

# Unlawful Punishment of Methamphetamine Users in Anambra State

Agbodike Mmesoma

Department of Criminology, Chukwuemeka Odumegwu Ojukwu University, Igbariam, Anambra State  
Nigeria

**Abstract:** *Drug abuse is emerging as a global public health issue posing concern to both the government and public in developed and under-developed countries. Nigeria as a country has witnessed rising epidemic issues of substance abuse as a result of poor economic condition. Methamphetamine commonly known as 'mkpuru mmiri' serves as a focal point of the study. The purpose of this study is to investigate the unlawful punishment of methamphetamine users in Anambra state. The National Drug Law Enforcement Agency (NDLEA, 2015 Reports) has place Anambra state as one of the state most affected by drug abuse in the county especially since some methamphetamine production lab has been discovered in the state. Substances such as cannabis, methamphetamine, opioids and glue are well known and abused within the study area. A survey method was adopted with samples drawn from youths in Anambra state. Questionnaires were administered on 360 respondents with a satisfactory response rate of 90.1%. Chi-square test of relationship was used to evaluate the responses. The study adopted Primary data in Anambra state and secondary data collected from various relevant publications. The study revealed that public punishment is not a suitable approach for eradicating the use of methamphetamine amongst youths Anambra state. Also, that that methamphetamine has no socio-psychological effects youths. It was also found that youth who take methamphetamine are more likely to commit crime in Anambra state. The study has recommended that Clinical and psychological measures such as rehabilitation, counseling, cognitive-behavioral therapy should be adopted to treat persons who have been addicted and damaged by methamphetamine rather than flogging or beating which could results to death. Also, the government and society must to develop strategies for attacking the causative factors of drug abuse such as accessibility of precursor chemical ephedrine, purchasing areas and some centers for abuse within the community to be seriously guided, and controlled by the relevant government agencies and larger community.*

**Key words:** *Methamphetamine, NDLEA, public health, cannabis, opioids.*

## 1.1 INTRODUCTION

The abuse of drug substance such as tobacco, cannabis, alcohol, heroin, methamphetamine, tramadol, cocaine and amphetamines pose a very big problem in the world today as it is ruining the lives of millions of people both in adolescence and in the general population (NACADA, 2006). Globally and even regionally, drug and substance use is an ever-expanding problem and is recognised as a threat with serious effect on people's health security, social-economic and cultural welfare (Merck 2012). The emerging trend of drug abuse leading to drug addiction in our society is so alarming. It has gone beyond physical manifestation to the level of life threatening situations, capable of wiping away human existence if not properly checked (Brown, and Kreft, 1998).

Methamphetamine is perceived as the fastest growing addictive substance ever introduced into the market, and at some point, has even exceeded commonly used drugs such as dagga, mandrax and ecstasy. Methamphetamine (MA) is a derivative of amphetamine, with more pronounced psychotropic properties. Albertson et al (1999) stated that the use of methamphetamine produces a wide range of symptoms, including irritability, physical aggression, hyperawareness and psychomotor agitation. Methamphetamine is a stimulant which produces physiological and psychological effects similar to those elicited by cocaine. MA stimulates the release of dopamine, norepinephrine, and serotonin, and blocks their reuptake (Sulzer et al 2012). This excess amount of neurotransmitters in the synapses produces sensations of euphoria, lowered inhibitions, feelings of invincibility, increased wakefulness, heightened sexual experiences, and hyperactivity resulting from increased energy for extended periods of time (Wray 2000).

Nigeria has aided in the proliferation of drugs as she has developed a reputation as a hub for international drug trafficking. Mouhamadou (2019) reports that Nigeria has emerged as a significant producer of methamphetamine since the National Drug and Law Enforcement Agency (NDLEA) discovered first in Lagos in 2011 of a clandestine meth laboratory. Since then the quantity of meth seized has rose from 177kg in 2012 to 1.3tons in 2013 (Mouhamadou, 2019). A 2018 United Nations Office on Drugs and Crime (UNODC) report estimated that 89 000 Nigerians were taking meth and that it appeals equally to men and women (UNODC, 2013). In a 2015 study by T.A Adamson et al, on the descriptive survey of substances, the study gathered over 10,000 responses in a nationwide household survey of lifetime, 12-month and 30-day rates of drug use across geopolitical zones in Nigeria. According to the results, the total lifetime rate of methamphetamine usage was 6.6%, with 9.8% of men and 3.2 of women.

In Anambra state, the National Drug Law Enforcement Agency (NDLEA) states that it is a den of drug trafficking (Vincent, 2015). The use of methamphetamine is a favorite drug prevalent especially amongst undergraduates, sex workers, motorcycle gangs, youth service providers like mechanics, electricians, racketeers, most young people etc and a less than rich cultural heritage. Methamphetamine use is regarded as a phenomenon that affects not only the individual but the community as a whole, as its use commonly results in the disintegration of family structures, where, in many cases, individuals drop out of schools and even end up dying by suicide (Groenewald & Bhana 2016). According to the United Nations Office on Drugs and Crime (2009), substance abuse is worsened by complex socio-economic challenges such as unemployment, poverty and crime in general. These social ills are devastating many families and communities.

The rate in the use of methamphetamine in Anambra state is alarming; although a number of persons have been arrested by the NDLEA. Micheal (2020), states that the NDLEA arrests 249 suspects and seizes 426.5kg illicit drugs in Anambra state. According to Friday (2021), the NDLEA arrests Anambra drug kingpin and recovers 548,000 pills. Despite this arrest, methamphetamine continues to proliferate especially amongst the youths. The increasing addiction to methamphetamine also known as crystal meth, glass, ice and locally referred as 'Mkpuru mmiri' by the youths in Anambra state is troubling. Research shows that meth has the same effect as cocaine, but even though it is much more destructive and addictive, it is cheaper.

This headed monster is touted to be the root cause of armed robbery, rape and several criminal acts (David, 2021). Nnamdi (2021) reports that a boy allegedly killed his father in Adazi Ani in Anambra state and took the father's ₦50, 000 just to buy mkpuru mmiri. He was apprehended by youths of the community, beaten to stupor and burnt alive. This has led to a total declaration of war on it by most communities in Anambra state. Many communities within the state such as Enugwwu Agidi, Ekwulobia, Umudioka, Oba, Obosi and many more are fighting the use of the drug. For example, the Umudioka community under the umbrella of Umudioka Improvement Union (UIU) collobrates with the NDLEA, Anti-cult and other relevant law enforcement agency to manhunt for all the dealers and consumers within the environment.

Other communities within Anambra state interrogate and punish meth users immediately. The trend in many communities in Anambra state is to tie and flog or beat consumers at the village squares or village halls most times to unconsciousness which often results to death. Despite this unlawful measure of beating and flogging to curtail the intake of methamphetamine, the spread continues especially amongst young people. This study sets out to investigate the best approach to reduce this ravaging issue so as to stop those illegal ways of punishing the consumers of methamphetamine.

## **1.2 Statement of the Problem**

Methamphetamine is a highly addictive stimulant drug, which is similar to cocaine and it is highly abused by youths in Anambra state (Vanguard, 2021). This drug has both acute toxic effects and can produce long term physiological problems. It has assumed a notorious dimension and is fast destroying the youths especially those in their 20s. Methamphetamine expose the youths into mental and psychological damages as well as drive them into certain notorious criminal crimes such as murder, rape, physical assault, armed robbery, domestic violence and many more.

This destructive substance has become popular in Anambra that it is now nick-named "mkpuru mmiri" meaning ice block. The negative effect it has on the consumer after consumption is high detrimental to the society. Nnamdi (2021) reports that the debilitating effect of meth has cause the death of several users of the drug. Addicts are going insane, walking naked on the streets looking haggard and unkempt. Some are reported to have beaten, murdered their parents, siblings and burnt their houses while under the influence of the methamphetamine (mkpuru mmiri). Some meth users display some abnormal behaviour such as disrespect and regarding others as nothing.

The problem with methamphetamine is widespread and has tremendous social implication on the general populous as well as the users of methamphetamine. In Nnewi community in Anambra state, methamphetamine users are associated with the act of intimidating passerby on a particular road know 100-foot road which has been turned into the den of chronic drugs users who has no mercy on the general public. Youth who engage in taking Methamphetamine has succeeded in sending fear down the spine of night worker, who for the sake of their lives avoid the use of the popular road;100-feet at night and early hours of the day.

The problems noted above has led many communities within Anambra state to take the law into their hands and punish those guilty of taking meth drug in other to restore peace and sanity within their villages and towns and reduce the nuisance as created by methamphetamine. It is therefore

important in line with the foregoing to envisage the unlawful punishments given to methamphetamine users in Anambra state.

## **LITERATURE REVIEW**

### **2.1 Concept of Methamphetamine**

Methamphetamine (contracted from N-methyl-amphetamine) is a potent central nervous system (CNS) stimulant that is mainly used as a recreational drug and less commonly as a second-line treatment for attention deficit hyperactivity disorder and obesity (Miura et al, 2006). Methamphetamine was discovered in 1893 and exists as two enantiomers: levo-methamphetamine and dextro-methamphetamine. Methamphetamine properly refers to a specific chemical substance, the racemic free base, which is an equal mixture of levomethamphetamine and dextromethamphetamine in their pure amine forms. It is rarely prescribed over concerns involving human neurotoxicity and potential for recreational use as an aphrodisiac and euphoriant, among other concerns, as well as the availability of safer substitute drugs with comparable treatment efficacy. Dextromethamphetamine is a stronger CNS stimulant than levomethamphetamine often due to the relative ease of synthesis and regulatory limits of chemical precursor availability. Amphetamine-type stimulants (ATS), of which methamphetamine is the most frequently used, are the second most commonly used class of illicit drugs worldwide (UNODC, 2013). Methamphetamine is a highly addictive psychostimulant, with epidemic increases in use of this drug recorded globally (Meredith et al. 2005). Numerous studies have shown that methamphetamine disrupts neurotransmitter function and in particular the dopaminergic system, although changes in serotonergic, noradrenergic and glutamatergic function are also observed (Meredith et al. 2005; North et al. 2013).

In time, it became clear that methamphetamine was dangerously addictive. In the 1970s, the drug was added to the schedule II list of controlled substances. Methamphetamine is illegal except when it is prescribed by a physician for a very limited number of medical conditions. Discovered in the late 19th century, amphetamine was first used as a nasal decongestant and a respiratory stimulator. During World War 2, methamphetamine — similar in structure to amphetamine — was used to keep military personnel alert and to improve endurance and mood. The increase in production was followed by a dramatic increase in use, with methamphetamine specifically increasing in popularity during the 1990s and early 2000s (Rawson et al., 2002). Methamphetamine is different from and more dangerous than other stimulants because a larger percentage of the drug remains unchanged in the body. This allows the drug to be present in the brain longer, extending the stimulant effects. When amphetamine is prescribed legally, doses normally range from 2.5 to 10 mg daily, to a maximum 60 mg a day.

Illicitly, Methamphetamine maybe be sold as pure d-methamphetamine (dextromethamphetamine) or in a racemic mixture, and presents as powder or crystalline form, the latter commonly referred to as “ice” or “crystal meth” (Cruickshank and Dyer, 2009). Crystalline methamphetamine typically refers to a highly purified form of d-methamphetamine which is intended for smoking, with similar effects to that from an intravenous dose (Cho, 1990). Further, crystalline

methamphetamine is associated with an increased incidence of dependence, as compared to the lower purity forms (McKetin et al, 2006). In low to moderate doses, methamphetamine can elevate mood, increase alertness, concentration and energy in fatigued individuals, reduce appetite, and promote weight loss. At very high doses, it can induce psychosis, breakdown of skeletal muscle, seizures and bleeding in the brain. Chronic high-dose use can precipitate unpredictable and rapid mood swings, stimulant psychosis (e.g., paranoia, hallucinations, delirium, and delusions) and violent behavior.

By law, pharmacies and retail stores must keep pseudoephedrine and ephedrine products behind the counter. They also need to keep a log of consumer identification and the amount of product purchased. Commercially, methamphetamine is available under the brand name Desoxyn, in 5-mg tablets. It has a very limited use in the treatment of obesity, and attention deficit hyperactivity disorder (ADHD). It is used off-label to treat narcolepsy. Recreationally, methamphetamine's ability to increase energy has been reported to lift mood and increase sexual desire to such an extent that users are able to engage in sexual activity continuously for several days while bingeing the drug (North A et al, 2013).

Methamphetamine is known to possess a high addiction liability (i.e., a high likelihood that long-term or high dose use will lead to compulsive drug use) and high dependence liability (i.e. a high likelihood that withdrawal symptoms will occur when methamphetamine use ceases). Withdrawal off of methamphetamine after heavy use may lead to a post-acute-withdrawal syndrome, which can persist for months beyond the typical withdrawal period. Methamphetamine is neurotoxic to human midbrain dopaminergic neurons at high doses. Methamphetamine has been shown to have a higher affinity and as a result, higher toxicity toward serotonergic neurons than amphetamine (Rawson R., 2007). Methamphetamine neurotoxicity causes adverse changes in brain structure and function, such as reductions in grey matter volume in several brain regions, as well as adverse changes in markers of metabolic integrity.

Methamphetamine belongs to the substituted phenethylamine and substituted amphetamine chemical classes. It is related to the other dimethoxyphenethylamine as a positional isomer of these compounds, which share the common chemical formula:  $C_{10}H_{15}N$ . It is commonly smoked, injected, ingested, snorted, dissolved sublingually, taken rectally, or solubilized and consumed as a liquid. Street names for this drug include chalk, crank, ice, crystal meth, and speed. Methamphetamine is easy to produce and it is a potent drug, so it remains a serious drug of abuse. Long-term use is associated with devastating effects on the user and society. Methamphetamine is similar to amphetamine. It is a commonly used illegal drug.

Methamphetamine is a white, odorless, bitter-tasting crystalline powder that easily dissolves in water or alcohol. Smoking is the most common route of administration (NIDA, 2013), and intravenous injection result in the near-immediate euphoric sensation which typically lasts for several minutes, as opposed to intranasal and oral injection which take approximately 5 and 20 minutes to reach peak euphoric state. The "high" through intranasal and oral methods however, is reported to last 8 to 12 hours (Meredith et al., 2013). When smoked, methamphetamine exhibits 90.3% bioavailability, compared to 67.2% for oral ingestion (Caldwell et al., 1972).

There are currently no available treatments for methamphetamine addiction. The key to preventing methamphetamine addiction is avoiding usage. However, good clinical outcomes are achieved with Cognitive-Behavioral Treatment (CBT; with and without Motivational Interviewing [MI]) and Contingency Management (CM) therapies involving the systematic use of reinforcement (Lee and Rawson, 2008). Possible strategies include behavioral approaches such as cognitive behavioral therapy (CBT), family education, individual counseling, and motivational strategies, such as vouchers for those who do not use the drug for some time. Earliest treatment approaches were based on experience with treating cocaine users. Current psychosocial approaches include case management, community reinforcement and the Matrix Model, a manualized protocol of relapse prevention, cognitive approaches, family therapy and incentives. Pharmacotherapies are still under development for stimulant users. Several medications and supportive protocols have been studied in a series of NIDA-supported clinical trials, though no standard pharmacotherapy for meth treatment has yet been finalized.

## **2.2 Effect of Methamphetamine on the Youths of Anambra State**

Meth has been found to be common amongst the youth in the south-east of Nigeria. Methamphetamine has devastating effects on the user and society. This drug causes several consequences on the youth which range from physical, social and psychological.

The physical effects of methamphetamine can include loss of appetite, hyperactivity, dilated pupils, flushed skin, excessive sweating, increased movement, dry mouth and teeth grinding (leading to "meth mouth"), headache, irregular heartbeat (usually as accelerated heartbeat or slowed heartbeat), rapid breathing, high blood pressure, increased distractibility nausea, dry mouth and bad breath, dilated pupils, low blood pressure, high body temperature, diarrhea, constipation, blurred vision, dizziness, twitching, numbness, tremors, dry skin, acne, and pale appearance (Turner et al, 2002). Long-term meth users may have sores on their skin; these may be caused by scratching due to itchiness (Kessler, 2003) or the belief that insects are crawling under their skin, and the damage is compounded by poor diet and hygiene. Numerous deaths related to methamphetamine overdoses have also been reported as well (Hughes et al, 2011).

The social effects of methamphetamine include increased rape crimes, unemployment, high mortality rate, increased anti social behaviors and violent behaviors. According to the current Cochrane review on drug dependence and withdrawal in recreational users of methamphetamine, "when chronic heavy users abruptly discontinue [methamphetamine] use, many report a time-limited withdrawal syndrome that occurs within 24 hours of their last dose" (Link, 1998). Withdrawal symptoms in chronic, high-dose users are frequent, occurring in up to 87.6% of cases, and persist for three to four weeks with a marked "crash" phase occurring during the first week (Brodie JD, 2005). Methamphetamine withdrawal symptoms can include anxiety, drug craving, dysphoric mood, fatigue, increased appetite, increased movement or decreased movement, lack of motivation, sleeplessness or sleepiness, and vivid or lucid dreams.

The psychological effect of methamphetamine includes tremors, muscle twitching, memory loss, aggressive or violent behavior, mood disturbances, severe dental problems, weight loss, feelings

of aggressiveness and anxiety, confusion, insomnia, paranoia, aggression, visual and auditory hallucinations and delusions (such as the sensation of insects creeping on or under the skin Paranoia can result in thoughts of homicide or suicide).

## **METHODOLOGY**

### **3.1 Research Design**

The study adopted a cross-sectional survey design. The cross-sectional survey design was adopted because of its exploratory, descriptive or explanatory nature (Nwagbara, 2003). The design was used to seek the opinion of respondents on the unlawful punishment of methamphetamine users in Anambra State.

### **3.2 Hypothesis**

The following null hypotheses are formulated for the study:

1. Public punishment is a suitable approach for eradicating the use of methamphetamine amongst youths in Anambra state.
2. Methamphetamine has no socio-psychological effects on youths in Anambra state.
3. Youth who take methamphetamine are more likely to commit crime in Anambra state.

## **DATA ANALYSIS AND PRESENTATION**

### **4.1 Socio-demographic characteristics of respondents**

According to Ary (2006), for the results to reflect all the characteristics of the population, the questionnaire return rate should be at least 85.0% so as to allow for a permissible margin of error due to non-response. Out of the 398 questionnaires given to the youths, 360 were returned making a 90.1% response rate. The high response rate was perhaps motivated by the length of the questionnaire, mood of the participant and the fact that methamphetamine is a major cause of indiscipline in the society and therefore most youths welcomed any research or opinion that might help minimize the menace.

**Table 1: Socio-demographic characteristics of respondents**

<b>Parameter</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Age (years)</b>		
Less than 20	54	15
20-29	105	29.2
30-39	93	25.8
40-49	57	15.8
Above 50	51	14.2
<b>Total</b>	<b>360</b>	<b>100</b>
<b>Sex</b>		
Male	263	73.1
Female	97	26.9
<b>Total</b>	<b>360</b>	<b>100</b>
<b>Religion</b>		
Christianity	276	76.7
Islam	25	6.9
Africa Traditional Religion	59	16.4
<b>Total</b>	<b>360</b>	<b>100</b>
<b>Educational level</b>		
None	68	18.9
FSLC	83	23.1
SSC	110	30.6
HND/BSc/Others	99	27.5
<b>Total</b>	<b>360</b>	<b>100</b>
<b>Marital status</b>		
Single	261	72.5
Married	99	27.5
<b>Total</b>	<b>360</b>	<b>100</b>
<b>Employment status</b>		
Student	145	40.3
Self employed	77	21.4
Business	99	27.5
Law-enforcement agents	39	10.8
<b>Total</b>	<b>360</b>	<b>100</b>

**Source: Field Study, 2021.**

Table 1 shows responses according to respondent's socio-demographic information. Out of the 360 respondents used as a sample for this study, 263 respondents representing 73.1% are male while 97 respondents representing 26.9% are female. The highest 105 respondents representing 29.2% were within age group 20-29 years while the lowest representing 14.2% were above 50 years. In terms of level of education, 110 respondents representing 30.6% indicated they are secondary school graduates (SSCE), while the lowest (18.9%) indicated they did not attend formal



education. The main population (261) was made of single individuals, with most of them (145) being students. Lastly, it was also revealed that the study participants were Christians 276 (76%), and a few belong to either traditional belief or Muslims. It is not strange or surprising having close to 76% of the respondents as Christians since the study was conducted in Anambra state. It is a predominantly Christian State.

**4.2 Test of Hypothesis**

**Hypothesis One:**

**Table 2**

<i>Public punishment is a suitable approach for eradicating the intake of methamphetamine amongst youths in Anambra state.</i>							
<b>Respondents</b>	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>	<b>Total</b>	$x^2=9.9617$
<b>Male</b>	87 (71.59)	49 (46.75)	23 (20.45)	60 (67.94)	44 (48.94)	263	$n=360$ $x^2$ table value(0.05,4df)=9.488
<b>Female</b>	21 (28.40)	15 (17.24)	05 (7.54)	33 (25.05)	23 (18.05)	97	
	98	64	28	93	67	360	

**Source:** *Field Survey, 2021.*

From the above table, the expected frequencies above are now presented alongside the corresponding observed frequency in the 2x5 contingency table.

**Decision rule 1:** Reject  $H_0$  if  $x^2$  calculated is greater than  $x^2$  table value.

2. Accept  $H_0$  if otherwise

Conclusion:  $x^2$  calculated is 9.9617;

$x^2$  table value (0.05, 4df) is 9.488

Therefore,  $H_0$  is rejected because 9.9617 is > (greater than) 9.488. The implication is that the alternative hypothesis is accepted. This means that public punishment is not a suitable approach for eradicating the use of methamphetamine amongst youths Anambra state at  $p<.005$  level of significance.

**Hypothesis Two:**

**Table 3**

<i>Methamphetamine has no socio-psychological effects on youths in Anambra state.</i>							
Respondents	SA	A	U	D	SD	Total	$\chi^2=10.5525$ $n=360$ $\chi^2$ table value(0.054df)= 9.488
Male	51 (46.75)	21 (19.72)	19 (15.34)	75 (86.93)	97 (92.78)	263	
Female	13 (17.24)	06 (7.27)	03 (5.65)	44 (32.06)	30 (34.21)	97	
	64	27	21	119	127	360	

*Source: Field Survey, 2021.*

From the above table, the expected frequencies above are now presented alongside the corresponding observed frequency in the 2x5 contingency table.

**Decision rule 1:** Reject  $H_0$  if  $\chi^2$  calculated is greater than  $\chi^2$  table value.

2. Accept  $H_0$  if otherwise

Conclusion:  $\chi^2$  calculated is 10.5525;

$\chi^2$  table value (0.05, 4df) is 9.488

Therefore,  $H_0$  is rejected because 10.5525 is > (greater than) 9.488. The implication is that the alternative hypothesis is accepted. This means that methamphetamine has no socio-psychological effects on youths of Anambra state at  $p < .005$  level of significance.

**Hypothesis Three:**

**Table 4**

<i>Youth who take methamphetamine are more likely to commit crime in Anambra state</i>							
Respondents	SA	A	U	D	SD	Total	$\chi^2=6.5684$ $n=360$ $\chi^2$ table value( 0.05,4df)= 9.488
Male	107 (110.31)	85 (90.58)	18 (14.61)	32 (29.95)	21 (18.26)	263	
Female	44 (40.68)	39 (33.41)	02 (5.38)	09 (11.04)	04 (6.73)	97	
	151	124	20	41	25	360	

*Source: Field Survey, 2021.*

From the above table, the expected frequencies above are now presented alongside the corresponding observed frequency in the 2x5 contingency table.

**Decision rule 1:** Reject  $H_0$  if  $\chi^2$  calculated is greater than  $\chi^2$  table value.

2. Accept  $H_0$  if otherwise

Conclusion:  $\chi^2$  calculated is 6.5684;

$\chi^2$  table value (0.05, 4df) is 9.488

Therefore,  $H_0$  is accepted because 6.5684 is < (lesser than) 9.488. The implication is that the alternative hypothesis is rejected. This means in youth who take methamphetamine are more likely to commit crime in Anambra state at  $p < .005$  level of significance.

#### **4.2 Discussion of Findings**

This study investigates the unlawful punishment of methamphetamine users in Anambra state. The results of the null hypothesis formulated as  $H_0$ : 1).Public punishment is a suitable approach for eradicating the use of methamphetamine amongst youths in Anambra state. 2).Methamphetamine has no socio-psychological effects on youths in Anambra state. 3).Youth who take methamphetamine are more likely to commit crime in Anambra state .The results indicates that public punishment is not a suitable approach for eradicating the use of methamphetamine amongst youths Anambra state at  $p < .005$  level of significance as shown in table 2. Also, that that methamphetamine has no socio-psychological effects on youths of Anambra state at  $p < .005$  level of significance as shown in table 3. It was also found that youth who take methamphetamine are more likely to commit crime in Anambra state at  $p < .005$  level of significance as shown in table 4.

### **CONCLUSION AND RECOMMENDATION**

#### **Conclusion**

The use of illicit drug like methamphetamine especially amongst youths in Anambra state continues to threaten the peace of various communities within the state. However, the study has shown that certain barbaric forms of punishment are no solution to disengage those people who are involved with the drugs. However, the people must cooperate with the government as well as the government with the people if they must stop this ravaging ill in the state.

#### **Recommendation**

1. Clinical and psychological measures such as rehabilitation, counseling, cognitive-behavioral therapy should be adopted to treat persons who have been addicted and damaged by methamphetamine rather than flogging or beating which could results to death.
2. The Government and society must to develop strategies for attacking the causative factors of drug abuse such as accessibility of precursor chemical ephedrine, purchasing areas and some centers for abuse within the community to be seriously guided, and controlled by the relevant government agencies and larger community.
3. Government should set up and laws and task force officers to arrest any member of the public or communities who take the law into their hands to punish those addicted to methamphetamine.
4. Also, the government should enforce the law of punishing those responsible for selling, buying, possessing, distributing and using methamphetamine.
5. There should be a media publicity on the dangers of drugs especially methamphetamine. This will help in promoting the prevention methamphetamine addiction especially among youths. They media should also be used to warn those in selling, possessing, distributing,

taking methamphetamine as well as those who play the role of the government to punish suspected persons.

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