary school students are mostly involved in the abuse of drugs in your hospital

_____

26. Please specify which sex predominate the other in the abuse of drugs among the secondary school students in your hospital;

_____

27. What are some of the major advice would you ike to give to the secondary school students about the inherent dangers associated with taking of drugs inappropriately?

_____

_____

28. Mention at least five (5) important ways in which the inappropriate taking of illicit drugs can be reduced or prevented among secondary school students.

a) _____

b) _____

c) _____

d) _____

e) _____

APPENDIX IV

AHMADU BELLO UNIVERSITY, ZARIA, NIGERIA
DEPARTMENT OF EDUCATION

Vice-Chancellor: Professor A.N. Mohammed,
B.Sc., D.A.P. & E. (Lond.), Ph.D. (ABU), F.N.S.P.

Head of Department: F.O. Ogunlade
B.A. (Ibadan) M.A. (Ibadan) Ph.D (Birmingham U.K.)

Telephone: 069/32692
Telegrams: UNIBELLO ZARIA

Our Ref:

Your Ref:

T.S. Chevalier, T.S.C.

Professor A.H. Ahmed
Department of Psychiatric,
Ahmadu Bello University
Teaching Hospital,
Kaduna.

Dear Sir,

Please the bearer, Mr. Kani Kaabo, is our Master of Education student, Guidance and Counselling Section. He is doing a Master's thesis on "Drug Abuse" among youths in Nigeria. He needs information from your section and empirical work on the issue of drug abuse problems in Nigeria. Your personal help will enrich his literature review and his entire research work in this area.

I shall be grateful, Sir, if you will spare some time to help him, thanks.

Yours truly,

Dr. S. E. Okon
Head, Guidance Section.

APPENDIX V

AHMADU BELLO UNIVERSITY, ZARIA, NIGERIA
DEPARTMENT OF EDUCATION

Vice-Chancellor: Professor A.N. Mohammed,
B.Sc., D.A.P. & E. (Lond.), Ph.D. (ABU), F.N.S.P.

Head of Department: F.O. Ogunlade
B.A. (Ibadan) M.A. (Ibadan) Ph.D (Birmingham U.K.)

Telephone: 069/32692
Telegrams: UNIBELLO ZARIA

Our Ref:

Your Ref:

2nd March, 1990

Professor A.H. Ahmed
Department of Psychiatric
Ahmadu Bello University
Teaching Hospital
KADUNA

Dear Sir,

The bearer, Mr. Sani Sambo, is our student pursuing a Master of Education degree in Guidance and Counselling. He is now working on a thesis proposal in the area of drug abuse among secondary school students in Kaduna metropolis. I shall be grateful to you if you will find some time to go through his proposal and the questionnaires.

Thanking you for your cooperation.

I am,
Yours truly,

Professor S.E. Okon

APPENDIX VI

AHMADU BELLO UNIVERSITY, ZARIA, NIGERIA
DEPARTMENT OF EDUCATION

Vice-Chancellor: Professor A.N. Mohammed,
B.Sc., D.A.P. & E. (Lond.), Ph.D. (ABU), F.N.S.P.

Head of Department: F.O. Ogunlade
B.A. (Ibadan) M.A. (Ibadan) Ph.D (Birmingham U.K.)

Telephone: 069/32692
Telegrams: UNIBELLO ZARIA

Our Ref:

Your Ref:

5th April, 1990

Dear Sir/Madam,

TO WHOM IT MAY CONCERN

Please, the bearer, Mr. Sani Sambo, is a graduate student in our Department. His major field of study is Guidance and Counselling. He has just completed his course work and is about to defend his thesis proposal. We in the Department shall be grateful if you will permit him to administer his questionnaires to; (a) a selected number of your S.S. Two and S.S. Three students, (b) a selected number of your teachers and (c) the hospital personnel (which ever applies to you please). This particular exercise is a pilot study.

We shall appreciate if you, your staff and students will cooperate with the bearer so that the exercise may end well.

Thanks for cooperation.

Yours truly;

Professor S. E. Okon
Head, Guidance and Counselling

AHMADU BELLO UNIVERSITY, ZARIA, NIGERIA
DEPARTMENT OF EDUCATION

Vice-Chancellor: Professor A.N. Mohammed,
B.Sc., D.A.P. & E. (Lond.), Ph.D. (ABU), F.N.S.P.

Head of Department: F.O. Ogunlade
B.A., (Ibadan) M.A. (Ibadan) Ph.D (Birmingham U.K.)

Telephone: 069/3
Telegrams: UNIBELLO ZA

Our Ref:

Your Ref:

4th June, 199

The Director General
Ministry of Education
Kaduna,

Dear Sir,

COLLECTION OF RESEARCH DATA

The bearer SANI SAMBO is conducting research in A STUDY OF DRUG ABUSE AMONG STUDENTS IN SELECTED SECONDARY SCHOOLS IN KADUNA METROPOLIS: IMPLICATIONS FOR EDUCATION AND GUIDANCE.

For the degree of M.Ed (GUIDANCE AND COUNSELLING)

The Faculty of Education will be grateful if you could permit Him/her to conduct classroom experimentation/collect data at your Ministry.

Thank you for your continued cooperation with us.

Yours sincerely

Dr.A.I. Ikeotuonye
(Coordinator)
Postgraduate Studies Committee.

APPENDIX VIII 320

AHMADU BELLO UNIVERSITY, ZARIA, NIGERIA

Vice-Chancellor: Professor A.N. Mohammed,
B.Sc., D.A.P. & E. (Lond.), Ph.D. (ABU), F.N.S.P.

Head of Department: F.O. Ogunlade
B.A., (Ibadan) M.A. (Ibadan) Ph.D (Birmingham U.K.)

Telephone: 069
Telegrams: UNIBELLO

Our Ref:

Your Ref:

4th June, 1990

The Director General
Ministry of Health
Kaduna.

Dear Sir,

COLLECTION OF RESEARCH DATA

The bearer SANI SAMBO is conducting research in A STUDY OF DRUG ABUSE AMONG STUDENTS IN SELECTED SECONDARY SCHOOLS IN KADUNA METROPOLIS: IMPLICATIONS FOR EDUCATION AND GUIDANCE.

For the degree of M.Ed (GUIDANCE AND COUNSELLING)

The Faculty of Education will be grateful if you could permit Him/her to conduct classroom experimentation/collect data at you Ministry.

Thank you for your continued cooperation with us.

Yours sincerely

Dr. A.I. Ikeotuonye
(Coordinator)

APPENDIX IX

AHMADU BELLO UNIVERSITY, ZARIA, NIGERIA
DEPARTMENT OF EDUCATION

Vice-Chancellor: Professor A.N. Mohammed,
B.Sc., D.A.P. & E. (Lond.), Ph.D. (ABU), F.N.S.P.

Head of Department: F.O. Ogunlade
B.A. (Ibadan) M.A. (Ibadan) Ph.D (Birmingham U.K.)

Telephone: 069/32692
Telegrams: UNIBELLO ZARIA

Our Ref:

Your Ref:

4th June 1990

Ahmadu Bello University
Teaching Hospital, Kaduna

Dear Sir,

COLLECTION OF RESEARCH DATA

The bearer SANI SAMBO is conducting research in A STUDY OF DRUG ABUSE AMONG STUDENTS IN SELECTED SECONDARY SCHOOLS IN KADUNA METROPOLIS: IMPLICATIONS FOR EDUCATION AND GUIDANCE.

For the degree of M.Ed (GUIDANCE AND COUNSELLING)

The Faculty of Education will be grateful if you could permit Him/her to conduct classroom experimentation/collect data at your Ministry.

Thank you for your continued cooperation with us.

Yours sincerely

(Dr. A.I. Ikedtuonfe
Coordinator)
Postgraduate Studies Committee.

APPENDIX A

Ref.NO. NCE/STA.3/VOL.I/127
Ministry of Education
P.M.B. No. 2017,
Kaduna State,
Kaduna.

Date: 4/6/.....19.90.

The,
Some selected
Schools (Post Primary)
in Kaduna metropolis.

PERMISSION TO CONDUCT A RESEARCH.

The Bearer Mallam/Mr/Miss/Mrs/Messrs: Sani Sambo.....is a Student from A.B.U. Samaru - Zaria
is conducting a research on A Study on Drug Abuse A Students in Selected Sec. Schools in Kaduna Metr
for the award of M.Ed. Guidance and Counselling

I am directed to convey the Ministry of Education approval to you for the above mentioned program.

Give ~~Her~~/Him maximum cooperation.

Signed: .....
Officer's Name: ISHAKU A. AMBI
Designation: STATISTICS OFFICER
Date: 4TH JUNE, 1990

( )
For: Hon. Commissioner,
Ministry of Education,
Kaduna State,
Kaduna.

Appendix XI: CHI SQUARE TEST FOR TIME OF DRUG TAKING BY THE STUDENTS

TIMES	AT NIGHT		IN THE MORNING		IN THE MVENING		BED TIME		ANY TIME		NO RESPONSE	
	81	66.3	36	66.3	59.	66.3	28	63.3	69	66.3	207	125
	14.7	216.09	-030.3	918.09	-7 3	53.29	-38.3	1466.9	2.7	7.29	58.7	3445.7

$\frac{216.09}{66.09}$ $\frac{918.09}{66.3}$ $\frac{53.29}{66.3}$ $\frac{1466.9}{66.3}$ $\frac{9.29}{66.3}$ $\frac{3445.7}{66.3}$

0.3 + 13.8 + 0.8 + 22.1 + 0.1 + 51.9

$\$^1$ = 89•

DR = • Significant at P .05