

Assessment of Awareness Level of Health, Psychological, and Social Implications of Cannabis Abuse Among Youths in Cross River State Nigeria

L. U. Akah

(Corresponding Author)

Department of Human Kinetics and Health Education
University of Calabar
e-mail: leviakah@gmail.com

V. C. Emeribe

Department of Human Kinetics and Health Education
University of Calabar
e-mail: v.cemeribe@yahoo.com

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Abstract

This study assessed the awareness level of health, psychological implications, and social factors on cannabis abuse. Existing related literatures were reviewed. Three hypotheses were formulated to guide the study. The population of the study comprised youths in Cross River State of Nigeria. Two hundred (200) subjects were studied. Pearson Product Moment correlation coefficient technique was employed in the analysis of data generated. The result of the study showed that: Awareness level of health implications of cannabis abuse significantly influence the abuse of cannabis among youths; Lack of knowledge of psychological implications of cannabis abuse has significant effects on the use of cannabis among youths; and that social factors had significant influence on cannabis abuse among youths. Based on the findings of the study the following recommendations among others were proffered: The government should mount more effective legislation against cannabis abuse and culprits be seriously penalized; drug education should be included in school curriculum at the various levels of education.

Keywords: awareness level, health, psychological, social, and cannabis abuse.

Introduction

According to Weller (2000), cannabis is a substance, which may be swallowed or smoked. It is capable of producing hallucinations and temporary sense of well being, followed by extreme lethargy. It is propagated by vegetation. Medically, cannabis is referred to as drug. Drug is any medicinal substance or a narcotic. Cannabis is thus classified as one of the most commonly abused drugs (Cobb, 2001).

Drug abuse is the use of drugs for purposes other than the purpose for which they are prescribed or recommended. Udoh, Fawole, Ajala, Okafor and Nwana (1987) noted that drug abuse is the persistent, excessive, and improper use of drug without regard to accepted medical practice. Charles, Ikoh, Iyamba and Charles (2005) submitted that drug abuse is a psychological problem largely influenced by prevailing social factors in a given society. They further posited that repeated abuse of drug has been confirmed to result to drug dependency by victims. The intensity of this dependence according to them may vary with individuals, the motivation behind the abuse of the drug, and the physical or biochemical properties of the drug.

Indian hemp and marijuana are of the cannabis family of stimulants. Cannabis plant contains a psychoactive substance called THC (delta-9-tetrahydrocannabinol). It is considered to be found in almost all countries of the world. In most countries of the world, use of cannabis is illegal (Cobb, 2001). According to the Diagnostic Statistical Manual (DSM, 2007), all parts of Indian hemp and marijuana contain psychoactive substances. The most potent part is the flowering taps and the dried blackish- brown residue that comes from the leaves, known as hashish or harsh. There are more than 200 slang terms used for it. They among others include: 'pot,' 'weed,' 'mary-jane,' 'grass,' 'tea', and 'ganja.'

Charles, *et al* (2005) and DSM (2007) posited that cannabis (Indian hemp/marijuana) is usually chopped and/or shredded and rolled into cigarette, or placed in a pipe (bang) and smoked. Alternative method of using cannabis involves adding it to food and eating it. It can also be brewed as tea. Indian hemp has appeared in the form of "blunts" cigarettes emptied of their tobacco content and filled with a combination of Indian hemp/marijuana and another drug such as crack cocaine. Some sources observed that some soak cannabis in alcohol and drink it as beverage, while some cook it as vegetable in soup and eat it using garri. This can be very risky, dangerous, and damaging for children, teens, and youths, especially those who ordinarily would not have ventured into the use of cannabis. Public enlightenment campaign against this is needful if the future of our society and entire nation must be salvaged. It is obvious that substance abuse is not a very new development. National Institute for Drug Abuse (NIDA, 2008) and Charles *et al* (2005) observed that by the 1960s and 1970s, the most widely abused substance was cannabis. In those early years, heroin and cocaine were not widely known; therefore control measures were directed at the problem of Indian hemp. In 1966, the Federal Government of Nigeria promulgated a decree known as "Indian hemp decree 1966", under which a person who is convicted could spend up to ten years in prison. In 1984, the Buhari/Idiagbon regime promulgated the Special Tribunal (miscellaneous offences) Decree no.20. The decree as stated in section 6 (31) observed that "any person who deals with, sells, buys, exposes, or offers for sale, smokes, drinks, or inhales, or induces another person to so deal with the drug shall be guilty of an offence liable on conviction to suffer death by

firing squad”. In June 1984 one Mr. Bartholomew Owoh and two others were convicted by the tribunal and executed by firing squad. This action and the fight against the use of the substance in contemporary society shows that even in Nigeria, it is among the banned substances. But today the decree of 1966 and 1984 restraining the use and misuse of cannabis has lost its power.

National Institute of Drug Abuse (NIDA, 2008), reported that daily cannabis users experience withdrawal symptoms including irritability, stomach pain, aggression, and anxiety. Most frequent cannabis users are believed to continue using it in order to avoid these unpleasant symptoms. Long term use may lead to changes in the brain. It is believed that the greater availability, high potency, and lower price for cannabis in recent years, all contribute to the increase in cannabis- related disorders. In a recent report by “The Independent” of London in Charles *et al* (2005); Gupta and Ray (2007); and Addo, Smeeth, and Leon (2009); it was observe that cannabis is becoming more powerful and can lead to severe health damages. Another warning says that cannabis affects almost every system of the body. It combines many of the properties of alcohol, tranquilizers, opiates, and hallucinogens. It is known, to seriously impair driving skills, and can provoke acute mental illness, including schizophrenia. It has been found to be five times more damaging to the lungs than do cigarettes; may cause throat cancer; and is capable of causing fatal heart attack among young users. This alone is estimated to have caused 21% of deaths from cancer worldwide. Findings from studies also show that smoking and use of cannabis is an important preventable leading cause of cardiovascular mortality and mental illnesses. Findings from above sources also revealed that:

- (i) 90 percent of those using drug such as heroin started with cannabis (marijuana/hemp).
- (ii) Five marijuana/Indian hemp cigarettes have the same cancer causing capacity as 112 conventional cigarettes.
- (iii) Marijuana/Indian hemp stays in the body lodged in the fat cells for three to five weeks. Mental and physical performance is negatively affected during the entire period.
- (iv) Person smoking Marijuana/Indian hemp on a regular basis suffers from a cumulative build up and storage of THC, a toxic chemical in the fat cells of the body, particularly in the brain, and it takes three to five months to detoxify effectively a regular user.
- (v) The part of the brain that allows a person to focus, concentrate, create, learn and conceptualize at an advanced level is still growing during the teenage years. Thus, continuous use of Marijuana/Indian hemp over a period of time will retard the normal growth of these brain cells.
- (vi) A study in Columbia University reveals that female Marijuana/Indian hemp smokers suffer increase in cell with damaged DNA (the chemical that carries the genetic code). It was found that female’s reproductive eggs are especially vulnerable to damage by cannabis.

- (vii) Another Columbia University study found that a control group smoking a single marijuana/Indian hemp cigarette, every other day, for a year, had a white cell count that was 30 percent lower than normal. Thus cannabis damages the immune system, making the user far more susceptible to infection and sickness.

Visible symptoms noticeable among cannabis users especially among youths, as identified by Cobb, (2001), Charles et al (2005), among other scholars include:

- (i) Diminished drive and reduced ambition.
- (ii) Significant drop in the quality of school work.
- (iii) Reduced attention span.
- (iv) Impaired communications skills.
- (v) Pale face, imprecise eye movements, and red eyes.
- (vi) Neglect of personal appearances.
- (vii) Inappropriate over reaction to mild criticisms.
- (viii) A change from competitive interest to a more passive withdrawn personality.

Review of studies on cannabis, revealed that long-term heavy use of cannabis carried a number of potential health risks especially among youngsters. Cannabis has been found to affect reproductive system in both sexes. It reduces both the phase of menstrual cycle in which conception can occur. The smoke from cannabis (Indian hemp/marijuana) causes irritation of the bronchia and can lead to chronic bronchitis. Marijuana smoke has been confirmed to contain more tar than does smoke from even high- tar cigarettes, and 70 percent more benzopyrene, a known carcinogen (Matuschka, 1985 & Cobb, 2001).

Further reports by NIDA (2008) show that regular cannabis smokers may show many of the respiratory symptoms as tobacco smokers. These include cough and phlegm, chronic bronchitis, and more frequent chest colds. Continued use can lead to abnormal functioning of the lung tissue, which may be injured or destroyed by the cannabis smoke. The effect indeed does not worth the gamble with cannabis. It can be described in the light of these revealing implications as a means of self-murder and dehumanization.

Methodology

The research design used for this study is survey research design. This research design was considered appropriate because it allows the researchers to make inference and generalization of the population by selecting and studying the sample chosen for the study. The population of this study is made up of youths in Cross River State, Nigeria. A sample of two hundred (200) youths was randomly selected for the study. The selection was done through the simple random sampling technique. This was to give

every member of the population equal and independent opportunity to be selected for the study. A four point modified Likert-type scale was the major instrument used for data collection. The questionnaire was given to experts in Measurement/Evaluation and Human Kinetics and Health Education for face and content validation respectively. Split-half reliability method was used to test the reliability of the instrument. The reliability coefficient yield ranged from 0.79 - 0.84, which was considered high enough. Personal interviews were also conducted.

Three hypotheses (null-hypotheses) formulated for the study include:

- (i) There will be no significant relationship between awareness level of health implications and the abuse of cannabis among youths in Cross River State.
- (ii) There will be no significant relationship between lack of knowledge of psychological implications and the abuse of cannabis among youths in Cross, River State.
- (iii) There will be no significant relationship between lack of awareness of social implications and the abuse of cannabis among youths in Cross River State.

Results and discussion

The result of the statistical analyses carried out is presented below: hypothesis by hypothesis. The .05 level of significance was used for the statistical testing of each of the hypothesis.

Hypothesis One

There will be no significant relationship between awareness level of health implications and the abuse of cannabis among youths in Cross River State.

Table one

Pearson Product Moment correlation coefficient analysis of the relationship between awareness level of health implications of cannabis and its abuse among youths (=200)

Variable	$\sum X$	$\sum X^2$	$\sum XY$	r-value
Level of awareness	3246	6347	74325	0.50*
Abuse of cannabis	3168	5468		

***Significant at .05 level, critical r =.138, df=198**

The result in table one shows that the calculated r-value of 0.50 is higher than the critical r-value of .138 at .05 level of significance with 198 degrees of freedom. With this result the null hypothesis was rejected. This result therefore implies the awareness level of health implications of cannabis has a significant relationship with the abuse of cannabis among users.

Hypothesis two

There will be no significant relationship between lack of knowledge of psychological implications and the abuse of cannabis among youths in Cross River State.

Table two

Pearson Product Moment correlation coefficient analysis of lack of knowledge of psychological implications of cannabis on the abuse of cannabis among youths (N=200)

Variables	$\sum x$ $\sum y$	$\sum x^2$ $\sum y^2$	$\sum xy$	r-value
Psychological Implications	3546	6759	84158	0.56*
Abuse of Cannabis	3168	5468		

Significant at .05 level, critical r = .138, df = 198

The result in table 2 reveals that the calculated r-value of 0.56 is greater than the critical r-value of .138 at .05 level of significance with 198 degrees of freedom. With this result the null hypothesis was rejected. This means that the lack of knowledge of psychological implication of cannabis have a significant influence on the abuse of cannabis among youths in Cross River State.

Hypothesis three

There will be no significant relationship between lack of awareness of social implications and the abuse of cannabis among youths in Cross River State.

Table three

Pearson Product Moment correlation analysis of the desired social factors on the abuse of cannabis among users (N=200).

Variables	$\sum x$ $\sum y$	$\sum x^2$ $\sum y^2$	$\sum xy$	r-value
Desired Social Factors	3146	5468	77215	0.62*
Abuse of Cannabis	3168	5468		

Significant at .05 level, critical r = .138, df = 198

The result in table 3 indicates that the calculated r-value of 0.62 is greater the critical r-value of .138 at .05 level of significance with 198 degrees of freedom. Going by the

result, the null hypothesis was rejected. This implies that the desired social factors significantly influence the abuse of cannabis among youths in Cross River State.

Discussion of Findings

The result of the first hypothesis revealed that the level of awareness of health implications of cannabis abuse significantly influence the abuse of cannabis among youths. Thus, if adequate information on the damaging effects of cannabis on health is made known to users, they may discontinue its use and seek for remedy. Intending users may also retract their steps. Thus, escape the health problem and difficulties associated with the process of discontinuing use of cannabis as observed by NIDA (2008). The study revealed that only 29% of the respondents had a fair knowledge of the damaging effects of cannabis on health. A closer observation of data generated showed that 63% of those who claimed ignorance of health implications of cannabis abuse were lowly educated. Thus, level of education appears to be a strong determinant of cannabis abuse among users. This may also be as a result of the fact that the illiterate have less access to information. Even when they are documented, they cannot access it as posited by Smith, Johnson, and Wang (1997).

The result of hypothesis two showed that lack of knowledge of psychological implications of abuse of cannabis influenced its abuse among users. Some of the subjects of this study (32%) indicated that if they knew it will be difficult for them to discontinue the use of cannabis, they would have avoided it. Though data generated in Obanliku LGA of Cross River State indicated that different levels of users exist. Some after smoking about five wraps of cannabis can carry on with their normal activities without any psychological side effect, while some may not. However, over 80% of respondents from that zone agreed that they could not stay without using cannabis. Mode of abuse of cannabis as the study revealed, ranged from smoking, sniffing in the form of locally made snuff, to using as spice for rice, and cooking leaves as soup and eating with garri. This is in agreement with the methods of abuse observed by Charles, *et al* (2005) and Cobb (2000). Other forms of abuse identified in this study are soaking stems of cannabis with alcohol and using it as beverage.

Finally the result of the third hypothesis showed that desired social factors significantly influence abuse of cannabis. This appeared to be the most potent force driving the abuse of cannabis. Data generated showed that many youths surveyed (85%) take cannabis to gain boldness to talk to/woo women or stand/speak before a crowd. Others take it for excitement during sexual intercourse. Data from respondents in a slum settlement in Calabar South Local Government Area known as base-side showed that most woman who take cannabis within the zone do so to match their men strength to strength during sex. In some parts of the state, users boast themselves on the number of wraps of cannabis they are able to consume at a stretch or in a day. For them, the number of wraps consumed measures brevity among equals.

Further findings from interviews revealed that eateries use cannabis as food additives, reason being that it promotes digestion and increase appetite, thus it enables the eateries to make more sales (Adamu, 2009). It was also found that majority of such areas where cannabis abuse is high, hosted brothels; area boys (touts) and school dropouts spend greater hours of their day around such zones. It was further observed that some secondary school students often hang around such areas and

patronize dealers of cannabis. Most students hanging around the zones where cannabis is traded and smoked, according to findings were gradually recruited into the business, and after a short while, they lost bearing on their studies. Eventually, they become perfected in the stream of miscreants. Even though the rich/well placed in the society and politicians patronized it, the youths were found to be at the receiving end of the destructive effects of cannabis. Politicians hire them with very small amount of money to cause violence during elections. Such errands are executed under intoxicating influence of cannabis. A number of known area boys were also mentioned to have gone insane because of long period of usage of cannabis. These groups of youths constitute problem to the entire society.

Conclusion

The study showed that information on damaging effects of cannabis abuse on health is very low. Many are unaware of the damaging effects of cannabis. The study also showed that psychological implications of cannabis abuse is unknown by most youths. Many of them got perfected as miscreants due to desired social factors such as courage to woo women, and quest for manliness in society and among peers. They never bargained at the onset of use of cannabis to become dependants or drug addicts. Thus, if adequate information on the harmful effects of cannabis is made available, many youths will escape the horrible effects of cannabis abuse.

Recommendations

Based on the findings of this study the following recommendations are proffered:

1. The government should mount more effective legislation against substance abuse like the Buhar/Indiagbon regime; the culprits should be seriously penalized, to serve as deterrent to others.
2. Public campaign against the use of cannabis, especially on health implications should be embarked upon by governmental and non-governmental agencies.
3. The government should further strength and empower the National Drugs Law Enforcement Agency (NDLEA), National Agency for Food, Drugs Administration and Control (NAFDAC), Independent Corruption Practice Commission (ICPC), and other related bodies to deal with culprits of cannabis abuse.
4. Rehabilitation of addicts should be considered, and rehabilitation centres be established across the country.
5. Drug education should be included in schools/tertiary institutions curriculum as a compulsory subject/course, to provide adequate exposure of youngsters to negative effects of cannabis abuse, among other drugs.

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