SUBSTANCE USE AMONG OUT-OF-SCHOOL ADOLESCENTS IN BWARI AREA COUNCIL OF THE FEDERAL CAPITAL TERRITORY ABUJA

BY

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DECLARATION

It is hereby declared that this work is original unless otherwise acknowledged. The work has not been presented to any other college or submitted elsewhere for publication.

_____ _____

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CERTIFICATION

This dissertation titled **"Substance use among out-of-school Adolescents in Bwari Area Council of the Federal Capital Territory, Abuja"** meets the regulation governing the award of the degree of Master in Public Health (MPH) of Ahmadu Bello University, Zaria, and is approved for its contribution to knowledge and literary presentation.

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DEDICATION

This work is:

Dedicated to all adolescents who struggle everyday

With the problems of substance abuse.

For future health and preservation of mankind.

ACKNOWLEDGEMENT

I hereby wish to acknowledge with great sincerity and humility the indispensable assistance rendered to me during the course of this dissertation. A big thank you to,

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SUMMARY

Substance use among adolescents has become one of the most disturbing health related phenomena world wide, with consequent physical, social and or mental complications. This menace could ruin the life and future of our youths, community and the nation in general. United Nations Children Fund estimates that globally, there are about 120 million out of school adolescents and 20 million of them live in the sub-Saharan Africa. Although there is no known statistics for out of school adolescents in Nigeria, but national population commissions census of 2006 documented that 48% of the national population are under the age of 18 years. UNICEF also reported in 2005 that 7.3% of school age children in Nigeria are not in school. Presently poverty, political instability, social unrest and internally displaced persons problem have further increased the number of out of school adolescents in Nigeria. Adolescents impaired by substances are at risk of injury, falls, car crashes, drowning and being used as ready tools to unleash violence and terror during episodes of political and religious crisis, which has been quite frequent in northern Nigeria. This study was undertaken to establish the types, nature, factors associated with and prevalence of substance use among out of school adolescents in Bwari Area Council of the Federal Capital Territory, Abuja.

A descriptive cross-sectional study was employed to generate data on 400 respondents. A multi-stage sampling technique was used to collect quantitative data using a modified pretested interviewer administered WHO questionnaire. Qualitative data was also generated using focus group discussions.

A total of 400 out of school adolescents aged 10-19 years were studied. Out of whom, majority (74.5%) were males. The mean duration of schooling of the respondents was found to be 5.5 ±2.8 years. About half (56.8%) of them lived with both parents until 19 years. A little more than a quarter (28.1%) were unemployed and only 42.8% had a legal source of income. The prevalence of substance use was 44.8%. Out of the 179 respondents who had ever used a substance in their lives, nearly all (96.1%) of them had used a month prior to this study. The commonest substances used by subjects were tobacco, alcohol, cannabis and opiates with multiple drug usage at the same time. There was a statistically significant association between age and substance use (χ^2 =10.82, df =1, p< .001) and also control of leisure time and substance use (χ^2= 45.73, df = 1, p< 0.001). The study revealed that factors, which influenced substance use among the study population, include peer group influence, availability, accessibility, family members

using and lack of supervision, as well as poverty, and lack of constructive leisure time activity as reasons for substance use. The consequences of their use are dangerous to the adolescents, community and the nation in general.

The prevalence of substance use is quite high in this often neglected and poorly educated group of adolescents. There is an urgent need for policy makers to recognize and curtail this menace.

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LIST OF ABBREVIATIONS

BBC	-	British Broadcasting Corporation
CHEWS	-	Community health extension workers
DHS	-	Demographic and health survey
FCT	-	Federal Capital Territory
FGD	-	Focus Group Discussion
FHI	-	Family Health International
INCB	-	International Narcotics Control Board
JAMB	-	Joint Admissions and Matriculation Board
NAFDAC	-	National Agency for Food, Drug Administration and Control
NDLEA	-	National Drug Law Enforcement Agency
NIDA	-	National Institute on Drug Abuse
NYSC	-	National Youth Service Corps
OTC	-	Over the Counter
PCP	-	Phencyclidine
SAMHSA	-	Substance abuse and Mental Health Services Administration
SPSS	-	Statistical Package for Social Sciences
SUD	-	Substance Use Disorder
UN	-	United Nations
UNESCO	-	United Nations, Educational, Scientific and Cultural Organization
UNFDA	-	United Nations Fund for Drug Abuse
UNICEF	-	United Nations Children's Fund
WB	-	World Bank
WHO	-	World Health Organization

CHAPTER ONE

INTRODUCTION

Substance use among adolescents worldwide is a significant societal problem that has drawn major concern from different individuals and groups.[1-3] In the last two decades, the use of alcohol, tobacco, marijuana, inhalants, prescription and over the counter drugs and other illicit substances has become a rapidly growing problem globally, most especially in developing countries like Nigeria, where adolescents are found to be the major group involved.[4-6]

Adolescence is a period of transition from childhood to adulthood (usually from 10-20years) and this spans across three distinct periods, early (10-13 years), middle (14-16 years), and late (17-20 years) and beyond[7]. Each of this period is marked by a characteristics set of salient biological, psychological and social issues.[8] The use of substances constitutes one of the most important risks taking behaviour among adolescents, because this critical period in life is marked by several stages of human growth and development (physical, emotional, mental, psychological etc).[9] It is well established that regular use of substances during the teenage years increases the likelihood of developing a Substance Use Disorder (SUD).[10] This is usually associated with a number of adverse consequences, such as increased medical and mental health problems, disciplinary problems, absenteeism and most often leads to unintentional injury or death..[11,12] Despite world wide concern and education about psychoactive substances, many adolescents have limited awareness of their adverse consequences.[13] Curiosity, peer group influence, and social pressure are reported to be the primary reasons for substance use.[14,15]

Surveys suggests that in both in and out of school adolescents, the socially acceptable substances or the so called "gate-ways drugs" like alcohol and tobacco are commonly used and this usually paves the way for the use of illicit substances.[16,17] Though there is continued and sometimes exclusive emphasis on the dangers and problems associated with illegal drug use, the most prevalent drugs of abuse among adolescents are legal within the Adult Nigerian Society i.e. Alcohol and Cigarettes. Adolescents impaired by alcohol and other drugs are at risk of injury, car crashes, falls, drowning, suicide, unleashing violence and looting during episodes of political, religious or ethnic riots, which have been quite frequent in Northern Nigeria.[2,18]

Adolescent also engage in non medical use of over the counter (OTC) and prescription medications, especially syrups and tablets of cold preparations containing stimulant-based compounds like ephedrine and dextromethorphan, which when taken in large amounts, can produce hallucinations and other dissociative experiences similar to those caused by PCP and "Special K". The Drug and alcohol treatment Education and rehabilitation unit of the Federal Neuro Psychiatric Hospital in Kaduna, reported that over 6 million bottles of Codeine are sold on a daily basis in the North-west part of Nigeria.[19] National Drug Law Enforcement Agency's (NDLEA) report of 2010 also shows that over 11% of Youth in the North-west use drugs. SAMHSA reported that in 2006, 3.7% of youths aged 12-17years admitted abusing OTC cough and cold medication at least once in their lifetime and 9.7% of them have used pain medications such as vicodin.[20] In 2005, among respondents who reported substance use in a national sample of young adult in the United States, in the past year, 50% of them obtained their drugs from a friend or relative free of charge. Another 11% reported buying their drugs from a

friend or relative and 3.8% reported taking them from a relative or friend without asking.[21]

The large size of non-student population in developing countries and their probable exposure to risk of drug abuse constitutes a major loss of a productive human resource for the Nation. Experiences from many studies of drug use indicates that substance users are most likely to be alienated from families, out of school and away from home or in situations where parental controls are relaxed and their peers are using drugs.[22,23] Also certain occupations, such as those connected with long distance traveling, drug manufacture and sale, carry a high risk for young people. These difficult living circumstances encourages a sense of hopelessness, which could promote involvement in dangerous activities such as becoming ready tools in the hands of criminal elements, involvement in riots, vandalism and self destructive behaviors such as substance use.[24,25]

Substance use for the purpose of this study refers to any natural or synthetic substance (licit or illicit), which can modify or alter mental functions. Due to the availability and acceptability of traditional substances like local alcoholic brews and cigarette, over the counter drugs, most studies of substance use in this environment screen for both licit and illicit substances.[25] These substances were defined and classified into three classes by Odejide and Morakinyo in 2004 as including psychotherapeutic drugs like benzodiazepines and opiates, illicit drugs like cannabis and cocaine, and socially acceptable substances like alcohol, tobacco and kolanut.[26]

1.1 Problem Statement

Substance use among adolescents is a serious public health issue that has affected almost every family and community in some way.[27] Furthermore, the years of potential life lost attributable to substance use related diseases will continue to increase, if we do not target interventions to prevent substance use initiation among Youths.[28]

A Southern Brazilian study found that 58% of street children (6-18 years) use tobacco and alcohol on a daily basis. Inhalants were the preferred substances for experimental use with a prevalence of 40%.[29] Adolescents in child welfare services in Southern California were found to have a prevalence rate of social substances use of 47.7% and illicit substance use of 17.4%. [30]In the United States, a survey by SAMHSA and NIDA, reported that 33-39% of 12-17years olds are using illicit substances (particularly marijuana, alcohol and inhalants) and initiation of use is occurring at an ever younger age.[31]

In the United Kingdom, a cross sectional study has shown that among 15-16years olds, at least 40% had used illicit drugs, mainly cannabis at some time in their lives. Among 16-24years olds, 38% of males and 5% of females regularly drink twice the recommended safe level of alcohol.[32]A study conducted in Delhi, on street children aged 6-16years old, found 57.4% of the subjects had used some substance in their lives. Nicotine had the highest prevalence of 44.5%, inhalants 24.3%, alcohol 21.8% and cannabis 26.4%. [33]Previous studies in Zimbabwe among youths have reported lifetime marijuana use prevalence of 3.4-12.1%.[34]

Similarly, a study of out of school adolescents aged 11-20years in Jos, Plateau State, found a lifetime alcohol consumption of 38% among respondents.[35] In a North-eastern Nigeria study of street children, a 66.2% prevalence of drug use was found, which were mainly stimulants 49.7%, volatile solvents 21.5%, cigarettes 19.1% and cannabis 18.5%. [36]Another study done on out of school adolescents in a local government in Oyo State, Nigeria, found 20.5% of the youths have used tobacco atleast once in their lifetime and 11.6% of them are currently using.[37] A Lagos State study among 55 area boys and girls in rehabilitation found 89% of them use heroin and 73% are cocaine users.[38] Also a study in Enugu on street children, found a 38% prevalence of substance use.[39]

1.2 Justification

Due to the large size of non-student youth population in developing countries, it is important to know some of their problems. As young people seek to become established and achieve independence from their parents, they experience some problems, such problems are likely to be greater among non students who do not have the support of schools and teachers or their parents, since they frequently move away from home. A United Nations Interregional seminar on "The Problems of Early School Leavers" concluded that, the non-student youths are more susceptible to feelings of alienation, low self-worth, and resentment than those who have been successful at school, and these make them more at risks for drug use, delinquency, mental illness and other social ills.[1]

Much knowledge on adolescent substance use come from studies of school populations or are either institutional or hospital based.[40-43] To date, there have been few studies of drug use among out of school youths and these were mostly carried out in developed countries. However majority of these out of school adolescents live and make up an important

segment of the youth population especially of developing countries and they have seldom been studied.[1,11] UNICEF estimates that world wide, there are some 120 million children who are out of school and slightly more than half of them are girls.[44] There are also about 100 million street children globally with regional estimates of 40 million in Latin America 25 to 30 million in Asia and about 20 million of them are in sub-Saharan Africa.[45,46] Although there are no known statistics for out of school youths in Nigeria, but with an estimated population of 140 million by 2006 census, it is known that children of under 18years of age made up nearly 48% of the estimated country'spopulation.[47] UNICEF also reported in May 2005 that over 7.3% of Nigerian children of school age were not in school.[48]

Presently, poverty, political instability, social unrest and internally displaced persons problems in Nigeria, have further increased the number of out of school adolescents. It is obvious that school based surveys provide prevalence of substance use in adolescents but miss many of those youths most likely to be drug users. These are the street children, homeless youths and other high risk adolescents not found in the school environment. Therefore, there is the need to study these groups of out of school adolescents hence, the justification for this study.

1.3 Aim

To determine the types, nature, and factors associated with substance use among out of school adolescents in Bwari Area Council of the Federal Capital Territory.

1.3.1 Specific objectives

i. To determine the prevalence of substance use among respondents.

ii. To determine the types, form or nature in which these substances are used.

iii. To assess the factors which determine substance use among respondents.

iv. To determine the unwanted effects of the substance use among respondents.

CHAPTER TWO

LITERATURE REVIEW

2.1 What is Substance Use?

Since the early times, herbs, leaves and plants have been used to heal and control diseases. The use of drugs in itself does not constitute any danger, because drugs correctly administered have been a blessing. The use of drugs could be beneficial or harmful depending on the mode of use. The term substance use applies to the illegal non-medicinal use of a limited number of substances, most of them drugs, which have properties of altering the mental state in ways that are considered by social norms and defined by statue to be inappropriate, undesirable, harmful, threatening or at a minimum "culture alien.[49] Substance use is also the arbitrary overdependence or misuse of one particular drug with or without a prior medical diagnosis from qualified health practitioners that interferes with a healthy and productive life.[50] It can also be the abuse of prescription or over the counter drugs for purposes other than those which they are indicated for or in a manner or quantities other than directed.[51]

Drugs refer to substances that could bring about a change in the biological function through its chemical actions that modifies perception, cognition, mood, behavior and general body function.[52] Drugs alter the body functions either positively or otherwise depending on the composition of the user, the type of drug used, the amount used and whether used singly or with other drugs at the same time.[53] The most commonly abused substances by adolescents were defined and classified into three classes by Odejide and Morakinyo in 2004 as including the socially acceptable substances like alcohol and tobacco which are described as the "gate-ways" drugs for adolescents because they

usually pave the way for the use of illicit substances.[16,17] Alcohol is particularly harmful in youths, because they can consume large amounts quickly in a short period of time and this can result in alcohol poisoning.[54] Tobacco can be used in the form of cigarettes, cigars, pipes, or smokeless tobacco. Using tobacco at a young age increases the risk of addiction and later health problems.[54] Pawpaw leaves gadagi (a substance resembling tea leaves) can also be smoked or drunk by adolescents.[19]

The second class of substances includes illicit substances like marijuana, methamphetamine, cocaine, heroin, inhalants, etc. Marijuana is the most common illicit drug used by teens. It is sometimes called a gateway drug because it tends to be the first illegal drug teens use. Users roll it into a cigarette "joint", put it into an emptied cigar casing blunts, and then smoke it in a pipe or a water-pipe "bong". It can also be baked into food and eaten or mixed in tea.[55] Speedball or power balling, refers to the hazardous intravenous use of heroin or morphine and cocaine together in the same syringe. Speed ball can also be taken by insufflation.[56] Crystal methamphetamine, cocaine and heroin can be injected, smoked, snorted, sniffed or absorbed on the gums.[57] Volatile substances, solvents or inhalants, comprises a wide variety of substances, which can be fumes from petrol, glue, nail polish, paint, gases in pressured tanks or bottles, aerosols, chemicals to dilute paints, bases of gutter, lizard dunk, dried human feces etc. They are normally easy and cheaper to afford.[4,58] According to users, aerosols can be spread onto bread and eaten, small bottles of inhalants such as correction fluids can be inserted into nostrils. Lizard excrement can be mixed with robin blue powder or used as a part of a cocktail containing fabric brightener, medical herbs and seeds of zagami.[19] These are usually inhaled in

seven different ways, namely sniffing, huffing, bagging, spraying, pouring and by using balloons and crackers.[57]

The third class of substances are psychotherapeutic drugs like benzodiazepines, opiates, sedative-hypnotic drugs, over the counter drugs etc. These are frequently misused and diverted to abuse from legitimate prescribing practices. These have seen a large increase among teenagers.[57] The abuse of prescription medicines has gone beyond "practically all illicit drugs" with the exception of cannabis. It has also outstripped traditional illegal drugs such as heroin and cocaine.[57] In the United state, the number of people who abuse prescription drugs nearly doubled from 7.8 million in 1992 to 15.1 million in 2003.[57] Commonly abused over the counter medications include cold preparations containing stimulant-based compounds like ephedrine and dextromethorphan. Which when taken in large amounts can produce hallucinations and other dissociative experiences, similar to those caused by hallucinogens like pcp and ketamine (special K).[2] In Nigeria over 6 million bottles of codeine are sold on a daily basis in the Northwest part of the country.[19] In 2006 SAMHSA, reported that 3.70% of youths aged 12-17 admitted abusing over the counter cold and cough preparation. Adolescents also abuse vicodin, oxycontin, and other opiates prescribed for pain management. 9.70% of 12-17 year olds reported using them atleast once in their lifetime and 2.70% used in the past month.[2]

2.2 Who is an Out of School Adolescent?

Adolescence is the process where by an individual makes the gradual transition from childhood to adulthood.[59] An adolescent is a young person between the ages of 10 and 20 years old. They are usually categorized into three groups. Early adolescents (10-13 years), middle adolescents (14-16 years) and late adolescents (17-20 years).[7] Each of this

period is marked by a characteristic set of salient biological, psychological and social issues.[8] The term "out of school adolescent" is used to define several groups of young people that have dropped out of school, never attended school, or who participate in non formal school programs.[44] Youths who do not attend school or who drop out prematurely, do not just miss many of the fundamentals of basic education like reading, science, writing skills, mathematics etc., but lose a valuable opportunity to learn about substance use and other health issues in a stable and credible environment (the class room). Such youths are vulnerable to misinformation from unreliable sources or possibly never learn about the issues at all.[44] While, some parents fulfill their roles as educators by openly discussing these issues with their children, others avoid the topic because of lack of knowledge.

Basically, there are two types of out of school adolescents. The mainstream and the socially marginalized out of school youths. The mainstream youths come from intact, caring families that either cannot or choose not to send their children to school. These youths may connect with alternative education or vocational programs or with sports or community groups. They may have some of their basic needs met and may have family support. Examples of these youths are married adolescents, adolescents in rural areas, youths from economically constraint homes and girls who drop out of school due to pregnancy. The socially marginalized adolescents are those that live under the most challenging conditions. These youths often have weak or no ties to their families, lured or abducted from their families, or sold into bonded labor. Their poverty forces them to endure situations like discriminations, exploitation, social isolation and put them at risk

of alcohol and drug use.[44] Examples of these youths are street children, adolescent sex workers, orphans, drug users etc.

2.2.1 Magnitude of out of school adolescents

World wide, United nations estimates that 404 million youths under the age of 18 or 38% of youths in less developed countries do not attend school.[60] A recent analysis estimates that more than 37 million adolescents aged 10-14 years in sub Saharan Africa will not complete primary school, which is nearly twice the entire population of primary schools in the United States.[44] The demographic and health survey (DHS) data from 26 sub-Saharan countries found that although the educational disparity between boys and girls is declining, the gap in school attendance between children from the poorest and richest families is rising. Also 27 million children affected by armed conflict and internally displaced persons do not have access to formal education.[44] In North Africa, the Middle East, and Asia, one fourth to one half of girls on average receive basic education. In Burkina Faso, Guinea, Mali and Niger Republic, only one in five girls aged 11-15 years is in school and 40% of boys are not in school. In Uganda, a 2001 study of education in the country, found that among 15-19 year olds, only 11% of young women completed primary school and less than 1% completed secondary school.13% of males completed primary school while less than 1% completed secondary school.7% of 15-19 year olds never attended school.[44] Though there are no known statistics for out of school youths in Nigeria, but with an estimated population of 140 million by 2006 census, it is known that children of under 18 years of age made up nearly 48% of the estimated country's population.[47] UNICEF also reported in May 2005, that over 7.3% of Nigerian children of school age were not in school.[48]

2.2.2 Problems of out of school adolescents

United Nations estimates the worldwide population of street children at 150 million. 40% of these children are homeless and are either orphans or can no longer rely upon their families for basic support. The other 60% work on the streets to help support their families. These youths work in activities such as picking up garbage, hawking small goods, washing cars, shining shoes or begging.[44] Out of school youths have many of the same needs as other youths, including the need for shelter, a sense of connection or belonging, skills in problem solving and life planning, job or vocational training, access to appropriate services and empowerment to take responsibility for their own lives.[44] Street children live in especially difficult circumstances and typically experience enormous challenges in meeting their own basic needs for food, shelter and safety. Street children generally depend on their peers for information, approval and connection. They are at risk for drug use, violence, and early and unsafe sex.[44]

2.3 Epidemiology of Substance Use

Initiation of alcohol and tobacco use is most likely to occur during adolescence because experimentation with substances by adolescents is common. In 2002, the World Health Organization estimated that around 140 million people were alcohol dependent and another 400 million suffered alcohol-related problems.[61] According to BBC world wide, the United Nations estimates there are more than 50 million regular users of morphine diacetate, cocaine and synthetic drugs.[62] An estimated 19.9 million people in the United states currently abuse drugs. Results from 2010 monitoring the future survey, a nation wide study on rates of substance use in the United states, show that 48.2% of 12th graders report having used an illicit drug at some point in their lives, 41.2% consumed alcohol,

19.2% smoked cigarettes.[63] 21% have taken prescription drugs without a prescription.[64] In the United Kingdom, a cross sectional study has shown that among 15-16 year olds, at least 40% had used illicit drugs, mainly cannabis at some time in their lives. Among 16-24 year olds, 38% of males and 5% of females regularly drink twice the recommended safe level of alcohol.[32] In a study conducted in Delhi, on street children aged 6-16 years old,57.4% of the subjects had used some substance in their lives. Nicotine had the highest prevalence of 44.5%, inhalants 24.3%, alcohol 21.8% and cannabis 26.4%.[33] A Southern Brazilian study on street children aged 6-16years, found that 58% of them use tobacco and alcohol on a daily basis. Inhalants were the preferred substance for experimental use with a prevalence of 40%.[29]

Similarly, A study of out of school adolescents aged 11-20years in Jos, Plateau State, found a lifetime alcohol consumption of 38% among respondents.[35] In a North-eastern Nigeria study of street children, a 66.2% prevalence of drug use was found, which were mainly stimulants 49.7%, volatile solvents 21.5%, cigarettes 19.1% and cannabis 18.5%.[36] Another study done on out of school adolescents in a local government in Oyo State, Nigeria, found 20.5% of the youths have used tobacco at least once in their lifetime and 11.6% of them are currently using.[37] A Lagos State study among 55 area boys and girls in rehabilitation found 89% of them use heroin and 73% are cocaine users.[38] While a study in Enugu on street children, found a 38% prevalence of substance use.[39]

2.4 Determinants of Substance Use

As the adolescents' body matures, several changes occur. Parental influence in issues of lifestyle reduces, while the influence of peers increases and the need to conform to their peer group becomes more dominant.[65] A child may take up smoking or drinking alcohol

so that he is drawn to a group where this is the norm.[66]Studies reveal that many adolescents who abuse drugs have emotional problems such as low self esteem, dissatisfaction with life, less social confidence, need for approval, anxiety, restlessness, promiscuity, dysfunctional family, antisocial and conduct symptoms. Drugs are used to cope with the stress of these emotional states.[4,67] Many youths who are out of school and unemployed spend much time on the street, where they are vulnerable to experimentation with substances such as alcohol and drugs. The cultural practice of giving children traditional beverages containing alcohol at weddings and funeral ceremonies possibly as a result of its nutritional value and the general belief about the absence or negligible alcohol is widely practiced in Nigeria.[4] Other factors associated with substance use in adolescents are availability and accessibility. Alcohol and cigarettes are sold to under age children in Nigeria, in shops, bars, hotels, streets, motor parks etc., although license granted for sale requires only to adults but no one obeys the rule.[4] Also in Nigeria, there is no restriction on alcohol and cigarette advertisements. These focuses on the youths, strength and nutritional values and people who smoke and drink are portrayed as sexy, manly and sophisticated.[68] This has a facilitating role for adolescents who are trying to find their identity. Adolescents raised in families where a family member such as parent or sibling abuses substance is more likely to also do the same.[6] Out of school youths are more susceptible to feelings of alienation, low self worth, and resentment than those who have been successful at school, and these make them more at risk for drug use, delinquency, mental illness and other social ills.[1]

2.5 Consequences of Substance Use

When it comes to illegal substances, society has determined that their use is harmful, and has placed legal prohibitions on their use in order to protect the individual and society from the costs involved with health care resources, lost productivity, the spread of disease, crime and homelessness. Alcohol impairs both mental and motor functions including hand-eye coordination. It can result in memory problems, cirrhosis of the liver, cancer, alcohol poisoning, which is associated with extreme sleepiness, unconsciousness, difficulty breathing, dangerously low blood sugar, seizures and death.[69] Tobacco use is associated with heart disease, hypertension, headaches, bronchitis, strokes, cancer.[54] Stimulants cause sleeplessness, irritability, exaggerated self confidence, psychiatric problems.[69] Inhalants cause anemia, gastric bleeding and damage to the kidneys. Chronic use of substances can cause serious, sometimes irreversible damage to adolescent's physical, mental and psychological development.[69] Adolescents impaired by alcohol and other drugs are at risk of injury, becoming ready tools in the hands of criminal elements, car crashes, falls, drowning, suicide, unleashing violence and looting during episodes of political, religious or ethnic riots, which have been quite frequent in Northern Nigeria.[2,45] These various delinquent acts are dangerous to the home, community and the nation. The problems of drug abuse know no boundaries or social class. It impedes the development of any society, as it is a threat to life, health, dignity and prosperity of all individuals.

CHAPTER THREE

METHODOLOGY

3.1 Background of Study Area

Bwari Area Council is one of the six area councils under the Federal Capital Territory Administration. It was created on 1st October, 1996 on the creation of more states and local governments. It is located in the North east of the Federal Capital Territory, it shares boundaries with Tafa Local Government Area of Niger State, Kagarko Local Government of Kaduna State, Abuja Municipal Area Council (FCT), Gwagwalada Area Council (FCT) and Nasarawa State.[70]

Bwari has an area of 914km^2.[70] and apart from Bwari Township and neighbouring communities; Bwari is a typical rural settlement, with sparsely populated settlement. The people are identified by their peculiar cluster pattern of settlement in most areas. The people of Bwari are predominantly farmers, with major crops like yam, maize, guinea corn, beans, millet etc. There is prominent fishing along Usuma dam, which is one of the main attractions in Bwari area council. Wood and craftwork is also a notable occupation of the people of Gbagy's, the predominant people in Bwari (examples of products made are mortars, pestles, tobacco pipes of various dimensions, masks, musical instruments and household utensils). Cloth weaving is practiced by women in Bwari area council.[71]

Bwari is presently known as the "*FOOD BASKET OF THE FCT AND HOME OF TOURISM*". The last two decades brought about the final movement of seat of government from Lagos to Abuja in 1991, this created an unprecedented growth and high rent in the FCT, and also led to massive proliferation of squatter settlement around the Abuja city and its environment. Therefore, Bwari became the home of medium and low

income government workers.[72]Bwari had a population of 229,274 by 2006 census, comprising of 115,346 males and 113,928 females. According to census of 2006, the annual population growth of Nigeria is 3.2%.[72]In 2012, the national bureau of statistics in Nigeria documented Nigeria's population to be 166.2 million,[73] therefore Bwari's population will be 330,148 with an almost even sex distribution. Although there is no known documented figure for out of school adolescents in Bwari area council but from 2006 population census of age and sex distribution, Bwari has a total of 71,805 of 10-19 year olds with 19,186 males and 23,924 females respectively.[74] Pupils in Bwari Area Council pay between ₦2000 to ₦5000 annually at secondary school level for school fees while ₦200 to ₦1000 annually as school fees at primary school level.[70]

The predominant tribe in Bwari is Gbagyi but others like Koro, Fulani, Gwandara, Hade, Igala, Idoma, Igbira and Hausa tribes are also found in Bwari. It is divided into Ten Wards namely, Bwari Central, Kuduru, Ushafa, Dutse, Kubwa, Usuma, Byazhin, Kawu, Igu and Shere. There are 14 districts, 38 government health facilities, 79 primary schools, 17 Junior Secondary Schools and 11 Senior Secondary Schools. It is home to many institutions like the headquarters of Joint Admission and Matriculations Board (JAMB), the Nigerian Law School, Dorben Polytechnic, FCT NYSC Orientation Camp. There are 5 major markets and 5 motor garages situated within the Area Council. The markets include Bwari main market, Dutse Market, Kubwa Village Market, Die-Die Market and Mpape market. The garages are located around the markets.[70]

Many youths who are out of school and unemployed engage in petty and menial jobs to meet their needs for food, shelter, clothing and other social activities. These youths engage in buying of over the counter drugs from chemists and pharmacies and usually

sell at the motor garages, markets and youth aggregation centers. Adolescents in the northern part of Nigeria engage in roadside sale of petroleum products. Male children generally help their parents on the farm and occasionally plant cannabis on their parent's farm without their parents' knowledge. Therefore these places offer easy accessibility to substances for these adolescents.

3.2 Study Design

A descriptive cross sectional study was carried out.

3.3 Study Population

The study population captured adolescents' aged 10-19years who are out of school in Bwari Area Council of the Federal Capital Territory, Abuja.

3.4 Inclusion Criteria

All subjects must meet criteria listed below.

i. Currently not schooling.
ii. Have dropped out of school.
iii. Never started school.
iv. Having informal education classes of less than thrice a week.

3.4.1 Exclusion Criteria

i. Adolescents presently in school but playing truancy by not being in school that day.
ii. Adolescents presently in school but doing part time jobs.

3.5 Sample Size Determination

Sample size for this study was determined using the formula for sample size determination for populations.[70]

$$n = \frac{z^2 pq}{d^2}$$

n = Minimum sample size required.

z = Standard normal deviate which is 1.96 at 95% CI.

p = Estimated prevalence from a previous study.

q = 1 - p

d = Sampling error tolerated which is 5%.

A study by Jibrin, Omigbodun, Omeiza and Babatunde on Psychoactive substance use among street children in North-Eastern Nigeria found a prevalence of 66.2%. Therefore, p value was considered as 0.66 in this study.[35]

$$n = \frac{3.84 \times 0.66 \times 0.34}{0.0025} = 344.82$$

10% was added for none response.

$344 + 34.4 = 379.01 \approx 400$

Hence, sample size for this study was 400.

3.6 Sampling Technique

A multi-stage sampling approach was employed to select the study population. Bwari is divided into ten wards (Bwari central, Kuduru, Dutse Alhaji, Ushafa, Kubwa, Usuma,Kawu, Igu; Byazhin, and Shere). In the first stage, 5 wards were selected by

simple random sampling (balloting). Half of the wards were selected because this will be a better representation for the entire adolescents in Bwari rather than selecting 10-15% of the wards. In the second stage, a proportional allocation for the 5 selected wards were calculated using the estimated population for each ward that was provided by National population commission unit in Bwari area council (this is shown bellow).

1. Bwari Central = $\frac{23,427 \times 100}{116,878} \times \frac{100}{1} = \frac{20.04}{100} \times \frac{400}{1} = 80.18$

2. Kubwa Ward = $\frac{24,362 \times 100}{116,878} \times \frac{100}{1} = \frac{20.84}{100} \times \frac{400}{1} = 83.38$

3. Dutse Ward = $\frac{23,596 \times 100}{116,878} \times \frac{100}{1} = \frac{20.19}{100} \times \frac{400}{1} = 80.76$

4. UshafaWard = $\frac{22,698 \times 100}{116,878} \times \frac{100}{1} = \frac{19.42}{100} \times \frac{400}{1} = 77.68$

5. Kuduru Ward = $\frac{22,795 \times 100}{116,878} \times \frac{100}{1} = \frac{19.50}{100} \times \frac{400}{1} = 78.01$

Grand Total = 400.01

In the third stage four youth aggregation points out of twenty known places where a large number of the adolescents can be found in the mornings were included for each ward. The fourth stage was using table of random numbers to pick every 3rd adolescent encountered at the youth aggregation center until the required number for that selected ward has been reached.

Every adolescent interviewed was asked if he/ she will be able to participate in a focus group discussion for a later date. All the aggregation centers had a group leader. This leader was asked to advertise on behalf of the researcher for any adolescent willing to participate in a FGD. He was given clear guidelines on the qualities of individuals to recruit. A phone number and a stipend for buying airtime was given to him to give interested adolescents. Thirty-eight adolescents aged 14 to 19 years old were later recruited after an interview with the researcher and they participated in four focus group discussions. Thirty adolescents were in groups of ten individuals for three groups and the fourth group was made up of eight individuals. The three groups were aged 14-16 years old and the last group was aged 17-19 years old. The FGDG was adopted from Duke University web site.[75]

3.7 Data Collection Instruments

The modified World Health Organization non-student drug use survey questionnaire developed in cooperation with the United Nations funds for drug abuse was used.[1]Validation of the questionnaire was effected after forty of them were pretested in Kuje area council of the FCT. Observations made were more than half of the respondents could not speak English, therefore, every question had to be translated into Hausa language. It took more than half an hour to administer a questionnaire. Some of the drug names were not familiar to the individuals in this locality; therefore the local names were obtained from national drug law enforcement agency for modification. The questionnaire has 43 items, which are divided, into five sections. The first section covers the socio-demographic data. The second section assesses drug use, the substance of enquiry include alcohol, tobacco, cannabis, Opiates, hallucinogens, organic solvents, psycho-stimulants

and prescription drugs. For each type of drug, there are sub-sections to elicit current and lifetime use of drugs, frequency of use and age of initiation into use. The third section consists of drug problem. The fourth section assesses causes of drug use by the respondent, members of his or her family and friends. The fifth section elicits effect of drug use. Some of the questions were modified and street names of the substances as per this locality were included in the questionnaire for essay understanding for the individuals involved. The questionnaire was translated into Hausa language.

Focus Group Discussions (FGDs) guide both in English and Hausa languages (Appendix 1 and 2) containing 15 key questions both in English and Hausa (Appendix 3 and 4)[74] were used to elicit knowledge and context of substance use from eight adolescents in one group who were between the ages of 17 and 19 years and ten adolescents in another 3 groups who were 14 to 16 years old in youths aggregation points. Hausa translated FGD (appendix 3 and 4) was used for one of the FGD.

3.7.1 Data Collection Methods

Forty questionnaires were pre-tested in Kuje Area Council of the Federal Capital Territory, Abuja. The questionnaires were interviewer administered by the researcher and Ten-community health extension workers (CHEWS) who were trained on how to administer the questionnaire and how to accomplish focus group discussions. The training was for four hours each for a period of two days. The questionnaire was translated into the Hausa language and those that couldn't speak English were interviewed using that. 400 of the questionnaire were administered in Bwari area council, which is the selected council of study. It took about 20 minutes to get informed consent and administer a questionnaire to each adolescent. Each question was read out

loud and the adolescents chose the alternative that was relevant to them. A couple of shops had to be rented in the markets for couple of hours from the owners in order to use them for interviews so as to accord each adolescent the privacy to answer the questions truthfully. Other youth aggregation points like the tipper garage, abattoir, food vendors shops, motor parks had open and airy environment with trees as shades and were found to provide better privacy for interviews.

Data was collected Monday to Friday from 8:00am to 2:00pm when school was in session. It took exactly five school days to administer the 400 questionnaires required for the study. Three Focus Group Discussions made up of ten participants each between the ages of 14 and 16 years old and one group of eight participants between the ages of 17 and 19 years old were carried out in four hotel restaurants that were picked by the participants within the selected wards of the study. These restaurants were hired for the day for that purpose. It offered complete privacy for the discussions. All the four focus group discussions were conducted by the researcher as the sole moderator and two community extension workers as assistant moderators for each of the four FGDs. Giving a total of eight CHEWS as assistant moderators. The researcher asked all the questions while one assistant took notes and the other assistant handled the voice recorder of the apple Ipad 11. Three of the discussions were conducted in broken English and one was in Hausa language. All participants signed in and gave their consent to participate in the discussion. A stipend was given to cover the cost of transportation. Lunch and drinks and T-shirts and caps were given to all participants afterwards.

3.8 Data Analysis

All the 400 questionnaires administered were returned and the data generated were analyzed using the statistical package for social science (SPSS 18), Software by a satisfied statistician who was given the template of the aim and objectives of the study. A combination of descriptive statistic was used to present the data on tables and bar chart. Descriptive methods utilized include means, standard deviations and frequency tables. The chi square test was also used to test the relationship and significance of association between risk factors variables and drug use at p value ≤ 0.05

Four focus groups discussions were carried out in Bwari central, Kuduru, Kubwa and Ushafa. The discussions spanned for four days with each lasting about one and a half hours each. The discussion done in Hausa language was translated into English language. A transcriber transcribed recording of the discussions. A copy of the transcript, after removing all the non-essential words was cleaned, labeled and categorized manually into enteries on sheets of paper with broad headings. These were grouped into sections of types of substances, reason for use, factors that determine use and the effects of use among respondents. These were all entered into a word document. The findings are presented as a narrative in the section of results.

3.9 Ethical Issues

Permission to carry out the study was obtained from Bwari Area Council Head Office, from leaders of aggregation points of the adolescent involved and their natural group leaders were also asked for permission to carry out the study. Adolescents between 18-19years old were asked for verbal or written consent to participate in the study. This was documented on the questionnaires. Each interview was carried out with one adolescent at

a time and away from the others. The subjects were provided with information about the purpose of the study and content, so that they could make an informed decision to participate.

The interviewers had clear guidelines on the rights of the respondents to refuse to participate, the protection of confidentiality and their rights to be fully informed about the nature of the study before their consents were requested. The respondents were assured of the confidentiality of their responses and anonymity was ensured by not including names or any identifying markers.

3.10 Limitations

For this study, both the questionnaire and the focus group discussion guide had to be translated into the Hausa language and results were later translated back into English language. Administering the questionnaires in a public place was a challenge because it contained sensitive information.

CHAPTER FOUR

RESULTS

Table 1: Socio-demographic characteristics of respondents

Factors	Frequency (n = 400)	Percent (%)
Age		
10-14	65	16.3
15-19	335	83.7
Sex		
Male	298	74.5
Female	102	25.5
Person lived with until 19 years		
Both parents	227	56.7
Either parent	90	22.5
Others	83	20.8
Occupation		
Unpaid and/unemployed	112	28.1
Mechanics and vulcanizers	76	19
Conductors, driver and motor cyclist	70	17.5
Food-selling and hawking	70	17.5
Others	54	13.4
Shop clerk	18	4.5
Marital status		
Single	363	90.7
Married	34	8.5
Divorced	3	0.8
Has children		
Yes	30	7.5
No	370	92.5

There were four hundred (400) respondents, aged 10-19 years with a mean of 16.6±2.3 years. About 227 (56.8%) of them lived with both their parents until 19 years, 4 were in a foster home. They were mostly single, 363 (90.8%), but 30 (7.5%) actually had one or more children as shown on table 1. Most of them were unemployed (28.1%), followed by mechanics and vulcanizers (19%); there were 70 (17.5%) each of bus drivers/conductors/motor cyclist and food sellers/hawkers. Only 171 (42.8%) had a legal

income in the last one month, 65 (16.3%) from spouse or family, the others being illegal or charity.

Table 2: Prevalence of psychoactive substance use among respondents

Respondents	Frequency	Percent (%)
Ever Used (n=400)		
Yes	179	44.8
No	221	55.2
Last month use (n=179)		
Yes	172	96.1
No	7	3.9
Ever use for other substances apart from alcohol and tobacco (n=400)		
Yes	128	32
No	272	68
Use of other substances apart from alcohol and tobacco in the last one month (n=128)		
Yes	128	100
No	0	0

The prevalence of substance use among the respondents was 44.8% (179 respondents), out of whom 96.1% (172) have used at least one substance in the last one-month as illustrated in table 2. One hundred and twenty-eight respondents have used substances other than alcohol and tobacco in the last one-month, constituting 100% of those who have ever used those substances.

Table 3: Types of Substances used by respondents

Substances Used	Ever use		Last One month	
	Freq. (n=179)	Percent (%)	Freq. (n=172)	Percent (%)
Alcohol	107	59.7	107	62.2
Tobacco	138	77.0	121	70.3
Cannabis	89	49.7	87	50.5
Opiates	78	43.5	75	43.6
Tranquilizers	63	35.1	56	32.5
Amphetamine	28	15.6	26	15.1
Inhalants	28	15.6	23	13.3
Hallucinogens	16	8.9	16	9.3
Cocaine	5	2.7	4	2.3
Heroine	4	2.2	3	1.7

*multiple responses

Tobacco is the commonest substance used by the respondents with 77%of them who had ever used and 70% had used in the last month. Followed by alcohol with 59.7% respondents for ever use and last month use. Cannabis has the highest prevalence of the illegal substances with 49.7% respondents for ever use and 50.5% respondents for last month use as shown in table 3. Most respondents have used multiple substances at the same time.

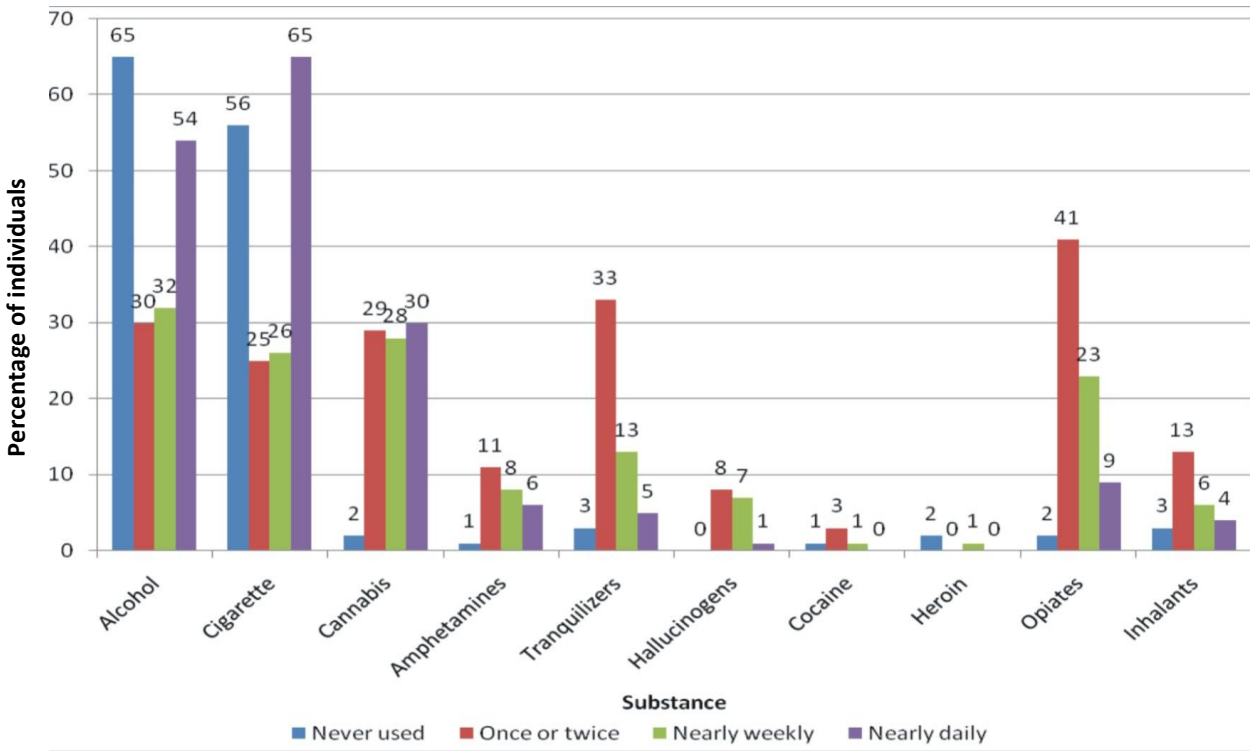


Figure 1: Frequency of individual substance use in the last month

The leading substances used were tobacco, alcohol, cannabis, opiates and tranquilizers. Figure 1 shows that 65%, 54% and 30% respondents have used cigarettes, alcohol and cannabis respectively in the last one month, while 41%, 33% and 29% respondents have used opiates, tranquilizers and cannabis at least once or twice in the last one month.

Table 4: Route of substance administration among respondents

Route	Frequency	Percent (%)
Ingestion	80	62.5
Smoking	77	60.2
Inhalation	23	18.0
Chewing	13	10.2
Licking	5	3.9
Sniffing	4	31.1
Injectable	1	0.8

*multiple responses

The most common route of administration of substances by respondents were orally by 62.5% of respondents followed by smoking by 60.2% respondents and inhalation by 18% of them. The least is by injection, which was by 0.8% respondents.

Table 5: Access to substances by respondents

Factors	Frequency	Percent (%)
First access		
Friends	88	68.8
Others	15	11.7
Family member	12	9.4
Drug dealers	9	7.0
Health practitioner	4	3.1
Where substance were first obtained		
Parties	31	24.2
Work	23	18.0
Stress	17	13.3
Others	15	11.7
School	10	7.8

Their first access to substances were mainly from friends in 88 (68.8%) of respondents, followed by other people (11.7%) then family members (9.4%) and drug dealers, 7%. They most commonly obtained their drugs at parties, 31 (24.2%) respondents, at work (18%) then on the streets (13.3%).

Table 6: Affordability of substances by respondents

Amount	Frequency	Percent (%)
Available spending money in a month		
None	264	66.0
₦1000-2499	49	12.3
₦2500-4000	46	11.5
<₦1000	41	10.3
Amount spent on drugs in a month		
None	296	74
<₦1000	46	11.5
₦1000-2499	24	6.0
₦2500-4000	21	5.3
>₦4000	13	3.3

The amount of spending money available to the respondents in a month, after all necessities were taken care of ranged from ₦200 to ₦4000, with a mean of ₦3210. While their monthly substance expenditure ranges from ₦50 to ₦6000 with a mean of ₦1867.

Table 7: Mean age at initiation to substance use by respondents

Substance	Mean age	Frequency
Tobacco	12	87
Alcohol	13	68
Cannabis	13	51
Tranquilizers	14	37
Prescription drugs	12	28
Amphetamines	14	21
Inhalants	14	19
Hallucinogens	14	16
Cocaine	15	4
Heroine	15	1

The earliest age at initiation for the individual substances in the study population, which ranged from 12-15 years by 87 of the respondent. Some of the respondents were using multiple substances at the same time.

Table 8: Factors associated with substance use

Predisposing factors	Substance ever use		Total	Statistical significance
	Yes	No		
Age				
10-14	17	48	65	χ^2=10.855
15-19	162	173	335	p = 0.001
Sex				
Male	155	143	298	χ^2=24.936
Female	24	78	102	p = 0.001
Residence<19 Years				
Both parents	94	133	227	χ^2= 2.373
Either parent	44	46	90	p = 0.305
Others	41	42	83	

This shows the association between various predisposition factors to substance use and actual use of substances by respondents. There were significantly more out of school children aged 15-19 years (44.8%) using substances than their younger counterparts (4.3%). Only 6.0% of female used substances compared to 38.8% of males, a statistically significant difference (p=0.001); however, there was no statistically significant difference in substances use between those brought up by both parents, either parent or by others.

Table 9: Predisposing factors to substance use in the last one month

Risk factors	Last month use for substance		Total	Statistical significance
	Yes	No		
Age				
10-14	15	2	17	χ^2= 3.084
15-19	157	5	162	p = 0.079
Sex				
Male	149	149	298	χ^2= 23.368
Female	23	79	102	p = 0.001

In the last one-month, there were significantly 15-19 year olds (157) using substances than 10-14 year old. (p=0.079). Male respondents (149) used more substances than their female counterparts (p=0.001).

Table 10: Time restriction to respondents

Factor	Drug use		Total	Statistical significance
	Yes	No		
I control it	128	83	211	χ^2= 45.739
Other people or Circumstances control it	51	138	189	p = 0.001
Total	179	221	400	

This shows association between time control and substance use. Of the 179 respondents who had ever used substances, 128 of them control their time. There is a statistical significance difference between those whose times are controlled by parents, spouse or employer with those who are not.

Table 11: Predisposing factors to substance use one month prior to the survey

Factors	Frequency (n=128)	Percent (%)
Friends using		
Yes	94	73.4
No	34	26.6
Parents using		
Yes	20	15.6
No	108	84.4
Siblings using		
Yes	26	20.3
No	102	79.7

Out of the 128 respondents who has used at least one substance in the last month, 73.4% of them did because their friends were using, while one 15.6% of them did because their parents were and 20.3% of them did because a sibling was using.

Table 12: Frequency of meeting with friends in the last month prior to the survey

Frequency	Users	Percent (%)
Daily	61	47.7
2-3 times weekly	27	21.1
Never	25	19.6
Once weekly	10	7.8
Once monthly	3	2.3
2-3 times monthly	2	1.6

Sixty-one respondents (47.7%) who used substances for the past one month prior to the survey met daily with their friends who are also substance users. 21.1%of them met their friends about two to three times weekly, while 19.6% of them never meet with friends who are substance users.

Table 13: Reported effects of substance use by adolescents

Effects	Frequency	Percent (%)
Arguments with family/friends	62	48.4
Emotional instability	35	27.3
Actual fights/threat of violence	32	25.0
Drug reaction/overdose	21	16.4
Poor memory/concentration	18	14.1
Stealing	18	14.1
Work less/lost job	18	14.1
Police arrest/jailed	16	12.5
Dropped out of school	5	11.7
Health problems	9	7.0
Loss of energy	8	6.3
Run away from home	5	3.9
Do not know	26	20.3

*Multiple Responses

Emotional problems, such as arguments and emotional instability, were the leading effects on adolescents using substances constituting 75.7%. There were 25% cases of actual fights/threats to violence, 12.5% had been previously arrested by the police or jailed, while 15 (11.7%) dropped out of school as a consequence of substance use.

Findings of Focus Group Discussion

Focus group discussions revealed financial constraints and family problems as the main reasons for not being in school, while peer influence, lack of supervision, family member using, feelings of hopelessness, and idleness/boredom are the leading causes of substance use among out of school adolescents in Bwari area council of the federal capital territory, Abuja.

Narrative of Focus Group Discussion

Thirty-eight out of school adolescents aged 14 to 19 years participated in four focus group discussions done in Bwari area council. All were males because the females who agreed to participate in the focus group discussion didn't turn-up. 100% of participants present were currently using at least a substance. For each group, a self appointed leader who is quite older than them was present. Discussions were for one and a half hours each. One of the group discussions was in Hausa language as everyone in the group felt they would express themselves better if it was in Hausa. All the adolescents present said they were not in school because their parents could not afford to pay for school fees, but some left their villages to look for better prospects. About 25% of respondents in the group dropped out of school in their various home towns to be where the "big people are" so that they can also make it. All of them have no stable place of work and presently live with friends, older brothers or uncles that usually don't know where they spend the day or with whom. About 80% of them hang around the garages waiting to be recruited as laborers for construction of roads or houses. 30% of them do menial jobs as mechanics, vulcanizers, bus conductors etc.

Seventy percent (70%) of them claimed to have started using substances because they were bored and are looking for excitement in their daily activities. About 95% of them got initiated into substance use by their friends, a member of their family and because everyone in their immediate environment was using it. They feel none of the substances they use were harmful to their health as one of the respondents said " *Here, we only use the good ones like Iggbo (cannabis), cigarette and sometimes beer when we are celebrating an occasion. Iggbo (cannabis) is a wonder drug because once I take it, I can finish a job of four hours in half an hour*." 75% of the respondents do not have any fixed source of income but they are sure of getting the substances once they go to the places where people use or they are sure of getting it on credit from the suppliers. A respondent said,. " *even if you are penniless as long as you go to a beer parlor, someone will always buy beer for you*. And another person said "*one of us always have a stash to share"*. Iggbo (cannabis) is readily available in the study environment because some of them grow the sativa plant in their parent's farm. The commonest types of substances used by the respondents are cigarette, alcohol, cannabis, tramal, valium and codeine.

Inhalants are not allowed in one of the aggregation points (tipper garage) because users have found out that inhalants have some unwanted gastro intestinal complications like severe nausea, vomiting, poor appetite and dehydration. Other side effects observed are severe headaches, hallucinations and stealing. The self appointed leader ensures that no one uses inhalants in the garage and nobody dares disobeys him. When asked why he has such power over them he said *"if any one does anything contrary to what I tell him to do, I will beat him up to a pulp and when he comes around, he knows who is the boss"*. His group members present confirmed this. One of them actually pointed out that if not

because he agreed to this meeting, none of them would have turned up. Other adolescents were not aware of the side effects of inhalants. A 5 to 10% of them are involved in the road-side sale of petrol and have witnessed other youngsters inhale the product. Of those present only two have ever tried inhaling petrol and "solution". One of them described the feeling as *"you feel as if you are floating in the air and nothing else around you exist and you can do practically whatever you wish at that moment without any inhibition*." The other one said *"after inhaling solution, you can steal someone's property right in front of him and think he is not watching you, but most times it makes you vomit your guts out"*. Of those (about 30%) who use prescription and over the counter drugs, they claimed it helps them sleep when they haven't been able to sleep for days in a row. Drugs like opiates were said to have a calming effects for those who don't want to be bothered but a respondent said" *make sure you don't look for their trouble once they are in that mood, because they can react badly and become very violent in a blink of an eye"*.

Though respondents have heard of cocaine and heroin, none of them has seen or used it before. They said such substances are for the rich. About 10% of the respondents were involved in hawking of prescription and over the counter drugs, therefore they provide for their friends when needed. They can give the drugs on credit as well. One of them said "*We are each others protectors, so we provide for each other"*. About 50%of the respondents tried to quit smoking cigarette and cannabis several times but haven't been successful. All Respondents believed addiction is the only consequences of substance use, but when told of other dangers of substance use, 50% of them promised to try and stop and to educate their younger ones about the harm in use.

In order to reduce or stop substance use in the community of study, all respondents suggested point of sale restriction for prescription drugs, enforcing the law on drug suppliers, educating adolescents about dangers of substance use but most importantly providing jobs for them to occupy them. A respondent said "*most of us are using substances because we have nothing to do all day and we sit waiting for any form of job to do and since we are on our own who is to stop us from doing what we want*?. Another respondent said, *"we are just idle and bored and this substances especially iggbo makes you forget all your problems"* A respondent amongst them said "*if not because I am God fearing I wouldn't be here, there is no future for people like me"*. When asked why he feels that way. He insisted that the adolescents in this generation do not have a future in this country. Therefore they need to find solace in these substances.

All respondents believed they wouldn't be using substances if they were in school, if they had a job to look forward to everyday or if they had other meaningful activity to keep them occupied. A participant said "*Doctor, do you think we like leaving like this? We hate the way our lives have turned out to be, but in Nigeria you have to be a big mans son or daughter or be related to such people to get a job"*. About 75% of the participants want to go back to school, but they can't afford to pay the fees. The older respondents prefer to acquire skills to get jobs in offices instead of going back to school. All participants would not mind a form of recreational activity for leisure but their priority is getting paying jobs to feed themselves and have decent accommodation.

CHAPTER FIVE

DISCUSSION

Substance use is a serious public health problem among adolescent. The use and abuse of substances by adolescents have become one of the most disturbing health related phenomena in Nigeria and other parts of the world.[70] The average age 16.6 (± 2.3) years in this study falls within the adolescent period (the high risk age group for substance use) and is similar to data obtained from previous studies in Nigeria.[4,13,66]

This study like previous ones[23,45,75,76] also observed some socio demographic correlates of drugs use in young people such as poverty, number of years of schooling below (mean 5.5±2.8), unstable or separated families, early age of initiation.[23,45,75,76]Interestingly in this study, there was no significant difference between adolescents who stayed with both parents, either parents or with other people with their use of psychoactive substances. Unlike the study by Morakinyo and Odejide in South-west Nigeria which reported strong correlation between duration of stay on the streets and use of Psychoactive substances.[77] This is most likely due to erosion of traditional social values in this environment, the influence of television and advertisement of alcoholic beverages on billboards.[79]

The gender distribution with higher number of males (83.8%) in this study is similar to findings from previous works which documented more males using substances than their female counter parts.[14,26] The earliest age at first exploration in this study was about 10-years, while the most frequent age at first exploration fell between 12-15 years of age, which is in agreement with substance use initiation in school adolescent in Nigeria and in the United States.[5,73]

The high prevalence of substance use (44.8%) found in this study is similar with universal and local reports of the vulnerability of young people to drug use.[6,37] The risk is significantly increased for marginalized youths and street children, such as the study population, who use substances for various reasons such as peer pressure, experimentation, poverty, family problems, improving self-esteem, idleness/boredom and lack of constructive leisure activity.[35,37]

World-wide, the most frequently reported substance of abuse by young people and street children are the cheapest and most readily available in their environment.[4,45] This was also with observed by findings here, as the substance with the highest prevalence of use were, tobacco, (77%) alcohol (59.7%) and cannabis (49.7%) which according to the respondents are readily and cheaply available in the study environment. Focus group discussions support the assertion that these substances are the most commonly abused by the respondents because they are easily accessible and affordable to them. As a respondent said, "*even if you have no money, as long as you go a beer parlour, someone will always buy beer for you"*.

The high prevalence of alcohol use (59.8%) is in keeping with similar studies in other parts of the country.[23,45,75,76]. The residents of Bwari enjoy local alcoholic brews, which are often offered to children too, thus making it socially and culturally acceptable to drink alcohol. Some respondents in discussions said they grew up watching their parents take alcoholic drinks at home, therefore assume it is right to drink and do not think alcohol is harmful to their health. A respondent in focus group discussion said, *"we take beer as we drink minerals when we are celebrating an occasion"*.

Volatile solvents such as petrol and "solution" were also commonly used (13.3%). This corroborates the earlier findings of high prevalence of use of organic solvents by out of school adolescents in Northern Nigeria by Obot and Saxena in 2005.[78] Petrol is readily available from roadside hawkers on most streets of northern Nigeria and adolescents are frequently involved in this illegal but lucrative roadside sale. A few of the respondents (10%) of the focus group discussions are involved in the business and two have actually used it in the past. Although majority claimed to witness others do it and not them.

The high prevalence of cigarette smoking (77%) found in this study is significantly higher than from most reports in other parts of the country.[35,36,78] and also higher than the national prevalence of 23.9% reported among young people of Nigeria.[79] This may be due to many stressful life events of out of school adolescents compared to their in school counterparts. For instant, in this study up to 59% of these youths have non-stable form of occupation.

Peer influence is well established as a predictor of substance use among young people with increased risk for alcohol when friends also drink.[39,74]This was corroborated by this study,(68%) as most of the youths abuse substances in the company of friends who do the same. Furthermore, it was noted that idleness and boredom significantly increased the likelihood of using substances like cannabis, alcohol and tobacco. This may perhaps, be a pointer to the adolescents' attempt to self medicate to help cope with the feelings of hopelessness. Participants in focus group revealed that most of them (90%) started using because their friends were using and everyone in the aggregation points was using. One respondent said, *"if you want to make friends, you have to do whatever they are doing".*

Stressful life event have been shown to be associated with increased risk for smoking and alcohol use (59.7% in this study).[28,36] Majority of respondents in focus group (90%) who are currently using cannabis started by smoking cigarette before graduating to cannabis and presently some said any day that they do not have the money to buy cannabis, they resort to smoking cigarette because it is cheaper and more readily available.

Cannabis use (49.7%) was significantly higher than in reports from other study populations.[5,35,81] this may perhaps be because of its low cost, easily cultivated, readily available, accessible and affordable in the study environment and may be a pointer to greater vulnerability of marginalized adolescents to psychoactive substances. This was also observed in the focus group discussions as half (50.6%) of the respondents are using cannabis on a daily basis and feel they cannot get through the day without it. A respondent said, "*Iggbo is a wonder drug because once I take it I can finish a job of four hours in half an hour"*.

Despite the existing legal control measures on hypnosedative drugs such as diazepam, and opiates such as tramal and codeine, adolescents take them for non-medicinal use to produce psychoactive effects. The high prevalence of opiates (43.6%) and tranquilizers (35.2%) found in this study poses a challenge for the regulatory agencies. Although the National Agency for Food, Drug Administration and Control (NAFDAC) has made giant strides towards sanitizing the drug market but the continued availability and accessibility of drugs in motor parks, chemists, markets, on the streets and with local traders is a hazard that requires urgent attention. A few (25%) of the respondents in group discussions are involved in hawking these drugs which they buy in large quantities from

chemists, pharmacies etc. therefore they have them at their disposal to use and give them to their friends.

The National Drug Law Enforcement Agency (NDLEA) reported that cocaine and heroin are becoming drugs of choice for a small but growing proportion of young people in Nigeria[82] but a very low prevalence (2.3% and 1.7%) was noted in this study most likely because these are poor and disadvantaged youths who could barely feed themselves. More recently the International Narcotics Control Board (INCB) reported that Nigeria and other countries in Africa account for about 90% of illicit drug trafficking (cocaine and heroin) in the continent in 2011.[19] but Obot and Saxena in 2005 concluded that cocaine and heroin use is still relatively rare except among few privileged young people in large urban areas of Nigeria.[82] None of the respondents in the focus group has ever seen or used cocaine or heroine in their lives though they are aware of their existence.

Oskoya and Ali's report of a study[84] conducted in Lagos State University students staying off-campus in 2006 asserted that socially, substance users are always pre-occupied with how to obtain substance of choice and the crave for the substance usually predisposes them to getting involved in criminal acts like stealing. This is highlighted in this study which observed that although only 34.1% of the substance users have available money to spend, about 66% of them spend a certain amount monthly on substances with 14.1% of them admitting to stealing as a consequence of substance use. A 20% of respondents in the focus group discussions have admitted to being violent with little provocation, getting involved in arguments, stealing, and have been expelled from school as a consequence of substance use. A respondent asked "*Do you know you can take someone's cellphone right under his nose without him noticing it?"*

Focus group discussions with the adolescents, underlined that over the past years, substance use among young people had increased progressively with smoking tobacco, and drinking alcoholic beverages (usually beer). Cannabis (Igbbo) is the most commonly used illicit psychoactive substance. Focus group discussion with them also revealed a trend of abuse of prescription and over the counter drugs that are easily purchased from pharmacies. It also pointed out family problems, poverty, curiosity, peer influence, lack of knowledge of consequences of substance use, idleness/boredom and lack of constructive leisure time activities as contributory factors to youths psychoactive substance use.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

This study documents a high prevalence (44.8%) of the most common types (tobacco, alcohol, cannabis, opiates, inhalants and tranquilizers) of substance use amongst adolescent who are poorly educated, out of school, and who do not know the consequences of substance use. It shows the role of accessibility and availability of these substances as risk factors especially the cheap and readily available prescription and illicit drugs among this vulnerable group of adolescents. It also identified poverty, peer group influence and family influence in initiation and sustenance of the habit of substance use. The consequences of their use are dangerous to the adolescents, community and the nation in general.

5.2 Recommendations

The following strategies are suggested to help reduce substance use among out of school adolescents in Bwari Area Council of the Federal Capital Territory, Abuja.

- Federal Ministry of Education should make school fees free at both primary and secondary school levels for Nigerian citizens. A policy should be put in place to ensure all parents enroll their children into formal schools and a form of reward should be given to parents/ guardians who enroll their children and ensures these children remain in school. Principals in schools should make sure these youths remain in schools by seeking out those who drop out prematurely through their registers.

- National drug law enforcement agency should increase their policing around those youth aggregation centers. This will disperse the suppliers of the substances in these areas.
- Parents and guardians should educate their children about the dangers of associating with “unknown” gangs or suspicious neighborhood peer groups and make sure they know where, when, with whom, and what their children are doing at all times.
- National Agency for Food and Drug Administration and Control (NAFDAC) should enforce restriction of point of sale of drug to youths especially prescription and over the counter drugs without a legal prescription. Sale of alcohol and tobacco to under-aged adolescents by vendors should attract a form of sanction.
- Family physicians at every visits by parents and guardians of adolescents should educate them on the implications of offering children alcoholic beverages at ceremonies, stop smoking and drinking in the presence of their youngsters.

References

1. Smart R. G. Arif A, Hughes P. H, Mora, M. E. M. Varatnam V, Varma V. K., Wadud K. A. Drug use among non-student youth. WHO Geneva Offset Publication. 1981.60:5-57.

2. Klein A.A., Owen P. Prevalence of adolescents substance abuse. Butler Center for Research. 2010.0100:1-2.

3. Egbuonu I., Ezechukwu C. C., Chukwuka J. O., Uwakwe, R. Substance abuse among female senior secondary school students in Anambra State South Eastern Nigeria. Nigerian Journal of Clinical Practice. 2004.7(2): 53-55.

4. Omigodun O. O. , Babalola O. Psychoactive substance misuse among Nigerian adolescents. Annals of African Medicine 2004.3 (3): 111-115.

5. Shehu A. U, Idris S. H. Marjuana smoking among Secondary School Students in Zaria, Nigeria. Factors responsible and effects on academic performance. Annals of African Medicine 20081.7 (4): 175-179.

6. Lerner R, Ferrando D. Inhalants in Peru. US national library of medicine. National Institute of health. NIDA Res Monogr. 1995. 148:191-204.

7. WHO, Commonwealth Medical Association Trust and UNICEF- Orientation Programme on Adolescents for Health care providers. 2006 page 471.

8. Richard E. Behrman MD, Robert M. Khegman MD, Hal B. Jenson MD. Nelson Text Book of Pediatrics 6th Edition page 32 - 42.

9. Sadock B. J, Sadock V. A. Adolescents, early adulthood in (eds). Kaplan &Sadocks Synopsis of Psychiatry.Lippincott Williams and Wilkins Ninth Edition. 2003:35-46.

10. Grant J. D., Scherrer J. F, Lynskey M. T. Adolescents alcohol use is a risk factor for adult alcohol and Drug dependence. Evidence from a twin design. Psychological Medicine 2006.36: 1 09-118.
11. Anumonye A. Drug use among young people in Lagos, Nigeria. Bulletin on Narcotics. 1990.32:39-45.

12. Miller J. W, Naimi T. S, Brewer R D, Jones S. E. Binge drinking and associated health risk behavior among high school students. The American Academy of pediatrics .2007.119(1): 76-85.

13. Oshodi O. Y, Aina O. F, Onajole A. T. Substance use among secondary school students in an urban setting in Nigeria. Prevalence and associated factors. African Journal of Psychiatry, March 2010:53-57.

14. Yenng W. substance misuse in secondary school students in Hong Kong. Psychiatric Bulletin 1997. 21:561-562.

15. Wrightm J. D, Pearl L. Knowledge and experience of young people regarding Drug Misuse. BMJ. 1995.310: 20-24.

16. Abdulkarim A. A, Mokuolu O.A, Adeniyi A. Drug use among adolescents in Ilorin, Nigeria. US National Library of Medicine. National Institute of Health. 2005. 35(4): 225228.

17. Peter D. R, Greydanus D. E. substance abuse. A pediatric concern. Indian Journal of pediatrics. 1999.66: 557-567.

18. Awofeso, A.O., Ritchie, J., Degeling P. The almariji Heritage and the threat of non-state terrorism in Nigeria-Lessons from central Asia and Pakistan, Studies in Conflict and Terrorism. 2003(26):311-325.

19. William E. Drugs Ravaging Lives of Nigerian Youths. Weekly Trust. March 3,2012.15(29): 1-3.

20. Substance Abuse and Mental Health Services. Administration (SAMHSA) Misuse of over the Counter Cough and Cold Medications among persons aged 12-25.NSDUH Report. 2008.38A: 10-458.

21. Centre for Disease Control and prevention. Annual Smoking-attributable Mortality, Years of Potential Life Lost and productivity Losses.2005.54; 6~5-628.

22. Wu W, Khan A.J. Adolescent Illicit Drug Use- Understanding and Addressing the problem. www.medscape.com/publichealthome. accessed on 09/05/2012.

23. Lawoyin, T.O, Ajumobi, 0.0, Abdul, M.M, Abdul Malik, J.O, Adegoke, D. A, Agbedeyi, O. A. Drug use among Senior Secondary School Students in Rural Nigeria. African Journal of Medicine and Medical Sciences. 2005.34:355-359.

24. Imam, Y.O. Religious crises and social disruption in North Eastern Nigeria. Loud Books. Ibadan, Nigeria 2004. 19- 33.

25. Morakinyo, J, Odejide, A.O. A community based study of patterns of psychoactive substance use among street children in a local government area of Nigeria. Drug and Alcohol Dependence, 2003:71: 1 09-116

26. Odejide, O. A, Morakinyo, J. Substance abuse and its socioeconomic consequences in Nigeria. International Journal of Mental Health & Accessed on 11/05/2012.

27. Akindele M. O, Adejide A. *O.* Use and Abuse of Sleep inducing drugs inducing drugs in Ibadan. African Journal of Psychiatry 1978 (3) 91-95.

28. Simantor, E, Schoen C, Klein J.D. Health Compromising behaviors, why do adolescents smoke or drink? Archives of pediatrics and adolescents Medicine.2000. 154:1025-1033.

29. Forster, L.M, Tannharster, M, Bairos H. M. Drug use among street children in southern Brazil. www.pub-med-gov. 1996.243(1-2) 57-62.

30. Traube, D. E, James, S, Zhang, J, Landsverks, A. National Study of Risk and Protective factors for substance use among youths in child welfare system. E-pub ahead of Print. 2012 Accessed 25/04/2012.

31. SAMHSA, NIDA (National Institute on drug abuse). Substance use among adolescents, National Household Survey on Drug Abuse, Monitoring the Future. 1996.24,8-342 .

32. Miller Mc C.P, Plant M, Drinking, smoking and illicit Drug use among 15 and 16 year Olds in the United Kingdom.BMJ.1996:313-397.

33. Pagare, D. Meena G.A, Singn M.M, Saha R. Risk Factors of substance use among street children in Delhi. Indian pediatrics.2004.4;221-225.

34. Rutatsinkira E, Maposa D, Makundavire Z, Munia A.S. Sisuja S. Prevalence and Predictors of illicit drug use among school going adolescents in Harare, Zimbabwe. Annuals of African Medicine 2007.8(4): 215-220.

35. Jibrin A, Omigbodun,O, Omeiza O.O.B, Babatunde, A. Psychoactive substance use among children in Informal Religious Schools (Almajiris) In Northern Nigeria. Mental Health, Religion and Culture. 2010. 12(6): 527-542.

36. Akindele A. Adebiyi, O, Babalola F, Sangowa A.O, Owoaje E. T. Tobacco use among out of school adolescents in a Local Government Area in Nigeria. Substance abuse treatment prevention and policy. 2010.5:24.

37. Okwaraji, F. E, Ebigbo, P.O, Akpala C.O. Substance use amongst Nigerian street children. Ife Psychologia. 1996.4(2):7-13.

38. Ekpo, M, Adelekan, M. L, Inem A. V, Agboh S, Doherty A. Lagos Area Boys and Girls in Rehabilitation, Their substance use and Psychosocial Profiles. East African Medical Journal 1995.72(5): 311-316.

39. Obot I. S, Ibanga, A.J, Ojiji O. O, Wai P. Drug and Alcohol consumption by out of school Nigerian Adolescents African Journal of Drug and Alcohol Studies.2001.1:98109.

40. Idris, S.H, Sambo, M.N. Psychoactive substance use among in school adolescents in Zaria, North Western Nigeria. What are the Triggers? Nigerian J. Medicine. 2009.18(3):291-4.

41. Oviasu, V. O. Abuse of Stimulants Drugs in Nigeria. A review of 491 cases. British Journal of Addiction 1976.71:51-63

42. Oshodin O. G Alcohol Abuse among high School Students in Benin City. Nigeria Drug and Alcohol dependence. 1981.7:141-145

43. Akpala C. O. Bolaji I. B. Drug abuse among secondary school students in Sokoto Nigeria Psychopathologic African. 1990 (2) 197-204.

44. Burns, A.A, Ruland, C.D, Finger,W, Murphy-Graham, E, Mc Camey, R, Schueller, J. Reaching out of school youth with Reproductive health and HIV / AIDS information and services. Youth Net. 2004(4):1-28.

45. World Health Organization (WHO).Program on substance abuse. A two way street? Report on phase 11 ofPSA street children project. WHO/PSA/96.14:

46. World Bank; statistics for street children in Nigeria. 1996. www.worldbank.com Accessed 17/04/2012.

47. Salami,l, Beers, H.V. Nigerian "Shade Tree Theatre" with street children. Children youth and Environments 2003;13(1):23-47. Retrieved 17/4/12 from http//Colorado.edu/journals/cye

48. UNICEF and the UNESCO Institute for statistics. Global initiative on out of school children.2005.

49. American psychiatric association and the national association for mental health.www.wikipedia.com.1932. Accessed 7/04/12

50. Abdullahi, Z. Drug abuse among youths. Strategies for school counselling. The Nigerian society of educational psychologist.2009: 131-136.

51. Buddy, T. The difference between substance use and abuse. www.about.com. accessed 7/4/12.

52. Okoye, R.O. Oonkwo, R.U.N. The Nigerian adolescent in perspective. Nigerian society for educational psychologists. (NISEP). 2001 :8-19.

53. Balogun,S.K. Chronic intake of separate and combined alcohol and nicotine on body maintenance among albino rats. Journal of human ecology. 2006.19(1):21-24.

54. Martin, L, Milot, A. Assessing substance use and abuse in adolescents. A guide for out of school time program practitioners. Research-to-Result Trends.2007.08:1-4

55. Buddy, T. Basic facts about marijuana. www.about.com. accessed 8/4/12.

56. Speedball, Wiley-interscience. Healing addiction. An integrated pharmacopsychosocial approach to treatment.2007.www.wikipedia.com.accessed 8/4/12.

57. Inaba, D.S, Cohen, W.E. Uppers, Downners, Allrounders. Physical and mental effects of psychoactive drugs. Sixth edition.2007.(190-198) CNS Production Inc.

58. World Health Organization (WHO). Program on substance abuse(PSA). A one way street? Report on phase 1 of the PSA street children project.WHO/93.7.Geneva, 1 993.

59. Paxnam, J.M, Zukerman, R.J. Laws and policies affecting adolescent health. World Health Organization (WHO) Geneva,1989.

60. Family Health International (FHI). Reaching socially marginalized youths.2012 www.y outhNet.com. accessed 6/5/12

61. Boyed, A, Asheford, L, Haub, C, Corenelius, P. The world's youth population reference bereau.2000. 1-27.http/www.prb.org.accessed 20/5/12

62. Baker, P. The value of nursing diagnosis. ln: Baker, P (ed)Psychiatric and mental health nursing. The craft and caring.2003a.London;Amold.

63. Drug trade. www.bbc news.com. accessed 8/4/12.

64. Johnson, L. D, O'Malley, P. M, Bachman, J. G, Schulenberg, J. E. Monitoring the future national results on adolescent drug use. Overview of key findings. Ann Arbor Institute for social research.2011. accessed 7/4/12

65. Center for Disease Control Newsroom press released.June3,2010. www.cdc.org. accessed 8/4/12

66. Cambor, R. L, Millman, R. B. Alcohol and drug abuse in adolescents. In; Lewis M(ed) child and adolescent psychiatry. William and Wilkins. 1996.736-752.

67. Graham, P, Turk, J, Verhulst, F. Child psychiatry. A developmental approach. Oxford university press.1999.267 - 313.

68. Odejide, A.O. Status of drug use/abuse in Africa. A review International journal of mental health and addiction.2006.(4):87-102.

69. Jokinen, H, Pitkanem, T. Y, Hirvonen. Alcohol and tobacco; In Lankinen KS, Bergstron S, Makela PH, Peltomaa(eds) health and disease in developing countries.1994.105-114

70. Fareo, D.O. Drug abuse among Nigerian adolescents. Strategies for counseling. Journal for international social research.2012.5(20):1307-9581.

71. Ahmed Sadauki Abubakar, Garba Inuwa Kuta, Shuaibu Onimisi Salih, Mohammed Mairo. Assessment of some Environmental Effects of Squatters settlement in Dutse Alhaji, Bwari Area Council, FCT-Abuja. 2012(5) :10-28.

72. www.tradingeconomics.com/nigeria/population. Accessed 2nd December, 2011.

73. Kwache E. Rural Development at its best in Bwari Area Council. www.nigeria exchange news.com.2007. Accessed 17/04/2012.

74. Araoye M. O. Research Methodology with Statistics for Health and Social Sciences 2nd Edition. NATHA DEX Publishers. 2004. 115-122.

75. Florenzo, U. R, Mantelli, E ,Madrid, V, Martini, A. M, Salazar, M. E. Patterns of drug, alcohol and tobacco use among high school students in Santiago, Chile. Narc. 1982. 33-44.

76. Odejide, O.A, Ohaeri, J.U, Adelekan, M.L, Ikuesan, B.A. Drinking behavior and social change among youths in Nigeria- a study of two cities. Drug Alcohol Dependance.1987.20(3): 227-33.

77. Fatoye, F.O, Morakinyo, O. Substance use amongst secondary school students in rural and urban communities in south western Nigeria. East African Medical Journal.2002.79:299- 305.

78. Abiodun, O. A, Adelekan, M.L, Ogunremi, O.O, Oni, G. A, Obayan, A.O. Pattern of substance abuse among secondary school students in Ilorin, Nigeria. West Africa Journal of Medicine. 1994. 13: 91-97.

79. Morankinyo, J, Odejide, A.O. A community based study of patterns of psychoactive substance use among street children in a local government area of Nigeria. Drug and Alcohol Dependence. 2003.71:109-116.

80. Obot, I.S, Karuri, G.S, Ibanga, A.J. Substance use and other risky behaviors of secondary school students in a Nigerian Urban area. African Journal of Drug and Alcohol studies. 2003.2:57-65.

81. Ekanem, I. A. Global youth tobacco survey for Nigeria report.htt://www.afro.who.int/en/clusters-a-programmess/hpr/healthrisk-factors/tobacco/tobacco-country-profiles.htm. accessed 7/6/12.

82. Obot, I. S, Saxena, S. Substance use among young people in urban environments. World Health Organization (WHO). Geneva, 2005.

83. Obot, I.S, Ibanga, A.J, Ojiji, O.O, Wai, P. Drug and alcohol consumption by out of school Nigerian adolescents. African Journal of Drug and Alcohol studies, 2001. 1:98-109.

84. Osikoya, K.A, Alli, A. Perception of drug abuse among Nigerian undergraduates. World Journal of Medical Sciences, 2006.1(7):133-139.

APPENDICES

Appendix 1

Focus Group Discussion

Welcome

Thank you for agreeing to be part of the focus group we appreciate your willingness to participate. My name is ---------- My colleagues are ---------- and ----------. We are from the department of community medicine. Ahmadu Bello University, Zaria.

The reason we are having this focus group discussion is to find out what you know about substance abuse and why adolescent use substances. Your contributions will give information, which will be used to advice policy makers on the subject matter.

We need your input and want you to share your honest and open thoughts with us.

- We want you to do the talking.
- There is no right or wrong answer.
- What is said here stays here.
- We will be tape recording the group because we want to capture everything you have to say.
- We will not identify anyone by name in our report, you will remain anonymous.

Appendix 2

Focus Group Discussion Guide

1. Which School do you go to?
2. What are the reasons why you are not currently in School?
3. What are the disadvantages of not being in school?
4. What kind of job are you involved in?
5. What do you know and feel about drug use?
6. In your opinion, why do adolescents use substances?
7. In your opinion, what makes them start using substances?
8. In your opinion, which substances do you think adolescents use the most?
9. How do you think these substances are ingested?
10. Where do you think they get these substances?
11. What do you think are the consequences of using substances?
12. How do you feel when told about the possible damage caused by using substances?
13. How do you think substances influence your daily activity?
14. Is there anything else you would like to say about why you use substances?
15. What do you think government can do to help adolescents using substances to stop?

Appendix 3

Zauren Tattaunawa

Barkanku da Zuwa

Mungode da ka/kikayarda da zama tare damu a wannanzaurennatattaunawa, Munamukugodiya. Da kasancewarku.Sunana----------dakuma ma temakona ---------- MunzodagamakarantarAhmadu Bello University, Zaria.

Gabatarwa

Mai gudanarwa / mataimakingudanarwa

DalilinZaurentattaunawa.

Dalilin da yasamukezamar a zaurentattaunawa shine don mu ganeabin da kukasani game da shaye-shaye. Da kuma me yakesamatasasukeshaye-shaye.kyakyawarbaiyanan da ka/kikabayarzasuba da gudunmawagajami'aimasu yin dokokiakanabun da ake Magana

Munabukatargudunmawar ka/kikumamuna son mujihakikanintunaninka/ki.

DOKOKI.

1. Kai /kemuke so ka/kiyijawabi
2. Ba daidai, bakuskure a amsarka/ki
3. Asirinka/ki a rufe yak e game da abin da ka/kikafada
4. Zamudaukijawabinka/ki a rikodasabodamuna son mu jidukabin da ka/kikace.
5. Ba zamubayyanasunankowaba.

Appendix 4

Tambayoyin Zauren Tattaunawa

1. Waccemakarantaka/kikezuwa
2. M e yasayanzu b aka/kyamakaranta?
3. Me ne nefa'idar da rashinfa'idarzuwamakaranta?
4. Wacceirinsana'aka/kikeyi?
5. Me kasani / ra'ayinka /ki game da shayeshaye?
6. Me yasamatasasukeamfani da miyagunsinadirai?
7. Me kesasufaraamfani da miyagunsinadirai
8. Wadannemiyagunsinadirai(wadandasukahada da giya, taba, magungunan da sai da izininlikita, da magungunan da akansiya a kantinmagani da miyagunkwayoyi da daisauransu) .ka /kiketsammaninmatasasuka fi amfani da su?
9. A tunaninka /ki tayayaakeamfani da wadannansunadiran?
10. A tunaninka /kiainasukesamunwadannansunadiran?
11. A tunaninka /ki me nenesakamakon a yin amfani da wadannansunadiran.
12. Yaka /kijiidon aka gayamaka /mikiillar da wadannansanadiranzasuiyahaifarwa?
13. A tunaninka / ki ta yayasunadiransuke da alaka da rayuwarka /ki a yau da kullum?
14. Akwaiwani Karin bayani da z aka /ki so ka /kiyiakandalilin da ya s aka /kikeamfani da sunadirai?
15. Me ka /kiketunaninyakamatagwamnatiza ta iyataimakawawajenhanamatasa ma suamfani da miyagunsunadiraisudaina?

Appendix 5

Questionnaire

DEPARTMENT OF COMMUNITY MEDICINE
FACULTY OF MEDICINE, AHMADU BELLO UNIVERSITY, ZARIA

SUBSTANCE USE AMONG OUT OF SCHOOL ADOLESCENTS IN BWARI AREA COUNCIL OF THE FEDERAL CAPITAL TERRITORY ABUJA. FCT

THE NON-STUDENT DRUG-USE SURVEY QUESTIONAIRE

Date of Interview……

Name of Interviewer……..……..….

Place of Interview……..……

Interviewee's Address:……

……

……

Person who will know where respondent is for follow-up interview……

……

……

Will you agree to a follow-up interview?.....

Interviewee identification number:……..…….....

Demographic Items

1. Mark Interviewee's sex (a) Male (b) Female
2. How old were you on your last birthday? ……years
3. How many years of schooling have you completed?.....years
4. Are you currently working full-time or part-time?
   a) Yes, full-time
   b) Yes, part time
   c) No ……. Go to @6

5. What type of work do you do?
   a) Household duties (unpaid)
   b) I am not employed at the present time
   c) Conductor/bus driver/commercial motor cyclist
   d) Mechanical work/vulcanizer/welding
   e) Office work
   f) Shop clerk
   g) Food seller/hawking
   h) Something else (specify)…….

6. What type of work does you father do?
   a) He is not going to work at the present time
   b) Farming
   c) Unskilled labour
   d) Factory work or mechanical work
   e) Office work/Shop clerk
   f) Managerial/professional
   g) Military
   h) Some else (specify)…….

7. Who did you mostly live with until age 19 years?
   a) Mother and father
   b) Mother only
   c) Father only
   d) Grand Parents
   e) Father and step mother
   f) Mother and step father
   g) Foster home/orphanage
   h) Others (specify)……..……

8. What is your marital status?
   a) Single
   b) Married
   c) Separated
   d) Divorced

9. How many dependence do you have?.....

10. Did you receive money from any of the following during the past 30days? (Circle as many as apply)?

	1	2
a) Salary from a legitimate job	Yes	No
b) Public assistance, charities	Yes	No
c) Spouse or family	Yes	No
d) Friends	Yes	No
e) Illegal income	Yes	No
f) Other (specify)…….		

11. Do you work on weekend?
   a) Yes, most weekends
   b) About half of the weekends in a month
   c) Less than half of the weekends in a month
   d) Never work on weekends

12 Do you or do other people mostly control how you spend your leisure time?
   a) Other people or circumstances control it
   b) I control it
   c) I don't know who controls it

13. What type of substance do you take?.....

<u>Alcohol Use</u> (booze, Ogogoro, Emu, giya, nimanya)

14. Have you ever taken any drink containing alcohol Yes No Go to Q16

15. How often did you have a drink containing alcohol during the last 30 days (alcohol includes beer, wine, gin)?
   a) Did not drink alcohol
   b) Once or twice during the month
   c) Nearly every week during the month
   d) Nearly every day during the month

Cigarette Use 1 2 GO TO Q17

16. Have you ever tried cigarette? Yes No

A. How old were you when you first tried it?

a) ……..years old

b) Don't know

B. Have you used cigarette in the last 1 month?

a) No…….. .GO TO Q17

b) Yes

C. How often have you used it in the last month? (circle only one)

a) Did not use it

b) Once or twice during the month

c) Nearly every week during the month

d) Nearly every day during the month

17. **CANNABIS** (sometimes called Marijuana, Hashish, ganja, pot, igbo, dutse, salad, goofo, kanyaetc)

A. Have you ever tried cannabis

a) No…….GO TO Q18

b) Yes

B. How old were you when you first tried it?

a) …….years old

b) Don't know

C. Have you used in the last 1 month?

a) No…….GO TO Q18

b) Yes

D. How often have you used it in the last month? (circle only one)

(a) Did not use it

(b) Once or twice during the month

(c) Nearly every week during the month

(d) Nearly every day during the month

18. Amphetamines (sometimes called rock, blow shrunk, crack, cocktail, coco, ICD etc) Doctors sometimes prescribe amphetamines for people to lose weight or to have more energy)

I. Have you ever used amphetamines **without** a doctor or health worker telling you to use them?

a) No…….GO TO Q19

b) Yes

II) How old were you when you first tried it?
   a) ……..years old
   b) Don't know

III) Have you used any in the last 1 month?
   a) No…….GO TO Q19
   b) Yes

IV) How often have you used it in the last month? ***(circle only one)***
   a) Did not use it
   b) Once or twice during the month
   c) Nearly every week during the month
   d) Nearly every day during the month

19. Tranquillizers (Such drugs as Valium, Mogadon, Avomine, phenergan, sleeping pills/tablets, aswagandha).

I. Have you ever used tranquillizers **<u>without</u>** a doctor or health worker telling you to use them?
   a) No…….GO TO Q20
   b) Yes

II. How old were you when you first tried it?
   a) ……..years old
   b) Don't know

III) Have you used any in the last 1 month?
   a) No…….GO TO Q20
   b) Yes

IV) How often have you used it in the last month? ***(circle only one)***
   a) Did not use it
   b) Once or twice during the month
   c) Nearly every week during the month
   d) Nearly every day during the month
   e) Don't know

20. Hallucinogens (sometimes called pap elephant mescaline, ketamin (special K")

I. Have you ever tried any hallucinogen?
   a) No…….GO TO Q21
   b) Yes

II How old were you when you first tried it?
   a) ……..years old
   b) Don't know

III) Have you used any in the last 1 month?
   a) No…….GO TO Q21
   b) Yes

IV) How often have you used it in the last month? ***(circle only one)***

a) Did not use it
b) Once or twice during the month
c) Nearly every week during the month
d) Nearly every day during the month

21. Cocaine (sometimes called coke, coco, rock, blow shrunk, cocktail) angel dust

I Have you ever tried cocaine?

a) No…….GO TO Q22
b) Yes

II How old were you when you first tried it?

a) ……..years old
b) Don't know

III) Have you used any in the last 1 month?

a) No…….GO TO Q22
b) Yes

IV) How often have you used it in the last month? ***(circle only one)***

a) Did not use it
b) Once or twice during the month
c) Nearly every week during the month
d) Nearly every day during the month

22 Heroin (sometimes called smack, horse, scag)

I Have you ever tried heroin?

a) No…….GO TO Q23
b) Yes

II How old were you when you first tried it?

a) ……..years old
b) Don't know

III) Have you used any in the last 1 month?

a) No…….GO TO Q23
b) Yes

IV) How often have you used it in the last month? ***(circle only one)***

a) Did not use it
b) Once or twice during the month
c) Nearly every week during the month
d) Nearly every day during the month

23. Prescription drugs

Drugs like Opiates (e.g codeine, morphine, Demerol, Urun, analgesics) vicodin. Doctors sometimes prescribe these drugs to reduce pain, stop cough)

I Have you ever tried any of these drugs without a doctor or health worker telling you to use them?
   a) No……. GO TO 24
   b) Yes

II How old were you when you first tried it?
   a) ……..years old
   b) Don't know

III) Have you used any in the last 1 month?
   a) No…….GO TO Q24
   b) Yes

IV) How often have you used it in the last month? ***(circle only one)***
   a) Did not use it
   b) Once or twice during the month
   c) Nearly every week during the month
   d) Nearly every day during the month

24. Inhalants. (like petrol, chemicals, paint thinner, glue or the contents of aerosol cans).

I. Have you ever tried sniffing an inhalant to make you feel intoxicated or feel good?
   a) No……. GO TO 25
   b) Yes

II How old were you when you first tried it?
   a) ……..years old
   b) Don't know

III) Have you used any in the last 1 month?
   a) No…….GO TO Q25
   b) Yes

IV) How often have you used it in the last month? ***(circle only one)***
   a) Did not use it
   b) Once or twice during the month
   c) Nearly every week during the month
   d) Nearly every day during the month

<u>Drug Problem</u>

25. Has anyone in your family been concerned about your use of Drugs other than alcohol or tobacco or suggested that you cut down?
   a) Yes
   b) No
   c) Never used drugs

26. How do you take the drugs (route of administration) ***tick as many as apply***
    a) Drinking
    b) Smoking
    c) Inhalation
    d) Injectable
    e) Sniffings
    f) chewing
    g) Licking

27. Do you need help right now in any of the following areas?

a)	Help in getting back/staying in school	Yes	No
b)	Help in finding a job	Yes	No
c)	Help in getting more training for a job or skill	Yes	No
d)	Help in findings things to do with your free time	Yes	No
e)	Help with medical problem	Yes	No
f)	Help with getting along better with your family/ Spouse, girl friend/boy friend	Yes	No
i)	Help with finding a place to live	Yes	No
j)	Help with decreasing your drug use	Yes	No
k)	Help with personal problem	Yes	No

28. Are there any other areas you would like to have help now or needed help within past 1 month? (specify)

    ……

    ……

    ……

29. What do you feel would be the most valuable service or recreational activity which could be offered to youths in this community?

    ……

    ……

    ……

<u>Causes of Drug Use</u>

30. Now try to think back to the time just before you first used a drug (other than alcohol and tobacco)

		1	2
a)	Were your parents using any drugs at this time	Yes	No
b)	If "yes" specify which drugs and which parent _____		

31. Were any of your brothers or sisters using any drug at this time? Yes No
    b) If 'Yes" specify which drug_____
    _____

32. Were any of your friends using any drug at that time? Yes No
    b) If 'Yes" specify which drug and how many friends
    _____

33. Was the person who first gave or sold drugs to you (other than alcohol or tobacco)
    a) Member of your family
    b) Friend
    c) Professional drug pusher
    d) Doctor (physician)
    e) Other health practitioner
    f) Other (specify)_____

34. Where did you actually obtain your drugs first?
    a) At school
    b) At work
    c) At a party
    d) In a bar/social club
    e) On the street
    f) In a park
    g) Athletic or recreational setting
    h) Other places (specify)_____

35 When you first started to use this drug did any of the following conditions exist?

	1	2
a) You were out of school	Yes	No
b) Your friends were using drugs	Yes	No
c) You were having trouble at school	Yes	No
d) You were having trouble with police/courts	Yes	No
e) You were having trouble with your family/spouse	Yes	No
f) You were having trouble keeping your job	Yes	No
g) Others (specify)	Yes	No

36 About how much spending money do you have each month (after all necessities are covered specify (approximate to the nearest figure in Naira)
_____

Ask Drug Users

37 How much do you spend on drugs each month?
(approximate to the nearest figure in Naira) _____

38 If you had more money would you change the amount or type of drug you use?
    a) I would use less drugs

b) My drug use wouldn't change much
c) It would change the type of drugs I use

39 Do your (parent/wife/husband) have any real control? (Do you really listen to them) over the following aspects of your life?

		1	2
a)	When and where you go out at night	Yes	No
b)	What friends you have	Yes	No
c)	Whether or not you use drugs?	Yes	No
d)	Whether you drink alcoholic beverages	Yes	No
e)	Whether or not you go to work or stay at school	Yes	No

40. About how many of your friends use drugs (other than alcohol or tobacco?)

_____

41. How often do you meet any of your friends who use drugs?
a) Almost every day
b) 2-5 times a week
c) About once a week
d) 2-3 times a month
e) Once a month or less
f) Never

42. Where do you do most of your drug coping or buying? Give exact details

_____

_____

_____

_____

43 What drug created the most problems for you?

_____

_____

44. What sort of problems has drug use created for you <u>in the past 1 month.</u>

Remember your opinion <u>caused</u> by drugs.		1	2
a)	Arguments with family or friends	Yes	No
b)	Actual fights or threats of violence	Yes	No
c)	Arrested by Police/Put in jail	Yes	No
d)	Worked less or lost a job	Yes	No
e)	Dropped out of school	Yes	No
f)	Health problems (e.g. hepatitis, collapsed veins, abscesses)	Yes	No

Remember, I am interested in problems that you had in the past 1 month which you feel were caused by drugs.

g)	Made you steal	Yes	No
h)	Caused you to be emotionally unstable	Yes	No
i)	Caused you to have less energy than you should	Yes	No
j)	Bad reactions to, or overdose of drugs	Yes	No
k)	Poor memory or concentration	Yes	No
l)	Run away/leave home Yes	No	
m)	I am not sure what my problem has been	Yes	No

Appendix 6

Questionnaire in Hausa Language

BAGGAREN NA KARANTU LIKITANCHI A JAMIYAR AHMADU BELLO UNIVERSITY, ZARIA

KAYAN MAYE DA MATASA DA BASU MAKARANTA SU KE AMFANI DA A KARAMAR HUKUMAR BWARI NA ABUJA BIRNIN TARAYYA

TAMBAYOYI DALIBAN DA BASU MAKARANTA

Ranar Tambaya……

Sunan wanda ake Tambaya……..…..….

Guurin da ake Tambaya……..……..

Adireshin wanda ake tambaya……..

……

……

Mutumin dayasan inda zaa samu wanda ake tambaya domin karin bayani……..……

……

……

……

Zaka/ki yarda da karin bayani nan gaba idan da bukar haka?.....

Lambar waya:…….....

TAMBAYOYI

DEMOGRAPHIC ITEMS

1. Jinsin wanda ake tambaya (a) Namiji (b) Mace
2. Shekarunka/ki nawa da haihuwa? ……
3. Shekaru nawa akayi da gama makaranta?.....
4. Ana aiki yanzu tsayayye ko babu tsayayyen aiki?
   d) Eh, tsayayyen aiki
   e) Eh, babu tsayayyen aiki
   f) Aa ……. Aje tambaya ta 6

5. Wane irin aiki akeyi?
   i) Aikin cikin gida (babu biya)
   j) A yanzu banida aikinyi
   k) Yaron mota/direban kiyakiya/babur din haya
   l) Makanike/mai facin taya/walda
   m) Aikin ofis
   n) Yaron Shago
   o) Mai sayar da abinci/talla
   p) Wani abu da ban (bayyana)…….

6. Wane irin aiki mahaifinka/ki yake yi?
   i) Baya zuwa aiki a yanzu
   j) Noma
   k) Kwadago
   l) Aikin kamfani ko Makanike
   m) Aikin ofis/ Yaron shago
   n) Aiki da ilimi
   o) Soja
   p) Wani abu da ban (bayyana)…….

7. Dawa kafi zama sosai har izuwa shekaru 19 na haihuwarka/ki?
   l) Mahaifiya da Mahaifi
   m) Mahaifiya kadai
   n) Mahaifi kadai
   o) Kakanni
   p) Mahaifi da Kishiyar uwa

q) Mahaifiya da Mijin Mahaifiya (Agola)
r) Gidan rainon yara
s) Wani abu da ban (bayyana)……

8. Wannene matsayinka/ki?
   e) Gwauro
   f) Mai-aure
   g) An rabu
   h) Auren ya mutu

9. Mutane nawane a karkashinka/ki?.....

10. Ka/Ki samu kudi daga daya daga cikin wadannan a kwana 30 da suka wuce? (A zaba acikin wadannan)?

	1	2
g) Albashi daga gurin aiki	Eh	Aa
h) Taimako daga gurin al'umma	Eh	Aa
i) Miji/Mata ko wani daga Zuria	Eh	Aa
j) Abokai	Eh	Aa
k) Ta hanya mayar tsabta	Eh	Aa
l) Wani abu da ban (bayyana)……	Eh	Aa

11. Ki/Kana aiki karshen mako?
    a) Eh, Yawancin karshen mako
    b) Kamar rabin karshen mako a wata
    c) Kasa da rabin karshen mako a wata
    d) Bana aiki karshen mako

12 Kaine ko Wasune suke daukar nauyin more rayuwarka?
    a) Wasu mutanene ko yanayine
    b) Nine nake daukar nauyin kaina
    c) Bansan wa yake yiba

14. Wanne daga cikin wadannan kake sha?.....

<u>AMFANI DA KAYAN MAYE</u>(madarar sukudait, Ogogoro, Emu, giya, nimanya)

14. Ka/ki taba shan wani lemo mai dauke da sinadarin giya? Eh Aa Aje Q16

22. Sau nawa akasha lemo mai dauke da giya acikin kwana 30 dasuka wuce (giya, gwana, gwargwaro, burkutu)?
    e) Banashan giya

f) Sau daya ko biyu a wata

g) Kusan kowane sati a wata

h) Kusan kowace rana a wata

AMFANI DA TABA SIGARI 1 2 Aje Q17

23. Ka/Kin taba shan sigari? Eh Aa

D. Ka/Ki shekara nawa lokacin?

c) ……..

d) Bansani ba

E. Ka/kinyi amfani da sigari wata daya daya wuce?

c) Aa…….. .Aje Q17

d) Eh

F. Yaya yanayin shan sigarinka yake a wata daya daya wuce? (a zagaye amsa daya)

e) Ban shaba

f) Sau daya ko biyu a wata

g) Kusan kowane sati a wata

h) Kusan kowace rana a wata

24. **TABAR WIWI**(Ana kiranta da suna Marijuana, Hashish, ganja, pot, igbo, dutse, salad, goofo, kanya dadai sauransu)

E. Ka taba shan wiwi?

c) Aa…….Aje Q18

d) Eh

F. Kana shekara nawa lokacin daka fara sha?

c) …….

d) Ban saniba

G. Kayi amfani da ita wata daya daya wuce?

c) Aa…….Aje Q18

d) Eh

H. Yaya yanayin shan tabar wiwinka yake a wata daya daya wuce? (a zagaye amsa daya)

(e) Ban shaba

(f) Sau daya ko biyu a wata

(g) Kusan kowane sati a wata

(h) Kusan kowane rana a wata

25. Kwayar aji garau (wani sa'ilin an kiranshiamphetamines, rock, blow shrunk, crack, cocktail, coco, ICD etc) Likitochi na bayarwawa don a rage kiba ko Karin kuzari)

II. Ka taba amfani da kwayar aji garau **batare da izinin** Likitaba ko ma-aikacin lafiya?
   c) Aa…….Aje Q19
   d) Eh

II) Kana shekara nawa ka fara sha?
   c) ……..
   d) Bansani ba

III) Ka taba sha?
   c) Aa…….Aje Q19
   d) Eh

G. IV) Yaya yanayin shan aji garau dinka yake a wata daya daya wuce? (a zagaye amsa daya)
   e) Bana sha
   f) Sau daya ko biyu a wata
   g) Kusan kowane sati a wata
   h) Kusan kowace rana a wata

26. Kwayoyin bacci (kamar su Valium, Mogadon, Avomine, phenergan, magungunan saka bacci, aswagandha).

III. Ka taba amfani da kwayoyin bacci **bada izinin** Likita ba ko wani jami'in lafiya ba?
   c) Aa…….Aje Q20
   d) Eh

IV. Kana dan shekara nawa lokacin da kafara sha?
   c) ……..
   d) Bansani ba

III) Ka taba amfani da kowane daya acikin wata daya daya wuce?
   c) Aa…….Aje Q20
   d) Eh

IV) Yaya yanayin shan kwayoyin saka baccinka yake a wata daya daya wuce? (a zagaye amsa daya)
   f) Bansha ba
   g) Sau daya ko biyu a wata
   h) Kusan kowane sati a wata
   i) Kusan kowace rana a wata
   j) Bansaniba

27. Maganin saka hajijiya (wani sa'ilin ana kiranshi pap elephant mescaline, ketamin (special K")

II. Ka taba shankwayar da take saka hajijiya?
   c) Aa…….Aje Q21
   d) Eh

II Kana shekara nawa ka fara sha?
   c) ……..
   d) Ban saniba

III) Kasha wata daya da yawuce?
   c) Aa…….Aje Q21
   d) Eh

IV) Yaya yanayin shankwayar saka hajijiyarka yake a wata daya daya wuce? (a zagaye amsa daya)
   e) Bansha ba
   f) Sau daya ko biyu a wata
   g) Kusan kowane sati a wata
   h) Kusan kowane rana a wata

28. Hodar Ibilis (wani sa'ilin ana kiranta coke, coco, rock, blow shrunk, cocktail) angel dust

I Ki/Ka taba sha?
   c) Aa…….Aje Q22
   d) Eh

II Kana shekara nawa ka fara sha?
   c) ……..
   d) Bansani ba

III) Ka taba sha a wata 1 daya wuce?
   c) Aa…….Aje Q22
   d) Eh

IV) Yaya yanayin shan hodar iblis dinka yake a wata daya daya wuce? (a zagaye amsa daya)
   e) Bansha ba
   f) Sau daya ko biyu a wata
   g) Kusan kowane sati a wata
   h) Kusan kowane rana a wata

22 Gwana (wani sa'ilin ana kiranta heroen, smack, horse, scag)

I Ka taba sha?
   c) Aa…….Aje Q23
   d) Eh

II Kana shekara nawa ka fara sha?
   e) ……..

f) Ban saniba

III) Kasha acikin watan daya wuce?

c) Aa…….Aje Q23

d) Eh

IV) Yaya yanayin shan gwana dinka yake a wata daya daya wuce? (a zagaye amsa daya)

b) Banasha

b) Sau daya ko biyu a wata

g) Kusan kowane sati a wata

h) Kusan kowane rana a wata

23. Kwayoyi masu izini

Kwayoyi kamar Opiates (kamar: codeine, morphine, Demerol, Urun, analgesics) vicodin. Likitoci na bada wadannan magungunan don su rage radadi ko tari)

I Ka taba amfani da kwayoyin bacci **bada izinin** Likita ba ko wani jami'in lafiya ba?

c) Aa…….Aje 24

d) Eh

II Kana dan shekara nawa kafara sha?

c) ……..

d) Bansaniba

III) Ka taba amfani da daya daga cikin maganin nikan?

e) Aa…….Aje Q24

f) Eh

IV) Yaya yanayin shanka yake a wata daya daya wuce? (a zagaye amsa daya)

b) Bansha ba

b) Sau daya ko biyu a wata

g) Kusan kowane sati a wata

h) Kusan kowane rana a wata

24. Abin shaka da hanci: (kamar petrol, chemicals, paint thinner, glue or the contents of aerosol cans).

I. Ka taba shaker kayan maye don kaji garau?

c) Aa…….Aje 25

d) Eh

II Kana dan shekara nawa ka fara shaker wannan?

c) ……..

d) Bansani ba

III) Ka taba shaka a shekara daya data wuce?

e) Aa…….Aje Q25

f) Eh

IV) Yaya yanayin shaka yake a wata daya daya wuce? (a zagaye amsa daya)

b) Bansha ba

b) Sau daya ko biyu a wata

g) Kusan kowane sati a wata

h) Kusan kowane rana a wata

MATSALAR KAWA

25. Acikin zuriyarka akwai wanda ya damu da shaye shayen kwayoyin dakeyi bayan giya da taba?
    a) Eh
    b) Aa
    c) Bantaba shan kwayaba

26. Yaya kake shan kwaya (yanayin yadda kakesha) ***za'a iya zaben konawane***
    a) Sha
    b) Zuka
    c) Shaka
    d) Allura
    e) Sheka
    f) Tauna
    g) Lasa

27. Kana neman taimako a daya daga cikin wadannan?

a)	A taimaka min in koma makaranta	Eh	Aa
b)	A taimakamin in samu aiki	Eh	Aa
c)	A taimakamin in koyi sana'a	Eh	Aa
d)	A taimakamin insami abin yi lokacin da akwai sarari		Eh Aa
e)	A taimakamin da maganin don samun lafiya	Eh	Aa
f)	A taimakamin in zauna lafiya da iyalina lafiya	Eh	Aa
t)	A taimakamin in samu gurin zama	Eh	Aa
u)	A taimakamin in rage shan kwaya	Eh	Aa
v)	A taimakamin da matsalar data shafeni	Eh	Aa

28. Akwai wata hanya da kake tunanin zaa iya taimaka maka, wanda kana neman taimakon baka samuba wata 1 daya wuce? (bayyana)

    ……

    ……

    ……

29. Me kake tunanin zaa wadataku dashi a unguwarku don more rayuwarku?

    ……

    ……

    ……

ABUNDA YAKE JAWO SHAN KWAYA

30. Yanzu, kayi kokari katuna lokacin baya kafin ka fara shan kwaya (banda giya da sigari)
    a) Mahaifanka sunashan kwaya a yanzu? Eh Aa
    b) Idan Eh ne ansarka, wace irin kwayar kuma wanne daga cikin mahaifan?

    _____

31. A cikin kannenka/yayyenka ko maza/mata wannene yake shan kwaya a yanzu?
    Eh Aa
    b) Idan hakane wace kwayar ce?_____

    _____

32. A cikin abokanka akwai masu shan kwaya a yanzu? Eh Aa
    b) Idan hakane wace kwayar kuma susu nawane abokan naka?

    _____

33. Wanda ya fara baka ko siyar maka da kwaya (banda giya da sigari)
    a) Dan cikin gidankune
    b) Aboki
    c) Mai safarar kwaya
    d) Likita
    e) Sauran ma'aikatan lafiya
    f) Wasu da ban (bayyana)_____

34. A ina kake samun kwayarka?
    a) A makaranta
    b) A gurin aiki
    c) A gurin chasu
    d) A gurin shan giya/gurin shakatawa
    e) A kan hanya
    f) A gurin hutawa
    g) A gurin motsa jiki da wasanni
    h) Wasu guraren (bayyana)_____

35 Lokacin da ka fara shan kwaya daya daga cikin wadannan ya faru?

	1	2
h) An koreka daga makaranta	Eh	Aa
i) Abokanka nashan kwaya	Eh	Aa
j) Kana samun matsala a makaranta	Eh	Aa
k) Kasamu matsala da Yan'sanda ko kotu	Eh	Aa
l) Kana samun matsala da iyali ko yan'uwa	Eh	Aa
m) Kana samun matsala da gurin aikinka	Eh	Aa
n) Sauran (bayyana)	Eh	Aa

36 Akalla nawa kake dashi kudin kashewa a wata (bayan kagama bukatunkana dole a wata (a kalla nawa a Naira) _____

A TAMBAYI YAN KWAYA

37 Nawa kake kashewa a wata akan kwaya?
(akalla nawa a kudin Naira) _____

38 Idan zaka samu karin kudin shiga zaka sauya kawar dakake sha ko zaka kara yawan sha?
a) Zan rage shan kwayar
b) Shan kwayar bazai raguba
c) zan canza kwayar da nakesha

39 A tsakanin (iyaye/mata/miji) wanda yake da karfin iko? (Kana jin maganarsu) akan wadannan abubuwan?

	1	2
f) Yaushe kuma ina kake zuwa da daddare	Eh	Aa
g) Wa danne irin abokai kake dasu	Eh	Aa
h) Kanasha ko bakashan kwaya?	Eh	Aa
i) Ko kanashan giya	Eh	Aa
j) Ko kana zama idan kaje aiki ko makaranta	Eh	Aa

40. Akalla abokanka nawane suke shan kwaya?
(banda giya da sigari?)
_____

41. Yaya yanayin haduwarka da abokanka masu shan kwaya yake?
a) Kusan kowace rana
b) Sau biyu zuwa uku a sati
c) Sau daya a sati
d) Sau biyu zuwa uku a wata
e) Sau daya ko kasa a wata
f) Ban tababa

42. A ina kake karba ko siyen kwaya? Bada cikakken bayani
_____
_____
_____

43 Wace kwayarce tafi baka matsala idan kasha?
_____
_____

44. Wace irin matsala kwaya take jawo makaa wata 1 daya wuce.

Ka tuna ra'ayinkamatsalar da kwaya ta jawo maka.		1	2
a)	Musu/Gardama da yan'uwa ko abokai	Eh	Aa
b)	Fada ko Dambe	Eh	Aa
c)	Yan sanda sun kamaka/An saka gidan yari	Eh	Aa
d)	Baka aiki an koreka daga gurin aiki	Eh	Aa
e)	An koreka daga makaranta	Eh	Aa
f)	Matsalar lafiya (e.g hepatitis, collapsed veins, abscesses)	Eh	Aa

45. Katuna, inaso insan matsalolin daka samu wata daya daya wuce wanda kasan ko kake tunanin shan kwaya ne ya jawo maka?

g)	Ya saka sata	Eh	AA
h)	Ya saka maka rashin nutsuwa a sha'awarka	Eh	Aa
i)	Ya jawo maka rashin kuzari	Eh	Aa
j)	Ya jawo maka matsala	Eh	Aa
k	Ya saka mantuwa ko rashin nutsuwa	Eh	Aa
l)	Ya saka gudu daga gida	Eh	Aa
m)	Banma san wannene matsala taba	Eh	Aa

Appendix 7

Ethical Consent

BWARI AREA COUNCIL

FEDERAL CAPITAL TERRITORY - ABUJA
PMB 5032, WUSE - ABUJA

ADMINISTRATION .....Department

Our Ref: BAC/ ADM/4796/002 Date: 1/06/2012

Ref No: .....

Dr. Rufa'I Rabi'at Ahmed
Dept. of community Medicine
Faculty of Medicine
Ahmadu Belio University
Zaria.

APPROVAL TO CARRY OUT A RESEARCH STUDY IN BWARI AREA COUNCIL

Please I am Directed to refer to your letter dated 31st May, 2012 requesting for permission to carry out a research study on substance use among out of schooi adolescents in Bwari Area Council and to convey Councils approval for you to carry out the Research.

2. While thanking you for having the interest of the Council, we will be appreciative if you will upon completion avail us with a copy of your Research findings.

3. We wish you the best of luck in your studies.

AREA COUNCIL SECRETARIAT DATE ABUJA

Yahaya Ahmed Kana (MINM)
Head of Personnel Management
For: Hon. Chairman