

**A SOCIOLOGICAL STUDY OF SUBSTANCE ABUSE AMONG JUVENILE
DELINQUENTS IN ZARIA METROPOLIS OF KADUNA STATE**

BY

**AMINU YUNUSA
(B.Sc. SOCIOLOGY; ABU)
SPS/11/MSO/00007**

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DECLARATION

I hereby declare that this dissertation titled “A Sociological Study of Substance Abuse among Juvenile Delinquents in Zaria Metropolis of Kaduna State” is the product of my own research efforts; undertaken under the supervision of Dr. Bala Saleh Dawakin-Tofa and has not been presented and will not be presented elsewhere for the award of a degree or certificate to any other university or institution. All sources of information derived from published or unpublished work or other works have been fully acknowledged.

.....
Aminu Yunusa
SPS/11/MSO/00007

.....
Date

CERTIFICATION

This is to certify that the research work for this dissertation and subsequent preparation of this dissertation by Aminu Yunusa (SPS/11/MSO/00007) were carried out under my supervision.

.....
Dr. Bala Saleh Dawakin-Tofa
(Supervisor)

.....
Date

.....
Dr. Maikano Madaki
(Head, Sociology Department)

.....
Date

APPROVAL

This is to certify that this dissertation have been examined and approved for the award of degree of MASTER OF SCIENCE SOCIOLOGY (Criminology).

.....
Professor Suleiman Mohammed
(External Examiner)

.....
Date

.....
Dr. Aminu Mohammed Dukku
(Internal Examiner)

.....
Date

.....
Dr. Bala Saleh Dawakin-Tofa
(Supervisor)

.....
Date

.....
Dr. Maikano Madaki
(Head, Sociology Department)

.....
Date

.....
Representative of the School of Postgraduate Board

.....
Date

DEDICATION

This work is dedicated to the memory of my late mother, Mallama Sa'adatu for all her sacrifices.

May Allah (SWT) grant her soul mercy in Aljannah Firdausi, Ameen.

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My profound gratitude goes to the Almighty Allah, the Passionate, the Omnipotent, the most Merciful for enabling me to successfully conclude the program. I am grateful to Allah for sustaining and seeing me through. Blessings are due to His Prophet Muhammad (SAW), His entire family, Caliphs and all His followers. May Allah continue to shower His infinite mercy and blessings on Him.

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ABSTRACT

This study is on substance abuse among juvenile delinquents in Zaria metropolis of Kaduna State, Nigeria. The targeted population for the study were juvenile delinquents, parents, teachers, personnel of the National Drug Law Enforcement Agency (NDLEA) in Zaria metropolis, the police personnel serving in the police formations in Zaria metropolis, social welfare officers, senior court officials, traditional leaders, religious leaders, students of higher institutions and members of the general public. Five research objectives and research questions served as guide for the study. The study adopted the use of multistage, stratified sampling and purposive sampling techniques. The sample size for the study was two hundred and eighty-nine (289) respondents. The quantitative aspect of the study consisted of two hundred and seventy four respondents while the qualitative aspect had fifteen participants for the in-depth interviews; all of which were purposively selected from eleven (11) districts (clusters) of Zaria metropolis. Findings from the study revealed that there were more males than females surveyed and that juvenile delinquents in the metropolis abuse dry lizard faeces, smell from gutter, smell from pit toilet and soak away to intoxicate themselves. The findings further revealed that some juvenile delinquents were found to be abusing hard drugs such as codeine, cannabis, tranquilizers, amphetamines, cocaine, among others. Also, the findings revealed the involvement of juveniles in drug-related behaviours, predisposing them into violent crimes such as murder, rape, vandalism, burglary, gang violence and other anti-social behaviours typically committed by juvenile delinquents under the influence of illicit substances. In addition, the findings showed 10-12 years as the average age of first-time substance use among juveniles in the metropolis. Based on these findings, recommendations were offered to the government, parents, the media and the community on the steps to be taken to prevent and control the social problem of substance abuse among juvenile delinquents in Zaria.

TABLE OF CONTENTS

Title Page.....	ii
Declaration.....	iii
Certification.....	iv
Approval.....	v
Dedication.....	vi
Acknowledgment.....	vii
Abstract.....	viii
Table of Contents.....	ix
List of Tables.....	xiii

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study.....	1-4
1.2 Statement of the Research Problem.....	4-8
1.3 Aim and Objectives of the Research.....	8
1.4 Research Questions.....	8-9
1.5 Scope and Limitation of the Study.....	9
1.6 Definition of Concepts.....	9-13
1.7 Significance of the Study.....	13-14

CHAPTER TWO

LITERATURE REVIEW, THEORIES AND THEORETICAL FRAMEWORK

2.1 Introduction.....	15
2.2 The Concept of Juvenile Delinquency.....	15-21

2.3	The Nature of Substance Abuse among Juvenile Delinquents.....	21-26
2.4	Factors Responsible for Substance Abuse among Juvenile Delinquents.....	26-31
2.5	The Effects of Substance Abuse among Juvenile Delinquents.....	32-36
2.6	Transformation of Juvenile Delinquency to Adult Criminality.....	36-38
2.6.1	The Onset Process of Delinquency among Juveniles.....	38-39
2.6.2	The Continuity Process of Juvenile Delinquency into Adult Criminality.....	39-41
2.7	The Extent of Substance Abuse among Juvenile Delinquents.....	41-47
2.8	Theoretical Framework.....	47
2.8.1	Differential Reinforcement Theory.....	48
2.8.2	Social Control Theory.....	49-50
2.8.3	General Strain Theory.....	50-52

CHAPTER THREE

RESEARCH METHODOLOGY

3.1	Introduction.....	53
3.2	A Brief Historical Background of the Study Area.....	53-54
3.3	Location of the Study Area.....	54-57
3.4	Sources of Data.....	57
3.5	Study Population.....	57-58
3.6	Sample Size.....	58-61
3.7	Sampling Techniques.....	61-63
3.8	Methods of Data Collection.....	63-64
3.9	Methods of Data Analysis and Interpretation.....	64-65
3.10	Problems Encountered in the Field Work.....	65

CHAPTER FOUR

DATA PRESENTATION, INTERPRETATION AND ANALYSIS

4.1	Introduction.....	66
4.2	The Socio-demographic Characteristics of the Respondents.....	66-71
4.3	The Nature of Substance Abuse among Juvenile Delinquents in Zaria Metropolis.....	72-83
4.4	Factors Responsible for Substance Abuse among Juvenile Delinquents in Zaria Metropolis.....	83-93
4.5	The Effects of Substance Abuse among Juvenile Delinquents in Zaria Metropolis.....	93-99
4.6	How Substance Abuse among Juvenile Delinquents Graduate into Adult Criminality.....	99-103
4.7	The Extent of Substance Abuse among Juvenile Delinquents.....	103-107
4.8	Cross Tabulation of Results.....	107-115
4.9	Discussions of the Major Findings.....	115-129

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1	Summary.....	130-131
5.2	Conclusions.....	132-134
5.3	Recommendations.....	134
5.3.1	The Government.....	135
5.3.2	The Local Government (LGA's).....	135-136
5.3.3	The State Government.....	136-137
5.3.4	The Federal Government.....	137-138
5.4	Parent/Guardians.....	139
5.5	The Media.....	139-140

5.6	Members of the Community.....	140-141
REFERENCES.....		142-148
APENDICES.....		149-159
APPENDIX I: QUESTIONNAIRE		
APPENDIX II: IN-DEPTH INTERVIEW SCHEDULE		

LIST OF TABLES

Table 2.1: Some Varieties of Substances abused by Juvenile Delinquents.....	23-24
Table 3.1: Distribution of Sample Size across Districts (Clusters) adopted for Questionnaires administration.....	59
Table 3.2: Distribution of Sample Size for Questionnaires administration across Occupations and Special Category of Respondents.....	60
Table 3.3: Distribution of Sample Size adopted for In-depth Interviews.....	61
Table 4.2.1: Sex of the Respondents.....	66
Table 4.2.2: Age Distribution of the Respondents.....	67
Table 4.2.3: Religion of the Respondents.....	67
Table 4.2.4: Marital Status of the Respondents.....	68
Table 4.2.5: Ethnic Background of the Respondents.....	68
Table 4.2.6: Occupation of the Respondents.....	69
Table 4.2.7: Respondents Level of Income.....	70
Table 4.2.8: Respondents' Level of Educational Attainment.....	71
Table 4.3.1: Substance Abuse occur among Male and Female Juvenile Delinquents.....	72
Table 4.3.2: Category of Illicit Substances abused by Juvenile Delinquents.....	74
Table 4.3.3: Types of Volatile Liquids or Inhalants abused by Juvenile Delinquents.....	76
Table 4.3.4: Types of Organic Substances abused by Juvenile Delinquents.....	76
Table 4.3.5: Concoctions that are abused by Juvenile Delinquents.....	78
Table 4.3.6: Some Juvenile Delinquents abuse Hard Drugs.....	79
Table 4.3.7: Methods used by Juvenile Delinquents to abuse Substances.....	81
Table 4.3.8: Places where Substances were abused by Juvenile Delinquents.....	82
Table 4.4.1: Substance Abuse among Juvenile Delinquents is linked to Urbanization.....	83
Table 4.4.2: Some Factors responsible for Substance Abuse among Juveniles.....	85
Table 4.4.3: Other Factors responsible for Substance Abuse among Juveniles.....	88
Table 4.4.4: Failure to achieve Positively Valued Goals in the Society result to Substance Abuse among Juveniles.....	89
Table 4.4.5: Juvenile Delinquents abuse Substances to increase or reduce Outputs or Inputs in their activities.....	90
Table 4.4.6: Breakdown of Family Values, Death or Divorce of a Juvenile's Parent/Guardian and other unpleasant conditions result to Substance Abuse.....	91
Table 4.4.7: Negative experiences that result to Substance Abuse among Juveniles.....	92
Table 4.5.1: The Effects of Substance Abuse among Juvenile Delinquents on Educational and Career Development.....	95
Table 4.5.2: The Health Implications of Substance Abuse among Juvenile Delinquents.....	96
Table 4.5.3: Types of Anti-social Behaviours committed Juvenile Delinquents as a result of Substance Abuse.....	97

Table 4.5.4: The Socio-economic Consequences of Substance Abuse among Juveniles.....	98
Table 4.6.1: Weak Social Bonding and weak Informal Social Control between a Juvenile and the Society can predispose a Juvenile into Substance Abuse.....	99
Table 4.6.2: Substance Abuse at Childhood can graduate into Adult Criminality if a weak Social Bonding between Juvenile and the Society is not made strong.....	100
Table 4.6.3: Weak Social Bonding between an Adult and the society can result to Substance Abuse even if the Adult at Childhood was not a Substance Abuser.....	101
Table 4.7.1: The Extent of Substance Abuse among Juvenile Delinquents.....	105
Table 4.7.2: The Average Age Bracket of First-time Substance use among Juveniles.....	105
Table 4.7.3: Gender and Magnitude of Substance Abuse.....	106
Table 4.8.1: Age and Categories of Substances abused.....	107
Table 4.8.2: Age and Types of Inhalants abused.....	108
Table 4.8.3: Age and Organic Substances abused.....	109
Table 4.8.4: Age and Influence of Urbanization	110
Table 4.8.5: Age and Factors responsible for Substance Abuse.....	112
Table 4.8.6: Age and Negative experiences that leads to Substance Abuse.....	113
Table 4.8.7: Age and Types of Anti-social Behaviours.....	114

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

In every society, it is believed that the collective traditional norms and values held by parents serves as an informal means of social control to the young ones in ensuring conformity to the rules and regulations governing the society. However, a decline in the level of beliefs and conformity to these society's traditional norms and values by the young ones through substance abuse leads to the emergence of juvenile offending in the society. Subsequently, this results to frequent law violations, and the breakdown of law and order. According to Ibrahim and Sale (2014), the international community in recent years has continued to express concerns over the rising social problem of frequent law violations in which substance abuse among juvenile delinquents have remained a source. Similarly, the availability and misuse of illicit substances among juvenile delinquents around the globe and specifically in Nigeria have remained a serious social problem confronting the country (Fareo, 2012; Emmanuel, 2013).

In an attempt to define substance abuse, Eysenk (2002) defined it as the misuse of psychotropic substances which results to the changes in human bodily function thereby affecting the individual socially, mentally or medically. Also, the National Agency for Food and Drug Administration and Control (NAFDAC) in 2004, defined substance abuse as the excessive and persistent self-administration of chemical substances, drugs and organic materials without regards to the accepted medical and social patterns of usage. Thus, substance abuse among juvenile delinquents refers to the illicit consumption of narcotic drugs, chemicals or industrial solvents and organic substances by juveniles without regards to the acceptable medical and

cultural patterns of usage through swallowing, inhaling, smoking, drinking, chewing, sniffing and injection.

There are several substances which are often abused by some juvenile delinquents which according to Reid (1994), Oshikoya and Alli (2006), Ekpenyong (2012) and Josephine (2014) include: codeine, heroin, opium, valium, glues, tube repairs, cough syrups, perfumes, alcohol, promotazine, marijuana, Lysergic Acid Diethylamide (LSD), morphine, madras, caffeine among others all of which predisposes these delinquent substance abusers into anti-social behaviours or serious offending such as gang violence, murder, rape, theft, burglary, armed robbery, vandalism, arson, illicit sexual intercourse, premarital sexual relationships, assault, prostitution among others. Also, substance abuse among juvenile delinquents often results to status offences for which these juveniles are apprehended. These include alcoholism, smoking, lying and disrespect to parents and adults, truancy, running away behaviours and being beyond parental control.

Initially, the public responded to the social problem of substance abuse among juvenile delinquents as the portrayals of ill-treatment and misunderstanding of adolescence in under aged persons; with a benevolent concern of the early movement for the creation of a separate juvenile justice though dependent of the adult criminal justice system, the movement for the creation of reform schools, juvenile drug courts and of recent drug correctional programs or facilities designed with social work oriented staff. This was with the optimism that these programs will successfully minimize substance abuse among juveniles; leading to further expansion of the juvenile justice system with the federal, states and local governments investing millions of U.S Dollars into these prevention programs and correctional facilities (Senna and Siegel, 1985; Bohm and Haley, 2002).

Unfortunately, this spirit of the public was discouraged by outbreak of ever increasing substance abuse among juveniles which results to violent offending, truancy, school dropouts and the involvement of juveniles in multiple serious criminal acts. This is from the fact that substance abuse among juveniles in recent times have become more problematic and worrisome than before to the extent that drug treatment centres, juvenile detention facilities and adult detention facilities are experiencing heavy influx of juveniles who are addicts to substance abuse and drugs traffickers, resulting to over-crowded problems. This unfortunate situation have made some critics to begin to question the effectiveness of the existing formal juvenile justice system as means of last resort in ensuring conformity by juveniles to the norms, rules and regulations governing the society (Senna and Siegel, 1985; Hagel and Newburn, 1994; Bohm and Haley, 2002; Beirne and Messerschmidt, 2006).

Today, despite claims by the government of some countries in the west over the decreasing or stability rates of both juveniles and adults substance abuse yet substance abuse rates among juvenile delinquents and adult criminals has double twice the rate it use to be when the social problem first began several years ago (Reid, 1994; Schmallegger, 2006). Similarly, the occurrence and spate of substance abuse among juvenile delinquents is wide spread in Nigeria and it is not a surprise that Nigerian government officials and moral entrepreneurs, especially the mass media decry alarming increase in the incidence of delinquent behaviours among juveniles in the country (Alemika and Chukwuma, 2001; Fareo, 2012). Also, the works of Nalah and Audu (2014) reported that a sample of juveniles from the northern part of Nigeria who are respondents between the age of 10 to 14 years in some primary and secondary schools in Zaria revealed that substance abuse among primary and secondary school children was on the increase and were

already smoking cannabis while substance abuse was discovered to begin as early as when juveniles were enrolled into secondary schools.

In view of the above and in line with the increase in substance abuse among juvenile delinquents in Nigeria and specifically in Zaria Metropolis that this study was originated. Thus, this research work aims at studying substance abuse among juvenile delinquents with particular attention on substance abuse among juveniles in Zaria Metropolis of Kaduna State.

1.2 Statement of the Research Problem

The occurrences of substance abuse among juvenile delinquents occur more frequently than before and this also forms part of the growing delinquency and security challenges in Nigeria as there are growing concerns over increasing availability of illicit substances (Emmanuel, 2013; www.Cleen.org/crimestats/graphics.pdf). In reviewing the situation of substance abuse among juvenile delinquents in Nigeria, Ekpenyong (2012) explained that substance abuse among juvenile delinquents remains an issue of serious national concern in Nigeria, given its effects on future leadership, formative years of education, career development, social skills and identity formation.

The social problem of substance abuse among juvenile delinquents have in most cases resulted to low, moderate and high physical and psychological dependence leading to a complete withdrawal from schools and the emergence of future criminals and illiterates in the society. According to Ibrahim and Sale (2014) and Josephine (2014), these deviants and illiterates juveniles would be future individuals with deficiency in vocational and technical skills needed to be employed, creating a large number of unqualified and unemployed youths that would further widen the existing gap of social inequality and poverty in the country.

Despite the social reality of the danger which substance abuse among juvenile delinquents portends to the future of any society, it is viewed by sociologists and criminologists that the actual costs of substance abuse among juvenile delinquents remains difficult to quantify despite its social reality. Costs related to substance abuse among juvenile delinquents ranges from the spread of disease such as liver diseases, cardiac diseases, pancreatic diseases, peptic ulcer, HIV/AIDS among Intravenous Drug Users (IDU) among others. According to Ibrahim and Sale (2014), studies have shown that there has been a relationship between HIV/AIDS and psychoactive substance abusers in Nigeria especially among intravenous drug abusers which is a significant mode of transmission. Other costs of substance abuse among juvenile delinquents include death as a result of fatal accidents, exposure to drug-related crimes, fragmentation of families and relationships, unsafe and promiscuous sexual behaviour in sex-for-drugs transactions, diminishing of positive attitudes towards life, loss of human potential in the society and generally affect the name of the country negatively in the international community (Reid, 1994; Siegel, 2004; Schmallegger, 2006; Fareo, 2012; Ibrahim and Sale, 2014).

Similarly, Josephine (2014) asserted that with the alarming evidence in the prevalence of substance abuse in Nigeria today, the consequences of substance abuse are diverse which include acute and chronic health problems, social as well as psychological problems and also increasing issues of disruption of interpersonal relationships particularly within the family, marginalization, criminal behaviour and failure to achieve normal adolescent milestones as a result of substance abuse. She added that these juveniles are expected to be the leaders of the country in the future yet they do not even have any focus for the future while several juveniles in the country ignorantly depend on one form of substance or the other such as prescription drugs, tobacco,

Indian hemp, cocaine, morphine, heroine, alcohol, madras, caffeine, gum solution, barbiturates, amphetamines among others.

In a research conducted by Abdulwahid and Umaru (2013) in Kaduna State, the outcome showed that there have been some cases of HIV/AIDS originating from adolescents drug abusers especially among intravenous drug users in the state. Also, a study conducted by Nalah and Audu (2014) indicated that a sample of respondents from the northern part of Nigeria had respondents between the age of 10 to 14 years from secondary Schools in Zaria who have already started smoking marijuana (cannabis) while the abuse of substances such as codeine, alcohol, caffeine, cough syrups among others have been discovered to begins as early as when are students enrolled into secondary schools. Similarly, a study conducted by Shehu and Idris (2008) on secondary schools children age 10-14 years in Zaria, revealed that Zaria has a high prevalence rate of cannabis smokers among junior secondary schools children.

In the course of personal observations by the researcher, the researcher also observed the existence of the anti-social behaviours of substance abuse among juvenile delinquents which are increasingly being manifested by juveniles in Zaria metropolis. With the composition of people with diverse heterogeneous backgrounds and identities in the metropolis; criminal and deviants behaviours such as substance abuse among juvenile delinquents are inevitable and are bound to prevail. In addition, as the study area is increasingly becoming a more complex urban settlement with the weakening of traditional forms of social life and adoption of modern life style as a result of modernization and globalization; criminal and deviants behaviours such as substance abuse among juvenile delinquents are inevitable and are bound to prevail. However, with the seemingly young Nigerian population of an estimated 63,194,305 (45%) children under 15years of age, out of an estimated total population of 140,431,790 (National Population Commission, 2006), it will

be correct to assume that this social problem portends serious danger to the future of Nigeria if not urgently addressed.

Today, substance abuse among juveniles has become an unfortunate phenomenon confronting almost every community in Nigeria despite the difficulties in ascertaining the actual costs of substance abuse among juveniles in the country. Consequently, one important issue that should be born in the thoughts of every society is that the inability to ascertain how much of the cost substance abuse among juvenile delinquents actually exist in a society, makes substance abuse among juvenile delinquents not only problematic but also a threat to the social structure on which a society is built on.

It is as a result of how substance abuse among juvenile delinquents and other delinquent acts constitutes an issue of serious concern to the international community that made the Eighth United Nations Congress on the Prevention of Crime and Treatment of Offenders in 1990 to adopt the Resolution 45/112, which stress that: the prevention and control of juvenile delinquency is an essential part of crime prevention and control in the society (Dambazau, 2009). By and large, it was also in realization of how delinquent acts such as substance abuse among juveniles constitute a serious social problem that Radda (2011) argued that it is the view of criminologist that juvenile delinquents of today (if left unchecked and untreated) are adult criminals of tomorrow. It is on this premise that this research was designed to undertake a study of substance abuse among juvenile delinquents in Zaria Metropolis of Kaduna State.

1.3 Aim and Objectives of the Research

The major aim of this research work is to study substance abuse among juvenile delinquents in Zaria metropolis while the specific objectives are as follows:

- i. To examine the nature of substance abuse among juvenile delinquents in Zaria metropolis;
- ii. To study the factors responsible for substance abuse among juvenile delinquents in Zaria metropolis;
- iii. To investigate the effects of substance abuse among juvenile delinquents in Zaria metropolis;
- iv. To analyze how substance abuse among juvenile delinquents graduate into adult criminality in Zaria metropolis; and
- v. To assess the extent of substance abuse among juvenile delinquents in Zaria metropolis.

1.4 Research Questions

It is in line with the circumstances mentioned in the statement of the research problem that the following research questions arise from:

- i. What is the nature of substance abuse among juvenile delinquents in Zaria metropolis?
- ii. What are the factors responsible for substance abuse among juvenile delinquents in Zaria metropolis?
- iii. What are the effects of substance abuse among juvenile delinquents in Zaria metropolis?
- iv. How does substance abuse among juvenile delinquents graduate into adult criminality in Zaria metropolis?
- v. What is the extent of substance abuse among juvenile delinquents in Zaria metropolis?

1.5 Scope and Limitation of the Study

The study of substance abuse among juveniles is a broad topic which cannot be addressed within the limited time and resources available for this study. Therefore, the research study focused on substance abuse among juvenile delinquents in Nigeria and with a particular reference to Zaria metropolis of Kaduna State.

1.6 Definition of Concepts

The following are definitions of some key concepts that were used in this research work:

Substance Abuse:

For this study, substance abuse is used to refer to the abuse of any drug, industrial solvent or chemicals and organic substances without regards to the accepted social and medical methods of usage through swallowing, inhaling, smoking, drinking, chewing, and injection to bring about changes in bodily functions, thus affecting the individual socially, mentally and physically. Substances abused include narcotic drugs such as codeine, methadone heroin among others while other substances also abused include anaesthetics, cannabis, alcohol, crack, cocaine, steroids, inhalants such as glue/gum, gasoline/petrol, nitrous oxide or household cleaning solvents, or prescription drugs used unlawfully such as abusing of cough syrups, valium, tranquilizers, tramadol, rafenol among others.

Juvenile:

The concept of a juvenile is used in this study to refer to someone or a minor who is assumed to be too young to be responsible for his or her deviant behavior especially not up to eighteen years of age. Literature in criminology and law has indicated that defining and determining who is a juvenile is strictly on jurisdictional grounds. This means that what actually determines who is a

juvenile varies from one country and/or region to another. However, in Nigeria and the commonwealth, a juvenile is someone that is below eighteen years of age.

Illicit Drugs:

For this study, illicit drugs refer to those drugs considered to be harmful to the social, mental and physical wellbeing of the individual by the government who seeks to discourage and control the consumption of the illicit drugs by law. The term illicit drugs is also used in this study to refer to illegal drugs taken without considering the accepted medical and cultural pattern of usage to induce changes in the bodily function of the abuser. Drug abusers abuse illicit drugs to modify their perceptions, cognition, mood, behaviours and general body functions. The abuse of illicit drugs consequently lead to mental retardation, increase in law violation, sexually transmitted diseases, fatal accidents, suicides and cardiac diseases among others.

Juvenile Delinquency:

For this study, juvenile delinquency is used to refer to those deviant acts committed by both male and female juveniles under the adult age which violates the laws, norms and values of the society. These include substance abuse, alcohol consumption, smoking, truancy, being beyond parental control, running away, lying and disrespect to parent, teachers or elders, theft, gang violence, murder, rape, illicit sexual intercourse, teenage pregnancy among others. Similarly, juvenile delinquency is used in this study to be more inclusive than the nature of adult criminal behaviour; which means juvenile delinquency in this study is also used to cover status offences.

This implies that in addition to violation of law, these are offences that if manifested by juveniles they are apprehended but if manifested by adults, the adults are not arrested. These include acts like being beyond parental control, wandering, truancy, begging, being exposed to moral danger, alcohol consumption, smoking cigarette and being exposed to risk of slavery.

Deviance:

In this study, the term deviance is used to refer to those anti-social acts or unacceptable behaviors that violate social expectations, social norms and social values of any society. Deviance could be a minor deviation from the social expectations, social norms and values of a society such as nose picking, having an obsession of rearing dozens of cats or wearing two caps at the same time among others to very serious criminal behaviours such as substance abuse, assault, murder, armed robbery, rape among others. The term deviance is a relative concept which varies from one society to another while the measuring standards for deviance also varies from one society to another. Similarly, the concept of deviance is relative to time, place, person and age. Therefore, sociological and criminological studies are interested in finding out how these social norms and social values are regarded as being violated by certain conduct, and the definitions of acts considered to be appropriate or inappropriate conducts as shared by the members of a social group or society.

Drug Abuse:

The term drug abuse is used in this study to refer to the repeated and excessive use of a drug in order to experience temporary pleasure, avoid problems, or escape reality despite the damaging, hazardous and at times fatal consequences. Also, drug abuse can be used to refer to the illegal use of drugs to deliberately interfere with the mental, physical and social well being of a drug

abuser. Drugs that are abused could be narcotic drugs such as codeine, methadone heroin among others. Other drugs abused are cannabis, anaesthetics, crack, cocaine, steroids or prescription drugs used unlawfully such as abusing or codeine, cough syrups, valium, tranquilizers, tramadol, rafenol among others. Drug abusers illegally introduce drugs into their body through swallowing, sniffing, inhaling, smoking, chewing, drinking, and injection.

Social Problems:

In this study, the concept of social problems is used to refer to undesirable conditions and negative behaviours which warrant positive change or solutions. Social problems in this study are also used to refer those social issues or societal ills that affect everyone living within the society either urban or rural. Social problems exist in relatively isolated, sparsely and densely populated areas, affecting the social groups that constitute a society. The types of social problems are numerous and may vary from society to another. The social problems that commonly face most societies include social inequality, juvenile delinquency, adult crimes, societal moral decay, unemployment, insecurity, poor power supply, spread of diseases, ethno-religious crises, and poor educational development of the society among others.

Substance Abuse among Juveniles:

For this study, substance abuse among juveniles is used to refer to the illicit consumption of drugs, industrial solvents or inhalants, concoctions and organic substances by juveniles without regards to the acceptable medical and cultural patterns of usage through swallowing, inhaling, smoking, drinking, chewing and injection to modify changes in bodily functions, thereby negatively affecting the individual socially, mentally and physically. Substances abused by juveniles include narcotic drugs such as codeine, methadone heroin among others. Other

substances abused include anaesthetics, tranquilizers, cannabis, alcohol, crack, cocaine, steroids, inhalants such as glue/gum, gasoline/petrol, nitrous oxide, household cleaning solvents and prescription drugs such as codeine, cough syrups, valium, tramadol, rafenol among others.

1.7 Significance of the Study

The research on substance abuse among juveniles is of great significance. This is because substance abuse among juveniles is one of the social problems that criminological studies focuses on and it is justified by sociologists, criminologists, psychologists, psychiatrists, social welfare workers, economists, political scientists and the United Nations that prevention and control of juvenile offending such as substance abuse among juvenile delinquents is an essential part of crime prevention and control in the society. It is in line with this background that the relevance of this research is evident considering the increasing security challenges and moral decay confronting Nigeria.

Also, this research was conducted and recommendations were offered on the basis of findings to be of great benefit to policy-makers and relevant law enforcement agencies on how best to prevent and control substance abuse among juveniles in Nigeria.

Lastly, the research study was conducted to contribute immensely to the existing pool of knowledge on substance abuse among juveniles and to serve as reference material for future researchers that will be studying on areas that will be related to this work.

CHAPTER TWO

LITERATURE REVIEW, THEORIES AND THEORETICAL FRAMEWORK

2.1 Introduction

This part of the research comprised of related reviewed literature in line with the research questions and objectives. The essence was to examine the views of different scholars on related issues concerning substance abuse among juveniles.

2.2 The Concept of Juvenile Delinquency

The concept of juvenile delinquency is used to refer to those anti-social behaviours which all children and adolescents become involved in from time to time. Historically, the term 'delinquency' as a legal concept was first used in 1899 when Illinois in the State of Chicago, USA passed the first law on juvenile delinquency to help prevent and control the social problem of delinquent behaviours among juveniles (Schmallegger and Bartollars, 2008). In recent years, the social problem of juvenile delinquency has remained an issue of great concern to the globe as it is often linked to the increase in crime rates. In Nigeria, crime is seen to be on the increase and one such aspect of crime in the country is juvenile delinquency (Sa'ad, 2008).

Literary, juvenile delinquency refers to those deviant acts committed by minors or young persons' below the age of adulthood that are not criminally liable for their negative behaviours. According to Schmallegger and Bartollars (2008) juvenile delinquency can be defined as an act committed by a minor that violates the penal code of the government with the authority over the area which the act occurs. Adelola in 1986 as cited by Tikumah (2009:91) describes juvenile delinquency as "an anti-social behaviour by young members of the society who are prone to behaving in a manner contrary to societal expressions". Similarly, Radda (2011:3) define juvenile delinquency as the "misconducts and unwanted behaviors committed by minors".

There are widespread misconducts and anti-social behaviours committed by minors which are regarded as delinquent behaviours and these include: substance abuse, theft, burglary, armed robbery, vandalism, arson, gang violence, illicit sexual intercourse, assault, rape, teenage pregnancies, prostitution among others. Similarly, apart from committing the same crimes as adults, juveniles are apprehended for status offences. These status offences are acts which are regarded as illegal for juveniles or underage persons but are not regarded as crimes or offences if manifested by adults. Status offences include lying and disrespect to parents, truancy, running

away, smoking, alcohol consumption, wanderers and being beyond parental control. Juveniles who indulge in such serious criminal offences pose threats to the security of lives and properties which consequently results to a decline in peaceful and harmonious co-existence in the society (Sa'ad, 2008; Radda, 2011).

As regard to the nature of juvenile delinquency, male juvenile delinquents who are brought before the juvenile courts usually present delinquency problems differently from those of female juvenile delinquents. According to Doak and Abbot (1993), figures reported by the juvenile courts have shown that the most usual charges in male juveniles cases are assault, acts of carelessness or mischief and stealing or attempted stealing while the female juvenile delinquents are usually related to or appear more often in cases closely related to charges of running away, ungovernable or being beyond parental control and illicit sexual intercourse. These examples clearly showed that the interests and pursuits of children of various ages are reflected in the types of offences which they commit. Similarly, cases reported by the juvenile courts shows that the offences committed by girls less than 12 years of age correspond more closely to those committed by boys of those ages than the offences committed by female juveniles of older age. Truancy among boys and running away among girls occurred more often among children between 14 and 16 years of age than among children of any other age group. Stealing is the commonly charge offence which have appeared in approximately the same proportions found among both male juveniles and female juveniles of all age brackets but the nature of stealing for the male juveniles changed as boys grew older (Doak and Abbot, 1993).

In commenting on the issue of gender debate in juvenile offending, Newburn (1997) and Bartollars and Miller (1998) explained that statistical data and self-report studies have proven that juvenile offences are more wide spread among young males than among girl-child

delinquents. They added that the ratio of male's juvenile offenders to female's juvenile offenders is 3.3:1. They added that though the peak age for violent offending is the same for both males and females but the participation rates are predictably higher for males of all age groups and lower for girl-child delinquents of all ages.

Several factors are believed to be responsible for juvenile delinquency in the society. According to Doak and Abbot (1993), among the familiar contributing factors to juvenile delinquency are unhappy home conditions because several numbers of children coming to the attention of the police and juvenile courts are from broken homes as a result of the death, desertion, separation, or divorce of the children's parents or guardians, and from homes in which lack of affection and harmony between parents or guardians and other serious emotional problems of adults make it impossible to satisfy the child's fundamental needs for security and development. Some other important factors are the failure of parents or guardians to understand the child and parental ignorance of child training methods and character development of a child (Doak and Abbot, 1993; American Psychological Association, 2003, Schmallegger and Bartollars, 2008).

In explaining a factor responsible for the juvenile delinquency, Dambazau (2009) opined that parental neglect is a factor responsible for delinquent behaviours among juveniles. He argued further that children and young persons may likely become delinquent if they lack parental care, love, respect and discipline. Also, Newburn (1997) buttressed this point further by arguing that available research evidence revealed that children brought up in disadvantaged families where parental supervision is poor and discipline is inconsistent due to parental neglect, children from such families are at a greater risk of later offending. Apart from parental neglect, Dambazau (2009) have also identified parental influence as a major factor responsible for juvenile delinquency. In buttressing this point, Senna and Siegel (1985) explained that rich children who

are materially pampered and are supplied with cars, allowances and expensive clothes stand a chance of being delinquent especially if there is an existence of poor communication gap and lack of emotional support from their parents. Thus, vandalism, drug abuse, traffic violations, assault and alcoholism may exist among children with parental influence.

Another factor that is seen to be responsible for juvenile delinquency is bad media influence from media resources such as songs, computer games, videos and movies which promote a culture of violence and the notion that justice can only be achieved through the physical elimination of enemies. According to the United Nation's World Youth Report (2003), many researchers have concluded that young people who watch violence tend to behave more aggressively or violently, particularly when provoked. This is mainly the attributes of boys between 8 to 12 years who are more vulnerable to such influences and over time, the television have resulted to a shift in the system of human values and indirectly making children to view violence as a desirable and even more courageous way of re-establishing justice (United Nation's World Youth Report, 2003; American Psychological Association, 2003; Dambazau, 2009).

Delinquent behaviour often occurs in social settings where the norms for acceptable behaviours have broken down. According to the United Nation's World Youth Report (2003) under any circumstances where the norms for acceptable behaviours have broken down in a social setting, many of the common rules that deter people from committing socially unacceptable acts may lose their relevance for some members of society. They respond to the traumatizing and destructive changes in the social reality by engaging in rebellious, deviant or even criminal activities and making many juveniles to come under the influence of adult criminals. An example of such a setting would be the modernization of traditional societies and the accompanying changes brought by the application of modern technology. Many young people retreat into the

confines of their own groups and resort to drug use for psychological or emotional escape while some of them are often compelled to commit crimes to obtain the cash needed to support their substance abuse habits (United Nation's World Youth Report, 2003; Schmallegger and Bartollars, 2008).

Economic hardship is also a factor that results to juvenile delinquency. According to United Nation's World Youth Report (2003), negative consequences of economic disadvantage such as hunger and poverty in particular period of economic crises leads to the weakening of major societal institutions such as the family, systems of public education and public assistance of the state welfare resulting to juvenile delinquency. The report added that economic instability is often linked to persistent unemployment and low incomes among the young ones, which can increase the likelihood of their involvement in criminal activity. In line with the economic factors responsible for juvenile delinquency, McLoyd (1990) and Laub, Sampson and Allen (2001) generally observed that socio-economic disadvantage has potential adverse effects on parents, such that parental difficulties are more likely to develop and good parenting impeded. Thus, limiting the constant use of discipline and monitoring by parents through attachment to the family. Also, factors related to socio-economic disadvantage such as poverty and household overcrowding may disrupts bond of attachment between a child and school leading to educational deficiencies and subsequently juvenile delinquency. In addition, other socio-economic factors such as family disruption, unemployment, residential mobility and socio-economic status play an indirect role in influencing social bonds between the child and family or school which subsequently also result to juvenile delinquency (Laub et al., 2001).

Contrary to the above mentioned factors by Laub et al., (2001), United Nation's World Youth Report (2003) and Richards (2011) argued that a another factor responsible for juvenile

delinquency is peer group pressure. He added that a lot of juveniles are influenced under pressure by their peers to participate in criminal or anti-social activities due to their immaturity of the mind to make right decisions.

In a different view from the ideas of other scholars on the factors responsible for juvenile delinquency, some scholars notably Baker in 1963 and Cicourel in 1963 as cited by Haralambos (1980) adopted an Interactionist Perspective and asserted that juvenile delinquency is produced by the agents of social control. This group of scholars shifted their attention away from the delinquent behaviours manifested by juvenile delinquents and focused on the interaction between the potential juvenile delinquents and those who defined such acts as delinquent and also how and why such behaviours are labeled as delinquency. Cicourel in 1963 as cited by Haralambos (1980:433) argued that:

“delinquent behaviours are produced by the agents of social control because only some juveniles particularly the disadvantaged groups are selected, processed and labeled as delinquent through interactions with the agents of social control”.

He added that the manifestations of delinquency and recidivism by juvenile offenders is also dependent on the manner in which the entire juvenile justice system is arranged, their policies and the pressure exerted on them by politicians and the local media.

2.3 The Nature of Substance Abuse among Juvenile Delinquents

The nature of substance abuse among juvenile delinquents in the society ranges from what actually constitute substance abuse among juvenile delinquents in the society and the types of substances abused by juvenile delinquents in the society. According to Reid (1994) what actually constitute substance abuse among juveniles are offences committed by both male and female juveniles in the society. Therefore, substance abuse among juvenile delinquents refers to the

illicit consumption of narcotic drugs, chemicals or inhalants, concoctions and organic substances by juveniles without regards to the acceptable medical and cultural patterns of usage through swallowing, inhaling, smoking, drinking, chewing, sniffing and injection.

In Nigeria, there are several substances which are abused by juvenile delinquents and which these delinquents largely depend on as a result of addiction. These substances are abused by juvenile delinquents either as a combination with several other substances at a time or taken without combination. These substances include: codeine, heroin, opium, valium, glues, tube repairs, cough syrups, perfumes, deodorants, alcohol, amphetamines, promotazine, marijuana, Lysergic Acid Diethylamide (LSD), morphine, madras, caffeine among others (Ekpenyong, 2012; Josephine, 2014). According to Oshikoya and Alli (2006) and Josephine (2014), although cocaine is abused by some adolescents in Nigeria and remains among the least drugs abused by the adolescents due to the expensive nature of the drug yet those adolescents from affluence homes who could afford such drugs, still source for them to abuse.

While commenting on the nature of substance abuse in Nigeria, Nalah and Audu (2014) noted that a study in the south-eastern part of Nigeria had a sample of children as participants who reported that they had started drinking alcohol and smoking cannabis and cigarettes between age 11 and 20 years. Also, a study by Dankani (2012) found out that the abuse of cough syrups in the northern part of Nigeria seems to have now surpassed all other forms of drug abused due to the ease of access to the drugs and its relative cheapness. He further explained that in the past, the most commonly abused substances in the Northern Nigeria were the opiates, sedative-hypnotics, stimulants, hallucinogens, cannabis and inhalants but with the current trend of non medical consumption of cough syrups in Northern Nigeria, it has become a subject of public concern largely due its potential danger to the society. Also, the findings from a research by Shehu and

Idris (2008) on marijuana smoking involving 350 secondary school students age 10-14 years in Zaria, found out that marijuana smoking was a serious public problem among adolescents in Zaria and its environs. However, Table 2.1 provides additional explanation and information on some illicit substances abused by juvenile delinquents.

Table 2.1: Some Varieties of Substances abused by Juvenile Delinquents

Category of Substances abused	Common Names of some Substances abused	Description of Substances abused by Juveniles	Physical Dependence	Psychological Dependence
Volatile liquids (inhalants)	Paint thinner, cleaning fluids, model airplane glue, nail polish, laughing gas, nitrous oxide, gasoline, acetate, butyl nitrate, Freon and mentholated spirit.	These are vaporized liquids that are inhaled by the abusers	Low	High
Narcotics	Heroin, opium, morphine, codeine, methadone etc.	These are substances consumed by street users. For heroin and opium, they are usually abused as powder while codeine and methadone are used as liquids or syrups. Narcotics are synthetics such as Nalline, Darvon, Demerol, methadone etc.	High-moderate	High
Cannabis (marijuana)	Grass, ganja, weed, maryjane, dope, pot, Hash, hash oil and reefer.	These are produced naturally from the leaves of a plant called Cannabis grown throughout the world. Cannabis are consumed through smoking of the leaves and the adulterated resin from the female plant.	Unknown	Moderate
Anesthetics	Angel dust or PCP.	These are substances used as nervous system depressants.	Unknown	High
Alcohol	Beer, whisky, local beer, Gin and alcoholic wine.	They are usually purchased and sold where permitted by law under certain territorial jurisdiction.	Possible	High
Designer/Club drugs	Ecstasy (MDMA), gamma hydroxide, butyrate, Rohypnol, DMT, ketamine, methamphetamine and Oxycontin.	These are primary synthetic substances and commonly used at night clubs, bars and parties. Abusers usually chew tablets which are released into their body system slower. Most often, abusers grind the tablets into powder and snort or inject the drug to produce feelings of euphoria.	High-moderate	High-moderate

Barbiturates	On the illegal market they are identified by the colours of their capsules: 'reds' (seconals), blue 'dragons' (Amtal) and 'rainbows' (tuinal).	These are hypnotizing and sedative substances used to depress the nervous system. It is regarded as the most powerful stimulant.	High-moderate	High-moderate
Steroids	Anabolic steroids, Androlen, Durabolin and Kabolin.	These are substances consumed by individuals with the problem of obsession for success especially athletes. They are also swallowed for body building, build muscles and strengths.	Low	High
Cocaine	Coke, flake and snow	These are alkanoid derivatives of Coca leaf. It is regarded as the most powerful stimulants	High	High
Crack	Crack	Crack is processed street cocaine using ammonia or baking soda to remove hydrochlorides and produce a crystalline form of cocaine that can be smoked. It derives its names from the fact that the sodium bicarbonate releases a crackling sound when the substance is smoked.	High	High
Free Base	Free cocaine or cocaine based	This is chemically produced from street cocaine by purifying it, freeing it with a liquid, usually ethanol. It is purified Cocaine, hence it generated the name free base.	High	High
Amphetamines	Dexedrine ("Dex"), Dexamyl, Bephetamine ("whites") and Methedrine ("meth").	These are drugs produced from synthetic materials and abused to stimulate action in the nervous system.	Unknown	Unknown
Tranquilizers	They are usually identified by their brand names such as Ampazine, Thorazine, Pacetal and Sparine	These are drugs legally used to control the behaviours of psychiatric patients suffering from psychoses, aggressiveness and agitation; but are abused to release uncomfortable emotional feelings by reducing anxiety and tension and promoting a condition of relaxation.	High	High

Source: Siegel, 2004 and Schmallegger, 2006.

In a study by Atilola, Ayinde and Adeitan (2013) in Ibadan South-western Nigeria reported that about 21% of the adolescents had used alcohol or any other substance in the preceding twelve months. Similarly, they added that recent studies in Nigeria had found similarly high prevalence of alcohol consumption and substance abuse among juveniles age 15 years and above while the definition of substances abused by Atilola et al., (2013) was inclusive of prescription drugs. Similarly, abuse of prescription drugs gotten over the counter by juvenile delinquents falls within the purview of substance abuse especially if the prescription was not from a medical doctor or without a specified medical condition. Some of the prescription drugs abused by delinquents according to Shehu and Idris (2008) and Ibrahim and Saleh (2014) could be mood elevators or depressants while others include pain killers, sleep control drugs, prescription drugs that can produce feelings of extra energy, excitement, relaxation, a temporary feeling of well being, euphoria, hallucinations, drowsiness and sleepiness. Their abuse often leads to physical or physiological dependence (addiction).

By and large, substance abuse among juvenile delinquents occurs among juveniles from various socio-economic backgrounds in both urban and rural areas. According to Pluddermann, Parry, Bhana, Dada and Fourie (2007) studies have shown that substance abuse among juveniles does not only manifest among juveniles with poor socio-economic backgrounds but also among juveniles from wealthy families. However, substance abuse among juvenile delinquents remains a deviant act not a crime because it is more inclusive and encompassing than the nature of substance abuse among adults which is by law regarded as a crime. This is because it is universally agreed upon that delinquents are minors and therefore incapable of 'mens rea' (criminal intent) and 'actus reus' (criminal acts) (Sa'ad, 2008). In addition, this argument is hinged on the issue of 'status offences'. These status offences are offences that if committed by

an adult it will not be regarded as violation of the law but if manifested by juveniles it will be regarded as serious offences. For instance acts such as alcohol consumption and tobacco smoking are regarded as status offences because these are acts being considered as capable of exposing juveniles to moral danger and risk.

2.4 Factors Responsible for Substance Abuse among Juvenile Delinquents

In contemporary criminology literature on the factors responsible for substance abuse among juvenile delinquents, no single factor is solely considered to be responsible for substance abuse among juvenile delinquents. Rather, the combination of two or more factors is scientifically considered as responsible for substance abuse among juvenile delinquents. By and large, several scholars tend to adopt a particular perspective or view point in an attempt to explain the factors associated with substance abuse among juvenile delinquents (Conger, 1991; Siegel, 2004).

In explaining the factors responsible for substance abuse among juvenile delinquents, Ekpenyong (2012) identified parental neglect by parents or guardians as a factor responsible for substance abuse among juvenile delinquents. He argued further that children and young persons may likely go into substance abuse if they lack parental care and discipline; and also failure of their parents or guardians to make themselves responsible models to their children. More explicit to deviant parent model to children, Carson, Butcher and Mineka (2000) argued that children who are exposed to negative role models early in their lives or experience other negative circumstances such as having parents who are drug addicts, drug traffickers, alcoholics among others may likely engage in substance abuse. They added that this is because the adults around them provide limited guidance and these negative experiences can have a direct influence on whether a juvenile becomes involved in deviant act such as substance abuse. Apart from parental

neglect, Senna and Siegel (1985) and Pluddermann et al., (2007) have identified parental influence as a major factor responsible for substance abuse among juvenile delinquents. Pluddermann et al., (2007) explained this point further by asserting that studies have shown that substance abuse among juvenile delinquents does not only manifest among juveniles with poor socio-economic backgrounds but also among juvenile delinquents from wealthy families.

Contrary to the aforementioned factor as identified by Senna and Siegel (1985) and Pluddermann et al., (2007), Utting (1995) and Liddle and Rowe (2006) have identified marital breakdown or divorce among couples as a factor responsible for substance abuse among juvenile delinquents. They noted that marital breakdown affect the quality of parenting on juveniles and may consequently result in an increased risk of substance abuse among juvenile delinquents. They added further that visible changes in family structures such as remarriages and cohabitation which is on the increase, is also responsible for substance abuse among juveniles. This is in line with continuous development of a shift towards double-income families, where either parents or single parents work but spend less time with their children. This results to vulnerabilities and stress which reflect on their children consequently predisposing them into substance abuse.

Also, Davison, Neal and Kring (2004), Berk (2007) and Mahasoa (2010) have identified factors such as rapid social changes in our homes and environment due to globalization and urbanization as also responsible for substance abuse among juvenile delinquents. They explain further that the society is not only characterized by changes in roles, norms, ideologies and values but also by rapid technological changes which we use in some of our daily activities. Similarly, National Centre on Addiction and Substance Abuse (CASA) in 2011, Ekpenyong (2012) and Atoyebi and Atoyebi (2013) explained that substance abuse among juveniles is seen to be intrinsically connected to the increasing urbanization and globalization especially with the way and manner in

which western media present substance abuse as a new form of civilization and also present illicit substances as recreational stuffs through sensationalizing and rationalizing substance abuse to juveniles all over the world. According to CASA (2011), a study examined 30 smoking websites that promoted smoking and found out that none of the smoking websites blocked access to youth using no age verification. In addition, two-thirds (66.7%) had unrestricted access with no minimum age warning and one-third (33.3%) had unrestricted access with minimum age warnings. The study also found out that 41.6% of the content of 279 most popular songs in 2005 had lyrics that referred generally to substance use and 33.3% referred explicitly to substance use. Alcohol was the most frequently referred substance in 23.7% of all songs analyzed, followed by marijuana with 13.6% while 11.5% was for other illicit drugs. Only 4% of the songs analyzed portrayed substance abuse as negative and contained anti-use messages.

Also, being part of a particular environment or society where there is a higher exposure to substance abuse can also increase the likelihood of a juvenile becoming involved in substance abuse. Therefore, Visser and Routledge (2007) argued that all social contexts such as the availability of substances in an environment need to be put into consideration in order to understand the causes of substance abuse among juvenile delinquents. Similarly, scholars such as Conger (1991), Liddle and Rowe (2006) and Parry and Pithey (2006) have argued this point further by explaining that the degree to which hard drugs and alcoholic beverages are accessible to people affects the amount and pattern of their usage. They added that juveniles are often attracted to buying alcohol and other illicit substances if they are easily accessible or available; especially if there is strong presence of adverts relating to some of these substances often abused in their society. This is evident in a large number of licensed bottle stores, bars and relaxation spots found in some towns, cities and metropolitan areas in Nigeria.

Contrary to the positions of Conger (1991), Visser and Routledge (2007), Liddle and Rowe (2006) and Parry and Pithey (2006) on the factors responsible for substance abuse among juveniles, Karofi (2012) have identified socio-economic factors such as poverty which is pertinent in any meaningful search for the reasons why juveniles engage in substance abuse. Contrary to Karofi's position on the factors responsible for substance abuse among juveniles, Haladu in 2003 as cited in Fareo (2012) attributed the manifestation of substance among juveniles to experimental curiosity. He explained that the curiosity to experiment the unknown fact about illicit substances subsequently results to continuous substance abuse among juvenile delinquents. The first experience in substance abuse produces a state of arousal such as happiness and pleasure which in turn motivate them to continue.

In an attempt to explain what predisposes juveniles into delinquent behaviours such as substance abuse, Bolby in 1946 as cited in Haralambos (1980) asserted that a factor associated with the manifestations of delinquent acts such as substance abuse is depriving children the basic emotional security which is produced effectively through child to mother intimate relationship especially during the early years.

He added that:

If a child is deprived of maternal love particularly during the early years, a psychopathic personality can develop. Psychopath tends to act in impulse with little regards for the consequences of their actions. They rarely feel guilty and they response little to punishments or treatment...Those delinquents who were 'chronic recidivists'...constantly broke the law with little regards for the possible consequences because they had suffered from maternal deprivation during their early years (Haralambos, 1980; 410).

Contrary to Bolby's in 1946 view as cited in Haralambos (1980) on the factors responsible for the manifestations of delinquent acts such as substance abuse among juvenile delinquents,

Ekpenyong (2012) have identified exposure to western media influence as a factor responsible for substance abuse among juvenile delinquents. He argued further that the Western media have rationalized and sensationalized substance abuse as something positive and attractive, in turn predisposing juveniles into substance abuse.

As regards to the factors responsible for substance abuse among juvenile delinquents, Nalah and Audu (2014) were of the view that a factor responsible to substance abuse among juveniles is peer group pressure. Conger (1991) and Liddle and Rowe (2006) buttressed this point further that social pressure like peer pressure of a social group has remained a strong motive for the abuse of illicit substances by juvenile delinquents while other juveniles reported that their peers influenced them to use substances. Similarly, juvenile delinquents tend to select deviant peers who share characteristics similar to their own personality attributes. This implies that a lot of juveniles are influenced under pressure from their peers to go into the anti-social act of substance abuse due to immaturity of the mind to make right decisions on their own or in order to feel they belong to a particular peer group.

Similarly, in relation to peer pressure as a correlate of substance abuse, Vicknasingam in 1997 as cited in Karofi (2012) studied 400 AIDS patients and Intravenous Drug Users (IDU) and finding from his study revealed that peer group influence was a significant factor in persuading a drug-user to practice risky behaviours. He added that peer group influence is a significant factor because a certain skill is required for the injection of drugs and peers initially play an important role in helping a new recruit learn the technical skills. Similarly, Goode in 1989 as cited in Karofi (2012) explained that there is a strong correlation between the use of marijuana by one's friends and the frequency with which one uses the drug. The conclusion at which he arrives is

that selective peer group interaction and socialization comprised the probability that the most powerful factors related to drug usage among adolescents are imitation and social influence.

From a psychological criminology view point, factors responsible for substance abuse among juvenile delinquents are viewed as psychological problems located within an individual. In line with this approach, Gladding (2004) and Rice and Dolgin (2008) asserted that deviant behaviours such as substance abuse among juveniles is a function of juvenile's psychological constituents such as low self-esteem, locus of control, need for acceptance, anxiety levels, to have fun or seeking sensual pleasure and the eagerness to act like adults. They added that some juveniles might consider engaging themselves in delinquent acts such as being under the influence of substances to temporarily get rid of unwanted emotions such as loneliness, anxiety, depression, feelings of insecurity, guilt and resentment. In a different explanation on the factors responsible for substance abuse among juveniles, Boulter (1995) noted that the dramatic social changes that are being experienced in the nuclear and extended family system, the educational system, in interpersonal relationships and the society in general, bring about great adjustments. He added that the inability of juveniles to adapt or cope with these changes and other issues such as self confidence, health, family influences, personal freedom, group sociability and moral sense often leads juveniles into substance abuse. Therefore, the social problem of substance abuse among juveniles is not only a function of psychological development which occurs in the lives of juveniles but also a function of the effects of the social change in the society which they are growing up.

2.5 The Effects of Substance Abuse among Juvenile Delinquents

The social problem of substance abuse among juvenile delinquents has received an increasing attention from researchers and literature due to its negative effects (Olutola, 2012). According to

Reid (1994), Schmallegger (2006) Fareo (2012), Josephine (2014) and Ibrahim and Sale (2014), recent studies have shown that substance abuse among delinquents causes loss of human power, result to detrimental effects on the young populations who are the future of any society that aspire to exist in the future with a vibrant work force and labour market. They explained further that when juveniles indulge in substance abuse, it results to injury to the brain and often irreversible alterations in the central nervous systems. They added that when psychoactive substances destroy several thousand neurons, the consequences are sickness and death especially as many juvenile delinquents have died from cardiac arrest as result of drug overdose. According to Fareo (2012) some of the health implications related to substance abuse by delinquents ranges from the spread of disease such as liver diseases, cardiac diseases, pancreatic diseases, peptic ulcer, HIV/AIDS among others. According to Ibrahim and Sale (2014), there has been a relationship between HIV/AIDS and psychoactive substance abusers in Nigeria especially among Intravenous Drug Users (IDU) which is a significant mode of HIV/AIDS transmission in the country.

In a study by Abdulwahid and Umaru (2013) in Kaduna State, they found out that due to the damaging effects of substance abuse by juveniles in Kaduna State, there have been some cases of HIV/AIDS originating from adolescents drug abusers especially among intravenous drug users in the state. Similarly, another negative effect of substance abuse by juvenile delinquents is the causes of drug addiction. This point was buttressed further by Carson et al., (2000), Mahasoa (2010), Fareo (2012) and Abdulwahid and Umaru (2013), who explained that addiction to any illicit substance is damaging to the individual juvenile and as well to society. Also, Oshikoya and Alli (2006) noted that dependence and addiction on any drug or substance is one of the major implications of drug abuse which is characterized by compulsive drug craving seeking

behaviour; which leads to their continuous usage even in the face of negative consequences. In addition, Josephine (2014) asserted that dependence and addiction on any drug or substance are maladaptive and inappropriate to the social or environmental setting and may place the individual at risk of harm.

One of the negative effects of substance abuse among juvenile delinquents is that it destroys the educational and career development of juveniles (United Nation's World Youth Report, 2003; Schmallegger and Bartollars, 2008). According to Olatunde (1979) Nigerian adolescents who abuse drugs such as amphetamines and pro-plus as aid for success in their studies and toward examinations are those with poor academic records. Also, in line with the explanation of Olatunde (1979) on the effect that substance abuse among juvenile delinquents have on the educational development, Ekpenyong (2012) explained that substance abuse among juvenile delinquents remain an issue of serious national concern given its effects on formative years of educational and career development.

A study by Shehu and Idris (2008) on marijuana smoking among secondary school students in Zaria, Nigeria also found out that poor academic performance among school children is seen in smokers as a result of persistent absenteeism. Similarly, Davison et al., (2004) and Joseph, Ambekey, Chibuzo, Uwanede and Veronica (2013), noted that juveniles who abuse substances may neglect their school work and even be absent from school. They are less likely to value academic achievements, they expect less academic success and they do in fact, obtain lower grades and indulge in examination malpractice at schools (Conger, 1991; Reid, 1994; Gladding, 2004; Schmallegger, 2006; Berk, 2007; CASA, 2011).

On the effects of substance abuse among juvenile delinquents, Emmanuel (2013) and Nalah and Audu (2014) observed that substance abuse among juvenile delinquents predisposes juveniles into violent acts which makes them a nuisance at home and a serious problem to the entire society. They noted that delinquents who engage in substance abuse have been found to be prone to other crimes such as armed robbery, rape, bullying, and stealing. Also, Karofi (2012) added that due to the demand for some illicit substances which are increasingly being abused by delinquents, there have been corresponding increases in the emergence of more drug distribution and drug markets which are domains that are troubled with violence. He further explained that although, it is not just the drug business that makes sellers and buyers violent, but rather drug selling itself that provides the social context that sustains the use of violence within a large social setting, where violence is a general culture.

Similarly, a United Nation Report in 1998 as cited in Karofi (2012), reported that the use of illegal drugs and deviant acts go hand in hand and that in many situations, drug users will literally do anything to obtain enough money to satisfy their drug dependent habits. The 1998 UN report added that the most frequently committed deviant behaviours by substance abusers are delinquent or criminal in nature. The report added that these substance abusers tend to gain most income by theft, prostitution and drug peddling and that there are some apparent relationships between drug abuse and criminal acts and these crimes are committed under the influence of drugs; committed in order to get money or goods to buy drugs, traffic drugs and engage in a host of other crimes that are associated with illicit drug distribution.

On the negative effects of substance abuse among juvenile delinquents, Siegel (2004) has identified poverty or social inequality as a negative effect of substance abuse among delinquents. The social and economic costs related to substance abuse among juveniles which are as a result

of the financial losses and damages incurred by illicit substances or even drug-related crime victims, increased burdens for the support of adolescents and young adults who are not able to become self-supporting, and increased public expenditure for medical and other correctional facilities for these delinquents who abuse substances (Reid, 1994; United Nation's World Youth Report, 2003; Schmallegger, 2006). Similarly, Karofi (2008) have argued that although there are arguments of whether it is substance or drug abuse that result to poverty or vice versa but he concluded that considerable evidence from several research findings all over the world have established that one of the effects of substance or drug abuse is that it result to poverty. In line with Karofi (2008) explanation on the socio-economic effects of substance abuse, Ibrahim and Sale (2014) and Josephine (2014) asserted that substance abuse among juvenile delinquents results to a complete withdrawal of juvenile delinquents from schools and the emergence of future illiterates and criminals in the society and that these deviants and illiterates juveniles would be future individuals who are deficient of the education, vocational and technical skills needed to be employed, thereby creating a large number of unqualified and unemployed youths that would further widen the existing gap of social inequality and poverty in the country.

In an attempt to provide explanation on the negative effects of substance abuse among delinquents, Schmallegger (2006) and Karofi (2012) asserted that substance abuse among juvenile delinquents puts tremendous pressure on national security and other social services through serious law violation, destruction of lives and vandalization of public and private properties. They added that in such a situation, these juvenile delinquents who abuse substances become nuisance to the society by manifesting high-risk anti-social acts such as earlier engagement in sexual relationships and perpetrating violent acts leaving their victims with traumatic effects that could last for life time especially for rape victims. Similarly, Pepinsky

(1980), McRobbie (1980), Siegel (2004) and Emmanuel (2013) have argued that substance abuse among delinquents has impacted negatively on women. They added that substance abuse among delinquents contributes so much to the manifestations of some anti-social acts such as purse and hand bags snatching, pleasure ridding which seems to hinge on a collective disregard for women and sexual exploitation of girls, where girls are often raped by delinquents under the influence of substance abuse.

Similarly, substance abuse among juvenile delinquents has led to various negative life style such as development of immoral ways of spending their leisure time that are not only unacceptable but are illegal (Jones, 1995; Carlen, 1996). Schmallegger and Bartollas (2008) buttressed this point further by explaining that some of the consequences of substance abuse among juvenile delinquents is growing youth gangs, rising homelessness and rejection of some juvenile delinquents by their parents, wide spread experimentation with various forms of illicit substances and increase in the number of youths sentenced to treatment and correctional facilities.

2.6 Transformation of Juvenile Delinquency to Adult Criminality

In criminology and criminal justice research, it is generally held by most criminologists that most children grow out of offending as they grow into adolescence and later adulthood (Siegel, 2000; Akers and Sellers, 2004; Schmallegger, 2006). Similarly, many theorist and theories have attempted to properly explain the factors that predispose juveniles into offending such as substance abuse but majority of these theorists and theories have remained salient and unable to properly explain why and how does delinquent acts such as substance from the onset at childhood stops or graduate into adult criminality in the future of an individual. However, only

one group of theorists and theory has, 'The Age-graded Theory of the life course perspectives' (Laub et al., 2001; Akers and Sellers, 2004).

Central to the understanding of life course perspective or theory are the concepts of:

- i. Trajectories: which are described as pathways or lines of development, usually long-term events such as work life, parenthood, marriage and criminal behaviour throughout life span.
- ii. Transitions: which are described as short term events such as the period of starting a new job, having a new child and being sentenced to correctional programme.

The starting point of the Age-graded Theory is that delinquent acts such as substance abuse among juveniles are more likely to manifest when an individual's bond to the society is weakening or broken. Somehow different from the crux of Hirschi's Social Control Theory of 1969, the age-graded theory borrows some variables in Hirschi's Social Control Theory, specifically the variables of social bonding and informal social control. The theory then unites them with the concepts of structural factors which were also borrowed from Shaw and McKay's Social Disorganization Theory of 1942.

The theory explained that the informal and formal institutions of social control throughout individual's lives vary within the structures of the society. The theory further explained that most important is the informal means of social control which prevails in the structures of the society and are characterized by interpersonal bonding that links members of the society to other social institutions such as family, school and work. The social relations between individuals in these social institutions are characterized by a form of social investment or social capital and these social relations could be between: parent to child, teacher to student

and employer to employee at every stage of life. Also, the strong social capital or investment which is gotten from strong social investment provides the social and psychological resources that individuals rely upon as they pass through life transitions. Thus, the weaker or broken the social investment or capital is, the more likely the individual or juvenile may delve into delinquent or criminal acts such as substance abuse.

Similarly, the theory's explanation is divided into two broad life-stages in order to give a pervasive explanation on the life course of individuals and these broad life-stages are:

- i. The onset process of juvenile delinquency and ii. The continuity of juvenile delinquency into adult criminality.

2.6.1 The Onset Process of Delinquency among Juveniles

The age-graded theory explained that the structural factors of the social disorganization theory such as poverty or broken homes influences or impede the social control and social bonding variables such as attachment to family or school which leads to delinquency at the onset and may vary from one child or juvenile to another. Also, McLoyd (1990) and Laub et al., (2001) have argued that socio-economic disadvantage has potential adverse effects on parents, such that parental difficulties are more likely to develop and good parenting impeded. Thus, limiting the constant use of discipline and monitoring by parents through attachment to the family. Also, factors related to socio-economic disadvantage disrupts the bond of attachment between a child and school leading to educational deficiencies. Other socio-economic factors such as poverty, household overcrowding, family disruption, unemployment, residential mobility and socio-economic status play an indirect role in influencing or weakening social bonds of attachment between the child and family and also between the child and school (Laub et al., 2001).

2.6.2 The Continuity Process of Juvenile Delinquency into Adult Criminality

Sampson and Laub in 1993 as cited in Laub et al., (2001) recognizes that there are salient events and social bonds in adulthood, especially attachment to work and to a spouse and contentment at least to some extent and the trajectory in early childhood development. They noted that these events and the social capital they produce can change an individual's path from a deviant trajectory to criminality or law abiding in adulthood. Nevertheless, the mere occurrence of an event such as getting married or getting a job, the mere timing of these events and the mere prevalence of a relationship are not determining factors. Rather, it is the changes in social bonds and social capital that occur in conjunction with a transition that make the social bonding and social capital weaker or stronger that may predispose the change of continuity or desistance in pro-social or anti-social behaviours such as substance abuse among juvenile delinquents continuing or transforming into adult criminality.

In buttressing this point further, Berk (2007) and Lesley in 2008 as cited by Mahasoa (2010) opined that school children who use substances often suffer from impairment of short-term memory and other intellectual faculties as they are preoccupied with acquiring substances which negatively affecting their emotional and social development. They added that this impairment of short-term memory or reduced cognitive efficiency leads to poor academic performance, resulting in a decrease in self-esteem and the juvenile delinquent may eventually drop out of school altogether. This contributes to instability in juvenile's sense of identity which in turn may likely contribute to further consumption of illicit substances up to adulthood thereby creating a vicious circle. Also, Salawu, Danburam, Desalu, Olukoba, Agbo, and Midala (2009) explained that studies have shown that one third of adolescents who experiment with cigarettes will become daily smokers. According to Laub et al., (2001), opined that overall; a large body of

research supports Sampson and Laub's postulation that childhood delinquency leads to adult criminal behaviour.

Similarly, Conger (1991), Rice (1992) and Donald, Lazerus, and Peliwe (2007) explained that the more a juvenile uses tobacco, alcohol, cannabis, cocaine, and other illicit substances, the more likely he or she will perform poorly in school, drop out, or not continue on to higher education. Also, Joseph et al., (2013) asserted that when adolescents use alcohol and tobacco at a young age it increases the risk of using other drugs later at adulthood. Some substances are expensive, thus a need to sustain the drug dependence may lead to theft, may lead to prostitution among girl-child delinquents, involvement in violence and eventually involvement in organize drug-related crimes. Some juvenile delinquents would have to drop out of school and turn to other crimes such as robbery and gang-related activities to support their delinquent habit as they become adults (Conger, 1991; Davison et al., 2004; Gladding, 2004; Berk, 2007; Farrinton, 2010; Ibrahim and Sale; 2014).

In summary, the age-graded theory postulates that adults regardless of their backgrounds will be prevented from committing a crime to the extent that they have social capital invested in their work and family lives. By contrast, those subject to weak social bonding and weak informal social control as adults are freer to engage in deviant acts such as substance abuse, even if they were non delinquents at childhood or adolescence (Laub et al., 2001).

2.7 The Extent of Substance Abuse among Juvenile Delinquents

Statistics on juvenile offending and crimes are used to provide an empirical knowledge about incidence and prevalence of substance abuse among juvenile delinquents and substance abuse among adults in the society. Such statistics are sourced from Uniform Crime Reports (UCR's),

United Nations Office on Drugs and Crime (UNODC), Federal Office of Statistics, National Drug Law Enforcement Agency (NDLEA), juvenile courts statistics, self-reports, victimization surveys, academic research among others. In ideal situation, reliable statistics on substance abuse among juveniles may be used as important tools for the prevention and control of substance abuse among juvenile delinquents or the evaluation of the criminal justice system. Nevertheless, such statistics on substance abuse among juvenile delinquents pose numerous challenges even in developed countries where daily, monthly, and yearly records of offences are kept. According to Schmallegger and Bartollars (2008) this is so because statistics on substance abuse among juvenile delinquents and other crime statistics do not represent the actual trends of juveniles and adult law violations. Similarly, Bartollars and Miller (1998), Siegel (2000) and Schmallegger and Bartollars (2008) argued that one of the reasons for the complaints about the challenges posed by delinquency and crime statistical data is that the police can only record any juvenile offence or adult crime that came to their attention while many offences are hidden or not reported to the police. This implies that delinquency and crime reporting can vastly underestimate the actual amount of substance abuse among juveniles and other offending in a country. However, more law enforcement agencies are participating in the collection of data on juvenile offending and adult crimes to make such data pervasive enough to make generalizations about delinquency and adult crimes (Schmallegger and Bartollars, 2008).

In terms of the prevalence or extent of substance abuse among juvenile delinquents, Alexander (2001) and Lennox and Cecchini (2008) asserted that studies on substance abuse among juvenile delinquents have been conducted throughout the world and it was revealed that an estimated 13 million juveniles aged 12 to 17 years become involved with alcohol, tobacco and other substances annually. Though tobacco and alcohol remains the most frequently used substances

by juvenile delinquents yet cannabis use accounted for 90% or more of illicit substances abused by juvenile delinquents in North America, Australia, and Europe (Alexander, 2001; Lennox and Cecchini, 2008).

Similarly, a 1992 report released by the US surgeon general as cited in Reid (1994), the data indicated that about one third of teens involved in serious crime abused alcohol and drugs before committing those offences and that substance abuse among juveniles facilitated the involvement of over one-third of school reported rapes with 55% of the alleged rapist and 53% of the alleged victims having consumed alcohol prior to the reported rape. The same report indicated that over 70% of teen's suicides, 40% drowning and 75% of fatal accidents were juvenile delinquents who abused alcohol and drugs prior to the reported events (Reid, 1994).

In a report by South African Community Network on Drug Use as cited in Mahasoa (2010), it indicated that a survey conducted in Cape Town found that more than 10% of 11 to 17 years had been drunk more than 10 times. Also, another studies conducted in South Africa on substance abuse among juveniles indicated that the average age of first-time substance use is 12 years.

Adequate statistics on juvenile offending such as substance abuse among juvenile delinquents remains difficult to come by in Nigeria (Alemika and Chukuma, 2001). Despite it is difficult to determine the exact prevalence rate of substance abuse among juvenile delinquents in Nigeria, Ibrahim and Sale (2014) explain that available records or data indicated substance abuse among juvenile delinquents have become worrisome with an upward incidence rates. Similarly, Fareo (2012) and Emmanuel (2013) noted that substance abuse among juveniles before the 1980's was not seen as a national issue in Nigeria but by mid 1980's and early 1990's there was considerable change in the prevalence of substance abuse among juveniles as a result of increasing reports of

alcohol, cigarettes and mild stimulants abuse among juvenile delinquents. They added that by 1998, there were growing concerns in the country for considerable drug abuse and over the counter prescription of medicines such as valium five, slimming tablets, analgesics, antibiotics, tranquilizers and cough syrup mixtures. According to National Drug Law Enforcement Agency (NDLEA) in 1993, there was a change in the trend of substance abuse among juveniles especially among the young ones with 10 years of age as the starting years of first-time substance use in the country despite efforts by the Nigerian Government and the NDLEA to stem the increase of substance abuse among juveniles in the country while Ajila (1992) opined that the consistent rise in the number of cases of juveniles involved in substance abuse may place an increase in the number of cases of experimentation with drugs during adolescence, commonly starting from the age of 11 years as the age of first-time substance use.

On the extent of substance abuse among juvenile delinquents in Nigeria, Nalah and Audu (2014) explained that in a study, a sample of young people from mixed urban areas in the eastern part of Nigeria reported that they started drinking between the age 11 years while those sampled from urban areas in the southern part of Nigeria reported that 14 years or below was the age of initiation into drug use. Also, the work of Shehu and Idris (2008) on marijuana smoking involving 350 secondary school students in Zaria, Nigeria who were respondents between the age of 10 to 14 years showed a prevalence of 9.4% and that substance abuse among these school children was on the increase as they were already smoking cannabis while substance abuse was discovered to begin as early as when juveniles were enrolled into secondary schools.

In commenting on the magnitude of substance abuse among delinquents and on gender debate on substance abuse among juvenile delinquents, Nalah and Audu (2014) noted that rural secondary school male students in Nigeria were engaging more in marijuana smoking than the rural

secondary school female students and they abuse other substances specifically cigarettes and sometimes prescription drugs than their female counterparts. Similarly, juveniles in Lagos State secondary schools abused caffeine predominantly but also abuse alcohol, tobacco, cannabis among others while those in Kwara State have been found to predominantly use alcohol (Nalah and Audu, 2014). Also on the gender differences of substance abuse among delinquents, Josephine (2014) explained that there is a significant difference between the male and female adolescents' drug abusers. She added that a reason attributed to this difference is that the males juveniles always want to be bold hence some of them rely heavily on drugs more than their female counterparts. Similar findings from a study conducted by Osa-Edoh and Elizabeth (2012) on frequently abused drugs amongst secondary school students in Edo State, Nigeria showed that male students are more susceptible to drug abuse than their female counterparts. They explained that male adolescents are more involved in substance abuse than the female adolescents. Also, a study by Atoyebi and Atoyebi (2013) on the pattern of substance abuse among secondary school students in South-western, Nigeria also showed that more males 52.9% than females 47.1% abused drugs. This is keeping with other studies that reported substance abuse occurs more among male juveniles. They added that the findings could be because males are more likely to be adventurous than their female counterparts and are more likely to be experimenting during their adolescent years while females on the other hand enjoy more supervision of parents/guardian from the fear that female juveniles involvement in anti-social activities could result to girls being wayward.

By and large, Atoyebi and Atoyebi (2013), asserted that the prevalence of drug abuse among the juveniles was found to be 30.5% in a study conducted by them in Osun State in Southwest Nigeria, which was contrary to two studies done by Lawoyin, Ajumobi, Abdul, Abdulmalik,

Adegoke and Agbedeyi (2005) at Oyo state and another research by Adelekan (1989), at Abeokuta with prevalence of 69.3%, 51.6%, and 51.5% respectively. According to Salawu et al., (2009), a survey conducted on secondary school students in Cross River State, Nigeria, found that 9% currently smoke cigarettes with 9.7% males and 5.7% females. However, findings from a survey conducted by Salawu et al., (2009) in north-east Nigeria showed that the current prevalence rate of smoking was 33.4% overall, 40.4% in male and 22.6% in female adolescents which is much higher than findings from previous study in Cross River, Nigeria.

According to Oshodi, Aina and Onajobi (2010), studies have consistently showed that alcohol, hypno-sedatives, tobacco and psycho stimulants are the commonly abused substances with varying prevalence rates found for both overall and specific substances abused. For instance, Nnaji (2000) reported that the prevalence of tobacco smoking among juveniles for Sokoto was 10.9% to 17.8% among secondary school students while Ononye and Morakinyo (1994) added that some authors in the country have even raised the possibility of students under-reporting their substance use habits, most especially the illicit ones. Buttressing this point further, Oshodi et al., (2010) opined that for instance a study in South-western Nigeria observed that while cannabis related psychiatric disorders are common among students in Nigerian psychiatric clinics, substance abuse studies in the country have reported low use of cannabis amongst secondary school students in South-west, Nigeria as this could be due to denial from the students as a result of legal consequences associated with the use of cannabis.

Similarly, official data from the National Office of Statistics (2010) revealed that the number of juveniles under 16years of age admitted into prisons by Nigerian Prison Services stood at 842 cases in 1989 but six years later, the figures increased to 1,175 cases in 1995. In the year 2000, the number of juveniles under 16years of age admitted into prisons by the Nigerian Prison

Services increased to 1,531 cases. The number also increased in the year 2005 to 2,516 and 2,639 cases in the year 2007. Although, there was a dramatic decrease in the number of juveniles under 16years of age committed into prisons by the Nigerian Prison Services in 2008 with only 175 cases. However, by the year 2009 the number began to rise again to 1,577 in the year 2009 and increased further to 1,916 in 2010 (National Office of Statistics, 2010).

One crucial point worth observing and mentioning is that the Nigerian criminal justice system is not very much concerned about developing a reliable and meaningful statistics and information on substance abuse among juvenile delinquents, other juvenile offences and adult crimes in the country. For instance, Alemika and Chukuma (2001:25-26) generally observed that:

...the Nigerian governments as well as the criminal justice agencies are not concerned about developing a reliable information management on delinquency and crime... Similarly, the Nigeria Police attitude towards keeping track and recording of juvenile offending and managing a reliable records about delinquent behaviours in the country is very poor. It is not surprising, therefore that the nation's criminal justice system is grossly ineffective and inefficient ...partly because they simply operate without facts.... Due to the shortage of delinquency and crime data in Nigeria, it is not surprising that government officials and moral entrepreneurs, especially the mass media decry alarming increase in the incidence of juvenile offending in Nigeria, none the less, without facts or reliable evidence (Alemika and Chukwuma, 2001; 25-26).

One important point observed from the literature reviewed above is that most of the available literature on substance abuse among juvenile delinquents with a particular reference to Nigeria indicates an increase in substance abuse among juvenile delinquents in Nigeria and specifically in Zaria Metropolis. Similarly, another important point observed from the literature reviewed above is that majority of the available literature on substance abuse among juvenile delinquents with a particular reference to Nigeria were mostly clinical or medical research, on the incidence of drug abuse among adults, tertiary institutions students and secondary school students. This brought about the inability of most of these literature to recognize other millions of juvenile

delinquents in the country that are not opportuned to attend schools due to ignorance and poverty on the part of their parents and who also engaged in the abuse of substances; as such a gap arise and existed. Therefore, to bridge this gap, the research was conducted on substance abuse among juvenile delinquents in Zaria metropolis of Kaduna State.

2.8. Theoretical Framework

This part of the research comprised of related theories and a theoretical framework in line with the research topic which is on substance abuse among juvenile delinquents. The essence was to examine different theories, use these theories to explain the research topic and as a framework for the research.

2.8.1 Differential Reinforcement Theory

The exponent of this theory is Clarence Ray Jeffry in 1965 as cited by Beirne and Messerschmidt (2006). The theory was propounded under the Social Process Perspective of Criminology in an attempt to provide an explanation on why juvenile delinquents indulge in delinquent behaviours such as substance abuse. The main thrust of this theory is that in any given social situation, when a juvenile commits a deviant acts, it depends largely on his or her past conditioning history namely whether the individual has been reinforced (rewarded). This theory further explains that a deviant act such as substance abuse among juveniles occurs in an environment in which, in the past the offender has been reinforced for behaving in this manner, and the aversive consequences attached to the behaviour was of such nature did not prevent or control the response. Therefore, delinquent behaviour like substance abuse among juvenile delinquents is a response to stimuli. This means that when a juvenile indulge in substance abuse,

it is as result of the inability of the previous reinforcement (punishment) to adequately deter the juvenile from indulging in such offence again.

Despite the contribution of this theory in attempting to explain delinquent acts such as substance abuse among juvenile delinquents, it has been criticized because of its over focus on the individual and motivation which made it to neglect other important social factors such as poverty, inequality, distribution of powers relating to majority of juveniles, women, and the poor people.

2.8.2 Social Control Theory

This theory was developed by Hirschi in 1969 and the theory falls under the social process perspective in Criminology. Hirschi (1969) propounded the Social Control Theory in an attempt to provide explanation on why children and young persons delve into delinquent behaviours such as substance abuse among juveniles. The central theme of this theory is that delinquent acts such as substance abuse among juvenile delinquents occurs when the social bonds between a minor or juvenile and a society weakens. He argued that whether juveniles are law abiding or delinquents depend on the extent of variance from four (4) factors that binds them to the society and the four factors are:

- i. attachment to parents, school teachers, significant others and law abiding peer groups;
- ii. commitment to conventional line of action;
- iii. involvement in conventional activities and;

iv. belief in conventional values.

Firstly, Hirschi theorize that a weak attachment of children or juveniles to parents, school teachers, significant others and law abiding peers results to insufficient discipline from parents and school teachers. Also, this eventually leads to poor intellectual and social skills, disrespect and disregards to expectations from significant others resulting to delinquency such as substance abuse among juveniles.

Secondly, Hirschi theorized that for a system of social control to be effective, juveniles must fear punishment. He added that juveniles are likely to become delinquents if they are less committed to conventional line of action during their difficult passage to adulthood. He added that they are more likely to indulge in delinquent behaviours such as substance abuse and are less likely to be committed to completing their education or achieving a high-status carrier.

Thirdly, attitudinal commitment to conventional line of activities such as schooling, pursuing a career or being law abiding are likely to be reflected in juveniles daily activities. Therefore, juveniles' inability or failure to get involved in conventional line of activities in a society will result to juveniles' involvement in delinquent behaviours such as substance abuse.

Fourthly, belief in the goodness of certain values such as respect for the law and the police and belief in wrongness of some actions such as substance abuse among juveniles leads to a general decline in juvenile offending.

Despite the extreme influence of Hirschi's (1969) Social Control Theory, the theory has been criticized because his concept of commitment seemed to be too vague. This is because he failed to provide a standard for measuring the level of what he meant by attachment. Also, Beirne and

Messerschmidt (2006) noted that liberal critics have criticized Hirschi's idea of strict discipline including corporal punishment. They added that liberal critics contended that his idea of strict discipline if carried out by parents and teachers will only encourage delinquent behaviours because corporal punishment teaches children that physical violence is the only appropriate way to resolve interpersonal problems.

2.8.3 General Strain Theory

The General Strain Theory (GST) is a revision of the original 'Strain Theory' by Merton, and was revised by Agnew in 1992 as cited by Beirne and Messerschmidt (2006). The theory falls under the social structure perspective of criminology. Agnew's theory obtained its insight from medical sociology and social psychology. The theory focuses on the individual offender and his or her immediate social environment. The central theme of the general strain theory is that strain results from the failure either to achieve conventional goals or to escape from painful relationships. Also, this theory is hinged on three cues, namely;

- i. Failure to achieve positively valued goals;
- ii. The removal of positively valued stimuli from the individual; and
- iii. The presentation of negative stimuli.

Firstly, strain can arise as a result of failure to achieve positively valued goals as disjunctions between aspirations and expectations and between aspirations and actual achievements; disjunctions between just/fair outcomes and actual outcomes. This leads to the juveniles experiencing stress and may perceive life as unjust and not fair. Some juveniles may become delinquents such as being substance abusers in order to reduce input; or increase input or outcomes by abusing substances and being disorderly. Alternatively, some juveniles may

perceive their lives as unjust and unfair so they may become drug dependents or commit suicide by taking overdose of illicit substances.

Secondly, strain arises from the removal of positively valued stimuli from the individual. Agnew explained that this second cue can happen as a result of separation of one's parent (divorce), loss of positive stimuli of someone through illness or death. Such positive stimuli may be a friend, parent or guardian. The juvenile in such event try's to prevent the loss of positive stimuli, retrieve the loss stimuli or obtain a substitute and seek revenge against those responsible for the loss, or manage the negative effects caused by the loss by taking illicit drugs.

Thirdly, strain occurs through the presentation of negative stimuli. Agnew referred to this to be stressful life events such as child abuse and neglect, criminal victimization, verbal threat, insult, physical pain, heat, noise and pollution all of which have the potential to cause an aggressive response and which are experienced as noxious for biological reasons. Each of the events causes an aggressive response.

One of the strengths of the General Strain Theory (GST) is that, its scope and set of explanations extend far beyond the purview of social class, as compared with the Mertonian Anomie Theory. This gives the theory wide preliminary empirical support among most criminologists but nevertheless only few criminologists are likely to disagree. Therefore, the General Strain Theory (GST) by Agnew (1992) and Hirschi's (1969) Social Control Theory explained above were adopted as theoretical framework for this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This part of the research study was designed to explain the procedures that were used in carrying out the research work and how the aim and the specific objectives of the research study were achieved. This comprised of a description of the location of the study area, a brief historical background of the study area, sources of data, study population, sample size, sampling techniques, methods of data collection, methods of data analysis and interpretation and the problems encountered during the field work.

3.2 A Brief Historical Background of the Study Area

The ancient city of Zaria which is now referred to as Zaria metropolis is one of the major northern Nigerian indigenous cities founded as early as 1536 AD as the capital of Zazzau Kingdom. The metropolis has evolved through a period of both pre and post-colonial urbanization. Zaria metropolis which is the second largest metropolis after Kaduna metropolis in

Kaduna State was historically an important trading centre between 16th and 20th centuries with a well established powerful oligarchy. One factor which has contributed to the continuous growth of Zaria metropolis was the establishment of Sabon Gari District in 1906, in the outskirts of Zazzau kingdom by the then British colonial government. The establishment of Sabon Gari District by the British colonial government was to serve as a rehabilitation centre for workers of the British colonial government. The rehabilitation was for the settlement of workers who were non-indigenes of Zaria. The settlement was in two categories:

- i. The British colonial government officials who lived in Hanwa Government Reserved Area (GRA) and
- ii. The Nigerian workers transferred from other Northern parts of the country.

However, by 1908, Sabon Gari District was merged with some villages that were under Zazzau Emirate and was handed over to the Zaria Native Authority in order to ease the indirect rule of the British colonial government (Muhammed, 2009). There are other historical antecedents that contributed towards the growth of Zaria into a metropolitan area and these historical antecedents included the establishment of the West African Frontier Force (WAFF) recruitment centre now known as the Nigerian Army Depot Zaria, in 1904 and also the establishment of the railway junction and railway staff quarters in 1927 at PZ Sabon Gari for the collection of farm produce such as cotton, groundnuts and other services that served the interest of the then British colonial government in Nigeria. There was also establishment of the Northern Nigeria Institute of Agriculture and Northern Nigeria Institute of Administration in 1923 by the colonial government and the establishment of Ahmadu Bello University in 1962 by the late premier of Northern Nigeria Sir Ahmadu Bello (Muhammed, 2009).

3.3 Location of the Study Area

Zaria metropolis of Kaduna State is the study area for this research and the metropolis is located on the high northern plains of Nigeria and lies within the Sudan Savannah belt of Nigeria in Sub-Saharan Africa between longitude 7° E and latitude 11° N of the equator, covering an area of approximately 3000 sqm². Zaria metropolis has a wet season which last from April to October, with the maximum rainfall in August while the dry season generally last from November to March and the Hamattan winds blows during these months. The rainfall ranges between 40-50 inches per annum and the metropolis is characterized by high and low temperatures throughout the year (Kowal and Omolokun, 1972; Schwerdfeger, 2007).

Zaria metropolis is made up of only two Local Government Areas (LGA's) and these local government areas are Zaria Local Government and Sabon Gari Local Government areas of Kaduna State covering an area of approximately 3000 sqm². In the last national population and housing census in 2006, Zaria metropolis had an estimated population of 698,348 people (NPC, 2006). Zaria metropolis is also a centre of educational activities, cultural activities, agricultural activities, commercial activities, residential activities, transportation activities and small scale industrial land use.

Similarly, apart from being the home of Ahmadu Bello University, Zaria metropolis is presently the home to about 13 other federal establishments/institutions and some military institutions which have made the metropolis to become a choice place for migrants of other numerous ethnic groups; aside from the Hausa-Fulani that constitute the majority of the inhabitants. In terms of its ethnic composition, the metropolis has a vibrant socio-cultural system due to its historical past and as a result of other ethnic groups found in the metropolis. These ethnic groups include Yoruba's, Igbo's, Ebira's, Bura's, Kanuri's, Igala's, Gbagi's, Kurama's, Bajju's, Edo's, among

others. Islam has been the mostly widely practiced religion in Zaria metropolis because of the Hausa-Fulani ethnic group being the majority of the population (Muhammed, 2009; Ubogu, Laar, Udemezue, and Bako, 2011).

As regards to the occupations of the inhabitants of Zaria metropolis, they are mainly civil servants, students, farmers, military and paramilitary personnel. Others are companies employees, bankers, traders or business men/women, politicians, Quranic scholars and their students (almajirai). There is also the rapid increase of human population in Zaria metropolis which have been attributed to rural-urban migration, natural increase partly due to sustained high fertility rate, relatively early age at marriage, improved medical facilities and good sanitary conditions (Mohammed, 2009; Ubogu et al., 2011).

By and large, it is pertinent to note that with the seemingly urban nature of Zaria metropolis and the composition of people with diverse heterogeneous backgrounds and identities; criminal and deviant behaviours such as substance abuse among juvenile delinquents are inevitable and are bound to prevail. This led to one of the justification for selecting Zaria metropolis as this research's study area. Similarly, another justification for choosing Zaria metropolis as the research's study area was from the consideration of interest of the researcher which emanated in the course of personnel observations by the researcher of prevailing anti-social behaviours of substance abuse among juvenile delinquents which are increasingly being manifested by juveniles in the metropolis.

Similarly, another choice for choosing Zaria metropolis as the study area was that Zaria metropolis is increasingly becoming a more complex urban settlement with the weakening of traditional forms of social life and adoption of modern life style as a result of globalization.

There is also an increase in the total human population and young population of the area. All these were factors considered as having a direct bearing on the manifestation of substance abuse among juvenile delinquents in Zaria metropolis of Kaduna state.

Another crucial justification for choosing the study area for this research study is to avoid communication barrier and ensure free communication between respondents and the researcher. This is because most people who would fall among the respondents in the study area would either understand English or Hausa language which is widely used for communication in the study area. Since the researcher is a native of Zaria, it afforded the researcher the opportunity to elicit the data required for the analysis and interpretation for the study.

3.4 Sources of Data

The sources of data used for this study were both primary and secondary sources of data. The primary sources of data were the inhabitants of Zaria metropolis through the use of structured questionnaires and structured in-depth interviews. The secondary sources of the data were sourced from related literature from textbooks, journals, official records such as data from the Federal Office of Statistics, Official Gazette of the National Population Commission (NPC), United Nations Office on Drugs and Crime (UNODC), National Drug Law Enforcement Agency (NDLEA), academic research and internet materials.

3.5 Study Population

The targeted population for the study were the inhabitants of Zaria metropolis of Kaduna state through some selected districts in the metropolis and some selected institutions such as the police formations, the courts, the National Drug Law Enforcement Agency (NDLEA) office, the

university, schools (public and private) and families. The study population consisted of juvenile delinquents themselves, parents, teachers, personnel of the National Drug Law Enforcement Agency (NDLEA), police personnel serving in major police formations in the metropolis, social welfare officers, senior court officials, traditional leaders, religious leaders, students of higher institutions and members of the general public. The choice for selecting the above mentioned categories of people as the targeted population of the research was because the researcher considered them to be relevant and knowledgeable about the social problem of substance abuse among juvenile delinquents in the study area.

3.6 Sample Size

The sample size for the research was a total of two hundred and eighty-nine (289) respondents from the entire inhabitants of Zaria metropolis through some selected districts in the metropolis. The justification for adopting the sample size of 289 respondents was for ethical and economic reasons. For the ethical reasons, the study adopted the sample size of 289 for the basis of having a sample size that has capability of empirical generalization of statistical data and qualitative data generated from the research and capability representing the entire study population that is scattered across a wide geographical area of approximately 3000 sqm². The sample size was regarded by the researcher to have at least wide confidence intervals and at least of 0.05 error term as agreed by social science research. The economic justification for adopting the sample size of 289 for the research was to help minimize wasting of time and financial resources and also to give each member of the study population at least a chance of being selected for the basis of empirical generalizations of the research findings.

More so, the sampling technique of multi-stage which comprised of cluster and stratified sampling method, divided the study area into several clusters to avoid lump sided sample size and also stratified the study population into homogenous sub-groups whose views are very relevant to the research topic. This gave researcher the ample opportunity to appropriately elicit sufficient quantitative and qualitative data required for the study from the 289 sample size. Thus, justifying the sample size adopted for the study.

Similarly, the stratified sampling method across age, occupation and special categories of respondents of parents and juveniles adopted for the study were spread across the sample size of 289 respondents for the research. In addition, those respondents that fell within the stratified sampling of the homogenous sub-groups of age, occupation and special category of parents were included in sample size because they are considered very relevant and knowledgeable about substance abuse among juvenile delinquents in Zaria metropolis. Thus, these reasons justify the adopted 289 sample size as a representative of the study population.

The distributions for the sample size across all categories of respondents are presented in Table 3.1, 3.2 and 3.3:

Table 3.1: Distribution of Sample Size across Districts (Clusters) adopted for Questionnaires administration

S/N	Names of Districts (clusters)	Numbers of Respondents
1	Samaru-Palladan	30
2	Hanwa	20
3	P.Z District	20
4	Marmara	25
5	Muchiya-Chikaji	20
6	Sabon Gari	35
7	Tudunwada	30

8	Danmagaji-Gaskiya	15
9	Unguwan Kakaki	9
10	Unguwan Kaura	10
11	Unguwan Kusfa	5
	Total	219

The distribution of sample size for the administration of questionnaires allocated more questionnaires to some districts perceived to be more prone and commonly identified with the availability of illicit substances and substance abuse by experience. This resulted to uneven distribution of questionnaires across all the districts in the study area.

Table 3.2: Distribution of Sample Size for Questionnaires administration across Occupations and Special Category of Respondents

S/N	Occupation and Special Category of Respondents	Number of Respondents
1	Parents	10
2	Teachers	10
3	Members of the NDLEA personnel	5
4	Members of the police personnel	5
5	Social welfare officers or senior court officials	5
6	Juveniles	5
7	Traditional leaders	5
8	Students of tertiary institutions	5
9	Religious leaders	5
	Total	55

The distribution of questionnaires across certain occupations and special category of respondents allocated more questionnaires to parents and teachers. This is because it is commonly agreed that children or juveniles at least spend more time with their parents in the family and teachers at school every day. Also, parents and teachers are morally and religiously charged with the

responsibilities of moulding the behaviours of children through the family and schools until they become adult enough to take responsibility of themselves. Thus, these two categories of respondents play the most significant roles in the training and upbringing of young ones on how to learn and conform to the society's beliefs, norms and values. This resulted to uneven distribution of questionnaires across certain occupation or special categories of respondents in the study area.

Table 3.3: Distribution of Sample Size adopted for In-depth Interviews

S/N	Categories of Respondents	Number of Respondents
1	Parents	3
2	Teachers	3
3	Senior NDLEA officer	1
4	Senior police officer	1
5	Social welfare officer or senior court official	1
6	Juveniles	2
7	Traditional leaders	2
8	Students of tertiary institutions	1
9	Religious leader	1
	Total	15

3.7 Sampling Techniques

The multi-stage sampling was the type of probability sampling method used. The multi-stage sampling was a combination of cluster sampling and stratified sampling techniques. The cluster sampling and stratified sampling were chosen because Zaria metropolis is geographically a wide settlement and large in size with its population scattered across the metropolis. This made it impossible to have a sample frame of all the inhabitants of Zaria metropolis. Therefore, cluster

sampling was more appropriate to form a part of the multi-stage sampling because it helped to reduce wasting of time and financial resources and gave each member of the targeted population a chance of being selected for the basis of empirical generalizations of the research findings.

These districts (clusters) were eleven and they are: Samaru-Palladan, Hanwa, PZ District, Sabon Gari, Marmara, Muchia-Chikaji, Tudunwada, Danmagaji-Gaskiya, Unguwan Kakaki, Unguwan Kaura and Unguwan Kuspa. Furthermore, each of the eleven districts (clusters) was again divided into two clusters.

Similarly, the basis for the inclusion of stratified sampling was to stratify or divide the study population into homogeneous sub-groups to get the views of a particular relevant key sub-group in the whole study population and ensured that both the whole study population and the relevant key sub-groups are represented. Therefore, the entire population of the study were stratified according to:

a. Age: The stratified sampling on age was based on age bracket population of 11years above comprising both juveniles and adults for questionnaires administration and in-depth interviews. This was because they are considered very relevant and knowledgeable about the social problem of substance abuse among juvenile delinquents.

b. Occupation: The stratified sampling for occupation of the inhabitants in Zaria metropolis included those whose occupations are in teaching, the NDLEA personnel, police personnel, social welfare officers or senior court officials, traditional leaders, religious leaders and students of tertiary institutions were selected for the administration of questionnaires and in-depth interviews. The non-probability sampling method adopted for the qualitative aspect of this research was purposive sampling technique and 15 respondents were purposively interviewed in

the In-depth interviews conducted from eleven districts (clusters) of the study area. The purposive sampling technique was used to supplement the information generated by the use of probability sampling method.

The justification for the adoption of these sampling techniques for the study was for proper management of questionnaires to guarantee adequate representation of the entire population and ensure statistical precision and accuracy in generalizing the findings that was produced in the research.

3.8 Methods of Data Collection

The research relied on two methods of data collection which were: i. the use of primary method of data collection through the administration of structured questionnaires and the use of structured in-depth interviews and ii. the use of secondary method of data collection from relevant literature, textbooks, journals, online materials and official reports/statistics published by relevant authorities on substance abuse among juveniles.

Similarly, there were two major instruments of data collection for the purpose of this research:

Firstly, a questionnaire instrument was used for the quantitative aspect of this research study. The questionnaire was structured in an open and closed-ended format to give the respondents the opportunity to express their views freely. The questionnaire was designed in English and in a manner that it properly covered the research questions and research objectives. The questionnaires were administered in both English and in Hausa languages through self-administered process for those respondents that did not understand English language. This was

done with the help of three trained postgraduate research assistants all of whom were Hausa by tribe and were well conversant with the cultural practices of the Hausa people.

Secondly, an instrument of a structured in-depth interview guide was used for the qualitative aspect of this research. The in-depth interview schedule was structured in a manner that it properly covered the research questions and research objectives. The respondents interviewed in the in-depth interviews were directly interviewed by the researcher in both English language and some in Hausa language while their responses were simultaneously written down by note-taking via the help of three research assistants and an electronic recorder. This was done to safe guard against misinterpretation of answers from the respondents and also helped in the analysis of data.

Similarly, the in-depth interviews were carried out to enable the researcher to inquire into private and sensitive issues concerning substance abuse among juvenile delinquents in the study area through probe. This was done to help add quality to the statistical information that was elicited through the use of questionnaires in the survey aspect of this study. It enabled the researcher to get to understand the depth of the research topic by getting information on the respondents' views, beliefs, attitudes and past experiences as regards to substance abuse among juvenile delinquents in the study area.

3.9 Methods of Data Analysis and Interpretation

The data collected from the quantitative method in this research through the use of questionnaires were cleaned. After the data cleaning, the questionnaires were coded and statistically analysed using the Statistical Package for Social Sciences (S.P.S.S). Similarly, the data generated were analysed and interpreted through the use of statistical methods such as tables with frequencies and percentages. In testing the level of relationship between variables, cross

tabulations of contingency tables were used to test the level of relationship or association between the age of the respondents and other variables. At the bottom of each table, explanations were made in words and figures to interpret the data analysed. Similarly, the analysis and interpretation of the data from the questionnaires was done in comparison to the findings and ideas of other scholars or officials documents in the literature review section.

Secondly, the qualitative data that was generated from the in-depth interviews were analysed and interpreted in a narrative form. This was done by transcribing the recorded interviews, thereby interpreting and analysing the data to supplement the information that was gotten from the use of questionnaires in the quantitative aspect of the data collection.

3.10 Problems Encountered in the Field Work

Complex and frustrating procedures were attached to granting of some of the interviews specifically as regards to some law enforcement agencies. In several cases covering letters from the Department were required before granting of the interviews. Yet in some instances, the interviews will not be allowed to be recorded. Some officers of the NDLEA and some respondents in the study area suspected the researcher to be a spy or journalist attempting to record their voices to incriminate them or expose their identity to the media. In several occasions, some respondents who presented themselves as educated will collect the questionnaires to fill but will either misplace it or damage it. Thus, these problems now serve as impediment to the smooth conduct of the research project.

CHAPTER FOUR

DATA PRESENTATION, INTERPRETATION AND ANALYSIS

4.1 Introduction

This chapter is divided into nine sections: the first section is on a brief introduction of the entire section, the second section deals with the socio-demographic data of the respondents (sex, age, religion, marital status, ethnic group, occupation, level of income per annum, highest level of educational attainment and type of resident) while the third section deals with the nature of substance abuse among juvenile delinquents. Section four deals with the factors responsible for substance abuse among juvenile delinquents, section five is on the effects of substance abuse among juvenile delinquents while section six deals with how substance abuse among juvenile delinquents graduate into adult criminality. Section seven deals with the extent of substance abuse among juvenile delinquents, section eight is on the cross tabulation of results while section nine deals with the discussion of the major findings.

4.2 The Socio-demographic Characteristics of the Respondents

This section deals with the socio-demographic profiles of the respondents.

Table 4.2.1: Sex of the Respondents

Sex	Frequency	Percentage
Male	146	53.3
Female	128	46.7
Total	274	100.0

Source: Field work, 2014

Table 4.2.1 shows that out of the 274 surveyed respondents in the metropolis, 53.3% were males while 46.7% were females. This indicates that a majority of the respondents were males but with a significant proportion of female respondents in the research too.

Table 4.2.2: Age Distribution of the Respondents

Age	Frequency	Percentage
11-17 years	30	10.9
18-30 years	127	46.4
31-45 years	80	29.2
46 years and above	37	13.5
Total	274	100.0

Source: Field work, 2014

Table 4.2.2 shows the age distribution of the respondents. It shows that majority of the respondents, 46.4% were within the age bracket of 18-30 years; 29.2% of the respondents were within the age bracket of 31-45 years and 13.5% of the respondents were within the age bracket of 46 years and above. Findings from Table 4.2.2 further shows that only 10.9% of the respondents were within the age bracket of 11-17 years. This implies that a significant number of the respondents were within their young or youthful age and are much likely to be very knowledgeable and aware of the problem of substance abuse among juvenile delinquents. This is so considering 46.4% were within the age bracket of 18-30 years and another 10.9% of the respondents were within the age bracket of 11-17 years.

Table 4.2.3: Religion of the Respondents

Religion	Frequency	Percentage
Islam	184	67.2
Christianity	82	29.9
Traditional	8	2.9
Total	274	100.0

Source: Field work, 2014

The data in Table 4.2.3 shows that out of the 274 surveyed respondents in Zaria metropolis, 67.2% were Muslims, 29.9% of the respondents were Christians while only 2.9% of the

respondents were traditional religion worshipers. This clearly shows that an overwhelming majority of the respondents sampled were Muslims. This is because majority of the population in Zaria metropolis are Muslims. Also, due to the heterogeneous nature of Zaria metropolis, it provided the opportunity for people of different religious background to live in the study area.

Table 4.2.4: Marital Status of the Respondents

Marital Status	Frequency	Percentage
Single	133	48.5
Married	128	46.7
Divorced	10	3.6
Widowed	3	1.1
Total	274	100.0

Source: Field work, 2014

The data in Table 4.2.4 shows that majority of the respondents, 48.5% were single while a significant number of the respondents 46.7% were married. Findings from the Table further shows that 3.6% of the respondents were divorcee while only 1.1% of the respondents were widowers. The large number of those with single marital status may be because of the economic hardship and unemployment in the study area; which often discourage males from getting married, since a source of earning is needed to maintain a family. However, despite Zaria metropolis is a predominantly Hausa/Fulani land, only 3.6% of the respondents were divorcee out of 274 sampled respondents in the metropolis. This indicates that there is a minimum level of divorcee in the metropolis.

Table 4.2.5: Ethnic Background of the Respondents

Ethnic Background	Frequency	Percentage
Hausa/Fulani	141	51.5
Yoruba	55	20.1
Igbo	29	10.6
Others	49	17.9
Total	274	100.0

Source: Field work, 2014

The data in Table 4.2.5 shows that 51.5% of the respondents were Hausa/Fulani, 20.1% of the respondents were Yoruba while only 10.6% of the respondents were Igbo. The data from Table 4.2.5 further shows that a significant number of the respondents 17.9% belonged to other ethnic groups residing in the study area. This clearly indicates that an overwhelming majority of the respondents were Hausa/Fulani. This is because Zaria metropolis is historically an ancient Hausa/Fulani land and predominantly Muslims. Also, because the study area is the home of over 13 federal government institutions as cited in the works of Mohammed (2009) and Ubogu et al., (2011), it made Zaria metropolis to serve as a choice place for migrants of other numerous ethnic groups in Nigeria resulting to a significant number of other ethnic groups residing in Zaria metropolis.

Table 4.2.6: Occupation of the Respondents

Occupation	Frequency	Percentage
Police	24	8.8
Senior Court Officials	4	1.5
NDLEA Personnel	12	4.4
Teachers	65	23.7
Civil Servants	58	21.2
Social Welfare Officers	12	4.4
Business Men/Women or Traders	40	14.6
Students	42	15.3
Traditional Leaders	12	4.4
Religious Leaders	5	1.8
Total	274	100.0

Source: Field work, 2014

The data in Table 4.2.6 shows that a majority of the respondents, 23.7% were teachers; 21.2% of the respondents were civil servants while 15.3% of the respondents were students. This is because Zaria is a centre of educational activities with numerous primary and secondary schools both public and private, largest university in the Sub Saharan Africa and several other colleges and a polytechnic. Data from Table 4.2.6 further shows that 14.6% of the respondents were

business men and women or traders while 8.8% of the respondents were police personnel. Also, out of the 274 surveyed respondents, 4.4% of the respondents were NDLEA personnel, 4.4% were social welfare officers and another 4.4% of the respondents were traditional leaders. Data from the Table 4.2.6 also shows that 1.8% of the respondents were religious leaders and only 1.5% of the respondents were senior court officials.

Table 4.2.7 Respondents' Level of Income

Level of Income Per Annum	Frequency	Percentage
60,000- 89,000	14	5.1
90,000- 100,000	18	6.6
101,000- 200,000	91	33.2
201,000 and above	144	52.6
No response	7	6.2
Total	274	100.0

Source: Field work, 2014

The Table 4.2.7 indicated that 52.6% of the respondents earn an annual income of 201,000 and above and 33.2% of the respondents earn within the range of 101,000- 200,000 per annum. Also, 6.6% of the respondents earn annual amount of income between 90,000- 100,000, 5.1% of the respondents earn between 60,000- 89,000 and only 6.2% of the respondents did not response to the question. Despite some of the respondents were reluctant to state the actual range within which their annual level of income falls, data from Table 4.2.7 shows that a majority of the respondents earn an annual income of 200,000 and above. The reason for some of the few 'no response' was because some of the respondents who were religious leaders claim to be serving Almighty Allah so they do not earn any monthly or annual income. Similarly, some of the respondents were not comfortable discussing their monthly or annual income as they see it as a personal and private issue. Some see the researcher as a stranger and so, have no business of knowing their level of incomes.

Out of the 274 sampled respondents in Zaria metropolis, 51.8% of the respondents lived in flat houses while 40.9% of the respondents lived in compound houses. Also, 5.1% of the respondents lived in bungalow houses while only 2.2% of the respondents lived in other types of houses in the metropolis. This clearly shows that a majority of the inhabitants in the metropolis would prefer to live in a flat house due to the increasing awareness of the importance of using water closet for better health practices. These findings agree with the works of Mohammed (2009) and Ubogu et al., (2011).

Table 4.2.8: Respondents' Level of Educational Attainment

Educational Attainment	Frequency	Percentage
Non-formal	11	4.0
Primary	10	3.6
Secondary	55	20.1
Tertiary	198	72.3
Total	274	100.0

Source: Field work, 2014

The data in Table 4.2.8 shows that a majority of the respondents, 72% have attained tertiary level of education. This is because there is high presence of tertiary educational institutions in the study area, increasing awareness on the importance of possessing Western education, increasing importance of the girl-child education in the metropolis especially for better health/hygiene practices and securing a job. Furthermore, data from Table 4.2.8 shows that 20.1% of the respondents have attained secondary school education, 4.0% of the respondents have non-formal education and 3.6% of respondents have primary school education. This category of respondents is exclusive of those respondents that may possess both non-formal and either tertiary, secondary or primary education. This implies that with most of the respondents, 72.3% possessing tertiary educational qualification, it means that majority of the respondents are highly educated on the research topic.

4.3 The Nature of Substance Abuse among Juvenile Delinquents in Zaria Metropolis

This section presents and analyzes the data on the nature of substance abuse among juvenile delinquents in Zaria metropolis sourced from the application of quantitative and qualitative methods of data collection. In line with the research objective on the nature of substance abuse among juvenile delinquents in Zaria metropolis, the study first sought to get quantitative data from the respondents through survey. To elicit the data, respondents were asked if substance abuse among juvenile delinquents in Zaria metropolis occur among both male and female juveniles in the metropolis.

Table 4.3.1: Substance Abuse occur among Male and Female Juvenile Delinquents

Responses	Frequency	Percentage
Yes	254	92.7
No	20	7.3
Total	274	100.0

Source: Field work, 2014

Table 4.3.1 shows that out of the 274 sampled respondents, 92.7% of the respondents indicated that substance abuse is found among both male and female juvenile delinquents in the study area while only 7.3% of the respondents indicated no, that substance abuse is not found among both male and female juvenile delinquents in the study area. This clearly shows that an overwhelming majority of the respondents suggested that substance abuse is found among both male and female juvenile delinquents in the metropolis. These findings support the position of Reid (1994) that what actually constitute substance abuse among juveniles are delinquent behaviours committed by both male and female juveniles.

The study also sought to get qualitative information on if substance abuse among juvenile delinquents is found among both male and female juvenile delinquents in Zaria metropolis

through in-depth interviews. An in-depth interview with a female parent was revealing. According to her:

Substance abuse among juveniles use to be a male-child problem but with the look of the current trends of this problem, the girl-child delinquents are not left out and most especially our daughters; have entered into this anti-social behaviour of substance abuse.

In another IDI with a female school teacher on whether substance abuse among juvenile delinquents is found among both male and female juveniles in Zaria metropolis, she contends that:

Sure! sure!! I have seen a girl in the market; the girl entered a pharmacy shop. That day I went to buy drugs, she said to the pharmacy owner that she wants to buy Tutolin cough syrup and the pharmacy shop owner asked her how many bottles? She replied 5 bottles and if you see this girl, well dressed. But the pharmacy man said he will not sell. So when she left, I asked him why he refused to sell it to her? And he told me that she takes it as drug abuse. So I believe even among girls it occurs.

What this female school teacher seems to be stressing is the fact that substance abuse among juvenile delinquents occurs among both male and female juvenile delinquents in Zaria metropolis.

In another in-depth interview with a male parent on whether substance abuse among juvenile delinquents is found among both male and female juvenile delinquents in Zaria metropolis, he asserts that:

I think it is both male and female juveniles because there are instances where ladies will come and visit themselves and then lock themselves quietly inside the room and engage in the abuse of drugs.

What all these respondents seem to be stressing is the fact that substance abuse among juvenile delinquents occurs among both male and female juvenile delinquents in Zaria metropolis.

Table 4.3.2: Category of Illicit Substances abused by Juvenile Delinquents

Category of Illicit Substances	Frequency	Percentage
Narcotics	22	8.0
Alcohol	29	10.6
Cannabis	5	1.8
Designers/club drugs	32	11.7
Cocaine	19	6.9
All of the above	167	60.9
Total	274	100.0

Source: Field work, 2014

Table 4.3.2 shows that majority of the respondents, 60.9% indicated that juvenile delinquents in the study area abuse narcotics, alcohol, cannabis, designer/club drugs and cocaine. Furthermore, findings from Table 4.3.2 shows that 11.7% of the respondents indicated that juvenile delinquents abuse only designer/club drugs while 10.6% of the respondents revealed that juvenile delinquents only abuse alcohol. Also, 8.0% of the respondents indicated that juvenile delinquents abuse only narcotics while 1.8% of the respondents indicated that juvenile delinquents abuse only cannabis. From the data in Table 4.3.2, it is evident that juvenile delinquents in Zaria metropolis abuse narcotics, alcohol, cannabis, designer/club drugs and cocaine. These findings support the position of Reid (1994), Siegel (2004), Schmallegger (2006), Oshodi et al., (2010), Fareo (2012), Ekpenyong (2012) and Josephine (2014) on the category of illicit substances abused by juvenile delinquents.

In order to respond to the objective on the nature of substance abuse among juvenile delinquents in Zaria metropolis, an IDI with a primary school teacher was revealing. According to her:

The types of substances abused by juvenile delinquents include all these cough syrup mixtures which these juveniles do take over dose. Another one is this gum solution, sometimes you see them taking Lacasera or sachet water but that is not what they are taking. Like me as a class teacher my class pupils do tell me that when you get animal faeces and sniff it, it will make you go high and that when you get tyre, pour water inside it and allow the water for some days, that when you drink it, it will make you to go higher. Another one I know again is this Valium Five drugs. Those ones these juveniles do take; instead of taking

one tablet legally they will take five tablets at a time. My class pupils do tell me that when they (her class pupils) take it, they can finish a work load as equivalent to the school's football field. Sometimes they may not say it before me but when I am carried away with one work or the other in the class room, I do hear them saying it. Some will be saying "nasha this, na sha that", meaning I have taken this one, I have taken that one. Sometimes I hear them calling the names of some illicit substances which I don't even know of and I will be wondering what kind of drugs they are referring to.

What this female respondent seems to be stressing is that the nature of substance abuse among juvenile delinquents in the study area is no more a social problem that is carried out in secret but now being done in the public.

In a different IDI with a male parent, when asked on the nature of substance abuse among juvenile delinquents in Zaria metropolis, he asserted that:

I have observed that they tend to abuse cough syrups, alcohol, some abuse Indian hemp and I have also been made aware that some juvenile delinquents go as far as digging sand from the gutter to sniff or inhale.

In another IDI with a female parent on the nature of substance abuse among juvenile delinquents in Zaria metropolis, she noted that:

These substances generally include gum solution, cough syrups, wee-wee (cannabis), smell from gutters, dry faeces from humans and animals and smell from pit toilets and latrines; all of which they abuse to intoxicate their minds and other drugs which they all abuse.

What all these respondents seem to be stressing is the fact that substance abuse among juvenile delinquents involves the use of wide range varieties of illicit substances in Zaria metropolis.

Table 4.3.3: Types of Volatile Liquids or Inhalants abused by Juvenile Delinquents

Types of Volatile Liquids or Inhalants	Frequency	Percentage
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Glue/ gum solution	99	36.1
Gasoline/ petrol	10	3.6
Nitrous oxide	3	1.1
Laughing gas	9	3.3
All of the above	153	55.8
Total	274	100.0

Source: Field work, 2014

The data from Table 4.3.3 shows that 55.8% of the respondents revealed that juvenile delinquents in Zaria metropolis abuse glue/gum solution, gasoline/petrol, nitrous oxide and laughing gas. These findings support the position of Reid (1994), Siegel (2004) and Schmallegger (2006) on the types of industrial solvents or inhalants abused by juvenile delinquents. Findings from Table 4.3.3 further shows that 36.1% of the respondents indicated that juvenile delinquents in the study area abuse only glue/gum solution as inhalants, 3.6% of the respondents indicated gasoline/petrol as the inhalants abused by juvenile delinquents, 3.3% of the respondents indicated laughing gas while 1.1% of the respondents indicated nitrous oxide as the only inhalant abused by juvenile delinquents in Zaria metropolis. As regards to glue/gum solution having the second highest number of response with 36.1%, this implies that the abuse of gum solution is gaining more acceptance and patronage by delinquents because of its easy availability, lack of strict control and regulation by the authority in the metropolis and generally in the country.

Table 4.3.4: Types of Organic Substances abused by Juvenile Delinquents

Types of Organic Substances	Frequency	Percentage
Dry lizard faeces	19	6.9
Smell from gutter	30	10.9
Smell from pit toilets or soak away	46	16.8
All of the above	179	65.3
Total	274	100.0

Source: Field work, 2014

Table 4.3.4 gives an insight on the respondents' response on the nature of organic substances abused by juvenile delinquents in Zaria metropolis. Majority of the respondents, 65.3% indicated that dry lizard faeces, smell from gutter, smell from pit toilets and soak away are the organic substances abused by juvenile delinquents in Zaria metropolis to intoxicate themselves. This indicates that juvenile delinquents in the study area abuse all of the mentioned organic substances in Table 4.3.4 to get high. Some of the respondents, 16.8% revealed that smell from pit toilet and soak away as the only organic substance abused by juvenile delinquents in the study area while 10.9% of the respondents indicated the smell from gutter as the only organic substance abused by juvenile delinquents in the study area. Only 6.9% of the respondents indicated dry lizard faeces as the only organic substance abused by juvenile delinquents in the study area to get high. This implies that there is now a different dimension of substance abuse by juvenile delinquents from the initial abuse of narcotics or prescription drugs into the present abuse of organically produced substances such as dry lizard faeces, smell from gutter, smell from pit toilet and soak away in Zaria metropolis. These findings are in variance with the position of Reid (1993), Ononye and Morakinyo (1994), Siegel (2004), Schmallegger (2006), Shehu and Idris (2008), Salawu et al., (2009), Fareo (2012), Osa-Edoh and Elizabeth (2012), Atoyebi and Atoyebi (2013) and Nalah and Audu (2014) on the nature of substances abused by juvenile delinquents.

The study also sought to get qualitative information on the types of locally made organic substances abused by juvenile delinquents in Zaria metropolis through IDI. An in-depth interview with a male parent was revealing. According to him:

Although I have observed that they tend to abuse cough syrups, alcohol and Indian hemp but to my surprise, I have also been made aware that some juvenile delinquents go as far as digging sand from the gutter to sniff or inhale.

In another In-depth interview with a female parent on the locally made organic substances abused by juvenile delinquents in Zaria metropolis, she noted that:

These include inhaling the smell from gutter and pit toilets, smoking dry faeces from lizards, humans and animals; all of which they abuse to get themselves intoxicated.

An in-depth interview with a female teacher in a public primary school on the nature of organically produced substances that are abused by some juvenile delinquents was revealing. She explained that:

My class pupils do tell me that when you get animal faeces and you sniff it, it makes you to go high and that the most effective one is that when you get a tyre and pour water inside the tyre, leave it for some days, that when you drink the water; it will make you to go higher. And look, these are the ones we even know of not to talk of the rest.

What all these respondents seem to be stressing is that at present, substance abuse among juvenile delinquents in Zaria metropolis has taken another dimension from the initial abuse of narcotics or prescription drugs into now abusing of organically produced substances such as sniffing or smoking dry faeces from lizards, humans and animals, inhaling the smell from gutter, smell from pit toilet and soak away.

Table 4.3.5: Concoctions abused by Juvenile Delinquents

Nature of Concoctions	Frequency	Percentage
Stored water in a tyre	68	24.8
Water from soaked coins	57	20.8
Zakami (Datura metel)	84	30.7
Combination of two or more concoctions	65	23.7
Total	274	100.0

Source: Field work, 2014

The data in Table 4.3.5 shows that a majority of the respondents, 30.7% revealed that juvenile delinquents in Zaria metropolis abuse Zakami (Datura metel) to intoxicate themselves. Furthermore, findings from Table 4.3.5 indicate that 24.8% of the respondents revealed that

juvenile delinquents in the study area abuse stored water in a tyre to get high while 23.7% of the respondents indicated that juvenile delinquents usually combine two or more concoctions to abuse so that they can intoxicate themselves or get high. Only 20.8% of the respondents indicated that juvenile delinquents in the study area abuse water from soaked coins as concoction to intoxicate themselves. This implies that the most commonly abused concoction by juvenile delinquents in Zaria metropolis is Zakami (*Datura metel*).

Also, data from Table 4.3.5 shows that abusing stored water in tyres by juveniles is also very common among juvenile delinquents who abuse substances in the study area. Also, findings from Table 4.3.5 show that juvenile delinquents who abuse of concoctions do combine two or more concoctions at the same time to intoxicate themselves. Thus, these findings are in variance with the position of Reid (1993), Ononye and Morakinyo (1994), Siegel (2004), Schmallegger (2006), Shehu and Idris (2008), Salawu et al., (2009), Fareo (2012), Osa-Edoh and Elizabeth (2012), Atoyebi and Atoyebi (2013) and Nalah and Audu (2014) on the nature of substances abused by juvenile delinquents.

Table 4.3.6: Some Juvenile Delinquents abuse Hard Drugs

Responses	Frequency	Percentage
Yes	151	56.1
No	123	44.9
Total	274	100.0

Source: Field work, 2014

The data from Table 4.3.6 gives an insight on the respondents' response on the abuse of hard drugs by juvenile delinquents in Zaria metropolis. Majority of the respondents, 56.1% indicated that juvenile delinquents in Zaria metropolis abuse hard drugs as obtainable or found in other countries while 44.9% of the respondents indicated no that juvenile delinquents in the study area

do not abuse hard drugs as found in other countries. This implies that some juvenile delinquents in Zaria metropolis also abuse hard drugs as obtainable or found in other countries.

The study also sought to get more qualitative data through in-depth interviews, in order to respond to the question on if juvenile delinquents in the metropolis abuse hard drugs as obtainable in other countries. An in-depth interview with a senior police officer was revealing.

According to him:

These hard drugs to an extent varies especially within the age of the juveniles, they abuse a lot of drugs and the ones most prevalent here in this area are these Tutolin, codeine, Tramadol, Rafenol, and the rest of them. These drugs I mentioned are the ones abused by those children from the lower status, within the socio-economic status of the society. Those children of the high and mighty also abuse these types of drugs but to some extent, you will be surprised that they are more into these hard drugs like cocaine. You see, they have hidden the names. They now call Tutolin, codeine and cough syrups C.A.C. Those who abuse Tramol and Rafenol call it Lara so that when they get to the shops to buy them to abuse, they will say to the shop owners the names which have already been codified.

On a different IDI with a male teacher, when asked on whether juvenile delinquents in Zaria metropolis abuse hard drugs, he asserted that:

Yes, these hard drugs range from narcotics, inhalants and the ones they inject into their body such as intravenous drugs or steroids with many others. These narcotics include heroin, crystal meth, ecstasy, codeine, designers and club drugs like pills among others.

In the words of another respondent during an IDI on whether juvenile delinquents in Zaria metropolis abuse hard drugs, a female parent asserted that:

Yes, I believe that juvenile delinquents in Zaria metropolis abuse hard drugs as it is found in some other countries because most of these juvenile delinquents saw it in films. These are hard drugs such as heroin, cocaine, marijuana, mandrax among others.

What all these respondents seem to be stressing is that some juvenile delinquents in the metropolis also abuse hard drugs as obtainable from other countries.

Table 4.3.7: Methods used by Juvenile Delinquents to abuse Substances

Methods of Substance Abuse	Frequency	Percentage
Drinking	53	19.3
Smoking	45	16.4
Inhaling	49	17.9
Injecting	7	2.6
Chewing	9	3.3
Sniffing	2	0.7
Swallowing	17	6.2
Mixing with food or beverage drink	30	10.9
Combination of two or more methods	62	22.6
Total	274	100.0

Source: Field work, 2014

The data from Table 4.3.7 shows that a majority of the respondents, 22.6% indicated that juvenile delinquents in the study area combine two or more methods to illicitly introduce substances into their body. Furthermore, data from Table 4.3.7 shows that 19.3% of the respondents revealed that the drinking method was the method used by juvenile delinquents to abuse substances in the metropolis, 17.9% of the respondents indicated inhaling as the method used by juvenile delinquents to abuse substances in the metropolis while 16.4% of the respondents indicated that smoking was the method used by juvenile delinquents in the study area to introduce substances into their body. Furthermore, 10.9% of the respondents revealed that the method used by juvenile delinquents in the metropolis to intoxicate themselves is mixing illicit substances with food or beverage drink to intoxicate themselves, 6.2% of the respondents indicated swallowing as the method used by juvenile delinquents to abuse substances in the study area while 3.3% of the respondents revealed chewing as the method used by juvenile delinquents in the metropolis to abuse substances. Also, data from Table 4.3.7 shows that 2.6% of the respondents revealed that juvenile delinquents in the study area use the injecting method to introduce substances into their body. Only 0.7% of the respondents indicated sniffing method as the method used by juvenile delinquents in the metropolis to abuse substances. This implies that

juvenile delinquents in the study area are combining two or more methods to illicitly introduce substances into their body. Another implication of these findings is that the drinking, inhaling and smoking methods are the most common methods used by juvenile delinquents in the metropolis to introduce substances into their body.

Table 4.3.8: Places where Substances were abused by Juvenile Delinquents

Places	Frequency	Percentage
Inside uncompleted buildings	44	16.0
Inside their rooms	37	13.5
Inside bushes	16	5.8
Within specific spots where illicit substances are sold	56	20.4
In nooks	74	27.0
Within motor parks	7	2.6
Inside toilets	28	10.2
All of the above	12	4.4
Total	274	100.0

Source: Field work, 2014

Table 4.3.8 shows the places where juvenile delinquents use for the abuse of substances in Zaria metropolis. Data from Table 4.3.8 shows that a majority of the respondents, 27.0% indicated that juvenile delinquents use nooks as places they abuse substances. Also, 20.4% of the respondents indicated that juvenile delinquents use the premises of specific spots where illicit substances are sold for substance abuse, 16.0% of the respondents indicated that uncompleted buildings are places used by juvenile delinquents for substance abuse while 13.5% of the respondents indicated that juvenile delinquents use their rooms as places where they abuse substances. Also, 10.2% of the respondents showed that juvenile delinquents use toilets as places where they abuse substances while 5.8% of the respondents revealed that juvenile delinquents use inside bushes as places for substance abuse. Also, 4.4% of the respondents indicated that juvenile delinquents use several places such as inside uncompleted buildings, their rooms, inside the bush, specific spots where illicit substances are sold, nooks, premises of motor parks and inside toilets for substance

abuse. Only 2.6% of the respondents indicated that juvenile delinquents use the premises of motor parks for substance abuse. This implies that juvenile delinquents in Zaria metropolis use several places for substance abuse. As regards to nooks having the highest response with 27.0%, this implies that the use of nooks by juvenile delinquents for substance abuse is common in Zaria metropolis because nooks are very common in Zaria metropolis and because nooks are places where most people do not so much use as roads there by providing a private space where delinquents go to abuse substances without being spotted by many people.

4.4 Factors Responsible for Substance Abuse among Juvenile Delinquents in Zaria Metropolis

This section presents and analyzes the data on the factors responsible for substance abuse among juvenile delinquents in Zaria metropolis.

Table 4.4.1: Substance Abuse among Juvenile Delinquents is linked to Urbanization

Response	Frequency	Percentage
Yes	225	82.1
No	49	17.9
Total	274	100.0

Source: Field work, 2014

Table 4.4.1 shows that out of 274 surveyed respondents, an overwhelming majority of the respondents, 82.1% indicated that substance abuse among juvenile delinquents is linked to the urbanization of traditional societies. This means that substance abuse among juvenile delinquents is linked to urbanization of traditional or rural societies. Furthermore, findings from Table 4.4.1 indicated that 17.9% of the respondents revealed that substance abuse among juvenile delinquents have no link with urbanization of traditional or rural societies. The implication of these findings is that there is evidence that the process where traditional or rural African societies try to become modern also come with some negative modern cultural traits which sometimes

clash or are in conflict with the traditional norms and values of African societies. These findings support the position of Davison et al., (2004), Berk (2007), Mahasoa (2010), Ekpenyong (2012) and Atoyebi and Atoyebi (2013) that substance abuse among juvenile delinquents is linked with urbanization of traditional or rural societies.

The study also sought to get qualitative data on the question, whether urbanization of rural societies is a factor responsible for substance abuse among juvenile delinquents in Zaria metropolis through in-depth interviews. An in-depth interview with a religious leader was revealing. According to him:

Urbanization can be a factor. Urbanization or globalization per se is a factor because most people are now in the city where they can watch films and satellites. They can see or watch how crimes are committed or how drugs are taken for which makes it easier for the young ones to learn and practice from what they see.

In another IDI with a senior police officer, on whether urbanization of rural societies is a factor responsible for substance abuse among juvenile delinquents in Zaria metropolis, he asserted that:

I agree with the statement that urbanization of rural societies is also a factor responsible for substance abuse among juvenile delinquents. It is like euphoria now because even in the villages they abuse drugs but you will find out that most of these rural societies that are becoming modern are now abusing more substances than they use to or more than the villages. You will also find out that more than half of those abusing drugs in the villages are abusing Tutolin, Indian hemp, Rafenol and Tramadol.

What these respondents seem to be stressing is that urbanization of traditional societies is connected to the social problem of substance abuse among juveniles and it is also a factor responsible for substance abuse among juvenile delinquents in Zaria metropolis.

Table 4.4.2: Some Factors responsible for Substance Abuse among Juveniles

Factors Responsible	Frequency	Percentage
Parental neglect or over protection	24	8.8
Having parents who themselves are substance abusers	12	4.4

Societal moral decadence	37	13.5
Peer group pressure	32	11.7
All of the above	169	61.7
Total	274	100.0

Source: Field work, 2014

The data in Table 4.4.2 shows that a majority of the respondents, 61.7% revealed that peer group pressure, societal moral decadence, having parents who themselves are substance abusers, and parental neglect or over protection are some factors responsible for substance abuse among juvenile delinquents in Zaria metropolis. The data from Table 4.4.2 also shows that 13.5% of the respondents indicated societal moral decadence as the factor responsible for substance abuse among juvenile delinquents in Zaria metropolis while 11.7% of the respondents indicated peer group pressure as the factor responsible for substance abuse among juvenile delinquents in Zaria metropolis. Only 4.4% of the respondents indicated having parents who themselves are substance abusers as the factor responsible for substance abuse among juvenile delinquents in the metropolis. These findings support the position of Senna and Siegel (1985), Conger (1991), Carson et al, (2000), Liddle and Rowe (2006), Pluddermann et al., (2007) Mahasoa (2010), Ekpenyong (2012) and Karofi (2012) on the factors responsible for substance abuse among juvenile delinquents.

As regards to societal moral decadence having 13.5% of respondents, it implies that societal moral decadence is the next major factor responsible for substance abuse among juvenile delinquents in Zaria metropolis. Similarly, it implies that the metropolis is losing its good traditional norms and values as a result of societal moral decadence particularly as a result of the way some of the inhabitants of Zaria metropolis are trying to imbibe western culture. Also, as regards to 11.7% of the respondents that indicated peer group pressure as the third factor responsible for substance abuse among juvenile delinquents in the metropolis, this implies that

several juvenile delinquents in Zaria metropolis are influenced under intense pressure from their peers to participate in the anti-social act of substance abuse due to their immaturity of the mind to make right decisions of their own or in order to feel they belong to a particular peer group.

In order to respond to the factors responsible for substance abuse among juvenile delinquents in the metropolis, the study also sought to get qualitative data through in-depth interviews. An IDI with a religious leader on the factors responsible for substance abuse among juvenile delinquents was revealing. According to him:

There is the issue of economic factor or those from poor background can be more prone into such practice than those who are from a rich family. There is also this issue of lack of awareness as most of these juveniles are not even aware of the effects that follow after substance abuse. There is also this issue of lack of proper education and illiteracy because majority of these juveniles are illiterates and mostly unaware of the implications of substance abuse. Also, there is the problem of poor leadership from our own community leaders in Zaria metropolis. Community leaders don't take much responsibility and utmost concern. Let me cite an example with we religious leaders; we don't even invite juveniles and those juvenile delinquents with the problem of substance abuse to the mosque and Islamiyya schools to make lectures or organize tutorials for them in order to enlighten them on the negative effects of substance abuse. So this is how we religious leaders contribute to the problem of substance abuse among juveniles.

In another in-depth interview with a ward head, when asked on the factors responsible for substance abuse in Zaria metropolis, he asserted that:

The problem is unemployment and lack of discipline from home which make juveniles to go into substance abuse. The main problem is this unemployment and lack of entrepreneurship skills. Because most of these children who have completed their secondary school finishes school without something to fall back on and so they go into substance abuse.

In different other in-depth interviews, poverty or poor economic background features as a factor responsible for substance abuse among juvenile delinquents in Zaria metropolis. For instance,

quoting the response of a senior police officer on the factors responsible for substance abuse among juveniles in Zaria metropolis, he noted that:

To some extent, there is peer group pressure on most of them, some of these juveniles associate with bad peers who lure them into this substance abuse. Also, we have poverty because most of these juveniles do go around with children of the people who are influential in the society in order to get one or two things as a result of poverty. As a result, they lure them into substance abuse and they begin to abuse drugs.

What these respondents seem to be stressing is that peer group pressure, illiteracy, parental neglect, societal moral decay, neglecting the young ones, lack of discipline and poverty are some of the major factors responsible for substance abuse among juvenile delinquents in Zaria metropolis.

Table 4.4.3: Other Factors responsible for Substance Abuse among Juveniles

Factors Responsible	Frequency	Percentage
Family disruption	18	6.6
Negative influence of western media	38	13.9
Environmental issues such as the availability of illicit substances	11	4.0
All of the above	204	75.5
Total	274	100.0

Source: Field work, 2014

The data in Table 4.4.3 shows that 75% of the respondents indicated that family disruption, negative influence of western media and environmental issues such as the availability of some illicit substances are other factors responsible for substance abuse among juvenile delinquents in Zaria metropolis. This clearly indicates that an overwhelming majority of the respondents

surveyed revealed that family disruption, negative influence of western media and availability of illicit substances are some other factors responsible for substance abuse among juvenile delinquents in the study area.

Furthermore, findings from Table 4.4.3 shows that 13.9% of the respondents indicated that negative influence of western media as the factor responsible for substance abuse among juvenile delinquents in the study area, 6.6% of the respondents indicated family disruption as the factor responsible for substance abuse among juvenile delinquents in the study area while 4.0% of the respondents indicated that an environmental issue such as the availability of illicit substances in a society as the factor responsible for substance abuse among juvenile delinquents in the study area. These findings support the position of Conger (1991), Utting (1995), Liddle and Rowe (2006), Parry and Pithey (2006), CASA (2011) and Ekpenyong (2012) that family disruption, negative influence of western media and availability of illicit substances are some of the factors responsible for substance abuse among juvenile delinquents in the study area.

As regards to negative influence of western media having 13.9% of the respondents and as the second factor responsible for substance abuse among juvenile delinquents in the metropolis, this implies that considering the age of juveniles they could be easily susceptible with media influence resulting to substance abuse among juvenile delinquents in the metropolis as rightly indicated by the respondents.

Table 4.4.4: Failure to achieve Positively Valued Goals in the Society result to Substance Abuse among Juveniles

Response	Frequency	Percentage
Yes	223	81.4
No	51	18.6
Total	274	100.0

Source: Field work, 2014

The data from Table 4.4.4 shows that a majority of the respondents, 81.4% revealed that failure to achieve positively valued goals in the society results to substance abuse among juveniles while only 18.6% of the respondents indicated that failure to achieve positively valued goals in the society will not result to substance abuse among juveniles in the society. From the data in Table 4.4.4, it can be deduced that failure by juveniles to achieve positively valued goals in the society could result to substance abuse among juveniles in Zaria metropolis. These positively valued goals in the study area would include aspirations, expectations and achievements of quality education, the ability to make good grades in school's entrance or promotional examination, the ability to have vocational skills or become employed among others.

In applying the first cue of the general strain theory by Agnew (1992) to explain substance abuse among juveniles in Zaria metropolis, juveniles who could not achieve positively valued goals in the metropolis as a result of disjunctions between aspirations and expectations and between aspirations and actual achievements; disjunctions between just/fair outcomes and actual outcomes may experience stress and perceive their lives as unjust. They may indulge in delinquent behaviours such as abusing illicit substances and being disorderly so that they can reduce inputs or increase inputs. They may also abuse illicit substances that will lead them to theft by trying to increase outcome or engage in vandalism and assault by trying to reduce others outcome or hurt other people. Also, they may become drug dependents or commit suicide by taking overdose of substances because they feel their situations as so unjust and not fair.

Table 4.4.5: Juvenile Delinquents abuse Substances to increase or reduce Outputs or Inputs in their activities

Response	Frequency	Percentage
Yes	235	85.8
No	39	14.2
Total	274	100.0

Source: Field work, 2014

The data in Table 4.4.5 indicates that a majority of the respondents, 85.1% revealed that juvenile delinquents in the society abuse substances to increase or reduce outputs or inputs in their daily activities while 14.2% indicated that some juvenile delinquents in the society do not abuse substances to increase or reduce the outputs or inputs in their daily activities. The implication of these findings from Table 4.4.5 is that juvenile delinquents in Zaria metropolis abuse substances to increase or reduce the outputs or inputs in their daily activities.

In using the general strain theory by Agnew (1992) to explain the findings from Table 4.4.5, juveniles in Zaria metropolis who could not achieve positively valued goals in the metropolis as a result of disjunctions between aspirations and expectations and between aspirations and actual achievements; disjunctions between just/fair outcomes and actual outcomes may experience strain and perceive their lives as unjust and may indulge in delinquent acts such as abusing illicit substances and being disorderly so that they can reduce inputs or increase inputs. They may also abuse illicit substances that will lead them to theft by trying to increase outcome or engage in vandalism and assault by trying to reduce others outcome or hurt other people. Also, they may become addicts in abusing illicit substances because they feel their lives as unjust and not fair.

Table 4.4.6: Breakdown of Family Values, Death or Divorce of a Juvenile's Parent/Guardian and other Unpleasant conditions result to Substance Abuse

Response	Frequency	Percentage
Yes	239	87.2
No	35	12.8
Total	274	100.0

Source: Field work, 2014

The data in Table 4.4.6 shows that a majority of the respondent, 87.2% revealed that the breakdown of family values, death or divorce of a juvenile's parent/guardian and any other unpleasant condition can predispose juveniles into substance abuse in the study area. Only 12.8% of the respondents indicated no that the breakdown of family values, death or divorce of a

juvenile's parent/guardian and any other unpleasant condition cannot predispose juveniles into substance abuse in the study area. These findings support the position of Agnew (1992), Doak and Abbot (1993) and American Psychological Association (2003) that the breakdown of family values, death or divorce of a juvenile's parent/guardian and any other unpleasant condition can predispose juveniles into delinquency such as substance abuse.

Similarly, in applying the general strain theory by Agnew (1992) to explain substance abuse among juvenile delinquents in Zaria metropolis, juveniles in the metropolis who experience or suffer from strain through the removal of the positively valued stimuli such as parents, guardians or friends through death, serious illness or separation (divorce) will try to prevent the loss of the positive stimuli by seeking revenge against those responsible for the loss, or manage the negative effects by taking illicit substances.

Table 4.4.7: Negative experiences that result to Substance Abuse among Juveniles

Types of Negative Experience	Frequency	Percentage
Criminal victimization of a child or juvenile	17	6.2
Child abuse and neglect	30	10.9
Verbal threats and insult	7	2.6
Infliction of physical pain on a juvenile	14	5.1
All of the above	206	75.2
Total	274	100.0

Source: Field Work, 2014

The data in Table 4.4.7 shows that majority of the respondents 75.2% indicated that criminal victimization of a child or juvenile, child abuse and neglect, verbal threats and insult and the infliction of physical pain on a juvenile are the negative experiences that result to substance abuse among juveniles. Also, data from Table 4.4.7 shows that 10.6% of the respondents indicated that child abuse and neglect as the negative experiences that result to substance abuse among juveniles in the metropolis, 6.2% of the respondents indicated that the negative

experience that result to substance abuse among juveniles in the metropolis is criminal victimization of a child or juvenile while 5.1% of the respondents indicated infliction of physical pain on a child or a juvenile as the negative experience that result to substance abuse among juveniles in Zaria metropolis. Only 2.6% of the respondents indicated verbal threats and insult as the negative experience that result to substance abuse among juveniles in Zaria metropolis.

This implies that criminal victimization of a child or juvenile, child abuse and neglect, verbal threats and insult; and the infliction of physical pain on a juvenile are negative experiences that result to substance abuse among juveniles in Zaria metropolis. These juveniles result to substance abuse as result of the inability of these juveniles to escape from these painful relationships and also in other to try and forget all the abuses they are experiencing. These findings support the position of Bolby in 1946 as cited in Haralambos (1980) and Agnew (1992) that the criminal victimization of a child or juvenile, child abuse and neglect, verbal threats and insult and the infliction of physical pain on juveniles are negative experiences that result to delinquent behaviours such as substance abuse among juveniles.

In using the general strain theory by Agnew (1992) to explain the findings from Table 4.4.7, substance abuse among juveniles in the Zaria metropolis occurs as a result of experiencing strain through presented negative stimuli and events such as: child abuse and neglect, verbal threats, insults and physical pain all of which have the potential to cause aggressive response that leads to violence. Therefore, these juveniles result to the abuse of substances to try to escape from these painful relationships and also to try and forget all the abuses they are experiencing.

4.5 The Effects of Substance Abuse among Juvenile Delinquents in Zaria Metropolis

This section analyzes and presents data on the effects of substance abuse among juvenile delinquents in Zaria metropolis. In order to respond to the objective on the effects of substance abuse among juveniles in Zaria metropolis, the study first sought to collect qualitative data through in-depth interviews. An in-depth interview with a police officer on the effects of substance abuse among juvenile delinquents on the future population of the study area was revealing. According to him:

Precisely, I agree with the assertion and most especially here in Zaria metropolis, that substance abuse among juvenile delinquents have negative effects on the society. I don't know of other places but here in Zaria where I work, the future is bleak because ninety-nine per cent of those people abusing these drugs are juveniles. They don't go to school, even those going to school we have a lot of cases that after taking these drugs, a student of SS1, SS2 will bring a cable wire to school and beat up his teachers. It is to an extent too alarming and it is something that the society should fear against, because our future is going to be in a sorry state. I am sorry to say it but our future is going to be in a sorry condition.

In another IDI with a female teacher on the immediate effects of substance abuse among juvenile delinquents in Zaria metropolis, she contends that:

On the immediate effects that substance abuse among juveniles have on the society, I will say that when you look at the young ones nowadays they go angry unnecessary. Where they are not suppose to react they react, things that are not suppose to make them violent they go violent. Even within the school again as a result of substance abuse; it results to truancy and some of them don't even come to school again. A teacher is teaching and their mind is somewhere else. To me these are the effects I can see among them. When I am talking to a child he will be telling me things I don't even know of. Sometimes they do not come to school and when you ask about the reason of their absence from school, the friends will be telling you that don't mind him aunty (class teacher), that he took overdose that was why he was unable to come to school.

In another IDI on the effects of substance abuse among juvenile delinquents in Zaria metropolis, a respondent (student of tertiary institution) contends that:

There are so many intelligent juveniles that if they were substance free, they would have become wonderful doctors or scientist but because some of them are into substance abuse they might end up becoming addicts which will be a huge blow to our society in the future. The immediate effects take the form of insecurity because when these juveniles abuse drugs, they tend to go out of their mind and pose a security threat. They attack people as a result, they rape, and they rob all because they are out of their senses, so it predisposes them into violent crimes. So, these are the immediate effects of substance abuse among juvenile delinquents that we can see and we are seeing right now.

What these respondents seem to be stressing is that substance abuse among juvenile delinquents have negative consequences on the future in Zaria metropolis. The study also sought to get quantitative information on the effects of substance abuse among juvenile delinquents through survey. To elicit data from the respondents on the effects of substance abuse among juvenile delinquents, respondents were asked to respond to the effects of substance abuse among juvenile delinquents as presented in Table 4.5.1, Table 4.5.2 and Table 4.5.3 which represent their responses.

Table 4.5.1: The Effects of Substance Abuse among Juvenile Delinquents on Educational and Career Development

Response	Frequency	Percentage
Truancy and withdrawal from school	27	9.9
Illiteracy	17	6.2
Diminishing of positive attitude towards life	26	9.5
Reduction in the level of human capital development	9	3.3
All of the above	195	71.2
Total	274	100.0

Source: Field Work, 2014

The data in Table 4.5.1 shows that a majority of the respondents, 71.2% revealed that truancy and withdrawal from school, illiteracy, diminishing of positive attitude towards life and reduction in the level of human capital development as the negative effects of substance abuse among juvenile delinquents on the educational and career development of juveniles in Zaria metropolis. Data from Table 4.5.1 further shows that 9.9% of the respondents indicated truancy

and withdrawal from school as the negative effects of substance abuse among juveniles on the educational and career development of juveniles in the metropolis while 9.5% of the respondents indicated diminishing of positive attitude towards life as the negative effects of substance abuse among juveniles on the educational and career development of juveniles in the metropolis. Also, data from Table 4.5.1 shows that 6.2% of the respondents indicated illiteracy as the negative effect of substance abuse among juveniles on the educational and career development of juveniles in Zaria metropolis while 3.3% of the respondents identified reduction in the level of human capital development as the negative effects of substance abuse among juvenile delinquents on the educational and career development of juveniles in the study area. These findings support the position of Conger (1991), Reid (1994), United Nation's World Youth Report (2003), Davison et al., (2004), Gladding (2004), Schmalleger (2006), Shehu and Idris (2008), CASA (2011), Fareo (2012), Ekpenyong (2012) and Josephine (2014) on the negative effects of substance abuse on the educational and career development of juveniles.

Table 4.5.2: The Health Implications of Substance Abuse among Juvenile Delinquents

Response	Frequency	Percentage
Mental illness	42	15.3
Death from cardiac arrest and fatal accidents	1	4.0
Spread of diseases and sickness such as HIV/AIDS among intravenous drug abusers	5	1.8
Addiction problems	35	12.8
All of the above	191	69.7
Total	274	100.0

Source: Field Work, 2014

The data from Table 4.5.2 shows that a majority of the respondents, 69.7% indicated mental illness, death from cardiac arrest and fatal accidents, spread of diseases and sickness such as HIV/AIDS through intravenous drug use and addiction problems as the health implications of substance abuse on the health of juvenile delinquents in Zaria metropolis. Furthermore, data

from Table 4.5.2 shows that 15.3% of the respondents indicated mental illness as the health implications of substance abuse on juveniles in the study area, 12.8% of the respondents indicated addiction problems as the health implications of substance abuse on juvenile delinquents in the study area while 1.8% of the respondents indicated the spread of diseases and sickness such as HIV/AIDS through intravenous drug use as the health implications of substance abuse on juvenile delinquents in the metropolis. Only 4.0% of the respondents indicated death from cardiac arrest and fatal accidents as the health implications of substance abuse on juvenile delinquents in Zaria metropolis.

As regards to 15.3% of the respondents indicating mental illness as the negative health effect of substance abuse among juveniles and 12.8% of the respondents indicating addiction problems as the health effects of substance abuse, this implies that there are several juvenile delinquents in the study area suffering from mental illness and addiction problems as a result of substance abuse. These findings support the position of Reid (1994), Carson et al., (2000), Schmallegger (2006), Mahasoa (2010), Fareo (2012), Abdulwahid and Umaru (2013), Josephine (2014) and Ibrahim and Sale (2014) on the health implications of substance abuse among juvenile delinquents.

Table 4.5.3: Types of Anti-social behaviours committed by Juvenile Delinquents as a result of Substance Abuse

Types of Anti-social Behaviours	Frequency	Percentage
Involvement of juveniles in drug-related crimes	23	8.4
Predisposing juveniles into serious crimes such as murder, rape, vandalism, burglary, gang violence among others	40	14.6
Increase in frequent law violation by juveniles in the society	15	5.5
All of the above	196	71.5
Total	274	100.0

Source: Field Work, 2014

The data from Table 4.5.3 shows that a majority of the respondents, 71.5% revealed that involvement of juveniles in drug-related crimes, predisposing juveniles into serious crimes such as murder, rape, vandalism, burglary, gang violence among others and increase in frequent law violation are the anti-social behaviours committed by juvenile delinquents under the influence of substance abuse in the metropolis. Furthermore, data from Table 4.5.3 shows that 14.6% of the respondents revealed that predisposing juveniles into serious crimes such as murder, rape, vandalism, burglary, gang violence among others as the anti-social behaviours committed by juvenile delinquents who abused substances in the metropolis while 8.4% of the respondents indicated involvement of juveniles in drug-related crimes as the anti-social acts committed by juvenile delinquents under the influence of substance abuse. Only 5.5% of the respondents indicated the increase in frequent law violation as the anti-social act committed by juvenile delinquents under the influence of substance abuse in the metropolis.

This implies that a majority of the respondents and inhabitants of Zaria metropolis are very much aware and disturbed about the incidence of substance abuse among juvenile delinquents because of the seriousness of anti-social behaviours which juvenile delinquents commit under the influence of substance abuse in the study area. These findings support the position of Pepinsky (1980), McRobbie (1980), Siegel (2004), Karofi (2012), Emmanuel (2013) and Nalah and Audu (2014) on the anti-social behaviours which delinquents commit under the influence of substance abuse.

Table 4.5.4: The Socio-economic Consequences of Substance Abuse among Juveniles

Response	Frequency	Percentage
Reducing the future labour force of the society	38	13.9
Widening the existing gap of social inequality	10	3.6
Decline in the level of intellectuals, technical and vocational skills	15	5.5
Result to unqualified and unemployed youths in the	26	9.5

society		
All of the above	185	67.5
Total	274	100.0

Source: Field Work, 2014

The data from Table 4.5.4 shows that a majority of the respondents, 67.5% revealed that reducing the future labour force of the society, resulting to unqualified and unemployed youths in the society, decline in the level of intellectuals, technical and vocational skills and widening the existing gap of social inequality are the socio-economic consequences of substance abuse among juvenile delinquents in Zaria metropolis. Also, data from Table 4.5.4 shows that 13.9% of the respondents indicated that the socio-economic consequences of substance abuse among juveniles in the metropolis is reduction in future labour force of the society while 9.5% of the respondents indicated that resulting to unqualified and unemployed youths in the metropolis as the socio-economic consequences of substance abuse among juvenile delinquents on the metropolis. The data from Table 4.5.4 further shows that 5.5% of the respondents indicated that the socio-economic consequences of substance abuse among juvenile delinquents in the metropolis is declining level of intellectuals, technical and vocational skills while only 3.6% of the respondents indicated widening of the existing gap of social inequality as the only socio-economic consequence of substance abuse among juvenile delinquents in the study area. These findings support the position of Reid (1994), Siegel (2004), Schmalleger (2006), United Nation's World Youth Report (2003), Karofi (2008), Fareo (2012), Josephine (2014) and Ibrahim and Sale (2014) on the socio-economic consequences of substance abuse among delinquents.

4.6 How Substance Abuse among Juvenile Delinquents Graduate into Adult Criminality

This section presents and analyzes data on how substance abuse among juvenile delinquents graduates into adult criminality. In order to respond to the objective on how substance abuse

among juvenile delinquents graduate into adult criminality in Zaria metropolis, the study first seek to presents and analyze the data collected from the respondents through survey.

Table 4.6.1: Weak Social Bonding and weak Informal Social Control between a Juvenile and the Society can predispose a Juvenile into Substance Abuse

Response	Frequency	Percentage
Yes	151	55.1
No	123	44.0
Total	274	100.0

Source: Field work, 2014

The data from Table 4.6.1 shows that 55.1% of the respondents indicated that weak social bonding and weak informal social control between a child and the society can predispose a child or juvenile into substance abuse while 44% of the respondents indicated that weak social bonding and weak informal social control between a child and the society cannot predispose a child or juvenile into substance abuse. This implies that majority of the respondents surveyed and inhabitants of the study area are of the view that weak social bonding and weak informal social control between a child and the society can predispose a child or juvenile into substance abuse. Similarly, in applying the social bonding concept of the social control theory of Hirschi (1969), substance abuse among juveniles in Zaria metropolis is a function of weak attachment of juveniles to their parents, school teachers and significant others. Also, it is due to the inability of their parent, school teachers, significant others to guide or discipline these juveniles appropriately that result to weak social bonding and weak informal social control between a child and the society. This eventually results to the disrespect and disregard of societal expectations by juveniles, poor intellectual and social skills and indulgence in substance abuse by juveniles in the metropolis. These findings support the position of Hirschi (1969) and Laub et al., (2001) who have previously conducted studies and findings from their studies have established that weak

social bonding and weak informal social control between a child and the society can predispose a juvenile into delinquency such as substance abuse.

Table 4.6.2: Substance Abuse at Childhood can graduate into Adult Criminality if weak Social Bonding between Juveniles and the Society is not made strong

Responses	Frequency	Percentage
Yes	250	91.2
No	24	8.8
Total	274	100.0

Source: Field work, 2014

Table 4.6.2 shows that a majority of the respondents, 91.2% revealed that substance abuse at childhood or adolescence can graduate into adult criminality if weak social bonding and informal social control between juveniles and the society is not made strong. This means that an overwhelming majority of the respondents surveyed in the study area revealed that substance abuse at childhood or adolescence can graduate into adult criminality if weak social bonding and informal social control between juveniles and the society is not improved or made strong. Only 8.8% of the respondents indicated that substance abuse at childhood or adolescence cannot graduate into adult criminality if weak social bonding and informal social control between juveniles and the society is not improved or made strong. These findings support position of Laub et al., (2001).

Table 4.6.3: Weak Social Bonding between an Adult and the society can result to Substance Abuse even if the Adult at Childhood was not a Substance abuser

Responses	Frequency	Percentage
Yes	214	78.1
No	60	21.9
Total	274	100.0

Source: Field work, 2014

The data from Table 4.6.3 shows that a majority of the respondents, 78.1% indicated that when the social bonding and informal social control between an adult and the society weakens, that adult would likely go into substance abuse even if the person was not a substance abuser at

childhood or adolescence. Only 21.9% of the respondents indicated that when the social bonding and informal social control between an adult and the society is weak, it will not result to substance abuse regardless of whether or not the person was not a substance abuser at childhood or adolescence. These findings support the position of Laub et al., (2001) who have previously conducted a study and findings from their study established that weak social bonding and weak informal social control between an adult and the society will result to deviant behaviour such as substance abuse regardless of whether or not the person was a delinquent such as being a substance abuser at childhood or adolescence.

The study also sought to get qualitative information on how substance abuse among juvenile delinquents graduates into adult criminality. In an IDI with a parent who was asked if a weak social bonding and weak informal social control between a child and the society can result to substance abuse among juveniles, his response was revealing. According him:

Weak social bonding and weak informal social control between a child and the society could result to substance abuse among juveniles because there is an age or that teenage age when a child tries to find out more about his immediate environment and if the child does not get the attention from his or her parent; the next thing is to their peers and if those peers are drug abusers they will introduce him into their favourable pattern. So if you have a community where the social bonding between a child and that society is weak; and in the absence of that cohesive guidance from that society, the child will move out to associate with bad peers which in turn will eventually lead him into substance abuse.

Furthermore, data from another in-depth interview with a religious leader who also is an Imam of a Juma'at mosque in Zaria metropolis, supported the revelations of the IDI above. When the religious leader was also asked whether weak social bonding and weak informal social control between a child and the society can result to substance abuse among juveniles in Zaria metropolis, he contends that:

Yes, I had of a case at Kaduna when we had a security meeting. When some of these young ones use to live under the bridge at Kawo, Kaduna; one of our security committee member got one of them, discussed with him and took him back home to their family. When they were there under the bridge at Kawo, it seemed to me that the father had left for Abuja for a very long time. The woman (mother) tried her best but because she had many children, she could not cope and so she left the house and the children. So that was how the child moved away. It seemed to me that there is a very weak relationship between that child and the family and even the society where he came from. So I agree that when the society cannot take care of the family, cannot take care of the children to put concern on them and may be create a better academic environment, organize fresher's course and enlightenment session, provide mosques and Islamiyya schools for juveniles. All those negligence will result to the topic which we are discussing.

In an another in-depth interview with a parent on whether continuous or persistent weakening of the social bond and weak informal social control between a juvenile and the society at childhood or adolescent can graduate into adult criminality, he contends that:

Yes, of course. Because when juvenile delinquents come together, they not only learn how to abuse drugs but they also learn how to pick pocket, they learn how to rob banks and they also learn so many anti-social behaviours. And this is the formative period of a child and whatever a child learns at this period becomes very difficult for the child to unlearn subsequently in the future.

What all these respondents seem to be emphasizing is that weak social bonding and weak informal social control between a child and the family or the society result to substance abuse among juveniles in the study area. Similarly, revelations from the in-depth interviews shows that substance abuse at childhood or adolescence can graduate into adult criminality if weak social bonding and informal social control between a juvenile and the society is not improved or made strong.

4.7 The Extent of Substance Abuse among Juvenile Delinquents

In order to respond to the objective on the extent of substance abuse among juvenile delinquents in Zaria metropolis, this section first analyzes and presents data on the extent of substance abuse among juvenile delinquents through in-depth interviews. An in-depth interview with a senior police officer on the extent of substance abuse among juvenile delinquents was revealing. According to him:

Just like I have already been saying, substance abuse among juvenile delinquents is on the high increase. You made me to recall, behind the house of Dagachin Tsakiyan Samaru, there was a shop owned by one Igbo man having a chemist. When we (the police) went there, we discovered more than 150 bottles of codeine in only one chemist shop. This is a controlled drug which is legally supposed to be given to patients with cough ailment. But now what they do is put the codeine in a Lacasera bottle and cover (disguise) it. When you are buying it, you are actually not buying only the Lacasera. They will sum up the money for the codeine and Lacasera for the abusers. The empty bottles were more than 150 bottles. So I will boldly say that it is on the increase.

What this respondent seems to be stressing is the fact that substance abuse among juvenile delinquents is on the increase. This point to similar findings in several other IDI during the study. According to a male parent in another in-depth interview on the extent of substance abuse among juvenile delinquents in Zaria metropolis, he contends that:

I see substance abuse among juvenile delinquents on the increase and I think the actual prevalence rate is unknown to us. I think it is more to us like the ‘tip of an ice bag’ phenomenon. The few that were seen are just a tip of what is actually happening underneath because it is something that has not yet been fully studied into and many people are affected and many juveniles are also involved.

In another in-depth interview with a female primary school teacher on the extent of substance abuse among juvenile delinquents in Zaria metropolis, she contends that:

To me I will say that substance abuse among juvenile delinquents is on the increase. Because juveniles now do it openly not in hidden. In my class, you see the boys will go out during break time and then come back late from break.

When you ask them of where have they been? They will start giving you flimsy excuses. But when you pressurize them further, they will start confessing to you that they went to smoke. So to me, I believe it is increasing.

What these respondents seem to be stressing is that substance abuse among juvenile delinquents is high in Zaria metropolis.

The study also sought to get quantitative information on the extent of substance abuse among juvenile delinquents from the respondents through survey as seen on Table 4.7.1, Table 4.7.2 and 4.7.3 which represents their responses.

Table 4.7.1: The Extent of Substance Abuse among Juvenile Delinquents

Extent of Substance Abuse	Frequency	Percentage
High	237	86.5
Moderate	25	9.1
Low	12	4.4
Total	274	100.0

Source: Field work, 2014

The data in Table 4.7.1 shows the extent of substance abuse among juvenile delinquents in Zaria metropolis. The data from Table 4.7.1 shows that a majority of the respondents, 86.5% revealed that substance abuse among juvenile delinquents in the metropolis is high, 9.1% of the respondents indicated that substance abuse among juvenile delinquents is moderate while 4.4% of the respondents indicated that substance abuse among juvenile delinquents is low. This implies that an overwhelming majority of the respondents sampled are of view that substance abuse among juvenile delinquents is high and more juvenile delinquents in Zaria metropolis are getting involved in the delinquent act. These findings support the position of Ajila (1992), NDLEA (1993), Ononye and Morakinyo (1994), Shehu and Idris (2008), Salawu et al., (2009), Oshodi et al., (2010), Fareo (2012), Osa-Edoh and Elizabeth (2012), Atoyebi and Atoyebi (2013), Atilola, Ayinde and Adeitan (2013) and Nalah and Audu's (2014) whose previously

conducted studies have revealed that substance abuse among juvenile delinquents is high and on the increase.

Table 4.7.2: The Average Age Bracket of First-time Substance use among Juveniles

Average Age Bracket	Frequency	Percentage
10-12 years	140	51.1
13-15 years	58	21.1
16-18 years	76	27.7
Total	274	100.0

Source: Field work, 2014

The data from Table 4.7.2 shows that 51.1% of the respondents revealed that the age bracket of 10-12 years is the average age of first-time substance use among juveniles in the metropolis while 21.1% of the respondents indicated the age bracket of 13-15 years as the average age of first-time substance use among juveniles in the study area. Data from Table 4.7.2 further shows that 27.7% of the respondents indicated the age bracket of 16-18 years as the average age of first-time substance use among juveniles in Zaria metropolis. This implies that Zaria metropolis has a very early average age bracket of first-time substance use. These findings support the position of Ajila (1992), NDLEA (1993), Shehu and Idris (2008) and Nalah and Audu (2014) who have previously conducted studies elsewhere and findings from their studies showed that substance abuse among delinquents in Nigeria is high.

Table 4.7.3: Gender and Magnitude of Substance Abuse

Gender	Frequency	Percentage
Male juvenile delinquents	249	90.9
Girl-child delinquents	17	6.2
No response	8	2.9
Total	274	100.0

Source, Field work 2014

Data from Table 4.7.3 shows that overwhelming majority of the respondents, 90.9% revealed that male juvenile delinquents have more magnitude of substance abuse than the girl-child

delinquents in the metropolis. Data from Table 4.7.3 further shows that 6.2% of the respondents indicated that the girl-child delinquents have more magnitude of substance abuse than the male juvenile delinquents in the metropolis while 2.9% of the respondents did not respond to the question. This clearly implies that despite fears of increase in the number of the girl-child delinquents involved in substance abuse, there are more male juvenile delinquents involved in substance abuse than the girl-child delinquents in Zaria metropolis. Thus, these findings support the position of Shehu and Idris (2008), Salawu et al., (2009), Osa-Edoh and Elizabeth (2012) Atoyebi and Atoyebi (2013) and Josephine (2014) whose previously conducted studies have revealed that substance abuse among juvenile delinquents is more wide spread among young males than among girl-child delinquents.

4.8 Cross Tabulation of Results

In this section, the age variable from Table 4.2.2 in the second section of this chapter was cross tabulated with variables from some tables in the third, fourth and fifth sections of this chapter.

Table 4.8.1: Age and Categories of Substances abused

Age	The Categories of Substances abused						Total
	Narcotics	Alcohol	Cannabis	Designers /Club drugs	Cocaine	All of the Above	
11-17	3(16.7)	2(5.7)	1(11.1)	2(11.8)	0(0)	22(11.6)	30(10.9)
18-30	6(33.3)	23(63.9)	5(55.6)	6(35.3)	6(75)	81(42.9)	127(46.4)
31-45	9(50)	7(19.4)	2(22.2)	7(41.2)	1(12.5)	54(28.6)	80(29.2)
46-above	0(0)	4(11.1)	1(11.1)	2(11.8)	1(12.5)	29(15.3)	37(13.5)
Total	18(100)	36(100)	9(100)	17(100)	8(100)	189(100)	274(100)

Table 4.8.1 shows the age distribution of the respondents in relation to the categories of substances abused. It is clear that a majority of the respondents, 46.4% who are within the age

bracket of 18-30 years demonstrated a good knowledge on the categories of substances abused by at least spreading their responses across all substances given as options. Similarly, data from Table 4.8.1 shows that 46.4% of the respondents who are within the age range of 18-30 years indicated cocaine (75%) and designers/club drugs (35.3%) as new dimension of the category of substances abused by juvenile delinquents in the metropolis while the oldest age bracket of 46 years and above who are 13.5% of the respondents demonstrated a low knowledge about the new dimension of the categories of substances abused by juvenile delinquents in the metropolis with only 12.5% for cocaine and designers/club drugs with 11.8%. Also, the oldest age bracket of 46 years and above who are 13.5% of the respondents indicated 11.1% for alcohol and 11.1% for cannabis as categories of substances abused by juvenile delinquents as it was previously the case for categories of substances abused in the study area. From the data on Table 4.8.1, it is evident that there is a relationship between age of the respondents and categories of substances abused by juvenile delinquents which may be attributed to reasons such as how readily available these substances are to juveniles in the metropolis and how they may be influenced by curiosity to explore or test what it is like to abuse substances at childhood or adolescence age. Thus, these findings agree with the position of Mears and Field (2002) and National Institution on Drug Abuse (NIDA) in (2012) who previously conducted studies elsewhere and findings from their studies revealed that there is a relationship between age and the categories of substances abused.

Table 4.8.2: Age and Types of Inhalants abused

Age	Types of Inhalants abused					Total
	Glue/gum	Gasoline/ Petrol	Nitrous Oxide	Laughing Gas	All of the Above	
11-17	10(22.4)	1(7.7)	0(0)	1(16.7)	18(12.4)	30(11)
18-30	48(45.7)	6(46.2)	3(60)	3(50)	67(46.2)	127(46.4)
31-45	31(29.5)	4(30.8)	1(20)	2(33.3)	42(30)	80(29)

46-above	16(15.2)	2(15.4)	1(20)	0(0)	18(12.4)	37(13.5)
Total	105(100)	13(100)	5(100)	6(100)	145(100)	274(100)

Table 4.8.2 shows the age distribution of the respondents in relation to the types of inhalants abused. A majority of the respondents 46.4% who are within the age bracket of 18-30 years of age demonstrated a good knowledge about the types of inhalants mostly abused by juvenile delinquents in the study area with a peak period of responses exactly within the age range of 18-30 years while the abuse of inhalants starts to decline from the age bracket of 31-45 years, and continue to decline to 46years and above. Furthermore, data from Table 4.8.2 shows that there is a relationship between age and the types of inhalants abused revealing that the abuse of most types of inhalants begins from the age of bracket of 11-17years (12.4%) and reaches the peak period within the age bracket of 18-30 years (46.2%) while the abuse of inhalants start to decline from the age bracket of 31-45 years (30%) and (12.4%) for 46 years and above. These findings support the position of Mears and Field (2002) and NIDA (2011) that previously conducted studies elsewhere and found out that there was a relationship between age and types of inhalants abused.

Table 4.8.3: Age and Types of Organic Substances abused

Age	Types of Organic Substances abused				Total
	Lizard Faeces	Smell from Gutter	Smell from Pit toilet	All of the Above	
11-17	3(21.4)	2(6.5)	6(13)	19(10.4)	30(10.9)
18-30	6(42.9)	14(45.2)	21(45.7)	86(47)	127(46.4)
31-45	2(14.3)	8(25.8)	13(28.3)	57(31.1)	80(29)
46-above	3(21.4)	7(22.6)	6(13)	21(11.5)	37(13.5)
Total	14(100)	31(100)	46(100)	183(100)	274(100)

Table 4.8.3 shows the age distribution of the respondents in relation to types of organic substances abused by juvenile delinquents. The data from Table 4.8.3 shows that respondents within the age bracket 11-17 years (10.4%) had the starting period of which locally made organic substances are abused while the respondents within the age bracket of 18-30 years (47%) remains the peak period for the abuse of organic materials. Furthermore, findings from the study indicated that there is a relationship between age and types of organic substances abused indicating 10.4% for 11-17 years of age at the onset age, 47% for 18-30 years of age for the peak period and declining period with 31.1% at the age bracket of 31-45 years and 11.5% for those within the age bracket of 46 years and above. Also, the relationship between age and types of organic substances abused may be attributed to the fact that these locally made substances are mostly used by juveniles and because locally made organic substances are easy to access and cost little or nothing at all.

Table 4.8.4: Age and Influence of Urbanization on Substance Abuse

Age	The Influence of Urbanization on Substance Abuse		Total
	Yes	No	
11-17	27(90)	3(10)	30(100)
18-30	98(77.2)	29(28.3)	127(100)
31-45	70(87.5)	10(12.5)	80(100)
46-above	25(67.6)	12(32.4)	37(100)

Table 4.8.4 shows the age distribution of the respondents in relation to the influence of urbanization on substance abuse among juvenile delinquents. It is apparent that an overwhelming majority of the respondents for all age brackets, that is 90% for 11-17 years, 77.2% for 18-30 years, 87.5% for 31-45 years and 67% for 46 years and above revealed that urbanization is a

factor responsible for substance abuse among juvenile delinquents. This implies that there is a relationship between age and influence of urbanization on substance abuse in the study area.

Furthermore, the implication of these findings is that there is evidence that the process whereby traditional or rural African societies try to become modern also come with some negative cultural traits which sometimes clash or are in conflict with the traditional norms and values of African societies; as a result of juveniles or the youths being exposed to unlimited resources they watch from movies, the internet, musical videos and hear from audio music. More so, juveniles or youths in the rural societies may start to imitate what they see from movies, the internet, musical videos and hear from audio music as a new form of modernization or civilization brought by juveniles or youths in the urban societies.

Similarly, the relationship between age and urbanization as a factor responsible for substance abuse may be attributed to the fact that respondents believe that young and impressionable members of an otherwise rural society are exposed to foreign (and often negative) culture by urbanization and are pressured to compete against a rising population of professionals and failure to succeed results to social isolation and substance abuse. These findings support the position of Pitel, Gackova, VanDijk, and Reijneveld (2010) and Ndugwa, Kabiru, Cleland, Beguy, Egondi, Zulu and Jessor (2010) who have conducted different studies elsewhere and findings from their studies showed that there is a relationship between age and influence of urbanization on substance abuse.

Table 4.8.5: Age and Factors Responsible for Substance Abuse

Age	Factors Responsible for Substance Abuse					Total
	Parental Neglect or Over Protection	Having Parents who are Substance Abusers	Societal Moral Decay	Peer Pressure	All of the Above	
11-17	0(0)	2(15.4)	4(22.2)	4(7.2)	20(12)	30(10.9)
18-30	11(55)	6(46.2)	8(44.4)	21(37.5)	81(48.5)	127(46.4)
31-45	7(35)	3(23.1)	4(22.2)	19(33.8)	47(28.1)	80(29.2)
46-above	2(10)	2(15.4)	2(11.1)	12(21.4)	19(11.4)	37(13.5)
Total	20(100)	13(100)	18(100)	56(100)	167(100)	274(100)

Table 4.8.5 shows the age distribution of the respondents in relation to factors responsible for substance abuse. It is evident that 100% of the respondents who indicated all of the above factors of parental neglect or overprotection, having parents are who are substance abusers, societal moral decay and peer group pressure had 12% within the age bracket of 11-17 years, 48.5% within the age bracket of 18-30 years, 28.1% within the age bracket of 31-45 years while 13.5% of the respondents were within the age bracket of 46 years and above. However, a close look at the data from Table 4.8.5 revealed that a majority of the respondents 48.5% who identified all of the above factors on Table 4.8.5 as factors responsible for substance abuse fall within the age bracket of 18-30 years and according to Mears and Field (2002) and Ndashiru and Karofi (2012) this particular age group or bracket of 18-30 years are usually considered as those who are potentially more prone or more associated with delinquent behaviours such as substance abuse. Furthermore, findings from Table 4.8.5 revealed that peer pressure as a factor responsible for

substance abuse had the second highest number of respondents. The implication of these findings is that although 100% of the respondents distributed within all age brackets have indicated that all the above factors on Table 4.8.5 are responsible for substance abuse yet peer pressure as a single factor responsible for substance abuse had the second highest number of respondents within respondents of all age brackets. Also, this implies that peer group pressure is one factor which is responsible for substance abuse across all ages. This indicated a relationship between age and factors responsible for substance abuse in the study area. These findings support the position of Mears and Field (2002) and Ndashiru and Karofi (2012).

Table 4.8.6: Age and Negative experiences that leads to Substance Abuse

Age	Negative Experiences leads to Substance Abuse					Total
	Criminal Victimization	Child Abuse and Neglect	Verbal Threats and Insult	Infliction of physical pain	All of the Above	
11-17	1(12.5)	2(6.1)	0(0)	0(0)	27(11.9)	30(10.9)
18-30	4(50)	9(27.3)	3(42.9)	0(0)	111(49.1)	127(46.4)
31-45	1(12.5)	13(39.4)	3(42.9)	0(0)	63(27.9)	80(29.2)
46-above	2(25)	9(27.3)	1(14.3)	0(0)	25(11.1)	37(13.5)
Total	8(100)	33(100)	7(100)	0(0)	226(100)	274(100)

Result from the Table 4.8.6 shows the age distribution of the respondents in relation to negative experiences that leads to substance abuse. It is evident that majority of the respondents cutting across all age brackets were of the view that the entire mentioned negative experiences on Table 4.8.6 leads to substance abuse among juvenile delinquents in the study area with 11.9% for the respondents within the age bracket of 11-17 years, 49.1% for the age bracket of 18-30 years, 27.9% within 31-45 years of age while 11.1% of the respondents were within 46 years and

above. Furthermore, data from Table 4.8.6 revealed that child abuse and neglect and criminal victimization had the second and third highest number of respondents while verbal threats and insults came third among the negative experiences that lead to substance abuse. None of the respondents across all age distribution was comfortable choosing infliction of physical pain as a single factor responsible for substance abuse among juveniles but preferred that together with other negative experiences, infliction of physical pain is a contributing factor that results to substance abuse among juveniles. This implies that there is a relationship between age and negative experiences which leads to substance abuse among juvenile delinquents. These findings support the position of Agnew (1992), Agnew, Brezina and Wright (2002), Prevent Child Abuse Organization (2003) and Middlebrooks and Audage (2008) who conducted studies elsewhere and findings from their studies have revealed that there is a relationship between age and negative experiences such as criminal victimization, verbal threats, insults, infliction of physical pain among others that leads to substance abuse among children.

Table 4.8.7: Age and Types of Anti-social Behaviours

Age	Types of Anti-social Behaviours				Total
	Involvement in Drug-related Crimes	Committing Serious Crimes	Increase in Frequent Law Violation	All of the Above	
11-17	0(0)	1(2.4)	2(25)	27(12.9)	30(10.9)
18-30	2(33.3)	22(53.7)	7(38.9)	96(45.9)	127(46.4)
31-45	1(16.7)	11(26.8)	7(38.9)	61(29.2)	80(29.2)
46-above	3(50)	7(17.1)	2(25)	25(12)	37(13.5)
Total	6(100)	41(100)	18	209(100)	274(100)

Table 4.8.7 shows the age distribution of respondents in relation to types of anti-social behaviours as consequences of substance abuse among juvenile delinquents. It is clear that a

majority of the respondents who were distributed across all age brackets indicated that all of the above mentioned anti-social behaviours on Table 4.8.7 were manifested by juvenile delinquents as a result of substance abuse with 12.9% for the age bracket of 11-17 years, 45.9% for the age bracket of 18-30 years, 29.2% for those respondents within the age bracket of 31-45 years and 12% of the respondents within the age of 46 years and above. Also, data from Table 4.8.7 shows that committing serious crimes had the next highest number of chosen option from respondents for types of anti-social behaviours manifested by juvenile delinquents as a result of substance abuse. Thus, these findings agree with the position of Princhard and Payne (2005) who conducted studies elsewhere and findings from their studies revealed that the young ones between the age 14, 16 and 18 years were involved in the manifestation of several anti-social behaviours such as involvement in drug-related crimes, predisposing juveniles into serious crimes such as murder, rape, vandalism, burglary, gang violence among others and increase in frequent law violation due to substance abuse.

4.9 Discussion of the Major Findings

The first specific objective of the study was to examine the nature of substance abuse among juvenile delinquents in Zaria metropolis. Findings from both the quantitative and qualitative data analyzed and interpreted established that substance abuse among juvenile delinquents in Zaria metropolis was mainly dominated by the abuse of narcotic drugs, alcohol, inhalants or industrial solvents, locally produced organic substances and concoctions. The research findings was able to establish that the category of illicit substances abused by juvenile delinquents in the metropolis are cannabis, steroids, anesthetics, alcohol, tranquilizers, amphetamines, barbiturates, narcotics and designer/club drugs. Some of the other substances abused by juvenile delinquents in the study area are prescription drugs such as cough syrups, rafenol, tramadol, valium among others.

Thus, these findings support the position of Reid (1994), Siegel (2004), Schmalleger (2006), Oshodi et al., (2010), Fareo (2012), Ekpenyong (2012) and Josephine (2014) on the categories of illicit substances abused by delinquents in the society.

On the issue of abusing inhalants or industrial solvents by juvenile delinquents in Zaria metropolis, the study established that juvenile delinquents in the study area abuse inhalants or industrial solvents such as glue/gum solution, gasoline/petrol, nitrous oxide and laughing gas. This implies that a significant number of juvenile delinquents who abuse inhalants or industrial solvents, use differently or even combine at a time glue/gum solution, gasoline or petrol, nitrous oxide and laughing gas to intoxicate themselves. Thus, these findings support the position of Reid (1994), Siegel (2004) and Schmalleger (2006) on the categories of industrial solvents or inhalants abused by some juvenile delinquents. As regards to glue/gum solution having the second highest number of response, this implies that the abuse of gum solution is gaining more acceptance and patronage by juvenile delinquents because of its easy availability, lack of strict control and regulation by the authority in the metropolis and generally in the country.

In terms of the locally made organic substances abused by juvenile delinquents in Zaria metropolis, the study established that juvenile delinquents in the metropolis are sniffing or smoking dry lizard faeces, dry human faeces and dry faeces from animals to intoxicate themselves. Also, juvenile delinquents were discovered to have been inhaling the odour of contaminated water from gutter or drainage, inhaling the odour from pit toilets, latrines and sand from gutter to make them high or intoxicate themselves. Thus, these findings are in variance with the position of Reid (1993), Ononye and Morakinyo (1994), Siegel (2004), Schmalleger (2006), Shehu and Idris (2008), Salawu et al., (2009), Fareo (2012), Osa-Edoh and Elizabeth (2012)

Atoyebi and Atoyebi (2013) and Nalah and Audu (2014) on the nature of substances abused by delinquents in the society.

On the nature of concoctions that are abused by juvenile delinquents in Zaria metropolis, the study established that Zakami (*Datura metel*) was the most commonly abused concoction by juvenile delinquents in Zaria metropolis. The study was also able to establish that though juvenile delinquents who are involved in the abuse of concoctions are combining two or more concoctions to intoxicate themselves yet other findings from the research established that the abuse of stored water in tyres and water from soaked coins by juvenile delinquents is also common among juvenile delinquents who abuse substances in Zaria metropolis. Thus, these findings are in variance with the position of Ajila (1992), Reid (1993), Ononye and Morakinyo (1994), Siegel (2004), Schmallegger (2006), Shehu and Idris (2008), Salawu et al., (2009), Fareo (2012), Osa-Edoh and Elizabeth (2012) Atoyebi and Atoyebi (2013) and Nalah and Audu (2014) on the nature of substances abused by delinquents in the society.

Conversely, the study established a surprising piece of information where findings from survey and In-depth interviews revealed that juvenile delinquents in the metropolis abuse hard drugs such as codeine, cannabis, cocaine, tranquilizers, amphetamines among others, as it is found in other countries. What this means is that hard drugs in the metropolis seem to be accessible and these juvenile delinquents in the metropolis imitate what they see from movies, musical videos and hear from audio music while some juvenile delinquents see the abuse of hard drugs as a new form of civilization which they imitate from juvenile delinquents in other countries; mostly from the western world. Other reasons will be because some juvenile delinquents are seen in some places in the metropolis abusing these hard drugs openly and more rampantly. Another reason

would be that juvenile delinquents in Zaria metropolis abuse these hard drugs out of curiosity and to have a feeling of belonging to a particular peer group.

On the methods used by juvenile delinquents in Zaria metropolis to abuse substances, the study established that juvenile delinquents in the metropolis use the combination of two or more methods of substance abuse to introduce substances into their body. The study also revealed that the most common methods used by juvenile delinquents to introduce substances into their body in Zaria metropolis are drinking, inhaling and smoking methods.

As regards to the places where juvenile delinquents use for substance abuse, the study established that juvenile delinquents in Zaria metropolis use several places such as such as uncompleted buildings, their rooms, bushy areas, specific spots where illicit substances are sold, nooks, premises of motor parks and inside toilets for substance abuse. Similarly, the study found out that the use of nooks for substance abuse is common in Zaria metropolis because nooks are very common in the metropolis and provide a private space where these juvenile delinquents usually go to abuse substances without being spotted by many people and because nooks are places where most people do not so much use as roads.

The second specific objective of the study was to study the factors responsible for substance abuse among juvenile delinquents in Zaria metropolis. Findings from both the quantitative and qualitative data analyzed and interpreted established that substance abuse among juveniles is connected to the urbanization of traditional societies. What this implies is that there is evidence that the effort of some African traditional or rural societies to become modern also come with some negative modern cultural traits which sometimes clash or are in conflict with the traditional norms and values of African societies. These findings support the position of Davison et al., (2004), Berk (2007), Mahasoa (2010), Ekpenyong (2012) and Atoyebi and Atoyebi (2013) who

have previously conducted studies elsewhere and found out that substance abuse among delinquents is linked with urbanization of traditional or rural societies.

In terms of the factors responsible for substance abuse among juvenile delinquents in the metropolis, the study established that several factors such as parental neglect or overprotection, having parents/guardians who are substance abusers, societal moral decadence and peer group pressure are factors responsible for substance abuse among juvenile delinquents in Zaria metropolis. Thus, these findings support the position of Senna and Siegel (1985), Conger (1991), Carson et al, (2000), Liddle and Rowe (2006), Pluddermann et al., (2007) Mahasoa (2010), Ekpenyong (2012) and Karofi (2012) on the factors responsible for substance abuse among delinquents.

Also, the study established that family disruption, negative influence of western media and environmental issues such as the availability of some illicit substances are among the factors responsible for substance abuse among juvenile delinquents in the metropolis. These findings support the position of Conger (1991), Utting (1995), Liddle and Rowe (2006), Pary and Pithey (2006), CASA (2011) and Ekpenyong (2012) who have previously conducted different studies elsewhere and found out that family disruption, negative influence of western media and availability of illicit substances are factors responsible for substance abuse among delinquents in the society.

By and large, the research was able to establish that the failure to achieve positively valued goal in the society results to substance abuse among juveniles in the metropolis. These positively valued goals in the study area include aspirations, expectations and achievements of quality education, the ability to make good grades in school's entrance or promotional examination, the ability to have vocational skills or become employed among others. The study also found out that

some juvenile delinquents abuse illicit substances in the metropolis to increase or reduce their daily input or output. These findings agree with the position of Agnew (1992) who has previously conducted a study elsewhere on the factors responsible for juvenile delinquency such as substance abuse among juvenile delinquents and findings from her study established that the failure to achieve positively valued goal in the society results to delinquent behaviours such as substance abuse.

The research findings also established that the breakdown of family values, death or divorce of parents/guardian of an individual juvenile or any other unpleasant condition can predispose a juvenile into substance abuse. These findings support the position of Agnew (1992), Doak and Abbot (1993) and American Psychological Association (2003) who have previously conducted some studies and findings from their studies showed that the breakdown of family values, death or divorce of a juvenile's parent/guardian and any other unpleasant condition can predispose juveniles into delinquent behaviours such as into substance abuse.

In terms of the presented negative experiences that result to substance abuse among juveniles, the research was able to establish that juveniles who are subjected to criminal victimization, child abuse and neglect, infliction of physical pain and verbal threat or insult are predisposed into substance abuse in Zaria metropolis. These findings support the position of Bolby in 1946 as cited in Haralambos (1980) and Agnew (1992) who have previously conducted several studies and findings from their studies have shown that children or juveniles who are subjected to criminal victimization, child abuse and neglect, verbal threats and insults and the infliction of physical pain are predisposed into delinquent behaviours such as substance abuse.

The third specific objective of the study was to investigate the effects of substance abuse among juvenile delinquents in Zaria metropolis. Findings from both the quantitative and qualitative data analyzed and interpreted established that substance abuse among juvenile delinquents has detrimental effects on the juvenile delinquents themselves and the society as a whole. Findings from the study established that truancy and withdrawal from school, illiteracy, diminishing of positive attitude towards life and reduction in the level of human capital are the negative effects of substance abuse among juvenile delinquents on the educational and career development of juvenile delinquents in Zaria metropolis. These findings support the position of Conger (1991), Reid (1994), United Nation's World Youth Report (2003), Davison et al., (2004), Gladding (2004), Schmallegger (2006), Berk (2007), Schmallegger and Bartollars (2008), Shehu and Idris (2008), CASA (2011), Fareo (2012), Ekpenyong (2012) and Josephine (2014) on the negative effects of substance abuse among delinquents on educational and career development.

In terms of the health implications of substance abuse among juvenile delinquents in the society, the study established that mental illness, death from cardiac arrest and fatal accidents, addiction, illness and the spread of diseases such as HIV/AIDS through syringe sharing among Intravenous Drug Users (IDU) and unsafe sexual behaviour in sex-for-drugs transactions as the health implications of substance abuse among juvenile delinquents in Zaria metropolis. Similarly, the study also established that the next major health implications of substance abuse among juvenile delinquents in the metropolis are mental illness and addiction problems. What this implies is that there are increasing number of juvenile delinquents suffering from mental illness and drugs dependency syndrome as a result of abusing substances. These findings support the position of Reid (1994), Carson et al., (2000), Schmallegger (2006), Mahasoa (2010), Fareo (2012), Abdulwahid and Umaru (2013), Josephine (2014) and Ibrahim and Sale (2014) who have

previously have conducted several research on the health implications of substance abuse among delinquents and findings from their studies showed that mental illness, death from cardiac arrest and fatal accidents, addiction, spread of diseases and sickness such as HIV/AIDS especially among intravenous drug users and unsafe sexual behaviour in sex-for-drugs transactions are the health implications of substance abuse among delinquents.

Similarly, the study established that the involvement of juvenile delinquents in drug-related crimes and the involvement of juvenile delinquents in serious crimes such as rape, murder, burglary, vandalism and armed robbery are among the anti-social behaviours manifested by juvenile delinquents as a result of abusing substances in Zaria metropolis. This implies that there are increasing incidence of drug-related crimes and serious crimes such as rape, murder, burglary, vandalism and armed robbery being manifested by juvenile delinquents who abuse substances in the metropolis. These findings support the position of Pepinsky (1980), McRobbie (1980), Siegel (2004), Karofi (2012), Emmanuel (2013) and Nalah and Audu (2014) on the anti-social behaviours that juvenile delinquents commit under the influence of abusing substances.

In terms of the socio-economic consequences of substance abuse among juvenile delinquents in the study area, the study established that reducing the future labour force of the society, decline in the level of intellectuals, decline in the level of technical and vocational skills among juveniles and resulting to several unqualified and unemployed youths in the future of the society are the socio-economic consequences of substance abuse among juvenile delinquents in Zaria metropolis. What this means is that there are serious concerns over the socio-economic implications of substance abuse among juvenile delinquents on the future population of the metropolis due to the seemingly young Nigerian population of an estimated 63,194,305 (45%) children under 15years of age, out of an estimated total population of 140,431,790 (National

Population Commission, 2006). These findings support the position of Reid (1994), United Nation's World Youth Report (2003), Siegel (2004), Schmallegger (2006), Karofi (2008), Fareo (2012), Josephine (2014) and Ibrahim and Sale (2014) on the socio-economic consequences of substance abuse among delinquents.

The fourth specific objective of the study was to analyze how substance abuse among juvenile delinquents graduate into adult criminality in Zaria metropolis. The qualitative data analyzed and interpreted from the in-depth interviews established that weak social bonding and informal social control between a child and the society can lead a child or juvenile into substance abuse in the metropolis. The study also established that if there is an absence of a cohesive guidance from the family or society, children do move out and interact with different bad peers which in turn lead them into deviant behaviours such as substance abuse. Similarly, the quantitative data analyzed and interpreted from the study established that weak social bonding and weak informal social control between a child and the society can lead a child into substance abuse. These findings support the position of Hirschi (1969) and Laub et al., (2001) who previously have conducted different studies elsewhere and findings from their studies showed that weak social bonding and weak informal social control between a child and the society can predispose a child or juvenile into delinquent behaviours such as substance abuse.

On the issue of how substance abuse among juvenile delinquents graduate into adult criminality, the study established that substance abuse at childhood or adolescence can graduate into adult criminality if weak social bonding and weak informal social control between a child and the society is not made strong. These findings support the position of Laub et al., (2001) who have previously conducted different a studies elsewhere and findings from their studies found out that delinquent behaviours such as substance abuse at childhood or adolescence will eventually

graduate into adult criminality if weak social bonding and weak informal social control between a child and society is not improved or made strong.

By and large, the study established that when the social bonding and informal social control between an adult and society weakens, the adult may likely go into substance abuse even if that adult was not a substance abuser at childhood or adolescence. These findings agree with Laub et al., (2001) position who have previously conducted a different research elsewhere and findings from their research showed that weak social bonding and informal social control between an adult and society can predispose an adult into substance abuse regardless of whether the individual was never a delinquent such as being a substance abuser at childhood or adolescence.

The fifth specific objective of the study was to assess the extent of substance abuse among juvenile delinquents in Zaria metropolis. Findings from the research established that substance abuse among juvenile delinquents is endemic in Zaria metropolis. This is so because the study established that substance abuse among juvenile delinquents in the metropolis is high. This implies that a majority of the inhabitants of Zaria metropolis are of view that substance abuse among juvenile delinquents is high and more juvenile delinquents are getting involved in the anti-social behaviour. These findings support the position of Ajila (1992), Ononye and Morakinyo (1994), Shehu and Idris (2008), Salawu et al., (2009), Oshodi et al., (2010), Fareo (2012), Osa-Edoh and Elizabeth (2012), Atoyebi and Atoyebi (2013), Atilola, Ayinde and Adeitan (2013) and Nalah and Audu (2014) who have previously conducted several studies in various places in Nigeria and findings from their studies have shown that substance abuse among delinquents in Nigeria is high and on the increase.

As regards to the age bracket of a first-time substance use among juveniles in Zaria metropolis, the study established that 10-12 years was the average age bracket of first-time substance use

among juveniles. This means that Zaria metropolis has a very low age bracket for an average first-time substance use among juvenile delinquents which is very alarming. These findings agree with the position of Ajila (1992), NDLEA (1993), Shehu and Idris (2008) and Nalah and Audu (2014) who have previously conducted different studies in Nigeria and findings from their studies found out that 10-12 years was the average age bracket for a first-time substance use among juveniles.

On the issue of which gender among juvenile delinquents have more magnitude of substance abuse, the data gathered from the in-depth interviews and survey established that male juvenile delinquents are more involved in substance abuse than the girl-child delinquents despite fears or concerns that some girl-child delinquents are increasingly also getting involved in the abuse of substances in the study area. Thus, these findings support the position of Shehu and Idris (2008), Salawu et al., (2009), Osa-Edoh and Elizabeth (2012), Atoyebi and Atoyebi (2013) and Josephine (2014) who have conducted several studies elsewhere and found out that substance abuse among juvenile delinquents are more wide spread among male juvenile delinquents than among girl-child delinquents.

As regards to whether there is a relationship between age and categories of substances abused, the study established that there is a relationship between age and categories of substances abused by juvenile delinquents which may be attributed to reasons such as how readily available are these categories of substances to juveniles in the metropolis and how they may be influenced by the curiosity to explore or test what is like to abuse substances at the adolescence age. Also, the study established that a majority of the respondents who are within the age bracket of 18-30 years demonstrated a good knowledge on the categories of substances abused by at least spreading their responses across all substances given as options. These findings agree with the

position of Mears and Field (2002) and NIDA (2011) who previously conducted studies elsewhere and findings from their studies established that there is a relationship between age and categories of substances abused.

In terms of the relationship between age and types of volatile liquids or inhalants abused by juvenile delinquents in Zaria metropolis, the study established that there is a relationship between age and the types of inhalants abused, revealing that the abuse of most types of inhalants begins from the age bracket of 11-17 years and reaching the peak period within the age bracket of 18-30 years while the abuse of inhalants start to decline from the age bracket of 31-45 years and to 46 years and above or to old age. These findings support the position of Mears and Field (2002) and NIDA (2011) who have previously conducted studies elsewhere and found out that there is a relationship between age and types of inhalants abused.

As regards to the abuse of locally made organic substances abused by juvenile delinquents in Zaria metropolis, the study established that there is a relationship between age and types of organic substances abused which may be attributed to the fact that these locally made substances are mostly abused by young people and because locally made organic substances are easy to access and cost little or nothing at all. Also, findings from the study revealed that respondents within the age bracket of 11-17 years is the onset age which locally made organic substances are abused while the respondents within the age bracket of 18-30 years remains the peak period for the abuse of organic materials. Furthermore, findings from the study indicated a declining period of the abuse of locally made organic substances from the age bracket of 31-45 years up wards.

In terms of whether a relationship exist between age and influence of urbanisation on substance abuse among juvenile delinquents in Zaria metropolis, findings from the study established that

there is a relationship between age and urbanization as a factor responsible for substance abuse among juvenile delinquents in the study area. Furthermore, the implication of these findings is that there is evidence that the process whereby traditional or rural societies try to become modern also come with some negative cultural traits which sometimes clash or are in conflict with the traditional norms and values of African societies; as a result of juveniles or the youths being exposed to unlimited resources they watch from movies, the internet, musical videos and hear from audio music. More so, juveniles or youths in the rural societies may start to imitate what they see from movies, the internet, musical videos and hear from audio music as a new form of modernization or civilization brought by juveniles or youths in the urban societies.

Similarly, the relationship between age and urbanization as a factor responsible for substance abuse may be attributed to the fact that respondents believe that young and impressionable members of an otherwise rural society are exposed to foreign (and often negative) culture by urbanization, are pressured to compete against a rising population of professionals and failure to succeed results to social isolation and substance abuse. These findings agree with Pitel et al., (2010) and Ndugwa et al., (2010) position who conducted different studies and findings from their studies found out that there is a relationship between age and influence of urbanization on substance abuse.

As regards to the relationship between age and factors responsible for substance abuse in Zaria metropolis, the study established that there is a relationship between age and factors responsible for substance abuse in the study area. Furthermore, findings from the study have established that a majority of the respondents who cut across all the age brackets indicated that all the factors of parental neglect or overprotection, having parents who abuse substances, societal moral decay and peer group pressure were responsible for substance abuse. However, a closer look at the

findings from the study revealed that a majority of the respondents who identified all of the factors as factors responsible for substance abuse fall within the age bracket of 18-30 years and according to Mears and Field (2002) and Ndashiru and Karofi (2012) this particular age bracket of 18-30 years are usually considered as those who are potentially more prone or more associated with deviant behaviours such as substance abuse.

As regards to the relationship between age and factors responsible for substance abuse in Zaria metropolis, the study established that majority of the respondents cutting across all age brackets were of the view that the entire negative experiences of criminal victimization, child abuse and neglect, verbal threats and insults and the infliction of physical pain leads to substance abuse among juveniles in the study area. This implies that there is a relationship between age and negative experiences which leads to substance abuse among juvenile delinquents. Thus, these findings support the position of Agnew (1992), Agnew et al., (2002), Prevent Child Abuse Organization (2003) and Middlebrooks and Audage (2008).

Lastly, the study established that there was a relationship between age and types of anti-social behaviours that were manifested by juvenile delinquents under the influence of substance abuse. This may be attributed to the fact that deviants who abuse substances are influenced to manifest anti-social behaviours ranging from less serious offences such as trespass and traffic laws violation to more serious offences such as rape, murder, arson, armed robbery, assault, burglary among others. Thus, these findings support the position of Princhard and Payne (2005) who conducted studies elsewhere and findings from their studies established that young ones between the age bracket 12-30 years were involved in several anti-social behaviours such as involvement in drug-related crimes, involvement of juveniles in serious crimes such as murder, rape,

vandalism, burglary, gang violence among others and increase in frequent law violation due to substance abuse.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

The research focused on substance abuse among juvenile delinquents in Zaria metropolis. The scope of the study covered the entire Zaria metropolis. The study also addresses the central concepts of juvenile delinquency and substance abuse among juvenile delinquents with a review of some available literature on substance abuse among juvenile delinquents. Also, criminological

theories and deviance theories are carried out because of the area of specialization of the research.

In terms of the methodology, the research employed two methods of data collection: qualitative, by the use of in-depth interviews, and quantitative through the use of a questionnaire. The total sample size for the study was 298 respondents with 274 questionnaires and 15 respondents in the in-depth interviews. Samples included parents, teachers, NDLEA personnel, police personnel, social welfare officers, senior court officials, juvenile delinquents, traditional leaders, religious leaders, students of tertiary institutions and members of the general public.

As regards to the interpretation and analysis of data for this study, the interpretation and analysis of data was carried out on 53.3% males and 46.7% females. Some of the major findings from the study were that substance abuse among juvenile delinquents typically revolves around the use of narcotic drugs, industrial chemicals/inhalants, locally produced organic substances and concoctions; which both the male juvenile delinquents and girl-child delinquents are involved in. With respect to the factors responsible for substance abuse among juvenile delinquents, findings from the study established that several factors such as parental neglect or overprotection; having parents/guardians who themselves are substance abusers; societal moral decadence and peer group pressure were responsible for substance abuse among juvenile delinquents in Zaria metropolis. Similarly, the study established that family disruption, negative influence of western media and environmental issues such as the availability of some illicit substances are among the factors responsible for substance abuse among juvenile delinquents in the metropolis.

On the effects of substance abuse among juvenile delinquents on the educational and career development of the metropolis, the study established that truancy and withdrawal from school, illiteracy, diminishing of positive attitude towards life and reduction in the level of human capital

are some of the negative effects that substance abuse among juvenile delinquents have on the juvenile delinquents and the society as whole. Also, the study found out that the health implications of substance abuse among juvenile delinquents in the metropolis included mental illness among juvenile delinquents, death from cardiac arrest and fatal accidents, addiction problems, spread of diseases and sickness such as HIV/AIDS through syringe sharing especially among intravenous drug users and unsafe sexual behaviour in sex-for-drugs transactions. The study also found out that involvement of juvenile delinquents in drug-related crimes and serious crimes such as rape, murder, burglary, vandalism and armed robbery are some of the anti-social behaviours increasingly manifested by juvenile delinquents who abuse substances in the metropolis.

More so, the study established that weak social bonding and informal social control between a child and the society result to substance abuse among juveniles in the metropolis. Lastly, the study established that substance abuse at childhood or adolescence eventually graduate into adult criminality if weak social bonding and weak informal social control between a juvenile and the society is not improved or made strong.

5.2 Conclusions

The study concluded that substance abuse among juvenile delinquents is found among both male juvenile delinquents and girl-child delinquents in Zaria metropolis. The study concludes that there are four major categories of substances abused by some of the juvenile delinquents in the metropolis: (1) Narcotics drugs, (2) Inhalants or industrial chemicals (3) Organically produced substances and (4) Concoctions. The study also concludes that other categories of substances abuse by juvenile delinquents in the study area included cannabis, cough syrups, Rafenol,

Tramadol, heroin, steroids, crystal meth, ecstasy; alcohol, designer/club drugs such as pills, tranquilizers, amphetamines and cocaine.

The study concluded that juvenile delinquents in the metropolis are involved in the abuse of hard drugs as it is found in other countries and that substance abuse is connected to urbanization which facilitates quick access to unlimited information on both positive and deviant cultural behaviours. The study also concluded that having parents who themselves are substance abusers, societal moral decadence and peer group pressure are some of the factors associated with the manifestation of substance abuse among juvenile delinquents in the metropolis.

The study also concluded that failure to achieve positively valued goal in the society, the breakdown of family values, death or divorce of parents/guardian of an individual juvenile or any other unpleasant condition could predisposes juveniles into substance abuse. Furthermore, the study concludes that children who have gone through negative experiences of criminal victimization or abuse of a child or juvenile such as rape of a male or female child; verbal threats or insults on a child or juvenile and infliction of physical pain on a juvenile are highly prone to going into substance abuse.

More so, the study concluded that substance abuse among juvenile delinquents have negative effects on the educational and career development of juvenile delinquents in Zaria metropolis as a result of truancy, withdrawal from school, illiteracy, diminishing of positive attitude towards life and the reduction in human capital development. Also, the study concluded that substance abuse among juvenile delinquents has serious health implications on juvenile delinquents in the metropolis. Some of the health implications in that direction included mental illness, death from cardiac arrest and fatal accidents, addiction problems, spread of sickness and diseases such as

HIV/AIDS through syringe sharing among intravenous drug users (IDU) and illicit and unsafe sexual behaviour in sex-for-drugs transactions. The study also concluded that juvenile delinquents who abuse illicit substances in Zaria metropolis are involved in serious anti-social behaviours which include the involvement of juvenile delinquents in serious crimes such as rape, murder, gang violence, drug-related crimes and generally resulting to frequent law violations by juvenile delinquents in the metropolis.

Also, the study concluded that substance abuse among juvenile delinquents in Zaria metropolis have negatively affected the socio-economic wellbeing of the metropolis through the reduction in the labour force of the society, decline in the level of intellectuals, decline in technical and vocational skills among youths and resulting to unqualified and unemployed adults in the metropolis.

In addition, the study concluded that it is evident from the study that a significant portion of juveniles are involved in substance abuse because the social bonding and the informal social control between these juvenile delinquents and the society is weak. Furthermore, the study concluded that due to the absence of cohesive guidance from the family or society, children do move out and interact with different bad peers who in turn lead them into deviant behaviours such as substance abuse. More so, the study concluded that substance abuse at childhood or adolescence will eventually graduate into adult criminality if the weak social bonding and weak informal social control between the juveniles and the society is not improved upon or made strong. Also, the study concluded that when the social bonding and informal social control between an adult and the society weakens, that adult will likely go into substance abuse even if the adult was not a substance abuser at childhood or adolescence.

The study also concluded that substance abuse among juvenile delinquents in Zaria metropolis is on the increase. More so, the study concludes that the average age bracket of first-time substance use among juveniles in the metropolis is 10-12 years. This means that Zaria metropolis has a low age bracket of first-time substance use among juveniles which is alarming. Lastly, the study had concluded that male juveniles are more involved in substance abuse than the girl-child delinquents despite the fears that some girl-child delinquents are also increasingly getting involved in the abuse of substances in the metropolis.

5.3 Recommendations

The research findings have shown how substance abuse among juvenile delinquents poses a serious problem that needs solutions. Below are some recommendations to the government, parents/guardians, the media and the community in general; that will, if pursued and implemented will assist in tackling the problem of substance abuse among juvenile delinquents.

5.3.1 The Government

Nigeria as a country operates a Federal System Government with three tiers of government which are the Federal, States and Local Governments. Therefore, there is the urgent need for the three tiers of government in Nigeria to demonstrate a strong and sincere political will to really prevent and control the problem of substance abuse among juvenile delinquents to a minimum limit not only in Zaria metropolis but in the entire country.

5.3.2 The Local Government (LGA's)

1. The local government has a duty to these juvenile delinquents. The LGA's have to as a matter of urgency enforce the Universal Basic Education (UBE) law that ensures primary school education and junior secondary school education is compulsory for every child. The LGA's should collaborate with the NDLEA, the police, traditional leaders, vigilante groups and the Parents Teachers Association (PTA) to arrest any juvenile caught abusing substances or caught in possession of illicit substances that are abused; and stiff punishment should be meted out on the juvenile's parents or guardians especially if the juvenile was arrested during school hours.
2. The local government should liaise with traditional leaders, religious leaders, the media, NDLEA and the police to organize public enlightenment campaigns to educate and create awareness on the negative effects of substance abuse among juveniles to members of the community especially to the juveniles and youths.
3. The local government areas should liaise with traditional leaders, religious leaders, NDLEA, the police and members of the community (parents and youths) to participate in community policing to monitor juveniles against having access to drugs, fish out and arrest all pharmacy shops and drug peddlers that sell drugs to people without prescription.

5.3.3 The State Government

1. The Kaduna State government should provide educational opportunities for all children and juveniles. The state government should enforce the State Universal Basic Education Board (SUBEB) law that ensures the basic primary schooling and junior secondary education is made compulsory to every child or juvenile in the state. The state government should demonstrate a lot of will in providing entrepreneurship training

centres for the training of every juvenile in the society without regard to political affiliation to prevent idleness and restiveness.

2. The state government should embark on a massive enlightenment campaigns and also organize forums to inform, enlighten and to educate the public especially the juveniles and youths about the effects of substances abused among juveniles. This can be done through the media, mosques, sermons and in schools.
3. The state government should close down and arrest all pharmacy shops and drug peddlers that sells drugs to people without prescription and should build correctional facilities for juvenile delinquents in every community. A state like Kaduna should not be having only one borstal home as there should be borstal homes in every local government area of the state.
4. The state government should also liaise with traditional leaders, religious leaders, the NDLEA, the police, vigilante groups and members of the community specifically parents and youths to participate in community policing to monitor juveniles against having access to drugs, fish out and arrest all pharmacy shops and drug peddlers that sell drugs to people without prescription.
5. The state government should also ban joints and recreational centres known to be selling points for illicit substances and should also ensure that uncompleted buildings should be made to be completed by the owners or risk demolition. This is because uncompleted buildings are hide-out points for the consumption and sale of illicit substances by drug peddlers and juvenile delinquents.
6. The state government should solicit the assistance of ordinary citizens in the state to assist it with useful information on any one selling illicit substances for juveniles to buy

and should ensure the safety of members of the public that will want to assist the state in the fight against narcotics and drug peddlers.

5.3.4 The Federal Government

1. The federal government should provide more law enforcement agencies such as the NDLEA officers, the NAFDAC personnel and the police personnel in every community in the country to monitor juveniles against having access to illicit drugs and substances.
2. The federal government should enact laws that will effectively regulate and control industrial solvents or inhalants such as Nitrous Oxide, Laughing gas and specifically glues or gum solution so as to prevent all juveniles in the country from having access to these substance which is now increasingly being abused by juvenile delinquents.
3. The federal government should practically make the welfare and development of children or juveniles a national agenda. The Federal Government of Nigeria should do more in the betterment of the welfare of juveniles in the country.
4. The federal government should close down and arrest all pharmacy shops and drug peddlers that sell drugs to people without prescription and should build correctional facilities for juvenile delinquents in every community. The federal should enact laws with severe punishment for those found wanting in drug peddling and substance abuse to deter others from getting involve.
5. The Federal government will have to rehabilitate and reform those juvenile delinquents that are already into the abuse of illicit substances and borstal homes should be made available in at least every Local Government Area in Nigeria. Firstly, these borstal homes should be like of open prisons or with sound features of entrepreneurship and skills acquisition programmes; where juvenile delinquents involved in substance abuse or

suffering from addiction problems would be taken for rehabilitation and reformation, and after their rehabilitation and reformation, they can be reintegrated back into the society with something to rely on.

6. The federal government should minimize the level of poverty in the society so that parents can effectively take care of their children.
7. The government at all levels should protect children and juveniles from criminal victimization, child abuse and neglect by prosecuting those criminals involved.
8. The federal government should embark on sponsoring massive campaign and also organize fora to inform, enlighten and educate the public especially the juveniles and youths about the effects of substances abuse among juveniles. This can be done through the media where programmes and adverts would be sponsored by the federal government. The enlightenment campaigns should also be carried out in mosques sermons and in schools.

5. 4 Parents/Guardians

Parents and guardians also have a very crucial role to play in the prevention and control of substance abuse among their children or wards in the society. The following recommendations provided if completely pursued and carried out by parents/guardians; will assist in tackling the problem of substance abuse among juvenile delinquents.

1. Parents/guardians should carefully monitor their children and they should prevent them from making friends with bad peer groups and should always advise their children at home, show them love, care and encourage them academically to understand their personal problems.

2. Parent/guardians should present themselves as positive role models and avoid being substance abusers to avoid possible imitation from their children.
3. Parents/guardians should provide proper discipline and training to their children through religious and western education to understand the effects of substance abuse.
4. Parents/guardians should go into family planning to give birth to children they can care for and pay proper attention to the upbringing of their children to avoid socio-economic disadvantages such as house hold overcrowding, broken homes and residential mobility that result to weak social bonding and informal social control between juveniles and the society.

5.5 The Media

The media as agent of socialization plays an important role in shaping the behaviours of members of society as the media has also been a serious contributor to the increasing problem of substance abuse among juveniles in the society. Therefore, it has become imperative for the media modify its style of operation or processes of disseminating information to avoid sensational presentation of substance abuse that have impacted negatively on the lives of juveniles. Below are some recommendations as regards to what the media should do to assist in the prevention and control of substance abuse among juvenile delinquents.

1. The media should broadcast only films, musical videos and audio songs that educate the public especially youths on the negative effects of substance abuse.
2. The media should always inform and enlighten people especially juveniles and the youths on the negative effects of substance abuse.

5.6 Members of the Community

The problem of substance abuse among juvenile delinquents does not occur in a vacuum. They occur within communities. Thus, members of the community have a duty to play in the prevention and control of substance abuse among juvenile delinquents. The following recommendations provided if completely pursued and practiced by members of the community; will assist in tackling the problem of substance abuse among juvenile delinquents.

1. Every member of the community should work in collaboration with the government to report all illegal drug sellers to the NDLEA or the police so that they can be arrested and prosecuted by the authority.
2. Members of community should complement the efforts of the government by forming voluntary organizations such vigilante groups to prevent and control substance abuse among juvenile delinquents in the society.
3. Every member of the community should play a parental role in developing juveniles by advising them on the negative effects of substance abuse and should avoid being hostile to juvenile delinquents.
4. Members of the community should present themselves as good role models and should help in maintaining good moral behaviours to the young ones.

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APPENDIX I: QUESTIONNAIRE FOR RESPONDENTS ON A SOCIOLOGICAL STUDY OF SUBSTANCE ABUSE AMONG JUVENILE DELINQUENTS IN ZARIA METROPOLIS OF KADUNA STATE.

Dear Respondents,

This questionnaire is from a student of the Department of Sociology, Bayero University, Kano pursuing a Master of Science degree in Sociology. I would like to solicit for your cooperation in administering this questionnaire and I would like to assure you that all the information gathered from this questionnaire will be treated with confidentiality and strictly for academic research. In addition, anonymity of the respondent is guaranteed. Please, fill as appropriate.

Thank You

Aminu Yunusa

Section A: Socio-Demographic Data

1. Sex: a. Male () b. Female ()
2. Age: a. 11-17yrs () b. 18-30yrs () c. 31-45yrs () d. 46yrs above ()
3. Religion: a. Islam () b. Christianity () c. Traditional () d. Others (Specify)
4. Marital Status: a. Single () b. Married () c. Divorced () d. Widowed ()
5. Ethnic Group: a. Hausa/Fulani () b. Yoruba () c. Igbo () d. Others (Specify).....
6. Occupation: a. Police personnel () b. Senior court officer () c. Social welfare officer ()
d. teacher () e. Civil servant () f. Others (Specify)
7. Level of Income:

a. 60,000- 89,000 per annum () b. 90,000- 100,000 per annum ()

c. 101,000- 200,000 per annum () d. 201,000 and above per annum ()
8. Highest Level of Educational Attainment: a. Non Formal Education () b. Primary

School Education () c. Secondary School Education () d. Tertiary Education ()
9. Type of Resident: a. Flat House () b. Compound House () c. Bungalow () d. Others
(specify)

Section B: The Nature of Substance Abuse among Juvenile Delinquents in the Society

10. Would you suggest that substance abuse among juveniles is found among both male and female juveniles?

a. Yes () b. No ()

11. Which of these categories of illicit substances are abused by juvenile delinquents in the society? a. Narcotics () .b Alcohol () c. Cannabis () d. Designers/Club drugs () e. Cocaine () f. All of the above ()
12. Which of these volatile liquids/industrial solvent (inhalants) would you suggest are abused by juvenile delinquents?
- a. Glue/ gum solution ()
- b. Gasoline/petrol ()
- c. Nitrous Oxide ()
- d. laughing gas ()
- e. All of the above ()
13. Which of these locally made organic materials would you suggest are abused by some juvenile delinquents in the society?
- a. Dry lizard faeces () b. Smell from gutter () c. Smell from pit toilets or soak away ()
- d. All of the above ()
14. Which of these locally made concoctions would you suggest are abused by some juvenile delinquents in the society?
- a. stored water in a tyre () b. Water from soaked coins c. Zakami (Datura metel) ()
- d. Combination of two or more concoctions ()
15. Would you suggest that juvenile delinquents in the society are using hard drugs as it is found in other countries? a. Yes () b. No ()
16. If yes above, please could you state reasons for your answer?
-

17. Which of the following methods of substance abuse would you suggest are practiced by juvenile delinquents in the metropolis?

- a. Drinking () d. Injecting () g. Swallowing ()
- b. Smoking () e. Chewing () h. Mixed with food or beverage drink ()
- c. Inhaling () f. Sniffing () i. Combination of two or methods ()

18. Which of the following places would you suggest juvenile delinquents use for substance abuse in the metropolis?

- a. Inside uncompleted buildings () b. Inside bushes ()
- c. Within specific spots where illicit substance are sold () d. In nooks ()
- e. Motor parks () f. Inside toilets ()
- g. Inside their rooms () h. All of the above ()

Section C: Factors Responsible for Substance Abuse among Juvenile Delinquents in the Society

19. Will you suggest that high substance abuse among juveniles is linked to urbanization of traditional societies?

- a. Yes () b. No ()

20. Which of these factors would you suggest to be responsible for substance abuse among juveniles?

- a. Parental neglect or overprotection ()
- b. Having parents/guardians who themselves are substance abusers ()
- c. Societal moral decadence ()
- d. Peer group pressure ()
- e. All of the above ()

21. Which of these factors would you also suggest to be responsible for substance abuse among juveniles?

- a. Family disruption ()
- b. Negative influence of the western media ()
- c. Environmental issues such as the availability of some substance ()
- d. All of the above ()

22. Will you suggest that failure to achieve positively valued goals in the society results to substance abuse?

- a. Yes () b. No ()

23. Do you agree that some juvenile delinquents abuse substances such as hard drugs to increase or reduce inputs in their daily activities?

- a. Yes () b. No ()

24. Do you agree that the breakdown of family values, death or divorce of parents/guardian of an individual juvenile or any other unpleasant condition can predispose the juvenile into substance abuse?

- a. Yes () b. No. ()

25. Which of these presented negative experience would you suggest result to substance abuse among juveniles?

- a. Criminal victimization of a child or juvenile ()
- b. Child abuse and neglect ()
- c. Verbal threats and insult ()
- d. Infliction of physical pain on a juvenile ()
- e. All of the above ()

Section D: The Effects of Substance Abuse among Juvenile Delinquents on the Society

26. Which of these would you consider to be the negative effects of substance abuse among juvenile delinquents on the educational and career development of the society?
- a. Truancy and withdrawal from school ()
 - b. Illiteracy ()
 - c. Diminishing of positive attitude towards life ()
 - d. Reduction in the level of human capital development ()
 - e. All of the above ()
27. Which of these would you suggest to be the negative effects of substance abuse among juveniles on the health of any society?
- a. Mental illness ()
 - b. Death from cardiac arrest and fatal accidents()
 - c. Spread of disease and sickness such as HIV/AIDS through intravenous drug abuse ()
 - d. Addiction problems ()
 - e. All of the above ()
28. Which of these anti-social behaviours do you think results from substance abuse among juveniles?
- a. Involvement of juveniles in drug related crimes ()
 - b. Predisposing juveniles into serious crimes such as gang violence, rape, murder, burglary, vandalism, armed robbery among others. ()
 - c. Increase in frequent law violation in the society ()
 - d. All of the above ()

29. Which of these socio-economic consequences of substance abuse among juveniles would you suggest to have negatively affected the society?
- a. Reducing the future labour force of any society ()
 - b. Widening the existing gap of social inequality ()
 - c. Decline in the level of intellectual, technical and vocational skills among youths ()
 - d. Results to unqualified and unemployable youths in a society ()
 - e. All of the above ()

Section E: How Substance Abuse among Juvenile Delinquents Graduate into Adult Criminality

30. Would you agree that weak social bonding and weakened informal social control between a juvenile and society, can lead a juvenile into substance abuse?
- a. Yes () b. No ()
31. If yes above, Will you suggest that substance abuse at child hood or adolescent will eventually graduate into adult criminality if the social bonding is not improved and made strong?
- a. Yes () b. No ()
32. Would you also agree that when the social bond between an adult and the society weakens, that adult will likely go into substance abuse even if the person was never/not a substance abuser at childhood or adolescent?
- a. Yes () b. No ()

Section F: The Extent of Substance Abuse among Juvenile Delinquents in the Society

33. How would you describe the extent of substance abuse among juveniles in the society?

- a. High () b. Moderate () c. Low ()

34. Which of these age brackets would you suggest to be the average age of first-time substance use in the society?

- a. 10-12years old () b. 13-15years old () c. 16-18years old ()

35. Which of this gender would you suggest have more magnitude of substance abuse?

- a. Male juveniles () b. Girl-child delinquents ()

36. Please, suggest possible recommendations that can be taken by the following to help in the prevention and control of substance abuse among juveniles:

- a. Government.....
.....
- b. Parents.....
.....
- c. Media.....
.....
- d. Members of the Community.....
.....

APPENDIX II: IN-DEPTH INTERVIEW SCHEDULE FOR RESPONDENTS ON A SOCIOLOGICAL STUDY OF SUBSTANCE ABUSE AMONG JUVENILE DELINQUENTS IN ZARIA METROPOLIS OF KADUNA STATE.

Dear Respondent,

My name is Aminu Yunusa, a student of the Department of Sociology, Bayero University, Kano pursuing a Master of Science degree in Sociology. I would like to solicit for your cooperation in conducting this interview and I would like to assure you that all the information gathered from this interview will be treated with confidentiality and strictly for academic research. In addition, anonymity of the respondent is guaranteed.

Thank You.

Section A: Socio-Demographic Data

1. How old are you?
2. What is your level of educational attainment?
3. What is your occupation?
4. What is your level of income per annum?
5. What is your marital status?
6. What is your ethnic background?

7. Which religion do you practice?

Section B: The Nature of Substance Abuse among Juvenile Delinquents in the Society

8. How would you explain the nature of substance abuse among juvenile delinquents in the society?

9. Which of the illicit substances would suggest are more widely abused by some juvenile delinquents in the society?

10. Do you agree that some juvenile delinquents in the society are also abusing hard drugs as it is found in other countries?

11. If there are any hard drugs in respect to the previous question, could you give the name of any of these hard drugs?

12. Would you suggest that substance abuse among juvenile delinquents occur among juveniles from different socio-economic backgrounds?

13. Do you think substance abuse among juvenile delinquents occur in both male and female juveniles?

Section C: Factors Responsible for Substance Abuse among Juvenile Delinquents in the Society

14. What factors do you think are responsible for substance abuse among juvenile delinquents in the society?

15. What would be your response to the saying that substance abuse among juvenile delinquents is connected to urbanization of traditional/rural societies?

16. Do you share the opinion that substance abuse among juvenile delinquents is also influenced by what the media especially from the western world presents to the society?

Section D: The Effect of Substance Abuse among Juvenile Delinquents on the Society

17. Do you share the opinion that substance abuse among juvenile delinquents has negative effects on the future population of any society?

18. How would explain the immediate effects that substance abuse among juvenile delinquents have on the society?

Section E: How Substance Abuse among Juvenile Delinquents Graduate into Adult Criminality

19. Would you suggest that weak social bonding between a child and a society will result to substance abuse among juveniles?

20. Do you share the opinion that continuous and persistent weakening of social bond between a juvenile and the society at childhood, can graduate into adult criminality?

Section F: The Extent of Substance Abuse among Juvenile Delinquents on the Society

21. Will you suggest that substance abuse among juveniles in the society is on the increase or decrease?

22. At what age would you suggest to be the average age of a first-time substance use?

23. Please, could you suggest the possible recommendations on how best to prevent and control substance abuse among juveniles to the minimum or tolerable limit in the society?

Thank you for Your Attention.