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Classification of Frequency Abused Drugs amongst Nigerian Youth and the Social Influences: Implications for Counselling

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Abstract

This study is designed to investigate the frequently abused drugs amongst secondary school students in Nigeria. Out of the 78 existing secondary

schools in Edo State, twenty four (24) were randomly selected through systematic random sampling procedure. In the selected schools, 720 students (i.e.) 370 males and 350 females were then selected. This represents a distribution of 30 students per school (16 males and 14 females) who were randomly selected from each of the selected 24 schools. The independent variables are students, sex, age, and location of school while the dependent variables are drugs abused by students. Three research questions and three hypotheses were raised. Descriptive (simple percentage) and inferential statistics (t-test, chi square and ANOVA) were used in analyzing the quota for the students. The result showed that male students are more susceptible to drug abuse than their female counterpart, that students mainly abuse drugs such as Alcohol, Cigarettes, Indian hemp, and Valium across the counter such as Alcohol, Cigarettes, Kola nuts are the drugs discovered to be most common with students. That adolescent irrespective of their age are prone to drug abuse. This could be because they are still in their formative age and could easily fall prey to experimentations with drug

Key words: Education, Counselling, Drug, Social Adjustment

Introduction

Background to the study

In the last decade or so, the growing rate of drug abuse has been causing a lot of concern in schools, government circles and the society at large. Drug abuse is not limited to any social and economic group neither is it limited to a particular sex or religion. Investigation into dimensions of this phenomenon has become necessary for it has become a cankerworm amongst youths especially secondary school students in many institutions in Nigeria.

The concept of Drugs, Drug Abuse and Drug Addiction have been defined in various ways: Drug has been defined as any chemical substance that has an effect upon the body or mind modifying one or more of its function.

Ogunremi (1988) defined drug as any chemical substance which when taken into a body organism modify one or more of its functions. In accordance with a definition substance such as alcohol, heroin and caffeine are drugs because these substances bring about modifications in behaviour by influencing co-ordination of the central Nervous System and sometime change the functions of the cell. Any chemical substances other than food that affects living organisms are drugs.

Even common plants and animal preparations that are not pharmaceutical products but made for corrective purposes are drugs. To this group belong herbs, plants exudates latex, juice powder.

Odebunmi, (1994) has linked the problem of indiscipline in schools to drug abuse when he stated that the current trend of indiscipline among secondary school students and Nigerian youths in general has become so rampant that successive governments have sought for ways of combating its problems' as a result of this unwholesome trend, school Boards, University Communities and Non-governmental Organization (NGOS) such as Youth Clubs, Philanthropic Organizations, Federal and State Governments and their parastatals, particularly the National Drug Law Enforcement Agency (NDLEA) have organized programmes to create awareness about the dangers of drugs and drug abuse.

Major-General Mohammed Buhari's regime (1983) for example, sought for adequate ways to eradicate social slogan popularly known as "War Against Indiscipline (WAI). Some of the societal ills addresses were:

1. Disorderliness in public places
2. Criminal activities like armed robbery, drug trafficking and money laundering;
3. Wanton destruction of public property and arson.
4. Official corruption in all spheres of nation's life.
5. Economic sabotage and graft by public officers, oil bunkering, currency trafficking, fraud, bribery and corruption (the main focus of the regime was to sanitize the polity and restore national values. General Ibrahim Babagida's regime (1985-1993) also tried to curb the influence of drugs which led to the promulgation of Degree IV and V of 1989 establishing the national Drug Law Enforcement Agency

Similarly the Federal Ministry of Health (FMH) with the World Health Organization (WHO) later joined the international council on Alcoholism and Addiction (ICAA) to curb drug addiction. Since then serious efforts have been made to conduct researches on the problems of drug abuse and the way of combating them by the NDLEA.

Odebunmi (1994) found out that students who take drugs exhibit the following:

- i. Rioting in schools, destruction of property, arson in schools, stabbing of fellow students and looting of schools.
- ii. Increased truancy among students such as absenteeism in schools, lateness to schools constant playing of table tennis while lessons are going on, visiting film houses or playing of football, leaving the school before closing hours, fighting, organizing parties during school hours, boys hanging around girls during school hours, leaving the school for the rivers to swim and to fish, leaving school for the barbing saloon, organizing of music and dramatic club and actually being involved during school hours, leaving the school for picnics and extorting money from junior students. These categories of students usually go by nick names to boost their ego.
- iii. Increased deviant activities in schools such as burglary, arm robbery, breaking into schools laboratories, stealing of result booklets and barricading roads to loot coca-cola trucks with drinks. Sometimes ice cream hawkers, ‘guguru” sellers and food vendors are also attacked.
- iv. Poor academic performance in spite of the employment of professional and specialized teachers. This is as a result of undesirable academic behaviour absenteeism from classroom, noise making, fighting, eating, singing, tapping of feet on the floor and hitting of hard objects on desks, clapping of hands and wrestling in the classroom, while lessons are on. Other behaviours include reading of love story books and magazines, novels like James Hardly Chasse or Mills and Boons. Some students who do not have interest in some school subject like Mathematics, Physics, Chemistry, etc, join other students in their hide outs to smoke cigarettes, marijuana and take alcohol.

Of all the drugs abused, it has been observed that among students, cigarettes smoking rate is the highest. Alcohol comes next, followed closely by Marijuana. Other drugs include cocaine, amphetamine etc Nevadomsky (1977).

The above lists of undesirable behaviour are mostly exhibited when students have taken drugs. In accordance with this assertion, Denga (1988) claimed

that students under the influence of drugs engaged in cultism and drug related malpractices and they terrorize the system so much that it calls for concern by parents and school authorities

Research questions

1. What is the frequency of usage of drugs abused?
2. What are the reasons advanced by students for using drugs?
3. What age range is most prone to drug abuse?

Research hypothesis

1. There is no significant difference between younger and older adolescents in the abuse of drugs.
2. There is no significant different in reason for using drugs between rural and urban adolescents.
3. There is no significant difference in perceived effects of drugs on students who abuse drugs and those who abuse less variety of drugs.

Classification of frequently abused drugs among students

Drugs have been classified in different ways by different authors. The numbers of drugs which are actually abused or which have high abuse potentials are very numerous. According to Abdullahi (1988), it is very difficult to make a universally acceptable classification of these.

Drugs substances share characteristics with more than one group and therefore it is very difficult to place them properly in a clear out compartment. Ogunremi and Rotimi, (1988), Abdullahi (1988), to mention a few, have however classified drugs into five groups. These are:

- (a) Opiate and Narcotics
- (b) Sedatives/ Hypnotics
- (c) Stimulants (Amphetamines)
- (d) Hallucinogens
- (e) Cannabis

Opiates and narcotic

These are substance obtained from the opium poppy plant. They include heroin, Morphine, codeine, pethidine, etc, they are used clinically largely for their pain (analgesic) and cough relieving (anti tissue) properties. Of these drugs, the one which is currently causing a lot of concern is Heroin (Acuda, 1988).

Sedative and hypnotics

These are a group of Central Nervous System (CNS) depressants and commonly referred to by the general public as “sleeping pills”.

Sedatives are used to calm anxious and restless subjects while hypnotics are used to produce drowsiness and sleep. There is no sharp distinction between the two effects since small doses of hypnotics are often used as sedatives. The sedatives – hypnotics include alcohol barbiturates, such as glutethimide (Doriden), meprobamate and benzodiazepines, such as Diazapham (Valium). The barbiturates are usually classified according to their duration of action, namely, ultra-short acting (such as hexobartitone, thiopentone0, short acting (such as, phenobartitone) and long acting (such s phenobartitione). The barbiturates can produce a degree of depression of the CNS, from mild sedation to general anesthesia. The abuse of sedatives/hypnotics has been increasingly felt in Nigeria studies, Nevadomsky (1981),

Stimulants

Stimulants are drugs which increase activity and what most people call alertness. Their limited medical uses include the reduction of fatigue or mild depression and paradoxically for treatment of hyperactive children. The stimulants often abused by students include Amphetamine, caffeine concentrates, kolanut, coffee, tea and lately cocaine. In general, these classes increase human alertness and decrease fatigue. Apart from their behavioural effects, some of them present other important pharmacological properties. The health consequence of stimulant are similar taken in small doses, they produce a sense of exhilaration (euphoria0, increased alertness and reduction of fatigue and hunger. Larger doses intensify these feelings and may lead to bizarre erratic behaviour, hostility and violence. These behavioural disturbances are accompanied by physical symptoms of over stimulation of the sympathetic nervous system such as accelerated heart beat, raised blood pressure, temperature, and fast breathing. Taken in higher doses could lead to reactions such as agitation, restlessness, delirium, hallucination and even

delusion and in serious muscle in – coordination. Death may result from respiratory arrest cerebral sheamorrhage and hyperthermia. Used repeatedly over a long period, tolerance and dependency symptoms will occur. Chronic cocaine use may also produce typical hallucinations and delusions, states of fluctuation between periods of depression and apathy.

Hallucinogens

These are chemical diverse group of substances that consistently produce changes in thought, perception and mood. While some of the substances excite nerve activity others inhibit it (Odebumi 1994, Oyebode 1998). Under the influence of hallucinogen include LSD (Lysergic acid diethylamide, mescaline, psilocybin and psilocin found in mushroom. The primary source of these illicit substances are clandestine, laboratories. According to DEA (1991), the most commonly abused hallucinogens are LSD and PCP.

LSD is an extremely powerful hallucinogen that was popular in the 1960s and is becoming popular once again. It is a white powder which can also, occur in the form of a clear liquid. It is produced from lysergic acid, a substance derived from the ergor fungus which grows on rye. It is an odourless, colourless chemical manufactured substance, street names for the substances include, acid, blotter acid, microdont and white lightening. It was initially used for medical purposes but later used for non-medical and recreational purposes.

It can be taken orally, off paper, absorbed through the skin or absorbed in sugar cubes Dinner-Stammer, Ann C (1991).

Cannabis sativa is locally known as hemp, Majiujana, Pot, grass, weed, Gnaye, wee-wee and Igbo. Research on marijuana has been controversial since the inception of the modern era of cannabis investigation in the mid-1960s, given rise to a lot of concern about the millions of children and youths addicted to marijuana. Since cannabis use has been traditional in some cultures for hundreds of years, there have also been attempts to study its effects in those societies using modern research methods. Group studies typically consist of men in their middle age, since most traditional usual are males.

The term marijuana refers to smoking mature plants from the dried cut tops of the hemp, marijuana, pot, grass, cannabis sativa and “Igbo”. The male hemp plant is a fiber source for making cloth and rope. The concentrated

gum like substance in the hemp plant is “harsh” which is about eight times stronger than the marijuana and is usually smoked in a pipe. The chemical in the plant which produces the “high” is the delta-9-tetrahydrocannabinol (THC). When the THC is chemically separated from the plant it becomes the most powerful of the hemp plant drugs. Marijuana is one of the least understood of all the natural drugs. The drug has been known for five thousand (5,000) years. For instance, the ancient Chinese used the female hemp plant as medicine for such sickness such as beri-beri and malaria. But when they later found out that the hemp could have many different effects on the minds and psyche of the users they switched to opium, a much stronger drug. Also in India, Marijuana was known before it started to play a predominant role in their culture, religion and their philosophy.

Winnick (1965:125) notes that there are some “positive” psychological functions cannabis has on its users. These include helping them speak freely, day dreaming, domination of inhibition and pleasurable relaxation. The harmful consequences of cannabis use result from the dependence syndrome, tolerance, withdrawal, phenomena and possibly direct effects.

However, the nature, frequency, and severity of its harmful effects remain unclear. Some of the serious harmful effects of cannabis have been demonstrated mainly in animal but evidence of serious damage to health of human is also accumulating. Immediate consequence of cannabis use (observation within a few minutes of taking the drug) are a feeling of being “high” that is mild to moderate euphoria and some Relaxation. At a higher dose cannabis sound and colour perceptions may interfere with attention, concentration, memory and logical thinking, so that the individual’s ability to perform complex actions or to make sound judgment becomes impair.

Social influences and drug abuse

According to Odebunmi (1994 p.4), in many societies, “excessive alcohol drinking and drug abuse are considered statistically abnormal from the point of view of disease and health”. Those who engage in drug abuse and alcoholism are, therefore, considered abnormal with conditions of emotional maladjustment. He also claimed that observation is made within many societies which tend to consider alcohol as a lesser maladjustment behaviour when to consider alcohol as a lesser maladjustment behaviour when compared to drug addiction. He, however, concluded that no matter which way the society looks at the problems, the social consequences of both drugs and alcohol are

equally negative. Many researchers such as Odebunmi (1994), Burns (1988) and Abdullahi (1988) from many countries have claimed little progress in research studies within a long period of time on drug addicts prior to the onset of drug addiction. But using Alarcon (1969) infectious disease model, it becomes obvious that not all humans who come in contact with drugs and alcohol would become addicted since other variables within each individual will produce drug dependence and alcoholism. According to Alarcon (1960), causes of drug addiction and alcoholism are generally linked to supply. Without alcohol there can never be alcoholism. If this model is to be placed on the sales and the availability of alcohol in homes as this would be easily consumed by the growing adolescent.

Using the same model it can be seen that drug addiction is considered abnormal within the Nigeria setting. With this position, the drug addict is considered a deviant. But this is not the case with alcoholism in Nigeria which is almost as dangerous. According to Odebunmi (1994), Many Nigeria waste away from the consumption of alcohol and African Governments and its people have tried to attack alcoholism in a more serious way. One aspect that should not be noted is the emphasis on one side of a debate that has continued for many years. The issue of the relative effects of the individual gene is the cause of many forms of deviant behaviour. The “nature” side emphasized the basic inherited qualities of the individual who becomes alcoholic or drug dependent.

These youths are leaders of ‘tomorrow’. There is therefore, the urgent and serious need for Nigeria to salvage her youths from the clutches of the drug abuse in our secondary schools before it becomes too late.

In dealing with the problem of drug abuse among youths and older members of the society, the services of specialized counsellors should be employed. And for the counsellors to be effective in this task of rehabilitation, they need to be provided with both legal and scientific resources to enable them perform. Having highlighted the factors relating to drug abuse among secondary school students, it is necessary to examine the nature and process of counselling (individual and group) as applied to problems of drug dependence.

Drug Abuse: Implication for Counselling

Counselling is a helping process for enhancing the coping abilities of individual persons to solve their problems of living. Mattewson (1971)

defines counselling as: "Professional aid to individual and/or small groups in dealing with commonly recurring personal, educational, vocational needs and problems". Counselling may be either individual or group and the goals of counselling generally involve processes aimed at the enhancement of the functioning of an individual or a group of individuals.

Substance abuse represents one of the problems of living with persons who are confronted with and which may be brought into counselling. Let us examine some essential key factors of effective counselling. For example, clinical research evidence (Combs, et al, 1971) is clear on the point that at least three basic elements are essential for good counselling. These are (a) factors in the therapist himself or herself (b) factor that relate to the client or clients and (c) factors in the particular problem.

For example, a good counsellor should have, among other things, a pre-eminent interest in people and the possibilities of social and personal change. Also, a good counsellor should have sufficient awareness of his or her own disposition and values arising from a different world view of a particular client or group of clients. The counsellor must also possess substantial clinical sensitivity in order to be able to engage the client or group in a desired emphatic manner. Finally, the need for the acquisition of effective counselling skills cannot be over emphasized. Such skills include the ability to listen emphatically, ability to help the client to focus on significant problems, ability to reflect on underlying meanings to the client, skill and change orientations. It also involves the ability to confront the client with aspects factors, the role of the motivation of the client to seek and accept help as well as the role of the specific "problem" of concern, it has to be noted that peculiar problems arise in counselling persons with specific pathologies. Thus, counselling of drug dependent persons requires an assessment of both the possible problem by the counsellor, and the peculiar problems encountered in drug dependent persons, for example, relates to the problems of early attrition encountered among drug dependent persons due to their inability to persist in treatment and their pressing urge to gratify the drug habit. The tendency of persons with high appetitive for the counsellor and this factor needs to be taken into account premature terminations are to be avoided.

Results and Findings

Research question one

What are the types of drugs abused by the students?

The aim of this question was to determine the various types of drugs that are available to students and to find out which ones are most commonly abused among them. Questions about types of drugs were asked. The results are presented in table 1.

Table 1: Showing the Types of Drugs Abuse

Drug	Frequency of Users	Percentage Frequency
Alcohol	364	50.1
Cigarette	166	22.9
Kola nut	74	10.2
India Hemp	52	7.2
Valium	24	3.3

The above table indicates that Alcohol has the highest frequency, followed by cigarette, kola nuts, India hemp and valium. In table 1, it is observed that 364 respondents abuse alcohol, 166, use cigarettes, 74 use Kola nuts, 52 use India hemp and 24 use Valium. These indicate percentage frequencies of 50.1 for alcohol, 22.9 for cigarettes, 10.2 for Kola nuts, 7.2 for India hemp and 3.3 for Valium.

Results from the table indicate that Alcohol has the highest frequency followed by cigarettes, kola nuts, India Hems and Valium. What can be inferred from the above is that out of the thirteen drugs available to students, these five are the most commonly abused drugs of the relatively high frequency of usage.

Research question two

What is the frequency of usage of drugs normally abused?

This was to find out how much students consumed drugs? Question about consumption pattern were asked to determine the frequency of consumption. The data was analyzed by the use of frequency of usage of drugs.

Table 2: Table showing frequency of usage of drugs

Drug	Frequency of Users	Percentage Frequency
Indian hemp	52	7.2
Alcohol	364	50.1
Valium	24	3.3
Anti-biotic	8	1.1
Coffee	11	1.5
Cigarettes	166	22.9
Kola nuts	74	10.2
Heroin	10	1.4
Cocaine	9	1.2
Others	8	1.1

The results of the frequency column shows that Alcohol has the largest frequency of 364 followed by the Cigarette with 166 and Kola nuts with 74. The smallest percentages were 8 for anti-biotic, 9 for cocaine and 10 for Heroine. These frequency values had percentage the most abused drug, followed by cigarettes, Kolanuts, India hemp etc. similarly, anti-biotic with numerical value of 8 is the least abused drugs.

Research question three

What are the causes of drug abuse among the secondary school student?

This question was to find out what motivates students to use drugs. Reasons ranged from to be bold, to be high, to avoid painful events, to keep awake, for experimentation, to be able to perform, to sleep well to cope with academic pressure. The data were analyzed by the use of the percentages where raw scores were transformed into percentages.

The results are presented in table 3 below

Table 3: Showing Reasons for Abuse of Drugs

Drug type	Others	1	2	3	4	5	6	7	8	9	Total no of respondent
Alcohol N %	235 32.6	71 9.8	51 7.1	63 8.7	55 7.6	72 10.10	27 3.7	52 7.3	40 5.5	55 8.6	720 100
Kola nut N %	435 60.3	41 5.7	28 3.9	50 6.9	33 4.6	35 4.0	20 2.8	14 1.0	38 5.3	27 3.7	720 100
Cigarettes N %	457 63.4	27 3.7	26 3.6	42 5.8	43 6.0	31 4.3	31 4.3	14 4.9	21 2.9	29 4.1	720 100
Librium N %	350 48.5	17 2.4	28 3.9	60 8.3	80 11.1	37 5.5	26 3.6	32 4.4	54 7.5	32 5.2	720 100
Indian H. N &	246 34.1	25 3.5	29 4.6	71 9.8	164 22.7	44 6.1	34 4.7	34 4.7	41 5.7	32 4.4	720 100

Cocaine N. %	359 49.8	30 4.2	23 3.2	85 11.8	69 9.6	52 7.2	21 2.9	21 2.9	30 4.2	31 1.1	720 100
Heroin. N %	233 46.2	23 3.2	35 1.9	116 16.1	54 7.5	46 5.5	34 3.7	28 3.9	86 3.6	12 1.1	720 99.1s
Lexotan N. %	195 27.0	17 2.4	33 4.6	194 26.9	64 8.9	47 6.5	24 3.3	80 4.2	34 4.7	88 11.1	720 100.1
Coffee N %	221 30.7	28 3.2	18 2.5	134 18.6	50 6.9	66 7.6	42 5.8	32 4.1	37 5.1	109 11.1	720 99.1
Dexa N %	669 92.8	5 0.7	17 2.4	17 2.4	6 0.8	2 0.3	1 0.1	1 0.1	2 0.3	1 0.1	720 100
Chinese Capsule %	593 82.0	34 4.7	26 3.6	27 3.7	13 1.8	7 1.0	9 1.2	16 2.2	3 0.4	5 1	720 100
Anti Biotic N %	530 73.5	53 7.4	40 5.5	33 4.6	20 2.8	10 1.0	16 2.2	15 2.3	2 0.3	2 0.3	720 100
Other N %	503 69.8	66 9.2	26 3.6	34 4.7	32 4.5	14 1.9	21 2.9	20 2.3	2 0.3	3 0.4	720 100

Key to label reasons for drug use – listed 1 – 9 in the table thus:

1. To be bold
2. To be high
3. To keep awake
4. To avoid pains
5. To belong
6. To be able to perform
7. For experimentation
8. To sleep well
9. To cope with academic pressure

From table 3, the three most important reasons for using alcohol were to be bold, to belong, and to keep awake. The reasons for use of Kola nut were to be bold, to keep awake and to sleep well. When cigarettes are considered the reasons for their usage are to keep awake; to avoid pains; to belong and to be able to perform. The reasons for use of Librium were to avoid pains and to sleep well. The reasons for the use of Indian hemp were, to be bold, to avoid pains and belong. The reason the use of cocaine was to be bold to be high and to belong. The reasons for Heroin were, to be bold, for experimentation and to be high. The reasons for use of lexotan were to sleep, to avoid pains and to be able to perform.

From the table it can be seen that between 27% and 92.80% of the respondents indicated that they use drugs for different reasons, although the reason given most often for using drugs was to keep awake. This was followed by 'to be bold, and to avoid pains. Other reasons were selected as can be observed in table 4.3, but these reasons stand out clearly that students are not well informed about the deleterious effects of these drugs. It is interesting to note for example that cigarettes, kola nuts, Indian hemp which are assumed by students to relieve pains do not actually relieve pains. The assumption by students that lexotan, coffee and dexamarine enable them to perform well is wrong neither does kola nuts help anyone to sleep well. It is therefore necessary for students to be educated as to the correct effects of each of the drugs. Parents should also be appropriately informed on the dangers of drug abuse.

Hypothesis 1

This hypothesis states that *there is no significant difference in drug abuse based on age of adolescents*. A table showing the t-test of difference in drug abuse based on age of adolescents.

Group	Mean	n	SD	df	t	p
Younger adolescents	5.762	360	3.502	584	1.72	0.05
Older Adolescents	5.389	226				

The t-test used in investigating drug abuse based on age yield a t-value of 1.72 as against the critical t-value of 1.96 at 5% level of significance. T-observed therefore is less than the critical t-value. This therefore indicates that drug abuse has no significant influence on age.

Hypothesis 2

This hypothesis states that *there is no significant difference in perceived effect of drug abuse based on location*. A table showing the proportional test of difference in perceived effect of drug abuse based on location.

Location	Freq(n)	N	Proportion	Error	Z	P
Urban	233	400	0.582	0.038	6.356	<.001
Rural	102	300	0.34			

The t-test yielded a t-value of 6.356 as against the critical t-value of 1.96 at 5% level of significant. t-observed therefore is greater than the critical t-value. This therefore indicates that location has a significant influence on drug abuse.

Hypothesis 3

This hypothesis states that *there is no significant difference in effect of drug abuse between students who abuse greater varieties of drugs and those who abuse fewer varieties of drugs*. A table showing perceived effect of drug abuse based on variety of drug abused

Variety	Mean	n	SD	df	t	p
Fewer variety	2.306	157	1.196	701	0.76	0.05
Variety of drugs	2.223	546	1.245			

The t-test yielded a t-value of 0.76 as against the critical t-value of 1.96 at 5% level of significance. t-observed therefore is less than the critical t-value. This therefore indicates that there is no variety of drugs abused.

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