

Opinion of Residents of Owerri Metropolis on Flogging as a Methamphetamine (Mkuru Mmiri) Abuse Preventive Strategy among the Youths of Imo State, Nigeria

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Abstract – Methamphetamine (Mkpuru mmiri in local parlance) abuse is witnessing a steady rise in Imo State, southeast of Nigeria. The reckless and frequent use of methamphetamine at every nook and corner of Imo State by the youths and its devastating instant impact on them resulting to appearance of fresh mentally deranged young people on the streets of the state has angered the stakeholders to the point of apprehending those taking methamphetamine, tying them on sticks, and flogging them mercilessly and publicly to bring back their senses and to serve as deterrent to others. Varying opinions have been expressed on flogging as methamphetamine abuse preventive strategy. This study therefore investigated the opinion of residents of Owerri Metropolis about flogging as a methamphetamine abuse preventive strategy among the youths of Imo State. A sample of 364 residents of Owerri Metropolis participated in the study. The instrument for data collection validated through the assistance of experts in the fields of sociology, measurement and evaluation is Opinions of residents of Owerri Metropolis on Flogging as a Methamphetamine Abuse Preventive and Deterrent Strategy Questionnaire. Its reliability coefficient established through test-retest method and Pearson statistical technique is 0.83. Three research questions were answered using mean and standard deviation and one null hypothesis was tested using independent sample t-test at 0.05 alpha level. The results of the study showed that flogging the youths who take or abuse methamphetamine is not the opinion of people resident in Owerri Metropolis as a methamphetamine abuse preventive strategy in Imo State. The negative opinion of Owerri residents on the use of flogging as methamphetamine abuse preventive strategy among the youths of Imo State is the same for both male and female respondents. It was therefore recommended that awareness should be created about the dangers of methamphetamine abuse which will help to prevent the youths from taking the hard drug. Counselling and rehabilitation programmes for methamphetamine addicts should be organized to free them from methamphetamine addiction so that they can live a normal life. Besides, the use of good legislation and implementation against sales of methamphetamine will deter people from selling it and make the drug less available to the youths.

Keywords – Methamphetamine, psychoactive substances, mental illness, euphoria, paranoia, hallucination.

I. INTRODUCTION

Drug abuse is defined by Lloyd (2020) as the use of illegal drugs or the use of prescription or over-the-counter medications in ways other than recommended or intended. It is an excessive or inappropriate use of drugs by individuals in a manner considered or adjudged as illegal or immoral based on the cultural value and ethics of the people, which could be harmful to the persons or the society in which they live. It also refers to drug use mainly by self-medication in a manner that deviates from approved medical or social patterns (Aka & Akunyili, 2003). Drug abuse can start in childhood and continue in adulthood. Studies of high school students in USA indicate that approximately 42% drink alcohol, 21% use marijuana, and 3% use cocaine. Approximately 12% have used inhalants, and 20% have abused prescription drugs (Lloyd, 2020).

Nigeria has been grappling with a growing drug problem for many years now, with cases surging since 2016. In its world drug report on Nigeria, published in June, 2018, the UN recorded a rise in the country's rate of hard drug abuse from 5.6% in 2016 to 14.4% in 2018, with cannabis the most commonly used drug followed by non-medical use of prescription opioids such as tramadol (Falodun, 2021). According to Nigeria's National Drug Law Enforcement Agency (NDLEA), the south-west of the country has the highest rates of abuse and trafficking, with more than 22% of 15- to 65-year-old people using drugs in the past one year. Sampou (2013) reported that in Nigeria, 22.7% of primary school pupils have taken to alcohol, a figure that rises to 57.9% in secondary schools and to 68% among university students. In specific terms, Anyachie (2009) reported that among students in secondary schools in Nigeria, 33.3% take to alcohol, 8.3% smoke cigarettes, 3-9.1% smoke marijuana. Drug use was most common among those who were between the ages of 25 and 39 years, while the rates of past year use were lowest among those who were below 24 years of age (Anyachie, 2009).

In the South-East, the problem of drug abuse is as serious as in other parts of the country. Ekwueme and Chukwuneke (2010) put the prevalence of substance abuse among the undergraduate students between the ranges of 50.2% - 78.4%. Cannabis use was found to be 1.4% among the undergraduates. An empirical study conducted by Aguocha & Nwefoh (2021) among undergraduate students in Imo State University found that lifetime use of psychoactive substances is as follows; alcohol (82.7%), tramadol (8.8%), cannabis (7.6%), cocaine (1.4%), heroin (0.5%) and amphetamine (0.8%). Vincent, Vincent and Vincent (2019) conducted an empirical study on the prevalence of drug abuse among public secondary school students in Imo State, Nigeria using a sample of 540 students and found a pattern of drug abuse as follows; alcohol (20%), cigarettes (12.6%), cocaine (1.2%), cannabis (5.9%), and heroin (0.3%). Male undergraduates in south-east are five times more likely to use psychoactive substances than their female counterparts (Ekwueme & Chukwuneke, 2010) and a significant difference exists in the prevalence of abuse of psychoactive substances with male students abusing more than the female students (Vincent, Vincent & Vincent, 2019).

Drug abuse is of serious concern to well-meaning Nigerians in general and Imo people in particular as it impacts directly or indirectly on their lives. The consequences of drug abuse personal to drug abusers are multifarious ranging from involvement in violent crimes, insanity, laziness, wretchedness, untimely death, etc. According to Sampou (2013), those drugs kill many people each year, shattering dreams and bringing misery and grief to a lot of people and families. Similarly, psychoactive substance abusers may experience difficulties maintaining interpersonal relationships, cognitive difficulties, health challenges, exhibit risky behaviours, and engage in cultism and crime. They can ultimately become junkies who are borderline insane, haggard-looking, and useless drug-dependent individuals. Adolescents who use illicit drugs are more likely than others to engage in risky sexual behaviours or become involved in delinquency and crime (Ogu, Ezumah, Odii, & Uguru, 2020). Kawugana and Faruna (2018) listed suicides, road accidents, violent crimes, laziness, mediocrity, broken homes, shattered dreams, waste of potential manpower and subsequent impoverishment of self and society as the consequences of drug abuse. Health and psychological complications arising from drug abuse may include memory loss, cancer, cardiac arrest, AIDS, liver, lungs and kidney diseases, aggression, paranoia, hallucination, coma and stroke (Lloyd, 2020). A society with appreciable number of drug abusers experiences a lot of criminal activities, violence, insecurity, infrastructural decay or deficit, corruption, a large proportion of useless human resources that cannot make any meaningful contributions to economic and social development of the society. A society with appreciable number of drug abusers also experiences low per capita income and low gross domestic product. WHO (2012), reported that psychoactive substance abuse undermines economic and social development and contributes to crime, insecurity, poverty, instability and spread of diseases.

Various reasons have been adduced for the involvement of people in drug abuse. Vincent et al. (2019) and, Kawugana and Faruna (2018) reported curiosity, peer group influence, poor parental supervision, energy to enhance performance, coping with stress and frustration as some of the factors responsible for the involvement of youths in drug abuse. Youthful exuberances seem to propel the youths to have their first taste of these psychoactive substances. The quest to know what these psychoactive substances are like actually makes the youths want to have the first taste of them. Peer group influence is also a contributory factor for involvement of youths in drug abuse. To be seen as integral members of a peer or social group, young people who want to be on the same page with older members of a peer or social group take to drugs. They want to be seen as capable, ready and willing to partake in social activities of their members. Two parental styles of permissive parenting and laissez-faire (neglectful) parenting are synonymous with poor parental supervision of children. Parents who adopt permissive parenting style allow the children to do what they like and correct themselves if they make mistakes. In this way, children are given free hands to decide what to do. Parents who adopt laissez-faire (neglectful) parenting style allow freedom of action to the children. The parents are

unwilling to exert control over the children. Hence, the children make choice of friends, clothes, food, etc. Neglectful parenting is similar to permissive parenting except that parents who adopt neglectful parenting are poor in demandingness and responsiveness while permissive parents can be good in responsiveness but poor in demandingness (Onyekuru, 2015). Children nurtured using permissive and laissez-faire (neglectful) parenting styles experiment in their lives and can easily be attracted to psychoactive drugs and the empty promises they hold for the youths. Young people seem to need extra energy to enhance performance. Some of them engage in so many activities and they want more energy than they are endowed with to cope with the increase in activities. The psychoactive drugs are taken to obtain this extra energy to enhance performance. Stress and frustration can compel the young people to take to drugs. Youths experiencing overwhelming stress and frustration may start taking these drugs to cope with the stress and frustration.

In recent times, a psychoactive substance that is more often abused than any other substance in eastern states of Nigeria in general and Imo State in particular is methamphetamine. Methamphetamine also called crystal meth or mkpuru mmiri in Ibo local parlance is a white or blue, odourless, bitter-tasting crystalline substance that easily dissolves in water or alcohol to form solution (Davis, 2018). It looks like ice block. It has a chemical formula of $C_{10}H_{15}N$. Its IUPAC name is N-methyl-1-phenylpropan-2-amine. It has a melting point of $170^{\circ}C$ and a molecular mass of 149.2337g/mol. It is a highly addictive substance and affects the central nervous system. It is an illegal psycho-stimulant drug that is similar in structure to amphetamine. It is used for its powerful euphoric effects, which are similar to those of cocaine. It increases the levels of naturally occurring chemicals called dopamine and norepinephrine in the brain. Dopamine is an excitatory neurotransmitter that controls the nerves. Dopamine deteriorates the functions of the brain and also the functions of thought, cognition, emotion, perception and behaviours. The effect of methamphetamine lasts longer than that of cocaine, but it is relatively cheaper than cocaine which makes it more attractive to the youths (Njoku, Odita & Thomas-Odia, 2021), and is easy to produce with readily available ingredients.

It was developed in Japan in 1919 and grossly abused during the World War II when it was given to pilots on suicide mission (Davis, 2018). It was also given to military personnel to keep them alert, awake and to improve on endurance and mood. It was briefly used for a medication for depression and controlling obesity, but it was quickly abandoned and banned thereafter for its serious negative side effects. In the 1970s, the drug was added to the schedule II list of controlled substances by International Drug Control Convention (Njoku, Odita & Thomas-Odia, 2021). Since 1990s, the production of methamphetamine has been hijacked by Mexican drug cartels and they came to Nigeria to set up laboratories for its production in 2016 (Njoku, Odita & Thomas-Odia, 2021). This psychoactive substance is dangerously addictive. It is an unregulated drug not meant for public consumption.

The pleasurable effects of methamphetamine occur when the psychoactive substance stimulates the release in the body of very high levels of the neurotransmitter dopamine (Petit, Chalmin, & Lejoyeux, 2012). This is the brain chemical involved in motivation, pleasure, and motor function. However, these high levels of dopamine are also thought to help make the drug more toxic to nerve terminals in the brain. Methamphetamine in comparison is different from and more dangerous than other stimulants because a larger percentage of it remains unchanged in the body for a long period of time. This allows the drug to be present in the brain longer than normal for extended effects.

The drug can be smoked, snorted, injected, or ingested orally. Smoking or injecting methamphetamine causes an immediate, intense 'rush' or apparent quick bliss that lasts for a few minutes. Snorting does not produce the intense rush, but a euphoric high within 3 to 5 minutes of ingestion. The oral effects can be felt within 20 minutes. Depending on how the drug is ingested, the effects can last for 6 to 24 hours.

Methamphetamine is neurotoxic capable of damaging dopamine and serotonin neurons in the brain. Nearly all methamphetamine is made illegally, and it may contain caffeine, talc, and other toxic substances. It can lead to structural and functional changes in the brain associated with emotion and memory, and some of these effects may be irreversible. Toxicity of methamphetamine increases when used in combination with alcohol, cocaine or opiates.

Other than producing feelings of wellbeing or euphoria (happiness), methamphetamine also produces some dangerous side effects including reduced appetite, reduced fatigue, higher levels of activity and talkativeness and a feeling of power and self-control. It can also produce increased body temperature, fast or irregular heartbeats, faster breathing and higher blood pressure. Takers of this drug underrate other people, but overrate themselves and their capacities. They manifest a system of shabby looks,

loss of weight and appetite, sleeplessness for an extended period of days or even weeks at a time. They also indulge in nonstop talking, selling of possession, poor judgment, stealing, angry outburst, mental illness, psychotic behaviours such as paranoia and hallucinations. Its use is also usually associated with teeth problems, higher frequencies of unprotected sexual intercourse and violent behaviours. It drives users towards criminal activities. This very addictive stimulant renders users hyperactive and prone to destructive tendencies which in extreme cases do not exclude suicide or homicide at a slightest provocation without a feeling of remorse. Until they are rehabilitated, takers of this drug can be useless to themselves and the society and the society stands to lose from depleted workforce. Other substances that are also abused alongside methamphetamine are cannabis, cocaine, heroin, and tramadol.

Cannabis sativa

Cannabis sativa (also referred to in some quarters as Indian hemp) is an annual herbaceous flowering plant originating from East and Central Asia and has been used in medicine, religious and spiritual moods and as a source of textile fiber, seed oil, food and recreation since the dawn of time (Florian, Kronkright & Norton, 1991). It has since gained worldwide acceptance. The plant has been used for centuries, primarily for its euphoric (mood altering) effects and is one of the leading drugs for abuse particularly among the youths. It is the cheapest psychoactive drug which is readily available and can be grown in the backyard. Cannabis sativa is a unisexual plant as it can be either male or female plant. The female plant bears flowers arranged in racemes and can produce hundreds of seeds (Sharma, 2011). Cannabis was brought into Nigeria by slave traders and soldiers who returned from the world wars, and is widely used by millions of people because of its effectiveness in mood alteration (Aka and Akunyili, 2003).

The plant produces two major compounds known as tetrahydro cannabinol (THC) which is psychoactive in nature and cannabidiol (CBD) which is not psychoactive and has been recently shown to block the effect of tetrahydro cannabinol. It also produces cannabinoids in trace quantity. Cannabis sativa contains about 120 chemical compounds which are mainly terpenes, sesquiterpenes and Sulphur compounds and are responsible for its characteristic aroma (Novak, Zitterl-Eglseer, Deans & Franz, 2010).

Cannabis sativa seeds are used to produce hempseed oil which can be used for cooking, in lightening lamps, as lacquers, or paints. The flowers and fruits (to a lesser extent the leaves, stems and seeds) contain psychoactive compounds known as cannabinoids that are consumed for recreational, medicinal and spiritual purposes. The essence from flowers and fruits called marijuana, and leaves and preparations from resinous extracts are consumed by smoking, vaporizing, and oral ingestion. In traditional medicine, cannabis sativa has been used as hallucinogenic, hypnotic, sedative, analgesic and anti-inflammatory agents (Bonini, Premoli, Tambaro, Kumar, Maccainelli, Memo & Mastinu, 2018).

Cannabis users process it by harvesting the leaves, flowers and seeds, drying and storing them for future use. Fresh or dry cannabis plant can be used to cook food and eaten together with the food. Dry cannabis plant or the parts can be chopped into small bits or pound into fine powdery form and smoked. It can be boiled in a pot of water mixed with a little quantity of alcohol. The essence which is tetrahydro cannabinol floats on the mixture and can be separated from the water by decantation.

Cannabis can be used to relieve pains, treat rheumatism, migraine, fever, reduce fatigue, make incense, cream and ointment, and alleviate hunger. Cannabis abusers can face the ugly consequences of mental disorder, visual/auditory hallucination, involvement in antisocial behaviours or criminal activities, suicidal/homicidal tendencies and increased libido or impotency. Specifically, they are predisposed to robbery, kidnapping, and violent crimes. Abusers are also liable to respiratory diseases, heart, kidney, dental and liver problems. The problem of cannabis abuse can be alleviated by behavioural therapy such as avoiding the drug permanently.

Cocaine

Cocaine is a tropane alkaloid and stimulant drug obtained primarily from the leaves of two coca species native to South America which include *Erythroxylum coca* and *Erythroxylum novogranatense* (Plowman, 2018). Cocaine is a by-product of the resin of coca plant. The plant is mostly found in the South American countries like Peru, Chile, Columbia, Bolivia, etc. and was used initially to enhance physical endurance or by doctors as a local anesthetic. Cocaine has a chemical name of benzoylmethylecgonine. It is most commonly used as a recreational drug and euphoriant (Pomara, Cassano, D'Errico, Bello, Romano, Riezzo & Serviddio, 2012). Cocaine was first isolated from the coca plant leaves in 1860 and since 1961, the

International Single Convention on Narcotic Drugs requires countries to make recreational use of cocaine a crime (Pomara, Cassano, D'Errico, Bello, Romano, Riezzo & Serviddio, 2012).

The leaves of coca plant can be chewed. Alternatively, cocaine can be made from coca extracts and for various purposes (Dewick, 2009). After extraction from coca leaves and further processing into cocaine hydrochloride (powdered cocaine), the drug may be snorted, heated until it sublimates and then inhaled, or dissolved and injected into veins (Zimmerman, 2012). It has a physiological effect of suppressing hunger and appetite. Mental effect may include an intense feeling of happiness, sexual arousal, loss of contact with reality, or agitation. Physical symptoms may include a fast heart rate, sweating and dilated pupils (Zimmerman, 2012). High dose of cocaine can result in high blood pressure and high body temperature. Effects begin within seconds to minutes of use and lasts between five and ninety minutes.

Cocaine has a chemical formula of $C_{17}H_{12}NO_4$, a molar mass of 303.353g/mol, a melting point of 98°C (208°F) and a boiling point of 187°C (369°F) (Zimmerman, 2012). Its ability to block dopamine transporter and inhibit reuptake of dopamine results to euphoria and arousal. It also blocks serotonin and norepinephrine transporters inhibiting the reuptake of serotonin and norepinephrine which results to modulation of consciousness, emotions and movements that characterize cocaine exposure (Havakuk, Rezkalla & Kloner, 2017).

Cocaine increases the risk of sudden death, trauma, and infectious diseases. It increases the risk of heart attack, stroke and injury to lungs. Illicit sold cocaine is commonly adulterated with local anesthetics, levamisole, baking soda, cornstarch, quinine or sugar which can result in additional toxicity. Abstinence from cocaine after chronic use results in drug withdrawal symptoms such as depression, decreased libido, decreased ability to feel pleasure and subjective fatigue.

Heroin (Diacetyl morphine)

Heroin is an opioid drug made from morphine, a natural substance extracted from the seed of pod of various opium poppy plant grown in Southeast and Southwest Asia, Mexico, and Columbia. Heroin also known as diacetyl morphine, acetomorphine and diamorphine among other names is an opioid used in recreational drugs for its euphoric effects (Sweetman, 2009). Diamorphine is used medically in several countries to relieve pain, such as during childbirth or heart attack (Lintzeris, 2009). It is a narcotic of schedules I and IV. It has a chemical formula of $C_{21}H_{23}NO_5$ and a molar mass of 369.417g/mol. Heroin can be a white or brown powder.

The opium poppy was cultivated in lower Mesopotamia as far back as 3400 BC. The chemical analysis of the opium in the 19th century revealed it contains the alkaloids - codeine and morphine. Heroin was first produced by C. R. Alder Wright in 1874 from morphine which is a natural product of opium poppy (Moore, 2014). He boiled anhydrous morphine alkaloid with acetic anhydride for several hours and produced a more potent acetylated form of morphine diacetate. The German company Bayer pharmaceutical was the first to use the word heroin in 1897 after producing acetylated form of morphine which was stronger than morphine (Moore, 2014).

Internationally, heroin is controlled under schedule I and IV of the Single Convention on Narcotic Drugs treaty and it is generally illegal to make, possess or sell it without a license (Layman, 2013). Most of the illegal heroin sold in the market is usually adulterated with sugar, starch, caffeine, quinine or other opioids like fentanyl (Layman, 2013). It may be prescribed for the treatment of acute and chronic pains, and can be extensively used during surgery.

Mode of administration is usually by injection, smoking, snorting or inhalation. It can also be taken orally in form of tablets (Uchtenhagen, 2011). Its common side effects include decreased breathing, dry mouth, drowsiness, impaired mental function, constipation and addiction (Uchtenhagen, 2011). Some people mix heroin with crack cocaine, a practice called speedballing. Heroin enters the brain rapidly and binds to opioid receptors on cells located in many areas especially those involved in feeling of pain and pleasure and in controlling heart rate, sleeping and breathing. People who use heroin report a feeling of 'rush' (a surge of pleasure or euphoria). Common side effects of heroin use include dry mouth, warm flushing of the skin, heavy feeling in the arms and legs, nausea and vomiting, severe itching, clouded mental functioning, semi-consciousness and unconsciousness.

Heroin overdose may cause insomnia, difficulty in breathing, abscesses, constipation and stomach cramping, lungs, liver, and kidney problems. It also causes mental problems including depression and coma. The largest percentage of death due to opioid overdose is usually caused by heroin (Dake & Zador, 2016). Heroin overdose is treated with opioid antagonist, naloxone which

can reverse the effect of heroin (Layman, 2013). Other medications which can be used in place of naloxone are buprenorphine and methadone. Heroin is regarded as the leading cause of drug related death in US (Moore, 2014). This is because it can slow down or stop breathing. Withdrawal symptoms include restlessness, severe muscle and bone pain, sleep problems, diarrhea and vomiting, uncontrollable leg movement.

Tramadol

Tramadol hydrochloride simply called tramadol is a synthetic, analgesic, and opioid pain medication used for treatment of moderate or severe pains or headache (migraine) (American Society of Health-System Pharmacists, 2014). Tramadol hydrochloride, or 2-dimethyl-1-aminomethoxy-1-methoxyphenyl cyclohexanol or simply called tramadol has a molecular formula of $C_{16}H_{25}NO_2$ with molar mass of 263.381g/mol and a melting point of 180-181°C (356-358°F) (Leppert, 2009). Tramadol (a schedule IV drug in USA) was patented in 1963 and launched under the name tramal in 1977 by West German pharmaceutical company and in the mid 1990s, it was approved in the United Kingdom and United State (Leppert, 2009).

It mostly comes in form of tablets. It is also available for injection or can be taken as liquid syrup. It acts on central nervous system to relieve pains in adult. As a typical opioid, common side effects of tramadol are constipation, itching, nausea (American Society of Health-System Pharmacists, 2014). Its other side effects include dizziness, abdominal pain, and drowsiness (Langley, Pater, Boswell, Benson, & Schein, 2010). Serious side effects of tramadol include restlessness, drowsiness, decreased alertness and addiction. Its other serious side effects include fast or irregular heartbeat, severe dizziness, loss of coordination, twitching of muscles, constipation and seizure (sudden uncontrolled electrical disturbances in the brain which can cause changes in behaviour, movement, feeling and level of consciousness. Frequent seizures may be a sign of epilepsy). Tramadol misuse or overdose can cause addiction, depression, slow/irregular heartbeat, coma, convulsion or seizure (Randall & Crane, 2014). It can also slow down or stop breathing, and may be habit-forming or even cause death. Fetal side effect can occur if tramadol is combined with alcohol, sedatives, tranquilizers, narcotics or other drugs that can cause drowsiness or slow breathing. When used at a high dosage, the drug can produce similar effects to heroin (BBC News, 2019) as it makes takers 'high' and bold.

It may cause miscarriage when taken by a pregnant woman and it is unlikely to cause malformation in new born babies (Bloor, Paech, & Kaye, 2016). Its withdrawal symptoms after chronic use include restlessness, mental/mood changes, anxiety, nausea, dizziness, negative thoughts, trouble in sleeping, watering eyes, runny nose.

Corporal punishment

The effects of hard drugs in the eastern part of Nigeria especially Imo state are of serious concern to all well-meaning citizens of Imo State. The total available work force is being gradually depleted as the effects of hard drugs especially methamphetamine are taking their tolls on the youths who constitute the working population. Furthermore, violent crime and criminality such as kidnapping, robbery and killing attributable to influence of hard drugs on the youths have witnessed steady rise in Imo State. These have been a regular occurrence in the local government areas of the state and they have begun to strike fear in the minds of dwellers.

Many towns in the eastern part of the country have begun to adopted corporal punishment especially flogging to curtail drug (methamphetamine) abuse owing to its obvious devastating impacts on the social, cultural and economic lives of the people. As observed by Ubah (2021), various communities of Anambra State and other states in the southeast of Nigeria have adopted flogging anyone found to be taking methamphetamine as a deterrent for taking the drug. Corporal punishment was defined as striking of a person a given number of times in a generally methodical and premeditated ceremony (Nakpodia, 2012). It is the intentional application of physical force with caution as a means of changing unwanted behaviour (Ekanem & Edet, 2013). It is a punitive act that inflicts pain on the person (Shahbaz & Shaban, 2007). Corporal punishment includes hitting, flogging, spanking, slapping or forcing the person to maintain a particular position. The most frequently applied corporal punishment is flogging. Flogging itself refers to the striking of a person with an object usually a wooden stick or cane on the palm or across the buttock in a systematic manner. Advocates of flogging maintain that flogging as a means of behaviour modification helps to correct indiscipline among the children. It is a faster and less costly means of correcting erring, disobedient or unrepentant children. Rather than taking children to remand homes or giving them assignment that may take a lot of time, children who do not heed to advice should simply be flogged as a deterrent to wrong doing. Rather than sparing the rod and spoiling the child, the rod should be spoiled to spare the child. However, the antagonists of flogging believe that flogging and inflicting pains on the children is

wicked, barbaric, obsolete and could be counterproductive as it is capable of producing hardened criminals. They feel that flogging is an infringement on the fundamental human rights of the child and should be discouraged.

An empirical study conducted by Ekanem and Edet (2013) revealed that flogging was most frequently used among varieties of school punishments, but it was not effective in disciplinary control of students in secondary schools. Similarly, Nakpodia (2012) reported that principals had a negative attitude towards the use of corporal punishment especially flogging as a corrective measure against social or academic misconduct. Ubah (2021) recommended strategies for preventing taking of methamphetamine which include embarking on advocacy, reorientation, and rehabilitation.

Statement of the problem

Methamphetamine is fast replacing Indian hemp as a euphoriant in most communities in the southeast especially Imo State. Its effect on users is twice that of Indian hemp of the same quantity. It is almost as cheap as Indian hemp and is as readily available as the Indian hemp. Hence, methamphetamine abuse in southeast especially Imo State is widespread and an increasing number of youths is getting more involved, obsessed and addicted to it. The effects are seen in every nook and corner of Imo State. The streets in the state are getting littered with lunatics. Rate of kidnaping, robbery, assassination, and other violent crimes is witnessing rapid increase and the wheels of economic prosperity are grinding to a halt. Well-meaning Imo State residents are getting worried about the turn of events in the state. If nothing is done urgently about the increasing recognition and abuse of methamphetamine, number of lunatics in the state will keep rising. Rate of kidnaping, robbery, assassination, and other violent crimes will continue to rise and the wheels of economic prosperity may come to a halt in the nearest future. Imo people have resorted to flogging methamphetamine abusers publicly to stop them from further abusing the drug or to deter intending abusers. However, it is uncertain how effective flogging can be as a methamphetamine abuse preventive strategy among the youths of Imo State. The problem of this study, therefore, is to investigate the opinion of residents of Owerri Metropolis on flogging as a methamphetamine abuse preventive strategy among the youths of Imo State.

II. RESEARCH QUESTIONS AND HYPOTHESES

The following research questions were answered and hypothesis tested in this study. The null hypothesis was tested at 0.05 alpha level.

RQ1: What is the opinion of residents of Owerri Metropolis on flogging as a methamphetamine abuse preventive strategy among the youths of Imo State?

RQ2: What is the opinion of male and female residents of Owerri Metropolis on flogging as a methamphetamine abuse preventive strategy among the youths of Imo State?

HO: There is no significant difference in the opinion of male and female residents of Owerri Metropolis on flogging as a methamphetamine abuse preventive strategy among the youths of Imo State.

III. METHODOLOGY

A sample of 364 residents of Owerri Metropolis participated in this descriptive analytic study. The instrument for data collection is Opinions of residents of Owerri Metropolis on Flogging as a Methamphetamine Abuse Preventive and Deterrent Strategy Questionnaire. It is a non-cognitive instrument with 4-response option Likert format. It was researcher-made but validated through the assistance of experts in the fields of sociology, measurement and evaluation. Its reliability coefficient established through test-retest method and Pearson statistical technique is 0.83. Method of data collection is by simple random sampling technique. The research questions were answered using mean and standard deviation. The null hypothesis was tested using independent sample t-test. It was tested at 0.05 alpha level. Items whose means are equal to or greater than the criterion mean of 2.50 were accepted as the opinions of Owerri residents while items whose means are less than the criterion mean were rejected.

IV. RESULTS

The demographic data obtained from the study are shown in table 1

Table 1: Demographic data obtained from the study

Gender	N
Female	166
Male	198
Total	364

Table1 shows that 166 female Owerri residents and 198 male Owerri residents totaling 364 participated in the study.

RQ1: What is the opinion of residents of Owerri Metropolis about flogging as a methamphetamine abuse preventive strategy among the youths of Imo State?

Research question 1 was answered using mean and standard deviation and the results are presented in table 2

Table 2: Mean and standard deviation for the opinion of residents of Owerri Metropolis on flogging as a methamphetamine abuse preventive strategy in Imo State

S/n	Item	\bar{x}	Std.
1	Flogging is necessary to prevent youths from indulging in methamphetamine abuse	2.291	1.100
2	Flogging is necessary to halt youths who take methamphetamine from further methamphetamine abuse	2.278	1.092
3	Flogging youths to stop them from methamphetamine abuse can be counterproductive	2.893	0.966
4	Flogging youths who indulge in methamphetamine abuse can make them become hardened drug addicts	2.756	1.003
5	Flogging youths who indulge in methamphetamine abuse is an unnecessary corporal punishment as it cannot produce the desired result	2.676	1.083
6	Flogging youths who indulge in methamphetamine abuse can make them transform from hardened drug addicts to hardened criminals	2.550	1.076
7	Upstream strategy of good legislation and implementation against sales of methamphetamine is a better alternative to the downstream flogging of youths who indulge in methamphetamine abuse	2.797	1.100
8	Flogging youths who indulge in methamphetamine abuse is nothing but inflicting unnecessary pains to them	2.640	1.130
9	Flogging youths who indulge in methamphetamine abuse is a violation of their fundamental human rights	2.775	1.108
10	Creating awareness about the dangers of methamphetamine abuse is a better alternative as a methamphetamine abuse preventive strategy to flogging of the youths who take methamphetamine	2.805	1.110
11	Counselling is a better alternative as a methamphetamine abuse preventive strategy to flogging of the youths who take methamphetamine	2.832	1.064
12	Organizing rehabilitation programmes for methamphetamine addicts is a better alternative as a methamphetamine abuse preventive strategy in comparison to flogging	2.676	1.073

	of the youths who take methamphetamine		
13	Not flogging the youths as a methamphetamine abuse preventive strategy is like sparing the rod to spoil the child	2.423	1.139
14	Flogging as a methamphetamine abuse preventive measure is barbaric, unorthodox and archaic.	2.670	1.102
15	Flogging methamphetamine abusers is more punitive than corrective	2.615	1.091
16	Flogging can only make methamphetamine abusers to devise a more subtle means to evade apprehension	2.706	1.088
	Overall	2.649	1.083

Table 2 shows that based on the criterion mean of 2.50, the following items are not accepted as opinions of people resident in Owerri Metropolis on flogging as a methamphetamine abuse preventive strategy as their means are less than the criterion mean. They include; flogging is necessary to prevent youths from indulging in methamphetamine abuse ($\bar{x}=2.291$, Std.=1.100); flogging is necessary to halt youths who take methamphetamine from further methamphetamine abuse ($\bar{x}=2.278$, Std. = 1.092) and not flogging the youths as a methamphetamine abuse preventive strategy is like sparing the rod to spoil the child ($\bar{x}=2.423$, Std. = 1.139). On the other hand, the following items are accepted as opinions of people resident in Owerri Metropolis on flogging as a methamphetamine abuse preventive strategy in Imo State as their means are greater than the criterion mean. They include; flogging youths to stop them from methamphetamine abuse can be counterproductive ($\bar{x}=2.893$, Std.=0.966), flogging youths who indulge in methamphetamine abuse can make them become hardened drug addicts ($\bar{x}=2.756$, Std.=1.003); flogging youths who indulge in methamphetamine abuse is an unnecessary corporal punishment as it cannot produce the desired result ($\bar{x}=2.676$, Std.=1.083); flogging youths who indulge in methamphetamine abuse can make them transform from hardened drug addicts to hardened criminals ($\bar{x}=2.550$, Std.=1.076); upstream strategy of good legislation and implementation against sales of methamphetamine is a better alternative to the downstream flogging of youths who indulge in methamphetamine abuse ($\bar{x}=2.797$, Std.=1.100); flogging youths who indulge in methamphetamine abuse is nothing but inflicting unnecessary pains to them ($\bar{x}=2.640$, Std.=1.130) and flogging youths who indulge in methamphetamine abuse is a violation of their fundamental human rights ($\bar{x}=2.775$, Std.=1.108).

Furthermore, the following items are accepted as opinions of people resident in Owerri Metropolis on flogging as a methamphetamine abuse preventive strategy in Imo State as their means are greater than the criterion mean. They include; creating awareness about the dangers of methamphetamine abuse is a better alternative as a methamphetamine abuse preventive strategy to flogging of the youths who take methamphetamine ($\bar{x}=2.805$, Std.=1.110); counselling is a better alternative as a methamphetamine abuse preventive strategy to flogging of the youths who take methamphetamine ($\bar{x}=2.832$, Std.=1.064); organizing rehabilitation programmes for methamphetamine addicts is a better alternative as a methamphetamine abuse preventive strategy in comparison with flogging of the youths ($\bar{x}=2.676$, Std.=1.073); flogging as a methamphetamine abuse preventive measure is barbaric, unorthodox and archaic ($\bar{x}=2.670$, Std.=1.102); flogging methamphetamine abusers is more

punitive than corrective ($\bar{x}=2.615$, Std.=1.091) and flogging can only make methamphetamine abusers to devise a more subtle means to evade apprehension ($\bar{x}=2.706$, Std.=1.088).

From table 2, it can also be seen that the overall mean is 2.649 and the standard deviation is 1.083. The overall mean of 2.649 is greater than the criterion mean implying that flogging the youths who take or abuse methamphetamine is not the opinion of people resident in Owerri Metropolis as a methamphetamine abuse preventive strategy in Imo State.

RQ2: What is the opinion of male and female residents of Owerri Metropolis on flogging as a methamphetamine abuse preventive strategy among the youths of Imo State?

Research question 2 was answered using mean and standard deviation and the results are presented in table 3.

Table 3: Mean and standard deviation for the opinions of male and female residents of Owerri Metropolis on flogging as a methamphetamine abuse preventive strategy

s/n	Item	Female		Male	
		\bar{x}	Std	\bar{x}	Std
1	Flogging is necessary to prevent youths from indulging in methamphetamine abuse	2.265	1.107	2.313	1.06
2	Flogging is necessary to halt youths who take methamphetamine from further methamphetamine abuse	2.331	1.098	2.232	1.088
3	Flogging youths to stop them from methamphetamine abuse can be counterproductive	2.922	0.921	2.869	1.004
4	Flogging youths who indulge in methamphetamine abuse can make them become hardened drug addicts	2.765	0.990	2.748	1.016
5	Flogging youths who indulge in methamphetamine abuse is an unnecessary corporal punishment as it cannot produce the desired result	2.753	1.092	2.611	1.074
6	Flogging youths who indulge in methamphetamine abuse can make them transform from hardened drug addicts to hardened criminals	2.590	1.085	2.515	1.070
7	Upstream strategy of good legislation and implementation against sales of methamphetamine is a better alternative to the downstream flogging of youths who indulge in methamphetamine abuse	2.904	1.091	2.707	1.101
8	Flogging youths who indulge in methamphetamine abuse is nothing but inflicting unnecessary pains to them	2.663	1.115	2.621	1.146
9	Flogging youths who indulge in methamphetamine abuse is a violation of their fundamental human rights	2.777	1.092	2.773	1.124
10	Creating awareness about the dangers of methamphetamine abuse is a better alternative as a methamphetamine abuse preventive strategy to flogging of the youths who take methamphetamine	2.916	1.098	2.712	1.114
11	Counselling is a better alternative as a methamphetamine abuse	2.868	1.036	2.803	1.088

	preventive strategy to flogging of the youths who take methamphetamine				
12	Organizing rehabilitation programmes for methamphetamine addicts is a better alternative as a methamphetamine abuse preventive strategy in comparison to flogging of the youths who take methamphetamine	2.675	1.063	2.677	1.084
13	Not flogging the youths as a methamphetamine abuse preventive strategy is like sparing the rod to spoil the child	2.488	1.159	2.369	1.122
14	Flogging as a methamphetamine abuse preventive measure is barbaric, unorthodox and archaic.	2.657	1.088	2.682	1.115
15	Flogging methamphetamine abusers is more punitive than corrective	2.621	1.098	2.611	1.088
16	Flogging can only make methamphetamine abusers to devise a more subtle means to evade apprehension	2.723	1.082	2.692	1.095
	Overall	2.682	1.076	2.621	1.087

From table 3, it can be seen that the following items are not accepted as opinions of people resident in Owerri Metropolis on flogging as a methamphetamine abuse preventive strategy as their means are less than the criterion mean of 2.50 for both male and female respondents. They include; flogging is necessary to prevent youths from indulging in methamphetamine abuse (female, $\bar{x} = 2.265$, std=1.107; male, $\bar{x} = 2.313$, std=1.06); flogging is necessary to halt youths who take methamphetamine from further methamphetamine abuse (female, $\bar{x} = 2.331$, std=1.098; male, $\bar{x} = 2.232$, std=1.088); Not flogging the youths as a methamphetamine abuse preventive strategy is like sparing the rod to spoil the child (female, $\bar{x} = 2.488$, std=1.159; male, $\bar{x} = 2.369$, std=1.122). On the other hand, the following items are accepted as opinions of people resident in Owerri Metropolis on flogging as a methamphetamine abuse preventive strategy as their means are greater than the criterion mean of 2.50 for both male and female respondents. They include; flogging youths to stop them from methamphetamine abuse can be counterproductive (female, $\bar{x} = 2.922$, std=0.921; male, $\bar{x} = 2.869$, std=1.004); flogging youths who indulge in methamphetamine abuse can make them become hardened drug addicts (female, $\bar{x} = 2.765$, std=0.990; male, $\bar{x} = 2.748$, std=1.016); flogging youths who indulge in methamphetamine abuse is an unnecessary corporal punishment as it cannot produce the desired result (female, $\bar{x} = 2.753$, std=1.092; male, $\bar{x} = 2.611$, std=1.074); flogging youths who indulge in methamphetamine abuse can make them transform from hardened drug addicts to hardened criminals (female, $\bar{x} = 2.590$, std=1.085; male, $\bar{x} = 2.515$, std=1.070); upstream strategy of good legislation and implementation against sales of methamphetamine is a better alternative to the downstream flogging of youths who indulge in methamphetamine abuse (female, $\bar{x} = 2.904$, std=1.091; male, $\bar{x} = 2.707$, std=1.101); flogging youths who indulge in methamphetamine abuse is nothing but inflicting unnecessary pains to them (female, $\bar{x} = 2.663$, std=1.115; male, $\bar{x} = 2.621$, std=1.146); flogging youths who indulge in methamphetamine abuse is a violation of their fundamental human rights (female, $\bar{x} = 2.777$, std=1.092; male, $\bar{x} = 2.773$, std=1.124); creating awareness about the dangers of methamphetamine abuse is a better alternative as a methamphetamine abuse preventive strategy to flogging of the youths who take methamphetamine (female, $\bar{x} = 2.916$, std=1.098; male, $\bar{x} = 2.712$, std=1.114); counselling is a better alternative as a methamphetamine abuse preventive

strategy to flogging of the youths who take methamphetamine (female, $\bar{x} = 2.868$, std=1.036; male, $\bar{x} = 2.803$, std=1.088); organizing rehabilitation programmes for methamphetamine addicts is a better alternative as a methamphetamine abuse preventive strategy in comparison to flogging of the youths who take methamphetamine (female, $\bar{x} = 2.675$, std=1.063; male, $\bar{x} = 2.677$, std=1.084); flogging as a methamphetamine abuse preventive measure is barbaric, unorthodox and archaic (female, $\bar{x} = 2.657$, std=1.088; male, $\bar{x} = 2.682$, std=1.115); flogging methamphetamine abusers is more punitive than corrective (female, $\bar{x} = 2.621$, std=1.098; male, $\bar{x} = 2.611$, std=1.088); flogging can only make methamphetamine abusers to devise a more subtle means to evade apprehension (female, $\bar{x} = 2.723$, std=1.082; male, $\bar{x} = 2.692$, std=1.095).

From table 3, it can also be seen that the overall mean for the female respondents is 2.682 with a standard deviation of 1.076. The overall mean for the male respondents is 2.621 with a standard deviation is 1.087. The overall means for both female and male respondents are greater than the criterion mean implying that flogging the youths who take or abuse methamphetamine is not the opinion of female and male residents of Owerri Metropolis as a methamphetamine abuse preventive strategy in Imo State.

HO: There is no significant difference in the opinion of male and female residents of Owerri Metropolis on flogging as a methamphetamine abuse preventive strategy among the youths in Imo State

The hypothesis was tested using independent sample t-test and the results are presented in table 4

Table 4: Independent sample t-test results for the hypothesis

Gender	N	Mean	Std	df	t-value	Sig
Female	166	2.6822	0.747	362	0.797	0.462
Male	198	2.6209	0.718			

...Table 4 shows that 166 female respondents had a mean of 2.6822 with a standard deviation of 0.747. Similarly, 198 male respondents had a mean of 2.6209 with a standard deviation of 0.718. The degree of freedom is 362. The t-value is 0.797 which is significant at 0.462 alpha level but not significant at 0.05 alpha level. This implies that there is no significant difference in the opinion of male and female residents of Owerri Metropolis about flogging as a methamphetamine abuse preventive strategy among the youths in Imo State.

V. DISCUSSION OF FINDINGS

In this study, it was found that flogging the youths who take or abuse methamphetamine is not the opinion of people resident in Owerri Metropolis as a methamphetamine abuse preventive strategy in Imo State. In other words, it is the opinion of residents of Owerri Metropolis that flogging should not be used to prevent or stop the youths in Imo State from taking or abusing methamphetamine. This opinion is the same for both male and female respondents.

The finding that flogging should not be used to prevent or stop the youths in Imo State from taking or abusing methamphetamine is similar to the findings of Nakpodia (2012) who reported that principals had a negative attitude towards the use of corporal punishment especially flogging as a corrective measure against social or academic misconduct and that of Ubah (2021) who recommended strategies for preventing taking of methamphetamine which include embarking on advocacy, reorientation, and rehabilitation, rather than flogging. The finding that flogging should not be used to prevent or stop the youths in Imo State from taking or abusing methamphetamine can be explained from the fact that flogging youths to stop them from methamphetamine abuse can be counterproductive as it is an unnecessary corporal punishment which may not produce the desired results. Flogging youths who indulge in drug abuse can make them revolt against the society. It can also make them become hardened drug addicts who will ultimately transform from hardened drug addicts to hardened criminals. Furthermore, flogging may still not produce the desired results as methamphetamine takers or abusers may think of devising a more subtle means to

evade apprehension. Hence, rather than taking the drugs at home or around the homes, they may decide to take at hideouts far away from people's homes or in the bushes and forests which may be difficult for any prying eyes to spot.

VI. CONCLUSION

.....Flogging as a corporal punishment cannot sufficiently serve as a deterrent to methamphetamine abuse by youths in Imo State. Flogging methamphetamine takers and abusers to stop them from taking methamphetamine can harden them and make them more resolute, vicious or violent. Flogging them can also make them relocate to a better hideout in order to make surveillance and detection difficult when they want to take it. Human-face strategies involving love, care and suasion can give rise to resolution for complete and unreserved withdrawal. Voluntary withdrawal obtainable from human-face strategies involving love, care and suasion can be permanent in comparison to forced withdrawal obtainable from flogging which may be short-lived.

VII. RECOMMENDATION

.....Following the finding that flogging should not be used to prevent or stop the youths in Imo State from taking or abusing methamphetamine, alternative strategies for preventing methamphetamine abuse have been recommended. The recommendations which can serve as alternative to flogging are that awareness should be created about the dangers of methamphetamine abuse. Making detailed information about the consequences of taking methamphetamine available to the youths will help to prevent the youths from taking the hard drug. Organizing seminars and conferences against methamphetamine abuse will help to provide information on the dangers of methamphetamine abuse and also helps to create awareness about the dangers of methamphetamine abuse. Organizing counselling and rehabilitation programmes for methamphetamine addicts is a better way of freeing them so that they can live a normal life. Besides, the use of good legislation and implementation against sales of methamphetamine will deter people from selling methamphetamine thereby making the drug less available to the youths.

REFERENCES

- [1] Aguocha, M. & Nwefoh, E. (2021). Prevalence and correlates of substance use among undergraduates in a developing country. *African Health Sciences*, 21 (2), 875-883
- [2] Aka, P. A. & Akunyili, D. N. (2003). *Cannabis: The ancient controversial plant*. Nsukka: Great AP Express Publishing Company Limited
- [3] American Society of Health-System Pharmacists, (2014). Tramadol hydrochloride. Retrieved December 15, 2021, from www.drugs.com
- [4] Anyachie, F. (2009). *Substance abuse and youth*. London: Routledge
- [5] BBC News (2019). If you take tramadol away, you make Boko Haram weak. Retrieved December 15, 2021, from www.drugs.com/bokoharam/tramadol
- [6] Bloor, M., Paech, M. J. & Kaye, R. (2016). Tramadol in pregnancy and lactation. *International Journal of Obstetric Anesthesia*, 21 (2), 163-167
- [7] Bonini, S. A., Premoli, M., Tambaro, S., Kumar, A., Maccainelli, G., Memo, M. & Mastinu, A. (2018). Cannabis sativa: A comprehensive ethnopharmacological review of a medicinal plant with long history. *Journal of Ethnopharmacology*. 227: 300-315
- [8] Dake, S. & Zador, D. (2016). Fetal heroin overdose: A review. *Addiction*, 9 (12), 1765-1772
- [9] Davis, K. (2018). Methamphetamine: What you should know. Retrieved November 20, 2021, from www.medicalnewstoday.com/articles
- [10] Dewick, P. M. (2009). *Medicinal natural products*. Chichester: Wiley-Blackwell
- [11] Ekanem, E. E. & Edet, A.O. (2013). Effect of corporal punishment on disciplinary control of secondary school students in Calabar Metropolis of Nigeria. *Global Journal of Educational Research*, 12: 19-25

- [12] Ekwueme, O. E. & Chukwuneke, F. N. (2010). Prevalence and behaviour effects of psychoactive substance use among university students in south-east, Nigeria. *Ebonyi Medical Journal*, 9 (1), 24-33
- [13] Falodun, K. (2021). Religious rehabilitation centres fill gap as Nigeria grapples with soaring drug use. *The Guardian*, Tuesday, September 21, 2021
- [14] Florian, M. L., Kronkright, D. P. & Norton, R. E. (1991). *The conservation of artifacts made from plant materials*. New Delhi: Getty Publications
- [15] Havakuk, O. Rezkalla, S. H. & Kloner, R. A. (2017). The cardiovascular effects of cocaine. *Journal of American College of Cardiology*, 70 (1), 101-113
- [16] Kawugana, A. & Faruna, S. F. (2018). Effects of drug abuse on the Nigerian economy. *International Journal of Innovative Psychology and Social Development*, 6 (4), 31-38
- [17] Layman, M. D. (2013). *Drugs in society: Causes, concepts and control*. London: Routledge
- [18] Langley, P. C., Patker, A. D., Boswell, K. A., Benson, C. J. & Schein, J. R. (2010). Adverse event profile of tramadol in recent clinical studies of chronic osteoarthritis pain. *Current Medical Research and Opinion*, 26 (1), 239-257
- [19] Leppert, W. (2009). Tramadol as an analgesic for mild to moderate cancer pain. *Pharmacological Reports*, 16 (6), 978-992
- [20] Lintzeris, N. (2009). Prescription of heroin for the treatment of heroin dependence: Current status. *CNS Drugs*, 23 (6), 463-476
- [21] Lloyd, W. C. (2020). *Drug abuse*. USA: Healthgrade Editorial Staff.
- [22] Moore, D. (2014). Heroin: A brief history of unintended consequences. *Times Union*, 9 (3), 27-34
- [23] Nakpodia, E. D. (2012). Principals' attitude towards corporal punishment in Nigeria secondary schools. *Global Journal of Human Social Science Linguistics and Education*, 12 (11), 13-17
- [24] Njoku, L., Odit, S. & Thomas-Odia, I. (2021). How Mexican drug cartel brought mkpuru mmiri to Nigeria. *The Guardian*, November 20, 2021.
- [25] Novak, J., Zitterl-Eglseer, K., Deans, S. G. & Franz, C. M. (2001). Essential oils of different cultivars of cannabis sativa L. and their antimicrobial activities. *Flavour and Fragrance Journal*, 16 (4), 259-262
- [26] Ogu, U. U., Ezumah, N., Odii, A., & Uguru, N. P. (2020). *Curbing adolescent illicit drug use in Owerri Metropolis, A public perspective*. Enugu: Health Policy Research Group
- [27] Onyekuru, B. U. (2015). Relationship between parenting styles and marital adjustment of married teachers in secondary schools in Obio/Akpor Local Government Area of Rivers State, Nigeria. *Global Journal of Educational Research*, 14, 131-139
- [28] Petit, A., Karila, L., Chalmin, F., & Lejoyeux, M. (2012). Methamphetamine addiction: A review of the literature. *Journal of Addiction Research and Therapy*, 18 (8), 163-171
- [29] Plowman, T. (2018). The identification coca (Erythroxylum species). *Botanical Journal of the Linnean Society*, 84 (4), 329-353
- [30] Pomara, S., Cassano, T., D'Errico, S., Bello, S., Romano, A. D., Riezzo, I. & Serviddio, G. (2012). Data available on the extent of cocaine use and dependence: Biochemistry, pharmacologic effects and global burden of disease of cocaine abusers. *Current Medical Chemistry*, 19 (33), 5647-5657
- [31] Randall, C. & Crane, J. (2014). Tramadol deaths in Northern Ireland: A review of cases from 1996 to 2012. *Journal of Forensic and Legal Medicine*, 23: 32-36
- [32] Sampou, W. (2013). *Adolescence and their problems*. Enugu: Macmillan Nigeria limited.

- [33] Shahbaz, M. & Shaban, M. (2007). Effects of corporal punishment and psychological treatment on students' learning and behaviour. *Journal of Theory and Practice in Education*, 3 (2), 171-180
- [34] Sharma, O. P. (2011). *Plant taxonomy*. Tata: McGraw-Hill Education
- [35] Sweetman, S. C. (2009). *Martindale: The complete drug reference*. London: Pharmaceutical Press
- [36] Ubah, A. (2021). Flogging won't stop addicts: Senator Andy Ubah calls for a new strategy in tackling meth drug addictions. *EastWest Reporter*, November, 20, 2021
- [37] Uchtenhagen, A. A. (2011). Heroin maintenance treatment from idea to research to practice. *Drug and Alcohol Review*, 30 (2), 130-137
- [38] Vincent, C. N., Vincent, S. & Vincent, K. D. (2019). Prevalence of drug abuse among public secondary school students in Imo State, Nigeria. *International Journal of Scientific Research and Innovation Technology*, 6 (3), 36-45
- [39] World Health Organization (2012). *World drug report*. Vienna: United Nations Office on Drug and Crime
- [40] Zimmerman, J. L. (2012). Cocaine intoxication. *Critical Care Clinics*, 28 (4), 517-526