

**EFFECTS OF PARENTAL SUBSTANCE ABUSE ON CHILDREN IN EKOSODIN  
COMMUNITY IN OVIA NORTH EAST LOCAL GOVERNMENT AREA, EDO  
STATE, NIGERIA**

**BY**

**ORJI IKECHUCKWU EMMANUEL**

**SSC2106122**

**DEPARTMENT OF SOCIAL WORK  
FACULTY OF SOCIAL SCIENCE  
UNIVERSITY OF BENIN  
BENIN CITY**

**NOVEMBER, 2025**

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**A RESEARCH DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF  
THE REQUIREMENTS FOR THE AWARD OF BACHELOR OF SCIENCE (BSc)  
IN SOCIAL WORK, TO THE DEPARTMENT OF SOCIAL WORK, FACULTY  
OF SOCIAL SCIENCES, UNIVERSITY OF BENIN, BENIN CITY.**

**NOVEMBER, 2025**

## CERTIFICATION

I certify that this dissertation was carried out by **ORJI IKECHUCKWU EMMANUEL** with Matriculation Number **SSC2106122** in partial fulfillment of the requirement for the award of Bachelor of Science (B.Sc.) in Social Work, Department of Social Work, Faculty of Social Sciences, University of Benin, Benin City, Edo State, under my supervision.

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**Dr. Ehigie Efosa Kingsley**

*Project Supervisor*

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**Date**

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**Dr. (Mrs). Helen Eweka**

*HOD, Department of Social Work*

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**Date**

## **DEDICATION**

This dissertation is dedicated to God and my family for inspiring me to start this journey.

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I express profound thanksgiving to God, my Heavenly Father, for his endless blessing and wisdom to finish this degree. He has preserved me all these times. I would also like to extend sincere appreciation to my supervisor, Dr. Ehigie Kingsley, for his directions and mentorship during this research studies.

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## ABSTRACT

*This study examined the effects of parental substance abuse on children in Ekosodin Community, Ovia North East Local Government Area of Edo State, Nigeria. The research specifically explored the types of substances commonly abused by parents, the psychological, social, and academic impacts on their children, and the coping mechanisms adopted by these children. Primary data were collected through the administration of eighty (80) structured questionnaires to respondents selected from households within the study area. The data were analyzed using descriptive statistical methods, including frequency and percentage distributions. Findings revealed that alcohol (43.8%) and cannabis (31.3%) were the most commonly abused substances among parents in the community, followed by tramadol (12.5%) and codeine syrup (7.5%). The study further showed that children exposed to parental substance abuse experience significant psychological distress manifesting as depression (27.5%), anxiety (22.5%), and low self-esteem (18.8%). Socially, the children exhibited poor social interaction (26.3%), truancy (23.8%), and exposure to domestic violence (21.3%), while academically, they recorded poor grades (37.5%), low concentration (25.0%), and irregular school attendance (18.8%). Coping mechanisms adopted by these children included seeking support from relatives and teachers (30%), emotional withdrawal (25%), counselling (18.8%), and participation in religious activities (15%). The study concludes that parental substance abuse in Ekosodin significantly undermines children's emotional stability, social adjustment, and academic achievement, thereby threatening their holistic development. It recommends community-based rehabilitation programs, family counselling, and public sensitization on the dangers of substance abuse.*

**Keywords:** *Parental Substance Abuse, Child Psychological Well-being, Academic Performance, Coping Mechanisms, Ekosodin Community*

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of Study

Parenting is a complex endeavour, particularly if it is to be carried out in a manner that enriches psychosocial outcomes for children. The substance abuse of a parent has a long-lasting effect on all young children. There are a number of substances that can become a problem in people's lives, including marijuana, alcohol, stimulants, depressants, narcotics, hallucinogens and inhalants (Substance Abuse Training Tri-Town Head Start, 2007). Parental substance use is highly prevalent worldwide, presenting major child safeguarding, health, and social concerns (Canfield et al., 2017).

Estimates suggest that between 2 and 37% of children live with at least one parent who uses substances (European Monitoring Centre for Drugs and Drug Addiction, 2008; Galligan & Comiskey, 2019). In the United Kingdom, recent estimates suggested that around 4% or 478,000 children lived with a parent who uses alcohol or drugs in 2019 to 2020 (Children's Commissioner's Office, 2020). These children have been found to have poor school attendance and concentration (Díaz et al., 2008), low academic performance (Hogan & Higgins, 2001), antisocial problems (Molina et al., 2010), anxiety and depression (Gorin, 2004), as well as their own substance using and offending behaviors (Velleman & Templeton, 2016). Such impacts have also been found among young adult children who experience parental substance use (Pisinger & Tolstrup, 2022).

There is also emerging evidence that this is true of parental substance use below the diagnostic threshold (Institute of Alcohol Studies, Adfam, & Alcohol Focus Scotland, 2017; McGovern et al., 2018). These children can go on to experience multiple disadvantages into adulthood, driven and exacerbated by structural risk factors such as poverty (Marmot et al., 2020).

Children who have parents who abuse alcohol or other substances are often the forgotten victims. Substance abuse often results to unpredictable behaviour, lack of appropriate care and no structure to a home life are often. It can be scary, painful and lead to many problems in the future for a child. If family members are addicted to drugs or alcohol, children can be exposed to violence, abuse, neglect, financial problems and even malnourishment.

Substance abuse remains a significant global health challenge, although prevalence differs markedly across regions. In the United States, recent estimates show that about 24.9% of individuals aged 12 years and above used illicit drugs in the past year (2022) (SAMHSA, 2022). Similarly, in Canada, cannabis the most commonly used illicit drug was reported by 26% of individuals aged 15 and above in 2023 (Statistics Canada, 2023). In Australia, the National Drug Strategy Household Survey revealed that 17.9% of those aged 14 years and older had used illicit drugs in the previous 12 months (2022–23) (AIHW, 2023). In England and Wales, drug use is comparatively lower, with 9.5% of adults aged 16–59 reporting use in 2023/24 (ONS, 2024).

In developing countries, the trend is also concerning. In Nigeria, the National Drug Use Survey indicated that 14.4% of individuals aged 15–64 years ( $\approx$ 14.3 million people) used drugs in the past year (UNODC, 2018). In India, the National Survey on Extent and Pattern of Substance Use found that 2.8% of individuals aged 10–75 years used cannabis, while 2.1% used opioids (MoSJE, 2019). In Brazil, cannabis use remains most common, with about 7–8% of adults reporting past-year use (Bastos & Vasconcellos, 2019). Similarly, in South Africa, national estimates suggest that 7.8% of adults reported cannabis use in the past year (South African Medical Research Council, 2024). These statistics reflect that substance abuse is not only a Western problem but a global issue affecting both developed and developing societies.

Substance abuse has been identified globally as a significant social and public health problem with far-reaching consequences on families and society (UNODC, 2023). Parental substance abuse, in particular, disrupts family structures and impacts children's emotional, psychological, social, and academic wellbeing (Kuppens et al., 2020).

Substance abuse is on the increase and of global concern (UNODCP, 2010). Substance abuse is the resultant effects of indulging in habit-forming substances. Substance abuse has continued to be one of the major public health burdens in addition to HIV/AIDS, although there are attempts aimed at reducing the associated health hazards in many countries. Efforts have been largely unsuccessful due to the complex nature of factors involved in substance use. There is increasing evidence that there is a genetic relationship between parents and children's substance problem (Adesanya et al., 1997). However,

parental influence is of great significance since the important part of normal child development is the growth of moral awareness. Therefore, substance abuse being a maladaptive behaviour, is learned from significant others. Children who are exposed early in life get indulged through both modeling and operant conditioning (Omigbodun & Babalola, 2004). Parents who use substances themselves lack the ability to rear vulnerable children through the normal process of character building. Since the effects of right upbringing is acquiring a sense of what is right and wrong and the ability or desire to abide by rules and norms, children with defective background may grow to view substance use as exciting and rewarding. This seems to provide an explanation for the development and maintenance of substance use in children whose parents are abusing substances.

When focusing on parents specifically, prevalence remains equally concerning. In the United States, nearly one in four children about 19 million were estimated in 2023 to be living with at least one parent who had a substance use disorder (SUD) (JAMA Pediatrics, 2023). In the United Kingdom, the Children's Commissioner reported that about 478,000 children lived with a parent who misused alcohol or drugs between 2019 and 2020 (UKHSA, 2020). In Canada, retrospective evidence suggests that 16–20% of adults recall being exposed to parental addiction during childhood, reflecting widespread intergenerational exposure (Canadian Centre on Substance Use, 2021). Similarly, in Ireland, population-based estimates suggest that between 61,000 and 104,000 children

under 15 live with parents who have problem drinking patterns, while over 250,000 children are exposed to hazardous drinking (Galligan & Comiskey, 2019).

In Australia, the National Drug Strategy Household Survey highlights persistent parental alcohol and drug misuse, with a significant proportion of children affected through risky drinking and illicit drug use by their caregivers (AIHW, 2023). In New Zealand, studies reveal that hazardous alcohol consumption by parents is a critical factor in child neglect and maltreatment, making children highly vulnerable (Connor et al., 2020). In Nigeria, though no specific national statistics exist on parental misuse, the UNODC (2018) notes that widespread drug use among adults particularly alcohol, cannabis, tramadol, and codeine inevitably exposes many children to parental misuse. Similarly, in India, the large burden of alcohol and opioid dependence among adults strongly suggests high prevalence of parental substance misuse within households (MoSJE, 2019).

In Nigeria, studies indicate a rise in substance use among adults, including parents, with common substances being alcohol, cannabis, codeine-based syrups, and tramadol (UNODC, 2018; Odejide, 2019). Edo State is not exempt from this trend, with communities such as Ekosodin experiencing increased substance abuse due to its proximity to higher institutions, urban influence, and related socio-economic challenges (Osasu & Okojie, 2017).

In families where alcohol or other drugs are being abused, behavior is frequently unpredictable and communication is unclear. Family life is characterized by chaos and unpredictability. Behavior can range from loving to withdrawn to crazy. Structure and rules may be either nonexistent or inconsistent. Children, who may not understand that their parent's behavior and mood is determined by the amount of alcohol or other drugs in their bloodstream, can feel confused and insecure. They love their parents and worry about them, and yet feel angry and hurt that their parents do not love them enough to stop using.

Despite the suffering these children endure, many blame themselves for their parent's substance abuse. They believe it when their parents scream that they wouldn't drink so much or use other drugs if the children didn't fight, or rooms were kept clean or grades were better. Some children try to control the drinking or drug use by getting all A's, or keeping the house spic and span, or getting along perfectly with their siblings. Others withdraw, hoping not to create any disturbance that might cause a parent to drink or use. Few realize that children cannot cause a parent to drink or use drugs, nor can they cure a parent's substance problem.

Children of substance-abusing parents are more likely to experience neglect, abuse, poor academic performance, psychological trauma, and a higher risk of adopting similar behaviours (Kendler et al., 2015; Walsh et al., 2021). Such children often bear emotional burdens due to parental inconsistency, violence, or financial deprivation (Solis et al., 2012; Lander et al., 2013). And as a result, these youngsters may suffer from post-

traumatic stress syndrome, with the same kinds of sleep disturbances, flashbacks, anxiety, and depression that are associated with victims of war crimes. These children are not only frightened for their own well-being – they also harbor the all-too-real concern that their parent may get sick or die as a result of the drinking or drug use. They know that their parent may drive intoxicated, or get into fights on the street. Despite these known implications, there remains a dearth of context-specific research in Nigeria, particularly in university-adjacent communities like Ekosodin, which is characterized by mixed urban-rural features, student populations, and informal settlements (Obi & Ikuomola, 2022).

The prevalence of children directly affected by parental substance abuse underscores the severity of this social problem. In the United States, evidence shows that about 25% of children live with parents who have SUDs, with clear consequences for emotional and behavioral development (SAMHSA, 2023). In the United Kingdom, over 1.2 million children are estimated to live in households where adults misuse substances, with around 469,000 exposed to parents with drug or alcohol dependency (Children’s Commissioner, 2020). In Canada, national data indicate that 16–20% of adults experienced childhood exposure to parental addiction, suggesting large-scale intergenerational risks (CCSA, 2021). In Ireland, research has linked hazardous parental drinking to widespread childhood adversity, with children from such homes at increased risk of neglect, abuse, and poor academic outcomes (Galligan & Comiskey, 2019).

In New Zealand, it is estimated that 11–15% of substantiated child maltreatment cases are attributable to hazardous or severe parental alcohol use, highlighting the direct connection between substance misuse and child harm (Connor et al., 2020). In Australia, child protection statistics consistently list parental alcohol and drug misuse as a primary factor in cases of neglect and abuse (AIHW, 2023). In South Africa, national reviews link parental substance misuse with intergenerational violence, school dropout, and poor psychosocial outcomes for children (SAMRC, 2024). In Nigeria, studies indicate that children in substance-using households face risks of neglect, malnutrition, poor academic outcomes, and early initiation into drug use (UNODC, 2018). Similarly, in India, children of parents with alcohol or opioid dependence are more likely to experience emotional trauma, poor mental health, and lower educational achievement (MoSJE, 2019).

An adult struggle to control their behaviour, mood and even actions when he/she is addicted to alcohol or other substance. For a child, this can be very confusing to have a parent going through unpredictable mood swings, depression and even times of abandonment for the sake of being high or being drunk. Sometimes children do not understand why their parent would be behaving this way and they may blame themselves for the mood swings. This can have a disturbing effect on a child as they develop. When a child becomes older, they begin to distance themselves from friends because they think that people will judge them on their parent behavior. Often, they will not invite school friends over, avoid going to events where a parent is invited, they even lie to friends about a family member being sick or absent. A child does not talk to anyone about their

substance abusing parent for fear of people's reactions because their family is a guilty secret for them.

The family remains the primary source of attachment, nurturing, and socialization for humans in our current society. Therefore, the impact of substance use disorders (SUDs) on the family and individual family members merits attention. Each family and each family member is uniquely affected by the individual using substances including but not limited to having unmet developmental needs, impaired attachment, economic hardship, legal problems, emotional distress, and sometimes violence being perpetrated against him or her. For children there is also an increased risk of developing an SUD themselves (Zimic & Jakic, 2012). Thus, treating only the individual with the active disease of addiction is limited in effectiveness. The social work profession more than any other health care profession has historically recognized the importance of assessing the individual in the context of his or her family environment. Social work education and training emphasizes the significant impact the environment has on the individual and vice versa. This topic was chosen to illustrate how involving the family in the treatment of an SUD in an individual is an effective way to help the family and the individual. The utilization of evidence-based family approaches has demonstrated superiority over individual or group-based treatments (Baldwin, Christian, Berkeljon, & Shandish, 2012). Treating the individual without family involvement may limit the effectiveness of treatment for two main reasons: it ignores the devastating impact of SUDs on the family

system leaving family members untreated, and it does not recognize the family as a potential system of support for change.

Not every family is affected identically. Research has shown that families that maintain certain "rituals," such as holiday traditions or a Friday night pizza and movie can help mediate the chaos of addiction. Sober parents who are able to provide stability, support and nurturing also help minimize confusion and strengthen children. Sometimes family life is less damaging because children rely on "adaptive distancing," a technique in which the child separates from the "centrifugal pull" of family problems in order to maintain pursuits and seek fulfillment in life, school and friendships.

## **1.2 Statement of problem**

Globally, parental substance abuse has been linked to adverse childhood outcomes including emotional distress, academic failure, behavioural disorders, and future substance use (Hussong et al., 2015; Dube et al., 2017). In Nigeria, recent reports highlight an alarming rise in substance use, with prevalence among adults estimated at 14.4% (UNODC, 2018), and the trend continues upward (Nwoke et al., 2021).

Parental substance abuse is a significant public health problem that can lead to many psychological, behavioral, emotional, and health consequences for the child's wellbeing and includes a spectrum of alcohol and drug use (Solis et al., 2012). Data from the Substance Abuse and Mental Health Service Administration show that 8.7 million

children, or 1 in 8, 17 years of age and younger, live in a household where at least one parent has had substance abuse problems (SAMHSA, 2017).

Despite significant expenditure on drug prevention, problematic drug use has increased and new drug-related problems have emerged. For example, while 3 per cent of people born between 1940 and 1994 had used cannabis by age 21, 59 per cent of people born between 1975 and 1979 had done so. Further, in the past decade, the use of ecstasy and related drugs increased from a rare phenomenon to a situation where in 2001, 20 per cent of 20, 24 year olds reported that they had ever used ecstasy.

A variety of factors contribute to drug use and other problem outcomes, both individual and environmental. While drug prevention and treatment have traditionally focused on changing individual behaviours, such efforts can have only limited impact when changes are not made to the environment, that is, to the social determinants of drug use. These include the social and cultural environment, the economic environment and the physical environment.

In Ekosodin community, anecdotal evidence and preliminary observations suggest increasing parental substance abuse, particularly alcohol and cannabis. This situation poses risks to children's welfare in terms of care, health, education, and socialisation. However, there is a lack of empirical data on the specific effects on children's emotional and psychological wellbeing, impacts on their academic achievement and school attendance. How it shapes their social behaviour and coping mechanisms.

Without such data, it is difficult for stakeholders to design effective support systems or interventions. Therefore, this research seeks to fill this gap by providing empirical evidence on the effects of parental substance abuse on children in Ekosodin community.

### **1.3 Objectives of the Study**

The main objective is to examine the effect of parental substance abuse on children in Ekosodin community, Edo state, Nigeria while the specific objectives are to;

- i. determine the substances commonly abused by parents in Ekosodin community.
- ii. identify the effects of parental substance abuse on children's psychological wellbeing in the study area.
- iii. investigate the social consequences of parental substance abuse on children.
- iv. examine the impact of parental substance abuse on children's academic performance.
- v. identify the coping mechanisms children adopt in response to parental substance abuse

### **1.4 Research Questions**

- i. What types of substances are most commonly abused by parents in the study area?
- ii. How does parental substance abuse affect children's psychological wellbeing in the study area?

- iii. What social challenges do children experience due to parental substance abuse?
- iv. How does parental substance abuse influence children's academic performance?
- v. What mechanisms do children adopt to cope with the effects of parental substance abuse?

### **1.5 Significance of the Study**

Parental substance abuse is a critical issue affecting millions of children worldwide. In the United States, it is estimated that about one in four children ( $\approx 19$  million) currently lives with a parent who has a substance use disorder, which places them at increased risk of psychological, emotional, and behavioral problems (JAMA Pediatrics, 2023). Similarly, in the United Kingdom, around 478,000 children were found to live with a parent misusing alcohol or drugs in 2019–2020, while more than 1.2 million children are affected by parental substance misuse overall (Children's Commissioner, 2020).

Recent studies also confirm that children exposed to parental substance use face heightened risks of depression, anxiety, poor school performance, and intergenerational substance abuse. A systematic review and meta-analysis found that parental substance misuse nearly doubles the odds of children engaging in substance use themselves, and significantly increases the likelihood of emotional and behavioral disorders (Kuppens et al., 2020; Yan et al., 2023). These findings demonstrate the urgent need for research on both the risks and resilience factors associated with parental substance misuse.

At the community level, the study will help leaders, religious institutions, and social organizations understand the specific challenges children in Ekosodin face due to parental substance misuse. This evidence can support the development of local sensitization campaigns, peer-support groups, and preventive programs (Walsh et al., 2021).

In Nigeria, the National Drug Use Survey (UNODC, 2018) reported that 14.4% of the adult population (about 14.3 million people) use drugs, a prevalence far higher than the global average of 5.6%. Many of these individuals are parents or caregivers, meaning children are silently affected. More recent evidence highlights that parental misuse of alcohol, cannabis, tramadol, and codeine has direct consequences on children's welfare, leading to neglect, malnutrition, poor academic outcomes, and emotional trauma (Obi & Ikuomola, 2022; Nwoke et al., 2021).

This study is significant in several ways. The findings of the research will provide greater awareness of how parental substance abuse affects children's psychological, emotional, academic, and social wellbeing. This knowledge can guide families in recognizing early warning signs and seeking timely support, thereby reducing the risks of neglect, abuse, and intergenerational cycles of substance use (Hussong et al., 2017; Lander, Howsare, & Byrne, 2019).

At the community level, the study will help leaders, religious institutions, and social organizations understand the specific challenges children in Ekosodin face due to parental substance misuse. This evidence can support the development of local sensitization campaigns, peer-support groups, and preventive programs (Walsh et al., 2021).

Thirdly, schools and educators will benefit from the findings, as they will gain insights into how parental substance abuse contributes to poor school attendance, low academic performance, and behavioural problems. This can inform the design of school-based counselling and child-support initiatives.

Fourthly, the research will be useful to policymakers, health workers, and social workers by supplying empirical data that can inform intervention programmes, strengthen child protection services, and guide policy responses to substance abuse in Edo State and Nigeria as a whole.

Finally, it will add to the growing body of academic literature on substance abuse in Nigeria, serving as a valuable resource for researchers, students, practitioners, and policymakers concerned with child welfare and sustainable community development.

## **1.6 Scope of Study**

This study focuses on investigating the effects of parental substance abuse on children in Ekosodin Community, Ovia North-East Local Government Area of Edo State, Nigeria. Ekosodin is a peri-urban settlement located close to the University of Benin, characterized by a mixed population of students, artisans, traders, civil servants, and indigenes. The community presents unique socio-economic and cultural dynamics, including the availability of psychoactive substances such as alcohol, cannabis, tramadol, and codeine, which are commonly misused by adults.

The study will specifically examine households within the community where children live with parents or guardians who engage in substance misuse. The scope will cover children below the age of 18 years, focusing on how parental substance abuse affects their emotional wellbeing, psychological health, social behaviour, academic performance, and coping strategies. It will also include the perspectives of teachers, caregivers, and community leaders to provide a comprehensive understanding of the impact.

Geographically, the research is limited to Ekosodin Community, but the findings are expected to reflect patterns relevant to other similar university-adjacent and semi-urban communities in Nigeria. The study will not attempt to cover the entire Edo State, nor will it examine all forms of substance use in detail; instead, emphasis will be placed on those

substances most prevalent in the community, namely alcohol, cannabis, and prescription opioids.

The scope also includes exploring how socio-economic conditions, family structures, and community influences interact with parental substance abuse to shape children's experiences. Furthermore, the study will highlight the role of extended families, schools, and community support systems in either mitigating or worsening the effects on children.

## **1.7 Definition of Terms/Terminologies**

**Substance Abuse:** Substance abuse refers to the harmful or excessive use of psychoactive substances such as alcohol, cannabis, tramadol, codeine, and other drugs in a way that negatively affects the health, behaviour, and social functioning of parents in Ekosodin Community.

**Parental Substance Abuse:** This means the misuse of drugs or alcohol by fathers, mothers, or guardians in a manner that disrupts their parenting role, affects family stability, and directly or indirectly impacts the wellbeing of their children.

**Psychological Wellbeing:** Psychological wellbeing refers to the mental health status of children, including their thoughts, feelings, behaviours, and their ability to cope with stress, anxiety, or trauma arising from parental substance abuse.

**Coping Mechanisms:** coping mechanisms are the strategies, behaviours, or actions that children adopt to deal with the stress, neglect, or trauma associated with parental substance abuse.

**Psychoactive Substances:** These are chemical substances such as alcohol, cannabis, tramadol, and codeine that act on the brain and alter mood, perception, thinking, or behaviour when consumed by parents.

**Abuse:** Abuse means the physical, emotional, or psychological harm children experience due to parental substance misuse, which may include violence, verbal assault, or sexual exploitation.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Substances Commonly Abused by Parents

Substances commonly abused by parents vary across communities and cultural contexts, but global and Nigerian evidence reveal consistent patterns. The most widely misused substances include alcohol, cannabis, prescription opioids (such as tramadol and codeine), tobacco, and stimulants.

Globally, alcohol remains the most prevalent substance of misuse among adults. The World Health Organization (2022) reported that harmful alcohol use contributes to over three million deaths annually, with significant social and family consequences. Cannabis is the most commonly used illicit drug worldwide, with about 209 million users reported in 2020 (UNODC, 2021). In many countries, misuse of prescription opioids and stimulants has also increased, particularly among parents juggling economic and social pressures (Volkow et al., 2019).

In Nigeria, the National Drug Use Survey (UNODC, 2018) revealed that 14.4% of the population aged 15–64 years (approximately 14.3 million people) reported past-year drug use, which is almost triple the global average. The most commonly abused substances include cannabis (10.8%), opioids such as tramadol and codeine (4.7%), and cough syrups with codeine. Alcohol use is also widespread, though often under-reported due to cultural and religious influences (Obi & Ikuomola, 2022).

Among parents, studies highlight that alcohol and cannabis are the most commonly misused substances, often due to stress, peer influence, and economic hardship (Lander et al., 2019; Offiong et al., 2020). The misuse of tramadol and codeine has risen sharply in semi-urban and rural communities, driven by affordability and accessibility, with implications for parenting roles and child wellbeing (Eze et al., 2021).

These substances have direct and indirect effects on children. Alcohol and cannabis misuse are linked with domestic violence, neglect, and family conflict, while opioid and prescription drug abuse often lead to financial strain, absentee parenting, and increased risk of child maltreatment (Walsh et al., 2021).

Educational problems are also characteristic of some children affected by parental substance use. Problems with unexcused absences in childhood can turn into more serious truancy problems in adolescence and culminate in school dropout. In early childhood, parents read less and provide less learning-based stimulation to their infants and toddlers. In school-age years, parents are less available to provide assistance with homework, monitor school performance, and track assignments. These children may have difficulty with attention and concentration due to increased anxiety levels related to a chaotic home environment. Unstructured bedtimes and mealtimes as well as witnessing domestic violence and safety issues all contribute to an increase in learning problems and behavioral problems for these children at school. It is difficult for children to focus on higher order thinking and learning when basic survival needs are not met. Similar to the home environment, communication between substance abusing parents and teachers and

the larger school system is poor. Many parents struggling with an SUD had difficulty with the school system in their own school age years and avoid interacting with it due to their own anxiety or shame.

In Ekosodin Community, located near a major university, the easy availability of cannabis, tramadol, and alcohol makes them the most likely substances misused by parents. The combination of a youthful population, socio-economic stressors, and weak enforcement contributes to the prevalence of these substances. Understanding the specific substances abused is therefore central to addressing the broader impacts on children.

### **2.2.1 Effects of Parental Substance Abuse on Children’s Psychological and Emotional Wellbeing**

Psychological wellbeing is a critical area affected by parental substance misuse. Children exposed to parental alcohol and drug use are more prone to internalizing disorders such as anxiety, depression, and low self-esteem, as well as externalizing behaviours like aggression and delinquency (Kendler et al., 2015; Solis et al., 2017). A meta-analysis by Walsh et al. (2021) confirmed that parental substance misuse significantly increases children’s risks of emotional distress and behavioural disorders.

Effects of parental substance abuse can start even before the child is born and can result in miscarriage, premature birth, low birth weight, and the Neonatal Abstinence Syndrome (National Institute on Drug Abuse, 2020). Parental substance abuse disorders can affect the parental role in numerous ways, such as reduced capabilities to adequately respond to

the needs of the child, difficulties in controlling emotions, anger and impulsivity, disruptions in parent-child attachments, and spending money on drugs or alcohol rather than foods (Children's Bureau, 2014; Barnow et al., 2002; Porreca et al., 2018; Slesnick et al., 2012).

Emotional maltreatment is disregarding the child's emotional needs which can be either unintentional or intentional e.g. due to the substance abuse (Kalland, 2015: 208). Emotional maltreatment is often a part of all maltreatment but it can also occur solely. Vulnerable issues such as violence and substance abuse in a family are a form of emotional maltreatment (Söderholm, 2014: 10 - 11). According to Itäpuisto (2008: 33) the observation of emotions is essential as they have a direct influence on the wellbeing and health of the child. The negative impacts can be summed up into three main feelings; fear, hate and shame that are surrounded by other negative feelings such as insecurity and anxiety. These feelings are more than just feelings but can develop into illnesses and cause psychosomatic symptoms. (Itäpuisto, 2008: 34 – 36.) The immediate effects of emotional maltreatment are such that the child can adjust to them. Hence, the character of the child, the developmental phase, the quality of maltreatment and protective factors such as a secure attachment relationship between the child and parent influences the effects and recovery of the maltreatment. (Turunen, 2014: 189.) A secure attachment at least with the other parent is sufficient in order for the child to develop normally, whereas insecurely attached child is at risk of not being able to recuperate from the maltreatment (Turunen, 2014: 192). Moreover, a child living in a family of substance abuse is being

traumatised that causes emotional numbness by obliterating the emotional reactions of the traumatising experiences. (Kujasalo & Nykänen 2015: 64 – 65).

Overall, children of parents who have a substance abuse disorder are exposed to greater life stressors. They have a higher risk of experiencing mental health problems such as anxiety, depression, stress-related disorders, and trauma (Hildyard & Wolfe, 2002; Kendler et al., 2013).

Children of substance abusing parents internalize feelings of low self-esteem, anxiety, and depression and show externalizing behavioral problems such as aggression (Hussong et al., 2007; Hussong et al., 2008).

Recent findings also indicate that children often blame themselves for their parents' misuse, leading to guilt, shame, and emotional trauma (Lander et al., 2019). In addition, studies from Sub-Saharan Africa show that children of substance-abusing parents may experience trauma comparable to that of children exposed to war or displacement, with symptoms such as flashbacks, hypervigilance, and post-traumatic stress disorder (Offiong et al., 2020). These outcomes demonstrate the profound psychological toll of parental substance abuse.

### **2.2.2 Social and Behavioural Consequences of Parental Substance Abuse on**

#### **Children**

Parental misuse of substances creates unstable family environments that disrupt children's socialisation and behaviour. Children in such households often struggle with

mistrust, fear, and difficulties forming healthy relationships (Ronel & Haimoff-Ayali, 2019). They may also adopt maladaptive behaviours such as truancy, delinquency, and antisocial conduct as coping mechanisms (Christensen, 2017; Hagström & Forinder, 2019).

Parental substance abuse interrupts a child's normal development, which places these youngsters at higher risk for emotional, physical and mental health problems. Because parents who abuse alcohol or other drugs are more likely to be involved with domestic violence, divorce, unemployment, mental illness and legal problems, their ability to parent effectively is severely compromised. There is a higher prevalence of depression, anxiety, eating disorders and suicide attempts among COAs than among their peers. In addition, COAs are 3-4 times more likely than others to become addicted to alcohol or other drugs themselves.

In homes where a parent is abusing substances, physical and sexual abuse of children is more likely. Sexual abuse is more frequent in chaotic and dysfunctional families where communication has broken down and roles have been blurred. Children who live in high conflict homes are more likely to have lower self-esteem and less internal locus of control. This puts COAs/COSAs at higher risk for being re-victimized in the future. For instance, female COAs are more likely to be involved with men who abuse substances, which leaves them open to even more abuse.

Even if the children themselves are not themselves victimized by family violence, simply witnessing violence can have emotionally destructive consequences. COAs are six times more likely to witness spousal abuse than are other children.

As a result of these stressors, COAs/COSAs often have difficulty in school. They may be unable to focus on their school work due to the conflicts and tensions at home. They are also more likely than their peers to have learning disabilities, be truant, repeat more grades, transfer schools and be expelled.

Evidence from Nigeria and other African contexts suggests that children from substance-abusing households face higher risks of early initiation into drug use, street involvement, and association with deviant peer groups (Obi & Ikuomola, 2022). Additionally, parental misuse often results in domestic violence, marital conflict, and inconsistent parenting, which shape children's behaviour negatively (Lander et al., 2019). These social consequences reinforce the cycle of disadvantage within families and communities.

#### **2.2.4 Impact of Parental Substance Abuse on Children's Academic Performance**

Children's academic achievement is strongly affected when parents misuse substances. Research has shown that children from such households are more likely to miss school, perform poorly, and drop out earlier than their peers (Moore et al., 2017). The stress of living in chaotic homes contributes to poor concentration, reduced motivation, and inability to complete schoolwork (Nattala et al., 2020).

Academic problems are also characteristic of some children affected by parental substance use. Problems with unexcused absences in childhood can turn into more serious truancy problems in adolescence and culminate in school dropout. In early childhood, parents read less and provide less learning-based stimulation to their infants and toddlers. In school-age years, parents are less available to provide assistance with homework, monitor school performance, and track assignments. These children may have difficulty with attention and concentration due to increased anxiety levels related to a chaotic home environment. Unstructured bedtimes and mealtimes as well as witnessing domestic violence and safety issues all contribute to an increase in learning problems and behavioral problems for these children at school. It is difficult for children to focus on higher order thinking and learning when basic survival needs are not met. Similar to the home environment, communication between substance abusing parents and teachers and the larger school system is poor. Many parents struggling with an SUD had difficulty with the school system in their own school age years and avoid interacting with it due to their own anxiety or shame.

In Sub-Saharan Africa, studies highlight that financial instability caused by parental drug or alcohol misuse limits access to educational resources, such as books, uniforms, and tuition fees, thereby worsening academic outcomes (Mudau, 2018). Teachers also report that children of substance-abusing parents are less likely to engage actively in class and more prone to behavioural disruptions (Templeton et al., 2019). These findings establish a strong link between parental substance abuse and diminished educational attainment.

## **2.2.5 Coping Mechanisms Adopted by Children in Response to Parental Substance Abuse**

Despite the challenges, children adopt various coping mechanisms to deal with the stress of parental substance misuse. Common strategies include emotional withdrawal, secrecy, avoidance of social contact, and in some cases, early assumption of adult responsibilities (Alexanderson & Näsman, 2017). Some children also attempt to control parental use by hiding substances or money, although such efforts often lead to frustration or conflict (Backett-Milburn et al., 2018).

Positive coping strategies include seeking support from siblings, extended family, teachers, or community members (Offiong et al., 2020). However, in contexts with weak support systems, children may resort to harmful coping such as substance use, delinquency, or self-harm (Bickelhaupt et al., 2021). Interventions that strengthen resilience, such as mentoring programmes and counselling services, have been shown to reduce the negative effects of parental substance abuse (Velleman et al., 2018).

### ***Controlling parental substance use and conflict***

Some children described trying to control their parent's substance use by hiding or throwing away substances or hiding money (Ahuja et al., 2003; Backett-Milburn et al., 2008; Bancroft et al., 2004; D'Costa & Lavalekar, 2021; Fraser et al., 2009; Hagström & Forinder, 2019; M. Hill et al., 1996; Moore et al., 2011; Nattala et al., 2020; Tinnfält et al., 2018). As they aged and gained power, in terms of physical, relational, and emotional strength, young people reported mediating conflict, by putting themselves in harm's way

to protect their non-using parent or siblings and to defuse escalating arguments (Ahuja et al., 2003; Alexanderson & Näsman, 2017; Bancroft et al., 2004; Barnard & Barlow, 2003; Bernays & Houmøller, 2011; D’Costa & Lavalekar, 2021; Hagström & Forinder, 2019; M. Hill et al., 1996; Holmila et al., 2011; Houmøller et al., 2011; Johnson, 2013; McGuire, 2002; Moore et al., 2011; Nattala et al., 2020; Park & Schepp, 2018; Park et al., 2016; Ramírez Dávila et al., 2014; Ronel & Haimoff-Ayali, 2010; Silva & Padilha, 2013; Templeton et al., 2009; Tinnfält et al., 2018; Velleman et al., 2008). Some also tried to confront their parent about substance use or gave ultimatums (Backett-Milburn et al., 2008; Bancroft et al., 2004; Christensen, 1997; Hagström & Forinder, 2019; Holmila et al., 2011; Johnson, 2013; McGuire, 2002; McLaughlin et al., 2015; Nattala et al., 2020; Park & Schepp, 2017; Templeton et al., 2009; Turning Point, 2006; Yusay & Canoy, 2019).

To avoid conflict between their parents, some young people recalled withholding information about their experiences from their non-using parent (Alexanderson & Näsman, 2017; Dundas, 2000; Hagström & Forinder, 2019; Johnson, 2013; Park et al., 2016; Turning Point, 2006) or more rarely, by contacting services, for example, police or social care, to help diffuse situations (Holmila et al., 2011; Tamutienė & Jogaitė, 2019). Where they could, young people reported trying to avoid putting themselves into danger when they lived between separated parents, by calling to see if their parent was sober before returning home (Alexanderson & Näsman, 2017; Hagström & Forinder, 2019). Trying to control escalating situations between their parents with context-specific

expertise, and negotiating the boundaries between risk and safety, were intended to get themselves or others out of harm's way. However, some experienced repercussions, in terms of violence toward them or their family (Ahuja et al., 2003; Alexanderson & Näsman, 2017; Backett-Milburn et al., 2008; Bancroft et al., 2004; M. Hill et al., 1996; Moore et al., 2010; Mudau, 2018; Nattala et al., 2020; Powell et al., 2021; Ramírez Dávila et al., 2014).

### ***Coping with the emotional impacts***

Children and young people reported seeking to resist the emotional impacts of parental substance use by writing in journals, practicing mindfulness, or taking part in fun activities (D'Costa & Lavalekar, 2021; Dundas, 2000; Hagström & Forinder, 2019; Holmila et al., 2011; Tinnfält et al., 2018; Velleman et al., 2008). More passive strategies used to cope, for example, avoiding thinking about their circumstances, reportedly had negative consequences on their mental health (Backett-Milburn et al., 2008; Bickelhaupt et al., 2021). Other young people externalized their emotions through anti-social behaviors including violence and bullying, offending, or substance use (Ahuja et al., 2003; Alexanderson & Näsman, 2017; Backett-Milburn et al., 2008; Bancroft et al., 2004; Barnard & Barlow, 2003; Bickelhaupt et al., 2021; Fraser et al., 2009; Hagström & Forinder, 2019; L. Hill, 2015; Holmila et al., 2011; Lewis et al., 2021; Moore et al., 2010; Murray, 1998; O'Connor et al., 2014; Offiong et al., 2020; Park et al., 2016; Ronel & Haimoff-Ayali, 2010; Ronel & Levy-Cahana, 2011; Tamutienė & Jogaitė, 2019; Templeton et al., 2009; Tinnfält, Eriksson, & Brunnberg, 2011; Tinnfält et al.,

2018; Turning Point, 2006; Wilson et al., 2008). Some young people also reported self-harming behaviors to cope with the emotional impact (Bickelhaupt et al., 2021; Holmila et al., 2011; Nattala et al., 2020; Tamutienė & Jogaitė, 2019; Velleman et al., 2008). In Tamutienė and Jogaitė (2019), a 17-year-old female reflected on her experiences of how her externalized behaviors showed emotional impact as well as a call for help that she did not receive, when she, “stopped attending classes, started talking to teachers harshly and later started self-harming.” “I was showing how bad it was for me, and later, I started consuming alcohol and drugs at school” (p. 215).

### ***Formal and Informal Support***

Emotional and social support were mainly cited as being provided by older siblings, a non-using parent, an extended family member, friend, or neighbor (Alexanderson & Näsman, 2017; Backett-Milburn et al., 2008; Bancroft et al., 2004; Bernays & Houmøller, 2011; D’Costa & Lavalekar, 2021; Dundas, 2000; Hagström & Forinder, 2019; L. Hill, 2015; M. Hill et al., 1996; Holmila et al., 2011; Houmøller et al., 2011; Johnson, 2013; Lewis et al., 2021; McGuire, 2002; McLaughlin et al., 2015; Mudau, 2018; Nattala et al., 2020; O’Connor et al., 2014; Offiong et al., 2020). However, these forms of informal support were not always accessible, long-lasting, or safe, as some of these relationships were seen as inducing further risk to the young person, especially friends who encouraged substance use and offending behaviors (Backett-Milburn et al., 2008; Bancroft et al., 2004; McGuire, 2002; Ronel & Haimoff-Ayali, 2010; Ronel & Levy-Cahana, 2011; Tamutienė & Jogaitė, 2019; Wilson et al.,

2008). Less often, young people reflected on the formal support they had received from within the healthcare, social care, and education systems that reportedly provided both help and hindrance (Backett-Milburn et al., 2008; Bancroft et al., 2004; Bernays & Houmøller, 2011; Fraser et al., 2009; Houmøller et al., 2011; Johnson, 2013; McGuire, 2002; McLaughlin et al., 2015; Moore et al., 2010; O'Connor et al., 2014; Offiong et al., 2020; Powell et al., 2021; Tamutienė & Jogaitė, 2019; Tinnfält et al., 2011; Turning Point, 2006; Wangensteen & Westby, 2019; Wilson et al., 2008, 2012).

Within both formal and informal forms of support, children and young people viewed interactions that were genuine, caring, compassionate, and non-stigmatizing, as helping them to feel safe and trust the other person. To build these relationships, young people spoke of needing time, consistency, flexibility, and “the need for someone stable” (Offiong et al., 2020, p. 4). Within formal forms of support provision, it was the informal approach that was often seen as most useful, for instance, a head teacher who allowed a young person who was having a difficult day to “sit in a corner on a beanbag and work in her office” and to “have a cup of tea and a biscuit” (Houmøller et al., 2011, p. 59). However, children and young people also reflected that the quality of the relationship could be detrimental to support provision when the opposite occurred, including lack of trust, lack of consistency due to high turnover of staff, rigidity in the support provided, and feeling like they are being pressured for information. Further, some young people had experienced stigma and prejudice from professionals within education (Backett-Milburn et al., 2008; Bancroft et al., 2004; McGuire, 2002; Nattala et al.,

2020; Tamutienė & Jogaitė, 2019; Wilson et al., 2008), social care (McGuire, 2002), healthcare (Hagström & Forinder, 2019) or from a range of practitioners in the health, care, and education system (Wangensteen et al., 2020), impacting the support they received. Moreover, young people stated that the lack of action or adequate action when disclosure occurred left them feeling abandoned and less likely to seek further support (Bancroft et al., 2004; Hagström & Forinder, 2019; Houmøller et al., 2011; Tamutienė & Jogaitė, 2019; Templeton et al., 2009; Tinnfält et al., 2011; Turning Point, 2006; Velleman et al., 2008; Wangensteen et al., 2019). Some young people also recalled times when they did not meet the eligibility criteria or age restrictions for support, leaving them further isolated (Moore et al., 2010; Offiong et al., 2020; Wilson et al., 2008).

### **2.3 Consequences of Parental Substance Abuse on children and Family**

Parental substance misuse has wide-ranging impacts on children and families, spanning medical, psychiatric, educational, and emotional domains. These consequences are often interrelated, reinforcing each other and leading to long-term risks for child development and wellbeing.

## **2.3.1 Medical And Psychiatric Consequences**

### **Medical Consequences**

Children of parents with substance use disorders (often referred to as COAs – Children of Alcoholics, or COSAs – Children of Substance Abusers) are at greater risk of health problems compared to their peers. Studies have shown increased vulnerability to respiratory and gastrointestinal illnesses, injuries, malnutrition, and poor overall physical health, much of which is linked to neglect, household stress, and reduced healthcare access (Raitasalo & Holmila, 2017; Harker et al., 2020). Prenatal exposure to alcohol or drugs can result in congenital disorders such as Fetal Alcohol Spectrum Disorders (FASD), which are associated with lifelong growth deficiencies, cognitive impairment, and behavioural challenges (May et al., 2018; Lange et al., 2021).

Significant alcohol intake by the mother during pregnancy has been linked to a variety of birth defects, the most serious of which is the Fetal Alcohol Syndrome (FAS). FAS consists of a combination of facial dysmorphia, severe and persistent growth deficiency, central nervous system dysfunction with mental retardation, and other defects. Lesser degrees of alcohol-related birth defects are referred to as Fetal Alcohol Effects (FAE). Both FAS and FAE are persistent, lifelong organic dysfunctions requiring specific rehabilitation.

### **Psychiatric disorders**

Children in substance-abusing households are also at heightened risk of developing psychiatric conditions, including attention deficit hyperactivity disorder (ADHD),

anxiety, depression, and conduct disorders (Kuppens et al., 2020; Solis et al., 2017). A systematic review further revealed that exposure to parental substance abuse increases the likelihood of self-harm and suicidal ideation among adolescents (Rossow et al., 2021). In adulthood, these children face elevated risks of personality disorders, including antisocial personality disorder, and higher rates of addictive behaviours such as gambling (Kendler et al., 2015; Walsh et al., 2021).

### **2.3.2 Educational Consequences**

Children from substance abusing families are more likely to have learning disabilities; repeat more grades; attend more schools; and are more likely to be truant, delinquent and drop out of school because of pregnancy, expulsion or institutionalization.

Parental substance misuse strongly influences children's educational outcomes. Children from such households are more likely to experience learning difficulties, irregular school attendance, grade repetition, and school dropout compared to peers from stable homes (Moore et al., 2017; Templeton et al., 2019).

Stressful home environments often make children preoccupied, tired, or emotionally distressed, reducing their ability to focus on schoolwork (Mudau, 2018). They may avoid bringing friends home due to embarrassment or shame about their parents' behaviour, which can further limit their social adjustment in school (Walsh et al., 2021). In some cases, children take on adult responsibilities such as caring for younger siblings or

managing household duties, further reducing time and energy for education (Alexanderson & Näsman, 2017).

### **2.3.3 Emotional Consequences**

The emotional toll of parental substance abuse is profound. Children often grow up in unpredictable environments where parental mood swings and inconsistent discipline lead to mistrust and insecurity (Ronel & Haimoff-Ayali, 2019). Feelings of guilt and shame are common; children may blame themselves for their parent's drinking or drug use, or feel embarrassed about family dysfunction (Lander et al., 2019).

Confusion also arises when children are forced to deny or reinterpret reality such as being told a parent is "sick" rather than intoxicated which can impair emotional validation and self-understanding (Backett-Milburn et al., 2018). Many children experience ambivalence, torn between love and resentment toward their parents.

Additional consequences include fear of parental illness or death, low self-esteem, and heightened risks of anxiety, depression, or aggression (Kuppens et al., 2020). In some cases, parental substance misuse is linked to sexual abuse or inappropriate sexual exposure, disrupting children's healthy sexual development (Offiong et al., 2020).

## **2.5 Theoretical Framework**

The effects of psychoactive substance abuse are not limited to the user but extend to the entire family system and society at large. In line with a growing body of research on adverse childhood experiences, children of parents who misuse alcohol and drugs are particularly at risk of health, psychological, academic, and social difficulties (Walsh et al., 2021; Kuppens et al., 2020). Millions of children worldwide are estimated to live in households where parents engage in substance misuse, with consequences that persist into adolescence and adulthood (UNODC, 2018; Rossow et al., 2021).

A large body of evidence spanning several decades has documented that the children of parents who abuse alcohol, tobacco, and drugs (henceforth collectively referred to as parental substance abuse) are more likely to develop a variety of emotional, behavioral, physical, cognitive, academic, and social problems in the short and long run (e.g., Barnard & McKeganey, 2004; Straussner & Fewell, 2011). For example, passive tobacco exposure has been linked to somatic health problems in children and adolescents, together with an increased risk of children's own tobacco use initiation and dependence (Hussong et al., 2008). In addition, parental substance abuse has been linked to family breakdown, which is a key risk factor for children's poor mental health (Mallett, Rosenthal, & Keys, 2005; Størksen, Røysamb, Moum, & Tambs, 2005). It has also been linked to a reduction in the quality of the parent-child relationship and maladaptive relationship models that can be detrimental to the development of later peer relationships

(Fearon, Bakermans, Kranenburg, Van Ijzendoorn, Lapsley, & Roisman, 2010; Hoeve et al., 2012).

This study is anchored on two social work theories **Family Systems Theory** and **Ecological Systems Theory** which help explain the effects of parental substance abuse on children.

**Family Systems Theory** views the family as an interconnected unit in which the behaviour of one member influences the entire system. Parental substance abuse disrupts this balance, leading to role reversals, inconsistent parenting, and emotional instability among children. Children of substance-abusing parents often take on adult responsibilities prematurely, experience neglect, and develop feelings of mistrust, guilt, or low self-worth (Lander et al., 2019; Alexander & Robbins, 2019).

Within the context of Ekosodin Community, parental substance misuse can destabilize family functioning by diverting financial resources to drug or alcohol use, increasing the risk of domestic violence, and weakening parental monitoring. Children in such households may develop coping roles such as “parentified children,” where they prematurely assume adult responsibilities to compensate for parental neglect (Alexander & Robbins, 2019). This aligns with findings that children of substance-abusing parents often experience emotional insecurity, mistrust, and behavioural problems as a result of family dysfunction (Lander et al., 2019).

This theory helps to explain why children in Ekosodin Community exposed to parental substance misuse may show signs of emotional distress, poor school performance, and maladaptive coping strategies.

**Ecological Systems Theory**, developed by Bronfenbrenner, situates the child within multiple layers of environment family, school, community, and society that interact to influence development. At the microsystem level, parental misuse directly affects children's safety, nutrition, and emotional security. At the mesosystem level, strained family-school relationships may reduce children's educational support. At the exosystem and macrosystem levels, factors such as poverty, unemployment, and weak drug control policies create an enabling environment for substance misuse, which in turn harms children (Obi & Ikuomola, 2022; Walsh et al., 2021). Over time, repeated exposure increases the risk of intergenerational substance use, reinforcing the cycle of disadvantage (Kendler et al., 2020).

The ecological perspective shows that parental substance misuse cannot be studied in isolation but must be understood as part of a wider web of influences. It highlights the importance of community-based interventions, school support, and policy reforms in mitigating the effects on children.

Together, these theories provide a comprehensive lens for understanding the effects of parental substance abuse on children in Ekosodin Community. Family Systems Theory highlights the disruption within the household, while Ecological Systems Theory demonstrates the wider social and structural influences. The combined framework shows

that effective interventions must not only address the parent's behaviour but also strengthen family dynamics, community support systems, and policy responses.

## **CHAPTER THREE**

### **METHODOLOGY**

This chapter discuss the various methods that will be employed in both collections and analysis of data in this study:

#### **3.1 Research Design**

This study will adopt a cross-sectional research survey design. The cross-sectional design is considered appropriate because it allows data to be collected from a large number of respondents at one point in time, providing a snapshot of the relationship between parental substance abuse and its effects on children in Ekosodin Community. The survey method is particularly suitable for this research because it enables the use of structured questionnaires to gather information on parental behaviours, children's academic performance, psychological wellbeing, and coping mechanisms. The design is also cost-effective, time-efficient, and allows for generalization of findings within the study population.

#### **3.2 Research Area**

The study will be conducted in Ekosodin Community, located in Ovia North-East Local Government Area of Edo State, Nigeria. Ekosodin is a peri-urban settlement situated close to the University of Benin. The community is inhabited by a mixed population including indigenes, artisans, traders, farmers, students, and civil servants. Due to its

proximity to the university and urban centers, Ekosodin has diverse socio-economic and cultural characteristics. The availability of psychoactive substances such as alcohol, cannabis, tramadol, and codeine within the community makes it a relevant setting for studying the effects of parental substance abuse on children.

The population of Ekosodin community according to the 2006 census was 153,849 National Population Commission [NPC], 2010. However, the study used the 2022 projected population figure of 1220. The study population was chosen because it was expected to be a true representation of all children and youths Ekosodin community who have parents or guardians, regardless of whether their parents use substances or not, as well as teachers, caregivers, or community leaders who can provide relevant information.

### **3.3 Population of the Study**

The target population of this study will comprise children under the age of 18 years living in Ekosodin Community, as well as parents, teachers, and community leaders who have direct contact with these children. The focus will be on households where parents are known or suspected to misuse substances. The choice of this population is based on the objective of examining the effects of parental substance abuse on children's psychological wellbeing, academic performance, and social behaviour.

### **3.4 Sample size and Sampling technique**

A sample size of 80 respondents will be selected for the study. This will include children, parents, and teachers from the community. The sample will be determined using purposive and simple random sampling techniques. Purposive sampling will be used to identify households where substance abuse is prevalent, while simple random sampling will be employed to select children and parents from these households to ensure representativeness. Teachers and community leaders will also be purposively included because of their unique perspectives on children's academic and social behaviour.

### **3.5 Research Instrument**

The major instrument for data collection in this study will be a structured questionnaire, which will be developed in line with the objectives of the study. The questionnaire will be divided into different sections to obtain information that addresses each research objective.

The questionnaire will consist of both closed-ended and open-ended questions to allow for quantitative and qualitative data collection.

### **3.6 Validity of the Instrument**

For the validity of this instrument to be ascertained in this research, Content Validity will be used in which experts and persons with relevant knowledge in the area of interest will

satisfy the content validity. In this study, the Research Supervisor as well as other professionals in the field will be used to satisfy content validity

### **3.7 Method of Data Collection**

Primary data will be collected from the field survey through the administration of structured questionnaire to the respondents randomly drawn from the study area. The questionnaires will be administered in person to the respondents, with oral translations provided where necessary for children with limited literacy. Respondents will be assured of confidentiality, and ethical consent will be obtained before participation.

This direct approach allows respondents to ask any immediate questions they might have about the survey, ensuring they fully understand each item before providing their answers.

### **3.8 Method of Data Analysis**

Data collected from the field will be analyzed using the Statistical Package for Social Sciences (SPSS). Descriptive statistics such as frequencies, percentages, and means will be used to summarize demographic characteristics and patterns of parental substance abuse. Inferential statistics such as chi-square tests and correlation analysis will be employed to examine the relationships between parental substance abuse and its effects on children's academic performance, psychological wellbeing, and coping mechanisms.

## CHAPTER FOUR

### PRESENTATION AND ANALYSIS OF DATA

#### 4.1 Presentation of Data

The data presentation in this chapter is based on field surveys conducted in Ekosodin, Benin City. The study examined “the effect of parental substance abuse on children in Ekosodin Community in Ovia North East Local Government Area”. A total of 80 questionnaires were distributed, completed and returned throughout the survey

**Table4.1: Presentation Analysis of Demographic Characteristics**

<b>Age</b>	<b>Frequency</b>	<b>Percentage%</b>
10-14 years	20	25
15-20 years	35	43.75
21 and above years	25	31.25
<b>Total</b>	<b>80</b>	<b>100</b>
<b>Sex</b>	<b>Frequency</b>	<b>Percentage%</b>
Male	50	62.5
Female	30	37.5
<b>Total</b>	<b>80</b>	<b>100</b>
<b>Household size</b>	<b>Frequency</b>	<b>Percentage%</b>
2-4 size	14	17.5
5-6 size	28	35
7 and above	38	47.5
<b>Total</b>	<b>80</b>	<b>100</b>
<b>Educational Level</b>	<b>Frequency</b>	<b>Percentage%</b>
Primary	26	32.5
Secondary	32	40
Tertiary	5	6.25
Quaran	10	12.5
No formal	7	8.75
<b>Total</b>	<b>80</b>	<b>100</b>
<b>Marital Status</b>	<b>Frequency</b>	<b>Percentage</b>
Single	25	31.25
Married	15	18.75
Divorced	40	50
<b>Total</b>	<b>80</b>	<b>100</b>

*Source: Field survey, 2025*

Table 4.1 shows that 25% of the respondent is between the age 10-14, 43.75% is 15-20 years, 21 and above is 31.25%, this signifies that most of the respondents are between the age 15-20 and this reveals that they are more open about the effect of the parental abuse in their life. This result reveals that 62.7% of the respondents were male and 32.5 of the respondents were female and 47.5% of persons were 7 and above in a household. The result also showed that the highest form of education in the community is the secondary level which was represented as 40%, this signifies that there is low level of education in the community. The results revealed that most of the families are divorced representing 50% of 40 respondents and 18.75% were found to be married.

The findings in Table 4.1 reveals that alcohol (43.8%) and cannabis (31.3%) are the most commonly abused substances by parents in Ekosodin Community while substances like tramadol (12.5%) and codeine-based cough syrups (7.5%) were also abused but not as the abuse of alcohol and tobacco and pills accounted for about 5% of the total.

This interprets that alcohol is the most abused substance in the community by the parents followed by cannabis and then the other substance is followed. This pattern mirrors the national trends documented by the United Nations Office on Drugs and Crime (UNODC, 2018), which reported that alcohol and cannabis remain the leading substances of misuse in Nigeria, with tramadol and codeine use rising sharply in semi-urban areas. Similarly, Offiong et al. (2020) and Eze et al. (2021) found that the growing misuse of these substances among adults is driven by economic hardship, stress, and accessibility.

In the context of Ekosodin, proximity to the University of Benin and the influence of a youthful, mixed population appear to contribute to the easy availability of psychoactive substances. The findings thus confirm that substance misuse among parents is a significant and visible issue in the community, forming the basis for the negative outcomes observed among children.

However, this study contrasts slightly with Kuppens et al. (2020), who found that in European contexts, stimulant use (such as cocaine and amphetamines) was more prevalent than cannabis among parents. This difference may stem from variations in substance availability, socioeconomic factors, and cultural perceptions of drug use across regions.

**Table 4.2: Substances Commonly Abused by Parents**

<b>Variables</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Alcohol	35	43.8
Cannabis	25	31.3
Tramadol	10	12.5
Codeine Syrup	6	7.5
Others (tabacco, pills)	4	5.0
<b>Total</b>	<b>80</b>	<b>100</b>

From table 2, the result shows that children from substance abusing homes in Ekosodin experience significant psychological distress. It reveals that anxiety and sadness (27.5%) is the most prevalent problem faced by the children in Ekosodin, anxiety and fear (22.5%), low self-esteem (18.8%) is also in increasing motive while aggression (16.3%) and social withdrawal (15%) is the least effect of parental substance abuse on the children. This result has serious developmental implications, as chronic exposure to

parental substance abuse increases the risk of mental health problems, poor emotional regulation, and intergenerational trauma (Hildyard & Wolfe, 2002; Kendler et al., 2015). These results resonate with findings by Kuppens et al. (2020) and Walsh et al. (2021), who reported that children of substance-abusing parents often display both internalizing disorders (e.g., depression, anxiety, guilt) and externalizing behaviours (e.g., aggression, defiance). Lander et al. (2019) also established that inconsistent parenting, neglect, and exposure to erratic behaviour contribute to emotional trauma and low self-worth among affected children.

**Table4.3: Distribution of Respondents According to Effects of Parental Substance Abuse on Children’s Psychological Wellbeing**

<b>Variables</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Depression/sadness	22	27.5
Anxiety/fear	18	22.5
Low self-esteem	15	18.8
Aggression/anger	13	16.3
Withdrawal	12	15.0
<b>Total</b>	<b>80</b>	<b>100</b>

The result reveals that poor social interaction (26.3%) and delinquent behaviour (23.8%) are common social outcomes among children exposed to parental substance misuse. A notable proportion (21.3%) is shown as domestic violence, while peer influence (16.3%) and neglect (12.5%) are rising as the social consequences in the community. These findings reveals that parental substance abuse disrupts the child’s social learning process, replacing trust, empathy, and cooperation with fear, aggression, and deviant tendencies. These findings align with Ronel and Haimoff-Ayali (2019) and Christensen (2017), who emphasized that parental drug or alcohol use weakens the parent–child bond, resulting in

social withdrawal, mistrust, and defiance. In Ekosodin, where community cohesion is already strained by poverty and urbanization, substance abuse exacerbates social disorganization.

According to Ecological Systems Theory, a child’s social development is influenced by the family and surrounding environment. The unstable home life created by substance abuse spills into the mesosystem, affecting peer relations and school behaviour. The exposure to violence and neglect noted in this study mirrors findings by Obi & Ikuomola (2022), who reported similar patterns in Edo State, linking parental drug misuse to child maltreatment and early involvement in street culture.

**Table 4.4: Distribution of Respondents According to Social Consequences of Parental Substance Abuse on Children**

<b>Variables</b>	<b>Frequency</b>	<b>Percentage</b>
Poor social interaction	21	26.3
Truancy	19	23.8
Domestic violence	17	21.3
Peer influence	13	16.3
Neglect	10	12.5
<b>Total</b>	<b>80</b>	<b>100</b>

From Table 4.4, 37.5% of the respondents confirmed that children from substance-abusing homes perform poorly academically, while 25% experience low concentration and 18.8% have irregular school attendance. Others indicated dropout tendencies (12.5%) and lack of parental motivation (6.3%).

This result is consistent with Moore et al. (2017) and Templeton et al. (2019) who found that children of addicted parents exhibit lower academic engagement and are more likely

to repeat grades or drop out. The findings also corroborate Mudau (2018), who linked poor academic achievement to the stress and financial hardship caused by parental substance misuse.

In Ekosodin, where economic instability and limited school resources are already challenges, the additional burden of parental neglect further diminishes learning outcomes. The absence of parental monitoring means children lack support for homework, regular attendance, and emotional encouragement, resulting in reduced school motivation.

**Table 4.5: Distribution of Respondents According to Impact of Parental Substance Abuse on Children’s Academic Performance**

<b>Variables</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Poor grades	30	37.5
Low Concentration	20	25.0
Irregular school attendance	15	18.8
Dropout Risk	10	12.5
Lack of parental support	5	6.3
<b>Total</b>	<b>80</b>	<b>100</b>

Table 4.5 shows that 30% of children cope by seeking help from relatives, teachers, or neighbours, while 25% withdraw emotionally. Another 18.8% reported going for counselling while 15.0% was shown to engaging in religious activities, such as attending church or mosque, as a form of emotional escape while a smaller group (11.2%) revealed substances use themselves, suggesting intergenerational transmission of addiction.

**Table 4.6: Distribution of Respondents According Coping Mechanisms Adopted by Children**

<b>Variables</b>	<b>Frequency</b>	<b>Percentage</b>
Seeking support	24	30.0
Withdrawal/silence	20	25.0
Counselling	15	18.8
Engaging in religious activities	12	15.0
Substance use	9	11.2
<b>Total</b>	<b>80</b>	<b>100</b>

Table 4.6 presents the coping mechanisms adopted by children living with parents who abuse substances. The findings reveal a range of behavioural, emotional, and social strategies used by these children to manage the stress associated with their home environment.

The most common coping mechanism identified is seeking support from relatives, teachers, or trusted adults, reported by 24 respondents (30%). This indicates that many children rely on external social networks to provide emotional safety, guidance, and stability when parental support is compromised due to substance abuse. This form of coping suggests an attempt to find security and reassurance outside the home.

Withdrawal or silence is the second most frequently reported coping response, accounting for 20 respondents (25%). This inward coping strategy suggests that many children tend to isolate themselves, suppress their emotions, or avoid interaction when confronted with stress or conflict at home. Such withdrawal may serve as a short-term protective mechanism but can have long-term psychological implications if not addressed.

## **4.2 Discussion of Findings**

The study on “The Effect of Parental Substance Abuse on Children in Ekosodin Community, Ovia North East Local Government Area” revealed multifaceted consequences of parental addiction on children’s psychological, social, and academic wellbeing. The findings not only reflect local realities in Ekosodin but also strongly align with broader national and international research on family dysfunction and child development in the context of substance abuse.

The findings revealed that alcohol (43.8%) and cannabis (31.3%) as the most commonly abused substances among parents in Ekosodin, followed by tramadol (12.5%) and codeine syrup (7.5%). This showed that most of the drugs used by the parents of the household includes intake of excess alcohol by both male and female gender of the Ekosodin community. This pattern aligns closely with reports by the United Nations Office on Drugs and Crime (UNODC, 2018), which indicated that alcohol and cannabis are the most prevalent psychoactive substances in Nigeria, particularly in semi-urban and peri-urban areas. Similarly, Offiong et al. (2020) and Eze et al. (2021) observed that economic hardship, urban stress, and easy accessibility to illicit substances have driven increased substance misuse among Nigerian adults. The study also resonates with Adelekan (2017), who found that alcohol is culturally accepted and easily obtainable in most Nigerian communities, which contributes to its high consumption rates even among parents. The Ekosodin context being a university-linked and youth-influenced community reflects this national pattern, suggesting that parental substance misuse is both a social

and environmental issue. However, the finding diverges from Kuppens et al. (2020), whose European research identified stimulants such as cocaine and amphetamines as the more prevalent substances. This difference highlights the role of local availability and socio-economic status in shaping substance use patterns.

The study showed that children of substance-abusing parents suffer significant psychological distress manifesting as depression (27.5%), anxiety (22.5%), low self-esteem (18.8%), and aggressive tendencies (16.3%). These findings reinforce the conclusions of Hildyard and Wolfe (2002), who emphasized that parental neglect and exposure to violence create long-lasting emotional trauma in children. Similarly, Kendler et al. (2015) and Walsh et al. (2021) observed that chronic exposure to substance abuse disrupts children's emotional regulation and predisposes them to anxiety disorders, withdrawal, and poor coping strategies.

In addition, Lander et al. (2019) found that inconsistent parenting and exposure to erratic behavior are key predictors of low self-worth and depressive symptoms in children of addicted parents. The Ekosodin data align with these results, suggesting that substance abuse not only impairs parental responsibility but also disrupts the emotional attachment crucial for a child's psychological stability.

The research findings indicated that poor social interaction (26.3%), truancy (23.8%), and domestic violence (21.3%) are dominant social effects on children. This finding is in consonance with Ronel and Haimoff-Ayali (2019) and Christensen (2017), who reported that substance abuse erodes trust, weakens parent-child bonds, and fosters defiance and

social withdrawal in children. In the Nigerian context, Obi and Ikuomola (2022) confirmed similar patterns in Edo State, showing that children of addicted parents are more likely to engage in early street life, truancy, and delinquency.

From a theoretical perspective, the findings strongly validate Bronfenbrenner's Ecological Systems Theory, which posits that dysfunction within the microsystem (the family) inevitably affects the child's interactions in the mesosystem (school, peers, and community). The domestic instability found in Ekosodin households thus spills into the children's social behavior, creating a chain of maladjustment.

The findings also revealed that children from substance-abusing homes experience poor grades (37.5%), low concentration (25%), and irregular school attendance (18.8%). This showed that the academics of the children were significantly affected and this is as a result of the parents addiction in drugs and the children not being able to concentrate, also not having a guardian to help them with their academic works. This result supports Templeton et al. (2019), who noted that children of addicted parents have lower academic motivation and achievement due to emotional distress and lack of parental guidance. Similarly, Mudau (2018) and Moore et al. (2017) highlighted that the instability caused by addiction often leads to poor school engagement and an increased risk of school dropout.

These findings are consistent with Alexanderson & Näsman (2017) and Offiong et al. (2020) who observed that children in stressful family environments use both adaptive (e.g., seeking help) and maladaptive (e.g., avoidance or substance use) strategies to

manage distress. Velleman et al. (2018) also noted that access to social and emotional support networks enhances children's resilience.

The data also reflect the Family Systems Theory, which holds that dysfunction in one part of the family system affects all others. In Ekosodin, parental neglect, financial strain, and emotional unavailability contribute to children's diminished school performance. These findings also echo Velleman and Orford (2018), who reported that school-aged children of substance-abusing parents often lack emotional and academic support structures necessary for sustained success.

The coping responses of the respondent revealed that seeking support (30%), withdrawal (25%), counselling (18.8%), and religious activities (15%)—reflect adaptive and maladaptive patterns. This aligns with Alexanderson and Näsman (2017) and Offiong et al. (2020), who observed that children in high-stress family environments develop both emotional suppression and help-seeking strategies depending on available support systems. Importantly, 11.2% of respondents admitted to using substances themselves—a worrying sign of intergenerational transmission of addiction, as supported by Kuppens et al. (2020) and Lander et al. (2019).

The strong role of religion as a coping tool resonates with the cultural context of Nigerian communities, where spirituality often provides emotional refuge in times of family crisis. This indicates that religious institutions can play a crucial rehabilitative role in affected children's lives.

**CHAPTER FIVE**  
**SUMMARY OF FINDINGS, SUMMARY, CONCLUSION AND**  
**RECOMMENDATIONS**

**5.1 Introduction**

This chapter intends to provide the summary of findings, conclusions, recommendations and Imply for Social Work Practice. This chapter presents a comprehensive overview of the entire study by summarizing the major findings, drawing key conclusions, and providing practical recommendations based on the research objectives. It highlights the central themes that emerged from the investigation into the effect of parental drug abuse on children in Ekosodin community and discusses how it affect their psychological, academic and emotional wellbeing causing distortion in the growth, also on the scope mechanism of how they could control it. Consequently, the chapter outlines the study's contributions to knowledge in the field of social work, parental guidance and children's wellbeing in drug abused home, and proposes areas for further research to deepen understanding and improve interventions by linking psychological, social, and academic outcomes, confirming the interrelated nature of child wellbeing.

## 5.2 Summary of Findings

This study examined the socio-cultural factors influencing the psychological wellbeing of teenage mothers in Ekosodin community. The key findings include:

Substance abuse prevalence: Alcohol and cannabis were the predominant substances abused by parents in Ekosodin, reflecting both accessibility and cultural normalization of their use.

- i. The results revealed that children exposed to parental substance abuse suffered emotional instability, depression, anxiety, and low self-esteem causing unstable home in the community of Ekosodin and has led to disorder.
- ii. The study found significant issues such as truancy, domestic violence, and social withdrawal, revealing that addiction erodes social relationships and family stability. The findings of the results revealed that children from drug abused parents most times shift from social interaction making them not get involved with the peers and going through breakdown at a tender age that leads to low self confidence among others.
- iii. The study showed poor school performance and concentration deficits among affected children, leading to higher dropout risks and high percentage of illiteracy in the community. This revealed that there is possibility of the children to get involved in crime act leading to low growth of the children and also a passing of this addiction to the next generation.

- iv. The study revealed that the major coping mechanism relied on relatives, teachers to provide good counselling and guidance to the children and always check in them. The findings also showed that religion plays a significant role in the coping mechanism in the society and sometimes substance use as coping measures—showing both resilience and vulnerability to manage the effect and maintain stability.

### **5.3 Summary**

This study examined the effects of parental substance abuse on children in Ekosodin Community, Edo State. Primary data was obtained through the administration of structured questionnaires to the respondents in the study area. Data obtained was subjected to descriptive statistics to achieve stated objectives of the study. A total of eighty (80) respondents participated in the study.

The results showed that alcohol and cannabis were the predominant substances abused by parents in the community, followed by tramadol and codeine syrup. These findings are consistent with the reports of UNODC (2018) and Offiong et al. (2020), which identified alcohol and cannabis as the most widely misused substances in Nigeria. The findings also revealed that psychologically, that children of substance-abusing parents suffered depression (27.5%), anxiety (22.5%), low self-esteem (18.8%), and aggressive behaviour (16.3%). This agrees with the works of Kuppens et al. (2020) and Walsh et al. (2021), who reported that exposure to parental drug abuse predisposes children to emotional

instability and mental health disorders. The findings further indicated that socially, children from such homes often exhibited social withdrawal (26.3%), truancy (23.8%), and delinquent behaviour (16.3%). This aligns with Ronel & Haimoff-Ayali (2019), who found that parental addiction weakens the parent–child bond, leading to poor social adjustment and association with deviant peers. Exposure to domestic violence (21.3%) was also a recurring theme, confirming Hildyard & Wolfe’s (2002) findings that substance abuse increases household conflict and child neglect.

Also, academically, the results showed that 37.5% of children recorded poor grades, 25% experienced low concentration, and 18.8% had irregular attendance. This result is in line with Templeton et al. (2019) and Mudau (2018), who emphasized that parental addiction negatively influences children’s motivation, cognitive development, and school performance. Regarding coping mechanisms, 30% of children sought help from relatives and teachers, 25% resorted to silence and withdrawal, and 18.8% found solace in going for counselling. It showed that (15.0%) engaged in religious activities and find solace while 11.2% engage in substance use themselves, reflecting intergenerational patterns. These findings are similar to Velleman et al. (2018) and Alexanderson & Näsman (2017), who noted that children’s resilience depends on access to social and emotional support systems.

## **5.4 Contributions to Knowledge**

This research makes several important contributions to academic and practical knowledge:

1. The study contributes localized empirical data on the effects of parental substance abuse within the Ekosodin context an area with limited prior research thereby enriching the Nigerian literature on child welfare and addiction studies.
2. It provides a multidimensional understanding by linking psychological, social, and academic outcomes, confirming the interrelated nature of child wellbeing.
3. The study reinforces Family Systems Theory and Ecological Systems Theory, demonstrating how parental dysfunction extends into children's emotional and social spheres.
4. The findings underscore the urgent need for community-based rehabilitation and family counselling programs, contributing to policy frameworks for social welfare and child protection in Nigeria.

## **5.5 Conclusions**

The following are the conclusions derived from the research;

Based on the findings, it is evident that parental substance abuse in Ekosodin Community poses a serious threat to the holistic development of children. The family, which is supposed to serve as a foundation of love, guidance, and security, becomes a source of instability and distress when one or both parents are addicted to substances. The research

confirms that substance abuse leads to emotional neglect, domestic violence, and poor parental supervision. As a result, affected children experience psychological distress, poor social behaviour, and educational decline. These challenges not only hinder their personal growth but also perpetuate cycles of poverty and deviant behaviour within the community. From a theoretical standpoint, the study upholds the Family Systems Theory, which posits that dysfunction in one part of the family affects the entire system, and the Ecological Systems Theory, which emphasizes the influence of the surrounding environment on child development. The findings underscore the need for multi-dimensional interventions that address both individual and community-level factors. Therefore, the study concludes that effective control of parental substance abuse and early intervention for affected children are essential to promote healthy family relationships and ensure the emotional, social, and educational wellbeing of future generations in Ekosodin Community.

## **5.6 Recommendations**

Based on the findings of the study the following recommendations were made;

1. Establish community-based rehabilitation centers to provide counselling, detoxification, and therapy for parents struggling with substance addiction. Family counselling should be integrated into such programs to promote reintegration.

2. Government agencies, NGOs, and community leaders should organize continuous sensitization programs to educate parents on the negative effects of substance abuse on children and family wellbeing.
3. Schools should strengthen counselling services to identify and support children affected by parental substance abuse. Teachers should receive training in early detection and emotional support techniques.
4. Religious institutions should serve as safe spaces for emotional support, mentorship, and guidance for affected children, promoting values of resilience and positive living.
5. Many substance-abuse cases stem from unemployment and poverty. Economic empowerment programs, including skill acquisition and micro-credit schemes, should be introduced to help families achieve financial stability.

### **5.7 Suggestions for Further Studies**

- i. Future research should compare the effects of parental substance abuse on children across different communities or states in Nigeria. Such comparative studies will help determine whether the patterns observed in Ekosodin are peculiar to semi-urban settings or reflect a broader national trend.
- ii. There is a need for long-term research that tracks children of substance-abusing parents over time to understand how early exposure influences their adult

behavior, mental health, and potential involvement in substance use. This will help establish causal relationships and identify preventive measures.

- iii. Further studies could explore gender differences in how parental substance abuse affects children. Understanding whether male and female children experience or respond to the effects differently will enable more tailored interventions and psychosocial support.

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**APPENDIX**  
**FEDERAL UNIVERSITY BENIN, BENIN CITY, EDO STATE, NIGERIA**  
**FACULTY OF SOCIAL SCIENCE**  
**DEPARTMENT OF SOCIAL WORK**

**Dear Sir/Ma**

My name is Orji Ikechukwu Emmanuel, from Federal university Benin City, Nigeria. I'm undergoing research on a topic " **Effects of Parental Substance Abuse on Children in Ekosodin Community, Edo State, Nigeria**". The aim of the research work is to examine the effect of parental substance abuse on children in Ekosodin Community, Edo state, Nigeria. Your sincere input will go a long way in assisting me have successful research work and result. The data gathered will only be used for this research purpose and every information you give will be kept confidential.

Thank you.

Orji Ikechukwu Emmanuel.

**QUESTIONNAIRE**

**Section A**

**Age:** 10-14  years  15-20 years  21 years and above

**Sex:** Male  Female

**Household size:** 2-4 size  5-6size  7 and above size

**Educational level:** Primary  Secondary  Tertiary  Quaran  Non formal

**Marital Status:** Single  Married  Divorced

## **SECTION B: Substance Commonly Abused by Parents**

1. Household Size: .....
2. Which of the following substances are commonly used by parents/guardians in your community or household?  
(a). Alcohol..... (b). Cannabis (Weed)..... (c). Tramadol.....  
(d). Cigarettes..... (e). Others (specify): .....
3. Where is substance use most common?  
(a). Inside homes..... (b). Outside homes..... (c). Both.....
4. How long has this habit been observed in the community/family?  
(a). Less than 1 year..... (b). 1–3 years..... (c). Over 3 years.....
5. What factors contribute to substance abuse in the community? (a). Financial Challenges ..... (b). Emotional Challenge ..... (c). Both..... (d). Others.....

## **SECTION C: Psychological Wellbeing of Children**

6. How often do you feel sad or worried because of your parent's substance use?  
(a). Always ..... (b). Sometimes ..... (c). Rarely .....
7. Does your parent's substance use make you feel unsafe at home?  
(a). Yes..... (b). No.....
8. Have you experienced any of these feelings because of your parent's substance use?  
(a). Fear..... (b). Shame..... (c) Guilt..... (d)Others .....
9. How would you describe the home environment when your parent uses substances?  
(a). Peaceful..... (b). Anger..... (c). None.....
10. How does parental substance abuse affect children emotionally and mentally?  
(a). Causes fear and anxiety ..... (b). Low self-esteem ..... (c). Depression..... (d). Others .....

### **SECTION D: Social Consequences**

11. How has your parent's substance use affected your relationship with friends?  
(a). I avoid friends..... (b). No effect..... (c). I feel ashamed..... (d). Friends avoid me.....
12. Have you ever been embarrassed to bring friends home?  
(a). Yes..... (b). No .....
13. Have you experienced neglect or violence at home because of substance use?  
(a). Yes..... (b). No.....
14. How often do conflicts happen at home due to substance use?  
(a). Very often..... (b). Rarely..... (c). Never.....
15. What common social problems have you observed among children with substance-abusing parents?  
(a). Violence ( ) (b). Withdrawal ( ) (c). Peer pressure ( ) (d). Early substance use ( )

### **SECTION E: Academic Performance**

16. Has your parent's substance use ever affected your school attendance?  
(a). Yes ( ) (b). No ( )
17. Has it affected your ability to focus in school?  
(a). Yes ( ) (b). No ( )
18. What school challenges do you face as a result of the situation?  
(a). Lack of concentration ( ) (b). Absenteeism ( ) (c). Lack of motivation ( ) (d). Poor grades ( )
19. What academic challenges do you observe in children from substance-abusing homes?  
(a). Poor attendance ( ) (b). Low performance ( ) (c). Behavioural issues ( ) (d) No effect ( )

**SECTION F: Coping Mechanisms**

20. How do you cope with your parent's substance use?

- a. Stay away from home .....
- b. Talk to friends/family .....
- c. Focus on school/work .....
- d. Seek counselling .....
- e. Use substances myself .....
- f. Seek support .....
- g. Others (specify): .....