SURVEY OF THE CONTROL PROGAMMES ON SUBSTANCES ABUSE AMONG YOUTHS AND ADULTS IN KATSINA STATE

BY

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M.ED/EDUC/0758/2009/2010

A THESIS SUBMITTED TO THE POSTGRAGUATE SCHOOL, AHMADU BELLO UNIVERSITY, ZARIA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER DEGREE OF EDUCATION (M.ED) IN HEALTH EDUCATION

DEPARTMENT OF PHYSICAL AND HEALTH EDUCATION, FACULTY OF EDUCATION AHMADU BELLO UNIVERSITY, ZARIA

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DEDICATION

This work is dedicated to my late father Malam Haruna , my late mother Aisha ,my guardian Alhaji Saadu Mamuda, my wife Hadiza, whose .Hher ambition is to see me achieve this intellectual height in my life time , May Almighty Allah reward them all.

DECLARATION

I declare that the research work in this dissertation titled "Survey of the control programme on substance abuse among youths and adults in Katsina state" has been conducted by me in the department of physical and health education, Faculty of Education, Ahmadu Bello University, Zaria, under the supervision of Prof. J.A. Gwani, Prof.(Mrs) M.A. Suleiman and Dr. (Mrs) V. Dashe. All quotations and authors and cited in this work have been indicated and the sources of information are specifically acknowledged by means of references. No part of this dissertation was previously presented for another degree or diploma at any University.

Saadu Yusuf Funtua **Date**

CERTIFICATION

This Dissertation entitled, SURVEY OF THE CONTROL PROGRAMMES ON SUBSTANCES ABUSE AMONG YOUTHS AND ADULTS IN KATSINA STATE, by SAADU YUSUF FUNTUA meets the regulations governing the award of master degree in Health Education of Ahmadu Bello University, Zaria, and is approved for its contributions to knowledge and literary presentation.

_____ _____

Prof. J. A. Gwani Date
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Member Supervisory Committee Date
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Prof. T.N. Ogwu Date
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Operational Definition of Terms

- **Skill – Building program** ---------This is a program professionally designed to rehabilitate those who are victims of drug abuse and other related problems.
- **Substance abuse control** -------- This is a mechanism of controlling the flow of illicit substance in the society by means of community based effort.
- **Volatile organic solvents** --------These are harmful substances that escape freely and quickly when exposed to air; they are harmful to human beings when inhaled.
- **Drug Trafficking control** -------- This is a process of curtailing the flow of illegal drugs in and outside the country.
- **Psychoactive Substances** -------- These are substances that change individuals' mental, psychological and social behaviour
- **Narcotic** -------- Narcotics are stimulants that increase individual action when consumed.
- **Illegal drugs** -------- These are drugs that are out of counter or non-permissible drugs such as amphetamine, highly sedative drugs.
- **Psychological consequence** --------- This is a state of mental displacement of an individual as a result of taking illegal substances.

- **Law enforcement agencies** -------- These are security agencies that minimize and control drug interaction among people.
- **Alcoholism** -------- A habit formation in drinking alcohol or substance that changes the state of human mind.
- **Alcohol** -------- This is a liquid substance that alters individual state of thinking or reasoning when consumed.
- **Amphetamine** ---------- This is a pharmaceutical substance that stimulates adrenal function in human body to feel highly excited and energetic.
- **Tobacco** ---------- Tobacco is a substance extracted from tobacco plant that contains nicotine and caffeine.
- **Cannabis** ---------- Cannabis are leaves or seeds that are used for making Indian hemp.

ABSTRACT

The purpose of the study was to survey the control programmes on substances abuse among youths and adults in Katsina state. The study was to assess the effectiveness of substances abuse control programmes. To achieve the purpose of the research questions were raised and each question was postulated. Six questions were raised and hypotheses were formulated and tested. A survey research design was adopted based on the fact that the event were observed. The data collected in this study were analyzed using statistical package of social science (SPSS). The sample size of 38 were used as suggested by Krecjie and Morgan (2000). The instrument used in this study for the purpose of collecting data was the questionnaire and the instruments was divided into three (3) sections A to C and each section consisted of different number of items based on information needed. The data obtained from the questionnaire were grouped, tabulated and analyzed using frequencies and percentages. However, the hypotheses were tested with inferential statistics the analysis of variance (ANOVA) to determine the significance of related variables used for the research. All the hypotheses were tested at 0.05 level of significance, all the recommendations were made according to the findings in the study. Based on the findings, programmes on substance abuse control are significantly affected by various factors such as socio economic condition and availability of drug as well as environmental factors which seen as service factors that influence substance abuse control programme in Katsina state. Such environmental factors include; economic income, population, educational status, physical and socio cultural condition of the people. Thus government should establish more agencies that will support substance abuse control programme in the country. Motivational mechanism should be systematically applied by the institution concerned. NDLEA so as to improve the standard of planned programme on substance abuse control in Katsina State and the country at large. Some of substance abuse control programme in Katsina State are: Effective offender's management, Supply drug reduction programme, Indentify drug user scheme, Intelligence operation programme, Social Programme (Peer education and support) and Research based prevention programme.

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CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the Study

Documented empirical evidence indicates that substance abuse among young people, especially students, is assuming an unprecedented upward surge worldwide. Substance abuse among students is associated with myriad of negative physical, social and psychological consequences, including liver, cranial and cardiovascular diseases, cancers, vehicular fatalities, mental and behavior disorder, violence, declining grades, increased potential for dropout and high truancy rates, suicides, homicides and accidental injuries.

With current development worldwide, efforts have been made by various countries to prevent substance abuse among youths and children. Various establishments and law enforcement agencies as well as educational, social and skill-building programs have been putting efforts to control substance abuse for the benefit of the society.

The National Institute on Drug (2010) maintained that, when research-based substance use prevention programs are properly implemented by schools and communities, use of alcohol, tobacco and illegal drugs will be reduced. Such programs help teachers, parents and health care professionals to shape youths' perceptions about the risks of substance abuse. While many social and

cultural factors affect drug use trends, when young people perceive drug use as harmful, they reduce their level of use.

Nigeria like any other country in the world, joined the European countries in trying to coordinate their strategies on substance abuse control programmes according to the obligations they took by signing the United Nations Conventions. Research has shown that their goal is to develop more effective joint system for drug traffic control.

This was done through a joint European Union (EU) system for drug traffic control by bringing closer all the elements in their repressive law enforcement systems (Customers, Police and Justice) by the year 2004. With the systematic exchange of information and joint actions, it would be easier to intervene in international organized crime/ corruption, money laundry, precursor control.

The use of drugs is determined largely by market forces; with increases in affordability and availability deprive use. People with socio-economic deprivation, however measured, are at high risk of harmful drug use, as are those with disadvantaged family environment, and those who live in a community with higher levels of substance use. Substance use is on the increase in low-income countries which, in the coming decades, will bear a disproportionate burden of substance related disability and premature death (Anderson, 2006).

The government of Nigeria reported increase in cannabis cultivation, while no estimates of output. Nigeria trafficking groups are among the largest trafficking organizations involved in heroin trafficking to the United States. Large amounts of cocaine, cannabis from Nigeria are smuggled to Europe (United Nation Drugs Control Programmes,(UNDCP 1995 and UN, 2004) The most frequent abused drugs are cannabis, heroin, cocaine, benzodiazepine and alcohol, about eighty percent of the drug consumer were youths between 18 and 30 years of age (Onyebe 1998).

Research findings have established that people abuse substances such as drugs, alcohol, and tobacco for varied and complicated reasons and the specific drug (or drugs) used varies from country to country and from region to region. Worldwide, the five main drugs of abuse are Cannabinoids, Stimulants, Hallucinogens and other compounds, Opiods and Morphine Derivatives and Depressant. Studies have shown that effects of drug addiction manifest physically, physiologically, and socially through the behaviour of drug addicts in society (National Institute on Drugs Abuse (NIDA, 2008). It is important to note that dependence on psychoactive substances is widely prevalent, cutting across age, class and gender, but it is difficult to estimate the number of drug addicts or formulate a comprehensive approach to deal with the problem primarily because it involves a "hidden population" that does not seek treatment. Hence, it is difficult to assess the problem, estimate its costs (social and economic), and design reliable intervention strategies for it. (NIDA, 2008).

In the case of Nigeria, Substance abuse and addiction is becoming increasingly widespread and a substantial percentage of the national budgetary health allocation is utilized for treatment and rehabilitation of people with substance use problems (Emma. 2004); (UNDCP, 2000). The various reports of rapid situation assessments of drug abuse and addiction in the country showed a picture of widespread consumption of cannabis (10.8%), followed by psychotropic substances (mainly the benzodiapines and amphetamine-type stimulants) 10.6%, and to a lesser extent heroin (1.6%) and cocaine (1.4%) in both the urban and rural areas. The use of volatile organic solvents (.053%) was reported as becoming popular, especially among the street children, in-schools, youth and women (NDLEA/UNDCP, 1999). Thus, concerns for the control of drug abuse and addiction have become a major issue. As part of efforts to alleviate the several adverse consequences of use and dependence on drug abuse in societies in Nigeria, governments at various times have allocated substantial public resources for drug treatment, and also formulated policies to contain, the spread of drug use among various segments of non-users of illicit drugs (UNODC, 2010). To achieve effective rehabilitation of drug dependants in the home, workplaces and society in general, drug treatment services are offered through a variety of modalities such as residential and outpatient approach, traditional treatment among herbalists, diviners, and criminal justice system. However, available information on drug abuses and addicts in Nigeria showed that treatment has not been left alone for the government. Over the past few

decades some non-governmental organizations have responded with comprehensive strategies to treat and rehabilitate drug-addicts through a multi-disciplinary approach involving preventive education through awareness-creation activities, research, training, treatment, rehabilitation and social reintegration, (Steenber, 2001).

The prevalence of drug use and abuse inmost parts of Nigeria especially Northwest and in particular Katsina state, has prompted the researcher to conduct a survey to identify some of the drug substances commonly abused, the factors influencing drug abuse, determine the programmes for the control of these drugs, find out the level of community involvement in the control of these substances, and also assess how well a drug control programme can meet individuals and social needs in Katsina state.

1.2 Statement of the Problem

The concept of 'drug' scientifically refers mainly to substances that affect psychological or behavioral functions or leads to varying degrees of dependence or addiction. The manner in which these drugs are used are primarily dependant, on the rational for its application. As far as substances use and abused is concerned, various social, cultural, customs belief and practices have direct influence on the use of substances.

Hearing and experiencing about the cases of substances abuse among youths and adults stimulated the researcher to take the challenges of attempting to find out the various control programmes put in place to curve out the menace of

substance abuse in Katsina state. A search of literature shows that in Katsina, little is known about the control programmes on substances abuse, factors influencing the programmes among youths and adults in the state.

Finally, substance abuse control program such as social program, research based program, identify user scheme, supply drugs reduction program intelligence operation and peer education support have been facing problems like inadequate financial supply, poor management poor implementation policies, lack of experienced staff and modern technologies as well as lack of community support

1.3 Research Questions

This study attempted to answer the following research questions to achieve the research purposes:

i. What are the factors affecting substance abuse control in Katsina state?

ii. What are the available substances abuse control programmes operating in Katsina state?

iii. Is there any effective substance/drug supply reduction program in Katsina state?

iv. What are the appropriate management measures for drug addicts?

v. What is the attitude of communities/societies toward social programs for controlling substance abuse in Katsina state?

1.4 Purpose of the Study

The main purpose of this study was to assess the control program of substances use and abuse in Katsina state:

i. To find out the factors that influence substance abuse control program in Katsina state;

ii. To identify the available substance abuse control programs commonly found in Katsina state;

iii. To find out the effectiveness of substance/drugs supply reduction program through improved and coordinated methods.

iv. To assess the appropriate management measures for drug addicts Under Identified Drug user scheme (IDU).

v. To identify the attitude of communities/Societies towards social program in preventing substance abuse in Katsina state.

vi. To identify the role community toward improving the existing substance abuse program in Katsina state.

1.5Research Hypotheses

Based on the research questions the following hypotheses are formulated;

i. There is no significant difference among respondents different opinion on factors affecting substance abuse control programmes.

ii. There is no significant difference between male and female respondents on the commonality of abuse control programs commonly found in Katsina state.

iii. There is no significant difference between respondents educational and their opinions on effectiveness of drug supply reduction programme in Katsina State.

iv. There is no significant different on the opinion of the respondents with different occupations and management measures against those offenders caught using drugs under identify drug user scheme (IDU) in Katsina state

v. There is no significant difference among respondents of different educational background in the opinions between social program and research base prevention programme in Katsina state

1.6 Basic Assumption

Based on the research evidence, the following basic assumptions are made;

i. Environmental conditions facilitated the abuse of substance among the people in Katsina state.

ii. Drug control mechanisms are not effective leading to easy access to substances abuse in Katsina state.

iii. Various organizations both public and private, including individuals have roles to play in the formation and implementation of substance abuse control programme of which most people in Katsina state are now realizing.

1.7Significance of the Study

It is hoped that this work will help various drug abuse control agencies in identifying ways to curtail the menace of substance abuse among the adolescents of Katsina state irrespective of their ages, status, and gender, in order to have mentally sound individuals for better productivity.

(i) The findings of the study would serve as a means for better understanding of the effects of substance abuse control programme on the society in Katsina state.

(ii) It will help in taking precautionary measures against the illicit use of substances in urban and rural community in Katsina state

(iii) The result of the study will also enlighten the public on the roles to play in the formulation and implementation of policies/ programmes on the control of substance abuse in Nigeria. Also the findings of this study will contribute to the body of knowledge, for students as well as guidance- counselors, teachers, medical personnel, social workers etc.

1.8Delimitation of the Study

The purpose of this study was to survey the control programmes on substance abuse among youths and adults in Katsina state. The study was delimited to the boundary of Katsina state; the variables examined were delimited to effectiveness of control programmes on substances abuse, factors influencing substances abuse, status of the community to the progress of the control programmes. Staff member of selected establishments:National Drugs Law enforcement Agent NDLEA, National Agency for Food Drugs Administration and Control NAFDAC, Customs, Immigrations, Prison Service, Factories, some schools and public places like motor Parks were used as subjects in the study; with a view to providing relevant data on drugs abuse and its control programmes.

1.9Limitation of the Study

There are virtually some limitations encountered in the process of conducting the study such as transportation from one local government to another and from one establishment to another. Retrieval of questionnaires from the respondents met some delay, despite the assistance of the officers in charge (Head of Department HODs).

Some respondents had to seek the help of the researcher for explanation or interpretation of some items of the questionnaire. The situation consumed much of researcher’s time.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 INTRODUCTION

This Chapter review related literature and related empirical studies under the following sub-heading:

- Conceptual framework of substance abuse control program
- Brief history of drug abuse
- Factors affecting substance abuse control program
- Types of substances abuse control program in Katsina state
- Supply drug reduction program
- Identity drug user Scheme
- Social Program
- Research – based prevention program
- Problem of drugs in Nigeria
- Summary

2.1Conceptual Framework of Substance Control Program

Substance abuse is one of the most pervasive social problems in the world.It is a behavior that most societies view as being detrimental to a people's physical, social, psychological and spiritual well-being, Hewitt and Enoch (2009) define substance abuse as an excessive use of addictive substance,

especially when such consumption or mis-use of substance is not for therapeutically purpose but rather for the purpose of affecting the normal function of the mind and body. Substances abuse among various populations and in every country of the world is assuming an increasing alarming dimension, a tendency which, if left unchecked, could spell disasters of an unimaginable proportion (WHO 2010). At the individual level, substance abuse has been implicated in many forms of human morbidity and mortality, and is a leading course of preventable death in the World. substance abuse is a major cause of physical conditions such as livers, cardiovascular and cranial problems. Other problems include some degrees of tolerance and withdrawal syndrome characterized by nervousness, irritability, drowsiness, energy loss, difficulty in concentrating, impaired physical performance, headaches, insomnia, dizziness (Hawkings et al, 1992).

Researchers have noted that various strategies have been implemented to control substance abuse among people especially children and youth. Such strategies are inform of programs addressing the issue of controlling the wide-spread of substance abuse in the world. The programmes are universal programmes, selective programmes and indicated programmes. Universal programmes address risk and protective factor common to all children in a giving setting such as school or community. Selective programmes are target on children and youth who are very vulnerable to the risk of drug use. Indicated programme are designed for youth who are already into drug abuse.

Education is a key component of any plan to change self destructive behavior. In order to be effective, education programme must be completely factual and rationale by relying on scare tactics and unfounded assertions. The current drug policy has failed to achieve its purpose of focusing educational campaign and information which is significantly accurate, credible, force with the younger generation.The most effective way to control substance abuse among youth is to invest in youth and keep them interested and involved in life. Government should increase funding for after school programmes, more so programmes, skills building, job training programs, (National Institute on drug Abuse 2006).

According to Federal Registrar Vol. 18 (2006),“alcohol and drug use tend to be a chosen activity engaged in during unstructured and unsupervised time". Therefore, existing and expanded funding should not be spent as simplistic anti-drug diverting campaigns. Rather it should aim at providing positive and enriching programs "offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco and drugs.

Researchers have noted that adolescence is a period during which the youth reject conventionality and traditional authority figures in an effort to establish their non-independence. Substance abuse may be a difficult activity engaged in when Youth have few or no opportunities to assert their independence in a constructive manner (Carmona and Stewart, 2004).

Moreover, twice as many youths from low income families are unsupervised for more than three hours per day than youths from high – income families. In an independent study of Big Brother/Big Sister program, a researcher found that "little brothers and little sisters were 49% likely to start using illegal drugs, and 27% less likely to start drinking. Little brothers and little sisters, also, did better in school, had better attendance records, and felt slightly better about how they would perform in school. Constructive activities and monitoring programs provided a strong environment for youths and young adults to reject all forms of drug use and provide benefits across a wide array of indicators, such as school performance and self-esteem.

Taking a look at Nigerian situation in terms of drug use and abuse, United Nation Food, Drugs, Administration and Control Magazine (USFDACM 2006), states that “the action plan for the implementation of the 1998 UNGASS declaration on demand reduction clearly establishes the bases for regular assessment of the nature and magnitude of drug use, abuse and related trends”.

The Nigerian drug control programmes have brought rapid assessments and developed basic information on drug situation in the country. However, the existence report does not elaborate the areas of psychotropic/psychoactive substances, trafficking and abuse, the streets hawking of drugs and the extent and pattern of cannabis cultivation (United Nation Organization Drugs Control(UNODC),(2009).The abstraction and translation of policy issues from the drug situation assessment findings and recommendations have not been

properly activated and carried, leaving a huge gap between available information and policy reforms in drug control (UNODC, 2009).

In addition, the weak coordination of drug control programmes has hampered cooperation between the law enforcement and security services, especially at the ports. Presently, Nigeria's Apex Bank and the financial institutions appear distanced from the mainstream of drug control programmes especially in drug-related financial crimes (money laundering). It is also evident that the lack of sustained support to the media has affected its effectiveness as essential partners for mass education and communication in drug control programmes (United Nation Organisation on Drugs Control, (UNODC 2009).To assure credible design of interventions, there is need for reliable data and information. In order to consolidate and broaden the existing drug abuse situation/information base in the country, additional assessments on the other aspects of the drug problem will be carried out. There will also be improved coordination of drug control programme, increased awareness and participation of financial institutions in drug control programme (money laundering) and sustainable media partnership (UNODC, 2009).

Therefore, the planed situation assessment and surveys will be of a national scale and managed by local coordinating partners under the supervision of UNDCP. Within the amplitude of these projects, there will be support for expert group meetings and workshops to develop policy guidelines and

strategies in the drug control programme. Other activities to be supported include coordinating; activating the financial institutions and the media partnership in drug control programmes (United State Food Drugs Administration and Control Management (USFDACM), (2008).

2.2 Brief History of Drug & Drug Abuse

Humans have always experimented with substances derived from minerals, plants, and animal parts to treat pain, illness, and restore health. In ancient Egypt, physicians prescribed figs, dates, and castor oil as laxatives and used tannic acid to treat burns. The early Chinese and Greek pharmacies included opium, known for its pain-relieving qualities, while Hindus used the cannabis and insane plants as anesthetics and the root of the plant Rauwolfia serpentine, which contains reserpine, as a tranquilizer.

A school of pharmacy established in Arabia from 750 to 1258 AD discovered many substances effective against illness, such as burned sponge (which contains iodine) for the treatment of goiters – a noncancerous enlargement of the thyroid gland, visible as a swelling at the front of the neck. In Europe, the 15th century Swiss physician and chemist Philippus Aureolus Paracelsus identified the characteristics of numerous diseases such as syphilis, a chronic infectious disease usually transmitted in sexual intercourse, and used ingredients such as sulphur and mercury compounds to counter the diseases.

During the 17th and 18th centuries, physicians treated malaria, a disease transmitted by the bite of an infected mosquito, with the bark of the cinchona

tree (which contains quinine). Heart failure was treated with the leaves of the foxglove plant (which contains digitalis); scurvy, a disease caused by vitamin C deficiency, was treated with citrus fruit (which contains vitamin C); and smallpox was prevented using inoculations of cells infected with a similar viral disease known as cowpox. The therapy developed for smallpox stimulated the body's immune system, which defends against disease-causing agents, to produce cowpox-and smallpox-specific antibodies, (Maggs Hurredman 1998).

In the 19th century, scientists continued to discover new drugs including ether, morphine, and a vaccine for rabies, an infectious, often fatal, viral disease of mammals that attacks the central nervous system and is transmitted by the bite of infected animals. These substances, however, were limited to those occurring naturally in plants, minerals, and animals. A growing understanding of chemistry soon changed the way drugs were developed. Heroin and aspirin, two of the first synthetic drugs created from other elements or compounds using chemical reactions, were produced in the late 1800s. This development, combined with the establishment of a new discipline called pharmacology, the study of drugs and their actions on the body, signaled the birth of the modern drug industry.

Sulfa drugs, discovered in the 1930s, were the first major class of antibiotics. These drugs were the first agents found to be effective against such grave bacterial infections as meningitis and blood poisoning, and they saved thousands of lives during World War II (1939-1945). The 1939 article from

Scientific American lauds the development of sulfa drugs as opening a new era in health care. Although sulfa drugs represented a medical breakthrough, their use was risky because they could be toxic. In the 1940s the safer antibiotic penicillin became widely available and replaced sulfa drugs in the treatment of many infections. (Open sidebar , Medical Science, 2006) .The availability of new and more effective drugs, such as antibiotics, which fight bacterial infections, and vaccines, which prevent diseases caused by bacteria and viruses, helped increase the average American's life span from about 60 years in 1900 to about 78 years in 2005. Drugs have vastly improved the quality of life. During the 20th century, drugs enabled the eradication of smallpox, once a widespread and often fatal disease. By the early 21 century, vaccines had led to the near eradication of poliomyelitis, once feared as a cause of paralysis.

Today most drugs are synthesized by chemists in the laboratory Synthetic drugs are better controlled than those occurring naturally, which ensures that each dose imparts the same effect. Some new synthetic drugs are developed by modifying the structure of the existing substances. These new drugs are called analogues. For example, prednisone is an analogue of the hormone cortisone. Because scientists can selectively alter the drug's structure, analogues may be more effective and cause fewer side effects than the drugs from which they were derived, (Medical Science 2006).

2.3 Factors Influencing Substance Abuse Control Program

Research has identified various factors affecting substance abuse control program. Such factors include: -Role of Media, Family Influence, and Social Factors.

2.3.1 Role of Media

Role of media isthe major factor affecting substance abuse control program in Nigeria. There is no restriction on alcohol advertising in Nigeria. In the advertisements of cigarettes and alcohol, people who smoke and drink are portrayed as sexy, manly and sophisticated. Advertising alcohol in Africa focuses on the youth, strength and nutritional values. This has a facilitating role for adolescents who are still trying to find their identity.

According to Jokinen, Pitkainen and Hirvonen (2004) a popular advertisement in Cote D'Voire showed a young person on a motorbike who was very exhausted but was revived after drinking a bottle of beer. Also, even though Indian hemp is not advertised on media…? All these make impressions on the developing adolescents mind. (Cambor, Millman, 2009).

2.3.2 Family Influence

An adolescent raised in a family whose member such as a parent or sibling abuses drugs is more likely to do the same. Similarly, parental attitudes or the youths' perceived parental attitudes have a strong influence on the

adolescents' perceived decision making. In both cases, alcohol is introduced by close respected family members' grandfather and elder brother respectively.

2.3.3 Social Factors

Palm wine is an important alcoholic beverage in West Africa obtained from the juices of the oil palm and raffia palm plants. Palm wine is the most common traditional beverage used widely especially in the southern part of Nigeria at wedding and funeral ceremonies. Alcohol is readily available especially in the southern region of Nigeria in shops, bars and hotels. This is sold to underage children although licenses granted for its sale require that only adults would buy, but rules are not obeyed. The situation is however different in some of the Northern states where religious (Islamic) laws have been enacted to ban the sale of alcohol.

2.3.4 Psychological Dynamics

The need to conform and impress their peers was quite obvious in adolescents. As the adolescents' body matures, several changes occur. Parental influence in issue of lifestyle reduces the influence of peers increase and of the need to conform to their peer group becomes more dominant. A child may take up smoking or drinking alcohol so that they are drawn closer to group where this is the norm. In a study of drug use among junior high school children in Japan, peer pressure measured by been tempted to use demonstrated the highest risk factor with adjusted odd ration of 9.53, which was followed by problems.

Drug abuse may also be the youth way of coping with stress which may be unbearable such as poor school performance or a function family or social phobia.

2.4 Types of Substance Abuse control Programme in Katsina State

The following programs listed below are identified by this study as drug abuse control program available in Katsina state;

- Effective Offender's Management
- Supply Drug Reduction Programme
- Identify Drug User Scheme
- Intelligence Operation Programme
- Social Program (Peer Education and Support)
- Research Based Prevention Program

2.4.1 Supply Drug Reduction Programme

This programme pursues the following objectives.

i. To strengthen efforts to keep drugs out of Katsina Community through improved and coordinated methods of detection and deterrence.

ii. To provide a range of education, treatment and intervention opportunities capable of enabling a reduction in the incidence of substance abuse by offenders.

To reduce health and safety risks to government officials, offenders, and society through a reduction in the incidence of blood-borne communicable disease transmission, overdose and other drug related harms.

The Strategy will strengthen measures used to keep drugs out of Katsina state by introducing new or strengthened workplace practices, appropriate resources and improved technology. While supply reduction in the community is the primary responsibility of Nigeria Police Force, NDLEA and SSS, Parole and Probation will support this role in their supervision of the state, especially those convicted of drug trafficking.

The supply reduction goalsinclude the following:

- That offenders who use illicit substances are detected;
- That persons attempting to smuggle or traffic drugs into State are apprehended; and
- That drugs and related items concealed in goods, property, produce or vehicles are located and intercepted.

To achieve the goals, improved technology, procedures, standards, co-ordination of initiatives, and analysis of intelligence are used. Supply reduction will include a balanced range of measures to prevent supply and use of drugs in Katsina State. (Mark 2003).

Drug testing is used to offenders will monitor and deter drug-misuse, failure to undergo a drug test will continue to be a disciplinary offence for

offenders which will lead to sanctions. Drug testing can provide a trigger for referral to treatment of those offenders who fail a test.

2.4.2 Identified Drug User Scheme (IDU) provides appropriate management measures against offenders. It offers incentive and differential management measures to encourage offenders to cease drug use in the society.

Intelligence will target all persons smuggling, trafficking and using drugs within the state and will include liaison with community leaders to target supply from persons outside the state.

Travelers/Visitors who attempt to, or are suspected of smuggling drugs into the state will be subject to a range of penalties including prosecution.

2.4.3 Intelligence Operations Programme

Intelligence operations will be provided centrally by National Drug Law Enforcement Agency (NDLEA) and in each Local Government by intelligence staff. Intelligence operations will collect and coordinate information that will improve the detection of drug trafficking, drug use and related behaviors statewide. Community Leaders will help intelligence staff to gather information that may contribute to the detection of and monitor persons suspected of trafficking or involvement in drug activities. NDLEA intelligence staff will coordinate with, and cooperate with other law enforcement agencies for the sharing of intelligence and conduct of joint operations to combat the importation of illicit substances into Katsina state.

The strategy acknowledges the wide range of factors that contribute to drug dependency. The strategy's treatment goal focuses on providing more intensive treatment opportunities, reducing offensive behaviour, and minimizing the harm caused by drugs. The Strategy endorses treatment that accommodates the assessed diverse needs of offenders and which provides a means of reducing or ceasing an offender's drug use. A key objective is to help offenders establish drug free lifestyles that benefit not only the individual but also society as a whole. World Health Organisation (WHO 2004).Treatment refers to interventions that seek to improve the physical, emotional and psychological health and well-being of offenders who use or have used substances through various psychosocial and pharmacological therapeutic methods. The goal is to help a drug addict abstain from or to manage the use of substances. Effective treatment will be evidence-based, easily accessible and require the active involvement of those offenders being treated. Offenders who are assessed at high risk of re-offending and drug-related harm will have access to a broad range of intervention options delivered in accordance with correctional philosophy and delivered with a clear understanding of the role of abstinence within a harm reduction framework.

Detoxification will be provided as a medically supervised program in which drug users are withdrawn from the use of addictive substances. The goal of detoxification is to provide a safe withdrawal from the drug(s) of dependence and enable the offender to become drug free. Detoxification does not itself

ensure long-term abstinence and should be regarded as a starting point for ongoing treatment, rather than as a complete treatment in its own right.

Drug testing will be conducted on a regular basis and may target any offender within a custodial facility or serving a community order. The purpose of this testing is to ensure that offenders are aware that if they use drugs it is likely that they will be detected and lead to consequences.

The strategy endorses treatment that accommodates the diverse needs of society and which provides a means of reducing or stopping drug use in the society. This treatment must often address a complex array of personal issues and behavior. The challenge is to provide accessible and meaningful intervention programs which are supported by all levels of government officials and delivered in a context of through care. Agency and/or contracted drug and alcohol treatment services will respond directly to the needs of individual offenders in relation to their substance abuse, as well as other related health and well-being needs. A range of interventions and services will be available and include: health and medical services, offending behavior programs, counseling, mutual self-help groups and peer support, opioid substitution therapy (pharmacotherapy), and transitional support.

The intensity and type of treatment available will be related to offenders' assessed needs and will seek to increase their motivation to participate. Offenders who are assessed at high-risk of re-offending and drug-related harm will have access to intensive interventions that target their attitudes and values,

as well as behaviors which rationalize drug or alcohol use and criminal activity as acceptable behaviors. Access to these interventions will be dependent upon length of sentence term and recommendation by an offender management plan. These interventions will promote the development of self-help and coping skills that will assist offenders to live drug-free lifestyles, encourage responsible use of alcohol and reduce harm caused by drug or alcohol use. Interventions that aim to reduce re-offending will typically include targeting of attitudes and values, as well as behaviors which rationalize drug use and crime as acceptable behaviors. Treatments will emphases offenders taking responsibility for their personal actions and offending behavior and living as positive members of our society.

A service delivery system to be utilized should be such that ensures each decision point incorporates evidence based principles of intervention and should include:

- Thorough identification, assessment and referral processes
- Comprehensive management plans designed to reduce the risk of recidivism, frequency and consumption of drugs and alcohol
- Effective treatment/interventions/support, through care/aftercare
- Behavioral management techniques of rewards and sanctions to encourage compliance as a means to improve outcomes.

Treatment may comprise a number of parallel or sequential interventions which should follow assessment and be delivered to meet identified needs according to a management plan. It is important that intervention and/or service delivery occurs in an integrated manner and does not result in fragmented or contradictory treatment.

A graduated level of intervention providing differing levels of intensity will be delivered at the appropriate level and dosage according to assessed needs. Interventions will target behavioral issues and criminogenic need.

Maintenance and booster programmes will be provided for offenders who successfully complete a high intensity program. These programs will enable high risk offenders to consolidate continued recovery through ongoing support in the community.

Offenders who are assessed with low to medium risk of re-offending will be provided access to a range of targeted harm reduction education and information programs and support services. 12-step programs such as narcotics anonymous and alcoholics anonymous or cognitive behavioral therapy based programs such as SMART (self-management and recovery training) will be provided where resources allow.

Harm reduction refers to interventions aimed at reducing the harms associated with substance use for offenders, and the wider community. It can include, but does not require, abstinence.

The focus is on the individual's behavior, not on the substance use itself. Harm reduction is a health-centered approach that seeks to reduce the individual and social harms associated with drug misuse even when total abstinence isn't achieved. It includes a broad continuum of responses from those that promote safer use or uptakes to those that assist individuals achieve abstinence.

Effective harm reduction approaches are pro-active, offer a comprehensive range of coordinated, user-friendly, offender centered and flexible programs and services and provide a supportive, nonjudgmental environment.It is estimated that 16,000 new hepatitis C infections occur annually in Australia, with an estimated 91 per cent of these related to injecting drug use (National Hepatitis C Projections Working Group 2002).

Health and medical services will deliver facility based treatment to offenders in response to individual needs and in particular assist those offenders with acute health needs, particularly those with drug-related dependence or behavioral problems. Health and medical services will provide medically supervised withdrawal/detoxification services within Katsina community and will maintain a close involvement in the ongoing treatment, health, and mental health issues identified as a result of drug use.

Pharmacotherapy

Evidence based studies and programme evaluations indicate that substitution maintenance treatment for opioid dependence (pharmacotherapy) can reduce the spread of infectious diseases, lower consumption of illegal drugs, reduce rates of criminality, increase chances of psychosocial rehabilitation and employment, and retain offenders in treatment for longer periods of time.

Pharmacotherapy may be used in a number of ways to treat substance dependence, for example, it can be used for suppressing withdrawal symptoms and drug cravings, stabilizing symptoms, and blocking the effects of specific drugs.

Whilst abstinence is an important long-term goal for treatment, all evidence based treatments are deserving of support. The myriad of benefits to the community in moving dependent heroin users into treatment should not be undervalued. In particular, methadone maintenance treatment for heroin dependence is successful in its ability to stabilize and save lives and should not be considered any less desirable as an achievement. Indeed the transfer to maintenance treatment should be seen as a positive outcome of detoxification (ANCD, 2005).

2.4.4 Research Based Prevention Programmes

Research-based program have been designed rationally based on current scientific evidence, rigorously tested, and shown to produce positive results. Scientists have developed a broad range of seven programs that positively alter the balance between risk and protective factors for drug abuse in families, school, and communities. Studies show that research-based programs such as those described in NIDA's preventing drug use among children and Adolescents. A Research Guided for Parents, Educators, and Community Leaders, can be significantly reducing early use of tobacco, alcohol, and illicit drugs (National institute on drug 2011).

Research based Program revealed that in early adolescence when children advance from elementary through middle school; they face new and challenging social and academic situations. Often during this period, children exposed to abuses substances such as cigarette and alcohol for the first time. When they enter high school, teens may encounter greater availability of drugs, drug use by older teens, and social activities where drugs are used. At the same time, much behaviour that is a normal aspect of their development, such as the desire to try new things or take greater risks, may increase teen tendencies to experiment with drugs. Some teens may give into the urging of drug-using friends to share the experience with them. Upon all these factors mentioned, when research – based use prevention programs are properly implemented by schools and communities, use of alcohol, tobacco and illegal drugs is reduced. Such program helps teachers, parents and health care professionals to shape youths'

perception about the risk of substances use. *(National Institute of Drug Abuse 2011).*

2.4.5 Social Programs on Substances Abuse Control Program

Social programs that work on substance abuse prevention have worked out some intervention techniques such as:

- Life skills training
- Staying free
- First-grade classroom prevention program (Program that combines a classroom management strategy. The behavior game whichenhances academic curriculum.
- Partnership between universities and community teams to implement evidence-based programs for truth substance abuse prevention *(Coalition for Evidence based policy, 2012)*

Evidence from controlled studies national cross-site-evaluations, and CSPA (2010) grantee evaluation demonstrates that prevention programs work. Good Junior High School interventions affect knowledge and attitude about drugs, use of cigarettes and marijuana, and persist into the twelfth grade; examples of CSAP prevention successes are encouraging. A Cornell University study of six thousand students in New York found that the odds of drinking, smoking, and using marijuana were 40% lower among students who participated in a school-based substance-abuse program in grades seven through nine than among their counter parts who did not. (*National Drug Control Policy 2011).*

Meanwhile, preventing or delaying use of psychoactive drugs, alcohol, and tobacco among adolescents is a critical, national public health goal. The simplest and most cost-effective way to lower the human and social cost of drug abuse is to prevent it in the first place. Children whose parents abuse alcohol or other drugs face heightened risks of developing substance-abuse problems themselves. There are an estimated eleven million such children under age eighteen in the United States. Every day, these young stars receive conflicting and confusing messages about substance abuse. Nevertheless, specifically crafted prevention message can break through the levels of denial inherent in these families.

The Department of Education's safe and Drug-free schools are communities programmes (SDFSP) that provide funds for virtually every school district to support drug and violence prevention programs and to assist in creating and maintaining safe learning environments. The President has announced his intention to overhaul the program to improve its effectiveness. The proposal will require schools to adopt effective drug and violence policies and programs, annual safety and drug use report cards, links to after school programs, and efforts to involve parents. The Department has already implemented principles of effectiveness which require that all SDFSP founded programs be *research-based.* The program is moving in a direction designed to ensure that S/D/F/S/P fund recipients, including governor, state education agencies, local education, and community organizations adopt programs. Policies and practical that are based on research and evaluation is to assist in the identification and adoption of effective approaches, an expert review. Panel will

identify promising or exemplary drug and violence prevention programs. The new Drug prevention and school safety program coordinators initiative will help school districts recruits, hire and train drug and violence prevention coordinators in middle schools. Coordinators will be responsible for identifying promising drug and violence prevention programs and strategies; assisting schools in adopting the most successful and analyzing assessments of school drug and crime problems. Working with community resources to ensure collaboration and providing feedback to state educational agencies on programs and activities that have proven to be successful in reducing substance abuse and violence behavior.

There are also social prevention programs identified by National Drug Control Strategy, Office of National Drug Control Policy (2011), these programs includes:

- National Youth anti – Drug Media Campaign
- Safe and Drug free schools and communities
- Monitoring initiative
- Child Welfare and Welfare Reform
- Youth substance Abuse and preventive initiative.
- Youth Tobacco initiative

Peer education programs aim at informing offenders on the effects of illicit drug use and provide information aimed at reducing related harm. Peer education and support can be an effective way of changing drug-related behavior by offenders in custodial settings of NDLEA and within the Katsina

community. Offenders serving peer support roles and who have already made significant personal changes in their lives are powerful examples of the possibility of change and hope. They know through experience the pitfalls which can result in re-offending and can provide a bridge to NDLEA staff for further help and support.

Peer based education and/or support programs will provide a valuable bridge to other treatment/interventions for offenders in Katsina community. They will provide a valuable support service in reception and induction situations for other offenders. Peer supporter workers will provide an information based service that will value add to harm reduction interventions targeting a reduction in blood-borne virus transmission.

An implementation plan will be developed detailing a staged process of implementation. Implementation progress will be measured using milestones identified in the implantation plan.

The Drug Strategy Unit of NDLEA monitors strategy implementation to determine its impact upon:

- Effectiveness of barrier control activities
- Prevalence of drug use in Katsina community
- Patterns and trends of drug use in Katsina community
- Number of offenders engaged in therapeutic interventions and treatment

A Drug Strategy Reference Group oversees implementation, provides advice and monitors and assesses progress. Progress reporting is in accordance with implementation plan requirements.

All drugs abuse and substances references are included.

2.4.6 Drugs Problems in Nigeria

Debaes (2007) recalled that the use of illegal drugs was once unheard of in Nigeria. With the upsurge in the illicit use of cocaine in the U.S. and Europe in the 1980s, drug use became more common. The problem rather became obvious as Nigeria became a stop for illegal drugs that were being transported to Europe from Latin America. As a result, local gangs began to sell drugs to Nigerians. Marijuana, which is locally known as Igbo or Indian hemp, became the most common drug of choice as time went on. Consequently in Nigeria, 16,000kg (about 35,274 pounds) of weed and 15.6 kg (about 34.39 pounds) of cocaine were seized in 1999. The number of seizures jumped to 272,000 kg (599,657 pounds) of cannabis and 54 kg (119 pounds) of cocaine in the year 2000. Little wonder, by 2007, Nigeria had risen up to the fourth country with the largest rate of marijuana seizures, after the United States, Mexico and Bolivia (retrieved from http://www.ehow .com, 20/04/2012).

Drugs problem is a thorn in the flesh of the Nigerian society; yet, it is in this condition that teens and young adults live and socialize in Katsina locality. People indulge in abuse for different reasons resulting in various effects ranging

from mild affection to complex ones and in extreme cases, death. National Drugs Law Enforcement Agency (NDLEA) has been running faster than they could to catch up with the medicine to the ailment which the problem of drug abuse/ addiction has caused our society and institutions of learning, but the bid to achieve this appears to be futile. The problem of substance/drugs use in Nigeria has assumed a wider dimension. It has moved from mere consumption to sales for money. This leads to shady business like drug trafficking. The NDLEA statistical data compiled over the years show that in 1996 alone, over 80% drug users are 16-30 years of age, 75% of those arrested as traffickers are 16-45 years. In 1997, over 97% drug users interviewed were between ages 11-40. With the above, it is therefore imperative for every patriotic and well meaning Nigerian to join hands to address this problem because the largest population are the youth and adolescent who once hooked to drugs, will turn out a chaotic Nigeria in future Onyele (1998).

With youthful exuberance, adolescents (11 – 25 years) commonly experiment with drugs. At this biological epoch, they try so many new things. Consequently, adolescents use substances for many reasons, including curiosity to feel high, because it feels good i.e. as status symbol, to reduce stress, or to feel grown up. Specifically, the use of alcohol like in drinks and tobacco like in cigarette, at an early age amplifies the risk of using other drugs later. Oshiokoya *et al.,* (2006) associated this to two cardinal influences; from parents who stand as role models, yet illicitly use drugs and from peer groups where such is

practiced. One of the WHO's and the World Heart Foundation's data pointed out that in Nigeria, 22.1% of students between 12 and 17 years use tobacco. This was higher than those of South Africa (19.4%), Kenya (16.2%) and Ghana (15.1%). It is not so apparent whether the Nigerian government is proactive enough in efforts to stem the horrible tide. The fear is that youths are lured into early Cardio Vascular diseases (CVD), lung cancer and other tobacco related diseases which are death related. Hence, the Secretary-General of African Heart Network, Dr. Kingsley Akinroye while reacting to the multi-billion naira investment pact between the previous administration and British American Tobacco (BAT) to build a tobacco plantation in Ibadan for production of tobacco related products at the detriment of Nigerians, advised Nigerians not to be stakeholders with industries that are injurious to them even if they cannot prevent their establishment. Already, Nigerian youths are being offered cigarettes through promotions and musical concerts. Some teenagers will surely experiment and stop, while others will continue occasionally without significant problems. Yet, some others will develop dependence, moving on to more dangerous drugs and causing significant harm to themselves and the society at large (Abudu, 2008).

Alcohol is about the most abused substance in Nigeria. Research findings indicated that cigarette and alcohol are the most devastating compared to other psychoactive drugs. Yet, the number of breweries in Nigeria has increased tremendously leading to increased number of beer parlours. Alcohol is the

major problem of young adults and adolescents; majorly males previously, but today females tend to consume more alcohol than they did in the past (Oshodin 2004). The problem of drug abuse has reached an alarming stage that government has established NDLEA to help in curbing trafficking more and neglecting other aspects of prevention and control.

Youths including teens and young adults in Nigeria, use drugs ignorantly not knowing the consequences of using them. Findings of previous researches show that many respondents don't know the adverse effects of drugs like analgesics (pain-relievers) on human beings and many at one time or the other have tried one or more type of drug which exposes them to the risk of becoming drug abusers and dependants (Damian 1995). Obviously, youth social system is a transformational period to adulthood. At this bio-social epoch, they are again segregated from the institutions of adult life being considered somewhat inferior. Doubtless, these views have effects and rationales behind the use of and abuse of drugs freely. So if young ones are socialized seeing adults use drugs freely, they may assume they too need to practice it in order to graduate or attain unto adulthood. Maxwell (200I) summarized the situation of young person's thus:

> *We are currently witnessing and experiencing the menacing effects of the behaviour of a shock-up generation which is reminiscent of the fate of marginal man, these young boys and girls who are psychologically fractured or uprooted, mentally deranged, intellectually bankrupt and socially alienated and dehumanized because of their injection of what is socially and traditionally valued and their improper group and*

understanding of these values in the new way of life they are too eager to live and enjoy (Maxwell2001).

This is a typical description of the character display by young adults and teens that use and depend on substance/drugs in the studied area.

Drug misusers often present with myriad health and social problems, particularly in relation to physical and psychiatric co-morbidity and social care needs. Many present with: physical health problems (e.g. thrombosis, overdose, hepatitis B and C, HIV, weight loss, respiratory problems); mental health problems (e.g. depression, anxiety, paranoia, suicidal thoughts) and social problems (e.g. relationship issues, unemployment, and homelessness). This raises a very significant question as to the appropriateness and utility of treating these people simply as offenders, rather than as people with health needs that are related to their criminal behavior (Lambo2006).

A range of social determinants are found to contribute to drug use. These include income and social status, social support networks, education, employment, social and physical environments, personal health practices and coping skills. Offenders, who take drugs, generally have complex needs and are likely to have not been engaged in, or have previously failed to respond to, community treatment. They often require intensive society and government support throughout their life to achieve positive rehabilitative outcomes. (Abudu 2008).

The Strategy builds on the successes and learning of previous strategies. It introduces new initiatives based on current thinking, current community attitudes towards drugs, and best practice in correctional drug management from around the world. The Strategy will deliver an integrated and multi-layered approach to the complex challenges facing society management in addressing and managing drug use by substance/drug abusers in Katsina state.

The mission of the Strategy is to prevent drugs entering Katsina community/society and to minimize the harm caused by drugs to people in the society in general. This will be accomplished by strengthening efforts to prevent drugs entering the state, providing strategies to deter drug use in Katsina and by providing offenders at risk of drug-related harm with opportunities to develop and maintain drug-free lifestyles in the community. Sanctions will be applied to all persons who test positive to drugs in a manner that will provide incentive based behavior change to drug free status. This will be achieved using a complementary and balanced approach between control and detection, and treatment and rehabilitation that is directed at maintaining the good order of the people and management of the society. Delivery will occur in a harm minimization context to enable a reduction in the volume of drugs entering the state, reduce drug-related harms, reduce drug-related re-offending, and improve the health and well-being of the community members, (Mark2003).

It is committed to addressing the issue of drugs in Katsina state, and to deliver sanctions for those persons who test positive to illicit substances and will enforce strict legal measures against any person bringing drugs into the state. Measures will include vehicles searching by officials of the National Drug Laws and Enforcement Agency (NDLEA), x-ray scanning at Katsina state Airport, electronic surveillance; drug detection devices, drug-detection dogs and targeted and random drug testing of persons suspected to have been substance/drug abusers. The Agency has the ability to control the entry of persons to State Airport facility. Prior to approving entry to a State Airport facility the criminal history of all potential visitors, contractors or employees to be examined and any history indicated will be considered when determining suitability. The Agency will undertake a review of its processes relating to criminal history, checking and the suitability of persons for entry to the state and where indicated make changes to ensure the integrity and consistency of decision making (Emma2004).

2.5SUMMARY

This chapter reviewed the related literature on control programmes on with regards to substances Abuse. The substance abuse is one of the most pervasive social problems in the World. It is a behavior that most societies view as being detrimental to people's physical, social, psychological and spiritual

well being. However, there are various rehabilitation and control programmes operating in Katsina state.

These include: supply, reduction program, identify drug user scheme, peer education and support, social program on substance abuse control, and research based prevention program.Meanwhile, control or delaying use of psychoactive drugs, alcohol and tobacco among adolescents is a critical national public health goal. The simplest and cost effective way to lowest human and societal cost of drug abuse is to prevent it in the first place.

The drug strategy unit of NDLEA monitors strategy implementation to determine its impact upon; effectiveness of barrier control activities, prevalence of drug use in Katsina community, pattern and trends of drug use in Katsina community and number of offenders engaged in therapeutic interventions and treatment.

Finally, the chapter in summary identified many social programme as substance abuse control. Such programs includes: safe, drug free schools, communities, monitoring initiative, child welfare, welfare reform and youth substance abuse prevention initiative.

Evidence based studies and program evaluations indicate that substitution and maintenance treatment for opioid dependence can reduce the spread of infectious disease, lower consumption of illegal drugs, reduce rates of criminality, increase chance of psychosocial rehabilitation, employment and retain offenders in treatment for a long period of time.

CHAPTER THREE

METHODOLOGY

3.1 INTRODUCTION

The purpose of this study was to conduct a survey on control programmes of substances abuse in Katsina state. This chapter describes the structural procedures used in the conduct of the study for collecting data under the following sub-headings: research design, the population for the study, sample and sampling technique, instrumentation, validation of the instruments, administration of the instruments, and method of data analysis.

3.2 Research Design

In order to carry out this study, the survey research design was adopted. The choice for this design was based on the fact that the events that were observed have indeed taken place; thus no experiment was used in the conduct of the research. Asika, (2000) described this design as capable of collecting existing phenomena with ease as the respondents are task less in providing the needed data and information.

3.3 Population of the Study

The population of the study comprised 53,849 staff of National Drug Law Enforcement Agency, National Agency Food Drugs Administration and Control, Nigerian Custom Service, Nigerian Immigration Service, Nigerian Prison service, textilefactory workers, some secondary school teachers and members of National Union of Road Transport Workers, all in Katsina State.

The breakdown of the population in each establishment in the state is as follows: NDLEA 206, NAFDAC 1222, NCS 1056, NIS 1215, NPS 600, Factory workers 3250, Secondary school teachers 38,000 and members of NURTW 8,3000.

3:1 Population and Sample Size Distribution of Respondents

S/N	Establishment	Number of people	Sampled Respondents
1.	National Drugs Law Enforcement Agency	206	48
2.	National Agency for Food Drugs Administration and Control	1222	48
3.	Nigeria Custom Service	1056	48
4.	Nigeria Immigration Service	1215	48
5.	Nigeria Prison Service	600	48
6.	Factory Workers	3250	48
7.	Teachers	38,000	48
8.	National Union Road Transport Workers	8,300	48
	Total	**53849**	**384**

Stratified sampling was used to select the respondents. For each of the eight (8) establishments, a list of staff was obtained from their headquarters. To obtain sample from each establishment, numbers were written on small pieces of paper, folded and put inside an open tin. From this tin it was successively randomly selected, one after the other, (38 names). A number is returned after it

is selected before another draw. A number selected is ignored if it is already selected.

3.4Sample and Sampling Technique

384 staff were selected as sample. The subject was selected from the following organizations. These include; National Drug Law enforcement Agency, National Agency for Food Drug Administration and Control, Nigeria Custom Service, Nigeria Immigration Service, Nigeria Police Service, Factory Workers, Secondary School Teachers and National Union of Road Transport Workers in Katsina state. The stratified sampling technique was employed to determine the size of the selected ample from the population.

Forty eight (48) workers from each organization were purposely sampled. And also Krecjie and Morgan (2000), table was considered as a yardstick to estimate the sample size from the given population. According to Krecjie and Morgan (2000), table population between 50,000 and 75,000 should have a sample size of 381 and 382. Therefore, the study used 384 participants as estimated sample size.

3.5 Research Instrument

The instrument that was used for the purpose of collecting data for the study was the questionnaire. This was developed by the researcher. The instrument was divided into three sections. Section ‘A’ contains five (5) statements of demographic characteristics of the respondents, ‘B’ consist of Ten (10) items on

information substance abuse while ‘C’ comprises Seven (7) items on substance control programme.

The control programme of substance abuse questionnaire (CPSPQ) was used to generate data for analysis in the study. In the light of numerous challenges caused by involvement in drugs used and abuse, the researcher is poised with identifying such research problems in Katsina state.

The Lickert five points rating scale was used in developing the instrument for respondents to tick [√] each statement. Below are the ratings:

Strongly Agree (SA) = 5

Agree (A) = 4

Undecided (U) = 3

Disagree (D) = 2

Strongly Disagree (SD) = 1

The use of the above rating scale enabled the researcher to establish agreement point of 3.5 as fixed table means score of any response is considered positive, if it is 3.5 and above.

3.6 Validation of Instrument

When the draft of the research questionnaire was prepared by the researcher copies were distributed to four professional experts of the Department of Physical and Health Education, Ahmadu Bello University Zaria, who served as jurors. In order to appraise it and make any amendments,

corrections and remove the items that are not necessary for the objective of the instrument, which is assessing the control programmes on substance abuse among youths and adults. They made their corrections and suggestions which have all been affected. The implemented and final copy of the questionnaire was produced and was used for data collection for the study. This process was implemented to establish the face and content validity of the research instrument.

3.7Administration of the Instrument

In order to administer the questionnaire, the researcher obtained a letter of introduction from his supervisor to access study areas. The administration and retrieval of the instrument was conducted with the help of research assistants. The area of study was divided into three senatorial districts namely: Katsina, Funtua and Daura, for easy distributions and retrieval of the questionnaire. The numbers of questionnaires distributed was three hundred and eighty nine (389 sample) and only three hundred and sixty nine 369 was retrieved. However, three (3) research assistants were used, each senatorial district consists of one research assistant this is to help the researcher in distributions and retrieval of questionnaires from the respondents.

3.8 Method of Data Analysis

The data collected was analyzed using the Statistical Package of Social Sciences (SPSS). Among the statistical procedure that was used for the analysis of the variables included frequencies and percentages for the demographic

characteristics of the respondents. Mean and standard deviation was used to analyze the main variables relating to survey on control programme of drug abuse among youths in Katsina state.

The inferential statistics of Analysis of variance (ANOVA) was used to test the sub-hypotheses to determine the significance of the related variables used for the survey. All the hypotheses were tested at 0.05 level of significance.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

The responses of the groups of respondents from the three senatorial zones of Katsina state on the control programmes of substance/drug abuse among youths and adults are statistically analyzed in this chapter. The first section of the chapter described the demographic characteristics of the respondents involved in the study. The other sections consisted of descriptive analysis of the variables relating to the control programmes for drugs control along the research questions and objectives of the study. All these sections were scored and analyzed with mean and standards deviations. Decisions on each of the items and variables were based on the mean score computed on the five point Likert Scale. The mean score for the least level of agreement is fixed at 3.5 while mean score of 3.4 and below stands for disagreement. The study's hypotheses and discussion of the findings from the analyzed data are presented in the last two sections of the chapter.

Table 4.2.1 Results of the Respondents Demographic Characteristics

Variable	Variable option	Frequency	Percent (%)
Age Range	21-30 years	88	23.85
	31-40 years	201	54.5
	41-50 years	48	30.0
	Above 50 years	32	8.7
	Total	369	100.0
Sex	Male	274	74.3
	Female	95	25.7
	Total	369	100.0
Marital status	Married	235	63.7
	Single	109	29.5
	Divorced	25	6.8
	Total	369	100.0
Highest Educational attainment	Primary	38	10.3
	Secondary	117	31.7
	Tertiary	135	36.6
	Others	79	21.4
	Total	369	100.0
Type of occupation	Secondary	117	31.7
	Tertiary	135	36.6
	Others	79	21.4
	Total	369	100.0
	Immigration staff	42	11.4
	Prison staff	42	11.4
	Textile Factory workers	45	12.2
	Motor park workers	36	9.8
	Total	369	100.0

4:2 Results of Demographic Characteristics of the Respondents

A total of three hundred and sixty nine (369) respondents from different occupational background in all the senatorial districts of Katsina state were involved in the study. Their demographic characteristics selected for the study were highest educational attainment, type of occupation, marital status, sex, and age of the respondents. In Table 4.2 the respondents are classified based on the

selected demographic variables and result presented in frequencies and percentages.

Observation of table 4.1 shows that 135(36.6%) respondents had highest educational qualifications, while 117 (31.7%) of them had secondary certificates, those with unspecified qualifications were79 (21.4%). Only 38 (10.3%) of the respondents had primary education. From the educational point of view, the respondents are expected to understand the programmes aimed at controlling drug abuse among youths and adults in the state. A look at the table further reveals all the occupational affiliations with the assessment of the effectiveness of the programme for the control of substance /drug abuse in the state were involved in the study. These included personnel who are directly in control and supervisions of the programmes like the National Drug Law and Enforcement Agency (NDLEA) and NAFDAC. On the part of law enforcement agents are the customs, immigration, and prison service staff. Respondents as the end users of those substances/drugs included teachers, factory workers and Motor park workers. All these are proportionately represented in the study as indicated in the table. From this selection, the study could be said to be well focused on the actual respondents best positioned to give valid information on the control programmes for substance/drug abuse in the state.

Most 235 (63.7%) of the respondents were married. Those that were single were 109 (29.5%), while 25 (6.8%) of the total respondents involved in the study. Though this is not an important variable in this study but it helps to

give detail information on the background of the respondents. Of the total respondents, 274 (74.3%) were maleswhile 95 (25.7%) were females. This discrepancy is more attributed to the individual groups such the Motor Park workers and factory workers that are completely dominated by males in the State. However, the study could be said to represents a broad spectrum of the state gender wise since conclusion would be based on weighted mean scores instead of actual numbers.

The classifications of the respondents by age ranges, in the table, indicate that 88 (23.85%) of them were below 30years. The most dominant groups were those between 31 and 40years. This group accounted for 201(54.5%) of the total respondents. Those between 41 and 50years were next in the hierarchy accounting for 48(13.0%) while those above 50 years were 32(8.7%) of the total respondents. From these classifications, all the respondents could be said to be adult and therefore, responsible enough to understand the subject matter of the study.

Research Question I: What are the factors affecting substance abuse control programme in Katsina state.

Table 4:2:3 Mean Scores of Responses on Factors Influencing Substance Abuse control program in Katsina State.

Factors influence drug abused	Mean	Std. Dev
1. Habit formation for the intake of drug is a strong factor of drug abuse	4.07	0.986
2. Culture of the community/society does influence people on drug abuse	3.78	0.988
3. Nature of job/profession does influence people in abuse of drugs	3.94	0.947
4. Environmental influence such as peer group pressure influences drug abuse	3.93	0.990
5. Parental background influences people in the abuse of drugs	3.84	1.036
6. Availability of drugs influences people in drug abuse	3.88	1.049
7. Affordability of drugs does influence drug abuse	3.92	1.062
8. Both male and female abuse drugs	3.83	1.048
9. Socio-economic status influence people in drug abuse	3.88	0.939
10. People are involved in drug abuse due to their level of maturity	3.96	1.073
11. Due to overzealousness in achieving desired needs in life, people are influenced in the abuse of drugs	3.81	0.895
12. Educated people are higher than uneducated people in their abuse of drugs	3.89	1.126
Aggregate mean score	3.89	0.475

One of the factors of influence on the substance/drug abuse in the state as indicated in the table is habit. From the score of 4.07, habit is the highest influencing factor of drug abuse in the state. From item 2 in the table, the respondents were of the opinion that the culture of the community/society is in some ways influencing drug use by the people in the state. Coupled with these is the nature of job/profession that the people are involved in. From the response to item 3 in the table, the respondents were of the view that the nature of their job could be a major influence in their abuse of drugs. This implies that certain tasks could be more demanding and bearing on the physical wellbeing of the people involved.

Environment is another factor of influence which the respondents were of the opinion could aid drug abuse in the state. In item 4 of the table, the mean score for this item is 3.93; an indication that the respondents agreed that the youths and adults and adults could be influenced by their environment in the incidence of drug abuse. Similar to the environment is the parental background which the respondents agreed in item 5 of the table could be responsible for their level of drug abuse. In line with this perspective, the respondents were of the opinion that availability of drugs and their affordability could influence youths and adults in drug abuse. These are indicated in items 6 and 7 in the table.

The issue of drug abuse could not be said to be gender based as indicated in the table. In item 8 for example, the respondents were unanimous in their

opinion on the involvement of both males and females in drug abuse. In the item, the mean score is 3.83 implying that they agreed that males and females were involved in drug abuse in the state. The respondents were of the opinion that the socio-economic background of the victims could be a factor in the incidence of drug abuse. This is indicated with a mean score of 3.88 for item 9 in the table where the respondents were of the opinion that socio-economic status influences people in the abuse of drugs in the state. The level of maturity is another factor which the respondents agreed could act as a major influence on the abuse of drug in the state. In item 10 the respondents agreed that peoples' involvement in drug use is influence by their level of maturity. Peer group pressure of what could be termed ambition resulting in overzealousness to achieving desired goals in life is another factor which the respondents agreed could have a major influence on drug abuse. This could explain their opinion in item 10 of the table where they agreed that educated people were higher than uneducated in their abuse of drugs in the state. From the aggregate mean score of 3.89 in the table, it could be said that some factors actually influence drug abuse by youths and adults in the state.

Research Question II What are the available substances abuse control programmes operating in Katsina State?

Table 4:2:2 Mean Scores of Responses on the Substance Abuse Control Programme Available in Katsina State

Types of substance abuse control programme available in Katsina State	**Mean**	**Std. Dev**
I. Effective offenders management	3.98	0.0781
II. Supply drugs reduction programme	4.08	0.820
III. Identify drug user scheme	4.26	0.907
IV. Intelligent operation (NDLEA)	4.11	0.920
V. Social programme (Peer education support, NDLEA)	4.02	1.068
Aggregate mean score	***4.09***	***0.758***

From the mean score in the table, all the substance abused control programs are readily available in the state. The most common is I.D.U.S (Identified Drug Users Scheme).The next most common is Intelligence operation (NDLEA) and finally effective offenders' management with mean score of 3.89 which is considered as the least substance abuse control programme in Katsina state. In conclusion, the most commonly substance abuse control programme is identify drug user scheme which has the mean score of 4.26.

Research Question III: Is there any effective substance/drug supply reduction program in Katsina State?

Table 4:2:4 Mean scores of the Respondents on the Effectiveness of Substances/drug supply reduction programme through improved and coordinated method.

Statement	Mean	Std. Dev
1. The section of essential economic and relevant drugs make progress in achieving the planned programme	4.57	0.723
2. Drugs supply programme is an organized way of controlling drugs abuse	3.91	0.807
3. Drug administration is a measure of evaluating the programme	3.97	1.056
4. Registration and quality assurance of drugs supply prove the control of the programme	4.06	0.869
5. Drug registration system is a one of compliance to the programme	3.86	0.928
6. Regulation on dispensing is a channel practice and rational device to abuse of drugs	3.83	0.986
7. Involvement of law enforcement agents promote speedy control	3.83	1.064
8. Quality assurance of drugs is a method of procurement	3.91	1.040
9. Manufacturing and guarantee checks by laboratories checkmate the production of fake drugs	3.91	1.045
10. Legislation is a guide to all areas of drugs' control programme	3.80	1.055
Aggregate mean score	3.96	0.456

In item 1 of the table, the respondents responded that the section of essential economic and relevant drugs agency is making progress in achieving the planned programme for the control of substance/drug abuse in the state. The mean score for the item is 4:2:4 implying that the respondents were unanimous in their opinion on the progress of the agency in the control of substance/drug abuse in the state. The respondents therefore, agreed that drugs supply programme is an organized way of controlling drugs abuse and that drug administration is a measure of evaluating the programme. These are indicated with mean scores of 3.91 and 3.97 for item 2 and 3 respectively in the table.

The establishment of registration and quality assurance of drugs supply is another area were the respondents agreed that it is a proof of the effectiveness of the control programme for substance/drug abuse in the state. As part of the effectiveness of the control programmes, the respondents agreed in item 4 with a mean score of 4.06 that drug registration system is a one of compliance to the programme and in item 5 they were of the opinion that regulation on dispensing of drugs is a channel by which rational device to abuse of drugs is practiced in the state. Therefore, they agreed in item 7 that the involvement of law enforcement agents is helping to promote speedy control of drug abuse in the state.

As a further step towards the control of substance /drug abuse in the state, the respondents agreed in item 8 that quality assurance as a method in the procurement of drugs is another way of ensuring the effectiveness of the

substance/drug abuse in the state. This is emphasized in item 9 where the respondents agreed that manufacturing and guarantee checks by laboratories helps to checkmate the production of fake drugs and their abuse in the state. In item 10, the respondents were of the opinion that the use of legislation as a guide to all areas of drugs' control programme is another effective measure of the control of drug abuse in the State. From the aggregate mean score of 3.96, the respondents could be said to have agreed that the different programmes for the control of substances and drug abuse in the state could be said to be progressive and in the right direction.

Research Question IV What are the appropriate management measures for drug addicts?

Table 4:2:6 Mean scores of the Respondents on the appropriate management measures against those offenders who are caught using drugs under identify user scheme

Management measures under identify drug user scheme	Mean	Std. Dev
1. Tradition and culture of the society/community are to be critically observed	4.30	0.920
2. Attention and interest of the youths and adults are to be motivated	3.95	0.820
3. Preaching on the danger of drug abuse in places of worship can make impact	4.01	0.974
4. Involvement of traditional rulers in the programme may make positive impact	4.09	0.916
5. Wider publicity together with the youths and adults has social contributions	4.02	0.924
6. Self employment and creativities among youth divert the evil thinking	3.99	1.007
7. Youths and adults involvement in policing their fellow community members that are selling and taking drugs could make impact	3.89	0.985
8. Introduction of operation catch them young on the danger of drugs abuse in all educational setting will be an effective means	4.00	0.932
9. Intensifying campaigning in local languages for easy understanding would be an effective means	3.97	0.944
10. Programmes in the electronic media on the danger of drug abuse could help to make impact	3.91	1.005
Aggregate mean score	4.01	0.450

Based on the appropriate management measures against those who are caught using drugs under identify user scheme in the state, the respondents were of the opinion that adherence to the tradition and culture of the society/community could be an effective way. The mean score for the item is

4:2:6 which implied that this was a consensus opinion of the respondents. The respondents agreed in item 2 that another effective measure could be diversion of the youths and adults' attention to other ways of living through effective motivation by the respective agencies of the state. This was scored 3.95 for item 3 in the table.

The respondents did not rule out a spiritual dimension in the solution to the problem of drug abuse by the youths in the state. This is indicated in item 3 where they agreed that preaching by the relevant spiritual heads of religious groups on the danger of drug abuse in places of worship can make impact significant impact on the control of drug abuse among youths and adults in the state. At the cultural level, the respondents were of the opinion that the involvement of traditional rulers in the programme could be a positive impact. Coupled with these is the use of awareness campaign as indicated in item 5 where the respondents agreed that a wider publicity together with the youths and adults could have social contributions to the implementations of the different programmes for the control of drug abuse by the youths and adults.

The respondents agreed that there is an economic dimension to finding an effective ways of improving the effectiveness of the existing programmes. In item 6, they were of the opinion that the creation of self-employment opportunities and creativities among youth could help to divert their thinking away from the abuse of substances/drugs in the state. In line with this perspective is the youths and adults' involvement in policing their fellow

community members that are selling and taking drugs which the respondents were of the view could make impact on drugs control in the state. These are indicated in items 6 and 7 with mean scores of 3.99 and 3.89 respectively in the table.

At the social level, the respondents were of the view that the introduction of, "operation catch them young" on the danger of drug abuse in all educational settings will be an effective means of improving on the existing programmes for drug control in the state. In line with this opinion is the expressed opinion of the respondents on item 9 in the table where they agreed that intensifying campaigning in the local languages for easy understanding would be an effective means to improving the existing programmes for the control of drug abuse by youths and adults in the state. For the effectiveness of this campaign, the respondents were of the opinion that the electronic media could and effective ways by which the programmes' objective could be made known to the individuals in the state. From the aggregate mean score of 4.01 in the table, it could be said that the respondents were of the view that there are other measures by which the existing programmes on the control of substance/drug abuse in the state could be improved upon.

In pursuance of the objectives of the control programmes for substance/drug abuse among youths and adults in Katrina state, the hypotheses formulated to give statistical solutions to the question raised are tested in this

section. The hypotheses consisted of one major null hypothesis and five six null sub-hypotheses. The hypotheses are tested as follows:

Hypothesis: There is no significant difference among the respondents of different occupations and management measures against those offenders caught using drugs under identify drug user scheme.

This hypothesis was tested with the aggregate mean scores of the respondents on all the items used in assessing the control programmes for drug abused in Table 4:2:2 to 4:2:6. The occupational background of the respondents was used as the independent variable. The aggregate mean score was subjected to one way analysis of variance (ANOVA) because of the multiple levels of the independent variable (different occupational background of the respondents). A summary of the analysis of variance model is presented in Table 4:2:7

Table 4:2:2:1One way analysis of variance on substance abuse control programmes by occupational background of respondents

Source of variations	Sum of Squares	DF	Mean Square	F
Between Groups	8.759	7	1.251	11.34
Within Groups	28.794	261	.110	
Total	37.553	268		

Critical value of F at 261 degree of freedom = 2.01, $p<0.05$

The result of the test in the table revealed significant differences between the respondents of different occupational background in their opinion of the programmes for the control of substance/drug abuse by youths and adults in the

state. The observed F-value (11.342) is higher than the critical value of 2.01 at level of significance of 0.05. The null hypothesis which states that there is no significant difference between respondents from different occupational background on the control of substance/drugs abuse by youths and adults in Katina state is therefore rejected.

The mean scores for the respondents of different occupational background in their opinion of the programmes for the control of substance/drug abuse by youths and adults in the state are presented in Table 4.8.

HypothesisI: There is no significant difference between male and female respondents on the frequency of substance abuse programme in Katsina state.

This hypothesis was tested with the response of the male and female respondents, irrespective of their occupational background on the frequency of the substances/ abused in the state. The two sample t-test procedure was used for the hypothesis. The use of the two sample t-test procedure was used for the test because of the two independent groups and the unequal number of the group earlier assessed in Table 4:2:2:1. A summary of the test result is presented in Table 4:2:2:2.

Table 4:2:2:2 Two sample t-test on available substance abuse control program respondents

Gender	N	Mean	Std. Deviation	Std. Error	t-value	DF
Male	304	4.00	0.542	0.0379	1.980	367
Female	65	4.15	0.431	0.0534		

T-critical = 1.96 at 0.05eg t (367) = 1.96 > .05

The result of the test as indicated in the table revealed significant difference in the opinion of the male and female respondents on the availability of the drugs in the state. The observed t-value (1.980) is higher than the critical value of 1.96 at the probability level of 0.05 and the observed level of significance is 0.049 (P=0.05). By these observations, the null hypothesis that there is no significant difference between male and female respondents on the commonality of substance/drug abused by youths and adults in Katina state is thus rejected.

Hypothesis II: There is no significant difference among the respondents of different opinion on factors affecting substance abuse control programme.

This hypothesis was tested with the one way analysis of variance because of the multiple levels of the independent variable (highest educational attainment of the respondents). The scores of the respondents in Table 4:2:3 on the factors influencing the abuse of substance/drugs by youths and adults in the state were

assessed was used as the dependent variable. The result of the one way analysis of variance model is presented in Table 4:2:3.

Table 4:2:2:3One way analysis of variance on factors affecting substance abuse control program

Source of variations	Sum of Squares	DF	Mean Square	F	P. Value
Between Groups	3.006	3	1.002	4.62	0.05
Within Groups	57.454	265	0.217		
Total	60.460	268			

Critical value of F at 265 degree of freedom = 2.60. P< 0.05

The result of the test in the table revealed significant differences between respondents of different educational qualifications on the factors influencing drug abuse among the youths and adults of the state. The observed F-value (4.622) is higher than the critical value of 2.60 and the observed level of significance in the test is 0.004 (P < 0.05). This means that the null hypothesis that there is no significant difference between respondents on factors affecting youths and adults in Katina state could be rejected. The mean scores for the respondents by their levels of qualifications on the factors influencing drug abuse by the youths and adults in the state are presented in Table 4.12.

Sub-Hypothesis III: There is no significant difference between respondents of different age groups on the different programmes used for the control of drug abuse in Kastina state.

In Table 4.4 the response of the respondents on the different programmes used for the control of drug abuse in the state were assessed. The mean scores of the respondents for the table were subjected to the one way analysis of variance in the test of this hypothesis. The age groupings of the respondents classified in Table 4.1 constituted the independent variable used for the test. The analysis of variance procedure was used because of the multiple levels of the independent variable (age groupings). The result of the test is summarized in the Table 4.14.

Table 4:2:2:4One Way Analysis of Variance on Different Programmes for the Control of Drug Abuse by Age Range of the Respondents

Source of variations	Sum of Squares	DF	Mean Square	F	P. Value
Between Groups	.629	3	0.210	1.006	0.05
Within Groups	55.189	265	0.208		
Total	55.817	268			

Critical value of F at 265 degree of freedom = 2.60, P=0.05

The result in the table revealed that respondents did not differ significantly by their age grouping on the different programmes used for the control of drug abuse by youths and adults in the State. The observed F-value (1.006) is lower than the critical value of 2.60 at the same degree of freedom and the observed significant level is 0.390 (P > 0.05). This means that the null hypothesis that there is no significant difference between respondents of different age groups on the different programmes used for the control of drug abuse by youths and

adults in Katsina State could therefore, be retained. The mean scores of the groups along the age ranges are presented in Table 4.15.

Sub-Hypothesis IV: There is no significant difference between respondents of different marital statuses on the roles of community/society in the control of substance abuse among youths and adults in Katsina state

The one way analysis of variance was used in testing the mean scores of the respondents' opinion on the roles of the community/society in the control of substance/drug abused by youths and adults in the state assessed in Table 4:2:5. The summary of the result is presented in the analysis of variance model in Table 4:2:6.

Table 4:2:5 One Way Analysis of Variance on the Role of the Community/Society on the Substance Abuse Control Programme.

Source of variations	Sum of Squares	DF	Mean Square	F	P. Value
Between Groups	1.138	2	.569	2.090	0.05
Within Groups	72.429	266	.272		
Total	73.567	268			

Critical value of F at 3, 265 degree of freedom = 3.00 at 0.05

The respondents did not differ significantly in their opinions on the role of the community/society in the control of substance/drugs abused by youths and adults in the state as revealed in the test. The observed F-value (2.090) is lower than the critical value of 3.00 at the same degree of freedom and the observed significant level is 0.126 (P > 0.05). This means that the null hypothesis that

there is no significant difference between respondents of different marital statuses on the roles of community/society in the control of drugs abuse among youths and adults in Kastina state could therefore be retained. The mean scores of the groups along the age ranges are presented in Table 4.17.

Hypothesis V: There is no significant different among the respondents of different educational levels in the opinion between social program and research based prevention program.

The different ways by which the existing programmes for the control of substance/drugs abuse by youths and adults in the state were assessed in Table 4.6. In the test of this hypothesis, the one way analysis of variance was used to compare the opinions of the respondents of different educational levels on the ways of improving the effectiveness of the existing programmes. The result of the analysis of variance used in the test is summarized in Table 4:2:6

Table 4:2:2:6One way analysis of variance on ways of improving the existing programmes for the control of substance/drugs abuse by educational qualifications of the respondents

Source of variations	Sum of Squares	DF	Mean Square	F	P. Value
Between Groups	4.471	3	1.490	7.93	0.05
Within Groups	49.781	265	.188		
Total	54.252	268			

F (268) = 2.60 > 0.05

The respondents as indicated in the table differ significantly in their opinion level on the ways of improving the existing programs for the control of substance/drugs abused by youths and adults in the state. The observed F-value (7.933) is higher than the critical value of 2.60 and the observed level of significance in the test is 0.000 ($P < 0.05$). This means that the null hypothesis that there is no significant difference between respondents of different educational levels on the ways of improving the existing programmes for the control of drug abuse among youths and adults in Kastina state could therefore be rejected. The mean scores for the respondents by their levels of qualifications on the ways of improving the existing programmes for the control of substance/drugs abused by the youths and adults in the state are presented in Table 4:2:7

Table 4:2:2:7 Scheffe Post Hoc Test on ways of improving existing control programmes by educational levels of the respondents

(I) qualification	(J) qualification	Mean Difference (I-J)	Std. Error	Sig.
Primary	Secondary	.06973	.12842	.961
	Tertiary	-.21280	.12711	.425
	Others	-.17350	.13390	.642
Secondary	Primary	-.06973	.12842	.961
	Tertiary	-.28253(*)	.06123	.000
	Others	-.24324(*)	.07430	.015
Tertiary	Primary	.21280	.12711	.425
	Secondary	.28253(*)	.06123	.000
	Others	.03929	.07202	.960
Others	Primary	.17350	.13390	.642
	Secondary	.24324(*)	.07430	.015
	Tertiary	-.03929	.07202	.960

* The mean difference is significant at the .05 level.

From the result in the table, observed difference in the opinion of the respondents on ways of improving the existing programmes for the control of substance/drugs abuse by youths and adults in the state was between respondents with secondary education and those with other unspecified

qualifications. Between respondents with primary school education, tertiary and other qualifications no significant difference was observed.

Table 4:2:2:8 Result of post hoc test with Scheffe procedure

(I) occupation	(J) occupation	Mean Difference (I-J)	Std. Error	Sig.
Teacher	NDLEA	.01044	.07218	1.000
	NAFDAC	.09110	.07486	.983
	Customs	.33147(*)	.07427	.007
	Immigration	.00505	.07909	1.000
	Prison	.13440	.07909	.894
	Factory worker	-.12376	.07681	.919
	Motor park worker	.52535(*)	.08514	.000
NDLEA	NAFDAC	.08067	.07688	.993
	Customs	.32103(*)	.07631	.016
	Immigration	-.00538	.08101	1.000
	Prison	.12396	.08101	.938
	Factory worker	-.13419	.07878	.893
	Motor park worker	.51492(*)	.08692	.000
NAFDAC	Customs	.24036	.07885	.237
	Immigration	-.08605	.08340	.994
	Prison	.04329	.08340	1.000
	Factory worker	-.21486	.08124	.432
	Motor park worker	.43425(*)	.08916	.002
Customs	Immigration	-.32641(*)	.08288	.033

	Prison	-.19707	.08288	.582
	Factory worker	-.45523(*)	.08070	.000
	Motor park worker	.19388	.08866	.686
Immigration	Prison	.12934	.08723	.947
	Factory worker	-.12881	.08516	.941
	Motor park worker	.52030(*)	.09274	.000
Prison	Factory worker	-.25816	.08516	.244
	Motor park worker	.39095(*)	.09274	.015
Factory worker	Motor park worker	.64911(*)	.09080	.000
Motor park worker	Teacher	-.52535(*)	.08514	.000
	NDLEA	-.51492(*)	.08692	.000
	NAFDAC	-.43425(*)	.08916	.002
	Customs	-.19388	.08866	.686
	Immigration	-.52030(*)	.09274	.000
	Prison	-.39095(*)	.09274	.015
	Factory worker	-.64911(*)	.09080	.000

* The mean difference is significant at the .05 level.

The mean separation test in the table revealed that the Motor park workers were significantly different from other groups of respondents (Teacher, NDLEA, NAFDAC, Immigration, Prison Services and Factory workers) in their opinion on the control programmes. Between the motor park workers and the Customs Service no significant difference was observed. The Customs services were significantly different from the other respondents except respondents from

NDLEA, NAFDAC and Prison services. Between other groups of respondents from the different occupational background (Teacher, NDLEA, NAFDAC, Immigration, Prison services and Factory workers) no significant difference was observed. Looking at the hierarchical order of the mean score in Table 4.9, the Motor park workers had the least opinion on the control programmes for drug abuse in the state.

Research Question V: What is the attitude of communities/societies toward social programs for controlling substance abuse in Katsina state?

Table 4:2:5 Mean scores of responses and the role of the community in improving substance abuse control programme in Katsina State.

Community/societal roles in the control of drugs	Mean	Std. Dev
1. Members of the community/society considered the programme as a yard stick in curtailing the menace of drug abuse	4.29	0.885
2. Community policing of the activities of youths and adults and adults in the area is an advantage to progress of the programme	4.00	0.817
3. The entire community embraces all the planned programme	3.88	1.135
4. Prayers in churches and mosques about the programme is a symbol of acceptance of the programme	3.83	1.056
5. Parents/guardians contributed towards the progress of the control programme by being an informant of the law-enforcement.	4.08	0.991
6. The entire community benefit from the drugs control programme by minimizing crimes	3.98	0.842
7. The intellectuals among members of the community educate youth and adult on the inherent dangers on drug abuse in various schools	4.10	1.073
Aggregate mean score	4.02	0.524

The opinion of the respondents as indicated with a mean score of 4.29 for item 1 is that members of the community/society considered the programme as

an effective yard stick in curtailing the menace of drug abused. In item 2 they agreed that community policing of the activities of youths and adults and adults in the area is an advantage for any progress of the programme. Therefore the respondents agreed in item 3 that the communities in the state embraced all the planned programmes for the control of drug abuse by youths and adults.

On the way seen as a spiritual dimension to the control of substance/drug abuse by youths and adults in the state the respondents agreed in item 4 of the table that the praying in churches and mosques about the programme is a symbol of acceptance of the programme to the different communities in the state. In item 5, the respondents agreed that parents/guidance contributed towards the progress of the control programme by being informants to the law enforcement agencies on the activities of individuals in relation to dealings on the drugs with their respective communities. The respondents were therefore of the opinion that the entire community within the state benefit from the drugs control programme through it crimes minimization.

At the individual level of the community/society, the respondents were of the opinion that the intellectuals among members of the community usually educate the youths and adults on the inherent dangers of drug abuse. This is done in various schools as well as other places where such encounter occur. From the aggregate mean score of 4.02 in the table, it could be said that the respondents were of the opinion that the community/society are actively playing

their roles in the control of substance/drug abuse by youths and adults in the state.

CHAPTER FIVE

5.0 SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 INTRODUCTION

This chapter presented the summary, conclusion and recommendations of the study of the investigation into the control programmes for substance abuse by youths and Adults in Katsina state. The chapter is therefore, structured along the sub-headings as listed for a conclusive end of the study.

5.2 SUMMARY OF FINDING

Based on the research topic, a survey of the control programmes on substance abuse among youths and adults in Katsina state, the finding of the study are summarized below:

The study on survey on control programme of substance abuse in Katsina state was examined through adoption of the survey research design. The population of the study was taken from various institutions within Katsina state; comprising NDLEA, NAFDAC, Nigeria Custom Services, Nigeria Immigration Services etc. the estimated sample was 384 subjects.

The results obtained virtually revealed relevant data on control programmes of substance abuse. In table 1, the result showed the demographic data of the respondent, thus, observation of table 1 showed that 135 (36.6%) had the highest educational qualification.

Therefore, the programme is likely to be understood and assess effectively. Likewise, the study reveals that 235 (63.7%) of the respondents were married.

Those that were single were 109 (29.5%). There is tendency for married respondents to have support toward improving the control programme of substance abuse.

In table 4.2.2, the result reveals that all control programmes identified in this study were readily available in the state. Table 4.2.3 reveals that one of the factors of influence on the substance/drug abuse in the state as indicated in the table is habit. From the score of 4.07, habit is the highest influencing factor of drug abuse in the state. There are other factors like nature of the job, environmental factor etc.

In table 4.2.4 the respondents were unanimous in their opinion on the progress of the agency in the control of substance/drug abuse in the state.

The establishment of registration and quality assurance of drugs supply is another area were the respondents agreed that it is a proof of the effectiveness of the control programmes for substance abuse in the state.

Table 4.2.5 reveals that the opinion of people on community/societal programmes as an effective yardstick in curtailing the menace of drug abuses.

Also table 4.2.7 maintains that the observed difference in the opinion of the respondents on ways of improving the existing programmes for the control of substance abused by youths and adults in the state was between respondents with secondary education and those with other unspecified qualification.

Substance abuse control programmes are significantly available in Katsina state. Programmes on substance abuse control are significantly affected by

various factors such as socio-economic condition and availability of drug as well as environmental influence and culture of the community. In table 2.4:3, environmental factor is another factors that influence substance abuse control programme in the state. In the table (4:2:3) items 4 shows the means score of 3.93 indicating that the respondents agreed that the programme could be influenced by environmental factors such as economic income, population educational status, physical and socio-cultural as well as social-economic condition of people.

As part of the measures in improving existing programmes of substance abuse control in Katsina state under IDU (Identity drug user scheme), respondents were to the opinion that adherence of the traditional and culture of the society could be an effective ways to support the programme. The means score for the item is 4.30 which implied that the respondents are involvement of traditional and cultural ways as one of the management measures under IDU programme.

Hence forth, in table 4:2:4, the effectiveness of substance/drug supply reduction programme explained that item 1 in the table has the highest mean score of 4.57. The respondents have agreed that essential economic and relevant drug agency is making progress in achieving the planned programme for the control of substance abuse.

The establishment of registration and quality assurance of drugs supply is another area were the respondents agreed. It is a proof of effectiveness of the

control program substance abuse in the state. The result of table 4:2:4 the respondents also agreed that involvement of NDLEA also support the planned programme of substance/drug supply reduction in Katsina state.

In table 4:2:5 the aggregate of the mean score is 4.02. It could be said that the respondents were of the opinion that the community are activity playing their roles in the control programme of substance abuse in the state. The community involvement is largely centered on social programme and research based prevention programme.

Finally, the result also revealed that the respondents differ significantly by their educational levels on the ways of improving the existing control programme for the substance abuse in the state.

5.3 CONCLUSION

From the observations in this study, the different programmes established for the control of substance/drug abuse in Katsina state are effective. However, there are some constraints such as the easy availability of the substance/drugs, their affordability and other factors that influence their abuse by youths in the state. Though the programmes were found to be effective, the respondents were of the opinion that they could still be improved upon in many other ways. The respondents were of the opinion that the community/society could play some significant roles in the control of drugs in the state. Though the respondents

differ in their opinions on some of the variables used in assessing the programmes but the differences were mainly in the area of magnitude of scores for agreement. There were no divergent opinions on the existence of the programmes their effectiveness, and the ways they could be improved on.

5.4 RECOMMENDATIONS

Based on the findings of this research the researcher has come out with the following recommendations:

i. Government should establish more agencies that would support substance abuse control programme in the country at large.

ii. Government should create more job opportunities for the youths and adults.

iii. Community based enlightenment programme should be introduced by the community stakeholders and elites. This would help and promote supply reduction of substance and other harmful substance in the community.

iv. Effectiveness of substance abuse control programme cannot be achieved without adequate financial support by the government and NGOs.

v. Motivational mechanism should be systematically applied by the institution concerned so as to improve the planned programme on substance abuse control.

5.5 Recommendation for Further Study

In view of the findings and recommendations in this research, it is suggested that:

1. This same research should be replicated in Katsina state and in other states in the federal republic of Nigeria.
2. More researches should be carried out in order to evolve more control programmes that can be used to curve the menace of substance/drugs abuse among Nigerian youths and adults.

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Appendix A

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QUESTIONNAIRE

Dear Respondent

This questionnaire is for research on THE CONTROL PROGRAMMES ON SUBSTANCE / DRUG ABUSE IN KATSINA STATE. It would be highly appreciated if you respond to the questions below as freely, honestly and objectively as you can. Do not write your name please. You are assured that any information gathered from you will be treated as confidential for the purpose of this research.

Thank you.

SECTION 'A" PERSONAL INFORMTAION OF THE RESPONDENT

Please tick the appropriate box

1. **EDUCATIONAL QUALIFICATION**

What is your highest educational qualification?

Primary school certificate ( )

Secondary school certificate ( )

NCE, BA, HND ( )

Others specify……

2. OCCUPATION

Teacher ( )

NDLEA staff ( )

NAFDAC staff ( )

Customs staff ( )

Immigration staff ( )

Prison staff ( )

Factory workers ( )

Motor Park workers ( )

3. MARITAL STATUS

Married ( )

Single ( )

Divorce ( )

Widow/Widower ( )

4. GENDER

Male ( )

Female ( )

5. AGE

21-30 ( )

31-40 ( )

41-50 ( )

51 and above ( )

In section B to F tick (√) in the appropriate column of your choice

Key: SA = Strongly Agree A = Agree;

U = Undecided D = Disagreed;

SD = Strongly Disagree

SECTION B: DIFFERENT PROGRAMME IN THE CONTROL OF DRUGS

S/N	STATEMENT	SA	A	U	D	SD
6	The sections of essential economic and relevant drugs make progress in achieving the planned programme.					
7	Systematic drug supply is an organised way/means of improving drug control programme in Katsina State					
8	Drugs administration is a measures of evaluating the programme					
9	Registration and quality assurance is part of the drug control programme					
10	Drug registrations system is a one-way of compliance to the programme					
11	Regulation on dispensing is a channel practice and rational to drug control					

	programme.					
12	Involvement of law enforcement agents promote speedy drug control					
13	Quality assurance of drugs is a method of procurement					
14	Manufacturing and guarantee checks by laboratories on the production of fake drugs.					
15	Legislation is a guide to all areas of drugs control programme.					

SECTION C: COMMUNITY / SOCIETY ROLES IN THE CONTROL OF DRUGS

16	Members of the community / society considered the programme as a yard stick in curtailing the menace of drugs abuse					
17	Community involvement in reporting the source and sells of illegal drugs to appropriate authority is a yard stick in the control programme of drugs.					

18	The entire community, appreciate and reacted positively to all the planned programme on drug control.					
19	Prayers in churches and Mosque about the programme are a symbol of acceptance of the programme.					
20	Parents /guidance contributed toward the progress of the control programme as they served as to law-enforcement					
21	Entire community benefit from the drugs control programme by minimizing crime					
22	The intellectuals among members of the community/society the entire people on the inherent dangers on drugs abuse in various schools					

SECTION D: POSSIBLE WAYS OF IMPROVING THE EXISTING PROGRAMMES

23	Tradition and culture of the society / community are to be critically					

	incorporated in the control programme					
24	Attention and interest of the law enforcement agents should be motivated to carry out their legitimate duty on drug control programme.					
25	Constant preaching on the danger of drugs abuse control programme should be given priority in places of worships can make impact.					
26	Involvement of traditional rulers in the programme will positively make greater impact on drug control programme.					
27	Wider publicity together with the stake holders has greater social contributions to achieving drugs control programme.					
28	Self employment and creativities among adult and youth can divert the evil thinking and forcus toward achieving drug control programme.					
29	Adult and Youths involvement in					

	policing their fellow community members that are selling and taking drugs.					
30	Introduction of operation catch them young on the danger of drugs abuse control programme in all educational setting.					
31	Intensifying campaigning in a local language for easy understanding of drug control programme.					
32	Programmes in the electronic media on drugs abuse control programme.					

SECTION E: FACTORS INFLUENCING YOUTHS AND ADULT IN THE ABUSE OF DRUGS

33	Peer group/Habit formation influence drug abuse.					
34	Some Culture of the community society does influence drugs abuse					
35	Nature of jobs / profession necessitate youths/adults in the abuse of drugs					

36	Environmental condition such as peer group pressure on socialization.					
37	Parental background warranted youths/adults in the abuse of drugs such parent who drink alcohol and smoke infront of child.					
38	Availability of drugs also influence youths/adults in drugs abuse.					
39	Affordability of drugs does influence drugs abuse					
40	Both male and female youths/adults abuse drug					
41	Socio-economic status influence affect both adult and youths in drugs abuse.					
42	Youths are involved in drugs abuse because of their level of maturity					
43	Overzealous to achieved desired needs in life warranted youths/adults to indulge in abuse of drugs.					
44	Educated youths are higher than uneducated in the abuse of drugs					

SECTION F: TYPES OF DRUGS COMMONLY ABUSED AMONG PEOPLE

45	Alcohol, also known as (Giya, and Burukutu) is a commonly abused drug.					
46	Marijuana. Also known as (wee-wee, ganja, grass, Indian hemp)					
47	Cocaine, also known as Snow, snuff.					
48	Amphetamine also known as (ups, pep-pills, wake-ups, eye openers, truck drivers, or sleepless tablets)					
49	LSD (Lysergic acid diethylamide) also known as (acid, sugar or dots)					
50	Panadol, aspirin and paracetamol					
51	Heroin also known as (H, harry, horse, dope and scap)					