

THE PREVALENCE OF DRUG ABUSE AMONG ADOLESCENTS

BY

**IDIOÑO IFREKE EKPA
DEPARTMENT OF PHYSICAL AND HEALTH EDUCATION
FACULTY OF EDUCATION
UNIVERSITY OF UYO
UYO
AKWA IBOM STATE, NIGERIA.**

ABSTRACT

In this paper, the prevalence of drug abuse among adolescents is discussed. Drug is a substance other than food, which when taken by a living organism may modify the functions of that organism, one of which is cocaine. Drug abuse, which is a serious public health problem all over the world, is the taking of drug to such a degree as to greatly increase the hazard or impair the ability of the individual to adequately function or cope with his circumstances. Adolescents indulge in it. Adolescence is the transitional phase of growth and development between childhood and adulthood that is between 10 to 24 years of age. The abuse of drugs disposes them to deviant behaviours like violence and cultism. Some reasons for the indulgent being peer pressure and lack of family support. Most adolescents take drugs without knowledge of the dangers of health effects and implications of drug abuse. About 207,000 drug related mortality around the world was reported in 2014. After the introduction, this paper is discussed under the following subheadings; commonly abused drugs, health implications and effects of drug abuse, reasons for drug use/abuse, warning signs of adolescents' drug use/abuse, management of drug abuse, and conclusion. It is recommended among others that drug education should form part of the school curriculum.

KEYWORDS: Drug Abuse, Adolescents, Control.

INTRODUCTION

Drug is a chemical or substance designed for the prevention or cure of disease or for the relief of pain and discomfort. Drug may include any natural or synthetic substance that can stimulate, suppress or alter the body's structure and biological functions. Olufunmilayo (2006) quoted World Health Organisation's (WHO) definition of drug as being any substance which, when taken by a living organism, may modify the functions of that organism. It is a chemical or substance that changes the way the body works. Jacob (2012) saw drug to be any organic or inorganic substance that has the capacity to change the state or function of body cells.

Drug includes any substance of vegetable, animal, mineral origin, any preparation or admixture thereof manufactured, sold or advertised for use; in the diagnosis, treatment, mitigation or prevention of any disease, disorder, abnormal physical state or the symptom thereof, in man or animal; in restoring, correcting or modifying organic functions in man or in animal; in disinfection or the control of vermin, insects or pests; or in contraception (National Agency for Food and Drug Administration and Control (NAFDAC), 1992). Ekpu, Maduekwe and Okon (2016) referred to drug as any substance other than food, which by its chemical nature affects the structure or functions of a living organism. The definitions of drug cover almost

everything that can be ingested, inhaled, injected or absorbed, which includes medicines, non-prescribed drugs, illegal drugs, alcoholic beverages, cigarettes, food additives and industrial chemical. The use of drug involves risks and all drugs are potential poisons.

Drug abuse is not only a health problem but also a social problem of great magnitude in many parts of the world including Nigeria. Drug abuse is the taking of drug to such a degree as to greatly increase the hazard or impair the ability of the individual to adequately function or cope with his circumstances. WHO (2014) refers to drug or substance abuse as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Ajala (2006) quoting the Nigerian Drug Law Enforcement Agency (NDLEA) writes that a drug is abused: when its use is not medically necessary, when a health worker does not recommend it, and when law forbids its use or it is socially unacceptable.

Jacob (2012) defines drug abuse as a chronic desire or habitual behaviour of repeated use of drugs, which may be considered also as taking more than the recommended dose of prescribed drug without medical supervision, or using government-controlled substances such as marijuana, cocaine, heroin or other illegal substances. The operational definition of drug abuse is the indiscriminate use of drugs without the medical personnel's prescriptions and when prescribed drug is not taken at the correct dosage, time and or course.

Drug abuse is a serious public health problem all over the world and studies in Nigeria indicate that the abuse of drugs now constitutes a problem. Reports also reveal that the population involved in the use and abuse of drugs cuts across socioeconomic levels, as both illiterates and the literates get involved and adolescents are most likely to be worst abusers of drugs. Onohwosafe (2012), for instance reports that most students who abuse drugs are under the age of 20. Ekpu, *et al.* (2016) reported that environmental factors acting either alone or together with genetic predisposition exert profound influences on misuse of drugs by adolescents. Erumi (2015) noted in a report that usage of recreational drugs like alcohol and cocaine among adolescents and young adults is on the increase. Pan American Health Organization and WHO (2017) reported that since drug use among children and youths has become a major public health concern, the motor for 2017 International Day against Drug Abuse and Illicit Trafficking celebration (26th June) was "Listen First", recommended by "listening to children and young people" as "the first step to help them grow healthy and safe, decreasing risk behaviours and drug use".

Adolescence is a transitional phase of growth and development between childhood and adulthood. Adolescence is a period of life between 10 to 24 years of age with specific health and developmental needs and rights, a time to develop knowledge, skills, learn to manage emotions and relationships (WHO, 2017). Erumi (2015) noted that adolescents between the age of 15 to 30 years constitute the high risk group. The vulnerable age group here is extended to include young adults. Adolescence period is considered to be an intense and often stressful developmental period characterized by specific types of behaviour that many-a-times make them feel they are doing the right things, even when the deviant behaviour is unacceptable. It is a stormy and stressful period to parents, adolescents and society.

NDLEA observes that the use and abuse of drugs by adolescents have become one of the most disturbing health-related phenomena in Nigeria and other parts of the world (Animasahun, 2015). The abuse of drugs may dispose individuals concerned to deviant behaviours and can produce adverse health effects, causing serious physical, emotional, economic and social problems for the user and the society at large. The case of drug abuse in Nigeria is rather rising than declining despite efforts by the government, medical community and the civil society to arrest the situation (Binite, Olisa, & Tanba, 2016). Violence, cultism and accidents as a result of drug use are compromising the future health, longevity and general well-being of the youths and adolescents. Some even started using drugs at a tender age.

Adegoke (2003) reported that between 10 to 60 per cent of secondary school students have experimented with drugs at least once. Jacob (2012) quoting National Institute on Alcohol Abuse wrote that drug abuse is common with over 54 per cent of high school seniors reporting illicit drug use during their lifetime and over 42 percent reporting drug use during the last year. Jacob (2012); Binite, *et al.* (2016) reported that a drug like cannabis remains the most commonly used drug at the global level, with an estimated 183 million people having used it in 2014. Reasons for abuse of these drugs are numerous. Onohwosafe (2012) reported the findings of the study carried out on 400 diploma students of Delta State University, Abraka that 51 percent used drugs to relieve pains, 29 percent to feel good and 8.75 percent for success/social acceptance by friends. Ekpu, *et al.* (2016) from their study reported that family behaviour and media advertisement had significant influence on drug use by adolescents. United Nations Office on Drugs and Crime (UNODC) (2016) reported that drug-related mortality has remained stable around the world, with 207,000 deaths reported in 2014. It is obvious that these destructive acts are common among adolescents, thus justifying the importance of this paper 'Drug Abuse amongst Adolescents'. It is discussed under the following sub-headings – commonly abused drugs, reasons for drug use/abuse, types of adolescent drug users, warning signs of adolescents drug use/abuse, health implications and effects of drug abuse, prevention of drug abuse, management of drug abuse, conclusion and recommendations.

Commonly Abused Drugs

In Nigeria and other countries, the most commonly abused drugs according to NAFDAC and NDLEA in 2016 as cited by Achalu (2005); Erumi (2015); Binite, *et al.* (2016) are categorized as follows:

- 1. Stimulants:** These are substances that directly act and stimulate the central nervous system. Examples are cocaine, heroin, amphetamine, caffeine and nicotine.
Side Effects: They affect the nervous system, heighten alertness, elevate the mood, irritate and increase talkativeness. Constant and prolonged use can result in severe psychological and physiological problems like psychosis and increased blood pressure.
Symptoms of Abuse: Trembling, mental confusion, nervousness, nose bleeding, sleeplessness, violence, loss of appetite, unkemptness, weight loss and restlessness. UNODC (2016) reported increase in heroin use and related overdose.
- 2. Hallucinogens:** These are drugs that alter the sensory processing unit in the brain. Examples are marijuana (cannabis) or Indian hemp, hashish and Lysergic Acid Diethylamide (LSD).
Side Effects: Alter ability to think, interfere with learning, interfere with psychological and physiological maturation. Impair judgment, memory, speech, problem-solving ability, consciousness and perception. Distort reality in terms of time, distance and loss of ability to distinguish between facts and fantasy and psychosis.
Symptoms of Abuse: Impaired concentration, panic attack, cough, blood shot eyes, increased appetite, staggering, excitement, slurred speech, bad breath, confusion, fear, a sense of helplessness, unkemptness, loss of self control when discontinued, addiction, damage to lungs, increased risk of lung cancer, and can predispose adolescents to heart problems.
- 3. Sedatives / Tranquilizers:** They are hypnotic drugs that depress the brain. Examples are diazepam (valium), barbiturates and Librium.
Side Effects: They cause/induce deep sleep, anxiety, psychological addiction, life threatening withdrawal syndrome like trembling, delirium, possible convulsions, toxic psychosis and death.
Symptoms of Abuse: Memory impairment, slurred speech, drunken behaviour, bad breath, and insomnia.

4. **Narcotics (Analgesics):** These are drugs that relieve pains, induce sleep and they are addictive. Examples are codeine, opium, morphine, heroin, panadol, aspirin and pethidine.
Side Effects: Physiological addiction “rush” or “high” immediately after taking, unpleasant withdrawal syndrome like anxiety, nausea, sweating, cramps, vomiting and diarrhoea.
Symptoms of Abuse: Mental clouding, drowsiness, poor appetite, poor concentration and emotional confusion.
5. **Tobacco:** The use of tobacco in any form including smoking, sniffing and chewing is dangerous to health. Cigarette is the most common example of tobacco use.
Side Effects: The dependency on tobacco is a form of drug abuse. Smoking at early age increases the risk of lung cancer in adolescents, heart disease and stroke, cancer of the mouth, pharynx, oesophagus, and bladder. It destroys important brain enzymes known as monoamine oxidase. Others are chronic bronchitis, emphysema, ear infections, increased blood pressure, asthma and pneumonia.
Symptoms of Abuse: Offensive body odour, bad breath, unkemptness, sticky brown tar on teeth, yellow stains on finger and teeth.
6. **Alcohol:** This is a depressant drug and it is of different types like ethyl alcohol (a clear liquid, lighter than water with burning taste and the only type found in drinks) and ethanol (has high caloric content). Examples of alcohol are beer, wine and spirits.
Side Effects: Intoxication, impairs judgment and psycho-motor performance, alcohol dependency or alcoholism. Alcohol can predispose adolescents to both poor psychological health like anxiety, guilt, loud and slurred speech, inhibit or depress the nervous system, poor reflexes, muscular coordination and liver cirrhosis, Loss of emotional control, stupor, and possibly death. In the Overall, some studies suggest that alcohol is one of the most dangerous of all recreational drugs.
Symptoms of Abuse: Emotional disturbances, violence, euphoria, sneezing, fatigue, nose bleeding, blood shot eyes, nausea and vomiting.

Reasons for Drug use/Abuse

1. Curiosity, which is the desire to experience the unknown, just to experience drug use, the desire to experiment.
2. Peer-group acceptance and pressure. Group influence causes most adolescents to begin to take drugs at the tender age of 12, and before they realize the damaging impact of addiction in their life, they are already in great disorder.
3. Desire to keep awake during examinations.
4. Overcoming shyness in social gatherings, and to face the crowd.
5. Imitation of elders especially parents.
6. Overcoming fatigue.
7. Attainment of status, false status (wanting to belong).
8. As a sleeping aid.
9. Feelings of insecurity, the desire for affection and recognition.
10. Escape from reality, and the fear of competition and failure.
11. Rebelliousness (in order to get parents or teachers frightened or anxious).
12. Lack of identity, low self esteem and no value for self.
13. Drugs for pleasure, just for the fun of it, especially at social gatherings.
14. Rejection of the school culture and rules.
15. The need for instant relief or instant answer.
16. Family problems, and factors such as divorced/single-parent families, quarrelsome/fighting parents, no parental control, death of parents, parents' occupation (too busy to attend to their children), parents' unconcerned attitude towards drug use,

- unsatisfactory family relationship, inadequate emotional parental support and use of drugs by family members.
17. Availability of illicit drug dealers and quack medicine sellers.
 18. Unemployment of youths.
 19. Availability of drugs.
 20. Media advertisement promoting drugs like cigarette smoking.

Types of Adolescent Drug Users

Adegoke (2003) described 3 types of adolescent drug users as follows:

1. **The Casual Users:** This group is referred to as experimenters. They use drugs occasionally in very small quantities. Reason being, for example, out of curiosity or peer pressure. It is important to note that adolescent's initiation to drug abuse begins with experimentation, and peer groups are often responsible;
2. **The Floaters:** This group is referred to as sociological users or seekers. The adolescents here want to play active roles in the society but feel inadequate and thus form a separate community of their own. They swim between experimenting with drugs and compulsive usage;
3. **The Sick or Compulsive User:** These are adolescents that depend on drugs, the drug addicts. They turn to drugs in high frequency at every moment of stress as a way of escape, which leads to problems of poor relationship with parents, peers, neighbours and even school authorities.

Warning Signs of Adolescents' Drug Use and Abuse

These signs may either be physical, behavioural or psychological, and they manifest when a child starts taking drugs:

1. Being secretive about friends and possessions;
2. New interests in clothing, music and other items that highlight drug abuse;
3. Demanding more privacy, locking doors, avoiding eye contacts, sneaking around;
4. Skipping classes, declining in grades, suddenly getting into troubles at school;
5. Missing valuables and money (careless or carefree);
6. Acting uncharacteristically isolated, withdrawn or depressed;
7. Using incense, perfume or air-freshener to hide or conceal smell of tobacco smoke or drugs; licking of minty candies and chewing gum;
8. Using eye-drops and or sunshade to mask bloodshot eyes or dilapidated pupils;
9. Frequently getting into trouble (fights, accidents, unlawful activities);
10. Unexplained needs for money for financial problems; threatening parents and siblings; may go out borrowing or steal to get it;
11. Change in appetite or sleep patterns with sudden weight loss or weight gain;
12. Unusual smells on breath, body and or clothing;
13. Appears fearful or anxious with no reason.

Health Implications and Effects of Drug Abuse

A recent study that examined the perception of drug abuse amongst Nigerian undergraduates living off-campus showed that most students have limited knowledge of the dangers of abusing drugs (Binite, *et al.* 2016). Abuse of drugs can affect adolescents to cause serious irreversible damage to their physiological, psychological and social health as follows:

Effects on Individuals

1. **Drug Addiction and Dependency:** It is true that drugs are the most easily accessible cure for most ailments, but some drugs could wind up problems with the possibility of the user

being fatally addicted to them. Some are cocaine, marijuana, tobacco and most powerful pain killers. They tend to give the user sweet and euphoric feeling such that he or she would want to repeat this feeling over and over again. But the problem is, he may need a higher dose each time to get this effect and worst still, any attempt to stop using it suddenly after a while will need medical attention, resulting in withdrawal symptoms like sweating, restlessness, shivering, vomiting and convulsions.

2. **Damage of Brain Factors:** The brain controls and integrates all human movement and behaviour. Nearly all drugs that are abused affect the brain from their action. Binete, *et al.* (2016) quoting the National Institute on Drug Abuse, explains that excessive use of drugs can affect important brain areas that are necessary for life-sustaining functions and thus drive the compulsive drug abuser into addiction. Drug abuse may cause various forms of mental disorder including psychosis, leading to loss of interest in studies, school drop-out, wasted youthful years, and eventual marring of the user's future.
3. **Damage to Major Body Organs:** Abused drugs can cause damage to major organs and systems like the heart, liver, kidney, lungs and stomach to cause cirrhosis of the liver, heart disease, diabetes, various forms of cancer and hypertension, and stroke.
4. **Death:** The addicted user requires higher doses of the drugs each time, to satisfy the addictive tendency, and may reach a gross over-dosage level, resulting in coma and eventual premature death.

Effects on Family and Society

Drug abuse can have negative effects on adolescents causing them to exhibit disagreeable and anti-social behaviours leading to problems like delinquency, crime, rape, violence, dropping out of school and various unhealthy attitudes. Ekpu, *et al.* (2016) noted that some of the deviant behaviours among adolescents that use drugs were absenteeism from school, loitering during school hours, loss of employment, family disintegration, poor relationships, lack of respect for elders, sexual harassment, abuse and rape. All these cause embarrassment, loss of integrity, stigmatization to the family, unrest, and increased crime rates in the society.

Prevention of Drug Abuse

1. **Avoidance:** The best step in the prevention of drug abuse and addiction is avoiding the use of the drug in the first place.
2. **Understand how Addiction Develops:** Adolescents may try out cigarette smoking and alcohol drinking for instance, see it as fun and feel relaxed. The person begins to use the drugs regularly, starts to create opportunities to use them and then reaches a point where doing without them becomes a problem. They need to understand this fact.
3. **Avoid Peer Pressure:** During adolescent period, standing for what one believes when everyone else is doing something different is the hardest test ever (Paudyal, 2016). Therefore the adolescent must be given good home upbringing and be educated to be steadfast, standing firm in the midst of peers.
4. **Find the Support Needed:** Adolescents going through any form of emotional distress are susceptible to drug use and abuse if they lack the right coping skills and support. They are to seek or be given proper support to help them eliminate the negative emotions and behaviours in a healthy life-affirming manner (Paudyal, 2016).
5. **Deal with life Pressures:** Drugs should not be taken neither as a reward or to deal with life pressures and stress. Being engaged in positive activities like reading books, taking exercise, joining good clubs that are educative and helping parents with house chores, will help relax the mind, divert attention and eliminate desires for drug use to relieve stress and boredom.

6. **Counseling:** Every child should be counseled frequently at home and at school. This will help the child not to indulge in any deviant behaviour, and the counselor or parent will be able to detect when the child is deviating. During counseling, the child should be educated to acquire knowledge about different life-skills, effective guidance and healthy living habits.
7. **Distraction from taking Drugs:** The adolescent can avoid something uncomfortable like drug use, by shifting attention to healthy lifestyles and productive distractions, showing respect and care for one's body (Paudyal, 2016). They should be given encouragement.
8. **Family/Community Responsibility:** It is the concern of every sector of the society to play serious roles in preventing adolescents from experimenting and continuing to abuse drugs. Parental supervision of the adolescents is a crucial intervention. Community programmes that are beneficial to the prevention and treatment of substance abuse among adolescents are introduced by different communities (Ogundele, 2004).
9. **Drug Education:** This is an integral part of the prevention phase of the drug programme. Drug education hopefully reduces the wrong perception of adolescents about drug abuse, basically prevents the development of an actual drug abuse situation, which is the objective. During the session, the educator provides adolescents with accurate information on drugs, particularly through honest discussion on dangers of the problem. The education must not only be informative but factual because the facts concerning the effects of drug abuse are the first steps towards enlightenment and mature behavioural value judgment (Onohwosafe, 2012).

Drug education helps adolescents to make informed sound decisions should they one day face the temptation of drug abuse. Drug education makes individuals aware of the constituents of drugs, laws against drug abuse, their usefulness, and the health risks of drug misuse and abuse. Through the knowledge acquired on drug issues, adolescents and others can be safe from drug misuse and abuse. Prevention can also take the form of media announcement, discussions and talk shows on radio and television, public enlightenment campaigns, distribution of flyers, newsletters, posters, leaflets and booklets.
10. **Parental Education:** This is a very important and essential factor in the prevention of drug abuse. Children have to depend on and be supported, loved and cared for by the family during the early years of life since they cannot care and provide for themselves.

Parents should quit smoking, drinking alcohol, and using illicit drugs indiscriminately especially in the presence of their children, so that they would not be influenced to do the same, since the family is seen as the bedrock of any child towards either negative or positive behaviours. Parents and guardians should not be sending children to buy these drugs for them.
11. **School-Based Education for Drug Abuse Prevention:** Education for drug abuse prevention is seen to include formal and informal health curriculum, the creation of a safe and healthy school environment, guidance and counseling, the provision of appropriate health services and support. Oparaeke and Bello (2012) quoting the National Institute on Drug Abuse and Prevention noted that components of a school-based drug abuse prevention education programme are as follows:
 - a. A programme based on the guiding principle, forming a core component of the school curriculum, informing young people about drugs, how to deal with different situations without turning to drugs; and
 - b. A safe and supportive school environment, setting out clearly communicated policies and procedures that provide care, counseling and support for all students, such as can ensure a cooperative approach among staff, students, parents and related professional agencies.

Management of Drug Abuse

The first and most important step in the management of an adolescent that uses drugs is making the person admit that he or she has a drug problem and is ready to change. Support will then come from family members, health education specialists (counselors), the school, and community members. Everybody around the child is supposed to help the adolescent stop the act.

Psychotherapy: The treatment programme may take the form of psychotherapy that involves discussing with, and counseling the abuser on how to deal with the problem, and the need to quit the habit.

Behavioural Therapy: This involves the use of rewards and reinforcement to shape, such that encourages positive behavioural change.

Conclusion

Drug abuse is a serious public health problem all over the world. Many adolescents begin early in life to indulge in this act without knowing the attendant health effects and implications, some reasons for indulgence being peer pressure, to pass examination and poor family support. The most important step in managing an adolescent abusing drug is for the child to accept that there is a problem. With proper counseling and support from family and others, an adolescent could be helped to stop the act of drug abuse and live a healthy life.

Recommendations

The following recommendations are made;

1. Parents should provide conducive home environment, be supportive and interested in the welfare of their children; monitor their activities and know the companies they keep.
2. There should be effective control of the sales of drugs in the society, by bodies like the NDLEA.
3. Frequent drug education programmes by health education officers for adults and parents, with the sole aim of modifying people's behaviours to ensure healthy lifestyles especially in the aspect of drug use, for example, cigarette smoking, since children learn most habits from their parents.
4. Public enlightenment campaigns by health education officers and others on drug education; as well as employing useful information media like jingles, posters, leaflets, dramas, talk shows and discussion programmes on radio and television, to disseminate necessary information on drug abuse.
5. Frequent drug education programmes in schools by school health education officers.
6. Drug education should form part of school curricula.
7. There should be Counseling Units in schools, where professional Health Education Officers are employed to educate and counsel students on drug abuse and other health/health related issues.
8. Government policies should be formulated and implemented to regulate the physical availability of drugs, illicit drugs and drug dealers.
9. Government should empower and create job opportunities for unemployed adolescents and youths.
10. Government should see that manufacturers and advertisers follow set guidelines on advertisement of their products so that adolescents are not deceived into drug use and abuse, for example showcasing fulfillment and pleasure in drinking alcohol and smoking cigarettes.

REFERENCES

- Achalu, E. I. (2005). *Drug education: Health effects of commonly abused drugs*. Lagos: Simarch Nigeria Ltd.
- Adegoke, A. A. (2003). *Substance abuse among teenagers in African: Adolescents in Africa*. Ibadan: Hadassah publishers.
- Ajala, R. B. (2006). Drug abuse and misuse in the Nigerian society. *Nigerian School Health Journal*, 18(1), 45 – 51.
- Animasahun, R. A. (2015). Influence of religion, peer, home, drug use and school factors and violent behaviour among secondary school adolescents in Osun State, Nigeria. *Nigeria School Health Journal*, 27(1), 1 – 17.
- Binite, A., Olisa, V. & Tanba, S. (2016, June 24). Tackling menace of drug abuse in Nigeria. *The Guardian Newspaper*. Retrieved on June 14, 2017, from <https://t.guardian.ng/features/weekend>.
- Ekpu, F. S., Maduekwe, T. C. & Okon, T. A. (2016). Environmental factors influencing drug misuse among adolescents in Esit Eket local government area of Akwa Ibom State. *Nigeria School Health Journal*, 28(1), 131 – 143.
- Erumi, B. S. (2015). Prevalence of non-medical drug use among adolescents and young adults in Warri metropolis. *Nigeria School Health Journal*, 27(2), 153 – 159.
- Jacob, F. F. (2012). Adolescents and side effects of substance use. *Nigeria School Health Journal*, 24(1), 50 – 64.
- NAFDAC. (1992). *National agency for food and drug administration and control act*. Retrieved on June 13, 2017, from www.lawnigeria.com/lawssofthefederation.
- Ogundele, B. O. (2004). *Problems in health education*. Ibadan: Codat publications.
- Olufunmilayo, O. C. (2006). Knowledge and awareness of health risks associated with hard drugs among selected students in Osun State tertiary institutions. *Nigeria School Health Journal*, 18(1), 105 – 113.
- Onohwosafe, P. S. (2012). Drug use among diploma students in Delta State University, Abraka. *Nigerian School Health Journal*, 24(2), 78 – 84.
- Oparaeke, M. I. & Bello, O. H. (2012). The role of school in the prevention of drug use and abuse among young adults. *Nigerian School Health Journal*, 24 (2), 103 – 109.
- Pan American Health Organization., & WHO. (2017). *June 26, 2017 international day against drug abuse and illicit trafficking*. Washington, D.C: Regional office for the Americas of the WHO. Retrieved on July 3, 2017, from www.paho.org/hq/index.php.

Paudyal, N. (2016). *Six different ways to prevent drug addiction*. Retrieved on June 16, 2016, from www.nigeriatoday.ng.

United Nations Office on Drugs and Crime. (2016). *UNODC World Drug Report 2016*. Retrieved on June 17, 2017, from reliefwebint/report/world/unodu.

WHO. (2014). *Substance abuse*. Geneva: WHO. Retrieved on June 14, 2017, from www.who.int/topic/substance-abuse/en.

WHO. (2017). *Adolescent development*. Geneva: WHO. Retrieved on June 14, 2017, from www.who.int/maternal_child_adolescent/development/en.