The Legality and Legitimacy of Marijuana Consumption in Nigeria

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In recent times, marijuana has enjoyed a momentous rise in consumption despite the various campaigns for the abolition or complete eradication of the consumption of illicit drugs in Nigeria. In the bid to restrain or exterminate the consumption, there has been a rise in the application of penal sanctions on the farmers, the sellers and the consumers of marijuana in Nigeria. Employing a discursive analysis of secondary data, this paper, therefore, raises the question of whether the trend in the level of punishment has developed in harmony with popular opinion, something which both antagonists and supporters of penalties of greater severity seem to take for granted.

Introduction
Around the world, the challenge of illicit drugs consumption and trade continues to pose a global social problem. As a result, no country is immune from the flow of these commodities into its territory. Consequently, the global scale of illicit drugs trade and consumption has become recognized as a major societal challenge, thus leading to the creation of the United Nations Office on Drug and Crime (UNODC) (Essien, 2010). The afore-mentioned agency attempts to confront the global menace of illicit drug trade and consumption by collaborating with regional as well as national and local agencies to stem the tide of the rising wave of illicit drugs trade and consumption. One of such illicit drugs is Marijuana, otherwise known as Cannabis Sativa. It is in fact the most commonly-used illegal drug in the world (UNODC, 2013). Marijuana is said to have medicinal value and was until its criminalization in 1937, a well-established medicine (Bonnie and Whitebread, 1999), and as such continued to generate arguments from different quarters regarding issues of legalization (Volkow, Baler, Compton & Weiss, 2014). This desk review wades into this debate by focusing on the issues which revolve around marijuana consumption in Nigeria. In more specific terms, it addresses the issue of legality and legitimacy of marijuana consumption in Nigeria.

Defining marijuana has been the subject of debate among scholars, as some see it as a drug while others refer to it as a psychoactive substance (Henry, Smith & Caldwell, 2007). However, unlike its definition, its source or origins can easily be identified. Marijuana comes from the female cannabis sativa plant and it is made up of three primary derivatives. The first is the cannabis herb which consists of the leaves and flowering tops of the plant. It is this component that is called by several names such as ganja, weed, wee wee, igbo, dope, among other names (Mamman, Othman & Lian, 2014). Next is the cannabis resin—which is the secretion obtained when the plant is pressed manually or mechanically. This is referred to as hashish. The third derivative is the hashish oil which is seen as the most potent form of cannabis and the least used (Bogdanoski, 2010: 510).

The recent efforts in many countries of the world, especially in the western hemisphere, aimed at legalizing the use of marijuana for medical and recreational purposes have generated renewed debates among scholars, stakeholders, and policy makers (Volkow et al., 2014). There is need to pay attention to the issue of marijuana consumption because 25% of the global production of cannabis sativa comes from Africa specifically, from countries such as Morocco, South Africa, Lesotho, Swaziland, Malawi,
Nigeria, Ghana, Senegal, Gambia, Kenya, and Tanzania (UNODC, 2006). There is need for more closer look into this matter because Nigeria, which is one of the foremost countries on the African continent features on this list. The use of marijuana portends many social consequences such as threat to educational achievement (Mba, 2008), brain damage and a host of medical challenges (Eboh and Thomas, 2005), as well as the link between the use of marijuana and the phenomenon of crime commission (Douglas, 2006).

However, there is the global debate as to whether marijuana should be legalized for consumption or not. There are those who argue that marijuana is useful in the treatment of some diseases such as cancer in which patients encounter a lot of pain (Davidson & Davidson, 2011). As Kassirer in Bogdanoski (2010: 511) observed, medical users of cannabis (particularly, marijuana) have used the drug for the relief of a range of life-threatening and debilitating medical conditions:

The advanced stages of many illnesses and their treatments are often accompanied by intractable nausea, vomiting, or pain. Thousands of patients with cancer, AIDS, and other diseases report they have obtained striking relief from these devastating symptoms by smoking marijuana (511).

Notably, marijuana is being used to stimulate appetite in HIV/AIDS-related anorexia; decrease nausea and vomiting caused by cancer chemotherapy, reduce muscle spasticity from multiple sclerosis, and decrease intra-ocular pressure from glaucoma. Marijuana is also popular among HIV/AIDS and cancer patients as an analgesic for drug-induced peripheral neuropathy. It is also used in the relief of non-life-threatening, disabling chronic pain unresolved by conventional analgesics (Burns & Ineck, 2006).

However, marijuana does not always need to be used for symptomatic relief; with the need for it arising only when legally available medications fail to arrest the individual’s pain and suffering, or do not work as effectively in providing symptomatic relief for the individual (Hall, 2009). On the other hand there are those who argue against the legalization of marijuana, even if it is for medical uses. This school of thought argues that cannabis and its derivative marijuana possess harmful consequences that outweigh the benefits of legalizing marijuana consumption (MacLeod et al., 2004). The possible health risks associated with marijuana use include carcinogenicity, respiratory and cardiovascular problems, cognitive impairment and dependency and withdrawal syndromes (Boyce & Mc Ardle, 2008). Recent research suggests that marijuana use may contribute to the development of periodontal disease and some types of testicular cancer. Marijuana use may also affect the ability of patients to undergo necessary organ transplants as a result of a lowered immune system brought about by its use (Hall & Liccardo, 2003).

The use of marijuana in medical practice has thus occasioned as observed from the foregoing, an increased call for its legalization, with some seeing economic and legal precedence occurring as a result of such a move (Bennett and Walsh, 2014). This has sparked a huge global debate (especially in the western hemisphere) on the legalization and use of marijuana (Goode, 2001), with the resultant legalization in four U.S states, nationwide legalization in Uruguay in 2013, and retail sales in Netherlands (Caulkins, Kilmer, Kleiman, MacCoun, Midgette, Oglesby, Pacula and Reuter, 2015). This is a public policy issue that affects the lives of millions of people, particularly adolescents and young adults who are in their prime and are supposed to be acquiring skills that will enable them contribute to the societal development. The situation in Africa and particularly in Nigeria assumes a slightly different character as marijuana is not only criminalized at the formal level (Obot, 1999), but also considered despicable and unworthy of a person (the omoluwabi) with good character within the informal setting (Omobowale, 2008; Oderinde, 2015). However, even with criminalization in place due to fears that it causes physical and mental harm as well as could be linked with a number of social vices (Mba, 2008; Fareo, 2012), the number of adolescents and young persons involved in marijuana consumption continues to grow at an alarming rate (Aderinto, 2007; Omadjohwoefe, 2010). What was once seen as an urban and class menace has now permeated every strata of the Nigerian society with attendant
consequences (Fatoye & Morakinyo, 2002; Fareo, 2012).

**Methodology**

Central to the discussion of this review is the debate surrounding the legalization of marijuana in several parts of the world, particularly in Nigeria as documented in selected journal articles on the nature, use and effect of marijuana, as well as the need or otherwise for legitimization and legalization. The review follows a discursive method of analysis using secondary materials as sources of data. The data sources which were purposively selected among thousands of search results that popped up, included relevant texts on the subject of marijuana as a medical substance, as a recreational substance and also texts on the subject of marijuana as it relates to the pros and cons of legalization as well as its positive or negative effects. The data were sourced using Google search engine, Google Scholar search engine and Jstor. The keywords used in the search were not limited to marijuana use in Nigeria, marijuana legalization debate, effects of Marijuana and so on.

**Conceptualizing Drug and Drug Abuse**

In everyday parlance, marijuana consumption is seen as drug abuse. This is given credence when one considers that the agency saddled with enforcing the law on this issue is named the National Drug Law Enforcement Agency (NDLEA). Conceptualizing what a drug means is thus a complex task especially when one is discussing an issue such as marijuana consumption. A drug is any substance other than food and water which due to its chemical components, which when taken into the body alters the structure and function of the body (Fishbein, 1996; Kendall, 2001). This definition covers drugs that have therapeutic, recreational and instrumental purposes. Therapeutic drugs are also known as medical or iatrogenic drugs. These drugs, as the name implies, are used for the treatment or prevention of disease and illness. For instance, therapeutic use occurs when a person takes drugs for a specific purpose such as reducing a fever or controlling a cough. Recreational drugs are substances taken for the purpose of achieving a pleasurable feeling or psychological state (Shehu & Idris, 2008).

Alcohol and tobacco are examples of drugs that are primarily used for recreational purposes. Instrumental drugs are substances taken to enhance performance in studies, sports or at work (Makanju, 1993). A drug is sometimes used interchangeably with substance. Substance has become a popular concept when talking of abuse. This is because drug is often used, though mistakenly to describe only pharmaceuticals or illicit substances. A drug could be classified as licit or illicit. A drug is licit when its use is permitted by the law. Alcohol and tobacco are examples of licit drugs. An illicit drug in contrast is a drug whose use is not permitted by the norms of a society (Omage and Omage, 2012). Marijuana, heroin, cocaine, etc. are examples of illicit drugs that are used in Nigeria (Obot, 1999).

**Drug Prohibition in Nigeria: An Overview**

Prior to the emergence of drug legislations in Nigeria, the country had been party and even signatory to International Conventions on Drug Prohibition. One of such convention is the Single Convention on Narcotic Drugs in 1961. The convention controls the cultivation of opium, coca and cannabis. Consumption is prohibited and provision is made for treatment and rehabilitation. The International Narcotic Control Board was formed solely for enforcements of the drug prohibition laws (Obot, 1992). It was this convention that gave the impetus for Nigeria to come out with its legislation on drug prohibition in 1966. It should be noted that Nigeria had also been signatory to other conventions. Some of these conventions are Convention on Psychotropic Substances (1971), Protocol Amending the Single Convention on Narcotic Drugs (1972), The UN Convention Against illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988), to mention just a few (Omadjojwoefe, 2010).

National drug prohibition policies and laws in Nigeria came into being in 1966. It started with the Nigerian legislation on Indian hemp in 1966. This was known as the Indian Hemp Decree. The decree focused on the control of cannabis, cultivation, exportation, importation and consumption (Osa-Edoh & Egbochukwu, 2012). The decree specified death or prison term not less
than 21 years for importation or cultivation, a minimum of 10 years imprisonment for exportation, 5 years or more for possession of smoking utensils, forfeiture of all articles and any vehicles or vessels used by the offender and corporal punishment for male offender under 19 years (Alemika, 1999). In 1975, Indian Hemp Amendment Act was enacted. This act had less severe penalties instituted. The act stipulated maximum of 10 years imprisonment for allowing premises to be used, imprisonment not less than 6 months, a fine of ₦200.00 or both for smoking or possession. The offence for possession of Indian hemp paraphernalia was abolished in that amendment act (Nephalim, 2005).

The 1975 Amendment Act was replaced by the Indian Hemp Amendment Decree of 1984. Severe penalties were reinstituted: imprisonment of not less than 21 years for sale and trafficking, imprisonment of not less than 4 years for smoking and possession. Any person under the age of 17 years was to be given 21 strokes of cane, 2 years in a borstal institution or fine of ₦200.00 for smoking or possession. A special Tribunal (Miscellaneous Offenses) Decree came up in the later part of 1984. The decree abolished death penalty. It instituted life imprisonment for importing, manufacturing, producing, processing, planting or growing of cocaine, Lysergic acid diethylamide (LSD), heroin or similar drugs. The imprisonment does not exceed 20 years for exporting, transporting or trafficking. A jail term of not less than 14 years for selling, buying, exposing for sale or dealing, was instituted, including imprisonment of not less than 2 years (but not more than 10 years) for possession or consumption (Donelly, 2004).

In 1989, the National Drug Law Enforcement Agency Decree was enacted. It was this decree that brought to being the establishment of the National Drug Law Enforcement Agency (NDLEA). The agency has 18 functions, almost all of which border on law enforcement. The decree instituted life imprisonment for production, transportation, sale of cocaine, Lysergic acid diethylamide, heroin, or any similar drugs. Knowing possession or using any of these drugs attracts 15-25 years jail term. Being an accessory in trafficking attracts 15-25 years jail term. Tobacco Smoking Control Decree was enacted in 1990. The decree is responsible for control of smoking in public places such as cinema, halls, offices, schools, medical establishments, theatres or stadia, public transportation, lifts etc. The decree also prohibited tobacco advertisement in print and electronic media, hand bills, bill boards without warning of danger. Packages and advertisement must bear one of these warnings. The Federal Ministry of Health warns that tobacco smoking is dangerous to health or smokers are liable to die young. Offenses under the decree attract fines of varying amount (Oshodin, 2004).

The National Agency for Food and Drug Administration and Control (NAFDAC) was established in 1993 to regulate and control the importation, exportation, manufacture, sale and use of food, pharmaceutical drugs, cosmetics, medical devices, bottle and sachet water, chemicals etc. By this act, no drug products, cosmetics or medical devices shall be manufactured, imported, exported, advertised, sold or distributed in Nigeria unless it has been registered in accordance with the provision of the regulations made under the act. The agency must certify such products or items okay by issuing NAFDAC Number. Anything short of this registration number stamped on the product or items passes for fake or counterfeit, be it drug, food or substance. The agency has the right to seize, destroy and prosecute defaulters. Prior to the establishment of NAFDAC in 1993, the Directorate of Food and Drugs Administration and Control in the Federal Ministry of Health was responsible for the control and regulation of food, drugs and other regulated products in Nigeria (Amuda, 2004).

**Marijuana Consumption: The Nigerian Situation**

Substance abuse is the primary reason for which many youths take to crime, develop health challenges and consequently die, or are incarcerated (Umoh, 1994; Eboh & Thomas, 2005; Odo, 2009; Stevenson, 2011). It has become an unprecedented problem in Nigeria that the number of youth incarcerated in various prisons across the country has increased dramatically over the last few decades. Momoh and Ogunu (2000) contended that, majority of the youths have been arrested for various drug offences, and/or have had one or more instances of drug abuse. Some of the factors contributing to the arrest of substance users...
are the public awareness of the danger in drug abuse and the "War on Drugs" declared by the Federal Government using various agencies like the NDLEA, NAFDAC etc. However, since the National Drug Law Enforcement Agency (NDLEA) was established in 1999, frantic efforts have been made to collect relevant information on drugs through a variety of drug indicators for policy formulation. The impacts of these agencies in terms of intervention strategies and control have been tremendous.

A myriad of reasons have been advanced for drug use and abuse as a phenomenon with a complex etiology (Khatapoush & Hallifors, 2012). For instance, if young men and women who are potential drug addicts continue to reside in the social environment in which past drug use occurred, it suggests that the use of such drug may continue. This is because most cases of drug use and abuse emanates from any array of psychosocial reasons (Rashad & Kaestner, 2004). Budney, Roffman, Stephens & Walker (2007) noted that personality disorders and socioeconomic environment are the major determinants of the victim's involvement in drug abuse. Other reasons adduced for drug use and abuse are: to reduce stress, build self-esteem, drug availability, peer pressure and the desire to be sociable (Anderson, Hansen & Rees, 2012). As a matter of fact, vulnerability may be inherited in the form of heightened susceptibility to a certain type of drug (Eneh & Stanley, 2004).

The world today is witnessing an upsurge of issues that are of global dimension, for example drug abuse, human trafficking, HIV/AIDS, environment degradation and pollution etc. These problems brought to the fore the need for the nation to sensitize her citizens, especially the youths, of the evil of drug use and abuse, particularly with regards to the consumption of Cannabis, which had reached alarming heights (Odo, 2009). As a matter of fact, the social effects of marijuana consumption which include road accidents, loss of jobs, poor academic and job performances, unstable family set up etc are sources of concern to the government (Adolescents Health Information Project, 2001; Odo, 2009; Faroe, 2012). These are the activities of a scatter of individuals which have now assumed a public policy dimension (Evan & Alade, 2000). This is not to deny the existence of a highly organized and systematized network involved in the manufacture and distribution of illicit substances at the local, national, and global levels (UNODC, 2006; 2007).

Marijuana use is a huge problem that affects school-age youths (Abdulahi, 2009). Young people frequently begin to experiment with alcohol, tobacco and marijuana during the middle school years, with a smaller number starting during elementary school. By the time students are in high school (secondary school), rate of substance use are remarkably high (American Institute of Drug Abuse, 2006; Nwankwo, Obi, Obi, and Nwosu, 2013). According to Fatoye and Morakinyo, (2002) peer group influence, family factors, exposure to prior alcohol, tobacco and marijuana use, mass media content and level of self-esteem are among major factors contributing to use of alcohol, tobacco and marijuana. Other investigations have found that the students with low self-esteem than those with high self-esteem were more likely to be users of marijuana (Donnelly, 2004).

Eke (2004) in a study on the use of cocaine and marijuana (weed) among secondary school students in Anambra state, found out that fifty-seven percent (57%) of the students had used marijuana and cocaine. Similarly a study conducted by Eneh and Stanley (2004) in Port Harcourt, River state in Nigeria, on the pattern of substance use among two thousand and forty-four (2044) students of four secondary schools, using self-administered questionnaire showed that eighty-seven percent (87%) of the respondents were using at least one substance at the time of the survey, while three percent (3%) were users in the past year. The substances commonly used included alcohol (65%), tobacco (cigarette) (61%), cannabis (26%), valium (24%) and kola nut (63%). Others include tetracycline (25.7%), and ampicillin (24.3%). Those that were least used were heroin, cocaine, latex, petrol and Ativan. This shows that marijuana consumption in Nigeria does not operate in isolation but in association with other substances such as those mentioned above.

Marjorie (2002) is of the view that some of the problems caused by marijuana to the addict are; distorted perception (sights, sounds, time, touch),
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Problems with memory and learning, loss of coordination, trouble with thinking and problem solving, increased heart rate, mood changes, euphoria, anxiety, hallucinations, delusions, to mention these few. According to Odejide (2002) health dangers or problems include increased heart rate and blood pressure, respiratory illness, heart attack, irreversible brain damage and death. Substance use and abuse among adolescents and young adults is assuming a dangerous dimension and hence a need for immediate eradication. Understanding the prevalence of marijuana use among adolescents and young adults is important because it is associated with many dangers and negative health outcomes particularly for early initiators (Hall et al., 2001).

The use of marijuana cut across the population strata, but at high risk are adolescents and young adults (Adelekan, Ndom & Makanjuola, 2000). There is evidence of marijuana use not only with higher institution students but also with secondary school students who are mostly adolescents in Nigeria (Fatoye & Morakinyo, 2002). This trend portends serious consequences for Nigeria as a country as the youth of every nation is its productive base. The emergence and increase of drug abuse will bring about concerns as to the increase in social vices and problems such as theft, arson, kidnapping, rape, low educational attainment, and a low potential for employability. The occurrence of these tendencies is likely to reinforce the vicious cycle of poverty, thus keeping the country in perpetual underdevelopment.

Legality and Legitimacy of Marijuana Consumption in Nigeria: Debates and Contestations

There are numerous reasons put forward by those calling for the prohibition of marijuana consumption in Nigeria. These reasons border on health, social, economic and other implications on individuals and society. The prohibition of marijuana consumption is premised on the vast number of negative consequences that are thought to arise from their usage, most especially the psychoactive substances (Omigbodun and Babalola, 2004). These negative consequences lay emphasis on the pharmacological effects of marijuana consumption, including the possibility of addiction, adverse psychological conditions including death and other health hazards associated with the consumption of marijuana and other related substances (Amuda, 2004).

The social cost for prohibition of marijuana consumption in Nigeria borders on social problems that is associated with drug/substance use and abuse. Certain drugs and substances, such as cocaine, heroin, Indian hemp, etc. that have psychoactive effects have received attention for prohibition because they are responsible for hazardous incidences of auto crash, murder, assault, suicide, drowning, spousal abuse, rape and other deviant behaviours in the society (Anochie & Nkanginieme, 2000). Emanating from these deviant acts is the fact that most of them are against the criminal law of the state. As such, the people are treated as criminals, prosecuted and sent to prison or even executed, depending on the nature of deviant acts that drug use push them to commit. Those that died from the action of marijuana and other drug users and those sent to jail or executed as a result of their criminal actions have grave implications for families and society at large (Aderinto, 2001). For instance, children could be without parents, parents without a child and able bodied men that constitute the labour force of the Nigerian society are either wasted in prison or lost to death.

These calls are against the counter arguments raised by those who are in favour of the legalization of marijuana consumption. They argue that marijuana is useful in the treatment of patients with terminal diseases and illnesses which brings about a great deal of pain (Burns & Ineck, 2006; Cohen, 2009; Bogdanoski, 2010; Davidson & Davidson, 2011). Bennett and Walsh (2014) argued that rather than prohibit the use of marijuana entirely, states should look into legalizing medical marijuana, albeit with regulated access. In fact, calls from the proponents of legalization have been hinged on the medicinal marijuana and not on the legalization of recreational marijuana. Proponents further cite the examples of Uruguay and Netherlands much lenient approach to marijuana use (Caulkins et al., 2015). These proponents opine that its use in medical parlance gives it the required legitimacy to attain legal status. Odo (2009) further highlighted twenty-three different uses of marijuana, ranging from treatment of infections to facilitating childbirth, which have made these calls
look well-founded. Iversen (2005); Bava and Tapert (2010); Bava, Jacobus, Thayer and Tapert (2013) have written to negate the assumption that marijuana use has a long-term effect on one’s mental abilities or capacities as long as the user is above 21 years of age. One other issue that has been a source of concern to antagonists of the legalization process globally is the effect it would have on the adolescent population. However, proponents have argued that such fears are unfounded as studies have proven that legalization would not in any way impact the youth or adolescent population (Room, 2010; Hughes and Stevens, 2010; Caulkins, Hawken, Kilmer and Kleiman, 2012; Lynne-Landsman, Livingston and Wagenaar, 2013).

Despite the above-stated, the debate remains centered on the cost to society as a whole versus the cost to a scatter of individuals who constitute a fragment of the population. More importantly, especially in the case of a country like Nigeria, is the increasing number of adolescents and young persons less than 21 years of age who are already engaged in (Shehu and Idris, 2008; Leadership, 2015) or would likely (should it be legalized) be pressured either by friends or mass media, inquisitiveness, loneliness, and other such social factors into marijuana consumption (Faroe, 2012). Related to this is that marijuana consumption in Nigeria ties these category of people to other illicit and harmful drugs/substances. In the long run the costs to the country are an increasing number of young persons needing medical and other kinds of attention for numerous problems which should not have come up in the first place.

**Engaging Akiwowo’s notion of Ibi marun in the argument against Legalization**

The failure of a government to put in place the right policies that take into consideration every facet of social life brings upon the society that which he referred to as the ‘Ibi marun’. The *Ibi marun* (five social ills/evils) represent five social challenges that beset the human society whenever the government fails to pursue actively the values of *Ire gbogbo* (all goodness) which comprises of *Ire aiku* (the value of good health till old age), *Ire owo* (financial security), *Ire oko-aya* (the value of intimate companionship and love), *Ire omo* (the value of parenthood) and *Ire abori ota* (the value of self-actualization). In the Nigerian society, the use of marijuana is believed to constitute a threat to the values of *Ire gbogbo*, hence the likelihood of the *Ibi marun*. These *Ibi marun* (Akiwowo, 1980; Busari and Owoyujigbe, 2016) are:

i. The phenomenal rise in the number of the mentally ill.

ii. The ebb and flow in the tide of armed robbery.

iii. The rising mortality rate of young adults from the age of 25 to 45 years.

iv. The unabating abandonment of Nigerian children by young mothers; and

v. The discovering of a self-evident truth in the world around us to which the nation can hold political leaders and upon which new *ajobi* and *ajogbe* associations must be founded.

The first highlighted problem that makes reference to increasing numbers of mentally ill patients (Ibi were) refers to: an increase in the number of persons committed to psychiatric homes, an increasing number of persons with health challenges arising out of worry, fear, anxiety, and subsequently in some cases the creation of multiple personalities, depressions and schizophrenics. It also makes reference to persons who depend on substances such as marijuana before they can function in their day-to-day activities (Anthony, Warner and Kessler, 1994). *Ibi ole* which mentions an increase in armed robbery also extends to capture the various forms of criminal trends such as kidnappings, 419/internet scams, corrupt practices and so on. They are criminal activities which are often carried out under the influence of drugs such as cocaine, alcohol and marijuana, because the criminals and users of such substances are of the opinion that the substances embolden and give them courage to carry out their illegal acts by making them ‘high’ enough to see through (Umoh, 1994; Òdo, 2009; Omage and Omage, 2012).

*Ibi iku odo* speaks to a lowered average life expectancy that is a situation wherein persons, particularly adolescents and young adults die before reaching the ripe old age encapsulated within the concept of *Ire aiku* (long life). This could happen as a result of drug overdose, or being too high to realize that one’s acts could lead to death. The fourth societal ill deals with the lessening value of parenthood wherein there is an
increase in the number of dumped children, unwanted pregnancies and subsequent abortions, fatherless (as it is not only mothers who now abandon their children) and/or motherless children (not caused by death of the parent, but by abandonment), baby-mama syndrome (Owojuigbe, Awe and Ayesoro, 2015; Leadership Newspaper, 2015) and more. This *ibi aiduro se obi omo* is prompted by issues bothering on financial insecurity, lessened value for life, decreased moral values and more often than not issues relating to sexual intercourse due to ‘highness’ under the influence of substances such as marijuana.

The final societal ill is that which makes reference to the problems which have become self-evident truths and obviously may be tagged ‘the head/culmination/climax of all problems’ (olori *ibi*). In this case, the *olori ibi* would make reference to the fact that policies created to serve a few may be the problem that is destabilizing the society. This societal problem reflects the truths that society has to contend with and must find solutions to, but which society as they would discover has little or no answer for. This would most likely be the effect of legalizing marijuana for economic reasons only to discover the economic benefits had been over-stated and do not outweigh the negative social effects (Kilmer, Caulkins, Pacula, MacCoun and Reuter, 2010).

**Postscript: Appraisal of the Literature**

From the works of scholars examined so far, some threads of arguments can be seen, which run through the review. First, it can be deduced that the arguments for and against the legalization of marijuana consumption is one which is a global debate. However, the nature and character of the debate shows some contestations. In the global north there are increasing calls for the legalization of marijuana consumption. This could be due to the large number of persons suffering from terminal non-communicable diseases such as cancer, kidney failure, and other associated ailments. Another reason for calls to legalize marijuana consumption is premised on arguments in the global north that legalization and decriminalization will help reduce the demand for marijuana, especially by young people.

In the global south and taking Nigeria as a reference point, the debate seems centered on prohibition and criminalization of marijuana consumption. One reason that has been advanced for, is that the costs of marijuana consumption to society outweigh the benefits. Here, the threads of a cost-benefit theoretical and analytical scheme seem to be emerging which could be useful in investigating the legitimacy and legality of marijuana consumption in Nigeria and other parts of the globe. Thus, the calls for the legalization of marijuana consumption in the global north can be taken for granted over there because they have adequate treatment facilities which are lacking in the global south. One has to look at countries such as Malaysia, Indonesia, and Singapore which have put in place capital punishment for drug related issues to understand the ramifications of the costs of drug/substance abuse to their societies.

In carrying out this review, some issues have not been covered adequately, such as the factors which facilitate marijuana consumption. However, this can be linked to availability, the global nature of marijuana production and distribution which is highly organized and systematized (UNODC, 2006; 2007). The current situation of the country in terms of breakdown on societal values, chronic unemployment and lack of opportunities for young people, dwindling condition of the educational system, poor border security, and a host of other challenges have served to encourage and maintain marijuana consumption among young people. Perhaps, the greatest contribution of this review lies in conveying the urgency as to the need to scientifically and empirically investigate the sociological factors surrounding marijuana consumption in Nigeria. If this is heeded then the review would have made some contribution.

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