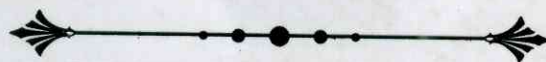


National Drug Law Enforcement Agency And National Security



PERSPECTIVES ON DRUGS, CRIME AND HUMAN SECURITY

VOLUME 2

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ADEJOH SUNDAY
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Bashir Bello
Feb 2024

NATIONAL DRUG LAW ENFORCEMENT AGENCY AND NATIONAL SECURITY:

**PERSPECTIVES ON DRUGS, CRIME AND
HUMAN SECURITY**

VOLUME II

Editors

Sunday Adejoh

Bashir Bello

Biola Shotunde

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Dedication

To Brigadier General Mohammed Buba Marwa (rtd) and all staff of the National Drug Law Enforcement Agency (NDLEA) who continue to give their all in the fight against substance abuse and related crime in Nigeria.

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Contents

Dedication	-	-	-	-	-	-	-	-	iii
Foreword	-	-	-	-	-	-	-	-	iv
Preface	-	-	-	-	-	-	-	-	viii
Acknowledgements	-	-	-	-	-	-	-	-	x
Note on contributors	-	-	-	-	-	-	-	-	xi
Chapter 24: Impact of Drug Abuse on Families									
<i>Caroline Ndubuisi PhD</i>	-	-	-	-	-	-	-	-	593
Chapter 25: Good Governance and Drug Control in Nigeria: Nigerian Drug Law Enforcement Agency (NDLEA) and the Fight against Drug Abuse									
<i>Ohazuruike Kennedy, Ph.D and Elechi Felix Aja, Ph.D</i>	-	-	-	-	-	-	-	-	615
Chapter 26: The Roles of the United Nations Office on Drug and Crime									
<i>Oluchukwu Ignatus Onianwa, PhD</i>	-	-	-	-	-	-	-	-	649
Chapter 27: International Economics of Drug Trafficking									
<i>Oluwatosin Olushola Ph.D. and Alexander C. Anagbado</i>	-	-	-	-	-	-	-	-	673
Chapter 28: Drug, Organized Crime and Violent Extremism									
<i>Oluchukwu Ignatus Onianwa, PhD</i>	-	-	-	-	-	-	-	-	697
Chapter 29: Drug Abuse and the Challenge of Human Security in Nigeria									
<i>By Isa Egah Salifu, PhD</i>	-	-	-	-	-	-	-	-	727
Chapter 30: Drug, Organized Crime, and Violent Extremism									
<i>Kabiru Zubairu</i>	-	-	-	-	-	-	-	-	759
Chapter 31: International Drug Trafficking and the Image of Nigerians Abroad									
<i>Bello Adamu Hotoro and Kabiru Ibrahim Danguguwa</i>	-	-	-	-	-	-	-	-	787

**Chapter 32: Drug Abuse
into Substance Use
Mageed O. O. O. O.
Mohammed O. O. O.**

**Chapter 33: Drug Abuse
Drug Abuse
Nuhu M. M. M.**

**Chapter 34: Drug Abuse
and Human Rights
Martin A. A. A.**

**Chapter 35: Drug Abuse
Ojo-Ebenna O. O. O.**

**Chapter 36: Drug Abuse
Family and
Akeem O. O. O.**

**Chapter 37: Drug Abuse
the Call for
Olusegun O. O. O.**

**Chapter 38: Drug Abuse
Youths: A
Richard A. A. A.**

**Chapter 39: Drug Abuse
Drugs Abuse
Jonathan A. A. A.
David M. M. M.
Nanir V. V. V.**

Chapter 32: Youth, Peer Pressure and Strategies for Recruitment into Substance Abuse <i>Mageed Oshogwe Haruna and Mohammed Mustapha Namadi Ph.D.</i>	- - - - -	799
Chapter 33: Tertiary Institutions and the Challenge of Drug Addiction <i>Nuhu Mukhtar Nuhu and Sani Umar Rijiyar Zaki</i>	- - - - -	819
Chapter 34: Transnational Organized Crime, Drug Trafficking and Human Security in the Twenty-First Century <i>Martin Abimbola Ogunbanjo and Dolapo Michael Oyedokun</i>	- - - - -	833
Chapter 35: Youth, Peer Pressure and Strategies for Recruitment <i>Ojo-Ebenzer Osayekemwen and Fakunle Sunday Olutayo</i>	- - - - -	865
Chapter 36: The Consequences of Drug Addiction on Family from the Lens of Sick Role Theory <i>Akeem Olalekan Ayub</i>	- - - - -	889
Chapter 37: National Drug Law Enforcement Agency and the Call for the Legalization of Substance Use <i>Olusegun Oluseyi Obaloluwa</i>	- - - - -	911
Chapter 38: Consequences of Drug and Substance Use among Youths: A Beneficial Redirection for Human Security <i>Richard Akaan and Augustine Ogbaji Ogoh PhD</i>	- - - - -	949
Chapter 39: The Impact, Implications and Consequences of Drugs Abuse on General Well-Being of Individuals <i>Jonathan Iornenge Ugese, Samuel Terzungwe Anhange, David Markus Shekwolo, Fredrick Sonter Anongo, Nanlir Victor Fenan</i>	- - - - -	977

Chapter 40: Drug Trafficking and Nigeria's International Image <i>Usman Mika'il Usman, PhD., Abdullahi Bala Ado</i>	-	-	-	999
Chapter 41: Analysis of the Pull and Push Factors for Substance Abuse in Nigeria <i>Obasanjo Solomon Balogun and Julius Olugbenga Owoyemi</i>	-	-	-	1015
Chapter 42: Impact, Implications and Consequences of Drug Abuse <i>Olateju, Abiola Oluwakemi and Idris Gaya Saifulahi</i>	-	-	-	1031
Chapter 43: Policing and Crime Management in 21st Century Nigeria <i>Garba Sadiq Mohammed</i>	-	-	-	1049
Chapter 44: The Stance of Islam on Drug Abuse in North-Western Nigeria: A Narrative Discourse <i>Mutahir A. Akanni Ph.D</i>	-	-	-	1073
Chapter 45: Migration, Geo Politics and Cross Border Crime <i>Ishaka Dele, Ph.D and Chukwueme K. Kennedy</i>	-	-	-	1095
Index	-	-	-	1120

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drug al
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monum
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Chapter 41

Analysis of the Pull and Push Factors for Substance Abuse in Nigeria

Obasanjo Solomon Balogun
Julius Olugbenga Owoyemi

Introduction

Substance abuse remains a growing global concern, and it's particularly becoming a public health and social concern in Nigeria (Balogun, 2021; Jatau et al., 2021; Adeyemo et al., 2016). The recent world drug report estimated that in 2020, 1 in every 18 people aged 15-64 worldwide – an estimated 284 million people (representing 5.6 per cent of the population) – had reportedly used a drug in the past 12 months; and the number of those who used drugs (284 million) in 2020 was 26 per cent higher than in 2010 (United Nations Office on Drugs and Crime [UNODC], 2022). There is also a high surge in the global production and use of cocaine, and the seizures of other illicit drugs such as amphetamine and methamphetamine have also increased rapidly, despite covid-19 pandemic (UNODC, 2022).

Nigeria is witnessing an increase in illicit drug trafficking and abuse. In its 2019 Annual Report, the National Drug Law Enforcement Agency (NDLEA) reported that a total of 612,903.48 kilogrammes (kg) of illicit drugs were seized in 2019, compared to 317,764.85 Kilogrammes seized in 2018, representing an increase of 48.15 per cent. Also, cannabis remained the most trafficked drug in Nigeria, as the agency seized about 602,654.49kg in 2019, compared to the seizure of 273,249.08 kilogrammes of the same drug in 2018, representing an increase of about 54.66 per cent (NDLEA, 2019). It has also been reported that in Nigeria, one in seven persons aged 15-64 years had used a drug, apart from tobacco and alcohol, in the past year (UNDOC, 2018).

Abuse of substances contributes to global health burdens, with other attendant social problems (Balogun, 2021; Badru, 2017; Benjamin & Chidi, 2021; World Health Organisation [WHO], 2016). Illicit drug use is associated with mental health problems. According to UNODC (2022), there is an increase in the percentage of individuals who suffer psychiatric disorders and suicides as a result of regular cannabis use.

The consequences of drug use can have ripple effects that hurt families, possibly across generations, as well as friends and colleagues. Also, using drugs is especially dangerous in early adolescence, and can jeopardise the health and mental health. Illicit drug trafficking is also linked with violence and other forms of crime. Drugs can instigate and prolong conflicts, with their social and economic costs impeding sustainable development (UNODC, 2022).

Furthermore, the effects of substance abuse cut across the individual, family, and society at large. At the level of individuals, drug abusers experience a series of physical effects, including the high risk of contracting infectious diseases. Thus, it has been reported that an estimated 11.2 million people injected drugs in 2020 globally, one in every eight people who injected drugs was living with HIV (1.4 million people), and nearly half of people who injected drugs were with hepatitis C (an estimated 5.5 million people), while 1.1 million of people who injected drugs were living both with HIV and hepatitis C (UNODC, 2022). Specifically, in Africa, 11 per cent of 920,000 drug injectors live with HIV (UNODC, 2022).

At the family level, substance abuse can create marital problems and instability, such as domestic violence, and failure to perform one's conjugal responsibilities. At the societal level, drug-related crime can cause disorder in the neighbourhood due to violence among illicit drug dealers (Badru, 2017). In the same vein, substance abuse often leads to unproductivity, wastefulness of resources, neglect of family and community obligations or duties, and threat to personal and public safety (Benjamin & Chidi, 2014).

Therefore, based on the foregoing backdrop, the chapter intended to examine the factors influencing substance/drug abuse in Nigeria. It also

made recommendations on how to combat substance abuse in Nigeria. The work is a desk study that relied on secondary sources such as journal articles, textbooks, published reports, and the internet.

Conceptual Clarifications

Drugs: Drugs are chemical substances which have modifying effects on the individual's physiological, biological, or psychological process when consumed or injected.

Drug/Substance Abuse: Drug abuse is the excessive and addictive use of drugs (Steiner, 2019). It is the use of a drug that is not generally accepted on the medical ground; involving an individual to continuously or occasionally use a drug either by his own choice or under a feeling of compulsion, to achieve his well-being or his perceived well-being (Benjamin & Chidi, 2014).

Substance abuse is "using drugs or alcohol in such a way as to cause physical harm to oneself" (Siegel & Welsh, 2015, p. 399; 2011, p. 253). For this chapter, drug or substance abuse can be defined as the harmful and addictive use of a drug that is not based on medical prescriptions or recommendations.

Commonly Abused Substances

The illicit drugs of abuse are classified into different categories, basically according to the perception of how "hard" or harmful they are, and this to a certain extent reflects the penalties they attract. For example, in Britain, according to Measham and South (2012), the Class A category includes heroin and other strong opiates, cocaine, LSD, and ecstasy (MDMA) (this category attracts maximum penalties); Class B includes barbiturates, cannabis and amphetamines and Class C includes tranquillizers and some mild stimulants (this class attract the lowest penalties).

The effects of these substances on the users vary. For instance, some drugs possess depressant properties and effects on the nervous system (examples include barbiturates, alcohol, tranquillizers, and heroin),

while others are stimulants, e.g., tobacco, amphetamines, caffeine, and cocaine; and others can cause perception distortions, such as cannabis, ecstasy, and LSD. Cannabis and ecstasy also, to a certain effect, have some hallucinogenic properties (South, 1997; Measham & South, 2012).

The brief descriptions of the frequently abused substances (Siegel & Welsh, 2015, 2011; Steiner, 2019; Encyclopedia Britannica, 2022) are given as follows:

1. *Marijuana and Hashish (Cannabis)*. Marijuana, also called "pot" or "grass" [*igbo* in Yoruba language] is the type of drug derived from the cannabis sativa's leaves. Hashish (hash), on the other hand, is the concentrated form of cannabis produced from pure resin from the female plant.
2. *Cocaine*. It's an alkaloid derivative of the coca plant (*Erythroxylum coca*). It is a powerful natural stimulant, which creates euphoria, uneasiness, and excitement. Overdoses of cocaine can cause delirium, confusion, violent manic behaviour and respiratory failure.
3. *Heroin*. A highly addictive drug derived from the opium poppy plant. Heroin is likely the most dangerous drug. It possesses properties such as relief from fear and apprehension, the release of tension, and the elevation of the spirits.
4. *Alcohol*. A fermented or distilled liquid containing ethanol.
5. *Anesthetic drugs*. These drugs are central nervous system (CNS) depressants. Anaesthetic drug creates a local or general loss of sensation, including pain.
6. *Inhalants*. Inhalants are volatile liquid substances that produce vapour that is inhaled. Inhalants produce temporary exhilaration and ecstasy accompanied by a period of disorientation. Examples are gasoline, vapours, lighter fluid, shoe polish, paint thinner, glues, etc.
7. *Hallucinogens*. They are synthetic or natural substances that bring about the vivid distortion of the senses without disturbing consciousness. Some hallucinogenic drugs cause hallucinations and psychotic behaviour in people.

8. *Sedatives and barbiturates.* Drugs of the barbiturate family that affect the central nervous system; are used for calming effects as hypnotics (to induce sleep). Barbiturates are derived from barbituric acid. Illegal users of these drugs used them to produce relaxed, sociable feelings, but overdoses can cause irritability, repellent behaviour and unconsciousness.
9. *Stimulants.* These are synthetic substances that create intense physical reactions by stimulating the central nervous system. Stimulants produce increased blood pressure, breathing and mood elevation. Amphetamine is the most widely used stimulant drug.
10. *Tranquilizers.* They are drugs that lessen anxiety and promote relaxation. Some legally prescribed tranquillizers were meant to control the behaviour of psychosis patients and those suffering from aggressiveness and agitation.
11. *Steroids.* They are drugs commonly consumed by athletes and bodybuilders to increase strength and muscle bulk. Long use of steroids can lead to tumours, organs problem such as liver and kidney diseases, hypertension, and mental problems such as depression.
12. *Designer drugs:* They are lab-made drugs. An example of a 'designer drug' is ecstasy, which is widely used for recreational purposes. Ecstasy consists of 3,4-methylenedioxymethamphetamine (MDMA). It is a euphoria-inducing stimulant and hallucinogenic. Its effects when consumed include arousal, mood swings, increased sociability, altered sensation, aggressive behaviour, and altered thinking processes. Ecstasy can also increase blood pressure and heart rate (Meyer, 2013; Jenkins 2021; Siegel & Welsh, 2011).
13. *Tobacco.* Tobacco constitutes one of the major public health threats globally. It kills over 8 million users yearly, with over 1 million of those who are exposed to the smoke getting killed. Cigarette is the commonest type of tobacco used globally. Other

tobacco products include cigarillos, cigars, waterpipe, etc., (WHO, 2022).

In addition, the Nigerian agency responsible for combating drug trafficking, NDLEA, collected a nationwide sample of 781 individuals to analyse data on the frequently abused drugs. The outcome is shown in the table below.

Table 1: Types of Drug Abused

S/N	Drug of Abuse	Total number of people who used Drugs	Per cent
1	Cannabis	419	53.65%
2	Tobacco	88	11.27%
3	Alcohol	51	6.53%
4.	Codeine/syrup	45	5.76%
5	Tramadol	43	5.50%
6	Heroin	40	5.12%
7	Rophynol	26	3.33%
8	Benzodiazepines	26	3.33%
9	Valium	24	3.07%
10	Cocaine/Crack	17	2.18%
11	Hallucinogens	2	0.26%
	TOTAL	781	100%

Source: NDLEA 2019 Annual Report

(<https://ndlea.gov.ng/files/2019%20ANNUAL%20REPORT.pdf>)

Patterns of Substance Use and Abuse

The patterns of drug/substance use and abuse varied based on gender, age, region/country, drug types, and/or family background. Generally, men have been found to use drugs more compared to women, but some drug types are used by women almost as much as men. It has been found that women represented more than 40 per cent of people who use Amphetamine type stimulants (ATS) and pharmaceutical opioids,

sedatives and tranquillizers for non-medical purposes. Women drug users tend to progress to drug use disorders faster than men (UNODC, 2022).

Young people have continued to have a higher level of substance use than adults, and have higher levels of use today than in past generations. The report has shown that the majority of people undergoing treatment for drug use disorders in Africa and Latin America are under the age of 35. And there is a global annual prevalence of cannabis use of 5.8 per cent among people aged 15-16, compared with 4.1 per cent of the population aged 15-64 (UNODC, 2022). Youths at higher risk for drug abuse mostly come from the most impoverished communities and experience several problems, including school failure and family conflicts (Siegel & Welsh, 2011, p.253).

Reasons for Substance Use and Abuse

Several factors have been identified as the pull and push of substance abuse or use. These include peer pressure, social disorganisation (that is, growing up in a disorganised or impoverished neighbourhood), family factors, genetic factors, emotional problems, problem behaviour syndrome, and rational choice (Siegel & Welsh, 2011, 2015). Others include being bold and strong (Balogun, 2021), improving learning abilities and academic grades (Salihu et al., 2019), relieving stress, feeling good (Eneh & Stanley, 2004), relaxing, escaping reality, increasing energy, and obtaining more self-esteem (Badru, 2017).

Odejide (1980) contends that the causes of drug abuse in Nigeria include unhealthy family background, peer group influence, desire to remain awake at night, pressure to excel in academic work, and easy access to drugs. On easy access to drug, NDLEA (2019) observes that some drugs are more easily available than others. According to NDLEA, the seizures of pharmaceutical drugs of prescription (such as codeine and tramadol) have become rampant, and they are abused because they are easily obtained across the counter. Noted further, NDLEA observes that pharmaceutical drugs are equally appealing because they can be masked and disguised (NDLEA, 2019).

Likewise, Nwakwo et al. (2008) found that there is a correlation between smoking and peer-group influence. They believe that peer influence is a major factor influencing smoking habits during adolescent years. Also, Martunnen et al. (2007) argue that family factors such as marital breakdown, inconsistent or harsh child discipline, or poor parenting are key factors in developing anti-social behaviour in adolescents (cited in Abdu-Raheem, 2013, p. 237).

In a study of cannabis normalisation, Dumbili (2020) points out that the easy accessibility and availability of cannabis make it to be normalised in such a way that it was found to be used in preparing soup, birthday cakes, as well as noodles, with the view that it possesses functional and therapeutic benefits to the users.

Table 2: Key Reasons why youth take drugs

Social disorganisation	Poverty, growing up in a disorganised urban environment
Peer pressure	Associating with youths who take drugs
Family factors	Poor family life, including harsh punishment, neglect
Genetic factors	Parents abuse drugs
Emotional problems	Feelings of inadequacy; blaming others for failures
Problem behaviour	
syndrome	Drug use is just one of many problem behaviours
Rational choice	Perceived benefits including relaxation, greater creativity

Adapted from Siegel & Welsh (2015, p. 407; 2011, p. 261).

Empirical Evidence of Substance Abuse in Nigeria

Balogun (2021) conducted a survey study on psychoactive substance use among students in some selected public secondary schools in Ilorin, Kwara state. The objective was to examine the prevalence, reasons and effects of substance use and abuse among the students. The method adopted was a survey design, with the use of a questionnaire to

obtain quantitative data from 150 randomly selected secondary school students (the respondents). Some findings revealed that of the participants, 55.3 per cent were males, while the remaining 44.7 per cent were females. Their age ranges from 12 and 19 years, but the majority of the respondents (56.7 per cent) were between 12 and 15 years.

In addition, the majority of them (34.7 per cent) said they mostly interacted with their peers (friends) after school, while 32.0 per cent interacted with their parents after school (of which the majority, 19.3 per cent chose their mothers). Furthermore, the study also found that 54.0 per cent and 41.3 per cent respectively reported past and current use of substances. The frequently used substances among the users were alcohol, energy drinks, codeine/tramadol, and cigarette (representing 74.2 per cent, 56.5 per cent, 51.6 per cent, and 43.5 per cent, respectively). The major reasons for substance use among current users include to be bold and strong; for fun; to cope with academic and school stress, and because friends do it (79.0 per cent, 69.4 per cent, 64.5 per cent, and 61.3 per cent, respectively). Finally, the study found the perceived effects of psychoactive use among the students to include running away from home; addiction/cravings for more; poor academic performance, and feeling high (58.7 per cent, 54.0 per cent, 52.0 per cent, and 50.7 per cent, respectively).

Adeyemo et al. (2016) examined the prevalence of drug abuse among students of Nigerian tertiary institutions. They used the University of Benin in Edo state as a study setting. It was a survey study of 800 sample size, with the use of a structured questionnaire to gather data. The results of the study showed that most of the respondents were between 20-25 years, with male students constituting the majority. It was also discovered that 46.6 per cent of the sample have engaged in the non-medical use of drugs. Coffee and alcohol were reported as the most frequently abused drugs. Some of the factors found for drug use were: poor teacher-student relationships, improper parental upbringing, and peer pressure. A correlational test of the hypothesis indicated a significant relationship between the university environment and drug abuse among the respondents.

Fatoye and Morakinyo (2002) also surveyed the use of substances amongst students who attended secondary schools in rural and urban areas in the southwestern part of Nigeria. The objective of their study was to examine the prevalence and pattern of use. They used a WHO-modified questionnaire for student drug use survey, which they administered to 600 students selected from six secondary schools in Ilesa, Osun state.

The results, after analysing 567 respondents, showed that the mean age was 17.0 years (S.D +/- 1.69). The most frequently used drugs were salicylate analgesics (48.7 per cent); stimulants (20.9 per cent); antibiotics (16.6 per cent); alcohol (13.4 per cent); hypnosedatives (8.9 per cent), and tobacco (3.0 per cent). The study found that occurrences of substance use were more dominant among males. And also, past and lifetime use of tobacco was significantly more common in the rural school. It was also discovered that substance use initiation began in the early years (15 and below).

Similarly, Ogunsola and Fatusi (2016) investigated the risk and protective factors for adolescent substance use among students that attended secondary school in both rural and urban areas. They conducted their study in Osun State. They used a total sample of 600 students aged 10-19 years, whom they selected through random sampling. The questionnaire was used for the collection of data. The study found that about two-thirds of the study's respondents had used substances in both rural (65.7 per cent) and urban areas (66.0 per cent).

Logistic analysis of data revealed that attending a private school was a risk factor for substance use (OR=2.32, 95% CI=1.20-4.46) and adolescent disapproval of adult substance use as a protective factor (OR=0.47, 95% CI=0.27-0.82) in rural areas. In urban areas, the result showed that friends' substance use (OR=4.04, 95% CI=1.39-11.6) was a risk factor, while parental disapproval of substance use (OR=0.50, 95% CI=0.28-0.90) was a protective factor.

Eneh and Stanley (2004) researched into the pattern of substance use among secondary school students in Rivers State, using 1,049 students drawn from some secondary schools in Port Harcourt. Data were collected

from the respondents with the use of a self-administered questionnaire containing 117 items.

The results of the study showed that male respondents were 57.2 per cent, while females were 42.8 per cent. Also, at the time of the survey, 87 per cent reported using at least one substance. The study also revealed that alcohol (65 per cent), kola nut (63.1 per cent), cigarettes (61 per cent), paracetamol (41.5 per cent), butazolidine (39.3 per cent), pemoline (28 per cent), and cannabis (26 per cent) were some of the commonly used substances. The least used substances were heroin, cocaine, and latex, among others. The study found that males were the most users of substances.

Abdu-Raheem (2013) conducted a study on sociological factors to drug abuse and its effects on secondary school students' academic performance. The study adopted descriptive survey research with the use of questionnaires, which were administered to 460 secondary school students that used drugs in Ekiti and Ondo States. Both simple random and purposive sampling techniques were employed in the study.

Hypotheses were formulated and tested at 0.5 level of significance using Pearson Moment Correlation Analysis. The findings showed significant relationships between drug abuse and family background, peer influence, and family cohesion. The study also found that drug abuse negatively affected students' academic performance.

Johnson et al. (2017) did a cross-sectional study to examine the prevalence of psychoactive use among university undergraduate students, also with a focus on examining the factors affecting drug use. The study involved 350 students drawn from the University of Uyo, Akwa-Ibom State. The study employed a structured questionnaire for data collection. The results showed that the mean age of the respondents was 21.57 (± 1.96) years. The study found a 27.5 per cent prevalent use of psychoactive substances among the respondents. The study also found females (37.7 per cent) to use more drugs than males (18.2 per cent). The commonest factors influencing substance use include peer group influence, stress, and curiosity (representing 94.3 per cent, 70.5 per cent, and 58.7 per cent, respectively).

It was also discovered that of all the 89 respondents found to have used any substance, all of them (100 per cent) have used alcohol. Other commonly used substances include codeine (79.8 per cent), tramadol (74.2 per cent), and cigarette (41.6 per cent). Also, the main source of substance use was friends (85.4 per cent), while the main motives for substance use include confidence boosting (92.1 per cent) and reading for examinations (85.4 per cent). The study found a significant relationship between substance use and sex, age, intrafamily relationship, peer group, the use of substance by a family member, the use of substance by peer group, and academic performance (Johnson et al., 2017).

Yunusa et al. (2017) investigated the use of substances among commercial drivers in Kano. As a descriptive cross-sectional study, they sampled 196 respondents through a multistage cluster sampling procedure and used a questionnaire for the collection of data. The results of the study showed that 81.1 per cent of the respondents had abused any substance. The main reasons for substance abuse include the desire to relax or sleep after a hectic day (84.8 per cent), to relieve stress (81 per cent), for pleasure (72 per cent), to relieve anxiety (66.5 per cent), and to work hard (48 per cent). The study also found that solution [inhalant] (93.3 per cent), coffee (85.2 per cent), tramadol (80.6 per cent), local stimulant tea (Gadagi) (78.1 per cent), kola-nut (66.3 per cent), and tobacco (65 per cent) were some of the most common substances of abuse.

Conclusion

Substance or drug abuse is the harmful use of a drug without medical prescriptions or recommendations. It is an addictive and dangerous use of substances. However, it has been empirically shown that substance abuse is a serious social phenomenon in Nigeria, which needs a drastic effort to control it – because of its public health and social implications.

Many reasons have been given as motivators or factors for substance abuse. These include, but not limited to peer influence, drug availability and accessibility, desire to relax, improving academic performance, and family factors such as poor parenting and monitoring, as

well as parental use of substances. Others include relieving stress, escaping reality, curiosity, and for fun among others. Most drugs commonly abused include alcohol, cannabis, codeine, tramadol, cigarette, and cocaine among others.

It is, therefore, recommended that law enforcement against the production and distribution of illicit substances should be intensified. There is also a need to educate the populace on the danger of substance abuse to health and social relationships. In addition, community-based organisations (like churches, mosques, NGOs) should also undertake drug counselling programmes for the abusers, and take anti-drug abuse campaigns across drug-prone neighbourhoods, to enlighten the community on the dangerousness of drug abuse.

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