

Perception of Drug Use as a Correlate of Human Immune Deficiency Infection among Students of University of Uyo, Akwa Ibom State

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Abstract: The study was carried out to examine the perception of drug use as a correlate of human immune deficiency infection among the students of University of Uyo. Three research questions and three hypotheses were formulated to guide the study. A cross sectional survey design was used. Balloting and simple random sampling technique was used to draw 500 respondents representing the student population of 17,000. A self-developed questionnaire was used for data collection. Mean analysis was used to test the hypotheses. The mean analysis showed increased weight mean scores than the average rating point of 2.50. This indicated that there is actual perception of drug use as a correlate of human immune deficiency infections among the students. The null hypotheses tested showed increased calculated t-value with lesser critical t-value at degree of freedom of 4.98 and .05 alpha level. The null hypotheses were rejected. Based on the findings, it was recommended that seminars, rallies, and workshops be organized to enlighten the students on drug use and HIV/AIDs. School based drug education programmes for the youths in school and appropriate out-of-school based drug education programme should be instituted for the youths. Strengthening and adoption of youth related reproductive health programmes in higher institutions should be established. There should be involvement of governmental and non-governmental organization in fighting against HIV infection. The government should make an unbiased national drug policy for the country against the use and sell of Indian hemp and cigarettes.

Keywords: Drug, HIV, alcohol, Indian hemp, Students, University of Uyo

INTRODUCTION:

Drug is any chemical substances that affect the functioning of the human body. It includes any natural or synthetic substances that can stimulate, suppress or alter the body's structure and biological functions (Achal, 2005). According to Ideola (2008), drugs can be used to prevent and cure diseases, relieve pain and reduce mental stress. Drug use involves the taking of drugs in such a way that the desired or sought-out effects are attended with a minimum hazard. It implies application to a purpose, whilst drug abuse predicts a bad use or misuse of any or unauthorized use of a substance. People may use psychoactive drugs to alter their state of consciousness because of various reasons which include peer pressure influence, boredom, curiosity, low self-esteem and ignorance (Achal, 2008). However, improper use of drugs otherwise called drug abuse can lead to harmful physical, mental and antisocial behaviour as well as breakdown in one's health.

Perception is the process by which organizations interpret and organize sensation to produce a meaningful experience of the world. It is the process of attaining awareness or understanding of sensory information or stimulus already registered in the brain by one or more sense mechanism (Okoro, 2007). Generally, youths mostly students abuse psychoactive drugs which affect the brain and nervous system and alter the mind and consciousness. Drug abuse according to Mustapha (2002) is defined as a non-specific or indiscriminate use of drugs including alcohol, caffeine, heroin, Marijuana (Indian hemp) and cocaine. The illicit use of drug becomes an offense committed medically, socially and culturally by almost everybody with impunity. Drug use has physical and psychological hazards which include mental disorders,

decreased self-control and loss of personal goals. In other words, it is a major public health and socio-economic problem of great magnitude (Achal, 2008).

In today's setting, the youths including the university students form the highest population of drug users. The effect of drug can lead to risky sexual behaviour and forced sexual intercourse such as rape, unwanted touching, incest, assault, threats, seduction and forced abortion. The implications resulting from these risky sexual behaviours include high rate of sexually transmitted infections including HIV/AIDS (Okanlawon, 2004).

Most alcoholic users are young boys and girls who delve into sexual crime due to lack of self-consciousness from the effect of alcohol. Also, Majority of the intravenous drug users of heroin, cocaine, and amphetamine suffer the devastating effect of drugs resulting to risky sexual behaviour. The act can be performed unconsciously without the use of protective device like condom to a carrier unknowingly (Odejide, 2000). Among social categories drug use among youths particularly the introduction to smoking Indian hemp at an early stage is a root to the growing drug problem in our society (Oakley, 2008). Various effects especially of recent years have unavoidably identified the students as constituting the high risk group of people who use these drugs. The upsurge in the use of drugs among students could be traced to some notable factors such as advertisement and peer pressure influence. The advertising industry have been linking such drug as cigarette smoking with beauty, masculinity, youth success and intellect, these make it possible for cigarette, and Indian hemp smoking as well as drinking alcohol to be widespread among youths and students who are supposed to be role models (Obohia, 2002). Similarly, the students see their parents and their teachers and are irresistibly tempted to follow the example of their role model and significant others. Drug use is seen as tearing apart human societies, spawning crime, spreading diseases such as HIV/AIDS and killing the youths and their future (Thompson & Wilsnack, 2007). Without drugs, majority of the students cannot be bold or perform their activities (Vamguchi & Kande, 2004).

Obot (2004) came out with the emergence of a new pattern of communicable disease called HIV/AIDS infection among the students. The students who are injection drug users between the ages of 18 and 29 years were recorded through outreach to participate in a cross sectional survey of HIV prevalence. The students who are reading and need a calm state of mind also belief in drug use. Though the drugs produce a calm learning environment, it also produces social disorganization, delinquency culminating with risky sexual behaviour which correlates Human Immune Deficiency Virus / Acquired Deficiency Syndrome (HIV/AIDS) (Johnson, 2006).

The incidence of drug use among the students in schools and universities is high and was suggested that it is a learned behaviour. Miller (2006) reported that environmental

variables such as curiosity, emotions and experimentation were important factors for drug use. Some students take drug as a result of availability and peer pressure influence. Some users call it mood changers and the question is, does it really change the mood positively? This is because the injection drug users take up to 3 doses of injection per day. Some prefer it intravenously and is usually referred to as skin popping. (Dorherty, Gerfein & Monreroso, 2000). Some students take it intramuscularly when missing the vein or subcutaneous space. Injection drug use is associated with many local and systemic complications for the individual. Among the drug users, transmission of infectious disease is common via needle sharing and sexual activity. Besides direct transmission of HIV, injection drug use also contributes to the spread of HIV through sexual contact with infected women. (Centre for Disease Control and Prevention, 2004).

Apart from injection drug use, some other risky sexual activities like sexual assault, rape, and bi-sexual assault, and those trading sex for many people are prone to HIV infection. (Benne, Valleman & Barter, 2000). According to Adelekan, Abiodun, Imouokhome-Obayan, Oni and Ogunremi (2003) the commonly used drugs among undergraduate which correlate Human Immune Deficiency Virus / Acquired Immune Deficiency Syndrome HIV/AIDS are alcohol, Indian hemp and cocaine injection. Factors that have emerged as common correlates to these substances were poor influence, self-reported poor mental health, religiosity, poor parental/guardian supervision and perceived pressures to experiment with drugs and sex, the desire to know more about sexuality and who they would like to teach them about sexuality. Some were pressured by taking cannabis (Indian hemp) and alcohol as a trial.

Most frequently form of abuse of alcohol takes place during wedding, parties, naming ceremony, funeral, church and cultural rite ceremonies. The alcohol substances (otherwise called alcoholic beverages) commonly abused are beer of all types, gin, rum e.g. Gordon dry gin, seaman schnapps and wines (Onuzulike, 2008). Two clinically and neuropath logically distinguishable syndromes observed in chronic users are alcoholic dementia and alcoholic amnesic syndrome and korsacoff's psychosis which present severe persistent memory impairment while other intellectual functions remain relatively intact. These syndromes affect their ego making them to behave strangely towards sexual activities. Mbosowo (2006) opined that alcohol generally causes liver damage, gastritis, depresses brain functions, causing distortion of behaviour, cognitive judgment, sexuality and interferes with motor function and co-ordination.

Cannabis is otherwise called Indian hemp, Igbo, stone, and marijuana. The active ingredient is tetrahydrocannabinol which decreases brain cell energy and causes a decline in the level and complexity of thought and behaviour called burn-out. Burnout is a new chronic organic syndrome caused by cannabis or marijuana use. The cannabinoids are not quickly dominated

in the kidney but becomes embedded for months in the brain. The long term presence of cannabinoids in the cells leads to decreased cell energy which further leads to tissue destruction. It causes long term impairment of one's intellectual functions than any other drugs of abuse (Onuzulike, 2008). The chemical in marijuana blocks the transmission of sodium, potassium, chlorides and the complex messenger chemicals called neurotransmitters. Thus disturbance of the neurotransmitters affect thought, behaviour, feeling, memory and motor coordination resulting to impairment of immune system and poor self-perception and sensory distortion (depersonalization).

The drugs commonly injected include cocaine, amphetamine, morphine, pethidine, heroin and opium. These are all drugs of addiction which should not be commonly used except prescribed by a medical doctor. In the university, students often seek out and search for these drugs since they cannot do without them. Cocaine is a high and powerful stimulant derived from leaves of coca shrub which produces euphoria and feeling of excitement and well-being (Achal, 2004). Some people call cocaine coke, snow or crack.

Its abuse causes severe mental disorder similar to schizophrenia. The active ingredient in the coca leaf is the alkaloid cocaine which is in form of powder and can be sniffed. Wilson (2000) postulated that students studying for examination resort to taking this drug to keep them awake or prolong sleep. The prolonged wakefulness can precipitate psychosis, elevation of mood, irritability, paranoid, ideation, delirium tremens and other mental health implication of taking cocaine. Chronic cocaine abuse produces inflammation of the nasal mucosa leading to bleeding and ulceration of the rectum. The homosexuals who are fond of anal sex are at risk of HIV infection because of the raw anal mucosa. Some students during the period of irritability seek for soothing agent which may be the female partners for sexual healing without condom and this result to HIV/AIDS in female carriers (Ibanga & Zwandor, 2003).

Drug use among youths particularly the introduction of cigarette smoking at an early stage is a root to the growing drug problem our society. The absence of ordinary cigarette, push the youth to smoking of Indian hemp especially the final year students (Baaru, 2006). Gibson (2002) observed that severe intoxication with Indian hemp leads to headache, restlessness, irritability, euphoria slurred speech, raised blood pressure and disorientation. There is loss of libido but with compulsion to rape, extreme confusion with mental disturbance. Mbosowo (2006) investigated the rate of drug use among university students and noted that Indian hemp and alcohol were abused than any other type of drugs. It was discovered that the long term smoking of marijuana and tobacco resulted to impairment of immune system. Having a sexual affair with HIV infected person results to spread of more HIV/AIDS with all its complications.

Apart from the sexual activities, Achalu (2008) identified other routes of contracting HIV infection like use of contaminated instruments such as syringes, needles, and other sharp skin piercing devices like pins, blades and knives during body tattooing and ear piercing. Based on these observations, the researcher decided to investigate the perception of drug use as a correlate of human immune deficiency infection among students of the University of Uyo.

STATEMENT OF THE PROBLEM

Drug use was meant to solve some health related problems. Today, many youths take to illicit drug use which is now becoming an offense committed physically, mentally and socially in our society. Johnson (2006) reported that majority of the students in the university of Uyo consume alcohol, marijuana (cannabis) heroin, morphine, amphetamine, cocaine and tobacco products in form of cigarette.

Most university students use drug to establish popularity, mood changing, curiosity in sexual behaviour as well as experimentation. This produces a negative effect which results to risky sexual behaviours that correlate HIV/AIDS infection. The effect of drug use brings about other anti-social behaviours such as rape, unwanted touching, assault, threats and seduction and infections like HIV/AIDS (Oakley, 2008). Other hazards include poor academic performance and untimely death among the students in particular and youths generally (WHO, 2004).

Indian hemp contributes significantly to the breakdown of vicious cycle of social disorganization, fighting, rioting, road accident, truancy and other criminal acts. Today, students are high risk group in drug use and abuse because of their quick adaptability to socio-cultural changes in the society. Many people no doubt shift the blame to the government for allowing free trade on drugs and liquor. The students combine Indian hemp smoking, alcohol at the same time to feel high among friends during cultural display for high status (Brew, 2008). Perception of drug use a correlate of human immune deficiency infection among students of university of Uyo is dangerously low. UNAIDS (2000) claimed that several reports on sexual behaviour indicated that most undergraduate in drug use form the highest AIDS victims. They contract HIV infections primarily in three ways-through men and women having sex, which tops the list, also through men having sex with men and through intravenous drug infection. The chances of the students not achieving the goals of the academic pursuit is increased because of contracting HIV/AIDS. Those who manage to complete their programme die few days before getting their result.

OBJECTIVE OF THE STUDY

The purpose of the study is to examine the perception of drug use as a correlate of human immune deficiency infection among students of University of Uyo. Specifically:

- (1) To determine the influence of alcohol consumption as a correlate of HIV infection among students of University of Uyo.
- (2) To ascertain the influence of Indian hemp smoking as a correlate of HIV infection among students in University of Uyo.
- (3) To determine the influence of injection drug use a correlate of HIV infection among students of University of Uyo.

RESEARCH QUESTIONS

- (1) What is the weight mean score between alcohol consumption and HIV infection among students of the University of Uyo?
- (2) What is the weight mean score between Indian hemp smoking and HIV infection among students of the University of Uyo?
- (3) What is the weight mean score between injection drug use and HIV infection among students of the University of Uyo?

HYPOTHESES

- (1) There is no statistically significant related weight mean score between alcohol consumption and HIV infection among students of the University of Uyo.
- (2) There is no statistically significant related weight mean score between Indian hemp smoking and HIV infection among students of the University of Uyo.
- (3) There is no statistically significant related weight mean score between sharing of injection equipment by injection drug users and HIV infection of the University of Uyo.

METHOD

RESEARCH DESIGN

The cross sectional survey design was used for the study. In the cross sectional survey design, the needed data is collected from a sample drawn from a predetermined population. The design was used for the study because only a segment of the student's population was used. The result was generalized to other universities in the country. This study revealed the current condition existing among the students. Olufumilayo (2006) employed this design successfully in similar studies in the country to determine the knowledge and awareness of health risks associated with hard drugs among selected students in Osun state tertiary institutions.

Population of the Study

The population of the study comprised the entire undergraduate students on regular programmes of the University of Uyo numbering about 17,000 (Students Affairs Unit, University of Uyo, 2014).

Sample and Sampling Technique

The sample for the study comprised of about 500 students who were randomly drawn from the various faculties

and departments. Using a balloting technique, five faculties namely; Education, Agriculture, Basic medical sciences, Pharmacy and Law were drawn from the 12 faculties of the University. Balloting was again employed to select the respondents for this study using stratified random sampling technique. The respondents were fifty males and fifty females from each faculty making a total of 500 respondents.

Instrument for Data Collection

The instrument used for data collection was a researcher structured questionnaire titled perception of drug use as a correlate of HIV infection (PDUCHIDIASUU) questionnaire. The questionnaire was divided into three sections A, B and C. Section A was on demographic information of the respondents, while section B and C were on drug use and HIV infection among students. Section A had 3 items, section B had 3 items and C had 16 items making a total of 22 items. The respondents were to respond by ticking Yes or No and Agree or Disagree responses.

Validation of the Instrument

Two lecturers from the Department of Physical and Health Education and two experts on test and measurement from the Department of Educational Foundations, Guidance and Counseling, validated the instrument. The validators ascertained the internal and external validity of the instrument and items judged suitable by the validators were included in the instrument.

Reliability of the Instrument

In determining the reliability of the instrument, test-retest reliability method was used. In this method, the researcher administered 20 questionnaires to the students not participating in the study and after 7 days interval; the same group of students were tested again using the same questionnaire. A reliability coefficient of .742 Cronbach alpha was obtained and this showed the instrument was reliable.

Method of Data Collection

The researcher and research assistant who was duly trained administered the questionnaire on the students in their various lecture halls during their free periods. An 'on the spot collection of the questionnaire' was done. A letter of consent and introduction from the researcher was attached to the questionnaire.

Method of Data Analysis

Mean analysis was used to answer the research questions while t-test analysis were used to test the null hypothesis at 0.05 level of significance. For the test items, "Yes" was awarded with (2), two, while "No" was awarded (1) one. The same principle was applied to the "Agree /Disagree responses.

RESULT

Research Question 1

What is the weight mean score between alcohol consumption and HIV infection among students of the University of Uyo. The result in Table 1 was used to answer this research question.

Table 1: Data presentation

Items	SA	A	D	SD	%
7	280	157	35	28	3.38
8	143	301	18	38	3.10
9	146	295	45	11	2.15
10	304	134	23	39	3.41
11	209	214	35	42	3.24
Weight Mean		Score		3.24	

Table 2: Mean analysis of the influence of alcohol consumption and HIV infection among students of University of Uyo N=500

SN	Item	%	Remark
7	Alcohol intake weakens the human immune system severely	3.38	Agreed
8	Drinking of alcohol beverages culminate risky sexual behaviour	3.10	Agreed
9	Risky sexual behaviour is common among university adolescents boys and girls	2.15	Agreed
10	Excessive alcohol in the body decreases antibodies in humans	3.41	Agreed
11	Alcohol users lack self-control towards sex	3.18	Agreed
Weight Mean		Score	= 3.24 Agreed

Table 2 indicates that the weight mean score of 3.24 is greater than the average rating of 2.50. This implies that alcohol consumption has a greater influence on HIV infection among students of University of Uyo.

Research Question 2

What is the weight mean score between Indian hemp smoking and HIV infection among students of the University of Uyo

Table 3: Data presentation

Items	SA	A	D	SD	%
12	40	388	28	44	2.85
13	306	124	28	40	3.40
14	118	298	43	41	2.99
15	81	308	63	48	2.84
16	305	127	40	28	3.42
Weight Mean		Score		3.10	

Table 4: Mean analysis of the influence of Indian hemp smoking and HIV infection among students of the University of Uyo N = 500

SN	Item	%	Remark
12	Some smokers develop casual sex behaviour which result in HIV infection	2.85	Agreed
13	Students are chronic Indian hemp smokers	3.40	Agreed
14	Indian hemp smokers develop animalistic instinct which drive them to risky sexual behaviour	2.99	Agreed
15	Smoking of Indian hemp reduces the body immune system	2.84	Agreed
16	Smokers of Indian hemp develop compulsion to rape which result in HIV infection.	3.42	Agreed
Weight Mean		Score	= 3.10 Agreed

Table 4 indicated that the weight mean score of 3.10 is greater than the average rating point of 2.50. This implies that Indian hemp smoking has a tremendous influence on the HIV infection among students of the University of Uyo.

Research Question 3

What is the weight mean score between injection drug and HIV infection among students of the University of Uyo.

Table 5: Data presentation

Items	SA	A	D	SD	%
17	128	278	80	34	3.00
18	367	53	41	29	3.50
19	30	380	48	42	2.80
20	121	283	63	33	2.98
21	295	117	39	48	3.32
22	212	208	42	38	3.19
Weight Mean		Score		3.13	

Table 6: Mean analysis of influence of injection of drug use and HIV infection among students of the University of Uyo N = 500

SN	Item	%	Remark
17	HIV infection is acquired and not inherited	3.00	Agreed
18	Injection drug use predisposes to HIV infection among students	3.50	Agreed
19	Sharing of injection needles confirm fast spread of HIV infection among the students.	2.80	Agreed
20	Unsterilized instruments aid the transmission of HIV infections when shedded in body fluid.	2.98	Agreed
21	Students contract HIV infection through injections instruments	3.19	Agreed
Weight Mean		Score	= 3.13 Agreed

Table 6 indicated that the weight mean score of 3.13 is greater than the average rating score of 2.50. This implies that injection drug use has a great influence on HIV infection among students of University of Uyo.

Testing of the hypotheses using t-test analysis

Table 7: t-test analysis of mean score between alcohol consumption and HIV infection among students of the University of Uyo

Variable	N	%	SD	df	t-cal	t-crit
Alcohol Consumption	500	15.98	5.02			
HIV infection	500	13.98	4.01	4.98	6.98	1.96

* = significant at P < .05 alpha level

Since the calculated t (6.98) is greater that the critical t (1.96) at df of 4.98 and .05 level of significance, the null hypothesis is rejected. Hence, there is a statistically significant weight mean score between alcohol consumption and HIV infection among students of the University of Uyo.

Table 8: t-test analysis of mean score between Indian hemp smoking and HIV infection among the students of University of Uyo

Variable	N	%	SD	df	t-cal	t-crit
Indian hemp Smoking	500	15.60	6.02			
HIV infection	500	14.11	4.11	4.98	6.03*	1.96

* = significant at P < .05 alpha level

Since the calculated t (6.03) is greater than the critical t (1.96) at df of 4.98 and .05 level of significance, the null hypothesis is rejected. Hence, there is a statistically significant weight mean

score between Indian smoking and HIV infection among students of the University of Uyo.

Table 9: t-test analysis of mean score between sharing of injection equipments by injection drug users and HIV infection among students of the University of Uyo

Variable	N	%	SD	df	t-cal	t-crit
Injection Drug Users	500	18.80	6.17			
				498	4.61*	1.96
HIV infection	500	17.15	5.08			

* = significant at P < .05 alpha level

Since the calculated t (4.61) is greater than the critical t (1.96) at df of 4.98 and .05 level of significance, the null hypothesis is rejected. Hence, there is a statistically significant weight mean score between sharing of injection equipment by injection drug users and HIV infection among students of the University of Uyo.

Findings of the study

The study reveals the following findings:

- (1) There is statistically significant relationship between weight mean score of alcohol consumption and HIV infection among students of the University of Uyo.
- (2) There is a statistically significant relationship between mean score of sharing of injection equipment by injection drug users and HIV infection among students of the University of Uyo.

This section discusses the results of the study. The main focus of the study was to examine the perception of drug use as a correlate of human immune deficiency infection among students of the University of Uyo. The data in table 1 showed the weight mean score between alcohol consumption and HIV infection among the students. This was based on established criterion mean of 2.50. The mean of alcohol consumption 3.24 as agreed by students as a correlate of HIV infection was greater than the mean for students who disagreed. Further analysis with t-test revealed that the calculated t-value of 6.98 was greater than the critical t-value of 1.98 at .05 level of significance. The null hypothesis was therefore rejected hence, there was a significant relationship between weight mean score of alcohol consumption and HIV infection. This implies that majority of alcohol consumers are prone to developing HIV infection due to decreased immunity and risky sexual behaviour.

This result agreed with the findings of Idejide (2000) that most alcoholics are young boys and girls who delve into sexual crime due to lack of self-consciousness from effect of alcohol. This finding also agrees with that of Adelekan, Abiodun, Imouokhame-Obayan, Oni and Ogunremi (2003) that the commonly used drugs among undergraduates which correlate human immune deficiency infections are alcohol, Indian hemp

and cocaine injection. On the contrary, some students disagreed that alcohol consumption does not correlate HIV infection but rather help them to feel high among friends during cultural display for high status as opined by Brew (2008).

Further investigation into other factors correlating HIV infection among students showed that Indian hemp smoking has a tremendous influence on HIV. This was confirmed with a weight mean score of 3.10 greater than the average rating point of 2.50. Further analysis with t-test revealed that the calculated t-value of 6.03 was greater than critical t-value of 1.96 at .05 level of significance. The null hypothesis was rejected. Hence, there was a significant relationship between mean score of Indian hemp smoking and HIV infection among students of the University of Uyo.

This implies that Indian hemp smoking correlates HIV infection among students of University of Uyo. This is in line with previous study conducted by Johnson (2006) which reported that majority of the students in the University consume alcohol, marijuana (Indian hemp) heroin, morphine, amphetamine, cocaine and tobacco products in the form of cigarette. Mbosowo (2006) during investigative study noticed that the rate of Indian hemp and alcohol consumption by students were higher than any other drugs. It was also discovered that long term smoking of Indian hemp impaired the immune system hence creating space for fast HIV spread.

The findings corroborates that of Baaru (2006) which showed that majority of the undergraduate students in the University of Uyo started with smoking cigarette which later push the smokers to smoke Indian hemp in the final year.

Table 9 showed that there is a statistically significant relationship between weight mean score of sharing of injection equipment by injection drug users and HIV infection. The weight mean score of 3.13 was greater than the established criterion mean of 2.50 showing that majority of the respondents agreed that injection equipment can cause HIV infection. Further analysis with t-test revealed that the calculated t-value of 4.61 was greater than the critical t (1.96) at df of 4.98 and .05 alpha level of significance. Hence, the null hypothesis was rejected. The findings confirms the assertion of Achalu (2008) that another route of contracting HIV infection is through the use of contaminated instruments such as syringes, needles and other sharp skin piercing devices like pins, blades, and knives during body tattooing and ear piercing. The result also agreed with the findings of Doherty, Gerfein and Monterroso (2000) that injection drug users prefer to use drug as a mood changer. This is why they take up to 3 doses of injection per day preferably intravenously.

CONCLUSION

Based on the findings from the study, the following conclusions were drawn that:

- (1) The majority of the University students were aware that drug use correlate human immune deficiency infections.
- (2) Both male and female students have ideas about the implications of drug use and HIV infection.
- (3) Sharing of injection equipment is dangerous.
- (4) Family life and youth sexual education is a long lasting and sustainable alternative to reducing HIV infections among the students of University of Uyo.

Recommendations

Based on the findings and conclusion of the study, the following recommendations were made:

- (1) There is need for more sensitization about HIV infection among students in the form of seminars, rallies, workshop and health education programmes.
- (2) School based drug education programmes for the youths in schools and appropriate out-of school based drug education programmes should be instituted for the youths.
- (3) Strengthening and adoption of youth related productive health programmes in higher institutions should be established.
- (4) There should be involvement of the government and non-governmental organizations in fighting against HIV infection.
- (5) The government should make an unbiased national drug policy for the country against the use and sell of Indian hemp and cigarettes.
- (6) The government should establish "check and control measures" for selling of alcohol to adolescents as well as advertisement of dangerous drugs on television and radio.

REFERENCES

1. Achalu, O.E. (2000). Drug abuse and its implication. In Wilson, D. (Ed) *Cultism: Evil un limited* Uyo: University of Uyo.
2. Achalu, I.E (2005). Drug education: *Health effects of commonly abused drugs* (1st ed) Port Harcourt: Simarch Nigeria Ltd.
3. Achalu, I.E (2008). *HIV/AIDS and other sexually transmitted infections: what every should know and do.* (3rd ed) Lagos: Nigeria Ltd.
4. Adelekan M.L., Abiodun, O.A Ogunremi, D.O., Oni, G.A. & Obayon, A. O. (2003). Psychosocial correlates of alcohol, tobacco and cannabis use among students in illorin, Nigeria. *West African Journal of Medicine* 14 (2), 213-217.
5. Baaru, F.A. (2006). Substances of abuse in Nigeria and the implications on the mental health of youths. Lagos: *West African Journal of Nursing* 17 (1), 52-61
6. Bennette, G.A., Valleman, R.D. & Barter, G. (2000). Gender difference in sharing injection equipment by drug users in England. *AIDs Care* 12 (1), 77-87.

7. Brew, G.M. (2008). *Marijuana tobacco, Alcohol and reproduction Florida*: O. R. S Press Inc.
8. Centre for Disease Control and Prevention (2004). *HIV/AIDS Surveillance Statistics and Report.* Series 15. Retrieved from: <http://www.goggle.com>.
9. Doherty, J.B., Gerfein, R. & Monterroso, P.P. (2000). Pattern of substances use among secondary school students, Illorin, Nigeria. *West African Jounal of Medicine* 13 (1), 91-97.
10. Gibson, M.C. (2002). Cigarette smoking: National History of Dependence Disorder *British Journal of Medical Psychology*, 44 1-16.
11. Ibanga, A.K.J. & Zwandor, A. (2003). *Adolescent pressure to experiment with drugs and sex.* In Obot, I. S (Ed) *Epidemiology and control of substance abuse in Nigeria.* Pp 31-36 Jos: Centre for research and information on substance abuse (CRISA).
12. Johnson, R.E & Marces, A.C. (2006). Correlates of adolescent drug use by gender and geographic location. *American Journal of Drugs and Alcohol* 14 (1) 50-63
13. Mbosowo, O.E (2006). Drug use and abuse among University students in Nigeria. *Nigeria Journal of basic and applied psychology* 1(2), 29-35.
14. Miller, P.M. (2002). Alcohol use among college students: some competing hypothesis: *Journal of youth and adolescence* 8(4), 393-405.
15. Oakley, R. (2008). *Drug society and human behaviour.* (2nd ed). St. Louis: C. U. Mosby Company.
16. Obohia, E.E. (2002). *Attitude and perception of high school students in Onitaha metropolis towards hemp smoking.* In Nwazuoke, I. A. Bambose, Y. and Moronkola, O. A. (Ed). *Contemporary issues and researches on adolescents* Royal people (Nigeria) Ltd.
17. Odejide, A. O. (2000). *A nation at risk: Alcohol and substance abuse among Nigeria youths.* Ibadan: Tent Publishers Ltd.
18. Odeola, J. O. (2013). *Drug abuse and intervention among out of school youths in Nigeria.* Ibadan: Glovers Publishers Inc.
19. Okanlawon, E.A. (2004). *Influence of HIV/AIDs AND adolescents in Nigeria schools.* Ibadan: Royal people (Nigeria) Ltd.
20. Okoro, C.C. (2007). *Basic concept in educational psychology* (1st ed). Uyo: Abam Publishing Co.
21. Onuzulike, N.M. (2008). *Issues in health* (2nd ed) Oweri: Mantle publishers.
22. Obot, I.S. (2004). Hard drugs in Nigeria. *The interpreter* 13(14) 9.
23. Olufunmilayo, O. (2006). Knowledge and awareness of health risks associated with hard drugs among selected students in Osun State tertiary institutions. *Nigerian School Health Journal*, 18(1), 105-113.

24. Thompson, K.M. & Wilsnack, R.W. (2007). Parental influence in adolescent driving modeling attitudes or conflict. *Youth and society* 19(1), 22-43.
25. Vamguchi, K. & Kande, D.B. (2004). Pattern of drug use from adolescence to young adulthood: Sequences of progression. *American Journal of Public Health* 17(4): 668-672.
26. Wilson, D. (2000). *Cultism: Evil unlimited Uyo: Peace on campus initiative*. University of Uyo, Uyo.
27. World Health Organization (2014). *Combating HIV/AIDS in Nigeria: Imperatives for adolescents and youth focused programmes*, Geneva.

