

ILLICIT DRUGS USE AND DEPENDENCY AMONG TEENAGERS AND YOUNG ADULTS IN OREDO LOCAL GOVERNMENT AREA, BENIN CITY, NIGERIA

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Abstract

Social problems associated with the transition from adolescence to adulthood are numerous and ramifying. Among the increasing number of unfavourable conditions in Nigeria are those related to drug use. This paper examines the use of illicit drugs and dependency among teens and young adults in Oredo Local Government Area in Benin City, Edo state of Nigeria. A survey was carried out on a section of young adults and teens in the local government area. Copies of questionnaire were used to elicit information from a sample comprising 100 teens and young adults. Findings reveal that a lot of persons within this group have in one way or the other been involved in the use of illicit drugs. Strong dependence on psychoactive drugs like marijuana, nicotine and lysergic acid diethylamide (LSD) which has negative effects following repeated use, is weighing much on the individual drug user, the family, friends and the society at large. It is necessary therefore that the right steps be taken by the government and other relevant stakeholders to stem this destructive tide in the Oredo locality and the Nigerian society at large.

Keywords: Illicit drug use, dependence, teenagers, young adults, Oredo Local Government Area

1.0 Introduction

The use of illicit drugs is gradually becoming a norm in our society today. The problems arising from its use are numerous, leading to a crackdown in many spheres of the

society. Moreover illicit drug use is culturally defined. Drugs are regarded as problematic when the society in which it is used calls it so because a substance termed drug in one society may be food in another. The United Nation International Drug Control Programme (UNIDP) , asserts that drugs are substances which affect the thinking ability, making one do things irrationally. Any substance, which when taken or introduced into a living organism can modify the state of equilibrium of that organism or one of its functions is regarded as drug (WHO, 1994). According to Bradley (1990), drug is any substance that causes a change in a persons body, interest, emotions or perception. Illicit drugs are those drugs, whose purchase, use and possession are termed illegal, depending on the society's definition (Omage, 2005).

Drugs that are often abused are referred to as brain or mind altering drugs, affecting mood and externally observed behavior. The use of such drugs tends to undermine moral restraints and so lead to violent behaviours and other criminal acts.

Illicit drug use is termed drug abuse. According to Weller and Wells (1990), abuse is misuse; excessive use of illegal drugs, misuse of prescribed drugs. The use of drugs in manners that deviate from medical norms or socially acceptable pattern within a given society and culture is also referred to as drug abuse. Simply, it is inappropriate use of drugs for a purpose other than its legitimate purpose.

The use of illicit drugs and over the counter (OTC) drugs have been on the increase as people seek to bar their minds from pressures around them by engaging in the act of drug abuse. Some, including students have resorted to the use of drugs to show open rebellion against constituted authority, while some used kolanuts, alcohol and equally drank coffee to keep awake and to enhance their reading and assimilation. Equally, individuals who are bored, lacking in interpersonal relationship skills sometimes use drugs to “pep” them up, help them cope with social situations, boost their confidence, make them likeable. Some parents equally share drugs with their children, viewing it as a way to “bond” (United Nation Report, 2000; Awake July 8, 2001). Considering the media, the entertainment industry has encountered the use of drugs. Others do it to bring them into a world of mind expansion and yet others because of peer pressure and a desire to belong. Yet, some do because they work in places where drugs are produced or sold out or due to incomplete medication (Omage, 2005).

Today, more Nigerian youths are becoming drug dependants, while Nigeria gradually transits from the status of a drug-consuming nation to that of a drug-producing one. Young ones who are mainly from well-to-do homes are increasingly identifying with the ‘big boys’ sub-culture that practice the use of substances like heroin and cocaine. Others substances like

Indian hemp, which is frequently produced in Nigeria and other substances like methamphetamine, syrups and tablets with codeine capable of intoxicating are mostly found in schools, motor parks, military barracks and even with local traders that sell provisions in kiosks or retail outlets. A convicted drug addict who served his two-year jail term at the Central Prison in Benin City before relocating to Abuja after his release, reported that Abuja is a potential haven for illicit drugs after Lagos and Port Harcourt. (Staff, 2012).

1.1 Statement of the problem

Illicit drug use is injurious to both individuals and the society, spawning crimes, spreading diseases like AIDS, killing our youths and future leaders. Today, there are estimated 90 million drug users around the world and no country alone can stem the drug trade within its borders. No country is immune and no person really is (Awake, July 8, 2001). Some people are involved in the use of illicit drugs because they want to reduce regular pressures around them. It Symbolizes a protest against set rules, and to explore basic to self (Omage, 2005). From police arrest, the NDLEA, news reports and persons within our society, illicit drug use is on the increase. What we seek to find out, is the illicit drugs commonly used, problems resulting from illicit drug use and the rate of dependency among teenagers and young adults in Oredo Local Government Area.

1.2 Objectives of the study

The main objective of this and Young Adults paper is to examine the problem of illicit Drugs Use and Dependency among Teenagers in Oredo Local Government Area, Benin City. Specifically, it aimed at;

- finding out the perception illicit and the extent of dependency on illicit drugs
- ascertaining the reasons why teenagers and young adults use drugs illicitly
- finding out the kind of illicit drugs commonly used by this group
- finding out the sources of the supply of illicit drugs and
- ascertaining the common side effect of these drugs on the users

2.0 Review of Literatures

The use of alcohol, tobacco and other substances constitutes one of the most rampant risk-taking behaviour among teenagers and young adults in schools. Despite worldwide concern and education about psychoactive substances, many adolescents have limited

awareness of their adverse consequences. Curiosity, social pressure and peer group influence are reported to be primary reasons for substance misuse. Most often the adolescents and young adult individuals start by experimenting with the so called “gateway drugs” such as tobacco, alcohol and marijuana (Oshodi et al , 2010:1). The abuse of prescription drugs and the use of illicit drugs among adults and teens is becoming a common feature in neighbourhoods today. Buying and using Over the Counter (OTC) drugs without medical prescription pervade society due to high level of poverty, insecurity and the need to assume adult roles among minors living on the street permanently with no hope of ever returning home (Aderinto 2009). Also, the need to excel in certain sporting events, disillusionment, depression, a lack of purpose in life, economic problems, unemployment, poor parental examples are major reasons for the use of illicit and OTC drugs. Among athletes, the need to enhance performance in sports has led them into the use of OTC and illicit drugs. Historically, drugs were abused in ancient days especially in the sports scenes in the states of Greece and Egypt. In ancient Olympics drugs were used to enhance performance. Boxers in Olympics used brandy and cocaine mixture in mid and late nineteenth century (Mackey 1996; Oshodin 2004). The use of illicit and OTC drugs is also a common feature with street children, as it is expected, they are more predisposed to alcohol and drugs use (World Health Organization 1993; Aderinto, 2007). Majority of youths in Nigeria ignorantly depend on one form of drug or the other for their various daily activities including social, educational, political, moral and the like. Such drugs include: Tobacco, Indian hemp, cocaine, morphine, Heroine, Alcohol, ephedrine, Madras, Caffeine, Glue, Barbiturates, Amphetamines, etc (Abudu, 2008:3)

Scholars like Osadolor (1996:74), Obarisiagbon (1999:138), Oshodin (2004:10), Abudu, (2008:3), Petersen (2009) and many others are in consensus over the typology of popular illicit drugs that are commonly abused and depended upon today.

2.1 The following list can be harnessed from their submissions especially Oshodin 2004:10.

2.1.1 Stimulants and Amphetamines: Amphetamines known as “pep pills” were originally developed to stimulate the effect of adrenaline, which further stimulates the nervous system. It was formerly used for the treatment of obesity. Examples are coffee, tea, cola drinks, cocoa, caffeine, tobacco, nicotine, ephedrine, stay awake aids like nodo-2 and

head ache, remedy. When used, they increase muscle strength, lift users spirit, increase force and rate of heartbeat, elevates moods, provide relief from fatigue, heighten state of well being suppress appetite and excites.

2.1.2 Anabolic steroids: these are drugs compounded to resemble male sex hormone – testosterone that provides anabolic (building) and androgenic (masculinizing) effects on the body. The administration of this drug stimulates growth, increased body weight, increase bone density and virility.

2.1.3 Ergogenic Aids: Drugs for artificially enhancing performance in sports. Ergogenics heights energy level of athletes and allows them to reach performance level higher than normal health of the athlete (Murray, 1983; Oshodin, 2004). Ergogenics are used to increase work output by means other than training.

2.1.4 Hallucinogens: They are psychedelic drugs. Examples are marijuana also called ‘weed’, ‘Igbo’, ‘ganja’, ‘pot’, ‘stone’ etc, LSD (Lysergic Acid Diethylamide), Mescaline, Indian hemp (Cannabis). They provide nervousness, distortion of objective reality, change in thought, mind, feeling, promotes toxic psychosis, or acute brain syndrome. There is usually poor perception of time and distance, illusion, auditory and visual hallucinations and delusion, strange, dizzy restless state of unpleasant delirium characterized by extreme degree of fantasy. Marijuana: a crude preparation of flowering tops, leaves, seeds and stem of the female Indian hemp plant (*Cannabis Sativa*). When smoked, the effect commences some fifteen minutes after time of use, producing an intoxication accompanied by a high feeling of well being, drifting into peaceful relaxation, sociability, talkativeness, laughing and floating feeling of usual mental image formation with more negative effects like skin flush and rapid pulse rate, dilated pupils, toxic psychosis, acute brain syndrome etc. The regular use by teenagers is a cause for concern, because intoxication markedly alters thinking and interferes with learning. Physicians and others who work with children and adolescents agree that use of marijuana and hashish is undesirable and may interfere with psychological and possibly physical maturation (Obarisiagbon 1999, Petersen, 2009).

2.1.5 Inhalers: These substances are not often considered drugs e.g. aerosols like nasal sprays. They are sniffed for their psychological effects; depress the central nervous system.

Low doses can produce slight stimulation, but higher amounts cause users to lose control or lapse into unconsciousness (Petersen 2009). Snuff is a substance made from tobacco products and also commonly abused leaving the user in a euphoric state.

2.1.6 Narcotics: These are drugs that numb the brain, rendering the mind insensitive to pain. They are some of the most valuable medicines known, that athletes make use of them. Their pain killing effect enables athletes continue to perform even with injuries hence athletes continue to misuse and abuse it for better performance. They are also used by psychiatrists to treat depression in individuals. Such drugs include pethidine, opium, morphine, heroine, pain relievers, aspirin, codeine and analgesics. The consequences of their abuse could result in physical dependence. Narcotics give a relief from fear, apprehension and a feeling of peace and tranquility, a sense of euphoria, making the abuser lethargic and indifferent. After a short time, this stage passes and the individual becomes, apathetic, slow and falls asleep.

2.1.7 Diuretics: These drugs increase the number of rate of urine formed by the kidney followed by the elimination of fluids formed by the body eg Laeaxis. Diuretics are used to treat heart failure, hypertension and pre-menstrual edema. (Wadler, 1989; Oshodin, 2004). Athletes use them as laxative and appetite suppressants and to reduce the concentration of other drugs in the urine thereby reducing the chances of detecting banned drugs in the urine of sports men like boxers, weight lifters, judo, taekwondo and gymnasts.

2.1.8 Beta blockers: These drugs are used for treatment of hypertension, migraine headache and cardiac problems. These drugs have a blocking effect on the functions of the Sympathetic Nervous System (SNS), thereby alleviating stage fright and symptoms of anxiety disorders. Their anxiety reducing effects are the basis for their use in some sports and stage presentation by artistes. They are also used for recreational purposes; examples are marijuana, ecstasy, methylenediox methamphetamine (MDMA), Lysergic acid diethylamide (LSD), uppers, stimulants like cocaine, downers depressants like tranquilizers, heroine and various inhalants like glue and gasoline which are readily available and not banned (Oshodin, 2004).

2.1.9 Central Nervous System Depressants These drugs are sedatives and sleep inducing. They prevent convulsion in epileptic fits, anti-anxiety drugs to relieve tension, anxiety and

muscle relaxants. The irritability and consequences of their abuse are possible impairments of judgment and coordination, sweating, socially maladjusted behaviour, sexual impotence, physical and emotional dependence. Because of the easy availability of barbiturates/sleep inducers which are substitutes for opiates, they are widely used by youths experimenting on drug use. They are paired with other drugs to enhance or offset effects depending on circumstances and slow down body function e.g. gasoline, toluene, general anesthetics, morphine, codeine, Demerol methadone, chloral hydrates, opium, valium, heroin etc.

2.1.10 Over the counter (OTC): These drugs are chemical comforters, mood altering drugs tranquilizers, depressants, anti-anxiety drugs, stimulants and sedatives found in almost every cabinet of pharmacies and patent medicine shops in the nation. Also included in this group are cough medicines, pep-pills, sleeping and diet pills. These drugs are also components of other categories identified above earlier, from these categories and effect, drugs generally have some effect on the brain and nervous system.

In the process of abuse, some drugs are liable to produce dependence among teens and young adults. This is due to the pleasant effect users of such drugs experience. Such drugs here are grouped as opiates, narcotics, stimulants and dependants. Dependants make up the group that young adults and teens who are into the use of illicit drugs fall into. Oredo LGA is located in the heart of Benin which is a big city. Accordingly, Bradley (1990) added that young people away from home in big cities are vulnerable.

2.2 Dependants are of three types:

2.2.1 Therapeutic Dependents: Those in this group benefitted from treatment by the use of a specific drug and after discontinuation, they still desire and request for it or even buy it if it is within their reach because of the pleasant satisfactory effect they experienced through the period of use e.g. pethedine.

2.2.2 Occupational dependents: These are people, who due to the accessibility of these drugs get into the abuse of them eg. Doctors, nurses, pharmacists, tobacco company workers/harvesters, brewery workers including attendants at pharmacies or drug stores.

2.2.3 True Dependents: These are persons, who by reason of their peers and/or colleagues are introduced to the act of drug abuse so as to belong or be better acquainted with what obtains in their group.

2.3 Omage (2005) posited that experimenting on the use of drugs appear in various stages among young adults and teens. Common among these stages are

2,3,1 Experimental/recreational stage: A stage commonly found with youths and teenage students of age 12-18years who experiment and use drugs due to peer influence and environmental factors. These drugs give them a euphoric experience.

2.3.2 Habitual stage: At this stage, people use drugs to maintain the state of euphoria got from the experimental stage. They continue the use of drugs because they have come to like and accept the state of euphoria they experienced.

2.3.3 Dependent Stage: This arises out of a habitual use of drugs. Abusers at this stage feel they cannot do anything without drugs so they do anything terrible just to get these drugs. Dependence makes abusers of drugs loose control over themselves and situations.

It is a fact today that the use of drugs including illicit once have become acceptable to many and is viewed as a part of everyday life considering the widely publicized damage caused by illicit drugs as well as tobacco and alcohol (Awake, July 8, 2001). When a man, in the words of Onaiwu (2005), develops tolerance to these drugs, he is addicted and therefore has the tolerance.

2.4 The facts of illicit drugs and dependence

Substance abuse constitutes a major threat to the survival and effective functioning of human societies. On a daily bases, lives are lost through drug dependency and the activities of dependants. Yet, considerable increases in mortality rates from automobile accidents and violent crimes have been traced to the activities of people who were under the influence of drugs. Common predisposing factors of illicit drug use in Nigeria are joblessness, peer pressure, search for identity, emotional and psychological stresses among several others (Aderinto 2002).

In the psychiatric field, Koshy (1985:75),say drug dependence is closely associated with personality disorders. The dependants are either immature, inadequate or a psychopath. He is likely to be antisocial, passive and unable to sustain a stable relationship. The

individual thinks drugs offer a solution to his troubles. In the immature inadequate personality, one of either parent of a minor was strict or over indulgent and the relationship between the parents was poor. Very often there is a failure in his life and the feelings of hopelessness and the drugs offer him relief from his feelings of empty life. Glatt (1974); Omege (2003), opined that dependence is a progressive thing. A wide spread of drugs misused among youngsters causes increasing worry and anxiety among parents, teachers, government and the general society. The increasing number of conferences relating to this issue reflects the concern over a wide spread of these drugs in many countries. Adolescent drugs taking may be no more than one of the difficulties in adjusting to the period of life. The vicious cycle leading to insecurity may further produce aggressive feeling towards self as well as others and actions resulting in delinquency, dropping out of school and searching for security by affiliation to sub culture and drug taking. As Petersen (2009) puts it, drug dependence takes several forms: tolerance, habituation, and addiction. Tolerance, a form of physical dependence, occurs when the body becomes accustomed to a drug and requires ever-increasing amounts of it to achieve the same pharmacological effects. This condition is aggravated when certain drugs are used in high doses for long periods of weeks or months, which may lead to more frequent use of the drug. However, when use of the drug is stopped, drug withdrawal may result, which is characterized by nausea, headaches, restlessness, sweating, and difficulty in sleeping. The severity of drug withdrawal symptoms varies depending on the drug involved. Habituation, a form of psychological dependence, is characterized by the continued desire for a drug, even after physical dependence is gone. Illicit drug which are also called hard drug or uppers according to the United Nations Convention on Drugs (UNCD) are those substances a nation can control, that prevent or cause diseases or agents that alter the biochemical or physiological tissues of an organism, altering an organism mood or state of mind or behavior. These illicit or psychoactive drugs have their effect directly on the mind i.e. they regulate the behaviour and mood of takers by elevating moods, depressing or creating a false boldness and even irresponsible behavior. Each one of these drugs indicates their own effect on the individual further producing serious side effects.

2.5 Drugs problems in Nigeria

Syndelle (2011) recalled that the use of illegal drugs was once unheard of in Nigeria. With the upsurge in the illicit use of cocaine in the U.S. and Europe in the 1980s, drug use

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

Drugs problem is a thorn in the flesh of the Nigerian society, yet it is in this condition that teens and young adults live and socialize in Oredo locality. People indulge in abuse for different reasons resulting in various effects ranging from mild affection to complex ones and in extreme cases, death. NDLEA has been running faster than they could to catch up with the medicine to the ailment which the problem of drug abuse/ addiction has caused our society and institutions of learning, but the bid to achieve this appears to be futile. The problem of illicit drugs use in Nigeria has assumed a wider dimension. It has moved from mere consumption to sales for money. This leads to shady business like drug trafficking. The NDLEA statistical data compiled over the years show that in 1996 alone, over 80% drug users are 16-30 years of age, 75% of those arrested as traffickers are 16-45 years. In 1997, over 97% drug users interviewed were between ages 11-40. With the above, it is therefore imperative for every patriotic and well meaning Nigerian to join hands to address this problem because the largest population are the youth and adolescent who once hooked to drugs, will turn out a chaotic Nigeria in future (Omage 2005:42).

With youthful exuberance, adolescence (11 – 25 years) commonly experiment with drugs. At this biological epoch, they try so many new things. Consequently illicit use of substances for many reasons, including curiosity to feel high, because it feels good i.e. as status symbol, to reduce stress, or to feel grown up. Specifically, the use of alcohol like in drinks and tobacco like in cigarette, at an early age amplifies the risk of using other drugs later. Momoh and Ogunu (2000) associated this to two cardinal influences; from parents who stand as role models, yet illicitly use drugs and from peer groups where such is practiced. One of the WHO's and the World Heart Foundation's data, pointed out that in Nigeria, 22.1% of students between 12 to 17 years use tobacco. This was higher than those of South Africa (19.4%), Kenya (16.2%) and Ghana (15.1%). It is not so apparent whether the Nigerian

government is proactive enough in efforts to stem the horrible tide. The fear is that youths are lured into early Cardio Vascular diseases (CVD), lung cancer and other tobacco related diseases which are death related. Hence, the Secretary-General of African Heart Network, Dr. Kingsley Akinroye while reacting to the multi-billion naira investment pact between the previous administration and British American Tobacco (BAT) to build a tobacco plantation in Ibadan for production of tobacco related products at the detriment of Nigerians, advised Nigerians not to be stakeholders with industries that are injurious to them even if they cannot prevent their establishment. Already, Nigerian youths are being offered cigarettes through promotions and musical concerts. Some teenagers will surely experiment and stop, while others will continue occasionally without significant problems. Yet, some others will develop dependence, moving on to more dangerous drugs and causing significant harm to themselves and the society at large (Abudu, 2008:2).

Alcohol is about the most abused substance in Nigeria. Research findings indicated that cigarette and alcohol are the most devastating compared to other psychoactive drugs. Yet, the number of breweries in Nigeria has increased tremendously leading to increased numbers of beer parlours. Alcohol is the major problem of young adults and adolescents; majorly males before now but today females tend to consume more alcohol than they did in the past (Oshodin 1983; Oshodin 1988; Oshodin 2004:4). The problem of drug abuse has reached an alarming stage that government has established NDLEA to help in curbing trafficking more and neglecting other aspects of prevention and control.

Youths including teens and young adult in Nigeria, use drugs ignorantly not knowing the consequences of using them. Findings of previous researches show that many respondents don't know the adverse effects of drugs like analgesics (pain-relievers) on human beings and many at one time or the other have tried one or more type of drug which exposes them to the risk of becoming drug abusers and dependants. (Fawole 1982; Oshodin 2004) Obviously, youths' social system is a transformational period to adulthood. At this bio-social epoch, they are again segregated from the institutions of adult life being considered somewhat inferior. Doubtless, these views have effects and rationales behind the use of and abuse of drugs freely. So if young ones are socialized seeing adults use drugs freely, they may assume they too need to practice it in order to graduate or attain unto adulthood. Ademuwagun (1982) summarizes the situation of young persons thus:

We are currently witnessing and experiencing the menacing effects of the behavior of a shock-up generation which is reminiscent of the fate of marginal man, these young boys and girls who are psychologically fractured or uprooted, mentally deranged, intellectually bankrupt and socially alienated and dehumanized because of their injection of what is socially and traditionally valued and their improper group and understanding of these values in the new way of life they are too eager to live and enjoy (Oshodin 2004).

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

3.0 Materials and Methods

In this study, both primary and secondary data were used. The primary data used in this study were obtained from a cross-section of youth living within Oredo L.G.A. A hundred copies of questionnaire were administered on a hundred (100) youths of 13-19 and 20-40 years of age. They were culled from various communities within Oredo with a stratified random sampling procedure. The studied area was divided into strata comprising quarters or communities. Based on the rule of thumb Ogbe quarters, Iyaro quarters, Oliha quarters, Uzebu quarters and New-Benin quarters were selected.

The survey method through the questionnaire was used to elicit information from respondents. The questionnaire contained both open and close ended questions. All completed questionnaires were retrieved promptly. The criterion was, provided that respondents were living in the studied area as at the time of the survey and they voluntarily consented. Data collected were based on questions concerning what drugs are used for, the possibility of dependence, physical, psychosocial and mental after effects of dependence, perception on illicit drugs, commonly used illicit drugs, how the drugs are accessed and why these drugs are used. Secondary data were obtained from past researches indicated in previous journal/articles, online reports, seminar notes, lecture series, published books and unpublished but completed case studies. However, the researchers did ensure they were of relevance to the studied problem.

4.0 Data Presentation and Discussion of Findings

This section presents data on frequency tables and charts along with subsequent discussions. It includes bio-data of respondents and data on the research questions Findings from the field indicate that teens and young adults use drugs whether licit or illicit.

Table 4.1: Socio-demographic characteristics of respondents

CHARACTERISTICS	FREQUENCY	PERCENTAGE
Age		
15-17	10	10
18-20	10	10
21-23	10	10
24-26	10	10
27-30	10	10
Above 30	50	50
Sex		
Male	60	60
Female	40	40
Marital Status		
Single	44	44
Married	40	40
Divorce	11	11
Widowed	3	3
Single parents	2	2
Religion		
Christian	89	89
Muslim	6	6
Traditional	2	2
Atheist	2	2
None	1	1
Educational Level		
Senior. Sec, School	20	20
Pry/sec. school Leavers	10	10

Undergraduates	20	20
Graduates	50	50
Residential Area		
Ogbe quarters	30	30
Iyaro quarters	10	10
Oliha quarters	8	8
Uzebu quarters	45	45
New-benin quarters	7	7
Job status		
Unemployed	30	30
Self employed	40	40
Employed by others	20	20
Apprenticed	10	10

Source: Field Survey, 2005.

Table 1 shows that respondents within teenage and early adulthood stages in life 15-17, 18-20, 21-23, 24-26, 27-30 were 10% in each of the age brackets. 50% of respondents were 31 years and above. More male respondents (60%) than female respondents (40%) were present in the sample. 45% of respondents were singles, 40% were married persons, 11% are divorced, 3% are widows/widowers and the least number (2%) are single parents who were into drug use. 89% of respondents were Christians, 6% were muslims, 2% were traditional in their beliefs, 2% were atheist and 1% of no religion at all.

Also from the table above, 10% of the respondents are graduates of primary and secondary schools, 20% of respondents are undergraduates, while the largest percentage 50% were graduates of various higher institutions of learning. 30% of respondents resided in Ogbe quarters, 10% of respondents live within the Iyaro quarters. 8% of respondents live in Oliha quarters, 45% resides within Uzebu quarters, while the least proportion of respondents (7%) resided in the New-Benin residential area in addition, the table indicates that 30% of respondents are unemployed, 40% of responses are from persons who are self-employed. 20% of respondents are those employed by others, while 10% of the sample were respondents who are apprenticed to others.

Table 4.2: Perception on what drugs are meant forQuestion: *What do you think drugs are meant for?*

Responses	Frequency	Percentage
Treatment	60	60
To increase performance	20	20
Both	20	20
Total	100	100

Source: Field Survey, 2005.

Most teen and young adults sampled (60%) held that drugs are used for treatment, 20% agree it is for performance enhancement and 20% say it is for both. More than half of the respondents agree to the fact that drugs are for treatment and the fewer respondents say drugs are for performance enhancement only or both treatment and performance enhancement. But why did these sampled youths personally use drugs? Table 3 below present the reasons given by these respondents:

Table 4.3: Reasons for using drugsQuestion: *Why did you use them?*

	Responses	Yes	%	No	%
A	Out of frustration	30	30	70	70
B	To feel high	28	28	72	72
C	For pleasure	37	37	63	63
D	Peer pressure	23	23	77	77
E	For calmness and sleep	20	20	80	80
F	To know how it feels	27	27	73	73

Source: Field Survey, 2005.

Apparently, there are many reasons why teens and young adults use drugs illicitly and become dependants (physically or psychologically). On why these drugs are used, 37% said it was for pleasure, 30% held its out of frustration, 28% owed drug use just to the desire to feel high, 23% held that it is due to peer pressure, 20% owed drug use to the desire to get calm and induce sleep while 27% held its just for the feeling derived from using them.

Table 4.4: Perception on the possibility of drug dependence

Question: Is dependence on drug possible?

Responses	Frequency	Percentage
Yes	60	60
No	10	10
Undecided	30	30
Total	100	100

Source: Field Survey, 2005.

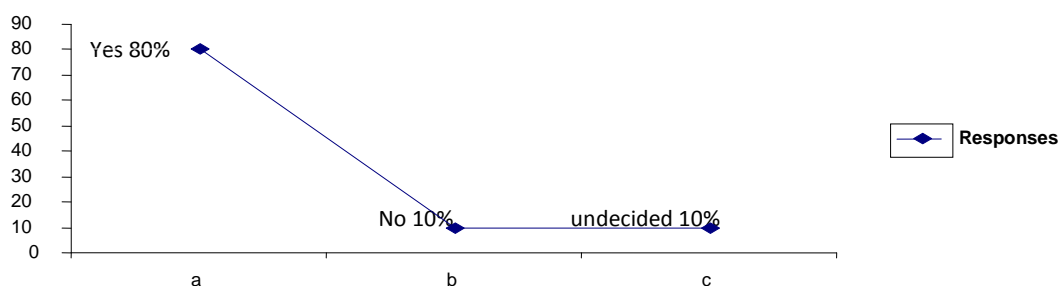
From the above, it is obvious that drugs dependence is very possible. 60% of the sampled responses agree that dependence is very possible. 10% view dependence on drugs as impossible while 30% remain on the fence concerning this idea. They neither agreed nor disagree to the fact that drug dependence is possible.

Table 4.5: Consequences of illicit drug use

Question: Can drug abuse cause psychological, psychosocial and physical damages.

Responses	Frequency	Percentage
Yes	80	80
No	10	10
Undecided	10	10
Total	100	100

Figure 4.1: Graphical representation of responses to the consequences of illicit drug use



The addictive tendency in drug use along with the multifarious dangers is well known. From the table and figure above, most respondents (80%) believed that drug dependence can cause serious psychosocial, mental and physical damages. However, only a few 10% disagreed, 10% also, was undecided.

Table 4.6: Problems associated common side effects of drug dependence

PROBLEMS /SIDE EFFECTS	RESPONDENTS			
	YES	%	NO	%
Mental disorder	50	50	50	50
Heart/liver & other disease	30	30	70	70
Nervousness	20	20	80	80
Weight loss	26	26	74	74
Case with the law	30	30	70	70
Truancy & absenteeism	36	36	64	64
Loss of genuine friends	30	30	70	70
Waste of money/property	45	45	55	55
Loss of job	38	38	62	62
Stealing	23	23	77	77
Becoming useless to family/friends	49	49	51	51
Loss of respect, death among others	61	61	39	39

There were multiple responses to the possible problems dependence on drugs (whether licit or illicit) can cause especially from the use of one or a combination of such drugs. Loss of respect among other things is a major problem resulting from drug dependence (61%), mental disorder at a high or low level (50%) and being useless to ones family and friends (49%) are the responses with the height of percentage. Notwithstanding, dependence on drugs can also cause a wastage of funds and property (45%), yet it can lead to loss of job (38%) due to instability, truancy and absenteeism (36%), loss of genuine friends (30%), a case with the laws of the land (30%), diseases of the heart and liver (30%), weight loss, nervousness and a desire to steal (23%) just to get the drugs to use are common major problems encountered while being dependent on drugs.

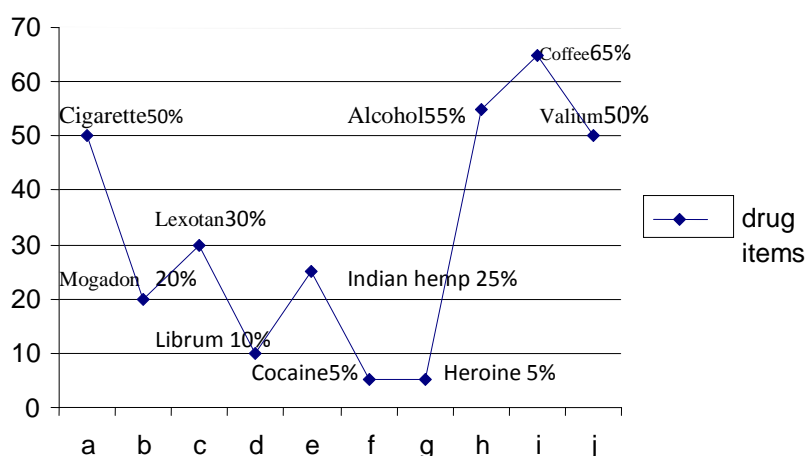
Table 4.7: Perception of illicit drugs

Response	No of respondents	Percentage
Drugs that the law disagrees with their sales and circulation	100	100
Drugs sold only in pharmacies and patent medicine shops.	-	-
Total	100	100

The opinion that illicit drugs are drugs that the law restricts or disagrees with their sales and circulation was generally held. The entirety of sampled teens and young adults i.e. (100%) held this opinion.

Figure 4.2: Drug use by respondents’ guardians

Question: *Were your guardians into the use of any of these drugs?*



The figure above expresses in percentage the level of drug use of respondents’ parent/guardian. It shows an addictive drug tendency from guardian and wards. There is obviously a multiple use of psychoactive drugs whether medical or illicit especially drugs that have depressant or relaxant tendencies like alcohol like alcohol, coffee, cigarette, valium, lexotan, Indian hemp. Cocaine and heroine are least used. This may be because they are not commonly found around and they are very expensive. When drug users rationalize, a drug

that is not easily reached has its purpose served by another that is accessible. Hence, illicit use of drugs continues and with such, addiction is a possible consequence.

Drug dependence by parent/guardian can contribute to drug abuse among dependants and minors.

Table 4.8: Extent of Personal use of psychoactive drugs

Question: Have you used any of these drugs before?

DRUG ITEM	YES							NO
	STILL USE	%	ONCE A WHILE	%	HAVE STOPPED	%	TOTAL	
Valium	30	50	10	17	20	33	60	40
Mogadon	20	67	4	13	6	20	30	70
Lexotan	30	50	25	42	5	8	60	40
Librum	-	-	-	-	10	10	10	90
Indian hemp	10	26	9	23	20	51	39	61
Cocaine	7	39	-	-	11	61	18	82
Heroin	6	40	-	-	9	60	15	85
Alcohol	40	57	20	29	10	14	70	30
Coffee	40	57	20	29	10	14	70	30
Cigarette	40	59	18	26	10	15	68	32

On percentage level of personal use of psychoactive drugs like valium, Mogadon, lexotan, librum, Indian hemp, cocaine, heroine alcohol, coffee, cigarette the table above shows the listed drugs have been used by the respondents sampled. They were either in use before or as at the time of survey. Alcohol and coffee had the highest percentage (70% each) before cigarette (68%), lexotan (60%) and valium (60%). However, all the drugs in the exception of lexotan were still being used by some respondents. To a great extent therefore, there is to drug dependence among teens and young adults.

Table 4.9: Respondents' access to drugs*Question: How do you get access to these drugs?*

RESPONSES	FREQUENCY			
	YES	^%	NO	%
Pharmacy/drug store	30	30	70	70
Hospital	20	20	80	80
Multipurpose shop	30	30	70	70
Drinking bar/restaurants	30	30	70	70
Illegal hideouts	10	10	90	90
Home	12	12	88	88
Stolen	10	10	90	90
Friends	20	20	80	80

These substances are certainly accessed from certain places for free or in exchange for money. From Table 7 above, most drug users get the drugs from licensed dealers, multipurpose shops or drinking bars or restaurants (30% each). Some get these drugs equally from hospitals and friends (20% each), 12% held that drug users access these drugs from home, while 10% respondents also opined that drug users steal these drugs and yet others get them from illegal hideout (10%).

From the above, a lot of youths use drugs illicitly and they get them from various right or wrong sources, using such for various reasons. From their responses, dependence on drugs is very possible as some have indeed become drug dependants. This can lead to untold psychosocial, mental and physical damages. Respondents use various illegal and over the counter drugs which they can access from various sources.

5.0 Conclusion and Recommendation

The use of illicit drugs among young adults and teens in Oredo L.G.A is attributed to many factors. Among which are lack of proper parental care, attention and love, proper monitoring of the teen child and young adult, peer pressure which in many cases influences or the necessity to act what you are not originally, to feel high among frustration level, social – economic situation among reasons. The NDLEA and other law enforcement Agencies are trying what they can do to stem the tide but enough seem not to be done because drug traffickers and users are smarter developing varied and more sophisticated methods used for

the business. Alcohol happens to be most abused. To stem the unwholesome tide, tactical contributions from stakeholders individually and collectively should be ascertained. Thus, the roles of the individuals, groups including the family, religious bodies, security agencies, schools Non-Governmental Organizations (NGOs) and government are necessitated:

5.1 At the individual level

Young people should try never to indulge in illicit drug use. If they already depend on substances like alcohol, cigarette or prescription drugs, they should try against all odds to deflect from such behavior. Teens and young adults should not forget that "...bad company corrupts good character" (Holy Bible: New International Version, 1st Corinthians 15:33), meaning that they should stay away from friends who abuse drugs. Therefore interacting and consulting with their parents, teachers, social worker, counselors and medical doctors, pharmacists, nurses for proper guidance is highly recommended.

5.2 At the group level

5.2.1 In the family/homes

There is need for a reorientation from parents, guardians, older siblings, uncles, aunties and all significant others. If charity as is said begins from home, then they should set a standard that the younger ones should follow and revisit issues of licit and illicit drug use as well as the benefits of good conduct. An outline that puts clearly the long-term and short-term adverse effects of drug abuse on their health, society and human dignity should be involved. Necessary referrals should also be made for more specialized services provision.

5.2.2 The Education Ministry and Schools

At the Federal and State level, ministries and boards need to revisit the matter. A more proactive step to improve upon school curricular or syllabuses is needed. Topics that introduce social problems like those related to drugs, unemployment etc should be added and/or reinforced if already present. Here, the authors agree with Abudu's (2008:8) suggestion that drugs education along with lectures, rallies, seminars and film shows for the Nigerian youths on the adverse effects of drug abuse should thrive at various levels of school. Teachers, department heads, school heads, inspectors and commissioners should work hard to ensure this.

5.2.3 Religious bodies

Apart from the family and the educational backgrounds, religious sermons and beliefs have strong influence on individuals and sometimes over others. It is therefore imperative that churches, denominational and interdenominational groups should revisit youth problems including substance abuse and chemical dependence. Teenagers and young adults should be reminded of canonical injunctions like “your body is a sacred place... you cannot live however you please...” (Holy Bible: The Message, 1st Corinthians 6:19-20), “honour... your creator while you are still **young** before the years take their toll and your vigour wanes” (Holy Bible: The Message; Ecclesiastes 12:1), ...but know also that not just anything goes, you have to answer God for every last bit of it” (Holy Bible: The Message; Ecclesiastes 11:9)

5.2.4 Security agencies

The role of security agencies is a primary one. Specifically, National Drug Law Enforcement Agency (NDLEA) must also intensify their fight against illicit drugs and trafficking in them. More attention should be focused on public enlightenment campaigns in various quarters toward ameliorating the problem in Nigerian society especially for the on coming youths in Oredo locality.

5.2.5 Non-Governmental Organizations (NGOs)

The role of NGOs in harnessing all other efforts in programmes directed toward drug education and referrals for rehabilitation cannot be overemphasized. NGO’s can indeed extend services to various categories of youths especially teens and young adults in their schools, campuses, trade centres etc through planned programs involving seminars, educative films, medical exposé and the like, focusing on the meaning of, problems associated with and ameliorative steps for illicit and indiscriminate use of drugs. There should be question and answer time as well as face to face counseling sessions and treatment for dependants.

5.2.6 The Government at all levels

Curbing the menace of illicit drugs’ use and dependence among our youths, demands a concerted effort from the three tiers of government especially through policy framework by the appropriate organs. Apart from governmental efforts through creating awareness and through planned programmes, there is need for the political will that is strong enough to tackle the problem from its roots: The place to start from may therefore be to increase taxes

and duties of addictive substances like cigarette and alcohol and eventual withdraw them from stock. Better still, a very stiff and very strict regulation of industries that extract, process, utilize, produce and distribute psychoactive and addictive substances is highly recommended. Severe sanctions should be meted out on victimless offenders who are traffickers of illicit drugs and institutional steps taken toward rehabilitating dependants.

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