

Examination of the Emerging Trends of Drug Abuse among Youths in Nasarawa State, Nigeria

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Abstract

Human race has experienced a sudden ascent in the quantities of drug users, especially among the young people. It is believed that drug use and abuse have turned out to be well known because of the simplicity of its circulation crosswise over national and household fringes and the accessibility of financing from individuals from varying backgrounds. This paper examines emerging trends of Drug abuse among youths in Nigeria. The paper makes use of secondary data mainly from newspapers, textbooks, magazines, scholarly articles, the UNs reports, among others, to explore emerging trends of drug abuse among youths in Nigeria. The paper concludes that Drug abuse is a universal problem and the trends have completely changed. Hence, the paper recommends that government should have a well- defined comprehensive and realistic policy on the control of drugs; and Public education should be targeted at the vulnerable segment of society, such as the older children, adolescent and young adults.

Keywords: Drug, Drug abuse, Drug abuser, Youths

Introduction

Since the early times, herbs, leaves and plants have been used to heal and control diseases. Human race has seen sudden ascent in the statistical indices of drug users especially among the young people. It is believed that drug use and abuse have turned out to be well known, because of the simplicity of its circulation crosswise over national and household fringes and the accessibility of financing from individuals from varying backgrounds. Many countries have discredited the overflowing quantities of individuals especially the adolescent populace who are presently occupied with drug abuse as a method for adaptation to the financial pressure caused by monetary crump in the World, Africa and Nigeria specifically (United Nations Office on Drugs and Crime, 2018).

Abstractly, drug identifies with any substance that when taken into a living life form it might alter at least one of its capacities, while abuse suggests a specific utilization of drugs in more ruinous way than productive for the general public, or the individual (Mayo, 2006). One might be snared sincerely and mentally, and may have a physical reliance henceforth, creating drug addiction issue. Regardless of whether a drug is legitimate or unlawful, when taken excessively visit against remedy, there are

typically upsetting physical responses. While it is not everybody who utilizes drugs that ends up dependent, many individuals do (Mayo, 2006). The use of harmful habit forming drugs is a growing problem in the world today. Although, alcohol and tobacco are legal in most countries, both are habit forming or addictive drugs. They contribute to the poor health and have caused sudden death of several millions of people each year (Ibrahim, 2016) Drug abuse causes enormous health, family and social problems throughout the world and threatens national integration especially in multi ethnic society like Nigeria. Drug abuse is one social marvel that is pervasive among individuals, irrespective of age and sex. It is very aggravating as moderately youngsters or adolescents are snared on a wide range of substances including herbs, social and prescriptive drugs and even designers drugs. The United Nations in (2004) decried that, there is a lack of accurate epidemiological data on the prevalence of substance use among women, which makes it difficult to convince stakeholders of the need to address drug abuse holistically.

It was further observed that, the use of illicit substances and alcohol is higher among men in all age groups and populations studied in Africa, the rates of cocaine dependency and cocaine

base paste are higher among youths in Africa. Based on results from the 2018 national prevalence survey, marijuana use has stabilized among 12- to 18-year-olds. Among women, there has been a change in patterns of substance use from solitary, to group, to street use; and among older women, use of pharmaceutical substances is associated with emotional disorders.

Nasarawa State has a serious drug abuse problem, reported by the Arrestee Drug Abuse Monitoring (ADAM) of the National Drug Law Enforcement Agency (NDLEA; 2010) to include stimulant and depressant drugs. The pattern and trend report of drug abuse in the State in 2016 showed an increase in the number of youths arrested on account of drug use. Drugs that were commonly abused include tramadol, opiate, cannabis, amphetamines, barbiturate, benzodiazepines (Valium), and bromazepam (Lexotan). Statistics reported by the NDLEA office in Lafia indicated that between July 2017 and June 2018, 63 suspected drug dealers and traffickers were arrested with a total of 3,683 kg of suspected hard drugs, which included 804.22 kg of cannabis, 2,873.8 kg of tramadol (225 mg), 5.3 g of cocaine, and 57.2 L of codeine syrup. The 2017 year-end report revealed an increase in the number of arrests and seizures above that of 2016, especially on psychotropic substances (Ethan, 2017).

As in other countries, women with substance use problems are more likely than men to have family responsibilities and experience greater stigma as a result of their substance use. In Nigeria, the case is not different as young women are now getting seriously involved in drugs and substances abuse.

In Nigeria, recent reports demonstrate that drugs that are usually utilized or abused by young people in Kano, Kwara, Niger, Oyo and Imo states among others includes; codeine, Totteline, Amphetamine, Red/White capsules (which are psychoactive drugs), the benzodiazepines, for example, Diazepam (valium) and as of late a focal anxious stimulant, pemoline, which has recently showed up in the Nigerian scene (NDLEA, 2018).

It is also recognized in Nigeria and other developing countries that a different kind of drug problem exists. This could be described as drug misuses. Drug misuses portray the clueless and unmindful utilization of drugs for illnesses and signs not regularly considered as sign for

the drug use. The threat of drug abuse and abuse has moved toward becoming progressively rampant among youthful and old, instructed and none-taught, wedded and unmarried individuals in the society regardless of the mental, social and health moves it presents (Ethan, 2017).

The current patterns of drug abuse in the globe have turned out to be excessively disturbing. It is making it impossible to the degree that experts saddled with the duties of abridging the danger have seemed incapacitated in developing nations as well as in the economically propelled countries of America, Asia and Europe. Fundamentally, the case is pitiable in developing nations as new entrants into the substance abuse groups are developing a consistent schedule with young people investigating new frontiers discovering new substances which can animate their mind and impact their world view.

Barely, the spade of drug abuse in Africa has bit by bit invaded all features of the society as drug use and abuse have turned out to be excessively common over all sexual orientations, religious faith, ethnic nationalities, wedded and unmarried and all age groups in present day times. In Nigeria, drug abuse is gaining momentum just like any other nation of Africa. The case of drug abuse in Nigeria is one that is stealing the productive strength and health of the youths; this is due to the fact that many youths and adolescents have become too dependent on drugs. This has gone to the extent that they rather engaged themselves in unproductive activities which are detrimental to their health and the economic development of the society (Ibrahim, 2016).

In the broad sense of the term, drug 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." (Ramsoomar, 2015)

Escandon & Galvan (2006) conceived drug to be any substance which when introduced into the body will alter the normal biological and psychological functioning of the body especially the central nervous system. Also, drug is any chemical substance which when taking into the body interact with tissues to modify the biochemical process of the body. Some of the drug exert major effect on the body

or brain causing (sleeping) stimulation which results in change of mode and behaviour.

According to Abdullahi (2009), the term substance/drugs is abroad name that is not restricted to oral therapy (that is, injection, capsules or tablets) but includes marijuana, alcohol as well as traditional drinks like Ogogoro, Burukutu, Fito and Bammi. The problem of drug abuse places a significant (Oshodi, Aina & Onajole, 2010). Almost every country in the world is affected from one or more drug being abused by its citizen's (UNODC, 2007). The increase in level of drug abuse globally has brought about increased in health problem such as Hepatitis B and C virus, increase in HIV/AIDS disease, epilepsy and the general collapse of the social structure (UNODC, 2007; Oshodi, Aina, & Onajole, 2010).

To Fawa (2003), Drug is defined as any substance which is used for treatment or prevention of a disease in man and animals. Drugs alters the body's function either positively or otherwise depending on the body composition of the user, type of drug used , amount used and whether used singly or with other drugs at the same time.

More so, Dorwick and Maline (2007) defined drug to be any natural or artificial substance, other than food that by its chemical or physical nature alters structures or functions in the living organization. Therefore, substance abuse , also known as drug abuse and substance use disorder, is a patterned use of a drug in which the user consumes the substance in amounts or methods which are harmful to themselves or others , and is a form of substance-related disorder (Dorwick & Maline, 2007).

Drug abuse, according to Ajayi and Ayodele (2003) is the wrong use or inappropriate use of chemical substances that are capable of changing function of cells in the body. Bayer, as cited in Egbochuku and Akerece (2007) saw stimulants, which are substances that cause an increase in the activity of an organ in the body, as chemicals that excite certain activities of the nervous system.

Furthermore, Ajayi and Ekundayo (2010) also saw drug abuse as over-dependence and misuse of one particular drug with or without a prior medical diagnosis from qualified health practitioner. Stimulant use and abuse appears with increasing frequency in the nation. The reasons individuals, including students, often

give as a reason for stimulant usage include the need to belong, expectancy, mental set, sex, certain drives, integrative use, ceremonial use, hedonistic use, utilitarian use and disintegrative use (Egbochuku, Aluede & Oizimende, 2009). Oshodi, Aina, and Onajole (2010) also confirmed that students use drugs for relief of stress and for self-medication at night in order to study.

Explaining further, Robins (1972) posit that drug abuse implies the use of a given drug in excessive dose, 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.

On the other hand, Haladu (2003) explain the term drug abuse as the excessive and persistent self-administration of a drug without regard to the medically or culturally accepted patterns. It could also be viewed as the use of drug to the extent that it interferes with the health and social function of an individual. In essence, drug abuse may be defined as the arbitrary overdependence or miss-use of one particular drug with or without a prior medical diagnosis from qualified health practitioners. It can also be viewed as the unlawful overdose in the use of drug(s).

Nevertheless, the impacts of drugs abuse in Nasarawa State and Nigeria cannot be over-accentuated in the face of increased social vices such as gangstarism, political thuggery, terrorism, militancy, armed robbery, rape, pedophiles illicit activities, cultism and the rise of other criminal activities. Therefore, this paper is an examination of the emerging trends of drug abuse among youths in Nasarawa State, Nigeria.

Theoretical Orientation

This paper is situated within the framework of Differential Association theory. Differential Association theory is a criminology theory that looks at the acts of the criminal as learned behaviors. Edwin H. Sutherland is credited with the development of this theory in 1939. Sutherland developed Differential Association theory to explain how criminals came to commit

acts of deviant behavior such as theft, rape, drug abuse, among others. He argued that deviant behavior is socialized through lack of opposition to such behavior. In his theory, Sutherland believes that the behaviors of an individual are influenced and shaped by other individuals they associate with. The primary reference group is that of the nuclear family, peer groups and intimate friends, which the individual lives, grows up, interacts and communicate daily with. It is believed that these interactions formulate the individuals and understanding of societal norms and values. It is then assumed that if the individual is capable of learning what is acceptable in society, they are also capable of learning what is considered unacceptable.

Interaction and observations are the methods of communication through which criminals learn their deviance. Criminal behavior, Differential Association theory argues, is more prevalent in individuals who associate and interact with individuals who exhibit criminal mind sets and behaviors. Thus, through direct and indirect interaction as a result of an individual's intimate relationships with other individuals they learn the techniques, motives, drives, rationalizations, and attitudes.

Furthermore, the specific direction of motives and attitudes is learned from definitions of the legal codes as favorable or unfavorable. A person becomes a criminal when there is an excess of definitions favorable to violation of law over definitions unfavorable to violation of law.

This is the dominant premise for Differential Association theory. The premise that because an individual associates with more members of a group who favor deviance, than with members of a group who favor societal norms, that individual is more inclined to act defiantly.

Pfohl (1994) writes in his book, *Images of deviance and social control*, that the likelihood of deviant behavior could be determined by calculating the difference between favorable and unfavorable associations. Differential associations vary in frequency, duration, priority, and intensity. Referring to the contact an individual must have with proponents of criminal behavior; this principle suggests that there is a varying, but direct, relationship that effects how often, for what length of time, how important and how intense deviant behavior occurs.

The process of learning criminal behavior involves all the mechanisms involved in any other learning. Accordingly this means that criminal behavior, like any other learned behavior, is not only learned through observance but through assorted methods as well. For example, coercion and seduction could lead to acts of deviance. Also, criminal behavior can be credited to acts of spontaneity. Although criminal behavior is an expression of general needs and attitudes, criminal behavior and motives are not explained nor excused by the same needs and attitudes, since non-criminal behavior is explained by the same general needs and attitudes. This last principle asserts that even those criminals, who rationalize their behaviors as trying to fulfill basic needs, are not above reproach. Non criminals are subject to obtain the same general needs as criminals and do so in a non-deviant fashion.

Differential Association theory helps to create multiple facets to consider when evaluating deviant behavior. The most principal being that if an individual is exposed to more social acceptance of deviance that they are exposed to opposition of deviance, that individual is more apt to function defiantly. After Sutherland passed away, the Differential Association theory was most notably expanded upon by sociologist Burgess and Akers in 1968. Burgess and Akers called their theory the Differential-Reinforcement theory. They disregarded Sutherland's view that criminal behavior was learned in primary reference groups. In addition, The Differential Reinforcement theory suggests that criminal behavior could be due to non-social factors. For example, the influence of drugs on an individual's psychological and physiological condition could contribute to an individual's deviant behavior (Burgess, & Akers, 1966). Differential Reinforcement theory mirrors Rational Choice theory's idea that an individual will take past experiences into consideration when calculating future behaviors. Differential Association theory therefore, is adopted for this study owing to the fact that it best explained the emerging trends of drugs abuse among youths in Nigeria.

The premise of the above theory is hinged on the fact that prolonged association with people that have favourable definition for deviant behaviour against those that proscribed deviant act usually influenced individuals to commit crimes like drugs abuse. Thus, linking the above

to Nigeria, there are many economic activities going on in it which ranges from menial labour (agricultural activities) to industrial works. The foregoing influences people choice to abuse drugs in order to perform above average. The quest to work extra length increases the tendencies of drug abuse as such the definition in favour of abusing drugs to improve work performance among the population outweigh the definition against it hence the high prevalence of drug abuse in Nigeria. Moreso, the prolonged association with people who abuse drugs to work extra time influence jobless youth to indulge in same (drug use) for pleasure in Nigeria. However, the differential association is suitable for this study as it provide a vivid explanation on the emerging trends of drug abuse.

Drugs commonly abused by Youths in Nasarawa State, Nigeria

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 form 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:

Alcohol: 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", palm-wine, "sapele water", "kaikai" they all contain alcohol (Smart, 2007).

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 (Tupper, 2012). It is an alkaloid found in coca leaves or prepared by synthesis from "ecgonine" under international control according to the UN Single Convention 1961

and its amendments, Schedule I. Molecular weight: 303. 4. Percentage of anhydrous base: 100. An *alkaloid* obtained from coca leaves or synthesized from *ecgonine* or its derivatives. *Cocainehydrochloride* was commonly used as a local anesthetic in dentistry, ophthalmology, and ear, nose and throat surgery because its strong vasoconstrictor action helps to reduce local bleeding, Cocaine is a powerful central nervous system *stimulant* used non-medically to produce *euphoria* or wakefulness; repeated use produces dependence. Cocaine, or "coke", is often sold as white, translucent, crystalline flakes or powder ("snuff", "snow"), frequently adulterated with various sugars or local anaesthetics The powder is sniffed ("snorted") and produces effects within 1-3 minutes that last for about 30 minutes. Cocaine may be ingested orally, often with *alcohol*, and combined opioid and cocaine users are likely to inject it intravenously. "Freebasing" refers to increasing the potency of cocaine by extracting pure cocaine alkaloid (the free base) and *inhaling* the heated vapours through a *cigarette* or water pipe. An aqueous solution of the cocaine salt is mixed with an alkali (such as baking soda), and the free base is then extracted into an organic solvent such as ether or hexane.

The procedure is dangerous because the mixture is explosive and highly flammable. A simpler procedure, which avoids use of organic solvents, consists of heating the cocaine salt with baking soda; this yields crack or "rock" Crack is alkaloidal (free base) cocaine, an amorphous compound that may contain crystals of sodium chloride. It is beige in colour. Crack refers to the crackling sound made when the compound is heated. An intense "high" occurs 4-6 seconds after *crack* is inhaled; an early feeling of elation or the disappearance of anxiety is experienced, together with exaggerated feelings of confidence and self-esteem. There is also impairment of judgment, and the user is thus likely to undertake irresponsible, illegal, or dangerous activities without regard for the consequences Speech is pressured and may become disjointed and incoherent. Pleasurable effects last only 5-7 minutes, after which the mood rapidly descends into dysphoria, and the user is compelled to repeat the process in order to regain the exhilaration and *euphoria* of the "high". *Overdose* appears to be more frequent with *crack* than with other forms of cocaine.

Repeated administration of cocaine known as a "run" is typically followed by the "crash" when use it is discontinued. The "crash" may be viewed as a *withdrawal* syndrome in which euphoria gives way to apprehension, profound depression, sleepiness, and inertia. Acute toxic reactions may occur in both the naive experimenter and the chronic abuser of cocaine. They include a panic-like *delirium*, hyperpyrexia, hypertension (sometimes with subdural or subarachnoid haemorrhage), cardiac arrhythmias, myocardial infarction, include a psychotic syndrome with paranoid delusions, auditory and visual *hallucinations*, and ideas of reference. "Snow lights" is the term used to describe *hallucinations* or illusions resembling the twinkling of sunlight on snow crystals. Teratogenic effects have been described, including abnormalities of the urinary tract and limb deformities. Cocaine use disorders are among the psychoactive substance use disorders included in *ICD-10* (Tupper, 2012).

Nicotine: The addictive substance found in cigarettes, nicotine is actually one of the most addictive substances that exist. It is an alkaloid, which is the major psychoactive substance in *tobacco*. Nicotine occurs throughout the *tobacco* plant and especially in the leaves. The compound constitutes about 5 percent of the plant by weight. Both the *tobacco* plant (*Nicotianatabacum*) and the compound are named for Jean Nicot. It produces an alerting effect on the electroencephalogram and, in some individuals, an increased capacity to focus attention. In others, it reduces anxiety and irritability. Nicotine is used in the form of inhaled *tobacco* smoke, "smokeless *tobacco*" (such as chewing *tobacco*), snuff, or nicotine gum. Each puff of inhaled *tobacco* smoke contains nicotine that is rapidly absorbed through the lungs and delivered to the brain within seconds. Considerable tolerance and dependence develop to nicotine. Because of its rapid metabolism, brain levels of nicotine fall rapidly and the smoker experiences craving for a further *cigarette*: 30-45 minutes after finishing the last one. In the nicotine user who has become physically dependent, a *withdrawal* syndrome develops within a few hours of the last dose: craving for a smoke, irritability, anxiety anger, impaired concentration, increased appetite, decreased heart rate, and sometimes headaches and sleep disturbances.

Craving peaks at 24 hours and then declines over a period of several weeks, although it may be evoked by stimuli associated with previous smoking habits. In its psychoactive effects, nicotine is a unique substance with a biphasic effect; when inhaled in short puffs it has a *stimulant* effect, but when smoked in deep drags it can have a tranquilizing effect. This is why smoking can feel invigorating at some times and can seem to block stressful stimuli at others. Nicotine is also an addictive drug, though, and smokers characteristically display a strong tendency to relapse after having successfully stopped smoking for a time. In fact, nicotine addiction is often compared to the intense addictiveness associated with opiates like heroin (Smart, 2007)

Phencyclidine: Commonly referred to as PCP, is an alkaloid, which is the major psychoactive substance in *tobacco*. Nicotine occurs throughout the *tobacco* plant and especially in the leaves. The compound constitutes about 5 percent of the plant by weight. Both the *tobacco* plant (*Nicotianatabacum*) and the compound are named for Jean Nicot. It produces an alerting effect on the electroencephalogram and, in some individuals, an increased capacity to focus attention. In others, it reduces anxiety and irritability.

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effect. This is why smoking can feel invigorating at some times and can seem to block stressful stimuli at others. Nicotine is also an addictive drug, though, and smokers characteristically display a strong tendency to relapse after having successfully stopped smoking for a time. 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 (Ololube, 2009).

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) (Haladu, 2003).

Herbal ecstasy: A combination of herbs which are legal, inexpensive, and marketed as a "natural high." Herbal ecstasy can be purchased over the counter in drug stores, music stores, and health food shops. The packaging on these products, including brand names *Herbal Ecstasy*, *Cloud 9* and *Ultimate Xphoria*, promises "increased energy," "inner visions," "sexual sensations," and "cosmic consciousness." Users report feeling relaxed, tingly, and energetic. These sensations are caused primarily by *caffeine* and *ephedra* (also known as *ma huang*), which is the key ingredient in herbal ecstasy. Ephedra is an herb that has been used in China for 2,000 years to treat respiratory problems. The active chemical of the herb *ephedra* is *ephedrine*. Ephedrine stimulates the cardiovascular and central nervous system. It may cause harmful reactions in people with high blood pressure, heart disease, diabetes, and other conditions.

Heroin: Also called diacetylmorphine. Derivate of *morphine*, under international control according to the UN Single Convention 1961 and its amendments, Schedule I, IV. Molecular weight: 369.4. Percentage of anhydrous base: 100. The highly addictive *opioid* morphine derivative make up a large portion of the illicit traffic in narcotics. Heroin is made by treating *morphine* with acetic anhydride; the resulting substance is four to eight times as potent as *morphine*. Heroin was first developed from morphine by the Bayer Company of Germany in 1898; it was originally used as a narcotic analgesic, but its undesirable side effects were

found to far outweigh its value as a painkilling drug, and there are now strict prohibitions on its use in many countries. Heroin constricts the user's pupils, slows respiration, heartbeat, and gastrointestinal activity, and induces sleep. Among those addicted to it, however, heroin's most valued effect is the ecstatic reaction that it gives after being intravenously *injected*; within seconds a warm, glowing sensation spreads over the body. This brief but intense rush is then followed by a deep, drowsy state of relaxation and contentment that is marked by a clouding of consciousness and by poor concentration and attention. This state lasts two to four hours and then gradually wears off. Some individuals do react negatively to heroin, experiencing only anxiety, nausea, and depression. Heroin in powder form can be *sniffed*, or inhaled, and when dissolved in water it can be *injected* subcutaneously (skin-popping) or *intravenously* (mainlining). But heroin addicts, as opposed to novice users of the drug, almost invariably inject it *intravenously* because this produces the most rapid and intense *euphoric* effects. Heroin is a highly addictive drug, and an addict must usually inject heroin about twice a day in order to avoid the discomfort of *withdrawal* symptoms; these include restlessness, body aches, insomnia, nausea, vomiting, and diarrhea. An addict trying to break his body's dependence on heroin must undergo an intense *withdrawal* period lasting three or four days, with symptoms lessening markedly thereafter. Heroin addicts also develop a high *tolerance* to the drug; thus an addict must use the drug more often or in greater amounts to achieve the desired *euphoric* effects. Nevertheless, these effects tend to disappear completely in the case of very heavy use, although the physical *addiction* remains. A heroin *addiction* is expensive to maintain, and such addicts, when not gainfully employed, often must engage in prostitution, procuring, burglary, robbery, or small-time narcotics peddling to supply their habit. Heroin addicts commit a disproportionately large share of property crimes in Western countries where use of the drug is a problem.

Heroin illegally available on the street has been diluted to a purity of only 2 to 5 percent, being mixed with *baking soda*, *quinine*, *milk sugar*, or other substances. The unwitting *injection* of relatively pure heroin is a major cause of heroin *overdose*, the main symptoms of which are

extreme respiratory depression deepening into coma and then into death. Aside from this danger, heroin addicts are prone to hepatitis and other infections owing to their use of dirty or contaminated *syringes*; scarring of the surfaces of the arms or legs is another common injury, owing to repeated needle *injections* and subsequent inflammations of the surface *veins*.

Changing Trend of Drug Abuse among Youths in Nasarawa State, Nigeria

In traditional Nigerian society, the commonly consumed drug was alcohol and its consumption was gender and age based. It was mainly consumed by adult males in social engagements and customs and tradition regulated production and consumption of locally made alcoholic drinks (Heap, 1998; van Wolputte & Fumanti, 2010). Though young people in a *few* communities were permitted to drink, this was usually in the presence of adults who monitored the quantity they consumed (Obot, 2000). Even in the neighbouring Ghana, elders served as gatekeepers, by deterring younger people from alcohol consumption (Akyeampong, 1996).

Alcohol consumption was not a daily affair and it was restricted for use in religious rituals, marriage ceremonies, kingship enthronements, cultural festivals, child naming, etc. that happened in intervals (Ibanga, Dagona, Karick & Ojiji., 2005). Even on these occasions, excess consumption among adults was culturally controlled, partly because traditional wine cups were served based on age and title hierarchies (Umunna, 1967). Elders would drink first, served by the younger members of the tribe (Oshodin, 1995) and because the wine was not produced in commercial quantities, this often meant that little would be left for the latter group.

In this era, alcohol was consumed immediately after production, or few hours after production. This is because some of these beverages served as the staple food in some communities and were not meant for sale; and because they were not produced in quantity, since there were no means of preservation. Where trade in alcohol did exist, it was on a remarkably low scale (Willis, 2002).

This trend was altered in Western Africa following the influx of European slave traders and their 'trade spirit' in the fifteenth century (Olorunfemi, 1984). Despite the fact that alcohol was not new to the indigenous people,

the influence of the Western traders popularized the sale of liquor and facilitated alcohol abuse due to the importation, sale and distribution of trade spirit (Olorunfemi, 1984; Olukoju, 1991). This trend was sustained during the colonial era and beyond, leading to the establishment of the first brewery (Nigerian Brewery limited presently known as Nigerian Breweries or NB Plc.) in 1946 with its first brew in 1949 (Jernigan & Obot, 2006; Obot, 2000).

The Guinness brewery was the next to establish its business in 1962 (Obot & Ibanga, 2002) and gradually the sector grew to the point where, in 1984, each of the 19 states had their own breweries (Demehin, 1984). The growth of alcohol industries was partly sustained by the economic boom of the 1970s and sophisticated marketing that promoted industry produced beer and wine as desirable status symbols among the upper and middle classes.

In the process, traditional alcoholic beverages were belittled (Demehin, 1984). This signified, a new trend, in alcohol consumption in the country. This emerging sector was comparatively resilient during the Nigerian economic crisis of the 1980s. A reason for this is that major brewers had nurtured a loyal following, ensuring that their products become household names.

During the 1960-1980, reports indicate that in the 1960s and early 1970s, the substances most frequently abused were cannabis, amphetamines and tranquillizers (Deressa, 2011). In the early literature, relatively little emphasis was laid on alcohol, or its health or social effects, even though it ranked highest in the drug survey reports in which it was considered.

According to clinical evidence, there was also a high rate of cannabis, stimulant and Mandrax (methaqualone in combination with diphenhydramine) use among student populations (Deressa, 2011). Cannabis was more frequently used among male than among female students. Since the mid-1970s, there seems to have been a decline in the use of amphetamines. This has been attributed to the ban on their importation; however, they continued to be imported illegally into Nigeria. While there is no clinical evidence, there is epidemiological evidence to suggest continued use of amphetamines (Moronkola, 2003).

Between 1881-1988 a review of the African drug scene (UNODC, 2005) showed that, in

most of Africa, there were shifts in the pattern and type of drugs abused in the first half of the 1980s, as well as in the groups at risk of suffering complications arising from drug use. A significant observation related to the increase in the population of female cannabis users is that cannabis use is no longer restricted to the conventional smoking pattern. It is reportedly used as a vegetable in pottage, stew and soup (Moronkola, 2003).

Students have also reported that the extracted oil is often mixed with wine or soft drinks. With the decline in the availability of amphetamines, other stimulants have taken over. These include Proplus (a caffeine concentrate), Ritalin and the traditional cola nuts. There has not been a major change in the groups involved in the use of these drugs. Reports from northern Nigeria indicate, however, that, apart from long-distance drivers and students, farmers have used stimulants to stave off hunger and prolong working hours (Moronkola, 2003).

While there are methodological difficulties in the interpretation of the results of some studies, the findings that had been extracted retrospectively from clinical data were significant in that they suggested an upward trend in the use of amphetamines, at least in the north. The findings corroborate reports from NISA directors in the northern states on drugs being smuggled into Nigeria via its borders.

The use of mind altering substances of natural origin has been known since the prehistoric times. For centuries, man has tried to either complement some pleasant features of life or escape from the unpleasantness of life, whether real or imaginary, by using fermented liquor and different plant products. For example, drinking of palm wine and locally brewed alcohol such as "ogogoro", "burukutu" as well as chewing of different stimulating plants and their products in Nigeria have been known for ages. Reports have it that the use of these substances was more of occasional and in moderation with few exceptions. This was the trend of substance use in Nigeria until after the Second World War in the 40s when cannabis (hemp) was introduced through the war veterans who brought back the cannabis seed from India. The 70s and 80s witnessed the introduction of other drugs like cocaine, heroin, amphetamines and pharmaceutical opioids (codeine, morphine etc) (Tupper, 2012).

This trend changed dramatically in the 90s to include the abuse of non-conventional drugs such as volatile solvents or inhalants (gasoline, correction fluid, rubber solution, aerosol, nail polish removal, kerosene, petrol, and butyl nitrate). These volatile solvents produce psychoactive vapour which when inhaled goes straight from the nose to the brain, heart and lungs with instant intoxication and diverse consequences (Dumbili, 2016).

Today, ingenuity has been introduced into drug abuse with complex mixtures, experimentations and new discoveries. This has resorted to the abuse of lizard dung (especially the whitish part), pit toilet/soak away fumes (bio generic gas), "gokolo" a concoction of unimaginable substances, robin blue powder cocktail, "gadagi" (a substance resembling tea leaves), pharmaceutical products (tramadol, rohypnol) and many more. Codeine containing cough syrup mixed with soft drinks is gradually taking over alcohol in youth parties. Due to new technologies which have improved the mass production of some of these drugs, many of them have become very cheap and therefore affordable. Unfortunately, the presence of new substances of abuse are usually not detected until someone suffering from the consequences visits the hospital for treatment or law enforcement personnel intercept or seize a supply of suspected substances. Substance abuse in Nigeria and the new trend is becoming a significant medical, psychological, social and economic problem facing the nation (Dumbili, 2016).

In Nigeria, the major drugs commonly abused by the youths in recent time include heroin, cocaine, tramadol, codeine, solution, syrup, Totteline, Amphetamine, Red and White capsules (which are psychoactive drugs), the benzodiazepines such as Diazepam (valium) and recently a central nervous stimulant, Pemoline, which has newly appeared in the Nigerian scene. This issue of drug abuse has been a serious concern for the society. Youths have taken to drug abuse. In recent times, the rate at which youths abuse drugs is so alarming and worrisome that much effort has been made to eradicate it. Governments at all level are showing serious concern to the phenomenon and recent trend in drug abuse by the youths in the country. The abuse of drug cut across both male and female young adults in the state of the country. The abuse and addiction have

destructive or devastating consequences on the youths (Smart, 2007).

Conclusion and Recommendations

Drug abuse has not only become a universal, social and psychological problem but also emerged that the pattern of drug abuse has almost completely changed. Drug abuse among youths is common and spells danger not only to the youth who abuse the drugs but also to the well-being of the nation, because the youth represent the future of its people. The paper put forward the following recommendations

Nigerian Government 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.

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