



Full Length Research Article

**EVALUATION OF PATTERNS OF DRUG ABUSE AMONG SECONDARY SCHOOL STUDENTS, ZARIA
LOCAL GOVERNMENT AREA OF KADUNA STATE, NIGERIA**

***¹Kajang, Y. G. and ²Larai Keswet**

¹Department of Physical and Health Education, Faculty of Education, University of Jos, Nigeria

²Department of Science and Technology Education, Faculty of Education, University of Jos, Nigeria

ARTICLE INFO

Article History:

Received 07th October, 2014

Received in revised form

18th November, 2014

Accepted 06th December, 2014

Published online 31st January, 2015

Key words:

Evaluation,
Instruments,
Questionnaire,
Monitoring,
Upbringing,
Recommended.

ABSTRACT

The study was an evaluation of patterns of drugs abuse among secondary school students, Zaria Local Government Area of Kaduna state, Nigeria. The survey research design was adopted. A structured questionnaire was utilized to gather the data that was used for the study. The population of the study was estimated to be over three thousand senior secondary school III students from which a total of 530 volunteers served as the sample size. To establish the reliability of the instrument, 20 SS III students were served with the instruments which were not used in the main study. The results collected from this was analyzed using the split-half technique and a reliability index of .79 was obtained which was considered alright for the study. Percentages and frequencies were used to answer the research questions while inferential chi-square statistic was utilized in verifying the hypotheses at .05 level of significance. It was discovered among others that 200 (38.16%) respondents use one type of drug, use alcohol before any drug and swallow the drug and 190 (36.26%) combined both inhalation and injection and show Tabacco 300 (57.25%), Kola nuts 230 (43.89%) and alcohol 180 (34.35%) responses were the drugs always used by the respondents. The chi-square result verifying the frequency of patterns of drug abuse according to gender indicated that the calculated chi-square value for male $X= 8.32$ greater than the critical chi-square value of 7.815 at .05 level of significance and 3 degree of freedom; implying that a significant difference existed base on gender base on these and other results, it was recommended among others that pattern are advised to ensure proper upbringing of children through monitoring their activities and advising children as well as youth on the choice of friends and associates.

Copyright © 2014 Kajang, Y. G. and Larai Keswet. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

It is known and accepted that drugs are basically useful to man when used for the treatment of one ailment or another. The majority of them (drugs) are made available to the public by physicians prescribing them for specific illnesses in accordance with ethical standards of the Nigerian Medical Association. However, it has been discovered that the use of illicit drugs is gradually becoming a norm in our society today. Different societies seem to differ on this as what is regarded as problematic when the society in which it is used calls it so because a substance termed drug in one society may be food in another. Discussing on drugs, **Omage (2005)** expressed that,

as at then, there was an estimated 90 million drug users around the world and no country alone can stem the drug trade within its borders. Added to this, he posited that no country is immune and no person is. Furthermore, that some people are involved in the use of illicit drugs because they want to reduce regular pressures around them. At both international and national circles, great concern had been expressed about drug abuse among youths. It is in line with this that, West African leaders (of which Nigerian is one) demonstrated their worry for drug cultivation, trafficking and usage in the sub-region when they symbolically burnt some quantity of seized drugs at a ceremony at the ECOWAS headquarters in Abaija (**The Daily Graphic, Nov. 2, 1998**). **World Health Organisation (WHO) (1994)** described drugs as any substance, which when taken or introduced into a living organism can modify the state of the equilibrium of that organism or one of its functions. In line with this, **Mohammed (2004)** posited that drugs are

***Corresponding author: Kajang, Y. G.**

Department of Physical and Health Education, Faculty of Education,
University of Jos, Nigeria.

substances when used as medicine which could either be used rightly or misused or abused. It is used in this work to mean a substance (either, swallowed, solid, smoke or injected to human body) is capable of altering the mood of an individual, changing his behaviour. When a drug is abused, **Abdulrazak (1995)** asserts that, it is the use of a chemical substance whether licit or illicit in nature that could result in the individual's physical, mental, emotional or social impairment. In this, he explained, drug abuse results in alteration of the state of mind of the person, whether smoked, sniffed, inhaled, chewed, swallowed or injected. Explaining further, **The American Psychiatric Association (2009)** stated that drug abuse leads to chronic changes in behaviour pattern and central nervous system activities that are both personally and socially debilitating. It is possible that the students in the area of study might have started this, hence the study on the said topic.

It seems therefore, that individuals have different patterns of drug abuse. **Gadsby (2000)** expressed that 'pattern' is the regular way in which something happens, developed or is done (in this case pattern of drug abuse). Pattern of drug abuse is used in the work to mean regular ways in which drugs are being misappropriated which eventually leads to intoxication of the users thereby making them to behave away from the normal norms. Again, observation seems to suggest that many youths try one or more of the available drugs out of curiosity or due to peer group influence. Some do remain occasional users, while others do not and others often quite quickly become dependent on the drug dose. In the light of these, it is possible to categorize drug abusers, but, it must be remembered that some people change their behaviour and more from one category to the other.

Discussing on patterns of drug abuse, **Cornwell and Cornwell (1997)** expressed that the terms soft and hard drugs tend not to be used now, the majority of users start with the so called soft drugs, such as marijuana or amphetamines but more importantly, most soft drug users have previously had experience of one or both of the legal drug, like nicotine and alcohol. Furthermore, they pointed out that when an individual starts using soft drugs, it is usually in addition to nicotine and alcohol, even in the case of teenagers (who are the categories of the individuals used in this study). In addition, they stressed, the same principle applies to those who graduate onto hard rugs. There are very few drug abusers who use only one drug. Some constantly use drug for cocktails which often bring unwanted effects of one form or the other, whilst others are generalized users who take whatever drug happens to be available.

Waste still, they posited that there is also a process of progression of use, from soft to hard drugs, though it can be remembered that most users of soft drugs do not progress to hard ones. This may likely be the case with the subjects under the present study. Highlighting on drug abuse, World Heart Foundation (**WHF (2010)**) reported that in Nigeria, 22.1% of students between 12 – 17 years (being the group under study) use tobacco. This was higher than in, South Africa (19.4%) Kenya (16.2%) and Ghana (15.1%). It is not apparent whether Nigerian government is proactive enough in efforts to stem the horrible tide of the use of illicit drugs (of which the area of study is part). To buttress the negative effects of drug abuse,

the United Nations International Drug Control Programme (**UNDCP (1998)**) asserts that drugs are substances which affect the thinking ability, making the individual to think irrationally. This means that if there are students that engaged in drug abuse, it makes them think irrationally thereby contributing to their poor academic performance in class work as well as dropping out of school.

Statement of the Problem

Ideally, many people use drugs as prescribed by a physician for health purposes. A physician may prescribe a drug for sedation to help a patient achieve valuable sleep and to rest comfortably. Some other purposes include, relieve of unbearable pains caused by severe illness or injury, relieve insomnia stemming from severe tension, calming mental patients and enabling them to be reached by Psychotherapy, etc. However, experience in the field of education has shown that individuals abuse drugs for various reasons, which include, search for identity, reduction of tension, removal of fatigue. Other reasons include desire to change one's mood, improve social interactions or just to feel good. While others are motivated to use drugs illegally and of curiosity to experiment and desire for group conformity which may be common with the group under study. Unfortunately, they do not realize they are playing drug roulette. Taking an occasional drug may be perfectly all right with, no resulting harm. On the other hand, the individual who could be a close friend, may be especially susceptible (due to individual chemical make ups) to one or more drugs.

Under this situation, one can become dependent without knowing it or badly hurt without having understood the risk. Worse still, as pointed out by **Ademu Wagun (1982)**, the same individual may be using a number of drugs and may be dependent on more than one of them and expressed that there are stages of progression in the use of drugs among students. Confirming this, **Omage (2005)** pointed out that there are particular drugs that are regularly being used than others. Added to these, a report by **WHF (2010)** revealed that out of four countries studied by them, Nigeria has the highest number of students that smoke, these are worrisome issues hence the present study to ascertain the patterns of drug abuse existing among secondary school students in Zaria Local Government Area of Kaduna State.

Purpose of the Study

To provide direction for the study, the following research Questions were stated.

- What are the patterns of drug abuse among secondary school students in Zaria Local Government Area of Kaduna State?
- What are the types of drugs that are commonly abused by secondary schools students in Zaria Local Government Area of Kaduna State?
- What are the factors responsible for the patterns of drug abuse by students in secondary schools in the Local Government?
- What are the health problems associated with drug abuse among secondary school students in the area?

Hypotheses

To further guide the study, it is assumed that:

- there is no significant difference in the frequency of patterns of drug abuse among secondary school student according to gender.
- there is no significant difference in the frequency of problems associated with drugs so abused among respondents base on location.

METHODS

The survey design was used in this study. It is explained by [Ali \(2006\)](#) as a design that seeks to document and describe what exist or the present status of the respondents of what is being investigated. In this case the respondents are the representatives of the population from which the information needed are collected using the designed instrument which was a Questionnaire; which seems necessary since it helps in determining the views of the sample. The population of the study was estimated to be over three thousand Senior Secondary School III students from which the following volunteers served as the sample size.

Table 1. Samples size of the study

S/No.	Name of Institution	Sample size (No. of volunteers)
1	Barewa College, Zaria	30
2	Govt. Girls' Secondary Jama'atu, Kofar Kibo	22
3	Govt. Secondary School, Rimon Doka	37
4	Govt. Secondary School, Dakace	40
5	Govt. Girls' Secondary School, Kongo	33
6	Govt. Secondary School, Kofar Kuyanbana	37
7	Govt. Girls' Secondary School, Pada Zaria City	40
8	Govt. Secondary School, Tudun-Jukun	30
9	Govt. Secondary School, Kofar Doku	53
10	Govt. Secondary School, Magajiya, Zaria City	70
11	Govt. Girls' Secondary School, Kofan Gaya	45
12	Govt. Science Secondary School, Kufena	93
	Total	530

A total of 530 volunteers were used for the study. Out of this number only 524 were correctly ticked giving a total of 95.09% and so were used in the study. A questionnaire was used for data collection. It was designed to gather information about the respondent's patterns of drug abuse, types of drugs commonly abused, factors responsible for the patterns of drug abuse and problems associated with drug abuse. The respondents were expected to tick as many as applied to them; showing the frequency at which drugs were abused. They were expected to show their views by ticking or not to a statement and others as always, occasionally, sometimes or never. The instrument was validated by five experts, three in health education and two from test and measurement in Education. To establish the reliability of the instrument, 20 SSS III students were served with the instruments which were not used in the main study. The results collected from this was analysed using the split-half technique and a reliability of 0.79 was obtained which was considered alright for the study. Percentages and frequencies were used to answer the research questions while inferential chi-square statistics was utilized in verifying the hypotheses at .05 level of significance.

RESULTS

In presenting the major findings related to the study, the answers to the research questions are presented first using frequencies and percentages. This was followed by verifying the hypotheses stated. The findings are hereby presented in the form of tables. The results on Table 1 show that 200 (38.16%), respondents use one type of drug, use alcohol before any drug and swallow the drug and 190 (36.26%) combined both inhalation and injection and 128 (24.43%) use solution occasionally. The results also show that the use of one type of drug 150 (28.63%), inhaling, swallowing and injection 144 (27.48%) and use of oilment 130 (24.81%) was their practice sometimes. Again, the Table also showed that 210 (40.81%) never use oilment, nor solution as indicated by 190 (36.26%) and never use alcohol before any drug 220 (41.21%). These were the patterns of drug abuse among secondary school students. The results in Table 2 show that Tobacco 300 (57.25%), Kolanuts 230 (43.89%) and alcohol 180 (34.35%) responses were the drugs always used by the respondents. The Table also shows that alcohol 126 (24.05%), Tobacco 90 (16.41%) and Glue 60 (11.45%) were occasionally used by the respondents. In addition, the Table indicates that Alcohol 100 (19.08%), Solution 60 (11.45%) and Kolanut 50 (9.54%) were the drugs the respondents sometimes use. The Table also indicates that majority never used Indian-hemp, cocaine and Glue as indicated by 200 (38.16%) responses in all. The results in Table 3 indicate that availability of drug 360 (68.70%) poor parental upbringing 270 (51.53%) and broken homes 230 (43.89%) responses were always the factors responsible for the patterns of drug abuse used by the respondents for the abuse of drugs. The Table shows also that occasionally, peer group influence 200(38.16%) parental influence 190 (35.26%) and poor parental up-bringing 150 (28.63%) were the reasons advanced by the respondent. The Table also shows that stimulation of energy 170 (32.44%), advertisement 180 (34.35%) and safe keeping of drugs by parents, social conformity as well as overcoming loneliness and boredom, all with 160 (30.53%) response were sometimes used by the respondents as reasons for the patterns responsible for drug abuse.

The results in Table 4 above indicate that accidents 330 (62.98%), mental disorders 280 (53.44%) and broken homes 270 (51.53%) responses were always the problems associated with the patterns of drug abuse. The Table also shows that liver and other related diseases 120 (22.90%) and damage to the physiological maturity of youths, criminal activities as well as prostitution, all with 100 (19.08%) responses respectively were sometimes the problems relating to patterns of drug abuse. The result in Table 5 shows that the calculated chi-square value for male $\chi^2 = 8.32$ is greater than the critical chi-square value of 7.815 at .05 level of significance and 3 degree of freedom. Therefore, the null hypothesis is rejected. This implies that a significant difference existed base on gender. That is, the male respondents' patterns of drug abuse was more pronounced than that of their female counterparts. The result in Table 6 shows that the calculated chi-square value verifying the problems associated with patterns of drug abuse base on location $\chi^2 = 4.84$ is less than the critical chi-square value of $\chi^2 = 5.991$ at .05 level of significance and 2 degree of freedom. Therefore, the hypothesis of no difference was accepted.

Table 1. Patterns of Drug Abuse

N = 524

Item	Responses							
	Always		Occasionally		Sometimes		Never	
	f	%	f	%	f	%	f	%
Using one type of drug	200	38.16	126	24.05	150	28.63	130	24.81
Use two types of drugs	130	24.81	106	20.23	60	11.45	90	17.18
Use different types of drugs	120	22.90	108	20.61	64	12.21	180	34.35
Use alcohol before any drug	200	38.16	80	15.27	106	20.23	220	24.81
Inhaling the drug	140	26.72	70	13.36	74	14.12	100	19.08
Injecting the drug	180	34.15	100	19.08	68	12.58	100	19.08
Swallowing the drug	200	38.16	70	13.36	60	11.45	100	19.08
Combined both inhalation and injection	190	36.26	100	19.08	80	15.27	120	21.90
Use inhalation, swallowing and injection	60	11.45	130	24.81	144	27.48	150	28.63
Use solution	150	28.63	128	24.43	78	14.89	190	36.26
Use oilment	90	17.13	160	30.53	130	24.81	190	36.36

Table 2. Types of Drugs Abuse Among the Respondents

N = 524

Item	Responses							
	Always		Occasionally		Sometimes		Never	
	f	%	f	%	f	%	f	%
Alcohol	180	34.35	126	24.05	100	19.08	130	24.81
Tobacco	300	57.25	90	16.41	32	6.11	80	15.26
Indian hemp (wee-wee)	60	11.45	50	9.54	34	6.48	200	38.16
Cocaine	50	9.54	40	7.63	34	6.48	200	38.16
Solution	150	28.65	40	7.63	60	11.45	100	19.08
Kolanut	230	43.89	30	5.73	50	9.54	180	34.35
Glue	80	15.27	60	11.45	40	7.63	200	38.16

Table 3. Factors Responsible for Patterns of Drug Abuse

N = 524

Item	Responses							
	Always		Occasionally		Sometimes		Never	
	f	%	f	%	f	%	f	%
Stimulation of energy	160	30.53	50	9.54	170	32.44	100	19.08
Peer group influence	190	36.23	200	38.16	120	22.90	70	13.36
Poor parental up bringing	270	51.53	150	28.63	100	19.08	130	24.81
Advertisement	180	34.35	70	13.36	180	34.35	40	7.63
Emulation of individuals	160	30.53	148	28.24	100	19.08	70	13.36
Broken homes	230	43.89	60	11.45	84	16.03	114	21.76
Safe keeping of drugs by parents	140	26.71	100	19.08	160	30.53	150	28.63
Availability of drug	360	68.70	20	7.63	20	3.82	50	9.54
Curiosity and desire to experiment	160	30.53	70	13.36	150	28.63	70	13.36
Keep awake	140	26.72	98	18.70	110	20.99	70	13.36
Social conformity	200	38.17	92	17.56	160	30.53	50	9.54
Overcome loneliness and boredom	140	26.72	80	15.27	160	30.53	80	15.27
Sexual reasons	130	24.81	40	2.63	120	22.90	30	11.45
Parental influence	114	21.76	190	35.26	130	24.81	48	9.16

Table 4. Problems Associated with the Patterns of Drug Abuse

N = 524

Item	Responses							
	Always		Occasionally		Sometimes		Never	
	f	%	f	%	f	%	f	%
Reduction in scholastic achievement	130	24.81	82	15.65	76	14.50	64	12.21
Damage the physiological maturity of youths	130	24.81	100	19.65	80	15.27	100	19.08
Tension and argument in the family	200	38.16	40	7.63	30	5.37	20	3.83
Leads to different health problems	240	45.80	50	9.54	22	4.10	12	2.29
Leads to accidents	330	62.98	80	15.27	70	13.36	30	5.73
Leads to broken homes?	270	51.53	50	9.54	100	19.08	38	7.25
Leads to mental disorders?	280	53.44	80	15.27	100	19.08	24	4.58
Leads to liver and other related diseases	140	26.72	120	22.90	92	17.56	60	11.45
Poor nutrition	126	24.05	66	12.51	90	17.18	40	7.63
Criminal activities	130	24.81	100	19.08	70	13.36	10	1.91
Prostitution	200	38.16	100	19.08	120	22.90	120	22.90

Table 5. Chi-square results verifying the frequency of Patterns of Drug Abuse According to Gender

Variable	N	Cal χ^2	df	Level of sig.	Table χ^2	Decision
Male	325	8.32	3	.05	7.815	Rejected
Female	199					

Table 6. Chi-square Results verifying the Problems Associated with Patterns of Drug Abuse Base on Location

Variable	N	Cal χ^2	df	Level of sig.	Table χ^2	Decision
Male	411	4.84	2	.05	5.991	Accepted
Female	113					

This means that no significant difference existed on problems associated with patterns of drug abuse among the respondents according to location.

DISCUSSION

The findings are hereby discussed under the following:

- Patterns of drug abuse among the respondents
- Types of drug abuse among the respondents
- Factors responsible for the patterns of drug abuse by the respondents, and
- Problems associated with the patterns of drug abuse.

The results in Table 1 showed that 200 (38.16%) respondents use one type of drug, use alcohol before any drug and swallow the drug and, 190 (36.26%) combines both inhalation and injection always. These results were expected because whether a drug was used base on medical recommendation or not these were the very common ways drugs were generally used. Since intoxication seems to be the primary purpose of drug abuse, one will not be surprise to see that the respondents use alcohol before swallowing any drug, this would have been done to achieve maximum satisfaction or the expected results to be obtained especially when this combination is meant for purpose of experimenting. These results seem to be in line with the statement credited to **Maxwell (1990)** who expressed that, often students combine two drugs with different pharmacological characteristics to heighten the effects. He went further to explained that users of intravenous heroin sometimes take amphetamines or cocaine along with it. So that the depressant effect of heroin can be overcome by the stimulant effect of the latter and vice-versa.

In the same vein, The Advisory Council on the Misuse of Drugs (TACOTMOD) noted that in 2002, most drug users were not as at then solely dependent on drug and that the same person may be using a number of drugs as well as being dependent on more than one of them. They opined that it appears there are stages of progression in the use of the drugs among students. In relation to the stages of progression about the use of drugs, **Cornwell and Cornwell (1997)** posited that the terms soft and hard drugs tend not to be in used now, the majority of users start with the so-called soft drugs such as marijuana or amphetamine but a more important point is that most soft drugs users have previously had experience of one or both of the legal drugs, nicotine and alcohol. When individuals start using soft drugs according to them, it was usually in addition to nicotine and alcohol especially in the case of young teenagers (who were used for the present study). The results in Table 2 showed that Tobacco 300 (57.25%),

kolanut 230 (43.89%) and alcohol 180 (34.35%) responses were the drugs always used by the respondents. The Table also showed that majority never used Indian hemp, cocaine and Glue as indicated by 200 (38.16%) response in all. The results were expected because smoking and eating of kolanut seem common among the elderly and adults. In addition to this, kolanut is used for social activities like marriages and naming ceremonies. Furthermore, the result that Indian hemp and cocaine were never used by the majority of the respondents was not surprising due to the fact that the drug law agents are very serious in chiding individuals that traffic hard drugs as well educate the public (especially secondary schools where the respondents were drawn from) more so that clubs on drugs and other social menace are being formed in most of these schools.

The result is in line with what **Abudu (2000)** discovered, that majority of students in secondary schools in Zaria metropolises ignorantly depend on one form of drug or the other for their varied daily activities including social, educational, political, moral and the like and that such drugs include, tobacco, Indian hemp cocaine, morphine, heroine, Alcohol, Ephedrine, madras, caffeine, glue, etc. However, the difference noticed between the present study and that of **Abudu (2000)** might not be unconnected with the reasons already advanced above. The results in Table 3 indicated that availability of drug 360 (68.70%), poor parental upbringing 270 (51.53%), and broken homes 230 (43.89%) responses were always the factors responsible for the patterns of drug abuse by the respondents. This result was expected because, many families in the area of study seem to have many children to take care of and due to the polygamous nature of majority of where the respondents came from, many of the married couples might not be together making it difficult for proper attention to be given to each child in the family.

This is in line with what **Okoro (1987)** and **Uregbu and Ezenna (1997)** who stated factors responsible for drug abuse to include; poor parental control and broken homes. Others were poor parent upbringing, areas with high rate of drugs using gangs and poor use of drugs especially poor safe keeping by parents or elders. The results in Table 4 showed that accidents 330 (62.98%), mental disorders 280 (53.44%) and broken homes 270 (52.00%) responses were always the problems associated with the patterns of drug abuse. Also, when the null hypothesis of problems associated with patterns of drug abuse base on location was verified, it was discovered that there was no significant difference that existed since the calculated chi-square of $\chi^2=4.84$ is less than the table chi-square of $\chi^2=5.991$ at .05 level of significance. This was expected because drugs are chemical substances that work on individuals regardless of social status or location.

The result seems to be in line with the general comments made by Douglas (1989) who posited that individuals who indulge in the act of drug abuse always were up ruining their lives. In addition to this, Orji (1998) stated that drug abusers are three times more likely to be involved in accidents at work, home or on the road. In conclusion, the use of one type drug, use of alcohol first before any other drug as well as swallowing of drugs were the patterns of drug abuse by the respondents. The commonly abused drugs were tobacco, kolanut, marijuana and alcohol due to availability of the drugs, broken homes as well as poor parental upbringing were reasons given for the abuse of drugs, due to these, accidents, mental disorder, different health problems, tension and arguments within the family as well as prostitution were the resultant health effects.

Recommendations

- Since the findings revealed broken homes as one of the social problems associated with drug abuse, it is recommended that couples should show love to one another as well as have more time for their children.
- Parents are advised to ensure proper upbringing of children through monitoring their activities and advising children as well as youths on the choice of friends and associates.
- Availability of the drug is also identified as one of the factors that encourage drug abuse, it is recommended that the government agencies in charge of drug control be able to regulate the selling of these drugs generally, as well as educate the public on the dangers of drugs abuse.

REFERENCES

Abudu, A. K. 2000. Young people and drug abuse. A paper presented at the 8th Biennial Internal Conference on Alcohol Drugs and Society in Africa, Abja, Nigeria.

Abdulrazak, A. 1995. Causes of drug abuse. Iyali Magazine, Vol. 2, paper 4 and 5.

Ali, A. 2006. Conducting research in education and the Social Sciences. Tian ventures, Enugu; Nigeria

Cornwell, B. and Cornwell, E. 1997. Drugs, alcohol and mental health. Toronto: Cambridge University Press.

Douglas, A. E. 1989. Consequences of drug abuse. Kaduna: Oradal Company Publishers.

Gadsby, A. 2000. Longman dictionary of contemporary English, 3rd ed. Information Service Ltd., Hitchin; Spain.

Maxwell, B.D. 1990. Council and administrative approaches for curbing abuse mood altering drugs abuse among secondary schools adolescence in Nigeria; Zaria Journal of Education Studies, Vol. 3, No. 2.

Mohammed, R. J. 2004. Contemporary public issues. In Y. P. S. Ololobuo: Social Studies for effective citizenship Education. Jos: Lag Publications.

Omage, M. I. 2005. Illicit drug: Use and dependency among teenagers and young adults in Oredo Local Government Area of Edo, Nigeria at <http://www.peaceandhealing.com/attribution.asp>.13.Aug.2006.

Okoro, E. O. 1987. Drug use and abuse: Dorsey Press Enugu.

Orji, N. 1996. Hazards of drug abuse on the youths. Enugu: Lambert Publication Company.

The Advisory Council on the Misuse of Drugs, 2002. Diagnostic and Statistical manual of Mental Disorder 3rd ed. Washington D. C.

The American Psychiatric Association, 2009. Diagnostic and Statistical Manual of Mental Disorder 2nd ed. Washington D. C.

The Daily Graphic, Nov.2, 1998, page 4.

Unegbo, U. E. and Ezenna, S. O. 1997. Youths and drugs. Drg salvation force, vol. 2, No. 4: Pages 3 – 4.

UNDCP, 1998. UNDP handbook on drug related matters. UNDP Publishers.

WHO, 1994. Life Skills on drug education in Schools. Pp 24 – 26, WHO Publishers.

World Heart Foundation, 2010. Education for Health. A manual of Health Education in Secondary Health Care. Geneva WHO Publication.
