

Original Article

SUBSTANCE USE AMONG NIGERIAN YOUTH: PATTERNS AND CAUSES IN ILESA EAST, OSUN STATE

Okon, Emmanuel Ndifreke

Department of Public Health, Faculty of Basic
Medical Sciences, Adeleke University,

Ede, Osun State, Nigeria

DOI: <https://doi.org/10.5281/zenodo.16564232>

ABSTRACT: The pattern and determinants of psychoactive drug use among young people in Ilesa East Local Government Area of Osun State, Nigeria was investigated, with a view to identifying psychoactive drugs use. Survey research design was adopted for the study. The instrument used for data collection was questionnaire. Three Hundred and Twenty (320) copies of questionnaire were administered. Administration and collection of the instrument lasted for three months. Data were analyzed with the use of frequency counts, percentage, means, and standard deviation. Results unveiled among others that drugs are abused to relief pressure, boost esteem, experimental curiosity, curb sleep while working/reading, genetic predisposition, family issues, and drug availability as the existing determinants of drug use. The patterns of drug abuse are source of getting drugs, reason for drug use, length of drug use and frequency of drug use. The study established the types of drugs being abused, confirmed the reasons for drug abuse and established the pattern of drug abuse. Therefore, government should initiate necessary educational programmers for the adolescents during early adolescence, to address issues such as resisting peer pressure, finding healthy avenues to feel good about self, family history of substance and family values related to substance use behaviours in Ilesa East local government area of Osun State.

Keywords: Psychoactive drug use, young people

1.0. INTRODUCTION

Drug abuse and addiction, now both grouped as a substance or drug use disorder, is a condition characterized by a self-destructive pattern of using a substance that leads to significant problems and distress, which may include tolerance to or withdrawal from the substance (Roxanne, 2018). Drug use disorder is unfortunately quite common, affecting more than 8% of people in the United States at some point in their lives. Dual diagnosis refers to the presence of both a drug-use issue in addition to a serious mental health condition in an individual. People can abuse virtually substance whose ingestion can result in a euphoric (high) feeling. The specific physical and psychological effects of drug use disorder tend to vary based on the particular substance involved, the general effects of a substance use disorder involving any drug can be devastating. Although drug use disorders have no single cause: However, there are a number of biological, psychological, and social risk factors that can predispose

Original Article

a person to developing a chemical use disorder (Roxanne, 2018). Symptoms of a drug problem include recurrent drug use that results in legal problems, occurs in potentially dangerous situations, interfere with important obligations, results in social or relationship problems, tolerance, withdrawal symptoms, using a lot of the drug or for a long period of time, persistent desire to use the drug, unsuccessful efforts to stop using the drug, neglecting other aspects of life because of their drug use, and spending inordinate amounts of time or energy getting, using, or recovering from the effects of the drug. While the specific effects of drugs on the brain can somewhat vary depending on the drug that is being used, virtually every substance that is abused has an effect on the executive-functioning areas of the brain. Drugs particularly affect the brain's ability to inhibit actions that the person would otherwise delay or prevent. Since there is no single test that can definitively diagnose someone with a chemical use disorder, health care professionals assess these disorders by gathering comprehensive medical, family, and mental health information, as well as securing a physical examination and laboratory tests to assess the sufferer's medical state. Treatment options for substance abuse disorders remain largely underutilized by most people who suffer from these conditions. The primary goals of recovery are abstinence, relapse prevention, and rehabilitation. During the initial stage of abstinence, a person who suffers from chemical dependency may need detoxification treatment to help avoid or lessen the effects of withdrawal; often, much more challenging and time-consuming than recovery from the physical aspects of addiction is psychological addiction (Hawkins et al., 2002). The treatment of dual diagnosis is more effective when treatment of the sufferer's mental illness occurs in tandem with the treatment of the individual's chemical dependency. Drug addiction increases the risk of a number of negative life stressors and conditions, particularly if left untreated. It is against this backdrop that this study investigated the pattern and determinants of psychoactive drug use among young people in Ilesa East Local Government Area of Osun State, Nigeria. Although the specific physical and psychological effects of drug use disorders tend to vary based on the particular substance involved, the general effects of addiction to any drug can be devastating. Psychologically, intoxication with or withdrawal from a substance can cause everything from euphoria as with alcohol, Ecstasy, or inhalant intoxication, to paranoia with marijuana or steroid intoxication, to severe depression or suicidal thoughts with cocaine or amphetamine withdrawal. In terms of effects on the body, intoxication with a drug can cause physical effects that range from marked sleepiness and slowed breathing as with intoxication with heroin or sedative hypnotic drugs, to the rapid heart rate of cocaine intoxication, or the tremors to seizures of alcohol withdrawal. The problem therefore is that, the extent to which young people in the local government areas pay attention to psychoactive drug use is not clear. Therefore, it is important to find out empirically the pattern and determinants of psychoactive drug use. It is in the light of this that the study investigated the pattern and determinants of psychoactive drug use among young people in Ilesa East Local Government Area of Osun

State, Nigeria. The purposes of the study are to;

1. Examine the types of drugs being abused by young people in Ilesha East local government area of Osun State.
2. Determine drug use among young people in Ilesha East local government area of Osun State.
3. Ascertain the pattern of drug abuse among young people in Ilesha East local government area of Osun State.

The following research questions are for the study:

Original Article

1. What are the types of drugs being abused by young people in Ilesha East local government area of Osun State?
2. What are the determinants of drug use among young people in Ilesha East local government area of Osun State?
3. What are the patterns of drug abused among young people in Ilesha East local government area of Osun State?

Findings of this study would be of immense benefits to the young people in Ilesa East Local Government Area, because the information generated from this study would enable them to address issues of psychoactive drug use. The outcome would help to identify the patterns and determinants of psychoactive drug use which would allow effective control of psychoactive drugs" abuse among young people in Ilesa East Local Government Area of Osun State. The results of the study would be useful to the local government authorities, to understand the need to initiate programmes and provide health workers with good working environment which would enhance monitoring of psychoactive drug use that may lead to effective control of psychoactive drugs" abuse among young people in Ilesa East Local Government Area of Osun State.

2.1. Substance Abuse

Substance abuse, also known as drug abuse, it is a patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others, and is a form of substance-related disorder. Widely differing definitions of drug abuse are used in public health, medical and criminal justice contexts. In some cases criminal or anti-social behaviour occurs when the person is under the influence of a drug, and long term personality changes in individuals may occur as well (Ksir & Ray, 2002). In addition to possible physical, social, and psychological harm, use of some drugs may also lead to criminal penalties, although these vary widely depending on the local jurisdiction. Drugs most often associated with this term include alcohol, cannabis, barbiturates, benzodiazepines, cocaine, methaqualone, opioids and some substituted amphetamines. The exact cause of substance abuse is not clear, with the two predominant theories being: either a genetic disposition which is learned from others, or a habit which if addiction develops, manifests itself as a chronic debilitating disease (GBD, 2013).

2.2. Drug Misuse

Drug misuse is a term used commonly when prescription medication with sedative, anxiolytic, analgesic, or stimulant properties are used for mood alteration or intoxication ignoring the fact that overdose of such medicines can sometimes have serious adverse effects. It sometimes involves drug diversion from the individual for whom it was prescribed. Prescription misuse has been defined differently and rather inconsistently based on status of drug prescription, the uses without a prescription, intentional use to achieve intoxicating effects, route of administration, co-ingestion with alcohol, and the presence or absence of dependence symptoms (Barrett et al., 2008). Chronic use of certain substances leads to a change in the central nervous system known as a 'tolerance' to the medicine such that more of the substance is needed in order to produce desired effects. With some substances, stopping or reducing use can cause withdrawal symptoms to occur (McCabe et al., 2009), but this is highly dependent on the specific substance in question. Avenues of obtaining prescription drugs for misuse are varied: sharing between family and friends, illegally buying of medications at school or work, and often "doctor shopping" to find multiple physicians to prescribe the same medication, without knowledge of other prescribers.

Original Article

Increasingly, law enforcement is holding physicians responsible for prescribing controlled substances without fully establishing patient controls, such as a patient "drug contract." Concerned physicians are educating themselves on how to identify medication-seeking behaviour in their patients, and are becoming familiar with "red flags" that would alert them to potential prescription drug abuse.

2.3. Types of Drug and Substance Abuse

Most psychoactive drugs fall into one of the general categories which are stimulants, narcotics, cannabis, depressants, analgesics, sedatives, performance enhancing drug, hallucinogens and inhalants. The common name they are called, route of administration and the possible effects are discussed below;

i. Stimulants: The primary use of stimulants is to increase the activities of the central nervous system (CNS) with increase heart rate, blood pressure and the rate of brain function. The users feel uplifted and less fatigue. Examples of stimulants include caffeine, cocaine, nicotine and amphetamine.

ii. Caffeine: It is a tasteless drug found in coffee, tea, cocoa, many soft drinks and several groups of over the counter drugs (National Centre on Addiction & Substance Abuse, 2004). Moderate intake of it is relatively harmless to the individual health. However, chronic users show evidence of withdrawal and physical dependence.

iii. Cocaine: This is a very strong stimulant. Cocaine produces a feeling of excitement, increase confidence and willingness to work. Cocaine use is on the increase among students as it is perceived as a confirmation of one's big boy status (Pike, 2011).

iv. Amphetamines: They are used to increase activity, mood elevation, create series of wellbeing and also suppress appetite. It improves physical and mental performance (Gupta & Gupta, 2007). However, large doses may result in anxiety, feeling of nervous and physical tension.

v. Nicotine: This is a poisonous alkaloid derived from tobacco plant. It is responsible for the dependence of regular smokers on cigarettes (Elizabeth & Martin, 2007). Nicotine is in tar, cigars, cigarettes, tobacco and traditional snuff. A small dose of nicotine has a stimulating effect on the autonomic nervous system. It is mostly abused by secondary school students (Thomas, Carl, & Jacqueline, 1986).

vi. Narcotics: These are among the potent dependence producing drugs, used medically to relieve pain and induce sleep. Narcotics are derived from plants such as opium, morphine, codeine and heroin. They are extremely addictive and can be inhaled, (snorted), injected, or smoked (Gate Way Foundation, 2013).

vii. Heroin: Heroin is a white crystalline powder; it is illegal and extremely addictive. The substance derives from opium from the poppy plant before it is refined to morphine, then further chemically modified to become heroin. Despite its deserved negative reputation for its high risks, heroin continues to be a commonly abused drug in globally among. Heroin is sold and used in a number of forms including white or brown powder, a black sticky substance (tar heroin), and solid black chunks. These different forms of heroin can be smoked, snorted, or injected under the skin, into muscle, or directly into the veins.

viii. Opium: Is a milky substance derived from the unripe seed pods of the poppy: It has analgesic effect and may cause drowsiness (Gupta & Gupta, 2005). The abusers of opium are mostly adolescents and health care professionals.

ix. Morphine: It is also found in poppy head. It is a potent analgesic drug used mainly to relieve severe and persistent pain. However, individuals develop both tolerance and dependence. Morphine is commonly abused by

Original Article

medical health care professionals and adolescents (SAMHSA, 2005). The injected drugs can lead to collapsed veins and infection of the blood vessels.

x. Codeine: Is an analgesic derived from opium poppy and morphine but less potent as a pain killer and sedative, and is less toxic. Because of the presence of codeine in cough syrups, it has become a favourite for many drug abusers. They could

Easily be obtained over the counter at big and small medicine stores (Encomium, 2013). Codeine is generally abused by students of secondary and higher institutions, who mix the syrup with soft drink or use it to soak "garri".

xi. Tramadol: This is a painkiller that is often prescribed for moderate to severe pain for arthritis patients. However, it is a narcotic drug meaning that users may be at risk of addiction if they use it for a long period. It works by blocking pain synapse traveling between the nerves and the brain, thereby the user becomes "high" (GFADTC, 2013).

xii. Sniper: Sniper is a highly effective insecticide/miticide that controls over 30 foliar and soil borne pests. Sniper gives growers the flexibility and residual activity needed to combat insects in conventional or biotech systems. Deliberate selfpoisoning has become an increasingly common response to emotional distress in young adults (Eddleston, 2002), and it is now one of the most frequent reasons for emergency hospital admission. In industrialised countries, the drugs people commonly take in overdose - analgesics, tranquillisers, and antidepressants are relatively non-toxic. Sniper has been reported to be one of the recent substances most commonly used for self-poisoning (Gunnell, 2013). Overall case fatality ranges from 10% - 20%. For this reason, deaths from pesticide poisoning make a major contribution to patterns of suicide in developing nations among which include Nigeria, particularly in rural areas. In rural China, for example, pesticides account for over 60% of suicides. Similarly high proportions of suicides are due to pesticides in rural areas of Sri Lanka (71%), Trinidad (68%), and Malaysia (>90%) (Eddleston, 2010).

xiii. Cannabis: This is a drug prepared from Indian hemp plant (*cannabis sativa*) also known as pot, marijuana, hashish and bhang. It has little therapeutic value and its nonmedical use is illegal. Cannabis, popularly known as marijuana is one of the drugs commonly abused in Nigeria especially the adolescents. Marijuana was introduced to Nigeria by soldiers returning from Second World War (Odejide, 2009).

xiv. Depressants: These are agents that reduce the normal activity of any body system or function. They are also known as sedative, slowing down the CNS function. It produces tolerance in abusers as well as strong psychological and physical dependence. Drugs include alcohol, barbiturate, tranquilizer and rohypnol.

xv. Alcohols: These are strong central nervous system depressant. The primary depressant effects of alcohol occur in the brain and spinal cord. Many people think of alcohol as a stimulant because of the way most users feel after consuming a serving or two of their favorite drink. At that moment, any temporal sensations of excitement, boldness or relief are attributable to alcohols ability to release personal inhibitions and provide temporal relief from tension (Kinney, 2006).

xvi. Barbiturates: These are drugs that depress activity of the central nervous system. Regular use of the drug will produce tolerance. A high dose takes a long period to wear off from the user. Barbiturates are more common among female to relieve anxiety (Johnston, O'malley & Bachman, 2002).

Original Article

xvii. Tranquilizers: These are minor depressants that are meant to reduce anxiety, tension and relax people having problems managing stress. Such drugs are diazepam (valium) and chlodiazepoxide (Librium). People can be addicted easily to it and may have severe withdrawal symptoms which can be life threatening (Adegoke, 2003).

xviii. Rohypnol: The drug is manufactured in South America, Mexico, Europe and Asia and illegally imported into Nigeria. It is commonly abused by Nigerian youths because of its fast action and longtime effect. It is known as „roofies“ on the street. It is stronger than other tranquilizers and causes a drunk, sleepy feeling that can last up to eight hours. Rohypnol is known as date rape drug which adolescents add in a drink for their girls (Encomium, 2013).

xix. Hallucinogens: This is one of the oldest drugs used by mankind that is capable of producing hallucination. They are called psychedelics, dissociative or delirants (mind) vision (Nichols, 2004). Psychedelic brings about evident cerebral excitation in the form of illusion, hallucination and vision. Dissociative produces analgesia, amnesia and catalepsy at anesthetic doses thus disassociation from his environment. Delirants as the name implies induce a state of delirium in the user, characterized by extreme confusion and inability to control one's action (Dyck, 2005). They are used within medicine, religion and traditions around the world for ceremonies, healing and rituals of syncretistic movement. Lysergic acid diethylamide (LSD): It is a potent hallucinogen which is produced in crystalline form and then mixed or diluted as a liquid to be ingested. The effect is felt within 20-30 minutes after consumption. The user may experience extreme changes in mood shifts, time and space distortions including impulsive behaviour (National Survey on Drug use & Health, 2010). The user may experience visual hallucination, impaired depth and time perception with distorted perception of size and shape of objects, movements, colour, sound, touch and body image.

xx. Inhalants: These are breathable chemical vapors or gases that produce psychoactive effects when abused or misused (National Inhalant Prevention Coalition (NIPC), 2012). They include volatile organic solvents, fuel, gases, nitrites and anesthetic gases (chloroform, nitrous oxide and ether), commercial solvents like gasoline, kerosene, glue, and typewriter correction fluid among others. The abusers inhale the toxic chemical products which result to low blood pressure, dizziness, loss of hearing, damage to the lung and heart.

xxi. Solvents: This could be industrial or household solvent products such as paint, thinners, dry cleaning fluid spray lubricants, gasoline, kerosene, nail polish or remover, furniture polish and wax (NIPC, 2012).

xxii. Gasses and propellants: These are house hold or commercial products which includes butane lighters, propane, hair and deodorant sprays, room deodorizer sprays, refrigerants sprays, ether, chloroform and halothane.

xxiii. Aphrodisiacs: These are substances that arouse sexual desire or increase a person's capacity for sexual activities (Greenberg, Bruess & Haffner, 2003). It is also known as libido boosters and popularly called „manpower in the streets, „qurantaashi“ in the northern part of the country, and „aleko“ in south west Nigeria. The agents enhance the sexual drive performance and lead to greater sexual satisfaction.

2.4 Pattern and Determinants of Drug Use among Young People

The effect of drug and alcohol use among adolescents poses a threat to the health and safety of students, family and community. It is also a threat to the peaceful co-existence in our contemporary society. It is a means of seeking inner peace when faced with life challenges such as inability to cope with failures in examinations, love, forgetting worries, hardship and bad experiences, boredom towards schools and school activities, loneliness pressure, and

Original Article

lack of commitment to education. These determinants are discussed under the following subheadings of age, peer pressure, education, family and community.

1. Age

Adolescents are positively associated with curiosity and experimentation coupled with the desire to be accepted into a peer group. These place them in high risk behaviour. Papalia & Olds (1998) commented that across ethnic and social-class lines, many young adolescents aged 12 to 14 used drugs, drove while being intoxicated, and are sexually active. They further argued that these behaviours increased throughout the teenage years.

2. Peer Pressure

The influence of peer pressure and inadequate self-confidence is strong during formative years of youth, that is, a friend can be greatly influenced to be a drug addict if allowed to interact with the group (Sherman, 2007). One may attempt to have a test for the fun of it and gradually ruin his career in life. However, getting hooked to particular drug is a gradual process that will reach a climax. Denise, (2006) observed that peer influence is synergistic, with the highest rates in marijuana, cocaine, and inhalants. These affect their behaviour and impair their health leading to frustration, poor academic performance, zest for future career prospects regression and may eventually drop out of school. It leads to increased crime, lawlessness, and rape among the group. At this stage, the adolescent loses interest in his health, family and community.

3. Education

Adolescence is a time for developing a person's sense of self-identification, a process that involves separating from parental attachment and values thus establishing new social ties, values and ideas in school. However, the effect of drugs and alcohol may influence social relationship, ideas and self-identities. Jabbari, Vahidi and Mohammad, (2008) in their study concluded that drug can decrease cognitive operation, making it difficult for youth to develop a functional set of values and ideas. These placed their education in danger which may affect the economy of the country in future, since they are physically and mentally dependent, accompanied by violent behaviour, aggressive acts, chronic anger, and lack of respect for elders.

4. Family

The parental background of a child such as a genetic predisposition to alcoholism, parental use or acceptance of drugs, poor or inconsistent parenting practices can affect adolescent. Family problems such as broken homes, poverty, parental neglect, cultural influence, lack of parental affection and not meeting up responsibility could pose major determinant of drug abuse. These problems impair family life and may threaten survival that would contribute to substance abuse from parents to the children (WHO, 2004). As these youth drink and use illicit drugs, they get involved in criminal and violent lifestyles; become social miscreants, armed robbery among others.

5. Community

Local communities which produce, and distribute illicit drugs are bound to have drug and alcohol abusers among them most especially adolescents. However, such community faces problems of insecurity such as social violence among the youths, crime such as armed robbery, rape, „419“ syndrome fraud, mental disorder, teen pregnancy and social miscreants among others (United Nation, 2009). A community with drugs and alcohol abusers are likely to be in low socio economic status, since the youths, who formed the majority of drug traffickers and abusers would not be able to do any constructive work. These lead to low production, poor quality education, and poor social services.

Original Article

3.0. METHOD

Survey research method was used. This study investigated the pattern and determinants of psychoactive drug use among young people in Ilesa East Local Government Area of Osun State, Nigeria. The instrument used for data collection was questionnaire. Three Hundred and Twenty (320) copies of questionnaire were administered. The instrument was administered to young people in Ilesha east local government area of Osun State. Administration and collection of the instrument lasted for three months. Data were analyzed with the use of frequency counts, percentage, means, standard deviation and simple correlation table.

4.0. RESULTS AND DISCUSSION

Successfully completed and returned copies questionnaire were manually sorted out to check out for errors and omissions at the end of data collection procedure. The obtained data was thereafter entered into a computer and analyzed using Statistical Package for Social Sciences (SPSS) version 17. Frequency distribution tables and charts were generated from variables while cross-tabulation and test statistics were done where applicable. The chi-square test was used to determine significance of association between categorical variables. Level of significance was set with P-value less than 0.05 ($P < 0.05$). Three hundred and twenty (320) copies of questionnaire were distributed by the researcher and 300 were retrieved from the respondents, giving a response rate of 93.7%.

Table 4.1: Types of drugs being abused among the respondents (N=272)

| Variables | Frequency | Percentage |
|-------------------|-----------|------------|
| Cocaine | 210 | 77.2 |
| Alcohol | 228 | 83.8 |
| Heroin | 159 | 58.5 |
| Cigarette/tobacco | 232 | 85.3 |
| Coffee/caffeine | 160 | 58.8 |
| Antibiotics | 143 | 52.6 |
| Steroids | 184 | 67.6 |
| Marijuana | 204 | 75 |
| Analgesics | 219 | 80.5 |
| Codeine | 202 | 74.3 |

Multiple responses allowed

Table 4.1 shows knowledge on the type of drugs that can be abused: However, only 272 respondents completed and returned this section of the questionnaire successfully. Results indicate that, 210 (77.2%) know cocaine as a drug of abuse, 228 (83.8%) know Alcohol, 159 (58.5%) know Heroin, 232 (85.3%) know Cigarette/tobacco, 160 (58.8%) know Coffee/caffeine, 143 (52.6%) know Antibiotics, 184 (67.6%) know Steroids, 204(75.0%) know Marijuana, 219 (80.5%) know Analgesics and 202 (74.3%) know codeine.

Table 4.2: The existing determinants of drug use among the respondents (N=300)

| | | | |
|-------------------------------------|------------|------------|------------|
| Stress of work | 87 (29.0) | 68 (22.7) | 145 (48.3) |
| To curb sleep while working/reading | 210 (70.0) | 50 (16.7) | 40 (13.3) |
| Peer pressure | 137 (45.7) | 120 (40.0) | 43 (14.3) |

Original Article

| | | | |
|--|------------|-----------|------------|
| Family issues | 174 (58.0) | 51 (17.0) | 75 (25.0) |
| To relief pressure/anxiety/ depression | 272 (90.7) | 26 (8.7) | 2 (0.7) |
| To boost esteem/courage/ confidence | 176 (58.7) | 0(0.0) | 124 (41.3) |
| Drug availability | 122 (40.7) | 92 (30.7) | 86 (28.7) |
| Experimental curiosity | 238 (79.3) | 32 (10.7) | 30 (10.0) |
| Genetic predisposition | 176 (58.7) | 0(0.0) | 124 (41.3) |

| Variables | Yes | No | Not sure |
|------------------|------------|-----------|-----------------|
|------------------|------------|-----------|-----------------|

Multiple responses allowed

Table 4.2 shows the existing determinants of drug use. Majority of the respondents believe that drugs are abused to relief pressure/anxiety/depression, boost esteem/courage/confidence, for experimental curiosity, to curb sleep while working/reading, genetic predisposition, family issues, and drug availability.

Table 4.3: The pattern of drug abused by the respondents (N=300)

| Variables | | Frequency | Percent |
|---|----------------------------|------------------|----------------|
| Personal history of drug abuse | Yes | 252 | 84.0 |
| | No | 48 | 16.0 |
| Source of drug (n=252) | Medicine stores | 131 | 52.0 |
| | Chemist/Pharmacy | 72 | 28.6 |
| | Hospital | 19 | 7.5 |
| | Friends/colleagues | 24 | 9.5 |
| | I cannot say | 6 | 2.4 |
| | To feel high to get better | 124 | 49.2 |
| Reason for drug abuse | to make me brave | 102 | 40.5 |
| | | 26 | 10.3 |
| Length of drug use | 1-6 months | 91 | 36.0 |
| | 6 month to 12 months | 74 | 29.4 |
| | More than a year | 87 | 34.6 |
| How often do you use the drug(s) | Regularly | 157 | 62.3 |
| | Occasionally | 90 | 35.7 |
| | Rarely | 5 | 2.0 |
| Previous history of drug abuse by friends | Yes | 193 | 76.6 |
| | No | 59 | 23.4 |
| Specific drug abused by Friends (n=193) | Alcohol | 42 | 21.8 |
| | Codeine | 49 | 25.4 |
| | Tobacco | 17 | 8.8 |
| | Caffeine | 35 | 18.0 |
| | Heroin | 50 | 26.0 |

Original Article

Table 4.3 shows pattern of drug abuse by the respondents. From the table; 252 (84.0%) are currently abusing drugs. The variable based on source of drugs shows that majority, 131 (52.0%) usually get their drugs from medicine stores, 72 (28.6%) from chemist/pharmacy, 19 (7.5%) from hospital and 24 (9.5%) from Friends/colleagues. The variable based on reason for drug use shows that 124 (49.2%) use drugs to feel high, 102 (40.5%) use drugs to get better and 26 (10.3%) use drugs to make them brave. Larger proportion of the respondents 91(36.0%) have used drugs for 1- 6months, 74 (29.4%) for 6 – 12 months, and 87 (34.6) for more than one year. Majority, 157 (62.3%) of the respondents use drugs regularly, 90 (35.7%) use drug occasionally and 5 (2.0%) rarely use drug. Majority, 193 (76.6%) have friends who have previously abused drug, while 59 (23.4%) never have.

5.0 Summary of Findings

Major findings of the study are outlined below:

1. Findings revealed that; cocaine, Alcohol, Heroin, Cigarette/tobacco, Coffee/caffeine, Antibiotics, Steroids, Marijuana, Analgesics and codeine, are the types of drugs being abused by young people in Ilesha East local government area of Osun State.
2. The findings indicated that, drugs are abused to relief pressure/anxiety/depression; boost esteem/courage/confidence; experimental curiosity, to curb sleep while working/reading; genetic predisposition; family issues, and drug availability were the existing determinants of drug use among young people in Ilesha East local government area of Osun State.
3. The result showed the pattern of drug abuse as summarized below:
 - (a) Findings revealed the pattern of drug abuse (based on sources of getting drugs) that; majority of the respondents usually get their drugs from medicine stores, chemist, pharmacy, and hospital, while some get their drugs from friends and colleagues.
 - (b) Findings unveiled the pattern of drug abuse (based on reason for drug use) that; majority of the respondents use drugs to feel high and get better, while some use drugs to make them brave.
 - (c) Findings showed the pattern of drug abuse (based on length of drug use) that; majority of the respondents have used drugs for 1- 6months and 6 – 12 months, while some have used drugs for more than one year.
 - (d) Findings revealed the pattern of drug abuse (based on frequency of drug use) that; majority of the respondents use drugs regularly, some use drugs occasionally, while few indicated that they rarely use drug.
 - (e) Findings unveiled the pattern of drug abuse (based on peer influence for drug use) that; majority of the respondents have friends who have previously abused drug, while some never have.

6.0 CONCLUSION AND RECOMMENDATIONS

The inference from this study established the types of drugs being abused by young people in Ilesha East local government area of Osun State. The study confirmed the reasons for drug abuse and it also established the pattern of drug abuse among young people in Ilesha East local government area of Osun State. Therefore Government should initiate necessary educational programmes for the adolescents during early adolescence, to address issues such as resisting peer pressure, finding healthy avenues to feel good about self, family history of substance and family values related to substance use behaviours.

On the basis of the findings of this study, the following recommendations are made:

Original Article

1. Parents should observe the child's behaviour, to identify the symptoms that arise due to the consumption of drugs, especially if the family belongs to a high risk group.
2. Government through various schools' management should provide information or materials to help young people recognize and resist pressures that could make them to engage in psychoactive drug use.
3. Local government authority should embark on awareness campaign to address drug abuse issues for effective control of psychoactive drugs' abuse among young people in Ilesa east local government area of Osun State.

REFERENCES

- Adeyemo Florence O, Ohaeri Beatrice, Pat U. Okpala, Ogodo Oghale (2016) Prevalence of Drug Abuse Amongst University Students in Benin City, Nigeria
- Adolescents Health Information Project (AHIP) (2001). Drug abuse, Unpublished Pamphlet, Kano: AHIP Centre.
- Atoyebi OA, Ibirongbe DO, Babatunde OA, Atoyebi OE. To start and quit smoking cigarettes: Anevaluation of students in a Nigerian city. *J Prev Med Hyg.* 2013; 54(2):104–108.
- Barnett, Elizabeth; Sussman, Steve; Smith, Caitlin; Rohrbach, Louise A.; Spruijt-Metz, Donna (2012). "Motivational Interviewing for adolescent substance use.
- Barrett SP, Meisner JR, & Stewart SH (November 2008). "What constitutes prescription drug misuse? Problems and pitfalls of current conceptualizations" (PDF). *Curr Drug Abuse Rev.*
- Belcher HM, Shinitzky HE. Substance abuse in children: prediction, protection and prevention. *Arch Pediatr Adolesc Med.* 2008; 152:952–60. [PubMed]
- Burke PJ, O'Sullivan J, Vaughan BL (November 2005). "Adolescent substance use: brief interventions by emergency care providers". *Pediatr Emerg Care.* 21 (11): 770– 6.
- Carney, Tara; Myers, Bronwyn J; Louw, Johann; Okwundu, Charles I (2016-01-20). Brief school-based interventions and behavioural outcomes for substance-using adolescents. John Wiley & Sons, Ltd.