ASSESSMENT OF DRUG ABUSE AMONG YOUTH IN KATSINA STATE: A CROSS-SECTIONAL SURVEY OF KATSINA LOCAL GOVERNMENT AREA

Shan’una Lawal
Department of Economics, Al-Qalam University, Katsina.
shanunalawal1@gmail.com

Abstract

This study investigates the impact of drug abuse among youth in Katsina local government area of Katsina state. The research makes use of Primary data collected through the use of questionnaire. Analysis of data was made using statistical tools so as to achieve the set objectives. The objective of this paper is to ascertain the impact of drug abuse among youth in Katsina local government area of Katsina state, and to find solution, required policies, and recommendations base on the findings of the research. Chi square was used in testing the hypothesis. The outcome of the result shows that, drug abuse has significant negative impact among youth in the study area, not only that, it has multiplier effects to the economy as a whole, it retards production activities within the economy. Based on the result of the paper, certain recommendations were made that drug abuse can be eradicated with the collaboration between families, school and community prevention programmes, health care providers, government, the police and National Drug Law Enforcement Agency officials. Authorities should partner with informal security group (vigilante) and community leaders to organize sensitization programmes on the dangers of drug abuse, especially among youths by guiding and counseling them, also by assisting the less previlages among them in pursuing their educational career in form of scholarship, by providing job opportunities to the teeming youth thereby recognizing potentials as to contribute in moving the economy forward.

Keywords: Abuse, Drug, Impact, Survey, Youth

INTRODUCTION

Drug abuse is one of the social problems that affect everyone, everywhere, either directly or indirectly and youth are no exception. (Mabeyo, 2010). Drug abuse attraction may be cultivated from early beginning of children lives. The abuse of alcohol and illicit drugs continues to be a major health problem internationally. The United Nations Office on Drugs and Crime (UNODC) reports that approximately 5 per cent of the world's population used an illicit drug in 2010 and 27 million people, or 0.6 per cent of the world’s adult population can be classified as drug users (UN, 2010). It is estimated that alcohol abuse results in 2.5 million deaths per year and that of heroin, cocaine and other drugs are responsible for 0.1 to 0.2 million deaths per year. In addition to causing death, drug abuse is also responsible for significant morbidity and the treatment of drug addiction creates a tremendous burden on society. UNODC estimates
that worldwide costs related to treating drug abuse total $200-$250 billion, or 0.30.4 percent of global GDP; additionally, it is estimated that only 20 percent of drug users received treatment for their dependence in 2010 (UN, 2010). It can be inferred that many drug users start abusing drugs at an early age. Additionally, accidental and intentional fatalities that are associated with drug and alcohol use represent one of the leading preventable causes of death for the 15 to 24-year-old population. Alcohol and other drug use in the youth population carries a high risk for school underachievement, delinquency, teenage pregnancy, and depression. Preventative science postulates that negative health outcomes, including those resulting from drug abuse, can be prevented by reducing risk factors and enhancing protective factors. The general framework used in this research is to emphasize the strategy of targeting modifiable risk factors and enhancing protective factors through family, school and community prevention programmes.

Drug abuse, which is the abuse of psychoactive materials that exert their major effects on the brain resulting in sedation, stimulation or change in mood of person is a universal social problem. According to the United Nations Office on Drug and Crime (UNODC, 2005) World Drug Report, drug abuse is a major public health problem all over the world. Thus, an estimated 208 million people, or nearly 5% of the world’s population between the ages of 15 and 64 years consume illegal drugs. One hundred and forty-four million people abuse cannabis (marijuana), making it the most prevalent illicit drug, followed by amphetamine type stimulants, opiates and cocaine. Thirty-five million used amphetamine type stimulants, sixteen million are opiates and thirteen million are cocaine users (Naqshbandi, 2012). Drug abuse does not only expose the individual to major health problems but also serve as a predisposing factor for crimes. The involvement of Nigerians, especially the youth in drug abuse and trafficking or narcotic crimes impair the country’s image (both at home and abroad), as it has led to the execution of the lives of many Nigerians abroad (Botvin, 1995). The need to control the supply and reduce the demand for narcotic drugs in Nigeria led to the establishment of National Drug Law Enforcement Agency (NDLEA) in January, 1990 by the then Ibrahim Babangida Administration (Nyameh, Yakubu, Teru and Titus, 2013).

According to Oliha (2014), majority of the Nigerian youths ignorantly depend on one form of drug or the other for their various daily activities including social, educational, political, moral, etc. Such drug or substance include narcotic: analgesics, morphine, opium, heroin, brown sugar, pethedine: stimulants, cocaine, amphetamine, depressants: alcohol, barbiturates, diazepam, hallucinogens d-lysergic acid diethylamide (LSD), mescaline, phenycyclidine, psilocybin and cannabis: ganja, charas, hash oil, etc. (Nnaqshbandi, 2012). Sa’ad (2016) asserts that drugs could be classified into three broad categories: licit, illicit and undocumented drugs. The licit drugs include many prescriptive drugs, such as antibiotics, stimulants, analgesics, sedatives and some over-the-counter drugs. The illicit drugs include some hard drugs like cocaine, Indian hemp, steroids, etc. The undocumented drugs are substances that are hardly considered as drugs but in reality, they are. Such substances include tobacco/nicotine, alcohol, cola nuts, bath salt, lizard -excreta/faeces, adhesive solutions, etc. National Institute on Drug Abuse (NIDA, 2016) asserts that the following drugs and substances have been found to be commonly abused globally: alcohol, marijuana, club drugs amphetamine (ecstasy/molly), opioids, tobacco/nicotine, inhalants, hallucinogens, heroine, steroids anabolic), cocaine, synthetic cannabis, synthetic cationones (bath salts) and prescription drugs and cold medicines.

The prevalence and consequences of drug abuse among youths in Katsina Local Government Area Katsina State has become a matter of concern to the government, scholars, parents, teachers, non-governmental organizations and all other relevant agencies to mount strategies of curtailing the drug abuse and equipping the youths with skills of living devoid of the menace. The objective of the paper include finding out if drug abuse has an impact on the youth living within the research area, and to find solution, suitable policies, and recommendations base on the findings. The paper includes introduction, literature review, methodology, results and discussion, conclusion and recommendations.
LITERATURE REVIEW

Drug abuse
The concept of drug has been defined as any chemical substance which affect human or any living organism. Such a substance may be used to fight infections and illness or minimize pain, fatigue, anxiety or at times to achieve certain level of euphoria. WHO (1952) defined “drugs” as any substances that when taken into a living body produce reactions or modify its psychological and physiological functioning. Drug abuse is any use of drugs for non-medical purposes almost always for altering consciousness. Drug abuse denotes substances that change the mental or physical state of a person and that may be used repeatedly for that effect leading to abnormality. WHO defined “Drug dependence” as a “state” arising from repeated administration of a drug on a periodic or continuous basis in order to experience its psychic effect and sometimes to avoid the discomfort of its absence. (Kilonzo, 1996:170).

For the medical drugs, using them without prescription of the medical personnel or using them contrary to the prescriptions of the medical personnel is considered as abusing the medical drugs. For example some people use symptoms of diseases as a means of buying and using different drugs or for quicker recovery as some think, they use drugs not as prescribed by the doctors, i.e. use drugs for four times instead of three times or three times instead of two times per day. For the non-medical or illicit drugs, they include heroin, cocaine, cannabis, opium etc. When these are used it is said that drugs are abused because their uses are not for the purposes of treating, preventing and diagnosing diseases. Cigarette smoking is one of licit drugs which commonly abused by people. This is because of its advertisement, cheapness and availability. (Mbatia,1996:49). The main effect of using cigarette is nicotine which causes cancer of lungs, gangrene chest pain, death etc.

Causes of Drug Abuse among Children
Causes of drugs abuse can be categorized into two parts i.e. there is internal and external causes. Under internal causes, it depends on the nature of drug and the personality. The consequences of any form of drug taking involves an interrelationship between the individual and his or her personality which may increase or decrease the vulnerability to drug abuse, and the characteristics of the drug consumed (Grant, 1990:103). Many psycho active drugs have the capacity to induce the user, which makes him very difficult to avoid. For example, cigarette smoking (dependence on nicotine). At first, an individual smokes only a few cigarettes a week and the number increases as time goes and at last he/she becomes dependent on cigarettes or addicted and this can happen to all types of drugs.

Drug compulsions are the most important common factors shared by all types of drugs whether opiate, depressant and stimulant or nicotine. After drug dependence an individual develops tolerance, that means, any drug given to the individual reacts less and this is very common to heroine. The individual may each day be taking more and more so as to reach the lethal dose and this leads to withdrawal symptom which can be relieved or avoided if the person takes further dose of the drugs. (Grant, 1990:108). Furthermore, some of normal developmental changes of children increase the risk taking behavior and vulnerability to various direct and indirect pressures to experiment drugs. Children are at risk for widespread problems such as drug abuse, childhood pregnancy and sexual transmitted disease, including HIV and AIDS, (Hill et. al, 1992:29).

Mndeme (2004:17) quoting Kilonzo, et al. (2001) noted that in Tanzania, parents have more many things to do than parenting their own children and as a result their families lack parental guidance and supervision. A situation that may lead youths to engage in negative practices such as anti-social behavior and drug abuse. Hogan (1996:39) argues that in Tanzania families have failed to play their roles because of feeling shame, religious beliefs and ignorance. This situation made family members including children to engage themselves in different activities such as drug abuse and drug trafficking knowing that their
families will say nothing concerning their abuses of different drugs. Also Yovin, (2007) said in his study that Tanzania is estimated to have 300,000 people who are drug abusers and among those 50,000 are young with a starting age of 15 years. The common drugs abused are cannabis 70%, heroin and cocaine 18%; khat 3%, other drugs 9%, etc. With regards to the above statement, there is no doubt that abuse of drugs among youth is increasing as days go by. Therefore something must be done in order to lessen the situation. The situation however can get worse as number of street youth is on the increase, more people engage in this business and there is low enforcement of our laws.

Abusing of drugs can be induced by peer pressure, curiosity, low prices and its availability, personality traits and age, (Kilonzo 1996:88). Peer pressure has frequently been identified as a cause of early drug use. Friends and associates encourage their friends to engage in drug taking. Such encouragement often appears to be an important precursor of drug abuse because individual needs to become convinced that drugs are safe, attractive, beneficial or prestigious before they engage in using drug. This gives them moral of departure from non-drug use to drug use leaving the admonition given to them by their parents and other authoritative persons, about not using illicit drugs because they are dangerous to their health. The injectors of heroin begin smoking heroin in hang out areas with their friends because of peer pressure or trickery. A hang out place is referred to as “getto” and it is the main place where the organization and rules governing heroine use are established (Leshabari, 2005). Some children use drug and drug abuse out of curiosity. This means they like to taste and see how they look like after use and at the end they become addicts and start to experience the effects related with drug abuses.

One of major causes of drug use and drug abuse is the easy availability and low prices of psychoactive substances in relation to alcohol, tobacco and prescribed drugs such as diazepam. Farmers who grow opium their children are prone to develop opium dependence problem, (Gassop and Grant, 1990). Drug abuse has been attributed to family problems, particularly early separation of parents. This is due to poor socialization process (Mbatia 1996:37) and Grant (1990) mentioned that one of the factors which cause individuals to abuse drugs is predisposition. Genes from parents are carried from one generation to another that means genetics play factors in some form of drug abuse especially alcohol consumption. Self-medication through use of psychotropic drugs is used to treat anxiety and depression of which opiates give ready relief from pain. In Thailand they use opium for remedy of cough, diarrhea or depression (Thompson, 2010). Recurrent use of such drug leads to addiction, while NIDA lists several factors that can enhance or mitigate drug use among children and adolescent, risk for initiating or continuing to abuse drugs. These factors include exposure to drugs, socioeconomic status, quality of parenting, peer Group influence and biological/inherent predisposition towards drug addiction.

**Youth Laws with Regard to Drugs**

Rusema (1983:40), said youth with the age between 18 -26 years are capable of breaking the law and be charged for offence. Under 10 years they are not charged. The government decides what to do, when children are caught for the first time they are termed as drug abusers of the first offense. In this case they might be sent to a first offender program which includes counseling and requires the child to perform community service or they might be sentenced to probation whereby the offender is checked regularly. In serious or repeated offenses involving drugs, stiffer penalties may be taken. In cases where drug use leads to violent crime even children are given tough sentences. Despite the fact that laws and regulations are in place, it is apparent that enforcement of such laws and regulations by the government and the community at large is missing. When it comes to drug abuse, the laws are very clear- selling alcohol, drugs and tobacco products by minor is illegal (Merki, 1996:4). Even within the alcoholic trademarks it is indicated that “It is not allowed to be sold under 18 years” or “Children under 18 years are not allowed to consume”.

54
If an individual is under 18 years, it is illegal to buy and possess alcohol. If an individual under 18 is found with alcohol he/she might be arrested, fined and put under parents’ or guardian custody (Merki, 1996:4). In many states it is against the law to sell cigarette to people less than 18 years of age. It is estimated that one billion packets of cigarettes are sold each year to people who are under aged. If under age are caught they can be given a big fine and the person who sells to them can be fined and license can be withdrawn.

Generally, in Nigeria laws ban the use of dangerous and addictive drugs (those that cause dependence) such as diazepam, morphine codeine except with medical prescription. Drugs such as heroin, LSD, crack, cocaine, and ecstasy are illegal. Therefore, selling any of these drugs is a crime with serious penalties are enforce to the offenders, which include fine, withdrawal of certificate and can even lead to imprisonment.

Preventive Programmes of Drug Abuse

Botvin et. al. (2010) cited several key factors required in prevention programmes to make them effective: These factors include a need to address multiple risk and protective factors, provide developmentally appropriate information relative to the target age group, include material to help young people recognize and resist pressures to engage in drug use, include comprehensive personal and social skills training to build resistance, deliver information through interactive methods and cultural sensitivity that includes relevant language and audiovisual content familiar to the target audience. Successful preventive programmes should incorporate all of these characteristics and can then be provided through the family, school, community or health care community. The 2010 National Institute of Drug Abuse (NIDA) report emphasizes both the role of family and community prevention programmes as vital to deterring child and youth drug abuse. Their findings are summarized below:

Family prevention programmes: The NIDA report emphasizes strengthening protective factors through the family, including increasing family bonding and using appropriate discipline. The following family characteristics place children at a higher risk for substance abuse: parent with a history of alcoholism and drug abuse, high levels of family conflict, lack of and/or inconsistent parental discipline. It follows that eliminating these risk factors can reduce the risk of a child/adolescent abusing drugs and alcohol. Once these risk factors are identified, families may benefit from formal prevention programmes that can focus on enhancing family bonding, parenting skills (including communication, rule-setting, appropriate disciplinary actions) and changing parental behaviours that may place a child at risk for later abuse. One example of a family prevention/treatment programme is multi-dimensional family therapy (MDFT). This is a comprehensive family-based outpatient or partial hospitalization (day treatment) programme for drug-abusing youth and those at high risk for continued drug abuse and other problem behaviours. MDFT focuses on helping youth develop more effective coping and problem-solving skills for better decision-making and helps the family improve interpersonal functioning as a protective factor against drug abuse and related problems. Liddle et. al., (2010) compared multi-dimensional family therapy with individual cognitive behavioural therapy (CBT) and found that although both treatments were promising, MDFT was more efficacious in treating drug use problem severity, in addition to creating more long lasting effects than standard CBT.

Community and school prevention programmes: In addition to family programmes, NIDA emphasizes school and community programmes as being beneficial in drug abuse prevention. The Report also suggests introducing programmes at an early-age (pre-school/first grade) to address risk factors for drug abuse, such as early aggression, poor social skills and academic difficulty. One of the many examples of school prevention programmes cited in the NIDA report is Reconnecting Youth (RY); a school-based prevention programme for high school students with poor school achievement and a potential for not completing their education. Participants may also show signs of multiple problem behaviours, such as drug abuse, depression, aggression, or suicidal behaviours. Students are screened for eligibility and then invited to participate in the programme. The programme goals are to increase school performance, reduce
drug use, and learn skills to manage mood and emotions. RY blends small group work (10-12 students per class) to foster positive peer bonding, with social skills training in a daily, semester-long class. Early experiments have shown that participation in RY improved school performance (20% improvement in grade point averages), decreased school dropout, reduced hard drug use (by 60%), and decreased drug use control problems, such as progression to heavier drug use.

**Role of health care providers in prevention:** It is believed that less than 30 per cent of primary care providers perform any screening for drug abuse and as many as 69 per cent do not offer any type of counselling. The following are barriers affecting the screening and prevention services in primary care: lack of tested screening tools, lack of knowledge, skills and confidence, financial disincentives (third party services for covering prescription abuse vary widely); and lack of follow up services and resource limitations. Efforts from pediatricians and primary care providers to overcome these barriers can assist in identifying drug abusers and eventually lead to their treatment.

**Administration of Routes and Effects of Drug Abuse among Children**

Knowledge about the channels of administration of drugs is so crucial to social workers as it helps to know the real people who need assistance, treatment and counseling. Therefore drugs may be swallowed, eaten or drunk, chewed through the mouth, inhaled through the lungs or injected beneath the skin into the muscles or into a vein. Drugs may affect young people more quickly than others, especially if they weigh less than 50 kilograms. The growth of children may be retarded when interfered with intake of alcohol, drugs and tobacco. When children become addicted with drugs they forget attending classes, doing exercises and some suffer from hand tremors, and drop of hormones which affects their heights and weight as well as late secondary growth such as menstrual period in girls and less sperm count in boys. They can get cancer of any part of the body. Children who abuse drugs get mental illness, hepatitis, HIV and AIDS, etc. Moreover, they get involved in accidents, injuries, and premature death (Drug Commission report, 2005:6). Also they engage in other type of crimes like petty thefts to get money to buy the drugs, raping, public nuisance etc.

Most children at schools get new friends and making friendship with boys and girls. The use of alcohol and drugs by children can cause damage in many ways, when they are under the influence of alcohol children they can jump into action too fast without making judgment whether the action is bad or good as they are driven by self-esteem. They can develop lying habit, cheat, and lose interest in schooling and other developmental activities. Also children loneliness can occur due to jealousness or lack of trust which is accompanied with fighting. Mental problem or psychiatric illness can occur due to the use of drugs which is characterized by behavioral responses that make the abusers to come under compulsion to take the drugs on a continuous or periodic basis, in order to experience effects and sometimes to avoid the discomforts of its absence. The users of drugs by continuing to take more and more drugs which can lead into drug tolerance and dependence, finally becoming addicted in the life long cycle of drug abuse. Hwedie (1990) mentioned that social work profession should capture the current problem so as to be able to handle this and other related problems. It is necessary to have required skills and proper education so as to be in better position of assisting the individual (casework method), group (group work method) and community (community organization method) in response to the local needs. He added that we must start from within, determine what our problems and requirements are, what resources and skills available to us and what processes and procedures we can borrow from others. Knowledge about the laws on drugs by social workers is very important in order to inform the clients what will happen to them when they break the law.
THEORETICAL FRAME WORK
There are many theories that can be used to explain the prevalence of drug abuse in Nigerian society, as it has no single cause. Thus, Bandura and Walter developed a social learning theory based on the assumption that behaviour is learned and personality can be explained in terms of cumulative effects of a series of learning experiences. Similarly, Sutherland and Cressey in their Differential Association Theory observe how an otherwise obedient person through stages of successive events begins to engage in deviant or anti-social behaviour, such as drug abuse. The theory shows how deviant behaviour is learn without so much biological and psychological defects (Siegel, 2004). Many youths are engaging in drug abuse as a result of the influence of those they associate with, it is learned from those already involved in the practice, and also through impersonal agencies of communication, such as movies, television. There is also Behaviorism theory, is a school of thought that emphasizes environmental control of behavior through learning. It occurs when children observe the behavior of model. Through observation, children learn that by using drugs they can get pleasure out of it. That means through apprenticeship system that is watching and learning from the master. Observation learning can be highly adaptive by others, by learning through model that uses drugs. Failure of the families to send their children to school or poor attendance to school may likely develop deviant behaviors that lead to loss of affection and use of drugs. By using behaviorism theory the researcher was able to see how children learn different behaviors from the environment including the use of drugs. This notion assumes that if family members as well as the other makers of children’s behaviour like peers, teachers and guardians are well mannered, morally responsible and accountable, there will very slim chance of coming up with children who abuse drugs. Behaviorism theory serves as a theoretical base of this research.

METHODOLOGY

Study Area
Katsina is a Local Government Area and the state capital of Katsina State in Northern Nigeria. Katsina is located some 260 kilometres (160 mi) east of the city of Sokoto and 135 kilometers (84 mi) northwest of Kano, close to the border with Niger. In 2016, Katsina's estimated population was 429,000. Katsina State was created out of old Kaduna State in 1987. The city is the centre of an agricultural region producing groundnuts, cotton, hides, millet and guinea corn and also has mills for producing peanut oil and steel. The city is largely Muslim, and the population of the city is mainly from the Fulani and Hausa ethnic groups. Former Nigerian President Umaru Yar’Adua was a nobleman of Katsina. The current Governor of Katsina is Aminu Bello Masari, who was sworn in as the Executive Governor of Katsina State on 29 May 2015, succeeding Barr. Ibrahim Shehu Shema. The Katsina Royal Palace Gidan Korau is a huge complex located in the centre of the ancient city. It is a symbol of culture, history and traditions of Katsinawa. According to historical account, it was built in 1348 AD by Muhammadu Korau, who is believed to have been the first Muslim King of Katsina. The current Emir of Katsina is Alhaji Abdulmumini Kabir Usman. Surrounded by city walls 21 kilometres (13 mi) in length, Katsina is believed to have been founded circa 1100. In pre-Islamic times, Katsina's semi-divine ruler was known as the Sarki. From the 17th to the 18th century, Katsina was the commercial heart of Hausaland and became the largest of the seven Hausa city-states. Katsina was conquered by the Fulani during the Fulani War in 1807. In 1903, the Emir, Abubakar dan Ibrahim, accepted British rule, which continued until Nigerian independence from Britain in 1960.

During Sub-Saharan trade, the city of Katsina was known to be one of the most vibrant and strong commercial centers, and was believed to be the strongest with the Hausa kingdoms in terms of commerce, trade and craft. The German explorer Friedrich Hornemann reached Katsina, the first Westerner to do so, at the beginning of the 19th century. The city's history of western-style education dates back to the early 1950s, when the first middle school in northern Nigeria was established. There are now several
institutions of higher learning, including two universities: Umaru Musa Yar’adua University and the private Al-Qalam University. The city of Katsina is also home to a famous 18th-century mosque featuring the Gobarau Minaret, a 15-metre (50 ft) tower made from mud and palm branches. According to the Köppen Climate Classification system, Katsina has a hot semi-arid climate, abbreviated “BSh” on climate maps.

Data
The study adopted a cross-sectional research design. The data used for this research work is primary data. The main research instrument employed for the purpose of this study is structured questionnaire. The questionnaire is divided into two sections A and B, respectively. Section A focuses on obtaining the personal information of the respondents. Section B contains a list of research statements that reflect the research objectives of the study. They are targeted to obtain the required information needed to answer the research questions and objectives of the study.

Analytical Methods
The data collected through the questionnaire were presented in tables in order to answer the research questions as well as describe responses. The data collected were analyzed by using percentages, tables and inferential statistics. The study adopted the use of chi square test as the statistical tool in testing the hypothesis posed for this study (see Gail M. and Anthony R., 2013). This enable us to draw a relevant conclusion based on the empirical facts available. The formula for calculating the chi square X² was given below

\[ X^2 = \frac{(O_i - E_i)^2}{E_i} \]

Where. \( X^2 \) = Chi square value.
\( O_i \) = Observed frequency
\( E_i \) = Expected frequency
Level of significance = 5 percent or 0.05
Degree of freedom = RX
Row = (R-1)
Column = (C-1)

Decision Rule
The decision rule is that, where the calculated chi-square (calculated using the formula presented above) is less than the critical value or chi-square tabulated (obtained from statistical tables), the null hypothesis should not be rejected. While, if the calculated value of chi-square calculated is greater than the chi-square tabulated value at a given level of significance (0.05), the null hypothesis should be rejected.

RESULTS AND DISCUSSIONS
Demographic characteristics
This section starts with the presentation of the survey sample characteristics.
Table 1. Summary Statistics of Demographic Characteristics of Respondents.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>148</td>
<td>82.2%</td>
</tr>
<tr>
<td>Female</td>
<td>32</td>
<td>17.8%</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>100%</td>
</tr>
<tr>
<td>2. Age Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 - 28</td>
<td>83</td>
<td>46.1%</td>
</tr>
<tr>
<td>29 - 35</td>
<td>54</td>
<td>30%</td>
</tr>
<tr>
<td>36 - 45</td>
<td>30</td>
<td>16.7%</td>
</tr>
<tr>
<td>46 - 55</td>
<td>13</td>
<td>7.2%</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>100%</td>
</tr>
<tr>
<td>3. Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>51</td>
<td>28.3%</td>
</tr>
<tr>
<td>Single</td>
<td>129</td>
<td>71.7%</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>100%</td>
</tr>
<tr>
<td>4. Educational Qualification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>39</td>
<td>21.7%</td>
</tr>
<tr>
<td>Secondary</td>
<td>100</td>
<td>55.6%</td>
</tr>
<tr>
<td>Tertiary</td>
<td>31</td>
<td>17.2%</td>
</tr>
<tr>
<td>No attended</td>
<td>10</td>
<td>5.5%</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>100%</td>
</tr>
<tr>
<td>5. Income status N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 10,000</td>
<td>150</td>
<td>83.3%</td>
</tr>
<tr>
<td>11,000 - 20,000</td>
<td>25</td>
<td>13.9%</td>
</tr>
<tr>
<td>21,000 - 30,000</td>
<td>5</td>
<td>2.8%</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>100%</td>
</tr>
</tbody>
</table>


Results in table 1 shows that 148 respondents to the questionnaires are male which constituted 82.2%, while the remaining respondents are female; no two ways about that, because it is usually very rare to see female abusing drugs in the study area, male are usually attributed to drug abuse. Secondly, on the table, respondents with the age limit of 18-28 years are of the highest percentage of 46.1, followed by the respondents with 29-35 years range with 30%, than followed by others. Therefore, the result shows that majority of youth of the study area are within their ac agility age of partaking into one form of activity or the other, because of the fact that youth that fall between the age of 18-25 years mostly and frequently engage in drug abuse. Thirdly, from the result of the table, shows that, majority of the respondents are single, that represent 71.7%. Which signifies that, majority of the people that engaged in drug abuse are not married. Fourthly, as regards to is educational qualification, the table shows that secondary school leavers constitute the highest percentage of 55.6 with a frequency of 100, then followed by primary school certificate holders with a frequency of 31, and 17.2% followed by others. Lastly, is the income status of the respondents, which shows that, those that are earning below N10,000 constituted the highest percentage of 83.3% with a frequency of 150, then followed by those with an income of N11,000 N20,000 per month. In a nutshell, it is a known fact that, most of the youth that engaged in drug abuse have no work or business to do, because of their educational level, or other factors. This is attributed to the nature of the economy, no much production activities are taking place in the economy, the multiplier effect is unemployment.

Test of Research Hypothesis
The hypotheses for this research work will be evaluated based on Chi-square analysis. Two hypotheses were stated for this study.
H₀, Drug abuse has no impact on youth in Katsina.
H₁, Drug abuse has an impact on youth in Katsina.
Degree of freedom = (2-1) (2-1) = 1x1 = 1
Expected frequency (E_i) = 180/2 = 90

**Contingency table for hypothesis testing**

Q. Does drug abuse have impact on youth in Katsina Local Government area?

<table>
<thead>
<tr>
<th>RESPONSE OPTION</th>
<th>O_i</th>
<th>E_i</th>
<th>O_i – E_i</th>
<th>(O_i – E_i)^2</th>
<th>(O_i – E_i)^2/E_i</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>157</td>
<td>90</td>
<td>67</td>
<td>4489</td>
<td>49.88</td>
</tr>
<tr>
<td>NO</td>
<td>23</td>
<td>90</td>
<td>-67</td>
<td>4489</td>
<td>49.88</td>
</tr>
<tr>
<td>TOTAL</td>
<td>180</td>
<td></td>
<td></td>
<td></td>
<td>99.76</td>
</tr>
</tbody>
</table>

*Source: Field work, 2020.*

The computed X^2 value is 99.76, while the critical X^2 value for 1 d.f. at 0.05 chi square table is 3.841. The calculated value of X^2 is greater than the value X^2(e (X^2_0 > X^2))

**DISCUSSION OF FINDINGS**

As earlier stated in the decision rule where the calculated chi-square is greater than the critical value or chi-square tabulated (obtained from statistical tables), the null hypothesis will be rejected. Based on the computed result, X^2 computed is 99.76, which is greater than the chi square table value at 5 percent level of significance, which is 3.841. As regards to that, based on the decision rule, we reject the null hypothesis. In other words, we accepted the alternative hypothesis that says Drug abuse has impact on youth in Katsina.

Refer to table 2, it shows that almost all the youth that filled the research questionnaires have low level of education which make them vulnerable to drug abuse. The impact of the drug abuse lead to high crime in the area, which include theft, rape, cattle rustling and so on. Some are also of the view that, peer group has influence on drug abuse in the study area, they are copying the inherent behaviour of some in the research area.

**CONCLUSION**

The primary objective of this research is to investigate the impact of drug abuse among youth in Katsina local government area of Katsina state. The research work finds that drug abuse has negative impact among youth in the study area, which caused significant morbidity and mortality among them. Many of these youth lose their lives to drugs and alcohol and a significant number are likely to grow up to become problem drug users. Although, the drug abuse problem is complex and large in magnitude, is a global phenomenon that caused many havoc to the global economy, because it retards production, youth that are supposed to engage in productive activities are filtered out because of abusing drugs. There is a substantial amount of evidence-based research available to physicians, community leaders and schools to implement interventions that can decrease drug abuse among youth. Because this issue is not peculiar to any one community or culture, we recognize that individual interventions may not be universally effective. Therefore, we emphasize the NIDA strategy of targeting modifiable risk factors and enhancing protective factors through family, school and community prevention programmes, as a generalized framework for health care and community activists to use when researching programmes and strategies best suited for their own community.

Based on the findings of the study, the paper put forward the following recommendations that, drug abuse can be eradicated with the collaboration between families, school, health care and community, government, the police and NDLEA officials should partner with informal security group (vigilante) and community leaders to organize sensitization programmes on the dangers of drug abuse, especially among youths. Also, there is need to have to have a rethink and self-evaluation on the part of members of the
society by critically reflecting on the position of the youth thereby recognizing potentials as regards to moving the economy forward, competence, and rewarding excellence in form of scholarship (funding education opportunities), motivation, mentoring, and employment and empowering opportunities guidance and counseling, by doing these, they will help in no small measure in curtailing the menace of drug abuse among youth.

REFERENCES