



RESEARCH ARTICLE

OPEN ACCESS

DEMOGRAPHIC DYNAMICS, SUBSTANCE USE AND DEVELOPMENT IN AKWA IBOM STATE, NIGERIA

***Ben, Victor Effiong**

Department of Sociology and Anthropology, Faculty of Social Sciences, University of Uyo, Uyo

ARTICLE INFO

Article History:

Received 11th August, 2019
Received in revised form
26th September, 2019
Accepted 03rd October, 2019
Published online 30th November, 2019

Key Words:

Substance use, Development,
Population, Wellbeing.

**Corresponding author: Ben, Victor Effiong*

ABSTRACT

Substance use and contributions to development vary depending on age structure of the population and the state of wellbeing of individual members of the population. However, the spate of substance use among people of varying ages which increases with expansion in the population size become quite worrisome. This study examined the interlink between demographic dynamics, substance use and development in Akwa Ibom State which has an estimated population of 5.451 million and characterized by a population growth rate of 3.2 per cent per annum, a -3.4 per cent economic growth rate and unemployment rate of 36.5 per cent. It adopted the mixed research design method. A representative 400 respondents were selected for the study using a multistage procedure that involved three sampling methods, namely purposive sampling, cluster and simple random sampling. The respondents comprised males and females between the ages of 12 and 50 years. Data were collected from the respondents through interviews using a specially designed instrument titled Knowledge of Effect of Substance Use on Development (KESSOD). The study found that substance use alters the psychopotential of the users and abusers; affects their capacities to perform normal social, economic and political roles therefore, detrimental to the development discourse of the state. Based on this, the study recommends the adoption of neighbourhood watch policy and extension of the whistle policy to help control the menace.

Copyright © 2019, Ben, Victor Effiong. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Ben, Victor Effiong, 2019. "Demographic dynamics, substance use and development in akwa Ibom State, Nigeria", *international journal of development research*, 09, (11), 31751-31758.

INTRODUCTION

One of the desires of every independent state and the citizens is development. Conversely, one of the condemnable acts sanctioned by governments in all regions of the world and the international organization is inordinate use of substance or substance dependency. In many countries in Africa, Asia and Latin America, development and substance use remain a teething problem, and yet phenomenologically uncongenial because of the adverse effect of the latter on the former. Several studies have shown that drugs and indeed substance use has inhibitory effect on the memory and capabilities of the users, thus, 'impacting negatively on socio-economic development (WHO, 2010)'. Apart from causing injuries or death from accidents or violence (Rehm, Room, Graham, Monteiro, Gmel & Sempos, 2003; National Institute on Drug Abuse, 2010; Han, Gfroerer, & Collier, 2010; American Council for Drug Education, 1999) cited in Han, Clinton-Sherrod, Gfroerer, Pemberton and Calvin (2011), it creates tremendous consequences such as liver damage example

cirrhosis or cancer; brain damage (memory loss or confusion) or seizures; cardiovascular diseases; impaired coordination; damage to the gastrointestinal system, pancreas, or kidneys; malnutrition; and sleep disruption. It gradually alters the psychology of the unrepentant user, limits time devoted for and concentration in substantive economic activities. According to WHO (2018), Ritchie and Roser (2018) substance use is always associated with serious risks and substance use problems are complex medical problems. Substance use is a common phenomenon in all societies and is associated with people in all age groups. People use substances directly for excitement or pleasure and indirectly for curing sicknesses or diseases in both children and adult. The former reason for substance use becomes of concern only when it is abused, addicted or involved in officially forbidden drugs or other substances. Some substances used either for excitement or curing sicknesses or diseases in both children and adult include palm wine, hot drink (akaiakai), bitter leaf sap, bitter kola, scent leaf (*Ocimum gratissimum*), goat weed (*Agaratum conyzoides*), wild marigold weed (*Aspilia africana*),

bush buck (*Gogronemalatifolium*), hot leaf (*Pippinguineensis*), mbritem (*Costus afer*), Awak Mmong (*Emiliasonchifolia*) and Awolowo (*Eupatoriumodoratum*). Statistics show that an estimated 200 million people around the world use illegal drugs every year; and as indicated by the World Drug Report (2014) a quarter of a billion people between the ages of 15 and 64 years (who constitute the economically active population group) used an illicit drug in 2013. Despite the submission by WHO (2012) that the rate of use of illegal drugs is higher in the developed countries than among the developing countries, and the arguments by Ritchie and Roser (2018) that while five to six percent (or one in every 20 persons) of the populations in Eastern Europe and United States is a substance dependent, and two to five percent of the populations in Western and Central Europe, the Americas and Oceania suffer the same challenge; Africa, the Middle East and Asia have had a comparatively low rate of one to two percent, some chilling records concerning drug trafficking, used and abuse in countries like Nigeria have made these arguments quite disproportionate. Illegal drug classified as substance in this context is defined as any psychoactive product that has the potentials of causing harmful or hazardous effects on the human body. It includes depressants such as alcohol, barbiturates, benzodiazepines; stimulants which include amphetamines, cocaine, MDMA, or ecstasy; hallucinogenic example LSD; and opioids which also include codeine, heroin, morphine, and buprenorphine, hydrocodone, propoxyphene, hydromorphone, meperidine, opium, oxycodone, pentazocine and tramadol (Hand, Short & Abatamarco, 2017). Others are tobacco, caffeine and cannabis or marijuana.

Ritchie and Roser (2018) and Stein (2012) cited in Los Angeles Times (2018) have reported that globally 125 million to 203 million people use marijuana as against 14 million to 56 million others who use amphetamines. Similarly, an estimated 12 million to 21 million people use opioids whereas 14 million to 21 million others use cocaine. The reports also indicate that 11 million to 21 million people inject drugs. In Nigeria and many other African countries, reliable statistics on the prevalence and rate of substance use are completely lacking because of factors such as absence of official interest or neglect, corruption, poor reporting and recording system, of the size of users in the country. Worse still, Nigeria has never conducted a national survey on drug, drug use and substance use or abuse to ascertain her status. Evidence from the National Drug Law Enforcement Agency reveals that between 2012 and 2015 Nigeria recorded 34,499 of drug related arrests and a seizure of 370,399.6 kilograms of prohibited drugs in 2017 but without a clear cut estimate of the number and prevalent rate of substance use in the country. Substance use like labour supply and other human contributions to development vary depending on many factors. Some important but critical of the factors include age structure of the population, sex composition, level of schooling, employment status and type of occupation, amount of earned income and residential area, among others. Johnbell and Fastborn (2009) in Lawal (2012) have argued that the probability of use of drugs increased with age, female gender, living in an urban area, and use of many other drugs. Similarly, Rabie (2016) suggests a direct but varying degree of effect of substance use on critical indices of development such as age structure of the population, their level of education and types of occupation. In their studies, Wallace, Bachman, O'Malley, Schulenberg and Cooper et al (2003) and Steffensmeier, Ulmer and Kramer (1998) have documented the impact of age on drug use

although on issues relating to criminal offences. Other researchers such as Wallace, Bachman, O'Malley, Schulenberg and Cooper et al (2003); Brady, Grice, Dustan and Randall (1993); and Clayton, Voss, Robbins and Skinner (1986) have equally argued that sex differences constitute varying degree of effect on drug use, even with regard to the use of specific drugs. Although lacking a clear-cut definition, development has been conceptualized as the process of interrelated economic, social and political changes, the ultimate aim of which centres on the promotion of an improvement in the well-being of the entire population (Ekanem & Arowolo, 1994). The notion of development implies advancing the level of attainment in economic, social and political changes in such a manner that allows majority of the population access to education, clean water, good health, good nutrition, pollution free environment, all of which are perceived as qualitative measures of good quality life. Where a large segment of the population perceives that they are relieved of malnutrition, diseases, illiteracy, slums, unemployment and inequality, then, there is development. Development in Africa and Akwa Ibom State in particular focuses on improvements in health facilities, education systems, industrial activities and promotion of employment opportunities, among others. The phenomenon of development has significant effects on the quality of lives of the people through significant improvements on income level, health status, and standard of education, work status and standard of living.

It is clear that while many countries around the world have established national programs for regular monitoring of the rates of substance use and abuse within their borders and how these rates change over time (Rabie, 2016), Nigeria in the sub Saharan Africa is not only passive about the phenomenon of substance use but experience difficulty overcoming the pandemic by much of her population. This poses a serious problem to many issues including development in view of the impacts of substance use on human being that is considered the critical factor or resource for development. As observed by Nakamura (2016) drug use (and abuse) affects not only the (users and) abusers themselves, but also those who are with them, such as families and spouses, in a serious manner, and consequently the productive activities of the whole society. Similarly, Ritchie and Roser (2018) whose study focused on the effect of substance on users argue that substance use particularly at excessive level has far reaching implications on health, mental wellbeing and in many cases, the wellbeing of others. The worst is on children who start the intake of drugs such as alcohol and tobacco from their younger ages. Like in other urban areas and cities in Nigeria and around the world, Uyo Capital City is characterized by proliferation of joints, sits out, different kinds of relaxation centres, and kiosks where substances are bought and sold secretly and openly. Its population is expanding more rapidly with young people because of increasing rate of rural-urban migration in search of employment or other kinds of opportunity. Consequently, the spread of street boys, sex workers and other persons with nuisance values all around the city than ever before. Assessment of the situations at joints, sits out, other kinds of relaxation centres in the city reveals the frequent and regular presence of young persons, mostly the unemployed and under age. The meetings at these locations and long hours of drinking spree have become a norm and lifestyle of many young individuals and adults.

This information is affrighting in view of the burden of development which still persists in the State and Nigeria in general. Therefore, this study is aimed at understanding the demographic variations of the population of Uyo Capital City, dynamics in substance use and the population contributions to development in the state.

Study objectives

This study was targeted at achieving the following objectives:

- To investigate the effect of age of substance users on development in the study area
- To find the effect of sex composition of substance users on development in the study area
- To find the effect of ethnic influence of substance users on development in the study area
- To investigate the effect of educational level of substance users on development in the area
- To find out if the work status of substance users affect development in the study area
- To find out if parity level of substance users affects their development related activities

Method: Design

The study used the mixed research design method. It combined the descriptive and analytical methods to analyze data collected on selected demographic variables that are equally indicators of the level of economic development of the state and country. These variables include age, sex, ethnic affiliation, educational background and employment status of substance users. The reason for choosing the mixed research design method was because of the large size of the study area and the heterogeneous nature of the study population which requires a more flexible study design. In addition, quantitative data collected on ages of the respondents could be combined with qualitative data on sex, ethnic affiliation, educational background and employment status to help achieve the objective of the study.

Study sites

The study sites include Uyo Plaza, Eka/Udoh Streets, Maitama, Pyramid, Ikpa Road/ Idak Okpo, Urua Ekpa, Itu Road, Udoette/Udoekong, Itam Peace Column, and the Central Park Area at Itu. These are rocket sites in Uyo and Itu Local Government Areas. The study sites form a greater part of Uyo Capital City. Uyo Capital City also covers selected communities in Ibiono Ibom, Uruan, Ibesikpo Asutan and Nsit Ibom Local Government Areas. This area is regulated by the laws of Akwa Ibom State Government through a constituted board called Uyo Capital City Development Authority. Uyo like Itu is connected to the neighbouring communities that form parts of the Capital City Development Authority area through roads and tracks and incidentally are located in the same Senatorial District, that is, Akwa Ibom North East (Uyo) Senatorial District. All the five local government areas and Uyo belong to the central Ibibio which according to the submissions by Udo (1983) and Charles (2008) share common origin or ancestry. The capital city is the busiest part of the state and centre of concentration of different kinds of activities and people of different age groups. Some important landmarks in the study area which pull people of diverse characteristics to Uyo Capital City include Uyo Central Park, and the University

of Uyo Town and Permanent Campuses and Ibom Tropicana Entertainment Centre.

Rationale for the choice of the study site

The study site includes Uyo Plaza, Eka/Udoh Streets, Maitama, Pyramid, Ikpa Road/ Idak Okpo, Urua Ekpa, Itu Road, Udoette/Udoekong, Itam Peace Column, and the Central Park Area. These sites were selected based on two reasons: the prevalence of characteristics of interest and the relevance of the study population. That is, in the Capital City there are many kiosks which serve as outlets for sales of drugs and clusters of area or street boys. There also exist places like Uyo Plaza and Maitama which serve as meeting points for boys and girls and adult who indulge in sex trading and other unwholesome behaviours including use of substances. Other places such as Idak Okpo and Eka/Udoh Streets house students and street or area boys. Accommodations in this area are cheaper; most buildings are dilapidated and with facilities.

Study Participants

The study participants included persons who live, squat or were found at any of the selected clusters during the data collection process. They comprised 361 (90.3%) males and 39 (9.7%) females from the age of twelve years to fifty years. All the participants were selected using a multistage sampling procedure. The procedure involved three methods, namely purposive sampling, cluster and simple random sampling. All the study sites were selected purposively and also considered specific clusters where the simple random probability technique was used to select 40 respondents. That means, in each of the 10 clusters, 40 respondents were randomly selected, thus, making a total of 400 respondents. The participants were grouped in five years aged cohorts. Data presented in Table 1 show that only 19 (4.8%) participants were below 15 years of age. In the next age cohort, 15-19 years, a total of 51 (12.8%) participants were selected compared to the cohort of 20-24 years where 67 (16.8%) participants were selected. The largest number of the study participants 107 (26.8%) were selected in the age cohort of 25-29 years, followed by 74 (18.5%) others that were in the 35-39 years age cohort. As shown in the table, the number of substance users or the study participants in the three succeeding age cohorts reduced to 18 (4.5%), 23 (5.8%) and 3 (0.8%), respectively.

Most of the study participants 227 (56.8%) were Ibibio. Another group next in size was Igbo which constituted 81 (20.3%) of the study participants. The participants who did not identify their ethnic affiliation were 53 (13.3%) while those with Yoruba identity were 27 (6.8%). Only three (0.8%) of the study participants had Hausa/Fulani ethnic background. Beyond ethnic characteristics, the study participants were grouped based on level of educational attainment or schooling. Data in Table 4 indicate that 94 (25.9%) of the participants had completed secondary school while 113 (31.1%) had finished higher school. A total of 47 (12.9%) participants were University attempted or drop outs, against 66 (18.2%) and 12 (3.3%) others who were University undergraduates and Post Graduate students, respectively. To a large extent, the low level of schooling of the study participants influenced their employment status. Based on the data in Table 5, only 87 (23.0%) participants were engaged in permanent employment while 165 (43.6%) others were unemployed. Majority of the

study participants, 137(43.2%) reported an estimated monthly income of ₦100,000 and more. A total of 100 (29.6%) earned ₦61,000-₦100,000 every month. As shown in the table, while 60 (18.9%) participants reported a monthly income of ₦21,000-₦60,000, only nine (2.8%) normally earned ₦20,000 or less, another 17 (5.4%) of the study participants could not always estimate their earned monthly income. In terms of marital status, more than 50 per cent of the study participants were not married. A total of 153 (39.1%) participants said they co-habit. Only 14 (3.6%) of the study participants said they were married, while 31 (7.9%) others claimed to be divorced. Those who said they got separated from their spouses and widowed were 69 (17.6%) and 18 (4.6%), respectively.

Instruments and procedure

Data were collected from the respondents using a specially designed instrument titled Knowledge of Effect of Substance Use on Development (KESSOD). The instrument was adopted both as a questionnaire and as interview guide. It was developed with a set of questions that have direct bearing with objectives of the study. The instrument was also tested for validity and reliability. In every cluster, a research assistant who was trained and adequately informed of the objectives of the study was recruited. In addition, in places like Tam Peace Column, Central Park Area, Maitama and Pyramid, the research assistants were persons who were always frequent and interacted freely with visitors or customers.

Data analysis

The methods used in the analysis of data in this study included table presentation of the data and discussion using simple percentage method, and a binary logistic regression test using the Statistical Package for Social Sciences (SPSS) version 20.0.

RESULTS

An understanding of the effect of substance use on development is apparent when divulged through the personal or demographic information of the users individually or in group. Similarly, the contributions of substance users and the benefits they derived from development can be assessed based on important demographic indicators such as age, sex, level of educational attainment, employment status, type of occupation and amount of earned income. In many Third World countries, ethnic affiliation plays a significant role on how much one benefits from development in the country. To a large extent, substance dependency deplete the capacity of the person involved in many ways, although for so many substance users, the use of substances help them to contain negative emotions like anxiety, grief or depression; peer influence; get rid of boredom, idleness, relax one's mind and self. The result of this study reveals far reaching consequences of substance use on development related activities in the study area. Data in Table 12 show not only a negligible number of the study participants, 27 (9.9%) and six (2.2%) others who usually pay electricity bill and water rate respectively, but indicate also that only 87 (31.9%) civil/public servants normally contribute to development through payment of tax. Notwithstanding the amount of earned income, ₦81,000 or more reported by 198 (62.4%) respondents, mostly comprising Area/Street boys, 103 (26.0%) as in Table 11, majority of them, 193 (48.3%), used their income in acquiring substances that act as stimulants on a

regular basis, 214 (58.3%). The street boys, 103 (26.0%), Park boys/men 58 (14.6%) and sex hawkers, 14 (3.5%) neither settle their rent fully and regularly nor participate in environmental development related activities like sanitation and vigilante. Those who said they normally paid rent if not residing in their personal houses apart from students, included politicians and people with employment status. Data in Table 7 reveal that the study participants, 106 (27.1%) with single marital status and 153 (39.1%) with co-habited status are among the major consumers of alcohol, 105 (26.3%); depressants, 38 (9.55) and stimulants, 193 (48.3%). Most of the study participants, 251(71.1%) who frequently consumed alcohol and also used other substance(s) as stimulant, reported that they had between one and three children. While another 95 (26.9%) study participants reported a parity level of four-seven children, only seven of the study participants said they had eight children or more. The data in Table 9 show that only 11 study participants (2.8%) consumed hallucinogenic substance compared with 52 (13.0%) others that always use opioids. Information gathered from the study revealed that the hallucinogenic and opioids substance users have either experimented or only used the substances once, both not as stimulant. The respondents in all the clusters argued that in situations of excessive use or abuse, the victim is weakened; lack consciousness and concentration, and often times cannot senses to carry out normal economic and social responsibility.

Data presentation

Table 1. Distribution of the substance users by age structure

Age	No. of substance users	%
< 15 years	19	4.8
15-19	51	12.8
20-24	67	16.8
25-29	107	26.8
30-34	38	9.5
35-39	74	18.5
40-44	18	4.5
45-49	23	5.8
50+	3	0.8
Total	400	100

Table 2. Distribution of the substance users by sex

Sex	No. of substance users	%
Male	361	90.2
Female	39	9.8
Total	400	100

Table 3. Distribution of the substance users by ethnic affiliation

Ethnic nationality	No. of substance users	%
Ibibio	227	56.8
Hausa/Fulani	3	0.8
Yoruba	27	6.8
Igbo	81	20.3
Foreigners	9	2.3
Others	53	13.3
Total	400	100

Table 4 Distribution of the substance users by level of education or schooling

Level of schooling	No. of substance users	%
Completed secondary school	94	25.9
Completed higher school	113	31.1
University attempted	47	12.9
University undergraduate	66	18.2
Post graduate	12	3.3
Others	31	8.5
Total	363	100

Table 5. Distribution of the substance users by employment status

Employment status	No. of substance users	%
Students	66	17.5
Employed	87	23.0
Unemployed	165	43.6
Others	60	15.9
Total	378	100

Table 6. Distribution of the substance users by estimated monthly income

Income level (, 000)	No. of substance users	%
Notestimated	17	5.4
< 20	9	2.8
21-40	46	14.5
41-60	14	4.4
61-80	33	10.4
81-100	61	19.2
100 >	137	43.2
Total	317	100

Table 7. Distribution of the substance users by marital status

Marital status	No. of substance users	%
Single	106	27.1
Married	14	3.6
Divorced	31	7.9
Separated	69	17.6
Widowed	18	4.6
Co-habited	153	39.1
Total	391	100

Table 8. Distribution of the substance users by parity level

Parity level	No. of respondents	%
<3	251	71.1
4-7	95	26.9
8+	7	2.0
Total	353	100

Table 9. Distribution of the respondents by dominant substance used

Dominant substance	No. of substance users	%
Depressants	38	9.5
Stimulants	193	48.3
Hallucinogenic	11	2.8
Opioids	52	13.0
Alcohol	105	26.3
Others	1	0.3
Total	400	100

Table 10. Distribution of the respondents by patterns of substance use

Patterns of substance use	No. of substance users	%
Once	58	15.8
Experimental	21	5.7
Regular	214	58.3
Dependence	73	19.9
Others	1	0.3
Total	367	100

Table 11. Other characteristics of the sampled substance users

Characteristics	No. of substance users	%
Applicants	8	2.0
Area/Street boys	103	26.0
Park boys/men	58	14.6
Sex hawkers	14	3.5
Students	66	16.7
Civil/public servants	87	22.0
Politicians	19	4.8
Others	41	10.4
Total	396	100

Table 12. Analysis of the contributions of the substance users to the development of the state

Contributions	No	%	Std. Dev.	X
Payments:				
Tax	87	31.9		
Rate	-	-		
Dev. Levy	-	-		
Elect bill	27	9.9		
Water bill	6	2.2		
Rent	112	41.0	43.1	58
Sanitation	18	6.6		
Vigilante	23	8.4	2.5	20.5
Total	273	100		

The results of logistic regression in Table 13 provide information on the interaction between demographic variables and substance use as well as on the consequences of such interaction on development related activities. Evidence from the result show that age has a significant effect on substance use ($p < .00$) and b coefficient of $-.07$, although in the interaction between age and substance use, the outcome is insignificant ($p > .93$). This implies that the changes in the age of substance users do not affect their contributions to development. Unlike age, sex of the substance users has a determining effect on substance use ($p < .06$) just as the combined effect of sex and substance use significantly ($p < .08$) affect development. The result shows that being a man (male) has a significant effect on substance use ($p < .02$) as against being a woman. Ethnic influence has effect on the use of substance ($p < .00$). A previous study in the same area before the adaptation of Western culture and urban way of life, drunkenness, smoking of cocaine and others were not only ethically and morally rejected and condemned but the culprit ostracized and cartooned; his ideas and contributions rejected as well. Among the Hausa/Fulani, the Sharia code of conduct forbids substance use and abuse but unlike for the Yoruba, Igbo and Foreigners which the test result indicate a significant correlation with substance use ($p < .00$), the result shows an insignificant effect of being an Ibibio ($p > .95$) and Hausa/Fulani ($p > .12$).

In the result, substance use as a single variable has insignificant effect ($p > .12$) on development. Furthermore, being an Ibibio person ($p < .06$) and using a substance affect development just as being a Yoruba person and using a substance ($p < .04$). Education as a variable has a significant effect on substance use. Apart from for persons who only completed Secondary School in which the regression shows an insignificant ($p > .84$) effect, the degree of effect on the other levels of schooling is significant ($p < .00$). In all cases, the interaction between education (at the various levels) and substance use have insignificant effect on development. Employment status has a significant effect on substance use as shown in the test result. The effect is highly significant on students ($p < .00$) and employed persons ($p < .04$). Concerning parity level, the regression result shows a strong relationship between substance use and having many children. Apart from in the case of women in which substances may be used to help terminate pregnancy, the men often use substances as stimulants for sex among other purposes. The results were significant at $p < .06$; $p < .04$ and $p < .02$ corresponding with b coefficient of 1.52, 1.67 and 2.0 respectively. Substance use combined with parity level showed an insignificant effect on development even though most people used various types of substance as stimulants or energy booster to carry out difficult and stressful tasks.

Table 13. Result of logistic regression test of interaction of the measured variables

Variable	B	SE	Wald	df	Sig	Exp(B)
Constant	1.85	.37	24.75	1	.00	6.37
Age	-.07	.01	26.45	1	.00	.94
Su (Age)	.03	.31	.01	1	.93	1.03
Age x Su(Age)	.00	.03	.00	1	.99	1.00
Nagelkerke ⁽¹⁾	.09					
(2)	.09					
	-.30	.29	1.06	1	.30	.74
Sex	.38	.20	3.61	1	.05	1.47
Su	.13	.29	.20	1	.66	1.14
	-.75	.41	3.41	1	.07	.47
Sex (Su)	-1.03	.61	2.89	1	.09	.36
Nagelkerke ⁽¹⁾	.013					
(2)	.022					
	-1.30	.42	9.78	1	.00	.27
Ethnic affiliation			65.14	5	.00	
Ibibio	.02	.32	.00	1	.95	1.02
Hausa/Fulani	.57	.36	2.48	1	.12	1.77
Yoruba	2.59	.49	27.86	1	.00	13.28
Igbo	2.27	.53	18.08	1	.00	9.64
Foreigner	4.50	1.05	18.36	1	.00	89.53
Su	.57	.36	2.44	1	.12	1.76
	-1.39	.79	3.08	1	.08	.25
Ea (Su)			10.61	5	.06	
Ea x Ibibio(Su)	-.30	1.04	.08	1	.78	.74
Ea x H/F(Su)	-1.23	1.17	1.12	1	.29	.29
Ea x Yu(Su)	2.76	1.33	4.32	1	.04	15.82
Ea x Igbo(Su)	-1.18	1.46	.65	1	.42	.31
Ea x F(Su)	-18.44	15191.52	.00	1	.10	.00
Nagelkerke ⁽¹⁾	.34					
(2)	.37					
	-1.13	.39	8.64	1	.00	.32
Level of Education			51.31	5	.00	.00
LE(CSS)	.07	.34	.04	1	.84	1.07
(CHS)	1.65	.35	21.81	1	.00	5.19
(UA)	1.95	.44	19.79	1	.00	7.02
(UG)	1.61	.43	14.05	1	.00	5.00
(PG)	1.18	.37	10.41	1	.00	3.26
Su	.27	.32	.75	1	.39	1.31
	-1.10	.82	1.81	1	.18	.33
LE(SU)			4.61	5	.47	
LE(CSS) x Su	.30	1.10	.08	1	.78	1.35
LE(CHS) x Su	-.50	1.13	.20	1	.66	.61
LE(UA) x Su	1.82	1.22	2.23	1	.14	6.14
LE(UG) x Su	.66	1.18	.31	1	.58	1.93
LE(PG) x Su	-21.33	16408.72	.00	1	.10	.00
Nagelkerke ⁽¹⁾	.18					
(2)	.22					
	-.10	.36	.08	1	.78	.90
Employment Status			26.93	3	.00	
Su (Students)	-.82	.31	6.91	1	.01	.44
Su (Employed)	.62	.31	4.15	1	.04	1.87
Su (Unemployed)	.08	.31	.06	1	.80	1.08
Su	.15	.30	.23	1	.63	1.16
	.29	.76	.14	1	.71	1.33
Em (Su)			1.16	3	.76	
Em (Students) x Su	.73	1.01	.52	1	.47	2.07
Em (Employed) x Su	.13	.97	.02	1	.89	1.14
Em (Unemp. x Su	.79	1.02	.60	1	.44	2.20
Nagelkerke ⁽¹⁾	.09					
(2)	.10					
	-1.60	.80	3.96	1	.05	.20
Parity level			7.62	3	.06	
<3	1.52	.81	3.58	1	.06	4.58
4-7	1.67	.80	4.34	1	.04	5.29
8+	1.95	.80	5.92	1	.02	7.04
Su	.13	.25	.27	1	.60	1.14
-.69	1.23	.32	1	.57	.50	
Parity level (Su)			2.59	3	.46	
P 1 x <3 x (Su)	1.14	1.72	.44	1	.52	3.13
P 1 x 4-7x (Su)	1.15	1.68	.47	1	.49	3.14
P 1 x 8+ x (Su)	1.86	1.68	1.23	1	.27	6.40
Nagelkerke ⁽¹⁾	.03					
(2)	.04					

Key: SU = Substance Use; Ea = Ethnic affiliation; LE = Level of Education; EM = Employment Status; PI = Parity level

DISCUSSION OF FINDINGS

The findings of this study have agreed with many previous studies that substance use alters the psyche potentials of the users and abusers; thus, affects their capacities to perform normal social, economic and political roles that could support development in the state. This finding has collaborated with the argument by Ritchie and Roser (2018) that there is a direct effect of substance use disorders on disease burden, mental health and death of victims. Similarly, substance use impairs an individual's functioning as a parent, spouse or partner, and instigates and triggers gender-based and domestic violence, thus significantly affecting the physical, mental and emotional development of children (WHO, 2018). In the study population and particularly among commercial sex workers, labourers, drivers/loaders, law enforcement agents, and event students, the use of substances like narcotics increase the energy and strength to work for hours and reduces stress. As discovered by Chhatre, Cooks, Mallik and Jayadevappa (2017) in their study on the trends in substance use admissions among older adults, this study found that the most rampantly used substance is alcohol, but that the use of primary substances such as cocaine/crack, marijuana/hashish, heroin, non-prescription methadone, and other opiates and synthetics was on the increase among the study population. The study found that most of the substance users (under 35 years of age) are frequently arrested by the Police for various alleged offences including stealing, raping, phone snatching, public assault/harassment of some members of the public because they are area/ street boys. Most of these respondents have of higher parental education background and similar to a previous finding by Humensky (2010) higher parental education is associated with higher rates of binge drinking, marijuana and cocaine use. Discrepancy exists in the findings of the two studies in terms of the age of substance users. While Humensky (2010) found higher rates of binge drinking, marijuana and cocaine use in early adulthood, it is observed that most of the substance users in the Uyo Capital City had adopted the habit in their teen years either out of peer influence or environmental pressure. It was also observed that the rate of substance use remained higher among people with low socio-economic status and highest with those who have high socio-economic status.

Conclusion and Recommendations

This study was based on the premise that the critical issues of concern in most Third World countries are the burden of development and population problem. Substance use is both a development and population problem. The reason is that it alters the psyche potentials of individual substance users and abusers and by extension affects their capacities to perform normal social, economic and political roles needed to drive the development discourse in the state. Therefore, the attempt to understand and proffer solutions to the problems of development, population and substance use in Akwa Ibom State, the following recommendations should be considered:

- (i) Proper integration of the demographic factors or variables into the policies making processes since the problem of substance use or drug use revolves around human population.
- (ii) The policy of neighbourhood watch and extension of the whistle blowing should be adopted to help check and

control the rate substance use among members of the study population.

- (iii) It incontestable that substances and drugs are used and abused by ordinary people in the society and by government officials, particularly the security operatives. This action could serve as encouragement to the public, therefore should abolished or controlled using appropriate laws.
- (iv) Among the under age, the parent, school and church should play a role of counselling to discourage involvement and counter peer influence.
- (v) A comprehensive economic policy that can help create more opportunities and discourage intention and interest in anti-development activities should be pursued by the government.
- (vi) There is an enormous gain in having a comprehensive data on substance use and abuse. Therefore, government should take urgent action by conducting a national drug survey to help generate reliable data for appropriate policies and decisions.

REFERENCES

- Brady, K. T., Grice, D. E., Dustan, L., Randall, C. 1993. Gender differences in substance use disorders. *Ann Journal of Psychiatry*, 150, 1707-1711
- Charles, J. O. 2008. *Ethnography of African Societies: sub-Saharan Region*. Lagos: Serenity Publishers
- Chhatre, S., Cook, R., Mallik, E. and Jayadevappa, R. 2017. Trends in substance use admissions among older adults. *Bio-Medicine Central Health Services Research*, 17: 584 (1-8)
- Clayton, R. R., Voss, H. L., Robbins, C. and Skinner, W. F. 1986. Gender differences in drug use: an epidemiological perspective. NIDA Resources Monograph 65: 80-99
- Ekanem, I. I. & Arowolo, O. O. 1994. *Population and management planning*. Lagos: Third Press Publishers
- Han, B., Clinton-Sherrod, A. M., Gfroerer, J., Pemberton, M. R. & Calvin, S. L. 2011. State and socio-demographic variations in substance use treatment need and receipt in the United States. CBHSQDATA Review Center for Behavioral Health Statistics and Quality April 2011. Downloaded from <https://www.researchgate.net/publication/259220217>
- Hand, D. J., Short, V. L. & Abatamarco, D. J. 2017. Substance use, treatment, and demographic characteristics of pregnant women entering treatment for opioid use disorder differ by United States census region. *Journal of Substance Abuse Treatment*, 76(): 58-63
- Humensky, J. L. 2010. Are adolescents with high socioeconomic status more likely to engage in alcohol illicit drug use in early adulthood? Down loaded from http://www.substanceabusepolicy.com/content/on_18/06/18
- Lawal, A. M. 2012. Influence of gender, family structure, type of residential area and locus of control on illicit drug use. In Isidore S. Obot, Akanidomo J. Ibanga and Andrew Zamani (2012). *Substance abuse and HIV/AIDS in Africa*. Centre for Research and Information on Substance Abuse (CRISA). Proceedings of the ninth Biennial International Conference on Alcohol, Drugs and Society in Africa, 109-116.
- Los Angeles Times. 2018. by Jeannine Stein (2012) titled '200 million people use illegal drugs; what is the toll on

- health?'. Downloaded from <http://www.Illegaldrugs/tollhealth/t> on 21/07/18
- Nakamura, S. 2016. Current situation of drug abuse and countermeasures in Japan. *Sociology Study*, 6(8): 539-551.
- NBS, 2018. Employment-earnings 2018. National Bureau of Statistics Downloaded from <https://www.nbs.gov.sc/downloads/economic-statistics/employment-earnings/2018> on 30/07/18
- Rabie, M. A. 2016. Sociodemographic indicators for substance use and abuse in Egypt. *Journal of Addiction Prevention*, 4 (1): 1-9
- Ritchie, H. & Roser, M. 2018. Substance use. Downloaded from <https://www.ourworldindata.org/substance-use> on 18/06/18
- Riyaza, F. 2000. Age and sex composition of population. Downloaded from <http://www.planning.gov.mv/publications/analytical-report/html/Source/Chapter111.pdf> on 28/07/18
- Steffensmeier, D. Ulmer, J. Kramer, J. 1998. The interaction of race, gender, and age in criminal sentence: the punishment cost of being young, black, and male. *Criminology*, 36: 763-798
- Udo, A. A. 1983. Who are the Ibibio? Onitsha: Africans Feb. Publishers
- Wallace, J. M., Bachman, J. G., O'Malley, P. M., Schulenberg, J. E., Cooper, S. M. & Johnston, L. D. 2003. Gender and ethnic differences in smoking, drinking and illicit drug use among American 8th, 10th and 12th grade students, 1976–2000. *Addiction*, 98(2):225-234
- WHO (2010). Global strategy to reduce the harmful use of alcohol. WHO Press, World Health Organization. Geneva
- WHO (2012). Global conference on primary health care. Downloaded from http://www.planning.gov.mv/publications/analytical_report/html/Source/ChapterIII.pdf %3E on 23/06/10
- WHO (2014). Management of substance abuse. Downloaded from http://www.who.int/substance_abuse/facts/alcohol/en/ on 18/06/18
- WHO (2018). Management of substance abuse. Downloaded from http://whosubstance_abuse on 18/06/18
- World Drug Report (2014). The global burden of hepatitis-c working group: global burden of disease (GBD) for hepatitis c. *Journal of Clinical Pharmacology*, 44(1): 20-29.
