



Social and Health Consequences of Substance Abuse among Nigerian Youths in Kosofe Local Government Area, Lagos-State, Nigeria

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ABSTRACT

Substance abuse refers to the excessive and persistent self-administration of a substance without regard to the medically or culturally accepted patterns. This study examines the social and health consequences of substance abuse among Nigerian youths in Kosofe Local Government area of Lagos-state which has been poorly reported in extant Nigerian literature. Personality theory and learning theory are the two theories underpinning this study. The cross-sectional descriptive survey design was adopted for the study. Multi-stage and simple random probability sampling technique was used in the selection of a sample size of three hundred and fifty (350) respondents. The quantitative method of data collection was employed for the study. Univariate and bivariate analysis were the statistical tools utilised for analysing the data garnered from the field. The findings of the study aver that there are significant relationships between domestic violence (0.001), health status (0.004) and substance abuse, but there is no relationship between peer group relationship (0.181) and the abuse of substance. Stemming from the findings of this study, there is need to put an outright ban on the sale and consumption of alcohol, Indian hemp, Marijuana, tramadol and other substance that are abused by teeming youths in the country.

Keywords

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1. Introduction

The use of substance could be beneficial or harmful depending on the mode of use. However, the use and abuse of substance by youths; over the years, have become one of the most disturbing health-related phenomena in Nigeria and other parts of the world (NDLEA, 1997). Youth is a period of time when someone is young, especially the period when someone is a teenager. Youth in Nigeria includes citizens of the Federal Republic of Nigeria aged 18–35 years. Nigeria is the most populous country in Africa with one of the largest populations of youth in the world, comprising 33,652,424 members. A substance, on the other hand, refers to a drug that could bring about a change in the biological function through its chemical actions (Okoye, 2001). It is also something that modifies perceptions, cognition, mood, behaviour and general body functions. They could thus, be considered as chemical modifiers of the living tissues that may bring about physiological and behavioural changes (Nnachi, 2007). According to Fawa (2003) substance refers to any drug which is used for treatment or prevention of a disease in man and animals. Substance use alters the body functions either positively or otherwise depending on the body composition of the user, the type of substance used, the amount used and whether used singly or with other drugs at the same time. NAFDAC (2000) as cited by Haladu (2003) explained the term substance abuse as excessive and persistent self-administration of a substance/drug without regard to the medically or culturally accepted patterns. It could also be viewed as the use of a substance to the extent that it interferes with the health and social function of an individual. Abdulahi (2009) viewed substance abuse as the use of drugs to the extent that interferes with the health and social function of an individual. In essence, substance abuse may be defined as the arbitrary overdependence or mis-use of one particular substance 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).

Odejide (2000) warned that substance abusers who exhibit symptoms of stress, anxiety, depression, behaviour changes, fatigue and loss or increase in appetite should be treated by medical experts and counsellors to save them from deadly diseases. Nigerian youths, especially those in tertiary institutions, tend to see the substance user as one who is tough, bold and strong. Many youngsters have been known to use substances at the instance of peers, elders or siblings. Undergraduates who usually feel inadequate have been known to use substances to achieve social acceptance. Esen (1979) stated that Nigerian tertiary institution youths under the influence of Indian hemp shed all inhibitions and produce behaviour that is inconsistent with the school discipline. He went further to observe that the increasing incidence of substance abuse among university students is a contributory factor in the ugly confrontation between school administration and students. Fayombo and Aremu (2000) in their research on the effect of substance abuse on educational performance of some undergraduate substance abusers in Ibadan found that the misuse of marijuana had reached an epidemic level in the present Nigerian society, and that substance abuse could lead to reduced academic achievement or even halt one's entire academic process and out-of-school youths find it difficult to meet with social norms and

standards. Adesina, (1975); Ekpo, (1981); and Orubu, (1983) in their studies dwelled extensively on reasons youths use substance which include success in examination, social acceptance and initiation of peers. Olatunde (1979) states that Nigerian youths take substances such as amphetamines and pro-plus as aid for success in examination. He postulated that those who take substances as aid for studies toward examinations are those with poor academic records and those who take substance as aid for extra energy to execute task before them are considered to be weak in task achievement, a history of instability and family/social problems, while others, he commended; used drugs to increase their self-confidence, heighten pleasure, cope with feelings of depression and inadequacy, and to facilitate communication with peer opposite sex. The consumption of substance and the culture of dependency among secondary schools and colleges youths have led to unrest and consequently wide ranging destruction of life and property (Eneh et.al, 2004). In Nigeria, individuals are introduced to drugs at a tender age. As the habit gains root in them, a big change occurs in their lives. This includes collapsed families and parents who ignore their responsibilities as role models for their young ones; contributing to substance abuse (NDLEA, 1997). Research has shown that the key risk periods for substance abuse are during major transitions in children's lives. The first big transition for children is when they leave the security of the family and enter school. Later, when they advance from elementary school to middle school, they often experience new academic and social situations, such as learning to get along with a wider group of peers. It is at this stage, early adolescence, that children are likely to encounter drugs for the first time. According to Fantuzzo, Boruch, Beriama, Atkins and Marcus (1997) youths under the influence of substance are more likely to perpetrate domestic violence, than other youth category. Rossman, Hughes and Rosenburg (2000) explained that people living with domestic violence are at risk for increased emotional and behavioural problems. Stemming from the social learning viewpoint, an individual learns to take drugs and substances in small informal groups (Akers & Sellers, 2004). It is in these intimate settings that people are taught, through imitation and reinforcement, to hold attitudes that are favourable or unfavourable to substance use (Reed & Rountree, 1997). Within families where substance (alcohol) is used, youths may observe alcohol use, acquire favourable attitudes toward alcohol use, and begin using alcohol themselves (Wills, Mairani, & Filer, 1996). Although peer interactions may be powerful influences since they are often frequent, intense, and given high priority by youths, families are also likely to be important influences on the learning of substance use attitudes and behaviour. One's family is the first social group many individuals belong to and it is usually a significant group where individuals have frequent and intense interactions over a long period of time (Petraitis, Flay, & Miller, 1995). The negative impact of drug and substance abuse on health is of very high magnitude. In U.S.A, alone there were 532,000 drug-related emergency room visits in 1995 up from 404,000 in 1988. This demonstrates the magnitude of substance-related health problems, both for the addicts concerned and for society, which is burdened with the health costs related to substances abuse (National Drug

Control Strategy, 1996). Alcohol and other substance use may also lead to other health problems such as respiratory depression, cancer, Fetal Alcohol Syndrome, elevated blood pressure, and, in some cases, death. If combined with other depressants of the central nervous system, even low doses of alcohol can have dangerous effects (Whitman-Walker Clinic, 2009). Drug and substance abuse have adverse consequences like insomnia, prolonged loss of appetite, increased body temperature, greater risk of hepatitis and HIV and AIDS infection (Perkinson, 2002). Overdose of some drugs abused can lead to sudden death. Some of these drugs and substances cause various forms of cancer, ulcers and brain damage. A study done by Winger, Wood and Hofmann (2004) came up with various physiological effects such as accelerated heartbeat, speeding in the peripheral circulation of blood, alteration of blood pressure, breathing rate and other body functions decline. Drug and substance abuse contributes to the formation of uric acid which accelerates conditions like arthritis, gout, osteoporosis, and heart attack especially for people with coronary hypertensive problems (Kyalo, 2010). Substance use and abuse used to be a sacrosanct issue treated with a lot of secrecy by those who use and abuse them. However, today, students in schools now boast of abusing substances (Azuike, Oni and Dirisu, 2012). It has been found that young people in Nigeria start using and abusing substances at a young age. The National Drug Law Enforcement Agency (NDLEA) has stated that substance abuse is a major problem among youths. For instance, about 20% of the undergraduate in Lagos state, Nigeria had taken a psychoactive drug once in their lives. This abuse has been growing in leaps and bounds among youths and students in higher institutions in Nigeria. Imaledo, Peter-Kio and Asuquo (2012) averred that the use of alcohol and cigarette predisposes youths to sexual risk behaviour. Sexual risk behaviours have been indicted as a major predisposing factor to HIV/AIDS and responsible for the increasing number of incidences in Nigeria (Fawole et al., 2011; Odu & Akanle, 2008). Every substance is a potential poison depending on its usage. Substances are helpful when they are properly used and destructive when they are misused or abused. Most youths are guilty of substance/drug abuse, since one finds a large number of the population of youths walk into the shop to buy drugs without any physician's prescription. Youths who abused substances typically do more poorly in their academics, and family problems, deviance, and low self-esteem appear to explain this relationship. Parents and peers influence youth drinking by influencing attitude about alcohol and by acting as role models. Substance abuse is a very serious problem among undergraduate youths, and which has slowly made the average Nigerian student to be maimed, sentenced to a life of delinquency, insanity, street walking and premature death. In view of the fore-going, the present study sought to investigate the social and health consequences of substance abuse among Nigerian youths in Kosofe Local Government Area, Lagos State, Nigeria. Several factors are responsible for substance abuse, the specific objectives of this study are:

- To examine the relationship between involvement in domestic violence and substance abuse among youths in Kosofe Local Government Area
- To investigate the relationship between abuse of substance and health status of youths in Kosofe Local Government Area

- To identify the relationship between peer group relationships and youth's abuse of substance in Kosofe Local Government Area.

1.2 Hypotheses of the Study

Hypothesis One

H₀: there is no significant relationship between substance abuse and involvement in domestic violence among youths in Kosofe Local Government Area.

Hypothesis Two

H₀: there is no significant relationship between substance abuse and health status of youths in Kosofe Local Government Area.

Hypothesis Three

H₀: there is no significant relationship between peer group relationships and youth's abuse of substance in Kosofe Local Government Area.

1.3 Theoretical Framework

The role of theoretical framework in the explanation of any research study is very sacrosanct. Theories, when appropriately applied, helps in the explanation of key variables of study. For this study, however, the following theories will be used: (1) Personality theory and (2) Learning theory.

The personality theory holds that there are certain traits or characteristics in the individuals that abuse drugs. Such personality characteristics, according to Eze and Omeje (1999) are inability to delay gratification, low tolerance for frustration, poor impulse control, high emotional dependence on other people, poor coping ability and low self-esteem. Individuals with these personality characteristics find it difficult to abstain from substance abuse. Substances like alcohol and tobacco may increase the risk of progression to experimental, occasional, and regular use of illicit substances, such as marijuana and cocaine (Chen & Kandel, 1995; Duncan, Duncan, & Hops, 1998; Wagner & Anthony, 2002). Youths with personality problems arising from social conditions have been found to abuse drugs.

Learning theory, on the other hand, is premised on the notion that dependence or abuse of substances occurs as a result of learning. The learning could be by means of conditioning, instrumental learning or social learning. Learning theorists propose that substance-related behaviours are largely learned and can, in principle, be unlearned. They focus on the roles of operant and classical conditioning and observational learning. Substance abuse problems are not regarded as symptoms of disease but rather as problem habits. Although learning theorists do not deny that genetic or biological factors may increase susceptibility to substance abuse problems, but they emphasize the role of learning in the development and maintenance of these problem behaviours (McCrary, 1993, 1994). They also recognize that people who suffer from depression or anxiety may turn to substance as a way of relieving these troubling emotional states.

2. Research Method

Research Design

This study employed cross-sectional descriptive survey design for this study in order to minimise possible errors by maximising the reliability and validity of data collection.

Study Location

The study location is Kosofe Local Government Area, Lagos, Nigeria. Kosofe is situated in Lagos State, Nigeria, in the continent of Africa and came into existence on 27th November 1996 with the population of 682,772 based on the

2006 National Population Census with a geographical area of 17,85sq/km. The Kosofe community is seen from different perspectives. It is a crowded community that boasts of a hustling and bustling inhabitants, at least in the majority. They often engage themselves in argument that had sometimes resulted in physical combat. However, some believe that Kosofe has since been curtailed by law enforcement agents and the community has transformed into a safe haven. Kosofe is one of the populous communities in Lagos State with inhabitants from the East, West, and Northern part of the country. This area can be seen as the hub for economic and commercial nerve centre of Lagos State as well as West Africa. This area consists of the middle, lower class men and few higher income earners. Kosofe L.G.A. consists of seven (7) wards by the Independence National Electoral Commission (INEC); Oworonshoki I, Oworonshoki II, Gbagada, Ifako/Sholuyi, Anthony Village-Ajao Estate, Mende, Ojota and Ogudu.

Study Population and Sample Size

The population of study consists of in and out of school male and female youths residing in Kosofe Local Government Area of Lagos-state.

A sample of 350 youths was recruited for the study. However, the proportion of the respondents selected was based on simple random sampling and specifically lottery due to non-existence of sample frame (i.e. the list of all youths between the ages of 18-35 years in Lagos State) in the study area as at when the study was conducted

Sampling Techniques

A four multi-stage and simple random sampling technique was utilised for this study to select a sample size of three hundred and fifty (350) respondents. Lack of sampling frame list for the inclusion of the selected respondents necessitated the adoption of this sampling technique.

Research Instrument

A structured self-completed questionnaire is employed to collect data in the survey. A total of 350 copies of the questionnaire were administered to the study population through a method of personal interview. This was highly appropriated since the method avails the researchers an opportunity to fill the questionnaire appropriately in order to avoid misleading responses. However, the survey was structured in such a way that adequate information was elicited on research objectives and hypotheses.

Data Analysis

The quantitative (self-completed questionnaire) method of data collection was adopted for this study. The statistical package for social sciences (SPSS) version 23.0 was

employed in the analysis of the variables of study. For example, the researcher ran the frequency for all the variables by way of univariate analysis and for the bivariate analysis; the cross-tabulation of the hypotheses of study was carried out using the Chi-square (X^2) method.

Ethical Consideration (Informed Consent)

Permission for the study was obtained from the Research Ethics Committee in the University of Lagos through the head of Sociology department. Written and oral informed consent was obtained from the respective respondents and confidentiality of the information were received. The responses which formed our data eventually were analyzed and interpreted in aggregate without any link to a specific respondent. Besides, the information was kept confidential and was used purposely for this research work and its publication.

3. Results

Table 1 indicated that 189 (54.0%) of the respondents were males and 161(46.0%) of the respondents were females. This means that majority of the respondents were males. Furthermore, 65 (18.6%) of the respondents were below 20 years of age, 78 (22.3%) of the respondents were between ages 21 and 25, 136 (38.9%) of the respondents were between ages 26 and 30, while 71 (20.3%) of the respondents were between ages 31 and 35. This implies that majority of the respondents were between ages 26 – 30, and avers that a large number of the respondents were at the peak of their youth and tend to experiment with substance.

A total of 157(44.9%) of the respondents were Muslims, 182 (52.0%) of the respondents were Christians, while 11 (3.1%) of the respondents practiced traditional religion. This means that majority of the respondents were Christians. The level of education of the respondents indicated that 49 (14.0%) of the respondents had no formal education, 44 (12.6%) of the respondents had primary education, 84 (24.0%) of the respondents had secondary education, 92 (26.3%) of the respondents had OND/NCE education, 75 (20.9%) of the respondents had HND/BSc. education while 8 (2.3%) of the respondents had postgraduate education. This means that the majority of the respondents were OND/NCE holders.

The respondents' ethnic affiliation shows that 153 (43.7%) of the respondents were Yoruba, 71 (20.3%) of the respondents were Hausa, 106 (30.3%) of the respondents were Igbo and 20(5.7%) of the respondents belong to the other ethnic groups. This implies that majority of the respondents were Yoruba, this may be as a result of the study location which is dominated by the Yoruba ethnic group.

Table 1. Socio-Demographic Profile of Respondents (n=350)

Variable	Frequency	Percentage
Gender		
Male	189	54.0
Female	161	46.0
Total	350	100.0
Age distribution		
Less than 20	65	18.6
21- 25	78	22.3
26-30	136	38.9
31-35	71	20.3
Total	350	100.0
Religion		
Islam	157	44.9
Christianity	182	52.0
Traditional	11	3.1
Total	350	100.0
Educational level		
No formal education	49	14.0
Primary	44	12.6
Secondary	84	24.0
OND/NCE	92	26.3
HND/BSc.	75	20.9
Postgraduate	8	2.3
Total	350	100.0
Ethnicity		
Yoruba	153	43.7
Hausa	71	20.3
Igbo	106	30.3
Others	20	5.7
Total	350	100.0

Source: Researchers' Field Survey, 2016.

Table 2 showed the distribution of respondents by whether they are engaged in substance abuse or not. The table analysis affirms that 283 (80.9%) of the respondents are currently engaged in substance abuse and 67 (19.1%) of the respondents are not abusing substance. This is an indication that over 80%, an overwhelming majority, of the respondents are presently abusing substance. This is a very sad development and there is nothing cheering about it. A youthful population should be a big asset to any nation. But when majority of the youths in a nation abuse substance, the nation will be worse-off as such supposed asset would automatically become a liability. The country presently needs the active participation of the youth to plunge her out of economic recession and other triggers of underdevelopment

Table 2. Distribution of respondents by abuse of substance (n=350)

Do you engage in substance abuse	Frequency	Percentage
Engaged	283	80.9
Not engaged	67	19.1
Total	350	100.0

Source: Researchers' Field Survey, 2016.

1. HYPOTHESE TESTING

Testing Hypothesis One

The relationship between substance abuse and domestic violence avers calculated value as 10.585 and p-value at 0.001 which is less than the level of significance (0.05). Therefore, the null hypothesis (H_0) is rejected while the alternative hypothesis is accepted. Hence, there is a significant relationship between abuse of substance and domestic violence as perpetrated by youths.

The table further avers that 174 (86.6%) of the respondents agreed to be involved in domestic violence after abusing substance, while 27 (13.4%) of the respondents did not agree to involve in domestic violence after substance abuse. 106 (72.6%) of the respondents did not concur to involvement in domestic violence after abuse of substance, while 40 (27.4%) of the respondents gave account of non-involvement in domestic violence when they did not abuse substance. This means that majority of the respondents were involved in domestic violence after abusing substance. This is in agreement with the assertion of UNICEF (2006) that domestic violence, intimate or neighborhood violence is a pattern of assaultive and coercive behaviours which include physical, sexual and psychological attacks as well as economic coercion used by substance abuse youths against their current or former relation and the society.

Table 3. Relationship between Domestic Violence and Substance Abuse

Have you ever engaged in domestic violence?	Do you engage in substance abuse?		Total
	Yes	No	
Yes	174 (86.6%)	27 (13.4%)	201 (100.0%)
No	106 (72.6%)	40 (27.4%)	146 (100.0%)
Total	280 (80.7%)	67 (19.3%)	347 (100.0%)
X² Value = 10.585 df = 1 P-Value = 0.001			

Source: Researchers' Field Survey, 2016.

Testing Hypothesis Two

The relationship between abuse of substance and status of health shows calculated value as 17.180 and p-value at 0.004 which is less than the level of significance (0.05). Hence, the null hypothesis (H_0) is rejected while the alternative hypothesis (H_1) is accepted. This implies that there is a significant relationship between substance abuse and status of health of youths.

The table further observed that 68 (81.0%) of the respondents accepted being unhealthy after engaging in substance abuse, while 16 (19.0%) of the respondents did not accept being unhealthy after engaged in substance abuse. 80 (82.5%) of the respondents agreed being very unhealthy after engaging in substance abuse, while 17 (17.5%) of the respondents did not accept being very unhealthy after engaging in substance abuse. Also shows that 65 (76.5%) of the respondents concurred to be strongly unhealthy after taking substance, while 20 (23.5%) of the respondents did not concur to be strongly unhealthy after taking substance. 68 (88.3%) of the respondents accepted being healthy after engaged in substance abuse, while 9 (11.7%) of them did not accept of being healthy after engaged in substance abuse. 1 (20.0%) of the respondents agreed to be very healthy after taking substance, while 4 (80.0%) of them did not agree to be very healthy after taking substance. Lastly, 1 (50.0%) of the respondents accepted being strongly healthy after engaging in substance abuse, while 1 (50.0%) of them did not accept to be strongly healthy after engaging in substance abuse. This shows that majority of the respondents are very unhealthy after engaging in substance abuse.

Testing Hypothesis Three

The relationship between peer group relationship and abuse of substance indicates calculated value as 4.884 and p-value at 0.181 which is greater than the level of significance (0.05). Therefore, the null hypothesis (H_0) is accepted while the alternative hypothesis (H_1) is rejected. This implies that there is no significant relationship between youths' peer group relationship and substance abuse.

More so, 24 (77.4%) of the respondents' peer group relationship strongly agreed to their substance abuse, while 7 (22.6%) of the respondents' peer group relationship did not strongly agree to their substance abuse. 56 (77.8%) of the respondents' peer group relationship agree to their substance abuse, while 16 (22.2%) of the respondents' peer group relationship did not agree to their substance abuse. 74 (89.2%) of the respondents' peer group relationship strongly disagree to their substance abuse, while 9 (10.8%) of the respondent peer group relationship did not strongly disagree

to their substance abuse. Lastly, 129 (78.7%) of the respondents' peer group relationship disagreed to their substance abuse, while 35 (21.3%) of the respondents' peer group relationship did not disagree to their substance abuse. This reveals that majority of the friends of the respondents disagreed to their substance abuse. This is in concordance with the report of Rankin and Kern (1994) that youths are likely to refrain from substance abuse if their parents, peers or families are opposed to their substance use. When monitoring is high, youths may feel constrained to act in pro-social ways because they believe their families and friends are watching them and expect them to conform.

Table 4. Relationship between Peer Group Relations and Substance Abuse

What is your peer group relations view on your alcohol, weed, cigarette, hemp, skunk etc use?	Do you engage in substance abuse?		Total
	Yes	No	
Strongly agreed	24 (77.4%)	7 (22.6%)	31 (100.0%)
Agreed	56 (77.8%)	16 (22.2%)	72 (100.0%)
Strongly disagreed	74 (89.2%)	9 (10.8%)	83 (100.0%)
Disagreed	129 (78.7%)	35 (21.3%)	164 (100.0%)
Total	283 (80.9%)	67 (19.1%)	350 (100.0%)
X² Value = 4.884 df = 3 P-Value = 0.181			

Source: Researchers' Field Survey, 2016.

5. Conclusion and Recommendation

There is no gainsaying the fact most youths are aware of the prevalence of substance abuse in their environment, especially in Kosofe Local Government area of Lagos-state, Nigeria. However, majority of these youths see substance abuse as a normal act that symbolises social inclusion. Peer group relationship is not one of the triggers of substance abuse behaviour. This study also found substance abuse to be a major determining factor of the state of health of the abusers. Hence, there is strong possibility of ill-health for substance abusers; such that it is capable of compromising both their physical and psychological conditions. Availability of substances to abuse have an influence on substance abuse among the youths in Kosofe Local Government Area. Youth are introduced to drugs by people they meet daily social interactions and continue the abuse of substance in order to maintain the relationship.

The home environment is one of the factors that triggers substance abuse, youth believe in what they see and have steady interactions with. This possibly teaches them that violent and deviant behaviours are acceptable, which also results to a heightened antisocial behaviour. We therefore recommend public sensitisation-a dire need to educate youths about the negative aftermath of substance abuse, and how it should be reported and prevented for a healthy living.

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