



Drug Prohibition and the Problem of Conformity in Nigeria

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ABSTRACT The paper examines drug prohibition and the problem of conformity in Nigeria. Drug prohibition policies and laws are premised on the health, social and economic implications of certain drugs especially those that have psychoactive substances. Drug law enforcement agencies, no doubt, have made several efforts in combating non-conformists. Defaulters are prosecuted and sent to prison for varying jail terms, suffer forfeiture of all articles, vehicles or vessels used in the crime, manufacturing sites are sealed, consignments of prohibited or fake drugs worth billions of naira are utterly destroyed. In spite of these punitive measures, people still embark on the cultivation, manufacture, exportation, importation, sales and consumption of drugs that are prohibited. The rational choice theory of deviance is used in explaining why conformity to drug prohibition laws remains but a mirage in Nigeria. The paper offers recommendations that border on adequate awareness program on the negative consequences of drugs that are prohibited, provision of conventional job opportunities, orientation program for personnel of law enforcement agents. Law enforcement agents who deal in, consume prohibited drugs or aid and abet those that deal in prohibited drugs and substances should be made to face the wrath of the law.

INTRODUCTION

Nigeria is a country in West Africa. It shares borders with the Republic of Benin in the west, Chad and Cameroon in the east, Niger in the north. Its coast lies on the Gulf of Guinea in the south and Lake Chad in the north east axis. Nigeria has an area of about 923,772 km². The country was a colony of Britain from 1868 until October 1, 1960 when she had her political independence (Morgan 1983; Obot 1987). With an estimated population of 140,003, 542, Nigeria is the most populous country in Africa. Its population accounts for approximately one quarter of the people in West Africa (Ottong 2007). Nigeria is plagued with high birth rate, high illiteracy, low investment, widespread poverty, large scale unemployment (Adebayo 1999; Onah 2001) and high crime rate especially in drug related issues.

The use and presumed effect of drugs on individuals and society have aroused a great deal of concern in Nigeria. Production, sales and illicit use of drugs, occupy the centre stage among the list of contemporary social problems in Nigeria. The extent and concern for this problem is indexed by drug prohibition agencies such as National Drug Law Enforcement Agency (NDLEA), National Agency for Food and Drug Administration and Control (NAFDAC) put in place to enact prohibitional policies, regulate and control the importation, manufacture,

exportation, sales and the use of illicit drugs (Nephelim 2005).

The prohibition of drug in any society, be it developing or developed, is usually premised on the vast number of negative consequences that are associated with the usage of such drugs. Drugs are used for different purposes in society. The most common use of drugs is for medical purpose. Drugs could also be used for religious purposes. For instance, Native Americans used myriad of psychotropic substances for spiritual enlightenment. Drugs can also be used as a tool to enhance life, e.g. caffeine. In other words, drugs can save lives, alleviate pains and physical suffering and other useful purposes in society. One begins to wonder why drugs are prohibited in society especially when viewed against their usefulness.

It is when drugs are used irresponsibly by people that it become criminalized and defined as illegal. With the emergence of modern nation state along with the institution of legal code, certain actions came to be judged illegal or criminal. It is in line with this development, that the production, sale or use of certain drugs in certain context or the ingestion of drugs for disapproved motives came to be regarded as a deviant act punishable by fine or imprisonment, forfeiture etc. as the case may be.

Despite the prohibition of drugs and necessary action for defaulters in Nigeria, prohibited drugs are still produced, sold and consumed in

the country. This raises the problem of conformity and it constitutes the major preoccupation of this paper. Some of the sub-themes highlighted are the concept of drug and drug abuse, drug laws prohibition in Nigeria, rationale for drug prohibition, theoretical reflection on the problem of conformity and recommendations.

CONCEPTUALIZATION OF DRUG AND DRUG ABUSE

Meaning of Drug

A drug is any substance other than food and water which due to its chemical components, which when taken into the body alters the structure and function of the body (Fishbein 1996; Kendall 2001). The conceptualization covers drugs that are therapeutic, recreational and instrumental purposes in society.

Therapeutic drugs are also known as medical or iatrogenic drugs. These drugs, as the name implies, are used for the treatment or prevention of disease and illness. For instance, therapeutic use occurs when a person takes drugs for a specific purpose such as reducing a fever or controlling a cough. Recreational drugs are substances taken for the purpose of achieving a pleasurable feeling or psychological state. Alcohol and tobacco are examples of drugs that are primarily used for recreational purposes. Instrumental drugs are substances taken to enhance performance in studies, sports or at work (Makanju 1993).

A drug is sometimes used interchangeably with substance. Substance has become a popular concept when talking of abuse. This is because drug is often used, though mistakenly to describe only pharmaceuticals or illicit substances. A drug could be classified as licit or illicit. A drug is licit when its use is permitted by the law. Alcohol and tobacco are examples of licit drugs. An illicit drug in contrast is a drug whose use is not permitted by the norms of a society. Indian hemp, heroin cocaine, etc. are examples of illicit drugs (Obot 1999).

Drug Abuse

Drug abuse refers to the use of a licit and illicit drug in ways that deviate from the norms of its usage in a group or society if the self administration is judged to be harmful or

excessive. This pattern of usage is usually identified on the basis of quantity taken, frequency of use and the context or social situation in which the drug is taken (Yamaguchi and Kandel 1984; National Institute on Drug Abuse 1991; Jaffe 1991; NDLEA 1993).

The American Psychiatric Association came out rather succinctly with the meaning of drug abuse:

Continued use of the psycho active substance despite knowledge of having a persistent or recurrent social occupational, psychological or physical problem that is caused or exacerbated by use of the substance... or recurrent use of the substance in situations when used is physically hazardous e.g. driving while intoxicated. The diagnosis is made only if some symptoms of the disturbance have persisted for at least one month or have occurred repeatedly over a longer period of time (APA 1987:169).

From a legal perspective, drug abuse refers to any use of an illicit drug such as Indian hemp, cocaine, heroin etc. It also refers to the use of a licit drug by those prohibited by the norms of a group or society. For instance, children within a particular age bracket are prohibited from drinking alcohol.

DRUG PROHIBITION IN NIGERIA

Prior to the emergence of drug legislations in Nigeria, the country had been party and even signatory to International Conventions on Drug Prohibition. One of such convention is the Single Convention on Narcotic Drugs in 1961. The convention controls the cultivation of opium, coca and cannabis. Consumption is prohibited, provision is made for treatment and rehabilitation. The International Narcotic Control Board was formed solely for enforcements of the drug prohibition laws (Obot 1992). It was this convention that gave the impetus for Nigeria to come out with its legislation on drug prohibition in 1966. It should be noted that Nigeria had also been signatory to other conventions. Some of these conventions are Convention on Psychotropic Substances, 1971, Protocol Amending the Single Convention on Narcotic Drugs, 1972, The UN Convention Against illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988, to mention just a few.

National drug prohibition policies and laws in Nigeria came into being in 1966. It started

with the Nigerian legislation on Indian hemp in 1966. This was known as the Indian Hemp Decree. The decree focused on the control of cannabis, cultivation, exportation, importation and consumption. The decree specified death or prison term not less than 21 years for importation or cultivation, a minimum of 10 years imprisonment for exportation, 5 years or more for possession of smoking utensils, forfeiture of all articles and any vehicles or vessels used by the offender and corporal punishment for male offender under 19 years.

In 1975, Indian Hemp Amendment Act was enacted. This act had less severe penalties instituted. The act stipulated maximum of 10 years imprisonment for allowing premises to be used, imprisonment not less than 6 months, a fine of N200.00 or both for smoking or possession. The offence for possession of Indian hemp paraphernalia was abolished in that amendment act.

The 1975 Amendment Act was repealed by the Indian Hemp Amendment Decree of 1984. Severe penalties were reinstated: imprisonment of not less than 21 years for sale and trafficking, imprisonment of not less than 4 years for smoking and possession. Any person under the age of 17 years was to be given 21 strokes of the cane, 2 years in borstal or fine of N200.00 for smoking or possession.

A special Tribunal (Miscellaneous Offenses) Decree came up in the later part of 1984. The decree abolished death penalty. It instituted life imprisonment for importing, manufacturing, producing, processing, planting or growing of cocaine, Lysergic acid diethylamide (LSD), heroin or similar drugs, imprisonment not exceeding 20 years for exporting, transporting or trafficking. A jail term of not less than 14 years for selling, buying, exposing for sale or dealing was instituted, imprisonment of not less than 2 years (but not more than 10 years) for possession or consumption. Forfeiture of asset and passport was also instituted and a special tribunal was set up solely for enforcement of drugs laws.

In 1989, the National Drug Law Enforcement Agency Decree was enacted. It was this decree that brought to being the establishment of the National Drug Law Enforcement Agency (NDLEA). The agency has 18 functions, almost all of which border on law enforcement. The

decree instituted life imprisonment for production, transportation, sale of cocaine, Lysergic acid diethylamide, heroin, or any similar drugs. Knowing possession or using any of these drugs attracts 15-25 years jail term. Being an accessory in trafficking attracts 15-25 years jail term.

Tobacco Smoking Control Decree was enacted in 1990. The decree is responsible for control of smoking in public places such as cinema, halls, offices, schools, medical establishments, theatres or stadia, public transportation, lifts etc. The decree also prohibited tobacco advertisement in print and electronic media, hand bills, bill boards without warning of danger. Packages and advertisement must bear one of these warnings. *The Federal Ministry of Health warns that tobacco smoking is dangerous to health or smokers are liable to die young.* Offenses under the decree attract fines of varying amount.

The National Agency for Food and Drug Administration and Control (NAFDAC) was established in 1993 to regulate and control the importation, exportation, manufacture, sale and use of food, pharmaceutical drugs, cosmetics, medical devices, bottle and sachet water, chemicals etc. By this act, no drug products, cosmetics or medical devices shall be manufactured, imported, exported, advertised, sold or distributed in Nigeria unless it has been registered in accordance with the provision of the regulations made under the act.

The agency must certify such products or items okay by issuing NAFDAC Number. Anything short of this registration number stamped on the product or items passes for fake or counterfeit be it drug, food or substance. The agency has the right to seize, destroy and prosecute defaulters. Prior to the establishment of NAFDAC in 1993, the Directorate of Food and Drugs Administration and Control in the Federal Ministry of Health was responsible for the control and regulation of food, drugs and other regulated products in Nigeria.

THE RATIONALE FOR DRUG PROHIBITION

There are basically three broad reasons for the prohibition of drugs in Nigeria. The reasons border on health, social and economic implications on the individuals and society.

Health Implications

The prohibition of drugs is premised on the vast number of negative consequences that are thought to arise from their usage, most especially the psychoactive substances (Omigbodun and Babalola 2004). These negative consequences lay emphasis on the pharmacological effects of the drug themselves, including the possibility of addiction, adverse psychological conditions including death and other health hazards associated with the consumption of substances (Amuda 2004). The negative consequences of some drugs and substances are presented in table 1.

Another health implication of drug that necessitates the prohibition of drugs in Nigeria is the adverse reaction that characterizes the use of certain drugs. If it is discovered that a particular drug has more adverse effect than its benefits, then such drug is prohibited. National Agency for Food and Drug Administration and Control (NAFDAC) prohibited the importation and use of dipyrone due to its adverse effect. The agency observed that two patients, injected with Diprone developed adverse drug reactions resulting in toxic epidermal necrolysis (peeling of the skin in large patches) and another case of severe tissue damage. Both of them eventually died from the adverse reaction (NAFDAC 2004).

A research conducted revealed that Phenylpropanolamine (PPA) which is a sympathomimetic agent commonly used as nasal decongestant and symptomatic relief of cold has adverse reaction in women. It was discovered that women treated with the phenylpropanolamine (PPA) were as much as 15 times as likely as other women to suffer hemorrhagic stroke, a type of stroke characterized by bleeding in the brain.

It was as a result of many of such reports that brought about the creation of Pharmacovigilance Unit by the National Agency for Food and Drug Administration and Control (NAFDAC). This is to enable it receive follow up and document such reports (Akinola 2005). Drugs in that category include novalgine, analgine, octagine, drunagin, Dr. Meyer noralmin etc. Chloroquine also have adverse reaction. However, it has not been banned in Nigeria, but has been prohibited for use as a first line cure for malaria.

Social Implications

The social cost for prohibition of drug in Nigeria borders on social problems that are associated with the consumption or usage of certain drugs. Certain drugs and substances, such as cocaine, heroin, Indian hemp, etc., that have psychoactive effects are prohibited because they are responsible for hazardous incidences of auto clash, murder, assault, suicide, drowning, spousal abuse, rape and other deviant behaviors in the society.

Emanating from these deviant acts is the fact that most of them are against the criminal law of the state. As such, the people are treated as criminals, prosecuted and sent to prison or even executed depending on the nature of deviant acts that drug use push them to commit. Those that died from the action of the drug users and those sent to jail or executed as a result of their criminal actions have grave implications for families and society at large. For instance, children could be without parents, parents without a child and able bodied men that constitute the labor force of the Nigerian society are either wasted in prison or lost to death.

Economic Implications

From an economic dimension, certain drugs are prohibited so as to protect and encourage indigenous drug manufacturing companies in Nigeria. Any drug that is produced in Nigeria and the production can meet the demand of the population is banned from being imported. Nigerians are highly ethnocentric people and ignore the drugs produced in Nigeria, even with higher efficacy and lower cost and go for the ones imported or produced by a foreign pharmaceutical company. Apart from reducing the level of competition between drugs manufactured by indigenous companies and that of foreign companies, it also enhances the status of Nigeria as not only importer but also manufacturers and exporter of such drugs.

DRUG PROHIBITION AND THE PROBLEM OF CONFORMITY: A THEORETICAL REFLECTION

The various agencies, notably National Drug Law Enforcement Agency (NDLEA) and the

Table 1: Drugs with negative consequences

<i>Drug classification and drug examples</i>	<i>Names</i>	<i>Street names</i>	<i>Symptoms of abuse</i>	<i>Duration of effect and method of use</i>	<i>Consequences</i>
<i>Narcotics</i> Opium morphine codaine heroin Semi-synthetic Synthetic	(Opiate derivatives) <i>Fentanyl</i> <i>Methadone</i>	Opium powder (Pantofen) morphine codaine tablet/ injection smack, stuff, horse, gbana, dolophine	Euphoria, mental clouding, apathy, drowsiness, poor appe- tite, poor concentration, emo- tional disinhibition, reduced sexual urge.	3-6 hrs-Smoking-Sniffing- Injection	Produce physical and psy- chological dependence. Lower the body immunity, HIV/AIDS infection premature death
<i>Stimulants</i> cocaine coca leaves synthetic stimulants	<i>Cocaine</i>	Coke, snow, rock, coco, crack, blow, chunk, cocktail	Trembling, emotional disinhi- bition, nervousness, nose bleeding, sleeplessness, vio- lence, lack of interest, loss of appetite and weight, rapid pulse, euphoria, restlessness, increased alertness.	1-2 hrs-Smoking-Sniffing- Injection	Perceptual distortion, drug dependency, chronic cough, heart attack, brain damage, thought disorder, violence.
<i>Sedatives</i> <i>Depressants</i> Barbiturates Benzodiazepines Chloral Hydrate	Socobartital Smobar- tital Phenobarital (i) Diazepam (ii) Chordiazepoxide (iii) Lorazepam	Valium Librium Lexota Ativan	Memory impairment disorien- tation, slurred speech, drunken behaviour without odour of alcohol.	1-16 hrs-Taken orally- Injection Rectal	Drug dependency muscle contraction, extreme fear, convulsion, toxic psy- chosis, possible HIV/ AIDS infection premature death.
<i>Cannabis</i> Marijuana Hashish Hashish oil Tetrahydro Cannabinol	<i>Marijuana</i>	Indian hemp, grass, weed, stone, ganja, kaya, pot, weewee, igbo etc. hashish thc	Impaired concentration, emo- tional disinhibition, distorted perception, panic attack, cough, blood shot eyes, increased appetite	2-4 hrs-Smoking-In food	Drug dependency, lung disease, brain damage, impaired motivation - Infertility - Possible birth defects - Causes mental retar- dation in the unborn child.
<i>Alcohol</i> Alcohol	(Anxiolytic drugs) Alcohol	Beer, shakis, booze, sapele water, wine, whisky, ogo- goro, palmy, etc.	Staggering, happy, excitement, emotional disinhibition motor in coordination, slurred speech, bad breath.	Variable-Taken orally	Neurological damage im- paired memory, and judgement, psychosis liver cirrhosis, impotence, weakness, weight loss, dependency.
<i>Inhalants</i> <i>Volatile Solvents</i> Volatile solvent e.g. gaso- line rubber solution kero- sine aerosol nail polish remover <i>Hallucinogens</i> lysergic acid diethylamide (lsd) phencyclidine (pcp) mescaline	<i>Inhalant</i> Lysergic Acid Diethyl- amide (LSD)	Gasoline, correction fluid, rubber solution, aerosol, nail polish remover, kero- sene, butyl Nitrate. LSD, PCP, Angel dust peyote, cactus etc.	Euphoria, emotional disinhibi- tion, sneezing, perceptual disto- rtion, fatigue, nose bleeding, blood shot eyes, thirst, bad breath, nausea. Thinking disorder, poor percep- tion of distance, time, space and body image, anxiety, illusion, euphoria, hallucination	VARIABLE-Inhaling 8-12 hrs-Taken orally- Injection	Toxicity, damage to lung, brain, liver and bone marrow, blindness, dependency, sudden death Flashbacks, panic reac- tion, violence, psychosis, "bad trips" dependency, hiv/aids infection sudden death.

Adapted from NDLEA Drug Abuse Awareness Guide

Note: The table above contains some licit and illicit drugs with negative consequences especially when they are abused. In other words, not all the drugs are prohibited in Nigeria

National Agency for Food and Drug Administration and Control (NAFDAC), have put in spirited efforts in the enforcement of laws on drug prohibition. To this effect, so many persons have been prosecuted, and sent to prison with varying jail terms, consignments of drugs and substances confirmed to be prohibited or counterfeits worth billions of naira are destroyed from time to time, and articles, vehicles and vessels used by drug law breakers are confiscated by the agencies.

Despite these negative sanctions, there are still cases of non-conformity to the drug prohibition laws (Alemika 1990). Some persons in Nigeria still smuggle drugs that are prohibited into the country. Indian hemp is still widely cultivated and consumed by many, including the gatekeepers with reckless abandon. For instance, some law enforcement agents who are supposed to assist in enforcing the drug laws, are either consumers, involved in Indian hemp business or aid other dealers by escorting them from the site of production to where they are being marketed. This is to avoid being checked and arrested by incorruptible law enforcement agents.

The sociological theory that sufficiently explains why people don't always conform to drug prohibition law is the Rational Choice Theory of Deviance. The theory is a variant of the symbolic interactionist perspective. This perspective is anchored on the premise that human actions are guided by the meanings they assign to such actions. Based on the assumption, people faced with several courses of action, will usually do what they believe is likely to have the best overall outcome (Reckless 1967; Elster 1989).

The rational choice theory of deviance has it that deviant behavior occurs when a person weighs the costs and benefits of non-conventional or criminal behavior and determines that the benefits will outweigh the risks involved in such actions. In other words, the theory has it that, people who commit crimes do not engage in random acts of antisocial behavior. Instead, they make careful decisions based on weighing the available information regarding *situational factors* such as the place of crime, suitable targets and availability of people to deter the behavior and *personal factors* such as the reward of the behavior (Siegel 1998).

Applying the rational choice theory to the

breaking of drug prohibition laws, those who break the laws make rational choice by carefully calculating and weighing what they stand to gain if they embark on the manufacture, importation, sale and consumption of prohibited drugs. It is when they place the benefits side by side with the risks of being caught by drug law enforcement agents before they embark on it. The benefits could be monetary reward or psychological satisfaction.

CONCLUSION

Drug prohibition laws exist in Nigeria as a result of the health, social and economic implications of the availability of the drugs that make the prohibition list. Various agencies are saddled with the responsibility of enforcing these drug prohibition laws. These agencies have done relatively well in that direction. This fact is attested to by numbers of persons who are sent to prisons and drug worth billions of naira destroyed. This exercise of drug prohibition no doubt gives rise to several expenses in the form of law enforcement costs. In order to ensure that drug prohibition policies are met, law enforcement agencies must be established and this involves huge funds for the provision of infrastructure, equipments and remuneration of staff.

The drug prohibitionist policies and laws have generated their own sets of problems and challenges, notably the emergence of black markets criminal subcultures. Some persons are constantly in defiance of authority by cultivating, producing counterfeit drugs. Smuggling prohibited drugs, importing and consuming illicit drugs and substances. This constitutes real burden on the enforcement of prohibited drug laws in Nigeria. Considering the deplorable effect of the prohibited drugs and the attendant subculture of criminality built around the illicit drugs, the Nigerian state must rise to the challenge by implementing the recommendations. It is only through this means that the production, sales, patronage and consumption of prohibited drugs and their attendant effects can be effectively controlled.

RECOMMENDATIONS

The discourse shows that though Nigeria had made several efforts in enacting drug prohibi-

tion laws, people constantly violate these laws thereby creating serious challenges to conformity. Consequent upon the above, the paper put forward the following recommendations:

- As a way out of the crisis of conformity to drug prohibition laws, there should be widespread awareness program on the negative consequences of the prohibited drugs. This could be in form of aversion therapy or covert sensitization that will assist in behavior modification that will discourage the public from consuming and patronizing those that deal on prohibited drugs.
- Alternative means of income should be made available by creating conventional job opportunities. This will engage the persons involved in sales of prohibited drugs and substances and discourage them from illegal business of prohibited drugs.
- The various agents of socialization should intensify the socialization process on societal reaction to deviance. This socialization should be extended to the law enforcement agents who consume illicit drugs, get involved in illicit drug business and also aid and abet those who are involved in the act of production and sales of prohibited drugs. The law enforcement agencies should give proper orientation program for its personnel and also, get rid of those involved in the deal. This is because if the gatekeepers are compromising, then the whole process of drug prohibition and enforcement of the laws becomes a mere façade.
- There should be stiffer penalty for those that contravene the prohibited drug laws. At the same time, the various agencies saddled with the responsibility of enforcing drug laws should be overhauled so as to erase the problem of complicity. Stiffer penalty means nothing if drug enforcement agents do not live to their expectation.

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