

## **CURBING THE MENACE OF DRUG USE AMONG SECONDARY SCHOOL STUDENTS IN NIGERIA**

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### **ABSTRACT**

The initiation to drug and alcohol abuse early in life has exposed adolescents to voluntary drug consumption, smoking, drinking and substance abuse which have become a threat to our Nation. This paper focused on curbing the menace of drug use among students. It discussed some drugs that are commonly abused by the adolescents under the slangs or common name, route of administration and possible effects in terms of physical, psychological, social and emotional. The health implications of adolescents' drug behaviour were also explored. The paper concluded that there should be more serious concern, and worried that more students in our secondary schools are fast joining the drug train, drinking and smoking away their future for the pleasure of getting high, hence, poses a threat to the health and safety of the adolescents, family, their community and the country. Recommended among others is that Ministry of Education and Culture in-collaboration with National Drug Law Enforcement Agency (NDLEA) should improve arrangements for sensitizing particularly students on the adverse effects of drugs and alcohol abuse. Also, teachers should be provided with skills on how to handle students with behavioural problems.

**Keyword:** Drug abuse, students, school, family.

### **Introduction**

A drug is defined as any natural or artificial substance, other than food that by its chemical or physical nature alters structures or functions in the living organization (Dorwick and Maline, 2007). It is also defined according to their use; in pharmacology, as a chemical substance used in the treatment, cure, prevention, or diagnosis of disease or used to otherwise enhance physical or mental well-being. Psychoactive drugs are chemical substances that affect the function of the nervous system, altering perception, mood or consciousness. Recreational drugs are drugs that are not used for medicinal purposes, but are instead used for pleasure. These include alcohol, nicotine and caffeine, as well as other substances such as opiates and amphetamines. Drugs are also used as food supplements like vitamin and we necessarily benefit from drugs in terms of ill health, though prescribed by doctors (Elizabeth, & Martin, 2007). On the contrary, drugs are harmful and fatal if they are used wrongly.

Substances and drug abuse are used interchangeably by people, however, drug refers to medicine prescribed by doctor, while substances abuse may include chemicals other than drugs e.g gasoline, glue among others. Substance was considered abused if it is deliberately used to induce physiological or psychological effects for a purpose other than for therapeutic purpose. Farhadinasab, Bashirian, & Mahjoub, (2008) noted that substance abuse mostly initiates with smoking and alcohol consuming in adolescence. However, drug abuse among

students could be as a result of interaction between the peer groups, availability and nature of the substance. Some environmental factors that contribute to drug abuse are cultural, parents' behavior, regulations and policies, which restrict access to the drugs.

Transition from childhood to adolescence is a delicate period and in many cases the initiating of drug abuse may occur. The adolescents may abuse substances due to various reasons such as lack of adequate knowledge about the harmful effects of the substances, presenting personal independence, peer pressure, satisfying the curiosity, low levels of self-confidence, inability in maintaining inter-personal communications, and reducing stress. Among other dependents, the presence of substance abuser in the family are major factors of substance abuse by adolescents. The health educator has no doubt that drug and alcohol abuse among secondary school students have become a matter of concern to Nigerians. These substances not only alter the functioning of the body and mind but also affect the dimension of health. However, Encomium magazine, (2013) stated that the use of illicit drugs is not a new trend, rather it is growing at an alarming rate with more "leaders of tomorrow" embracing drug abuse for varying reasons.

Today, drug addiction is one of the vexing and pervasive problems that almost all the countries have faced in the world including Nigeria. NAFDAC, (2008) reported that the abuse of illicit drugs is forming a student sub-culture in Nigeria. The consequence of such addiction, abuse, trafficking or even cultivation can be devastating; unfortunately the youths are the most vulnerable on hard drugs and this brings a lot of adverse effects on the community (Ajibulu, 2014). This paper therefore, would be focusing on the menace of drug with the following subheadings; classification of drug, commonly abused drug, health effects, determinants, intervention and implication for drug use among secondary school students.

### **Classification of drugs and commonly abused drugs among students**

Seven categories of drugs are classified according to their physiological effects. However, most psychoactive drugs fall into one of the general categories in table one below. These are stimulants, narcotics, cannabis, depressants, analgesics, sedatives, performance enhancing drug, hallucinogens and inhalants. The common name they are called, route of administration and the possible effects are in table one below;

#### **1. Stimulants**

The primary use of stimulants is to increase the activities of the central nervous system (CNS) with increase heart rate, blood pressure and the rate of brain function. The users feel uplifted and less fatigue. Examples of stimulants include caffeine, cocaine, nicotine and amphetamine.

a) Caffeine: It is a tasteless drug found in coffee, tea, cocoa, many soft drinks and several groups of over the counter drugs (National Centre on Addiction and Substance Abuse, 2004). Moderate intake of it is relatively harmless to the individual health. However, chronic users show evidence of withdrawal and physical dependence.

(b) Cocaine: This is a very strong stimulant. Cocaine produces a feeling of excitement, increase confidence and willingness to work. Cocaine use is on the increase among students as it is perceived as a confirmation of one's big boy status (Pike, 2011).

(c) Amphetamines: They are used to increase activity, mood elevation, create series of wellbeing and also suppress appetite. It improves physical and mental performance (Gupta & Gupta, 2007). However, large doses may result in anxiety, feeling of nervous and physical tension.

(d) Nicotine: This is a poisonous alkaloid derived from tobacco plant. It is responsible for the dependence of regular smokers on cigarettes. (Elizabeth & Martin, 2007). Nicotine is in tar, cigars, cigarettes, tobacco and traditional snuff. A small dose of nicotine has a stimulating effect on the autonomic nervous system. It is mostly abused by secondary school students (Thomas, Carl, & Jacqueline, 1986).

## 2. Narcotics

These are among the potent dependence producing drugs, used medically to relieve pain and induce sleep. Narcotics are derived from plants such as opium, morphine, codeine and heroin. They are extremely addictive and can be inhaled, (snorted), injected, or smoked (Gate Way Foundation, 2013).

(a) Heroin: It is a white crystalline power derived from morphine but with a short-term duration of action. According to Substance Abuse and Mental Health Service, (2005) heroin was highly popular among young adults in United States between 1990 to 1998. It is quick acting. It alters the brain chemistry which interferes with an individual's ability to make decision.

(b) Opium: Is a milky substance derived from the unripe seed pods of the poppy. It has analgesic effect and may cause drowsiness (Gupta & Gupta, 2005). The abusers of opium are mostly adolescents and health care professionals.

(c) Morphine: It is also found in poppy head. It is a potent analgesic drug used mainly to relieve severe and persistent pain. However, individuals develop both tolerance and dependence. Morphine is commonly abused by medical health care professionals and adolescents (SAMHSA, 2005). The injected drugs can lead to collapsed veins and infection of the blood vessels.

(d) Codeine: Is an analgesic derived from opium poppy and morphine but less potent as a pain killer and sedative, and is less toxic. Because of the presence of codeine in cough syrups, it has become a favourite for many drug abusers. They could easily be obtained over the counter at big and small medicine stores (Encomium, 2013). Codeine is generally abused by students of secondary and higher institutions, who mix the syrup with soft drink or use it to soak garri.

(e) Tramadol: This is a painkiller that is often prescribed for moderate to severe pain for arthritis patients. However, it is a narcotic drug meaning that users may be at risk of addiction if they use it for a long period. It works by blocking pain synapse traveling between the nerves and the brain, thereby the user becomes "high" (GFADTC, 2013).

## (3) Cannabis

This is a drug prepared from Indian hemp plant (*cannabis sativa*) also known as pot, marijuana, hashish and bhang. It has little therapeutic value and its nonmedical use is illegal. Cannabis, popularly known as marijuana is one of the drugs commonly abused in Nigeria especially the adolescents. Marijuana was introduced to Nigeria by soldiers returning from Second World War (Odejide, 2009).

**Table 1: Drugs commonly abused, common name, route and possible effects**

	<b>Classification</b>	<b>Drugs</b>	<b>Slang or Common name</b>	<b>Route of Administration</b>	<b>Possible Effects</b>
1.	Stimulants	Cocaine Caffeine Nicotine Amphetamine.	Coke, gold, dust, gin, girlfriend, girl, double bubble, Snow, kolanut. Delcobese, bam, amps, beans, black mollies.	Sniffed, injected, swallowed, or chewed.	Increased alertness, excitation, euphoria, Increased pulse rate, and blood pressure, insomnia, loss of appetite, and dry mouth.
2.	Narcotics	Heroin  Opium Morphine Codeine Tramadol	Horse, scat, junk, smack, scag, stuff, dope, courage pill, dead on arrival. Chinese tobacco, first line, emsel, pectoral, syrup, coder, painkiller	Injected or swallowed.	Euphoria, drowsiness, respiratory depression, constricted pupil, nausea.  Elated mood, anxiety reduction.
3.	Cannabis or Relaxants	Marijuana	Blue sage, grass, pot, tea dope joints, Thai, sticks.	Smoked, swallowed, and sniffed.	Euphoria, relaxed inhibitions, increase appetite, disoriented behaviour
4.	Depressants	Alcohol Barbiturate Tranquilizer Rohypnol	Liquor, beer, spirit. Blue dog, blue tips, blue devils, Tuinal. Roofies	Drinking, swallowed	Slurred speech, disorientation, drunken behaviour with or without odor of alcohol. Decrease blood pressure, Relaxation, sleepiness.
5.	hallucinogens	Lysergic Acid Diethylamide (LSD) Mescaline	Sunshine, brown bomber.  Cactus, chief.	Swallowed	Poor perception of time and distance, delusion.
6.	Inhalants	Vasodilator Anesthetic, Gases	Solvent, aerosols	Sniffed	Intoxication, excitation, disorientation, aggression.
7.	Aphrodisiacs	Manpower, paraga, sepe, opa eyin.	Performance enhancing	Drinking, Swallowed	Increased pulse rate, and blood pressure, excitation

#### **(4) Depressants**

These are agents that reduce the normal activity of any body system or function. They are also known as sedative, slowing down the CNS function. It produces tolerance in abusers as well as strong psychological and physical dependence. Drugs include alcohol, barbiturate, tranquilizer and rohypnol.

(a) Alcohols: These are strong central nervous system depressant. The primary depressant effects of alcohol occur in the brain and spinal cord. Many people think of alcohol as a stimulant because of the way most users feel after consuming a serving or two of their favourite drink. At that moment, any temporal sensations of excitement, boldness or relief are attributable to alcohols ability to release personal inhibitions and provide temporal relief from tension (Kinney, 2006).

(b) Barbiturates: These are drugs that depress activity of the central nervous system. Regular use of the drug will produce tolerance. A high dose takes a long period to wear off from the user. Barbiturates are more common among female to relieve anxiety (Johnston, O'malley & Bachman, 2002).

(c) Tranquilizers: These are minor depressants that are meant to reduce anxiety, tension and relax people having problems managing stress. Such drugs are diazepam (valium) and chlodianepoxide (Librium). People can be addicted easily to it and may have severe withdrawal symptoms which can be life threatening (Adegoke, 2003).

(d) Rohypnol: The drug is manufactured in South America, Mexico, Europe and Asia and illegally imported into Nigeria. It is commonly abused by Nigerian youths because of its fast action and longtime effect. It is known as 'roofies' on the street. It is stronger than other tranquilizers and causes a drunk, sleepy feeling that can last up to eight hours. Rohypnol is known as date rape drug which adolescents add in a drink for their girls (Encomium, 2013).

#### **(5) Hallucinogens**

This is one of the oldest drugs used by mankind that is capable of producing hallucination. They are called psychedelics, dissociative or delirants (mind) vision (Nichols, 2004). Psychedelic brings about evident cerebral excitation in the form of illusion, hallucination and vision. Dissociative produces analgesia, amnesia and catalepsy at anesthetic doses thus disassociation from his environment. Delirants as the name implies induce a state of delirium in the user, characterized by extreme confusion and inability to control one's action (Dyck, 2005). They are used within medicine, religion and traditions around the world for ceremonies, healing and rituals of syncretistic movement.

(a) Lysergic acid diethylamide (LSD): It is a potent hallucinogen which is produced in crystalline form and then mixed or diluted as a liquid to be ingested. The effect is felt within 20-30 minutes after consumption. The user may experience extreme changes in mood shifts, time and space distortions including impulsive behaviour (National Survey on Drug use and Health, 2010). The user may experience visual hallucination, impaired depth and time perception with distorted perception of size and shape of objects, movements, colour, sound, touch and body image.

**(6) Inhalants**

These are breathable chemical vapors or gases that produce psychoactive effects when abused or misused (National Inhalant Prevention Coalition (NIPC), 2012). They include volatile organic solvents, fuel, gases, nitrites and anesthetic gases (chloroform, nitrous oxide and ether), commercial solvents like gasoline, kerosene, glue, and typewriter correction fluid among others. The abusers inhale the toxic chemical products which result to low blood pressure, dizziness, loss of hearing, damage to the lung and heart.

(a) Solvents: This could be industrial or household solvent products such as paint, thinners, dry cleaning fluid spray lubricants, gasoline, kerosene, nail polish or remover, furniture polish and wax (NIPC, 2012).

(b) Gasses and propellants: These are house hold or commercial products which includes butane lighters, propane, hair and deodorant sprays, room deodorizer sprays, refrigerants sprays, ether, chloroform and halothane.

**(7) Aphrodisiacs**

These are substances that arouse sexual desire or increase a person's capacity for sexual activities (Greenberg, Bruess & Haffner, 2003). It is also known as libido boosters and popularly called 'manpower in the streets', 'qurantaashi' in the northern part of the country, and 'aleko' in south west Nigeria. The agents enhance the sexual drive performance and lead to greater sexual satisfaction.

Table 2 below shows the effects of drug and alcohol abuse on students' social, physical, psychological, possible behaviour and health consequences.

**Table 2: Effects of Drug and Alcohol Abuse on students Social, Physical, Psychological, possible Behaviour and Health Consequences**

s/n	Drugs	Physical Effect	Social Effect	Psychological Effect	Possible Behaviour	Consequences
1.	Narcotics	Constipation, stress, eliminate pain, loss of appetite.	Unwillingness to deal with personal problems causing them to become worse.	Tension, anxiety, mild Confusion, negative Relationship.	Drowsiness, needle Marks on the body, loss of appetite, paranoid, aggressiveness.	Mental deterioration, destruction of brain, liver, hepatitis. Death From overdose.
2.	Stimulants	Increase physical Activities, wakefulness, insomnia, poor appetite.	Lack of motivation And drive. Feeling of anger and resentment toward others	Anxiety, confusion, depression, loss of interest in ever thing family, friend, food.	Laziness, theft, sadness, loss of self-control, paranoid or violent behaviour.	Convulsion, heart attack, seizure, Possible death.
3.	Cannabis	Sleepiness, loss of Memory, inability to Perform tasks, dry Mouth.	Decrease social inhibition, desire to experiment with other drugs.	Poor coordination, increase heart rate, poor extinguished sexual pleasure.	Lack of coordination increased appetite, aggressiveness, impaired judgment.	Damage to the brain Heart and lung.
4.	Depressants	Difficulty in school, increased risk taking, distorted vision.	Antisocial, drastic change in eating and sleeping.	Cognitive deficits, altered, perception and emotions.	Loss of self-control, slurred speech, addiction impaired judgment.	Brain, lung and liver Damage leading to Liver failure (cirrhosis).
5.	Hallucinogens	Pupil dilation, weakness, clenching jaw, inflicted injuries	Not able to face crowd, Youth sub-culture, modeling, advertising and self-care movement	Repeating itself, altered state of the mind, sense of time, anxiety, depression.	Risk of domestic violence, suspicion and loss of control. Hallucination.	Nausea and vomiting, abdominal pain.
6.	Inhalations	Intolerance to light, High truancy, crime Relationship.	Peer group influence Socialization, disruptive Family or siblings.	Frustrations a result of dynamic and family instability, disappointment.	Violence, appearance of drunkenness, dreamy aggressiveness.	Brain, lung and liver damage, death through suffocation, or choking, anemia.
7.	Aphrodisiacs	Increase libido.	Inability to meet up with sexual partner.	Frustration, poor extinguished sexual pleasure.	Performance enhancing	Mental disorder, suicidal tendency, tremor, headache.



## **Determinants of Drug Abuse among Students**

The impact of drug and alcohol use among adolescents poses a threat to the health and safety of students, family and community. It is also a threat to the peaceful co-existence in our contemporary society. It is a means of seeking inner peace when faced with life challenges such as inability to cope with failures in examinations, love, forgetting worries, hardship and bad experiences, boredom towards schools and school activities, loneliness pressure, and lack of commitment to education. These determinants are discussed under the following subheadings of age, peer pressure, education, family and community.

### **1) Age**

Adolescents is positively associated with curiosity and experimentation coupled with the desire to be accepted into a peer group. These place them in a high risk behavior. Papalia & Olds, (1998) commented that across ethnic and social-class lines, many young adolescents aged 12 to 14 used drugs, drove while being intoxicated, and are sexually active. They further argued that these behaviors increased throughout the teenage years.

### **2) Peer Pressure**

The influence of peer pressure and inadequate self-confidence is strong during formative years of youth, that is, a friend can be greatly influenced to be a drug addict if allowed to interact with the group (Sherman, 2007). One may attempt to have a test for the fun of it and gradually ruin his career in life. However, getting hooked to particular drug is a gradual process that will reach a climax. Denise, (2006) observed that peer influence is synergistic, with the highest rates in marijuana, cocaine, and inhalants. These affect their behaviour and impair their health leading to frustration, poor academic performance, zest for future career prospects regression and may eventually drop out of school. It leads to increased crime, lawlessness, and rape among the group. At this stage, the adolescent loses interest in his health, family and community.

### **3) Education**

Adolescence is a time for developing a person's sense of self-identification, a process that involves separating from parental attachment and values thus establishing new social ties, values and ideas in school. However, the effect of drugs and alcohol may influence social relationship, ideas and self-identities. Jabbari, Vahidi and Mohammad, (2008) in their study concluded that drug can decrease cognitive operation, making it difficult for youth to develop a functional set of values and ideas. These placed their education in danger which may affect the economy of the country in future, since they are physically and mentally dependent, accompanied by violent behaviour, aggressive acts, chronic anger, and lack of respect for elders.

### **4) Family**

The parental background of a child such as a genetic predisposition to alcoholism, parental use or acceptance of drugs, poor or inconsistent parenting practices can affect adolescent. Family problems such as broken homes, poverty, parental neglect, cultural influence, lack of parental affection and not meeting up responsibility could pose major determinant of drug abuse. These problems impair family life and may threaten survival that would contribute to substance abuse from parents to the children (WHO, 2004). As these youth drink and use illicit drugs, they get involved in criminal and violent lifestyles, become social miscreants, armed robbery among others.



### 5) Community

Local communities which produce, and distribute illicit drugs are bound to have drug and alcohol abusers among them most especially adolescents. However, such community faces problems of insecurity such as social violence among the youths, crime such as armed robbery, rape, '419' syndrome fraud, mental disorder, teen pregnancy and social miscreants among others (United Nation, 2009). A community with drugs and alcohol abusers are likely to be in low socio economic status, since the youths, who formed the majority of drug traffickers and abusers would not be able to do any constructive work. These lead to low production, poor quality education, and poor social services.

### **Intervention strategies for curbing drug among students**

Drug intervention strategy is a structured, solution-oriented process undertaken to persuade youth who is abusing drugs to seek help in overcoming the addiction. A successful intervention strategy is not a confrontation but an opportunity for an addicted student to accept help in taking the first step toward recovery. In curbing drug, intervention strategy should involve school, peer education, family, non-governmental organization (NGO), health and social marketing.

#### i) School drug intervention strategy

Schools can play a crucial role during intervention programme through drug free club, drama, role play, involving home and community partnership. Botvin, (2009) noted that educational programs either by focusing on promotion of knowledge of the students about addictive drugs and their adverse effects, or on improvement skills such as decision-making and resisting peer pressure. These educational programs would play an important role in decreasing the prevalence of drug abuse among adolescents.

#### ii) Peer education intervention strategy

Peer education is a carefully planned and implemented strategy to train representative adolescents, providing them with information on issues relating to adolescents and hopefully, this will allow them to share information with their immediate peer group and others (Ekenedo & Obiechina, 2010). Peer educator can discourage advertising of cigarettes, alcohol, and proprietary drugs that are responsible for adolescent exposure to drug use. The educator should give comprehensive health education on drug addiction and proffer solution to rehabilitation. It encourages the adolescent to focus more directly and effectively on learning behaviour to promote their health needs.

#### iii) Family intervention strategy

Family influences such as a genetic predisposition to alcoholism, acceptance of drugs, family conflicts, and distant family relationships influence adolescent use of illicit drug. Therefore, parents should be part of the intervention strategy programme, through building awareness and educating families about the ill effects of drug abuse. Preventive measures should be designed to include training parents in appropriate ways of dealing with children and providing a friendly and safe environment in family. Children should be discourage from buying or patronizing cigarettes, alcohol, and proprietary drugs that are responsible for adolescent exposure to drug use.

#### iv) Non-Governmental Organization (NGO) drug intervention strategy

The primary mission of NGO is to promote, prevent and reduce harm related to chemical dependency on alcohol and drugs through advocacy, networking, collaboration and by

treating people for their dependency problems, in order to limit the negative impact of substance abuse known to be a major cause of premature death, interpersonal violence, disability and poverty, throughout the world (Kodjo, 2002). Their function include the following; creating and nurturing ties between organisations concerned with harm related to chemical dependency, influencing policy makers by advocating effective and evidence based policies and treatment of chemical dependency and monitoring policy initiatives and marketing strategies of the alcohol and pharmaceutical industries.

#### v) Health and Social Marketing Intervention Strategy

Social marketing is widely used to influence health risky behaviour. They use a wide range of health communication strategies based on mass media; they also use role models such as popular music and movies celebrities and mediated through a healthcare provider, interpersonal, and other modes of communication. Other marketing methods such as message placement, promotion, dissemination of information through mass media, and community level outreach to discourage drug and alcohol addiction.

### **Implication for Health Promotion on Drug Abuse**

#### i) School implication

Skilled health educators in schools would develop positive school climate and diminish incidences of bullying and harassment. They should enhance norms associated with help-seeking and decision making to be boldly displayed such as 'say no to illicit drug'. They should be given opportunities for participation with others in arts, leisure, sports, civics, environment, education or cultural activity to improve their health.

#### ii) Peer Pressure Health Implication

Some of the students' abuse drug as a result of peer pressure therefore, it should be appropriate to discourage favourable attitudes towards risky drug use. Students should be oriented to realize that they do not need to take drugs to have a sense of belonging among their peers. They should be persuaded to realize the detrimental effects of drug taking.

#### iii) Family

Parents' should be encouraged to communicate effectively with their children about issues related to learning, social life, health and well-being including drug-related issues. Parents should be aware of harm minimisation strategies to employ in relation to their children's exposure to situations involving potential drug-related harm. Thus, rebuilding the protective nature of caring relationships in the family is important.

#### iv) Non-Governmental Organization (NGO)

These charitable organisations provide services to adolescents that are affected by alcohol and other drugs. The centres provide immediate, basic needs such as a safe place to stay, food, clothing and showering facilities (Kodjo, 2002). Specialized staff assist clients to look for long term rehabilitative programs

#### v) Social Marketing Implication

Social marketing practices can be useful in behavioural modification of adolescents. During social marketing campaigns, such as anti-smoking campaigns, drug free drama, the health educator should reinforce media messages through brief counselling against addiction. Health educator can make a valuable contribution by providing another communication channel to reach the target audience in terms of advice and rehabilitation. Health educators are a trusted

source of health information, and social marketing messages add value beyond the effects of mass communication.

## CONCLUSION

Drug and alcohol abuse is becoming a public health problem among secondary school students in Nigeria. Health educators, families, schools, civil society, religious organizations and the community should be concerned and worried that more students in our secondary schools are fast joining the drug train, drinking and smoking away their future for the pleasure of getting high, which pose a threat to the health and safety of the adolescents. Preventing these unwholesome situation can be achieved through, intervention strategy, advocacy and awareness of the adverse effect of drugs and alcohol addiction to the adolescent health and life.

## RECOMMENDATIONS

1. The Ministry of Education (Federal and State) in-collaboration with National Drug Law Enforcement Agency (NDLEA) must intensify their antidrug campaigns in order to have a drug- free society with a special focus on students
2. Teachers should be provided with skills on how to handle students with behavioural problems using primary, secondary and tertiary prevention and they should always organize lectures, rallies, seminars and film shows for students on the adverse effects of drug abuse.
3. Government must interfere fast in educating the Nigerian public using mass media about the spreading scourge of drug abuse among our adolescents.

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