

Drug and Substance Abuse

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ABSTRACT

Substance or drug abuse refers to the excessive use of a drug in a way that is detrimental to self, society, or both. This also includes both physical dependence and psychological dependence. It is also the excessive or harmful or hazardous use of psychoactive drugs, such as alcohol, pain medications or illegal drugs. This can lead to physical, social and psychological (emotional) harm, while the use of some drugs may lead to criminal penalties, although these vary widely depending on the local jurisdiction. Drug abuse is a form of substance-related disorder. Due to social stigma and possible legal consequences, patients of substance abuse may conceal the truth. Drug and alcohol addictions are most often regarded as signs of weakness. Most patients are hesitant to admit anything for which they expect to be criticized. The health and social implications of drug or substance abuse are so great and should be avoided at all cost.

The paper delves into the misuse, problems, challenges and possible solutions to drug or substance abuse in our society.

KEYWORDS: *Drugs, illicit/illegal drugs, psychoactive drugs, physical dependence, psychological dependence, social stigma, substance abuse, anti-social behavior, drug cartels, youth unemployment, corruption, bribery, African Criminal Networks (ACNs)*

INTRODUCTION

What are illicit/illegal drugs? Illicit drugs are the drugs that are highly addictive and illegal substances such as heroin, marijuana, and meth (i. e. the use and misuse of illegal and controlled drugs), as shown in Figure 1. While illegal drugs are those drugs that are not prescribed by a doctor or bought at a drugstore – also called “street drugs,” some examples of this include heroin (called smack, junk, or dope), cocaine (coke or crack), PCP, ecstasy (MDMA), Rohypnol (roofies), and meth (crank or speed) [1, 2]. Illicit or illegal drugs are restricted drugs that are illegal to have (such as methamphetamine, heroin, and cocaine), and the non-medical use of drugs that are legally available such as pain killers and sleeping pills which can lead to various health problems including: risk of overdose, chronic disease (heart and liver problems), blood-borne viruses (infections like hepatitis and HIV), lower levels of social and emotional wellbeing (mental health problems), increased risk of suicide. The negative impacts associated with illicit drug use that can affect a whole

community are: increased risk of harm to children and families as well as violence, assault and crime [3-6]. Illegal drugs are called by many other names such as dope, narcotic, gear, hallucinogen, opiate, dadah, designer drug, etc [7].

Substance abuse differs from addiction. Substance abuse is when one uses alcohol, prescription medicine, and other legal or illegal substances too much or in the wrong way. It is easier to quit or change unhealthy behavior from substance abuse, while addiction is a disease that cannot be stopped even when it causes substantial harm and adverse consequences to the addict/the user and others, as shown in Figures 2, 3, 4 and 5 [8]. Another definition is that drug abuse is “the use of a substance in such a way that leads to impaired medical or physical health, impaired maturation, loss of productivity, and involvement in socially disruptive (anti-social behavior) or illegal activities” [9, 10] – included in this definition are:

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1. The use of drugs in forms, styles, or situations that is illegal
2. The use of drugs without appropriate medical supervision or in excess of accepted standards of self-medication
3. The use of drugs in such a way that users lose the control of their ingestion or the resulting behavior
4. The use of drugs in pursuit of potentially hazardous state of consciousness or moods.

HISTORY OF SUBSTANCE ABUSE

Pre-modern times:

Drugs have been used and abused throughout history. Drug abuse is when somebody uses drugs in such a way that he/she is negatively impacted by the substance psychologically and/or physiologically; such a person is said to be having a substance abuse problem.

The use of drugs for various purposes goes back thousands of years. It is well known that ancient Shamans, who were the priests of their days, used all sorts of plants in order to enter into trance-like states. For instance, there is a mushroom called *Amanita muscaria* that has been used in Central Asia for at least 4,000 years in various religious rituals. This same mushroom has been used for religious ceremonies in Siberia and ancient India. A genus of mushroom known as *Psilocybe* in Central America, has been used for its psychedelic properties (i. e. for psychedelic adventures) for much the same reason.

The people who lived in Mexico prior to the arrival of the Europeans, as well as the Navajo people of the U. S., have used “peyote,” which is a type of cactus with psychoactive properties. Opium, which is a substance derived from the opium poppy plant, has been used for thousands of years around the world, from ancient Greece to Egypt, for medicinal and recreational purposes. Opium relieves pain and makes people quite joyous as stated by the ancient Sumerians themselves [11].

Early modern era:

Opium during the 18th and 19th centuries was an extremely sought-after commodity in China but was later made illegal. It was when the government of China discovered that opium addiction was ruining its country, the government cracked down on the illegal smuggling of this drug. Because it was extremely lucrative to sell opium on the open Chinese market, British naval power forced China to open its markets back up to opium in a series of Opium Wars (1839-1842 and 1856-1860). Drugs have started wars and continue to do so to this day. Commonly used drugs

in many parts of the world are: alcohol, nicotine and caffeine. These have been used by people all over the world for many reasons for thousands of years, such as for religious rituals, to feel better, to have more energy, etc. For example, some Native Americans used to smoke various tobacco products and mixtures for personal use and as part of religious rituals [11].

Modern times:

In modern times, most of the substances our ancestors used are still common, including derivatives like heroin, which comes from opium. Cocaine was once a drug that was widely used in all sorts of medical elixirs as well as popular drinks, like Coca-Cola. However, presently Coca-Cola no longer contains any cocaine. During prohibition, people loved to gather and spend time in speakeasies to consume as much illegal alcohol as possible. Speakeasies were bars hidden away from the authorities, who were trying to destroy alcohol and put people in prison for its use [11].

TYPES OF DRUGS

There are several general classes of drugs that are commonly abused. There are also different sources of their supply, methods of use, and while social and other factors differ from drug to drug. Some of the classes of drugs include [9]:

- Narcotics – heroin, opium, morphine, Demerol, methadone, and other related synthetic and natural opiates.
- Depressants – the barbiturates and the tranquilizers, Amphetamines, Cocaine, Marijuana and related substances.
- Hallucinogens – LSD, STP, DMT, Mescaline, Psilocybin and psilocin, and others.
- Inhalants – nitrous oxide, “glue,” and various volatile solvents.

These chemicals are not always obtained illegally, while some can be legal. The barbiturates, tranquilizers and amphetamines are often prescribed for medical reasons, and while most of the inhalers can be bought over the counter (OTC). The US, the Food and Drug Administration of the Department of Health, Education, and Welfare, as well as the Drug Enforcement Administration of the Department of Justice are the Federal Agencies charged with enforcing the Federal Laws.

CAUSES OF DRUG ABUSE

The question to ask is why do people take drugs? People take drugs as a result of many reasons. On one hand, some people may say that there is a “typical drug abuser” probably someone of low intelligence with criminal leanings or tendencies and a low-

income background. While on the other hand, someone might say that drug users are exploring new ways of life, haven been frustrated by the way things are. However, it should be noted that no single answer is correct. All that is certain is that drugs are used either to reduce pain or to increase pleasure. There is said to be two basic categories of reasons why people begin to take drugs, which are:

1. External factors that stem from the individual's environment.
2. Internal causes that originate within the individual user's mind and body.

Some of the external factors to the use of drugs are as follows:

1. The availability of the drugs, because if the user cannot get them, he cannot take them.
2. Peer-group pressure is another factor, as no one wants to be left out by his friends or to be the odd one out (i.e. want to belong syndrome).
3. The general use of drugs in today's culture. As a nation of pill or drug takers/users, there are drugs for everything and almost everybody takes pill for one thing/reason or another.

The internal causes are more difficult to determine. Most drug abusers appear to be emotionally immature. They may have never mastered emotional stability, and use drugs to generate a feeling of being able to cope. Many people use drugs as a means of escape. When life appears or seems immeasurably dull, some abusers see drugs as an offer of flight from the day-to-day world. Another motive is curiosity. Some other people take to drugs in order to find out or search for personal or religious insight of what it is all about i. e. they experiment with drugs.

The reasons why some people become drug dependent are even harder to determine. Scientists have suggested that some people are genetically predisposed to dependence on narcotics. This does not mean that they are "bad seeds," prone to be dope fiend. It does mean that if they try drugs they will be hooked easily because of some natural chemical maladjustment, but the validity of this theory has not been proved yet. The purely psychological reasons for drug dependence are the greatest mystery of all. The entire area of innermost human needs and drives is poorly understood. There are many reasons why people take drugs and become dependent on them. External factors and internal causes work on and amplify each other. Therefore, for any given drug user, there will be multiple reasons for his use of drugs.

It is good to note that addiction is not the same as dependence. In the case of addiction, it means that the

user's whole life revolves around the use and purchase of drugs, this implies a totally drug-centered life style, as shown in Figure 6; they have the compulsive use and the distribution of drugs invades their every moment. If they are not taking, they are buying, and if no money to buy, they will be looking for all means to get the money to buy, or where to find the drug.

SOME COMMONLY ABUSED DRUGS

There are some commonly abused drugs, which include:

1. Narcotics: Narcotics are opium, its derivatives and their synthetic equivalents. Opium is extracted from the opium poppy, which grows widely in various temperate and subtropical regions of the world. Opium is prepared from the crude gum, which is exuded from the seedpods, and from opium, morphine and codeine are isolated. Morphine can be processed with acetic acid to produce diacetyl-morphine or heroin. Methadone, Demerol (hesperidins), and "amid one" are synthetic drugs that mimic the actions of natural opiates, as shown in Figure 7.

The most and greatest drug abused of all narcotics is heroin, which was first discovered in 1874 and originally used as a cough suppressant, a cure for morphine addiction, and an ingredient in various "health" tonics. Consequently, many housewives unknowingly became addicted, until legislative acts controlled its use in over-the-counter (OTC) preparations. It did not become an underground phenomenon until the 1930s. In Nigeria, the primary method of use is injection, introduced under the skin (known as "skin-popping"), or injected into the vein (called "main-lining"). Normally an addict will use the veins of his arm, although prolonged use may require that he use veins of the legs, ankles, between the toes, the penis, or the base of the tongue.

Effects: The effects of heroin vary from user to user according to the quality of the drug and setting in which it is used. When the heroin is mainlined, the user experiences a "memory rush" as the drug stampedes into the nervous system. This would be a brief, but intense period of sensation. The user, after the rush will experience a sensation of extraordinary well being. Fatigue, tension, and anxiety fade away. The user may close his eyes and retreat psychologically from his surroundings. To the onlooker, he will appear to be in a blissful stupor. The slang term for this is "on the nod."

Dependence: The ability of heroin to cause addiction is legendary. Both physical and psychological dependence can develop. The tolerance to the drug builds up rapidly, such that after a short time the user

must increase the dosage to maintain the effect. The quest for pleasure changes to a flight from pain.

Upon withdrawal, the heroin addict experiences intense discomfort. Nausea and cramps may be accompanied by headaches, dizziness, general body aches, and severe mental discomfort, as shown in Figure 8. Major symptoms of withdrawal normally disappear after seven to ten days. A lingering craving for the drug can last for weeks, months or even years.

Symptoms: the heroin user under the influence of the drug can be recognized by the following symptoms:

1. Constricted pupils, that fails to respond when light shines on them.
2. State of stupor, lethargic behavior (on the nod).
3. Scars (tracks) or discolorations over the veins caused by repeated intravenous injection.
4. Abscesses caused by infected needles.
5. A generally rundown physical appearance – heroin users frequently neglect their personal hygiene and nutrition.
6. Expressive rubbing of the nose or scratching, especially the joints of the body.
7. Cigarette-burned fingers as users frequently suffer from a diminished perception of pain.
8. Early signs of withdrawal, such as a runny nose, sweating, itching, and anxiety.
9. The presence of narcotics paraphernalia.

Sources of supply: Heroin is illegal. There is no medical use for it, therefore all sources of supply are underground. Heroin that arrives in the United States originates in Turkey, Asia, and Mexico. In recent years, Mexico has now become the major source of supply.

Identification: It can only be identified by laboratory analysis. It is a crystalline powder, which varies in color from white to dark brown. It is bitter to the taste, but the street grades may be adulterated with lactose, quinine, or other substances.

2. Depressants: Depressants include various categories of chemicals such as:

1. Barbiturates e. g. Phenobarbital, amobarbital (amytal), pentobarbital (nembutal), secobarbital (seconal), sodium pentothal.
2. Non-barbiturate hypnotics – glutethimide (deriden), methprylon (no-ludar), and methaqualone (Quaalude).
3. Tranquilizers – meprobamate (miltown), chlordiazepoxide (Librium), and diazepam (valium).

4. Miscellaneous drugs – chloral hydrate, ethyl alcohol, and chloroform.

All of these drugs depress the central nervous system. For instance, the barbiturates are commonly prescribed to relieve insomnia. Tranquilizers are used to combat anxiety, while valium is often prescribed as a muscle relaxant. Some of them are used as preliminary anesthetics for surgical procedures.

Use: The barbiturates can be taken orally or injected into the bloodstream. Except in rare cases, the tranquilizers can be taken orally, as the non-barbiturate hypnotics. Depressant abuse is not confined to any particular segment of the population. Depressants are not necessarily illegal. The barbiturates are a popular method of attempted suicide.

Effects: The chronic barbiturate user resembles the alcoholic in many ways. He suffers the loss of coordination, his speech is slurred, and may stumble when he walks. He is often irritable, quarrelsome, and may be violent.

Dependence: The user rapidly becomes tolerant to barbiturates and withdrawal can be an extremely painful process. In rare cases, it can be fatal. Withdrawal from valium can produce suicidal depression.

Symptoms: The chronic barbiturate user may be recognized by the following symptoms:

1. General incoherence, drowsiness, slurred speech.
2. Disorientation, staggering, and stumbling.
3. Constricted pupils.
4. Irritability, restlessness, and belligerence.
5. Depressed reflexes, and slow, shallow respiration.

Sources of supply: Depressants are manufactured legally, and are obtained by a doctor's prescription or sold through illegal channels. The effects are the same regardless of where they come from. The street prices are generally higher than prescription prices, and therefore the chronic addict may be forced to steal to sustain and support a heavy habit.

Identification: The various pills and tablets, which are marketed, can be checked in the Physician's Desk Reference to drugs.

3. Amphetamines: These are synthetic central nervous system stimulants. They were first discovered in 1887, but of no general medical application until well into the 20th century.

Uses: Amphetamines can be injected or swallowed. They are medically prescribed for narcolepsy (chronic sleepiness), weight reduction, and hyperactivity in children.

Effects: they cause a sense of mental and physical stimulation. It reduces fatigue, the necessity to sleep is lowered, suppress the appetite and were considered at one time to be wonder drugs for weight reduction. After the stimulation effects have worn off, depression, anxiety, and fatigue set in. In cases of extreme abuse, feelings of extreme paranoia may ensue.

In some cases, this may lead to the vicious “upper-downer” cycle. The user takes a “downer” to come down from the stimulating effects. Then after he has slept off the effects of the downer, he takes an “upper” to wake up.

Dependence: The users develop tolerance to amphetamines. The appetite-suppressing qualities of amphetamines are neutralized after four to six weeks. There seems to be no true physical symptoms, but psychological dependence can be quite strong.

Symptoms: Some of the most common symptoms that are associated with amphetamine abuse are:

1. Hyperactivity – this is often accompanied by intense anxiety, nervousness, talkativeness, irritability, and short temper.
2. Dilated pupils.
3. Bad breath, excessive sweating accompanied by pronounced body odour.
4. Sores or lesions caused by picking and scratching at imaginary bugs (in severe cases).
5. Nose rubbing (as the drug causes the mucous membranes to dry out and itch).
6. Needle marks and scars (for the needle user).

Sources of supply: Just as with the depressants, most amphetamines originate in legitimate channels, but they could be diverted to be sold illegally on the street. They can be prescribed too.

Identification: Those that are home-manufactured are white crystalline powder. They can be further recognized by studying the Physicians’ Desk Reference.

4. Cocaine: Cocaine is known as the latest glamour drug and the most widely used of the hard drugs today. It is very expensive and has a short-lived effect; its purchase is prohibitive for many people. This drug has a long history of use as the Indians of the foothill of the Andes Mountains have been chewing the leaves of the coca plant, from which it is extracted, for thousands of years. Its use enables them to work longer, harder, and with less food than without it.

The “coke” of Coca-Cola refers to the use of cocoa leaves as a flavoring ingredient. However, since 1903, the cocoa leaves in the soft drink have to be “dissocialized,” but before then, the cocaine was left in. A popular tonic of the nineteenth century, Mariana Wine, used cocaine as its major ingredient. And even so noted a researcher as Sigmund Freud indulged in the use of cocaine until he realized some of its major drawbacks.

Today, cocaine has a legitimate medicinal use in some eye and nose operations as a local anesthetic.

Uses: Cocaine is generally inhaled into the nose, where the small blood vessels readily absorb it. Some users inject it directly into the bloodstream.

Effects: Cocaine causes a rapid onset of euphoria that lasts for 15 to 20 minutes. After which it subsides, leaving the user in a feeling of fatigue and listlessness, often followed by a headache. The greater the feeling of well-being, generally the lower the crash when the effect wears off.

Dependence: Cocaine is considered not to produce physical dependence, but the psychological dependence can be great, tolerance builds slowly, if at all.

Symptoms: The most common symptoms associated with the use of cocaine are:

1. Extreme excitability, hyperactivity, and restlessness
2. Talkativeness
3. Anxiety
4. Visual and auditory hallucinations
5. Dilated pupils
6. Damage to the nasal mucous membranes
7. Open sores and scabs form, picking at imaginary bugs under the skin
8. Hostile and belligerent behavior.

Sources of supply: Only small quantity of cocaine is used as a local anesthetic in medicine, all sources of supply are illegal. It is grown, produced, and refined in South America and smuggled to Nigeria mainly through Miami, New York, and Los Angeles.

Identification: Cocaine is a white powder which can be adulterated with various substances, including quinine, lactose, mannitol, and procaine.

5. Marijuana and related drugs: The most widely used illegal drugs in America as at today is marijuana (also called Cannabis) and its derivatives such as “hashish” and “hash oil.” Small amounts of the drugs have already been

decriminalized in several states of the U. S. and for which in the future legalization and decriminalization may occur.

Marijuana is derived from the hemp plant called, *Cannabis sativa*, which was at some time a major source of fibers for rope. In the 19th century, it was only cotton and tobacco that were important cash crops for the farmers of the US. Marijuana cultivation declined after the civil war but was kept alive in this century by government subsidies for seed crops. The long-term effect of intense cultivations in the past has been widespread growth of marijuana as a wild plant, growing virtually in every state.

Uses: The leaves, stems, and flowers of the mature plant are smoked. They can be rolled into cigarette or put in a pipe. Hashish, a concentration of the resins or pollen of marijuana, can be smoked. In rare cases, one may run across the pure extract of the main active ingredient, Tetrahydrocannabinol (THC), which has intoxicating - mind altering effects, it is normally swallowed.

Marijuana was reputed in the past to have various medical applications, haven been debunked of recent of the popular image of the reever smoker as a vile dope fiend, research had shown that it has various uses as a medical preparation. It is used for the treatment of pain, anxiety, insomnia, excessive coughing, excessive menstrual bleeding, withdrawal from narcotics and alcohol, appetite stimulation, epilepsy, migraine headache, and glaucoma.

Effects: Effect of marijuana smoking is very wide with the individual, the setting in which it is consumed, and the potency of the form in which it is taken. Cannabis is taken by users to make them feel intoxicated or "high." It makes users to feel more happy or relaxed, can cause altered time perception, and impaired thinking, memory, and body movement.

Dependence/tolerance: The body is known not to develop physical dependence to marijuana. However, the psychological dependence varies widely with the individual, the frequency of use, and the potency. Data on tolerance is inconclusive,

Symptoms: Restlessness is caused by mild doses of marijuana, increased sense of well-being, a dreamy carefree state of relaxation, an altered space of perception, and a feeling that time and space have expanded. Larger doses result in symptoms like rapid changing moods and emotions, shifting sensory imagery, fragmentary thought with disturbed patterns of association, and dulling of attention. While very large doses may cause fantasies, distortion of body image, loss of personal identity, and hallucinations.

Sources of supply: Marijuana is not legal, even in the states where it has been decriminalized. Its distribution is through illegal channels, generally originating from Mexico and while some comes from the Middle East and India.

Identification: Dry marijuana varies from dark green to light brown in color. Typically, small stems are included with the leaves, and small brown oval seeds may be present. When burnt, it has the odour of burning hemp. Hashish is a compact resinous substance, with color varying from light greenish-tan to dark brown. Hash oil is a viscous liquid, with color ranges from light amber to dark brown.

6. Hallucinogens: These are a complex of organic chemicals, which are either natural or synthetic. A large number of plants produce hallucinogens that have been used for countless years as sources of religious and personal inspiration by various people around the world.

It was in the 1960s that hallucinogenic drugs got the attention of the modern world. The Swiss chemists were the ones that discovered LSD (lysergic acid diethylamide) in 1938, as shown in Figure 9, but it was rediscovered by the "counter-culture." These drugs are massively used among the youth. They are also useful in medicine, with experiments working with LSD in certain types of mental therapy. It is also given to cancer victims to alleviate pain, but its full value is yet to be discovered.

Uses: Except for a few exceptions, the hallucinogens are ingested. The DMT, EET, and "magic mushrooms" can be smoked.

Effects: The effects of hallucinogenic drugs vary widely with the personality and mood of the user, the setting in which the drug is taken, the amount and type of the drug ingested, the user's prior experience with the drug, and the characters and attitudes of the people in the user's company. After ingestion for about 30 to 45 minutes, nothing seems to happen, but soon after visual impressions of the world begin to change. Color becomes intensely vibrant, sensory crossover may occur, such that the user will "hear" colors and "see" sounds. Stationary objects may move and spin, and the shapes of people faces and bodies may appear to go through bewildering transformations. All of these may be accompanied by extraordinarily bizarre hallucinations, which can either strike the user as extremely beautiful or simply terrifying, depending on his mood and mental state.

The experience with LSD typically lasts for six to eight hours, but could last longer, depending on the dosage. The effect of STP is much longer, often lasting up to 24 or 36 hours. While DMT is a very

short-lived hallucinogen, the entire “trip” lasting no more than half an hour. Mescaline and psilocybin have duration approximately equal to that of LSD. LSD is the strongest of the hallucinogens.

A dosage of 100 micrograms is sufficient for most people. (A microgram is one millionth of a gram). Mescaline requires 100 to 300 milligrams, and psilocybin three to five milligrams.

Dependence: There is no known physical dependence that is associated with the use of hallucinogens, but users develop tolerance to most of them upon prolonged use.

Symptoms: The symptoms due to the use of hallucinogens and those who use them vary such that no single sign or behavior will be indicated by their influence. However, the followings are sometimes observed:

1. Dilated pupils
2. Rambling, incoherent speech
3. Increased sweating
4. Distortion in the senses of time, smell, sight, hearing and touch
5. Nauseas, chills, flushes, trembling hands
6. Euphoria and trance-like behavior
7. Anxiety and auditory hallucinations, which can range from pleasant to terrifying.

Source of supply: The manufacture of LSD is carried out under strict government controls. Therefore, all of these drugs and other synthetic or semi-synthetic hallucinogens that are available on the street are manufactured in underground laboratories. These sources of hallucinogens include the “magic mushroom,” peyote, morning glory seeds, Hawaiian wood rose seeds, and others. Some of these grow naturally within the continent of United States. Some others are imported, notably from Mexico and South America.

Identification: LSD may be a white powder, tablets of various sizes, colors, and shapes, or a clear, tasteless liquid.

Peyote – Is a natural source of mescaline, is a small, round, spineless cactus. Several species of morning glory produce hallucinogenic seeds. Mescaline may sometimes appear on the street as a colored powder, although this is rare. Synthetic mescaline is usually adulterated LSD, PCP, belladonna, or some other chemicals.

Dried or frozen psilocybin mushrooms look like any other mushroom. Psilocybin may occasionally appear as a powdered extractive or synthetic.

PCP (phencyclidine) is merchandised as a tablet, capsule, or powder. It can be taken orally or smoked after being sprinkled on marijuana, parsley, or tobacco.

STP is a complicated organic chemical, appears on the street as various capsules and tablets.

MDA is related to amphetamines and mescaline, can be a powder, liquid, or tablet. It can be swallowed, snorted, or taken intravenously.

DMT and DET are chemicals that occur naturally as a part of the nervous system’s metabolism, they are normally sold on the street as a powder to be injected or sprinkled on marijuana as smoked. It is similar in structure to mescaline.

7. **Inhalants:** Inhalants are volatile chemicals whose fumes produce intoxications when inhaled. They can be divided into three groups or categories:

1. Volatile solvents, such as those found in glue, nail polish, and paint remover.
2. Aerosol propellants, which include a wide range of consumer products.
3. Anesthetics, such as nitrous oxide (laughing gas), ether, chloroform, and related gases.

Uses: The anesthetics naturally have a use in the medical profession for surgical procedures. The volatile solvents are present in a wide range of preparations including model cement, paint thinner, runner cement, cleaning fluid, paint and lacquer remover, and brush learner. Aerosol propellants are used for many commercial products that are packaged in aerosol cans.

In to cause intoxication, the user normally isolates the substance in a plastic bag and inhales it. The volatile solvents are occasionally poured onto a cloth which is held over the can right side up, the gas is then sprayed into a plastic bag or other device for catching the gas. Occasionally, a user will pass out while holding a plastic bag to his face, adhering to his skin, and causing suffocation, that commonly results in fatal accidents.

Effects: Generally, inhalants have a depressing effect on the central nervous system, similar to the barbiturates and narcotics the user may experience euphoria and excitement and a release of inhibition. Dizziness and bizarre hallucinations may occur. On some occasions, the sensation of excitement may lead to reckless behavior.

Dependence: Users seem not to produce any sign of physical dependence, but tolerance to the effects may occur after three weeks of prolonged use. Pronounced psychological dependence may result of abuse.

Symptoms: The symptoms that can be exhibited by users may include:

1. A pungent chemical odour on the person's breath or clothes.
2. Excessive nasal secretions; red, watery eyes; dilated pupils.
3. Rapid, involuntary eye movements.
4. Complaints of double vision, ringing in the ears, vivid dreams or hallucinations
5. An overall intoxicated appearance.
6. Drowsiness, stupor, and in extreme case, unconsciousness.
7. Slobbering from the mouth.
8. A white, powdery ring of dried glue around the nose and mouth.
9. Paraphernalia such as glue tubes, balloons, aerosol cans, or rags, paper, and plastic bags with traces of glue on them.

Sources of supply: These are all proprietary preparations sold over the counter, and can be bought almost anywhere. The anesthetics are limited to medical centers and used by medical personnel. They rarely find their way onto the street. The methods of storage and transportation are too complicated for easy distribution by the amateur.

Identification: Some of the volatile solvents commonly used in the proprietary preparations are toluene, benzenes, xylol, naphtha, ketone, acetone, methylene chloride, and carbon tetrachloride. The aerosol propellants are commonly chlorinated or fluorinated hydrocarbons.

CONSEQUENCES OF DRUG ABUSE

There are a lot of consequences/problems faced by young people, mostly the youth that persistently abuse substances, some of which include [12]:

- Academics: They face the problem of declining grades, absenteeism from school and other activities, and the increase potential for dropping out of school (as a result of low commitment to education cum higher truancy rates).
- Physical health: Substance abuse can lead to injuries due to car accidents, physical disabilities and diseases, and as well as the effects of possible overdoses are among the health-related consequences of teenage substance abuse. There is also the risk of death through suicide, homicide, accident, illnesses, transmission of HIV/AIDS via sharing of unsterile drug-injection equipment, alcohol-related traffic fatalities. All of

these is an additional healthcare costs and loss of future productivity that places more burden on the community.

- Mental health: Cause of mental health problems such as depression, developmental lags, apathy, withdrawal, and other psychological dysfunctions frequently linked to substance among adolescents. Marijuana use which is prevalent among youth is said to interfere with short-term memory, learning, and psychomotor skills. Motivation and psychosexual/emotional development also may be affected.
- Peers: They are often stigmatized by and alienated from their peers. Adolescents who engage in alcohol and other drugs often disengage from school and community activities, thereby depriving their peers and communities of their positive contributions they might have made, as shown in Figure 10.
- Families: Apart from personal injuries they may suffer, drug abusers may also cause family crises and jeopardize many aspects of family life, leading to family dysfunction. This can drain a family's financial and emotional resources.
- Social and economic consequences: Adolescent substance abuse are high in terms of its social and economic costs, due to both financial losses and distress suffered by alcohol- and drug-related crime victims, and the increased burdens for the support of adolescents and young adults who are not able to become self-supporting, and the greater demands for medical and other treatment services for these youth, as shown in Figures 11 and 12.
- Delinquency: There are however undeniable link between substance abuse and delinquency. Youth involvement in alcohol and other related drug use are the eventual consequences of arrest, adjudication, and intervention by the juvenile justice system. There is no claim that substance abuse causes delinquent behavior or that delinquency causes alcohol and other drug use. However, the two behaviors are strongly correlated and often bring about school and family problems, involvement with negative peer groups, a lack of neighborhood social controls, and physical or sexual abuse. The possession and use of alcohol and other drugs are illegal for all youth. Gangs, drug trafficking, prostitution, and growing numbers of youth homicides are among the social and criminal justice problems often linked to adolescent substance abuse.

CRIMINAL NETWORKS IN DRUGS, WEAPONS AND CABAL CRIMES

Internet crime, drug trafficking, arms smuggling are current issues in West Africa, increasing particularly in Ghana and are emerging far-reaching so-called African Criminal Networks (CANs), significantly affecting everyday life and undermining public institutions more and promoting criminalities. West Africa is now called “the new drug triangle” as it is the preferred alternative hub for Colombian drug cartels for their goods in Europe and North America and to South Africa.

The drug dealers operate in a complex system, where the bosses remain the main financiers and completely unidentifiable, they take trusted related people that organize the trade. The organizers recruit the messengers or carriers, who are responsible for pushing the goods from one place to another. They often use security personnel. The carriers also take additional people who transport the drugs in so-called body-packs in the body varying from case to case. The messenger usually has no contact with the real architect of the deal. The number of people involved (layers) depend on the amount of the transaction. Approximately 10-15% of applied financial resources remain in the country to be spent on storage, transport and bribery.

In Germany, about a third of those arrested for drug offences are criminals from West Africa, while in Austria there are over 1,100. In Europe, the arrested West Africans revealed the disturbing fact that the executive bodies on the ground in Africa are not able to master the criminal networks, and are completely incapable of tracking down the African Criminal Networks (ACNs). It now has a transnational dimension across Africa, from the former source which was in Ghana and Nigeria. Making the issue more complex is the lack of interest by state officials, bribery, corruption and infiltration network within government institutions like an invisible helping hand. In addition is the widespread youth unemployment making it easy to recruit new staff for the ACNs [13].

CONCLUSION

Substance or drug abuse is a complex issue which requires a multifaceted approach to address effectively. We can combat the menace of drug abuse through education (i. e. in order to make informed choices and resist societal pressures), prevention, treatment, and support towards creating healthier, drug-free communities where individuals can strive and lead fulfilling lives. The use of drugs are necessary and can be evil, hence the real necessity for administering them requires circumspection. Since

when they are appropriately used, drugs can extend life and alleviate pain and suffering. Therefore, saying “no to drugs” is a collective responsibility, to preserve sound health, strengthen communities, and ensure a brighter future to generations to come.

Further information on substance abuse can be obtained in [14 - 19].

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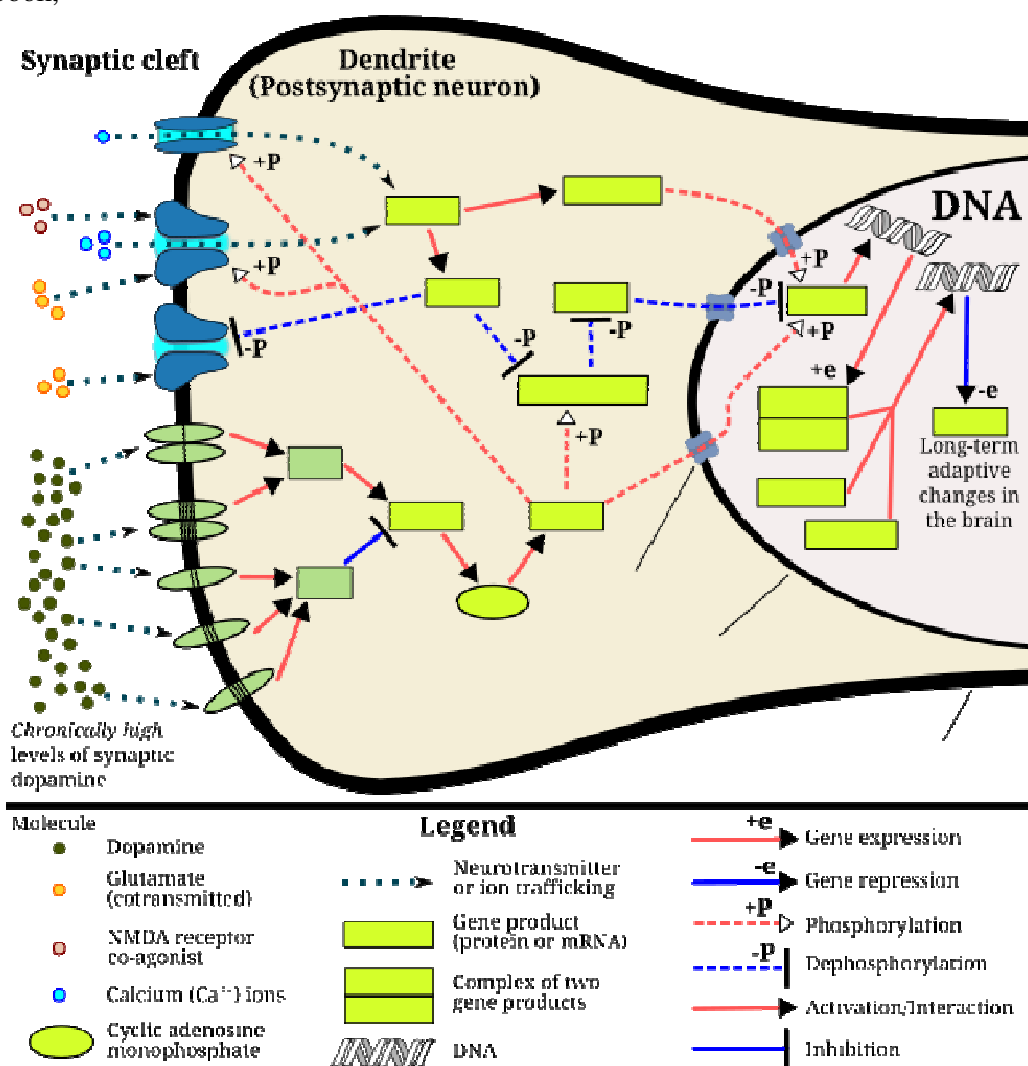


Figure 1. Methamphetamine

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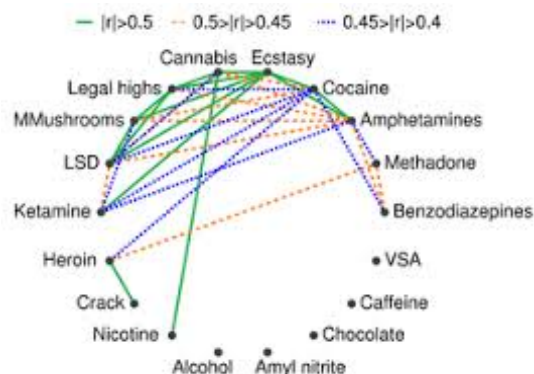


Figure 2. Substance abuse

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Figure 3. Substance abuse

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Figure 4. Drug addiction

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Figure 5. Substance use disorder

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Figure 6. Addiction

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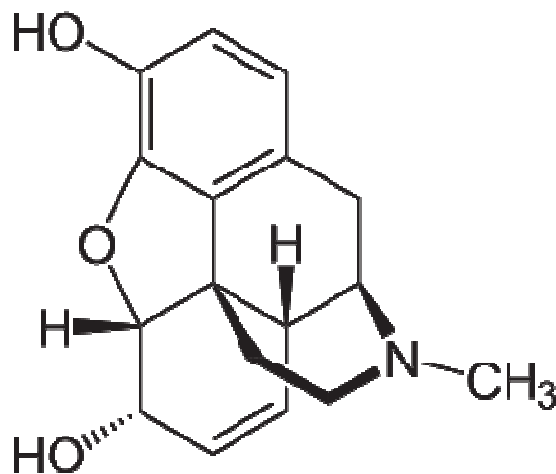


Figure 7. Opioid

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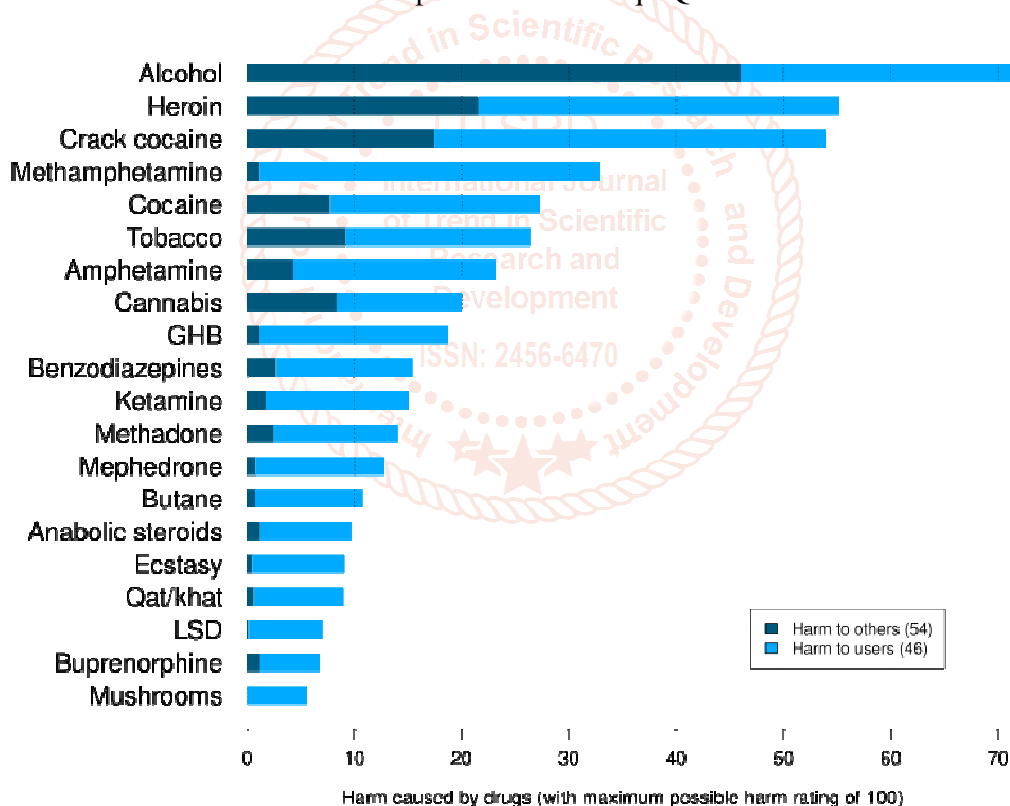


Figure 8: Harm caused by drugs

Source: <https://en.m.wikipedia.org/wiki/File:HarmCausedByDrugsTable.svg>

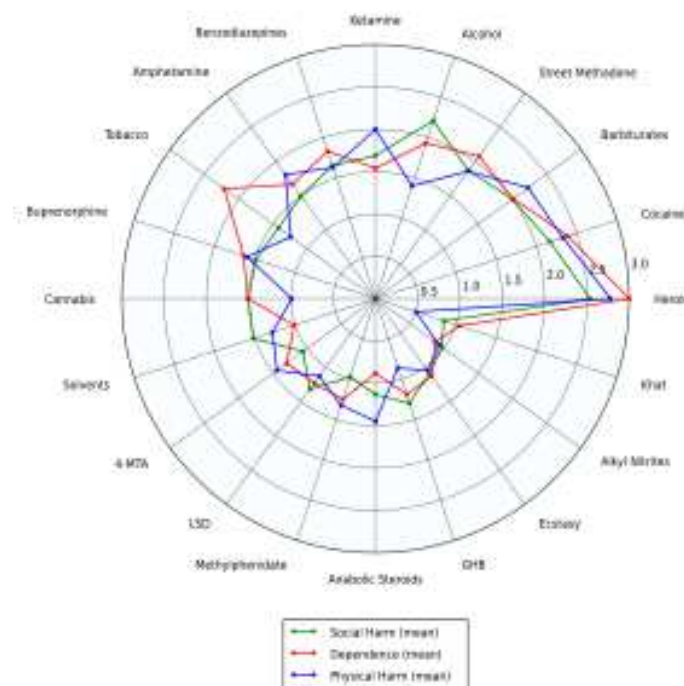


Figure 9. LSD

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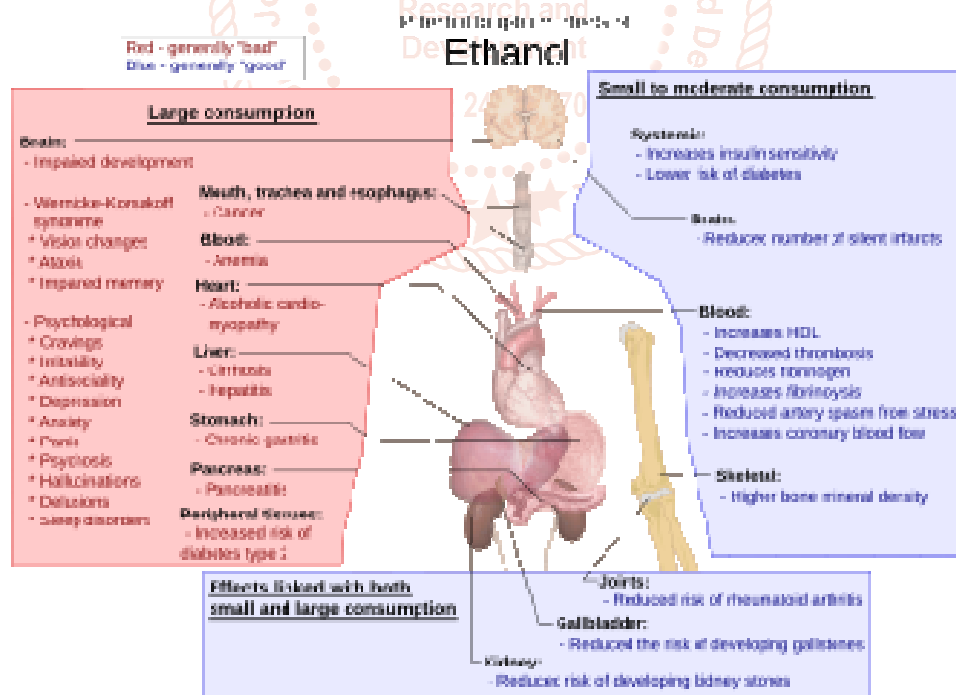


Figure 10. Alcoholism

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Figure 11. War on drugs

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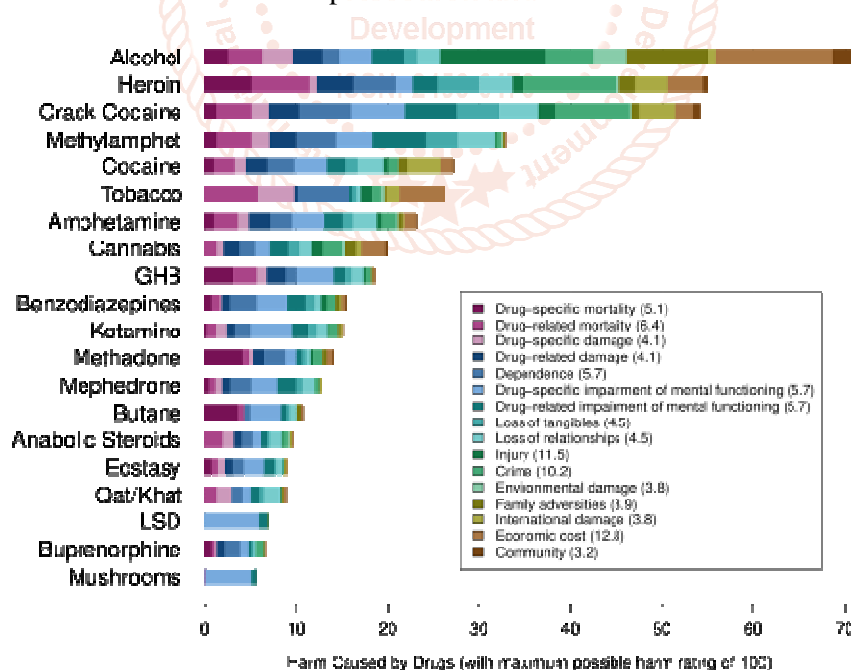


Figure 12. Drug rehabilitation

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