

The Effect of Drug Abuse among Youth in Nasarawa Local Government, Kano State, Nigeria (2014 -2017)

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ABSTRACT

The Problem of drug abuse has become a global issue of concern by any responsible Government both in developed and under developing countries. Nigeria as a country has witnessed rising epidemic issues of substance abuse as a result of poor economic condition which rose to increasing youth unemployment, political crisis, ethno-religious conflict, poor policies of government to implement the real youth empowerment program living the youth in abject poverty, youth become a social problem and a tool for politicians to manipulate political process. The National Drug Law Enforcement Agency (NDLEA, 2015 Reports) has place Kano State as a state most affected by drug abuse in the county. Some analysts have indicated that many energetic youth population between 50% to 60% of the Youth in Kano State, abuse drugs either orally or through injections which pushed them to engage in to various social crime in the study. The study will adopted Primary data from some selected communities in Nasarawa local government, Kano state and secondary data to be collected from various relevant publications. The study has the following findings most of the drugs abusers are cut across gender both male and females with age range of 15-40, most of the reasons for engaging youth in to drug abuse are frustration, poverty, lack of proper enacted laws to empower the youth. The study has recommended that government and society must to developed strategy of attacking the causative factors of drug abuse like supply points, purchasing areas and some centers for abuse within the community to be seriously guided and controlled by the relevant government agencies and larger community.

Keywords: Youth Involvement, drug abuse, Youth Empowerment

INTRODUCTION

The youths in Nigeria like many countries of the world are increasingly developing addiction to psychoactive substances or engage in drug abuse. The National Drug Law Enforcement Agency (NDLEA, 2011) collected drugs use and abuse data from schools, records of patients admitted at mental health institutions for drug problems and interview of persons arrested for drug offences. The result showed that youths constitute the high risk group for drug abuse. Friends and school mates account for about 90% of the source of influence of the use and abuse of various psychoactive substances. In Nigeria, alcohol and cigarette are legal substances but, the two have been discovered to cause physical damage to human bodies. It has been reported that smoking tobacco causes 90.0% of lung cancer, 30.0% of all cancers, and 80.0% of other chronic lung diseases (Sale 2008). Apart from these health implications, according to Stephen (2010), alcohol and cigarette are said to be “gateway drugs” to other more potent

psychoactive drugs like marijuana, heroin and cocaine.

The future of any community, society, state or nation is tied to the character of the youth in that particular place, area or locality. It is also said that “The youth are the leaders of tomorrow”. Therefore responsible youth in the society indicates responsible and brighter future of that society and also the reverse is the case.

Kano state is the most populated state in Northern Nigeria with over 10 million populations (NPC, 2006). The use of psychoactive Substance in this state is the order of the day, evidence by increase in crimes of different nature, failure at examination, abandoning school and poor performance in all aspects of life etc.

Nassarawa local government is the largest, second most populated local government Area of Kano State. One myth about the youth and adolescents in Nassarawa local government is drug and substance use evidently shown by

increase in crime, abandoning and inconsistencies in school, as well as failure in examination. These reasons encouraged and motivated the desire to investigate the prevalence and pattern of psychoactive substance use among the senior government secondary school students of the largest local government area in the middle of Kano City, Nasarawa Local Government Area of Kano State, Nigeria. In our society people are known to have had problems that had made them to adopt various measures to cope with such problems and live successfully within the confines of societal normative values. While some people take solace in lawful ways others resort to unlawful and unhealthy measures such as the use of drugs or psychoactive substances to the extent of abusing of drugs, hence resulting in addiction. According to Edum (2006) the adolescent in our society are not left out in this, as they are either influenced by peer group while others do so because of the easy availability of the abused substances, others also watch on television and films and some read in books and so try to experiment to experience the effects. The effects of specific psychoactive substance vary depending on their mechanism of action, the amount consumed and the history of the user among other factors.

PURPOSE OF THE STUDY

The main purpose of the study is to determine the effect of drugs abuse among youth living in Nasarawa local Government, Kano State, Nigeria, 2014-2017.

OBJECTIVES

The paper has the general objective of assessing the impact of drugs abuse among youth living in Nasarawa local Government, Kano State, Nigeria.

The Specific Objectives Has the Following Things

- Identify the characteristics of youth who use identified substances as abusers
- Identify the patterns of substance use among the youth living in Nasarawa Local Government, Kano State.
- Identify the sources of influence of drug use among Youth in Nasarawa Local Government, Kano State.
- Identify the means of addressing the problems of drugs abuse in Kano State in particular and Nigeria in general.

Research Questions

- What are the characteristics of Youth who abuse drugs?
- What are the patterns of substance use among Youth in Nasarawa Local Government, Kano State?
- What are the sources of influence of drug use among Youth in Nasarawa Local Government?
- What are the ways of addressing the problems of drugs abuse in Kano State in particular and Nigeria in general?

Significance of the Study

The paper reveals the prevalence, pattern, types and sources of psychoactive substances used by youth. It will also reveal the characteristics of drugs abusers and the problems youth encounter as a result of drug use. These findings are essential as they will help in understanding the overall social, academic and drug problems of the students and youth in Kano state. This finding would be useful to the parents, teachers, police and the drug law enforcement agency (NDLEA) as well as other bodies concerned with checking drug abuse problems in Nasarawa LGA of Kano state and Nigeria at large.

The findings will provide a source of reference for intervention programmers in Kano state. The finding of this study will be useful to future researchers on the topic, as they will build on the strength and limitations of the study. And the finding of the study may spur them to form anti-psychoactive substance use clubs and associations. The activities of these groups can reach the wider society and will assist in curbing the menace of substance abuse in Nasarawa LGA, Kano State and the country at large. The present study will no doubt, spur interest for further studies.

Scope of the Study

The scope of this study is delimited to on some five selected wards in Nasarawa LGA of Kano State, namely Hotoron Arewa, Giginyu, Kaura Goje, Gama and Gwagwarwa. The study will be delimited to the nature of youth drugs abuse engagement in these selected study area.

CONCEPTUAL LITERATURE REVIEW

Drug Abuse

Drug abuse is the use of a mood or behavior-altering substance resulting in significant impairment or distress. Abdullahi (2009) viewed

drug abuse as the use of drugs to the extent that it interferes with the health and social function of an individual. Odejide (1997) opined that drug abuse is the improper use or application of drugs by a person without proper knowledge of the drugs and without due prescription from a qualified medical practitioner. This definition focuses on psychoactive drugs; all drugs can be abused to the extent that it turns into addiction when the drug user is unable to stop the use of drugs despite the harmful effects on users' physical and emotional feelings. According to Agwubike (1998) drugs commonly abused by adolescents are; Amphetamines, Anabolic steroids, alcohol, Marijuana (Cannabis or Indian hemp), cocaine, heroin, caffeine, barbiturates, amphetamines, narcotic, inhalants, codeine and cough syrup; which have excitatory or inhibitory effect which are thought to enhance performance in sport by delaying the onset of fatigue or hasten recovery rate.

Alcohol

Alcohol abuse causes neuro-inflammation and leads to myelin disruptions and white matter loss; the developing adolescent brain is at increased risk of brain damage and other long lasting alterations to the brain (Alfonso-Loeches, *et al.*, 2011). Adolescents with an alcohol use disorder damage the hippocampal, prefrontal cortex, and temporal lobes (Nixon *et al.*, 2010). Adolescents who consume alcohol heavily display symptoms of conduct disorder. Its symptoms include troublesome behavior in school, constantly lying, learning disabilities and social impairments (Mc Ardle, Paul, 2007). Alcohol slows brain activity and muscle reaction and continued use of it can result in indigestion, ulcers, degeneration of the brain and cirrhosis of the liver.

Barbiturates

Barbiturates are synthetic drugs used in medicine to depress the central nervous system. The effects range from mild sedation to coma and they may be used as sedatives, hypnotics or as part of anesthesia. Some barbiturates are used to relieve tension or anxiety prior to surgery. It is also depressants like alcohol. They produced light headedness, ease tension, and induce relaxation and sleep. Large doses can slow vital body functions and can cause death (Anumonye, 1980).

Amphetamines

Amphetamines are a group of synthetic psychoactive drugs called central nervous

system (CNS) stimulants. <http://www.cesar.umd.edu/cesar/drugs/amphetamines.asp>

It is a central nervous system stimulants that affect chemicals in the brain and nerves that contribute to hyperactivity and impulse control. They cause brain damage while combining them with barbiturates is extremely dangerous (Anumonye, 1980).

Narcotic

Narcotics are addictive drugs that reduce the user's perception of pain and induce euphoria (a feeling of exaggerated and unrealistic well-being). These are drugs which include opium and its derivatives, morphine, heroin and codeine which provide relief and pain, anxiety and tension. Medically they are used to relief pain, treat diarrhea and stop coughing (NDLEA, 1998).

Inhalants

The inhalation of certain chemicals found in glue, gasoline, paint thinner, fingernail, polish remover, household cement, petroleum and the like produces a high, sometimes accompanied by dizziness, loss of judgment and aggressiveness (Anumonye, 1980).

Marijuana (Cannabis or Indian hemp)

Marijuana is locally called "Ganye" "wee-wee" to mention just a few. Marijuana is the most commonly used drug after tobacco and alcohol, particularly among youths (NDLEA, 1998).

Codeine

Codeine has become a major drug abused by youths in Nigeria. Its common effects include drowsiness and constipation. Less common are euphoria, itching, nausea, vomiting, dry mouth, orthostatic hypotension, urinary retention, depression, and paradoxical coughing. It also effects include suppresses the Central Nervous System (CNS), constricts the vessels, causing constipation, nausea etc., (NDLEA, 1998).

According to Odejide *et al.*, (1987) abuse of psychoactive drug is a common problem among the adolescents especially for socially acceptable drugs such as alcohol and cigarettes. Alcohol and cigarettes are termed as gateway drugs because they are the ones that welcome the adolescents into drug abuse. These drugs are mostly abused because they are readily available (Okoza *et al.*, 2009). Studies showed that parenting has a lot of influence on early initiation into use of drugs by adolescents. Hawkins *et al.*, (1997) argued that children who

received good supervision and consistent discipline from their parents in their early years in life are less likely to engage in drug abuse.

The use of alcohol, tobacco, cannabis and other psychoactive substances constitutes one of most important public health problems among adolescents worldwide (Oshodi *et al.*, 2010). Recent studies in African countries have shown that the phenomenon of drug use is also common in this continent and is becoming one of the most disturbing health-related problems among youth (Igwe *et al.*, 2009). Studies show that there is an increasing incidence in the use, and a decreasing age of onset, of these substances (Fatoye and Morakinyo, 2002; Fatoye *et al.*, 2006). Most young people begin their use of drugs with alcohol and cigarettes and later progress to more dangerous substances such as cannabis and cocaine (Abiodun *et al.*, 1989). Several psychosocial factors have been associated with drug abuse. Particularly, peer pressure, social environment, broken home, media portrayal of drug -use by celebrities (Malhotra *et al.*, 2007). Peer substance use is one of the major and well-established predictors of adolescent drug use (Elliott, Huizinga and Ageton, 1985). The influence of the peer group is exerted via modeling and social reinforcement of nonconforming behavior (Oetting and Donnermeyer, 1998; Elliott, Huizinga and Ageton, 1985; Hawkins and Catalano, 1992). Previous research suggests that peer drug use influences adolescent behavior (Dish ion and Andrews, 1995)

In the domain of personal attributes which make adolescents vulnerable to drug use, the linkage between depressive mood and substance use is equivocal. Some studies have found a relationship between depressive mood and substance (Brook, Cohen and Brook, 1998), whereas other research has found no association between illegal drug use and depression (White, Xie, Thompson *et al.*, 2001). In contrast, there is strong evidence suggesting that unconventional attitudes and behaviors (e.g., tolerance of deviance, delinquency) are related to adolescent drug use (Brook, Brook, Gordon, *et al.*, 1990).

There is a substantial body of literature on the reasons or motivations that people cite for using alcohol, particularly amongst adolescent populations. For example, research on heavy drinkers suggested that alcohol use is related to multiple functions for use (Edwards *et al.*, 1972; Sadava, 1975). Similarly, research with a focus on young people has sought to identify motives

for illicit drug use. There is evidence that for many young people, the decision to use a drug is based on a rational appraisal process, rather than a passive reaction to the context in which a substance is available (Boys *et al.*, 2000; Wimberley and Price, 2000). Reported reasons vary from quite broad statements (e.g. to feel better) to more specific functions for use (e.g. to increase self-confidence).

EMPIRICAL LITERATURE

Causes of Psychoactive Drug Abuse

Substance use seems to be linked to many factors. Black and Matassarini-Jacobs (1993) explains the possible causes of substance use as the followings factors. These factors are likely to coexist.

Biological Factors

If parents have addiction struggles, chances are that the offspring of that family will be detectable to addiction. . Black and Matassarini-Jacobs (1993) refers to biologic theorist's speculation that substance dependant people may lack naturally occurring endorphins (chemicals in the brain) and, therefore take substances in a physiologic attempt to replace the missing chemicals. Probably this suggests interplay between personality features and genetic susceptibility in the individual response to the chemical substance family role models who drink excessively.

BEHAVIORAL FACTORS

Behaviorists believe that rewards or "pay off" from use rein force the use of any given substance. Culturally, the acceptance of various substance influences levels of use, e.g. a permissive attitude towards alcohol. Social acceptance of the offending substance is therefore a key issue in substance use (Mireku, 2002; Emenike and Ogbonna, 1995).

Occupational Factors

The occupation of the person (high-stress jobs) has a high incidence of substance use. Bar staff that has regular contact with alcohol and therefore predisposed to the use of alcohol.

Psychodynamic Factors

A number of psychological theories have attempted to explain how people become substance dependent. People who are alcoholic dependent have often been viewed as individuals who easily succumb to the escape provided by alcohol. Psychoanalytic theory

describes people with alcohol dependency as having strong oral tendencies related to unresolved needs for early attachments (Frosch, 1985),

Peer Pressure

Peer pressure is huge and many people tend to indulge in activities that their peers are involved in so as to maintain the relationship.

Loneliness

People naturally want to feel good physically and emotionally and they resort to drug or illegal substances.

Personality Factors

Feelings of inferiority are said to be a feature. The inadequate personality use substances to achieve power in the form of disinhibition, to relieve tension and improve self-esteem. Iron bar and Hooper (1993) argue that there is no one factor that predominates in the causation of substance use. But for each person there exists a complex interaction between themselves, those around them and the environment. It is in the light of this, that Kaltenbach and Finnegan (1997) notes that paradigms shift began to occur in which a multifactor approach becomes acknowledged as the appropriate model.

Duxbury (1997) states that anyone can be at risk, however, some significant factors that appear to be influential other than those addressed above include factors such as the cost and availability of the substance (Awake!, 2005, Mireku, 2002 and Duxbury, 1997).

Pattern of Psychoactive Use/Abuse

Patterns of development of dependence and abuse are described. The first pattern is one of an individual whose physician originally prescribed the CNS depressants as treatment for anxiety or insomnia. Independently, the individual has increased the dosage or frequency from that which was prescribed. Use of the medication is justified on the basis of treating symptoms, but as tolerance grows more and more of the medication is required to produce the desired effect. Substance – seeking behavior is evident as the individual seeks prescriptions from several physicians in order to maintain sufficient supplies.

The second pattern, which the DSM-IV-TR reports is more frequent than the first, involves young people in their teens or early 20s who, in the company of their peers, use substances that were obtained illegally. The initial objective is

to achieve feeling of euphoria. The drug is usually used intermittently during recreational gatherings. This pattern of intermittent use leads to regular use and extreme levels of tolerance. Combining use with other substance is not uncommon. Physical and psychological dependence leads to intense substance seeking behaviors, most often through illegal channels.

According to the Townsends (2006) There are many ways and patterns in which drug addicts or abusers used among them are smoking, injecting, huffing bagging and orally/chewing.

Smoking

Drugs commonly used in this method are stimulants like cocaine. Cannabis like tetra hydro cannabinols, marijuana, hashish and hashish oil, hallucinogens, phencyclidine etc

Parenteral

These include intra muscular and intra venous injection. In intravenous usually veins in the ante cubical space are used, but as vein membranes break down and scleroses other veins are selected for injection. The needles are frequently passed from one user to another. Infections including acquired immunodeficiency syndrome have been relatively common. Drugs commonly used in this way are heroine, morphine, amphetamine, phencyclidine, marijuana etc.

Huffing

Is a procedure in which a rag soaked with the substance is applied to the mouth and nose and the vapors breathed in. Substance used by this way is aerosol, propellants, fluorinated hydrocarbons, nitrous oxide (in deodorants and hair spray. Paint, cookware coating products). Solvents like gasoline, kerosene, nail polish remover, typewriter, correction fluid, cleaning solutions, lighter fluid.

Paint thinner and glue. Inhalant substances are readily available, legal and inexpensive. These three factors make inhalants the drug of choice among poor people and among children and young adults. Use may begin by ages 9 to 12 and peak in the adolescent years; it is less common after age 35 (APA 2000)

Oral/Chewing

Examples of substances that fall under this category are stimulants like amphetamine, dextroamphetamine, methamphetamine caffeine and nicotine. Depressants like alcohol, diazepam (valium), chlordizepoxide (Librium).Cannabis like hashish and marijuana.

Bagging

Is another method of substance administration in which the substance is placed in a paper or plastic bag and inhaled from the bag by the user? They may also inhale directly from the container or sprayed in the mouth or nose example Solvents like gasoline, kerosene, nail polish remover, typewriter correction fluid, cleaning solutions, lighter fluid paint, paint thinner and glue

Problem Associated With Psychoactive Substance Use

The use of psycho active substance has produced severe socio-political, economic and health– related problems, all over the world, especially in Nigeria. These problems are profound, pervasive and tragic. Mireku (2002), Duxbury (1997) and Imogie (1993), discusses the variety of effects of psychoactive substance use, vis-à-vis physical, physiological, psychosocial and psychiatric problems. Generally, the consequences of psychoactive substance use on both the individual and society can be examined under the following headings.

Psychological Problems

Substance–related problems may be in various forms including, loss of control which may lead to helplessness, depression and sometimes suicide. Anxiety attack when not using drugs leading to relapse to relieve anxiety. Low self-esteem, feelings of inadequate and poor motivation. Memory loss and disorientation following long or heavy drinking bouts. Psychosis presenting in the form of delusion and hallucinations. Substance use, particularly in young individuals may precipitate the development of mental illness such as schizophrenia. Defensiveness about behavior and often denial that there is a problem (defense mechanisms: denial and rationalization).

Behavioral and Social Problem

The behavioral and social course of psycho active substance use includes difficulty maintaining successful relationships, which often leads to isolation, divorce and separation. Stigma may lead to further rejection and isolation. Loss of job, home and financial difficulties may occur. The user experience persistent drug use despite obvious personal, social and physical damage. The victim will find it difficult putting the needs of others before self. Disinheriting due to effects of drugs may feature. High-risk behaviors due to disinheriting, for example walking out in front of cars,

unprotected sex, no sense of danger, believing one has powers such as being able to fly.

Physical Problems

The physical consequence of drug use include physical dependency leading to craving, tremor, sweats, agitation, anxiety, disorientation, psychosis, jitters, paranoia and panic attacks, withdrawal symptoms usually start 24-72 hours after cessation of substance use. The individual recovers from physical discomfort within 5-7 days; however, the following may be suffered; malnutrition due to poor appetite and gastrointestinal problems: nausea, anaemia, weight loss, vitamin deficiency particularly vitamin B12. Approximately 10-15 % of people with alcohol problem develop cirrhosis of the liver due to toxic effects of alcohol. Pancreatitis and general infections such as HIV/AIDS may also occur. Others may include blackouts, loss of consciousness and risk of death due to overdose of psychoactive substance. Gambo (1995) states that drug addiction can lead to the committing of criminal offences.

Since psychoactive substance addicts are always prepared to sustain their habit by all means. Some of them are often induced to getting involved in theft, burglary and robbery in order to obtain the needed money to procure the substance. Psychoactive substance addicts are also relatively prone to accidents on the highways while driving vehicles. Such accidents could involve other people and may lead to serious injuries and loss of property thus leading to great loss to the country. The patterns of psychoactive substance use including a tendency among commercial motorcycle riders to take a variety of drugs simultaneously or in a sequence to obtain specific effects may become a feature. A pattern of use generally ranges from experimental to compulsive use. Although an individual may move back and forth among patterns, compulsive use is indicative of addiction and only abstinence or a drug–free status can break the pattern (Orth. Duphorne and Lisanti, 2000).

Effect of Substance Abuse

The effect of substance abuse is mainly to the individual family and the society as follows

The Individual

People who use drugs experience a wide range of physical effects other than those expected (Ajzan, 2005). Most of the abused substances have after effects. For tobacco taken in cigarette

form, abusers are exposed to lung cancer and other chronic illnesses (WHO, 2009). For alcohol, abusers are exposed to liver cirrhosis, cancer and a host of other chronic illnesses (Sad dock, 2009). Abstinence from certain drugs results in withdrawal syndrome. For example, heroin withdrawal syndrome causes vomiting, muscle cramps, convulsions and delirium. Sharing hypodermic needles used to inject some drugs dramatically increases the risk of contracting AIDS and some types of hepatitis (Atta, 2004). Many drug users engage in criminal activities such as burglary and prostitution to raise money to buy drug (Rocha 2009).

The Family

According to the world Drug Report (2004), 20% of alcoholics face problems that affect their jobs and misuse of money as a result of alcohol consumption. According to Global Status Report on alcohol (2007), 55% of women in Nigeria face domestic violence from their husbands after taking alcohol (WHO, 2009). Most of the abusers (children) usually become drop-outs from school posing a problem to the family. The users pre-occupation with the substance, plus its effects on mood and performance can lead to marital problems and poor work performance or dismissal from the work (Ajzen, 2005). Violence, conflict, separation and divorce are common among females of alcoholics husband (World Drugs Report, 2004). Pregnant mother who uses drugs have much higher rate of low- birth weight babies than the average especially those who take cocaine and heroin.

The Society

Drug users are more likely than non-users to have occupational hazards, accidents, endangering themselves and those around them (Fisher, 2008). Drug related crime can disrupt neighborhoods due to violence among drug dealers and pose threat to the residents and society at large (Fishers, 2008). Over half of the highway deaths are coursed by alcohol (WHO, 2009). Majority of homeless people have either a drug or alcohol problem or a mental illness or in some cases have all three.

RISK FACTORS ASSOCIATED WITH SUBSTANCE ABUSE

Availability and Encouragement

Advertising campaigns make the use of chemical substances appealing and socially acceptable. Sedatives and anti-anxiety agents are prescribed excessively for a variety of reasons.

Adverse Social Conditions

Poverty, unemployment, discrimination, homelessness, and lack of social and educational opportunities contribute to high rates of substance abuse.

Environmental or Biologic Factors

Abuse patterns occur in families (e.g., heavy smoking and drinking).

Psychological Influence

Certain personality traits (e.g., low frustration tolerance, risk-taking behavior, and impulsivity) may make the development of substance abuse more likely.

Psychodynamic factors, such as anxiety or panic disorders, mood disorders, and personality disorders, are linked with substance abuse.

Disabilities

Physically disabled individuals have higher rates of alcoholism and problems with other substances. Many individuals with disabilities have low self-esteem, chronic medical problems, and high incidence of depression.

Developmental Influence

Individuals who sustain parental loss (through death, divorce, abandonment) may be predisposed to substance abuse problems.

Children of substance-abusing parents are at greater risk for becoming substance abusers.

Cultural Influence

Cultural beliefs influence religious rituals and practices that support or inhibit substance use and abuse. Alcoholism is a major problem among Native-American and Alaskan Natives. Hispanics may also have high rates of alcohol abuse.

TYPE OF ABUSE VARIES WITH AGE, GENDER, AND SPECIFIC MINORITY SUB GROUP

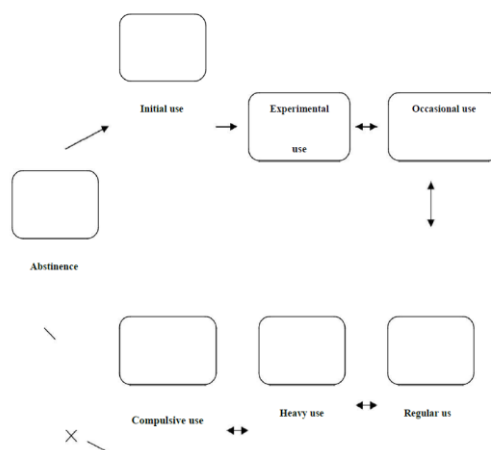
Addiction

Addiction describes that state when the person experiences severe psychological and behavioral dependence on drugs or alcohol with the tendency to increase its use. Psychoactive drugs are often associated with addiction. Addiction can be divided into two types: psychological addiction, by which a user feels compelled to use a drug despite negative physical or societal consequence, and physical dependence, by

which a user must use a drug to avoid physically uncomfortable or even medically harmful withdrawal symptoms. (Lenhart, Amanda 2010) Not all drugs are physically addictive, but any activity that stimulates the brain's dopaminergic reward system typically, any pleasurable activity can lead to psychological addiction. Drugs that are most likely to cause addiction are drugs that directly stimulate the dopaminergic system, like cocaine and amphetamines. Drugs that only indirectly stimulate the dopaminergic system, such as psychedelics, are not as likely to be addictive. (Ksir, Oakley and Charles, 2002). Common forms of rehabilitation include psychotherapy, support groups and pharmacotherapy, which use psychoactive substances to reduce cravings and physiological withdrawal symptoms while a user is going through detox. Methadone, itself an opioid and a psychoactive substance, is a common treatment for heroin addiction, as is another opioid, buprenorphine. According to Johnson (2010), physical dependence refers to a state resulting from chronic use of a drug that has produced tolerance and where negative physical symptoms of withdrawal result from abrupt discontinuation or dosage reduction. Physical dependence can develop from low-dose therapeutic use of certain medications such as benzodiazepines, opioids, antiepileptics and antidepressants, as

well as misuse of recreational drugs such as alcohol, opioids and benzodiazepines.

The higher the dose used, the greater the duration of use, and the earlier age use began are predictive of worsened physical dependence and thus more severe withdrawal syndromes. Acute withdrawal syndromes can last days, weeks or months, and protracted withdrawal syndrome, also known as "post-acute withdrawal syndrome" or "PAWS" a low-grade continuation of some of the symptoms of acute withdrawal, typically in a remitting-relapsing pattern, that often results in relapse into active addiction and prolonged disability of a degree to preclude the possibility of lawful employment can last for months, years, or, in relatively common to extremely rare cases, depending on individual factors, indefinitely. Protracted withdrawal syndrome is noted to be most often caused by benzodiazepines, but is also present in a majority of cases of alcohol and opioid addiction, especially that of a long-term, high-dose, adolescent-beginning, or chronic-relapsing nature (viz. a second or third addiction after withdrawal from the self-same substance of dependence). Withdrawal response will vary according to the dose used, the type of drug used, the duration of use, the age of the patient, the age of first use, and the individual person. (Ibogaine 2007)



The Addictive Cycle (Orth Duphorne and Lisanti, 2000)

Addictive cycle shows that step 1, the problem or need arouse stress or anxiety and is dealt with through substance use. Steps 2 through 4, the cycle of substance use, relief and recurring stress or anxiety is repeated until psycho logic dependence is established. Interrupting the cycle brings about anxiety but not physical symptoms.

Steps 5 and 6, physiological dependence usually follows psycho logic dependence. Withdrawal symptoms follow abstinence.

The above are by no means exhaustive and individual problems will exist in addition or isolation depending on so many factors. These include the individual circumstances, personality, coping resources, assistance available, type, and degree of substance use. Most victims will

develop a mixture of both physical and mental health problems, as addiction is both relentless and all consuming, devouring those it develops and destroying the lives of those it meets.

Application of Peer Cluster Theory to Present Research

A new psychosocial model, peer cluster theory, suggests that the socialization factors that accompany adolescent development interact to produce peer clusters that encourage drug involvement or provide sanctions against drug use. These peer clusters are small, very cohesive groupings that shape a great deal of adolescent behavior, including drug use. Peer cluster theory suggests that other socialization variables, strength of the family, family sanctions against drug use, religious identification, and school adjustment influence drug use only indirectly, through their effect on peer clusters. Correlations of these socialization variables with drug use confirm the importance of socialization characteristics as underlying factors in drug use and also confirm that other socialization factors influence drug use through their effect on peer drug associations. Peer cluster theory suggests that treatment of the drug-abusing youth must alter the influence of the peer cluster or it is likely to fail. Prevention programs aimed at the family, school, or religion must also influence peer clusters, or drug use will probably not be reduced. (Redmond, 2012)

RESEARCH METHODS

Study Area and Subjects

This study was a descriptive cross-sectional study conducted in Nassarwa Local Government, Kano State. The Local Government has 11 wards namely, Hotoron Kudu, Hotoron Arewa,

Dakata, Kawaji, Tudun Wada, Gama, Gwagwarwa, Giginyu, Kaura Goje and Tudun Murtala and has a population of 1,828,861 (National Population Commission, 2006). Its area covers 499 km² and the principal inhabitants of these areas are the Hausa people.

Sampling Procedure

The study employed a multistage and snowball sampling design. The first stage involved the selection of the five wards from Nassarawa local government areas that make up Hotoron Arewa, Giginyu, Kaura Goje, Gama and Gwagwarwa.

Data Collection

The data were collected between January and February, 2019, using a structured questionnaire. The questionnaire used to elicit responses contained both closed and open-ended questions and was divided into several sections covering the objectives of the study. The different sections covered by the questionnaire were: background information; demographic characteristics, prevalence and factors associated with drug abuse.

Data Analysis

The data collected were analyzed using the Statistical Package for Social Sciences (SPSS Version 21) computer package. The results were expressed in percentages, mean and standard deviations. Analysis of Variance (ANOVA) was also carried out to test differences between categories of parental and educational status and drug abuse. Multiple regressions were also used to determine the relative strength of certain variables associated with drug abuse.

RESULTS

Table1. Demographic Characteristic of the Respondents

Variables	Have you ever used any drug?		P – Value
	Yes(n =361)	No(n=119)	
< 15 years	18 (52.9)	16 (47.1)	P<0..05
16 20 years	145 (65.0)	78(42.2)	
21 25 years	198 (88.8)	25 (11.2)	
Status of parent			P < 0.001
Yes, both	39 (69.6)	17 (30.4)	
Yes, both	108 (69.2)	48 (30.8)	
No	214 (79.9)	54 (20.1)	
Current Status			P<0.001
Still in school	86 (71.1)	30 (28.9)	
Finished studies	173 (79.7)	44 (20.3)	
Dropped out of school	56 (66.7)	28 (33.3)	
Never went to school	46 (73.00)	17 (27.0)	

Note: Figures in parentheses represent percentages

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Table 1 indicates that out of 100 respondents, 94 agreed that they had once or severally used one, two or more different types of drugs; 19 indicated that they had never used drugs in their lifetime. This formed a percentage of 19% and 81% respectively has being engage in drugs abuse

Table2. Commonly Abused Substances among Adolescents in Kano Metropolis

Types of Drug	Never Used (%) 0	Tried once(%) 1	Used Sometimes (%) 2	Often used (%) 3
Alcohol	36.5	37.6	25.3	0.6
Cigarette	24.8	41.3	26.1	7.8
Cocaine	99.4	0.4	0.2	0.0
Heroin	98.7	0.7	0.6	0.0
Marijuana (<i>Ganye</i>)	13.1	48.2	22.7	16.0
Aspirin, Codeine	26.3	36.0	24.2	13.5
Glue & other inhalants	21.2	46.5	23.9	8.4
Non Prescribed Cough Mixture & Depressants	19.9	46.4	26.1	7.6

Table 2 shows the types and usage of substances among adolescents in the study area. The Table revealed that 48.2% of the respondents who have used drugs have tried marijuana once, 46.5% have tried glue and other inhalants once. Another 46.4% have tried non prescribed cough mixture and other depressants once. However, less than 1% of the respondents have tried cocaine and heroin once. About 41% and 38% of

them have tried cigarette and alcohol once respectively. Most of the respondents have often used marijuana (16%), aspirin and codeine (13.5%), glue and other inhalants (8.4%), cigarette (7.8%), non-prescribed cough mixture and other depressants (7.6%). However, none of the respondents have often used cocaine and heroin (Table2).

Table3. Reasons for Drug abuse among Adolescents in Nassarawa Local Government

Reason for Drug Abuse	Frequency	Percentage
Motivation	40	11.1
Reduce stress	52	14.4
Build-up self-esteem	21	5.8
Ability to increase performance	42	11.6
Provide esoteric insights in the nature of self and the world of reality	31	8.6
Poverty and unemployment	33	9.1
Frustration	17	4.7
Hedonism	26	7.2
Reduce fear	34	9.4
Sense of euphoria	21	5.8
Relaxation prior to social event	44	12.2

The above table has indicated youth engagement in drugs abuse which they ideally mentioned reduction of stress as motive for using drugs. 12.1% indicated relaxation prior to social events; and 11.1% of them mentioned motivation as

motive for using drugs. However, only a relatively smaller percentage (4.7%) of them indicated frustration as reason for engaging in drug abuse.

Table4. Relationship between Parental Status and Drug Abuse among the Adolescents

Parental status	Drug Abuse Frequency	Mean	SD
Living with none of the parents	39	1.06	3.20
Living with one parent	108	0.69	2.40
Living with both parent	214	0.63	2.14

$F_{2, 358} = 7.903, p = .001$

The results in Table 4 revealed a statistically significant relationship between the different categories of parental status and exposure to drug abuse ($F(2, 358) = 7.903, p = .00$). The group with the highest score was those who reported living without any of the parents ($M =$

1.06, $SD = 3.20$) followed by those who reported living with at least one of their parents ($M = 0.69, SD = 2.40$). The group with the lowest score was those who reported living with both parents ($M = 0.63, SD = 2.14$).

Table6. Multiple Regression Analysis Results on Factors Associated With Drug abuse

Factors Un-standardized	Regression Coefficient(b)	Standard Error Standardized(SE)	Regression Coefficient(B)	P value
Stress	.013.	.027	-.032	.037
Peer Drug use	.491	.129	.317	.047
Depression	.027	.025	-.01	.036
Self-esteem	-.278	.053	-.005	.050
Unemployment	.273	.178	.08	.048
Poverty	.267	.023	.89	.046

$R^2 = .94$

Table 6 showed the results of multiple regression of the independent variables (stress, peer drug use, depression, self-esteem, unemployment, poverty) and the dependent variable (drug abuse). The result indicated a significant relationship between each of the independent variables and the dependent variable (drug abuse).

DISCUSSION

In predicting drug abuse, self-esteem becomes a necessary prerequisite because it encompasses beliefs about ones-self as well as other emotional responses to those beliefs (Mann *et al.*, 2004). This shows the problem of drugs abuse has become a social problem affecting the society today. Some has given reasons for imitation of peer behavior by adolescents. The result of this study underlines the role of low self-esteem in the prediction of drug abuse. Self-esteem actually is the indication of and for youth engagement on drug abuse. Concept and self-esteem. Hence some adolescent drug abusers used drugs as a coping mechanism. The result from this study therefore, revealed low self-esteem as the strongest and unique predictor of drug abuse among adolescents. Bandura (2006) suggested that adolescents vary on how effectively they accomplish the beliefs they hold about their competence to produce results, because their achievement is a powerful personal source used in negotiating their development. Consequently adolescents with low self-esteem are likely to become depressed which leads to drug abuse (Patterson *et al.*, 2004). Many times drugs abusers their peers are mostly adolescents with low self-esteem, while high self-esteem is seen as a shield for the protecting the self from detrimental practices such as group influences (Cast and Burke, 2002). According to identity theory (Stryker, 1980), self-esteem performs a protective role when adolescents are incapable of confirming the characters that shields them from sufferings. Although throughout the history of human development, depression has been seen as a key factor in drug abuse, it was however, not found

significant to be a significant predictor of drug abuse in this study. Unemployment appeared to be associated with drug abuse. Similarly, individuals who do not have a stable income were influenced by various forces in the society. This probably made the adolescents to engage in drug abuse.

CONCLUSION

The issue of drug abuse has become a serious social problem affecting both social lives of many people’s living in the metropolitan L.G.As in Kano because of the higher number of youth engagement in this bad attitude of drugs abuse by both male and female youth bearing age from 13-40 of age. However, the bad story in these narrations is the nature of increase enrollments of womenfolk in this deal of drug abuse while some of these women are students and married women while in the 1990s women are not real participant in this bad attitude.

RECOMMENDATIONS

The paper recommended the following issues to address the problem:

- Government should provide policies that would address the wider availability of drugs in the society.
- Parent and the larger society would take extra measures to keep monitoring of their children’s and wards.
- Government should provide ample job opportunities for youth to become self-reliant.
- Government should provide rehabilitation centers for drug abusers that are mentally affected.
- Educational curriculum need to cover moral training for students to become highly discipline and become important members of the society.

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