



# Substance Abuse and Addiction among Undergraduates in Nigerian Private Universities; Communicating Behavioural Change for Sustainable Human Development

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## Authors' contributions

This work was carried out in collaboration among all authors. Author OO designed the study, performed the statistical analysis and wrote the first draft of the manuscript. Author LG wrote the protocol, managed the analyses of the study. Author BSOT managed the literature searches. All authors read and approved the final manuscript.

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## ABSTRACT

Substance abuse among youths and young adults in Nigeria has been a significant health problem that threatens sustainable human development. There are a number of studies that have looked into drug abuse among adolescents. Some of the studies reported that youths experiment with substance abuse at some point in their lifetime. However, not so many of such researchers examined the implications of drug abuse on sustainable human development. This gap was the motivation for this study. The study explored substance abuse and addiction among undergraduates in Nigerian private universities; communicating behavioural change for sustainable human development. The study was premised on the self esteem, family, availability and proneness and developmental stages theories of drug abuse. Using the purposive sampling

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technique, the key informant interview was used to elicit information from 140 youths who are substance abusers in a private university in south west, Nigeria. Structured interview was also conducted to elicit additional information from the Student affairs officer of the said university. Findings reveal that substance abuse among youths has multi-causal elements. Besides, it was gathered that a lot of communication measures have been directed towards changing substance abusers' behaviour. It was recommended that wholesome concerted efforts must be made to eradicate the menace for sustainable human development.

*Keywords: Substance abuse; drug; sustainable; human development.*

## **1. INTRODUCTION**

Nowadays, social and economic ills plague many countries of the world. With the unprecedented changes and development that characterizes the world today; many people especially the youths are exhibiting behaviours that are aberrations to good parental care and upbringing. On the other side of the divide are overwhelming external influences which many call peer pressure. Anti social behaviours such as cultism and drug or substance abuse are now very common among youths.

It is true that drug has been in use by humanity since time immemorial to improve the general well being of people. Fareo [1] notes that since the early times, herbs, leaves and plants have been use to heal and control diseases. The use of drugs in itself does not constitute any danger, because drugs correctly administered have been a blessing. However, drug obsession and addiction among youths presents a challenge at local, state, national and international levels. Indeed, drug use and abuse among youths has become one of the nauseating problems confronting the Nigerian society as this poses significant social, economic, and psychological problems in the country.

Drug abuse, dependence and addiction problem is a global plague, affecting both developed and developing nations, Nigeria inclusive. Quite disturbing is the rising number of the younger generation particularly secondary school and tertiary institution students who are getting involved in drug abuse.

Majority of the Nigerian youths ignorantly depend on one form of drug or the other for their various daily activities [2]. Young ones who are mainly from well-to-do homes are increasingly abusing and experimenting hard drugs like heroin and cocaine. Others substances like Indian hemp, which is frequently produced in Nigeria and other substances like Methamphetamine and tablet with codeine capable of intoxicating are mostly

found in schools (Staff, 2012) in Oliha [2]. At the core of the nuisance is the breakdown of societal values and the attendant waste of human capita.

Thus, a nation with a sizeable number of her population made up of young people who indulge in drug abuse cannot be said to be a developed and healthy nation. This is because such substance abusers lose their capabilities, potentials and positive contributions to national development and growth to the nefarious activity. Specifically, Ipinmisho [3], a former National Drug Law enforcement Agency director-general in an interview in Thisday Newspaper asserts that 40 percent of Nigerian youths are on hard drugs. With this, how can there be sustainable development?

The abuse of psychotropic drugs like rephenol, codeine, tramadol and comorado is prevalent among the youth across the country and there are growing concerns over the increase in the rate of abuser despite several efforts to reverse the trend. In spite of government efforts through the establishment of NDLEA and other institutional-based interventions, drug abuse is on the rise with over 40% of students abusing various types of drugs.

Today, ingenuity has been introduced into drug abuse with complex mixtures, experimentations and new discoveries especially among the younger generation. Now, soft drinks that are served at youth parties have now been mixed or replaced altogether with codeine containing cough syrups in addition with other pharmaceutical products like rephynol, tramadol, comorado and so on [3]. Sadly, this is a very porous problem to measure as both the types of drugs used and the people using a particular drug are constantly changing and growing in leaps and bounds.

Nonetheless, to better understand the problem, updated information in form of research should be provided on regular basis to planners,

abusers, policy makers, and other stakeholders on how to allocate human, medical and financial resources appropriately to combat the problem. It is in view of this that this study was embarked upon.

### **1.1 Problem Statement**

Taking drugs has been a part of humanity since time immemorial. Human beings have used drugs in a variety of ways to improve their total well-being. This notwithstanding, abuse of drug especially by youths has been a major problem not only in Nigeria but all over the world because substance abuse is damaging not only to the abuser but also to the society at large. The Nigerian National Drug Law Enforcement Agency (NDLEA) stated that drug abuse is a major problem in schools [4]. Therefore, abuse of drug among youths constitutes one of the problematic issues facing the Nigerian nation today. The abuse of substance is so rampant that it was estimated that there are about 50 million addicts in the world and three times as many alcohol, hemp and tranquilizer users, [5]. Studies conducted by various scholars from different walks of life on drug use and abuse reveal that drug use emanates from learned habits of some sort. The increasing incidences of drug abuse, its effects and the consequences it has on the younger generation have called for concern. Early researches in this regard have established the negative impact of substance abuse on the nation's social, political and economic well being and development, [6,1,2]. Despite various decrees and government efforts, the statistics of adolescents involved in the menace has continued to multiply. The general opinion therefore is that deliberate efforts must be made to enthrone a drug free nation especially for the upcoming generation and for sustainable human development.

The above opinion motivated the researchers to embark on this work. To this end, for the purpose of sustainable human development, the focal point of this study is to examine how behavioural changes can be communicated and encouraged in youths involved in substance abuse and addiction in Nigerian private universities.

### **1.2 Research Objectives**

The following research objectives of the study include to:

- Ascertain the reason for substance abuse by youths.

- Investigate the types of drugs abused by youths
- Establish efforts by private universities' management to eradicate drug abuse
- Examine the effect of drugs taken on the psyche of abusers and the society
- Appraise substance abusers' accessibility channels
- Communicate behavioural changes with emphasis on specific measures on how substance abuse can be treated, reduced or eradicated.

## **2. CONCEPTUAL EXPOSITION**

### **2.1 Defining Drug**

Scholars from different walks of life have defined the term drug from different perspectives based on their discipline and sometimes experience. The meaning of the word drug often varies depending on the context in which it is used. Regardless of the various definitions, there seems to be an agreement that drug is a chemical substance capable of modifying, altering the mood, physiological and biological composition of the user.

A drug is any chemical substance or ingredient used in making medicines. Drug as chemical substance, therefore, affect persons or users in such a way as to bring about psychological, emotional or behavioural changes in them. Effects of drugs are felt in the body, mind and mood of the users.

Drug could also be said to be any substance produced through the mixing of certain chemicals and synthetics together which is capable of altering or modifying the biological, physiological, emotional and behavioural patterns of humans when taken.

Drug in a general sense includes all substances that can alter or bring a change in the brain function and /or biological function through its chemical ingredients [2],[7].

Other scholars considered drug as a substance that modifies perceptions, cognition, mood, behaviour and general body functions. Drug could also be considered as chemical modifiers of the living tissues that could bring about psychological and behavioural changes (Nnachi, 2007, Balogun, 2006 in [2].

Drugs can be used to relieve pain, sedate, poison, cure or produce hallucinations in the users. Drugs may be either be medical or non-

Medical. Medical drugs are chemical substances that are prescribed for people's use by the physician to treat illnesses, relieve pain, cure infections and so on while non-medical drugs are chemical substances that are regarded as socially approved or accepted drugs that are used without physicians' prescriptions such as alcohol, tobacco, cigarettes, kola, gins and so on.

## **2.2 Dimensions of Substance Abuse**

Drug taking is the use of drugs either for medical or non medical or social reasons by an individual, while drug abuse is taking drugs either without doctor's prescription or at higher or lower dosage than usual or use of drug for what the drug is not meant.

### **2.2.1 Drug abuse**

Drug abuse can also be defined as the "arbitrary" use or miss-use of one particular drug with or without a prior medical diagnosis from qualified health practitioners. Drug Abuse is the harmful use of mind altering drugs.

In a relative usage, drug abuse can be defined as the unwarranted use of a drug in order to achieve a 'high' or for performance enhancement. People who abuse drugs usually don't have a prescription for the drug and abusing drug usually leads to dependency and addiction.

Substance abuse is a term that refers to problem with illegal drugs, which also include harmful use of legal prescription drugs, Such as in self-medication. (Lakhanpal, & Agnihotri, 2007; Oluremi, 2012 in [8], Odejide (2000) in Oliha 2014 [2] posited that drug is said to be abused when its use is not pharmacologically necessary especially when used in the face of legal prohibition or when a socially acceptable beverage is used excessively. Drug abuse may be defined as the excessive use of mood-altering drugs for non-medical purposes.

Adeyemo, Ohaeri, Okpala and Ogodo [9] citing Haladu (2003) describes drug abuse as excessive and persistent self administration of a drug without regard to medically or culturally acceptable usage patterns.

According to Adebusuyi [10], drug is abused in many ways including but not limited to the following:

1. The use of prescribed drugs to treat medical conditions for which they were not prescribed.

2. Use of a drug purely for its social effects.
3. The excessive use of any drug to the extent of interfering with the individual user's social, marital, vocational, emotional, or physical functioning in the individual's day-to-day life.
4. The over-use or regular use of any of the socially acceptable substances such as alcoholic beverages or diet pills to the point of intoxication.
5. Any use at all of any less socially acceptable drugs such as Tobacco, Cannabis (Marijuana), Cocaine, Herione, LSD, etc that are legally prohibited but are obtained by illicit means.
6. Any use of medically prescribed drug in excess of the prescribed limits (amounts) is drug abuse.

### **2.2.2 Multiple drug use**

The taking of more than one kind of drug such as taking a variety of drugs in sequence or simultaneously (at the same time) is multiple drug use. It is a great risk for an individual who combines drugs and use them without physician's instructions. For instance, certain drugs should not be combined. This statement is true of alcohol and barbiturates (sleeping pills) because their combination is a double use of depressants. An individual who combines them may sleep and never wake up again, especially if taken in excess.

### **2.2.3 Drug overdose**

Taking drug in excess of the dose prescribed for an individual to the extent of causing ill health is drug-overdose. Excessive use of a prescribed drug by an individual at a time or in succession may result to overdose. Overdose is a kind of drug misuse. Overdose of some drugs may produce low breathing rate, stupor and coma. Cases of overdose require artificial respiration and physician's assistance to restore normally in breathing.

### **2.2.4 Drug misuse**

Drug misuse is taking of drug for the wrong universally accepted medical purpose and, or at a wrong dosage. This is when a person ingests a drug for purposes other than that for which the drug is intended. Majority of people that misuse a drug are not necessarily trying to get high. To avoid drug misuse, a physician must prescribe a drug and it should be identified by a Pharmacist

before it is used. The amount of dosage specified by the physician must not be exceeded.

### 2.2.5 Drug addiction

Drug addiction is a term that denotes drug dependence in technical circles. It is a periodic or repeated consumption of drug owing to insatiable desire or need for drug use. Addiction is characterized by getting the drug by all means and with the tendency to increase the dose or amount. Sometimes, it extends to the physical dependence on the drug in order that the user may be able to perform or act.

Drug addiction is a chronic intoxication that is detrimental to life of individual addict and that of the society in general. Addicts often commit crimes, looking for money to buy drugs or they may even become aggressive and cruel to the society when they feel ignored or when they feel that people are unkind to them when their needs are unmet. Victims of drugs addicts become mentally and physically ill. Drug addiction is a term that denotes drug dependence habit or attitude.

### 2.2.6 Drug dependence

Drug dependence is the state whereby the individual drug user uses drug regularly or continuously. The user in this case becomes tuned to drug use to the extent that it becomes difficult or impossible to do without drug physically or psychologically. Drugs that are likely to induce dependence include depressants, stimulants, hallucinogens, and narcotic analgesics.

Adebusuyi [10] explain further that, drug dependence could be physical or psychological. Physical drug dependence occurs when the user needs the drug repeatedly to maintain his physical state of wellbeing to carry out his daily activities. If the user attempts to stop using the drug, certain withdrawal pattern or signs and symptoms appear. Such withdrawal symptoms or syndromes of ill health may include headache, vomiting, muscle tremors, etc. many medical or medicinal drugs that are used can produce physical dependence example: narcotics and barbiturates (sleeping pills). While in psychological drug dependence, the drug user puts up drug-searching behaviour, therefore, become a compulsive drug use attitude. Serious psychological dependence may make user to employ antisocial behaviours to get their supply,

hence the illegal trafficking in certain deadly drugs such as Marijuana, cocaine, heroine and LSD. The psychomimetic drugs, amphetamines and others induce psychological dependence because of their effects on the mind, mood and behaviour.

## 2.3 Historical Perspectives on Drug Use and Abuse Globally and in Nigeria

In fact, a number of drugs have been illicit from the moment of their discovery or synthesis. Many drugs now illegal have enjoyed a period of legal popularity with the upper and middle classes. As their legal status changed, so did their users. Some drugs that are tagged illegal because of their ability to create illicit pleasures have previously been used to relieve physical pain, sleeping pills, as cough medicines, as cures for diarrhea, as multivitamins, as means of improving daily work performance, and even as cures for dependence on other drugs.

From a global perspective, after World War I, in the United States, the Harrison Act marked a major attempt to make psychoactive drugs illegal. With this effort there came a reduction in their prescription by physicians and a decline in their use by the middle class. Use became concentrated in various "outsider" groups; such as musicians and minority groups. Since World War II, drug use has become much more widespread. It spread first within the segregated black ghettos of the United States and from there to urban middle-class college student [11].

In trying to establish the history of drug use and abuses, Eric [12] citing Huxley (1957) wrote thus:

*All naturally occurring sedatives, narcotics, euphorants, and hallucinogens, and excitants were discovered thousands of years before civilization; probably by the late stone age man who systematically started poisoning himself. The presence of poppy heads in the kitchen middens of Swiss Lake dwellers shows how in his early history, man discovered the techniques of selftranscendence through drugs. There were drugs addicts even before the early farmers.*

In Nigeria, the history of drug abuse dates back to the early days of civilization which took place as man settled down from being a gatherer to a

farmer. Some of the early crops he cultivated include intoxicants such as wine (alcoholic) and strong tobacco, as well as opium, and other harder substances. However, the introduction of religion (Islam and Christianity) reduced this trend [12].

Nigeria witnessed drug abuse since the return of the World War II Veterans who fought in Malaysia and Burma (Myanmar). On return, after the war, they brought with them concealed contents of Cannabis (Indian hemp) as souvenirs. Subsequently, there was a sporadic and illegal cultivation of cannabis as a widespread farm product. In the last few decades, specifically between 1960's and 1970's, drug trafficking rate was low, as it was only dominated by derivatives and cannabis. However, drug abuse in the 1980's in Nigeria metamorphosed to other wide varieties of illicit substance into the country which included Hallucinogens, Cocaine, Heroin and so on [12].

#### **2.4 Government Efforts on Drug Abuse Reduction and Eradication**

Going by the prevalence of substance abuse in the country, one is tempted to ask if the Nigerian government is bothered at all about the manace.

Interestingly, tremendous increase in drug trafficking, substance abuse and obsession made the Federal government of Nigeria to establish the NDLEA (through the enactment of Decree 48 of 1989) and other organization-based interventions. Several attempts have been made to reduce and/or stop altogether, the circulation and consumption of illicit drugs by abusers including the young and productive Nigerians. Further step was taken to also establish within the NDLEA, a unit known as Drug Demand Reduction .Drug Demand Reduction is a major statutory responsibility of the NDLEA saddled with the responsibility of helping those abusing drugs to overcome their dependency and reduce the risk they pose to themselves and others, with the ultimate aim of achieving a drug free and acceptable way of life; sensitizing the public on the dangers inherent in drug abuse by visiting schools, market women, road transport workers, artisans and the likes. To achieve the broad goals of drug demand reduction, already, there is a synergy between the NDLEA drug reduction programme unit and about 21 Non-Governmental Organizations who assists NDLEA in some form of preventive drug use, counselling and rehabilitative measures.

### **3. THEORETICAL UNDERPINNINGS**

There are dissenting school of thoughts on drug obsession and addiction around the globe. Drug abuse theorists, scholars and experts'interest therefore lie on discussing the various stages substance abusers pass through from the first point of trial (Initiation) to relapse. The applicable theories to the study addressed why people begin taking drugs, why people maintain their drug taking behaviours, why drug taking degenerates to abuse, why people stop taking drugs and what accounts for the restarting of the substance dependence behaviour once stopped. In short, to the drug use and abuse theorists, there are five components in substance abuse namely:- initiation, continuation, transition from use to substance abuse, cessation and relapse.

In the past few decades, there are a number of theoretical propositions and argument on drug use and abuse theories, however, for this study, there are four relevant schools of thought in scholarly discipline of substance use and abuse that are reviewed namely; developmental stages, Self Esteem, availability and proneness and Family theories of drug use and abuse.

Virtually all the theories on drug use and abuse reviewed for this study indicate that initiation into the drug abuse culture is more of social exposure and contact than of intense personal need, that is abusers do not usually set out initially to abuse drugs. However, after the initial trial, the substance abuser may soon discover that the drugs produce different ego states hence, the need to continue to use such drugs.

#### **3.1 The Developmental Stages Theory of Adolescent Drug Involvement**

The school that is considered first is the developmental stages theory by Kandel [13] which adumbrated that drug use and abuse follows a sequence. He argue that most drug addicts started from a reasonably small level before degenerating to a societal nuisance. The notion that different social psychological factors predict adolescent initiation into different stages of drug use provides evidence for the existence of stages in substance abuse. The developmental stages theory of adolescent drug involvement posit that peer influences, adolescent involvement in various behaviors, parental influences and adolescent beliefs and values predisposes the abusers to various levels of drug involvement. By comparison, Kandel

says use of illicit drugs other than marijuana is preceded by poor relationships with parents, by exposure to parents and to peers who themselves use a variety of legal, medical, and illegal drugs, by psychological distress, and by a series of personal characteristics somewhat more deviant than those that characterize the novice marijuana or hard liquor user.

Therefore, adolescents' involvement in drugs appears to follow certain paths. Beer and wine are the first substances used by youth. Tobacco and hard liquor are used next. The use of marijuana rarely takes place without prior use of liquor or tobacco, or both. Similarly, the use of illicit drugs other than marijuana rarely takes place in the absence of prior experimentation with marijuana. As such, the documentation that different factors are important for different drugs provides additional support for the claim that drug involvement proceeds through discrete stages. The notion of "stage" itself allows a more fruitful specification of the role and structure of different causal factors at different stages of involvement [13].

### **3.2 Self Esteem Theory of Drug Abuse**

Another school of thought is the self-esteem theory which postulates that all behavior is mediated by the individual's attempt to protect the "self" within the social milieu.

According to Steffenhagen 1980, this theory is a developmental one emanating from an Adlerian approach in which self-esteem is seen as the main psychodynamic mechanism underlying all drug use and abuse. The self-esteem concept develops out of Adler's Individual Psychology, more precisely the Psychology of Self-Esteem, in which the underlying motive of human behavior is the preservation of the concept of the "self" (Ansbacher and Ansbacher 1956 in [14]. To him, the preservation of the concept of "self" is the most important variable in understanding the initiation, continuation, and cessation of drug use, and further explains why the rehabilitation process frequently results in relapse. The theory does not only account for the initiation into drug use (the social milieu) but also determines the course the pattern will take (vis-a-vis self-esteem) in terms of continuation, cessation, and/or relapse.

For continuation of drug abuse after the initiation phase, the self-esteem theory adequately

explains the transition from use to abuse for all dependency-producing drugs. The individual with low self-esteem moves easily to drug abuse because it provides immediate gratification. Individuals with low self-esteem, he explains, always defend themselves against insecurity and are exceptionally sensitive to changes in the social milieu. Given a situation of perceived social stress they are likely to abuse drugs as a mechanism of freeing themselves from social responsibility. A longing for power to allay all feelings of inferiority could also be provided by the drug.

In the framework of the self-esteem theory, the theorists explain cessation on a basis of two sets of conditions, individual and situational. In the first instance, self esteem theory postulate that if an individual's self-esteem were raised (through therapy), he or she would quit using drugs because they would no longer serve as a mechanism for coping with inferiority. In the second case, an individual may quit drug abuse as a result of a superimposed set of conditions, such as being forcefully detoxified in the army, being arrested and jailed, or being socially pressured into joining Alcoholics Anonymous or Synanon. Drug abuse may also cease if the social stress is removed or if interpersonal satisfactions are increased so that the abuser's fragile psychological balance does not require such primitive coping mechanism. He added that cessation can take place on a micro level or on a macro level. On a micro level, self-esteem can be increased so the neurotic coping mechanism is not necessary--the person would be cured. On the macro level, it is the situation which is responsible for cessation, although the personal need might remain--the individual would be rehabilitated, not cured.

In addition, the theory also catered for the relapse stage. Since etiological factor underlying the abuse is low self-esteem, Steffenhagen posits that a social situation which causes cessation without raising self-esteem is only rehabilitative and not curative. This is because whenever the individual encounters an adverse social situation he or she is likely to revert to the earlier mode of coping. Individuals who remain drug free as a result of belonging to Alcoholics Anonymous, a group-support system, will most likely return to drug abuse when the support system is lost because the group never bolsters the individual's self-esteem but only provides a form of group self-esteem.

### **3.3 Availability and Proneness Theory of Drug Abuse**

The third school of thought is the availability and proneness theory of drug use and abuse which states that drug abuse will continue to occur when a prone individual is exposed to a high level of availability of an array of illicit substances. Smart [15] argued that the availability of or ease of access to all drugs varies enormously, as does proneness to use of these drugs for social or psychological reasons. Tendencies to use drugs also vary directly with both availability and proneness, and the two concepts jointly create an “addiction tendency. Thus, treatment of drug abusers would be successful only where large reductions are made in availability, or proneness.

Explaining further, at the initiation stage, Smart [15] presumed that users start using a drug because they meet it in their everyday lives, for example, when their friends, associates, older siblings, or parents use drugs. Drugs may be readily accessible in the school or workplace if there is no strong countervailing policy not to use them, such as a religious or ethically based proscription. The reason for the initial use of many drug types (e.g., cannabis, tobacco, hallucinogens) may consist only of an attitude of curiosity or a desire to experiment. Most users of drugs (including the opiates) initially intend to take them only a few times and then to stop. Some stop but others continue up to the point of being addicted.

The theory further states that those who continue drug use to become daily or addicted users display an unusually high level of proneness in terms of social or psychological needs. Since the first use has already taken place, the user has overcome the major difficulties in obtaining drugs. The user will know peers, siblings, or associates who are users and hence have some reasonable access to the drug. Those who experience especially great frustrations with ghetto life or who have major psychological problems will be more likely to continue use. As use continues, the user gains more access to drugs, and physical availability becomes less a problem than it is for new users or nonusers. However, for daily users of expensive drugs, a limit on their availability is set by economic costs thereby causing users to increase their income by either legitimate or, more likely, non-legitimate means in order to maintain their access to drugs at high levels of usage. Smart therefore predicts

a gradual movement from use to abuse or addiction when both proneness and availability allow it.

Explaining the cessation, the availability and proneness theory posit that when availability disappears totally, all drug use may cease. Total cessation of drug use and abuse will, in practice, depend more upon zero or low availability than on reductions in proneness. Reductions in availability in the life of the addict occur because of supply problems (police activities), geographic changes confinement in jails, or admission to a drug treatment program for detoxification or other long-term stay.

Within the framework of the availability and proneness theory, relapse to drug use or addiction is common among former addicts when they leave the drug-free situation/ environment and return to an environment in which availability is greater particularly when they return to high-availability situations or re unite former friends and old neighborhoods who are substance abusers.

### **3.4 Family Theory of Drug Abuse**

The fourth school of thought on substance use and abuse is the family theory of drug abuse that postulates that in many drug abuser families-of-origin, one parent (usually father) is absent.

Stanton states that most initial drug use by adolescents appears to be a peer-group phenomenon. It is tied to the normal, all together troublesome process of growing up, experimenting with new behaviors, becoming self-assertive, developing close (usually heterosexual) relationships with people outside the family, and leaving home. This stage is nearly always accompanied by a certain amount of rebellion and self-assertion, and the use of drugs as a means for such expression is certainly abetted if parents indulge in compulsive drug use or heavy drinking themselves. However, in other cases, drug use can start in response to other types of stress, as with youths from families facing an economic, emotional or other sort of crisis, family deaths which are challenges within the family developmental life cycle, that require new coping and readjustment to the alterations in such family structures.

From a broader perspective, much of the drug use (and misuse) vis-a-vis the family stems from changes in the fabric of the larger society.

Bronfenbrenner (1974) in Stanton [16] lists a number of societal trends such as fragmentation of the nuclear and extended family, use of television as a substitute for child supervision and so on have led to alienation and isolation of young people from older generation. Thus, the informal peer group with the overwhelming influence on the youths often fills the vacuum. In addition, belief in (and media coverage of) the efficacy of drug consumption, with a concomitant increase in overall adult drug usage, have served to provide a proper setting for greater drug use and misuse by citizens both old and young. In this sense, drugs are a symptom and a result of societal trends and of the relationships among people within the society.

#### **4. EMPIRICAL REVIEW**

Virtually all the geo political zones of Nigeria contribute to this menace one way or the other. [3]. For instance, 20% of the school population in Edo state, Nigeria have taken a psychoactive drug once in their lives, substance abusers in the North west accounted for 37.47 percent of the nation's drug victims, south west, 17.32 percent; South East: 13.5 percent; North Central, 11.71 percent and North East, 8.54 percent (Idris 2008, Alemika 1998 in [2]. Apart from cannabis, there is a growing abuse of synthetic drugs, that were once strange to the Nigerian environment which include but not limited to amphetamine, cocaine, heroin, glue, methamphetamine, paint thinner, cement, animal excreta, spirit, cough syrup made with codeine and so on.

Within the last decade, the involvement of Nigerian youths in drug abuse has taken a wide and frightening dimension. Studies conducted by the National Drug Law Enforcement Agency (NDLEA) from inception till date revealed that adolescents and youths of both sex and between the ages of 13-35 years constitute the high-risk group for drug abuse in our society. Also the Rapid Situation Assessment of Drug problem in Nigeria conducted by NDLEA in collaboration with the United Nations Office for Drugs and Crimes (UNODC) revealed that the vulnerable groups for drug abuse include students, the unemployed, artisans (craftsman), commercial sex workers, long distance drivers, and street children.

#### **5. MATERIALS AND METHODS**

This study adopted descriptive survey design. Purposive sampling technique was used

to elicit information from 140 key informants and youths who are substance abusers in a private university in the south west, Nigeria. A structured interview guide was also used to elicit information from the Student Affairs Officer of the said university and an official of the National Drug Law enforcement Agency (NDLEA). The respondents' distribution of age, sex, course and level of study varied. Study subjects were youths between ages 15 to 28 years of age who abuse one form of substance or the other.

The instrument was carefully structured by the researchers in relevance to the objectives of the study. To ensure internal and external validity, the research instrument for the youths was pre-tested on students of a Federal Polytechnic in the state by the principal researcher. Thereafter, appropriateness of language and instructions to the respondents were reviewed and corrected.

Data collected from the key informants were sorted, thematically analyzed and coded. Thereafter, findings were coded by two of the researchers to ensure inter-coder reliability.

#### **6. RESULTS AND DISCUSSION**

##### **6.1 Research Objective One: Insight on Why Youths Abuse Drugs**

As an introduction, the researchers sought to know the reason(s) students abuse drugs and findings were quite astonishing. From the study conducted, it was gathered that substance abuse by youths has a multi-dimensional causal elements. These are: peer influence, curiosity, emotional instability, Academic induced frustration, Portrayal of unwholesome lifestyle of celebrities/music artists by the Social Media and the Media, Lack of parental care, Coping mechanism from low self esteem, Ignorance and boredom for some in private universities. From the information presented in Table 1, peer influence and boredom were rated high as reason most of the substance abusers abuse drug. This is in tandem with the submission of Stanton's family theory of drug abuse which states that youths from families facing an economic, emotional or other sort of crisis, family deaths may resolve to abuse drug as new coping and readjustment mechanism to the alterations in such family structures.

## **6.2 Research Objective Two: Types of Drugs Abused by Youths**

Information gathered on the drugs abused by Nigerian youths as well as the effect such drugs have on their psyche is summarized in Table 2.

## **6.3 Research Objective Three**

### **6.3.1 Appraisal of abusers accessibility channels**

Movement of students in most private universities in the country are restricted, the researchers therefore attempted to trace how substance abusers get the drugs into the school premises despite the restriction. Findings were quite revealing, channels of getting drugs by the drug abusers in the said university include, smuggling it in through food stuff, garri, corn flakes, Golden morn packs, oversized shoes, drug cello taped to the abuser's body, boys wearing pampers to smuggle drugs into school premises, female padding their under wears with illicit drugs. In addition, the abusers get drugs from fellow students who sell to abusers to make money; some post graduate students, some security personnel, loose ends around the school vicinities, some non-teaching, domestic and teaching staff. The findings on how the abusers get drugs to abuse in spite of the tight mobility policy of most private universities is supported by the availability and proneness theory of Smart (1980) which states that as long as abusers have access to drugs, there is every tendency for them to continue to experiment and abuse drugs.

Furthermore, the researchers attempted to establish when respondents started

experimenting with one form of drug or the other. Respondents responses were quite eye opening as most of them started taking drugs even before they got admitted into the university. For instance, information gathered and presented in Table 3 reveal that 54 (38.6 %) have been abusing drug since when they were in secondary school through friends and relations who abuse drugs while another 31(22.1%) of the respondents began drug abuse during extra moral classes while preparing for university entry examinations. These findings supports Okpala and Bolaji (1991) which established that 41% of secondary school students abuse one drug or the other. Of the total number of respondents, only 39 (27.9%) of them got to the university before they started taking drugs while 16(11.4%) said they were introduced to drugs by their boyfriends and girlfriends.

## **6.4 Research Objective Four: Efforts by Private Universities' Management to Eradicate Drug Abuse**

### **6.4.1 Communicating behavioural changes with emphasis on specific measures on how substance abuse can be treated, reduced or eradicate**

Respondents were asked to mention the various communication measures put in place by the university authority in curbing drug use and abuse among students. From Table 4, 52 (37.1%) said the school authority have initiated anti-drug campaigns methods to curb substance abuse by youths which include distribution of handbills, posters, billboards, establishments of drug free clubs, counseling by the university counselor, drugs free entertainment shows and the likes. 16 (11.4%) said anti-drug seminars organized periodically by the school authorities.

**Table 1. Respondents reasons for abusing drugs**

<b>Variables</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Peer influence	29	20.7
Curiosity	16	11.4
Emotional instability	13	9.3
Academic induced frustration	9	6.4
Portrayal of unwholesome lifestyle of celebrities/music artists by the Social Media and the Media,	11	7.9
Lack of parental care	20	14.3
Coping mechanism from low self esteem,	8	5.7
Ignorance	6	4.3
Boredom for some in private universities	28	20
<b>Total</b>	<b>140</b>	<b>100.0</b>

*Source, Field, 2019*

**Table 2. Drugs abused by Nigerian youths and the effect of drugs taken on the psyche of abusers**

<b>Type of drugs taken by respondents</b>	<b>Street name(S)</b>	<b>Reasons for use by abusers</b>	<b>Description of nature</b>	<b>Symptoms and effects on the body</b>
Narcotics	Cocaine	To get high	White crystalline powder. This can be smoked, sniffed or injected	Emotional disturbance, nervousness, violence, chronic cough, permanent brain damaged and death.
Opiates	Tramadol Codeine	To get high and induce drowsiness.	Capsule and tablet form Liquid or tablet forms	Originally meant for pain but now used for inducing drowsiness. Restlessness.
Benzodiazepines	Refinol (Flunitrazepan)	To induce sleep, to deal with worries, Sometimes used for rape victims	Tablet form	Absent mindedness, forgetfulness.
Anti- Depressants	Alcohol: Beer, wine and spirit	To counter depression	Liquid form only taken orally.	Staggering, loss of inhibition, bad breath, damage to memory, intellect, liver, impotence, weight loss and death
Hallucinogens	To touch within LSD (Lysergic)	To get high and to fantasy	Capsule, tablet, powder or liquid, taken orally or injected	Thinking disorder, poor orientation of time, distance and space. Panic reaction, violence and mental problems.
Opiates (Canabbis)	Also known as Indian Hemp, wee wee; weed. Available for use in several ways.	To get high	Green tobacco like left with odour of burnt rope. Smoked or injected	Loss of inhibition, cough, blood shot eyes, lungs disease, brain damage and birth defects.

*Source, field ,2019*

**Table 3. Respondents responses on when they started abusing drugs**

<b>Variables</b>	<b>Frequency</b>	<b>Percentage</b>
Since secondary school days through friends and relations who abuse substances	54	38.6
During extra moral classes	31	22.1
In the university	39	27.9
Through boyfriends/girlfriend	16	11.4
<b>Total</b>	<b>140</b>	<b>100.0</b>

*Source, Field Survey,2019*

**Table 4. Respondents awareness of the communication measures put in place by the university authority in checkmating drug use and abuse**

<b>Variables</b>	<b>Frequency</b>	<b>Percentage</b>
Anti-drug campaign (posters, handbills, billboards, drug free clubs, drug free shows, counseling by university counselor, etc.	52	37.1
Anti-drug seminars organized periodically by school authority	16	11.4
Punishment, rehabilitation and other related measures	25	17.9
Parental communication and care	21	15
Collaboration with anti-drug agencies	26	18.6
<b>Total</b>	<b>140</b>	<b>100.0</b>

*Source, Field ,2019*

Furthermore, a total of 25 (17. 9%) of the abusers said punishment ranging from suspension, fine and expulsion were meted on them by the school authority while some said they were also sent to rehabilitation centers for reformation. 21or 15% of the abusers said the parental care and communication between them and their parents made them to have a change of heart towards drug abuse. In addition, 18.6% or 26 out of the total respondents disclose that the private university under study collaborated with some anti -drug agencies such as the NDLEA and the likes to communicate behavioural change.

The extent of the effectiveness of the various communication measures put in place to eradicate substance abuse and dependence by students in the university was examined. Findings presented in Table 5 show that 18.6% (26) of the abusers said the various measures put in place in the university were effective to a high extent, 48 or 34.2% said to some extent, 50 or 35.7 said to a little extent while 16 or 11.4 said the measures were not effective. From the information gathered, the total number of abusers that rated the effectiveness of the various communication measures to some extent (34.2%), to little extent (35.7%) and to no extent (11.4%) is 81.3% compared to only 18.6% that

said to a great extent. This implies that the management of private universities still needs to improve on efforts to eradicate substance abuse.

**Table 5. Respondents ratings of the extent of the effectiveness of measures put in place by the university to curb substance abuse**

<b>Variables</b>	<b>Frequency</b>	<b>Percentage</b>
High extent	26	18.6
Some extent	48	34.2
Little extent	50	35.7
No Extent	16	11.4
<b>Total</b>	<b>140</b>	<b>100.0</b>

*Source, Field, 2019*

When asked to suggest the most effective communication measure (s) that can engineer behavioural changes of abusers, individual opinion and suggestions were quite eye opening. In fact, most of them (29 or 20.7%) said the starting points should be to introduce engaging programmes (professional certification academic programmes) and other recreational activities to combat boredom and freedom of movement in and out of the university. Besides, 27 or 19.3% said it is better to prevent drug abuse before substance abuse actually starts thereby calling for early introduction of drug free life and drug abuse education to students from their formative

years, 9 or 6.4% said more drug clubs must be established while 11 or 7.9% said educating children and students on negative Peer influence is also a good step in the right direction. In addition, 20 or 14.3% opine that adequate parental care and communication between abusers and their parents should be encouraged, in fact, they said rather than disowning them, parents should show more when they discover that they are drug addicts. Again, 13 or 9.3 of the abusers said there is need for collaborations among government, religious bodies and the private sectors, 9 or 6.4% said more rehabilitation centers and proper follow ups, 5 or 3.6% suggested enlightenment programmes by the media and social marketing campaigns. Interestingly, 17 or 12.1% of the total number of abusers sampled were of the opinion that behavioural changes can only come from the drug dependants' willingness to quit stressing that not much behavioural change can be achieved without the abusers' individual resolution to stop substance abuse.

**6.5 Research Objective Five: Effect of Drug Abuse on the Society**

**6.5.1 Appraisal of the emotional, socio-economic implications of drug abuse on sustainable human development**

Based on findings from this study, it has been established that the effects of drug abuse can be divided into five which are; economic, social and emotional, psychological and physical effects.

From the economic point of view, with over 40 percent of the Nigerian youths who are supposed future captains of industry abusing drugs, then the nation's future labour market is at a terrible human capital and productivity waste. In fact, the loss of potential manpower and economic growth drivers due to the menace will create an unfavourable environment for foreign investors which of course will affects the Gross National Income (GNI) of Nigeria.

The Social implications of substance abuse points at issues dealing with increasing criminal activities associated with drug abuse like rape, kidnapping, cultism, vandalisation of public properties, robbery and of course the growing numbers of societal nuisance and school drop outs. Those days, it is only drivers and conductors (touts) that abuse drugs. And now with some undergraduates indulging in substance abuse, one may therefore be tempted to say now; we have educated touts who may end up dropping out of school.

The emotional effect deals with how family ties are broken at the discovery of a drug abuser by the parents. Sometimes, disappointed parents often severe relations with the substance abuser and in such an instance the drug addict goes back to his or her fellow drug abusers who are always willing to receive such an ally.

Psychological effect includes mental illness- Psychiatric patients are now on the increase.

**Table 6. Respondents' suggestions on the best communication approach(es) to enthrone behavioural change in substance abusers**

<b>Variables</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Educating children and students on negative Peer influence	11	7.9
Abusers' personal resolution to stop substance abuse.	17	12.1
Government, religious and private sectors partnership	13	9.3
More rehabilitation centres and proper follow ups	9	6.4
Enlightenment programmes by the Media and social marketing campaigns.	5	3.6
Adequate parental care	20	14.3
Creation of drug free clubs.	9	6.4
Drug abuse education for students from primary and secondary schools	27	19.3
Introduction of engaging activities to cure boredom in private universities and freedom of movement	29	20.7
<b>Total</b>	<b>140</b>	<b>100.0</b>

*Field, 2019*

Physical Effect includes death. Facts obtained from clinical staff reveal that one out of every 30 substance abuser could consume drugs to stupor and consequently die from the act. In fact, deaths have been recorded in the private university under study.

## **7. COMMUNICATING BEHAVIOURAL CHANGE TOWARDS A DRUG FREE NATION/YOUNGER GENERATION**

In spite of government efforts and some institutional based interventions, substance abuse is still on the increase; it is on this basis that the researchers asked the key informants to recommend solutions on how to reduce or to stop altogether, drug abuse.

In sum, they opine that eradicating or reducing the increasing number of substance abusers in Nigerian private universities and the nation as a whole is a joint effort that will involve government, parents, non-government organizations (NGOs), and the individual abuser. Specifically, the drug abusers under study recommended that dealing with the menace should be tackled from both preventive and curative perspectives.

### **7.1 Preventive Approach**

Preventive measure is the best approach because when drug use starts, it is difficult to stop.

#### **7.1.1 Government and private sector partnership**

Apart from the already existing government structures, government should also ensure adequate and proper funding of NDLEA and the Drug Demand Reduction (DDR) Unit of the NDLEA and some other allied drug abuse reduction establishments. It is recommended that the number of NGOs working with the NDLEA and DDR should be increased, to at least, four to five in all the 36 states across the federation depending on the population of such states and the volatility rate.

#### **7.1.2 Schools**

Drug education should be included in school curriculums from primary schools up to tertiary institutions. Besides, more drug free clubs should be established in every community and schools in both public and private primary and secondary

in order to catch the students young in their formative years. Drug free activities and programme should also be part of the curriculum of primary and secondary schools with emphasis on the adverse effects of drug abuse of abusers. This will go a long way to enthrone a non-conformist posture to substance abuse by the incoming generation.

#### **7.1.3 Family**

Good upbringing is vital to becoming a responsible adult. It is an established fact that parents exerts great influence on their children especially children between ages five to twelve. Most children within this age bracket usually condemn drug abuse. Parents should ensure that such stance by the children on substance abuse is encouraged by their parents and other responsible adults around. Also, as much as possible couples, should try to live together harmoniously and jointly train their children, this is because some of the substance abusers interviewed disclosed that they came from broken and unsettled families. Specifically, Stanton 1980 family theory of drug abuse reiterate that most substance abusers come from broken homes as one of the parents always seems to be absent.

#### **7.1.4 Continuous education and sensitization on negative peer pressure**

Concerted efforts must be directed toward building the self-confidence of the younger generation between the ages of five and twelve. Also, they should be sensitized continuously about what negative peer influence means and how to be on the guard. This will militate against the use of drug as adolescents as a coping mechanism from low self-esteem.

#### **7.1.5 Media**

Enlightenment programmes on drug education should be encouraged. Programme contents should be censored to ensure that videos of hip hop artiste drug use are not broadcast when children are awake

#### **7.1.6 Society**

Substance abuse has become a societal problem that requires an all-involving approach to curb the menace. Members of the society should see themselves as change agents and good character ambassadors.

## **7.2 Curative Approach**

### **7.2.1 Family**

The disappointments that come with the discovery that one's son or daughter is into drug abuse could be quite devastating. Regardless, family members especially parents should correct erring children in love. This is because, the farther the parents are from the substance abuser, the more the tendency for him or her to find succor in the company of his/her fellow abusers who are always willing to take such an ally back into their midst.

### **7.2.2 Schools authority**

Restriction in private universities should be liberalized. Introduction of more recreational and academic activities like games, professional examinations that will engage the students should be considered. This will make the students busy and have something to occupy their time. After all, an idle hand is the devil's workshop.

### **7.2.3 Rehabilitation**

Apart from faith based rehabilitation centres, more rehabilitation centres should be built by management of private universities with some collaboration with the government.

### **7.2.4 Media**

Social marketing campaigns should be employed to effect behavioural changes. The mass media should facilitate government's campaign against drug abuse, and avoid such thrilling advertisements and jingles like those of tobacco and alcohol (Liquor) etc. Meanwhile sensitization programs should be channeled through this medium.

### **7.2.5 Mentoring**

The services of life coaches, counselors, social workers and other respected responsible adults must be sought to mentor substance abusers on living meaningful and purpose driven lives. Moreover, constant monitoring and close making should be given to drug addicts to ensure that they are not exposed to what could trigger them to continue to abuse drugs after initial stoppage.

### **7.2.6 Government**

Deliberate effort must be made by the government to increase the number of NGOs working with DDR unit of the NDLEA. Furthermore, the agency operations should be boosted through adequate funding, adequate personnel and must be sent for trainings from time to time.

### **7.2.7 Religious bodies**

Religious bodies can also contribute to a reformed society through different campus outreach programmes to minister to the affected students.

### **7.2.8 The individual**

The decision to stop drug abuse starts from the abusers themselves. Without the self will to stay drug free, all other curative measures may just be a waste of time and resources. Therefore, the family, media, government, religious organizations must all embrace a holistic approach that revolves around the individual substance abusers for optimum results.

## **8. CONCLUSION**

Abuse of substance is becoming a public health issue among youths in Nigeria. Families, religious organizations, media, tertiary and secondary schools authorities, civil society, health educators, government and the community should collaboratively work towards effective communication specifically geared towards eradicating and preventing the menace for a sustainable human development.

## **COMPETING INTERESTS**

Authors have declared that no competing interests exist.

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