

PATTERN AND REASONS FOR DRUG ABUSE AMONG UNDERGRADUATE STUDENTS IN LAGOS STATE, NIGERIA

ONYEONORU I.P, IKEDI, O. and TAIWO, P.A.

Department of Sociology University of Ibadan, Ibadan

ABSTRACT

The phenomenon of drug abuse especially among university students has globally arouse interest especially due to its implication on the mental stability of abusers. Hinged on the differential association and anomie theory, this paper focuses on the pattern and reasons for drug abuse among student in University of Lagos. Both qualitative and quantitative methods of data collection were utilized through the use of questionnaire, in-depth and key informant interviews. A sample of 200 students was selected from 4 halls of residence and off campus through the simple random technique. Quantitative data were analyzed and presented using bar charts, frequencies and percentages. Hypotheses were further tested using chi-square and T-test, while qualitative data were content analyzed. Over 70% were males, while about 80 % fall between the ages of 21-30 years. Over 80% agreed that it is wrong to take drugs without prescriptions. About a quarter of the respondents smoke cigarettes and marijuana, while over 30 percent of those who smoke do so in order to feel high and reduce stress. Aside from trying to reduce stress and feel high, smoking is done to cope and forget feelings of hurt due to betrayal. The study recommends stress reduction intervention, increased counselling and campaign against drug abuse to reduce the phenomenon in higher institutions.

Keywords: drug use and abuse, pattern, reasons of drug abuse

BACKGROUND TO THE STUDY

Drug abuse is one of the major social problems threatening the survival of the human society (McCabe, Cranford, Boyd, Teter, 2014; Milvojevic, Fox, Sofuoglu, Covalt and Sinha 2015). Careful observation in the society shows that Nigerians have a drug for every purpose and many with no genuine purpose at all (Ahiante, 2003). Most deplorable however, is the rate of increase in the use and abuse of tobacco, alcohol and other dangerous drugs that can only distort, damage and destroy their users. While people of all ages tend to be involved in drug use and abuse, the increase in the prevalence of this phenomenon is common among the youthful (Bucelli, Casa, Paternoster, Niola and Pieri 2016; Suleiman, 2003) Issues regarding drug abuse and its attendant consequences are now rampant in the streets among the youths especially in the urban areas and this has, in fact, affected the Nigerian image. Drug abuse is perceived as a threat to societal development because it violates the laws, norms and values and ultimately disrupts the smooth running of social, political and economic advancement of every society (World Health Organization, 2014)

Conceptualizing drug abuse in a single way is quite difficult because of the ambiguity of the concept. Different people from diverse disciplines have given varying definition to the concept, thus depicting the term "drug" or its abuse as relative. Drug abuse is a serious problem that is currently plaguing students in institutions of higher learning some of which have be traced to child hood maltreatment (Afifi, Henriksen, Asmundson, Sareen, 2012). Some scholars define drug abuse and equate it with the use of illegal drugs, while the medical experts view it as the excessive and persistent self-administration of drugs without regard for medically and or culturally accepted patterns. Self medication or people who ignore medical prescription end up abusing drugs (Norwood and Wright, 2016)



The wide exposure of present day students to the drug problem through television, internet browsing, newspapers, and magazines as well as through personal experiences in some instances makes it imperative that they learn the basic facts about drugs and discuss freely the effects of drug use and abuse on the individual and on society. Against this backdrop, the study seeks to examine the attitude of towards drug abuse in University of Lagos. The study specifically seeks to examine the reasons why students abuse drug, the relationship between gender and drug abuse as well as the age range within which drug is mostly abused by students in Lagos states.

PATTERNS OF DRUG USE AND ABUSE

As observed by Ngoka (2003) and Jones et al (1978), many people all over the world have traditionally used plants containing chemicals that produce drug dependence. Some of these plants are tea and coffee (caffeine), tobacco (nicotine), betel nut (arecoline), marijuana and hashish (cannabinols), khat (pseudoephedrine), opium (narcotic alkaloids) and other mood-modifying chemical compounds produced or extracted in the chemical laboratory. However, not all people that explore the effects of substances with a potential for abuse will follow the same predictable pattern of behaviour will fall into one of these categories. However, not all people that explore the effects of substances with a potential for abuse will follow the same predictable pattern of behaviour. The pattern of behaviour will fall into one of these categories.

Experimenters: Those who experiment with drugs, not often more than three times. Half will never use illegal drugs again and may have a minor discussion of drug abuse. Sometimes a single incidence may indicate hidden emotional problems and one single incident can lead to a conviction for drug possession.

Occasional Users: Those who enjoy the social, personal and emotional gratification, the mood-modifying drugs gives to them. They are very socially conscious. They are sometimes referred to as "in" substance, "social drinkers," "social" or "recreational" users and may have no serious problem with drugs.

Regular Users: Use drugs regularly, one or more times a week and they form part of the drug subculture. They can be great defenders of personal right to use drugs. They stride in the line between controlled use of drugs, heavy use of drugs, and compulsive, uncontrollable abuse of drugs and divide in the line between drug use and drug abuse.

Compulsive Abuser: These ones abuse drugs compulsively and are usually associated with personality deficiency and emotional problems. They use drugs as the only means of coping with stresses of society. Under influence of drugs, personality shifts, social behaviour and modified mood are very dramatic. They form the circle of those with most serious kinds of drug problems.

PATTERN OF CONSUMPTION OF COMMONLY ABUSED DRUGS

Psychoactive Drugs are the most commonly abused drugs among our youths. Cannabis is rated the most popular abused drug in the world. According to National Drug Law Enforcement Agency (NDLEA), cannabis tops the list of the drugs abused by youths. It has both stimulative and depressive effects. Cannabis is usually consumed by smoking the dried leaves with the seeds. It could also be taken with alcohol or the leaves can also be used in the



preparation of pepper soup, tea (Odejide & Sanda, 1976). They are usually called "consciousness expanders".

Stimulants are drugs that act on the Central Nervous System and cause an elevating effect on the brain leading to an increase in activity. They are drugs that excite and sustain activity while diminishing symptoms of fatigue. It reduces hunger, fatigue, lifts depression while increasing alertness. Amphetamines which are a type of stimulant may be taking in pills, tablets, capsule and injections. They are usually swallowed and sometimes sniffed or smoked. The stimulants abused in Nigeria include Amphetamines, caffeine concentrate sold as "proplus" tablets, kolanuts, and of recent cocaine. There is evidence that Amphetamine tablets and other stimulants are used in Nigeria for keeping awake and working long hours by students studying for examination, long distance drivers, some top executives. The high risk populations include adolescents and young male adults (Kuhn, 2015; Bucelli, Casa, Paternoster, Niola and Pieri 2016) Alcohol is a depressant that produces an intoxicating effect but depresses the Central Nervous System. Alcohol is found in wine, beer, palm wine, local gin called *Ogogoro and* the major pattern of consumption is by drinking.

Tobacco is another drug that is commonly abused by our youths. Tobacco use is not illegal in the sense that it is socially accepted. Most people "tasted it" because they want to be accepted by their peers. It is believed to have a calming effect on the nerves. Smoking, Inhalation and exhalation of the burning fume. Leaves of the tobacco plant are smoked in various ways or shredded for insertion into smoking pipes. The reason given for smoking was to relieve tension. Majority of tertiary students are found to have been introduced to cigarettes by friends in secondary school.

Sedative-Hypnotics, such as the barbiturate, bromides, chloralhydrates and diazepam (widely known under the brand name Valium), include brain depressant which are medically used to help people sleep. These drugs have been severely abused among our youths in Nigeria.

CAUSES OF DRUG USE AND ABUSE

Drug use and abuse are influenced by several causes which could "individual" such as experiences like child maltreatment (Afifi, Henriksen, Asmundson, Sareen, 2012), "social" like peer influence (Kuhn, 2015) and environmental (Mendoza, Zonia, Mastrojanni, Negreira, Lopez, et al 2016). Emotional and psychological Peer pressure is also one of the reasons given for drug use and abuse. Also, drugs are taken to enhance academic performance, to overcome boredom, loneliness and also to get over deprivation among others. The difference between the use and the abuse of mood-modifying drugs and substances is the extent of usage and the patterns and situation surrounding the substance being abused. Evidence abounds (Ryan & Cooper, 1984; Jones et al., 1978) that individuals with emotional, social and intellectual problems abuse drugs. The causes of drug abuse are complex. In one dimension, it seems parents are to blame for nurturing children where legitimate drugs, including alcohol are radically used and abused. On the other hand, as Otto et al. (1971) noted, world conditions, social problems, unpleasant and deficient household and family life and rebellious individuals who show indifference have been other powerful influences. Furthermore, Ahiante (2003), Otto et al. (1971) outlined nine factors contributing to drug abuse. These include easy access, curiosity, peer group pressure, boredom relief, dissatisfaction, economic affluence, advertising



and sales promotion, escapism as well as contact with drug sellers/"pushers". An additional cause of drug abuse identified by Jones et al (1978) was ignorance.

Theoretical discourse

The differential association theory (or cultural transmission theory) formulated by Edwin H. Sutherland maintained that through interactions with a primary group and significant others, people acquire definitions of proper and improper behaviour. The theory simply states that deviant behaviour (drug abuse) is learnt through interaction, mostly in small intimate primary groups which include peer group and neighbourhood interaction with certain people. A person therefore becomes delinquent because of an excess definitions favourable to violation of law over definitions unfavourable to violation of law.

Furthermore, the anomie theory of Robert K. Merton as put forth by Emile Durkheim who argued that crime (drug abuse) is an inevitable and normal aspect of social life is also utilized in explaining this phenomenon. Emile Durkheim believed that 'there is no crime-free society. Durkheim saw crime as a normal rather than a pathological phenomenon. Durkheim believes that crime is the violation of social norms and that it is impossible for social norms to be so strong and uniformly accepted that they would never be violated. In essence, what is labelled as a crime in one society may not be so based on their social perception. Even if all forms of behaviour that are labelled as crime are to be eliminated, new forms of behaviour may come up to be treated as crime. For instance, in the past, selling of alcoholic beverages was a crime but today it is not. The point here is that the crime of today will be replaced by another tomorrow. The concept of anomie was expatiated by Robert Merton (1957) when he describes deviant behaviour as a product of the social structure. Merton identified two important elements of the social structure that precipitate deviant behaviour. These elements are the culturally defined goals and the institutional means of achieving these goals. He concluded that deviant behaviour is a consequence of the gap created between these two elements.

The most appropriate theory that explains this phenomenon (drug abuse) is Sutherland's differential association theory that says deviant behaviour is learnt through interaction mostly in small intimate group. A build up to this explanation is given by Durkheim's theory of anomie which emphasizes the tendency for people to abuse drugs when the society is in a state of normlessness. But in the University of Lagos, the anomie theory of Durkheim cannot be used to explain the phenomenon because the University is currently not in a state of anomie, but rather the behaviour of the students have been excessively regulated given rise to what can be described as a counter anomie theory. Because of this excessive regulation of students' behaviour, people are therefore forced to look for other forms of attachment which may lead them to interacting with a deviant group thereby reinforcing the phenomenon (drug abuse). It can be clearly seen that the excessive regulation of students' activities in the University has in a way reinforced the involvement of students in the abuse of drugs by leading them to a subcultural group that reinforce this behaviour.



METHODS:

Location of Study

The study was carried out in the University of Lagos and the findings it is hoped will represent the actual patterns of drug abuse among students at the University of Lagos, Nigeria. The University of Lagos was chosen for the study since it may be difficult to conduct a nationwide study on the pattern of drug abuse due to time and limited financial resources. And the fact that Lagos is a metropolitan city, where people from different cultures converge.

Method of data collection

A survey research design was adopted for the study. Both quantitative and qualitative approaches were triangulated to collect data from the field. The survey method using questionnaire was utilized, while qualitative methods was also used to complement the study through the use of in-depth interview and key informant interview guide to obtain needed information from the respondents in their respective faculties and halls of residence

Study Population

The study population include students both males and females. A sample of two hundred students (200) was selected across selected faculties and halls of residence using simple random technique. The following halls of residence were randomly selected; Jaja Hall, Shodende Hall, Moremi Hall and Amina Hall. Similarly the faculties selected for this study were; the Social Sciences, Arts, Business Administration and Sciences in the University of Lagos.

Data analysis

The data collected was analyzed using SPSS (Statistical Packages for the Social Science) software v15 and Microsoft Excel v2007. Data collected was analysed at the univariate and bi-variate level of analysis using frequencies, percentages and chi-square. Hypotheses were further tested. Qualitative data were content analyzed.

FINDINGS

In Table1, Over half (53 percent) of the respondents fall within the age bracket of 21-25 years, while those who fell within the age bracket of between 26-30 years accounted for a quarter of the respondents. This indicates a youthful population reflecting the nature of the study population, being a university environment. Majority (about 72 percent) of the respondents were Males, while the rest were Females. This may be appropriate because it is presumed that, males are more likely to be involved in drug abuse and corroborates the findings of Bucelli, Casa, Paternoster, Nila and Pieri (2016)



Table 1. Socio-demographic characteristics of the respondents N=200

Variable	Categories	Frequency	%	
Age	21-25 years	107	53.5	
	26-30 years	50	25.0	
	31and above	10	5.0	
	No response	33	16.5	
Gender	Male	143	71.5	
	Female	57	28.5	
Level of study	100	35	17.5	
	200	59	29.5	
	300	45	22.5	
	400	47	23.5	
	500	13	6.5	
	600	1	0.5	
Hall of residence Faculty	not applicable	47	23.5	
	Moremo hall	23	11.5	
	Jaja hall	55	27.5	
	Shodende hall	57	28.5	
	Amina hall	18	9.0	
	No response	13	6.5	
	social science	71	35.5	
	Science	53	26.5	
	Arts	41	20.5	
	business administration	22	11.0	

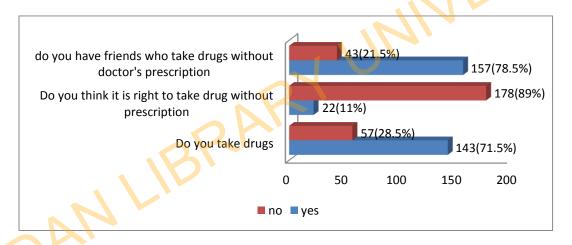
Attitude of respondents to taking of drugs

Figure1. provides information on respondents' view about the intake of drugs without prescription in order to get an insight into respondents attitude towards drug abuse. A large majority approximate 90 percent of them believed that it was wrong to take drugs without prescription, while11 percent believed that there was nothing wrong with taking drugs without prescription. Furthermore, while about 79 percent of the respondents said they have friends that take drugs without doctor's prescription, about 22 percent of them claimed not to have friends that take drugs without prescription. A total about 72 percent agreed to be taking drugs, while



less than 29 percent claimed not to use drugs. This general shows that drug intake is a general lifestyle of people aimed probably at ensuring a healthy living or returning back to a state of well being.

Fig 1: Attitude of respondents to taking of drugs



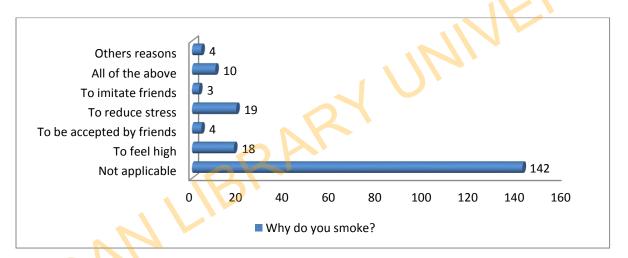
The drugs used by respondents were classified into psychoactive and stimulants. While 41 percent of the respondents claimed to be using stimulants (such as caffeinated drugs), Only about 4 percent of the respondents claimed to be using psychoactive drugs such as marijuana. Another 40 percent of the respondents did not indicate the types of drugs they use either because they do not know what classification the drugs they take should belong to, or they are trying to be discrete about divulging the information. Only about 7 percent of the total respondents replied that they used any kind of drugs, while only about 3 percent indicated that they take over the counter drugs. However, only 7 percent of the respondents reported they used prescribed drugs. Although a lot of literature have stated that psychoactive drugs are commonly abused among youths, findings from the study however revealed that the socially acceptable drugs such as coffee, alcohol, lipton, panadol, septrin, kolanut e.t.c are more abused by students than nacrotic/ pychoactive drugs. This could be because the society sees nothing wrong with taking them and also because it is easily accessible and also because the Nigerian system is so lapse; there is no control over drug procurement.



REASONS FOR DRUG ABUSE

Fig. 2 shows the reasons for drug abuse with reference to why they smoke so that out of 58 respondents who smoke, 19 students stated that they smoke in order to reduce stress, 18 smoke in order to feel high, why 10 smoke for all the three reasons stated. Interestingly however, 4 smoke to imitate friends and to be acceptable by friends respectively. Thus why over quarter of the population that was studied are smokers, reduction of stress and feeling of highness, were major reasons for smoking reported by student





Responses from the in-depth interview confirm the reasons given for abusing drugs which is similar to the aforementioned. Interestingly one of the females who was bold enough to state that she smokes and the reason for smoking added that she does smoke because it takes her to another world which is also similar to a feeling of "being high" when she stated:

"I think it takes me to another world" (Female/IDI/2010)

Another respondent gave this as the reason for smoking marijuana which supported the two major reasons stated above:

"I smoke when my head is full and I have to relax my brain. Yes, yes to reduce stress". (Male/IDI/2010)

Another respondents added that smoking is a mechanism devised to cope with hurt or forget pains when he said:



"To me it is not something I do regular, when I am down with so many things to think of e.g betrayal then I smoke to forget about my sorrows" (Male/IDI/2010)

One other major reason for deviant behaviour has been put forward by the literatures to be peer influence (Kuhn, 2015, Bucelli et al 2016). Although reduction of stress and feeling high reported by majority who smoke in this study, peer influence was also mentioned by a key informant as a reason for smoking when he said narrated the case of a students who takes hard drugs:

"You know when he hangs out with friends, he can't just watch them do it alone, he has to be in the same level with them. He dope to relieve tension and to get high"

(Male/KII/2010)

Another key informant replies that;

"I think she is seriously addicted to drugs, it makes her feel good."

(Female/KII/2010)

HYPOTHESIS TESTING

Hypothesis 1: Males are more likely to be involved in drug abuse than females.

Table 2: T-test on drug abuse among male and female students

							Remark
Sex	N	Mean	SD	F	Df	P _{value}	
Male	143	1.9091	0.28849	7.132	198	0.008	Significant
Female	57	1.8421	0.36788				
Dependent Variable			Drug abuse				

^{*}SD= standard deviation

The result above reveals that more males than females are involved in the abuse of drugs than females and thus support those of Ahiante (2003) and Buccelli et al (2016), that more males students, abuse drugs

Hypothesis 2: There is a significant relationship between age and drug abuse

^{*}F= calculated F value

^{*}df= degree of freedom

^{*}Pvalue = Probability value



Table 3:

Categories		it is right to take drug without prescription?					
		Yes	No	df	x ²	P _{value}	Remark
Age	No response	5(5.3%)	10(9.5%)				
	21-25 years	26(27.4%)	77(73.3%)				5
	26-30 years	60(63.2%)	14(13.3%)		3 55.152	0.001	Significant
	31 years and above	s4(4.2%)	4(3.8%)	3			
	Total	95(100%)	105(100%)	11			

^{*}x²= calculated chi square value

From table 3, the chi-square result is significant at p<0.05 show that there is an association between age and drug abuse. Hence those in the most active ages of 21-30 years perceive that it is right to take drugs without prescription. This may be probably due to fact that they are young people who want to experiment either by using or abusing drugs.

The result can be supported by the findings of Odejide, (2001) that, Drug abuse in Nigeria is not confined to a particular sex or age. The use of alcohol and prescription drugs by our youths have come to the fore front. And now, alcohol has become readily available to all and there is inadequate legal control of prescription drugs. These stimulants fall under over the counter and prescription drugs. For instance, paracetamol is being abused by majority of Nigerians. After working hours, people say they are tired. They then eat and swallow anagelsic. The same thing happens the next day again and over and over. But what people don't know is that paracetamol itself is a leading cause of kidney or liver damage when taken in accumulated dose. This is because the liver must metabolise the drugs; after it must have made the individual pain free, the liver has to metabolize it and the kidney will excrete it. So, when people continue to load these organs with paracetamol for too long a period, it may lead to the damage of such organs.

CONCLUSION

Drug abuse is currently a serious problem that is plaguing our institutions of higher learning especially among our students. Although peer influence has been identified as one of the major factor that contributes to smoking, the need to reduce stress and "feel high" were major reasons for abusing drugs with reference to smoking as reported by student in this study. These do not only go to show that university students have their personal reasons for

^{*}df= degree of freedom

^{*}Pvalue = Probability value



abusing drugs, but also rationalize these reasons thus making the situation more complicated. Therefore, efforts must be made to curb the menace of drug abuse since it is a major factor that can militate against the good physical and mental health of Nigerians especially the youths who constitute over 50% of the population. It must be noted that, the current scenario is not only detrimental to the students or to the university under study; it is also detrimental to the future of Nigeria. The study has shown that drug abuse is not confined to the use of illicit drugs such as marijuana and cocaine but also include the excessive or indiscriminate use of licit drugs such as alcohol, coffee, kolanuts, valium to mention but few.

RECOMMENDATIONS

A major policy concern on drug abuse is social control, especially formal legal restrictions and informal controls by family and friends. Legal restrictions centre on use, possession and the sales of various drugs. Based on the findings from this study, the researcher wishes to make the following recommendation;

- The school authority in conjunction with relevant government agencies and non-government organizations should embark on mass education, enlightenment and counseling of student. In other words, there is need for an intensification of public enlightenment campaigns to alert the youths and everyone else the dangers of drug abuse. These campaigns should be taken to the schools, places of worships, the market places, youth organizations, in urban and rural areas. Non-governmental organizations can play important roles in the enlightenment activities through printing and distribution of free hand-outs. The school authority should block as much as possible every access to the commonly abuse drug. There is no doubt that the fact that drugs are easily accessible could be one of the factors that the youths to take drugs.
- The school authority should look for positive ways to reduce the level of stress associated to the rigor of the academic life in the university. They should encourage positive student association and social activities. Active participation in school organizations and associations have been shown to reduce the rate of drug abuse among youths.
- The government should make prescription a prerequisite for the purchase of drug in chemist shop and prosecute those that sell drug without proper medical prescription.



REFERENCES

- Afifi, T., Henriksen, G., Asmundson, G. and Sareen, J. (2012). "Childhood Maltreatment and Substance Use Disorders among Men and Women in a Nationally Representative Sample" *Canadian Journal of Psychiatry* Vol 57. 677-686
- Ahiante, A. (2003). Forum moves to stop drug abuse in Nigeria. Message Posted to http://ivww.thisdayonline.com/archieve/2002/05/07/2002057 news23 .html. 55-74
- Akindele, M.. (1979). "Students and drugs; A study of 39 problem cases". A paper presented to the Nigerian Medical Association Annual Conference, Enugu. In November, 1980. 123-145
- Amumonye, A (1980) "Drug abuse behaviour in Lagos Secondary Schools". Proceedings of the 6th. Annual Scientific Conference of Association of Psychiatrists in Nigeria. 23-34
- Berger, F. and Poterfield. J. (2000). "Drug Abuse and Society in Drug and Youth. Proceedings of Rapcus Symposium on Drug Abuse". Witten born. Springfield. 112-245
- Buccelli, C., Casa, E., Paternoster, M., Niola, M. and Pieri, M. (2016) "Gender Differences in Drug Abuse in Forensic Toxicological Approach" *Forensic Science International Journal* Vol 265 89-95
- Burke et al (2005) "Adolescent Substance Use: Brief Interventions by Emergency Care providers. 31-47
- Cohen, A. (1955). Delinquent Boys: the culture of the gang: New York, Free Press. 55-67
- Cohen, P., and Junky Elend. (1992) "Some ways of explaining it and dealing with it". *In:* Wiener Zeitschrift fur Suchtforschung, Vol. 14. pp-59-64.
- Durkheim, E. (1951). "suicide". New york, Free press 89-112
- Goddard, E. (1989). "Smoking among Secondary School Children in England. London: HMSO. 23-43
- Haralambos, M. and Holborn, M. (2004). Sociology, themes and Perspectives, London Published by Harper Collins Limited. 114-129
- Jaffe, J. (1925): *Drug addiction and drug abuse.* In L.S. Goodman & A. Gilman (Eds). The pharmacological basis of therapeutics (5th edition) New York, Macmillian. Pp 284-324.
- Johnson, B. (2001). Epidemiological Approaches to problems of Drug Dependence. WHO Expert Committee on Drugs; Psychiatric Journal Vol. 3, pg. 39-49
- Jones, K.L., Shainberg, L.W. & Byer, C.O. (1978). Health Science. New York: Harper & Row Publishers. 111-119
- Kuhn, C. (2015) "Emergence of Sex Differences in the Development of Substance Use and Abuse During Adolescence" *Pharmacology Therapy* Vol. 153 53-78
- Lambo, T. (1965). Medical and Social aspects of drug addiction in West Africa with Special Emphasis on Psychiatric aspects. Bulletin on Narcotics, Vol. 17 1-3
- McCabe, S., Cranford, J., Boyd, C., Teter, C., (2014) "Trends in Medical Use Diversion and Non-Medical Use of Prescription of Medication among College Students from 2003 to 2013. Connectin the Dots. *Addiction Behaviour.* Vol. 39. 1176-1182



- Mendoza, A., Zonja, B., Mastroianni, N., Negreira, N., Lopez de Alda, A., Peres, S., Barcelo, D., Gil, A., Valcarcel, Y. (2016) "Drugs of Abuse, Cytostatic Drugs and Iodinated Constrast Media in Tap Water from the Madrid Region Central Spain: A Case study to analyze their Occurrence and Human Health Risk Characterization". *Environment International* Vol. 86 107-118
- Merton, R. (1957). Social Theory and Social Structure. New York, The Free press.118-234
- Milvojevic, V., Fox, H., Sofuoglu, M., Covault, J. Sinha, R. (2015) "Effects of Progesteron Stimulated Allopregnanolone on Craving and Stress Response in Cocaine Dependent Men and Women, Psychoneurondocrinology" Vol. 65. 44-53
- Mosbyis Medical, Nursing & Allied Health Dictionary Sixth Edition, Drug abuse definition (2002).
- Ngoka, C. (2003), Press release on international day against drug abuse & illicit trafficking-PADDI Nigeria. Message posted to http://www.essentialaction. Org/tobacco/letter/ng0307/press.html. 23-44
- Norwood, C., and Wright, E. (2016) "Promoting Consistent Use of Prescription Drug Monitoring Programs (PDMP) in out-patient Pharmacies Removing Administrative Barriers and Increasing Awareness of RX Drug Abuse" Research in Social and Administrative Pharmacy Vol. 12 509-514
- Obioha, E. (2002). Drug addiction and Social Reliabilities; a case study of Lagos State, Nigeria. 32-48
- Odejide A.. (1989). *Alcohol and Substance abuse among Nigerian* Youths. An Inaugural Lecture delivered at the University of Ibadan on the 9th of February. 45-59
- Odejide, A. and. Sanda, A. (1976). "Observations of drug use in Western Nigeria". The African Journal of Psychiatry Vol. 2 43-55
- Odejide, A. and Olatawura, M.. (1977). Alcohol use in a Nigerian rural community. African Journal of Psychiatry Vol.1, 69-74.
- Oduyale G. (1996). Drugs, Man and Society: an Introduction to Abuse Education. Publication of Drug Resources Nig. Ltd. 52-67
- Ogunremi, O. and Okonofua, F. (1977). Abuse of drugs among Nigerian Youths: A University experience. African Journal of Psychiatry Vol. 3: 107-112.
- Ohaeri, J. and Odejide, A. (1993): Admissions for drug and Alcohol related problems In Nigeria Health Care facilities in One Year". Drug and alcohol Dependence, p 101-109.
- Okorie, A. (2006). Drug use and Abuse in Contemporary Nigerian Educational Institutions: Implications for educational Administrators. African Journal of educational Studies. Vol. 4, (1). 123-134
- Olaniyan, O. (1991). Drug Abuse and Trafficking Among Nigeria Youths: Dimension of Problems in a changing environment. 89-99
- Olatunde, A.F. (1979). Self Medication, Benefit, Precaution and changers, London, Macmillian. 43-58
- Otto, J. Julian, C. & Tether, J. (1971). Modern Health. New York: Holt, Rinehart & Winston, INC. 64-75
- Pela, O.A. et al (1981). Some Social Cultural aspects of drug use among students in Benin City. Nigeria. Drug and Alcohol Dependence, 8, 265-278



- Suleiman, G. (2003), October 10. UNODC donates rehabilitation materials for drug addicts (Lagos). Message posted to http://diam.com/stones/printable/200310100398.html.35-54
- Sutherland, E. H. (1970). Differential association. In Wolfang and Johnson(eds); op. cit pp 208-210
- Udoh, C. (1982). An Overview of drug use and Misuse in Nigeria: Nigeria School health Journal. Vol. 4 No. 2 Pg. 22-34.
- United Nations Office on drugs and crime (2003). Project in Nigeria Retrieved October15, 2003, from http://www/undcp.org/nigeria/en/projects.html. 83-90
- World Health Organization Alcohol and Health (2014) "Global Status Report on Alcohol and Health" http://www.who.int/substance_abuse/publication/global_alcohol_report/en/accessed March 19 2015