

Public Health Implications Associated with the Consumption of Crystal Myth among Youths in Wilsue-Ko Community in Khana Local Government Area of Rivers State

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Abstract

This study covered public health implications associated with the consumption of crystal myth among youths in Wilsue-ko community in Khana Local Government Area of Rivers State. The study comprises four specific objectives, a descriptive study. The population of the study consisted of 2214 youths within the study area and sample technique for this study was Taro Yamane formula, the sample size for the study was 400. Questionnaire was the instrument used to gather information from the respondents. Results showed that 300 (75%) of the respondents said that they had adequate knowledge about crystal myth (ice) while 100 (25%) of the respondents stated that they did not have adequate knowledge about crystal myth (ice). The results further showed that 300 (75%) of the respondents had knowledge about the factors that give rise to crystal myth (ice) while 100 (25%) of the respondents did not. The study concluded that that crystal myth has significant public health implications among youths in Wilsue-ko community in Khana Local Government Area of Rivers State. Based on the conclusion, the study recommended that the effects of crystal myth on youths behaviour and academic performance should receive attention in education policy fora; and that parents should always relate to their children with love and affection and provide for their needs.

Keywords: public, health, implications, consumption, crystal myth, youths

Introduction

Crystal mythamphetamine (crystal myth) is a highly addictive psychostimulant drug (Paneka & MacEwan, 2016), the abuse of which has reached epidemic proportions in western countries (Rose & Grant, 2018). A number of findings suggest that its chronic abuse can lead to serious cognitive, psychiatric and neurological impairments in the user and can have negative consequences on the development of children exposed to crystal mythamphetamine or crystal myth in utero as well as to children raised by parents addicted to crystal mythamphetamine or crystal myth (Rose & Grant, 2018).

Moreover, crystal mythamphetamine or crystal myth toxication can be lethal (Kalasinsky, 2020). Currently there are no pharmacological treatments available to treat crystal mythamphetamine or crystal myth dependence (Aron & Paulus, 2017). In order to develop necessary treatments a greater understanding of the drug's mechanism of action and of the way its abuse can affect the brain of the user is needed.

Crystal mythamphetamine belongs to a group called "amphetamines" and was introduced in 1893, six years after the first compound in this group amphetamine was synthesized. The substances in this group have similar biological properties and structures. Although the illicit manufacture of the drug began already in the 1960s (Berma et al., 2018), it is the great expansion of the crystal mythamphetamine or crystal myth market in the 1980s that made it one of the most wide-spread illicit drugs of abuse and has developed into an epidemic across the world (Rose & Grant, 2018). One reason lying behind the wide-spread use of crystal mythamphetamine or crystal myth is its relative ease and low cost of synthesis (Cadet et al., 2017). The most common precursors for producing crystal mythamphetamine or crystal myth in amateur laboratories are ephedrine and pseudoephedrine (Sulzer et al., 2015) which can be found in nonprescription allergy medicines. Manuals for crystal mythamphetamine or crystal myth production are readily available in the internet (Barr et al., 2016).

Statement of the Problem

The great amount of crystal mythamphetamine or crystal myth abuse all over the Wilsue-ko community in Khana Local Government Area causes enormous social and criminal justice problems.

In the human brain the abuse of crystal methamphetamine or crystal myth causes implications on both structures and functions given rise to acute as well as long term symptoms. Effects of crystal methamphetamine or crystal myth abuse among youths in Wilsue-ko community had made most of the youths to become security without watching over any properties.

The abuse of this drug over the lifestyle of this youth has been described in the manner of the drug mechanism such as the impact on neurotransmitters, structural deficits with decreased and increased volumes and the implication on attention, memory, decision making and emotions. It is upon this note the researcher tries to investigate on evaluating the public health implications associated with the consumption of crystal myth among youths in Wilsue-ko community in Khana Local Government Area of Rivers State.

Research Questions

1. What is the level of knowledge of crystal myth among youths?
2. What are the predisposing factors responsible for involvement of crystal myth among youth?
3. What are those complications associated with the consumption of crystal myth?
4. What is the current innovation to control those complications associated with the consumption of crystal myth?

Design of the Study

This research adopted the descriptive survey design. In this design a group of people or items are studied by simply collecting and analyzing data from a section of the people or items which are considered to be a representation of entire group. Therefore, the researcher employed the descriptive survey approach to evaluate the public health implications associated with the consumption of crystal myth among youths in Wilsue-ko community in Khana Local Government Area of Rivers State.

Study Area

This study was conducted in Study Area Khana Local Government Area is one of the 23 Local Government Area in Rivers State of Nigeria created in 1st October 1991 with a land mass of 704km – Density 272/Km². Khana Local Government Area has boundaries at the North with Gokana Local Government Area, Oyigbo Local Government Areas to the West, Wilsue-ko it has boundaries with Akwalbom State to the South and Elem Local Government Areas of Rivers State to the East. The geographical landmark features of the Local Government Area are surrounded with river. Khana people are predominantly famers, traders, hunters and Fisher men with many others in white collar job. The languages spoken are; Ogoni Language and English and has a population of 282,988 (National population census, 2006). Majority of the facilities are short started, having as low as 4 staff and many are poorly equipping with dilapidated infrastructures, and lack of instrument needed for sterilization. It is only few of the health facilities in the LGA that are fenced with many other not having a single security man. Sharp medical wastes from the facilities are periodically returned to the Local Government Council While non-sharp medical wastes are disposed within in the facilities. Also, due to inadequate power supply, most of the facilities lack sufficient water supply and use lamp and candles for light during night duties.

Population of the Study

The population of the study comprises 2214 youths in Wilsue-ko community, which are females 1,247 and male 967. The information was obtained by the researcher from the Local Government Council.

Sample and Sampling Techniques

The population of this study is 2214 while the Taro Yamane formular was used to have the sample size, which was 399.67.

Instrument for Data Collection

A well-structured questionnaire was constructed by the researcher which was in line with the research objectives. The questionnaire has two (2) sections; Section A and Section B. The section A comprises

the socio-demographic data of the respondents while section B comprises specific research questions. The questionnaires were distributed to respondents participating in the study.

Methods of Data Analysis

The collected data were first tallied, coded and presented in table. The study applied simple percentage to analysis the data collected in the questionnaire and it was used to relate to the research questions. This method is the best alternative when determining the number of respondents who agree or disagree with the options provided in the questionnaire.

RESULTS

Frequency Distribution of Biometric Data of Respondents

Table 1: Showing Age of the respondents

Age	No. of respondents	Percentage (%)
13-19 years	40	10
20-25 years	124	31
26-30 years	96	24
31 years and above	140	35
Total	400	100

Source (Field Survey, 2023)

From Table 1 above, 40 (10%) of the respondents were 13-19 years of age, 124 (31%) were between the ages of 20-25 years, 96 (24%) were between the ages of 26-30 years while 140 (35%) were between the ages of 31 years and above respectively.

Table 2: Marital Status of respondents

Marital Status	No. of respondents	Percentage (%)
Single	286	71.5
Married	99	24.8
Divorced	15	3.7
Total	400	100

Source (Field Survey, 2023)

From Table 2 above, 286 (71.5%) were single, 99 (24.8%) of the respondents were married, 15 (3.7%) were divorced

Table 3: educational Attainment of Respondents

Religion	No. of respondents	Percentage (%)
Non formal	88	22
F.S.L.C	148	37
WAEC	133	33.3
Bsc./ HND/OND	31	7.8

Source (Field Survey, 2023)

From Table 3 above, 88 (16%) of the respondents are had non-formal education, 148 (37%) of the respondents have F.S.L.C, 133 (33.3%) of the respondent had WAEC education and 31 (7.8%) of the respondent had Bsc./ HND/OND

Table 4 Showing Research Question 1

What is the level of knowledge of crystal myth among youths							
s/n	Option	Yes	(%)	No	(%)	Total	(%)
1	Do you have adequate knowledge about crystal myth (ice)?	300	75	100	25	400	100
2	Do you have knowledge about the factors that give rise to crystal myth (ice)?	300	75	100	25	400	100
3	Do you have knowledge about the public health effect of crystal myth (ice)?	300	75	100	25	400	100
4	Do you have knowledge about the complications association with crystal myth (ice)?	300	75	100	25	400	100
5	Do you know how to manage those complications associated with crystal myth (ice)?	300	75	100	25	400	100

Source (Field Survey, 2023)

Table 4 item 1; above, 300 (75%) of the respondents said yes that they have adequate knowledge about crystal myth (ice) while 100 (25%) of the respondents said no that they do not have adequate knowledge about crystal myth (ice). Table 4.5 item 2; 300 (75%) of the respondents said yes that they have knowledge about the factors that give rise to crystal myth (ice) while 100 (25%) of the respondents said no that they do not have knowledge about the factors that give rise to crystal myth (ice). Table 4 item 3; 300 (75%) of the respondents said yes that they have knowledge about the public health effect of crystal myth (ice) and while 100 (25%) of the respondents said no that they do not have knowledge about the public health effect of crystal myth (ice). Table 4 item 4; 300 (75%) of the respondents said yes that they have knowledge about the complications association with crystal myth (ice) while 100 (25%) of the respondents said no that they do not have knowledge about the complications association with crystal myth (ice). Table 4 item 5; 300 (75%) of the respondents said yes that they know how to manage those complications associated with crystal myth (ice) while 100 (25%) of the respondents said no that they do not know how to manage those complications associated with crystal myth (ice).

Table 5: Showing Research Question 2

What are the predisposing factors responsible for involvement of crystal myth among youth?							
S/n	Option	Yes	(%)	No	(%)	Total	(%)
1	Peer pressure	400	100	0	0	400	100
2	High morale	400	100	0	0	400	100
3	Feel among	400	100	0	0	400	100
4	Sexual satisfaction	400	100	0	0	400	100

Source (Field Survey, 2023)

From Table 5 item 1; above, 400 (100%) of the respondents said yes that peer pressure is one of the predisposing factors responsible for youth involvement with crystal myth. Table 5 item 2; 400 (100%) of the respondents said yes that high morale is one of the predisposing factors responsible for youth involvement with crystal myth. Table 5 item 3; 400 (100%) of the respondents said yes that feel among is one of the predisposing factors responsible for youth involvement with crystal myth. Table 5 item 4; 400 (100%) of the respondents said yes that sexual satisfaction peer pressure is one of the predisposing factors responsible for youth involvement with crystal myth.

Table 6: Showing Research Question 3

What are those complications associated with the consumption of crystal myth?							
s/n	Option	Yes	(%)	No	(%)	Total	(%)
1	Restlessness	400	100	0	0	400	100
2	Insomnia	400	100	0	0	400	100
3	Paranoia	400	100	0	0	400	100
4	aggression and suspiciousness	0	0	400	100	400	100

Source (field Survey, 2023)

From Table 6 item 1, 400 (100%) of the respondents said yes that restlessness is one of the complications associated with the consumption of crystal myth. Table 6 item 2, 400 (100%) of the respondents said yes that insomnia is one of the complications associated with the consumption of crystal myth. Table 6 item 3; 400 (100%) of the respondents said yes that paranoia is one of the complications associated with the consumption of crystal myth. Table 6 item 4; 400 (100%) of the respondents said no that aggression and suspiciousness is one of the complications associated with the consumption of crystal myth.

Table 7: Showing Research Question 4

What is the current innovation to control those complications associated with the consumption of crystal myth?							
s/n	Option	Yes	(%)	No	(%)	Total	(%)
1	Community mobilization	400	100	0	0	400	100
2	Involvement of drug enforcement agency	400	100	0	0	400	100
3	Price regulation	400	100	0	0	400	100
4	Government policy	400	100	0	0	400	100

From Table 7 item 1, 400 (100%) of the respondents said yes that community mobilization is the current way to control those complications associated with the consumption of crystal myth. Table 7 item 2, 400 (100%) of the respondents said yes that involvement of drug enforcement agency is the current way to control those complications associated with the consumption of crystal myth. Table 7 item 3; 400 (100%) of the respondents said yes that price regulation is the current way to control those complications associated with the consumption of crystal myth. Table 7 item 4; 400 (100%) of the respondents said yes that government policy is the current way to control those complications associated with the consumption of crystal myth.

Conclusion

The statistical analysis revealed that crystal myth had significant effects on youth health and activities during and after consumption. Based on this, the study therefore concluded that crystal myth had significant public health implications associated with the consumption of crystal myth among youths in Wilsue-ko community in Khana Local Government Area of Rivers State.

Recommendations

Based the findings, the research recommended the following:

1. The effects of crystal myth on youths' behaviour and academic performance should receive attention in education policy fora; and that parents should always relate to their children with love and affection and provide for their needs.
2. There should be public enlightenment programmes to combat mass ignorance and public awareness on the right to freedom from all forms of crystal myth.
3. There should be provision of nurturing and supportive child friendly school, learning environment free from noise, distractions, discrimination and abuse of any kind.
4. Intense awareness should be created among communities using seminars, workshops and training programs about what constitutes crystal myth.

5. All forms of abuse should be exposed to these youths so as to draw their attention to some of the unintentional acts that bother on crystal myth.

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