DRUG ABUSE AMONG ADOLESCENTS IN KANO METROPOLIS, NIGERIA.

BY

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Abstract

Drug abuse is one of the problems confronting the Nigerian nation today. Incidences of drug abuse and related anti-social behavior have tremendously increased in recent years. This has become a matter of concern to the government, parents, teachers, and non-governmental organizations. This study examined the prevalence and factors associated with drug abuse among adolescents in Kano Metropolis, Nigeria. A sample size of 480adolescents was selected using a multistage and snowball sampling techniques. The data collected were analyzed using the Statistical Package for Social sciences (SPSS Version 21).About 75 percent of the respondents agreed that they had once or severally used one, two or more different types of drugs in the area. The findings indicate that respondents without parents were more likely to use drugs than those with one or both parents (p< 0.001). Respondents who never went to school were also more likely to abuse drugs than those who completed school (p<0.001).The results also revealed a statistically significant difference between parental status and exposure to drug abuse (p =.001). Stress, peer drug use, depression, self-esteem, unemployment and poverty were found to have statistically significant relationship with drug abuse and accounted for about 33 percent of the variance in drug abuse. This study showed that drug abuse is prevalent in the study area and the factors associated with this abuse were within the societal surveillance. The study recommended the development of peer support programs, entrepreneurship training and creation employment opportunities for adolescents.

Key Words: *Adolescents, Drug Abuse, Prevalence, Parental and Educational Status.*

Introduction

Adolescence is a period of identity formation and experimentation. Part of this developmental process includes risk taking, whether it be drug abuse or substance use.   Though experimentation with drugs may be normative adolescent behavior; adolescent drug abuse as used in this paper refers to frequent use of drugs by adolescents other than which it was prescribed for, and/or both legal and illegal substances, such as illicit drugs, hallucinogens, inhalants, and other mind-altering material utilized for uses other than their original intention. Motives for experimenting with drugs vary. Some adolescents perceive it as a form of rebellion or sensation-seeking, providing pleasure, alleviating boredom, satisfying curiosity, facilitating social bonding, attaining peer status, or as an escape/coping mechanism (Amos, Gray, Currie, & Elton, 1997; Arnett, 1992; Banwell & Young, 1993; Franzkowiak, 1987; Igra & Irwin, 1996; Wilks, 1992). In this sense, substance use is a functional behavior. It can also be a symbolic behavior. Drug use is often a performance in front of an audience of associates and others, expressing solidarity in a group or marking off social boundaries (Room, 1994).During the slow transition into adulthood, drug use can symbolize freedom and autonomy, providing youth with a seemingly adult status (Jessor, 1992; Jessor & Jessor, 1977).

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Adolescents take drugs for many reasons: for pleasure, to treat physical or emotional pain, for stress or anxiety, or because their friends do. But the pattern of who develops a drug problem and encounters other problems shows a close link between drug misuse and social exclusion.

Drug abuse among the adolescents in Kano metropolis has become of a particular concern. In a report by the National Drug Law Enforcement Agency, Kano has been identified as having the highest drug abuse rate in the country based on the number of seizures, arrests of addicts and convictions of arrested dealers; and that the use of hard drugs, especially among the youth in Kano metropolis, has become a real social menace and cuts across all social strata, with adolescents from both rich and poor backgrounds deeply into it (NDLEA Report, 2014).It is against this background that this study sought to examine the prevalence and factors associated with drug abuse among adolescents in Kano Metropolis.

Literature Review
Drug abuse is the use of a mood or behavior-altering substance resulting in significant impairment or distress. Abdullahi (2009) viewed drug abuse as the use of drugs to the extent that it interferes with the health and social function of an individual. Odejide (1997) opined that drug abuse is the improper use or application of drugs by a person without proper knowledge of the drugs and without due prescription from a qualified medical practitioner. This definition focuses on psychoactive drugs; all drugs can be abused to the extent that it turns into addiction when the drug user is unable to stop the use of drugs despite the harmful effects on the user's social, personal and economic lives.

According to Agwubike (1998) drugs commonly abused by adolescents are; Amphetamines, Anabolic steroids, alcohol, Marijuana (Cannabis or Indian hemp), cocaine, heroin, caffeine, barbiturates, amphetamines, narcotic, inhalants, codeine and cough syrup; which have excitatory or inhibitory effect which are thought to enhance performance in sport by delaying the onset of fatigue or hasten recovery rate.

Alcohol: Alcohol abuse causes neuro-inflammation and leads to myelin disruptions and white matter loss; the developing adolescent brain is at increased risk of brain damage and other long lasting alterations to the brain (Alfonso-Loeches, *et al.,* 2011). Adolescents with an alcohol use disorder damage the hippocampal, prefrontal cortex, and temporal lobes (Nixon et al., 2010).Adolescents who consume alcohol heavily display symptoms of conduct disorder. Its symptoms include troublesome behavior in school, constantly lying, learning disabilities and social impairments (McArdle, Paul, 2007). Alcohol slows brain activity and muscle reaction and continued use of it can result in indigestion, ulcers, degeneration of the brain and cirrhosis of the liver.

Barbiturates: Barbiturates are synthetic drugs used in medicine to depress the central nervous system**.** The effects range from mild sedation to coma and they may be used as sedatives, hypnotics or as part of anesthesia. Some barbiturates are used to relieve tension or anxiety prior to surgery. It is also a depressants like alcohol. They produced light headedness, ease tension, and induce relaxation and sleep. Large doses can slow vital body functions and can cause death (Anumonye, 1980).

Amphetamines: Amphetamines are a group of synthetic psychoactive drugs called central nervous system (CNS) stimulants.http://www.cesar.umd.edu/cesar/drugs/amphetamines.asp-1. It is a central nervous system stimulants that affect chemicals in the brain and nerves that contribute to hyperactivity and impulse control. They cause brain damage while combining them with barbiturates is extremely dangerous (Anumonye, 1980).

Narcotic: Narcotics are addictive drugs that reduce the user's perception of pain and induce euphoria (a feeling of exaggerated and unrealistic well-being). These are drugs which include opium and its derivatives, morphine, heroin and codeine which provide relief and pain, anxiety and tension. Medically they are used to relief pain, treat diarrhea and stop coughing (NDLEA, 1998).

Inhalants: The inhalation of certain chemicals found in glue, gasoline, paint thinner, fingernail, polish remover, household cement, petroleum and the like produces a high, sometimes accompanied by dizziness, loss of judgement and aggressiveness (Anumonye, 1980).

Marijuana (Cannabis or Indian Hemp): Marijuana is locally called "Ganye" "wee-wee" to mention just a few. Marijuana is the most commonly used drug after tobacco and alcohol, particularly among youths (NDLEA, 1998).

Codeine: Codeine has become a major drug abused by youths in Nigeria. Its common effects include drowsiness and constipation. Less common are euphoria, itching, nausea, vomiting, dry mouth, orthostatic hypotension, urinary retention, depression, and paradoxical coughing. It also effects include suppresses the Central Nervous System (CNS), constricts the vowels, causing constipation, nausea etc., (NDLEA, 1998).

According to Odejide*et al.,* (1987) abuse of psychoactive drug is a common problem among the adolescents especially for socially acceptable drugs such as alcohol and cigarettes. Alcohol and cigarettes are termed as gateway drugs because they are the ones that welcome the adolescents into drug abuse. These drugs are mostly abused because they are readily available (Okoza *et al.,* 2009). Studies showed that parenting has a lot of influence on early initiation into use of drugs by adolescents. Hawkins *et al.*, (1997) argued that children who received good supervision and consistent discipline from their parents in their early years in life are less likely to engage in drug abuse.

The use of alcohol, tobacco, cannabis and other psychoactive substances constitutes one of most important public health problems among adolescents worldwide (Oshodi *et al.,* 2010). Recent studies in African countries have shown that the phenomenon of drug use is also common in this continent and is becoming one of the most disturbing health-related problems among youth (Igwe *et al.,* 2009). Studies show that there is an increasing incidence in the use, and a decreasing age of onset, of these substances (Fatoye and Morakinyo, 2002; Fatoye *et al.,* 2006). Most young people begin their use of drugs with alcohol and cigarettes and later progress to more dangerous substances such as cannabis and cocaine (Abiodun *et al.,* 1989). Drug abuse has adverse consequences such as insomnia, prolonged loss of appetite, increased body temperature, greater risk of hepatitis and HIV and AIDS infection (Perkinson,2002). Moronkola (2003), also pointed out that some drugs alter the mind, change the user's feelings, perception and behavior when they are used because they exert action on the brain. A study done by Winger, *et al.,*(2004) have conducted a study which came up with the conclusion that various physiological effects such as accelerated heartbeat, increase in blood pressure, breathing rate and decline of other body functions, as a result of drug abuse.

Several psychosocial factors have been associated with drug abuse. Particularly, peer pressure, social environment, broken home, media portrayal of drug -use by celebrities (Malhotra *et al.,* 2007). Peer substance use is one of the major and well-established predictors of adolescent drug use (Elliott, Huizinga and Ageton, 1985). The influence of the peer group is exerted via modeling and social reinforcement of nonconforming behavior (Oetting and Donnermeyer,

1998; Elliott, Huizinga and Ageton, 1985; Hawkins and Catalano, 1992). Previous research suggests that peer drug use influences adolescent behavior (Dishion and Andrews, 1995) and that adolescents' own predispositions to using drugs may lead them to select deviant peers (Chavez, Oetting and Swaim, 1994; Kandel and Logan, 1984).

In the domain of personal attributes which make adolescents vulnerable to drug use, the linkage between depressive mood and substance use is equivocal. Some studies have found a relationship between depressive mood and substance (Brook, Cohen and Brook, 1998), whereas other research has found no association between illegal drug use and depression (White, Xie, Thompson *et al.*, 2001). In contrast, there is strong evidence suggesting that unconventional attitudes and behaviors (e.g., tolerance of deviance, delinquency) are related to adolescent drug use (Brook, Brook, Gordon, *et al.*, 1990).

There is a substantial body of literature on the reasons or motivations that people cite for using alcohol, particularly amongst adolescent populations. For example, research on heavy drinkers suggested that alcohol use is related to multiple functions for use (Edwards *et al.,* 1972; Sadava, 1975). Similarly, research with a focus on young people has sought to identify motives for illicit drug use. There is evidence that for many young people, the decision to use a drug is based on a rational appraisal process, rather than a passive reaction to the context in which a substance is available (Boys et al., 2000; Wibberley and Price, 2000). Reported reasons vary from quite broad statements (e.g. to feel better) to more specific functions for use (e.g. to increase self-confidence).

Materials and Methods
Study Area and Subjects
This study was a descriptive cross-sectional study conducted in Kano Metropolis. The metropolis comprises of eight (8) Local Government Areasnamely, Kano Municipal, Fagge, Dala, Gwale, Tarauni and Nassarawa, Ungogo and Kumbotso) and has a population of 2,828,861 (National Population Commission, 2006). Its area covers 499 km^2 and the principal inhabitants of these areas are the Hausa people. As in most parts of northern Nigeria, the Hausa language is widely spoken in the eight (8) metropolitan local government areas selected for the study.

Sampling Procedure
The study employed a multistage and snowball sampling design. The first stage involved the selection of the eight metropolitan local government areas that make up the Kano Metropolis. The second stage involved the random selection of two wards from each of the eight metropolitan local government areas. A total of 16 wards from the eight metropolitan Local Government areas constituted the primary sampling units. In each of the selected wards snowball sampling technique was used to select thirty (30) respondents. A total 480 respondents were sampled.

Data Collection
The data were collected between July and October, 2015, using a structured questionnaire. The questionnaire used to elicit responses contained both closed and open-ended questions and was divided into several sections covering the objectives of the study. The different sections covered by the questionnaire were: background information; demographic characteristics, prevalence and factors associated with drug abuse.

Data Analysis

The data collected were analyzed using the Statistical Package for Social Sciences (SPSS Version 21) computer package. The results were expressed in percentages, mean and standard deviations. Analysis of Variance (ANOVA) was also carried out to test differences between categories of parental and educational status and drug abuse. Multiple regression was also used to determine the relative strength of certain variables associated with drug abuse.

Results

Table 1 Demographic Characteristic of the Respondents

Variables	Have you ever used any drug?		P - Value
	Yes (n =361)	No (n=119)	
Age Groups			
< 15 years	18 (52.9)	16 (47.1)	
16 – 20 years	145 (65.0)	78 (42.2)	P<0..05
21 – 25 years	198 (88.8)	25 (11.2)	
Status of parent			
Yes, both	39 (69.6)	17 (30.4)	
Yes, one	108 (69.2)	48 (30.8)	P < 0.001
No	214 (79.9)	54 (20.1)	
Current Status			
Still in school	86 (71.1)	30 (28.9)	
Finished studies	173 (79.7)	44 (20.3)	P<0.001
Dropped out of school	56 (66.7)	28 (33.3)	
	46 (73.0)	17 (27.0)	
Never went to school			

Note: Figures in parentheses represent percentages

Table 1 indicates that out of 480 respondents, 361 agreed that they had once or severally used one, two or more different types of drugs; 119 indicated that they had never used drugs in their lifetime. This formed a percentage of 75.2% and 24.8% respectively.

Table 2: Commonly Abused Substances Among Adolescents in Kano Metropolis

Types of Drug	Never Used (%) 0	Tried once (%) 1	Used Sometimes (%) 2	Often used (%) 3
Alcohol	36.5	37.6	25.3	0.6
Cigarette	24.8	41.3	26.1	7.8
Cocaine	99.4	0.4	0.2	0.0
Heroin	98.7	0.7	0.6	0.0
Marijuana (*Ganye*)	13.1	48.2	22.7	16.0
Aspirin, Codeine	26.3	36.0	24.2	13.5
Glue & other inhalants	21.2	46.5	23.9	8.4
Non Prescribed Cough Mixture & Depressants	19.9	46.4	26.1	7.6

Table 2 shows the types and usage of substances among adolescents in the study area. The Table revealed that 48.2% of the respondents who have used drugs have tried marijuana once, 46.5% have tried glue and other inhalants once. Another 46.4% have tried non prescribed cough mixture and other depressants once. However, less than 1% of the respondents have tried cocaine and heroin once. About 41% and 38%of them have tried cigarette and alcohol once respectively. Most of the respondents have often used marijuana (16%), aspirin and codeine (13.5%), glue and other inhalants (8.4%), cigarette (7.8%), non-prescribed cough mixture and other depressants (7.6%). However, none of the respondents have often used cocaine and heroin (Table 2).

Table 3: Reasons for Drug abuse Among Adolescents in Kano Metropolis

Reason for Drug Abuse	Frequency	Percentage
Motivation	40	11.1
Reduce stress	52	14.4
Build-up self-esteem	21	5.8
Ability to increase performance	42	11.6
Provide esoteric insights in the nature of self and the world of reality	31	8.6
Poverty and unemployment	33	9.1
Frustration	17	4.7
Hedonism	26	7.2
Reduce fear	34	9.4
Sense of euphoria	21	5.8
Relaxation prior to social event	44	12.2

Table 3 showed the respondents' motives for using drugs. About 14% of the respondents mentioned reduction of stress as motive for using drugs. 12.1%indicated relaxation prior to social events; and 11.1%of them mentioned motivation as motive for using drugs. However, only a relatively smaller percentage (4.7%) of them indicated frustration as reason for engaging in drug abuse.

Table 4: Relationship Between Parental Status and Drug Abuse Among the Adolescents

Parental Status	Drug Abuse Frequency	Mean	SD
Living with none of the parents	39	1.06	3.20
Living with one parent	108	0.69	2.40
Living with both parent	214	0.63	2.14

F2, 358 = 7.903, p =.001

The results in Table 4 revealed a statistically significant relationship between the different categories of parental status and exposure to drug abuse (F (2, 358) = 7.903, p = .00). The group with the highest score was those who reported living without any of the parents (M = 1.06, SD = 3.20) followed by those who reported living with at least one of their parents (M = .69, SD = 2.40). The group with the lowest score was those who reported living with both parents (M = .63, SD = 2.14).

Table 5: Relationship Between Respondents' Current Educational Status and Drug Abuse

Respondents' Current Educational Status	Drug Abuse Frequency	Mean	SD
Still in School	86	0.496	2.96
Finished School	173	0.538	1.79
Dropped out of School	56	0.703	2.41
Never went to School	46	0.943	1.48

F3, 357= 6.339; p = .001

Table 5 presents the relationship between respondents' current educational status and exposure to drug abuse. The results indicated that there were significant relationship between respondents in school, those who dropped out of school, completed school, those who never went to school and drug abuse ($F(3, 357) = 6.339$; p = .00). Respondents who have never went to school scored the highest ($M = 0.9433$, $SD = 2.96$), followed by those who have dropped out of school ($M = 0.7026$, $SD = 2.41$), those who completed school ($M = 0.5388$, $SD = 1.79$). Those who are still in school had the lowest score ($M = 0.4969$, $SD = 1.48$).

Post hoc tests of Dennett C showed that those who never went to school showed significantly higher scores than those who dropped out of school (p≤.05), while those respondents who have completed school showed significantly higher scores to those who are still in school (p≤ .05).

Multiple Regression Analysis on Factors Associated with Drug Abuse among Adolescents in Kano Metropolis
Multiple regression analyses were conducted to determine which independent variables would be associated with drug abuse behaviors.

Table 6: Multiple Regression Analysis Results on Factors Associated With Drug abuse

Factors Un-standardized	Regression Coefficient (b)	Standard Error Standardized (SE)	Regression Coefficient (B)	P –Value
Stress	.013.	.027	-.032	.037
Peer Drug use	.491	.129	317	.047
Depression	.027	.025	-.081	.036
Self-esteem	-.278	.053	-.407	.050
Unemployment	.273	.178	.367	.048
Poverty	.267	.023	.312	.046

$R^2 = .325$

Table 6showed the results of multiple regression of the independent variables – (stress, peer drug use, depression, self-esteem, unemployment, poverty)and the dependent variable(drug abuse). The result indicated a significant relationship between each of the independent variables and the dependent variable (drug abuse).

Table 6 showed that the independent variables (stress, peer drug use, depression, self-esteem, unemployment and poverty) accounted for about 33% of the variance in drug abuse ($R^2 = .325$, p ≤ .05). Four of the independent variables were statistically significant, low self-esteem (*Beta = -.407, p≤.05*) ,unemployment (*Beta =.367, p≤.05*), peer drug use (*Beta = .317, p ≤ .05)*and followed by poverty *(Beta = .312, p≤.05).*

Discussion

In predicting drug abuse, self-esteem becomes a necessary prerequisite because it encompasses beliefs about ones-self as well as other emotional responses to those beliefs (Mann *et al.*, 2004). Stryker (1980) paradigms are similar to Bandura's (1969) conjecture in suggesting that the imitation of peer behavior by adolescents. The result of this study underlines the role of low self-esteem in the prediction of drug abuse. Self-esteem actually is the indication of an adolescent's psychological adjustment such as happiness (Cheng and Furnham, 2004), positive and negative effect (Orth *et al.*, 2012) with reduced psychological symptoms (Orth *et al.*, 2009).

Stryker (1980) has emphasized the importance of peer group for adolescent's self-concept and self-esteem. Hence some adolescent drug abusers used drugs as a coping mechanism. The result from this study therefore, revealed low self-esteem as the strongest and unique predictor of drug abuse among adolescents. Bandura (2006) suggested that adolescents vary on how effectively they accomplish the beliefs they hold about their competence to produce results, because their achievement is a powerful personal source used in negotiating their development. Consequently adolescents with low self-esteem are likely to become depressed which leads to drug abuse (Patterson *et al.*, 2004).

In line with Stryker's (1980) argument, adolescents who imitate the behavior of their peers are mostly adolescents with low self-esteem, while high self-esteem is seen as a shield for the protecting the self from detrimental practices such as group influences (Cast and Burke, 2002). According to identity theory (Stryker, 1980), self-esteem performs a protective role when adolescents are incapable of confirming the characters that shields them from sufferings.

This study also revealed the importance of peer group influence in drug abuse. The impact of peer pressure on teenagers' behavior is well documented in the literature and is considered as one of the most influential factors in drug abuse (Adu-Mireku, 2003). Other studies found that the power of peers in enforcing the behavior of drug abuse is greater than family's protective role (Doku*et al.,* 2012). Literature has also shown that drug users seek the approval of their peers and consider it as a symbol of group unity (Doku*et al.,* 2012).

Although throughout the history of human development, depression has been seen as a key factor in drug abuse, it was however, not found significant to be a significant predictor of drug abuse in this study. Unemployment appeared to be associated with drug abuse. Similarly, individuals who do not have a stable income were influenced by various forces in the society. This probably made the adolescents to engage in drug abuse.

Conclusion

The findings in this study revealed the dangers of low self-esteem in the prediction of drug abuse among adolescents. The lower the level of adolescents' self-esteem, the greater the tendency to abuse drugs. The import, therefore, is that adolescents with high self-esteem were seen to be protected from tendencies of drug abuse. Unemployment, peer group and poverty were also found to be important predictors of drug abuse.

Recommendations

i.   The Government needs to create more employment opportunities and provide entrepreneurship training for adolescents. Entrepreneurship, time management and self-development need to be incorporated into the school syllabus so that the young people can create meaningful programs for themselves.

ii.   Prevention education and peer-based program also need to be introduced in the communities. Since many adolescents claim that the motive for using drugs is as a result of the influence of peers, it is therefore, logical to develop some peer support program to aid those experimenting with drugs to avoid further use

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