

**PERCEPTIONS OF YOUTH ON SUBSTANCE ABUSE IN SOKOTO,
SOKOTO STATE, NIGERIA**

BY

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DECLARATION

I, Bawa Shagari Nasiru, author of this dissertation do hereby declare that the findings of this study presented here is the result of research work carried out by me, under the guidance of Rev. Attiogbe Alexander and Dr Lydia Aziato, School of Nursing, University of Ghana, Legon. References made from other researchers and writers have been duly acknowledged.

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DEDICATION

I dedicate this work to my parents Bawa Yakubu and Aishatu Abdurrahman. Thank you for your support, love and patience.



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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
APA	American Psychiatric Association
FCT	Federal Capital Territory
FNPBK	Federal Neuro-Psychiatric Hospital, Kware
HIV	Human Immune Virus
IRB	Institutional Review Board
LGA	Local Government Area
NAFDAC	National Agency for Food Drug Administration and Control
NDLEA	National Drug Law Enforcement Agency
NMIMR	Noguchi Memorial Institute for Medical Research
SAMHSA	Substance Abuse and Mental Health Service Administration
UDUTHS	Usmanu Danfodiyo University Teaching Hospital, Sokoto
US	United State
USA	United State of America
WHO	World Health Organisation

ABSTRACT

Substance abuse is a maladaptive use of a drug, resulting in impairment of functioning or distress, as manifested by a failure to perform adequately at home, school or work. In Nigeria, a large number of the population mostly the youth buy drugs without any physician's prescription. The aim of this study was to explore the perceptions of the youth on the substances they abused in Gawon Nama area of Sokoto, Sokoto state, Nigeria. An exploratory descriptive qualitative design was used. Twelve youth between the ages 18 to 30 years who abuse different substances but were not in psychotic state were recruited using snowball and purposive sampling methods. Semi-structured interview guide was used to interview the respondents after obtaining an informed consent from the respondents. The interviews were audio taped and transcribed verbatim, the data was analyzed using content analysis. The findings of this study revealed that the most commonly abused substance was Marijuana and the least abused was cocaine, the reasons were availability and affordability of these substances. Alcohol was not commonly abused due to religious prohibition. Physical, psychological and social effects were identified where impaired relationships and violence were common among the youth who indulge in substance abuse. Job provision, enlightenment and education were perceived measures for prevention, reduction or controlling substance abuse in Sokoto. The implications for nursing practice, policy and future research were considered and recommendations were made based on the findings of the study such as the government and non-governmental organizations should provide job opportunities for the youth.

CHAPTER ONE

INTRODUCTION

1.0 Background

According to World Health Organization (WHO), substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome which is a continuous, repeated and persistent use of the substance despite its harmful consequences; leading to a high priority being given to the use of the substance to the detriment of other activities and obligations (WHO, 2014).

According to World Drug Report (2014), the prevalence rate of problem of substance abuse users varies between 2.7% in Greece and 9.0% in UK as rate per 1,000 of populations aged 15-64 years in Europe. The United Kingdom, Italy and Spain are on the higher end of the range, whereas Greece, Germany and Hungary are countries with low rates problems of substance abuse. In the United States, 7 million people (2.8% of the population) aged 12 and older were considered substance dependent, abusing illicit substances. Cannabis was the illicit substance with the highest rate of dependence, followed by pain relievers (opioids) and cocaine. In Canada, 2.7% of the population aged 15 and older were reported to have experienced at least one type of physical, social, employment or legal problem due to illicit drug use (United Nations office on Drugs and Crime , 2014).

According to substance abuse and mental health service administration's (SAMHSA) report in 2012, an estimated 23.9 million Americans aged 12 or older are illicit drug users. This estimate represents 9.2 percent of the population aged 12 or older. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics (pain relievers,

tranquilizers, stimulants, and sedatives) used non-medically and the rate of current illicit drug use among persons aged 12 or older increased from 8.1 percent in 2008 to 9.2 percent in 2012. Between 2007 and 2012, the rate of substance use increased from 5.8 to 7.3 percent and the number of users increased from 14.5 million to 18.9 million (SAMHSA, 2013).

The youth occupy a prominent place in any society. They are one of the greatest assets any nation can have. Apart from being the leaders of tomorrow, they out-number the middle-aged and the aged. The youth are a particular segment of the national population that is sensitive, energetic, active and the most productive phase of life as citizens. The youth are also most volatile and yet the most vulnerable segment of the population in terms of social-economic, emotion and other aspects (Ajufo, 2013)

Generally, drugs are helpful when they are properly used and destructive when they are misused or abused, but most youth are guilty of substance abuse (Mohammad, 2014). The use of illicit substances is a major public health problem in high income countries like the US. However, this problem of illicit substance use has spread rapidly to include middle and low income countries where most of its youth and adolescents are actively engaged in this illegal practice (Aliyu, 2014; Mohammad, 2014).

The problem is worse in African countries, as the use of these substances is accompanied with a lot of risk behaviours such as crime, violence and suicide (Nsimba, 2010). For cocaine and heroin drug injectors, often have high chances of contracting infections such as HIV, Hepatitis B and C, abscesses and other ill-health problems, such as drug dependence, which manifests with complex set of behaviours related to mental illnesses. Substance abuse is a problem to users, when it begins to cause some damage to their physical health, mental health and social well-being. These damages

come in the form of mental illness, crime, violence and diseases e.g. HIV/AIDS and Hepatitis, which are related to the use of these substances (Nsimba, 2010).

The amount of harm associated with the use of these substances, is increasing in Nigeria and other middle and low income countries in Sub-Saharan Africa; as well as high income countries like the US (Aliyu, 2014). Although majority of the youth have a good understanding of the consequences of substance abuse, there is still a high prevalence of this phenomena occurring in Africa (Ekpenyong, 2012).

The reasons for substance use among youth varied, the most common reasons are; to boost self-confidence, to cope with stress, anxiety, to get high (euphoria) (Dankani, 2012), to socialize, to keep awake, to try to get sleep (Ahmed, 2012; Jibril et al., 2008; Oshodi, Aina, & Onajole, 2010), to reduce physical and emotional pain, to experiment and to alleviate feelings of hunger (Gaidhane et al., 2008). There are many reasons why youth abuse substances. In many situations, substances are being used as artificial problem-solvers such as frustrations, stress or tiredness (Nsimba, 2010). Others choose to use substances to enjoy the feelings or for recreational purposes (Sokro, 2010). But most of the times, youth use substances for experiment to find out more about the sensations they produce (Dankani, 2012; Jibril, Olayinka, Omeiza, & Babantunde, 2008).

Studies have found that, most of the youth have the perception that; peer group (Gaidhane et al., 2008; Dankani, 2012; Jibril et al., 2008; Okwaraji, Ebigbo, & Akpala, 2009; Mohammad, 2014) unemployment, availability and affordability of drugs (Ahmed, 2012; Cheung & Yeung, 2007), family upbringing or background (Okwaraji et al., 2009) and gender (Ahmadi, Tabatabaee, & Gozin, 2006; Ahmed, 2012; Oshodi et

al., 2010), are the most common influencing factors or causes of substance abuse among them.

In Ghana, substance abuse has contributed to lower productivity and general performance of the employees especially the youth, it also impairs employees' judgment and decisions, brings about high absenteeism and high turnover rates, occupational injuries, depression and trauma leading to excessive use of medical benefits. The main reasons for substance abuse is because of the belief that: it reduces stress, it modifies moods, it enhances performance, because of social and peer pressures and also for the purposes of socialization and fun (Sokro, 2010).

In Nigeria, a large number of the population mostly youth buy drugs without any physician's prescription (Mohammad, 2014). Substance abuse started becoming a serious problem in Nigeria in the 1960s. During the period, various professionals such as drivers, farmers, armed robbers, and hardened criminals used to abuse drugs such as Marijuana (Indian hemp), Alcohol etc. Studies have shown that, the use of drugs and other pharmacologically active substances was a problem for several centuries ago (Jibril, Olayinka, Omeiza, & Babantunde, 2008).

In the past, choice of such substances was limited to those easily available in the environment of the users, but in the present era, the use of various types of drugs has gone beyond those produced and available in the immediate environment (Mohammad, 2014). About 11% of the youth in Nigeria are reliant on one form of substances or the other and this causes a great threat to the sustainable youth development especially in the Northern Nigeria. Substance abuse has reached an alarming stage among adults, youth and children (Dankani, 2012).

The most commonly abused drugs in the Northern part of Nigeria (except alcohol and tobacco), are grouped into six classes: the opioids, sedative-hypnotics (Sedative), stimulants, hallucinogens, cannabis, and inhalants. The fact that Sokoto State is predominantly a Muslim state and coupled with the fact that public sale and consumption of alcohol is completely disallowed within the entire territory of Sokoto, compels young men and women to resort to taking other substances in order to get high (euphoria), (Ahmed, 2012; Dankani, 2012; Jibril et al., 2008).

1.1 Statement of the problem.

Substance abuse still remains one of the major problems in the world (Oluwale, Olatunji, & Olufunlayo, 2011), with millions of people especially the youth, abusing legal and illegal drugs (Jag, Glenn, Elinore, & Ellen, 2008). According to National survey on drug use and health, about 110 million Americans aged 12 years and older (46%) used at least one illicit drug such as amphetamines, cocaine, heroin and marijuana (cannabis) in their life time (SAMHSA, 2013).

Substance abuse has negative physical, psychological and social effects on individuals, families, friends and society (Mohammad, 2014). According to Ahmad (2012), the ill effects of substance abuse include; medical problems, academic problems, conflicts, crime, financial problems, psychological disorders and increase in occultism.

Substance abuse among the youth has great potential to cause academic difficulties and social as well as employment problems later in life (Usman & Usman, 2012). A study conducted in Minna, Niger State (Nigeria), showed that drug abuse and violence were correlated and this has made politicians to use the youth in causing

violence for political interest. Consequently, this makes youth to indulge actively in substance abuse especially in the Northern part of Nigeria (Usman & Usman, 2012).

Also a study conducted to examine the menace of cough syrup abuse as a new trend of substance abuse in some selected states in north-western part of Nigeria including Sokoto, found that there is massive consumption of cough syrup as a means of getting high (euphoria) among the youth age 21-30 years, (Dankani, 2012).

Federal Neuro-psychiatric hospital Kware in Sokoto is the main referral center for Neuro-psychiatric patients including those for substance abuse. There was an increase in the number of admitted cases of substance abuse as shown in the table below.

Table1. 1: Number of admitted cases of substance abuse from 2008-2013

S/NO.	YEAR AND MONTH	NUMBER OF ADMITTED CASES OF SUBSTANCE ABUSE
1	January 2008 To December2008	4099
2	January 2009 To December2009	4216
3	January 2010 To December2010	5114
4	January 2011 To December2011	5011
5	January 2012 To December2012	5385
6	January 2013 To December2013	5632

(Source Federal Neuro-Psychiatric Hospital Kware, Sokoto, 2014).

Further studies are therefore required to explore the perceptions of the youth on the substances they abuse, especially in the Northern part of Nigeria; highlighting in the need for this study.

1.2 Purpose of the study.

The purpose of this study was to explore the perception of the youth on the substance they abuse in sokoto.

1.3 Research objectives

The objectives of this study are;

1. To explore the understanding of the youth on substance abuse in Sokoto.
2. To explore the perceived factors that lead to substance abuse among the youth in Sokoto.
3. To explore the perceived effects of substances abused among the youth in Sokoto.
4. To explore the perceived measures for reducing substance abuse among the youth in Sokoto.

1.4 Research questions

1. To what extent do the youth understand substance abuse in Sokoto?
2. What are the perceived factors that lead to substance abuse among the youth in Sokoto?
3. What are the perceived effects of substance abuse among the youth in Sokoto?
4. What are the perceived measures in reducing substance abuse among the youth in Sokoto?

1.5 Significance of the study

This study seeks to contribute to the dialogue on substance abuse in Nigeria in view of the massive abuse of substances mainly for nonmedical purpose. The study will be relevant to Drug regulatory agencies such as the National Drug law Enforcement Agency (NDLEA), National Agency for Food Drugs Administration and Control (NAFDAC), Doctor, Nurses, Psychiatric hospital, Government and all stakeholders, particularly in their decision making processes. Similarly, it will serve as reference material for researchers and students interested in the issue of substance abuse in Nigeria. It is the contention of this study that a healthy, responsible and drug free generation is the recipe for cultural and socio-economic development of any society.

1.6 Operational definition of terms

Perception- in this study refers to the views and understanding of the youth on substance abuse.

Youth – this refers to an individual between the ages of 18-30 years, who abuse one or more substances, but is not in psychotic state.

Substance- in this study refers to any drug or non- drug chemical agents.

Abuse – illicit and habitual taking of substances.

Substance abuse- it refers to an illicit and habitual use of any drug and non-drug chemical agent without prescription by a qualified medical practitioner.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents review of literature related to the study. Literature was reviewed based on the concept of substance abuse, factors that lead to substance abuse, effect of substance abuse and measures of reducing substance abuse. Databases were used in the literature search which include; Taylor & Francis, science direct, Willey and CINAHL. The key words for the search were “youth perception” substance abuse”, “effect”, “drug abuse”, “influences” and “control measures”.

2.1 Concept of substance abuse

The concept of substance abuse refers to the understanding on the meaning of substance abuse, substances that are commonly being abused, Frequency of substance usage, Duration of abuse and prices or cost of the substances.

2.1.1 Meaning of substance abuse

According to World Health Organization (WHO, 2014) substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. The use of psychoactive substances can lead to dependence syndrome - a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use. And that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state (WHO, 2014). Substance abuse is also defined as a maladaptive pattern of substance used leading to clinically

significant impairment or distress as manifested by one (or more) of the following, occurring within a 12-month period:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work or at home.
2. Recurrent substance use in physically hazardous situations.
3. Recurrent substance-related legal problems (such as arrests for substance-related disorderly conduct). Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (Gaidhane et al., 2008).

Substance abuse can be defined as a “pattern of harmful use of any substance for mood-altering purposes (Hardy & Qureshi, 2012). Substance abuse is a maladaptive use of a drug, resulting in impairment of functioning or distress, as manifested by a failure to perform adequately at home, school or work (Adewuyi, 2013). Substance abuse has to do with an individual who is using a drug when there is no legitimate medical need to do so or who is drinking in excess of accepted social standards is said to be abusing that chemical (Olley, 2007). Substance Abuse is a harmful pattern of use of any substance for mood altering purposes which lead to frequent and serious problems. These problems can affect performance at school, work or home. Many times, relationships (such as with friends and parent) begin to suffer due to substance abuse. Individuals that engaged in abusing substances often have trouble with the law. Substance abuse is not simply drug abuse. It also includes the use of inhalants, solvents, alcohol, caffeine, and cigarettes. Almost any substance can be abused (Buddy, 2014).

However, to Ahmad (2012), substance abuse is the use of any substance for the purposes other than that for which it is normally prescribed or recommended for by a medical practitioner or agency.

2.1.2 Substances being abused by the youth

Worldwide, the most frequently reported substances abused by adolescents and young adults are the cheapest and most readily available in their environment (Jibril, et al., 2008). According to the National Institute on Drug Abuse (2000), alcohol is the most abused psychoactive drug in the United States with approximately 90% of students using it before they leave high school. A study conducted in Riyadh, Saudi Arabia to examine the perception and views of medical students regarding the extent of alcohol and substance abuse in the community and the possible predisposing factors for this problem. The result shows that alcohol is the most commonly abused drug in the community, followed by amphetamines, heroin, cannabis and cocaine (Al-Haqwi, 2010).

In a study by Adamson, Onifade and Ogunwale (2010), found that in South Africa and Kenya, the most commonly abused substances are alcohol, cannabis (marijuana), tranquilizers, and tobacco. In Nigeria a report by NAFDAC (2008) cited by Ekpenyong (2012), found that alcohol is also the most commonly abused substance with about 61% of the population engaging in its use. According to Ekpenyong (2012), the substances that are commonly abuse in the southern part of Nigeria to include; alcohol, cigarettes and marijuana. However, another study conducted in the same southern Nigeria (Lagos), the findings show that marijuana is the most commonly abuse substance among the University students of Lagos state University living off-campus (Oshikoya & Alli, 2006).

Although alcohol is the most commonly abused substance in Nigeria, but in the northern part of the country, a study conducted to examine the substances commonly abused among the undergraduate students of Usmanu Danfodiyo University Sokoto. Shows that marijuana is the most commonly abuse substance among the undergraduate student of the University (Ahmed, 2012).

2.1.3 Duration of abuse and frequency of substance usage

Most of the youth begin to use substances before the age of 15 years (Gangi & Darling, 2012), and the common substances being used include alcohol and marijuana and the use is on daily basis (Gangi & Darling, 2012; Janichek & Reiman, 2012). The daily or chronic use of substances creates greater risk of dependence and long term harm to the individual. The long term use, regular use of marijuana is associated to maladaptive coping strategies among youth. Youth use marijuana on daily basis and take marijuana at least ones daily. A study of 350 patient at a medical marijuana dispensary in Oakland, California, found that 88% reported daily marijuana usage (Gangi & Darling, 2012). Low prices of marijuana lead to its early use and this lead to low quit rate which causes longer duration of marijuana use among youth (Van Ours & Williams, 2007).

A study conducted in the southern Nigeria (Lagos), examined the perception of drug abuse amongst Nigerian undergraduates living off-campus. The result show that Only 16 students (6.0%) started taking the drugs in less than one week and seven (2.6%) less than one month. Twenty (7.5%) students started taking the drugs in the last six months and one year. One hundred and twenty five (47.0%) have been taking the drugs since five years back and 78 (29.3%) over five years (Oshikoya & Alli, 2006). According to Dankani (2012) in a qualitative study conducted in five northern states of

Nigeria. The result shows that Majority of the respondents (60%) have been taking the cough syrup for a period of 3-5 years. Though, these studies are quantitative and therefore do not explored the in-depth into substance abuse. Also, the results of the studies are presented quantitatively in form of percentage and frequency distribution table.

2.1.4 Sources of substances abused by the youth

School was found to be a source of substances for abuse among youth. The source of drugs for students is friends in the same or neighbouring schools and youth who use drugs had more drug using friends than who do not take the drugs (Ekpenyong, 2012; Mohammad, 2014; Hamisu & Badamasi, 2014) . In southern part of Nigeria, a major (61.3%) source of substances that are abused is by unidentified means. Among those who their sources are identified, majority (55.3%) get substances in the chemist/shop, 44.4% obtain the substances from their friends, 14.7% by doctors' prescription and only 14.3% of the students obtained the drugs from a pharmacy shops (Oshikoya & Alli, 2006) .

A qualitative study was conducted to examine abuse of cough syrup as a new trend in drug abuse among the youth in five (5) Northwestern States of Nigeria. The results show that 33% claimed to source the substances from chemists and pharmacies, 36% claimed to acquire the substance from Drug dealers (retail) while 23% claimed they obtained the substance from Drug dealers (Wholesale). It is noteworthy to state that, substances are easily accessible to the youth in Nigeria. Any person can walk into a chemist or pharmacy to buy any drug he or she wishes. Hardly would the chemist or pharmacist ask for a prescription (Dankani, 2012).

2.1.5 Prices of substances abused by the youth

Some of the substances are expensive such as cocaine and heroin while others such as marijuana are less expensive. Substances such as marijuana, is found to be affordable and this lead to its early use among the youth (Van Ours & Williams, 2007). Therefore cost of substances also contributed to its abuse. Cough syrups are readily available and cost about \$0.5 in Nigeria. This makes it readily affordable to the youth (Dankani, 2012). This makes it easily available and affordable to youth for abuse.

2.2 Causes or Factors that Lead to Substance Abuse among the youth

There are various reasons why the youth abuse substances. These reasons or causes vary among the youth likewise the substances being abused by the youth. The factors associated with drug abuse are many and varied across different regions and settings. These include individual predispositions, family characteristics, and complex social and environmental determinants. Many authors and researchers have shown that there are many contributing factors that lead to substance abuse among the youth. Terry-McElrath, O'Malley and Johnston (2009), argue that substance abuse is caused by a combination of environmental, biological, and psychological factors. Youth abuse substances because of: peer pressure or influence, boosting energy, coping with stress, enhancing cognition or for curiosity and imitation.

2.2.1 Peer pressure in relation to substance abuse

Peer pressure is the most common influencing factor of substance abuse especially among the youth (Adewuyi, 2013; Ahmed, 2012; Dankani, 2012; Gaidhane et al., 2008b; Jibril et al., 2008; Mohammad, 2014; Okwaraji, Ebigbo, & Akpala, 2009; Yusuf, 2010; Yusuf, 2013). According to Dankani (2012), in a study to examine abuse

of cough syrup as a new trend of drug abuse among the youth in five (5) Northwestern States of Nigeria, using a total of four hundred and eighty seven (487) respondents who were selected from the five states, the findings reveal that majority (57%) of the respondents were initiated into substance abuse as a result of peer pressure. These findings are similar to the study conducted in Sokoto among the undergraduate students of Usmanu Danfodiyo University Sokoto which shows that 33.1% of the respondents viewed pressure from friends as the reason why they are into substance abuse (Ahmed, 2012).

A study conducted in southern Nigeria to investigate factors influencing substance abuse among undergraduate students in Osun State, where a sample of 1,200 undergraduate students were randomly selected from three tertiary institutions in the State. The results showed that peer pressure is the major factor influencing substance abuse among undergraduate students in the state (Yusuf, 2010). A follow up study by the same researcher after two years, aimed to investigate the effects of peer modelling techniques in reducing substance abuse among undergraduates in Nigeria. The participants were one hundred and twenty (120) undergraduate students in level 100 and 400 respectively. The result showed that there are significant effects of peer modeling technique in reducing substance abuse among undergraduates (Yusuf, 2013).

In India (Mumbai) a study was conducted to assess substance abuse and associated factors among adolescent street boys of Mumbai City, using a sample of 163 participants. The findings reveal that majority of the participants (62.1%) are into substance abuse due to peer pressure. However, all these studies are quantitative, therefore, the need to explore the experiences of the youth on substance abuse. Also, a cross-sectional study involving samples from two medical colleges in Riyadh, Saudi Arabia examined the perception and views of medical students regarding the extent of

alcohol and substance abuse in the community and the possible predisposing factors for this problem. About 75% of the participants believed that the youth who indulged in substance abuse are influenced by friends (Al-Haqwi, 2010).

Peer group is found to have a strong influence on substance abuse than parental influence, though there is a tendency of children to learn substance abuse from their parent (Yusuf, 2013), and majority of youth are influence into substance abuse by their peers (Adewuyi, 2013). In a quantitative study using a sample of 487 respondents selected via a combination of purposive and snowball sampling technique, to examine abuse of cough syrup as a new trend in substance abuse among the youth in five (5) Northwestern States of Nigeria. The results reveal that 65% of youth abuse substances so as to have good time with their friends (Dankani, 2012). This is consistent with another finding in Sokoto, Nigeria, where 33.1% of the respondents viewed school friend's influence as the reason why they are into substance abuse (Ahmed, 2012).

2.2.2 Energy boosting effect of substance abuse

Another factor or reason why the youth abuse substances is to boost energy. Youth abuse substances in order to get more energy so as to meets their work demand, to be strong or to be able to complete a task (Terry-McElrath et al., 2009). Most of the youth whose work demand more energy such as drivers, conductors and truck pushers abuse substances such as tramadol, caffeine and marijuana so as to boost energy in order to work faster and earn more (Siro, 2014).

2.2.3 Imitation and curiosity related to substance abuse

Curiosity is one of the critical factors that causes or influenced youth to indulge in substance abuse. Curiosity and imitation are more common among adolescent. They

always want to copy adult members of the society (Gopiram & Kishore, 2014; Racz, 2008). Children learn from watching and imitating what adults say and do. As they grow, they are likely to pick up both positive and negative habits from their parents and other adult members of the society (Ahmed, 2012). Many youth have heard about substances, and they are curious to experience them for themselves. They have heard that substances such as drugs can be fun, or make a person feel and act differently. This can be from a friend, family member or somebody in the society. Many young people encounter them at school, at home or in their neighborhood. Most of the youth first try substances because they are curious about them (Racz, 2008).

A qualitative study in India, aimed to examine the reasons for initiation, maintenance of harmful use of substances and abstinence among adolescents and young adults by comparing the users and non-users, using a sample size of 80 participants consisting of 40 users and 40 non-users, in the age group of 15-24 years, found that, majority of the youth abuse substances because of peer influence and curiosity (Gopiram & Kishore, 2014). Even though, the sample size used in this study is too small to assess various other reasons for substance indulgence among the users.

Youth tend to imitate what they see their parent or other family members do. Having a family member who use alcohol or illegal drugs is found to be one of the factors that will lead to substance abuse among the youth in the particular family as the youth are curious to imitate (Myers, 2013). A study conducted by Ahmed (2012) revealed that 15.4% of the youth in Usmanu Danfodiyo University Sokoto, Nigeria, abuse substances because they are imitating their parent. Although the percentage of these youth is low, but still parental imitation is a challenge on youth substance abuse, this is because parents are supposed to discourage their children not to indulge in such act (Ahmed, 2012).

2.2.4 Political influence of substance abuse

Political influence is one of the reasons that are responsible for drugs use and abuse among the youth. Most youth indulge in substance abuse because of their involvement in political activities or they have political Godfather that can protect them from facing the law (Salaam, 2011; Siro, 2014).

A study was conducted to examine the relationship of drug abuse among the youth and their involvement in political thuggery in Kano Metropolis. The result shows that majority of the respondents (61.2%) abuse substances due to political influence. This indicates that as political activities increases, drugs are abused by the youth to help achieve the political ambitions of their masters. Respondents indicated that their involvement in politics is a reason for their involvement in substance abuse in Kano Metropolis of Northern Nigeria (Siro, 2014).

The study further indicates that, majority of those involved in political violence are popular and gain monetary benefits for their actions. This is attributable to money in politics with all the consequences, as the youth are hired to destroy, injure or even kill. At the same time, they may go free due to political beliefs, sentiments and prejudices.

During political campaigns, politicians recruit the youth at various junctions to foment trouble. Also, politician give youth campaign vests, money and substances such as marijuana so as to serve as guards and provide security for them against their political opponents. The politicians will also influence youth to abuse substances by providing them with the substances and also pay them for such service rendered (Salaam, 2011). Therefore, it can be said that politician and political activities is a factor that predisposes the youth into substance abuse by promoting it and makes drugs and substances available and affordable to the youth.

2.2.5 Cognitive enhancement effect of substance abuse

Enhancement of cognition is a major factor that influence youth to indulge in substance abuse (Franke et al., 2011; Franke et al., 2014; Franke, Lieb, & Hildt, 2012; Herman-Stahl, Krebs, Kroutil, & Heller, 2007; Holloway & Bennett, 2012; Pustovrh & Mali, 2014; Schelle et al., 2015). Substances are abuse with the intension to boost cognitive capacities, with the aim to enhance one's performance above baseline level especially at schools (Herman-Stahl et al., 2007; Schelle et al., 2015). Substances such as caffeine, marijuana and nicotine as well as other illicit drugs are use especially among the youth in order to study so as to enhance memory, understanding and thinking (Schelle et al., 2015).

Herman-Stahl et al. (2007), suggested that, the use of prescription drugs to improve one's cognitive performance is especially common among individuals in cognitively demanding environments, such as schools and Universities. The authors showed that college students are more likely to use prescription stimulants for nonmedical purposes than young adults who are not enrolled in college. However, the prevalence of using substances for nonmedical purpose is high; the percentage of using substances for cognitive enhancement is low (Holloway & Bennett, 2012; Pustovrh & Mali, 2014). For example, Holloway and Bennett, (2012) mentioned in their study on cognitive enhancement drugs, while they focus on general nonmedical use and only briefly mention the intention of cognitive enhancement. From the sample of 1614 students, 33% reported to use prescription drugs for nonmedical purpose, but only three students out of the total sample reported the reason for using prescription drug for nonmedical purpose as "to study." Also, Pustovrh and Mali (2014) did a (pilot) study in only a single institution, in Slovenia, resulting in a prevalence of 11 out of 211 students (5.21%) who had ever used prescription drugs for cognitive enhancement.

2.2.6 Coping with stress using illicit substances

Stress is another factor that lead or make the youth to abuse substances and drugs (Gonzales, Anglin, Beattie, Ong, & Glik, 2012; Yusuf, 2010; Al-Haqwi, 2010). According to Kulis, Marsiglia, and Nieri (2009), in a study to examine the relative effects of perceived discrimination and acculturation stress on substance use, found that, the youth had the perception that substances are used to calm down their stress, cheers them up, or relieves boredom, so they use it as a coping strategy to stress. Youth who begin using substances at early ages are among those who appear most likely to use substances to cope. The study further found that, the potential of perceived discrimination and acculturation stress to affect health negatively may depend on the coping strategies employed by the individual. Coping strategies are cognitive or behavioural efforts to manage the demands of a difficult situation. Youth who employed effective coping strategies commonly have certain temperament factors, such as deregulate moods, which are related to substance use.

A quantitative survey using 400 students as participants were selected from a total population of 22,379 to examine the substance abuse among undergraduate students of Usmanu Danfodiyo University Sokoto. Finding of the study revealed that relieve from stress as a factor that influence the youth to substance abuse (Ahmed, 2012). This finding is also similar to another descriptive cross-sectional study among selected secondary school students in Surulere, Lagos (Nigeria), were 402 participants 175 male (43.5%) and 227 female (56.5%) were employed in the study using World Health Organization Students' Drug Use Questionnaire which has been validated in the country. The result revealed that relief from stress (43.5%) is the most common reason that makes the youth to abuse substances (Oshodi, Aina, & Onajole, 2010).

However, in South Africa (Cape Town) a qualitative study to investigate the views of eight local Medical Knowledge Institute (MKI) health trainers on factors contributing to substance abuse in their community, the participants felt that many people living in these townships abuse substances in order to attempt to alleviate stress (including post-traumatic stress), (Puljević & Learmonth, 2014).

2.3 Effects of Substance Abuse

Substance abuse has several effects. There is general belief that problems of substance abuse can be categorized into medical, physical, psychological, social, educational, and economic implications and can be from experimenting substance to drug dependence (Ahmed, 2012). The physical, psychological, social and economic consequences of substance abuse among youth are becoming more obvious and disturbing (Yusuf, 2010, 2013). Young people who persistently abuse substances experience many problems. These include academic difficulties, health related problems including mental health disorders, poor peer and family relationships and involvement in social vices which include violence, stealing, bullying, secret cult activities which have negative consequences on the family, community and the society (Yusuf, 2010,2013; Ahmed, 2012).

For example, a study on drug abuse and its mental health and health consequences among addicts in the Greater Accra region, shows that, the entire twenty six participants interviewed acknowledged that substance abuse problems are increasing in Ghana, especially among youth. A cross section of the respondents believed that substance abuse may result in mental illness, chest pains, tuberculosis, malnourishment, headaches, bodily pains, dizziness, and serious coughs, loss of weight,

AIDS, and general weakness. In addition, they also mentioned homelessness and unemployment as consequences of substance abuse (Affinnih, 2012).

2.3.1 Physical effect of substance abuse

Substance abuse has effect on the physical body of youth who are involved in this behavior. Intoxication with a substance can cause physical effects, intoxication with heroin, sedative or hypnotic drugs can cause marked sleepiness and slowed breathing. Also, cocaine intoxication can cause rapid heart rate, or tremors, while, seizures can occur due to alcohol withdrawal syndrome (Edwards, 2014).

Youth who involve in substance abuse may not realize they have a problem until pronounced effects of these substances start to manifest physically (Edwards, 2014; Tracy, 2014). According to Tracy (2014), the effect of substance abuse on the body vary depending on the type used, all substances abuse have negative impacts on the health of abusers. Common effects of drug abuse on the body include sleep changes (Ahmed, 2012; Jibril et al., 2008). Violence is another physical effect of substance abuse witnessed in various communities and tertiary institutions leading to bloodletting, rape, stealing and cultism (Mohammad, 2014; Salaam, 2011; Siro, 2014). Other common physical problems include; abnormal vital signs like respiration, heart rate and blood pressure, chest or lung pain, nausea, vomiting, diarrhea, stomach pain, skin can be cool and sweating or hot and dry. Diseases such as hepatitis B or C, or HIV from needle-sharing, impotence and more frequent illnesses can occur due to indulgence in substance abuse (Affinnih, 2012).

2.3.2 Psychological effects of substance abuse

Psychological effects of substance abuse tend to vary and depend on the type of substances involved (Edwards, 2014). The general effects of abuse or addiction of any drug can be devastating. Psychologically, intoxication with substances or withdrawal from a substance can cause euphoria as with alcohol or inhalant intoxication, paranoia which occur due to marijuana or steroid intoxication, while cocaine or amphetamine withdrawal will lead to severe depression or suicidal thoughts (Edwards, 2014). One of the primary effects of substance abuse can be found within the definition of substance abuse itself, that is an increasing, intense desire to use the drug (Gaidhane et al., 2008).

Psychological effects of substance abuse then include preoccupation with where to get the substances, how to get money for the substances, and where and when the substances can be used. Psychological effects of substance abuse also include changes in mood, the individual may be anxious, thinking about when next to use the substances, or can be depressed due to side effect of substances. Other psychological side effects include, aggression, irritability, selfishness, hopelessness, lack of pleasure from previously enjoyed activities and pressuring others to involve into substance abuse (Tracy, 2014).

2.3.3 Social effects of substance abuse

A study in Nigeria, to investigate the effects of peer modelling techniques in reducing substance abuse among undergraduate students found that, substance abuse may reduce undergraduate chances of graduating from school or of landing and holding a steady job, it may also be causing student unrest in the campus which will disturb academic calendar and this may also lead to poor academic performance (Yusuf, 2013).

Study has also shown that there is a significant association between crimes committed by adolescents and their use of alcohol and other drugs (Ahmad, 2012). This shows that many youth can commit crime under the influence of drugs. Therefore, in order to reduce and prevent social vices, moral decadence and crime rate in Nigeria, there is need for more preventive measures to be put in place in order to reduce the rate or eliminate the acts of substance abuse among the undergraduates in Nigeria (Yusuf, 2010). Other social effect of substance abuse include dishonesty, bribery and corruption, forgery, gambling and prostitution, (Mohammad, 2014).

Youth who abuse substances are involved in political violence which always destabilizes peace and harmony within the public (Aliyu, 2014). It can be inferred that abuse of drugs among youth triggers-off violence especially during elections which in turn engenders loss of lives and properties threatening the future of the society. The youth that engage in political violence do so with the backings of their political masters (Siro, 2014). In Nigeria, about 63% of the youth who abuse substances were involved in violent activities in the last one year (Usman & Usman, 2012).

Youth tend to have problem with their girlfriend or boyfriend due to high demand for sexual intercourse. This is due to high sexual desire manifested by the youth who abuse substances such as alcohol and marijuana (Floyd & Latimer, 2009; Parkes, Wight, Henderson, & Hart, 2007). The use of Alcohol and marijuana is associated with increase in sexual intercourse due to increase in libido among youth aged between 15 to 24 years (Floyd & Latimer, 2009). Moreover, poor relationships with other people was found to be another effect of substance abuse among the youth and the impacts of substance abuse on student behaviour include laziness and lack of concentration, poor relationships with others, lack of interest in school and work, absenteeism from school, withdrawal, and indiscipline (Ekpenyong, 2012).

2.4 Measures in Controlling Substance Abuse

Various literatures were reviewed to find out possible measures that can be taken to control substance abuse among the youth. It was found that educating and enlighten the youth on the issues of substances abuse can help reduce the menace of substance abuse. Other measures that were reviewed include; provision of employment, parental monitoring, law enforcement and religious measures.

2.4.1 Enlightenment and education

Education has a significant influence on substance abuse (Ahmed, 2012; Ndetei, Khasakhala, Mutiso, Ongecha-owuor, & Kokonyo, 2010; Jibril, et al, 2008). Student who are aware or educated on the dangers or effect of substance abuse are more likely not to indulge in substance abuse than students who are not aware of the dangers involved (Ahmad 2012; Aliyu, 2014; Ndetei et al., 2010 Kulis et al., 2009). The weaker student are using substance abuse as a means of compensation to their academic weakness and as a diversional therapy (Ndetei et al., 2010). Moreover, parental education has influence on substance abuse among the youth (Jibril et al., 2008). Youth whose parents has no formal education has a higher rate of substance abuse than those whose parents had formal education (Jibril et al., 2008). This may be likely because those youth whose parents has formal education are more likely to be aware of the dangers of substance abuse than those whose parent has no formal education (Kulis et al., 2009; Shehu & Idris, 2008).

Educating community about the problems of drug and other substance abuse will help in reducing the menace of substance abuse among the youth in the society. Educating youth can be inform of organizing program so as to enlighten youth on the effects of indulging into substance abuse and the benefit of avoiding these substances.

A study was conducted to determine the impact of a universal school-base substance abuse prevention program “Take charge of your life (TCYL)” with the aim to prevent or reduce the use of tobacco, alcohol or marijuana. The findings show that student who use those substance show a significant positive treatment effect for marijuana use. The main aim of the program is to acquire knowledge on decision making and resistance skill, and to modify intention to use tobacco, alcohol and marijuana. The program targeted on the mediator to these behavior, (Sloboda et al., 2009). Although, the program only have significant effects on normative beliefs and the influence of some confounds such as assessing the quality of the implementation of the program and measuring the exposure to other prevention program which constitute intervention were not considered. Educational programme interventions on drug prevention programmes known as life skills training have been found to be successful with young adolescents (Faggiano et al., 2010). Life skills training are based on findings that most adolescent first use drugs in social situations and that their decisions are influenced not just by one factor but a variety. Effective programs focus on enhancing problem solving skills and aiding students to evaluate the influence of the media. Effective programs help improve self-esteem, and reduce stress and anxiety (Hamisu & Badamasi, 2014). These skills are taught using a combination of methods including demonstration, practice, feedback and praise. Another proven approach is training designed to teach skills to confront a problem-specific focus, emphasizing the application of skills directly to the problem of substance abuse (Ekpenyong, 2012).

Mass media involve the use of newspapers, radio, television, magazine and the internet. Media campaigns have been widely used for the prevention of substance abuse and illicit drug use among young people (Dray et al., 2012; Werb et al., 2011). Most of these media often address specific substances with the aim of reducing use and

raising awareness about its associated problems. These types of campaign typically target young people because evidence shows that drug use often starts during adolescence, a time in life when young people may experiment with cigarettes, alcohol and illicit drugs. Mass media have been a major agent of socialization and tools for social changes especially now that people depend on message from mass media (Werb et al., 2011).

2.4.2. Job provision (Youth Empowerment)

About 1 in 6 unemployed workers in New York (US) are addicted to alcohol or drug, the ratio is almost twice the rate for full-time workers (Kurtz, 2013; White, 2014). A survey by Kurtz (2013), shows that 17% of unemployed workers had substance abuse disorder, where only 9% of full-time workers had similar disorder. The numbers in survey are self-reported, and therefore, could not be generalized or could even be higher in real situations. The high rate of unemployment among the youth in Nigeria has contributed to the high rate of poverty, insecurity and indulgence to substance abuse in the country (Ajufu, 2013).

Unemployment is significantly correlated to substance abuse (Gascon & Spiller, 2009; Thornton & Deitz-Allyn, 2010). In a study to determine if there is a relationship between unemployment rate and rate of substance abuse in Kentucky, United State, show a significant positive correlation between higher unemployment rate and higher rate of substance abuse (Gascon & Spiller, 2009). This is similar to the finding of Thornton and Deitz-Allyn (2010), in an exploratory study, found that there is a strong relationship between problems with unemployment and substance abuse in the southwest Virginia region. Also in Ghana, a qualitative study conducted using unstructured interview where twenty six participant were interviewed in Tudu area of

Greater Accra, the result found that unemployment is one of the predisposing factor to substance abuse among the youth (Affinnih, 2012). In Nigeria, 85.5% of the youth who abuse substances are unemployed (Usman & Usman, 2012). With this, job provision will be a measure in controlling substance abuse among the youth.

2.4.3 Religious measures

Religion can be understood as a shared set of beliefs and practices that has been developed in community with people who have similar understandings of the transcendent, which is designed to mediate an individual's relationship with God or the transcendent (Hodge, Marsiglia, & Nieri, 2011). As such religion can be a protection against some of the social behavior such as youth involvement in substance abuse. Youth who actively involved in religious activities are less likely to indulge in substance abuse (Hodge et al., 2011). This could be due to the fact that the time spent engaging into religious activities translates into less available time for antisocial activities such as substance abuse.

In most African societies, religious beliefs serve as a guide to the people's way of living and it prescribed the expectations on how individual relate to his immediate environment. For instance, Sokoto (Northern part of Nigerian), is an Islamic state and being the seat of the caliphate of the country, consumption and selling of alcohol is totally prohibited according to Islamic law (sharia), and as such public sale and consumption of alcohol is completely disallowed within the entire territory of Sokoto and most states in the Northern part of the country. This make prevalence of alcohol use to be very low in northern Nigeria (Ahmed, 2012; Dankani, 2012; Jibril et al., 2008).

2.4.4 Parental monitoring

Parental monitoring refers to a parent's knowledge of his or her child's activities, associations, and whereabouts to ensure that the child's behavior is not harmful to his or her development and safety (Bertrand et al., 2013). Inadequate and poor parental monitoring has been associated with both elevated levels of substance consumption and poorer prognoses regarding treatment outcomes. A marked decline in parental monitoring also has an influence on adolescents' increased alcohol use (Luyckx et al., 2011). To be adequately informed of their child's whereabouts, parents can rely on various sources of information, namely parental control or parental solicitation (e.g. asking their child for information) and child self-disclosure (e.g. the child confiding in the parent, revealing information about his or her activities, interests, and/or behaviors). Branstetter and Furman (2013), supported the relevance of spontaneous adolescent self-disclosure to ensure adequate parental monitoring. Indeed, adolescent self-disclosure reveals adolescents' deviant behaviors more than behavioral types of monitoring such as parental control or parental solicitation (Bertrand et al., 2013; Branstetter & Furman, 2013). Parental practices, such as behavioral control and parents' responsiveness, are related to adolescent self-disclosure and parental knowledge, which, in turn, predict adolescents' substance use and antisocial behaviors.

A strong parent-child relationship is also an important protective factor when it comes to prevention of substance abuse problems among the youth (Davis & Spillman, 2011). A positive and protective relationship is characterized by a high degree of parental warmth, (e.g. show of interest in the child's activities and friends), an expression of enthusiasm for and pride in the child's accomplishments, and a demonstration of affection and love (Bertrand et al., 2013; Branstetter & Furman, 2013;

Karine Bertrand, 2013). A mutual attachment between mothers and their adolescent reduces the risk of drug use in adolescence (Davis & Spillman, 2011).

Parental support is another factor that protects adolescent and youth against risky behavior such as substance abuse. Evidence shows that adolescent from more cohesive families are less likely to consume alcohol or other illicit substances (Gryczynski & Ward, 2011). Offspring of substance abusing fathers are at high increased risk for developing a substance use disorder when compare to children whose parent did not abuse substances, as such parent where considered to be a measure in reducing substance abuse. Therefore, parents should set a warm and friendly atmosphere at home so that their children can feel easy to cooperate with them and take their advice on risky behavior such as substance abuse, (Tarter, Schultz, Kirisci, & Dunn, 2008).

The parental style is considered to be a factor that can has an influence on the children. Permissive parental style was found to be a contributing factor the individual's attraction to substances and to the ultimate abuse thereof, as such drug and alcohol become their comfort, there confident and their motivator. Therefore, parents are consider to be a measure in reducing substance abuse among youth (Kizhakumpurath, 2012).

2.4.5 Law enforcement

Enforcement of laws, rules and regulation for the control in drugs supply will help to control drugs and substance abuse among the youth. Despite the efforts of Nigerian National Drug Law Enforcement Agency (NDLEA) and other governmental agencies such as the National Agency for Food Drugs Administration and Control that

are to stem the tide of substance abuse in Nigeria, there has been a consistent rapid rise in the number of cases of drug and substance abuse among young people (ages 10- 24) in Nigeria (Abdu-Raheem, 2013). Improper law, political influence, corruption and bribery are some of the factors that hinder the effectiveness of the law on drugs and drugs related cases. Proper and effective law against drug trafficking will reduce the menace of drug and substance abuse. The welfare of Law Enforcement Agencies should be improved to reduce the problem of bribery and corruption by law enforcement agents. In addition, more avenues of counselling and bailing drug offenders should be provided by the NDLEA and Police (Siro, 2014).

In summary, the literature reviewed shows that extensive studies have been done on substance abuse, including Africa and Nigeria in particular.

Nevertheless, available literature suggests that few studies have been done to explore the perceptions of youth on substance abuse in Nigeria and none in Gawon Nama area of Sokoto, Sokoto State. The available literature suggests that there is a wide gap on the perception of the youth on the substances they abuse all over the world including Nigeria.

Since, very few studies have been done in Nigeria and none in Gawon Nama area of Sokoto on the perceptions of the youth on the substances they abuse. Therefore, this study seeks to explore the perceptions of the youth on the substances they abuse in Gawon Nama area of Sokoto.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter provides a detailed description of the research methodology that was used for this study. This includes the research design, research setting, population of the study, inclusion and exclusion criteria, sample size, sampling technique, method of data collection, procedure for gathering data, data management, data analysis, methodological rigor and ethical consideration.

3.1 Research design

An exploratory descriptive qualitative design was used for this study. This design is appropriate for areas where little has been reported and that is the reason that motivated the researcher to explore the perception of the youth on substance abuse.

Also, a qualitative approach allows the researcher to use a naturalistic method to gain in-depth understanding on perceptions of the youth on substance abuse. Accordingly, this study employed qualitative techniques in both the collection and analysis of the data (Field & Morse, 1985).

3.2 Research setting

The research was conducted in Gawon Nama area, Sokoto, Sokoto state, Nigeria. Nigeria is a country located in the West Coast of Africa; lying 5⁰ North Equator and between 3⁰ and 4⁰ East of the Greenwich Meridian. Nigeria operates a federal system of Government with three levels; the Federal, the state and the local government Areas or Council (LGAs). Nigeria is made up of thirty six (36) states, with

Abuja being the Federal Capital Territory (FCT). Nigeria has seven hundred and seventy four local government areas or council.

Sokoto is one of the thirty six (36) states of the Federal Republic of Nigeria. It is a city, located in the extreme north-western part of Nigeria, near the confluence of the Sokoto and Rima rivers. The state has a land mass area of about 32,000 Sqkm with a total population of 4,427,760 according to 2006 Census. It is the modern day capital city of Sokoto state which lies to the north western part of the country and shares common borders with the Niger Republic to the North, Kebbi state to the south-west and Zamfara state to the East. Sokoto is the seat of the caliphate: The capital of the Nigerian Muslim leader; the Sultan of Sokoto.

Sokoto town is made up of four Local Government Areas of Sokoto state: Sokoto North, Sokoto South, Wamakko and Dange-Shuni.

Sokoto has one teaching hospital which is the Usmanu Danfodiyo University Teaching Hospital, Sokoto (UDUTHS), one specialist hospital, one orthopedic hospital, two women and children's hospitals and several private hospitals as well as Primary Health Centres. The UDUTHS is the only hospital that has a section for clients with mental health problems including substance abuse; hence Federal Neuro-Psychiatric hospital Kware, (PNSHK) is the main referral Centre, for all clients with mental health problems including substance abuse and it has a rehabilitation centre for substance abuse. The federal Neuro-Psychiatric Hospital is located in Kware. Kware is one of the twenty three (23) local government areas in Sokoto state and the hospital is about 18 kilometers away from Sokoto city.

Sokoto has several areas such as Mabera, Kanwuri, Gawon-Nama, Farfaru, Dange, Shuni, Lowcost, Old-Airport, etc. for this study; the data was collected in Gawon Nama area.



Figure 3.1: Map of Nigeria showing Sokoto State

3.3 Target population

The target populations for this study were youth who abuse substances but do not have obvious signs of psychosis in Gawo Nama area of Sokoto, Sokoto state, Nigeria. Psychosis is the term used to describe a state of mind in which the individual experiences a distortion or loss of contact with reality, without clouding of consciousness. Psychotic state is characterized by the presence of delusion, hallucination, and thought blunting with loss of motivation. Other features of psychotic state include depression, anxiety, sleep disturbance, social withdrawal and impaired

role functioning. An Individual who is not in a psychotic state is expected to have a sufficient remission of his mental capacity, to render him capable of making a will or a business transaction or knowing the difference between right and wrong; that is when all the symptoms of euphoria have abated and the individual can now function and think like any other person (Gogtay & Tom, 2012).

3.4 Inclusion criteria

Participants were youth between the ages of 18-30 years who abuse one form of substance or the other, were residing in Sokoto and were not in psychotic state. Participants who could speak and understand Hausa (Nigerian local dialect and the most popular medium of communication in the state) and English were selected because the researcher could speak and understand these languages. Participants who were confirmed not to be in psychotic state by the community psychiatric nurse at the Gawon Nama area, Sokoto, were included in the study.

3.5 Exclusion criteria

The researcher excluded youth who indulged in substance abuse but were not residing in Sokoto or were aggressive. Youth who could not speak Hausa or and English were not recruited for this study. Youth below the age of 18 and above the age of 30 years were also excluded from this study.

3.6 Sampling technique and sampling size

Purposive and snowball sampling techniques were used to select the participants from Gawon Nama area, Sokoto. Purposive sampling is a non-probability

sampling method in which the researcher selects the study participants on the basis of personal judgment, about which ones will be the most appropriate to generate the required data. While snowball sampling technique is used to get the participants who are normally difficult to access (Fossey, Harvey, McDermott, & Davidson, 2002). As a result, the researcher with the help of the community psychiatric nurse identified one participant who then helped in recruiting other participants.

The recruitment of the participant was done by the researcher with the assistance of a community psychiatric nurse at Gawon Nama area, Sokoto. This was after thorough explanation regarding the study was given and the youth who were not in psychotic state had been identified by the community psychiatric nurse.

3.7 Sample size

In qualitative studies the focus is on the quality of the information obtained from the participants rather than the size of the sample (MacDougall & Fudge, 2001). Twelve (12) youth were recruited in this study with the anticipation that the data will saturate with this number.

3.8 Data gathering tool

Semi-structured interview guide (Appendix B) using an audio recorder and field notes were utilized to collect the data. An in-depth interview was conducted with each participant, using open ended interview questions and following a topical semi-structured interview guide. The interview guide was developed based on the study objectives and the literature reviewed, with the goal of keeping the interview both comprehensive and focused. The interview guide was divided into two sections; section

A and section B. Section A comprised of the demographic data of the participants and section B comprised of semi-structured questions which guided the researcher to explore the perception the youth on substance abuse. The interview guide was reviewed by the study supervisors who have experience in qualitative research.

3.9 Data collection procedure

Ethical approval was sought from the Institutional Review Board of Noguchi Memorial Institute for Medical Research (Appendix C), University of Ghana. An introductory letter was obtained from the School of Nursing, (see Appendix D) University of Ghana, to the district head of the area. Permission was sort from the district head of the study area. In-depth interview was used to collect the data. The rationale for using in-depth interview was to give the participants the opportunity to describe their perceptions in their own words (MacDougall & Fudge, 2001). Furthermore, this method of data collection guided the participants in answering questions and helped to bring out the description of their perceptions. Field notes were written during and immediately after the interview sessions to serve as an aid to enrich the data collected. Each interview lasted for about 30-45 minutes. Probing questions were asked to follow up on participants' comments. During the interviews, the participants were encouraged to talk freely and were allowed to express their perceptions without interruption. They were only interrupted when it became necessary to redirect their attention to focus on the subject being investigated.

The interviews were audio taped and later transcribed in English, verbatim. Interviews conducted in Hausa were also translated in English. The transcript was discussed with an expert in Hausa to ensure accuracy of the translation. Back translation was not done because of the financial and time constraints of this study. A

participant was approached by the researcher through the community psychiatric nurse at the Gawon Nama area. The participant was asked if he or she would be willing to participate in the study and once the person agreed, participation was considered. The information sheet was used to explain the study to the participant in simple terms to enhance understanding. Once the youth agreed to participate in the study, he was asked if he had any questions for clarification. Once all questions and concerns were addressed, the consent form (see Appendix A) was given to the participant to sign or thumb print.

In addition, field notes, including non-verbal responses, place and time of interview, occurrences, personal thoughts and reflections, as well as key comments, were written after the interview so as to confirm or cross check the results of the study. Patton, (2002) noted that the field notes assist in developing subsequent interview questions, deciding future setting for the study and making theoretical sampling decisions. Field notes also guide the researcher to ask relevant questions and particularly assist to validate the information being gathered to make it credible and trustworthy.

3.10 Data analysis

Thorne, (2008) advocates that, the researcher adopts a flexible approach to the analysis of data, one that is inductive in nature and in keeping with the naturalist approach. In this study, data was analyzed using a content analysis as described by Mayan, (2001). This technique is inductive as the categories and themes will emerge out of the data rather than being imposed prior to the collection and analysis of the data (Patton, 2002). This method was appropriate for the study because it helped the

researcher to discover the meaning of specific groups of data and ideas within the context of all the data (Mayan, 2001).

Also, content analysis of the individual participant's in-depth interview was used to achieve all the objectives of the study.

In this study, data was analyzed to identify the main themes and sub-themes within the narratives given by the participants. The analysis began once the first interview was conducted and continued throughout the data gathering process. Following the completion of each interview, the researcher would then transcribe the tape recordings. Each written transcript was read several times, while listening to the corresponding audio tape to ensure the accuracy of the transcribed tape. This helped for better and overall understanding of each participant's experience. In addition, the transcripts were given to the supervisors to ensure integrity of the transcription. Important phrases, sentences or paragraphs were highlighted and assigned a label or code; this process was repeated until all the data was coded. The coded passages were then compared and codes that had common elements were grouped to form major themes and sub-themes. These themes and their supporting passages were continuously revised during the process of going through the transcripts. Every data was scrutinized to ascertain its suitability within the assigned theme. The themes were compared with each other and this helped to identify the relationships among the themes which were used to describe the perception of the youth on substance abuse.

3.11 Data management

The data collected for this study consisted of recordings of the interviews, and the field notes. The audio recordings were downloaded on the researcher's personal

computer and were also saved on an MP3 player as a backup. After every interview the audio was translated to English and transcribed verbatim by typing directly on the researcher's laptop using Microsoft word. The audio recorded interview was played back to cross check the typed transcripts for any errors or omissions, and these were then corrected. Each interview was labeled with the participant's interview number as a pseudonym and was saved with a password in a folder that was opened in Microsoft word on the researcher's personal computer. Extra hard copies were made and kept in a safe to avoid loss. A soft copy was saved on the pen drive and on a CD to serve as backup; this was kept in a safe for verification.

The transcripts were printed and filed and kept in a different cabinet with the field notes; information sheets and consent forms should be in a different in a properly labeled file. The researcher was assigned an identification number to each participant's file for easy identification. The researcher used uppercase alphabets MP to represent male participants, which were numbered 1- 12 to represent the interviews. Therefore a label M P1 indicated that the participant who was interviewed was the first male participant. MP2 indicated that the second participant was a male and so on. The labeled files and codes given to participants allowed for easy access to the information provided by each participant during the analysis of the data.

3.12 Methodological Rigour

Rigour is also called trustworthiness. Trustworthiness is an important consideration in evaluating findings of the qualitative research. It is an indicator of the extent to which the study was conducted rigourously. A rigour in qualitative study should satisfy the following criteria; credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985).

In this study, **credibility** was achieved by conducting a pilot interview which was presented to the supervisory team in order to critique the quality of the interview and determine the adequacy of the researcher's interview questions and skills. All potential and inherent biases, feelings, personal beliefs and values about the researcher were identified. This was done to recognize and minimize personal judgment. All documents, field notes and diaries were discussed with the supervisors.

Transferability in qualitative research refers to the extent to which the reader is able to transfer the findings of the study to other similar settings. In this study, a direct quote from the participants and description of the setting in which the phenomenon occurred was described so as to allow application to similar contexts.

Dependability refers to the audit trail which is a systematic collection and documentation of the decision trail that will be used by the researcher such as the use of field notes, coding process, use of diaries and journals.

Confirmability refers to the objectivity of the data, such that two or more independent people will agree with the data's relevance or meaning (Pilot & Beck, 2004). To achieve confirmability, an audit trail involving compiled records such as field notes, audio recordings, analysis notes, coding details, pilot study, survey instrument in this study were developed in order to allow an independent auditor to be able to come to a conclusion about the data.

3.13 Ethical considerations

Concern for the protection of the participants from any adverse effect that may result from their participation in the study was addressed. Ethical clearance was obtained from the Institutional Review Board (IRB) of the Noguchi Memorial Institute

for Medical Research (NMIMR), University of Ghana, Legon, prior to recruitment of the participants. After obtaining the ethical approval an introductory letter was obtained and request for permission was also obtained from the school of Nursing to the district head of the study area.

Participants were provided with clear information on the information sheet and consent form on the purpose of the study (see Appendix A). The consent was explained in the best understandable language (Hausa) to the participants. Voluntary and confidential nature of the study was emphasized. The interview was conducted at a place and time that was convenient to the participants. Privacy was ensured during the interview. Confidentiality was ensured by using code numbers in place of participants' names during collection and analysis of data and only the researcher had access to information about how names were matched with the codes. Typed transcripts and signed consent forms were stored in a cabinet separated from each other to ensure backup. The audiotaped transcripts and the consent forms were kept for at least five years. Finally, only the researcher and the supervisory committee had access to the tape recording and the transcripts.

CHAPTER FOUR

ANALYSIS OF FINDINGS

4.0 Introduction

This chapter presents the findings of the study in Gawon Nama area of Sokoto, Sokoto State, Nigeria. The main purpose of the study was to explore the perceptions of the youth on the substances they abuse in Sokoto. The analysis aimed to answer the research questions; to what extent does the youth understand substance abuse in Sokoto? What are the perceived factors that lead to substance abuse among the youth in Sokoto? What are the perceived effects of substance abuse among the youth in Sokoto? And what are the perceived measures in reducing substance abuse among the youth in Sokoto? Following the analysis of data collected from the twelve youth interviewed, a number of themes and their corresponding sub-themes emerged (see a table of themes- appendix E). In the ensuing sections, the sample characteristics are presented first, followed by the themes and subthemes that were developed to answer the research questions.

4.1 Demographic Characteristics of the Participants

The characteristic of the sample obtained included the youths who were not in a psychotic state. Interviewees were between the ages of 18-30 years old. One (1) out of the twelve had a national certificate of education and three (3) had primary education and the remaining nine (9) had secondary school education. Only four (4) participants were not working and eight (8) were working, out of which two (2) were motor mechanics, one (1) was a businessman who sells cloth and the other one (1) was a watchman whilst the other two (2) were primary school teachers in a private and public primary school each. One (1) was working at an international airport in Sokoto. Half of

the participants were single whilst the other half were married. Two (2) out of the married participants had children. All the participants were males and Muslim by religion. All the participants were interviewed in Hausa because they understood the language better and preferred to be interviewed in Hausa. All the participants were living in Gawon Nama area of Sokoto, Sokoto state, Nigeria.

Themes that emerged

The analysis was done in line with the research objectives. Themes and subthemes were developed to help answer the research questions. Issues raised were in line with the objectives and were supported with respondent's views which are indicated in italics. The sub-themes that emerged under the concept of substance abuse included; meaning of substance abuse, substances abused, frequency of substance usage, duration of abuse, sources of substances, prices of substances, and places where substances were stored or hidden. Also, sub-themes that were discussed under the causes or reasons for abuse of substances included: peer pressure, energy booster, imitation and curiosity, political influence, cognitive enhancement, and coping with stress. Again, subthemes developed under the effects of abuse were physical, social and psychological factors. Lastly; enlightenment and education, job provision, religious measure, parental monitoring and law enforcement were considered subthemes under perceived measures for controlling substance abuse.

The themes and their corresponding sub-themes were:

- a. **Perceived concept of substance abuse.**
 - Meaning of substance abuse
 - Substances abused
 - Frequency of substance usage

- Duration of abuse
- Sources of substances
- Prices of substances
- Places where substances are stored or hidden

b. Perceived causes of abuse

- Peer pressure
- Energy booster
- Imitation and curiosity
- Political influence
- Cognitive enhancement
- Coping with stress.

c. Perceived Effects of abuse

- Physical factors
- Social factors
- Psychological factors.

d. Perceived control measures

- Enlightenment and education
- Job provision
- Religious measures
- Parental monitoring
- Law enforcement

4.2 Perceived Concept of Substance Abuse

This theme described understanding of the youth on substance abuse. It is one of the major themes identified in exploring the youth's perception on substance abuse.

The theme comprises of the following sub-themes:

4.2.1 Meaning of Substance Abuse

Among the respondents who were interviewed, it was found that; substance abuse was a habit of drinking or sniffing certain substances to alter one's mood. Furthermore, substances abused often made youths forget their worries and suppressed their problems.

“Substance abuse is a habit that the youth, mostly involve themselves... using something that will alter their mood. They will either drink or sniff it to change their mood.”(MP1)

Similarly, participants understood substance abuse to be a habit of using something to forget the worries.

“Substance abuse is a habit whereby a person will use something that will make him forget his worries or annoyance.. Once you have such a problem and you take these substances, then you will get relieved and get rid of what worries you. So once you use them you will feel cool... like nothing worries you” (MP2)

Moreover, substance abuse was perceived as substances that change the mental state of an individual. Thus, substances changed the attitude expected by the society:

“Substance abuse entails anything that when taken, it will make you to get out of your senses, that you can do something out of your senses.... things that you don't know that you have done or you are doing, that is substance abuse”. (MP4)

Another participant confirmed that substance abuse was excessive use of substances that leads to change in psychological state of an individual.

“What I mean here is when you take too much of these substances, you will be out of your senses; that you cannot be aware of what is going on, so that is substance abuse”. (MP10)

Some participants also introduced change in present state such as talking, walking and urination as perceived meaning of substance abuse:

“Substance abuse is the use of anything by the youth to get out of their senses or make them to change their present state. It changes one`s present state in terms of the energy level, the way you think, the way you walk, the way you talk, anything in your body can change including when you urinate. The frequency of urination will increase”. (MP3)

A respondent emphasized that substance abuse as anything taken to change the way you think and behave.

“Substance abuse is when you take something or anything that will change your thinking, change the way you behave or the way you were before you took the substance”. (MP4)

Respondents also defined substance abuse as taking anything that lead to change in mood;

“What I understand by substance abuse is anything that a person drinks or takes that lead to change in his mood or change the way he feels or behaves”. (MP7)

4.2.2 Substances Abused

Substances that were usually abused included; Indian hemp or marijuana (locally called “yarmadam, Wiwi or Daga”), tramadol (50mg, 120mg and 100mg), rubber solutions or glue (glue often used by mechanics) and sniff, cough syrup

(benylin, codeine, totlyn, coghplyn and exiplon) . Others also included, Exol, Diazepam (diazer D10 and D5), Refenol, Roche 540, “guana”, “peppersoup” (which is the combination of many substances) secret charge (fumes from the pit latrine), Lipton, Nescafe, passion, and Niger tea.

“The substances abused are many, but I only know and use some of them. There is Indian hemp, which is also called marijuana, and also there is a solution, rubber solution used by mechanizers, we use to sniff it so that it will alter our mood. There is D5 which is Diazepam, which is a tablet we take. There is also codeine, used to cure cough but it has a sedative effect, it sedates very well”. (MP6)

“Yes we have tablet like Exol, Codeine, Benylin, D5, also like Roche and Diaza”(MP4)

“I only know Wiwi, Valium, Diazer and Roche. These are the ones that I know and I used them all. All these are being abused here, yes, they are being abused especially among us, and I mean the youth”. (MP9)

In addition, it was found that, local substances abused included; “Babba-jijji”, “Gwana”, “Brukutu” and “suya” as narrated by respondents 4, 12 and 3 as follows; “Babba-jijji” which is a herb we take after soaking it in the water “Gwano”, “Brukutu” and “suya”. (MP4)

“We also use “gwano”, we also take codeine, and also cocaine, and... also... even sometimes we use “babba-jijji”, which is a herb we soak into water and then take, so as to charge our body. Yes. As of gwano, burkutu and babba-jiji they are found here locally, most of them were produced here”. (MP12)

We also have the local ones like “babba-jiji” and “gwano”. (MP3)

Again, it was added that cocaine and alcohol were also abused. However, it was revealed that there are two types of alcohol; locally produced gins from grains and the ones sealed in bottles. It was found that the locally produced ones had strong sedative

effects. Contrary that, cocaine, which is sniffed, was not common in the study area because it is costly and could be afforded by only the affluent in the society:

“We have alcohol and cocaine but the alcohol is of two types, there is one in a bottle and there is another one that is usually produced from local grains and is called “Brukutu” it is produced here locally and seriously sedates. There is also cocaine, which is being sniffed, although it is not common here, not readily available and is costly; only rich people can afford it”. (MP1)

Notwithstanding, the study revealed that among the substances that were used, marijuana was often and commonly abused as compared to other substances. Reasons were that, marijuana was less costly and can be afforded by all including the unemployed. Friends found it easy to buy for their colleagues.

“If I don’t have the money you know I am not working, I use to go and meet my friends and get something to take especially the marijuana. Yes, marijuana is not costly so we can afford it. (MP2)

However, alcohol is also least abused owing to legal sanctions that have been placed on both its sales and drinking in Sokoto communities of Nigeria. Also due to religious prohibition as Islam abhors alcohol intake and as such it less patronized in Sokoto community.

“Yes, alcohol charges our body very well.... ehm, we use to take it but our religion prohibits alcohol consumption.... yes, in our environment alcohol is very difficult to get, and it was because of our religion”. (MP8)

“Is because it is forbidden by our religion, Islam prohibit alcohol consumption”. (MP6)

“For alcohol it is very difficult to get because of the Islamic law that prohibits the selling and the consumption of the alcohol in our environment”. (MP8)

4.2.3 Frequency of Substance Usage

Further deliberation also unveiled the frequency of abused of substances among the youth. It was found that, some people abused substances almost every day.

However, it was disclosed that, the number of times substances were abused per day was based on the availability of the substances and one's financial resources:

“Eh, for now I take every day, and sometimes it depends on the availability of these substances, if I have the money I take it up to four to five times in a day, and if I don't have the money is less than that”. (MP2)

Participants explained the periods of the day they engages in illicit substances:

“In a day, I will take it in the morning so that I will be calm, then when it is around three o'clock I will take it again, after that I will also take it at bedtime so as to relieve myself from all pressure and to enhance sleep. So i take it three times in a day. But mostly we smoke at night”. (MP8)

Similarly, respondent three added that he used it at least two to three times a day but sometimes he can even take more than that:

“I use it every day, at least two to three times a day, sometimes it depends, it can be more than that”. (MP12)

Some respondents took it once a day:

“If I smoke it once in a day I am ok. That is for me, I don't know for others because it depends on the individual, some can take more than that.” (MP6)

4.2.4 Duration of Abuse

Also, the study suggested the number of years the youth started engaging in substance abuse. It was revealed that, some started taking substances from primary school the number of years was twenty:

“It has been long, I think it is up to fifteen years I have been abusing substances”. (MP6)

“Yes, I think it’s been long, it’s for long time I started using substances. That is 2004 when I was about 16- 17 years old”. (MP5)

“It is almost twenty years now”. (MP7)

However, it was revealed that some the youth could not remember the number of years they started taking substances.

“Honestly... I can’t remember the years now, it has been long time since I started using substances”. (MP2)

4.2.5 Sources of Substances

Also, the study enquired about the source of substances abused by respondents. It was revealed that the youth acquired the substances by buying from the dealers in the vicinity and there were specific places where they were sold:

“There are specific places where we usually buy the substances. ...those that sell the substances to us are mostly found at some corners and junctions that are known only to the customers. Even the big dealers know us and they can sell to us without any fear because they know us very well”. (MP2)

Respondents emphasized that they usually buy the substances, because they were not given to them freely:

“Nothing is free in this country, so don’t think we get it free, we buy it. There are many places where Marijuana is sold in our environment, it is common everywhere. I don’t know where the dealers get it, but I am sure they import it from somewhere since we are not producing or cultivating it here”. (MP8)

Also, some substances such as tramadol were sold in the provision shops. Respondent three said:

“Tramadol is very common to buy. It’s being sold in the provision shops and in the medicine store”. (MP3)

4.2.6 Prices of Substances

Also, the study revealed the prices of the substances that were abused. It was uncovered that the price depended on the nature of the substance, its measure or quantity and quality. However, generally, it ranged from 50 to 200 Naira:

“Marijuana is sold at 50 or 100 Naira per measure sometimes even 200 Naira depending on the type either it is original or not. You can take one measure at a time, and one measure is like the size of a cigarette stick”. (MP4)

Respondent five added some drugs are sold at 150 Naira per tablet:

“It is a drug that i used, tramadol. There were different types with different prices. The one I used was sold at 150 Naira per tablet there are smaller ones which cost less”. (MP5)

“Three tablets of Tramadol are sold for 20 Naira”. (MP3)

However, it was revealed that the ability to bring more customers will make the person to have commission, bonuses or sometimes get free supplies. Respondent seven said;

“Initially I use to buy it, but now I am a regular customer, they give it to me free, because I bring customers for them”. (MP7)

4.2.7 Places where Substances are Stored or Hidden

The study revealed places where substance abused among the youths in Sokoto were stored. It was found that due to legal sanctions on the sale and usage of illicit substances, abusers often bought enough for their consumption at a time. However, it

was found that some substance users stored excess in their shoes, under their belt, inside wrist watches, or wrapped with pieces of cloth and stored in the pockets. Others carried illicit substances in closed food flasks.

“Hmm so we use to keep the substances inside our shoes, under our belt or sometimes you will see us with a wrist watch, it looks like a watch but it is not, we use to keep them there. We also use some cloth to wrap it and put it in our pocket”.

(MP1)

“Ey, yes, like those drugs we use to keep them in our shoes and under our belt and sometimes inside our cloth. You know, sometimes we even keep them in a closed food flask, and you may think is food we are carrying. This is because of security personnel; we do not want to be embarrassed when we are caught”. **(MP2)**

“Some of us buy only the amount we can finish at least per day or at a time. For me, I don't buy much I buy the one I can smoke at a time; and I keep it in my pocket”.

(MP4)

“Some keep it in their pocket, but it is very dangerous; I mean is not safe because you will be caught by the security, such as the police”. **(MP3)**

“We have something that looks like a watch but is not a watch. Even security personnel cannot detect that. We have another dealer that used to bring it to us from the south. So he can put it inside the car tyre or even inside the fuel tank of the car”.

(MP2)

Again, it was revealed that some abusers also dig holes and bury the substances while others whose family were aware of their status send them home. Respondent four said:

“For me I used to dig a hole and bury it in. But some can even take it home and their family will not expose them. These are for only those whose family members like your wife know that you are using substances”. **(MP4)**

4.3 Perceived Causes of Abuse

The study explored the causes of substance abuse among the youth in Sokoto. It was found that peer pressure, family conflict, political influence, ability to boost energy, thinking process, curiosity, coping with the stress influenced youths to abuse substances.

4.3.1 Peer Pressure

The study revealed that friends or peers had an influence on the use of illicit substances. Majority of the participants explained that they were influenced into substance abuse by their peers:

“It is when I was with one of my friends who abuses substances.... One day there was misunderstanding between me and my parent... I then left my father’s house because I was annoyed. So, when I went out I met my friend..... He then asked me to follow him and he told me that if I want to get rid of this, there is something I can do. He will give me something that will make me forget and get relief of this situation I then agreed that I will take it.... He brought out marijuana and gave me to smoke...he insisted, finally he convinced me with words, and smoked it and since then, I have been smoking it”. (MP3)

It was found that, the relationship between peers who abused substances and those who did not abuse substance were terminated. This implies that all friends of substance abusers were also abusers:

“All my friends abuse substances, those that are not abusing substances are no more my friends.... All my friends abuse substances because if you are not abusing substances, then you are not my friend. A friend influenced me into substance abuse and I influenced others too to join”. (MP1)

Similarly, participant number three explained how he was influenced by friends into this menace:

“The thing that made me to start abusing substances was my friend, when I was in primary school; I had some friends who abused substances, so one day I went out with them, and they told me that I was still a village boy. So I asked them why? One of them answered that because I don’t use substances. I then told him that I was not a village boy, so he asked me to prove that, and I said how? He then brought out a cigarette and asked me to smoke and I did, after some days again we went out and they gave me marijuana”. (MP2)

“Yes, my friends in the school....but I also want to belong, I want to join my friends”. (MP9)

“My friends influenced me into it, even though I resisted for a long time, but later I joined them....My friends are the reasons why I am taking it, if not because of my friends I would not have gotten involved into substance abuse,So, most people abuse substances because they are influenced or even forced to do that by their friends”. (MP5)

4.3.2 Energy Booster

Furthermore, it was revealed that, one of the reasons for engaging in substance abuse was to boost ones energy level. This helped them to carry out their schedules without much difficulty:

“We have those that take substances to go on errandsI used substances so as to gain the required energy for me to work. That is the reason why I am using drugs. The drug will enable me to work so as to earn a living..... it also helps me to get relieved. Whenever I work and I don’t get tired easily it means I have used” (MP6)

“For the Tramadol it makes me feel strong, whenever I take it, I will be so strong. So, whenever I feel weak in my body, I must take it. And the highest I will take is like four, five sometimes six tablets”. (MP12)

“Some people take it so that they will feel normal, that is, they will feel so strong...”

“It makes me to be so strong, I feel so strong whenever I smoke Marijuana. Once I feel weak, I will smoke it and that is all, the weakness will go” (MP4)

Apart from boosting the energy, others could eat better and felt stronger:

“It helps to boost my energy and also to eat better, so if I smoke marijuana it will make me to eat well while tramadol makes me to work hard. The only thing is that if I didn't take tramadol, I will not be as strong as compared to when I took it. Sometimes I feel weak if I don't take it”. (MP5)

It was revealed that indulgence in illicit substances affects one's work. Respondents said:

“I can still do my work, but not as good and perfect as the way I will work when I smoke it. So that is why I have to smoke it so that I can do my work well”. (MP8)

“Yes, it makes me feel so strong. If I take some I can work hard and I will not be tired....those that make me to be strong are different, like Tramadol when I take it, it will boost my energy... and it will make me strong. So a work I can do within one hour, I can do it within....Just like thirty minute if I take the tramadol”. (MP10)

4.3.3 Imitation and Curiosity

Again, it was found that the youth abused substances due to curiosity or to imitate others. The study revealed that, the youth in the study area wanting to know how other people felt when they took the substances of which they later become addicted. Respondents said:

“Ok, what made me start using these substances was that, where I stay, that is where we normally sit especially in the evening, almost everybody who use to sit there was smoking marijuana. So, all the youth were smoking and I have been sitting there

for some time, till one day when I asked myself how do they feel if they smoke? So I wanted to find out, how they felt and that is how I got into smoking". (MP3)

"I started smoking marijuana because I saw others smoking, I learned smoking marijuana by going where people use to smoke it, when they were smoking they do not finish everything, so they will throw some away, so I then park the remaining and smoke. That is how I learned smoking". (MP4)

It was reported that some youth got into substance abuse because they saw their parent abusing substances:

"Some of us are abusing drugs because we saw others abusing drugs, if a child saw or observed that his father or any other family member is taking substances, he tries to imitate. For example, some youth are smoking cigarette because they saw their parents smoking and they imitated using stick, from there they become smokers. My friend was smoking because of that. He learned how to smoke by imitating his father". (MP5)

Respondent six said, most of the times he smoked whenever he saw others smoking:

"Most of the time I smoke whenever I see other people smoking". (MP6)

4.3.4 Political Influence

The study also revealed that; politics and politicians influenced the youth to abuse substances. It was revealed that during campaigns, some politicians supply illicit substances to the youth as a bait to win their votes. It was found that, the practice persists for long and abusers do not even remember the last time they used their own money to buy the drugs:

"Yes political leaders, especially when it is voting year. They are the ones that make us to abuse substances, and they do give us these substances. I have forgotten the last time I used my money to buy these substances. They either give us the drugs or give us money to buy the drugs". (MP2)

Respondent seven claimed that politicians encouraged them by buying the substances for them:

“The politicians were also to be blamed, as they are the ones that even encourage us to use it as they even buy it for us”. (MP7)

4.3.5 Cognitive Enhancement

It was found that some youth abused certain substances with the aim to help them concentrate, think and remember things easily. It was revealed that students often abuse some substances particularly marijuana to enable them remember all what they read during examination. Respondents four and eight explained:

“When I smoke it, maybe because I have an assignment or an exam to write at school, it makes me to think and write my exam very well, because it will help increase my thinking and make me write my exam very well and pass. So it helps you to retained and remember whatever you read. That is one of the reason I smoke marijuana”.

(MP4)

“I have been smoking since when I was a small boy, so our teacher observes and begin to wonder, that whenever a chapter of the Quran was written to me I will finished it on the same day, unlike my other colleagues. So this was one of the reasons why I smoke marijuana, because it makes me to concentrate and also read very well”. (MP8)

Respondent six also confirmed that it helped him in his studies at school:

“It was when we were in the school, and it helped me in my studies. Because when I smoke marijuana, it makes me to study well and it enhanced my understanding. No matter how difficult the subject was, when I smoke, it will make me understand”.

(MP6)

4.3.6 Coping with Stress

Again, it was found that, one of the perceived reasons for indulgence in substance abuse was to cope with stress. It was revealed that when the youth were pressurised or

annoyed, they took some substances to enable them cope and feel better. Respondents number two and four narrated this as follows;

“Ehhh, another reason that make me abuse substances was, whenever someone annoyed me or I am under any stress or pressure, I will get relieved when I drink cough syrup or smoke marijuana, it makes me forget whatever is worrying me. It makes me feel better”. (MP2)

“Whenever I am not happy, maybe somebody annoyed me, the only thing I can do is to get one of the substances such as Diazepam and take, it will make me to sleep and before I wake up all my worries are gone, So that was the reason why I am using diazepam”. (MP4)

Respondent nine emphasised this by saying he used substances so as to get rid of any challenging circumstances he found himself in:

“I use some when I am not happy, sometimes this life is challenging and I have to use some of these substances so as to get rid of some circumstances that I find myself. Sometimes one can find himself in a difficult condition like you lost something very important, the only thing you can do to cope is to use these substances. They help me to cope with any stressful situation”. (MP9)

4.4 Perceived Effects of Abuse

The study also explored the perceived effects of substance abuse in Sokoto. There were three sub-themes that emerged which were; physical, social, and psychological effects.

4.4.1 Physical Effects

It was found that substance abuse causes cough and vomiting mostly at the beginning making one feel as if he is dying. Respondents one and two explained this as follows;

“I coughed seriously when I smoked it for the first time, as if I was dying. That day I was afraid. My friend then asked me to smoke again and I refused. He said it was because I did not smoke it well that is why I was coughing, but once I smoke it again, I will not cough as I can see he is not coughing. I then smoked for the second time and I vomited throughout the day. But I did not stop”. (MP1)

“Yeah, substances had many effects on me,I was coughing and vomiting”. (MP2)

Again it was found that substance abuse caused headaches, body pains, dizziness, dry mouth, loss of weight, reddish and protruded eyes.

“Abusing substances also causes headaches, body pains, dizziness, serious coughs and loss of weight, despite the fact that, it will make you eat much”. (MP11)

Others reported that, substances made them to sleep for more than thirteen hours and also caused weakness.

“Some of the substances also caused weakness, so I felt very weak when I used some drugs and that made me feel lazy. It also had a sedative effect and when I take substances like codeine I will sleep continuously for 13 hours or more”. (MP8)

Respondent five also expressed that substance abuse caused tachycardia and coughing. He said:

“It affects my heart, if I take some substances like Tramadol my heart beat faster than the way it was. Substances also cause coughing so it affects my lungs as well. It also affects your mouth as it makes my mouth to become dark”. (MP5)

Also, it was found that after being addicted to the substances, a period of non-usage was associated with weakness, malaise, sickness, and drowsiness while its usage made one feel very strong and normal (withdrawal syndrome). A respondent explained that:

“So many things happen, If I don’t use the substances, I will feel weakness and malaise, I can’t do anything. But if I use them, I will become so strong that I can do anything. Also, if I did not use them, I will feel as if I was sick, I will become drowsy, but once I took it I will become normal, I feel normal”. (MP4)

4.4.2 Social Effects

The study revealed the social effects of substance abuse. It was found that involvement in illicit substances cause strained relationship among families and friends, lack of involvement in decision making among family members, difficulties in getting married, loss of libido, violence and stealing. Participant number one and eight narrated how substance abuse affects their relationships as follows:

“Before, I had a good cordial relationship with people, but now, because I am involved in substance abuse my relationship is only with those that abuse substances. I only respect those that abuse substances. Also, before my family involved me in decision making, but now I am isolated. My parents don’t pay my school fees anymore, because of this behaviour... All my family members don’t respect me, including my younger ones”. (MP1)

“It affected my relationship with my friends and family, because all those that use to advise me to stop using these substances are no more my friends. So substance abuse had affected my relationship with my friends and family members. Even though, they are telling me the truth”. (MP8)

Beside these, it was found that substance abuse causes strain relationship between the opposite sex and made some youths find it difficult to get married. Respondent two and nine narrates:

“I am not married; abusing substances affected my relationship with some girls that I intended to marry. Any lady I propose to, people will go and say bad things about me, that I am abusing substances...hmm that has affected me seriously”. (MP2)

“As you can see me, I want to marry, but where ever I go, people will say that I am a drunkard, ... Even if I went to look for a girl to marry people will be saying that I am a substance abuser. I am getting to thirty years, but I am still single”. (MP9)

It was also found that some substance made married youth to have decrease in libido and affected their relationship with their partners. Respondent four and seven who were married expressed that:

“It depends on the individual; if I smoke marijuana it makes me to lose interest in sex with my wife. I will just go to my house and sleep; even if my wife needs sex she will not get it at that time and that have affected my relationship with her”. (MP7)

“Yes, it affects my sexual desire, whenever I smoke marijuana, it is not possible for me to have sex with my girlfriend that night, because marijuana makes me think too much and lose interest in sex and affects our relationships as well”. (MP4)

Substance abuse also made the youth to involve themselves in violence and stealing from the neighbourhood and their families:

“...abusing substances has made me to be involved in bad behaviours such as violence and stealing, if I don't have money to buy, I steal my parent's money to buy the drugs. Hmmm, when I have the urge to use these drugs I can do anything to get them and this has affected not only me but to the whole society”. (MP1)

“It makes most of us involve in stealing people's properties, especially those that use to take the solution (glue); it misleads us to steal. So some of these substances make you to assume that people don't see you and you go and steal someone's property with the belief that people cannot see you”. (MP4)

4.4.3 Psychological Effects

The study found that engagement in substance abuse causes psychological effects from sedation, mood change, to mental illness. Respondents twelve and four narrated this as follows:

“It affects my mood, and everybody knows that marijuana will make you a madman, you will become a mad person, and then they will take you to “Kware”, where they normally send mad people ...It also had a sedative effect on me. It makes me go out of my senses, and I involve in violence”. (MP12)

“Yes, it affects our mood, when I take the substances I become drowsy, I will be talking slowly also. I have double vision. They alter my mood. And all these are not expected from a normal individual who did not use substances” (MP4)

Also, the study revealed that stopping substance abuse causes withdrawal syndrome and made users uncomfortable, sad and they felt as if they were sick or dying.

Respondent three intimated that:

“Yes, I am used to it, now if I don't take substances I feel as if I am not happy, I will feel uncomfortable. I will even be sick whenever I try to quit. I don't even know how to describe what I feel whenever I try to stop using the drugs. This is what everybody will tell you, I will not feel happy. I feel weak, to the extent that I can't do anything, even to walk is a problem. Also, if I don't take it, I will feel like I am sick, I will be so upset, I will become so lazy”. (MP3)

Again, it was found that some youth had illusion and hallucinations due to substances abuse. Respondent six and four shared their plight and they said:

“It changes my vision, it makes me see things differently, I will see a car, but it looks like a motorbike with me, I can also see an elderly man but will appear like a small boy to me. It is when the drug has stopped working in my body that I am back to my senses again. That is when I can realize what has happened”. (MP4)

“Initially, when I started smoking substances, I used to hear some sounds, some noise that I can't explain their source, it seemed as if the sounds were coming from heaven, I will hear it above my head. Substances also made me laugh unnecessary. All these things have stopped with time, now I feel normal”. (MP6)

4.5 Perceived Control Measures

Another major theme on the perceptions of the youths on substance abuse was perceived control measures. A number of sub-themes were identified, such as education or enlightenment, job provision, religious measures, mass media, parental mentoring or control, and enforcement of laws. These were plausible perceived control measures to curb the menace of substance abuse.

4.5.1 Enlightenment and Education

The study brought to bear that education can be useful in enlightening youths who abuse substances to stop. It was recommended that the family, particularly parents, and the government should involve themselves in sensitizing people on the effects of substance abuse.

“The first way is by education and enlightenment. The second way is the involvement of parents, which is by calling on the parents to train their children well, because good parental upbringing is a measure that can help reduce our numbers. After that also, the government can help in the enlightenment and provide a strong law that will prohibit the sale and consumption of these substances. Actually, these can help to control substances abuse”. (MP1)

“Ways of reducing substance abuse include educating and enlighten the youth on the dangers involved in abusing substances. Also the government should involve youths into enlightenment campaign against drugs. (MP2)

It was found that formal education is a very helpful measure in controlling substance abuse and those who have acquired formal education hardly engage in substance abuse since they know the effects of the substance abused. Participant twelve narrates:

“Those that are educated are hardly involved in substance abuse. They are less likely to be involved. Those that know the effects of substance abuse are less likely to be involved. So, education and enlightenment campaigns could help”. (MP12)

Respondents also suggested ways in which the education and enlightenment should be conducted. Mass media such as radio, television can be used to educate and enlighten the youth. Respondent six explained that:

“The Government should also enlighten the youth on the effects and dangers of substance abuse. Mass media such as radio, television and newspaper could help to educate the youth on the effects of abusing substances, and benefits of abstaining from abusing substances. All these can help in the control of substance abuse”. (MP6)

Respondent three endorsed that if the youth are aware of the dangers involved in substance abuse through education and enlightenment, then the menace of substance abuse can be reduced or controlled:

“If we were aware of the dangers involved in substance abuse, we will not have allowed ourselves into the act. Most of the youth were not aware of the dangers involved. Most of the youth were not educated or enlightened on the consequences of indulging in substance abuse. These could be the reasons why they were abusing the substances. (MP3)

4.5.2 Job Provision

The study exposed that one of the reasons of the youth engagement in substance abuse was lack of employment. Thus, it was suggested that provision of job opportunities for the youth so as to absorb them and made them productive, will help curb the menace of substance abuse. It was found that since the youth did not have any work doing, they engaged in all sorts of vices, particularly substance abuse so that they can feel normal.

“Most of the us who abused substances are those who are unemployed, they are youth like me, I don't have any work to do, so what do you expect?..... It is because we don't have work to do. If I had work to do, I won't have time to waste. Employment will

totally change this habit of substance abuse, and if you promise me work today I will stop it today, yes I will". (MP1)

"You know some of us used these substances because of stress, and this stress is unemployment related. So, provision of jobs or other skills acquisition programmes like training us on some skills such as tailoring, carpentry, mechanics and many of them can help prevent, reduce or even control youth indulgence to substance abuse". (MP5)

Also some politicians gave money for the youth to attack opponents after abusing substances. A respondent related this to unemployment and believed that provision of jobs or having money to start a business will eradicate substance abuse among the youth.

"The government can help, by providing job opportunity, to the youth. If the government provides employment for the youth, the problem of politicians using the youth will be solved. They will not give us these substances to go and attack their opponent for political reasons. So once we have work we will no longer abuse substances. If I have work to do, I will not have time for all this. They can also give us money to start a business". (MP12)

4.5.3 Religious measures

It was suggested that religious leaders can make strides in the reduction or eradication of substance abuse. The religious leaders should incorporate topics on substance abuse in their sermons and also preach to children and the youth in places such as schools and mosques:

"Yes, religious leaders can help in reducing substance abuse. I can even say they are in a better position of controlling substance abuse. Because in Nigeria, especially the northern part of Nigeria, we highly respect our religious leaders, both Muslims and Christians. In the mosque or in the church, whatever we are advised to do by our religious leaders we do it and what we are asked not to do we abstain from it. So we take their advice and respect them very well". (MP3)

“The religious leaders can help in controlling substance abuse. They can include substance abuse issues in their sermon and preaching sessions. They can also preach to the youth in schools and mosque”. (MP2)

Respondent three described how religion can be helpful in controlling substance abuse. He stated that the holy Quran prohibits substances such as Alcohol.

“Islamic religion prohibited the selling and consumption of substances such as alcohol. It is totally prohibited by Allah in the holy Quran: It is a great sin for any Muslim to take Alcohol. So on this note; I think religious leaders can help by telling us or reminding us, that taking these substances is totally prohibited according to the teaching of Islam”. (MP7)

Others believed that, religious leaders can help in controlling substance abuse through preaching and prayers:

“Honestly, religious leaders can help pray for us. They can also preach on the dangers involved in substance abuse, and this will make the youth not to be involved and those who are involved will quit”. (MP5)

4.5.4 Parental monitoring

The study found that proper parental upbringing and monitoring can help reduce substance abuse. Participants thought that, parents are supposed to monitor their children, the type of friends they have and visit their schools to check on them. That is to say, parents should invest time to know their children.

“Parents can help but if the child can abide by what his parent ordered him to do or not to do. You know the youth; some listen to their parents’ advice while others don’t. If parents can stick to their words at home, they will help direct their children to a better life. The parent can help by monitoring their children’s behaviour through

proper parental upbringing and advice. You have to know the type of friends your child have. You need to know when and where the child goes.... You can even go to their school and ask about the child". (MP5)

"Parents can help to caution and advise their children, they are the first to detect any change of behaviour. As a father you need to monitor your child. You have to get time and listen to your children, advice, guide and monitor them as well. So it is important to monitor your children as a father or mother so as to find any change in their behaviour or change in friends. All this will help to control or reduce substance abuse" (MP11)

4.5.5 Law enforcement

It was found that legislation on substance abuse should be enforced by existing agencies like the National Drug Law Enforcement Agency (NDLEA). However, it was suggested that instead of arresting those who are engaged in substance abuse, those who sell the substances should rather be arrested to solve the problem from the source. Once sellers are dealt with, buying will no more be a problem and engagement will be lost. Respondent seven said:

"There is a law, but it cannot prevent the youth from abusing substances, it can only reduce it. But I am advising the government to arrest those who sell substances, because we cannot produce those substances and once we cannot see these substances to buy, we will stop taking them, but once they are available we will always use them". (MP7)

It was suggested that the government should strengthen the laws on importation of illicit substances from the source countries. Respondents six suggested that:

"The government should block the entire route through which those substances are imported; because they are not produced here, but are imported mostly from the southern part of the country, even though the dealers will not tell you the exact place where the substances are transported from. I am 100% in support of banning even the cigarette companies in Nigeria". (MP6)

Death penalty was suggested for those who import substances.

“The government can control substance abuse by imposing death penalty on the culprits, so any body is caught in the production or importation of these substances into the country should be sentenced to death. I mean whoever is caught should be sentenced to death without favour”. (MP11)

It was also reported that the law can help only if the government arrest the main suppliers of these substances and ensure that those that are arrested are jailed:

“If the government wants to stop or control substance abuse, they should sentence those that are involved as I am sure the government knows these big dealers. But they will be caught today, and released tomorrow; the highest they can stay in jail is one day”. (MP8)

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0 Introduction

This chapter presents the discussion of findings of the study. The study aimed at exploring the perception of the youth on substance abuse at the Gawon Nama area of Sokoto, Sokoto state, Nigeria. Various perceptions that the participants had towards substances abuse were critically examined after conducting twelve in-depth interviews.

The participants provided narratives regarding their perceptions on the substances they abused. The findings of this study revealed four major themes which are discussed.

These major themes are: Perceived concept of substance abuse, Perceived causes of abuse, Perceived effects of abuse and Perceived control measures. Discussions of findings in this study have been done in relation to previous studies.

5.1 Perception of the Concept of Substance Abuse

One of the major findings of this study that accounted for youth's perception on substance abuse was their understanding on the concept of substance abuse. Their perceptions under the concept of substance abuse included; meaning of substance abuse, substances abused, frequency of substance usage, duration of abuse and sources of substances.

Perceived Meaning of substance abuse was one of the concepts on youth understanding on substance abuse. Participants perceived Substance abuse as a habit of drinking or sniffing certain substances for mood alteration. This is consistency with the definition of substance abuse by Hardy and Qureshi, (2012), who defined substance abuse as pattern of harmful use of any substance for mood-altering purposes.

Participants also viewed substance abuse as taking too much of substances that cause

change in psychological state of an individual. This is also consistent with the definition of Olley (2007) that substance abuse is taking or drinking such as alcohol in excess of accepted social standards. Similarly, participants also perceived that substance abuse change their present state in terms of energy level, thinking ability, feeling, walking, the way they talk, and one's entire behaviour or attitude to internal processes such as frequency of urination. This assertion is in line with WHO (2014), definition on substance abuse since the elements associated with mood changes are either behavioural, cognitive, or physiological phenomena.

The substances found to be abused in this study included; Marijuana or Indian helmp, Diazepam, cough syrup, alcohol, tramadol and cocaine. This agrees with previous report (Al-Haqwi, 2010; Ekpenyong, 2012; Ahmed, 2012; Adamson, Onifade and Ogunwale, 2010). In this study, Marijuana was found to be the most commonly abused substance. This finding supports previous study in the northern Nigeria (Ahmed, 2012). However, it contradicts the findings of previous studies in southern Nigeria (Ekpenyong, 2012) and in Riyadh, Saudi Arabia (Al-Haqwi, 2010) where alcohol was found to be the most commonly abused substance. The reason could be due to the fact that Sokoto is an Islamic dominated area that banned the selling and consumption of alcohol (Ahmed, 2012; Dankani, 2012; Jibril et al., 2008). This is not always the case, since Saudi Arabia was also an Islamic dominated area that banned the selling and consumption of alcohol, but still alcohol was found to be the most commonly abused substance (Al-Haqwi, 2010). Therefore, other factors such as availability and affordability need to be considered. It was also found that Cocaine was the least abused substance and the reason was that; cocaine is not commonly available and its costs made it unaffordable by the youth. This assertion is confirmed by Jibril, et

al. (2008), and Van Ours and Williams (2007), who found that; the most frequently abused substances are the cheapest and most readily available in the environment. This study also found that the youth started abusing substances at the age of 16-17 years. This is in line with the findings of Gangi and Darling (2012), where they found that, most of the youths begin to use substances before the age of 15 years. Previous studies show that the youth use substances on daily basis and take marijuana at least once daily (Gangi & Darling, 2012; Janichek & Reiman, 2012). This is similar to this study, where majority of the youth were identified to use substances at least two to three times daily. Also, the findings of this study in relation to the duration of abusing substances was that; the youth were found to have been abusing substances for a longer duration of up to twenty years. Others indicated that they could not remember how long they had been abusing substances. The finding is similar to the study by Oshikoyi and Ali (2006), who reported that, majority (76.3%) have been abusing substances for 5 years and above. However, the finding contradicts the findings by Dankani (2012), who reported that Majority of the respondents (60%) have been taking the cough syrup for a period of 3-5 years.

It was also revealed that the youth acquired substances by buying them from the dealers' shops in their locality and others obtained the substances from specific places where they were sold. It was revealed that, natives do not manufacture illicit substances, but were imported from the southern communities and bought from designated Ghettos in the community. The findings are similar to previous studies by Dankani (2012) in northern Nigeria and Oshikoyi and Ali (2006) in southern Nigeria. For instance, Oshikoyi and Ali (2006), reported that, majority (55.3%) of the participants sourced the substances from chemist/shop in the community.

Also, the study found that, due to legal sanctions on the sale and usage of some of the substances; abusers often buy enough for their consumption and store or keep excess in their shoes, under their belt, inside wrist watches, wrapping them with pieces of cloth, in their pockets and at home. For security purposes, those who import or transport substances to the north from the southern parts of Nigeria, hide the substances in food flask, car tyres, and fuel tanks so as to swerve security. These findings seems to be an addition to the existing literature since there seems to be paucity of literature in this area of storage of excess substances.

5.2 Perceived Causes of substance Abuse

It was found that; family conflict, peer pressure, the desire to boost energy, imitation or curiosity, political influence, desire to improve thinking capacity and adaptation to stress were the causes or reasons for substance abuse among the youth in Sokoto. Various studies also affirm these findings.

Peer pressure was found to be the most influential factor of substance abuse in this study. This finding support previous studies in northern Nigeria (Mohammad, 2014; Ahmed, 2012; Dankani, 2012; Jibril et al. 2008), southern part of Nigeria (Okwaraji, Ebigbo & Akpala, 2009; Yusuf, 2010; Yusuf, 2013), in India (Gaidhane et al., 2008) and in Saudi Arabia (Al-Haqwi, 2010). Therefore, it is very possible that peer group had a strong influence on substance abuse than parents (Yusuf, 2013). Based on the finding of this study, it was concluded that majority of the youth were abusing substances due to pressure from their peers. However, peers had strong influence on the youth's indulgence in substance abuse. The peers used certain reasons or words to convince their friends to abuse substances. One of the reasons given was that the substances were used as energy boosters (Terry-McElrath et al., 2009). In

contrast to the finding of this study, a study in the same northern Nigeria (Kano) found that majority of the respondents (61.2%) abuse substances due to political influence (Siro, 2014).

Another finding of this study regarding imitation and curiosity as a perceived cause or reason of the youth's indulgence in substances abuse agrees with the findings of previous reports (Gopiram & Kishore, 2014; Racz, 2008; Ahmed, 2012; Myers, 2013). In this study, the youth abused substances because they had heard that substances such as marijuana and cigarette can be fun, or make a person feel and act differently. As such, they were curious to find out what people felt when they smoked (Oshikoyi & Ali, 2006). The study also found that the youth abused substance because they saw their parent or other family members abusing substances. This is consistent with the findings of Myers (2013), who reported that the youth tend to imitate what they see their parents or other family members do. By implication, family is a primary institution of socialization, as such the youth are expected to imitate most of what they see their family members such as the parents do, both good and bad behaviour (Gopiram & Kishore, 2014; Ahmed, 2012). Although, the youth whose parent were not abusing substances, were found to be abusing substances, imitation and curiosity was observed to be a factor that influenced the youth to abuse substances.

This study also found that politics and politicians also influenced the youth to abuse substances. During political campaigns, some politicians supply illicit substances to the youth as a bait to win their vote and or to attack their opponents. These findings reflect the findings by Salaam (2011) and Siro (2014). For example, Salaam (2011), found that, majority of the youth in Kano metropolis (Nigeria) abuse substances due to political influence and politicians give the youth campaign vests, money and substances such as marijuana so as to serve as guards and provide security for them against their

political opponents. The politicians also influence the youth to abuse substances by providing them, the substances and also pay them for such services rendered (Siro, 2014). This practice has gone on for some time such that users of illicit substances did not remember the last time they used their own money to buy the substances. The supply of these substances to the communities is particularly high during election years.

Moreover, enhancement of cognition was another factor that influenced the youth to abuse substances. This study found that the youth who did not prepare adequately for examinations used the substances to enable them recollect all that they were taught so as to pass their examinations. This finding support previous studies (Franke et al., 2011; Franke et al., 2014; Franke, Lieb, & Hildt, 2012; Herman-Stahl, Krebs, Kroutil, & Heller, 2007; Holloway & Bennett, 2012; Pustovrh & Mali, 2014; Schelle et al., 2015) who found that substances were abused with the intension to boost cognition. Although, majority of these studies were conducted in an education setting such as colleges and universities, it is possible for the respondents to abuse substance for enhancing cognition than for other purposes. However, this finding contradicts the report of Yusuf (2013), who found that involvement in substance abuse lead to poor academic performance.

This study also found that, one of the perceived reasons for indulgence in substance abuse was to cope with stress. The finding support the previous findings of (Oshodi et al., 2010), Puljević and Learmonth (2014), Ahmed (2012), Gonzales, et al.(2012), Yusuf, (2010) and Al-Haqwi, (2010). This study found that the youth who were pressurized or annoyed, used substances as a coping mechanizing or strategy with the aim to cope with the stress and feel better. This is in line with the findings of Oshodi et al.(2010), who found that majority of the students in selected secondary schools in Surulere, Lagos were abusing substances with the aim of coping with stress.

5.3 Perceived Effects of substance Abuse

This study assessed the perceptions of the youth on the effects that substance abuse has on them. When assessing the effects of substance abuse among the youth in Sokoto, it was found that there were physical, social and psychological dimensions of effects of substance abuse as mentioned by previous authors Yusuf (2013), Affinnih (2012), Jibril et al. (2008), Edward (2014), Adewuyi (2013), Mohammad (2014), Salaam (2011), Ahmed (2012), Gaidhane et al. (2008), Floyd and Latier (2009) and Siro (2014).

This study found that substance abuse had physical effects such as coughing, Tachycardia, vomiting, headache, body pains, dizziness, polyphagia, and loss of weight. These findings are congruent with that of Affinnih (2012) and Edwards (2014). Also, this study found that, after being addicted to a substance, a period of non-usage is associated with weakness, malaise, sickness, and drowsiness. This is similar to the findings of Edwards (2014), who reported that substance abuse causes withdrawal symptoms. Although, the researcher related this to only alcohol withdrawal, many respondents of this study experienced similar effect with other substances such as marijuana and tramadol.

Again, it was found in this study that, substance abuse causes psychological effects ranging from alteration of mood to mental illness depending on the type of substance used. In this study, substances such as Marijuana had psychological effects such as mood change, hallucination and illusion. These findings are similar to the findings of previous studies by Edwards (2014) and Tracy (2014) who reported that psychological effects of substance abuse were severe depression or suicidal thoughts, aggression, irritability, selfishness and hopelessness. This study also found that lack of pleasure from previously enjoyed substance which led to increase in dosage or amount

of the substances and an increasing, intense desire to use the substance. This finding concurs with the findings of previous studies (Gaidhane et al., 2008; Tracy, 2014). For instance, Gaidhane et al.(2008), stated in his definition of substance abuse, that is an increasing, intense desire to use the drug.

Moreover, this study found that substance abuse had social effects on the youth who abused substances, and social effect was found to be problematic. Reasons were that, the involvement in illicit substances caused strained relationship with families and friends, lack of involvement in decision making, difficulty in getting married, stealing and violence. The most common social effects of substance abuse found in this study was youth's strained relationships with their parent, family members and friends of both genders. This study found that the youth who were married tend to have problem with their partners due to lack of desire for sexual intercourse. This finding goes contrary to previous studies by (Floyd & Latimer, 2009; Parkes et al., 2007) who found that the youth tend to have problem with their girlfriends or boyfriends due to high demand for sexual intercourse and this is due to high sexual desire manifested by the youth who abuse substances such as alcohol and marijuana. Also, poor relationship with other people was found to be another effect of substance abuse among the youth. This finding is in line with the study by Ekpenyong (2012). However, this study did not explore the specific substances that caused the decrease in the libido. As such further study to explore the association of substance abuse and sexual desire. Violence was another social effect found in this study. The findings resonate with previous quantitative studies by Yusuf (2010) and Siro (2014) but contradict findings of Mohammad (2014). Another social effect of substance abuse found in this study was stealing. The study found that the youth who did not have money to buy the substances

were compelled to steal which started from home to the community. This finding is supported by the findings of a previous study by Yusuf (2013).

5.4 Perceived Control Measures

Findings on the perceived control measures or ways in which substance abuse can be prevented, reduced or controlled were discussed based on the following: education and enlightenment, job provision, religious measures, parental monitoring and law enforcement.

Educating and enlightening the youth who were abusing or not abusing substances was found to be a measure in the prevention, reduction or controlling the menace of substance abuse among the youth. This study found that sensitization campaigns involving the family particularly the parents on the effects of substance abuse could help in controlling youth indulgence in substances abuse. This was based on the fact that the youth whose parents were not educated or aware of the effects of substance abuse has a higher rate of indulgence in substance abuse than those youth whose parents are educated on substance abuse (Jibril et al., 2008; Ekpenyong, 2012). In this study, mass media involved the use of Radio and television and it was suggested that these media can be used to educate on substance abuse. This is in line with previous studies by Dray et al. (2012) and Werb et al. (2011). Other mass media mentioned by a few participants were Newspapers, magazine and the use of internet. The use of these could be restricted at Sokoto because of illiteracy level or lack of education. Also, this study found that organizing educational programmes on substance abuse prevention such as in schools, mosque and churches as a means of educating and enlightening the community on the dangers or effects of abusing substances could help

in preventing youth indulgence in substance abuse. This finding is in line with the previous studies by Sloboda et al. (2009) and Ekpenyong (2012).

Unemployment was found to be a predisposing factor for substances abuse (Kurtz, 2013; White, 2014; Ajufo, 2013; Gascon & Spiller, 2009; Thornton & Deitz-Allyn, 2010). This was the basis of the assertion that provision of job opportunities could help in the prevention, reduction and control of substance abuse among the youth (Affinnih, 2012). In this study, half of the respondents were unemployed and their indulgence in substance abuse could be unemployment related. There is a strong relationship between problems with unemployment and substance abuse in both low income countries such as Ghana and higher income countries such as United State (Thornton and Deitz-Allyn, 2010; Affinnim, 2012). This study inferred that if youth are employed, they may not engage in abusing substances, as such, job provision was considered to be a measure for reducing or controlling substance abuse. Similar finding was reported by Ajufo (2013), that the high rate of unemployment among the youth in Nigeria has contributed to the high rate of poverty, insecurity and substance abuse in the country.

Moreover, this study found that religion and religious leaders could make strides in the reduction or eradication of substance abuse among the youth. In this study, it was found that religious leaders could help in preventing, reducing or eradicating substance abuse among the youth by preaching and incorporation of topics on substance abuse in their sermons in mosques or churches as reported by other studies (Ahmed, 2012; Dankani, 2012; Jibril et al., 2008; Hodge et al., 2011). This study also found that, some of the substances that were prohibited by religion were less abused by the youth in those communities such as alcohol. This finding is congruent with that of Ahmed (2012), Dankani (2012) and Jibril et al. (2008).

Proper parental upbringing can help reduce substance abuse as indicated by Ahmed (2012). In this study, parents were supposed to monitor their children on the type of friends they had and also visit their schools to check on them. However, Ahmed (2012) reported parental role on discouraging their children not to indulge in substance abuse. This study also found that, parent should invest time to monitor and know their children as emphasised by Luyckx et al. (2011) and Branstetter and Furman (2013) who claimed that parental monitoring has influence on adolescents' alcohol use. Furthermore, this study found that a strong parent-child relationship help parents to identify any change in the child's behaviour such as indulgence to substances abuse and could also help prevent the menace of substance abuse as supported by Davis and Spillman (2011). Even though this study did not support the findings of the studies by Bertrand et al.(2013), Branstetter and Furman (2013) and Karine (2013) who reported that substance abuse can be suppressed through demonstration of affection and love by parents, it supports their assertion on parents interest in the children's activities and friends.

Moreover, in this study, law enforcement was found to be effective only if those that sold the substance could be arrested and prosecuted instead of arresting the abusers. This assertion was made by the majority of the respondents based on the fact that the drug dealers were encouraging the use of these substances by making them available in the community. The youth could only use the substances because they were made available to them by the drug dealers. This finding is contrary to the findings of previous studies (Abdu-Raheem, 2013; Siro, 2014), but in support of their findings on the factors that hinder the effectiveness of law such as bribery and corruption. In summary, the most commonly abused substance was Marijuana, while the least abused was cocaine and the reasons were affordability and availability. Alcohol was

not commonly abused due to religious prohibition. In this study, impaired relationships and violence were the effects of substance abuse that mostly affected the youth in Sokoto. Finally, most of the respondents agreed that job provision, enlightenment and education could help control substance abuse.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This chapter presents the summary of the study, implications, limitations of the study, conclusion and recommendations based on the findings of the study.

6.1 Summary

The study explored the perceptions of the youth on the substances they abused in Gawon Nama area of Sokoto, Sokoto state, Nigeria. The objectives of the study were to explore the understanding of the youth on substance abuse in Sokoto, to explore the perceived causes of substance abuse among youth in Sokoto, to explore the perceived effects of substances abuse among the youth in Sokoto, and to explore the perceived control measures in reducing substance abuse among the youth in Sokoto. The study adopted a qualitative exploratory design to achieve the objectives. Twelve youth between the ages 18 to 30 years were recruited using snowball and purposive sampling methods. Semi-structured interview guide was used to interview the respondents after obtaining an informed consent. Data was analyzed using the principles of content analysis. Ethical approval was obtained and anonymity was ensured.

The findings of this study revealed that the most commonly abused substance was Marijuana and the least abused was cocaine, the reasons were availability and cost of the substances. Alcohol was not commonly abused due to religious prohibition. Other substances that were abused included both imported and locally produced substances such as brukutu, “bappa-jijji” and “gwana”. In this study, physical, psychological and social effects were identified amongst which relationships and violence affected most of the youth who abused substances in Sokoto. Also, law

enforcement and parental monitoring were perceived measures in prevention, reduction and control of youth indulgence in substance abuse. However, most of the respondents agreed that job provision, enlightenment and education could be the best measures in controlling substance abuse in Sokoto.

6.2 Implications for Nursing Practice

The research has revealed that the youth have good understanding of substance abuse. This study found that education and enlightenment were the best measures in controlling substance abuse among the youth. As such, the entire health personnel especially the nurses who are the front liners and in continuous contact with the youth in any health care setting need to educate and enlighten the youth on the effects and dangers of indulgence in substance abuse. In addition, competent nurses such as psychiatric nurses who have the techniques and principles of health education should be available in the community so as to educate the youth about substance abuse.

6.3 Implications for Nursing Education

This study found that there was knowledge and awareness gap on substances abuse among the youth. The nurse educators need to provide more emphasis on teaching substance abuse to the nurses in order to meet the health information demands of the public. Also, nurse educators need to teach nurses how to disseminate awareness on the effect of substance abuse to the youth.

6.4 Implication for Future Research

One of the reliable approaches to acquisition of valid and reliable knowledge for evidence based practice is research. As such, every nurse especially the psychiatric nurse need to be research minded in identifying the major concern of the youth who are the future bedrock of every society. The psychiatric nurse can concurrently conduct either or both qualitative and quantitative studies to find out other factors in respect to the causes, effects and control measures of substance abuse among either or both youth and adults who do not abuse substances. Also, more quantitative studies involving a more representative sample of the population are needed to assist in determining factors that contribute to the causes, effect or control measures of substance abuse among youth.

6.5 Limitations

The main limitation of this study is generalizability. However, this is the inherent nature of a qualitative study design since the study participants are selected by the investigators ‘purposefully’ and all the participants were males. Hence the views expressed are those of the participants and may not necessarily reflect the views held by every youth who abuse substances in the area. But, to get as many diverse views as possible, participants were selected from different areas in Gawon Nama. So, there may not be significantly different views unreported, since the saturation of data was also ensured.

6.6 Conclusion

In conclusion, the youth expressed a positive understanding of substance abuse. This study found that there were various forms of substances that were abused by the

youth in Sokoto. Among which Marijuana was commonly abused while cocaine was the least abused, the reason was affordability and availability. Alcohol was not commonly abused due to its religious prohibition by Islamic law in Sokoto. Therefore, it was highly recommended that further studies can be carried out on substance abuse among other segments of the society such as the adult in order to find out factors in respect to the causes, effects and control measures. Also, since the study was limited to only Gawon Nama area Sokoto, future research should be expanded to cover the whole of Sokoto state or even northern Nigeria so as to be able to generalize these findings

6.7 Recommendation

Base on the findings of this study, the following recommendations are proposed to the government and non-governmental organizations (NGOs), parent, law enforcement agencies, media, nurses and researchers.

6.7.1. To the Government and NGOs

1. The Government and non-governmental organizations should provide job oppurtunities for the youth.
2. The Government and non-governmental organizations should sponsor public health educational programmes on substances abuse using mass media and individual contact.
3. The non-governmental organizations should support programmes on substance abuse.
4. The Government and non-governmental organizations should involve religious leaders in programmes on substance abuse.
5. The Government should direct both public and private secondary school to consider substance abuse while developing curriculum.

6. The government should improve the welfare of the law enforcement agencies such as National Drug Law Enforcement Agency (NDLEA) and National Agency for Food Drugs Administration and Control (NAFDAC) and their agent so as to reduce the problem of bribe collection by the personnel.

6.7.2 To the law agencies

1. The NAFDAC and NDLEA should embark on grassroots awareness and sensitization campaign to the public on the risks and effects of substance abuse.
2. The government should strengthen the law that banned the selling and consumption of substances similar to the Islamic law that banned the selling and consumption of alcohol in Sokoto.
3. There should be stiffer penalty for those that contravene the prohibited drug laws.
4. The law enforcement agencies should give proper orientation programme for its personnel and sanction those who engage in substance abuse transactions. This is because if the gatekeepers are compromising, then the whole process of drug prohibition and enforcement of the law become a mere facade.

6.7.3. To the parent

1. The parents should monitor the kind of friends their children interact with and advise them.
2. Parents who abuse substances should be discrete, to avoid negative influence on their children. The parents should endeavor to stop this negative practise .

6.7.4. To the media

1. The media organizations should allocate airtime for health educational programmes on substance abuse.
2. The media should collaborate with the NAFDAC and NDLEA in the awareness and sensitization campaign on the dangers and effects of substance abuse.
3. The media should subsidize their charges for health educational programmes including substance abuse.

6.7.5 To the nurses

1. Nurses should intensify their efforts in health educating the youth on substance abuse.

REFERENCES

- Abdu-Raheem, B. O. (2013). Sociological Factors To Drug Abuse And The Effects On Secondary School Students' Academic Performance In Ekiti And Ondo States, Nigeria. *Contemporary Issues In Education Research*, 6(2), 233–240.
- Adamson, T. ., Onifade, P. ., & Ogunwale, A. (2010). Trends in socio-demographic and drug abuse variables in patients with alcohol and drug use disorders in a Nigerian treatment facility. *West African Journal of Medicine*, 29(1), 12–18.
- Adewuyi, T. . (2013). Age and Peer Influence on Substance Abuse among Undergraduates. *Ife Psychologia*. Retrieved from <http://www.readperiodicals.com/201309/3093273921.html>
- Affinnih, Y. H. (2012). A Preliminary Study of Drug Abuse and Its Mental Health and Health Consequences Among Addicts in Greater Accra, Ghana. *Journal of Psychoactive Drugs*, 31(4), 395–403.
<http://doi.org/10.1080/02791072.1999.10471769>
- Ahmadi, J., Tabatabaee, F., & Gozin, Z. (2006). Physical Trauma and Substance Abuse. *Journal of Addictive Diseases*, 25(1), 51–63.
http://doi.org/10.1300/J069v25n01_08
- Ahmed, A. M. (2012). Substance Abuse Among Undergraduate Student of Usmadu Danfodiyo University, Sokoto. *Sokoto Journal of the Social Sciences*, 2(1), 136–147.
- Ajufo, B. . (2013). Challenges of Youth Unemployment in Nigeria: Effective Career Guidance as a Panacea. *African Research Review*, 7(1), 307–321.
- Al-Haqwi, A. I. (2010). Perception among medical students in Riyadh, Saudi Arabia, regarding alcohol and substance abuse in the community: a cross-sectional survey. *Substance Abuse Treatment, Prevention, and Policy*, 5(2).

- Aliyu, F. A. (2014, August 21). Drug abuse and Nigerian youths. Retrieved October 12, 2014, from <http://www.dailytrust.com.ng/daily/education/32238-drug-abuse-and-nigerian-youths>
- Bertrand, K., Richer, I., Brunelle, N., Beaudoin, I., Lemieux, A., & Ménard, J.-M. (2013). Substance Abuse Treatment for Adolescents: How are Family Factors Related to Substance Use Change? *Journal of Psychoactive Drugs*, *45*(1), 28–38. <http://doi.org/10.1080/02791072.2013.763560>
- Branstetter, S. A., & Furman, W. (2013). Buffering Effect of Parental Monitoring Knowledge and Parent-Adolescent Relationships on Consequences of Adolescent Substance Use. *Journal of Child and Family Studies*, *22*(2), 192–198. <http://doi.org/10.1007/s10826-012-9568-2>
- Buddy, T. (2014). What's the Difference Between Substance Use and Abuse? Retrieved October 29, 2014, from <http://alcoholism.about.com/cs/drugs/a/aa030425a.htm>
- Cheung, C.-K., & Yeung, J. W.-K. (2007). Self-reflected causes of substance abuse among Hong Kong young addicts. *Vulnerable Children and Youth Studies*, *2*(1), 17–31. <http://doi.org/10.1080/17450120701214103>
- Dankani, I. . (2012). Abuse of cough syrups: A new trend in drug abuse in Northwestern Nigerian states of Kano, Sokoto, Katsina, Zamfara and Kebbi. *International Journal of Physical and Social Sciences*, *2*(8), 199–213.
- Davis, S. J., & Spillman, S. (2011). Reasons for drug abstinence: A study of drug use and resilience. *Journal of Psychoactive Drugs*, *43*(1), 14–19.
- Dray, A., Perez, P., Moore, D., Dietze, P., Bammer, G., Jenkinson, R., ... Maher, L. (2012). Are drug detection dogs and mass-media campaigns likely to be effective policy responses to psychostimulant use and related harm? Results

- from an agent-based simulation model. *International Journal of Drug Policy*, 23(2), 148–153. <http://doi.org/10.1016/j.drugpo.2011.05.018>
- Edwards, R. D. (2014). Drug Abuse Symptoms, Causes, Treatment - What are the physical and psychological effects of drug abuse and addiction? Retrieved November 4, 2014, from http://www.medicinenet.com/drug_abuse/article.htm
- Ekpenyong, S. N. (2012). Drug Abuse in Nigerian Schools: A Study of Selected Secondary Institutions in Bayelsa State, South-South, Nigeria. *International Journal of Scientific Research in Education*, 5(3), 260–268.
- Faggiano, F., Vigna-Taglianti, F., Burkhart, G., Bohrn, K., Cuomo, L., Gregori, D., ... Galanti, M. R. (2010). The effectiveness of a school-based substance abuse prevention program: 18-Month follow-up of the EU-Dap cluster randomized controlled trial. *Drug and Alcohol Dependence*, 108(1–2), 56–64. <http://doi.org/10.1016/j.drugalcdep.2009.11.018>
- Field, P. ., & Morse, J. . (1985). *Nursing Research. The application of qualitative approach* (1st ed.). RocckVille, M.D.: Aspen puglication.
- Floyd, L. J., & Latimer, W. (2009). Adolescent Sexual Behaviors at Varying Levels of Substance Use Frequency. *Journal of Child & Adolescent Substance Abuse*, 19(1), 66–77. <http://doi.org/10.1080/10678280903400701>
- Fossey, E., Harvey, C., McDermott, F., & Davidson, L. (2002). Understanding and evaluating qualitative research . Australian & New Zealand Journal of psychiatry. *Australian & New Zealand Journal of Psychiatry*, 6(6), 717–732.
- Franke, A. G., Bagusat, C., McFarlane, C., Tassone-Steiger, T., Kneist, W., & Lieb, K. (2014). The Use of Caffeinated Substances by Surgeons for Cognitive Enhancement. *Annals of Surgery*. <http://doi.org/10.1097/SLA.0000000000000830>

- Franke, A. G., Christmann, M., Bonertz, C., Fellgiebel, A., Huss, M., & Lieb, K. (2011). Use of coffee, caffeinated drinks and caffeine tablets for cognitive enhancement in pupils and students in Germany. *Pharmacopsychiatry*, *44*(7), 331–338. <http://doi.org/10.1055/s-0031-1286347>
- Franke, A. G., Lieb, K., & Hildt, E. (2012). What users think about the differences between caffeine and illicit/prescription stimulants for cognitive enhancement. *PloS One*, *7*(6), e40047. <http://doi.org/10.1371/journal.pone.0040047>
- Gaidhane, A. M., Syed Zahiruddin, Q., Waghmare, L., Shanbhag, S., Zodpey, S., & Joharapurkar, S. R. (2008a). Substance abuse among street children in Mumbai. *Vulnerable Children and Youth Studies*, *3*(1), 42–51. <http://doi.org/10.1080/17450120701843166>
- Gaidhane, A. M., Syed Zahiruddin, Q., Waghmare, L., Shanbhag, S., Zodpey, S., & Joharapurkar, S. R. (2008b). Substance abuse among street children in Mumbai. *Vulnerable Children and Youth Studies*, *3*(1), 42–51. <http://doi.org/10.1080/17450120701843166>
- Gangi, J., & Darling, C. A. (2012). Adolescent Substance-Use Frequency Following Self-Help Group Attendance and Outpatient Substance Abuse Treatment. *Journal of Child & Adolescent Substance Abuse*, *21*(4), 293–309. <http://doi.org/10.1080/1067828X.2012.702937>
- Gascon, D. J., & Spiller, H. A. (2009). Relationship of Unemployment Rate and Rate of Opiate Exposure in Kentucky. *Journal of Psychoactive Drugs*, *41*(1), 99–102. <http://doi.org/10.1080/02791072.2009.10400679>
- Gogtay, N., & Tom, I. (2012). NIMH · Changing NIMH Clinical Trials: Efficiency, Transparency, and Reporting. Retrieved November 24, 2014, from

<http://www.nimh.nih.gov/funding/opportunities-announcements/clinical-trials-foas/changing-nimh-clinical-trials-efficiency-transparency-and-reporting.shtml>

Gonzales, R., Anglin, M. D., Beattie, R., Ong, C. A., & Glik, D. C. (2012).

Understanding Recovery Barriers: Youth Perceptions About Substance Use Relapse. *American Journal of Health Behavior*, 36(5), 302–314.

<http://doi.org/10.5993/AJHB.36.5.3>

Gopiram, P., & Kishore, M. T. (2014). Psychosocial Attributes of Substance Abuse Among Adolescents and Young Adults: A Comparative Study of Users and Non-users. *Indian Journal of Psychological Medicine*, 36(1), 58–61.

<http://doi.org/10.4103/0253-7176.127252>

Gryczynski, J., & Ward, B. . (2011). social norms and relationship between cigarrate use and religiosity among adolescents in the united state. *Health Education & Behaviour*, 38(1), 39–48.

Hamisu, M., & Badamasi, L. (2014). The effectiveness of school-based substance abuse prevention program on secondary school students attitudes towards benylin with codeine in Katsina, Nigeria. *International Journal of Physical and Social Sciences*, 4(2), 211–220.

Hardy, K. V., & Qureshi, M. E. (2012). Devaluation, Loss, and Rage: A Postscript to Urban African American Youth with Substance Abuse. *Alcoholism Treatment Quarterly*, 30(3), 326–342. <http://doi.org/10.1080/07347324.2012.690699>

Herman-Stahl, M. ., Krebs, C. ., Kroutil, L. ., & Heller, D. . (2007). Risk and protective factors for methamphetamine use and nonmedical use of pre- scription stimulants among young adults aged 18 to 25. *Addiction and Behaviour*, 32, 1003–1015. <http://doi.org/10.1016/j.addbeh.2006.07.010>

- Hodge, D. R., Marsiglia, F. F., & Nieri, T. (2011). Religion and Substance Use among Youths of Mexican Heritage: A Social Capital Perspective. *Social Work Research, 35*(3), 137–146.
- Holloway, K., & Bennett, T. (2012). Prescription drug misuse among university staff and students: A survey of motives, nature and extent. *Drugs: Education, Prevention and Policy, 19*(2), 137–144.
<http://doi.org/10.3109/09687637.2011.594114>
- Jag, H. K., Glenn, T., Elinore, M., & Ellen, T. (2008). Medical Consequences of Drug Abuse and Co-Occurring Infections: Research at the National Institute on Drug Abuse. *Substance Abuse, 29*(3), 5–16.
<http://doi.org/10.1080/08897070802218661>
- Janichek, J. L., & Reiman, A. (2012). Clinical service desires of medical cannabis patients. *Harm Reduction Journal, 9*(12), 1–6.
- Jibril, A., Olayinka, O., Omeiza, B., & Babantunde, A. (2008). Psychoactive substance use among children in informal religious schools (Almajiris) in northern Nigeria. *Mental Health, Religion & Culture, 12*(6), 527–542.
<http://doi.org/10.1080/13674670902832813>
- Karine Bertrand, I. R. (2013). Substance abuse treatment for adolescents: how are family factors related to substance use change? *Journal of Psychoactive Drugs, 45*(1), 28–38. <http://doi.org/10.1080/02791072.2013.763560>
- Kizhakumpurath, P. T. (2012). A qualitative study of the risk and protective factors of substance abuse among the young adults of Nagaland, India. *ETD Collection for Fordham University, 1–224*.

- Kulis, S., Marsiglia, F. F., & Nieri, T. (2009). Perceived Ethnic Discrimination versus Acculturation Stress: Influences on Substance Use among Latino Youth in the Southwest. *Journal of Health and Social Behavior*, 50(4), 443–459.
- Kurtz, A. (2013). 1 in 6 unemployed are substance abusers. Retrieved November 19, 2014, from <http://money.cnn.com/2013/11/26/news/economy/drugs-unemployed/index.html>
- Lincoln, Y. ., & Guba, E. . (1985). *Naturalistic Inquiry*. Beverly Hill, CA: Sage publication, Inc.
- Luyckx, K., Tildesley, E. A., Soenens, B., Andrews, J. A., Hampson, S. E., Peterson, M., & Duriez, B. (2011). Parenting and trajectories of children’s maladaptive behaviors: A 12-year prospective community study. . *Journal of Clinical Child & Adolescents Psychology*, 40(3), 468–478.
- MacDougall, C., & Fudge, E. (2001). Planning and recruiting the sample for focus groups and in-depth interviews. *Qualitative Health Research*, 11, 117–126.
- Mayan, M. . (2001). *An introduction to qualitative methods: A training module for students and professionals*. Edmonton, Canada: International Institute of qualitative methodology press.
- Mohammad, C. (2014). Drug abuse/addicts in schools; the role of school counsellor. *New York Science Journal*, 7(2), 62–65.
- Mohammadpoorasl, A., Ghahramanloo, A. A., Allahverdipour, H., & Augner, C. (2014). Substance abuse in relation to religiosity and familial support in Iranian college students. *Asian Journal of Psychiatry*, 9, 41–44.
<http://doi.org/10.1016/j.ajp.2013.12.015>

- Myers, L. (2013). Substance Use Among Rural African American Adolescents: Identifying Risk and Protective Factors. *Child Adolescence Social Work Journal*, 30, 79–93. <http://doi.org/10.1007/s10560-012-0280-2>
- Ndetei, D. M., Khasakhala, L. ., Mutiso, V., Ongecha-owuor, F. ., & Kokonyo, D. . (2010). Drug Use in a Rural Secondary School in Kenya. *Substance Abuse*, 31(3), 170–173.
- Nsimba, S. E. D. (2010). Methadone Maintenance Therapy as Evidence Based Drug Abuse Planning in Developed Countries: Can Developing Countries Afford and Learn from This Experience? *East African Journal of Public Health*, 7(1), 56–59.
- Okwaraji, F. E., Ebigbo, P. O., & Akpala, C. O. (2009). Substance use among Nigerian street children. *Ife Psychologia*, 7–13.
- Olley, B. O. (2007). Is dried paw-paw leaf a psychoactive substance. *IFE Psychologia*, 15(1), 25–39. <http://doi.org/10.4314/ifep.v15i1.23726>
- Oluwale, F., Olatunji, F. A., & Olufunlayo, M. (2011). Epidemiology of psychoactive drug use amongst adolescents in metropolitan L. EBSCOhost. Retrieved October 7, 2014, from <http://web.b.ebscohost.com/ehost/detail/detail?vid=20&sid=9da52c00-de3c-4c81>
- Oshikoya, K. , & Alli, A. (2006). Perception of Drug Abuse Amongst Nigerian Undergraduates. *World Journal of Medical Sciences*, 1(2), 133–139.
- Oshodi, O., Aina, O., & Onajole, A. (2010). Substance use among secondary school students in an urban setting in Nigeria: prevalence and associated factors. *African Journal of Psychiatry*, 13, 52–57.

- Parkes, A., Wight, D., Henderson, M., & Hart, G. (2007). Explaining associations between adolescent substance use and condom use. *Journal of Adolescent Health*, 40 (2), 180.e1 – 180.e18, 40(2), 1–18.
- Patton, M. . (2002). *Qualitative research and evaluation methods*. Sage: Thousand Oaks, CA.
- Pilot, D. ., & Beck, C. . (2004). *Nursing research: Principles and methods* (7th ed.). New York: Lippincott Williams & Wilkins.
- Puljević, C., & Learmonth, D. (2014). Substance abuse prevention in Cape Town’s peri-urban settlements: local health trainers’ perspectives. *Health Psychology and Behavioral Medicine*, 2(1), 183–197.
<http://doi.org/10.1080/21642850.2013.878659>
- Pustovrh, T., & Mali, F. (2014). Exploring Some Challenges of the Pharmaceutical Cognitive Enhancement Discourse: Users and Policy Recommendations. *Neuroethics*, 7(2), 137–158. <http://doi.org/10.1007/s12152-013-9192-x>
- Racz, J. (2008). The Role of the Curiosity in Interviews with Drug Users. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 9(2). Retrieved from <http://www.qualitative-research.net/index.php/fqs/article/view/423>
- Salaam, A. . (2011). Street life involvement and substance use among “Yandaba” in Kana, Nigeria. *African Journal of Drug & Alcohol Studies*, 10(2), 119–129.
- Schelle, K. J., Olthof, B. M. J., Reintjes, W., Bundt, C., Gusman-Vermeer, J., & van Mil, A. C. C. M. (2015). A survey of substance use for cognitive enhancement by university students in the Netherlands. *Frontiers in Systems Neuroscience*, 9. <http://doi.org/10.3389/fnsys.2015.00010>

- Shehu, A., & Idris, S. (2008). Marijuana smoking among secondary school students in Zaria, Nigeria: Factors responsible and effects on academic performance. *Annals of African Medicine*, 7(4), 175. <http://doi.org/10.4103/1596-3519.55657>
- Siro, A. . (2014). Drug Abuse and Political Thuggery among the Youth in Kano Metropolis:A Modern Civilization or Resource Mismanagement? *Research on Humanities and Social Sciences*, 4(4), 76–84.
- Sloboda, Z., Stephens, R. C., Stephens, P. C., Grey, S. F., Teasdale, B., Hawthorne, R. D., ... Marquette, J. F. (2009). The Adolescent Substance Abuse Prevention Study: A randomized field trial of a universal substance abuse prevention program. *Drug and Alcohol Dependence*, 102(1–3), 1–10. <http://doi.org/10.1016/j.drugaldep.2009.01.015>
- Sokro, E. (2010). Perception of Substance Abuse on Employees' Performance in Ghana Airport Company | Global Management Journal. Retrieved from <http://globalmj.eu/2010/12/09/85/>
- Tarter, R. E., Schultz, K., Kirisci, L., & Dunn, M. (2008). Does Living with a Substance Abusing Father Increase Substance Abuse Risk in Male Offspring? Impact on Individual, Family, School, and Peer Vulnerability Factors. *Journal of Child & Adolescent Substance Abuse*, 10(3), 59–70. http://doi.org/10.1300/J029v10n03_04
- Terry-McElrath, Y. M., O'Malley, P. M., & Johnston, L. D. (2009). Reasons for Drug Use among American Youth by Consumption Level, Gender, and Race/Ethnicity: 1976–2005. *Journal of Drug Issues*, 39(3), 677–714.
- Thorne, S. (2008). *Interpretive description*. Walnut, Creek, California: Left Coast Press.
- Thornton, G. B., & Deitz-Allyn, K. (2010). Substance Abuse, Unemployment Problems, and the Disparities in Mental Health Services in the Appalachian

- Southwest Region. *Journal of Human Behavior in the Social Environment*, 20(7), 939–951. <http://doi.org/10.1080/10911359.2010.516690>
- Tracy, N. (2014). Causes of Drug Addiction - What Causes Drug Addiction? Retrieved November 3, 2014, from <http://www.healthyplace.com/addictions/drug-addiction/causes-of-drug-addiction-what-causes-drug-addiction/>
- UNODC. (2014). WDR 2014 - Use of drugs. Retrieved November 4, 2014, from http://public.tableausoftware.com/views/WDR2014-Useofdrugs/Map?:embed=y&:showVizHome=no&:host_url=http%3A%2F%2Fpublic.tableausoftware.
- Usman, I. N. A., & Usman, A. K. (2012). Drug Abuse, Youth Violence and Social Order: A Study of Petroleum Hawkers in Minna, Niger State, Nigeria. *Bangladesh E-Journal of Sociology*, 9(2), 95–100.
- Van Ours, J. C., & Williams, J. (2007). Cannabis prices and dynamics of cannabis use. *Journal of Health Economics*, 26(3), 578–596. <http://doi.org/10.1016/j.jhealeco.2006.10.001>
- Werb, D., Mills, E. J., Debeck, K., Kerr, T., Montaner, J. S. G., & Wood, E. (2011). The effectiveness of anti-illicit-drug public-service announcements: a systematic review and meta-analysis. *Journal of Epidemiology and Community Health*, 65(10), 834–840. <http://doi.org/10.1136/jech.2010.125195>
- White, J. (2014). The Vicious Cycle of Drug Abuse and Unemployment | Shatterproof. Retrieved November 19, 2014, from <http://www.shatterproof.org/blog/entry/the-vicious-cycle-of-drug-abuse-and-unemployment>
- WHO. (2014). WHO | Substance abuse. Retrieved October 29, 2014, from http://www.who.int/topics/substance_abuse/en/

Yusuf, F. . (2010). Factors Influencing Substance Abuse among Undergraduate Students in Osun State, Nigeria. *African Research Review*, 4(4).

<http://doi.org/10.4314/afrrrev.v4i4.69233>

Yusuf, F. A. (2013). Effects of Peer Modelling Technique in Reducing Substance Abuse among Undergraduates in Osun State, Nigeria. *IFE Psychologia*, 21(1), 194–205.

APPENDICES

Appendix A: Consent Form

Title: The perception of the youth on substance abuse at Sokoto, Nigeria.

Principal Investigator: Bawa Shagari Nasiru

Address: School of Nursing, College of Health Sciences, University of Ghana, Legon-Accra.

General Information about Research

This study involves interviewing the youth who abuse drugs in sokoto. The purpose of this research is to find out from the youth what they think about drug abuse. If you agree to take parts you will be interviewed for about 40-45 minutes. The interview will be done at a time and place convenient and comfortable for you. You will be asked a few questions regarding your feeling and views about the effects and measures in reducing drug abuse. I may take notes during and after the interview. With your permission, our conversation will be recorded with a small recorder and short quotes from the interview will be used in the final findings of the study. After the analysis of the data I will ask you to review the findings to ensure the data reflects your responses. In addition you will be asked to sign or thumb print on the consent form. Findings of this study may be shared through publication and presentation, but your name will not be mentioned with the report.

Possible Risks and Discomforts

The study is not associated with any harm. However, you may be uncomfortable in answering some of the questions. In case you experience any severe discomfort please let me know and I will stop the interview and will be continued if you feel like.

Possible Benefits

This study may not be of benefit to you at the moment. But the findings may help the policy makers to make decision that will help you and people in the society in future.

Confidentiality

A number of measures will be used to keep your identity secret. And be assured that all information about you such as your name, address or signature will be protected from the public and you will not be mentioned in any research report. The audio recording of your interview will be written out but your name and other identifying information will not be written.

Your name will be assigned to a code number and this number will be used in all reports. All information will be stored in a password protected file for 5 years after the study it will then be erased and destroyed.

Compensation

You will receive a pack of lunch after the interview.

Voluntary Participation and Right to Leave the Research

Participation to this research is voluntary and you have the right to decide whether to participate or not. You can also withdraw if you wish without any worry or penalty from any one.

Contacts for Additional Information

If you need more clarification about this research you can call or contact the following.

Bawa Nasiru Shagari

School of Nursing, University of Ghana, Legon, Accra, Ghana.

Tel. +233554074671, +2348069011034

Email: bnshagari@yahoo.com, bnshagari@gmail.com

Rev. Attiogbe Alexander

School of nursing, University of Ghana,

Legon, Accra, Ghana.

Phone: 0278066255

Email: attiogbegh@yahoo.com

P.O.Box LG 43, Legon

Dr. Aziato Lydia

School of nursing, University of Ghana,

Legon, Accra, Ghana.

Phone: 0244719686

Email: aziatol@yahoo.com

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: nirb@noguchi.mimcom.org

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title: “**the perception of the youth on substance abuse at Sokoto, Nigeria**” has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

Date

Name and signature or mark of volunteer

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Date

Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Date

Name Signature of Person Who

Obtained Consent

Appendix B: Semi-Structured Interview Guide**SECTION A (Demographic data)**

1. Name
2. Age
3. Sex
4. Religion
4. Occupation
5. Tribe
6. Educational level

SECTION B

1. Please can you tell me what you understand by substance abuse?

Probing

Can you mention some of these substances?

Which of these substances you take?

- 2 Please can you tell me what made you to start taking substances?

Probing

Peer group

Stress

Availability

Curiosity

How did you start taking these substances?

How often did you take it?

How do you store/keep it?

3. What are some of the reasons that make you to start taking these substances?

4. Can you please tell me some of the effects of substance abuse in your life?

Probing

Mood

Health

Social

Relationship

Friends

Energy level

5. Does anybody who is close to you take these substances?

Probing

Who is the person to you?

How do you relate to him?

How did he/she get the substances?

How did you store them?

5. How do you think abusing substances can be controlled?

Probing

How? Mass media? Education? Religious leaders?

Who will be of help to avoid it?

Yourself? Your friend? The society? the government?

6. Do you have anything to add on our discussion on substance abuse?

Thanks you.


Appendix C: Ethical Clearance: NMIMR, Institutional Review Board

NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH
Established 1979 A Constituent of the College of Health Sciences
University of Ghana

INSTITUTIONAL REVIEW BOARD

Phone: +233-302-916438 (Direct)
+233-289-522574
Fax: +233-302-502182/513202
E-mail: nirb@noguchi.mimcom.org
Telex No: 2556 UGL GH

Post Office Box LG 581
Legon, Accra
Ghana



My Ref. No: DF.22
Your Ref. No:

31st March, 2015

ETHICAL CLEARANCE

FEDERALWIDE ASSURANCE FWA 00001824 **IRB 00001276**

NMIMR-IRB CPN 050/14-15 **IORG 0000908**

On 31st March 2015, the Noguchi Memorial Institute for Medical Research (NMIMR) Institutional Review Board (IRB) at a full board meeting reviewed and approved your protocol titled:

TITLE OF PROTOCOL : **The Perception of the Youth on Substance Abuse: At Sokoto Nigeria**

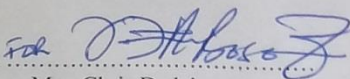
PRINCIPAL INVESTIGATOR : **Nasiru Bawa Shagari, MSc Cand.**

Please note that a final review report must be submitted to the Board at the completion of the study. Your research records may be audited at any time during or after the implementation.

Any modification of this research project must be submitted to the IRB for review and approval prior to implementation.

Please report all serious adverse events related to this study to NMIMR-IRB within seven days verbally and fourteen days in writing.

This certificate is valid till 30th March, 2016. You are to submit annual reports for continuing review.

Signature of Chair: 
Mrs. Chris Dadzie
(NMIMR – IRB, Chair)


cc: Professor Kwadwo Koram
Director, Noguchi Memorial Institute
for Medical Research, University of Ghana, Legon

Appendix D: Introductory Letter to the Distric Head of Wamakko

SCHOOL OF NURSING
COLLEGE OF HEALTH SCIENCES
UNIVERSITY OF GHANA
LEGON

Telephone: 0302-513255 (Dean)
Ext. 6206
0302-513250 } Secretary
028 9531213 }

Fax: 513255
E-mail: nursing@ug.edu.gh



P. O. Box LG 43
LEGON, GHANA

Our Ref.: SON/F.11.....
Your Ref.:

February 27, 2015

The Secretary
District Head Wammako
Wammako Local Government
Sokoto State
Nigeria.

Dear Sir,

MSC CANDIDATE: BAWA SHAGARI NASIRU


I am writing to introduce Mr. Bawa Shagari Nasiru to you as an MSc student under my supervision at the School of Nursing, College of Health Sciences, University of Ghana, Legon. Since the commencement of the programme, Nasiru has demonstrated maturity, diligence and commitment in all aspects of his work. We are very happy with his progress to date and we have had regular supervisory meetings with him.

His thesis research is entitled "Exploring the Perception of Youth on Substance Abuse at Sokoto, Nigeria". He would like to conduct the study at the Gawon Nama area, Sokoto.

I would be very grateful if you could grant him permission to recruit participants for his study. Please feel free to contact me if you need further information. I can be reached via email aziatol@yahoo.com.

Thank you.

Yours sincerely,


Dr. Lydia Aziato
Lecturer/Course Supervisor

Appendix E: Demographic Characteristics of the Participants

NAME	SEX	AGE (years)	MARITAL STATUS	RELIGION	OCCUPATION	TRIBE	CONTACT ADDRESS
MP1	Male	23	Single	Islam	Unemployed	Hausa	Isa Road
MP2	Male	27	Single	Islam	Unemployed	Hausa	Kware road
MP3	Male	24	Single	Islam	Student	Hausa	Achida Road
MP4	Male	26	Single	Islam	Mechanic	Hausa	Sahabi Dange road
MP5	Male	28	Married	Islam	Business man	Hausa	Hospital road
MP6	Male	29	Married	Islam	Civil servant	Hausa	Hospital road
MP7	Male	28	Married	Islam	Mechanic	Hausa	Zagga road
MP8	Male	27	Married	Islam	Watchman	Hausa	Sahabi Dange road
MP9	Male	22	Single	Islam	Civil servant	Hausa	Rabah road
MP10	Male	26	Married	Islam	Civil servant	Hausa	Sahabi Dange road
MP11	Male	29	Married	Islam	Carpenter	Hausa	Zagga road
MP12	Male	20	Single	Islam	Student	Hausa	Jaredi road

Source: researcher's Field Work, 2015.