Drug Abuse Among Youths In Nigeria: Implications To National Development

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Abstract:

Youths are the most venerable and deeply involve group in the social menace of drugs abuse. However, drugs abuse among the youths has dominated discussion in the mainstream media recently. The menace of drugs abuse in Nigeria has reached a frightening proportion and it pervaded every fibre in the society. Therefore, this paper attempts to examine the drugs abuse among youths in Nigeria, and its implication to national development. Content analysis method of data collection was employed. The paper examined many issues including the phenomenon of youth and the effects of frequent abuse of drugs by the youths. Furthermore, it looked at the drugs commonly abused by them, explained why do youth abuse drugs, and also explored ways of prevention or control measures of curving drugs abuse. Finally, it made some suggested recommendations that if adopted it will curve the menace of drugs abuse among the youths in Nigeria.

Key words: Youth, Drugs, and Drugs Abuse, Implication, and National Development

Introduction

It is a popularly held belief that the youths of any nation are the leaders of tomorrow. They are the vehicles through which positive changes can be realized. This is why many tend to invest on the future development of its youths. Governments, parents, and guardians devote a lot of time and resources in order to explore and harness the potentialities of youth. Therefore, societies that neglect the youth development may negatively affect future national development. Youth when neglected, can find escape and solace in such things as drug abuse, pick-pocketing, loitering, rape, auto-theft, truancy, delinquent or criminal act and insurgency (Radda, 2009).

The term ‘Youth’ varies in definition, form and approach. A youth as defined by the National Youth Policy is any individual who is a citizen of the Federal Republic of Nigeria, between the ages of 18-35. This age group occupies the transition between childhood and adulthood exhibiting attributes of childhood dependence and independence of adulthood (Muraskin, 1999). Furthermore, the hope and aspiration of any society lie on the calibre of youth in that society. However, Uthaymeen (2002) argued that if we take an examining look at the youth, in Nigeria, we will be able to conclude that youths generally are of categories; the upright youth, the corrupt youth and the confused youth. The second and third types of youth are the one that will be discussed in this paper because they are not productive and they are the type always fought against the constituted authorities. As a result of this Weekly Trust (2016) posits that more Nigerian youths are becoming drug addicts, while Nigeria gradually graduates from a drug consuming nation to a drug producing one. Furthermore, the Chairman of NDLEA, expressed
concern over the emergence of illegal laboratories for the production of illicit drugs. He said that the NDLEA had discovered two clandestine laboratories installed for the illicit production of methamphetamine in Lagos. The first laboratory was discovered in July 2011 and two Nigerians are currently being prosecuted while the second laboratory was detected in February this year.

Williams, (2016) maintained that, over 6 million bottles of codeine are sold on a daily basis in the North-West part of the country. National Drug Law Enforcement Agency (NDLEA) report of 2010 also shows that over 11% of people in the North-West zone use drugs. He also said due to the rise in drug addiction, young people make use of cough syrups to make themselves high. “We have had few newspaper reports where people kill owners of pharmacy shops or chemists because they refused to sell codeine to them.” A doctor said younger people abuse prescription drugs almost much more than what is referred to as illicit drugs. He disclosed that majority of patients who visit their facility are those who use combination of substances. “We don’t have people that use single substance; some take cocaine, heroin, codeine, cannabis and alcohol at the same time.” Consequently drug addiction is a case peculiar with people between the ages of eighteen and twenty. Though there are cases recorded of people younger and older than this age range. He explained that these substances referred to as volatile substances or inhalants could be fumes from petrol, glue, nail polish, paint, chemicals to dilute paints, bases of gutters, codeine in some medicines, and other such agents. “Addicts inhale these directly or pour them on pieces of clothing which they put over their noses and inhale. They also pour the substances in waterproof bags,” he said. “Also in locations like factories where the concentrations of such chemicals are high addicts sit in the room and simply inhale the chemicals.” (Amedu, 2016).

Conceptualization

A drug is, in the broadest sense of the term, is a chemical substance that has known biological effects on humans or other animals. In pharmacology, a drug is “a chemical substance used in the treatment, cure, prevention, or diagnosis of disease or used to otherwise enhance physical or mental well-being.” On the other hand, drug abuse implies “a particular application of a drug more destructive than constructive for society, or the individual”. Robins (1972) posit that Drug abuse implies the use of a given drug in excessive dose levels, over an unjustified long period of time, or outside therapeutic indications. Amina (2016) argued that there are different kinds of drugs including the hard drugs and the prescribed drugs. “When you abuse any of them, it becomes drug abuse. When we talk of drug abuse, it could be the hard drugs including cocaine, weed among others and when we talk about prescribed drugs we mean codeine even though it’s meant for medication some people use it for something else.

Drug abuse, also called substance abuse or chemical abuse, is a disorder that is characterized by a destructive pattern of using a substance that leads to significant problems or distress. Teens are increasingly engaging in prescription drug abuse, particularly narcotics (which are prescribed to relieve severe pain), and stimulant medications, which treat conditions like attention deficit disorder and narcolepsy. Drug abuse or drug dependence (as preferred by the world health organization), is defined as “a state of psychic or physical dependence, or both on a drug, following administration of the drug on a periodic or continuous basis.” Because WHO (1973) found the term “abuse” ambiguous, it abandoned its use; instead the WHO glossary speaks of “harmful use” and “hazardous use”, which is defined as follows:

i) Harmful use: A pattern of psychoactive substance use that is causing damage to health, physical or mental. Harmful use commonly, but not invariably, has adverse social consequences.

ii) Hazardous use: A pattern of substance use that increases the risk of harmful consequences for the user. In contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user.
In the context of international drug control, drug abuse constitutes the use of any substance under international control outside therapeutic indications, in excessive dose levels, or over an unjustified period of time Tupper (2012). Against this backdrop, this paper is an attempt to examine the issue of implication of drugs abuse among the youths in Nigeria so as to reveal the common drugs abuse by them and the negative consequences of the involvement with the mission of coming up with some solutions.

**Types of drugs commonly abused by youths**

Virtually any substance whose ingestion can result in a euphoric ("high") feeling can be abused. While many are aware of the abuse of legal substances like alcohol or illegal drugs like marijuana (in most states) and cocaine, less well known is the fact that inhalants like household cleaners are some of the most commonly abused substances. Other forms of drugs like Indian hemp, which is commonly produced in Nigeria and others like methamphetamine, syrups and tablets with codeine capable of intoxicating are mostly found in military barracks, schools, and motor parks and even with local traders that sell provisions in kiosks. Miller (1974) argued that the following are some of the drugs and types of drugs that are commonly abused and/or result in dependence by youth:

i) **Alcohol**: Although legal, alcohol is a toxic substance, particularly to a developing fetus when a mother consumes this drug during pregnancy. One of the most common addictions, alcoholism can have devastating effects on the alcoholic individual's physical health, as well as his or her ability to function interpersonally and at work. Example of alcohol, beer, stout, ogogoro, burukutu, aspetesi, pito, palmwine, sapele water, kai kai they all contain alcohol.

ii) **Cocaine**: A drug that tends to stimulate the nervous system, cocaine can be snorted in powder form, smoked when in the form of rocks ("crack" cocaine), or injected when made into a liquid.

iii) **Nicotine**: The addictive substance found in cigarettes, nicotine is actually one of the most addictive substances that exist. In fact, nicotine addiction is often compared to the intense addictiveness associated with opiates like heroin.

iv) **Phencyclidine**: Commonly referred to as PCP, this drug can cause the user to feel extremely paranoid, become quite aggressive and to have an unusual amount of physical strength. This can make the individual quite dangerous to others.

v) **Sedative, hypnotic, or ant anxiety drugs**: As these substances quell or depress the nervous system, they can cause death by respiratory arrest of the person who either uses these drugs in overdose or who mixes one or more of these drugs with another nervous system depressant drug (like alcohol, another sedative drug, or an opiate).

**The Effects of Frequently Used of Drugs**

However, the following are effects related to frequently use of drugs to some specific drug use/abuse:

i) **Methamphetamine Effects** “Wired” sleeplessness for days and weeks at a time, total loss of appetite, extreme weight loss, dilated pupils, excited, talkative, deluded sense of power, paranoia, depression, loss of control, nervousness, unusual sweating, shaking, anxiety, hallucinations, aggression, violence, dizziness, mood changes, blurred vision, mental confusion, agitation” (Harper, 2008).

ii) **Ecstasy Effects** (Changes in mental and physical stimulation, altered perception of sound, light, touch. Stimulation of physical energy with related decrease in appetite and increase in body temperature. Increase in emotional response and sensual reactions. Teeth clenching, muscle cramping, nausea, chills and sweating. Body may overheat which can lead to fatalities).

iii) **Cocaine Effects** (Impaired thinking, confused, anxious, depressed, short tempered, panic attacks, suspiciousness, dilated pupils, sleeplessness, loss of appetite, decreased sexual drive, restlessness, irritability, very talkative, scratching, hallucinations, paranoia). Furthermore, one can divide the
effects into short term and long term. The short term effects includes; Loss of appetite, faster breathing, increased heart rate and blood pressure, increased body temperature, sweating, dilation of pupils, bizarre, erratic, sometimes violent behaviour. Others are hallucinations, talkativeness, sense of power and superiority, restlessness, hyper-excitability, irritability which can lead to panic and paranoid, psychosis (disappears if discontinued). According to Afe (1992) Excessive doses may lead to convulsions, seizures, stroke, and cerebral hemorrhagic or heart failure. While the long term effects includes the following can be identified; Destruction of tissues in nose if sniffed, respiratory problems if smoked, infectious diseases, abscesses, if injected, malnutrition and weight loss.

v) Inhalant Effects (Short-term euphoria, giggling, silliness, dizziness, followed by headaches and fainting or unconsciousness. Long-term use: Memory loss, emotional instability, impairment of reasoning, slurred speech, clumsy, staggering gait, eye flutter, tremors, hearing loss, loss of sense of smell, and escalating stages of brain atrophy. Sometimes these serious long-term effects are reversible with body detoxification and nutritional therapy; sometimes the brain damage is irreversible or only partially reversible).

vi) Heroin Effects (Chemically enforced euphoria, a dreamlike state similar to sleep in which the person can drift off for minutes or hours at a time. For long-time abusers, heroin may act like a stimulant, and they can perform a normal daily routine. Others may find themselves completely powerless to do anything).

vii) Marijuana Effects (Compulsive eating, bloodshot and squinty red eyes (may have trouble keeping them open), dry mouth, excessive and uncontrollable laughter, forgetfulness, short-term memory loss, extreme lethargy, delayed motor skills, occasional paranoia, hallucinations, laziness, lack of motivation, stupidity, sickly sweet smell on body, hair and clothes, and strong mood changes and behaviours when the person is “high”). Similarly one can divide the effects of marijuana into short and long term effects. The short effects are, increased appetite, increased pulse rate, reddening of the eyes, short-term memory, logical thinking and physical performance (e.g. driving a car or performing other complex tasks) are impaired. Others are the user becomes quiet, reflective and sleepy. Perceptions of sound, colour, and other sensations may be sharpened or distorted and thinking becomes slow and confused. In the long term effects the following situation are common; Development of moderate tolerance, possible psychological dependence, loss of drive and of interest in sustained activity, risk of lung cancer, chronic bronchitis, and other lung diseases increases (National Institute on Drug Abuse, 2015).

Depressants/Tranquilizers and Barbiturates (Decreased inhibition, slowed motor coordination, lethargy, relaxed muscles, staggering gait, poor judgment, slow or uncertain reflexes, disorientation, slurred speech).

Consequences of Drug Abuse on the Youth

Young people who persistently abuse substances often experience an array of problems, including academic difficulties, health-related problems (including mental health), poor peer relationships, and involvement with the juvenile justice system. Additionally, there are consequences for family members, the community, and the entire society.

Academic effects of drug abuse

Declining grades, absenteeism from school and other activities, and increased potential for dropping out of school are problems associated with adolescent substance abuse. Hawkins, Catalano, and Miller (1992) cite
research indicating that a low level of commitment to education and higher truancy rates appear to be related to substance use among adolescents. Cognitive and behavioural problems experienced by alcohol- and drug-using youth may interfere with their academic performance and also present obstacles to learning for their classmates (Bureau of Justice Statistics, 1992).

**Medical effects of drug abuse**

Drug abuse not only weakens the immune system but is also linked to risky behaviours like needle sharing and unsafe sex. The combination greatly increases the likelihood of acquiring HIV-AIDS, hepatitis and many other infectious diseases. Transmission of HIV/AIDS primarily occurs through exposure to body fluids of an infected person during sexual contact or through sharing of unsterile drug-injection equipment. Many substance-abusing youth engage in behaviour that places them at risk of contracting HIV/AIDS or other sexually transmitted diseases. This may include the actual use of psychoactive substances (particularly those that are injected) or behaviour resulting from poor judgment and impulse control while experiencing the effects of mood-altering substances.

Drug abuse can lead to a variety of respiratory problems. Smoking cigarettes, for example, has been shown to cause bronchitis, emphysema and lung cancer. Marijuana smoke may also cause respiratory problems. The use of some drugs may also cause breathing to slow, block air from entering the lungs or exacerbate asthma symptoms. Cardiovascular disease, stroke, cancer, HIV/AIDS, hepatitis, and lung disease can all be affected by drug abuse. Some of these effects occur when drugs are used at high doses or after prolonged use; however, some may occur after just one use.

**Physical health**

Injuries due to accidents (such as car accidents), physical disabilities and diseases, and the effects of possible overdoses are among the health-related consequences of teenage substance abuse. Disproportionate numbers of youth involved with alcohol and other drugs face an increased risk of death through suicide, homicide, accident, and illness (The Drug Abuse Warning Network DAWN 2011).

**Mental health**

Mental health problems such as depression, developmental lags, apathy, withdrawal, and other psychosocial dysfunctions frequently are linked to substance abuse among adolescents. Substance-abusing youths are at higher risk than nonusers for mental health problems, including depression; conduct problems, personality disorders, suicidal thoughts, attempted suicide, and suicide. Marijuana use, which is prevalent among youth, has been shown to interfere with short-term memory, learning, and psychomotor skills. Motivation and psychosexual/emotional development also may be influenced (Bureau of Justice Statistics, 1992).

**Peers**

Substance-abuse, youths often are alienated from and stigmatized by their peers. Adolescents using alcohol and other drugs also often disengage from school and community activities, depriving their peers and communities of the positive contributions they might otherwise have made. Pius maintained that “most cases of drug abuse and addiction start with peer group pressure. Such people are usually influenced by their peers. Psychologically, if they don’t participate in what their peers are doing, they feel unfulfilled.”

**Families**

In addition to personal adversities, the abuse of alcohol and other drugs by youth may result in family crises and jeopardize many aspects of family life, sometimes resulting in family dysfunction. Both siblings and
parents are profoundly affected by alcohol and drug-involved youth (Nowinski, 1990). Substance abuse can drain a family's financial and emotional resources (Bureau of Justice Statistics, 1992).

Social and Economic Consequences

The social and economic costs related to youth drug abuse are high. They result from the financial losses and distress suffered by alcohol and drug related crime victims, increased burdens for the support of adolescents and young adults who are not able to become self-supporting, and greater demands for medical and other treatment services for these youth (Ashton, 1987). NDLEA operatives towards fighting the menace of illicit drugs production, circulation, marketing and consumption, more people are being recruited daily by drug barons to serve as couriers just as many more, especially youths are increasingly becoming addicted to assorted drugs.

Why do Youths Abuse Drug

There are many factors that contribute to the influence of drug abuse among the Nigerian youth. Haladu (2003) gave the following as the main causes

i. Experimental Curiosity: Curiosity to experiment the unknown facts about drugs thus motivates adolescents into drug use. The first experience in drug abuse produces a state of arousal such as happiness and pleasure which in turn motivate them to continue.

ii. Peer Group Influence: Peer pressure plays a major role in influencing many adolescents into drug abuse. This is because peer pressure is a fact of teenage and youth life. As they try to depend less on parents, they show more dependency on their friends. In Nigeria, as other parts of the world, one may not enjoy the company of others unless he conforms to their norms.

iii. Lack of parental supervision: Many parents have no time to supervise their sons and daughters. Some parents have little or no interaction with family members, while others put pressure on their children to pass exams or perform better in their studies. These phenomena initialize and increases drug abuse.

iv. Personality Problems due to socio-Economic Conditions: Adolescents with personality problems arising from social conditions have been found to abuse drugs. The social and economic status of most Nigerians is below average. Poverty is widespread, broken homes and unemployment is on the increase, therefore our youths roam the streets looking for employment or resort to begging. These situations have been aggravated by lack of skills, opportunities for training and re-training and lack of committed action to promote job creation by private and community entrepreneurs. Frustration arising from these problems lead to recourse in drug abuse for temporarily removing the tension and problems arising from it.

v. The Need for Energy to Work for Long Hours: The increasing economic deterioration that leads to poverty and disempowerment of the people has driven many parents to send their children out in search of a means of earning something for contribution to family income. These children engage in hawking, bus conducting, head loading, scavenging, serving in food canteens etc and are prone to drug taking so as to gain more energy to work for long hours.

vi. Availability of the Drugs: In many countries, drugs have dropped in prices as supplies have increased.

vii. The Need to prevent the Occurrence of Withdrawal symptoms: If a drug is stopped, the user experiences what is termed “withdrawal symptoms”. Pain, anxiety, excessive sweating and shaking characterize such symptoms. The inability of the drug user to tolerate the symptoms motivates him to continue (Ige, 2000).

viii. Advertisement: youth are sensitive to advertisement and copy quickly. The glamour in advertising alcohol and cigarette smoking make the youth want to be the way the advert depicts.

ix. Social pathologies. Such as unemployment and parental deprivation.
x. Emotional and psychological stresses, such as anxiety, frustration, and economic depression people always take drug or drink alcohol in order to forget their problem when they are provoked.

**Drug Abuse Prevention and Control Measures**

Most people do not understand the effects of drug abuse especially on the youths. It is very necessary that drug abuse should be prevented or controlled. Drug abuse is a growing problem and drug abuse prevention should also be a growing measure and stronger in order to over-power the cankerworm.

**Family:** The prevention of drug abuse should start first from the family. Family is a group consisting of one or two parents, their children and close relations. A family, whether nuclear or extended has a role to play in preventing drug abuse. Family is the smallest unit of the society and it is the first to prevent or control this drug abuse. These are the major strategies of preventing or controlling drug abuse from the family;

**Religious Commitment:** Parents should be committed in their service to God. Parents should be devoted and dedicated religious people. They should lead their children to God and make sure that they are committed in the service of God.

**Care and Supervising or Monitoring:** Parents should care for their children, meet their physical needs etc and also supervise or monitor them very well. They should monitor their movement to make sure that they are making good company. If they are keeping bad company, they should be corrected immediately. They should not be over-pampered. Parents should not only educate their children on the dangers of drug abuse but they should establish and enforce family rules. They should also create an effective system of monitoring their children’s activities.

**Family Discussion:** Parents should not neglect family discussion and it should be done from time to time. It is important for all the members of the family. It helps to understand each other and to solve each other’s problem in the family. Problems or burdens and ideas are shared together in family discussion. Problem which one may decide to seek for the solution from drug abuse especially from alcohol are solved at family discussion.

**Warm Communication:** This is also an important way of preventing or controlling drug abuse in the family. The manner of approach in any situation is important. There is a way parents can talk to their child who is engaging in drug and he will stop but there is a way he can be approached it will worsen the situation. There should be humility and love in communication and correction in the family.

**Appreciation:** There should be genuine appreciation in the family. Parents should always appreciate their children when they do well and parents should also appreciate each other (Bamaiyi, 1997).

**School:** This is a place of formal education where students go to be educated. School is the residence of drug abuse especially in our tertiary institutions. It destroys the image of our Universities and society in general. Drug abuse in tertiary institutions promotes evils like cultism. School has an important role to play in prevention of drug abuse. Some of the rules are as follows:

a. To teach the students the dangers of drug abuse
b. Caring and monitoring the students’
c. Organizing lecture/seminar for parents and students on the dangers of drug abuse.
d. Having workshops, conferences and symposia on drug abuse and its effects on students.
e. Counselling centres should be opened to discourage the students from even attempting to give it first trial.

Community: This is a group of people living in an area. Community has a big role to play in prevention of drug abuse. These are some of the roles;

a. Creating of awareness in the community on the dangers of drug abuse.
b. Provision of alternative to drug abuse like recreational activities etc.
c. Provision of job opportunities
d. Organizing teachings, seminars, workshops, symposium and conference to educate the youths on the dangers of drug abuse etc and how to resist drug.
e. Community should minimize the rate of alcohol sales and drinking or prohibition of alcohol and drugs.
f. Establishment of a drug and alcohol vigilante groups that will monitor and punish drug traders, drug addicts and alcoholics.
g. Embarking on mass media against drug abuse.
h. Embarking on campaign and demonstration against drug abuse.
i. Providing homes for homeless youth’s
j. Interrogating and calling the youths that are loitering in the community to order to know their problems and to solve it.
k. Meeting the needs of the family members in the community.
l. Counselling centres should be provided.

Conclusion

Drug abuse is a disorder that is characterized by a self-destructive pattern of using a substance that leads to significant problems and distress. Looking at the information gathered from various literatures, one can observed that drug abuse is not caused by a single factor alone, as expressed by many writers. It is caused by the interplay of at least two or more factors. Drug abuse has not only becomes a universal, social and psychological problem but also emerged that the pattern of drug abuse have almost completely changed sharp and have taken a dimensional model of behaviour sales and consumption (abuse) of drug like marijuana, vellum, vanillin syrup and tremolos are conducted openly in all the states, local governments villages inclusive especially during electioneering campaign, politicians used to buy drugs or given substantial amount to buy and consumed drugs by youths. Furthermore, uncontrolled drugs abuse its effect are accompanied by violence, crime, misbehaviour and hence a threat to society at large. Drug abuse is injurious to the health of the user, as result has a lot of social and psychological problems.

Recommendation

Nigerian Government also has a big role to play in prevention of drug abuse which they are playing already through NDLEA (National Drug Law Enforcement Agency) and other drug controlling groups like NAFDAC (National Agency for Food and Drug Abuse Control). Furthermore, the government should have a well-defined comprehensive and realistic policy on control of drugs. This policy should include establishing a federal drug control centre, under the auspices of the ministries of health and internal affairs, which will collate information on drug use, and liaise with similar smaller units, to be based in each state. Public education 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 dramatization. Through open campaign rallies in public places like motor parks, NYSC camps, Universities, and other institutions of higher learning Mosques and
Churches inclusive. Because these are places where there is high concentration of youth; introduce the campaign against the abuse of drugs into secondary schools curriculum. Lastly, 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 psychologists, psychiatrists, sociologists, youth and welfare officers, counsellors, educationists, ministry of health officials and law enforcement agents.
References


Bamaiyi’s Magic Wand (1997), “Battle Against Drugs Scourge”. A publication of the Press Relations Unit of the National Drug Law Enforcement Agency (NDLEA)


Muraskin, O. A. (1999), Youth and Morals (Islamic Culture Development office, Tehran.)


Robins, L. N. (1972), The Natural History of Drugs Abuse. The theories on drug abuse, Washington D.C.


Geneva.