

## **Substance Abuse and Its Devastating Health Effect on the Youths of Onitsha Metropolis, Nigeria**

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### **Abstract**

Substance/drug abuse is emerging as a global public health issue that poses a huge concern to everyone world over. The recent world drug report-2021 of the United Nations Office on Drugs and Crime (UNODC) estimated that over 275 million people across the globe used drugs, while over 36 million people suffered from drug use disorders. As the 2021 National Drug Use Survey revealed, in Nigeria at that time there were around 17.3 million drug users of which close to 5 million suffered from drug use disorder. This study investigated substance abuse and its devastating health effect on the youths of Onitsha Metropolis, Nigeria. In line with its specific objectives, the study investigated the drugs commonly used or abused by Onitsha youths, examined the factors influencing Onitsha youths to use or abuse drugs, explored the sources of drugs commonly abused by Onitsha youths, and determined the devastating health effect of drug abuse among Onitsha youths. The study used the general strain theory of Agnew Robert (1992) in explaining the social phenomena studied. The study population comprised of 69143 youths in Onitsha aged 16 years and above (both male and female), and a total of four hundred and five (405) respondents were selected using purposive sampling techniques from the five selected districts in Onitsha, purposively selected. Data were collected via questionnaire and In-depth Interview (IDI). Findings revealed that peer pressure, pleasure seeking, curiosity, quest to relieve stress, quest to belong to the social circle of the big boys and girls, amongst others, were reasons for drug use and abuse. Based on the findings, this study recommends thus: Anambra State government should as a matter of urgency enhance the use of task forces and greater collaboration among regulatory bodies responsible for drugs and substances control – NDLEA, NAFDAC and PCN – to stem drug abuse in the state; the state government should provide more educational and employment opportunities to the youths; and there should be greater involvement of parents in the guidance of their children and in strengthening the marriage institution for effective upbringing of children.

*Keywords:* abuse, devastating, health, substance, youths, Onitsha

### **Introduction and Motivation for the Study**

Drug abuse is a global health and social problem with distinct conditions and problems that vary locally (World Health Organization [WHO], 2017). The use of psychoactive substances among adolescents and youths has become a subject of public concern worldwide due to the fact that it contributes to

deliberate or unintended harm/injury (Whichstrom & Hegna, 2013; Daane, 2013). Drug abuse, addiction and trafficking cut across socioeconomic, cultural, religious, and ethnic boundaries (Oyakhilome, 2020). Despite the efforts of the three tiers of government and the National Drug Law Enforcement Agency (NDLEA) to stem its tide in Nigeria, there has been a consistent increase in the number of drug-related cases, especially among youths between 10-25 years of age (National Drug Law Enforcement Agency [NDELA], 1993).

Substance abuse is a serious issue, particularly in developing countries like Nigeria. It is a global issue. Drug abuse is also a major individual, social and public health problem and is seen as an aggravating factor for economic crises, and may have contributed to Nigeria's poverty status. While youths are supposed to be the major agents of change and development, some of them have been destroyed by drug abuse (rendering them unproductive). Drug abuse has become a great concern in Nigeria because of its effect on the youths and the nation as a whole. The overall health of the user is affected negatively and behaviors associated with drug abuse predispose the abuser to crime and contagious diseases, including HIV/AIDS (Center for Disease Control, 2020).

Substance abuse is a global challenge with detrimental effects on health, wealth, and security of nations (United Nations Office on Drugs and Crime [UNODC], 2010). The prevalence of health-risky behaviour associated with adolescents and illicit drug use has attracted growing international recognition. Drug abuse remains a major health challenge all over the world (UNODC, 2005). These health effects may occur after just one use. Drug use can have a wide range of short and long term, direct and indirect effects. These effects often depend on the specific drug or drugs used, how they are taken, the person's health and other factors. Short term effects can range from changes in appetite, wakefulness, heart rate, blood pressure, and/or mood swings to heart attack, stroke, psychosis, overdose, and even death. The long term effects include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others (Jacobs, & Steyn, 2013). Drug use among adolescents and young adults has become quite widespread during the past 25 years, with many characterizing the increases as of epidemic proportions. Although it may not be surprising that many teenagers have experimented at some time with various drugs, problems begin to arise when this experimental use becomes regular use or abuse.

The impact of drug abuse among Nigerian youths has also been associated with the loss of our societal values and ideals (Aluede, 2000). Drugs alter the normal biological and psychological functioning of the body, especially the central nervous system (Melisa, Christiana; Steven; Jessica; Macfallen; Carmel; Choi; Donald; Desire; Seth; Kalichman; & Cathlyn, 2014). Majority of

the Nigerian youths ignorantly depend on one form of drug or the other (such as tobacco, Indian hemp, cocaine, morphine, heroine, alcohol, ephedrine, Madras, caffeine, glue, barbiturates and amphetamines) for their various daily activities (Oshikoya and Alli, 2006). The prevalence of illicit drug use among youths has attracted growing international recognition. Unfortunately, adolescents and young adults may underrate the harmful effects of unhealthy life styles (McMaster and Keshav, 1994).

These unpleasant youthful activities are widespread in Nigeria and all over Africa, thus giving a lot of concern to the government and the general public (Greene, 1980). Drug abuse remains a major health challenge all over the world (UNODC, 2005). And this is a real concern because the health of young people is a key factor in the promotion and preservation of the health of the population as a whole; it determines the overall level of the population's health in the short term (Tsverkova, & Antonova, 2013).

The abuse of drugs in Nigeria is caused by many factors, including love for money by peddlers, disobedience to the laws of the country, proliferation of the market with individuals who sell medicines, lack of control of prescription drugs in the healthcare facilities and indiscriminate dispensing of drugs. Other reasons for abuse of drugs include smuggling substances of abuse through our porous seaports and land borders, corruption and compromises at the point of entries, diversion of legitimate exports to illicit use, weakness in inspections and weak penalties for the sellers and traffickers. It is against this backdrop that this study investigated substance abuse and its devastating health effect on the youths of Onitsha metropolis, Nigeria

### **Objectives of the Study**

This study specifically sought to:

1. Investigate the drugs that are commonly used or abused by Onitsha youths
2. Examine the influencing factors of Onitsha youths to drug abuse
3. Explore the sources of the commonly abused drugs among Onitsha youths
4. Determine the devastating health effect of drug abuse among Onitsha youths

### **Review of Related Literature**

A review of the literature clearly indicates that there has been a steady increase in the prevalence of drug use and its associated consequences within the last three decades (Ihezue, 1988; Oshodi, Aina, & Onaiole, 2010; Dewling, Pluddermann, Myers, & Parry, 2006). Almost all types of psychoactive

substances are available in Nigeria due to their spill over into the streets from drug traffickers who use Nigeria as a conduit to transport drugs from South East-Asia (the Golden Triangle) and South America (Bolivia, Peru, and Brazil) to Europe and North America (Klein, 1994). There is high prevalence among youths (Okafor, 2011). The desire to explore and experiment, and peer pressure are some of the factors responsible for these prevalence. The excessive usage of such substances leads to substance abuse. Substance abuse has many negative physiological and psychological health effects.

Drug abuse continues to be a strategy adopted by youths to cope with various socioeconomic and psychological problems. There are many social factors that have resulted in abuse of drugs. These include decline of family value system, parents not playing their roles properly, children and youths therefore not receiving proper guidance, peer pressure, social media influence, poverty and unemployment. Keeping in mind that youths are a vulnerable population, it is crucial for all and sundry to address this matter.

### **Drug: Conceptual Clarification**

The definition of drugs as stated in the International Convention of 1961 for Narcotic drugs, and that of 1971 for psychotropic substances, includes all substances and chemicals that should not be used for any purpose other than for medical and scientific research. To date, there are 131 internationally controlled drugs which are to be used under strict medical prescription and/or for scientific research. If used for purposes otherwise, they are called illicit drugs. In the past two decades, drug use has spread widely at an unprecedented rate and has reached every part of the globe (Fissehaye, Kassaye; & Teklu, 1999).

### **Substance Abuse: Conceptual Clarification**

Substance/drug abuse is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress as manifested by one or more of the following occurring within a 12 month period: recurrent substance use resulting in the failure to fulfil major roles like obligations at work, school or in the home; recurrent substance use in situations in which it is physically hazardous – for example, driving automobile when impaired by substances use; recurrent substance related legal problems and continued substances use despite recurrent social and interpersonal problems (Morojele, & Ramsomar, 2016).

### **Commonly Abused Drugs by Youths in Nigeria/Onitsha**

Most scholars and literatures reviewed indicated that the most frequently implicated drugs consistently reported by the majority of the studies were

cannabis, cocaine, amphetamine, heroin, diazepam, codeine, cough syrup and tramadol. Scholars like Nouh, El-Tayeb, Said, Radwan, & El-Fiki (2007) in a study observed that alcohol, cannabis and prescription drugs were common practices in drug abuse. Also, Onyenecho, Pindar, Ibrahim, Mishelia, Jidda, & John (2020) found that there was rampant abuse of tramadol, marijuana, and cigarette, making them the most widely abused drugs. Tramadol users constituted the highest number (56.2 percent), marijuana smokers were 46.3 percent and cigarette smokers were 37.9 percent. The findings also revealed that alcohol and injectable drugs were also among the drugs mostly abused by youths in the area.

### **Factors Influencing Drug Abuse among Youths in Onitsha**

Many factors account for why Nigerian and Onitsha youths engage in drug abuse. In a study conducted by Ibrahim, Amit, Din, & Ong (2017) on the highest influencing factor leading to substance misuse among youths, it was found that 70 percent of youths engaged in substance/drug abuse due to peer pressure while 28 percent reported improper care by parents. Also, Dankami (2012), in a study found that more than half (57 percent) of youths learned illicit drug intake through intermingling with their friends in the Northwestern states. Another study done by Simons-Morton & Tilda (2010), on the influence of peer group and smoking habits by other substance users, as well as Al-hawqi (2010), found that a significant number (62 percent) of youths engage themselves in drug abuse as a result of friends' influence.

Similarly, Dukku (2012), in a study, found the following factors as encouraging youths drug abuse behavior: poverty, unemployment, joblessness/idleness, broken homes, inadequate parental supervision, entertainment, curiosity, the influence of peer group, the influence of politicians as well as availability and easy access to drugs. All of these are pushing youths into drugs intake.

### **Sources of Drugs Commonly Abused by Youths in Nigeria/Onitsha**

Most scholars and literatures reviewed indicated the most commonly abused drugs by youths include cannabis, cocaine, amphetamine, heroin, diazepam, codeine, cough syrup and tramadol. Sources where abusers obtained these drugs were pharmacies/patent medicine shops, open drug markets, drug hawkers, fellow drug abusers, friends, and drug pushers. Only few studies reported the sources of the drugs being abused. The common sources included: pharmacies/patent medicine shops (Njoku, Harvey, & Jason, 2017; Freeman, Landwehr, McKay, Derzoi, & Bir, 2017; Dawson, Goldstein, Saha, & Grant, 2015), open markets (17%) (Fuhr, & Pociask, 2014), drug hawkers (Dasgupta, 2013; Argyropoulos & Nutt, 2013), hawkers of traditional herbal preparations

(Doherty & Gaughran, 2014), fellow drug abusers (8%) (Njoku, Harvey, & Jason, 2017), underground agents (57%) (Edafiadhe, 2005), family members (1.6–33%) (Abubakar, Abubakar, Kabir, Zayyanu, Garba, Isa, Wada, & Mohammed, 2021), friends (up to 61%) (Ju, & Odejide, 1993; Akpala & Bolaji, 1991), teachers (3%) (Edafiadhe, 2005; Ju, & Odejide, 1993), physician (8.3%) (Akpala & Bolaji, 1991), other health practitioners (3.0%) (Akpala & Bolaji, 1991).

### **Health Effect of Substance/Drug Abuse on Onitsha Youths**

Youths who engage in drug abuse may be infected with heart-related ailments such as high blood pressure, stroke, heart attack, musculoskeletal, neurological, and respiratory diseases, while those drug addicts who engage themselves in injecting hard drugs into their blood have a high risk of HIV/AIDS infections, cancer of the lungs, throat, stomach, liver cirrhosis, Hepatitis B and C, tuberculosis and diabetes mellitus as well as reproductive health issues such as impotence, low sperm count, likelihood of giving birth to low birth weight babies and babies with fetal alcohol syndrome (Ekpenyong, 2012; United Nations Office of Drugs and Crime [UNODC], 2010; Al-Haqwi, 2010; Rice & Dolgin, 2008; Copper, DeBon, Haddock, Esquivel, Klesges, Lando, & Talcott, 2008).

Studies conducted by several other scholars on the negative consequences of psychoactive drugs such as heroin, cocaine lysergic acid diethyl lamide (LSD) amphetamines show that intake of drugs causes sleeping disorder, poor appetite, restlessness, irritability, suicidal depressions, ecstatic paranoia, hallucinations, panic reactions, sensory disorientation and loss of lives. Scholars reported that those abusing heroin were discovered to have suffered “dependence, blood-borne viruses, psychological abnormalities” (Njoku, Harvey, & Jason, 2017). Heavy marijuana as well as tobacco abusers were found to suffer from central nervous system disorders, damage to the endocrine glands and pancreas, heart failures, erectile dysfunctions, hypertension, stroke and capillary hemorrhages, swelling and redness of the face and nose (Argyropoulos & Nutt, 2013). Both substances increase heart beat, narrow blood vessels and cause cancer, tuberculosis and reduced life expectancy rates, distorted brain functioning, paralysis, cardiac attack and death, amongst others (Shehu & Rao, 2020; Cicchetti & Handley, 2019; Brown, Stoffel, & Munez, 2019; Freeman, van der Pol, Kuijpers, Wisselink, Das, Rigter, & Lynskey, 2018; Njoku, Harvey, & Jason, 2017; Freeman, Landwehr, McKay, Derzoi, & Bir, 2017; Dawson, Goldstein, Saha, & Grant, 2015; Doherty & Gaughran, 2014; Blackstone, Fuhr, & Pociask, 2014; Dasgupta, 2013; Argyropoulos & Nutt, 2013; Ekpenyong, 2012; Carson, Sullivan, Cochran, & Lersch, 2008; Craig, & Baucum, 2001).

## **Theoretical Framework**

This study used the General Strain Theory of Agnew Robert to buttress the social phenomena studied. General Strain Theory (GST) is a sociology and criminology theory developed in 1992 by Robert Agnew. Agnew believed that Merton's theory was too vague in nature and did not account for criminal activity which did not involve financial gain. The core idea of general strain theory is that people who experience strain or stress become distressed or upset which may lead them to commit crime in order to cope. One of the key principles of this theory is emotion as the motivator for crime. The theory was developed to conceptualize the full range of sources in society where strain possibly comes from, which Merton's strain theory does not. The theory also focuses on the perspective of goals for status, expectations and class rather than focusing on money (as Merton's theory does). Examples of General Strain Theory are people who use illegal drugs to make themselves feel better, or a student assaulting his peers to end the harassment they caused (Agnew, 2015; Agnew, 2014; Agnew, 2001).

GST introduces 3 main sources of strain such as (Paternoster & Mazerolle, 1994)

1. Loss of positive stimuli (death of family or friend)
2. Presentation of negative stimuli (physical and verbal assaults)
3. The inability to reach a desired goal.

Applying this theory to study stresses associated with various youths in Onitsha would reveal emotional instabilities and diverse forms of disaffections that could result to resort to drug abuse to relieve oneself of the problems.

## **Methodology**

This study used descriptive survey research design with both quantitative and qualitative techniques. The study population comprises of 787,594 youths, including males and females, from the age of 16 years and above in Onitsha, Anambra State, Nigeria. As regards sample size and sampling technique, the study utilizes two stages sampling techniques. The first stage involves the selection of five residential areas (Awada Layout, Isiafor Layout, Odoakpu, Onitsha, and Upper-Iweka) in Onitsha metropolis with each selected area allotted 81 samples bringing the total to four hundred and five. The second stage involves selection of sample of 81 respondents from each of the selected residential areas. The sample size of youths in the selected area is four hundred and five respondents (405), and they were all chosen as sample for the study using purposive sampling techniques.

Data were collected by means of structured questionnaire and through In-depth

interviews (IDI). The questionnaire contained both open and closed-ended questions. It was divided into two sections. Section A consists of questions on socio-demographic characteristics of the respondents regarding their gender, age (in years), marital status, educational level, and religious affiliation. Section B focuses on other substantive issues bothering on the study.

### **Statistical Analysis**

The data collected through questionnaire were processed using Statistical Package for Social Sciences (SPSS) version 22 and statistically analyzed using descriptive techniques such as frequencies, percentage and weighted mean, while the field notes from the interview generated in the course of the field work were summarized, and then content analyzed manually.

### **Results and Discussion**

A total of four hundred and five (405) copies of questionnaires were administered out of which three hundred and eighty-four (384) representing (94.81percent) were suitable for analysis, while the remaining twenty-one (21) representing (5.19 percent) were invalid and not used in the analysis. The analysis carried out in this paper is in two sections. Section A focuses on the analysis of the respondents' socio-demographic characteristics while section B centres on the analysis of the objectives of the study.

#### **Section A: Analysis of the Socio-Demographic Characteristics of the Respondents**

**Table 1: Socio-Demographic Characteristics of the Respondents N= 384**

<b>Variables</b>	<b>Characteristics</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Gender	Male	220	57.3
	Female	164	42.7
Age (in years)	Less than 18 years	40	10.4
	18-22 years	186	48.4
	23- 27 years	114	29.7
	28 years and above	44	11.5
Marital Status	Never married	294	76.6
	Married	76	19.8
	Separated/Widowed	14	3.7
Religious Affiliation	Christianity	279	72.7
	Islam	105	27.3
Education Level	No formal education	16	4.2
	Primary school education	114	29.7
	Secondary Education	156	40.6
	Tertiary Education	98	25.5
<b>Total</b>		<b>384</b>	<b>100.0</b>

Source: Field Survey, 2023

Table 1 above shows the socio-demographic characteristics of the respondents. From the table, majority (57.3 percent) of the respondents were male, while the remaining (42.7 percent) were female. This finding indicates that more males than females took part in the study. The age of the respondents show that majority of them (48.4 percent) were between ages 18-22 years. About 29.7



percent were between ages of 23-27 years, 11.5 percent were between 28 years and above, while the remaining 10.4 percent of the respondents were less than 18 years. This result indicates that most of the respondents are young and could want to explore something new.

As regards the marital status of the respondents, majority (76.6 percent) of them never got married (single); 19.8 percent of the respondents were married, while the remaining 3.7 percent were either separated (who went their separate ways due to divorce or another reason) or widowed (who lost their partners due to death). The high number of the never married (single) indicate that majority of those sampled in Onitsha could still be out to explore the fun inherent in the world of ecstasy.

The religious affiliation of the respondents show that majority (72.7 percent) of the entire respondents were Christians, while the remaining 27.3 percent of the respondents were Muslim. Also, the educational level of the respondents shows that majority (40.6 percent) of them had secondary education certificate, 29.7 percent of the respondents have primary school education certificate, 25.5 percent have tertiary education certificate, while the remaining 4.2 percent have no formal education experience. These results suggest that respondents sampled are averagely or moderately literate and this could help awaken their desire to explore some drug-related experiences common in our globalized world.

In summary, the socio-demographic characteristics of the respondents show that majority of them were male, aged between 18-22 years, 23-27 (29.7 percent) years, never married (single), averagely or moderately literate and are Christians.

**Table 2: Distribution of Respondents by Commonly Abused Drugs among Onitsha Youths N=384**

<b>Variables</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Alcohol	66	17.2
Cannabis (Marijuana)	116	30.2
Cocaine	13	3.4
Methadone/Morphine	14	3.6
Amphetamines	28	7.3
Sedatives (Barbiturate)	13	3.4
Hallucinogen (Mescaline, Diethylamide etc)	9	2.3
Crystal Methamphetamine	36	9.4
Syrups (Codeine), Tramadol	31	8.1
Diazepam	16	4.2
Shisha mix	20	5.2
Tobacco/Loud	22	5.7
Heroin	Nil	Nil
Opium/Valium	NilNil	
Miraa/Bhang	NilNil	
<b>Total</b>	<b>384</b>	<b>100.0</b>

Source: Field Survey, 2023

Table 2 above showed the commonly abused drugs among youths of Onitsha metropolis. The responses from the result revealed that 116 of the respondents

(30.2 percent) indicated that Cannabis (Marijuana) was the most abused substance/drugs by youths of Onitsha metropolis; Alcohol consumption among Onitsha youths ranked the second most abused – 66 respondents, representing 17.2 percent; 9.4 percent (36 respondents) indicated abusing Crystal Methamphetamine (NkpuruMmiri); 31 (8.1 percent) of the respondents reported abusing syrups especially Codeine, as well as Tramadol; those who abused Amphetamine constituted 28 (7.3 percent) of the respondents; 22 (5.7 percent) of them abused Shisha mix; 16 of the entire respondents, representing 4.2 percent were involved in the abuse of Diazepam; 14 (3.6 percent) of the respondents were engaged in the abuse of Methadone/Morphine; 13 (3.4 percent) of the respondents were involved in Cocaine substance intake; another 13 (3.4 percent) of the respondents abused Sedatives (Barbiturate). Furthermore, 9 (2.3 percent) of the respondents reported abusing Hallucinogens like Mescaline, Diethylamide amongst others; none of the entire respondents indicated abusing Heroin, Opium/valium or Miraa/Bhang. The above results imply that Onitsha youths engaged in the abuse of different kinds of substances/drugs which possibly posed a myriad of health issues and dangers to the respondents, their families, and the society at large. Supporting the above findings, an interviewee stressed that:

Me and my girls, we smoke shisha mix at home and whenever we go to the club to feel good about ourselves and get along well with the happenings in the club (Youth/ Female/23 years/21 April, 2023/IDI).

**Table 3: Distribution of Respondents by Influencing Factors of Substance Abuse N=384**

<b>Variables</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Due to peer group pressure	119	30.9
To stay alert all day to hustle	26	6.8
To relax and relieve stress	20	5.2
Due to curiosity	45	11.7
To stimulate and enhance sexual performance when with partner	31	8.1
Due to availability and easy accessibility of the drugs	33	8.6
To feel among the happening class	37	9.7
Socioeconomic status of parents	23	6.0
Due to the environment we reside in	30	7.8
Most of family member's do drugs	20	5.2
<b>Total</b>	<b>384</b>	<b>100.0</b>

Source: Field Survey, 2023

Table 3 above indicates the reasons/factors why youths of Onitsha metropolis abuse drugs. Respondents revealed that the following potent reasons or factors cause the abuse of drugs amongst them. Most of the youths constituting 119 (30.9 percent) of the entire respondents take and abuse drugs due to peer

group/peer pressure, 45 (11.7 percent) of the youths revealed that drug abuse is due to curiosity; 37 (9.7 percent) revealed that they indulge in drug abuse so as to belong to the big boys and girls class (Clique); 33 representing 8.6 percent of the youths stressed that they engage in drug abuse due to the availability and easy accessibility of the drugs around and within Onitsha metropolis; 31 of the entire respondents representing 8.1 percent revealed that they abuse drugs to stimulate and enhance their sexual performance whenever their partners came visiting.

Also, 30 (7.8 percent) of the youths opined that their indulgence in substance abuse was due to the environment they reside; 26 (6.8 percent) of the entire youths take illicit drugs to stay or keep alert all day while hustling for their daily sustenance; 23 (6.0 percent) of the youths revealed that their abuse of drugs was due to the socioeconomic status of their parents; those who abused drugs in order to relax and relieve stress constitute 20 (5.2 percent) while the other remaining youths constituting 20 (5.2 percent) revealed that their substance abuse behavior was due to the fact that most members of the family also abuse drugs. The findings above indicate that there are varied factors influencing Onitsha youths' drug abuse behaviour, with pressure from peer groups being the overriding factor. Corroborating the findings above, an interviewee opined that:

As for me, I take my stuff whenever I want to relax and relieve myself of the societal stress, because I can't kill myself due to survival challenges we face daily in this country (Youth/Female/26 years/22 April, 2023/IDI).

Another interviewee indicated that:

Once, we gather somewhere in the evenings from our daily hustle, my guys do bring some stuffs that we chill out with and reason some matters together on how to make headway in life and bid each other goodnight (Youth/ Male/27 years/20 April, 2023/IDI).

**Table 4: Distribution of Respondents by Sources of Drugs Abused by Onitsha Metropolis Youths N=384**

Variables	Frequency	Percentage (%)
Pharmacy/patent medicine shops	121	31.5
Open drug markets	79	20.5
Drug hawkers	25	6.5
Fellow drug abusers/friends	72	18.8
Drug peddlers/pushers	58	15.1
Dispensary/hospital prescription drugs	29	7.6
<b>Total</b>	<b>384</b>	<b>100.0</b>

Source: Field Survey, 2023

Table 4 above showed the sources of the drugs that are frequently abused by youths of Onitsha metropolis. From the result, a little less than half of the entire respondents (121 persons or 31.5 percent) averred that they usually got the substances/drugs they abused from pharmacies/patents medicine shops spread

across the area of study, 79 (20.5 percent) of the respondents indicated they got the drugs from open drugs markets; 72 (18.8 percent) of them stressed that they got the drugs/substances from their fellow drug abusers or friends.

Furthermore, 58 (15.1 percent) of the respondents revealed getting the substances/drugs from drug peddlers/pushers within and around Onitsha metropolis; another, 29 of the respondents constituting 7.6 percent got prescription drugs from dispensaries/hospitals while the remaining 25 (6.5 percent) of the total respondents reported that they got substances/drugs to abuse from drug hawkers spread within and around the streets of Onitsha metropolis. These imply that the sources via which Onitsha youths got substances/drugs to abuse are numerous and spread across the study area and require intensive intelligent overt and covert operations of the NAFDAC and the NDLEA to track, apprehend, and prosecute persons connected with the above mentioned sources of drug peddling networks. Buttressing the above findings, an IDI interviewee reported:

I buy marijuana every day before going out for my daily hustle and after closing in the evenings from one joint down my street to help me relax and reason well (Youth/Male/25 years/22 April, 2023/IDI).

Another interviewee revealed that:

Where to get the stuff is very easy and accessible, I just take a stroll to a football pitch a bit late at night and buy from some guys who usually sell and supply us the stuffs (Youth/Male/24 years/21 April, 2023/IDI).

**Table 5: Distribution of Respondents' on the Devastating Health Effect of Drug Abuse on Youths of Onitsha Metropolis N=384**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Loss of Weight, Fatigue, & Decreased Appetite	98	25.5
Mild Paranoia, Physical Exhaustion, Mental Confusion	53	13.8
Nervousness, Irritability, and Restlessness	42	10.9
Distorted Brain Functioning	24	6.2
Erectile Dysfunction/Sleep Disorder	34	8.9
Insects Crawling under the Skin	36	9.4
Anemia, and Scratchy Eyes	31	8.1
Lungs, Kidney, Dry Mouth, & Throat Infections	18	4.7
High Blood Pressure, Stroke, Heart Disease, Musculoskeletal, Neurological, Liver Cirrhosis, and Respiratory Disease	37	9.6
Hepatitis B and C Infection/HIV/AIDS	11	2.9
<b>Total</b>	<b>384</b>	<b>100.0</b>

Source: Field Survey, 2023

Table 5 above showed the distribution of respondents on the devastating health effects suffered by youths of Onitsha metropolis due to their indulgence in

substance/drugs abuse. Results revealed that less than half of the entire respondents (98 persons or 25.5 percent) reported loss of weight, fatigue and decreased appetite as the health challenges they experienced due to their involvement in substance/drugs misuse, 53 (13.8 percent) of the respondents indicated suffering from mild paranoia, physical exhaustion, and mental confusion due to their substance/drug abuse; 42 of the respondents constituting 10.9 percent stressed that they witnessed nervousness, irritability, and restlessness in the course of their involvement in substance/drugs misuse; 24 (6.2 percent) of the entire respondents averred that they suffered distorted brain functioning as a result of substance/drugs abuse; 34 (8.9 percent) of the respondents posited that they had erectile dysfunction as well as sleep disorder (insomnia) as a consequence of their substance/drug abuse.

Furthermore, 36 (9.4 percent) of the respondents expressed the feeling of insects crawling under their skins as a result of their involvement in substance/drug abuse; 31 (8.1 percent) of the respondents reported having anaemia and scratchy eyes due to drug abuse; 18 (4.7 percent) stressed that they suffered lungs, kidney, dry mouth, and throat infection due to their drug abuse; 37 of the entire respondents representing 9.6 percent posited experiencing high blood pressure, stroke, heart diseases, musculoskeletal, neurological, and respiratory issues as a result of their drug abuse behavior, while the remaining respondents (11 persons or 2.9 percent) indicated that they contracted Hepatitis B and C and HIV/AIDS due to their acts of substance/drug abuse. The findings above imply that most of Onitsha youths who engage in substance/drug abuse suffered several devastating health consequences which left them and their families and the larger society grappling with the concomitant outcome of their drug abuse behavior.

### **Discussion of Findings**

This study set out to, first, investigate the drugs that are commonly abused by Onitsha youths, second, to find out the influencing factors of drug abuse among Onitsha youths, third, identify the sources of the commonly abused drugs by the respondents', and fourth, ascertain the devastating health effect of drug abuse among Onitsha youths. As regards the commonly abused drugs by Onitsha youths, 30.9 percent of the respondents indicated that Cannabis (Marijuana) was the most abused substance/drugs by youths of Onitsha metropolis, Alcohol consumption (17.2 percent) among Onitsha youths ranked the second most abused; 9.4 percent of the respondents indicated abusing Crystal Methamphetamine (NkpuruMmiri); 8.1 percent of the respondents reported abusing syrups, especially Codeine and Tramadol; 7.3 percent abused Amphetamine ; 5.7 percent of them abused Shisha mix; 4.2 percent abused Diazepam; 3.6 percent engaged in the abuse of Methadone/Morphine; 3.4 percent of the respondents engaged in Cocaine intake, and another 3.4 percent

abused Sedatives (Barbiturate). This finding supports the one provided by Ajayi & Ekundayo, 2010; Wickwire, Whelan, Meyers, & McCausland, 2008; Aka and Akunyili, 2003, who in separate studies found and identified dangerous drugs like cocaine, Indian hemp (marijuana), morphine, heroin, tobacco, ephedrine, valium five, and Chinese capsules as some of the drugs commonly abused by youths.

With reference to the influencing factors of drug abuse among Onitsha youths, this study found out that most of the youths (30.9 percent) abused drugs due to peer group pressure; 11.7 percent of the youths were involved in drug abuse due to curiosity; some indulged in drug abuse so as to belong to the big boys and girls class (Clique); some engaged in it due to the availability and easy accessibility of the drugs around and within Onitsha metropolis; a few others abused drugs to stimulate and enhance their sexual performance whenever their partners came visiting; other youths opined that their indulgence in substance abuse was due to the environment they resided in. There were youths who took illicit drugs to stay or keep alert all day while hustling for their daily bread; some other youths abused drugs due to the socioeconomic status of their parents; others to relax and relieve stress while the remaining respondents attributed their drug abuse to the fact that most members of their families also engaged in the practice. These findings corroborate the result of the study carried out by Osonwa & Arikpo, 2018; Ibrahim, Amit, Din, & Ong, 2017; Alexander, 2016; Stillerman, 2015; Njagi, 2015; Richter, Frey, Rohr, Roberts, Koberer, Fuchs, & Brinkmann, 2015; Udama, 2013; Dikku, 2012; Dankani, 2012; Simons-Morton & Tilda, 2010; Al-haqwi, 2010. They variously found in their studies that different factors accounted for youths' drug abuse and involvement.

On the sources of the substances/drugs commonly abused by Onitsha youths, this study discovered that most of the youths, a little less than half of the entire respondents' representing 31.5 percent averred that they usually got the substances/drugs they abused from pharmacies/patent medicine shops spread across the area of study, 20.5 percent of the respondents indicated they got the drugs from open drugs markets; 72 (18.8 percent) of them stressed that they got drugs/substances from their fellow drug abusers and friends while others got them from online drug rings, drug peddlers/pushers, dispensaries/hospitals and drug hawkers spread within and around the streets of Onitsha metropolis. This finding corroborates the study carried out by Abubakar, Abubakar, Kabir, Zayyanu, Garba, Isa, Wada, & Mohammed, 2021; Edafiadhe, 2005; Ju & Odejide, 1993; Akpala & Bolaji, 1991. On the burden of drug abuse in Nigeria, review of epidemiological studies showed that youths who abused drugs usually obtained these drugs from online drug rings, pharmacies/patent medicine shops, open drug markets, drug hawkers, fellow drug abusers,

friends, and drug pushers, among others.

Lastly, regarding the possible devastating health consequences of substance/drugs abuse on Onitsha youths, it was discovered that most (25.5 percent) of the youths reported loss of weight, fatigue and decreased appetite, another (13.8 percent) suffered from mild paranoia, physical exhaustion, and mental confusion due to their substance/drug abuse; 10.9 percent stressed that they witnessed nervousness, irritability, and restlessness; 6.2 percent of them experienced distorted brain functioning; 8.9 percent of the respondents had erectile dysfunction and sleep disorder (insomnia). These findings corroborate those of Shehu & Rao, 2020; Cicchetti & Handley, 2019; Freeman, van der Pol, Kuijpers, Wisselink, Das, Rigter, & Lynskey, 2018; Njoku, Harvey, & Jason, 2017; Argyropoulos & Nutt, 2013; United Nations Office of Drugs and Crime [UNODC], 2010; Al-Haqwi, 2010; Rice & Dolgin, 2008; Copper, DeBon, Haddock, Esquivel, Klesges, Lando, & Talcott, 2008; Carson, Sullivan, Cochran, & Lersch, 2008; Craig, & Baucum, 2001). Scholars variously found that cocaine, crystal methamphetamine, amphetamine and other substances/drugs are dangerous substances that cause paralysis, cardiac attack, and death. Furthermore, they can cause damage to the brain and affect both dopamine and serotonin systems. They can also trigger euphoria, a high, but not a rush, wakefulness and insomnia, decreased appetite, irritability, aggression, anxiety, nervousness, convulsion and heart attack.

### **Conclusion and Recommendations**

This study investigated substance/drugs abuse and its devastating health effect on youths of Onitsha metropolis, Anambra State, Nigeria. Results of the findings show that most of the respondents were gravely/seriously into the abuse of variety of drug types in the study area. The abuse of drugs by Onitsha youths is a major social and serious public health issue engendered by multifaceted factors that influenced youth drugs abuse, ranging from peer group pressure, curiosity, environmental influence to parental negligence.

Based on the findings of the study, the following recommendations are made: Firstly, there should be collaboration among strategic agencies (Nigeria Custom Services, National Drug Law Enforcement Agency and NAFDAC) responsible for importation and regulation of controlled medicines to enable them monitor and/or prevent the use of illicit drugs through heightened regulatory alertness. Secondly, the Federal Ministry of Health should develop National Prescription Policy as well as ensure that strict enforcement of the prescription policy by the Federal Ministry of Health is thoroughly followed to the end. Thirdly, there should be a thorough advocacy and public awareness campaign through the print, social and electronic media as well as the Ministry of Information and agencies directly responsible for the wellbeing of the end

users and consumers, such as the Pharmacists Council of Nigeria (PCN), Pharmaceutical Society of Nigeria (PSN), NAFDAC, Medical and Dental Council of Nigeria (MDCN). Additional funding to the relevant agencies should be provided by the government. Fourthly, there should be stricter issuance of permits and registration of controlled medicines by NAFDAC via greater collaboration through use of task forces among regulatory bodies responsible for drugs and controlled substances – NDLEA, NAFDAC and PCN – as well as extra-territorial enforcement to identify, disrupt and dismantle organized criminal groups operating across borders. Lastly, there is need to review our drug laws to enable the judiciary issue tougher penalties to those found guilty of involvement in drugs and substances abuse.

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