MENACE OF DRUG ABUSE ON YOUTH DEVELOPMENT AND ACADEMIC PERFORMANCE: EVIDENCE FROM NIGERIA

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Abstract
This study investigated the behaviour of youths and their vulnerability to drug abuse menace in Nigeria. Drug abuse is a problem that is causing serious concern to both individuals and government all over the world (Farooq, 2012). The problem is prevalent among adolescents who in most cases are ignorant of the dangers inherent in drug addiction. Many of them engaged in drug abuse out of frustration, poverty, lack of parental supervision, peer influence and pleasure. This study is an ex post facto descriptive survey research that employed primary source of data. The research design for the study is correlational. Chi-square and Phi-coefficient were employed to test the independence of the means of responses and the degree of correlation from the responses gathered from the sample population. The research findings revealed that a significance relationship existed between drug abuse on youth development and academic performance (failure) with about 93.56% (842) of respondents affirmed the assertion. It is therefore, concluded that a real and definite relationship exists between drug abuse on youth development menace and academic performance in Nigeria. Hence, adequate and prompt sensitisation education about the consequences of drug abuse should be combined with effective counselling programme to ameliorate the problems.

Keywords: Drug abuse, Youth development, Education and Academic failure
Introduction

In Nigeria, each year, millions of youths fall victim to the fatal attractions of drug abuse. Ranging from academics and athletics to the workforce and perhaps today’s generation is suffering at the hands of deadly narcotics and this early abuse proves to weigh heavy on their future physical, social and emotional development. Gellman (2011) asserted that we are all born with innate desires to be in an alternative consciousness and universally everyone has a desire to be altered, to feel different.

Drug abuse is associated with poorer emotional and social functioning in adulthood; however, this depends on a myriad of factors including self-esteem, social support, cognitive ability, pervasiveness of drug abuse etc. In addition, it is dependent on whether or not emotional and social problems are the cause for the adolescent to use drugs and alcohol. If this is the case, early social and emotional difficulties will combine with alcohol and drug use to place the adolescent at risk for future social and emotional difficulties (Bell, 2011). The prevalence of drug abuse among youths and the negative effects it has on their health, professions and personal lives are inevitable. With the accelerated, progressive nature of our nation (Nigeria), narcotics are becoming more easily accessible which results in younger users of alcohol and illicit drugs including marijuana, cocaine (crack), heroin, hallucinogens, inhalants and any prescription-type psychotherapeutic drug used non-medically. Ultimately, youths widely experiment with narcotics because of the “Forbidden Fruit Theory”; God told Adam not to eat the apple and parents tell kids not to smoke and drink, but we tend to do what we’re told not to (Gellman, 2011).

As a consequence of rapid social change and the resultant breakdown of traditional social structures, the use of drugs has spread across the globe without exception of Nigeria. As of the late sixties, school authorities and psychiatric institutions have encountered the problem and casualties of drug abuse on an increasing scale. Alarmed by the emergence and nature of this new phenomenon, and desire to find a panacea to it, Nigeria Education Authorities commissioned social researchers to undertake a sociological inquiry into the knowledge of, attitude to and practice of drug use among students in secondary schools and training colleges. (Agunlana 1999, Kobiowu, 2006) Some issues emerged: drug use was widespread in our schools, drug use was not typical of any groups of students – it cuts across demographic characteristics; and that students used these drugs for a number of non-medical reasons and with little or no knowledge of the consequences on their minds, bodies, families and society. Interestingly, study revealed that school authorities including those in top educational administration, and parents were
mostly unaware of the incidence of this form of deviance in school. Accordingly, UNESCO and the Nigeria Education Service reached the conclusion that some preventive actions needs to be taken.

Recent study by Kilgour and Edmonton (2011) while investigating the relationship between youth development and substance abuse prevention in monitoring the future, reported that as youth development scholar and activist, both education and parental monitoring are two critical pieces of prevention of drug and alcohol abuse in adolescents. They asserted that education about the consequences of drug and alcohol abuse should be combined with warm and responsive parenting and the opportunity to seek supportive counseling so that adolescents have an alternative to drug and alcohol use to handle any social and emotional difficulties that they face. In another study by Fareo (2012) examined drug abuse among Nigerian adolescents; strategies for counseling and concluded that drug abuse is a problem that is causing serious concern to both individuals and government all over the world. She posited that the problem is prevalent among adolescents who in most cases are ignorant about the dangers inherent in drug abuse. Many of them engaged in drug abuse out of frustration, poverty, lack of parental supervision, peer influence and pleasure. However, she suggested that with effective counselling programme, the problems can be tackled.

Thus, the rationale for this study cannot be over-emphasized because youth academic achievement is the basic input into any manpower development and human capital improvement for sustainable growth in the Nigerian economy. Therefore, the value added for this study is to critically assess the extent to which drug abuse influence the development of youth and its effect on academic performance. Likewise, the relationship between the variables of age, gender, financial status, family structure and the academic performance of the secondary school students, management and staff of schools, and university undergraduates among others, in relation to the factors such as a family history of alcoholism, parental drug use, a disorganized family with poorly defined rules and inconsistent discipline, early anti-social behaviour (fighting, stealing, etc.), academic failure, little commitment to school or education, lack of social bonding (a feeling of not belonging anywhere), friends who use drugs etc.

It is the view of the researchers that when the variables are taken together, a better understanding of the relationship would be of considerable help in developing a more effective theory and practical counseling techniques for students in Nigeria with the ultimate goal of enhancing their academic performance and eliminate drug
abuse menace. The foregoing problems made us raised the following fundamental research questions to guide and find answers to address the issues:

i. What is the relationship between youths’ development and family history of alcoholism and parental drug use?

ii. Is there any difference between drug abuse, academic failure, and little commitment to school or education?

iii. To what extent are age, gender, financial status and early anti-social behaviours influence youths’ drug addiction?

Given the aforementioned research questions, the following null hypotheses would be tested at 5% level of significance:

Test I
Ho: There is significant relationship between the youths’ development and family history of alcoholism and parental drug use.

H₁: There is no significant relationship between the youths’ development and family history of alcoholism and parental drug use.

Test II
Ho: There is significant difference between drug abuse, academic failure, and little commitment to school and education.

H₁: There is no significant difference between drug abuse, academic failure, and little commitment to school and education.

Hence, the rest of the paper is structured as follows: Section two described literatures and the theoretical framework while section three dealt with sample, research design and methodology employed in this study. This is followed by section four that related the data analysis with interpretation. Section five concluded this study.

Brief Literature Review and Theoretical Framework

Theories of drug abuse indicate that some people truly depend on certain drugs for their survival due to a number of factors. The major emphasis of the theories is that people have their individual reasons for depending on one type of the drug or the other. Such reasons, according to Eze and Omeje (1999) are explained by the following theories. Personality theory of drug abuse, learning theory of drug abuse, biological theory of drug abuse and socio-cultural theory

a. **Personality Theory of Drug Abuse:** The main emphases of the theory are that there are certain traits or characteristics in the individuals that
abuse drugs. Such personality characteristics, according to Eze and Omeje (1999) are inability to delay gratification, low tolerance for frustration, poor impulse control, high emotional dependence on other people, poor coping ability and low self esteem. Individuals with these personality characteristics find it difficult to abstain from drug abuse.

b. **Learning Theory of Drug Abuse:** This theory maintains that dependence or abuse of drugs occurs as a result of learning. The learning could be by means of conditioning, instrumental learning or social learning.

c. **Biological Theory of Drug Abuse:** The theory maintains that drug abuse is determined by the individuals biological or genetic factors which make them vulnerable to drug addiction.

d. **Socio-cultural Theories of Drug Dependence/Abuse:** The theory maintains that abuse is determined by socio-cultural values of the people. For instance, while certain cultures permit the consumption of alcohol and marijuana, other cultures do not. Among the Urhobo, Ijaw, Ibibio, Edo, Igbo, Yoruba and Itsekiri, alcohol i.e. Ogogoro is used at cultural events, festival, ceremonies and so on.

In Northern Nigeria, alcohol is forbidden due to Sharia law. It should be noted, however that no theory fully explains the etiology of drug abuse. This is due to individual differences. It then becomes obvious that the disorder (drug abuse) is an acquired one. The acquisition, then is dependent on a host of personal inclinations and environmental factors, a situation explained suggestively by Bandura (1986) as social cognitive theory, i.e the triadic reciprocity involving behaviour, environment and the person.

With regards to academic attainment and social/emotional development, secondary school students (grades 9-12) who abuse drugs and alcohol are more likely to seriously consider suicide, become involved in a physical fight, carry a weapon and drive while drunk alcohol. According to Morley, students who use substances are usually lethargic and have low energy while in school. They develop unhealthy eating and sleeping habits. These students tend to socialize with other youth who use substances as well. They also tend to be emotionally unstable at times, and lack self-control.

Nonetheless, many moderators and mediators played into effect in terms of who abuses and why they abuse, especially in regards to children and youths who are still maturing and in so many ways “finding themselves.” Varied mediators or causations, such as socioeconomic status, parenting, media and moderators, called influences, such as age, sex, and race, are highly considerable contributions to
drug abuse; particularly in regions with high poverty levels. Minority raised in a single-family home is more-likely to be exposed and susceptible to the pressures of narcotics especially if it’s illegal.

In addition, children who suffer from depression or stressful life events (e.g., exposure to violence, sexual assault, death of a parent) may turn to drugs and alcohol to deal with their emotions. When asked what he feels has a major impact on youth using drugs/alcohol, Dussard (2011) admitted that certain advertisements, websites, movies, television and video games do widely influence kids to smoke and drink. When they see people on television smoking and doing drugs they feel obligated to do it also. But it’s really up to the parents to control what television programmes their kids watch.

In order to further prevent substance abuse by young adults, we have to address the three primary reasons: (1) curiosity (norm of social learning), (2) boredom (lack of direction), and (3) peer pressure (need to belong). These three elements are all natural experiences for youth but once these experiences become permanent and re-occurring then they tend to lead to drug abuse and addiction. Gellman (2011) concluded, saying “alcohol and drug abuse are secondary problems and are used basically to cover negative feelings created by the initial “primary” problem which falls anywhere from childhood psychological, emotional, social or physical conflicts, ranging from childhood molestation to broken homes to neglect and depression. All in all, there are an immense amount of opportunities and programmes designed to put a stop to youth drug abuse so that our generation of tomorrow can be better prepared to help make this world a better and safer place to live, love and learn.

Since the early times, herbs, leaves and plants have been used to heal and control diseases. The use of drugs in itself does not constitute any danger, because drugs correctly administered have been a blessing. Falco (1988) as cited by Sambo (2008) viewed that “chronic use of substances can cause serious, sometimes irreversible damage to adolescent’s physical and psychological development. The use of drugs could be beneficial or harmful depending on the mode of use. A drug refers to a substance that could bring about a change in the biological function through its chemical actions (Okoye, 2001). It is also considered as a substance that modifies perceptions, cognition, mood, behaviour and general body functions (Balogun, 2006). They could thus, be considered as chemical modifiers of the living tissues that could bring about physiological and behavioural changes (Nnachi, 2007).
Until recently, social deviance in Nigerian schools has been limited to the traditional and well-known incidence of petty thefts, abortion, occasional arson and collective behaviour such as strikes and demonstrations. All these have, however, been situations which can, by and large, be contained within the schools’ disciplinary and administrative structures and have been generally motivated or generated by purely local factors. Hawkins (2009) has identified ten factors that make a child more likely to use drugs. These are: a family history of alcoholism, parental drug use, a disorganized family with poorly defined rules and inconsistent discipline, early antisocial behaviour (fighting, stealing, etc.), and academic failure. Others are little commitment to school or education, lack of social bonding (a feeling of not belonging anywhere), friends who use drugs, a favourable attitude toward drug use, and early first use of drugs.

Also, Glenn (2009), a consultant for the Skills for Adolescence programme listed seven significant characteristics that may lead to drug use. According to him children who use drugs tend to: have low self-confidence, feel unimportant and unappreciated, feel they have little or no control over what happens to them, lack self-control and self-discipline, have problems in communicating and getting along with others, be unwilling to accept responsibility, follow rules or face the consequences of their behaviour, and have poor judgement and weak decision making skills. Research conducted by Nortey et. al (2009) revealed that most students take drugs to help them excel academically and because of peer pressure. Other factors are boredom, curiosity, anxiety and bravado.

It is evidenced that quick facts on drug abuse trends for monitoring the future, University of Michigan (2011), overview of key findings revealed that: Marijuana use among teens rose in 2011 for the fourth straight year- a sharp contrast to the considerable decline that had occurred in the preceding decade. Daily marijuana use is now at a 30-year peak level among high school seniors. “Synthetic marijuana,” which until earlier this year was legally sold and goes by such names as “K2” and “spice,” was added to the study’s coverage in 2011, one in every nine high school seniors (11.4%) reported using that drug in the prior 12 months; Alcohol use- and, importantly, occasions of heavy drinking—continued a long-term gradual decline among teens, reaching historically low levels in 2011. Energy drinks are being consumed by about one third of teens, with use highest among younger teens; and language is obviously a vital tool. Not only is it a means of communicating thoughts and ideas, but it forges friendships, cultural ties, and economic relationships.
According to authors of the 2009 National Survey on Drug Use and Health (NSDUH) report, “illicit drug use in the United States has risen to its highest level in 8 years. Last year, 8.7 percent of Americans aged 12 and older — an estimated 21.8 million people — said they used illicit drugs in the month prior to the survey, which represents a 9 percent increase over the 2008 rate.” Additionally, officials at the National Institute on Drug Abuse (NIDA) stated that “the rise was driven largely by an increase in the use of marijuana, which rose to 6.6 percent in 2009 after holding steady at around 6 percent since 2002. The increase was particularly high among youth aged 12 to 17 and young adults aged 18 to 25. Marijuana is the most commonly used illicit drug; about three-quarters of those who report illicit drug use cite marijuana abuse.” However, these results are a wake-up call to the nation,” said Pamela S. Hyde, administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), at a press conference held last September to announce the findings. “Our strategies of the past appeared to have stalled with ‘Generation Next.’ Parents and caregivers, teachers, coaches, and faith and community leaders must find credible new ways to communicate with our youth about the dangers of substance abuse.

Drug abuse is a major public health problem all over the world (UNODC) (2005). 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 (NDLEA; 1997).

Several school going adolescents experience mental health programme, either temporarily or for a long period of time. Some become insane, maladjusted to school situations and eventually drop out of school. According to Fawa (2003), “Drug is defined as any substance, which is used for treatment or prevention of a disease in man and animals. Drug alters the body functions either positively or otherwise depending on the body composition of the user, the type of drug used, the amount used and whether used singly or with other drugs at the same time”. NAFDAC (2000) as cited by Haladu (2003) explained the term drug abuse as excessive and persistent self-administration of a drug without regard to the medically or culturally accepted patterns. It could also be viewed as the use of a drug to the extent that it interferes with the health and social function of an individual.

World Book Encyclopedia (2004) defined drug abuse as the non-medical use of a drug that interferes with a healthy and productive life. Manbe (2008) defined drug abuse as the excessive, maladaptive or addictive use of drugs for non-medical purpose. Abdulahi (2009) viewed drug abuse as the use of drugs to the extent that it interferes with the health and social function of an individual. In essence, drug
abuse may be defined as the arbitrary overdependence or mis-use of one particular 
drug with or without a prior medical diagnosis from qualified health practitioners. 
It can also be viewed as the unlawful overdose in the use of drug(s). Odejide 
(2000) warned that drug abusers who exhibit symptoms of stress, anxiety, 
depression, behaviour changes, fatigue and loss or increase in appetite should be 
treated by medical experts and counsellors to save them from deadly diseases.

In Nigeria, the most common types of drugs abused according to NAFDAC 
(2000) as cited by Haladu (2003) are categorized as follows: Stimulants- These 
are substances that directly act and stimulate the central nervous system. Users at 
the initial stage experience pleasant effects such as energy increase. The major 
source of these comes from caffeine substance: Hallucinogens’- These are drugs 
that alter the sensory processing unit in the brain. Thus, producing distorted 
perception, feeling of anxiety and euphoria, sadness and inner joy; they normally 
come from marijuana, LSD etc. Narcotics- These drugs relive pains, induce sleeping 
and they are addictive; they are found in heroin, codeine, opium etc. Sedatives- 
These drugs are among the most widely used and abused. This is largely due to 
the belief that they relieve stress and anxiety, and some of them induce sleep, ease 
tension, cause relaxation or help users to forget their problems; they are sourced 
from valium, alcohol, promotazine, chloroform etc Miscellaneous- This is a group 
of volatile solvents or inhalants that provide euphoria, emotional disinhibition and 
perpetual distortion of thought to the user; the main sources are glues, spot removers, 
tube repair, perfumes, chemicals etc. Tranquilizers- They are believed to produce 
calmness without bringing drowsiness, and they are chiefly derived from Librium, 
Valium etc.

Methodology
This study is an expo facto descriptive survey research. It analysed the behaviour 
of the youths and their vulnerability to drug abuse menace in Nigeria. The research 
design involved collection of data in order to test the hypotheses and answer the 
research questions. Method of data analysis employed were Chi-square and phi- 
coefficient to test the independence of the means of responses and the degree of 
correlation from the responses gathered from the sample population. The study 
population used in this research work was gathered using the cluster sampling 
technique. The basic purpose of the descriptive survey research is to identify 
problems, collect information to describe an existing phenomenon, and make 
comparisons and systematic evaluations for informed decision.
Thus, the study population consisted of secondary school students, university undergraduates, youths in the community, management and staff of schools. The sample size of this population were selected because it was assumed that the children and young people are more vulnerable and prone to drug abuse in our society today and have no sufficient knowledge about the implication and adverse effects of the drug abuse menace. Hence, the primary source referred wholly to the secondary school students, university undergraduates, youths and the management and staff of school in Ijebu-North local government area. The secondary source of data were collected from published data such as books and text book materials, newspaper and magazines, official and periodical articles, journals, government agencies and trade periodical. Also, Tai Solarin College of Education, and Olabisi Onabanjo University e-libraries and other higher institutions' libraries were very useful in the collection of information for the research work.

However, the researchers have employed the use of interview, questionnaire, and observation as the research instruments. The research work was based on the sample size of 900 respondents. To test for the reliability of obtained r, the “t” test was used i.e. testing for the level of significance. The level of significance ($\alpha$) is often stated at 0.05 or 0.01, while confidence level is expressed at a percent or 99 percent probability level. But in this research study, the level of significance ($\alpha$) is tested at 0.05 significance level or 95 percent level of confidence.

The variables identified in the study for the purpose of formulation and testing of hypotheses, data collection and research instruments are:

(i) Youth development in terms of human capital, drug abuse and academic performance;
(ii) Youths' development and family history of alcoholism and parental/youths drug use;
(iii) Youths’ age, gender, financial status, structure and early anti-social behaviour that influence youths’ drug addiction; and
(iv) The drug abuse, academic failure, and little commitment to school or education as reflected in their academic performances.

**Data Presentation and Analysis**

This subsection presented the interpretation of results of analysis of the research findings. The sample size is taken as 900 and each observation was taken as a fraction of it. The data from the responses to the research questionnaire were analyzed and reported as presented in the following tables:
Table 1: Showing the relationship between youths’ development and family history of alcoholism and parental/youths drug use.

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Pry./Sec. Stds.</th>
<th>Undergrad.</th>
<th>Youths</th>
<th>Mgt./staff</th>
<th>Total</th>
<th>Percentage(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>126</td>
<td>121</td>
<td>135</td>
<td>76</td>
<td>458</td>
<td>50.8889</td>
</tr>
<tr>
<td>Agree</td>
<td>135</td>
<td>90</td>
<td>112</td>
<td>58</td>
<td>395</td>
<td>43.8889</td>
</tr>
<tr>
<td>Undecided</td>
<td>9</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>21</td>
<td>2.3333</td>
</tr>
<tr>
<td>Disagree</td>
<td>9</td>
<td>0</td>
<td>5</td>
<td>4</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>Strongly Diagree</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>8</td>
<td>0.8889</td>
</tr>
<tr>
<td>Total</td>
<td>283</td>
<td>215</td>
<td>260</td>
<td>142</td>
<td>900</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Researchers’ Field Survey, 2013

From the table 1 above, two hundred copies of the questionnaire were retrieved from the respondents who were considered to be informed about the menace of drug addiction. This represented as follows: 50.9% (458) respondents out of the nine hundred (900), strongly agreed that there is a relationship between youths’ development and family history of alcoholism and parental/youths drug use, 43.9% (395) agreed with this assertion, while the remaining 5.2% (47) of the respondents held a contrary view.

Test of Hypothesis 1:

Ho₁: There is no significant relationship between the youths’ development and family history of alcoholism and parental/youths drug use.

Based on the results of table 1, the following analysis of the test of hypothesis 1 is given:

Table 2: Observed Frequency (O)

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Pry./Sec. Stds.</th>
<th>Undergrad.</th>
<th>Youths</th>
<th>Mgt./staff</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Row 1</td>
<td>126</td>
<td>121</td>
<td>135</td>
<td>76</td>
<td>458</td>
</tr>
<tr>
<td>Row 2</td>
<td>135</td>
<td>90</td>
<td>112</td>
<td>58</td>
<td>395</td>
</tr>
<tr>
<td>Row 3</td>
<td>22</td>
<td>4</td>
<td>13</td>
<td>8</td>
<td>47</td>
</tr>
<tr>
<td>Total</td>
<td>283</td>
<td>215</td>
<td>260</td>
<td>142</td>
<td>900</td>
</tr>
</tbody>
</table>

Source: Researchers’ Field Survey, 2013
Table 3: Expected Frequency (E)

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Pry./Sec. Stds.</th>
<th>Undergrad.</th>
<th>Youths</th>
<th>Mgt./staff</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Row 1</td>
<td>144.015556</td>
<td>109.411111</td>
<td>132.311111</td>
<td>72.2622222</td>
<td>458</td>
</tr>
<tr>
<td>Row 2</td>
<td>124.205556</td>
<td>94.3611111</td>
<td>114.111111</td>
<td>62.3222222</td>
<td>395</td>
</tr>
<tr>
<td>Row 3</td>
<td>14.7788889</td>
<td>11.2277778</td>
<td>13.5777778</td>
<td>7.41555556</td>
<td>47</td>
</tr>
<tr>
<td>Total</td>
<td>283</td>
<td>215</td>
<td>260</td>
<td>142</td>
<td>900</td>
</tr>
</tbody>
</table>

Source: Researchers’ Field Survey, 2013

Table 4: $\chi^2 = \frac{(O-E)^2}{E}$

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Pry./Sec. Stds.</th>
<th>Undergrad.</th>
<th>Youths</th>
<th>Mgt./staff</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Row 1</td>
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<td>1.2275</td>
<td>0.05464</td>
<td>0.19334</td>
<td>3.72913</td>
</tr>
<tr>
<td>Row 2</td>
<td>0.93812</td>
<td>0.20156</td>
<td>0.03906</td>
<td>0.29976</td>
<td>1.4785</td>
</tr>
<tr>
<td>Row 3</td>
<td>3.52831</td>
<td>4.65281</td>
<td>0.02459</td>
<td>0.04606</td>
<td>8.25177</td>
</tr>
<tr>
<td>Total</td>
<td>6.72008</td>
<td>6.08188</td>
<td>0.11829</td>
<td>0.53916</td>
<td>13.4594</td>
</tr>
</tbody>
</table>

Source: Researchers’ Field Survey, 2013

Results Interpretation

We used the results from tables 2, 3, and 4 to test the hypothesis I. The analysis of the results showed that $\chi^2_{cal} = 13.4594 > \chi^2_{0.05} = 12.5916$, hence, we rejected the null hypothesis and retain the alternative hypothesis that there is significant relationship between the youths’ development and family history of alcoholism and parental/youth drug use.
Table 5: Showing the effects of drug abuse on academic failure, and little commitment to school and education

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Pry./Sec. Stds.</th>
<th>Undergrad.</th>
<th>Youths</th>
<th>Mgt./staff</th>
<th>Total</th>
<th>Percentage(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>104</td>
<td>94</td>
<td>108</td>
<td>63</td>
<td>369</td>
<td>41</td>
</tr>
<tr>
<td>Agree</td>
<td>117</td>
<td>149</td>
<td>135</td>
<td>72</td>
<td>473</td>
<td>52.55555556</td>
</tr>
<tr>
<td>Undecided</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>0</td>
<td>27</td>
<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>0</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>0</td>
<td>13</td>
<td>1.444444444</td>
</tr>
<tr>
<td>Total</td>
<td>238</td>
<td>261</td>
<td>266</td>
<td>135</td>
<td>900</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Researchers’ Field Survey, 2013

From table 5, three hundred and sixty nine (369) out of 900 respondents (which represented 41%) strongly agreed that there is a relationship between drug abuse and academic failure, little commitment to school or education on the other hand, 52.6% (473) agreed with this assertion also, whereas only 6.4% of the remaining fifty eight (58) respondents said otherwise.

Test of Hypothesis II:
Ho: There is no significant difference between drug abuse, academic failure, and little commitment to school and education.

Table 6: Observed Frequency (O)

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Pry./Sec. Stds.</th>
<th>Undergrad.</th>
<th>Youths</th>
<th>Mgt./staff</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Row 1</td>
<td>104</td>
<td>94</td>
<td>108</td>
<td>63</td>
<td>369</td>
</tr>
<tr>
<td>Row 2</td>
<td>117</td>
<td>149</td>
<td>135</td>
<td>72</td>
<td>473</td>
</tr>
<tr>
<td>Row 3</td>
<td>17</td>
<td>18</td>
<td>23</td>
<td>0</td>
<td>58</td>
</tr>
<tr>
<td>Total</td>
<td>238</td>
<td>261</td>
<td>266</td>
<td>135</td>
<td>900</td>
</tr>
</tbody>
</table>

Source: Researchers’ Field Survey, 2013
Table 7: Expected Frequency (E)

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Pry./Sec. Stds.</th>
<th>Undergrad.</th>
<th>Youths</th>
<th>Mgt./staff</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Row 1</td>
<td>97.58</td>
<td>107.01</td>
<td>109.06</td>
<td>55.35</td>
<td>369</td>
</tr>
<tr>
<td>Row 2</td>
<td>125.082</td>
<td>137.17</td>
<td>139.798</td>
<td>70.95</td>
<td>473</td>
</tr>
<tr>
<td>Row 3</td>
<td>15.3378</td>
<td>16.82</td>
<td>17.1422</td>
<td>8.7</td>
<td>58</td>
</tr>
<tr>
<td>Total</td>
<td>238</td>
<td>261</td>
<td>266</td>
<td>135</td>
<td>900</td>
</tr>
</tbody>
</table>

Source: Researchers’ Field Survey, 2013

Table 8: $\chi^2 = \sum [ (O-E)^2 / E ]$

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Pry./Sec. Stds.</th>
<th>Undergrad.</th>
<th>Youths</th>
<th>Mgt./staff</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Row 1</td>
<td>0.42239</td>
<td>1.58172</td>
<td>0.0103</td>
<td>1.05732</td>
<td>3.07173</td>
</tr>
<tr>
<td>Row 2</td>
<td>0.52224</td>
<td>1.02026</td>
<td>0.16466</td>
<td>0.01554</td>
<td>1.72269</td>
</tr>
<tr>
<td>Row 3</td>
<td>0.18014</td>
<td>0.08278</td>
<td>2.0017</td>
<td>8.7</td>
<td>10.9646</td>
</tr>
<tr>
<td>Total</td>
<td>1.12476</td>
<td>2.68476</td>
<td>2.17666</td>
<td>9.77286</td>
<td>15.759</td>
</tr>
</tbody>
</table>

Source: Researchers’ Field Survey, 2013

Results Interpretation

We used the results from tables 6, 7, and 8 to test the hypothesis II. The empirical results showed that $\chi^2_{\text{cal}} = 15.759 > \chi^2_{0.05} = 12.5916$. Hence, we rejected the null hypothesis and retain the alternative hypothesis. We therefore concluded that there is significant difference between drug abuse on one hand, and academic failure, little commitment to school and education on the other hand.
Table 9: Showing the influence of age, gender, financial status and early anti-social behaviour on youths’ drug addiction

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Pry./Sec.</th>
<th>Undergrad.</th>
<th>Youths</th>
<th>Mgt./staff</th>
<th>Total</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>108</td>
<td>90</td>
<td>135</td>
<td>54</td>
<td>387</td>
<td>43</td>
</tr>
<tr>
<td>Agree</td>
<td>94</td>
<td>144</td>
<td>140</td>
<td>67</td>
<td>445</td>
<td>49.4444444444</td>
</tr>
<tr>
<td>Undecided</td>
<td>10</td>
<td>9</td>
<td>10</td>
<td>1</td>
<td>30</td>
<td>3.3333333333</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>6</td>
<td>5</td>
<td>9</td>
<td>0</td>
<td>20</td>
<td>2.2222222222</td>
</tr>
<tr>
<td>Total</td>
<td>222</td>
<td>253</td>
<td>298</td>
<td>127</td>
<td>900</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Researchers’ Field Survey, 2013

From table 9, three hundred and eighty seven (387) out of 900 respondents (which represented 43%) strongly agreed that there is a relationship between age, gender, financial status and early anti-social behaviour on youths’ drug addiction, 49.4% (445) agreed with this assertion as well, whereas only 7.5% of the remaining sixty eight (68) respondents said otherwise.

Test of Hypothesis III:

**H₀**: There is no significant relationship between the age, gender, financial status and early anti-social behaviour and youths’ drug addiction.

Table 10: Observed Frequency (O)

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Pry./Sec.</th>
<th>Undergrad.</th>
<th>Youths</th>
<th>Mgt./staff</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Row 1</td>
<td>108</td>
<td>90</td>
<td>135</td>
<td>54</td>
<td>387</td>
</tr>
<tr>
<td>Row 2</td>
<td>94</td>
<td>144</td>
<td>140</td>
<td>67</td>
<td>445</td>
</tr>
<tr>
<td>Row 3</td>
<td>20</td>
<td>19</td>
<td>23</td>
<td>6</td>
<td>68</td>
</tr>
<tr>
<td>Total</td>
<td>222</td>
<td>253</td>
<td>298</td>
<td>127</td>
<td>900</td>
</tr>
</tbody>
</table>

Source: Researchers’ Field Survey, 2013
Results Interpretation
We used the results from tables 14, 15, 16, 17 and 18 to test the hypothesis III. The empirical results showed that $\chi^2_{cal} = 13.0155 > \chi^2_{0.05} = 12.5916$. Hence, we rejected the null hypothesis and retained the alternative hypothesis. We therefore concluded that there is significant relationship between age, gender, financial status and early anti-social behaviour on youths’ drug addiction.

Conclusion and Recommendations
Based on the theoretical presentation and empirical findings that emanated from the study, there existed a clear-cut and obvious relationship between the menace of drug abuse and youth development, but the implication of drug addiction to academic performance has been less than satisfactory in Nigeria. The reason being that 853 out of 900 respondents believed that youths’ development and family history of alcoholism have effect on parental/youths’ drug use in Nigeria with about 94.78% of the respondents affirmed this assertion. Also, the study revealed that a significance relationship existed between drug abuse on one hand and academic...
failure, little commitment to school and education on the other hand with about 93.56% (842) of respondents supported. While the analysis showed that there is a relationship between age, gender, financial status and early anti-social behaviour on youths’ drug addiction with about 92.44% (832) of the respondents accepted the assertion. All these implied that drugs abuse have significance influence on youth development and little or no contribution to society.

Having examined the influence of drug abuse menace on youth development, it is pertinent to conclude that drug abuse has significance effects on the youth development. Mba (2008) identified numerous negative effects of drug abuse on the body chemistry as follows:

1. Alcohol-related problems includes: (a) Physical problems e.g liver cirrhosis, pancreatic or peptic ulcer, tuberculosis, hypertension, neurological disorder; (b) Mental retardation for the fetus in the womb, growth, deficiency, delayed motor development; (c) Craniofacial abnormalities, limbs abnormalities and cardiac deficits; (d) Psychiatric e.g pathological drunkenness, suicidal behaviour; and (e) Socially-broken homes, increased crime rate, sexual offences, homicide and sexually transmitted diseases.
2. Tobacco: Causes stimulation of heart and narrowing of blood vessels, producing hypertension, headache, loss of appetite, nausea and delayed growth of the fetus. It also aggravates or causes sinusitis, bronchitis, cancer, strokes, and heart attack.
4. Inhalants: Causes anemia, damaged kidney and stomach bleeding.
5. Narcotics: Causes poor perception, constipation, cough, suppression, vomiting, drowsiness and sleep, unconsciousness and death.

As a child development scholar and activist, Bell assured that both education and parental monitoring are two critical pieces of prevention of drug and alcohol abuse in adolescents. Education about the consequences of drug and alcohol abuse should be combined with warm and responsive parenting and the opportunity to seek supportive counseling so that adolescents have an alternative to drug and alcohol use to handle any social and emotional difficulties that they face.

Drug abuse is a problem that is causing serious concern to both individuals and government all over the world. The problem is prevalent among adolescents who in most cases are ignorant about the dangers inherent in drug abuse. Many of them engaged in drug abuse out of frustration, poverty, lack of parental supervision, peer influence and pleasure. However, with effective counseling programme, the problems can be tackled.
From the foregoing, the following recommendations are put forward to assist in resolving the challenges of drug abuse menace in Nigeria:

1. The parent and guidance should help in controlling youth curiosity which make them to experiment the unknown facts about drugs that motivates adolescents into drug use. They should not be allowed to experience drug abuse that produces a state of arousal such as happiness and pleasure which in turn motivate them to continue.

2. Peer group influence should be reduced. Peer pressure should not be allowed to play a major role that can influence adolescents into drug abuse.

3. Active parental supervision: Many parents have no time to supervise their sons and daughters. Some parents have little or no interaction with family members, while others put pressure on their children to pass exams or perform better in their studies. These phenomena initialize and increase drug abuse. So, active parental supervision is highly recommended.

4. Personality problems due to socio-economic conditions should be ameliorated: Adolescents with personality problems arising from social conditions have been found to abuse drugs. The social and economic status of most Nigerians is below average. Poverty is widespread, broken homes and unemployment are on the increase, therefore our youths should not be allowed to roam the streets looking for employment or resort to begging.

However, the following are recommended among others for policy decision and implementation to eliminate the dilemma of drug addiction in Nigeria as a matter of urgency:

- Establishment of family education on drugs use: The family is the nucleus of the social organization. Parents should give their children appropriate education on drug use.

- Establishment of counseling centres for drug control: Counselling centres should be established in every community by the government or private individuals. Qualified health counsellors should be employed in helping drug addicts or those dependent on drugs by giving them special advice on how to go about the withdrawal system.

- Designing curricula on drug education: Ministry of education (State and Federal) should as matters of urgency add to the curricula on drug education at all levels of education.

- Campaign against drug abuse: National Drug Law Enforcement Agency (NDLEA) should intensify its campaigns on anti-drug in order to have a drug free society.
- Effective study habit for students: An effective study is that which centres on a well planned scheme of study involving sufficient recreational activities, enough resting time and sleep.
- Establishment of drug awareness units: Drug awareness units to be set up in all states and moderated by the federal, state and local governments.

References


Gellman, M. D. (2011). Early Drug Abuse Weighs Heavy on Youth Development, University of Miami, Professor and Director of the Division of Health Psychology and a Miller School of Medicine Behavioural and Clinical Research.


