

## ASSESSMENT OF GOVERNMENT'S DRUG ABUSE CONTROL POLICIES IN OSUN STATE, NIGERIA

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### Abstract

This study identified the various drugs mostly abused in Osun State, examined the socio-economic effect of drug consumption in the study area, and also identified the control strategies adopted to curtail drug consumption in Osun State. These were with a view to providing information on the effect and consequences of drug abuse in the study area. The study adopted descriptive research design. The study utilised Primary data. Primary data were collected through questionnaire administration. The study population of 1038 comprised of members of NDLEA (31), Police (73), Timber Cutter (64), NURTW (135), Artisans (735). Taro Yamane sample formula as used to derive a sample size of (288) respondents, and purposive sampling was used to select respondents. The choice of these respondents were targeted because of their exposure in working and knowledge on drug abuse. Also, interviews were conducted to elicit information from the Commander of the National Drug Law Enforcement Agency (NDLEA), Chairmen of National Union of Road Transport Workers in Ife Central and Ife North Local Government Areas (LGAs) (2), Divisional Police Officers in the two Local Government Areas (2), Commanders of the Amotekun Corp in the two Local Government Areas (2), and Leaders of the National Youth Council (2) totalling 9 interviewees. Also, data were obtained from NDLEA publications to elicit necessary information needed for the study. Data collected were analysed using mean, frequency, percentage and descriptive statistics. The result showed that Alcohol-whiskey, *ogogoro*, *gin* (92%), Cannabis (Hemp) i.e. pawpaw leaf, monkey tail, etc. (84%), Narcotics - codeine, morphine, cough syrups (63.5%), Psychotropic substance such as Tramadol, and Pentamizine (60.4%), Stimulant – Kolanut, Coffee, Colorando, Nescafe (59.4%) were drugs mostly abused while Lysergic acid, LSD, Phencidine PCP (43.4%), Sedative – valium capsule, lexotan, Ativan (42%) were drugs with less consumption in Ife Central and Ife North Local Government Areas of Osun State. The result showed that social unrest ( $\bar{X} = 3.94$ ), unemployment ( $\bar{X} = 3.90$ ), juvenile delinquency ( $\bar{X} = 3.15$ ), poor health ( $\bar{X} = 3.07$ ), and traffic accidents ( $\bar{X} = 2.94$ ) school failure ( $\bar{X} = 2.96$ ), higher rate of violence ( $\bar{X} = 2.97$ ), were the socio-economic effect of drug consumption. The strategies adopted to curtail drug consumption and abuse in Ife Central and Ife North Local Government Areas of Osun State, include; Federal and local police actions directed at street-level retail dealing and use, access and support drug retailers in reducing access to drug, War against Drug Abuse (WADA) by NDLEA. The study concluded that drug abuse has detrimental effect on the abusers, and consequences on those who engage in drug abuse and those living with and around them.

**Keywords:** Drug abuse; NDLEA; Osun State.

### 1. INTRODUCTION

Drug usage for a variety of reasons predates the existence of humanity. Since the beginning of time, ancient cultures have used herbal concoctions, plants, leaves, roots, and barks as traditional medicines to treat physical illnesses and ward off bad spirits. This suggests that drug usage is intrinsically linked to human civilisation (Hussein et al., 2017). The use and consumption of drugs from beginning such as herbs, leaves, and plants have been a major source of medicine for healing and control of diseases that infringe on people and community health from ancient times. Specific plants and application methods for ailments are passed down from generation to generation. People make use of drugs to meet the needs, fulfill goals,

or carry out specific tasks. The benefits of a substance, such as pain alleviation and pleasure sensations, or the meanings attached to its usage, such as a feeling of revolt or being part of something, may satisfy particular demands or wants. Each choice that those who use drugs make involves comparing potential advantages contrary to potential hazards, as viewed by the person.

Nonetheless are other uses that are motivated by requirements particular to teenage growth. It should be noted that a drug's effects might vary based on how it is used. The urge to take risks, exhibit autonomy and independence, establish values different from maternal as well as institutional power, signify admittance into a circle of friends, explore unusual and intriguing opportunities, and fulfill interest are all reasons for inspiration, as stated by the World Youth Report (2003). Adolescents across the globe are on the rise in environments that have a greater capacity for different types of drug usage, especially medicinal as well as non-medical.

Considering the unique drug use patterns in the metropolis, the West African Commission on Drugs (WACD; 2014) reported that many users combine cannabis and alcohol (referred to as mixed in in-group slang), and they depend on substance use such as smoking, drinking, and injection (Ibrahim, 2016). In-group slang claims that some people take *Reliefine*, a drug mix of codeine and tramadol. Two other mixtures that are popular among street kids are mixing lacasera with lizard feces and inhaling paint and latrines. Smoking "Zakami" (*Datura metel*) seeds and Paw-Paw leaves also have energizing effects. Although it is debatable which of these drugs teenagers use more frequently, the United Nations Office on Drugs and Crime (UNODC; 2012) asserted that cannabis users are more likely to use any other drug when their preferred drug is scarce.

Specifically, various substances that are neither internationally recognized nor acknowledged by the NDLEA are rapidly being taken by Metropolis adolescents. These medications are made up of ethanol and cannabis, lizard dung and lacasera soft drink, and codeine and tramadol such untainted medications have grown more varied within their applications.

Drug control laws in Nigeria have always been driven by the fight against drug trafficking. Inadequately restrained law enforcement efforts have been aided by this. Drug abuse is frequently described as a crime with harsh punishments, with drug users facing harsher consequences than drug traffickers. Law enforcement has not reduced drug use; in fact, it may even have increased along with other related problems. Additionally, it has raised the dangers associated with drug trafficking, making it profitable due to a rise in the price of narcotics on the market. Sharper drugs are used instead of milder ones, consumption shifts to riskier settings where social constraints are lax, and riskier methods of administration (smoking crack instead of snorting cocaine) are accepted (Klein, 2011).

Abuse of drugs damages the brain and frequently results in permanent changes to the way the nervous system works. Numerous students experience academic difficulties while using these mode-stimulating and mode-controlling drugs because the results are fatal when psychoactive chemicals kill thousands of neurons. Even fatal drug overdoses have occurred (Ekpenyong, 2012).

In Osun State, drug use among young people appears to be an ingrained habit. The health and future prosperity of young people are now threatened by drug abuse. Evidently, this causes parents, guardians, and family members grief. Additionally, it poses a serious issue for the entire nation.

Poor academic performance, physical health problems, money problems, emotional problems, memory impairment, risk factors for the majority of chronic diseases, problems with family relationships, and other issues have all been linked to drug and alcohol abuse as the main culprit. Abuse of substances and drugs can lead to psychiatric and physiological problems. Therefore, the study assess how drug abuse is controlled in Ife Central and North Local Government areas of Osun State.

## **1.2 Statement of the problem**

The availability and usage of illegal psychoactive chemicals in Nigeria have recently drawn a lot of attention, although the issue is far from new. Nigeria has a rather lengthy history of the sale and use of illegal substances (Obot, 2004).

Drug abuse is a serious problem for society, the individual, and public health, and it is thought to make economic crises and Nigeria's poverty worse. Drug abuse in Nigeria has become an international issue due to its effects on both youth and the nation as a whole. Wherein the main agents of progress and change should be the youths, but drug abuse has hurt some of them and rendered them useless (Okafor, 2020).

The number of school-age children succumbing to drug abuse appears to be rising daily, despite the extensive intervention efforts made by governmental organizations, religious organizations, non-state actors, and many other concerned parties to address the problem of substance abuse and drug use, particularly among youth. Nigerians are creating a subculture centered on the use of both legal and illicit drugs, claims a report by the National Agency for Food Drug Administration and Control NAFDAC (2008). This development is extremely concerning to the Nigerian society.

The Nigerian National Drug Law Enforcement Agency (NDLEA) and other governmental organizations have faced strong resistance from users at different locations across the country in spite of their ongoing efforts to eradicate such illicit drugs, which has raised the incidence of drug abuse cases. The prevalence of drug abuse among young people, who are primarily students, is still rising quickly.

The sole objectives of this work were to identified those abused drugs and examine the extent of socio-economic impact of the drug consumption and also, measure the effectiveness of the government control policy of drug abuse in Ife North and Ife Central Local Government Areas. Undoubtedly, this study would assist governmental like National Drug Law Enforcement Agency (NDLEA) and non-governmental organizations in developing effective strategies to control this menace by complementing their efforts in combating drug misuse, addiction, and trafficking in society.

## 2. LITERATURE REVIEW

### 2.1 Conceptual Review

#### 2.1.1 Drug and Drug Abuse

Drugs are substances that are administered medically in order to change how the body behaves. Carroll (1989) defined a drug as any chemical that, when consumed, alters the structure and operation of the body. Njoku (2004) defined drug abuse as a substance use disorder that is characterized by a pattern of harmful substance use that results in significant problems or suffering.

When a substance is consumed more than is advised, Coleman (2010) claims that drug abuse has taken place. Additionally, it could be taken to mean abusing prescription or over-the-counter drugs, as well as illicit substances. Carroll (1989) defined drug abuse as the deliberate use of substances for purposes other than their intended medical applications, which causes harm to the users' physical, mental, emotional, or social well-being.

According to Jamiu and Dantosh (2020), substance abuse is more specifically defined as the use of drugs or alcohol in ways that are harmful to the user's overall health. This includes the use of alcohol, cigarettes, illegal drugs, prescription drugs, or other drugs. Drug abuse is the harmful use of chemicals that alter consciousness. According to additional information, the term primarily refers to problems with drug abuse involving illegal substances, though it may also be used to refer to problematic prescription drug use, such as self-medication (Oluremi, 2012).

For their daily activities, including social, academic, political, and moral ones, the majority of teenagers in Nigeria unknowingly rely on drugs of one kind or another. Among them are tobacco, Indian hemp, cocaine, morphine, heroin, alcohol, ephedrine, madras, caffeine, glue, barbiturates, and amphetamines. Consequently, the act of using drugs is the act of using them improperly, using drugs for no specific reason. There are different ways that people misuse drugs:

- Using drugs that are prohibited
- When drug use is not necessarily for medical reasons and the substance being consumed is prohibited by law.
- When drug is misused, particularly the substance that is regarded as acceptable by society, like alcohol, cigarettes, tobacco, snuff, coffee, kola nuts, tea, etc.

#### 2.1.2 Types of Drugs Abused

The most common categories of drug misuse in Nigeria were categorized as follows by NAFDAC (2000), which Okafor (2020) cited.

- **Stimulants:** These are substances that stimulate the central nervous system by directly acting on it. Users initially experience advantages like an increase in energy. Cocaine made from coca leaves and artificial stimulants like tea, coffee, kola nuts, cigarettes,

tobacco (cocaine), pemoline, and amphetamine, smoking, sniffing, and injection are the main sources of these.

- **Hallucinogens:** These drugs affect the sensory processing unit of the brain. These effects, which include altered perception, sensations of anxiety and euphoria, despair, and inner joy, are frequently caused by marijuana, lysergic acid (LSD), diethylamide, and phencyclidine (PCP).
- **Narcotics:** These addictive drugs relieve pain and make the users fall asleep. They can be found in drugs like heroin, codeine, opium, etc.
- **Sedatives and depressants** are the drugs that are frequently used. This is primarily explained by the idea that they lessen tension and anxiety and that some of them also help people fall asleep, let off steam, unwind, or forget about their problems. Valium, alcohol, promethazine, chloroform, barbiturate, benzodiazepines, chloral hydrate (Secobarbital, Amobarbital, Phenobarbital, Diazepam, Chlordiazepoxide, Lorazepam, lextan, Ativan), and chlordiazepoxide are the sources of these substances.
- **Tranquilizers:** Mainly derived from librium, valium, and other sedatives, they are thought to produce calmness without causing drowsiness.
- **Inhalant:** This category includes aerosols, nail polish remover, kerosene, rubber solution, butyl nitrate, correction fluid, and gasoline. Variable inhalation is very damaging to the body since its toxic vapors go straight through the bloodstream to the heart, the lungs, and the brain.
- **Alcohol:** These include (anxiolytic drugs) Beer, Shakis, whisky, Palmy, *Burukutu*, *Ogogoro*, *Opa ehin*, Monkey tail
- **Anabolic Steroids:** These constitute the medications that athletes use to build up their bodies with muscle in order to trade in power for speed, such as Gastronome, metrenolone, and Danazol. Either orally or intravenously.
- **Cannabis sativa** is a substance that grows readily in the southwest of Nigeria. They go by several names, including *hashish*, *ganja*, *efo*, *gbana*, *oja*, *ewe*, and *wewe*.
- **Designer drugs:** injectable synthetic stimulants like amphetamine. They went through production procedures.

### 2.1.3 Stages of Drug Abuse

Drug misuse has five stages: the experimental stage, the social/occasional stage, the regular stage, and the dependency/addiction stage (Fagbola, 2015).

#### Experimentation Stage:

The initial stage of substance abuse is the teenage stage. Adolescents are typically involved, and they frequently have unfavorable knowledge about drug misuse. This stage also includes pressure from the peer group. Most teenagers desire to be a part of the elite social group that

includes people of their own age, standard, or lifestyle. In this stage, the abusers have not tried it out before; they were simply being invited, but in a circumstance where the first experience isn't enjoyable or accommodating, when the user finds it enjoyable, they gradually move to the second stage without their knowledge.

### **Social/Occasional Stage:**

At this time, the body system of the abuser has been accustomed to the intake of a certain drug, and he or she has grown interested in the habit of drug use. The abuser typically uses drugs whenever they are available at social events or whenever they become available or given by friends.

### **Regular Stage:**

At this point, the drug user is accustomed to consuming drugs and has been steadily maintaining sources. When provided sometimes, the user of a drug purchases a certain medication of their choosing using their own funds.

### **Dependency/Addiction:**

The user's body and brain require medication at this point to prevent feeling unwell. The user is at a point when their only option is to consume their preferred substance. The user won't think about anything else, including a job or family. But would do everything to get money to buy drugs for survival. Physical dependency is a condition in which the body has become used to the presence of a substance and, depending on the kind of substance, manifests as severe physical disturbances such as muscle aches, body itching, involuntary muscular activity, nausea, etc. when the substance is stopped from being administered. Psychological dependency is a state in which a person decides to use a substance repeatedly or seldom in order to get the desired pleasure and prevent suffering. The body requires the medicine at this point to prevent the uncomfortable withdrawal symptoms.

### **Addiction:**

This is the constant need for a drug, the addicted depends on the use of psycho-active drug to change the brain. People addicted to drug depend on them to feel normal and avoid the painful symptoms of withdrawal. Drug addiction is a sickness and it needs help to recover from it.

## **2.1.7 Drug Control**

### **2.1.7.1 Drug Control in Nigeria State**

In 1960, the Federal Capital Territory (FCT) and 36 other states formed the Federation of Nigeria. Nigeria, a nation in West Africa, shares borders with the Republic of Benin to the west, Chad and Cameroon to the east, and the Niger Republic to the north. The Gulf of Guinea is where its southern coast meets the Atlantic Ocean. In the country, there are six geopolitical zones. The nation is home to more than 250 different ethnic groups, the largest of which are the Hausa, Igbo, and Yoruba. According to UNODC (2019), with a population of about 186 million, Nigeria is ranked seventh among nations with a high population density and first in Africa.



Over half of the population (46%) lives below the poverty line in the nation, which is ranked 152 out of 188 in the UN's Human Development Index. Nigeria's population is young (the median age is 17 point nine years) 50, and nearly half of them (47 point eight percent) live in cities. The overall literacy rate is 59.6%. The overall population's literacy rate is 59.6%. The Human Development Report, 2016, states that the life expectancy at birth is 53 12 years based on health indicators. Despite this, less than 1% of the country's GDP is allocated to the field of health for the general population. The same study claims that discrepancies between men's and women's rates of being in the workforce and the gross national income per capita may be seen in the gender inequality index.

According to the International Narcotics Control Board's (INCB) 2017 report, West Africa continues to be an important transit location for drug trafficking. Precursors like ephedrine and the synthetic opioid tramadol, which is not controlled internationally and is increasingly mistreated in Nigeria and the rest of West Africa, are both trafficked, according to statistics on seizures. In addition to cocaine and marijuana, there are additional drugs. Two worrying activities in Nigeria are the illegal manufacture of amphetamines and cannabis (Ifeoma, 2020).

Despite the fact that drug trafficking is still an issue in Nigeria, data from 2016 indicate a decline in drug-related arrests and seizures, according to the National Drug Law Enforcement Agency's (NDLEA) 2016 Annual Report. Over the course of the investigation, 267,591.49 kg of drugs were seized. Marijuana abusers contributed the most (187,394 kg), followed by ephedrine (718 kg), drugs of abuse (77,755 kg), and methamphetamine (1,352 kg).

Among the other drugs discovered were 66 kg of heroin and 305 kg of cocaine. Approximately 49% of the drugs recovered at the Lagos International Airport were brought into Nigeria, according to data from drug seizures; the remaining drugs were sent out of the country by couriers. In 2016, the two most common destinations for drug couriers leaving Nigeria were China and South Africa. The report mentions that the couriers may have been transporting drugs that were intended for markets in Europe and Asia even though they listed several African countries as their final destinations.

As part of the European Union-funded project "Response to Drugs and Related Organized Crime in Nigeria," the Federal Ministry of Education, NDLEA, FMOH, NAFDAC, and UNODC recently worked together on a Randomized Control Trial (RCT) on a drug prevention program in school settings called Unplugged.

"Data analysis from the RCT has revealed the extent of cigarette, alcohol, and illegal drug use among Nigerian schoolchildren (mostly aged 14 and 15 years). Except for the North-West zone, where it was 13.4 percent, the percentage of students who had smoked at least once in their lives was relatively low (5.1 percent). In all of Nigeria's geopolitical regions, alcohol use was by far the most prevalent (33.6% of students reported lifetime use), (7.5% of students admitted to be using marijuana at some point).

In Nigeria, the North-West region (21%) and the North-East (14%) have the highest lifetime cannabis usage rates, respectively. When students got older, the prevalence of using illicit drugs rose across the board. Compared to boys, women used drugs significantly less frequently.

## 2.1 Empirical Review

Nigeria's anti-drug policy, a relic of colonial hazardous drugs control law, is notable for its focus on harsh penalties to deter drug offenses. The formation of the National Drug Law Enforcement Agency (NDLEA) in 1990 accelerated drug control in Nigeria. In a highly centralized bureaucracy, the agency combines the duties of regulating supply and demand reduction. Despite its success in drug seizures and the arrest and sentencing of criminals, its influence on drug usage as well as associated problems is modest.

The success is tarnished by endemic corruption and the high expense of policing. The establishment of a thorough drug policy that places emphasis on reducing demand via health initiatives such as avoidance and therapy is impeded by the drug law enforcement bureaucracy, whose orientation can't be altered without changing the organization's structure. The delegation of responsibilities through the establishment of a new drug demand reduction agency is an advancement in an appropriate direction. Nelson and colleagues (2017).

The impact of drug misuse on rural adolescents in Nigeria has serious ramifications for all parts of their lives, including education, occupation and job, families, communities, health, social, and psychological well-being. Ayandiji and Osoba (2017) investigated the social and psychological effects of drug abuse among rural youths in Ogun State, with the specific goal of identifying youths involved in drugs in the study area, investigating the reasons for taking drugs in the study area, and investigating the effects of drug abuse in the study area. It was observed that 81.9% of respondents used alcohol more than any other substance since it is easily available and inexpensive.

The majority of responders (65.7%) continued to use alcohol. Furthermore, 55.2% of respondents strongly believe that they would use medication in order to be daring among peers and powerful enough to carry out numerous duties. Furthermore, the social impact of drug usage is feeling high and addiction, whereas sleepiness was shown to have a psychological effect. Discriminate analysis revealed that 94 out of 105 respondents were still taking drugs, and 29 (30.9%) claimed to still be taking drugs but their qualities (family size) revealed that they were not, whereas 65 (59.1%) of those who claimed to still be taking drugs were not.

According to the study, the majority of those who were pruned will experience chronic and severe social and psychological impacts of the substance if they continue to use it. Additionally, there is a dire need for a more sufficient understanding of the deleterious effects of drug misuse among rural youths in Ogun State in particular and throughout Nigeria, since it is progressively becoming an accepted way of life for rural adolescents. Eric (2017) investigated drug usage and its socioeconomic repercussions on Nigerian adolescents. His research indicated that drug misuse is a measuring worm that has penetrated deep into the basis of our communities, with apocalyptic consequences that cut across every creed, race, and socioeconomic level. Since it has evolved into a subculture that destroys all human productive endeavors, no viable solution to the problem has been established.

The gradual evolution of man is the focus topic here since it causes a shift within the family, society, and the body as a whole. This is accomplished via coordinated actions of governments,



nonprofit organizations, community-based associations, and educational institutions, all against the backdrop of work on this issue that has been neglected over time. Drug usage and misuse have affected social connections and livelihood systems in Katsina State, according to Ojonigu et al. (2017). Evidence suggests that there has been a general increase in drug consumption and usage among young adults in the state's semi-urban communities, posing serious challenges to the country's sustainable development goals. In the research region, cough syrups, cannabis, and cigarettes are some of the most often abused and misused medicines or substances. Although heroin, cocaine, ecstasy, and glue are generally recognized among youngsters as narcotics and chemicals that are capable of being abused or misused, they are rarely utilized. Rape, reckless driving, and armed robbery are examples of criminal behaviors associated with drug or substance usage and abuse in the region. Drug and drug addiction and misuse are determined to be the outcome of structural conflicts and a lack of moral control among families in the research region. As a result, religious institutions and parents must step up social re-orientation programs aimed at aligning teenage ambitions with attainable incentives. Furthermore, rather than transferring individual and family burdens, risks, and responsibilities to government institutions, governments' efforts to create possibilities for job creation, schooling, and health in the area should be strengthened within families and communities.

Hussein et al. conducted research in 2017 to explore the link between drug consumption and criminal behavior among youngsters, as well as an answer to the problem of utilizing crime prevention measures. The study's aims were to evaluate the amount of drug misuse among Nigerian teenagers, to identify the causal relationship between the use of drugs and criminal behavior, and to investigate the significance of crime prevention measures in combating drug addiction among Nigerian youths. The study found that drug misuse is a global societal problem, particularly among teenagers, and that the problem is particularly severe in Nigeria, where both street kids and college adolescents consume drugs. It was also demonstrated that there is a positive relationship between drug use and crime: crime causes drug abuse because some crimes require courage, and drugs cause crime because youths engage in both crimes against persons as well as crimes toward property, regardless of the kind of substance they use (hard drugs, such as cocaine and heroin, cause violent crime, while soft drugs, such as marijuana, cause less serious offenses). The study recommended crime prevention techniques to address the drug-crime problem. This technique has been scientifically demonstrated to be efficient at combating crime, and if utilized to combat drug misuse, it will also provide additional advantages, such as reducing crimes linked with drug abuse and preventing drug-related health effects.

## **2.2 Theoretical Framework**

Mamman and colleagues (2014) proposed a number of ideas to explain the causes of drug misuse, including sociocultural theory, personality theory, biological theory, and learning theory, social development theory, social learning theory and psychological of self-esteem theory. These theories emphasize the reason(s) behind a person's use of a certain substance and describe drug abuse as being impacted by a range of circumstances. The significance of these

principles was discovered through an examination of the characteristics of the subject-drug connection. This evaluation avoids making any generalizations or oversimplifications when assessing substance abuse conduct, and it may be helpful for drug addiction intervention initiatives as well as preventive programs at various levels of influence. After reviewing pertinent theories, it is clear that there are many that can guide research in this area, but the social learning theory and social development theory provide the best foundation for this investigation. The first explanation undercuts the complexity of human behavior by focusing on only a few components of human conduct and explaining how people act in the context of either genetics or environment, despite the fact that it provides an in-depth description of a person's cognitive behavior through rational ways of working. The interplay between nature and nurture may affect behavior. Furthermore, the postulation could fall short of providing a comprehensive explanation for how people's proven intellectual control over their conduct results in a variety of actions, such as drug misuse, and introspective thoughts and feelings, such as self-esteem. On the other hand, the theory of social development proposes that people typically maintain some bonds to groups and occasionally to organizations, particularly when they come across opportunities for involvement, possess the necessary skills for involvement, and receive positive returns regarding their participation. Once an individual bond to a context, it is said that such individuals are more likely to behave.

### **3. METHODOLOGY**

#### **3.1 Area of Study**

In Nigeria's Osun State, the Ife North and Ife Central Local Government Areas were the locations of this study. They were selected because of the prevalence of drug abuse and cases of drug in the located areas. Osun State was established on August 27, 1991, and its capital is Osogbo. It is one of the states in southwest Nigeria. It is bordered by Kwara state to the north, Ekiti and Ondo state to the east, Ogun state to the south, and Oyo state to the west. Osun State is divided into the Osun West, Osun Central, and Osun East senatorial districts. The state is divided into 30 local government areas. The study uses the Ife Central and Ife North Local Government Areas of Osun State as a case study or basis for evaluating the state's drug abuse control strategy.

#### **3.2 Research Design and instruments**

The study used a descriptive research design and systematically collected, presented, and examined data on drug abuse control strategies in Ife Central and Ife North Local Government Areas. This design was deemed suitable for this study because it allowed for the collection of pertinent data necessary to fulfill the study's objectives. It made it possible to collect the necessary data from the respondents through questionnaires and interviews. The questions in the questionnaire used in this study were designed to elicit the data needed for the study. The questionnaire type was a mixed-content type with both structured and unstructured items to allow for both closed-ended and open-ended responses from the respondents in order to meet the research objectives. The survey gives the researcher quick access to data while also offering opportunities for clarification when necessary.

### 3.3 Population of the Study and Sampling Technique

The study population consists of National Drug Law Enforcement Agency staff, (31), Nigerian Police Force (73), Timber Cutter (64), National Union of Road Transport Workers (135), and Artisans (735) totaling 1038 people that make up the study's population. These respondents were chosen because of their work experience and knowledge of drug abuse. Purposive sampling was used to conduct the study in the Ife Central and Ife North Local Government Areas of Osun State. Additionally, the respondents for the administration of the questionnaire were chosen using the proportionate sampling technique. A representative sample of the study's population was used to create the sample. While it is impossible to interact with the entire population, a sample size is necessary to prevent data collection from being unclear. With the help of Taro Yamani's Statistical Formula, a sample size of 288 was determined for the administration of the questionnaire. Respondents were given questionnaires using proportionate sampling.

**Table 3.1: Distribution of Questionnaire**

LOCAL GOVERNMENT AREAS	RESPONDENTS	SAMPLE SIZE
IFE NORTH LOCAL GOVERNMENT AREAS	NDLEA	4
	Police	10
	Timber Cutter	9
	NURTW	18
	Artisans	100
IFE CENTRAL LOCAL GOVERNMENT AREAS	NDLEA	5
	Police	10
	Timber Cutter	9
	NURTW	19
	Artisans	104
	<b>Total</b>	<b>288</b>

### 3.4 Data Collection Technique

It is a primary data driven research. The primary data was gathered through questionnaires, interviews, and direct observation during the investigation period. Through a questionnaire that the researcher created and gave to the respondents, the study obtained primary data. 288 people completed the questionnaire. Interviews were also conducted to gather information from the Area Commander of the National Drug Law Enforcement Agency (NDLEA) in the two Local Government Areas, the Chairmen of the National Union of Road Transport Workers in the two Local Government Areas (LGAs), the Divisional Police Officers in the two Local Government Areas, the Commanders of the Amotekun Corp in the two Local Government Areas, and the Leaders of the National Youth Council in the two LGAs.

### 3.6 Data Analysis Technique

Using the statistical package for social science (SPSS) version 20 statistical software, the data gathered for this study were subjected to appropriate descriptive and inferential statistics. This approach was used to guarantee that the primary data was properly identified, categorized, arranged, analysed, and synthesized in order to meet the study's objectives. Data analysis was

done using descriptive statistics which include tables, percentages, and frequencies. The study carefully examined the interviewee's responses to make reasonable deductions through content analysis.

#### **4. DATA ANALYSIS, INTERPRETATION AND DISCUSSION**

The findings of the study are discussed and the results are presented in this chapter. The themes that emerged from the data and the type of analysis (univariate analysis) have both influenced how the quantitative and qualitative results have been organized. The discussion of the findings was therefore organized in relation to the study's goals. In order to gather data on drug abuse control strategies in the Ife Central and Ife North Local Government Areas of Osun State, Nigeria, a total of 288 copies of the questionnaire were distributed. The total number of copies of the questionnaire that were administered was 288; therefore, 288 copies of the questionnaire were recovered from the field, or 100% of the total number of copies. The univariate analysis, which includes the respondents' characteristics like gender, age, marital status, educational background, and occupation, is where the analysis starts. Furthermore, the frequency and percentages for each of these were shown. Identifying the various drugs most commonly abused in Ife Central and Ife North Local Government Areas is the first goal. The second goal looks at the socioeconomic impact of drug use in the study area. The third goal is to identify the control measures taken to reduce drug use in Osun State's Ife Central and Ife North Local Government Areas. All of the tables and figures in this chapter, unless otherwise noted, were created through the analysis of information gleaned from a survey that was conducted in the year 2022. The qualitative participant responses that were gathered during interview sessions were also presented alongside the quantitative analysis, which was done using content analysis. This chapter also included four sections. The socio-demographic information about the respondents was covered in the first section, while the discussion of the first, second, and third objectives' results was covered in the other sections.

##### **4.1 Socio-Demographic Features of the Respondents**

The sociodemographic characteristics of the survey participants were presented in this section. Sociodemographic characteristics like gender, age, marital status, educational background, and occupation are listed in Table 4.1. As presented in Table 4.1, the respondents' gender indicates among the 288 participants sampled, more than half 217 (75.3%) were males while others 71 (24.7%) were females. This does not have implications on the subject matter. Furthermore, the participant's age distribution as shown in the table revealed that 10 (3.5%) of the respondents were in the age range that is below 20 years. 77 (26.7%) of the respondents fall within the age range of 21-30 years. Almost half 101 (35.1%) of the respondents were in the age category of 31-40 years. 71 (24.7%) of the respondents belonged to the age range of 41-50 years. While 29 (10.1%) of the respondents were in the age category of 51 and above. This does not have any influence on the subject matter as drug abuse does not exclude any participant of the age range.

Percentage distribution of the respondent's marital status indicated that the majority 193 (67.0%) of the respondents are married. Less than one quarter 67 (23.3%) of the respondents were single. 13 (4.5%) of the respondents were separated. While 12 (4.2%) and 3 (1.0%) were

widow and widower respectively. This by implication does not affect drug control strategies in the selected local governments. Furthermore, the distribution of participants by educational background showed that 92 (31.9%) of the respondents had an O' level educational background. In the same vein, 92 (31.9) of the respondents had B.SC/HND educational background. More than one quarter 80 (27.8%) of the respondents were OND/DIP certificate holders. While 21 (7.3%) and 3 (1.0%) of the respondents were those with a higher degree educational background. By implication, educational background does not influence drug use in the study areas. More importantly, considering the occupation status of the respondents, it was shown in the table that the majority 204 (70.8%) of the respondents were artisans. 37 (12.8%) of the respondents were NURTW, 20 (6.9%) of the respondents were police, 18 (6.3%) of the respondents were timber cutters, and 9 (3.2%) of the respondents were NDLEA officials. This connotes that the set groups of people in the section had more understanding of drug abuse and the effort to control it.

**Table 4.1: Distribution of respondents' characteristics**

<b>Gender</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative percent</b>
Male	217	75.3	75.3
Female	71	24.7	100.0
<b>Total</b>	288	100.0	
<b>Age</b>			
Below 20years	10	3.5	3.5
21-30years	77	26.7	30.2
31-40years	101	35.1	65.3
41-50years	71	24.7	89.9
51 and above	29	10.1	100.0
<b>Total</b>	288	100.0	
<b>Marital Status</b>			
Single	67	23.3	23.3
Married	193	67.0	90.3
Separated	13	4.5	94.8
Widow	12	4.2	99.0
Widower	3	1.0	100.0
<b>Total</b>	288	100.0	
<b>Educational Background</b>			
O' level	92	31.9	31.9
OND/DIP	80	27.8	59.7
B.SC/HND	92	31.9	91.7
M.A/M.SC	21	7.3	99.0
Ph.D	3	1.0	100.0
<b>Total</b>	288	100.0	
<b>Occupation</b>			
NDLEA	9	3.2	3.2
Police	20	6.9	10.1
Timber cutter	18	6.3	16.4
NURTW	37	12.8	29.2
Artisan	204	70.8	100.0
<b>Total</b>	288	100.0	

Source: field study, 2023

#### 4.2 Identify the various drugs mostly abused in Ife Central and Ife North Local Government Areas

This section presents the descriptive analysis result that addressed the objective one which craved to identify the various drugs mostly abused in Ife Central and Ife North Local Government Areas. In order to achieve this, respondents were asked to give their claim on the types of drugs mostly abused with yes and no option format. The section predicates its interpretation on their responses and was graphically represented. As observed in the distribution in Table 4.2, considering Alcohol (whiskey, ogogoro, *pelebe*, gin), majority 265 representing 92.0% of the respondents reported yes, while 23 representing 8.0% of the respondents reported no. This by implication means that Alcohol (whiskey, ogogoro, *pelebe*, gin) was majorly abused in the study areas. Further, as presented in Table 4.2, Cannabis (Hemp) i.e. pawpaw leaf, monkey tail, etc. was also used to know about the drug mostly abused. It was revealed that the majority 241 (83.7%) of the respondents reported yes while 47 representing 16.3% of the respondents reported no. This implies that cannabis is one of the drugs most abused

In Table 4.2, the frequency distribution of the respondents showed 121 (42.0%) of the respondents acclaimed that sedative (valium capsule, lexotan, Ativan) is one of the drugs mostly abused. While on the contrary 167 (58.0%) of the respondents were against it. This simply means that sedative (valium capsule, lexotan, Ativan) was not abused in the study area. More so, it was observed in Table 4.2 that 117 representing 40.6% of the respondents reported that Stimulant (kolanut, coffee, colorando, nescafe) was not mostly abused, while majority 171 representing 59.4% of the respondents reported Yes. This means that Stimulant (kolanut, coffee, colorando, nescafe) are some of the drugs most abused. As revealed in Table 4.2, more than half 183 representing 63.5% of the respondents reported that Nacotics (codeine, morphine, cough syrups) is one of the drugs that is abused in the areas while 104 representing 36.1% of the respondent reported No. This could mean that Nacotics (codeine, morphine, cough syrups) is mostly abused in the study area.

Considering Lysergic acid, LSD, phencidine PCP in Table 4.2, more than half 189 representing 65.6% of the respondents reported No, while 99 representing 43.4% of the respondents reported Yes. This means that Lysergic acid, LSD, phencidine PCP were not one of the drugs abused in the study area. In Table 4.2, it was revealed that the majority 174 representing 60.4% of the respondents reported that Inhalant (rubber solution, gasoline, kerosene, correcting fluid) was not mostly abused in the areas, while 114 representing 39.6% were against this assertion. This implies that among the drugs mostly abused in the study area, inhalant (rubber solution, gasoline, kerosene, correcting fluid) was not among them. Moreover, as shown in Table 4.2, more than half 174 representing 60.4% of the respondents acclaimed that psychotropic substance (Tramadol, Pentamizine) was mostly abused in the two local government areas, while 114 representing 39.6% of the respondents were contrary to the assertion. This could mean that people who abused drug do not mostly abuse Psychotropic substance (Tramadol, Pentamizine) due to generality condemnation of the drug and police raids.



**Table 4.2: Identify the various drugs mostly abused in Ife Central and Ife North Local Government Areas**

S/N	Drugs Mostly Abused	No	Yes	Descriptive Statistic	
		F (%)	F (%)	Mean value	Standard Deviation
1	Alcohol- whiskey, ogogoro, pelebe, gin	23 (8.0)	265 (92.0)	1.92	.272
2	Cannabis (Hemp) i.e. pawpaw leaf, monkey tail, etc	47 (16.3)	241 (83.7)	1.84	.370
3	Sedative – valium capsule, lexotan, ativan	167 (58.0)	121 (42.0)	1.42	.494
4	Stimulant – kolanut, coffee, colorando, nescafe	117 (40.6)	171 (59.4)	1.59	.492
5	Nacotics - codeine, morphine, cough syrups	104 (36.1)	183 (63.5)	1.82	3.181
6	Lysergic acid, LSD, phencidine PCP	189 (65.6)	99 (43.4)	1.34	.476
7	Inhalant – rubber solution, gasoline, kerosene, correcting fluid	174 (60.4)	114 (39.6)	1.40	.490
8	Psychotropic substance (Tramadol, Pentamizine,)	114 (39.6)	174 (60.4)	1.60	.490

To complement the data gathered through questionnaire administration, some key stakeholders were engaged in an interview. The first question asked was from your experience, what are the drugs mostly abused in your area? The NDLEA Area Commander, Ife Area Command Office, the Divisional Police Officer (DPO), Commanders, Amotekun Corp, Chairmen of NURTW in Ife Central and Ife North LGA, and the National Youth Leader were of similar response that Hemp i.e. Igbo, tramadol with a psychotropic substance such as monkey tail (a combination of hot drink and hemp soaked together, loud, ice, paw-paw leaves, Ogogoro, weeds, Dry gin, *pelebe*, shezima, short form Alagbo hawkers, beers, kolanut, and cigarette.

Furthermore, the interviewees were further asked how they manage to control drugs in order to reduce access to them by the abusers. The NDLEA Area Commander, Ife Area Command Office, and the Divisional Police Officer (DPO) made arrests of the drug dealers, and drug traffickers and prosecuted them in order to stop the spreading of drugs in the LGAs.

More so, the chairmen of NURTW emphasized that they instructed the sellers to stop coming to the garage, and also, gave advice to their members not to drink nor smoke while. The Commanders of Amotekun Corp posit that they assist the police in raiding and join the youth leaders in reporting the drug dealers and their hideouts to law enforcement agencies like NDLEA and the police.

### 4.3 Examine the socio-economic effect of drug consumption in the study area

This section addressed objective two (2) which aimed to examine the socio-economic effect of drug consumption in the study area. In an attempt to achieve this objective, respondents were asked to respond, how agreed or disagreed, with each of the assertions set out to examine the socio-economic effect of drug consumption in the Ife North and Ife Central in Osun State.

The assertion's values or responses were organized using the Likert scale of measurement, such as strongly agree, agree, disagree, strongly disagree, and undecided. In addition, frequency distribution, simple percentages, mean value, and standard deviation.

As presented in Table 4.3, the respondents were asked to react to the perception of school failure as a socio-economic effect of drug consumption in the study area. The frequency and percentage distribution showed that 18 representing 6.3% of the respondents strongly agreed to the assertion and 136 representing 47.2% of the respondents ordinarily agreed.

However, 70 representing 24.3% of the respondents disagreed and 57 representing 19.8% of the respondents strongly disagreed with this assertion. While 7 representing 2.4% of the respondents remained undecided. By majority claim, that school failure is one of the socioeconomic effects of drug consumption.

This is bound to be true because those who are into drugs develop alienation traits, thereby preferring to always be alone with their caliber.

Further, Table 4.3 revealed that 8 (2.8%) of the respondents strongly agreed that juvenile delinquency is one of the socio-economic effects of drug consumption. This position was complemented by a trend of 167 (58.0%) of the respondents who agreed with this assertion. However, 81 (28.1%) of the respondents disagreed with this claim and this was complemented by a trend of 30 (10.4%) of the respondents who strongly disagreed with the claim. While 2 (0.7%) of the respondents remained undecided. This implies that juvenile delinquency is a socio-economic effect of drug consumption in the area.

It was noted that 33 (11.5%) of the respondents strongly agreed with the statement that HIV/AIDS transmission is a socio-economic effect of drug consumption. About 187 representing 64.9% of the respondents agreed. However, 32 (11.1%) of the respondents only disagreed and 20 representing 6.9% of the respondent strongly disagreed. While 16 (5.6%) of the respondents remained undecided. By implication, it means that HIV/AIDS transmission is a socio-economic effect of drug consumption. This is bound to be true as those who are drug addicted can engage in rape activities, having unprotected sex for self and mood satisfaction.

As presented in Table 4.3, the respondents were asked to react to the perception of a higher rate of violence as a socio-economic effect of drug consumption in the study area. The frequency and percentage distribution showed that 7 representing 2.4% of the respondents strongly agreed with the assertion and 160 representing 55.6% of the respondents ordinarily agreed. However, 60 representing 20.8% of the respondents disagreed and 60 representing 20.8% of the respondents strongly disagreed with this assertion. While 1 representing 0.3% of the respondents remained undecided.

The majority claim, it implies that drug consumption does result in a higher rate of violence. This is true because when hard drug consumers are high or not in their right senses are bound to commit various crimes as it seems pleasant in their sight.

Further, Table 4.3 revealed that 4 (1.4%) of the respondents strongly agreed that an unsafe environment is one of the socio-economic effects of drug consumption.

This position was complemented by a trend of 158 (54.9%) of the respondents who agreed with this assertion. However, 58 (20.1%) of the respondents disagree with this claim and this was complemented by a trend of 59 (20.5%) of the respondents who strongly disagree with the claim. While 9 (3.1%) of the respondents remained undecided. By implication, it therefore means that those who are drug abusers make an environment unsafe for the dwellers as they engage in various criminal activities

It was noted that 14 (4.9%) of the respondents strongly agreed with the statement that social unrest is a socioeconomic effect of drug consumption. About 166 representing 57.6% of the respondents agreed. However, 53 (18.4%) of the respondents only disagreed and 50 representing 17.4% of the respondent strongly disagreed. While 5 (1.7%) of the respondents remained undecided. By implication, this means that drug consumption by the drug abuser causes them to engage in unacceptable activities in society

As further presented in Table 4.3, the respondents were asked to react to the perception of unemployment as a socio-economic effect of drug consumption in the study area. The frequency and percentage distribution showed that 27 representing 9.4% of the respondents strongly agreed with the assertion and 172 representing 59.7% of the respondents ordinarily agreed. However, 46 representing 16.0% of the respondents disagreed and 33 representing 11.5% of the respondents strongly disagreed with this assertion.

While 10 representing 3.5% of the respondents remained undecided. My majority claim implies that unemployment is a socio-economic effect of drug consumption by drug abusers. This is true as those who are into drugs cannot be employable and useful to society. However, employable for crime purposes.

Table 4.3 also revealed that 14 (4.9%) of the respondents strongly agreed that one of the socio-economic effects of drug consumption is a reduction in work productivity. This position was complemented by a trend of 180 (62.5%) of the respondents who agreed with this assertion. However, 45 (15.6%) of the respondents disagreed with this claim and this was complemented by a trend of 43 (14.9%) of the respondents who strongly disagreed with the claim. While 6 (2.1%) of the respondents remained undecided. By implication, it means that there is a reduction in work productivity by those who are deep into drug consumption.

It further noted that 19 (6.6%) of the respondents strongly agreed with the statement that poor health is a socio-economic effect of drug consumption. About 150 representing 52.1% of the respondents agreed. However, 63 (21.9%) of the respondents only disagreed and 52 representing 18.1% of the respondent strongly disagreed. While 4 (1.4%) of the respondents remained undecided. It implies that those who are into drugs do have poor health, as they are faced with various and serious health challenges. As further presented in Table 4.3, the respondents were asked to react to the perception of traffic accidents as a socio-economic effect of drug consumption in the study area.

The frequency and percentage distribution showed that 11 representing 3.8% of the respondents strongly agreed with the assertion and 143 representing 49.7% of the respondents ordinarily agreed. However, 73 representing 25.3% of the respondents disagreed and 54 representing

18.8% of the respondents strongly disagreed with this assertion. While 7 representing 2.4% of the respondents remained undecided. This connotes that those who abuse drug drives recklessly thereby resulting in accidents of any degree because they will take everything with levity.

Table 4.3 also revealed that 10 (3.5%) of the respondents strongly agreed that one of the socio-economic effects of drug consumption is fights, murders, and suicides. This position was complemented by a trend of 121 (42.0%) of the respondents who agreed with this assertion. However, 75 (26.0%) of the respondents disagreed with this claim and this was complemented by a trend of 76 (26.4%) of the respondents who strongly disagreed with the claim. While 6 (2.1%) of the respondents remained undecided.

By the respondents' claim, there is almost a tie of response to this assertion. However, there is a slight increase in the disagreement reaction which could mean that not all drug abusers fight, murder, or commit suicide. However, there is still evidence from those who agree that those who are into drugs do engage in fights, and commit crimes.

**Table 4.3: Examine the socio-economic effect of drug consumption in the study area**

S/N	Assertions	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Descriptive statistics	
		f (%)	F (%)	F (%)	f (%)	f (%)	Mean value	Standard Deviation
1	School failure	18 (6.3)	136 (47.2)	7 (2.4)	70 (24.3)	57 (19.8)	2.96	1.327
2	Juvenile delinquency	8 (2.8)	167 (58.0)	2 (0.7)	81 (28.1)	30 (10.4)	3.15	1.171
3	HIV/AIDS transmission	33 (11.5)	187 (64.9)	16 (5.6)	32 (11.1)	20 (6.9)	3.68	1.256
4	Higher rate of violence	7 (2.4)	160 (55.6)	1 (0.3)	60 (20.8)	60 (20.8)	2.97	1.301
5	Unsafe environment	4 (1.4)	158 (54.9)	9 (3.1)	58 (20.1)	59 (20.5)	2.97	1.276
6	Social unrest	14 (4.9)	166 (57.6)	5 (1.7)	53 (18.4)	50 (17.4)	3.14	1.279
7	Unemployment	27 (9.4)	172 (59.7)	10 (3.5)	46 (16.0)	33 (11.5)	3.40	1.199
8	Reduced work productivity	14 (4.9)	180 (62.5)	6 (2.1)	45 (15.6)	43 (14.9)	3.27	1.227
9	Poor health	19 (6.6)	150 (52.1)	4 (1.4)	63 (21.9)	52 (18.1)	3.07	1.314
10	Traffic accidents	11 (3.8)	143 (49.7)	7 (2.4)	73 (25.3)	54 (18.8)	2.94	1.287
11	Fights, murders, suicides	10 (3.5)	121 (42.0)	6 (2.1)	75 (26.0)	76 (26.4)	2.70	1.339

Source: Field Survey, 2023

#### **4.4 Identify the control strategies adopted to curtail drug consumption**

This section presents the analysis result that addressed objective three (3) which craved to identify the control strategies adopted to curtail drug consumption in Ife Central and Ife North Local Government Areas. To achieve this, respondents were asked to give their claim on the control strategies with the 'Yes' and 'No' option format. The section predicates its interpretation on their responses.

As observed in the distribution in Table 4.4, considering international efforts to eradicate naturally growing sources of illicit drugs, the majority 199 representing 69.1% of the respondents reported that international effort to eradicate naturally growing sources of illicit drugs is one of the strategies adopted to curtail drug consumption while 23 representing 8.0% of the respondents reported No. By the majority claim, it is evident that international effort to eradicate naturally growing sources of illicit drugs is used to curtail drug abuse.

Further, as presented in Table 4.4, federal and local police actions directed at street-level retail dealing and use were also used to know about the strategies adopted to curtail drug abuse. It was revealed that the majority 193 (67.0%) of the respondents reported Yes while 47 representing 16.3% of the respondents reported No.

This implies that federal police and the local police do engage in street raiding in apprehending those drug traffickers and drug dealers so they have to reduce the accessibility of the hard drugs for the abusers. In Table 4.4, the frequency distribution of the respondents showed 183 (63.5%) of the respondents acclaimed that increasing community collaboration to reduce drug abuse is one of the strategies adopted to curtail consumption.

While on the contrary 105 (36.5%) of the respondents were against this claim. By majority affirmation, it implies that the community was involved in the course of reducing drug abuse in the areas by having the people especially the youth sensitized about the implication, the detriments, and the consequences that lies in taking illicit drugs.

As revealed in Table 4.4, more than half 178 representing 61.8% of the respondents reported that increasing and aligning community drug abuse prevention messaging is one of the strategies used to curtail drug abuse in the areas while 110 representing 38.2% of the respondents reported No. by majority claim, it implies that increase and align community drug abuse prevention messaging help to curtail and reduce the rate of drug consumption and abuse in the study area.

In Table 4.4, it was revealed that the majority 182 representing 63.2% of the respondents reported that increasing access to skill-building opportunities for parents and adults working with youth to reduce drug abuse was one of the strategies adopted in curtail drug abuse in the areas, while 106 representing 36.8% were against this assertion.

This implies that an increase in access to skill-building opportunities provided for parents and adults who works with you one way or the other will help the youth to deter from abusing drug and consuming the hard ones. The skill-building opportunities will help youths to be creative and equally engaged with activities that will improve their well-being as well.

Moreover, as shown in Table 4.4, more than half 194 representing 67.4% of the respondents acclaimed that support given for pro-social and youth development activities for youths was used to curtail drug abuse in the two local government areas, while 94 representing 32.6% of the respondent were contrary to the assertion.

By majority claim, it implies that social programmes that help the youth in self-development were helpful as a support for the youths to have a better life and shorn drugs which is detrimental to their health and the health of the nation. In Table 4.4, the frequency distribution of the respondents showed 180 (62.5%) of the respondents acclaimed that change in consequences for drug abusers charged with minor possession to support reducing drug abuse is one of the strategies used to curtail drug consumption in the study area. While on the contrary 108 (37.5%) of the respondents were against it.

This implies that serious punishment and change in consequences for those who possess and are into drugs have led to a reduction in drug consumption and abuse. More so, in Table 4.4, it was revealed that the majority 201 representing 69.8% of the respondents reported that the support for local policies to reduce illicit drug consumption or use was one of the strategies used to curtail abuse in the areas, while 87 representing 30.2% were against this assertion. This could mean that the support of local policies by the communities to help reduce the consumption of hard drugs has resulted in the fear of the youth to deep drill into drugs, thereby having a safe environment.

Moreover, as shown in Table 4.4, more than half 187 representing 65.6% of the respondents acclaimed that access and support given to drug retailers in reducing access to drugs was used to curtail drug abuse in the two local government areas, while 101 representing 35.1% of the respondent were contrary to the assertion. Going by the majority claim, it implies that assessment and support given to drug retailers such as pharmacists have directives on what sort of drugs could and should be sold out.

This has helped in the reduction of drug consumption. As revealed in Table 4.4, more than half 189 representing 65.6% of the respondents reported that increasing access to brief intervention and treatment for drug abusers is one of the strategies used to curtail drug abuse in the areas while 99 representing 34.4% of the respondents reported No.

This implies that brief intervention and treatment given to drug abusers who had fallen victim to the consequences of drug consumption have made those who are affected by the influence of drugs have a change of mind to abstain from the consumption of hard drugs.

More so, in Table 4.4, it was revealed that the majority 171 representing 59.4% of the respondents reported that the War against Drug Abuse (WADA) by NDLEA was one of the strategies used to curtail abuse in the areas, while 117 representing 40.6% were against this assertion. By majority claim it implies that the NDLEA engaged in an operation called the War against Drug Abuse (WADA). This operational movement is one kind that the NDLEA established for the purpose of fighting drug abuse in society. With this, drug abusers and consumers have to stop taking drugs so as not to face the wrath of the law.



**Table 4.4: Identify the control strategies adopted to curtail drug consumption**

S/N	Drug control strategies	No	Yes	Descriptive Statistic	
		F (%)	F (%)	Mean value	Standard Deviation
1	An international effort to eradicate naturally growing sources of illicit drugs	89 (30.9)	199 (69.1)	1.69	.462
2	Federal and local police actions directed at street-level retail dealing and use	95 (32.9)	193 (67.1)	1.69	.487
3	Increase community collaboration to reduce drug abuse	105 (36.5)	183 (63.5)	1.64	.482
4	Increase and align community drug abuse prevention messaging	110 (38.2)	178 (61.8)	1.62	.487
5	Increase access to skill-building opportunities for parents and adults working with youth to reduce drug abuse	106 (36.8)	182 (63.2)	1.63	.483
6	Support pro-social and youth development activities for youths	94 (32.6)	194 (67.4)	1.67	.470
7	Change consequences for drug abusers charged with minor in possession to support reducing drug abuse	108 (37.5)	180 (62.5)	1.62	.486
8	Support local policies to reduce illicit drug consumption or use	87 (30.2)	201 (69.8)	1.70	.460
9	Access and support drug retailers in reducing access to drug	101 (35.1)	187 (64.9)	1.65	.478
10	Increasing access to brief intervention and treatment for drug abusers	99 (34.4)	189 (65.6)	1.66	.476
11	War Against Drug Abuse (WADA) by NDLEA	117 (40.6)	171 (59.4)	1.59	.492

Source: Field Survey, 2023

To complement the data gathered through questionnaire administration, some key stakeholders were engaged in the interview. It was asked that are there any measures put in place to reduce drug abuse in your area. If yes, what are the measures? The DPOs with similar responses disclosed that after they were successful with apprehending and prosecution, all items of exhibits recovered from them were always reported and buried for forfeiture. Also, religious leaders were allowed to preach and counsel them, and this effort changed their lives gradually. The NDLEA area commander confirmed Yes, and stated that:

Whenever they make an arrest, they first separate drug abusers from drug dealers and thereby refer them to a drug demand reduction unit for counseling and at times it can lead to the rehabilitation of such drug abusers. In addition to this, rehabilitation is sometimes subject to the willingness and readiness of the abusers' relations to support the recovery of drug users. Moreover, parents, pastors, imams, guardians, and community leaders do refer drug abusers to NDLEA rehabilitation centres for the drug abusers to recover. Since, it is not only arresting that usually bring drug abusers to the NDLEA office, therefore, parents, pastors, imams, guardians, and community leaders are called referral by significant which can work out for the recovery of drug users to become useful to themselves and to society at large. On the other hand, arrests made by the NDLEA or police are called referral by arrest. Furthermore, there is a popular programme in NDLEA presently called the War against Drug Abusers (WADA) Programme.

This advocacy is for public enlightenment and sensitization programme to the populace in both rural and urban areas in the geopolitical zones in the country. The enlightenment started at the primary school level which is called 'Catch Them Young' and it extended to secondary school level and tertiary institution, and to all and sundry in the community, by telling and informing the populace about the dangers and consequences inherent in abusing drugs

Furthermore, the National Youth Leader stated that that during their youth carnival celebration, they normally invite the pastors, and imams to come and preach to the youths concerning their bad attitudes, to turn a good leaf, so that they can be useful to themselves and to the glory of God and to the nation at large.

Additional information provided by the respondents in the course of gathering data through the questionnaire is that:

- The drug abusers should be assisted medically, by counseling them and giving drug therapy sessions
- The community and the government should enlighten the youths by creating more campaigns, and awareness for the people about drug abuse and its consequences on health and society
- There should be community collaboration to employ community policing to assist in drug abuse and consumption reduction
- The federal government should empower the NDLEA and the security agencies for more effective duty in curbing the menace of drug abuse
- There should be an increase in punishments awarded to illicit drug users
- Drug barons and traffickers should be arrested and sent to jail
- Government should provide more jobs for the youth lest they are idle, an idle hand is the devil's workshop.
- The parent should religiously train their children and teach them how to live a drug-free life

#### 4.6 Discussion of Findings

This section provided further discussion on the findings of the study above and it synchronized the findings with related empirical findings of other works on the subject matter of the study. The following were the identified various drugs mostly abused in Ife Central and Ife North Local Government Areas with statistics: Alcohol- whiskey, *ogogoro*, *pelebe*, gin (92%), Cannabis (Hemp) i.e. pawpaw leaf, monkey tail, etc (83%), Stimulant – kolanut, coffee, *colorando*, Nescafe (59.4%), Narcotics - codeine, morphine, cough syrups (63,5%), Psychotropic substance such as Tramadol, and Pentamizine (60.4%) are those the drugs with much consumption in the study areas. While those drugs with less consumption include Sedative – valium capsule, lexotan, Ativan (58.0%), Lysergic acid, LSD, phencidine PCP (65.6%), inhalant – rubber solution, gasoline, kerosene, correcting fluid (60.4%). This result

enjoyed the literature support of Ayandiji & Osoba (2017), Hussein et al. (2017) and Ojonigu et al. (2017). By the majority claim, it implies that drugs were abused in the Ife Central and Ife North Local Government Areas making the areas remain a non-drug-free environment. This was complemented by the responses of the Area Commander of the National Drug Law Enforcement Agency (NDLEA) in the two Local Government Areas, Chairmen of National Union of Road Transport Workers in the two Local Government Areas, Divisional Police Officers in the two Local Government Areas, Commanders of the Amotekun Corp in the two Local Government Areas, and Leaders of the National Youth Council that drugs such as Alcohol, cannabis, Hemp i.e. Igbo, tramadol with psychotropic substance, paw-paw leaves, monkey tail and *Ogogoro*, Dry gin, *pelebe*, shezima, short form Alagbo hawkers, beers, kolanut, and cigarette. This drug abuse has caused a lot of havoc in the lives of the youth and in turn, has a great effect on society. Of note, it was observed from the findings that drugs abused in Ife Central Local Government area include alcohol, cannabis, stimulant, narcotics, Psychotropic substance, Lysergic acid, LSD, Phencidine PCP. While those drugs abused in Ife North Local Government include alcohol, cannabis, stimulant, narcotic, inhalants. On the examination of the socio-economic effect of drug consumption in the study area. The study found discovered that the majority claim that school failure (59.5%), Juvenile delinquency (60.8%), HIV/AIDS transmission (76.4%), higher rate of violence (58%), unsafe environment (56.3%), Social unrest (62.5%), Education and Unemployment (69.1%), reduced work productivity (67.4%), Poor health (58.7%), and Traffic accidents (53.5%) were the socio-economic effect of drug consumption. This was supported by Eric (2017) and Ojonigu et al. (2017) that if the effect of drug consumption is addressed, it is very possible to have a drastic reduction in drug abuse in our society.

Objective three: Identify the control strategies adopted to curtail drug consumption

Findings: revealed that an international effort to eradicate naturally growing sources of illicit drugs, Federal and local police actions directed at street-level retail dealing and use, Increased community collaboration to reduce drug abuse, increased and aligned community drug abuse prevention messaging, Increased access to skill-building opportunities for parents and adults working with youth to reduce drug abuse, Support pro-social and youth development activities for youths, Change consequences for drug abusers charged with minor in possession to support reducing drug, abuse, Support local policies to reduce illicit drug consumption or use, Access and support drug retailers in reducing access to drug, War Against Drug Abuse (WADA) by NDLEA to all and sundry in the whole nation were the strategies adopted to curtail drug consumption in the Ife Central and Ife North Local Government Areas. This result enjoyed the literature support of Hussein et al. (2017) and (Nelson *et al.*, 2017). This was complemented by the responses of the Area Commanders of the National Drug Law Enforcement Agency (NDLEA), Divisional Police Officers, Commanders of the Amotekun Corp that arrests were made on the drug abusers and drug barons with proper justice, and some were sent to rehabilitation centres for assistance in recovery. Also, religious leaders were called upon to help educate and advise the people especially the youth to do away with drugs. Furthermore, the chairmen of the National Union of Road Transport Workers, and National Youth Leader do advise their members to live a drug-free life.

#### 4.7 Limitation to the Study

The major limitations to this study were financial resources, distance to cover, and time needed in the course of distributing and retrieving copies of administered questionnaires and scheduling of interviews. Nevertheless, the questionnaires were retrieved after due follow up and these limitations did not hinder the study in achieving its objectives.

### 5. CONCLUSION AND RECOMMENDATIONS

With respect to the findings of this study from the analysis of data gathered, the study therefore concluded that drug abuse is a very dangerous practice by the abusers has effect on individual health and society's health as a whole, nevertheless, the control strategies put in place in Ife Central and Ife North Local Government Areas has led to reduction in drug consumption in the areas. From the results of the study, the following recommendations were made:

- The drug user or abusers should be encouraged to put a stop to the consumption of the licit and illicit drugs.
- Those drug abusers of drugs should not always be punished but should be given help through counseling and rehabilitation if needed.
- Government should assist NDLEA on the WADA programme in sensitizing the citizens about the effect and consequences of consuming and abusing drugs so that there will be a reduction in the number of abusers
- There should be more working relationship among the law enforcement agencies in the bid to curb drug consumption by the abusers and the arrest of drug barons
- Government should provide the necessary logistics for the operation of concerned institutions to curb the menace of drug consumption in the areas
- The government should ensure proper execution of the strategies plan to reduce drug abuse in Osun State.

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