

## **Causes, Consequences and Control of Methamphetamine Abuse among Youths in Nigeria**

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### **Abstract**

People abuse several types of drugs globally. Nigeria as a country is not exempted from the malaise. People abuse drugs for several reasons. The abuse of methamphetamine in the country has become a source of concern to all and sundry in the state. The disturbing aspect of methamphetamine abuse is that abusers do not easily discontinue from the habit due to the attendant withdrawal effects. This has severe implications for the individual abuser, the family, the local community of the abuser, the state and the country. Several efforts were also made to curtail the abuse of the drug in the country. Some of these efforts involved clampdown by agencies saddled with the responsibility of curbing the production, distribution and abuse of the drug. Consequently, this paper examined the causes, consequences and control of methamphetamine abuse among youths in Nigeria. This is a theoretical paper that employed the review of secondary data from published textbooks, journal articles and other useful academic sources. Robert K Merton strain theory formed the theoretical anchorage for the paper. It was shown in the paper that peer pressure, low self-esteem, anxiety, loneliness or depression and unemployment were among the factors influencing the abuse of methamphetamine in the country. It was also shown that some of the consequences of the use and abuse of the drug include a variety of cardiovascular problems such as rapid heart rate, irregular heartbeat and increased blood pressure, hyperthermia and convulsion which can lead to death if not treated immediately. The paper recommended that the family, community based organizations and the National Drugs Law Enforcement Agency (NDLEA) should work together to minimize the abuse of the drug in the country.

**Keywords:** Methamphetamine, Mkpuru Mmiri, Drug abuse, Addiction, Amphetamine, Stimulant

### **Introduction**

Drug abuse is a global phenomenon which has attracted attentions from the different countries of the world. Nigeria is not spared of the malaise. The common drugs abused in the country among others include codeine, tramadol, heroin and cocaine. However, in more recent times, attention has shifted to a more dangerous drug which is being abused by youths in the country. The drug is methamphetamine otherwise known as *Mkpuru Mmiri* in Igbo language. Methamphetamine has been in existence for over a century. It is also known as crystal meth, a highly addictive drug that comes in crystal pieces or shiny white rocks or ice hence the name *Mkpuru Mmiri*. Discovered and synthesized by a Japanese pharmacologist Nagayoshi Nagai in the year 1883 for medical purposes, it was made to solve problems like narcolepsy and asthma, while Akira Ogata synthesized it into a crystallized form in 1919 (Sato, 2008; Dumbili & Ebuenyi, 2022).

According to Patterson (2021), the usage of this drug was not common until the World War II (1939-1945) when countries like Japan and the United States of America supplied it to their soldiers for its stimulant effects. Notably, the Japanese Kamikaze pilots were given

methamphetamine prior to their missions (Patterson, 2021). After the war, it was used briefly for medical purposes such as treatment for depression and weight loss, but it was abandoned and banned in the 1970s (Campbell, 2017). In recent times, it has become a problem itself because of its abuse as a recreational drug. Methamphetamine is an addictive psycho-stimulant drug derived from amphetamine (Daraei et al., 2019). It is the second most widely used type of psycho-stimulant drug worldwide (Petit et al., 2012). When smoked, snorted or injected, it can last from six to eight hours and it produces an initial rush that lasts only a couple of minutes but is intensely pleasurable which is followed by an extended period of euphoria, increased alertness, perception of increased intelligence, increased energy and higher interest in completing certain tasks. However, its addiction has become a serious social problem (Vearrier et al., 2012). In more recent times, methamphetamine has been used as a recreational substance that has a high potential for abuse among youths (Radfar & Rawson, 2014).

According to the Substance Abuse and Mental Health Services Administration, in the year 2018, an estimated population of 1.9 million people used the substance over the course of previous year (SAMHSA, 2019). Furthermore, the 2021 World Drug Report stated that 27 million people used methamphetamine and amphetamine in 2019 globally (United Nations Office on Drugs and Crime, 2021). Radfar & Rawson (2014) maintained that globally, as many as 52 million individuals aged 15-64 were estimated to have used the substance for non-medical purposes at least once in the past year. However, despite its associated dangers, its use remains high in the United States, Europe, Asia and Australia, as its users nearly outnumbered those of heroin and cocaine combined (Radfar & Rawson, 2014). They further stated that about two-third of the world's meth users can be found in the east and south east Asia, followed by approximately one fifth in the United States and Mexico.

The misuse of methamphetamine was recorded first in Japan after the Second World War as a result of excess supply of the drug which led to wide range intravenous abuse in the country (Patterson, 2021). As a result of the abuse peaking in the 1960s, decisions were made by the government to restrict and regulate it, which made it illegal for usage in 1971. However, due to the continued demand by the public, gangs began to control the manufacturing and distribution of methamphetamine until the 1990s when drug trafficking organizations based in Mexico and southwest America began manufacturing larger batches of the drug with higher potency (Patterson, 2021). Since then, methamphetamine use has become a global phenomenon and its abuse has been associated with harms. Although, methamphetamine is currently internationally controlled, its use is still widespread worldwide, primarily due to the activities of drug traffickers and illegal manufacturers.

The history of methamphetamine in Nigeria is said to be more than a decade with kitchen like labs in Lagos. It was around 2010-2016 that the illicit hard drug took a new dimension in Nigeria (Ochube et al., 2022). Kane (2019) averred that some Latin Americans experts were brought into Nigeria by some drug syndicates to help set up large scale laboratory similar to the ones found in Mexico. He stated further that one of those laboratories that were set up, has the capacity to manufacture 400kg of methamphetamine per week. While a portion of the produced drug were locally consumed, most of them were reportedly exported to South Africa and trafficked to South East Asia, Japan in particular, (Kane, 2019). The drug has become a household name in various states in the country. This paper therefore examined the factors responsible for abuse of methamphetamine, the consequences, and how to minimize the abuse of the drug in Nigeria.

## **Theoretical Anchorage**

### **Strain Theory**

Strain theory was developed by Robert K. Merton in 1957. This theory postulated that societies characterized by an imbalance in their social order would create conditions favourable to crime and deviance. Merton studied the American society and revealed that American society emphasized the goal of material success, and the means of achieving this success were self-discipline and hard work. This implied that individuals who really work hard, no matter their status can succeed. However, in reality, not everyone can succeed in his or her pursuit of the American dream. This is because little or no conventional opportunities were given to the disadvantaged and less privileged ones in the society even when everyone wanted to succeed at least initially. He therefore maintained that this discrepancy between goals and means will generate strain. People seek to alleviate this strain by adapting to it in a variety of ways. According to Merton, one of the ways people react to, and alleviate strain is by indulging in use and abuse of illegal drugs, an adaptation Merton regarded as retreatism. The retreatists take solace in drug abuse owing largely to frustration for not being successful in their endeavours. According to this theory, methamphetamine abuse is a coping strategy for dealing with the stress or strain in society. Strain is caused by the inability of people to achieve their dreams. The stresses associated with poor living conditions, unemployment, social isolation and prejudice could lead to abuse of methamphetamine. These social conditions place a great deal of strain on individuals and in order to cope with such stress, worry and strain, youths resort to methamphetamine use. However, Merton's strain theory was punctured on several grounds; strain theory best applies to the lower class persons because they struggle with limited resources to obtain their goals. The theory also failed to explain crime of people who have many opportunities to achieve their goals through legal and legitimate means. The theory also failed to be critical of the social structure that is said to generate strain.

## **Review of Relevant Literature**

### **The Concept of Methamphetamine**

The National Institute on Drug Abuse (2012) defined methamphetamine as one of the powerful, highly addictive stimulant that affects the central nervous system (CNS). Methamphetamine also known as meth or crystal meth, popularly called mpkuru mmiri in south-eastern Nigeria, is sometimes used as treatment for deficit hyperactive disorder and obesity. It is better known as a recreational drug with street names like meth, speed, ice, glass, chalk and many others (NIDA, 2012). According to Pierucki (2023), methamphetamine is a highly addictive chemical compound. It is a stimulant similar in chemical structure to amphetamine. It is widely manufactured using a variety of production methods. Methamphetamine is a white, odourless, bitter tasting powder which can easily be dissolved in water or alcohol for rapid absorption. He stated further that methamphetamine can be smoked, injected, snorted, dissolved, or taken orally. However, a majority of meth users consume the drug by heating and smoking the crystalline substance. Methamphetamine, an addictive psycho-stimulant drug derived from amphetamine, can also be made from common household substances including pseudoephedrine decongestant, battery acid, red phosphorous, iodine crystals, anhydrous ammonia (fertilizer or countertop cleaner), toluene (an aromatic hydrocarbon which can be found in paints, thinner, permanent markers, and some type of glue), acetone (nail polish remover), sodium hydroxide, hydrochloric acid, sulphuric acid like drain or toilet bowl cleaner (Meth Project, 2012). Use of methamphetamine has been known to trigger alertness, increased concentration, elevated mood, feeling energetic, decreased appetite, weight loss and increased libido, while its chronic use can result to violent behaviour, mood swings, psychosis such as delirium, paranoia, visual and auditory hallucination and delusions. Yasaei et al., (2020)

maintained that long term chronic use of methamphetamine can be highly addictive, and if it is discontinued abruptly, may lead to withdrawal symptoms which can be persistent for months after use.

### **Methamphetamine Abuse and Prevalence**

Drugs are said to be as old as man himself and the use and abuse of drugs has had a long history in many cultures and societies (Musk & De Klerk 2003). Any illicit or illegal use of methamphetamine could be regarded as abuse. According to Cade (2015), methamphetamine is a commonly abused, potent stimulant drug that is part of a larger family of amphetamine derivative with similar stimulant properties. It is sometime called a poor man's cocaine because it is cheaper and easy to make with commonly available ingredients (Carter & Davis, 2022). Korte et al., (2011) discovered that compared to abusers of other drugs, methamphetamine abusers were more likely to be females, between 20 and 40 years old, of non-white ethnicity. More so, methamphetamine users had economic and occupational problems, and problems with their primary support group. Another study by Gruenewald et al., (2010) following the increase in methamphetamine use, discovered that amphetamine abuse was greatest in rural areas with low income, and growth rates were greater in higher income areas with non-whites populations. The implication of this according to them is that methamphetamine abuse can quickly become popular in a magnitude of cultures and communities.

The United Nation Office on Drug and Crime (2018) uncovered that the prevalence of any drug use in Nigeria is between people aged 15 and 64 years, and the past year prevalence of psychoactive substances excluding alcohol, overall was higher among men in Nigeria. The research further revealed drug use was most common among those who were between the ages of 25 and 39 years, while the rate of past year use was lowest among those who were below 24 years of age. The study by UNODC (2018) stated further that a dichotomy in the prevalence of drug use was found between the North and South geopolitical zones, and highest past year prevalence of drug use was found in the southern political zones, that is, South-East, South-West, and South-South zones, compared to the North. The study maintained that among every four drug users in Nigeria, one is a woman, and one of five high risks drug users inject drug and constitute a sizeable proportion in Nigeria, and while overall, men inject drug more than their female counterparts, women were more likely than men to report drug injection.

The national survey on drug use and health was conducted by the National Bureau of Statistics (NBS) and the Centre for Research and Information on Substance Abuse (CRISA) with technical support from the United Nations Office on Drugs and Crime in the year 2018, across all 36 states in Nigeria, as well as the federal capital territory. Using the survey research design, 38,850 households that spread across the urban and rural areas were assessed at their place of residence. Additionally, the research involved interviews with a total of 9,344 problem drug users across all 36 states and the federal capital territory. The study revealed that there were 10.6 million cannabis users, 4.6 million opioids users and 238,000 users of amphetamine (pharmaceutical stimulants and illegal amphetamine) users in Nigeria. The research further revealed that nearly 40 percent of high risk drug users indicated a need for treatment of drug use disorders. However, users noted it was difficult to access drug treatment in Nigeria, and the cost and stigma attached to drug use and seeking treatment were seen as primary barriers in accessing available drug treatment services.

The National Drug Strategy Household Survey (NDSHS) conducted a study with young Aboriginal and Torres Strait in Australia in 2016. It was a cross sectional survey conducted

with the total number of 2,877 young respondents aged between 16-29 years. The study revealed that methamphetamine (9%) was the third most popular drug after cannabis (30%) and ecstasy (11%), and methamphetamine was the most commonly reported drug injected (37%), closely followed by heroin (36%). It was further discovered that unfortunately, methamphetamine was very accessible and relatively cheap in Australia. The implication of this is that young people were significantly more likely to use methamphetamine since it was easily accessible in their community.

Ajayi and Somefun (2020) conducted a research on the prevalence, correlates and frequency of recreational drug use among young adults from two Nigerian Universities. Using a cross sectional research design, a final sample of 784 male and female university students were selected using stratified random sampling technique, while the questionnaire and interview served as the instruments for data collection. The investigation uncovered that (24.5%) of students had used drugs for recreational purposes, and (17.5%) were current users. The study further showed that frequency of drug use over the past month was six days a week among users, those living in the same household was (0.28%), those with adequate family support recorded (0.48%), while those with frequent attendance of religious fellowship (0.13%) were significantly associated with a lower likelihood of recreational drug use. The research also showed that male respondents (1.52%) were associated with higher odds of recreational drug use. The study therefore provided that approximately a quarter of the university students have abused drugs, while close to one-fifth were current users.

Similarly, Gabriel (2021) conducted a study on changing trend of psychoactive drug abuse among adolescent students in south eastern Nigeria. The study adopted the cross sectional descriptive study of 400 (209 males and 191 female) adolescents living in urban and rural communities in Umuahia. The questionnaire formed the instrument for data collection. The urine toxicology screen was also used. The study revealed that the prevalence of psychoactive substance abuse was (91.3%), current prevalence (56.8%), and Urine Drug Test (UDT) obtained rate was (38.5%). The study further revealed that pattern of abuse by current self-report showed that coffee, cannabis, tramadol, alcohol, tobacco, codeine were mostly abused, while UDT showed oxycodone, cannabis, methamphetamine, opioids and cocaine were mostly abused. The proportion of male abusers was (59.4% & 54.5%) in the mid and late adolescent age group, while for females were (40.6% & 45.55) respectively. The pattern of substance abuse revealed that (68.8%) students were single substance abusers, while (31.2%) students were multiple substance abusers. The abuse of only one substance was (74%) in males and (65%) in females, while the rate of abuse of two or more drugs was (40%) in males and (26%) in females. The proportion of students who abuse drugs were also higher in the rural areas compared to their urban counterparts. The study therefore concluded that the pattern of abuse of psychoactive substances was gradually changing from previously known and detectable substances to cheaper and other difficult psychoactive substances.

### **Factors influencing the abuse of Methamphetamine**

There are several factors that influence the abuse of methamphetamine among youths. However, some of the highlighted causes of the abuse of methamphetamine include: genetics, for instance, a child whose parent has an addiction problem will be more likely to have an addiction problem as well (Help Guide, 2012). People with mental illness have also used illicit drugs (SAMHSA, 2010). Furthermore, people with history of physical or psychological abuse and risk seeking personality are more susceptible to drug abuse. Other factors include peer pressure, low self-esteem, anxiety, loneliness or depression. According to Lautieri (2023),

methamphetamine is a psycho-stimulant that is often abused for the high euphoric it provides. She further identified some signs of methamphetamine abuse which includes frequent paranoia, agitation, sweating, skin changes, weight loss, insomnia and more. Abuse of this powerful addictive drug can have deadly consequences with stimulant dependencies ranking among the most difficult to overcome.

Odinkonigbo (2021) pinpointed unemployment as another causative factor influencing many youths to become notorious drug addicts in Nigeria. She averred that there is the problem of unbridled unemployment in Nigeria, which according to the National Bureau of Statistics, rose to 33.3percent from 27.1 percent in the year 2020, indicating that about 23.2 million Nigerians continued to be unemployed; graduates, and postgraduates put together made up about 2.9million of the total Nigerians that are unemployed (NBS, 2021). The implication of this is that some of the youths may resort to drug abuse because they are not gainfully employed. If the youths are empowered, or have jobs, most of these addictions to drugs will be curtailed. She stated further that there is a relative consistency in the link between unemployment and abuse of drug. Other factors influencing the abuse of methamphetamine includes; elevated mood, alertness, increased concentration, feeling energetic, decreased appetite, weight loss and increased sexual libido (Physiopedia).

A study was carried out by Ikoh et al. on the factors affecting entry into drug abuse among youths in Lafia metropolis in 2019. The study consisted of 400 respondents who were randomly sampled, while the questionnaire served as the instrument for data collection. The study showed that a range of factors triggered drug use and subsequent abuse. It was remarkably caused by problem with police, loneliness caused by friends, drug use in the neighbourhood, and quarrel with friends. It was also discovered that although medical problems were rated as a factor at (0.41%), problems associated with academics and the need to live up to expectations of peers and family exacerbated drug abuse (0.47%), similar mean was recorded with unemployment. Other factors included acceptability by friends (0.68%), pain reliever and enhancing strength (0.48%), enhancing fearlessness (0.45%), experiencing joy (0.42%), inducing sleep (0.24%), euphoria and happiness (0.36%), improved memory (0.35%), being high and exuding confidence (0.32%), as well as the ease of getting drugs (1.72%). The researchers opined that the findings of this study showed three possible explanations/factors for the increasing drug use among youths which are; poor parental control, availability of drugs and easy access to drug.

In the same vein, Chomchoei et al. (2019) researched on the perceived factors influencing the initiation of methamphetamine use among Akha and Lahu youths in Thailand. A qualitative research method was used to elicit information from 41 key selected informants (19 Akha and 22 Lahu youths) using a sixteen-question interview guide as the method of data collection. The study found that: low self-esteem, family member use, positive expectation regarding methamphetamine use and availability influenced the use of methamphetamine. More so, other supportive factors were found to contribute to the initiation of methamphetamine use among the youths and these are; social norm perception, school dropout, family level problems, poor economic, and non-citizenship. The implication of this is that some youths become individuals who use methamphetamine as a result of the different challenges faced from childhood to adulthood.

### **Consequences of Methamphetamine Abuse**

Methamphetamine is different from and more dangerous than other stimulants. This is because a larger percentage of the drug remains unchanged in the body, which allows the drug to be present in the brain for a longer time, extending its stimulant effects (Carter & Davis, 2022). In the same vein, Chiu & Schenk (2012) opined that in contrast to other drug like cocaine, which is quickly and almost completely metabolized in the body, methamphetamine has a much longer duration of action, and a larger percentage of the drug remains unchanged in the body, this therefore remains in the brain a bit longer, which ultimately leads to prolonged stimulant effects.

Although some people take methamphetamine for its euphoric or pleasurable effects, some of the consequences of the use and abuse of the drug include a variety of cardiovascular problems such as rapid heart rate, irregular heartbeat and increased blood pressure, hyperthermia and convulsion which can lead to death if not treated immediately (Chomchai & Chomchai, 2015). Long term methamphetamine abuse has many adverse consequences including addiction. This is because chronic methamphetamine abusers may develop difficulty feeling pleasure other than that provided by the drug. Rusyniak (2013) stated that in addition to being addicted to methamphetamine, people who use the drug long term may exhibit symptoms that can include significant anxiety, insomnia, confusion, mood disturbances and violent behaviour. Other effects of methamphetamine abuse identified by Carter & Davis (2022) include; heart attack and seizure, changes in brain function and structure, confusion, deficits in thinking and motor skills, memory loss, aggressive or violent behaviour, severe dental problem, and sore skin. In addition to the aforementioned, other consequences are; paranoia which can lead to suicide, delusions, repetitive behaviours, drug dependence, physical and mental issues. Carter and Davis (2022) further maintained that methamphetamine poses dangers of toxicity to illegal manufacturers, as they are prone to numerous injuries related to the production of the drug. There are also other health issues such as a higher risk of contracting HIV by those injecting methamphetamine, as well kidney and lung disorders, liver damage, damaged blood vessels and extreme anorexia. Apart from that, methamphetamine abuse has long term social consequences such as financial pressures, challenges with relationships and problem with work.

More so, UNODC (2018) reported that the social consequences of drug use abound. They include major social problems such as disruption in family lives, loss in productivity and legal problems as a consequence of drug use in communities in Nigeria. Furthermore, nearly 1 in every 8 persons in Nigeria has suffered some kind of consequence due to other people's drug use in families, workplace and communities; most have felt threatened or afraid of someone's use of the drug, and people had experiences of been harmed physically by those who use drugs, or that they stopped seeing a relative or friend due to their drug use.

Sommers, Baskin and Baskin-Sommers (2006) examined the inter-relationships among methamphetamine use, physical symptoms, psychological and social wellbeing in a community sample of young adults in Los Angeles. The research was based primarily on in-depth, structured, open ended, life history interviews with 106 individuals who used methamphetamine for a minimum of three months. The findings of the research showed that approximately (38%) of the respondents experienced some form of hallucination, (3.8%) seizure/convulsions, (62.3%) paranoia, (79.3%), irritability, (36.8%) depression, (31%) reported having social problems related to school, work, finances and interpersonal relationships, (34.9%) had committed violent crimes while under the influence of methamphetamine (38% of male and 30% of female committed violent crimes respectively),

and of the (34.9%) that committed violent crimes, (45.9%) reported they had never committed a violent crime prior to the use of methamphetamine. The study suggested that methamphetamine use has negative consequences on health and psychological functioning, and heightens the risk for violence.

Similarly, a study was conducted by Lebni et al. (2020) on the consequences of regular methamphetamine use in Tehran. The study was conducted based on a conventional content analysis approach, and data were collected via observational and in-depth interviews with 20 regular adult users of methamphetamine, using the snowball sampling and purposeful sampling technique. The findings showed that methamphetamine use has short term consequences, consisting of individual and social consequences, long term consequences consisting of physical, psychological, and behavioural consequences and decayed memory. Short term regular methamphetamine use has been associated with increased concentration and sexual ability which are eventually replaced by negative outcome such as hallucinations. Long term consequences of methamphetamine abuse include itching, rotten teeth, sleep disturbances, psychological consequences such as contemplating suicide, depression, and unpredictable behaviour that can endanger their own lives and may cause death to themselves or their associates. According to the researchers, one of the common consequences of methamphetamine consumption is the creation of hallucinations and delusions in people, which sometimes causes violence against themselves and others, and may even result in murder and suicide. The implication of this therefore is that methamphetamine use has serious adverse effects on the health and overall wellbeing of individuals.

### **Measures to Ameliorate Methamphetamine Abuse**

Although there are medications that are effective in the treatment of some drug abuse cases, there is currently no medication that counteract the specific consequences of the abuse of methamphetamine or that prolong abstinence from and reduce misuse of the drug by an individual addicted to the substance (NIDA, 2019). However, there are some measures that can be taken to ameliorate the addiction to methamphetamine. The most effective which are behavioural therapies such as cognitive behavioural and contingency management interventions are more often than not, carried out by trained psychotherapists who specialize in the area of drug addiction (Drillinger, 2021). According to Rawson et al., (2004), Cognitive Behavioural Therapy (CBT) is based on the idea that thought and feelings cause our behaviour and not external factors such as people, situations and events. They further opined that this type of therapy aims at helping the addict change the way they think and behave to increase coping skills with the stresses of life. Contingency management interventions on the other hand, provide tangible incentives in exchange for engaging in treatment and maintaining abstinence from the use of drug. This measure has proven to be effective among methamphetamine abusers through trials carried out by the National Institute on Drug Abuse (Petry et al., 2005). Other measures that can minimize the abuse of methamphetamine include; family education, individual counselling and motivational strategies such as vouchers for those who do not use the drug for some time (NIDA, 2019).

A study was carried out by Corsi, et al. (2019) on interventions to reduce drug use among methamphetamine users at risk for HIV. The study used a randomized controlled trial design to compare the effectiveness of two interventions (Contingency Management and Contingency Management plus Strengths-Based Case Management CM/SBCM) in reducing methamphetamine use and HIV risk behaviours among street-recruited, out-of-treatment, heterosexual methamphetamine users in Denver, Colorado. A total of 253 participants were



recruited through street and community outreach in Denver. To be eligible for the study, participants had to be 18 years of age or older and competent (not too intoxicated or mentally disabled) to give informed consent at the time of the interview. The study showed that CM/SBCM was significantly associated with attending at least one session. Of the 253 study participants, 172 individuals attended a minimum of one session, while 110 attended three, and 68 attended more than five sessions. A significant interaction was observed between CM/SBCM and relationship status in those who attended at least one and at least three sessions, but not for attendance to at least five sessions. The findings of this study therefore suggest that contingency management and other incentive-based programmes can be useful for reducing methamphetamine use among users. This is important in that methamphetamine use can have important health consequences for users, including risk for HIV and other diseases. Concerted efforts from the family, community based organizations and the agencies saddled with the responsibility of controlling drugs must be intensified towards reducing access to the drugs and prosecuting the producers of the drugs in the various communities in the state

### **Conclusion**

Drug abuse is a serious problem that requires that all hands must be on deck to checkmate it. It has very destructive consequences. Use and abuse of methamphetamine is becoming widespread in Nigeria. The drug has the capability of rendering the abusers non useful to themselves, family and the society at large. This by implications will lead to having more people who are dependent on others for sustenance. Furthermore, it depletes the manpower potentials of the directly involved household, community, state and country in general. Methamphetamine is more addictive than other hard drugs which are available in different communities. It is therefore necessary that the chains of production, distribution and finally abuse by the individual abuser should be disrupted. This will make the drug less accessible and will ultimately minimize its usage in the country.

### **Recommendations**

Due to the highly addictive potentials of methamphetamine, it is necessary that concerted efforts are made to stop the continuing production, distribution and sale of the drug. The family should lead in the battle against drug abuse. It is difficult to see people who do not have family ties. Members of the family should endeavour to nip in the bud any tendency to drug abuse from the onset. This will go a long way in reducing drug abuse in the country. Similarly, community based organizations like the town unions should make sure that nobody is allowed within their communities to produce, sell and use methamphetamine in their communities. The National Drug Law Enforcement Agency (NDLEA), National Agency for Food and Drug Administration and Control (NAFDAC) and other like agencies should intensify efforts in tracking the production sites and distribution networks involved in the manufacturing, distribution and sell of methamphetamine in the country. This could be done through the use of covert agents from different communities who would serve as their informants. Robust intelligence gathering is required from the law enforcement agencies on how to limit access to the drug. The faith based organizations should use the instrumentality of their organizations to propagate against the use and abuse of the drug in their various religious centres. Serious sensitization and awareness campaign should be intensified by the agencies of government to discourage people from taking the drug.

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