

IMPACT OF DRUG ABUSE ON THE LIVES OF YOUTH IN A SEMI-URBAN COMMUNITY SETTING IN NIGERIA

Joel Olayiwola Faronbi, MSc
Monisola Omoyeni Oginni, MSc
Adekemi Eunice Olowookere, MSc
Dupe Moronkeji, PGD

Corresponding Address:

Department of Nursing Science,
Obafemi Awolowo University, Ile-Ife
faronbiy2k@yahoo.co.uk

Abstract

Objective: This study examined involvement in drug abuse and its associated consequences among secondary school students in Nigeria.

Method: A structured questionnaire was used to collect data from 160 Secondary School students selected using a multi-stage sampling technique.

Result: Results showed that 85% of the respondents had a high level of awareness of drug abuse and 48.1% were involved in drug abuse. This study also revealed that friends, peer groups and involvement in social group were some of the factors influencing youths' participation in drug abuse. A significant relationship exists between respondents' involvement in drug abuse and health conditions ($X^2= 53.53$) and academic performance ($X^2= 6.727$).

Conclusion: This study concludes that involvements in drug abuse have a negative impact on the lives of the youth. Therefore, multidisciplinary actions should be put in place to end drug abuse among the youths in our community.

Keywords: Academic, drug abuse, health, violent, youth.

Introduction

Drug abuse is a rapidly growing worldwide problem (Lakhanpal & Agnihotri, 2007). It was identified as the number one national health problem, causing more deaths, illness and disability than any other health conditions (Kobiowu, 2006). It takes only a glance to see the enormous problems caused by drug abuse in society. Such problems include broken homes, youthful delinquencies and crime. Drug abuse and addiction has a universal phenomenon that extends across socioeconomic, age, cultural, religious and ethnic boundaries. The problem of drug abuse poses a significant threat to the health, social and economic fabric of families, communities and nations (Lakhanpal & Agnihotri, 2007). Literature review have shown that almost every country in the world is affected from drug abuse and the problem has now crossed national, ethnic, religious and gender lines (Lakhanpal & Agnihotri, 2007). The young ones are equally involved as well as the old. In fact, there is no age barrier to drug abuse.

The use of psychoactive substances among adolescents and young adults have become a subject of public concern worldwide, partly because of its potential to contribute to unintentional and intentional injury (Whichstrom, and Hegna, 2003). Despite the efforts of the various Nigerian tiers of government and the National Drug Law Enforcement Agency (NDLEA) to stem down the tide of drug abuse in the country, there has been a consistent rapid rise in the number of cases especially among the young adolescents (10-24 years) (Oshikoya & Alli, 2006). A number of authors Nestler and Malenka (2004); Skosnik, Spatz-Glenn and Park 2001; Hides, Dawe, Kavanagh and Young 2006), have reported that this increase in number of cases of drug abuse have resulted in an increase in the number of cases of cultism, violent disorders, as well as mental disorders among Nigerian youths.

The youths represent an estimated 15.8 % of the global population (World Population Prospects,

2006). Similarly, estimate has suggested that about a quarter of the Nigerian population are youth and recent statistics have shown that over 60 percent of this youths are involved in drug abuse, this include secondary school and university students (Oadianose, 2009)

Several attempts by government-sponsored drug control policy to interdict drug supply and eliminate drug abuse have been largely unsuccessful (Wood, et al. 2003). Although, varieties of well-organised investigations of the fundamental problems associated with drug abuse have been done, there is a little doubt that drug abuse still remains one of the most challenging and unresolved public health problems in our society today. Most of the previous researchers in the field of drug abuse in Nigeria used hospital statistics, the few one that used survey methods were concentrated in the urban communities (Oshikoya and. Alli 2006). An area in which research is still limited is the impact of drug abuse on life of the youths in a semi-urban community setting. The aims of this research therefore are to (i) assess the awareness and knowledge of youth on drug abuse; (ii) identify their level of involvement, (iii) determine the impact of drug abuse on the youths, and (iv) identify various factors that predispose them to drug abuse.

RESEARCH METHODOLOGY

Study design and methods

A descriptive design was adopted, utilising a multi-stage sampling technique. One hundred and sixty students were selected from Ilesa. Ilesa, an ancient town, is regarded as the source and central focus of the Ijesa people. Permission to conduct the study was sought from the principals of the selected schools. Also, informed consent was gained from individual students that participated in the study. The instrument used for data collection was a Questionnaire developed from literature search and subjected to proper scrutiny by experts in the field of Nursing, Sociology, Education, Medicine and Psychology. The adapted version was tested for validity and reliability with a correlation coefficient of 0.82 before its final utilisation for the study. The questionnaires were randomly distributed to the student in the four randomly selected schools and they were given the opportunity to fill it without any interference. Data collected were coded and subjected to computer analysis using the Statistical

Package for Social Sciences Programme (SPSS version 15.0). Statistical techniques used included descriptive and inferential procedures. Descriptive statistics employed were frequency count, percentages and while chi square was the inferential statistical techniques used.

RESULTS

Table 1 presents the socio-demographic characteristics of the respondents. The age of the respondents ranged from 10 to 21 years and more than half (57.5%) were between 16-20 years of age.

The Table also revealed that 51.3% were male, and majority (80%) were Christians. A breakdown of the respondents based on the class reflected that 52.5% were in Senior Secondary School while 47.5% were in the Junior Secondary School.

Table 1: Socio-demographic characteristics of respondents.

Variables	Frequency	Percent
<i>Age of respondents in years</i>		
Less than 10	12	7.5
11-15	48	30
16-20	92	57.5
21 and above	8	5
Total	160	100.0
<i>Sex</i>		
Male	82	51.3
Female	78	48.7
Total	160	100.0
<i>Religion</i>		
Christianity	128	80
Islam	32	20
Total	160	100.0
<i>Class</i>		
JSS 1-3	74	47.5
SSS 1-3	84	52.5
Total	160	100

Table 2 shows that majority (85%) of the respondents had an awareness of drug abuse, and alcohol (26.3%) was the mostly identified substance of

abuse while their major source of information was television (53.8%) and a large number (76.25%) believed that it is possible to quit involvement in drug.

Table 2: Awareness of respondents towards the danger of drug abuse

Variables	Frequency	Percent
<i>Awareness towards drug abuse and its dangerous effect</i>		
Good	136	85
Low	24	15
Total	160	100
<i>Awareness of each drug</i>		
Alcohol	42	26.3
Cigarette smoking	36	22.5
Cocaine	20	12.5
Marijuana	14	8.75
Indian hemp	18	11.3
Heroin	12	7.5
Valium	12	7.5
Not heard about	6	3.8
Total	160	100
<i>Source of Information on the danger</i>		
Friend	26	16.3
Poster	16	10
Television	86	53.8
Radio	32	20
Total	160	100
<i>Quitting the Habit</i>		
Yes	122	76.25
No	38	23.75
Total	160	100

Figure 1 presents the involvement of respondents in drug abuse. A total of 48.1% of the respondents were involved in various drug of abuse, with 22.5% involved in cigarette. Contained in Figure 2 were the responses of the students to the factors contributing

to their involvement in drug abuse. They identified friends and peer group (62.5%), parental influence and involvement (78.8%) and social group (68.8%) as the major contributing factors.

Figure 1: Respondents involvement in drug abuse

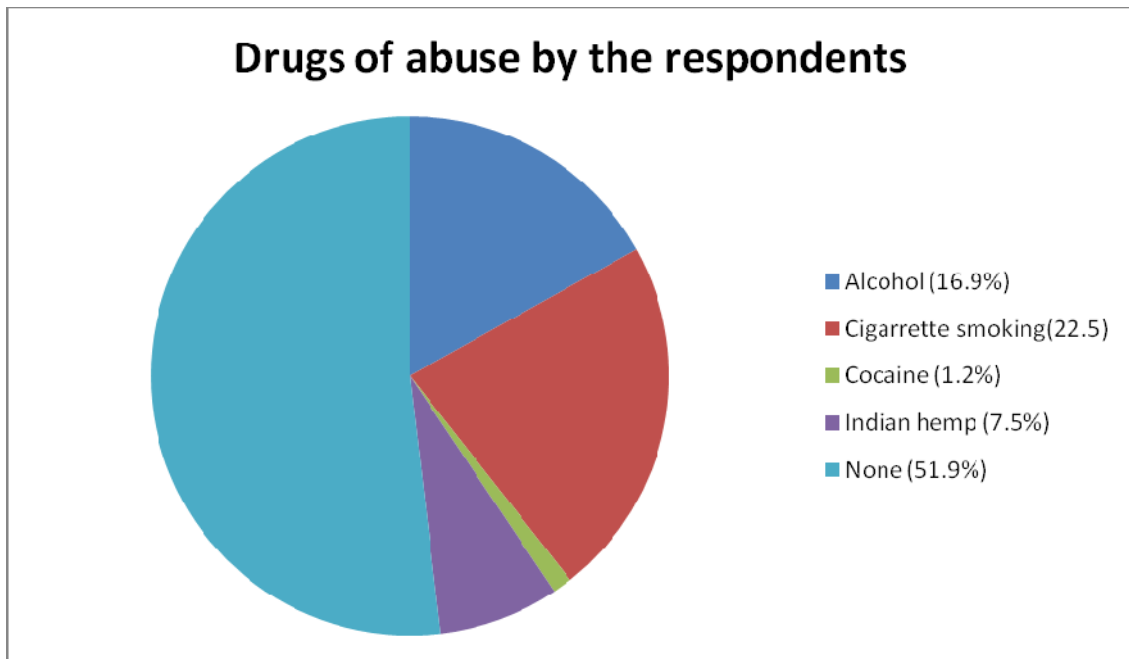
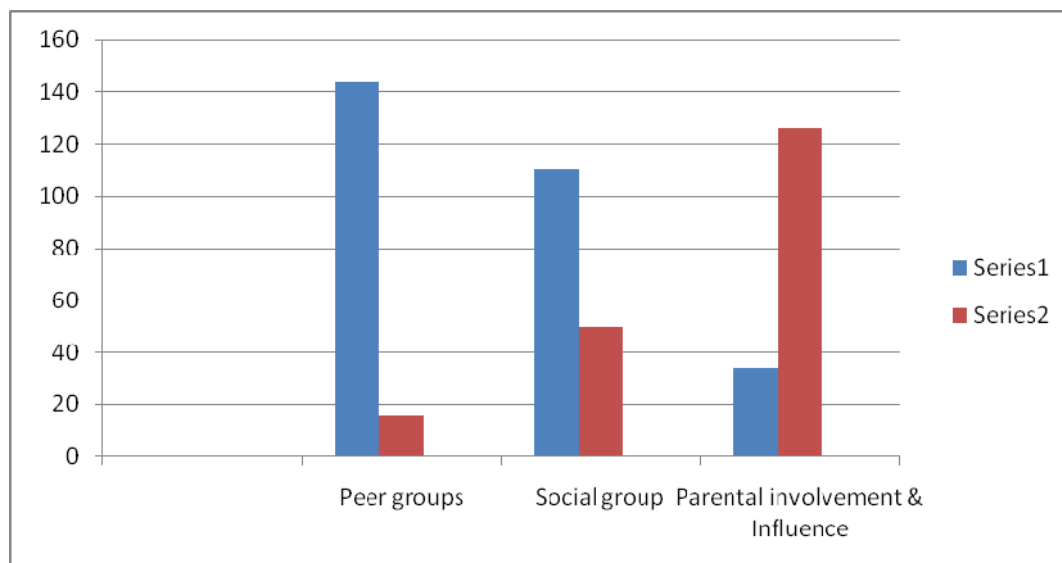


Figure 2 Factors influencing involvement in drug abuse



PRESENTATION OF DATA FOR THE TEST OF HYPOTHESES

Table 3 shows that a greater proportion of the drug abuser were having one health problem or the other while fewer people were having health problem among the non-abuser. Furthermore, there is a significant relationship between drug abuse and

falling sick frequently ($X^2= 53.53$, $df = 1$, $P = .000$). The Table also shows that there is a significant relationship between drug abuse and academic performance among the respondents ($X^2=6.727$, $df =1$, $p = 0.009$). Furthermore, the Table revealed that there is no significant relationship between involvement in violent activities and drug abuse ($X^2= 1.803$, $df = 1$, $p = 0.179$).

Table 3: Relationship between respondents' involvement in drug abuse, health conditions, academic performance and involvement in violent activities.

Health	Drug Abuse		Total
	Abuser	Non-abuser	
Yes	68	26	94
No	9	57	66
Total	77	83	160
$X^2= 53.53$, $df = 1$. $P = .000$			
Academic performance	Drug Abuse		Total
	Abuser	Non-abuser	
Low	64	29	93
High	13	54	67
Total	77	83	160
$X^2= 6.727$ $df =1$, $p = 0.009$			
Involvement in Crime	Drug Abuse		Total
	Abuser	Non-abuser	
Yes	30	24	54
No	47	59	106
Total	77	83	160
$X^2= 1.803$, $df = 1$, $p = 0.179$			

DISCUSSION

The findings from this study provide an insight into drug abuse among secondary school students in a semi-urban community setting in Nigeria. The age of the students who participated in the study ranged between 10 and 21 years. In Nigeria, as in many other parts of the world, youth within this age group are expected to be in secondary school. Majority (57.5) of the students were aged 16-20 years i.e. the adolescents who are very vulnerable at experimenting and prone to drug abuse (Onojole and Bamgbala, 2004, NIDA, 2003, Lawoyin, 2005). This

may be connected with the current trend of early enrolment of children in school which is very common nowadays. The male: female ratio of the respondents in this study showed no significant gender predominance. This agreed with the works of Wilke, et al. (2005) and Oshikoya and Alli (2006) that stated that drug abuse is a problem of both gender.

The greater percentage (80%) of the respondents that participated in this study are Christian while 20% are Moslem, this appears to reflect the pattern of religion in this locality. It may also mean that more

Christians send their children to conventional secondary school than the Moslem who are likely to send their own children to Koranic school. It is quite interesting to note that a large proportion of the respondents (28.1%) were from polygamous family. This may reveal the fact that polygamy is a common practice among the study population. This study also revealed that 58.1% of the respondents reside within the extended family setting. This may not be unconnected with the extended family practice which helps in strengthening the family ties among the Yorubas.

This study has also revealed that 85% of the respondents had a high level of awareness of drug abuse which is justified by their ability to classify and identify those drugs. This might have resulted from the regular and frequent campaign against drug abuse on the mass media, as well as in school. The respondents were able to identify most of the commonly abused drugs in society and the reason for this may be closely related to the fact that some of the students have been involved in the use of some of these drugs. Furthermore, this study has revealed that quite a large number (48.1%) of the youth were involved in drug abuse. The reason for this is not farfetched based on Yahya (2002) study which stated that Knowledge and use of drug are even handed over by the ancestors of the respondents to them, since a long tradition of its use for culinary, medicinal and ceremonial purposes in sub-Saharan African countries, has been documented. Another reason for this is likely to be due to the explorative and inquisitive nature of the youth. They are likely to practice whatever they see others doing. Since some of these drugs are being freely advertised on the media, of which youth are not shielded from, they may see it and subsequently want to practice it. Some of these drugs are recreational drug which are not sanctioned by society (Merck, 2008).

Data from this study has established that the involvement of friends in drug abuse, influence of peer groups, being members of social group are some of the factors influencing youths' participation in drug abuse in Nigeria. This is related to the finding of Oshikoya and Alli (2006) who identified peer pressure as a predisposing factor to drug abuse. National Institute on Drug Abuse [NIDA] (2003); Oshikoya and Alli (2006), further said that experimentation with drugs during adolescence is

common among the adolescent youths. At this age, they try so many new things. They use drugs for many reasons, including curiosity, to make them because it feel good, to reduce stress, or to feel 'grown up'. Using alcohol and tobacco at a young age increase the risk of using other drugs later. While some teens will experiment and stop, or continue to use occasionally without significant problems others will develop addiction, moving on to more dangerous drugs and causing significant harm to themselves and possibly others (NIDA, 2003).

This study has also shown that majority (87.5%) of the respondents were aware of the negative effect of drug abuse. Their major source of information is from television. This may be so because almost every household has television which even occupies the time of most of the youths. However, majority (76.25%) of the respondents were of the opinion that one can quit drug abuse and this likely means that the respondents are in the early stage of drug abuse and are of the opinion that the habit can be easily broken at an early stage. Health problem has been found to be related to involvement in drug abuse. Data from the study demonstrated a strong relationship between involvement in drug abuse and falling sick often ($p < 0.05$). The more one is involved in drug abuse, the more health problem one can have. This confirms the finding of Bartels, et al. (2005) that morphine and tranquilizers, analgesics and sedatives, may precipitate hepatic encephalopathy, possibly as a result of increased brain sensitivity to centrally acting drugs.

It was interestingly found from the study that there is a significant relationship between academic performance and drug abuse ($X^2 = 53.53$, $df = 1$, $P = .000$). This supports the finding of Monti, et al. (2005) that substance use itself may impair cognitive development which, in turn, reduces academic achievement and disrupts academic progression. Recent studies by King, et al. (2006) have shown that heavy adolescent substance use can lead to problems with working memory and attention due to changes in adolescent brain activity. Further research by NSDUH (2006) also suggests that there is a relationship between academic performance and adolescent substance use. Students who use alcohol or drugs have been shown to be at greater risk for performing poorly in school, and vice versa. However, our findings are in contrast with that of

Kobiowu (2006) who reported that there is no relationship between drug abuse and academic performance ($X^2=6.727$ df=1, p=0.009).

Finally, despite the popular belief that there exist a direct relationship between drug abuse and involvement in crime, which has also been established by a number of authors King, *et al* (2006), Weaver & Maddaleno (1999), World Bank (2003) and World Health Organization (2002), who argued that drug and alcohol use during adolescence leads to association with antisocial peer groups, which in turn diminishes school engagement and increases other behavioural and social problems. This study however, has shown otherwise.

CONCLUSION AND IMPLICATION OF THE FINDING

This study has vividly demonstrated that drug abuse is not restricted to the older youth and higher education students, it is also a common practice among the youths in secondary school and that this has an adverse effect on their health and academics and has even been implicated as a cause for involvement in violent activities. The role of health care workers especially the nurses is paramount as they form the first line of defense against drug abuse. They can organise health education which should be targeted at the vulnerable segment of society, such as the older children, adolescent and young adults. Such educational measures should be carefully presented through methods that avoid threats and dramatisation. Another implication is that there is need for government agencies such as National Drug Law Enforcement Agency (NDLEA) to establish comprehensive and realistic policy on the control of drug among the youths. This should include establishing drug control centres, which will collate information on drug use, and liaise with similar smaller units in schools and institutions. This will enable them to intensify their anti-drug campaigns effort in order to have a drug –free society.

Also, parents and school authorities should carefully inform and counsel their children and wards against the destructive effects of these drugs. Any realistic attempt aimed at dealing with the issue of drug abuse must enjoy adequate multidisciplinary deliberation. Any law, which is designed to control drug abuse

behaviour, must embrace suggestions from the country's relevant professional bodies such as nurses, psychologists, psychiatrists, sociologists, youth and welfare officers, counselors, educationists, Ministry of Health officials and law enforcement agents.

It is also important to suggest that youth friendly clinic should be established in all our hospitals, where youths will walk in freely and express their view about certain disturbing issues such as drug use and they will be counseled appropriately.

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