

Drug Abuse : Implication on National Development in Nigeria: The Role of Mass Media?

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ABSTRACT

The paper focuses on the drug abuse as an impediment to the national development in Nigeria. Drug abuse has become an ‘ill-wind’ on the development of the society; this is because the youths, who are the leaders of tomorrow, are the major targets of the abuse of drugs. They are badly affected that some are dropping out of school; while some are in mental institutions and in rehabilitation centres. These call for urgent need of effective use of mass media in eradicating abuse of drug among the Nigerian youths, because the mass media transmit ideas and new information to a target audience. This implies that they are responsible for most of the adjustments in the behavioral pattern of people in the society. Though, media have been accused of brainwashing the adolescent, and creating more awareness through drug advertisement and use of celebrities in use of drug. Research has proved that adolescents observe and listen to drug use, particularly alcohol drinking, being displayed and discussed as a natural and everyday event on the Mass media especially on television. The paper adopted theories such as Agenda Setting Theory, Hypodermic Needle Theory, Personality Theory of Drug Abuse and Learning Theory of Drug Abuse, and employed empirical secondary data. It concluded that the media should be encouraged to develop and enforce adequate standards of conduct regarding their professional competence and their objectivity. It also recommended that, there should be increased attempts to provide more anti-drug messages within entertainment programming. And should uphold professional ethical rules set up through self-regulation, and constantly enhance professionalism and be accountable to the public in the way it informs, educates and entertains.

Keywords : Mass Media, Drug Abuse, Agenda Theory, Hypodermic Needle Theory, Personality and Learning theory of Drug abuse.

I. INTRODUCTION

Drug abuse has taken a toll on development of the society; this is because the youths, who are the leaders of tomorrow, are the major targets of the abuse of drugs. Drugs abuse give rise to dependence both physical and psychological. Dependence gives rise to mental, emotional, biological or physical, social and economic instability. The effects of drug abuse on an individual therefore form the basis for its cumulative effects on the society. The impact of drug abuse among Nigerian youths has been a sigma of a morally bankrupt.

The various consequences of the drug abuse or drug addictions are so devastating and very shameful to the image and to the detriment of the national development, to the extend that both the national and

international organizations all over the world are also worried about the spread of this scourge among Nigeria youths, These consequences include: Social violence among youths, armed robbery, mental disorder, 419, syndrome, social miscreants (area boys and girls), lawlessness, lack of respect for elders, rape, many more of the social evils (Emmanuel 2014).

Drugs have been introduced in several ways by the society; through the homes, peers, schools, even the church and majorly by the mass media. The mass media go beyond the everyday broadcast and also transcends to the transmission via movies and music. Given the paramount position of the entertainment industry as against that of academic pursuit, thereby the youths are more exposed to the danger of drug abuse.

Drug abuse while it emits hard drugs, also means the taking of drugs without prescription. This study therefore reflects societal troubles as drugs, in its different forms, is slowing down our search for development. Youths are dropping out of school, they are in mental institutions, they are in rehabilitation centres, all boils down to the fact that the mass media is “trying” to perform one of its roles of entertaining.

The mass media is the watchdog of the society. The public relies on the media for information, for education and for entertainment. Given the power of the media in determining what the public thinks about, given the power the media has in framing media content in a particular way, given the audience role as absorbers of media content, amongst others, it is not a surprise that the media has a large part to play in the promotion of drug abuse and alcoholism.

For instance, many celebrities who are idolized by teenagers speak out against cocaine and marijuana, but many equally famous stars admit to using the same drugs. In television and other videos, the use of drugs, tobacco and alcohol is common and more often than not, the lead performer is the individual doing the drinking and smoking. Another example can be found in the movies, where some characters are presented as drug users or alcoholics and adolescents are severely exposed to media content as it has become an irresistible to ‘check out what’s trendy’ in the media.

According to the research done by Odhiambo (2012), the study identified that through the media adolescent are brainwashed by the huge advertising industry from early years of childhood. Also, an increasing number of cigarette adverts is designed to appeal to teenagers. On this note, Bark (2007) revealed that over 90% of teenagers are aware of the adverts and most say the adverts influence their behaviour.

Despite limited empirical evidence on the effectiveness of the mass media in preventing use of illicit drugs, practitioners can take heart (and guidance) from the much large body of research literature dealing with the impact of media –based interventions on health – related behaviors in general (parlor, 1993) and on the use of licit substances, such as cigarettes. Based on the empirical literature, as noted earlier provides ample evidence that well-planned media campaigns can influence a wide variety of health-related attitudes, norms, and behaviors.

Ample evidence exists of successful campaigns that used these guiding frameworks as social learning theory, diffusion of innovations, the theory of reasoned action, the health belief model, the elaboration likelihood model, and protection motivation theory. Other theoretical perspectives, such as peer cluster theory, can be drawn from school- or community- based prevention efforts. While principles from a number of these theories have been applied, at least implicitly, in drug abuse prevention media campaigns, there has been no systematic evolution of their relative (or combined) efficacy in such interventions. Still, their success in other health contexts strongly suggests that they can be applied effectively to drug abuse prevention.

Discussion on the role of mass media in drug abuse prevention must reflect, to some extent, the history of drug education in general. Early approaches to drug education were based on moral objections to use of drugs or alcohol and advocated temperance. The belief that education can solve social problems has been longstanding despite a lack of supportive evidence. This belief is based on the assumptions that social problems are caused by the maladaptive behaviour of individuals, and that such behaviour can be influenced by education. Mass communication holds substantial promise as a tool for reaching and persuading people to adopt new and healthier lifestyles. This has long been recognized by those interested in prevention of drug abuse and in other unhealthy behaviours.

A second phase in the history of drug education involved the use of fear approaches. If people could not be exhorted to avoid recreational drugs, perhaps they could be made afraid to do so. Again, it is known that such approaches did not work. In fact, the use of fear does not appear to lead to appropriate behaviour change, unless specific actions are recommended that will overcome or reduce the fear that is aroused. Subsequently, drug educators came to believe that an appropriate message was one that emphasized the objective facts about the physical properties of drugs, and the consequences (usually long-term health consequences) of using them. These programs did not work well either.

In fact, sometimes they even led to “boomerang” effects, possibly because the information provided served only to increase adolescents’ curiosity about

the substances described, or possibly because adolescents may have, as a result of the viewing environment, become aware of perceived group norms, and shifted attitudes accordingly. In recent years, there has been increasing recognition that the primary influences on adolescent drug use are social, particularly peer and family influences. Recent prevention programs that make students aware of social influences and provide them with the social skills with which to resist or cope with such influences have been more successful.

II. METHODS AND MATERIAL

Theoretical Review

Agenda Setting Theory

This theory was proposed by McCombs and Shaw in 1968. It describes a very powerful influence of the media, the ability to tell us what issues are important. Anaeto, Onabanjo, and James (2008) describe Agenda setting theory as the ability of the media to influence the significance of topics on the public agenda. That is, if a news item is covered frequently and prominently the audience will regard the issue as more important.

This theory assumed that,

- The press and the media do not reflect reality; they filter and shape it.
- Media concentrates on few issues and subjects that lead the public to perceive those issues as more important than other issues.

One of the most critical aspects in the concept of an agenda – setting role of mass communication is the time frame for this phenomenon. In addition, different media have different agenda – setting potential (Mcquail & Windahl: 1993). Agenda-setting theory seems relatively appropriate to help the researcher understand the subtle role of the media in dissemination of public enlightening information concerning drug abuse. This theory explains that the media has the power to influence the audience by always highlighting what they (media) consider as important and public worth. By doing this, constantly, the audience viewer start to pay more attention and think that which the media promote is very important. So if the media start to highlight the dangers of abusing drugs and depending on drugs, parents will pay more attention to their children and further educate them.

Hypodermic Needle theory

The “hypodermic needle theory” also known as Magic Bullet Theory was propounded in 1955 by Katz & Lazarus Feld. The theory implied mass media had a direct, immediate and powerful effect on its audiences. The mass media in 1940s and 1950s were perceived as a powerful influence on behavior change”.

Core Assumption of the theory is as follows:

- The theory suggests that the mass media could influence a very large group of people directly and uniformly by ‘shooting’ or ‘injecting them with appropriate messages designed to trigger a desired response.
- Both images used to express this theory (a bullet and a needle) suggest a powerful and direct flow of information from the sender to the receiver. The bullet theory graphically suggests that the message is a bullet, fired from the “media gun” into the viewers “head”.
- With similarly emotive imagery the hypodermic needle model suggests that media messages are injected straight into a passive audience which is immediately influenced by the message.
- They express the view that the media is a dangerous means of communicating an idea because the receiver or audience is powerless to resist the impact of the message.
- There is no escape from the effect of the message in these models.
- The population is seen as a sitting duck. People are seen as passive and are seen as having a lot of media material “shot” at them. People end up thinking what they are told because there is no other source of information.

Although some scholars have considered this theory to be obsolete, it is important to note that this theory is still relevant because it talks about the direct impact of the media on the audience. Since this research focuses on the role of the mass media in drug abuse, it is important to take note of the direct impact and the influence the media can have especially in youths.

In relation to this research, the Hypodermic theory is used because it talks about the powerful effect the media has on its audience, wielding such powerful effects can positively change the minds of people

towards the existence of drugs in the society. The transformational nature of the new media cannot be disputed as the internet has practically taken over some societal conventional norms.

Drug Theories are:

Farou (2012), asserts that the major emphasis of the theories is that people have their individual reasons for depending on one type of the drug or the other. Such reasons are explained in the following theories by Farou (2012, p.343) as:

(a) **Personality Theory of Drug abuse:** The main emphasis of this theory is that there are certain traits or characteristics in the individuals that abuse drugs. Such personality characteristics, according to Eze and Omeje (1999) are inability to delay gratification, low tolerance from frustration, poor impulse control, and high emotional dependence on other people, poor coping ability and low esteem. Individuals with these personality characteristics find it difficult to abstain from drug abuse.

(b) **Learning Theory of Drug Abuse:** It maintains that dependence or abuse of drugs occurs as a result of learning. The learning could be by means of conditioning, instrumental learning or social learning.

(c) **Biological Theory of Drug Abuse:** The theory maintains that drug abuse is determined by the individual's biological or genetic factors which make them vulnerable to drug addiction.

(d) **Social-cultural Theories of drug Dependence/Abuse:** The theories maintain that abuse is determined by socio-cultural values of the people. For instance, while certain cultures permit the consumption of alcohol and marijuana, other cultures do not. Among the Urhobo, Ijaw, Ibibio, Edo, Igbo, Yoruba and Itsekiri, alcohol i.e. Oogoro is used in cultural activities. In Northern Nigeria alcohol is forbidden due to sharia law.

Empirical Review of Literature

Research has proved that a typical American child will spend more time watching Television than he or she will spend at any other single activity, including going to school or interacting with friends. All this time spent watching television undoubtedly provides adolescents with many learning opportunities. Much

research suggests that behavioral learning does occur during viewing.

Adolescents observe and listen to drug use, particularly alcohol drinking, being displayed and discussed as a natural and everyday event on prime – time television. Reviews document the pervasiveness of drug content in all forms of media: television, radio, magazines, online platforms and records, particularly those preferred by adolescents, that Alcohol is the most frequently portrayed drink in television programming, and it is usually portrayed as a Social” drug with generally positive consequences resulting from its use. Among the illegal drugs, it has been suggested that marijuana use, while rarely depicted, has become a trivial matter, as are rarely shown and fairly consistently associated with bad consequences.

Advertising of cigarettes, alcohol, and proprietary drugs may be responsible for more adolescent exposure to use than the entertainment and news programming combined. With the exception of cigarette ads on television, alcohol, tobacco, and proprietary drug advertisement are pervasive throughout the mass media. The predominant message of advertisements is that use of recreational drugs, of frequent use of proprietary drugs, is not acceptable, but is even desirable recently; a new concern in medicated exposure to drug use has been directed to the possible effects of approaches to drug coverage on TV news. Drugs problems (busts) are popular human interest's stories, Scripts for these segments are written quickly with little thought to their effect on adolescents. It has been suggested that more care be taken with these reports to dramatize the drugs less and report actual legal consequence.

Okoye (20001) as cited by Fareo (2012, p.342), a drug refers to a substance that could bring about a change in the biological function through its chemical actions, it is also considered by Balogun (2006) as a substance that modifies perceptions, cognition, mood, behaviour and general body functions. Drug abuse is a major public health problem all over the world.

NDLEA (1997) as cited by Fareo (2012, p.342), the use abuse of drugs by adolescents have become one of the most disturbing health related phenomenon in Nigeria and other part of the world. Several school going adolescents experience mental health

programme, either temporarily or for a long period of time. Some become insane, maladjusted to school situations and eventually drop out of school.

Fawa (2003) as cited by Fareo (2012, p.342) "Drug is defined as any substance, which is used for treatment or prevention of a disease in man and animals. Drug alters the body functions either positively or otherwise depending on the body composition of the user, the type of drug used, the amount used and whether used singly or with other drugs at the same time". NAFDAC (2000) as cited by Fareo (2012, p.342), explained the term drug abuse as excessive and persistent self-administration of a drug without regard the medically or culturally accepted patterns. It could also be viewed as the use of a drug to the extent that it interferes with the health and social function of an individual.

A large number of students in many learning institutions across the world have been exposed to alcohol, tobacco, glue sniffing etc (Otieno & Ofulla 2009). A review of literature of chebukaka (2014), shows that currently 1.3 billion people use tobacco and 230 million people aged between 14-18 years use illegal drugs. According to UNODC (2012), Africa and Asia account for 70% of global population using opium and its derivatives. In America, the rate of illicit drug abuse currently stands at 19.6% between the ages of 18-20 years (kwamanga, 2003).

In Britain, cross-sectional studies have shown that at least 40% of high school students aged 14-18 years have used illicit drugs at least once in their lifetimes. Also among those aged 16-24 years, 38% of males and 5% of females regularly drink alcohol (Alcohol concern 2000). In West Africa, studies have consistently shown that there is considerable prevalence of drugs and substances abuse, with varying prevalence rates found for both overall and specific drug abuse (Abdul Karim, Mokuolu & Adeniyi, 2005).

Effects of Mass Media on Drug Abuse

Although the mass media are also thought to be a source of social influence on adolescent drug use, direct effects have been much more difficult to document. Despite the many past failures in the use of mass media for drug abuse prevention, the recent

successes of classroom-based drug abuse prevention programming, coupled with communication research principles and the recent success at using mass media for cigarette smoking prevention, give us confidence that mass media have a valuable role to play in solving the very important problem of increasing.

Studies have found that non-users of drugs identify the mass media as one of their most important place for adolescents to learn about drugs, and were perceived by them as a trusted and influential source of information, irrespective of individual drug use (Abdul Karim, Mokuolu & Adeniyi, 2005). Yet, while there is increasing public service announcements evidence that anti-pro-social behaviors are learned, at least in small part, from seeing them modeled on television. This is surprising in that drug use/abuse is of major concern to parents and schools, and there is a significant amount of social modeling of drug use on television.

There is, of course, evidence that commercial aimed at children affect children (Fareo (2012). Adolescents are more likely to want to have the attractive products they see advertised, and increases sales. While no casual relationship has been established between viewing use on television and subsequent drug use by adolescents, four considerations make such a relationship highly likely. The four considerations are: a) learning theory principles (which have been empirically validated in other behavioral domains), b) documented effects of anti-and pro-social programming on children's behaviors, c) and documented effects on advertising on children's consumer behavior.

Factors Influencing Drug Abuse

The factors influencing illicit drug use have been identified including mass media. It was recorded by Ngesu, Ndiku and Masese (2008) that children from homes where parents take drugs tend to imitate their parents' behaviour and through modelling start using drugs. Also, according to Abdul Karim et al (2005), students may start using illegal drugs due to media influence. The BMA board of science revealed factors that influence drug use which involve the following:

- **The genetic basis for drug use**

The use of drugs has a genetic component. This means that those with a genetic predisposition to drug use, such as those with

direct family member with a history of substance use, are at an increased risk of using drugs. The implication of this is that variations exist at an individual neurobiological level, and this affects an individual's susceptibility to drug use. This means that not every person will themselves carry the gene or become drug dependent.

- **Family-based designs**

Research using family-based designs suggests that siblings of cannabis-dependent individuals have an elevated risk of developing cannabis dependence themselves. Similar findings have been reported among siblings of cocaine-dependent individuals. Siblings of individuals with dependence on opioid drugs, cocaine and/or cannabis have also been reported to be at an increased risk of developing drug dependence. These findings were found to be independent of factors related to family conditions.

- **Adoption – based studies**

Adoption –based studies have shown a genetic basis for drug use. Adoption studies are based on a comparison of the concordance between offspring behaviour and the characteristics of both the adoptive and biological parents. Similarity between offspring and biological parents is suggestive of genetic influences, although research studies in this area should correct for in utero exposure to drugs.

Adoption studies have reported a strong link between biological parents 'substance use, and their offspring' risk of addiction. A 1995 analysis of adoptees with substance dependent biological parents (parents that were alcohol and / or drug dependent) compared with controls (adoptees with non- substance-dependent biological parents) provided an early demonstration of the role of genetic factors in the development of drug use and dependence. After controlling for in utero substance use, substance use in biological parents was found to be significantly associated with adoptee drug use. These findings are suggestive of genetics having a significant influence on the development of drug use.

- **Personality type**

There is evidence that certain personality characteristics can be considered predisposing vulnerabilities for drug use. The use of drug is also thought to contribute to the development in changes in personality. Personality traits of impulsiveness, sensation seeking and negative emotionality have been associated with an increased risk of using drugs. Sensation seeking has been defined as a need to seek intense sensations, along with the willingness to take risks for the sake of having such experiences

- **Family**

Family condition during childhood is associated with illicit drug use. 7, 37, 38 beyond the genetic characteristics shared within a family, there are a range of familial factors thought to influence drug use. Social learning theory suggests that one of the mechanisms by which behavior is acquired is through imitation and modeling of others. The role of the family's attitude towards drug use may play a role in this regard. Research has indicated that the family factors that contribute to differences in drug use include:

1. Single- parent, or step families
2. Substance use among family members
3. Poor parent- child relationships
4. Family conflict
5. Poor parental supervision

Drugs Commonly Abused and the Consequences of their Abuse

Akunyili, D. 2012, the past Minister of Information and Communications speaking on public lecture on "Youths and Drug Abuse" which she delivered at Aba Sports Club in Aba, Abia State 2012, defined drugs to include not only medicines but also "things like alcohol and cigarettes because these substances, just like other drugs, modify the functions of organs in the body of man or animals when taken. She enlisted nine effects of alcohol abuse, 13 for Indian hemp, five for tobacco, nine for heroin, 11 for cocaine, five for depressants and three for volatile solvents.

ALCOHOL

Alcohol can cause (nine):

1. Malnutrition resulting from depression of one's appetite.
2. Cancer of the mouth, oesophagus and stomach.
3. Decreased resistance to diseases.
4. Damage to brain cells, pancreas, kidney; Impotence and sterility in men.
5. Birth defects such as low birth weight, small head sizes, limb abnormalities, muscle cramps and oedema in babies born by pregnant women who indulge in drinking.
6. Premature aging.
7. Peptic ulcer.
8. Fatty liver and ultimately liver cirrhosis.
9. Loss of coordination, wife beating, child battering and broken home.

Indian HEMP

It is also called we-we, ganja, igbo, marijuana can cause the following:

1. Mood alteration.
2. Impaired memory and low self-perception.
3. Lung diseases such as cancer, chest pain, bronchitis.
4. Affects the immune response of the body to infections e.g. increasing the risk of developing full-blown AIDS.
5. Mental problems which can degenerate to full blown madness.
6. Increased heartbeat and blood pressure.
7. Babies with low birth weight and small heads can be born by mothers who smoke Indian hemp.
8. Destroys the testes in men.
9. Decreased ovulation and increased menstrual irregularities in women
10. Increased apathy
11. Loss of ambition and effectiveness
12. Diminished ability to carry out long term plans
13. Difficulty in concentrating and decline in school or work performance.

TOBACCO (contained in cigarettes, cigars, snuff, pipe tobacco and chewed tobacco. Tobacco contains nicotine, tar and carbon monoxide. Nicotine can be

habit forming; tar can cause cancer, while carbon monoxide is a very dangerous gas):

1. Cough bronchitis and ulcer.
2. Heart attack.
3. Stroke.
4. Tissue damage.
5. Cancer of the lungs, stomach, throat and lower parts of the large intestine

HEROIN (very addictive and usually results in continuous or persistent craving for the drug. An attempt to stop it leads to significant and painful withdrawal symptoms):

- User is content to sit and dream in an euphoric state.
- Malnutrition because it suppresses hunger.
- Chronic bronchitis because it suppresses cough reflexes.
- Can cause abscess at the site of injection.
- Hepatitis, tetanus & endocarditis (infection of the heart lining).
- Can result in permanent necrosis & scarring at injection site.
- Can lead to HIV infection because of sharing of needles and syringes.
- Overdose can lead to death.
- For women who use heroin during pregnancy, it can cause heart disease, hepatitis, pneumonia, still birth or miscarriages and babies are smaller than average.

COCAINE (very addictive and can kill. It is a very strong stimulant to the Central Nervous System, including the brain) can cause the following:

- Increased heart rate and high blood pressure.
- Heart attack.
- Nasal Congestion and running nose.
- Disintegration of mucous membrane of the nose and damage to nasal septum.
- Restlessness, irritability and anxiety.
- Depression when drug is not available.
- Weight loss.
- Impotence.
- Orgasmic failure.
- Stomach problems.

- Damage to liver, lungs and may lead to death when used for a long time.

DEPRESSANTS (These drugs depress the CNS and include the following: Hypnotics, Sedatives, e.g. phenobarbitone and Tranquilizers e.g. Valium & Librium. They are prescribed to induce sleep, relieve anxiety and relax muscles. They are dangerous when used with alcohol, which is also a depressant). Abuse of depressants can cause:

1. Accidents either on the highway or household.
2. Dependence and tolerance.
3. Seizure during withdrawal.
4. Unconsciousness and death from overdose or when mixed with alcohol.
5. Loss of memory over a long period of use.

VOLATILE SOLVENTS such as glue, petrol, acetone and toluene (mostly abused through inhalation by youngsters between the ages of 10 – 18 years):

1. Acute kidney failure.
2. Damage to the brain by reducing brain size.
3. Loss of memory and impaired respiration.

Source News Express Posted 01/10/2012 2:16:33 PM

III. RESULTS AND DISCUSSION

Experimentation done by Crowe & Reeves (2011) on the process of addiction and the Recovery of the Victims, which forms the analysis of discussion in this work

Crowe & Reeves (2011, p.4s) observed that occasional use of psycho-active substances may begin because of curiosity or because of the influence of friends. Initial experimental use of mood-altering substances usually occurs during the adolescent years, most often between 12 and 15 years of age. The typical pattern is experimentation with tobacco and alcohol, followed by initial use of marijuana. As use continues, other illicit drugs that can be inhaled or ingested orally may be consumed. Use of more potent drugs, particularly those requiring hypodermic administration, begins somewhat later. During this initial period, use of drugs is intermittent, and most people return to periods of complete abstinence during which they do not seek or consume drugs and experience no adverse

consequences from their use (Institute of Medicine, 1990).

See 1-A for a brief summary of the characteristics of experimental and social use of alcohol and other drugs.

1-A. Stage 1: Experimental and Social Use of Drugs and Alcohol

Frequency of use: Occasional, perhaps a few times monthly. Usually on weekends when at parties or with friends or may use when alone. **Sources** of drugs: peers, family primarily, Youth may use parent's alcohol. **Reasons for use:**

- To satisfy curiosity;
- To acquiesce to peer pressure;
- To obtain social acceptance;
- To defy parental limits;
- To take a risk or seek a thrill;
- To appear grown up;
- To relieve boredom;
- To produce pleasurable feelings; and
- To diminish inhibitions in social situations.

Effects: At this stage the person will experience euphoria and return to a normal state after using. A small amount may cause intoxication. Feelings sought include: Fun, excitement, thrill, belonging and control.

Behavioral indicators:

- Little noticeable change;
- Some may lie about use or whereabouts;
- Some may experience moderate hangovers;
- Occasionally, there is evidence of use, such as a beer can or marijuana joint.

Crowe and Reeves (2011, p.5) opine that problem use or abuse of alcohol or other drugs is the second stage in the process of addiction (see 1-B). The frequency of administration, as well as the amount of the drug used, increases. Use to the point of intoxication occurs often. The pleasurable, euphoric feelings produced with earlier use are still sought, but after the effects of the drugs subside, pain, desperation, and discomfort may occur. Unlike earlier stages of use, individuals progressing through this stage are likely to begin encountering consequences for use.

These may include:

- Work- or school-related difficulties;
- Changes in friends;
- Family problems;
- Physical illnesses;
- Weight loss and other physical problems;
- Financial and legal complications; and
- Personality and emotional changes.

Crowe and Reeves (2011, p.50,) if substance abuse continues, the individual may reach the stage of dependency/ addiction. Dependency occurs when a drug user experiences physical or psychological distress upon discontinuing use of the drug. Addiction implies compulsive use, impaired control over using the substance, preoccupation with obtaining and using the drug, and continued use despite adverse consequences.

1-B. Stage 2: Abuse

Frequency of use: Regular; may use several times per week. May begin using during the day. May be using alone rather than with friends.

Sources: Friends; begins buying enough to be prepared. May sell drugs to keep a supply for personal use, may begin stealing to have money to buy drugs/alcohol.

Reasons for use include: To manipulate emotions; experience the pleasure the substances produce; cope with stress and uncomfortable feelings such as pain, guilt, anxiety, sadness; to overcome feelings of inadequacy. Persons who progress to this stage of drug/alcohol involvement often experience depression or other uncomfortable feelings when not using. Substances are used to stay or at least maintain normal feelings.

Effects: Euphoria is the desired feeling; may return to a normal state following use or may experience pain, depression and general discomfort. Intoxication begins to occur regularly, however, feelings sought include: pleasure; relief from negative feelings, such as boredom, anxiety and stress reduction; may begin to feel some guilt, fear, shame; and may have suicidal ideations/attempts. May tries to control use, but is unsuccessful. Feels shame and guilt. More of a substance is needed to produce the same effect.

Behavioral indicators:

- School or work performance and attendance may decline;

- Mood swings;
- Changes in personality;
- Lying and cunning;
- Change in friendship-will have drug- using friends;
- Decrease in extracurricular activities;
- Begins adopting drug culture appearance (clothing, grooming, hairstyles, jewelry);
- Conflict with family members may be exacerbated;
- Behaviour may be more rebellious; and
- All interest is focused on procuring and using drugs/alcohol.

1-c summarizes the characteristics, including almost continuous use to avoid pain and depression. Dependent/addicted are unlikely to experience euphoria or other pleasant effects from the drug; continued administration is needed to achieve a state of homeostasis- feeling “normal” or not having pain.

1-C Stage 3: Dependency/ Addiction

Frequency of use: Daily use, continuous.

Sources:

- Will use any means necessary to obtain and secure needed drugs/alcohol;
- Will take serious risks; and
- Will often engage in criminal behaviour such as shop lifting and burglary.

Reasons for use: Drugs/alcohol are needed to avoid pain and depression; many wish to escape the realities of daily living; and use is out of control.

Effects:

- Person’s normal state is pain or discomfort;
- Drugs/alcohol help them feel pain;
- When the effects wear off, they again feel pain;
- They are unlikely to experience suicidal thoughts or attempts;
- They often feel guilt, shame, and remorse;
- They may experience blackouts; and
- They may experience changing emotions, such as depression, aggression, irritation, and apathy.

Behavioral Indicators:

- Physical deterioration includes weight loss, health problems;
- Appearance is poor;
- May experience memory loss, flashbacks, paranoia, volatile mood swings, and other mental problems;

- Likely to drop out or be expelled from school or lose jobs;
- May be absent from home much of the time;
- Possible overdoses; and
- Lack of concern about being caught-focused only on procuring and using drugs/alcohol.

Recovery

Crowe & Reeves (2011) assert that treatment helps addicted individuals enter a stage of recovery during which they abstain from substance use and experience improved physical, social and psychological functioning. Because of relapse, the recovery process may be interrupted by periods of return to substance use. This requires attention to relapse, prevention and continuing supportive therapeutic interventions.

Many treatment modalities (such as methadone maintenance or Alcoholics Anonymous) are viewed as potentially lifelong commitments to maintain the recovery process. Research indicates that, while it is not a curable disorder, treatment for substance abuse does work. With treatment, substance-dependent persons enjoy healthy and productive lives. Instead of creating health risks, committing crimes, and requiring public support, recovering individuals make positive contributions to society through their work and creativity.

Crowe & Reeves (2011), recovery is the process of initiating and maintaining abstinence from alcohol or other drug use. It also involves making personal and interpersonal changes. Whether an individual is addicted to or abusing alcohol, illegal drugs, prescription drugs, or a combination of these, the most important goal is to discontinue the use of alcohol and/or drugs. Crowe & Reeves (2011) also opined that with relapse prevention programming and supportive treatment, recovery is a realizable goal. With improved treatment services and adequate resources, society also is protected from further consequences related to drugs and alcohol, including economic, social, health, and crime-related problems.

IV. CONCLUSION

The media when disseminating information, they must be accurate, because any misinformation is known as releasing intellectual poison into the minds of the

audience or citizens, this has to be done squarely to avoid sprouting chaos or conflict which is not good for the economic growth of the country. For instance, Nigeria is a multi-textured country filled with different people with ideologies, beliefs and norms, the job of the media is to unify everyone to allow for peace, not only for delivering news but news that are current even based on trends and health issues and news must be quick as possible unless it will lose its value.

Therefore, there is a need for the public health practitioners to optimize the potential of mass media, they need to understand the sophisticated role the media can play when properly used to campaign against drug abuse. Media cannot just advocate or campaign against drug abuse without the support of the public health officials. The collaboration of the public health officials and the mass media will increasingly produce a sophisticated media campaign by cultivating the power of mass media to change people's behavior.

V. RECOMMENDATIONS

- This study recommends that a censorship be made in the transmission of the entertainment to the public.
- For there to be prevention of drug usage amongst adolescents, it is important that Drug Education is included in their curriculum, also counseling sections should be made available in all Nigerian Schools.
- There should be increased attempts to provide more anti-drug messages within entertainment programming. The media should uphold professional ethical rules set up through self-regulation, and constantly enhance professionalism, be accountable to the public in the way it informs, educates and entertains.
- The media should be editorially independent, free from any pressure and external interferences, and reflect the plurality of opinions and perceptions in order to truly help citizens be informed, understand the issues at stake, get educated on societal values, get linked and get entertained.

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