Universidad Empresarial De Costa Rica

DRUGS, SUBSTANCE ABUSE AND EFFECTS ON YOUTH DEVELOPMENT

IN LAGOS STATE, NIGERIA.

BY

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Thesis submitted to the Department of Social Sciences, Faculty of Social Sciences, of the Universidad Empresarial De Costa Rica in fulfillment of the requirements for the award of degree of Doctor of Philosophy (PhD) in Health Management Social Works.

November, 2018

TITLE PAGE

DRUGS, SUBSTANCE ABUSE AND EFFECTS ON YOUTH DEVELOPMENT IN LAGOS STATE, NIGERIA.

PROJECT LOCATION: NIGERIA

ACADEMIC ADVISOR: PROFESSOR DAVID IORNEM (PhD)

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PhD HEALTH MANAGEMENT SOCIAL WORK

BY

Festus Uwakhemen Asikhia

Style of Dissertation: British English

DEDICATION

I dedicate this project to God Almighty for the privilege and strength he gave me to start and finish this work.

I also dedicate this project to my beloved Family Ebiseme, Imiofure and Oisemudiamen, (Asikhia).

ACKNOWLEDGMENT

My warm appreciation goes to my parents (Mr. Friday & Mrs. Jane Asikhia) your foundational training in my life has yielded positive vibes for my future endeavor. Thank you my lovely parents

I want to appreciate and acknowledge my Academic Advisor, Professor David Iornem (Ph.D., M.Sc., DSM, Dip.M, B.Sc. MBA in eCom, M. eCom, FIMC1, FNIM, LTTC Cert. in E-Learning, PGDE, FCIM, MSPMC, FNIMN, CMC, frpa, D.Litt.) for his patience and consistent guidance to ensuring this project became a reality. Professor sir, your leadership has sharpened my academic prowess most especially my mind.

I want to also appreciate my Thesis supervisor, Dr. Kohol Shadrach Iornem (Ph.D. Mgt. UK, MBA Finance UK, PDG. Mgt. UK, FIMC, MBAM, CMC) for your academic support and consistent follow up on correction on my project, most especially guiding me through thorough work. Thank you Doctor.

Special appreciation to Dr. Gabriel Shobowale (Ph. D), FCA. Of Royal Ambassadors College Jos. Plateau State. my academic Coach, you have been a tremendous personality in my life, you led me through my first, second and third degrees. Your academic impact has overwhelmingly yielded positive result, you are greatly loved and appreciated sir.

Heart Felt appreciation to His Excellency former President of Nigeria, Dr. Goodluck Ebele Ph. D. & Mrs. Patience Jonathan for your inspiration and love towards me, your humility is great and contributed to me positively. I love you guys.

My appreciation to my siblings Lucky Oiseokhaide Asikhia, Mercy Asikhia Bakare, Eragbai Julius Asikhia, Oloaigbe Augustine Asikhia, Edukpe Mike Asikhia, Eseoighe Asikhia and my young nephew Daniel Bakare, you guys played a tremendous role.

Special thanks to goes the Managing Director of Festrut Group of companies Nigeria Limited, Mrs. Iyare, Oye Oluwasola PGD.Construction mgt., my Personal Assistant, Ikechukwu Awanra, B.Sc. Economics, the Hall of Mercy Music Director, Olumide Osatuyi B.Sc. Mech. Eng., you guys were my back bone when I was busy pursing my academic career. God bless you all.

I appreciate my mentor late Martin Luther King Jr. May your Soul Rest in Peace, your legacy still speaks today and your impact in the world has given many black race the vision to think beyond the immediate, you are greatly missed.

DECLARATION

I certify that this work was carried out by **FESTUS UWAKHEMEN ASIKHIA,** under my supervision.

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SHADRACH KOHOL (Ph.D.)   **DATE**

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ABSTRACT

The issue of drugs and substance abuse by the youth is on the increase, and it has called for social concern. Despite the fact and growing appreciation of the need for drugs and substance abuse control, it would appear there is a lack of enough empirical research in Nigeria which explicitly links drugs and substance abuse to youth development. This study, therefore, examines the relationship between drugs, substance abuse and effects on youth development in Nigeria with specific reference to Lagos state. The study adopted the cross-sectional survey design and data is generated through a self-administered questionnaire. Data for the analysis was generated from a total of 344 participants selected from official, detainees and prisoners from eight directorates in the National Drug Law Enforcement Agency (NDLEA), and the Nigerian Prisons Service (NPS)in Lagos State. The analysis centred on investigating the impact of the drug, substance abuse on the four identified measures of youth development, namely: crime, academic performance, impaired memory, mental health problems and contracting infectious disease (HIV and STDs). The univariate analysis revealed that on average, almost all the respondents affirmed the significant manifestations of the variables within the data generated. For the bivariate hypotheses, the Spearman's rank order correlation was utilized in testing the extent of correlations between drug, substance abuse and effects on youth development. The results revealed that there is a relationship between drug, substance abuse and crime at a 0.05 level of significance, it also revealed that there is a relationship between drug substance abuse and academic performance at a 0.05 level of significance, the third hypotheses of the study revealed that there is a relationship between drug, substance abuse, and impaired memory and mental health problem at a 0.05 level of significance, it also revealed that there is a relationship between drug, substance abuse and contracting infectious diseases at a0.05 level of significance. As such, all four (4) null hypotheses of no significant relationships were rejected. In conclusion, this study asserts that drug, substance abuse, is significantly associated and enhances manifestations of youth development and as such enhances outcomes such as crime, academic performance, impaired memory, mental health problems and contracting infectious diseases. It, therefore, recommends that, for an improved standard of living, an improved facility for a reintegration of drug abusers, tight border control, strengthening of drug agencies and strong policies against drugs

and substance abuse and finally awareness creation, sensitization on drug use and viable youth development programs

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RESEARCH PARTNERS

The Federal Ministry of Health Nigeria

The Federal Ministry of Education Nigeria

The Nigeria Drug Law Enforcement Agency (NDLA)

The Lagos State Government

The Nigeria Prison Service (NPS)

The United Nations

The University of Lagos Nigeria

The Federal Neuro-Psychiatric Hospital Lagos Nigeria

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Retired Air Vice Marshal Monday Riku Monday

Odabe, Oluchi Sophie (MA)

Odewenwa A. Udeme(USA)

The Nigeria Military

The Nigeria Police Force

The Nigeria Security and Civil Defense Corps

Festrut International Management Institute

The Federal Government of Nigeria

CHAPTER ONE: INTRODUCTION

1.1 Statement of the General Problem

The issues of drugs and substance abuse on youth development have called for greater concern for scholars in developmental studies, criminology, psychology, and sociology. This concern is even felt among religious bodies, governments, families, and societies at large. Substance abuse in Nigeria and the new trend is becoming a significant medical, psychological, social and economic problem facing the nation. More worrisome is the increasing number of secondary school and tertiary institution students who are getting involved in drug abuse. Certain factors have contributed to the involvement of youth in drug use and abuse. These factors as pointed out by scholars pose genuine reasons for youth involvement in the use of drugs and other substances. As (Jerome et al. 2018) observed a lot of young people take pride in the abuse of drugs to their own detriment. They use drugs such as cocaine, nicotine, marijuana, tobacco, alcohol, amphetamine derivatives and even as far as sniffing glue and so on to feel high and enhance social performance. The need to adapt fully into peer arranged society, enhance performance and create a sense of aesthetic feelings rightly describes Jerome, et al. observations.

Vanguard (2016) describes other factors for youth engagement in drugs, substances, and abuse to include the discovery and proliferation of new

technologies that have improved mass production of some of these drugs, many of them becoming very cheap and affordable. Relief of boredom/depression/anxiety, peer influence, euphoria-seeking sensory satisfaction (Ching et al., 2011), accounts for other factors responsible for drug abuse.

However, the factors responsible for drug and substance abuse by youth in Nigeria mentioned above, studies are replete with the issue of drug abuse and its effect, especially on youth development. For instance, NIDA (2014) argued that when substance use disorders occur in adolescence, they affect key developmental and social transitions, and they can interfere with normal brain maturation. In another study by Ogunbiyi in Guardian (2018) it was argued that high-stress level, especially occasioned by dire economic strains, severe trauma, psychological trauma, including loss of a loved one or chronic loneliness are some of the factors that could lead to drug addiction. Colleen, et al. (2013) study identifies four determinants that place youth at problematic substance abuse to include; individual (e.g., age, gender,), interpersonal (e.g., family, peers, school) and social and cultural community (e.g., social norm, street involvement). Ching et al. (2011) identified the effect of drug abuse on school performance in Hong Kong school, as occasioned by students' disengagement from school, poor teacher-student relation and negative labelling from teachers. Gropper, (1985) identified other effects of drug abuse on youth development to include, financial losses and distress, the increased burden for support of adolescents. In another

study, Hamisu et al. (2014) revealed an increase in the percentage of high school students who used drugs to have a good time, to experiment to see what it is like and those youths who used it to alter their moods. It followed Gobiret el al. (2017) study which found the determinants of drug abuse to include the type of family and occupation. Although they particularly noted that farming occupation was a determinant of drug abuse. Adenaike et al. (2014) revealed that a significant relationship existed between drug abuse on youth development and academic performance (failure). Abdu-Raheem (2014) study showed a significant relationship between family background, peer influence, family cohesion, and drug abuse. In the study, it was also discovered that drug abuse negatively affects students' academic performance.

Apart from Adenaike et al. (2014) and Abdu-Raheem (2014) whose work showed a correlation between drug abuse and youth development, especially in the area of academic performance. Other studies identified above revealed significant indicators and factors for youth engagements in drugs, yet they did not consider the effects of drug abuse on youth development, how it can affect their involvement in a crime, academic performance and drop-outs, mental health and the risk of contracting sexually transmitted diseases.

Drug abuse and youth development as important social problems in society so far have not been examined within the context of identifying parameters for youth development especially as it is examined within the social and economic

development. Hence, to reinforce the explanatory power drug abuse and youth development, the study attempts a clearer analysis of the impact of both forces of drug abuse and youth development in Lagos State Nigeria. This study, therefore, seeks to address the following research questions which will serve as a guide.

1. *What are the kinds of drugs and substances abused by youths in Lagos state?*

2. *Is there any significant relationship between drugs and substance abuse and youth engagement in crime in Lagos state, Nigeria?*

3. *Do drugs and substance abuse have any significant effect on the rate of school drop-outs and academic performance among youths in Lagos state, Nigeria?*

4. *Is there any significant relationship between drugs and substance abuse and impaired memory and mental health problems among youths in Lagos state, Nigeria?*

5. *Do drugs and substance abuse have any significant effect on the risk of contracting the infectious disease (HIV and STDs) by youths in Lagos state, Nigeria?*

1.2   Background to the Subject Matter

The use of the mind-altering substance of natural origin has been known since prehistoric times. For centuries, man has tried to either compliment some pleasant

features of life or escape from the unpleasantness of life, whether real or imaginary, by using fermented liquor and different plant products (Vanguard, 2016).

The issue of drugs and substance abuse by the youth is on the increase, and it has called for social concern. This can be stemmed from numerous social and economic factors. The youths are found to be the highest abusers of drugs and substances. And the likelihood that there is special treatment for youth engaged in drugs is very slim. With an estimated total population of 200 million in Nigeria (NBS. 2018), it is very likely that there are many thousands of people who are addicted to the substances flowing through the country who are not receiving any type of treatment. There's really very little information on how many drug users there are in Nigeria According to the United Nations reported (2004), only 925 people received treatment, this being the most recent figure available. Nearly 90 per cent of these addicts in drug treatment programmes were being helped with cannabis addiction (Narconon, 2018). Many factors influence whether an adolescent tries drugs, including the availability of drugs within the neighbourhood, community, and school and whether the adolescent's friends are using them (NIDA, 2014).

Although it is understood that the teenage years are a critical window of vulnerability to substance use disorders because the brain is still developing and malleable (a property is known as neuroplasticity), and some brain areas are less

mature than others. The parts of the brain that process feelings of reward and pain, crucial drivers of drug use are the first to mature during childhood (NIDA, 2014). From the teenage years, there is a progression to the adolescents' stage, where adolescents prefer an autonomous and independent life that is free from adult control, thereby engaging in various delinquent acts (drug abuse, rape, robbery, cultism, and vandalism) that are dangerous to the home, community, school and the nation.

There is a great synergy between drug abuse and youth development. This is predicated on the fact that youths from the large population of abusers of drugs in the world and Nigeria in particular. Coincidentally, youth development has formed a greater part of government policies in Nigeria. Some greater parts of the federal budget have been allocated to sports, education, job creation, and youth development. The concern of the government in creating budgets for youth development is considered necessary because youths are identified as a sub-system in society for nation building and development. Sadly, most youths will not be identified in the process of development. This is so because the fight for the development of youths has encountered numerous challenges, one of which is the issue of drug abuse. The impact of drug abuse among Youths (adolescents) has been a stigma of moral decadence, violence, thuggery, assault, madness, murder and importantly their development.

This study, therefore, examines the impact of drug abuse on youth development in Lagos State. This is important because, in the population strata, youths are found to be the highest abuser of drugs. Considering the metropolitan nature of Lagos State, its diverse ethnic composition and economy, this study is important as it will address the menace of drug abuse and take into consideration youth development.

1.3   Purpose of the Study

The main purpose of this study is to examine the effect of drugs and substance abuse on youth development in Lagos State, Nigeria. The specific objectives include:

1. *To identify the kinds of drugs and substances abused by youths in Lagos State, Nigeria.*

2. *To examine the relationship between drugs and substance abuse and youths engagements in crime in Lagos State, Nigeria.*

3. *To determine the interface between drugs and substance abuse and the rate of school drop out and academic performance of youths in Lagos State, Nigeria.*

4. *To investigate the nexus between drug and substance abuse and impaired memory and mental health problems among youths in Lagos State, Nigeria.*

5. *To explore the link between drugs and substances abuse and the increased risk of contracting the infectious disease (HIV and STDs) among youths in Lagos State, Nigeria*

1.4 Rationale for the Study

Drugs, substance abuse and youth development linkage have been given an enormous recognition in the western countries and a lot of work has been carried out on this linkage. As a result, it has been recommended by Colleen et al. (2013) & Ching et al. (2011) that countries who actively adhere to the control and regulation of drugs and substance abuses are likely to experience good youth development. In the same line of analysis, this study examines the impact of drugs, substance abuse on youth development through creating drugs, substance abuse-youth development link in a non-western country, through data collection from the selected public sector regulatory and punishment organization in Nigeria.

A number of developing countries have instituted a number of youth development police sand programmes a result of low productivity and poor development indicators. Regardless of the many efforts made in this regard, the general perception is that youth development basically remained the same. The absence of systemically regulating and controlling drugs and substance abuse is making it difficult to achieve youth development.

This study might be taken as an opening to corroborate and broaden the findings of drugs, substance-youth development linkage conducted in the developed countries to a developing country. The significance of youth development as a vital human resource might be noticed from the studies of researchers like Agbodike et al. (2015) who viewed it as the cornerstone and even above of all backbone of national development. It gave an affluent basis for national development. The usefulness of drugs and substance abuse control and regulation must be understood by leaders.

Despite the fact and growing appreciation of the need for drugs and substance abuse control, it would appear there is a lack of enough empirical research in Nigeria which explicitly links drugs and substance abuse to youth development. The growth of the regulatory regime in Nigeria has seen several innovations. This study, therefore, has been premeditated to elaborate drugs, substance abuse-youth development association and test it with pragmatic data collected through a survey of selected regulatory authorities.

1.5   *Significance of the study*

This study is of both theoretical and empirical or practical significance. Theoretically, it is significant in the sense that it will add to the body of knowledge in sociology and psychology both in Nigeria and other countries of the world. The study would help give a better understanding of the kind of drugs and substances abused by youth in Nigeria.

It will also explain the political economy and the Gateway drug theory and its import on the issue of drug abuse and its effect on youth development in Lagos State. Just as the political economy theory suggests, all social processes in human history are determined by the inherent and ongoing economic activity cum relationship that acts themselves out in that particular society. In the same vein, the Biographic theory as postulated by Zneniki and Thomas in 1918 is significant to this study as it explains the effect the environment has and influences the behavioural pattern of individuals in the society

Empirically, this study is significant in the sense that it will serve as an appraisal of the rate at which Nigerian youths are abusing drugs and substances. The findings of this study and the recommendations raised will go a long way to benefit a number of stakeholders in the area. First, it will assist policymakers to formulate effective government laws to mitigate those social factors identified as responsible for youth involvement in drug abuse in Lagos state.

The study will also be relevant to the Non-Governmental Organizations (NGOs) in their policy engagement and advocacy, especially in the area of advocacy and engagement of youth against drug use and abuse.

1.6 *Limitations of the Study*

In the course of carrying out this study, certain challenges were encountered during the data gathering. These challenges include: time constraint, unfriendly attitude of some of the respondents, meeting some of those to be interviewed

was difficult due to their ever busy schedules. To address these issues, worked day and night to meet up with the deadline, to address the unfriendly attitude of some respondents, the researcher organized a 30 minutes' sensitization to educate the response on the need for them to participate in the survey and assured them that their responses will never be used against them. With this, their attitude to an extent changed and they participated willingly. For those with very busy, the researcher through some informants sought and got their less busy hours and met and interviews them during such hours while making interviews less cumbersome. However, with patience, perseverance, and hard work, the researcher was able to overcome these challenges. None of these omissions and limitations has any adverse effect on the conduct, reliability, and validity of this research report, but they among other difficulties constitute the limitations of this study.

1.7 Delimitation of the Study

Since my research could not cover the entire Lagos State within the limit, the study covered only the National Drug Law Enforcement Agency (NDLEA) and the Nigerian Prisons Service (NPS). The reason for choosing these two agencies is that they both have a lot to do with those involved in drugs and substance abuse. Therefore, it has become imperative to investigate how NDLEA and NPS are fighting and taken custody of drugs and substance abuse victims and its implication on youth development in Lagos state in particular and Nigeria in general.

1.8 Definition of Terms

- **Drugs**: *A drug is any substance that is taken or administered either orally, injectable, topically which when taken prevents illness or disease.*

- **Drug abuse:** *The use of a substance in a manner, amount, or situation that the drug use causes problems or greatly increases the chances of the problem occurring.*

- **Youths:**

- **Psychoactive substance:** *Those drugs or compounds that alter consciousness and affect mood.*

This chapter examined related literature on the variables that constitute the subject of the study. The aim was to provide the researcher with an in-depth view of the subject matter and by so doing, provide a better definition of the research scope as well as an evaluative guide on the subject of study. Thus, the chapter critically examined previous studies done in the area in order to identify contributions already made on the subject of study as well as to identify gap(s) in the existing literature. This chapter also highlights discussion on the vital questions relating to the nexus between drugs, substance abuse and youth development in Lagos state Nigeria.

The literature review was done under two broad themes. These are 1) Theoretical review and 2) empirical review. Under the theoretical review, the concern was on non-empirical narratives that present some degree of theoretical relevance to our study. The theoretical review ultimately guided the choice of a theoretical framework in this chapter. Under the empirical review, an emphasis was placed on practical research works done by other scholars that are related to the variables in this study. The topics and subheadings of the study reviewed include:

➢ Conceptual Review

➢ Drugs

- *Drugs Abuse*

- *Curiosity and Desire to find out the Effectiveness of a particular drug*

- *Youth*

- *Youth Development*

- *Kinds of Drugs and Substance Abused by Youths*

- *The Nexus between Drugs, substance abuse and youth engagement in crime*

- *The Interface between Drugs, substance abuse and the rate of school failure and academic performance.*

- *The Nexus between Drug, substance abuse and mental health problems*

- *The Interface between Drugs, substance abuse and the increased risk of contracting infectious diseases (like HIV and STDs).*

- *Theoretical Framework*

- *Review of Empirical Literature*

- *Gap in Literature*

- *Theoretical Framework*

- *Political Economy Theory*

- *Gateway Drugs Theory*

- *Relevance and Applicability of the theories to the Study*

2.1 Conceptual Framework

In social and management sciences research, in order to avoid ambiguity in the interpretation and understanding of certain concepts, it is customary to begin an academic investigation by examining the conceptual and theoretical contours of the subject matter of analysis by analyzing the views of various scholars and authors as well as the way in which one's research is integrated in to the body of existing theories and research (Igbokwe-Ibeto, 2015). This is the intent of Babbie & Mouton (2001) methodological research diction that "we specify why we use particular terms for the purpose of facilitating their contextual definition and comprehension." In this section of the chapter, we shall attempt to effectuate this endeavour.

Drugs

A drug is any substance (other than food that provides nutritional support) that, when inhaled, injected, smoked, consumed, absorbed via a patch on the skin, or dissolved under the tongue causes a temporary physiological (and often psychological) change in the body (Tupper, 2012). However, just as Atanasovetet al. (2015). Rang et al. (2015) report that in pharmacology, a drug is a chemical substance of known structure, other than a nutrient of an essential dietary ingredient, which, when administered to a living organism, produces a biological effect.

A psychoactive drug, psychopharmaceutical or psychotropic is a chemical substance that changes brain function and results in alterations in perception, mood, consciousness, cognition, or behaviour. These substances may be used medically; recreationally; to purposefully improve the performance or alter one's consciousness; as entheogens for ritual, spiritual, or shamanic purposes; or for research. Drug Aware (2018) defined a drug as any substance (with the exception of food and water) which, when taken into the body, alters the body's function either physically and/or psychologically. Drugs may be legal (e.g. alcohol, caffeine, and tobacco) or illegal (e.g. cannabis, ecstasy, cocaine, and heroin pending the country or nation). Psychoactive drugs affect the central nervous system and alter a person's mood, thinking, and behaviour. Psychoactive drugs may be divided into four categories: depressants, stimulants, hallucinogens and 'other'

In his own perception, Dowshen (2018) defined drugs as chemicals that change the way a person's body works. Edwards and Arif (1980) in Pela &Ebie (1982) defined it as "the use of a drug which is viewed as posing a problem by the society concerned". Other authors have defined it as the unspecified use of a drug other than for legitimate purposes. In the same vein, Juliet & Tamar (2012) reviewed that drugs have been named and categorized for a variety of reasons: within political systems, to guide policies related to drugs; within health services or medical science, to guide prescriptions for drug use and to treat and prevent drug-related

harm; and within survey research, to assess and compare patterns of drug use. For NIDA (2007), drugs are chemicals that affect the brain by tapping into its communication system and interfering with the way neurons normally send, receive, and process information.

2.3   Drug Abuse

The concept of drug abuse comes with differential definitions and analyses. In the first instance, drug abuse can be referred to as the compulsive, excessive and self-damaging use of habit-forming or substances, leading to addiction or dependence, serious physiological (such as damage to kidneys, liver, heart) and or psychological harm (such as dysfunctional behavior patterns, hallucinations, memory loss) or death (Business dictionary, 2018).

In another instance, drug abuse is the excessive, maladaptive or addictive use of drugs for no medical purpose. It is also defined as a stage of emotional and sometimes physical, characterized by the compulsion to take drugs on a constant basis in order to experience its mental effects (Jerome et al., 2018). The terms "drug abuse" or "substance abuse" can also be defined as the use of chemical substances that lead to an increased risk of problems and an inability to control the use of the substance (Healthinaging, 2016).

Ananya (2018) defined drug abuse or substance abuse as the use of certain chemicals for the purpose of creating pleasurable effects on the brain. In another

direction, drug abuse is when you use legal or illegal substances in ways you shouldn't (WebMD, 2018). Substance abuse, also known as drug abuse, is a patterned use of a drug in which the user consumes the substance in amounts or with methods that are harmful to themselves or others, and is a form of the substance-related disorder(Wikipedia, 2018). According to NIDA (2003), drug abuse occurs during major transitions in children's lives. These transitions include significant changes in physical development (for example, puberty) or social situations (such as moving or parents divorcing) when children experience heightened vulnerability for problem behaviours. 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 or junior high school, they often experience new academic and social situations, such as learning to get along with a wider group of peers and having greater expectations for academic performance.

Occasional use of psychoactive substances may begin because of curiosity or because of the influence of friends. The initial experimental use of mood-altering substances usually occurs during the adolescent years, most often between 12 and 15 years of age. The typical pattern is experimentation with tobacco and alcohol, followed by the initial use of marijuana (Crowe and Rhonda, 1994). ***Substance abuse can also be referred to as the excessive use of a substance,***

such as drugs or alcohol, which results in clinical and functional impairments (American Addiction Centers, 2018).

In other instances, and from other scholar's point of view, drug abuse is the willful misuse of either licit or illicit drugs for the purpose of recreation, perceived necessity or convenience. Drug abuse is a more intense and often willful misuse of drugs often to the point of addiction (Muhammad et al., 2015). Substance misuse or abuse is frequently classified as experimental, recreational, or dependent that may result in adverse physical and/or psychological effects (i.e. harmful use). This represents a wide-ranging spectrum of the use of therapeutic drugs or substances with physiological and psychoactive effects on the body or mind which are out with legal or medical guidelines.

Ani (2014), listed the reasons for youth engagement in drug and abuse of drugs to include the following;

*1. **Curiosity and Desire to find out the Effectiveness of a particular drug**: Curiosity to experiment the unknown facts about drugs thus motivates youth's into drug use. The first experience in drug abuse produces a state of arousal such as happiness and pleasure which in turn motivates them to continue. Some time youths take drugs in order to find out their effectiveness of a particular drug and if they find out that the drug is effective they continue using such drugs.*

2. ***Peer group Influence:*** *Peer group pressure plays a major role in influencing many youths into drug usage. This is because peer pressure is a fact of teenage and youth's life. In Nigeria and other parts of the world, one may not enjoy the company of others unless he conforms to their norms.*

3. ***Environment:*** *Many young people live in communities that suffer from multiple deprivations, with high unemployment, low-quality housing and where the surrounding infrastructure of local services is splintered and poorly resourced. In such communities' drug supply and use often thrive as an alternative economy often controlled by powerful criminal groups. As well as any use that might be associated with the stress and boredom of living in such communities, young people with poor job prospects recognize the financial advantages and the status achievable through the business of small scale supply of drugs.*

4. ***Promotion and Availability:*** *There is considerable pressure to use legal substances. Alcohol and pain-relieving drugs are regularly advertised on television. The advertising of tobacco products is now banned, but research from Strathclyde University published by Cancer Research concluded that cigarette advertising did encourage young people to start smoking and reinforced the habit among existing smokers. Despite legislation, children and adolescents have no problems obtaining alcohol and tobacco from any number of retail outlets. Breweries refurbish pubs with young people in mind, bringing in music, games,*

more sophisticated decor and so on while the general acceptance of these drugs is maintained through sports sponsorship, promotions, and other marketing strategies.

*5.   **Enjoyment**: Despite all the concerns about illicit drug use and the attendant lifestyle by young people, it is probably still the case that the lives of most young people are centred on school, home and employment and that most drug use is restricted to the use of tobacco and alcohol. They may adopt the demeanour, fashion, and slang of a particular subculture including the occasional or experimental use of illegal drugs without necessarily adopting the lifestyle. Even so, the evidence of drug use within youth culture suggests that the experience of substances is often pleasurable rather than negative and damaging. So probably the main reason why young people take drugs is that they enjoy themselves.*

*6.   **Lack of Parental Supervision**: Many parents have no time to supervise their sons and daughters. Some parents have little or no interaction with family members, while others put pressure on their children to pass exams or perform better in their studies. These problems initialize and increase drug usage.*

*7.   **Socio-economic Status of the Parents**:   Socio-economic status of the parents entails direct costs which are very important to families; particularly this is related to every aspect of the family's life and caring to children. The implications of family relationship on students have remained an alarming factor to the total*

life of the children by implication the socio-economic status of the parents may influences adolescents to abuse or not to abuse drugs even if the parents have very low income, low-income average, high, or very high income.

8. Self – medication of primary psychological disorders.

*9.   **Pathological family background** – broken homes, illegitimate relationships, alcoholic parents or parent's involvement in antisocial and illegal activities.*

2.4 Youth

In developing countries for which Nigeria is referenced, youth is about 29 per cent of the total population and are declining as a proportion of total population while still growing in absolute numbers, altering the landscape for many social and financial policy issues (Nugent, 2015). Youth" is best understood as a period of transition from the dependence of childhood to adulthood's independence and awareness of our interdependence as members of a community (UNESCO, 2017). The United Nations, for statistical consistency across regions, defines 'youth', as those persons between the ages of 15 and 24 years. Taking into consideration the Youth Bulge Theory, it identifies young men or women as a historically volatile and ever-increasing population. It explores the idea that the presence of more than 20% of young people raises the potential for rebellion and unrest. The concept specifically equates a large percentage of young men with an increased

*possibility of violence, particularly in the global South where youths often account for 60% of the population (Hendrixson, 2003 in **Tendaishe, 2014).** In narrative and significantly, this theory considers the youth to be virile, strong and energetic.*

Other explanations consider youth to be the time of life when one is young and often means the time between childhood and adult maturity. It is also defined as "the appearance, freshness, vigour, spirit, etc., characteristic of one who is young (Wikipedia, 2018). The time of life when one is young especially the period between childhood and maturity, the early period of existence, growth, or development (Merriam Webster, 2018),as "the passage from a dependent childhood to independent adulthood" when young people are in transition between a world of rather secure development to a world of choice and risk (Eurostat 2009:17 in European Commission, n.d.). The concept of "youth" can also be defined as all the people within a specific age group, or as a state of being or even a state of mind. In this brief, we define youth as the people between ages 10 and 24. This covers a wide range of experiences and transitions that includes an early phase between ages 10 and 14, a middle phase (between 15 and 20), and a later phase between 21 and 24(Nugent, 2005).

2.5 Youth Development

Youth development *is a process that prepares a young person to meet the challenges of adolescence and adulthood and achieve his or her full potential.*

Youth development is promoted through activities and experiences that help youth develop social, ethical, emotional, physical, and cognitive competencies (National Alliance, 2010). Youth development is also a situation when there are equal opportunities for all youths to gain access to basic resources that can help them progress in life such as employment, education, health care, housing and food (Latoyaa, 2013). The term youth development is used in at least three different ways, referring to a natural process of development, principles, and practices (Hamilton et al., 2004). Youth development has traditionally and is still most widely used to mean a natural process: the growing capacity of a young person to understand and act on the environment, a set of principles, a philosophy or approach emphasizing active support for the growing capacity of young people by individuals, organizations, and institutions, especially at the community level and a range of practices in programs, organizations, and initiatives (Hamilton et al., 2004). Drug use, especially in early adolescence, interferes with normal cognitive, emotional, and social development and is closely linked with both psychiatric disorders and delinquency. Drug use in adolescence has been associated with many other risk-taking behaviours (sexual activity, truancy, violence, or weapon carrying) entailing significant morbidity and mortality (sexually transmitted diseases and human immunodeficiency virus [HIV] infection; pregnancy (Ann & Fishman, 2002).

2.6   Conceptual Review

The concern of the society to the issues of drug and substance abuse on youth development is imperative in academic discourse. People are most likely to begin abusing drugs including tobacco, alcohol, and illegal and prescription drugs during adolescence and young adulthood. By the time they are seniors, almost 70 per cent of high school students will have tried alcohol, half will have taken an illegal drug, nearly 40 per cent will have smoked a cigarette, and more than 20 per cent will have used a prescription drug for a nonmedical purpose.

There are many reasons adolescents use these substances, including the desire for new experiences, an attempt to deal with problems or perform better in school, and simple peer pressure. All these reasons come to play because adolescents are "biologically wired" to seek new experiences and take risks, as well as to carve out their own identity (Way report, 2019). In the area of spatial distribution on drug use and abuse especially on geopolitical zone, gender and urban-rural locality, from studies like Adamson, Ogunlesi, Morakinyo, Akinhanmi, Onifade, et al. (2015) it is noted that the South-West (Lagos State) had the highest proportion of youth who take Cannabis and were in the urban locality and among the males. For Amphetamine the study showed that the prevalence rate was highest in the North-East. For Ecstasy, nationwide, ecstasy use was more prevalent among males than females. Its usage was highest in the South.

The rate at the spread in the usage of drug especially among adolescent boys is made possible because they are easily swayed by the destructive influence of media advertisements, peer influence and pressure, and indeed, antisocial adults whom they see as role models. The period of adolescence is characterised by a high propensity to make amorous advances towards the opposite sex which some boys believe that can be achieved under the influence of psychoactive substances (Okogwu, 2014). So gullible and naive that they are easily swayed by the advertorial culture of alcohol and tobacco consumption widely promoted and rewarded on the Television, Radio, and other electronic and print media by different companies using world-renowned personalities and celebrities. Again, adolescent boys are easily tainted by peer influence and pressure, and may take directives from some drug abusers whom they see as „role models". This information portrays the role the media play in influencing youth on the use of drugs.

Youth awareness on the use of drugs and substances remains positive as studies have shown that they had adequate awareness on the issue of substance abuse, although the awareness was limited on some specific substances like barbiturate and sedatives. Most commonly abused substances are analgesics, cannabis and tobacco and sedatives were abused more by females than males. The predominant reasons for an indulgence of respondents in the use of drugs are for 'academic' purposes, to feel high/good and for physical fitness (Oladele

&Olufunmilayo, 2013). The study also is in confirmation that the majority of the drug users were male even though the involvement of female was also evident. Socio-demographic response on the usage of drugs and abuse points to the fact that students from wealthy homes tend to command the highest number involved in drug use and abuse due to access to financial allowance given to them by their parents. Students from low-income families revealed a low level of self-control from such students. Most of the student involved in drug use and abuse fall between the age bracket of 26-35 years (Attah, Baba &Audu, 2016). The average age at commencement of drug and substance use according to this study is 14 years supporting previous reports that adolescence is accompanied by profound environmental changes as they make a transition to middle and secondary school; environment that is characterised by multiple classes and teachers, less individualised instructions, lower level of teacher-student interactions, more stringent grading and comparative performance evaluations. Firstly, the sources from where children access drugs and substances are not far from the school surroundings. The numerous vendors, barber shops and car wash places around the schools provide school children easy access to drugs and substances (Garechaba, Yohana & Esther, 2017).

There is readily no significant relationship between drug abuse and each of truancy, cultism and engagement in high risk sexual behaviour is surprising and contradicts popular opinion and empirical evidence which has demonstrated

that most truants and cultists and those involved in high-risk sexual behaviour are often involved in drug abuse either for its excitement or as an escape from the reality of their situation or to give them false confidence and Dutch courage for their nefarious illegal activities(Ubangha, Bola, Idowu &Ogunyemi, 2013).

NSRP (2017) reports indicated that there is an expression of the belief that drug use is linked to violent conflicts at various levels. In households, the role that drug can play ranging from enabling spousal abuse, sexual violence or other internal family disputes. In this case, drug use serves as the catalyst in providing the spark that pushed simple disputes between young people into deadly confrontations, which in some cases ultimately dragged the wider community into conflict, or which provoked deadly violence between street gangs. For example, in Plateau, the perception is stated that a conflict between Muslim and Christian communities in 2001 was worsened by youth who fought with one another while under the influence of drugs.

In Borno, as reported in the study conducted by NSRP (2017), a common perception related to the role that drugs allegedly played in violence carried out by Jama'atulahl al- sunnah li da'awatiwal jihad (JAS) – commonly known as Boko Haram. Community members, law enforcement officers, civil society groups and Civilian Joint Task Force (CJTF) members declared that JAS had targeted drug users for recruitment during its early days. Use of tramadol, an over-the-counter

painkiller related to morphine and other opiates, was said to be rampant in JAS ranks and was perceived by many interviewees to have played a role in enabling atrocities on both sides of the conflict. In relation to electoral violence, drug use in intricately linked to electoral violence, sharing a common perception that some candidates distribute drugs to street enforcers during elections for the purpose of enabling them to intimidate rival voting blocs. Drug users in Kano and Kaduna said that they had been given drugs and money by local candidates, with the Kaduna interviewee saying that he had been ordered to "snatch ballot boxes" (NSRP, 2017).

It is also revealed that a good percentage of secondary school students have a positive perception of drug and substance abuse; this perception has been formed mainly from their immediate environment. The types of drugs and substances abused by secondary school students include alcohol, cigarettes, marijuana and bhang, although alcohol was the most commonly used. The impacts of drug abuse on student behaviour include laziness and lack of concentration, poor relationships with others, lack of interest in school work, absenteeism from school, withdrawal, and indiscipline (Ekpenyong, 2012). As a point of remedy, suspending and expelling students who transgress, whilst maintaining an orderly school environment, is not likely to prevent these students' further drug involvement, rather potentially adding lack of involvement in school and school failure to the list of risk factors experienced by these students, who are

already at high risk of drug abuse (Hallfors& Van Dorn, 2002 in Tracy, Jennifer, Sian, Andrea, John, Michael, & Richard, 2004), students who reported high levels of competence, confidence, and caring reported lower use of alcohol and marijuana.

Research also indicates negative trends in other psychosocial problems. For example, suicide rates among 15-24-year olds have increased. This common trend, it is argued, reflects some shared aetiology between drug-use behaviours, and other negative outcomes such as delinquency/crime and mental health problems. individual and environmental (Spooner & Hetherington, 2004). While drug prevention and treatment have traditionally focused on changing individual behaviours, such efforts can have only limited impact when changes are not made to the environment, that is, to the social determinants of drug use. These include the social and cultural environment, the economic environment and the physical environment.

The economic cost of substance abuse to the US economy, estimated at over $414 billion each year, is staggering. Although specific cost estimates vary across studies due to differences in underlying assumptions and definitions, each study shows substantial economic costs, including those due to productivity losses, crime and destruction of property, and treatment (PLNDP, 2002).

Pictorial analysis of the manifestations of the variable's substance abuse (crime, academic performance, impaired and mental health problems and contracting infectious diseases (HIV and STDs) on youth development

CRIME

ACADEMIC PERFORMANCE

DRUG ABUSE & YOUTH DEVELOPMENT

IMPAIRED MEMORY

MENTAL HEALTH & HIV

Correlation
- Significant relationship between drug, substance abuse on the four identified measures of youth development, namely: crime, academic performance, impaired memory, mental health problems and contracting infectious disease (HIV and STDs)

Theoretical anchor
- Political Economy and Gateway drug theory (forces of production concentrating in the hands of few resulting to inequality in resources distribution. further more the use of a psychoactive drug can be coupled to an increased probability of the use of further drugs).

Outcome
significant manifestations of the variables (crime, academic performance, impaired memory, mental health problem and contracting infectious diseases (HIV and STDs) on youth development as a result of drug and substance abuse.

Classification of Drugs and Substance

ICD-10 classifies substance use disorders under "Mental and behavioural disorders due to psychoactive substance use (F10–F19)" and describes four pattern of substance use – acute intoxication, harmful use, dependence syndrome, and withdrawal state. The codes in this range represent an individual diagnostic code for different psychoactive substances including alcohol, opioids, cannabinoids, sedative-hypnotics, cocaine, stimulants, hallucinogens, tobacco, volatile solvents and multiple drug use. Diagnostic guidelines for the different substance induced clinical conditions (e.g., withdrawal state with delirium, Psychotic disorder, and Amnesic syndrome) are also specified. Also, an additional code (F55) exists for abuse of non-dependence producing substances such as aspirin.

The DSM-5 Substance-Related Disorders has eliminated two categories in DSM-IV; Substance Dependence and Substance Abuse now under one category called Substance-Use Disorders. In the substance use disorder, the biggest change from the dependence and abuse diagnosis is the move to Mild, Moderate, and Severe. To determine the severity of the disorder, a criterion 1-11 has been established. The presence of 2-3 symptoms out of the 11 is defined as Mild. The presence of 4-5 symptoms is defined as Moderate. The presence of 6 or more symptoms is defined as severe.

2.6   Kinds of Drugs and Substance Abused by Nigerian Youths

Drugs can broadly be classified into Depressants, Narcotics, Stimulants and Hallucinogens.

a) Depressants (Downers)

Depressants, also known as sedatives and tranquillizers, are substances that can slow brain activity. These include alcohol, hypnotics to induce sleep, anxiolytic to reduce anxiety, sedatives for relaxation and anticonvulsants such as barbiturates. Alcohol is the most commonly used depressant. Officially, Indians are still among the world's lowest consumers of alcohol— only 21% of men and around 2% of women drink. But up to a fifth of this group amounting to about 14 million people— are dependent drinkers requiring "help" (More et al, 2015). The percentage of the drinking population aged under 21 years has increased from 2% to more than 14% in the past 15 years, according to studies in Kerala by Alcohol and Drugs Information Centre India (NGO). Alarmingly, the study found that the "average age of initiation" had dropped from 19 years to 13 years in the past two decades.

b) Barbiturates

Barbiturates such as amobarbital, pentobarbital, phenobarbital, and secobarbital are

depressants, or sedatives. These drugs have several medical uses, including easing anxiety and tension, dulling pain, and treating epilepsy and high blood pressure. At the highest risk for prescription drug abuse are anesthesiologists,

emergency medicine physicians, family practitioners, psychiatrists and nurses. The ease of access and frequency of exposure to prescription drugs is one factor that increases the probability of these professionals to abuse these drugs. Other factors that contribute to the abuse of prescription drugs include stress, anxiety and depression, often associated with the long working hours and high-stress levels of healthcare jobs.

c) Narcotics

Narcotics or opioids are drugs that are used medically for pain relief but that have strong addictive potential. Opioids produce a rush, or intense feelings of pleasure, which is the primary reason for their popularity as street drugs. They also dull awareness of one's personal problems, which is attractive to people seeking a mental escape from stress. Their pleasurable effects derive from their ability to directly stimulate the brain's pleasure circuits— the same brain networks responsible for feelings of sexual pleasure or pleasure from eating a satisfying meal (Begley, 2001b).

d) Stimulants (Uppers)

Stimulants act on the central nervous system to increase energy and alertness while

suppressing appetite and fatigue. They include cocaine (such as freebase and 'crack'), amphetamines (for example Dexedrine, Benzedrine),

methamphetamine (methedrine: 'speed', 'crystal', 'ice', 'crank'), MDMA (ecstasy), nicotine, caffeine and amphetamine-like products (preludin or Ritalin.) Some of these are discussed below. Continued use of some stimulants can result in changes in how the brain operates and an inability to experience pleasure naturally. For example, chronic use of amphetamines (and cocaine) may result in the temporary loss of approximately 20% of dopamine receptors in the nucleus accumbens, at least for 4 months since the last exposure (Volkow et al., 2001).

e) Amphetamines

Amphetamine (contracted from alpha-methylphenethylamine) is a central nervous system (CNS) stimulant. Amphetamines are used in high doses for their euphoric rush. They are often taken in pill form or smoked in a relatively pure form called "ice" or "crystal meth".

Amphetamines are also used for therapeutic purposes e.g., for the treatment of attention deficit and hyperactivity disorder (ADHD), narcolepsy, and obesity. At therapeutic doses, it induces physical effects such as decreased reaction time, fatigue resistance, and increased muscle strength. Larger doses of amphetamine may impair cognitive function and induce rapid muscle breakdown.

f) Ecstasy

The drug ecstasy or MDMA (3,4-methylenedioxymethamphetamine) is a designer drug, similar in chemical structure to amphetamine. It produces mild euphoria and hallucinations and has become especially popular on college campuses and in clubs and "raves" in many cities (Hernandez, 2000; Strote& Wechsler, 2002).

g) Cocaine

Cocaine is a natural stimulant extracted from the leaves of the coca plant. Cocaine is usually snorted in powder form or smoked in the form of crack. In 2008, 5.3 million Indians age 12 and older had abused cocaine in any form and 1.1 million had abused crack at least once in the year prior to being surveyed (NIDA, 2008).

h) Nicotine

Nicotine is found in tobacco products including cigarettes, cigars, and smokeless tobacco. Tobacco is used by smoking, chewing, sucking and applying to the teeth and gums etc. In Nigeria, there is a wide availability of smoking (e.g., cigarette etc.) and smokeless tobacco (e.g., snuff). The WHO estimates that 1 billion people worldwide smoke and more than 3 million dies each year from smoking-related causes.

Jha et al (2008) have estimated that around 1 million deaths a year in India will be

attributable to smoking by the early 2010s. India's tobacco problem is very complex, with large use of a variety of smoking forms and an array of smokeless tobacco products. Many of these products are manufactured as cottage and small-scale industries using varying mixtures and widely differing processes of manufacturing (Reddy & Gupta, 2004).

The highest prevalence of stimulant injection was observed in the state of Lagos, considered as the 'commercial capital' of Nigeria. Though there are no reports in the scientific literature, there have been reports in the popular press suggesting that Lagos has become a principal hub of drug trade and consumption in Nigeria, potentially due to its relatively unprotected coastline.

i) Hallucinogens

Hallucinogens, also called psychedelics, are a class of drugs that produce sensory distortions or hallucinations, including major alterations in colour perception and hearing. Hallucinogens may also have additional effects, such as relaxation and euphoria or, in some cases, panic. Hallucinogens include lysergic acid diethylamide (LSD), psilocybin, and mescaline. PCP, Marijuana, PCP, LSD are the most commonly used hallucinogens.

j) Marijuana/Cannabis

Marijuana is derived from the Cannabis sativa plant. It is generally classified as a hallucinogen because it can produce perceptual distortions or mild hallucinations. It is also known by various street names such as bhaang, ganja, charas, hashish, pot, weed. Cannabis can produce anxiety, paranoia, and a sense of derealisation. It is the most prevalent illegal drug used around the world. About 40% of the U.S. population age 12 or older has tried cannabis at least once, and about 10% has tried it within the last year (Singh & Gupta, 2017).

k) PCP (Phencyclidine)

Phencyclidine was developed as an anaesthetic in the 1950s but was discontinued as such when its hallucinatory side effects were discovered. Use of this substance causes hallucinations, accelerates the heart rate and blood pressure and causes sweating, flushing, and numbness. PCP is classified as a deliriant—a drug capable of producing states of delirium. It also has dissociating effects, causing users to feel as if there is some sort of invisible barrier between themselves and their environments. It is also called "angel dust". Its popularity has since waned, largely because of its unpredictable effects.

In summary, adolescents prefer an autonomous and independent life that is free from adult control, thereby engaging in various delinquent acts (drug abuse,

rape, robbery, cultism and vandalism) that are dangerous to the home, community, school and the nation. The impact of drug abuse among adolescents has been a stigma of moral decadence, violence, thuggery, assault, madness and murder (Fareo, 2012). Many social, economic and political factors have contributed to the global spread of alcohol and other drugs. In the nineteenth century, drugs tended to only be available where they were produced, or very close to the source of production. However, the growth of transportation, tourism, and communications in the twentieth century has made it possible to transport goods and people quickly to any part of the world. Drugs too are being transported to distant places. several societal and environmental factors go a long way in contributing to this tremendous increase in drug abuse, and they are: (a) Proliferation of patent medicine stores whether licensed or not, (b) Parental negligence, (c) Economic backgrounds, (d) Peer pressure, Societal failure in reporting drug-related cases to the appropriate authorities (Eric, 2017).

Substances commonly associated with drug abuse-related deaths are cocaine, heroin (and other opiates), barbiturates and amphetamines (and amphetamine derivatives). Benzodiazepines, hallucinogens, cannabis and other substances are less frequently implicated. Combinations of drugs and alcohol were frequently noted (UNDCP, 1995). Cocaine, heroin, marijuana, and amphetamines are examples of drugs classified to have abuse potential (Bureau of Justice Statistics, 1994). These classifications can change over time, and new drugs can become

classified. Class A includes cocaine, crystal meth, ecstasy, LSD, magic mushrooms, heroin, methadone and amphetamines that are injected Class B includes amphetamines in powdered form, Ritalin, ketamine, methadone and cannabis Class C includes khat, temazepam, valium and anabolic steroids (SCCJR, 2003).

Adolescent students discourteously depend on one form of drug or the other for their various daily activities such as social, educational, political, moral etc. such drug include tobacco, Indian hemp, cocaine, morphine, Heroine, Alcohol, Ephedrine, caffeine, Glue, Barbiturates (Muritala et al., 2015). According to Duffy Nepa Rehabilitation, the ten most common drugs abused by youths are tobacco, alcohol, marijuana, prescription drugs, Benzos, cocaine, stimulants, Hallucinogens, Heroine and Methamphetamine. Marijuana, tranquillizer and cocaine according to Ani (2014) formed the major drugs abused mostly by secondary school students in Lagos. With the inclusion of Cocaine, Heroin, and Hallucinogens, another numbers of considerable youths in Nigeria have improvised other useful drugs like caffeine, and antipyretics (Eric, 2017).

2.7 The Nexus between Drugs, Substance Abuse and Youth Engagement in crime.

Crime and drugs may be related in several ways, none of them simple. First, illicit production, manufacture, distribution or possession of drugs may constitute a crime. Secondly, drugs may increase the likelihood of other, non-drug crimes

occurring. Thirdly, drugs may be used to make money, with subsequent money-

laundering. And fourthly, drugs may be closely linked to other major problems,

such as the illegal use of guns, various forms of violence and terrorism (UNDCP,

1995). Also, drug addicts commit petty crime to enable them to continue buying

(Office of Health Economics, 1995).

Drugs are also related to crime through the effects they have on the user's

behaviour and by generating violence and other illegal activity in connection

with drug trafficking. There are a number of offences associated with these

controlled drugs: These include, but are not limited to: Possession (e.g. having

these drugs in your possession), Supply (e.g. selling these drugs to others),

Importation and exportation (e.g. bringing these drugs in or out of the country)

and Production (e.g. being involved in producing these drugs) (SCCJR, 2003). As

drug misuse increases, some people may resort to crime, such as burglary, to find

items that can be stolen and sold to others to raise money to buy more drugs.

Others may resort to more serious crimes such as robbery, theft, extortion -

anything to secure money to buy drugs. Some people will resort to dealing to raise

income (Indirect, 2018). The social effect looks at issues dealing with increasing

criminal activities associated with drug abuse like robbery, burglary, rape,

vandalization of public properties, increasing rate of HIV/AIDS (Eric, 2017).

2.8The Interface between Drugs, Substance Abuse and the Rate of School Failure

and Academic Performance.

Alcohol and drug consumption have some detrimental effects on pupils' cognitive abilities, for instance, by decreasing their ability to concentrate. Concerning the indirect channels, drug and alcohol consumption may, for instance, be responsible for shifting individuals' resources away from schooling. Additionally, it may undermine students' progress by making them less likely to attend classes or keep up with their studies (Muritala et al., 2015).

Amadi&Akpelu (2018) noted a correlation between drug abuse and the academic performance of secondary school students. They found that drug abuse alters the brain chemistry and interferes with the student's ability to make decisions and concentrate on their studies and academic work. Drug abuse has made students less serious and concern about their academic as they stay away from classes and lessons. Drug abuse also debilitates the strength and will power of the students to study their books and engage in their academic activities, which has led to their poor performance. Students' ability to make decisions and concentrate on their academic work is also one of the effects of the use of drugs. It results will come in impairment of developmental activities or capacity of the students and destabilizes their body function and emotion for academic proficiency. Due to various bodily and mental diseases and problems associated with drug abuse, many students find it difficult to face their academic work.

Muritala et al. (2015) study also showed that there is a significant difference between the academic performance and students who abuse drugs and those

who do not and there is significant gender difference among adolescent substance abusers on the basis of academic performance. Abdu-Raheem (2013) study determined that there was a significant relationship between family background, peer influence, family cohesion, and drug abuse. Findings also revealed that 49 (22.3%) abuse Amphetamines like Tramol, Tramadol or Tradyl. 50 (22.7%). The research also shows that poor academic performance is one of the effects of this substance /drugs on the student. Other effect includes truancy and decreasing their ability to concentrate (Chukwu et al., 2017). In another study, it is established that drug use is common among secondary school students. This leads to poor academic performance and increases in indiscipline cases among students (Kavutha, 2015). Also in another study, it is confirmed that the impact of substance disorder on academic growth, with T1 –T2 pairings in which substance disorder increased resulting in a decrease in academic growth (Rattermann, 2014).

2.8.1 The Nexus between Drug, Substance Abuse and Mental Health Problems

Mental health issue and drug or alcohol addiction have their own unique symptoms that may get in the way of your ability to function at work or school, maintain a stable home life, handle life's difficulties, and relate to others. To make the situation more complicated, co-occurring disorders also affect each other. When a mental health problem goes untreated, the substance abuse problem

usually gets worse, when alcohol or drug abuse increases, mental health problems usually increase too (Joanna et al., 2018).

People use substances because of the impact they have on the way they feel and think. The impact substances have will depend on the individual's mental and physical state as well as the nature and intensity of any mental distress. It will also depend on factors including the type, quantity and mix of substances used, including prescribed medication, as well as the amount the individual is used to taking and the route of administration. The following analyses give examples of the broad effects of substances on the way people think and feel: for instance, alcohol, solvents, serves as anxiety Depressants Depress while the CNS Reliefs of tension. Stimulants create a sense of feeling of well-being and calm. Sleeping tablets maintain possible drowsiness and loss of benzodiazepines, concentration. e.g. diazepam).

Stimulants also stimulate the CNS. Feeling more lively with increased energy is the stimulated by cocaine. Also increased energy, ecstasy, the awake and heightened mood is the impact of the use of amphetamine. While increased stamina is the cause of the use of steroids. Khat necessitates nervousness, anxiety and sleep loss. GHB, alter perceptual, change people's perceptions. Heightened function senses and mood, visual distortions and hallucinations are the cause of the use of cannabis. Euphoria and feelings of floating are the causes of the use

of ketamine. Reduce pain, reduce sensitivity to pain and Feelings of warmth and contentment are the causes of the use of heroin and codeine. Sedation and methadone etc can mask symptoms of mental distress (Galvani & Livingston, 2012).

Reporting on the effects of alcohol and drug abuse on fetuses in a study carried out in four Danish cities, a researcher found that the extent of maternal drug abuse is correlated with obstetric complications and developmental characteristics of the foetus. The effects of an unstable foetal life carry over into childhood (UNDCP, 1995). Because addiction changes the brain in fundamental ways, disturbing a person's normal hierarchy of needs and desires and substituting new priorities connected with procuring and using the drug. The resulting compulsive behaviours that override the ability to control impulses despite the consequences are similar to hallmarks of other mental illnesses (NIDA, 2010).

American Addiction Centers (2018) noted that it has long been established that chronic use of opioids drugs, such as morphine, heroin, Vicodin, OxyContin, tramadol, etc., results in hindering the immune system's ability to fight off both viruses and bacteria invaders. Research suggests that morphine, the prototypical opioid drug, suppresses the activity of the different types of white blood cells that are important in fighting off infections. This suggests that individuals who

chronically abuse opioid drugs are susceptible to any number of infectious diseases and will most likely experience respiratory infections like colds and influenza (due to a combination of the drugs inhibiting respiration and suppressing the immune system), cardiovascular infections, and issues with the liver and kidneys.

The broader context of addictive substances includes tobacco, alcohol and solvents (including glues, thinners and gasoline). All of these substances have several important characteristics in common. They alter the function of the human brain and have an impact on behaviour; they are widely used throughout the world; and they burden society by increasing social and economic costs for productive enterprises and by drawing upon limited government services (UNDCP, 1995).

Alcohol and drug abuse can increase the underlying risk for mental disorders. *Mental disorders are caused by a complex interplay of genetics, the environment, and other outside factors. If you are at risk for a mental disorder, abusing alcohol or illegal or prescription drugs may push you over the edge. There is some evidence, for example, that certain abusers of marijuana have an increased risk of psychosis while those who abuse opioid painkillers are at greater risk for depression ((Joanna, Melinda, Lawrence & Jeanne, 2018). Elisabet et al. (2017) noted that the Prevalence of suicidal ideation/plans was high among illicit drug users. Early life trauma, deprivation, and persistent stress can make the*

individual more vulnerable to develop abnormal effects on the brain following early drug exposure (UNODC, 2017).

2.8.2 Mental health and substance abusers.

In a different narrative, It was gathered that most drug and substance abusers were mental health-related cases. According to the World Health Organisation most alcohol consumers were mentality depressed individuals. Mental health issues, especially in Lagos Nigeria, is not what is seen as illness especially when it has not degenerated to mental sanity, it is important to understand that ensuring drug and substance consumption is curbed and managed the mental health cases need to diagnose.

Fundamental, about mental health 2015

Mental health problems are one of the main causes of the burden of disease worldwide.[1] In the UK, they are responsible for the largest burden of disease– 28% of the total burden, compared to 16% each for cancer and heart disease.[2]

One in four people in the UK will experience a mental health

problem in any given year.

Mental health services in the UK are overstretched, have long waiting times and in some regions lack specialist services. Despite this, public spending is focused almost entirely on coping with crisis, with only an insignificant investment in prevention.[4] Mental health research receives only 5.5% (£115 million) of total UK health research spending.[5]

Around 50% of women with perinatal mental health problems are not identified or treated. The costs to the UK economy for untreated perinatal mental health problems is estimated to be around £8.1 billion for each one-year cohort of births; this is the equivalent to

around £10,000 per year for every single birth in the UK. These costs are generally the result of not identifying mothers' mental health needs or treating them actively.[6] However, when mothers are referred, there are known treatments that work well for most cases.[7] Paternal mental health is also of crucial importance. Postnatal depression in fathers has been associated with emotional and behavioural problems in their child.

Addressing drug and substance consumption basically in Lagos Nigeria, the need for mental health evaluation of victims, its causes, drug abuse and integration into the society properly. The mental health cases and causes that lead to drug addictions are

Clinical depression, Post-traumatic stress disorder, Schizophrenia/Psychotic, Obsessive-compulsive disorder, Personality disorder, Autism, Bipolar/mood disorder, Anxiety/fear disorder, Dementia, Attention deficit-hypertonia disorder,

Personality disorder

2.8.3 The Interface between Drugs, substance and crime

Crime and drugs may be related in several ways, none of them simple. First, illicit production, manufacture, distribution or possession of drugs may constitute a crime. Secondly, drugs may increase the likelihood of other, non-drug crimes occurring. Thirdly, drugs may be used to make money, with subsequent money-laundering. And fourthly, drugs may be closely linked to other major problems, such as the illegal use of guns, various forms of violence and terrorism (UNDCP, 1995). Also, drug addicts commit petty crime to enable them to continue buying (Office of Health Economics, 1995).

Drugs are also related to crime through the effects they have on the user's behaviour and by generating violence and other illegal activity in connection with drug trafficking. There are a number of offences associated with these controlled drugs: These include, but are not limited to: Possession (e.g. having these drugs in your possession), Supply (e.g. selling these drugs to others), Importation and exportation (e.g. bringing these drugs in or out of the country) and Production (e.g. being involved in producing these drugs) (SCCJR, 2003). As drug misuse increases, some people may resort to crime, such as burglary, to find items that can be stolen and sold to others to raise money to buy more drugs. Others may resort to more serious crimes such as robbery, theft, extortion - anything to secure money to buy drugs. Some people will resort to dealing to raise income (Indirect, 2018). The social effect looks at issues dealing with increasing criminal activities associated with drug abuse like robbery, burglary, rape, vandalization of public properties, increasing rate of HIV/AIDS (Eric, 2017).

2.8.4 Clinical depression

A mental disorder caused by persistent depressed mood or loss of interest in life activities. The depressed mood could be from fear to lose a job, fear of the future, fear of the unknown, fear of children and fear of losing a loved one. In Lagos Nigeria, we have people in this category going through all or one of the above predicament but because the government and all to whom it may concern has not wakened up to solving this part of mental health issues, drug and substance abuse becomes the option. "In most cases when this drug abuse

continues for a long duration of time, it resolves to the low immune system in the body and eventually creates room for diseases". (WebMD)

2.8.5 Post Traumatic Stress Disorder (PTSD)

While clinical depression is fear of not wanting to see the ill event to take place the Post Traumatic Stress Disorder is the psychological pain of seeing it happen not able to do anything about it. PTSD is a condition that can develop following a traumatic and/or terrifying event, such as a sexual or physical assault, the unexpected death of a loved one, or a natural disaster, failed marriage, robbery attack or fire outbreak on a property. People with PSTD often have lasting and frightening thoughts and memories of the event and tend to be emotionally numb. recreational drugs and substance are basically the last options especially a country where drug prescription is strictly done by health workers or medical doctors. The people in this category need proper close monitoring because when stigmatized they resolve to self-help. (WebMD). Mostly obvious that in Nigeria (Lagos) good numbers of people suffer this mental health disorder (PTSD) the question is how do we differentiate those already addicted to drugs due to this past horrific event and those managing the PTSD without drug and substance abuse.

2.8.6 Schizophrenia/Psychotic

Disorders are distorted by awareness and thinking. This disorder is common with hallucination, in this situation images and sounds seem real and the patient hears a voice and see an image that the third party cannot hear or see. The delusions, which are false fixed beliefs that the ill person accepts as true, despite evidence to the contrary. (WebMD). In most cases, it is one of the most complicated mental health cases. It was researched that most patients in this

category employ the use of drug and substances to fight the unimaginable voice and image.

2.8.7 Obsessive-compulsive disorder(OCD)

People with OCD are often obsessed with one thing or the other, very similar to Clinical depression but in the case of OCD the situation is much extreme, it is the result of fear of unknown basically from issues of life that includes but limited to fear of fail marriage, fear of germ, fear of spiritual attack as in most cases in Africa, the plagued of constant thoughts or fear this thoughts and fear and prompt most persons affected by this mental health symptoms engage themselves in certain rituals or routines. For most cases, women that are obsessed with a partner in fear of losing such partner engage the help of a spiritualist for rituals and seeking powers to cast a spell to influence the being of the partner into loving her. An example is a person with an unreasonable fear of germs who constantly washes his or her hands. In most cases, if the spiritual routines did not yield result as expected the frustrations lead most of the persons to drug and substance abuse or unhealthy eating habit. (WebMD)

2.9   The Interface between Drugs, Substance Abuse and the Increase Risk of Contracting Infectious Disease (like HIV and STDs).

Several communicable infectious Diseases, including AIDS, hepatitis B infection, gonorrhoea, syphilis, and tuberculosis, are increasing among drug abusers (Haverkos, 1991). Two-thirds of the AIDS cases, adults and children, are in Africa, where the primary means of spread is heterosexual contact. Males may acquire the virus through the use of dirty injection equipment and then transmit it to

female or male sex partners. In many countries, the recent rapid diffusion of injecting has been followed by major outbreaks of HIV infection (UNDCP, 1995). Drug injectors who do not enter treatment are up to six times more likely to become infected with HIV than injectors who enter and remain in treatment (NIDA, 2016).

Drug abuse and addiction have been inextricably linked with HIV/AIDS since the beginning of the epidemic. Intravenous drug use is well known in this regard (NIDA, 2012).

The use of many of these drugs increases the likelihood that individuals will engage in risky behaviours, such as unprotected sex. This can result in a number of sexually transmitted diseases, the spread of HIV, and the spread of diseases like hepatitis B and C. (American Addiction centres,2018). The use of drugs of abuse, both recreationally and medicinally, may be related to serious public health concerns. There is a relationship between addictive drugs of abuse such as alcohol and nicotine in cigarette smoke, as well as illegal drugs such as opiates, cocaine and marijuana, and increased susceptibility to infections.

Drug injection, because of the health and social problems associated with it, remains the biggest cause of morbidity and mortality resulting from the abuse of drugs. Injecting drug use is the main, or a major, mode for the transmission of HIV in many countries of Asia, Europe, Latin America and North America (UNAIDS

1998). Transmission of HIV disease is fueled in part by the use of illicit drugs. In addition to direct transmission through sharing injection drug equipment, indirect transmission occurs through sexual contact with HIV positive injection drug users. Moreover, the use of both injected and non-injected illicit drugs increases the risk for HIV because of their effects on decision making and sexual risk-taking. Drug abuse and addiction have always been inextricably linked to HIV/Aids. For many years, people often believed that this connection was due only directly to the substance abuse, i.e. injection drug use and needle sharing (Avron, 2014). People who engage in drug use or high-risk behaviours associated with drug use put themselves at risk for contracting or transmitting viral infections such as HIV/AIDS or hepatitis. This is because viruses spread through blood or body fluids. It happens primarily in two ways: (1) when people inject drugs and share needles or other drug equipment and (2) when drugs impair. There is an array of factors that put adolescents at risk for or protect them against, using tobacco, alcohol, and other drugs. Risk factors are personal and environmental factors that increase the likelihood that a person may experience adverse outcomes. Personal risk factors include experience and competence such as knowledge, skills, values, beliefs, and physical health. Environmental risk factors include stressors and barriers, such as family/peer conflict, lack of opportunity, and economic deprivation.

According to Basu, Aggarwal, Das, Mattoo, Kulhara, & Varma (2012), to identifying and reducing risk factors for a particular problem in living increases the chances of preventing problems associated with such risks. Further, reducing risk

factors that are common to a number of problems will likely reduce multiple problem behaviours and the environmental conditions which support them.

Protective factors are personal and environmental factors that decrease the likelihood that a person may experience a particular problem (Basu, Aggarwal, Das, Mattoo, Kulhara, & Varma, 2012). Protective factors act as buffers against risk factors and are frequently the inverse of risk factors. For example, a personal risk factor such as poor skills in refusing offers to use alcohol or other drugs can be reversed to become a protective factor of strong refusal skills.

Further, an environmental factor of tobacco and alcohol products that are easily accessible to underage youth can be modified to become a protective factor of tobacco and alcohol products that are inaccessible to youth (Becker & Hu, 2008). Attention to both reducing risk factors and enhancing protective factors, as well as local issues and contexts, is necessary to build a strong and thorough understanding of the problem of substance abuse in your community.

Personal risk factors for substance abuse include: poor school grades, low expectations for education, school dropout, poor parent communication, low self-esteem, strong negative peer influences, peer use, lack of perceived life options, low religiosity, lack of belief about risk, and involvement in other high-risk behaviors (Bhalla, Dutta & Chakrabarti, 2006). Environmental risk factors include: lack of parental support, parental practice of high-risk behaviors, lack of resources in the home, living in an urban area, poor school quality, availability of

substances, community norms favorable to substance use, extreme economic deprivation, and family conflict (Bhalla, Dutta & Chakrabarti, 2006).

Protective factors may include peer tutoring to improve school grades, mentoring and scholarship programs to increase educational opportunities, programs to build strong communication and refusal skills, information to increase understanding about risk, and the enforcement of local laws prohibiting the illegal sale of tobacco and alcohol products to youth (Basu, Aggarwal, Das, Mattoo, Kulhara, & Varma, 2012).

Taken together, risk and protective factors can inform decisions about the types of preventive interventions that may be most effective, as well as, decisions about the people whose behaviour needs to change and the people who can contribute to solutions. This planning guide is designed to assist in the development of a community-based initiative that facilitates and supports the implementation of a wide variety of preventive interventions (changes in programs, policies, and practices) to prevent adolescent substance abuse. A strong understanding of risk and protective factors associated with substance use can help advise the initiative on the comprehensiveness and sufficiency of its action plan to reduce substance use among youth.

2.12   *Review of Empirical Literature*

This section chronicles a review of relevant and related empirical literature necessary to understand and evaluate the effect of drugs and substance abuse

on youth development with specific reference to Lagos state in particular and Nigeria in general.

Nyege and Ogoloma (2014) examined substance abuse among university undergraduate causes, prevalence and effect. The study adopted a cross-sectional descriptive survey to randomly selected four universities in the Western state of Nigeria, a total of 150 undergraduates were involved in the study. Data was collected through a questionnaire from the four universities. Information collected was on tobacco (Cigarette) smoking, alcohol, stimulant, barbiturate and caffeine substances. The study was carried out between June 2005 to October 2006. Permission was obtained from the university authorities. The aims of the study were explained to the undergraduates before the questionnaire was distributed. The data were analyzed using the statistical t-test at 0.05 level of significance to test the hypotheses of the study. During the study, 150 undergraduates filled their questionnaires correctly out of 250 administered 78 (52%) male and 72 (48%) female) overall, 150 undergraduates admitted having abused drugs (alcohol, cigarette, amphetamines) in the past six months and most of them agreed that they use these drugs on a daily bases.

The findings established that there is no significant difference in the pattern of drug abuse among the students of federal and state universities. This result is support often claim of Brynner (1980) that youths have been taking drugs as a routine part of their peer group life. These groups are strongest in the suburbs of

major cities and in rural areas and smaller cities. 0' Brien, Rossi and Richard (1987)

confirmed this by saying that youths influence one another greatly especially in

the area of drug taking. There is a likelihood of inter-campus interaction and

effect.

This is also in line with the study carried out by substance abuse and health

services. Administration (1995) where 52 per cent of American aged 12 or older

used alcohol. About 16 per cent engaged in "binge drinking" meaning that they

drank 5 or more drinks on the same occasion within a month and about 6 per

cent were heavy drinkers defined as having had 5 or more drinks on the same

occasion on at least 5 different days in the past month. Carlson (2001) supported

the finding saying that "drug abuse adolescent is on the rise everywhere, in

communist countries as well as capitalist, in poor countries as well as rich, in rural

areas as well urban areas.

The second hypothesis which says there will be no significant difference in the

pattern of drug abuse among male and female students in the study was also

confirmed. This is in line with a study carried out by Hawker (1978), in her study of

thirteen to eighteen years old, she found that 68 per cent of the boys and 66 per

cent of the girls reported having been intoxicated at the same time during the

previous years. While a further 16 per cent of boys and 10 girls reported having

been very drunk on more than one occasion during the year. Plant et al (1985)

found that 70.4 per cent of boys and 61 per cent of girls reported having been

drunk to a greater or lesser degree during the previous six months. This also agrees with one national study carried out by the Harvard school of public health where binge drinking was described as having more than 4 (for women) or 5 (for men) who drinks at a time on a least three occasions during the previous 2 weeks (Wechsler, Davenport, Dowdale, Hoeykins& Castillo (2002). Data from the study of 18,000 students at 140 unites states colleges revealed that 50 per cent of the males and 40 per cent of the female met this bingeing criterion, yet fewer than 1 per cent saw themselves as having an alcohol problem.

The third hypothesis which states that there will be no significant difference in the pattern of drug abuse among the lower and upper socio-economic group was established to be true. One possible reason, one can adduce from this result is that university students from both low and high socioeconomic groups get themselves influenced to take drugs through peer group interaction in the campuses. According to Olatawura (2001) and Odejide (1991), from their studies, it has been discovered that cannabis usage cut across all social class. They agreed that adolescents from privileged and less privileged homes all use cannabis. Odejide and Ohaei (1991) in their study of the patients admitted in Nigeria mental hospitals for drug-related psychosis observed that both patients from low and high socio-economic groups all abuse drugs. Akinboye (2004) findings also support this view when he wrote that adolescents tend to conform more to peer standard rules, values, and aspirations irrespective of their social background to abuse different drugs to intoxication.

The fourth hypothesis which states that there will be no significant difference in the pattern of drug abuse among the Muslim and Christian students was also confirmed to be true, that both muslin and Christian's students engage in drug abuse.

Flowing from the above, the study concluded that parents, teachers etc should be role models to these adolescents by minimizing drug abuse in different homes/schools. Adolescents should seek advice from significant other/counsellors /clinical psychologist etc. than peers in times of crisis.

The government should ban the sales of these abuse drugs in the shops. The public should be educated on the intake and complications of these drugs (campaign against drug abuse). Treatment of adolescents' adults should commence immediately any side effect is noticed. Rehabilitation centres should be built in all states of Nigeria to treat those that are battered by these drugs. Government and rich individuals should sponsor it.

Nyega and Ogoloma (2014) therefore recommended that drug education should be taught in the primary schools during the pupil's formative years. This will help them to understand the uses and side effects of drug use. Drug education should be included in the curriculum for secondary and tertiary institutions, to remind them of the adverse effect of the use and abuse of drugs, people who are aware of the effect of various drugs. Public enlightenment programmes should be intensified.

This could be done through the mass media, like the radio, television, program, newspaper, through paid advertisement, handbills, posters, billboard and through seminars, conferences and workshops. Positive advertisements should not be made as they entice the youths to engage in smoking as they imitate the models used for the advertisement. Parents should advise their children against the indiscriminate taking of drugs. Parents should live an exemplary life worthy of emulation by their children. Parents who abuse drugs should seek professional counsellors for help and when they are treated, they should make up [or their shortcomings.

The government should vote more money for health care and drugs made available to hospitals to serve the people equally. Only qualified pharmacists should operate pharmacy stores, parents medicine stores should only be given to qualified nurses and quarks should be eradicated in the Federation. All these will minimize the use and abuse of drugs. Alcohol should also be banned and should not be sold in university campuses primary schools and in public places especially by hawkers in the motor parks as this affects our youths and adults.

Employment opportunities should be provided by the government to the young school leavers and they should improve the standard of living to all citizens. Rehabilitation centres should be made available by the state and Federal governments to treat the drug addicts. More medical doctors, nurses,

pharmacists, social workers and other health personnel should be recruited to meet the high demand of the patients.

There should be a follow-up program for these drug addicts for a quick recovery. Mental health services including drug abuse programs should be integrated into the primary health care program. Also, counsellors should be sent to schools to guide the youths on how to solve their problems without resorting to the use of drugs. We should also teach our children the fear and word of God which will be guiding principles in their lives as they grow to adulthood.

Singh and Gupta (2017) did a study on drug addiction: current trends and management in India. The study established that current studies on the prevalence of substance use throughout the world show a vast majority of people suffering from drug use disorders. Drug-related death is a major concern. One of the first studies on drug use in India was the National Survey on Extent, Pattern and Trends of Drug Abuse in India (2000) which highlighted the need for intervention. Present studies point to the high prevalence of drug use in India, with increasing rates of cannabis abuse, abuse of prescription medications and polysubstance abuse. Studies point to gender differences in prevalence and use of drugs. Drug use in women tends to be rapid and also there is a lack of access to care for women with substance abuse. There are a number of viewpoints which explain the initiation and maintenance of substance use. These include the biological perspective which points to the role of neurotransmitters and genetic factors. The

psychological perspective includes the role of reinforcement, psychodynamic and cognitive explanations. Socio-cultural perspective highlights the role of environment in drug addiction.

Some risk and protective factors have also been identified which either make the individual more vulnerable or more resilient towards substance use. Drug addiction, however, can be treated with treatment medications and psychological treatment, prevention is a major goal in adolescents with programs such as providing normative education and competence enhancement.

Kluger, Triolo, Jones, Jankovic (2015); Secades-Villa, Garcia-Rodríguez, Jin, Wang, Blanco (2015) did a study on people who had not used other illegal drugs before their cannabis consumption, from a sample of 6,624 people who had not used other illegal drugs before their cannabis consumption the overall probability of later use of other illegal drugs was estimated to be 44.7%. Subgroup analyses showed that personal and social conditions, such as gender, age, marital status, mental disorders, family history of substance abuse, overlapping illegal drug distribution channels, alcohol use disorder, nicotine dependence, ethnicity, urbanicity, and educational attainment influenced the height of probability

A study of drug use of 14,577 US 12th graders showed that alcohol consumption was associated with an increased probability of later use of tobacco, cannabis, and other illegal drugs. Adolescents who smoked cigarettes before age 15 were up to 80 times more likely to use illegal drugs (Kirby & Barry, 2012). Large-scale

longitudinal studies in the UK and New Zealand from 2015 and 2017 showed an association between cannabis use and an increased probability of later disorders in the use of other drugs(Courtney, Mejia, &Jacobus, 2017; Taylor, Collin, Munafò, MacLeod, Hickman, Heron, 2017;Badiani , Boden, De Pirro, Fergusson, Horwood, Harold, 2015)

2.13   Gap in Literature

There are ample studies that have tried to explore the effect of drugs and substance abuse on youth development across different parts of the world; however, such studies have often employed a partial analysis, with emphasis on the family. While there are a number of empirical studies from Western developed and Asian countries on the positive relationship between drugs and substance abuse and youth development, corresponding studies from a developing country like Nigeria still remains scarce despite the negative role of drugs abuse on human development. Although, drugs and substance abuse are a widely debated concept among academics, consultants and practitioners, however, little attention has been dedicated to assessing and documenting its effect on youth development in Nigeria. Clearly, the major lacuna in the review of the related literature relates largely to the dearth of published studies dealing with the criterion and predictors of the effects of drugs and substance abuse on youth development in Nigeria. Most of the reviewed literature dealt with the issues of

drugs and substance abuse and youth development in the Western and Asian countries.

There was small empirical research which predominantly linked drugs and substance abuse with youth development. For example, Nyame, Magaji, Teru& Titus (2018) examined the Economic Implications of Drug Abuse among the Youths, Kavutha (2015) explored the influence of Drug Use on Academic Performance among Secondary School Students in Matinyani District of Kenya, and Fareo (2012) discussed about drug abuse among Nigerian Adolescents: Strategies for counselling. Rattermann (2014) measured the impact of substance abuse on student academic achievement and academic growth advances in school in the US; Muritala, Godwin, Anyio, Muhammad &Ajiboyeanalysed the impact of substance abuse on academic performance among adolescent students of colleges of education in Kwara State, Nigeria. Victor, Godwin &Isah (2018) wrote on drug abuse and academic performance: a study of gender variation among adolescent students, Muhammad, Sobia, Rabia & Junaid (2015), did a study on drug abuse among the students; Gobir, Sambo, Bashir, Olorukoba, Ezeh, Bello, Usman, Salaudeen, Joseph, Bashar, & Omole (2016) examined prevalence and determinants of drug abuse among youths in a rural community in North Western Nigeria; Chukwu, Terhemba, Mesuur, Haruna, Terkuma&Achukwu (2017), explored the effects of substance/drug abuse on the academic achievement of secondary school students in Mkar metropolis, Gboko, Benue State. In Nigeria, no such empirical research was available which linked

drugs and substance abuse with youth development. While sufficient evidence was available in the existing literature to expect a positive relationship between drugs and substance abuse and academic achievement. However, empirical literature that deals with the reliability and validity of the effect of drugs and substance abuse on youth development in Nigeria is rare. Consequently, this study, the effect of drugs, substance abuse on youth development in Lagos State Nigeria, fill the gap in the literature.

2.12   Theoretical Framework

As is the tradition in social and management sciences, no one theoretical approach can adequately explain a social phenomenon. Nonetheless, we need a platform on which to interrogate our subject of discourse because the theoretical analysis is embarked upon to clarify, illustrate and provide a road map for navigating the contour of social phenomena (Igbokwe-Ibeto et' al, 2016). For this purpose and bearing in mind the constraints before us, we find the Political Economy and Gateway drug theory, a term formally conceptualized by German Scholar, Karl Marx and Robert DuPont useful to anchor the study. This is because when the issue of drugs and substance is raised in contemporary times, the political economy and gateway drugs theories come out forcefully. Their usage is to interpolate the relationship between drugs abuse and youth development in Nigeria. However, all theories are born refuted, the political economy and

gateway drugs theories not an exception. The theoretical framework for this study is provided by the Political Economy and Gateway drug theory. These theories are suitable and accepted as the theoretical framework for the study. Their usage is to interpolate the relationship between drugs abuse and youth development in Nigeria.

2.13. Political Economy Theory

For the purpose of this study, the Marxist Political Economy Theory was adopted as one of the theoretical frameworks for the thesis to facilitate a sound academic analysis of the relationship between drug abuse and youth development in Lagos State. Marxist Political Economy Theory is associated with the German Scholar, Karl Marx. As its tenet, the theory relies heavily on the materialist conception of history and therefore argues that all social processes in human history are determined by the inherent and ongoing economic activity cum relationship that acts themselves out in that particular society. Karl Marx's writings provided a uniquely insightful explanation of the inner workings of capitalism, which other schools of thought generally have difficulty explaining. From this vantage point, Marx's works help to explain important features and economic problems of our age, especially as it relates to political cum economic undoing responsible for the incessant dwindling economy and social pressures that characterized the environment in Nigeria and Lagos State in particular. Max has listed the unequal

distribution of wealth, in this instance the accumulation of wealth by few as responsible for social unrest, poverty, unemployment which invariably have forced some youths to engage in drug abuse.

Lagos is a capitalist state. As Marx has portrayed, Capitalist economies are unstable because of the conflicting forces of extraction, realisation, and accumulation of surplus value under competitive conditions. This instability is structural, and even the best economic policies cannot avoid it completely. These competitive conditions create a cycle of class and exploitation. The bourgeois, on one hand, is the owners of the means of production (capital, land, power etc.) while the preliterate provide their labour. This condition of exploiter-exploited as Marx has predicted will create a society and class that is too strong and concentrates resources in few hands and economic instability that will erode the family value system. The erosion of family value system can a create a family factor that may lead to or intensify drug use which are thought to include prolonged or traumatic parental absence, harsh discipline, failure to communicate on an emotional level, chaotic or disturbed members and parental use of drugs, which provides a negative role model for children, lack of household stability, income or employment for a parent which may increase stress on the family. Its vulnerability will result in pushing marginal individuals to find "solutions" or solace in alcohol or drugs.

All these conditions play itself out in the economy of Nigerian. The fall-out will include chaos, rising crime, instability and other social vices like youth indulgence in drug abuse. Although Marx theory has its contradictions and shortfalls, for instance, it has suffered the most from authors as being outdated, however, one important aspect of the political economy theory is that Polity and the economy determine and conditions the actions of state and conditions the social and economic status of individuals in society.

2.14. Gateway drug theory

The phrase gateway drug was first popularized by anti-drug activists such as [Robert DuPont](#) in the 1980s; the underlying ideas had already been discussed since the 1930s by using the phrases stepping-stone theory, escalation hypothesis, or progression hypothesis. The scientific and political discussion has intensified since 1975 after the publications of several longitudinal studies by [Denise Kandel](#) and others.

The concept of gateway drug is based on observations that the sequence of first-time use of different drugs is not random but shows trends. On the basis of established techniques of longitudinal studies, such trends can be described precisely in terms of statistical probability. As to the interpretation of the observed

trends, it is important to note the difference between sequence and causation. Both may – but need not – be coupled, a question which is the subject of further research, e.g., by physiological experiments (Kandel, 2002).

Gateway drug theory (alternatively, stepping-stone theory, escalation hypothesis, or progression hypothesis) is a comprehensive catchphrase for the theory that the use of a psychoactive drug can be coupled to an increased probability of the use of further drugs. Possible causes are biological alterations in the brain due to the earlier drug and similar attitudes of users across different drugs (common liability to addiction). Scientific investigation of the possible causes is considered important for health policy concerning education and lawmaking. That is, gateway drug theory" describes the phenomenon in which an introduction to drug-using behaviour through the use of tobacco, alcohol, or marijuana is related to subsequent use of other illicit drugs. The theory suggests that all other things being equal, an adolescent who uses any one drug is more likely to use another drug. In practice, early introduction to substance use for adolescents is often through tobacco and/or alcohol. These two drugs are considered the first "gate" for most adolescents. Under this hypothesis, tobacco, alcohol, and marijuana are all considered "gateway drugs," preceding the use of one another and of illicit drugs (Encyclopedia of Public Health, 2002).

Marijuana can be known as a gateway drug due to its underage and recreational use, along with its damaging effects, which can cause addiction to other substances. Data and research of the use of marijuana of adolescents to adults deem possible use in other drugs, which can lead to addiction because of the chemicals and substances that abide when using. The states that have legalized marijuana gives underage users the advantage to claim product, which contains a psychoactive substance that can affect an individual in many different ways. According to Cleveland and Wiebe (2008), "marijuana is a gateway to other substances because genetically influences developmental trajectory". This gateway pattern is similar to other associated addictions such as alcohol and tobacco. There is also research claiming that marijuana use is associated with the probable use of cocaine, which is an addictive substance itself. Aside from the underage use of marijuana and its side effects, marijuana can be beneficial in many ways, such as medicinal uses. The substance itself is known for being useful for short-term and "small" physical and mental attributes, but there is not enough evidence to claim data of medicinal users for long-term necessities. Although marijuana can be used for medicinal aspects, research and data conclude marijuana as a gateway drug due to its effects and chemicals causing addiction (Cleveland, & Wiebe, 2008).

Relevance and Applicability of the Theories to the Study

The summary of the various views taken together, isolate the political economy and gateway theories as relevant in analyzing the subject matter of drugs and substance abuse to youth development because whenever the issue of drugs and substance abuse is mentioned in contemporary times, the political economy and gateway theories come out forcefully. Thus, the examination of drugs and substance abuse based on these theories enables us to have the bases for accessing its effect on youth development in Nigeria.

The political-economy perspective to analyzing social phenomena gives primacy to the economic mode of production and relations of production as the major drivers of the entire polity, As Ake (1981:108) puts it, and this method gives primacy to material conditions, particularly economic factors, in the explanation of social life. Therefore, once we understand what the material assets and constraints of the society are, how the society produces goods to meet its material needs, as the goods are distributed and what types of social relations exist from the means of production, we have come a long way to understanding the culture of that society, its law, its rigorous system, its political system and even its mode of thoughts (Obo & Coker 2014:529). However, we cannot possibly talk about unclear determinism because the economic system is also conditioned by the political structure in society and vis-visa.

The theories as relating to drugs and substance abuse also will enable Nigerian government to direct its searchlight for possible causes of youth's involvement in the crime. These theories are relevant and applicable to the study based on the fact that the input determines the output. Efforts at conceptualizing the various steps will help Nigeria as a country have an insight into the effect of drugs and substance abuse on youth development which is the central theme of this study.

2.15 Research Hypotheses

To determine the effect of drugs and substances abuse on youth development in Lagos State, Nigeria in this study, the following four research hypotheses will be tested for the purpose of this research.

1. **H$_0$:** *There is no significant relationship between the kinds of drugs and substances abused and youth engagement in crime in Lagos State, Nigeria.*

   H$_1$: *There is a significant relationship between the kinds of drugs and substances abused and youth engagement in crime in Lagos State, Nigeria.*

2. **H$_0$:** *Drugs and substances abuse does not have any significant effect on the rate of school drop-outs and academic performance among youths in Lagos state, Nigeria.*

H₁: *Drugs and substances abuse have a significant effect on the rate of school drop-outs and academic performance among youths in Lagos state, Nigeria.*

3. **H₀:** *There is no significant relationship between drugs and substances abuse and impaired memory and mental health problems among youths in Lagos state, Nigeria.*

   H₁: *There is a significant relationship between drugs and substances abuse and impaired memory and mental health problems among youths in Lagos state, Nigeria.*

4. **H₀:** *Drugs and substances abuse does not have any significant effect on the risk of contracting the infectious disease (HIV and STDs) by youths in Lagos state, Nigeria.*

   H₁: *Drugs and substances abuse have a significant effect on the risk of contracting the infectious disease (HIV and STDs) by youths in Lagos state, Nigeria.*

The preceding chapter reviewed past works related to the study. This chapter discussed the major methodological issues with respect to the study. Specifically, there are two methodological issues involved. These are the methodology of the research generally and the field studies which were carried out in 27 local governments that made up the Lagos State of Nigeria. These two discussions were followed by a brief discussion on the reliability of the research instrument. The core objective of this chapter is to delineate the steps followed in carrying out the

research by the researcher to produce the needed data with which to take pertinent statistical decisions.

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This study was carried out in Lagos State. Lagos State was the former federal capital city of Nigeria; it was created on May 27, 1967, by virtue of State (Creation and Transitional Provisions) Decree No. 14 of 1967. Although Lagos State is the smallest state in Nigeria, with an area of 356,861 hectares of which 75,755 hectares are a wetland, it has the highest estimated population of over 21 million which is over 10 per cent of the national estimates (Source: Lagos Bureau of Statistics, 2014). In 2003, many of the existing 20 Local Government Areas (LGAs) were split for administrative purposes into Local Council Development Areas. These lower-tier administrative units now number 56.

Lagos State is divided into five administrative divisions, which are further divided into 20 local government areas, or LGAs. They are:Agege, Alimosho, Ifako-Ijaye, Ikeja, Kosofe, Mushin, Oshodi-Isolo, Shomolu, Apapa, Eti-Osa, Ikoyi, Lagos Island, Lagos Mainland, Surulere, Ajeromi-Ifelodum, Amuwo-odofin, Ojo, Badagry, Ikorodu, Ibeju-Lekki and Epe The first 16 of the above LGAs comprise the statistical area of Metropolitan Lagos. The remaining four LGAs (Badagry, Ikorodu, Ibeju-Lekki and Epe) are within Lagos State but are not part of Metropolitan Lagos.

Lagos State is bounded on the North and East by [Ogun State](#). In the West, it shares boundaries with the [Republic of Benin](#). Behind its Southern borders lies the [Atlantic Ocean](#). 22% of its 3,577 km² are lagoons and creeks.

Although some groups speaking Yoruba dialects are native to Delta and Edo States, Lagos State is home to the Yoruba's. Historically, Yorubas had several kingdoms. Some of these kingdoms such as the Oduduwa had considerable influence in the region. Sociologically, known for their conservative systems of government, Economically, Lagos State is a major economic centre of Nigeria. It would be the fifth largest economy in Africa if it were a country. Its total generated [revenue](#) in 2017 was around ₦334 billion (equivalent to US$920 million), growing by 10.43% compared to 2016. Lagos is the most egalitarian society in Nigeria. Geographically, the area is a rainforest with average to heavy rainfall.

3.1   Research Methods

The research design is the structuring of investigation aimed at identifying variables and their relationships to one another. It is used for the purpose of obtaining data to enable the researcher to test hypotheses or answer research questions (Asika, 2009). According to Asika (2009), there are three main categories of research design. The diagram below summarizes the different designs.

Fig 3.1 Categories of Research Design

Research

Survey   Experimental   Ex post

Cross-   Longitudinal   Experimental   Quasi-experimental   One case design

1. Descriptive   1. Trend
2. Exploratory   2. Cohort
3. Explanatory   3. Panel
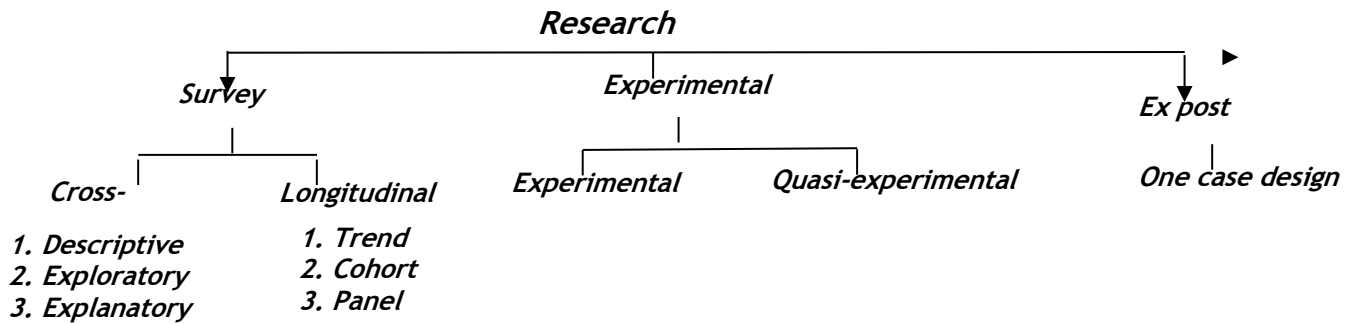
Source: Asika, N. (2006).

This study is essentially a cross-sectional survey research. Here the researcher infers information about the study population based on the responses of a sample drawn from the study population. It involves using a self-designed questionnaire in collecting data from the respondents. This method was chosen in order to make reference to the phenomena as they exist in real life. Apart from this, there are also some descriptive and explanatory analyses. The descriptive nature of the research creates an understanding of drugs, substances abuse and youth development in Lagos state Nigeria.

3.2   Justification for Methodologies

Basically, there are two major sources of data collection available to a researcher. These are primary and secondary sources of data. Thus, this study relied heavily on primary and secondary data. The primary data were collected using questionnaire, direct observation and interview. In this regard, the fixed

alternative, dichotomous, multiple choice open-ended questionnaires where questions were structured in line with the research objectives, research questions and research hypotheses in the study was used. Although the use of structured questionnaires to collect data has many advantages, the generally low percentage of documents being returned has to be borne in mind.

The fixed alternative, close-ended or structured questionnaires have the following advantages: information can be obtained from a large target population; it is an inexpensive way of collecting data and is not time-consuming and it implies a high degree of anonymity. Yet, it captures the attention of respondents easily; it stimulates the subject interest in the question and requires fewer skills to administer; it saves time and effort as it can be administered to many respondents at a time and reduces respondent's resistance to respond; the anonymity of respondents has a better chance of being guaranteed. The danger in the fixed-alternative approach is that it is overly restrictive. This is because it compels respondents to compress a variety of opinions into a single alternative which may not exist in reality. This weakness was however minimized with a conscious attempt at moderation in the design of the questionnaire.

In the open-ended or unstructured questionnaire, the responses may vary as the respondents vary. However, the most distinguishing aspect of it is that respondents have the freedom to provide answers without being compelled or restricted to a particular answer. Yet, it is capable of providing information which might not have been provided or thought of by the researcher. But one major shortcoming of the

open-ended questionnaire method is that it is difficult to subject the question to statistical analysis, since its quantification may be difficult (see Asika, 2006; Chukwuemeka, 2002).

In addition to the questionnaire, relevant information was also obtained through interactions (direct observation) with some of the respondents during which the researcher carefully sought clarifications on topical issues. The advantage of direct observation or face-to-face relationship is that it allows for a more detailed and comprehensive picture of the phenomenon under investigation, except that in some cases the observer may get emotionally involved in what is being observed making him or she lose the sense of objectivity.

The study also adopted an interview method of data collection. Patel & Davidson (2003) recommend four important preparations that are required in the interview process, these include: the evaluation of the interview guide to ensure that it covers every aspect of the problem; the evaluation of all questions to avoid questions that may divert focus on the problem; conduct a pilot study to test the reliability of the interview guide; practice the interview technique and have confidence about the content of the interview.

To meet these criteria, the functionality of the interview guide was tested through a pilot study (**Appendix C**) with some respondents under study. The rudimentary results helped the researcher to reformulate and add some questions to increase precision.

The advantage of using the interview method include but not limited to the fact that information gathered is likely to be more correct than that collected through questionnaire since it involves face-face interaction; it yields a high percentage of returns since most people can be reached and are likely willing to respond to questions asked; and asking sensitive and irrelevant questions can be hard or impossible in an interview situation. Interviews give the interviewer room to adjust questions as necessary, clarify, and ensure that the questions are properly understood by repeating or rephrasing them (See Mouton, 1996). Interviews also make it possible for the researcher to take note of non-verbal clues from the respondents, for example, frowns and nervous tapping which can be used to determine the final result.

To supplement the data from the primary source, some information was collected through a secondary source. Thus, secondary materials were sourced from academic literature on the subject matter. This serves as background materials. The survey covers published books, assorted journal publications, periodicals, circulars, diaries, pamphlets, and internet. The information derived from library and documentary research was utilized in writing the first two chapters which are basically theoretical and historical. Chapter three, which is the chapter on methodology, was written based on the survey instruments. Chapter four which is basically analytic was based on the analysis and interpretation of questionnaire responses as well as test of research hypotheses. Chapter five provides a

summary, conclusion and offer recommendations based on the identified problems.

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3.3   Research Instruments

The questionnaire as stated earlier formed the major research instrument for this study. This study utilized the variety of methods that require responses as 'Strongly Agree', 'Agree', 'Strongly Disagree' a Disagree' as invented by Rensis Likert, the US Sociologist, requested the respondents to indicate the extent to which they agree or disagree with the statement. A theoretical mean value of 3.0 was taken as a criterion to judge the mean for the items in the respective sections. Therefore, any item in the instrument which had a mean equal to or higher than 3.0 was regarded as agreed; while items with less than 3.0 were regarded as disagree. The survey questionnaire contains two sections. The first section comprises of demographic questions – relating to gender, education, respondents social status. The second section of the questionnaire is the operational data which deals with the substantive issues of the survey.

3.4   Validation of the Research Instruments

The purpose of the validation was to remove any obscure or ambiguous questions in the instrument and to ensure that the instrument actually measures what it is expected to measure (that is, the subject of the study). Therefore, some copies of the structured questionnaire were given to some experts and specialists in scale measurement at the Faculties of Education and Management Sciences, Nnamdi

Azikiwe University, Awka, Anambra State, Nigeria, to obtain their opinion on a face and content validity of the instrument. The opinion of these experts enabled us to restructure and/or modified the instrument to suit the research objectives.

3.5   Reliability of the Research Instruments

Reliability test to check the consistency of the various groups of variables in the measuring instrument over time was conducted using the test-re-test procedure and the Pearson Correlation Coefficient. Forty questionnaires were administered on Kirikiri prison staff and inmates in Lagos and the result collated. After four weeks, the same instrument was again administered on the same group of respondents and the results collated. Thereafter the two results were subjected to Pearson Correlation Analysis to check for consistency. A Pearson Correlation Coefficient of 0.985 was obtained, thus indicating that the instrument was highly reliable.

Table 3.5: Reliability Test (Correlation Result)

		Session A	Session B
Session A	Pearson Correlation	1	0.985**
	Sig. (2-tailed)		0.000
	N	40	40
Session B	Pearson Correlation	0.985**	1
	Sig. (2-tailed)	0.000	
	N	40	40

**. Correlation is significant at the 0.01 level (2-tailed).

3.6   Research Population and Sample Size

The population of this study consists of the official, detainees and prisoners from eight directorates in the National Drug Law Enforcement Agency (NDLEA) Head Office at 4 Shaw Road, Falomo, Lagos Nigeria, and the Nigerian Prisons Service (NPS) since the issue of drugs and substances abuses and its enforcement is a cross-departmental collective responsibility. The actual population of NDLEA's staff and detainees as at the time of this study are 4,294 while that of the NPS stands at 6700 totalling 10,994 (Field Survey November 2018).

3.7   Sampling Procedures Employed

Since the study cannot cover the entire population within a limit, it becomes necessary to limit the study to a sample. Therefore, multiple stage sampling technique was used to select the sample population because it allows the researcher to make relatively few generalizations to a much wider population. These sampling methods also afford participants an equal probability of selection and thus avoid bias. Yet, with a probability sampling method, researchers can claim that the results of their findings are representative of the whole population.

By sampling, the primary goal of a researcher is to get a small collection of units from a much larger collection or population, such that the researcher can study the smaller group and produce accurate generalizations about the larger group (Neuman, 2006). This method was employed in order to have a representation of

various categories of the grade levels because the population does not constitute a homogenous group. The decision to limit the study to one public sector organization was based on the need to have a manageable sample. This is in line with the law of small and large numbers as noted by Best & Khan (2006). Thus, it was deemed a representative sample with regards to the research purpose and considering the fact that the problem under investigation appears or manifest the same way in Nigerian. Therefore, this research finding can be used to make an inferential judgment on the entire Nigerian population.

Table 3.I   **Directorates in NDLEA and NPS**

S/n	Directorate NDLEA	Junior Staff 03-06	Senior Staff 07-17	Total
1	Admin and Finance	300	1307	1607
2	Training and Manpower Development	220	580	800
3	Prosecution and Legal Services	246	468	714
4	Operation and General Investigation	261	624	885
5	Asset and Financial Investigation	200	400	600
6	Drugs Demand and Reduction	276	1250	1526
7	Technical Services	208	309	517
5	**NPS**	341	945	1286
6	Administration	341	945	128
	Legal Services	216	673	889
7	Human Resources	378	782	1160
8	Security Services	324	686	1010
	Total	**2,970**	**8,024**	**10,994**

Source: Field Survey, 2018

3.8   Justification for Using the Sampling Procedure

Before proceeding to data collection process, the sampling technique is considered a critical concern to the research in order to represent the targeted population and to eliminate the bias in the data collection methods and thus generalise the results (Groves, Fowler, Couper, Lepkowski& Singer, 2009). There are four critical issues to be considered when designing the sample as follows; (1) the choice of probability or non-probability sample technique; (2) the sample frame; (3) the size of the sample; (4) the response rate. All this research approach was considered here.

Yet, through a sampling procedure, a researcher recognises the importance of collecting information from the respondents that represent the entire population due to time and financial constraints (Bryman & Bell, 2011). When designing a sample, the researcher considered several decisions and take into account the nature of the research problem and the specific questions that evolve from the question, objectives, time and budget. Probability and non-probability are the two types of sampling technique.

A random selection of the sample is the base of the concept in probability sampling. This guarantees a controlled procedure to ensure that each person within the population has a known chance of selection. The random probability technique consists of simple random, stratified, and systematic and cluster sampling (Stangor, 2010; Blumberg, Cooper, & Schindler, 2008)

Contrary to probability sampling, the concept of non-probability sampling is based on non-random selection of sample and thus not all the elements within the population has an equal or known chance of selection. The non-probability sampling technique includes judgmental, Quota, snowball and convenience sampling methods. However, it is imperative to note that that non-random sampling technique has selection bias, therefore, cautious when generalisation of findings as the sample is not a representative of the whole population.

For example, in the Bayesian approach to the sample survey, one must specify a prior distribution over the parameter space for the entire population of possible values for the characteristic of interest. Once a sample is observed, the posterior distribution is just the conditional distribution of the unobserved units given the values of the observed units computed under the prior distribution for the population. This posterior does not depend on the sampling design used to select the sample. The Bayesian approach to finite population sampling was elegantly described in the writings of D. Basu. For further discussion, see his collection of essays in Ghosh (1988). In theory, one can use the prior distribution to select an optimal, purposeful sample (Zacks, 1969) but this is almost never done in practice. A problem with the Bayesian approach is that it can be difficult to find prior distributions which make use of available prior information about the population. The sampling design plays a fundamental role in the standard frequentist theory for survey sampling. The design is the only source of randomness in the model since units in the sample are assumed to be observed without error and it is upon the selection probabilities that the frequentist properties of estimators are based.

It was noted in Godambe (1955) that many sampling designs can be thought of as being defined conditionally on the order that the units appear in the sample. He then suggested that from a theoretical perspective it is convenient to ignore this fact and just consider the unordered sample (where the order is ignored). A good reason for doing this was pointed out in Murthy (1957) where it was demonstrated that for any estimator which depends on the ordered values there exists another estimator which only uses the unordered values which has the same expectation but smaller variance except when the two estimators are the same. This application of the Rao-Blackwell theorem was also discussed by Pathak (1961). Because of this most sampling theory has concentrated on unordered designs although Raj (1956) is one example where the order in which the sample was drawn was considered.

Meeden and Noorbaloochi (2010) noted that given design, but before any data has been collected, the actual units that will appear in the sample are unknown. They argued that this suggests the design could be considered as part of the Bayesian's prior distribution. There they considered prior distributions which were defined in two steps. First, using a design, they randomly assigned an order to the units in the population and then conditional on a given order they specified a distribution for the possible values of the units. They showed that this approach gives a flexible method to incorporate prior information into survey sampling problems.

Ericson (1969) presented subjective Bayesian models for survey sampling when the labels contain little prior information about the units in the population. His prior distributions were exchangeable and in section 2.2 he discussed the "intimate

similarities" between a subjective exchangeable prior distribution and an objective distribution introduced by the design using simple random sampling. In this note, we will show how in the Meeden and Noorbaloochi (2010) framework these "intimate similarities" can be formally expressed which it turns yields a Bayesian justification for simple random sampling.

Some notation

Consider a population of size N and let Λ = {a, β, . . . , τ} be a set of N labels which identify the units in the population. We let λ denoting a typical label. Let y = {yλ: λ $\in$ Λ} denote a typical unknown set of population values. Here we assume that each yλ can only take on the values 0 and 1. Λ is an unordered set since the population labels have no order. But since the order will be important for us we let υ = (a, β, . . . , τ) denote the labels in some fixed order. Then yυ denotes y arranged in this standard default order. Hence the set of possible values for yυ is given by Y(0, 1) = {yυ : such that for each λ $\in$ Λ yλ = 0 or 1} (1)

When we write y its order does not matter while it does matter in yυ. If π is a permutation of 1, 2, . . . , N we let π(υ) be the permutation π applied to υ to give a new order for the labels. Then yπ(υ) will denote the values of y arranged in the order determined by π(υ). Let Π be the set of all possible permutations of 1, 2, . . . , N. Since order will matter for us another space of interest is Y(0, 1, Π) = {(π, yπ(υ)) : where yυ $\in$ Y(0, 1) and π $\in$ Π} (2)

For each fixed yυ this set will contain N! points, one for each possible permutation π. For each π the point (π, yπ(υ)) consists of the permutation along with the order of yυ under this permutation.

Consider a sampling design such as simple random sampling without replacement (srs) where units are selected one at a time without replacement until the desired sample size, say n, is reached. At the point where the units have been selected but before their y values are observed, we can imagine continuing the sampling procedure until all the units from the population have been selected and given an order. This is just a thought experiment and is not something that would be implemented. However, we see that the srs design can be extended in a natural way to define a probability distribution on Π. When the design is srs the resulting distribution is just the uniform distribution on Π. Before the labels are selected and the characteristic of interest observed we can think of both π and yπ(υ) as unknown. Observing the data results in partial information about both of them. From the Bayesian perspective, this means we could define a joint prior distribution over the pair on the space Y(0, 1, Π). In the next section, we will compare two different approaches using this setup when little is known a priori about the population.

3.9   The Population

The population consists of the official, detainees and prisoners from eight directorates in National Drug Law Enforcement Agency (NDLEA) Head Office at 4 Shaw Road, Falomo, Lagos and the Nigerian Prisons Service (NPS)The actual population of NDLEA's staff and detainees as at the time of this study is 4,294 while that of the NPS stands at 6700 totalling 10,994 (Field Survey November 2018).

3.10   The Sample

Given the population of about 10,994 respondents from NDLEA and Nigerian Prison Service Kirikiri, as well as some detainees and prison inmates are chosen for this study, the sample size of the study was determined using Taro Yamani's (1967) statistical formula for sample size determination. Thus, Yamani (1967) statistical formula is given as:

$$n = \frac{N}{1+N(e)^2}$$

Where n = the relevant population sought

   N= the total number of civil servants in the chosen Ministries

   e= Sampling error (5% in this case).

The sample size is therefore computed as follows:

$$n = \frac{N}{1+N(e)^2}$$

$$n = \frac{N}{1+10994(0.5\%)^2}$$

$$n = 10994 \frac{}{1+(10994 \times 0.0025)}$$

$$n = \frac{10994}{1+27.485}$$

$$n = \frac{10994}{28.485}$$

n =   385.9

n =   386

Therefore, n = 386

3. 11 Statistical Methods of Data Collection

A number of a structured/ questionnaire was personally administered to the respondents who participated in the study with the assistance of the senior administrative officer in the various prisons and motor parks across Lagos. The questionnaire was administered to the sample population and interviews also conducted.

The approach used to decide on the choices of the selected participants to be interviewed stemmed from the reflection that, researchers should aim for a high level of saturation in the responses given by the interviewees. When interviewees give almost similar answers to the questions posed to them, a significant level of saturation is attained in which case, the validity of the study should be considered high (see Trost, 2005). Each interview varied for an average of between 10 to 15 minutes. The major pre-determined criterion for all participants was three years' longevity in their current positions and two years and above in the services of the selected motor parks.

The interviews were carried out manually, without the use of a recording device such as an audiotape or smartphone recorder. One reason for this is the researcher's experience during his Master's degree thesis, that informants do not feel comfortable in the presence of a tape recorder thus, can serve as a source of distraction. It may not be easy to get people to talk on tape especially on a topic that dwells on drugs and substance abuse. However, a summary of the most important and relevant responses in the interviews was written down under the

specific or preceding questions. This was followed by a discussion on the interview to ensure that both the interviewee and the researcher have interpreted the responses in a similar manner. This is the intent of Wiedersheim (1993), who argue that the risk of errors is minimized if the researcher and the interviewee carry on a discussion over the responses provided.

There are certain ethical protocols that were followed by the researcher. First, is soliciting explicit consent from the respondents. To elicit the co-operation of the respondents, the nature and objectives of the study were made known to the respondents, and anonymity assured. This ensured that their participation in the study is out of their own volition. One other ethical measure that was exercised by the researcher is treating the respondents with respect and courtesy. This was done so that the respondents will be at ease and are more likely to give candid responses to the questionnaire. Consequently, 20 minutes orientation course was organized by the researcher prior to the actual exercise. A reasonable time (one week) was given to the respondents to answer the questions after which the questionnaire was retrieved.

During the administration of the questionnaire, the following aspects were strictly adhered to: (1) Maximum spread of distribution in designated departments and offices. (2) Person-to-person delivery and collection. (3) Confidentiality. In order to ensure the success of the exercise and maximum coverage, the researcher personally administered the questionnaire to some principal officials of the organizations. In all, a total of three hundred and eighty-six (386) copies of a

questionnaire of thirty-seven (37) items each were produced and administered

*for the study (see **Appendix B**). The rationale for using a self-administered*

questionnaire is to allow the respondents to answer at their own pace without

taking them away from their work.

3.12 Statistical Techniques for Data Analysis

The data generated from the administered and returned 4point-Likert scale

questionnaires were collated and presented using descriptive statistics such as

mean scores and standard deviations. Also, tables, frequency distribution, simple

percentages are used to present and discuss data from field investigations.

Hypotheses one and four were tested through the use of Pearson Correlation

Analysis. The Pearson product-moment correlation coefficient (r) assesses the

degree that quantitative variables are linearly related in a sample. Each

individual or case must have scored on two quantitative variables (i.e.,

continuous variables measured on the interval or ratio scales). The significance

test for r evaluates whether there is a linear relationship between the two variables

in the population. The appropriate correlation coefficient depends on the scales

of measurement of the two variables being correlated.

Hypothesis one and three sought to examine the relationship between the kinds

of drugs and substances abused and youth engagement in crime in Lagos State,

Nigeria, as well as the relationship between drugs and substances abuse and

impaired memory and mental health problems among youths in Lagos state, Nigeria.

Hypotheses two and four which sought to measure the effects of drugs and substances abuse on the rate of school drop-outs and academic performance among youths in Lagos state, Nigeria, and whether drugs and substances abuse have any significant effect on the risk of contracting infectious disease (HIV and STDs) by youths in Lagos state respectively, were addressed through multiple regression models of the ordinary least square type. The models are implicitly specified as:

Quality of service delivery = f(X_{i1}, X_{i2}, X_{i3})   *(1)*

Service culture = f(X_{j1}, X_{j2}, X_{j3})   *(2)*

Where the kind of drugs and substance abuse are the grand means of the responses that were obtained through the Likert Scale as explained in 3.4 above. The X_1 to X_3 are the independent or explanatory variables, which are mean ratings of the respondents and impaired memory and mental health problems.

Models (1) and (2) are further explicitly specified to yield models (3) and (4):

Quality of service delivery = $\alpha + \beta_1 X_{i1} + \beta_2 X_{i2} + \varepsilon_i$ *..... (3)*

Service culture = $\alpha + \beta_1 X_{j1} + \beta_2 X_{j2} + \varepsilon_j$ *..... (4)*

The αs and the βs are the parameters to be estimated and the ε_is are error terms designed to capture the effects of unspecified variables in the models. The F ratios and t-tests are utilized to test the significance of the aggregate of all and each of the explanatory variables respectively at the alpha levels of 5%. All calculations and tests are done through the application of version 22 of the SPSS.

3.13   Methods of Data Collection

The questionnaire as stated earlier formed the major research instrument for data collection. The questionnaire was divided into four sections dealing with the various research questions. This study utilized a variety of methods (questions) that required responses as 'Strongly Agree', 'Agree', 'Strongly Disagree' a Disagree' as invented by Rensis Likert, the US Sociologist, requested the respondents to indicate the extent to which they agree or disagree with the statement. The respondents were requested to indicate their level of agreement with each of the items in the various sections. A theoretical mean value of 3.0 was taken as a criterion to judge the mean for the items in the respective sections. Therefore any item in the instrument which had a mean equal to or higher than 3.0 was regarded as agreed; while items with less than 3.0 were regarded as disagree.

Flowing from the above, the researcher adopted a self-administered questionnaire as well as direct observation methods of data collection. The survey questionnaire contains two sections. The first section comprises of demographic questions – relating to gender, education, respondent's social status. The second section of the questionnaire is the operational data which deals with the substantive issues of the survey.

CHAPTER FOUR PRESENTATION AND ANALYSIS OF THE DATA

This chapter dealt with the presentation and the content analysis of the secondary data used in this study as well as the administration of questionnaires that yielded the primary data collected for this study. It also attempted to answer our research questions and the hypotheses that guided the study.

4.1 Presentation of Data

This chapter discussed the information generated from data in questionnaire items from the field and the interviews conducted with selected youth based on certain criteria such as their engagement in drugs and descriptions on Drug, substance abuse and youth development in the Lagos States. The generated statistics were put together, analyzed and the results got from each presentation formed the conclusions. On the whole, a total number of Three hundred and eighty-six (386) questionnaire instruments were distributed, three hundred and forty-four (344) completed and retrieved and twenty-four (27) were retrieved but uncompleted.

Table 4.1.1 questionnaire distributed in the selected Local Government areas in Lagos state

	Questionnaire distributed	Questionnaire retrieved	Questionnaire retrieved and completed	Questionnaire retrieved but not completed	Total
	386	371	344	27	386

The presentation of data here begins with the socio-demographic data of respondents, presentation and content analysis of our baseline data as well as the responses to the survey questionnaire items used to generate our primary

data. The responses to our survey questionnaire relate to the administration of the questionnaire as well as other demographic items such as sex, age, educational qualification of respondents. We also conducted an empirical test of research questions and the hypotheses using simple percentages, charts complemented with an interview session conducted with some staff.

4.1.2 socio-demographic data of respondents

	Frequency	Percentages

Sex		
Male	*303*	*88*
Female	*41*	*12*
Total	*344*	*100*
Age		
18-27	*251*	*73*
28-37	*81*	*24*
38-47	*12*	*3*
48-57	*0*	*0*
Total	**344**	**100**
Marital status		
Single	*241*	*70*
Married	*103*	*30*
Total	**344**	**100**
Educational qualification		
Non-formal	*74*	*22*
Primary	*128*	*37*
Secondary	*91*	*26*
Tertiary	*51*	*15*
Total	**344**	**100**
Employment/occupation		
Employed	*92*	*27*
Not employed	*156*	*45*
Business/trade	*16*	*5*
Skilled work	*80*	*23*
Total	**344**	**100**
Religion		
Traditional	*3*	*1*
Muslim	*140*	*41*
Christianity	*201*	*58*
Others (specify)	*0*	*0*
Total	**344**	**100**

Source: Researcher's field work, 2018

Table 4.1.1 indicated a review of the socio-demographic data of respondents. The result for the analysis on the socio-demographic data is presented below in this section; analysis at this level entailed the use of simple frequencies statistical analysis using graphical chart; this is informed by the results of the discrete character of the variables of the study. The socio-demographic analysis is aimed at ascertaining the distribution of the respondents of the study through selected characteristics such as the frequencies for their sex, age, the gender of the participants, marital status, educational status, religion or nature and category of respondents' employment status.

Table 4.1.2: Sex, age, educational qualification, employment/occupation and religion of respondents
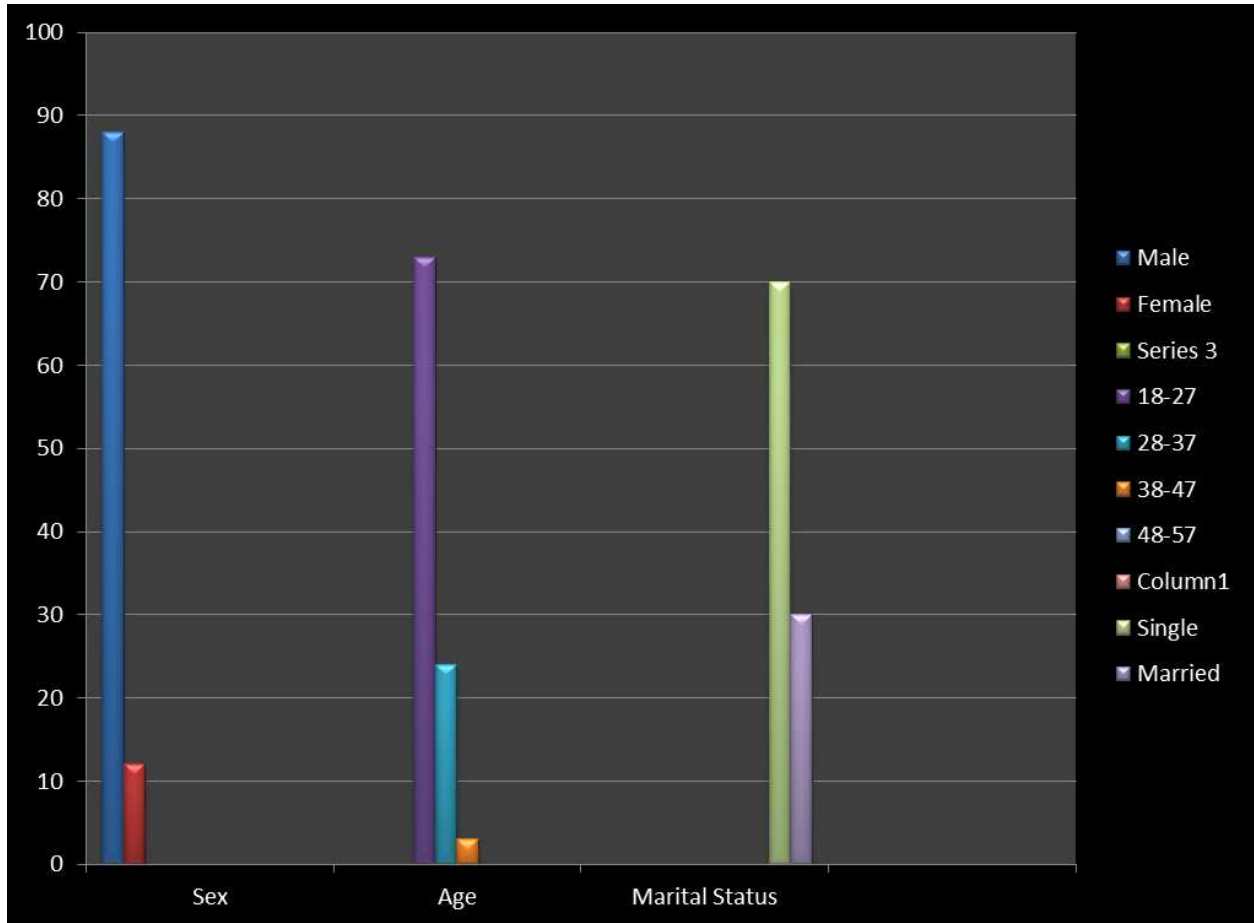
Table 4.1.2, depicts the feature of respondents based on their sex, age distribution, educational qualification, employment/occupational and religion of respondents. The tabular analysis showed that 88% of the respondents are male while 12% are female. 73% of the respondents are in the age cohort of 18-27. It was followed by 24% of the respondents who are in the age cohort of 28-37. A smaller proportion of the respondents representing 3% of the population are in the age cohort of 38-47.

The table analysis also showed that majority of the respondents represented in the table at 70% are single. It was followed by 30% of the respondents who are married.

Table 1 also depicts graphical information on the educational status of respondents. It is revealed that majority of the respondents at 37% have attained the primary level of education. It was followed by 26% of the respondents who had a secondary school degree. 22% of the respondents had no formal education. 15% of the respondents had attained the tertiary level of education.

Table 4.1.2, also depicts information on the employment status of respondents and religion of respondents. Table analyses indicate 45% of the respondents who represent the majority of the population are not employed at the time of the study. It was followed by 27% of the respondents who are employed. 23% of the respondents have a skill, while 5% of the respondents are engaged in business/trade. Also, 58% of the respondents are Christian. 41% of the representatives of the population are Muslims, while 1% of the respondents are practising traditional religion.

Table 4.1.3: kind of drugs and substances abused by youths in Lagos state
N=344

S/N		A	SA	D	SD
1.	What are the kinds of drugs and substances abused by youths in Lagos state?		Cigarette Cocaine Cannabis	Tramadol, Codeine, Alcohol,	
2.	Cannabis is the major drugs and substances abused by youths in Lagos state	32 (9%)	263 (76%)	30 (9%)	19 (6%)
3.	Codeine syrup is the major drug abused by youths in Lagos state	274 (80%)	17 (5%)	49 (14%)	4 (1%)
4.	Tramadol is the major drug abused by youths in Lagos state	31 (9%)	283 (82%)	24 (7%)	6 (2%)
5	Alcohol and cigarette are the major drugs abused by youth in Lagos state	240 (70%)	6 (2%)	97 (28%)	1 (0%)
6.	cocaine is the major drug abused by youths in Lagos state	113 (33%)	16 (5%)	207 (60%)	8 (2%)
7.	Youths abuse these drugs to feel high and relief tensions	216 (63%)	10 (0.2%)	97 (28%)	7 (2%)

Sources: authors field work, 2018

Table 4.1.2, also depicts information on the employment status of respondents and religion of respondents. Table analyses indicate 45% of the respondents who

represent the majority of the population are not employed at the time of the study. It was followed by 27% of the respondents who are employed. 23% of the respondents have a skill, while 5% of the respondents are engaged in business/trade. Also, 58% of the respondents are Christian. 41% of the representatives of the population are Muslims, while 1% of the respondents are practising traditional religion.
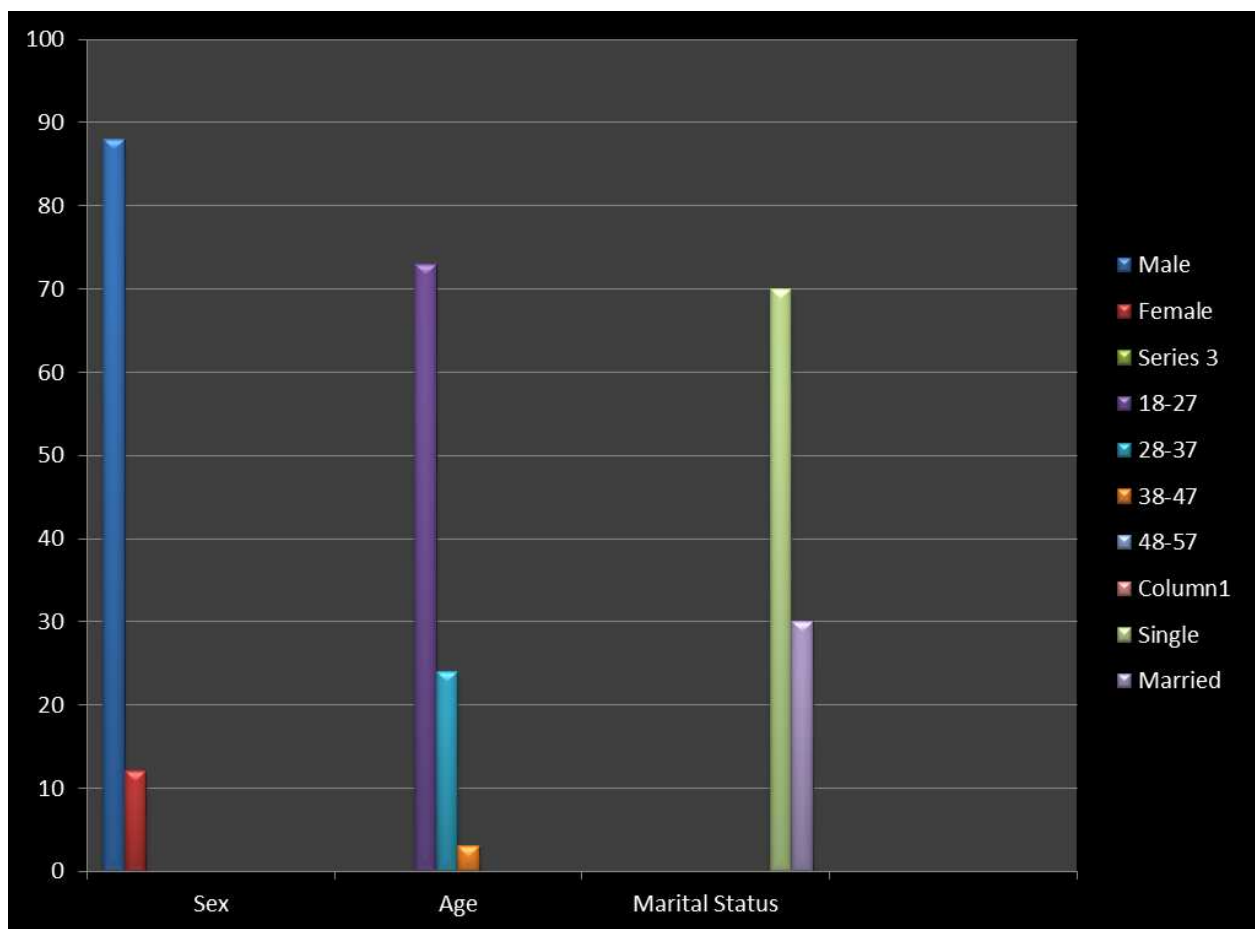

Fig 1: Graphical analysis for Sex, Age and Marital status of respondents Table

Table 4.1.3 indicated a review of kind of drug and substances abused by youth in Lagos state. The result for the analysis indicated that the kind of drug and

substances abused by youth in Lagos state are Tramadol, Codeine syrup, Cannabis, alcohol and cigarette. Also, the majority of the respondents strongly agreed and agreed that Tramadol, codeine syrup, cannabis, alcohol and cigarette are majorly abused by youths in Lagos state. This is indicative of 283(82%), 274(80%), 263(76%) and 240(70%) of the respondent who attests so. Majority of the respondents representing 207(60%) of the population disagreed that cocaine was majorly abused by youths in Lagos state.

Majority of the youths 216(63%) agreed that youths abuse these drugs to feel high and relieve tension. It was followed by 97(28%)of the respondents who disagreed that that youths abuse these drugs to feel high and relieve tension.

Table 4.1.4: Section C: drugs, substances abuse and youth engagement in crime in Lagos state, Nigeria

N=344

S/N		A	SA	D	SD
1.	There is a significant relationship between drugs, substances abuse and youth engagement in crime in Lagos state, Nigeria	1 (0%)	260 (76%)	79 (23%)	4 (1%)
2.	The type of drugs and substance abused determines the kind of crimes committed in Lagos state.	149 (43%)	63 (18%)	101 (29%)	31 (9%)
3.	The rate of the increase in crime is determined by the increase in the inflow and flow of drugs and substances in Lagos state	97 (28%)	188 (55%)	51 (15%)	8 *(2%)*

Source: Author's fieldwork, 2018.

Fig 1: Graphical analysis for Sex, Age and Marital status of respondents Table

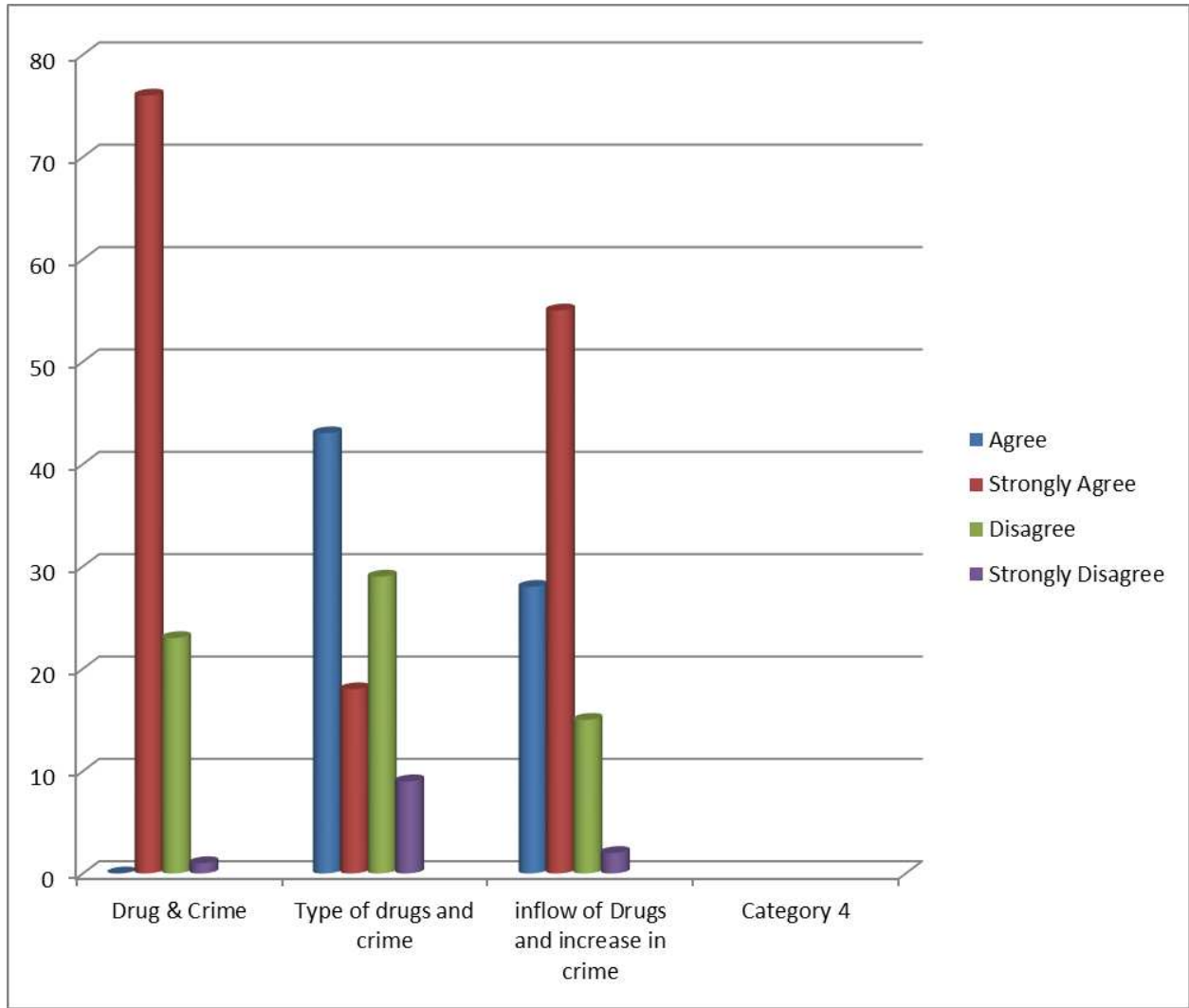Fig 2: Graphical analysis for drugs, substances abuse and youth engagement in crime in Lagos state, Nigeria

Table 4.1.4 indicated a review of drugs, substances abuse and youth engagement in crime in Lagos state, Nigeria. On the basis of this, responses showed that majority of the respondents representing 260 (76%) strongly agreed that there is a significant relationship between drugs, substances abuse and youth

engagement in crime in Lagos state, Nigeria. it was followed by 79 (23%) of the respondents who disagreed that there is a significant relationship between drugs, substances abuse and youth engagement in crime in Lagos state, Nigeria.

In respect to whether the type of drugs and substance abused determines the kind of crimes committed in Lagos state, 149 (43%) of the respondents agreed that the type of drugs and substance abused determines the kind of crimes committed in Lagos state. It was closely followed by 101 (29%) of the respondents who strongly disagreed. 63 (18%) of the respondents strongly agreed.

Information to determine if the rate of the increase in crime is determined by the increase in the inflow and flow of drugs and substances in Lagos state, showed that 188 (55%) of the respondents strongly agreed that the rate of the increase in crime is determined by the increase in the inflow and flow of drugs and substances in Lagos state. it was followed by 51(15%) of the respondents who disagreed that the rate of the increase in crime is determined by the increase in the inflow and flow of drugs and substances in Lagos state. 97(28%) of the respondents agreed that the rate of the increase in crime is determined by the increase in the inflow and flow of drugs and substances in Lagos state

Table 4.1.5: SECTION D: drugs, substances abuse and the rate of school drop-outs and academic performance among youths in Lagos state, Nigeria

S/N		A	SA	D	SD
1.	Drugs, substances abuse have a significant effect on the rate of school drop-outs and academic performance among youths in Lagos state, Nigeria	250 (73%)	14 (4%)	19 (6%)	61 (18%)
2.	Students who abuse drugs and other substances do so to enhance their academic performance.	87 (25%)	11 (3%)	231 (67%)	15 (4%)
3.	Some tertiary and secondary schools in Lagos state is notable for drug and substance abuse	167 (49%)	4 (1%)	96 (30%)	77 (22%)

Source: Author's fieldwork, 2018.
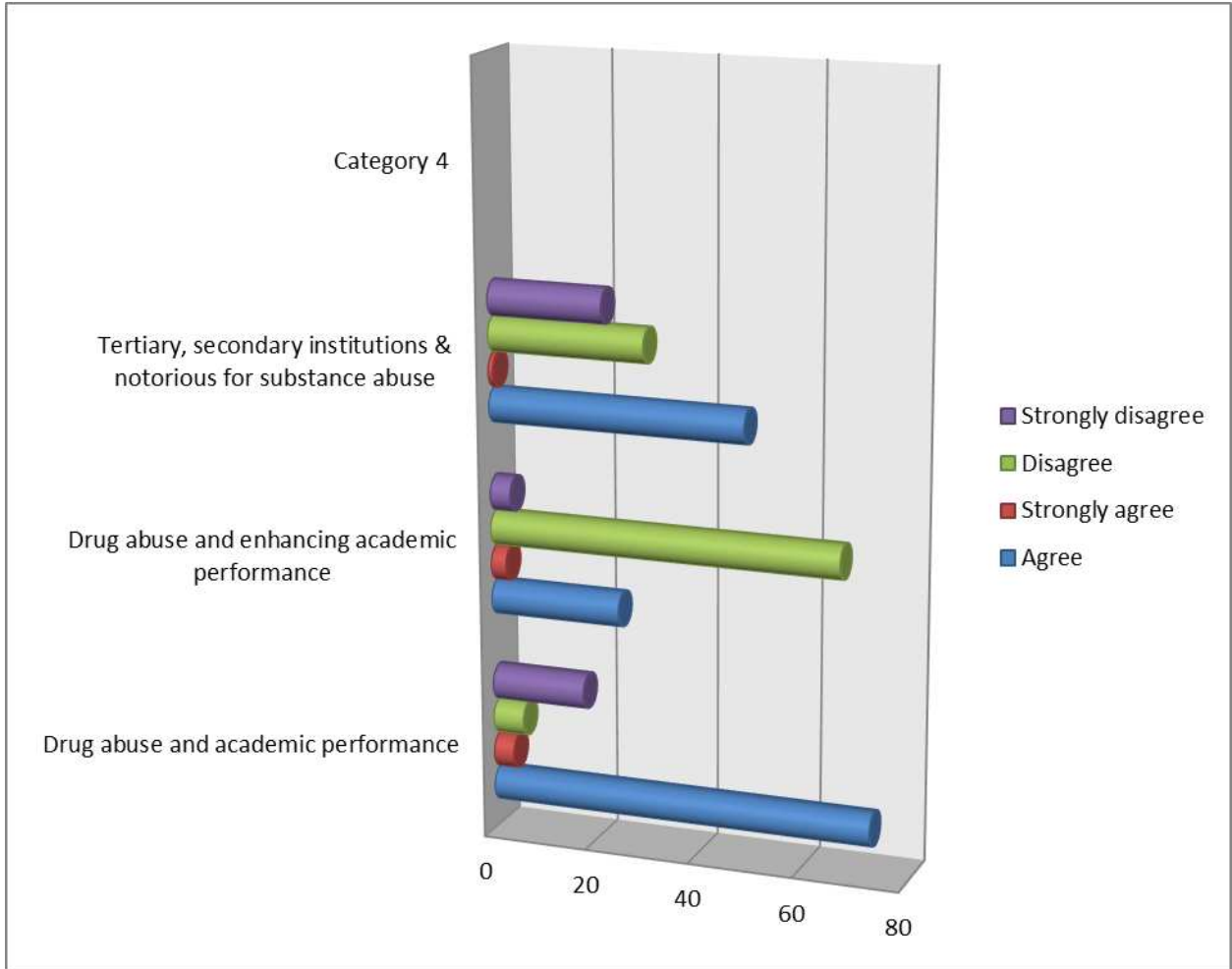
Fig 3: Graphical analysis for drug abuse and rate of school drop-out in Lagos state, Nigeria

Table 4.1.5 showed a review of information on drugs, substances abuse and the rate of school drop-outs and academic performance among youths in Lagos state, Nigeria. From the findings, it indicated that 250 (73%) of the respondents agreed that drugs, substances abuse have a significant effect on the rate of school drop-outs and academic performance among youths in Lagos state, Nigeria. it was followed by 61 (18%) of the respondents who strongly disagreed

that drugs, substances abuse has a significant effect on the rate of school drop-outs and academic performance among youths in Lagos state, Nigeria

dgment and people have unprotected sex with an infected partner (NIDA, 2018).

Ongoing substance abuse can cause severe health problems over time, even in previously healthy individuals. These health complications include increased disease risk, difficulty in detecting and diagnosing certain disease states, a reduced inherent ability to recover from certain diseases, and a decrease in the effectiveness of various treatments. With regard to HIV and AIDS, substance abuse plays a significant factor in infection and disease progression (American addiction centre, 2018). During injection of drugs, you are at risk for getting or transmitting HIV and hepatitis B and C if you share needles or equipment (or "works") used to prepare drugs, like cotton, cookers, and water. This is because the needles or works may have blood in them, and blood can carry HIV. Drug use affects your brain, alters your judgment, and lowers your inhibitions. When you're high, you may be more likely to make poor decisions that put you at risk for getting or transmitting HIV, such as having sex without a condom, have a hard time <u>using a condom the right way</u> *every time you have sex, have more sexual partners, or use other drugs (HIV.gov, 2O18).*

Substance use disorders, which are problematic patterns of using alcohol or another substance, such as crack cocaine, methamphetamine ("meth"), amyl nitrite ("poppers"), prescription opioids, and heroin, are closely associated with

HIV and other sexually transmitted diseases (CDC, 2018). Injecting drug use is one of the major drivers of the global HIV epidemic. In many parts of Asia and Eastern Europe, the sharing of injecting equipment by injecting drug users is a leading cause of HIV transmission (Alliance, 2010).

2.10 The Relationship between Etiology and Drugs and Substance Abuse

The relationship between aetiology and drugs and substance abuse can be viewed from two perspectives namely: a biological and psychological perspective.

Biological Perspective

Neurotransmitters: *Many psychoactive drugs increase levels of the neurotransmitter dopamine in the brain's pleasure or reward circuits—the networks of neurons responsible for producing feelings of pleasure or states of euphoria (Venkatesan, & Suresh, 2008). Over time, regular use of these drugs reduces the brain's own production of dopamine. Consequently, the brain's natural reward system the "feel good" circuitry that produces states of pleasure associated with the ordinarily rewarding activities of life, such as consuming a satisfying meal and engaging in pleasant activities- becomes blunted (Villani, 2001). In effect, the addict's brain comes to depend on having the drug available to produce feelings of pleasure or satisfaction (Villani, 2001). Ultimately, without drugs, life may not seem to be worth living.*

Genetic Factors: A gene or combination of genes influences the specific biological mechanisms relevant to substance abuse- such as being able to achieve a certain level of intoxication when using drugs, becoming ill at low doses as opposed to much higher doses, or having the capacity to metabolize chemical substances in the body.

Evidence links genetic factors to various forms of substance use and abuse, including alcohol abuse and dependence, heroin dependence, and even cigarette smoking (nicotine dependence) (Taheri, Amiri, Hosseini, Mohsenpour, Davids, 2016).

The most popular hypothesis regarding neurobiological bases for the addictions is one asserting insufficient dopamine reception. For example, Stewart, Gossop, Marsden, Kidd, & Treacy (2003) suggest that some individuals have relatively fewer D2 dopamine receptors, which might predispose them to fall victim to drug abuse and other addictive behaviours. This notion is consistent with physiological research on individual differences in neurotransmitter receptors.

It has been hypothesized that low levels of D2 receptors may result in a generalized reward deficiency syndrome among some individuals (Soltani, Asgari, Toghiri, 2013). That is, some individuals, because of their neurochemistry, have difficulty deriving feelings of reward or pleasure from ordinary activities and this predisposes them to seek alternative behaviours to compensate for the lower level of activation of the brain reward circuitry (Reddy & Gupta, 2004).

Psychological Perspective

Reinforcement: *Positive reinforcement occurs when the individual receives a pleasurable sensation and, because of this, is motivated to repeat what caused it. According to this view, the continued use of all drugs that stimulate euphoria is caused by their "extremely potent reinforcing effects" (Mayberry, Espelage, & Koenig, 2009). Negative reinforcement occurs when drug use is discontinued and painful withdrawal symptoms wrack the addicted individual's body. Because the user recognizes that doses of the drug can alleviate these symptoms, an intense craving is generated for the drug over time.*

Cognitive Viewpoint: *According to a cognitive viewpoint, expectancies about the perceived benefits of using alcohol or other drugs and smoking cigarettes directly influence the decision to use these substances (Taheri, Amiri, Hosseini, Mohsenpour, Davids, 2016; Botvin, 2000). Outcome expectancies in teens, that is what they expect a drug's effects will be, are strongly influenced by the beliefs of their peers.*

Psychodynamic Viewpoint: *According to traditional psychodynamic theory, alcoholism reflects an oral-dependent personality. Excessive alcohol use is associated with other oral traits, such as dependence and depression. Excessive drinking or smoking in adulthood symbolizes an individual's efforts to attain oral gratification. A study of personality factors (Taheri, Amiri, Hosseini, Mohsenpour, Davids, 2016) among 100 alcohol-dependent persons showed significantly high*

neuroticism, extroversion, anxiety, depression, psychopathic deviation, stressful life events and significantly low self-esteem as compared with normal control subjects.

Socio-cultural Perspective: *Engaging in drug use is determined in part by our environment- where we live, whom we worship with, and the social or cultural norms that regulate our behaviour. Studies show that rates of alcohol abuse vary across ethnic and religious groups. Church attendance, for example, is generally connected with abstinence from alcohol. Peer pressure and exposure to a drug subculture are important influences in determining substance use among adolescents and young adults (Chakraborty, Neogi, &Basu, 2011). Kids who start drinking before age 15 stand a fivefold higher risk of developing alcohol dependence in adulthood than do teens who began drinking at a later age (Villani, 2001).*

2.11 Risk and Drugs Protective Factors

Information as indicated in the table to elicit if students who abuse drugs and other substances do so to enhance their academic performance showed that majority of the population representing 231 (67%) of the respondents disagreed that students who abuse drugs and other substances do so to enhance their academic performance. It followed 87 (25%) of the respondents who agreed that

students who abuse drugs and other substances do so to enhance their academic performance.

Information to confirm if some tertiary and secondary schools in Lagos state is notable for drug and substance abuse indicated that 167 (49%) of the respondents representing the majority of the population agreed that some tertiary and secondary schools in Lagos state are notable for drug and substance abuse. It was followed by 96 (30%) and 77(22) disagreed that some tertiary and secondary schools in Lagos state are notable for drug and substance abuse

Table 4.1.6: Drugs, substances abuse and impaired memory and mental health problems among youths in Lagos state, Nigeria

S/N		A	SA	D	SD
1.	There is a significant relationship between drugs, substances abuse and impaired memory and mental health problems among youths in Lagos state, Nigeria	27 (8%)	301 (88%)	9 (3%)	7 (2%)
2.	The type of drugs and substance abused determines the type of mental health challenges faced by youths in Lagos State.	291 (85%)	10 (3%)	31 (9%)	12 (3%)

Source: Author's fieldwork, 2018.
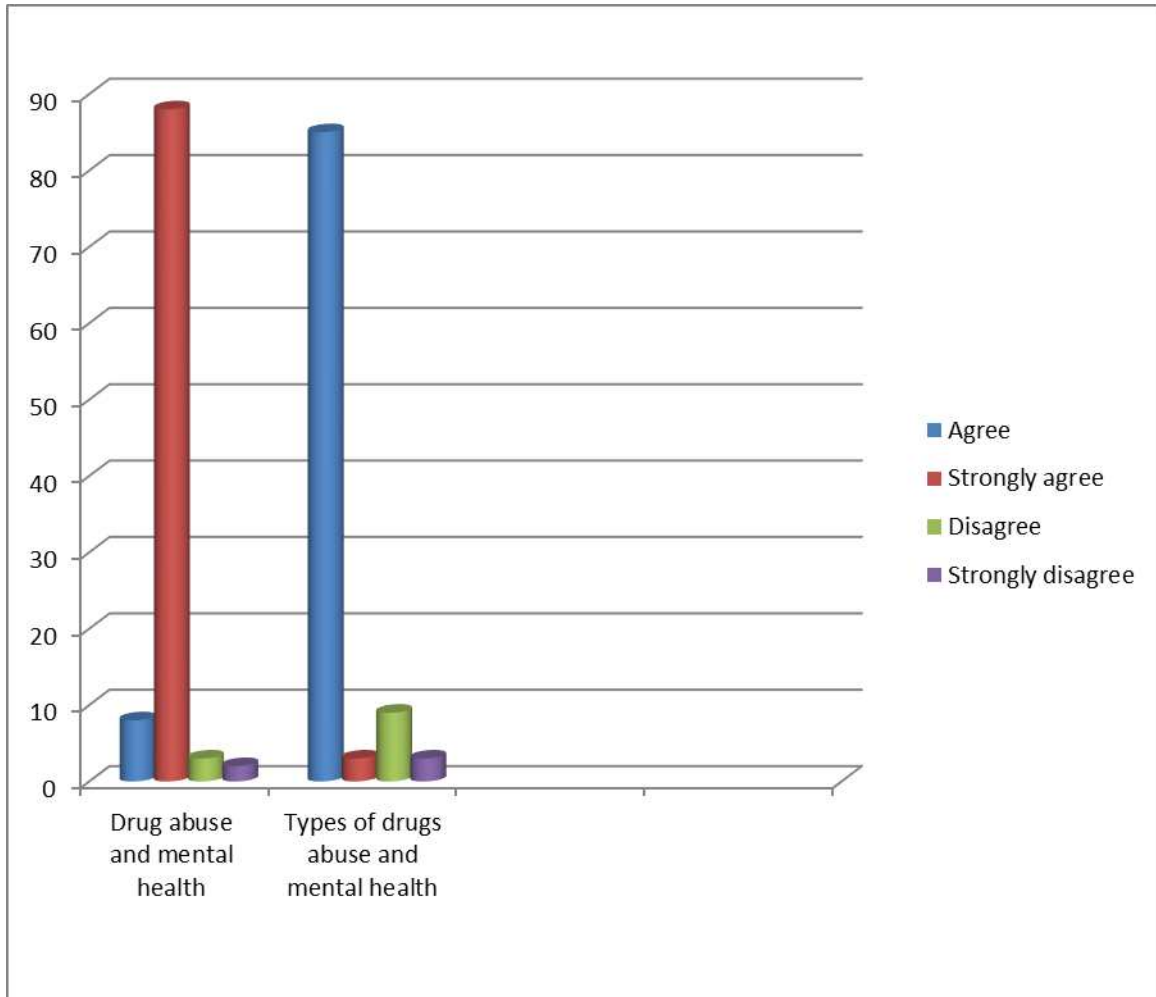
Fig 4: Graphical analysis for drugs, substances abuse and impaired memory

Table 4.1.6 indicated a review of information on drugs, substances abuse and impaired memory and mental health problems among youths in Lagos state, Nigeria. The aim is to ascertain whether drugs, substances abuse have any effect on impaired memory and mental health problems among youths in Lagos state, Nigeria. Information retrieved showed that there is a significant relationship between drugs, substances abuse and impaired memory and mental health problems among youths in Lagos state, Nigeria. This is confirmed by 301 (88%) of

the respondents who strongly agreed that there is a significant relationship between drugs, substances abuse and impaired memory and mental health problems among youths in Lagos state, Nigeria.

Table 4.1.6 also followed information to ascertain if the type of drugs and substance abused determines the type of mental health challenges faced by youths in Lagos State. It showed that the type of drugs and substance abused determines the type of mental health challenges faced by youths in Lagos State. This is an indication of the majority of the population representing 291 (85%) of the respondents who agree that the type of drugs and substance abused determines the type of mental health challenges faced by youths in Lagos State. It followed 31(9%) of the population who disagreed that the type of drugs and substance abused determines the type of mental health challenges faced by youths in Lagos State.

Table 4.1.7: Drugs, substances abuse and the risk of contracting the infectious disease (HIV and STDs) by youths in Lagos state, Nigeria

S/N	Management of Funding	A	SA	D	SD
1.	Drugs, substances abuse have a significant effect on the risk of contracting the infectious disease (HIV and STDs) by youths in Lagos state, Nigeria	15 (4%)	293 (85%)	17 (5%)	19 (6%)
2.		320	6	14	4

Youths who inject drugs and share needles are at the high risk of contracting HIV AND STDs	(93%)	(2%)	(4%)	(1%)
3.	156 (45%)	23 (7%)	147 (43%)	18 (5%)
The methods and type of drug and substances abused determines the rate at which STDs are transmitted				

Source: Author's fieldwork, 2018.
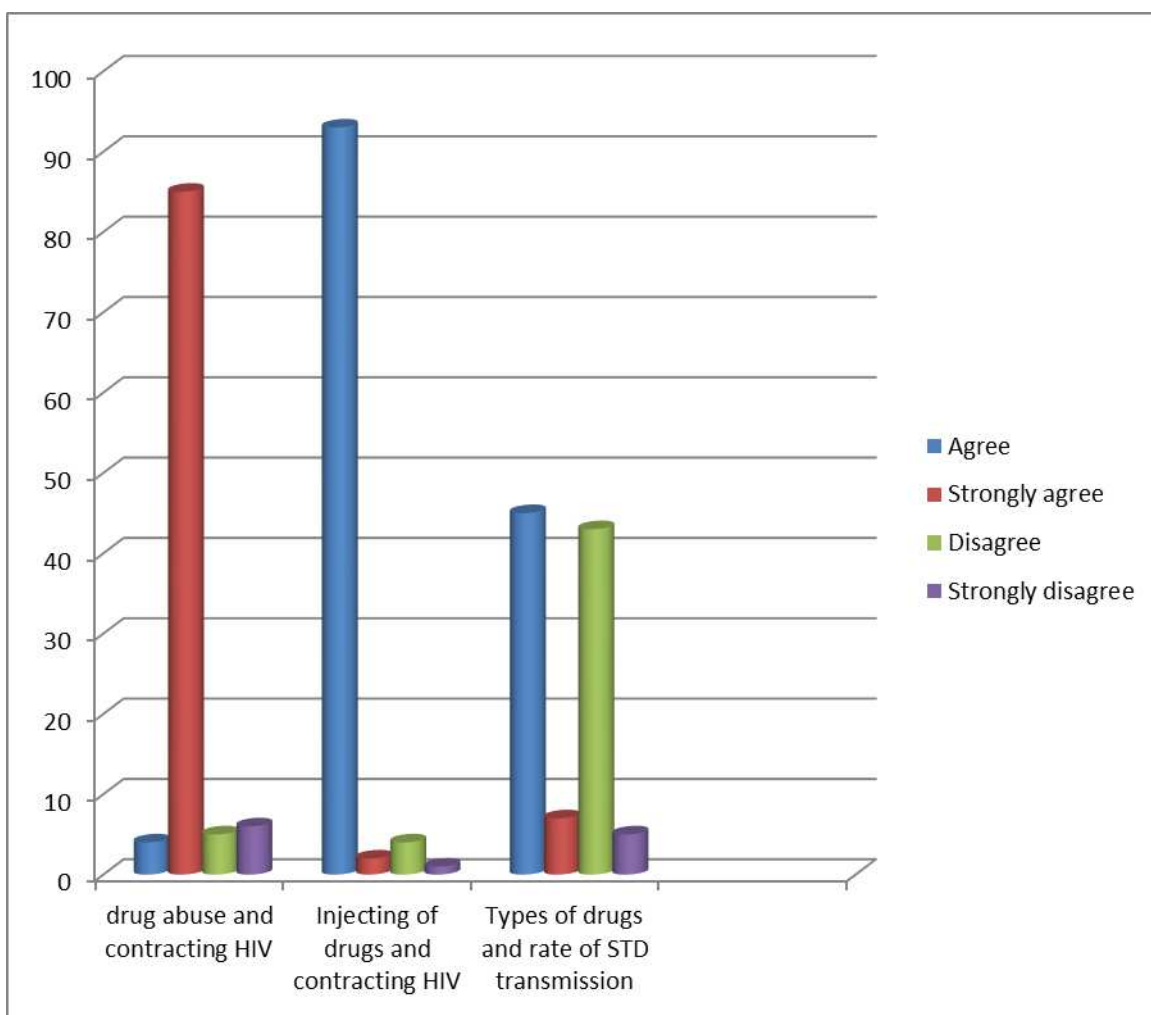
Fig 5: Graphical analysis for drugs, substances abuse and risk of contracting HIV in Lagos state, Nigeria

Table 4.1.7 investigates the effect of drugs, substances abuse and the risk of contracting the infectious disease (HIV and STDs) by youths in Lagos state, Nigeria. The aim is to ascertain whether drugs, substances abuse have a significant effect on the risk of contracting the infectious disease (HIV and STDs) by youths in Lagos state, Nigeria. Information generated indicated that there is a significant relationship between drugs, substances abuse and the effect of the risk of contracting the infectious disease (HIV and STDs) by youths in Lagos state, Nigeria. This is confirmed by 293 (85%) of the respondents who strongly agreed that drugs, substances abuse have a significant effect on the risk of contracting the infectious disease (HIV and STDs) by youths in Lagos state, Nigeria. It was followed by 19(6%) of the respondents who disagreed that drugs, substances abuse has a significant effect on the risk of contracting the infectious disease (HIV and STDs) by youths in Lagos state, Nigeria

Information to determine if Youths who inject drugs and share needles are at the high risk of contracting HIV and STDs revealed that majority of the respondents representing 320(93%) of the population agreed that youths who inject drugs and share needles are at the high risk of contracting HIV and STDs. 14(4%) of the

respondents disagreed that youths who inject drugs and share needles are at the high risk of contracting HIV and STDs.

It followed information to determine if the methods and type of drug and substances abused determines the rate at which STDs are transmitted. It is revealed that the methods and type of drug and substances abused determines the rate at which STDs are transmitted. This is indicative of 156 (45%) of the respondents who agreed that the methods and type of drug and substances abused determines the rate at which STDs are transmitted. It was closely followed by 147 (43%) of the respondents who disagreed that the methods and type of drug and substances abused determines the rate at which STDs are transmitted.

4.2 Secondary Level of Analysis/Test of Hypotheses

In this section, the result for the analysis on the null assumptions of significant bivariate associations between the predictor variable – Drug, substance abuse and the measures of the criterion variable – Youth development (youth engagement in crime, academic performance, impaired memory, mental health problems and contracting infectious disease (HIV and STDs) is presented. The Spearman's rank order correlation coefficient is adopted in the tests for the associations at a 95% confidence interval for the two-tailed (non-directional) tests

implying a 0.05 level of significance. The decision rule is based on the adoption of the Probability (P) value where a P < 0.05 region holds for significance thus a rejection of the null hypotheses while a P > 0.05 region holds for insignificance thus acceptance of the null hypotheses.

Here the Bivariate analysis *will be concerned with the extent to which drug, substance abuse correlate with the measures of youth development (youth engagement in crime, academic performance, impaired memory, mental health problems and contracting infectious disease (HIV and STDs) was analyzed using the Spearman's rank order correlation coefficient.*

The formula for the Spearman rank order correlation coefficient

$$rs = 1 - \frac{6\sum d^2}{n(n^2-1)}$$

rs   = ...an *Rank Correlation Coefficient*

d   =   *difference between ranks for the criterion and predictor variables*

n   =   *sample size*

$\sum$ =   *summation*

Decision criteria: *for Spearman's rank order correlation coefficient is: Reject null hypothesis if the probability value (PV) is significant. Accept null hypothesis if probability value (PV) is insignificant*

Criteria decision: *PV < 0.05: Reject the null hypothesis; PV ≥ 0.05: Accept the null hypothesis*

Table 4.2.1kinds of drugs and substances abused and youth engagement in crime in Lagos State

			Drugs	Crime
Spearman's rho	Drug	Correlation Coefficient	1.000	.628**
		Sig. (2-tailed)	.	.000
		N	344	344
	Crime	Correlation Coefficient	.628**	1.000
		Sig. (2-tailed)	.000	.
		N	344	344

**. Correlation is significant at the 0.01 level (2-tailed).

The relationship between kinds of drugs and substances abused and youth engagement in crime in Lagos State: *The tests for the association between kinds of drugs and substances abused and youth engagement in crime in Lagos State reveals that there is a significant relationship between the variables (correlation coefficient = .628; and P < 0.05). The evidence suggests that kinds of drugs and substances abused significantly impacts on youth engagement in crime in Lagos State. As such, the null hypothesis of no significant relationship is rejected.*

Table 4.2.2Drugs and substances abuse and the rate of school dropout and academic performance among youths in Lagos state, Nigeria.

		Drug abuse	*School dropout and academic performance*
Spearman's rho	*drug abuse* Correlation Coefficient	*1.000*	*.711**￼*
	Sig. (2-tailed)	*.*	*.000*
	N	*344*	*344*
	Academic performance Correlation Coefficient	*.711**￼*	*1.000*
	Sig. (2-tailed)	*.000*	*.*
	N	*344*	*344*

**. Correlation is significant at the 0.01 level (2-tailed).

The relationship between Drugs and substances abuse and the rate of school drop-outs and academic performance among youths in Lagos state, Nigeria: *The tests for the association between drugs and substances abuse and effect on the rate of school drop-outs and academic performance among youths in Lagos state, Nigeria reveals that there is a significant relationship between the variables*

(correlation coefficient = .711; and P < 0.05). The evidence suggests that drugs

and substances abuse have a significant effect on the rate of school drop-outs

and academic performance among youths in Lagos state, Nigeria. As such, the

null hypothesis of no significant relationship is rejected.

Table 4.2.3 Drug abuse and impaired mental health problems

			Drug abuse	Impaired memories and mental health problems
Spearman's rho	Drug abuse	Correlation Coefficient	1.000	.691**
		Sig. (2-tailed)	.	.000
		N	344	344
	Mental health	Correlation Coefficient	.691**	1.000
		Sig. (2-tailed)	.000	.
		N	344	344

**. Correlation is significant at the 0.01 level (2-tailed).

The relationship between drug, substance abuse and impaired and mental health problems: The tests for the association between between drugs and substances abuse and impaired memory and mental health problems among youths in Lagos state, Nigeria, reveals that there is a significant relationship between drugs, substances abuse and impaired memory and mental health problems among youths in Lagos state, Nigeria (correlation coefficient = .691; and P < 0.05). The evidence suggests that drugs, substances abuse significantly impact on impaired memory and mental health problems among youths in Lagos state, Nigeria. As such, the null hypothesis of no significant relationship is rejected.

Table 4.2.4 drugs, substance abuse and the risk of contracting the infectious disease (HIV and STDs) by youths in Lagos state, Nigeria

			Drug abuse	Infectious disease
Spearman's rho	Drug abuse	Correlation Coefficient	1.000	.575**
		Sig. (2-tailed)	.	.000
		N	344	344
	Infectious disease	Correlation Coefficient	.575**	1.000
		Sig. (2-tailed)	.000	.
		N	344	344

**. Correlation is significant at the 0.01 level (2-tailed).

The relationship between drug, substance abuse and the risk of contracting infectious disease (HIV and STDs) by youths in Lagos state, Nigeria: *The tests for the relationship between drug, substance abuse and the risk of contracting infectious disease (HIV and STDs) by youths in Lagos state, Nigeria reveals that there is a significant relationship between the variables (correlation coefficient = .575; and P < 0.05). The evidence suggests that there is a significant relationship between drug, substance abuse and the risk of contracting the infectious disease (HIV and STDs) by youths in Lagos state, Nigeria. As such, the null hypothesis of no significant relationship is rejected.*

CHAPTER FIVE DISCUSSION OF THE RESULT

This chapter of the work discusses the findings of the study. It is a link to the ideas of other works as related to the findings of this study or however a departure from the positions of related scholars in regard to the issue of drug, substance abuse and youth development.

5.1. Findings of the study

The findings of the study showed a correlation and significance on the socio-demographic data of respondents and the use of a drug. Just as the study found more numbers of the male using drugs and substance abuse than their female counterpart revealed a significant relationship between gender and the use of drugs and drugs abuse.

There is also a significant relationship in the age cohort of youth who engage in the use of drugs and substance abuse. A majority of the respondents are found in the age cohort of 18-27. This finding strengthens Nugent (2005) concept of "youth" as defined as all the people within a specific age group, or as a state of being or even a state of mind especially the people between ages 10 and 24, with early phase between ages 10 and 14, a middle phase (between 15 and 20), and a later phase between 21 and 24 (Nugent, 2005). Also, the findings of the study found those who consume drugs to be single.

This study has also revealed that tramadol, Codeine syrup, Cannabis, alcohol and cigarette are the major kind of drugs and substances abused by youths in Lagos state. This finding strengthens and is in line withEric (2017), Muritala et al., (2015) whom all mentioned that youth abuse drugs like tobacco, Indian hemp, cocaine, morphine, Heroine, Alcohol, Ephedrine, caffeine, Glue, Barbiturates, Heroine and Methamphetamine. Also, Ani (2014) mentioned that youth abuse drugs like Marijuana, tranquillizer and cocaine. According to Ani (2014), these drugs are mostly abused by secondary school students in Lagos.

Also, the study has shown that youths abuse these drugs to feel high and relieve tension. This finding is in line with the works of Jerome, Magaji, Susan & Agnes (2018) observations that the need to adapt fully into peer arranged society, enhance performance and create a sense of aesthetic feelings encourages youths to use the drug and drug abuse. The finding also reinforces Ching et al., (2011), position that the need for relief of boredom/depression/anxiety, peer influence, euphoria-seeking sensory satisfaction accounts for other factors responsible for drug abuse.

The study also revealed that there is a significant relationship between drugs, substances abuse and youth engagement in crime. The finding is in tandem with the UNDCP (1995) study that linked drugs to other major problems, such as the illegal use of guns, various forms of violence and terrorism. The finding also reinforces the Office of Health Economics (1995) position that drug addicts commit petty crime to enable them to continue buying drugs.

In respect to whether the type of drugs and substance abused determines the kind of crimes committed in Lagos state, the study has shown that the type of drugs and substance abused determines the kind of crimes committed in Lagos state. The study also revealed that the rate of the increase in crime is determined by the increase in the inflow and flow of drugs and substances in Lagos state.

It was determined from the findings of the study that drugs, substances abuse have a significant effect on the rate of school drop-outs and academic performance among youths in Lagos state. This finding confirms Ching et al. (2011) study on the effect of drug abuse on school performance in Hong Kong school, as occasioned by students' disengagement from school. The study also confirms Adenaike et al. (2014) finding that a significant relationship existed between drug abuse on youth development and academic performance (failure). Additionally, Muritala et al., (2015) admit that drug abuse undermines students' progress by making them less likely to attend classes or keep up with their studies. Also, Amadi&Akpelu (2018) noted a correlation between drug abuse and the academic performance of secondary school students. They found that drug abuse alters the brain chemistry and interferes with the student's ability to make decisions and concentrate on their studies and academic work.

Information, as revealed from the study, indicated that there is no correlation in the position that students who abuse drugs and other substances do so to enhance their academic performance. This finding is in line with Raheem (2014) study that discovered that drug abuse negatively affects students' academic performance. Abdu-Raheem (2013) study determined that poor academic performance is one of the effects of substance/drugs on the student. Other effect includes truancy and decreasing their ability to concentrate (Chukwu et al., 2017) and poor academic performance and increase in indiscipline cases among

students (Kavutha, 2015). The study has also shown confirm that some tertiary and secondary schools in Lagos state are notable for drug and substance abuse.

The findings of this study also revealed a link between drugs, substances abuse and impaired memory and mental health problems among youths in Lagos state, Nigeria. This is in agreement with NIDA (2014) who argued that when substance use disorders occur in adolescence, they affect key developmental and social transitions, and they can interfere with normal brain maturation. It is also in line with Ann & Fishman (2002) position that drug use, especially in early adolescence, interferes with normal cognitive, emotional, and social development and is closely linked with both psychiatric disorders and delinquency, and it has been associated with many other risk-taking behaviours (sexual activity, truancy, violence, or weapon carrying) entailing significant morbidity and mortality (sexually transmitted diseases and human immunodeficiency virus [HIV] infection; pregnancy. It also reinforces Joanna et al., (2018) finding that when a mental health problem goes untreated, the substance abuse problem usually gets worse, when alcohol or drug abuse increases, mental health problems usually increase too. Sedation and methadone etc can mask symptoms of mental distress (Galvani & Livingston, 2012).

The study found that the type of drugs and substance abused determines the type of mental health challenges faced by youths in Lagos State. In this instance, UNDCP (1995) maintains that drugs abuse alter the function of the human brain

and have an impact on behaviour; they are widely used throughout the world;

and they burden society by increasing social and economic costs for productive

enterprises and by drawing upon limited government certain abusers of

marijuana have an increased risk of psychosis while those who abuse opioid

painkillers are at greater risk for depression ((Joanna, Melinda, Lawrence &

Jeanne, 2018). Also in the position, Elisabet et al. (2017) Prevalence of suicidal

ideation/plans was high among illicit drug users. Early life trauma, deprivation, and

persistent stress can make the individual more vulnerable to develop abnormal

effects on the brain following early drug exposure (UNODC, 2017).

The study also found that drug, substances abuse has a significant effect on the

risk of contracting the infectious disease (HIV and STDs) by youths in Lagos state,

Nigeria. The finding collaborates the works and findings of Haverkos (1991),

American Addiction centres (2018), NIDA (2018), Avron(2014).Alliance(2010) and

CDC (2018) position that several communicable infectious Diseases, including

AIDS, hepatitis B infection, gonorrhoea, syphilis, and tuberculosis, are increasing

among drug abusers. It also confirms NIDA (2012) position that drug abuse and

addiction have been inextricably linked with HIV/AIDS since the beginning of the

epidemic. Intravenous drug use is well known in this regard.

The study also has shown a link between injecting drugs, sharing needles and

contacting HIVs and AIDs. It was confirmed that Youths who inject drugs and

share needles are at high risk of contracting HIV and STDs. It is also revealed in the

study that the methods and type of drug and substances abused by youths determines the rate at which STDs are transmitted.

5.2 Originality/Contribution to Knowledge

The research opens a new horizon in the field of Sociology and Psychology particularly in a developing country like Nigeria by opening a discussion on the effect of drugs and substance abuse on youth development. The study investigated and statistically established a significant relationship between drugs, substance abuse and youth development. This study has added to the efforts of researchers' world over to understand the association between drugs, substance abuse and youth development.

5.3 Suggestions for Further Studies

Effective and sound control of drugs and substance abuse must be recognized as being one of the critical and vital ways that contribute towards youth development. The Nigerian government is faced with the challenges of managing drugs and substance-related crime. It is instructive to note that though researchers in the western countries have carried out researches in these areas, however, it was observed in the course of our literature review that little research has been carried out in these areas in a non-western country like Nigeria. The present study may serve as a drive and template for professionals, upcoming researchers and scholars alike to undertake further research to validate or

invalidate the claims of the western scholars as regards the effect of drugs and substance abuse on the rate of divorce in Nigeria.

CHAPTER VI SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATION

6.1. Summary of findings

This study is a correlation study and sought to empirically ascertain the nature of the relationship between drug, substance abuse and youth development in Lagos State, Nigeria. In examining the relationship between the variables, the study first offers a theoretical discourse which provides a detailed description and

conceptualization of the variables of the study and also a review of the possible link between the variables (drug, substance and youth development).

The study in empirically assessing the relationship between the variables adopts both descriptive and inferential statistical tools with analysis entailing three main levels, the demographic level of analysis, the primary (univariate) and the secondary level (tests for hypothetical statements) of analysis. A total of four hypotheses were stated in the study as an operational means of providing answers to the research questions and objectives of the study. All four null hypothetical statements were rejected as the evidence from the analysis reveals significant relationships in all instances.

The findings of the study on the basis of the facts generated from the analysis, affirm that the drug substance abuse impacts significantly on youth development and as such provides for an acceptance of the stated hypotheses of a significant relationship between the kinds of drugs and substances abused and youth engagement in crime in Lagos State, Nigeria, a significant relationship between drugs, substances abuse and the rate of school drop-outs and academic performance among youths in Lagos state, Nigeria, a significant relationship between drugs, substances abuse and impaired memory and mental health problems among youths in Lagos state, Nigeria and also a significant relationship between drugs, substances abuse and the risk of contracting infectious disease (HIV and STDs) by youths in Lagos state, Nigeria. Based on the observed

relationship between the variables, the previously stated null hypothetical statements of no significant relationships were all rejected as the evidence suggests otherwise.

6.2 Conclusion

The conclusion of this study is based on the empirical evidence of its investigation of the relationship between the variables of the study as well as the summary of its findings, hence, the study concludes as follows:

1. *There is a significant relationship between the kinds of drugs and substances abused and youth engagement in crime in Lagos State, Nigeria.*

2. *Drugs and substances abuse have a significant effect on the rate of school drop-outs and academic performance among youths in Lagos state, Nigeria.*

3. *There is a significant relationship between drugs and substances abuse and impaired memory and mental health problems among youths in Lagos state, Nigeria.*

4. *Drugs and substances abuse have a significant effect on the risk of contracting the infectious disease (HIV and STDs) by youths in Lagos state, Nigeria*

6.3. Recommendations

Based on the findings and conclusions of this study, the following recommendations are hereby proffered:

1. ***Improved standard of living:*** *studies have shown that the standard of living determines and conditions behaviours in society. These behaviours are sometimes conformists or deviant in nature. In this case and for this study, it is recommended that government on their own part improves the standard of living in the areas of infrastructural development, employment and improved income, since studies have shown that high-stress level, especially occasioned by dire economic strains, severe trauma, psychological trauma, have conditioned youth to engage in the use of drugs.*

2. ***Improved facility for the reintegration of drug abusers:*** *when youths who engage in drugs are rehabilitated, they are sent to institutions and homes for corrections therapeutic healing. This facility needs to be equipped both in human resources and material resources that will meet the needs of drug abusers. Drug abusers should not be sent into the society once they brought out from correctional homes rather, they need to be institutionalized in well-equipped reintegration facilities for proper and gradually reintegration into the society. Such facilities must be well equipped.*

3. ***Tight border control, strengthening of drug agencies and strong policies against drugs and substance abuse:*** *since most drugs abused by youth are not manufactured in the country but smuggled through the border, the study recommends for a stronger and tighter border that will restrict the inflow of drugs. Also, drug reinforcement agencies like the National Drug Law Enforcement Agencies (NDLEA) should be well strengthened in the areas of training, equipment and good remuneration to forestall and discourage indiscipline, dereliction of duty and bribery.*

4. ***Awareness creation, sensitization on drug use and viable youth development programmes:*** *there should be a well-planned awareness creation on the defects of the use of illicit drugs and drug abuse. This should also be accompanied by a good youth inclusive systemically regulating and drug, substance controlling youth development programmes.*

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APPENDIX I

Faculty of social science

Department of social science

The Commonwealth University.

November 2018.

Dear Respondent,

I am a PhD candidate of the Department of Social science, Faculty of Social science, The Universidad Empresarial De Costa Rica, I am currently carrying out a

research on, **DRUGS SUBSTANCE ABUSE AND EFFECTS ON YOUTH DEVELOPMENT IN LAGOS STATE, NIGERIA**

The attached questionnaire will assist the researcher to gather information required for the research. You are requested to kindly objectively respond to the questions. Your name is not required and the researcher guarantees strict confidentiality of your responses. Please, early completion of the questions will be highly appreciated as I hope to retrieve copies of the questionnaire within two weeks. I shall remain grateful if my request is considered at your earliest convenience. Thanks in anticipation of your cooperation.

Yours Sincerely

……………………………

FESTUS ASIKHIA

QUESTIONNAIRE

Section A: Socio-demographic Data

1. *Sex: Male* ☐   *Female* ☐
2. *Marital Status: Married* ☐ *Single* ☐   *Divorced* ☐ *Widowed* ☐
3. *Age bracket: 18-29* ☐   *30-39* ☐   *40-49* ☐   *50-59* ☐
4. *Educational qualification(s):*
          ☐   ☐   ☐

          ☐   ☐   ☐

No formal education   Primary education   Secondary
level

Tertiary educatio☐

Others (specific) …………………………………………..

5.   *Religion: Christianity   Traditional   Muslim*

Others (specify)…………………………………………………...

6.   *Employment status: employed   Civil servant*

Business/Trade

Skilled work☐

Section B

S/N	kind of drugs and substances abused by youths in Lagos state				
7.	What are the kinds of drugs and substances abused by youths in Lagos state?				
		A	SA	D	SD
8.	Cannabis is the major drugs and substances abused by youths in Lagos state				
9.	Codeine syrup is the major drug abused by youths in Lagos state				
10.	Cocaine is the major drug abused by youths in Lagos state				
11.	Tramadol is the major drug abused by youths in Lagos state				
12.	Alcohol and cigarette are the major drugs abused by youth in Lagos state				
13.	Youths abuse these drugs to feel high and relief tensions				
	Section C: drugs, substances abuse and youth engagement in crime in Lagos state, Nigeria	A	SA	D	SD

		A	SA	D	SD
14.	There is a significant relationship between drugs, substances abuse and youth engagement in crime in Lagos state, Nigeria				
15.	The type of drugs and substance abused determines the kind of crimes committed in Lagos state.				
16.	The rate of the increase in crime is determined by the increase in the inflow and flow of drugs and substances in Lagos state				
	SECTION D: drugs, substances abuse and the rate of school drop-outs and academic performance among youths in Lagos state, Nigeria	A	SA	D	SD
17.	Drugs, substances abuse have a significant effect on the rate of school drop-outs and academic performance among youths in Lagos state, Nigeria				
18.	Students who abuse drugs and other substances do so to enhance their academic performance.				
19.	Some tertiary and secondary schools in Lagos state is notable for drug and substance abuse				
	Sections E: Drugs, substances abuse and impaired memory and mental health problems among youths in Lagos state, Nigeria	A	SA	D	SD
20.	There is a significant relationship between drugs, substances abuse and impaired memory and mental health problems among youths in Lagos state, Nigeria				
21.	The type of drugs and substance abused determines the type of mental health challenges faced by youths in Lagos State				
	Section F: Drugs, substances abuse and the risk of contracting the infectious disease (HIV and STDs) by youths in Lagos state, Nigeria	A	SA	D	SD
22.	Drugs, substances abuse have a significant effect on the risk of contracting the infectious disease (HIV and STDs) by youths in Lagos state, Nigeria				
23.	Youths who inject drugs and share needles are at the high risk of contracting HIV AND STDs				

24	*The methods and type of drug and substances abused determines the rate at which STDs are transmitted*				