

**THE EFFECTIVENESS OF PEER SUPPORT PROGRAMMES IN ADDRESSING
SUBSTANCE USE AMONG YOUTHS IN BENIN CITY, EDO STATE**

BY

IGUODALA OMOROWA BISMARCK

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**A PROJECT SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK, FACULTY
OF SOCIAL SCIENCES UNIVERSITY OF BENIN, BENIN CITY, NIGERIA IN
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DECEMBER, 2025.

CERTIFICATION

We hereby certify that this project work was carried out by IGUODALA OMOROWA BISMARCK with the Matriculation number SSC2013258 of the Department of Social Work, Faculty of Social Sciences, University of Benin, Benin City, in partial fulfillment of the requirement for the award of Bachelor of Science (B.Sc. Honors) degree in Social Work.

Prof. Sumaina Yesufu
(Project Supervisor)

Dr. H.E Eweka
(Head Of Department)

Date:

Date:

DEDICATION

This project is dedicated to Barr. M. O. Iguodala and Mrs Hope Iguodala for being my strongest support system.

ACKNOWLEDGEMENT

I am grateful to God Almighty for seeing me throughout my academic pursuit. Without His support, this project would not have been a reality.

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At this juncture, I wish to evoke the omnibus clause which asserts that your name is not mentioned in this segment does not in any way minimize your contributions to this research. I do not take it for granted and I pray God rewards you all accordingly.

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ABSTRACT

Substance abuse among youths has become a pressing public health concern in Nigeria. Despite numerous interventions, the prevalence of substance use continues to rise, contributing to a host of health, social, and economic problems. The purpose of this research is to establish the effectiveness of peer support programs in addressing substance abuse among youth in Benin City, Edo State, Nigeria. The study's objectives are to identify the major types of peer support programs available for youths in Benin City, Edo State, examine the nature and scope of peer support programs targeted at addressing substance abuse among youths in Benin City, Edo State, assess the impact of peer support programs on reducing substance abuse among youths in Benin City, Edo State, investigate the challenges affecting the implementation and effectiveness of peer support programs in addressing youth substance abuse in Benin City, Edo State, propose possible solutions that can enhance the effectiveness of peer support programs in reducing substance abuse among youths in Benin City, Edo State. The sample of 100 males and females was selected by purposely sampling technique with an equal number (50 males and 50 females). The instrument of study was questionnaire, during data analysis, quantitative data obtained from questionnaires were analyzed by the use of frequency tables, and percentages. The major findings were that many youths agreed that peer support programs exist and are helpful, although a good number still felt that the programs are not fully available to everyone. This means that while peer support opportunities are present, their reach and accessibility may not be the same across all areas. Another finding revealed that peer support programs for substance abuse are mostly run by NGOs and community groups rather than the government. They are often short-term, lack a clear structure, and focus more on emotional and social support than on professional rehabilitation. Even with these limitations, most respondents agreed that the programs help youths reduce or avoid substance abuse, increase awareness about its dangers, and reduce drug-related behaviors.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

This chapter explains the background information of this research work. The section includes background of the study, statement of the problem, general and specific objectives of the study, research questions, significance and justification of the study, scope and limitations of the study. These elements describe the basic aspect of the research. This study seeks to explore the effectiveness of peer support programs in addressing substance abuse among youths in Benin City, Edo State, Nigeria, by examining the benefits, challenges, and outcomes associated with these initiatives. The findings are expected to contribute to the body of knowledge on community-based interventions and inform the design of relevant and sustainable approaches to youth substance abuse prevention in Nigeria.

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs (Sahu & Sahu, 2012). It is a major issue that has an impact on the workplace globally (Humza, 2023). According to Idowu et al. (2018), substance abuse among youths is fast becoming a global public health concern. Oluwasola et al. (2021) argued that substance abuse among youths and young adults in Nigeria has been a significant health problem that threatens sustainable human development. Substance use is associated with many acute and chronic disorders and a variety of social problems worldwide (World Health Organization, 2005). Adolescents and young adults are especially vulnerable to engaging in the misuse of substances like alcohol, tobacco, cannabis, and other illicit drugs due to various socio-economic, psychological, and environmental factors.

According to Tifkwah and Moses (2025), the phenomenon of substance abuse has evolved alongside human history, influencing individuals and societies across time. Initially, the use of substances was for medicinal purposes, with herbs and roots utilized for pain relief and disease control (United Nations Office on Substance and Crime [UNODC], 2021). However, the misuse of substances has transitioned into a global crisis, significantly impacting the youth, who are often the most vulnerable. The repercussions of substance abuse are far-reaching, affecting not only the health and wellbeing of the individuals involved but also their families, communities, and the broader society.

According to Nwankwo and Eze (2020) as cited from Obiagwu et al. (2025), In Nigeria, particularly in the South-East, drug abuse has reached alarming levels, predominantly among the youths, raising concerns among policymakers, healthcare professionals, and law enforcement agencies. In 2014, it was estimated by the UN's Vanvera Vanvera and Social Affairs, Population division that between 165m 350m people aged 15 - 64 had used an illicit substance at least once (Uwais et al., 2025). In the developing countries like Nigeria, the use of drugs/substances has been increasing dramatically over the years. The issue of youth substance abuse is compounded by factors such as poverty, unemployment, peer pressure, lack of adequate recreational facilities, and limited access to effective counseling and rehabilitation services. Traditional approaches to substance abuse prevention and treatment have often been top-down, focusing on formal clinical interventions, which may not always resonate with or be accessible to the youth population.

According to Katas et al. (2023), peer counseling has emerged as a crucial intervention strategy in addressing substance abuse and addiction among high school students. Peer support programs have also emerged as an innovative and promising approach to addressing substance abuse among young people. These programs leverage the influence of peers who often share

similar experiences, backgrounds, and challenges to provide emotional support, encouragement, and practical assistance in preventing and overcoming substance abuse. Peer support initiatives are believed to foster a sense of belonging, reduce stigma, and empower youths to make healthier choices.

1.2 Statement of the Problem

Substance abuse among youths has become a pressing public health concern in Nigeria, particularly in urban centers like Benin City, Edo State. Despite numerous interventions, the prevalence of substance use continues to rise, contributing to a host of health, social, and economic problems. Traditional approaches to prevention and treatment often institutional and top-down in nature have struggled to produce lasting change among young people, largely due to their limited accessibility, lack of cultural relevance, and failure to engage youths meaningfully.

In recent years, peer support programs have gained attention as a potentially more relatable and impactful alternative. These programs utilize the shared experiences and social influence of peers to promote healthier behaviors and support recovery. However, in the Nigerian context, especially in Benin City, empirical data on the actual effectiveness of such peer-led initiatives in addressing youth substance abuse is limited. It remains unclear how these programs are implemented, what outcomes they produce, and what challenges they face in the local environment.

Without concrete evidence on their effectiveness, the potential of peer support programs as a viable community-based strategy remains underutilized. This gap in knowledge hampers policy formulation and the development of sustainable, youth-centered interventions that could more effectively combat the growing substance abuse crisis among Nigerian youths. This study,

therefore seeks to investigate the effectiveness of peer support programs in addressing substance abuse among youths in Benin City, with a focus on understanding their benefits, challenges, and overall impact. The findings aim to inform more targeted and responsive strategies for youth substance abuse prevention and rehabilitation in Nigeria.

1.3 Research Questions

1. What are the major types of peer support programs available for youths in Benin City, Edo State?
2. What is the nature and scope of peer support programs targeted at addressing substance abuse among youths in Benin City, Edo State?
3. What is the impact of peer support programs on reducing substance abuse among youths in Benin City, Edo State?
4. What challenges affect the implementation and effectiveness of peer support programs in addressing youth substance abuse in Benin City, Edo State?
5. What possible solutions can enhance the effectiveness of peer support programs in reducing substance abuse among youths in Benin City, Edo State?

1.4 Objectives of Study

1. To identify the major types of peer support programs available for youths in Benin City, Edo State.

2. To examine the nature and scope of peer support programs targeted at addressing substance abuse among youths in Benin City, Edo State.
3. To assess the impact of peer support programs on reducing substance abuse among youths in Benin City, Edo State.
4. To investigate the challenges affecting the implementation and effectiveness of peer support programs in addressing youth substance abuse in Benin City, Edo State.
5. To propose possible solutions that can enhance the effectiveness of peer support programs in reducing substance abuse among youths in Benin City, Edo State.

1.5 Significance and Justification of Study

This study is significant as it addresses a critical and growing public health issue—substance abuse among youths in Nigeria, particularly in Benin City, Edo State. Despite ongoing efforts, traditional intervention strategies have shown limited effectiveness, especially among young people who often face barriers to accessing formal treatment. Peer support programs offer a more relatable and community-based alternative by leveraging the shared experiences and influence of peers to promote recovery and prevention. By exploring the effectiveness, benefits, and challenges of these initiatives, this study fills a critical knowledge gap in the Nigerian context where empirical data is scarce. The findings will provide evidence-based insights to guide policymakers, educators, health practitioners, and community leaders in developing more

effective, culturally relevant, and sustainable intervention strategies. This research aims to contribute to reducing youth substance abuse and enhancing community well-being through informed, youth-centered approaches.

1.6 Scope of Study

This study is focused on evaluating the effectiveness of peer support programs in addressing substance abuse among youths within Benin City, Edo State, Nigeria. It specifically targets young adults (youths) who are either currently involved in or have participated in peer-led interventions for substance abuse prevention and recovery. The research will examine the structure, implementation, outcomes, and challenges of these programs, with an emphasis on their relevance, accessibility, and impact on youth behavior and rehabilitation. It does not extend to substance abuse among adults outside the youth demographic or to interventions outside the peer support model. The study is limited to peer support programs operating in urban areas of Benin City and does not cover rural or non-formal community interventions.

1.7 Definition of Terms

Substance Abuse: The harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs, which leads to physical, mental, or social harm.

Youth: Individuals typically aged between 18 and 35 years, as defined in the Nigerian context, who are in the transitional stage from adolescence to adulthood.

Peer Support Programs: Structured initiatives that involve individuals of similar age or experience providing guidance, emotional support, and practical help to one another, particularly in dealing with issues such as substance abuse.

CHAPTER TWO

LITERATURE REVIEW

2.1 Conceptual Framework

Substance abuse among youths in Nigeria has become an escalating public health concern, with grave implications for the health, education, and future of the country's most vibrant demographic. Youths between the ages of 12 and 24 often face a complex mix of psychological, social, and developmental challenges that make them particularly vulnerable to experimenting with and abusing substances such as alcohol, tobacco, cannabis, and prescription medications (Turuba et al., 2023; Ebam & Ndifon, 2024). According to Smith et al. (2020), in 2017, approximately 1.5 million adolescents in the United States had a substance use disorder (SUD), a statistic that mirrors a concerning trend in many developing nations, including Nigeria. The neurodevelopmental risks associated with early substance use are significant; adolescents with SUDs are at risk of impairing critical brain functions, particularly those related to memory, impulse control, and decision-making. This can translate into broader consequences, including academic failure, social withdrawal, mental health issues, and a disruption in achieving key life goals. In Nigeria, the rise in youth drug abuse is driven by multiple factors, including poverty, peer pressure, curiosity, family dysfunction, trauma, and a general lack of access to accurate drug education (Elemile, 2023). This dynamic is compounded by a weak mental health infrastructure and systemic stigma, which discourages young people from seeking help. Osborne-Leute (2019) emphasizes that traditional models of social work in Nigeria have often focused more on treatment than prevention, thus engaging youths only when the problem has already escalated. This reactive approach leaves limited room for early intervention strategies. To effectively address the growing crisis of substance abuse among Nigerian youth, it is essential to adopt a

multifaceted, community-based approach. One particularly promising strategy is the use of peer support programs—initiatives that utilize individuals with lived experience to offer mentorship, counseling, and support to their peers navigating similar challenges. Peer support has been shown to increase treatment engagement, promote emotional resilience, and foster community-based recovery (Katas et al., 2023). These programs capitalize on shared experiences and relatability, which are often more effective than traditional top-down interventions in bridging the trust gap between service providers and young people.

The strength of peer support programs lies in their ability to offer a unique, person-centered approach that aligns with the lived realities and cultural contexts of youths. In Nigeria, where formal mental health services remain scarce—especially in rural and underserved areas—peer support offers an accessible and low-cost alternative. Williams et al. (2022) argue that peer counseling enhances openness, builds trust, and enables early interventions, especially when embedded within schools and community-based settings. Peer support can take multiple forms: structured group therapy, informal mentorship, digital support platforms, or peer educator models integrated into public health campaigns. Ebrahim et al. (2024) highlight that the global rise in youth substance use, particularly in low- and middle-income countries, is closely tied to socio-cultural and economic challenges. These challenges are especially relevant in Nigeria, where a lack of employment opportunities, weak family systems, and political instability contribute to feelings of hopelessness and disillusionment among youths—factors that increase the appeal of substances as coping mechanisms. Bruce (2024) adds that peer recovery specialists (PRSs) play multiple roles, including relapse prevention, education, advocacy, and emotional support. When combined with outpatient treatment, these programs have been shown to significantly improve long-term recovery outcomes. Griffin et al. (2023) note that most universal

drug prevention programs target early adolescence, aiming to delay or prevent the initiation of substance use. However, many Nigerian interventions still overlook this age group or are not culturally adapted. Recovery-oriented care, according to Eekhoudt et al. (2024), must align with young people's shifting needs and diverse contexts, spanning harm-reduction to abstinence-based approaches. This includes engaging both institutional (e.g., schools, hospitals) and non-institutional (e.g., faith-based groups, community youth organizations) platforms. Reif et al. (2014) provide a foundational understanding of peer recovery services, defining them as interventions delivered by individuals in recovery to support others with SUDs or co-occurring mental disorders. While peer support as a practice has existed informally for centuries, Shalaby and Agyapong (2020) argue that it has only recently gained legitimacy within formal healthcare systems. In Nigeria, empirical studies support the promise of peer-led interventions. Ojonuba et al. (2023) found that adolescents who participated in peer support programs reported lower depression scores, reduced substance use, and increased self-esteem and parental support. Similarly, Obadeji et al. (2020) observed that drug education introduced in primary schools, alongside mental well-being programs, had a significant impact in reducing substance use among high school students. Ballestar-Tarín et al. (2022) define substance abuse as the excessive and harmful use of addictive substances, which can negatively affect both the user and those around them. Peer support programs help mitigate these effects by empowering youths to make informed decisions, develop life skills, and form healthy social connections. Maccido (2024) emphasizes that the national burden of drug abuse in Nigeria undermines family stability, community safety, and the country's economic productivity. For peer support programs to succeed, they must be adequately supported through policy, funding, training, and monitoring. National initiatives like the NDLEA's War Against Drug Abuse (WADA) campaign provide a useful foundation, but must be expanded to include formal peer counselor training, supervision

structures, and digital outreach tools. Leveraging mobile technology and social media can help reach at-risk youths discreetly and at scale. Ultimately, the effectiveness of peer support in addressing substance abuse among Nigerian youths lies not just in its therapeutic value but in its capacity to foster hope, connection, and long-term resilience. As Nigeria continues to navigate this crisis, scaling and professionalizing peer support programs could prove to be one of the most impactful and culturally appropriate strategies for reversing the tide of youth substance abuse.

2.2 Substance Abuse Among Youths: Causes, Consequences, and Context in Nigeria

Substance abuse among youths in Nigeria is an increasingly serious concern that calls for urgent attention due to its far-reaching consequences on individuals, families, communities, and the nation at large. Across various states and regions in Nigeria, especially in urban and semi-urban areas, youths are becoming heavily involved in the use and abuse of substances such as cigarettes, alcohol, Indian hemp (marijuana), codeine, tramadol, and other illicit drugs. According to a study by Nduka et al. (2024), the most commonly misused substances by teenagers in the Gwagwalada Area Council, located within the Federal Capital Territory, Abuja, include cigarettes, alcohol, and Indian hemp. The study highlighted that peer pressure and parental influence were among the most frequent factors pushing youths into early experimentation with drugs. These findings are consistent with the growing evidence that many young people in Nigeria engage in drug abuse as a result of societal pressures, emotional issues, economic hardship, and exposure to environments where drug use is normalized. Although certain substances like painkillers and sedatives are medically useful, their misuse for non-therapeutic purposes by youths has led to serious physical, psychological, and social consequences. Adepeju and Osunwoye (2022) observed that while drugs serve beneficial health-related purposes when prescribed and used appropriately, they are increasingly being consumed illegally and unlawfully by youths, turning

such substances into harmful agents that damage the body and mind. Drug abuse, therefore, has moved beyond a health issue to become a social menace with roots in broken homes, poverty, peer influence, lack of education, mental health issues, and failure of institutions meant to protect the welfare of young people.

In Nigeria, the phenomenon of substance abuse is evolving into a silent epidemic that threatens the foundation of youth development and national productivity. Haladu (2023) described substance abuse—also referred to as drug abuse—as rampant and growing out of control, particularly among adolescents and young adults who are supposed to be the drivers of national growth. From stimulants and depressants to narcotics and hallucinogens, youths are consuming substances that destroy their physical health, impair their cognitive functioning, and reduce their chances of living productive, meaningful lives. The psychological effects of substance abuse often include anxiety, depression, aggression, paranoia, and in extreme cases, suicidal thoughts. Physically, prolonged drug use can damage internal organs, weaken the immune system, and lead to irreversible brain damage. According to Barry (2016), many of these substances interfere directly with the central nervous system, leading to memory loss, restlessness, nervousness, and mental breakdown. These physical and mental health challenges often push drug-dependent youths into criminal activities as they struggle to support their addiction. Ajiboye and Olademo (2025) examined the complex relationship between drug abuse and criminal behaviour among youths in Southwest Nigeria and discovered that many youths involved in crimes such as theft, assault, and cult-related violence were under the influence of drugs. This underscores the fact that drug abuse is not just a health crisis but also a major contributor to insecurity and social instability in the country. The widespread nature of this problem is supported by Idowu et al. (2023), who referred to substance abuse among youths as a major public health issue globally.

The World Drug Report (2021) estimated that about 270 million people—approximately 5.5% of the global population—used psychoactive substances in 2021, with a substantial number of them being youths. In sub-Saharan Africa, the burden of drug use is particularly high, and Nigeria stands out with some of the highest numbers. A 2018 review by Olawole-Isaac et al. revealed that the prevalence of substance abuse among African adolescents could be as high as 41.6%. In Nigeria alone, the United Nations Office on Drugs and Crime (UNODC, 2019) reported that there were over 14.3 million drug users in 2018, with around 3 million Nigerians suffering from drug use disorders. Nwokorie (2024) emphasized that drug abuse involves using drugs for non-medical reasons, which often results in negative personal, social, and legal consequences. The rising rates of drug use among Nigerian youths is also taking a heavy toll on the education sector. Schools, colleges, and universities are now struggling to cope with students who are addicted to drugs, disrupting the learning process and undermining the quality of education. According to McLean and Ellis (2018), educational institutions across the globe, including Nigeria, are increasingly overwhelmed by the growing rate of drug use among their students. This issue creates significant challenges for teachers, administrators, and parents alike. Ajayi and Ekundayo (2018) described drug abuse as a serious obstacle to effective school management, teaching, and learning. Students who are involved in substance abuse often experience academic decline, absenteeism, aggression, and in some cases, school dropout. These behaviors do not only affect individual students but also influence the academic environment negatively. Turner (2018) explained that young people who are expected to become future leaders are instead turning into habitual drug users, and this pattern has lasting effects on their personal development and the nation's future. The influence of drugs on youth behavior is deeply concerning, especially when one considers the fact that the youths represent a critical demographic in any country. In Nigeria, they make up a significant proportion of the population, and the loss of their potential due to

drug-related problems poses a major threat to national development. Unfortunately, despite efforts by governments, NGOs, and religious organizations, the rate of drug abuse continues to rise. Many rehabilitation centers lack the capacity, funding, or trained personnel to properly treat affected individuals. There is also the issue of stigmatization, where youths who seek help are often labeled as deviants, discouraging others from reaching out for assistance. Peer influence remains one of the strongest factors in youth drug abuse, as many adolescents are initiated into drug use through friends, parties, or social media trends. Depression, low self-esteem, family dysfunction, lack of parental supervision, and economic frustration also drive many youths to seek escape through drugs. Without comprehensive drug education, accessible mental health care, community support systems, and effective law enforcement, the issue of substance abuse among Nigerian youths will only get worse. It is therefore important for stakeholders—including families, schools, religious groups, healthcare providers, and government agencies—to collaborate in creating awareness, implementing prevention programs, and providing rehabilitation and reintegration services for affected youths. There must be a shift from merely punishing drug offenders to addressing the root causes through education, employment opportunities, youth engagement, and policy reforms. Only through a united, multi-sectoral effort can Nigeria begin to reverse the devastating trend of substance abuse among its youth population and secure a healthier, more productive future.

2.3 Peer Support Programs as a Community-Based Intervention Model on Substance Abuse

Youth substance abuse in Nigeria has evolved into a pressing social and public health issue, with severe implications not just for the individuals directly affected, but also for their families, schools, and broader communities. As Kerker and Adeyongo (2024) note, substance misuse

among young people has become a national menace, weakening the social fabric, increasing youth vulnerability, and fueling a cycle of poverty, crime, and deteriorating mental health. In many Nigerian communities, especially those grappling with unemployment, school dropout, and weak institutional support, drug abuse serves as both a symptom and a driver of deeper social breakdown. Peer influence, in particular, has emerged as one of the most significant predictors of youth drug abuse, with many adolescents initiated into substance use by friends or acquaintances. Abdullahi et al. (2025) provide compelling empirical evidence from a study on out-of-school adolescents in Northwest Nigeria, where they found a moderate positive correlation ($r = 0.47$, $p = 0.001$) between peer pressure and substance abuse, and an even stronger correlation ($r = 0.52$, $p = 0.001$) with involvement in criminal activity. These findings underscore the extent to which youth social networks, when negatively influenced, can act as catalysts for risky behavior. However, this same peer dynamic, when redirected positively, can serve as a powerful tool for prevention, intervention, and rehabilitation. This is where peer support programs, situated within a community-based framework, become critically relevant. These programs harness the natural influence of peers—leveraging empathy, shared experiences, and mutual support—to provide youth with alternative pathways, healthy coping mechanisms, and access to critical resources. According to Ebam and Ndifon (2024), the prevention of drug abuse among youth must go beyond punitive measures or one-off awareness campaigns; instead, the development of positive values, resilience, and competence should be central. Their recommendations call for government institutions, school authorities, and community actors to work collaboratively to equip adolescents with life skills, leadership opportunities, and platforms for expressing themselves constructively. This aligns with Maccido (2024), who emphasizes that a successful national strategy to address substance abuse must be rooted in evidence-based interventions, inclusive of youth voices, and supported by robust partnerships between public,

private, and civil society stakeholders. By embedding peer support programs within such a strategy, communities can not only prevent substance abuse but also transform youth from passive recipients of aid into active change agents within their own environments.

Moreover, the community-based peer support model recognizes that no two communities face the same challenges, and thus, interventions must be culturally sensitive, contextually appropriate, and locally owned. Katas et al. (2023) draw attention to the stark contrast between urban and rural realities in Nigeria. Urban areas may benefit from more established institutions, infrastructure, and access to trained professionals, allowing for the development of sophisticated peer-led interventions that are integrated into schools, youth centers, and healthcare facilities. These settings can support structured mentorship programs, group therapy sessions, recreational alternatives, and partnerships with NGOs and governmental agencies to amplify impact. In contrast, rural communities may face greater barriers due to geographic isolation, limited access to services, and socio-economic disadvantages. Yet, these communities also offer unique opportunities through their close-knit social structures, traditional leadership systems, and communal modes of life. In rural areas, peer support initiatives can be built around local customs, with the involvement of elders, religious leaders, and existing youth groups. Peer educators can be selected from within the community and trained to serve not only as role models but also as conduits for accurate information, behavioral change communication, and referral to available services. Muhia (2021) strongly advocates for the strengthening of guidance and counseling departments across all secondary schools, staffed with competent personnel who understand youth struggles and can offer appropriate psychosocial support. Such departments can collaborate with peer mentors to identify at-risk students early, offer targeted interventions, and involve parents or guardians where necessary. Importantly, peer support programs should not

exist in isolation but should be integrated into broader initiatives, such as vocational training, life skills education, and health promotion campaigns. Abdullahi et al. (2025) highlight the importance of multi-dimensional intervention programs that combine peer mentorship with family involvement, vocational education, and community-based counseling to effectively counter the effects of negative peer pressure. A comprehensive peer support model might include peer-led support groups, school-based clubs, sports and arts initiatives, mobile outreach for street-involved youth, digital platforms for remote engagement, and community awareness campaigns. Monitoring and evaluation mechanisms must be built in from the outset, using both qualitative and quantitative tools to measure changes in attitudes, knowledge, and behavior over time. Such data not only informs program refinement but also builds the evidence base for scale-up and replication in other contexts. Furthermore, peer support models should be designed with sustainability in mind, empowering local actors to take ownership, mobilize resources, and adapt interventions as needs evolve. In essence, peer support programs serve as a practical, scalable, and culturally adaptable intervention that directly addresses the root drivers of substance abuse among youth, while also strengthening community resilience and social cohesion. When implemented effectively, they transform peer groups from sources of risk into networks of hope and healing—laying the foundation for a healthier, more empowered generation.

2.4 Barriers and Enablers to the Implementation of Peer Support Programs on Substance Abuse in Nigeria.

The implementation of peer support programs in addressing substance abuse in Nigeria faces a complex mix of barriers and enablers. Peer support programs—where individuals with lived experiences of substance use provide guidance, motivation, and support to others undergoing similar struggles—have gained global attention for their impact in improving recovery outcomes.

However, in Nigeria, their adoption remains limited, largely due to several interrelated structural, cultural, institutional, and individual factors. Adamu (2024) identified core barriers to peer support services in Jalingo metropolitan, stating that lack of awareness, poor accessibility, transportation issues, and persistent stigmatization are significant challenges. These factors reduce the willingness and ability of individuals, especially those in rural or underserved areas, to engage in peer-led recovery efforts. Stigma, in particular, remains a deeply rooted issue in many Nigerian communities. Substance use is often viewed as a moral failure rather than a medical or social issue, which discourages open discussion, help-seeking, or participation in support programs. In addition to stigma from the community, internalized stigma also affects individuals who may feel ashamed or unworthy of help, even when services are available. This further complicates efforts to build trust in peer-based models that rely on shared vulnerability and open dialogue. Transportation is another crucial barrier, as many individuals cannot afford to travel long distances to access services, especially when peer support groups are situated far from their homes. This physical inaccessibility interacts with poor public infrastructure and insecurity in some regions, making consistent attendance difficult.

Moreover, mentorship and organizational support for peer support initiatives are underdeveloped in Nigeria's health and academic sectors. Ughasoro et al. (2022) noted that health, academic, and research institutions face significant challenges in mentorship, which limits the development and sustainability of peer-led programs. According to Musa et al. (2022), effective mentoring from the perspectives of mentors, mentees, and organizations requires structured training, ongoing support, and a clear understanding of roles. These findings suggest that simply recruiting peer workers is insufficient—there must be comprehensive support systems to guide, train, and empower them. In the absence of structured mentoring and training, peer support efforts risk

becoming disorganized or ineffective. Another pressing issue is the broader quality of health care delivery across primary health care settings in Nigeria. Odhus et al. (2024) argued that the health system is skewed toward tertiary care, leaving primary care—the level most accessible to ordinary citizens—under-resourced. Since peer support often functions within community-based or primary care settings, this imbalance means there is often little institutional support for non-clinical interventions like peer support. Even though primary health care is the first point of contact for nearly 80% of Nigerians, many of these facilities are not equipped to incorporate or support recovery-oriented services. This includes not only the physical absence of programs but also the lack of training and understanding among staff regarding the value of peer support. Additionally, healthcare professionals and policymakers often face information overload from numerous studies and reviews on substance use disorder (SUD), as noted by Farhoudian et al. (2022). This makes it difficult to arrive at coherent policies or integrate alternative approaches such as peer support into existing models. Without a structured way to synthesize research findings and apply them locally, there is a tendency for policy stagnation, where no clear direction is taken. Berridge et al. (2018) emphasized that early professional help can reduce the long-term effects of substance use, yet little is known about what drives help-seeking behavior in Nigerian adolescents. This gap suggests a missed opportunity for peer support programs to play a preventative role before substance use disorders fully develop. Help-seeking behavior during adolescence is often influenced by fear, stigma, lack of privacy, and peer pressure. Peer support can be a bridge, offering a less intimidating, more relatable point of entry for those afraid to approach traditional healthcare systems. The growing global emphasis on recovery-based mental health care further supports the potential of peer workers. Mirbahaeddin and Chreim (2022) highlighted how peer support is increasingly recognized as a critical aspect of mental health systems in many parts of the world. This shift presents an opportunity for Nigeria to align with

best practices by institutionalizing peer-based interventions. Rotimi et al. (2022) reported that the burden of substance use in Nigeria is significantly above the global average, indicating a pressing need for scalable, community-driven solutions like peer support. Despite the barriers, several enablers can support the implementation of peer support programs in Nigeria. These include the availability of a large population of individuals in recovery who could be trained as peer supporters, existing community structures such as religious groups and youth organizations that can host or promote peer activities, and the increasing use of mobile technology for health messaging and coordination. Leveraging these enablers while addressing the barriers through policy reform, capacity building, and stigma reduction campaigns could pave the way for more effective peer support systems in the country.

2.5 Theoretical Framework

The theory frameworks to be used for this research is the Social Learning Theory by Bandura (1977) and Social Support Theory by Cobb (1976) and House (1981).

2.5.1 Social Learning Theory

The theory of Social Learning, most prominently articulated by Bandura in his 1977 work *Social Learning Theory*, represents a foundational framework for understanding how individuals acquire, maintain, and modify behaviours in social contexts. Bandura built on earlier behavioural theories (such as those of Skinner) which emphasised conditioning through reinforcement, but he introduced a broader perspective by incorporating cognitive processes and the social environment. Alongside Bandura, contributors such as Walters (with whom he co-authored earlier work in the 1960s) played a role in shaping the precursor ideas of observational learning and modelling. The key tenets of the theory posit that learning can occur by observing others,

rather than solely through direct experience; that cognitive factors (such as attention, retention, reproduction, and motivation) mediate the acquisition and performance of behaviours; and that behaviour, cognition, and environment interact reciprocally (a process Bandura terms reciprocal determinism). Bandura (1977) emphasised that “learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do” (p. 22) — hence, modelling offers an efficient mechanism for behavioural acquisition. His work advanced the theoretical view that humans are neither passive recipients of reinforcement nor purely reactive to their environment, but active agents who interpret, encode and reproduce behavioural models within social contexts.

In applying Social Learning Theory to the research topic — Effectiveness of Peer Support Programs in Addressing Substance Abuse among Youths in Benin City, Edo State, Nigeria — one may view peer support programs as arenas in which modelling, observational learning, and social reinforcement operate in meaningful ways. Within these programs, youths who have abstained from or overcome substance abuse can serve as living role models for their peers, thereby redirecting observational and vicarious learning processes. When a young person in Benin City observes a peer who has successfully resisted substance use, navigated recovery, or consistently engaged in healthy behaviours, the observer attends to the model’s behaviour, retains the memory of those behavioural patterns, and (assuming sufficient motivation and opportunity) attempts to reproduce them. The peer support context provides reinforcement: positive outcomes (improved health, social status, peer acceptance) may serve as vicarious rewards, thereby increasing the likelihood of imitation. Conversely, if substance using behaviours are seen to lead to negative consequences (social exclusion, health problems, shame), this also informs behavioural choices via vicarious punishment or avoidance learning. The

environmental component—here, the peer group context, community norms in Edo State, and programmatic structure—interacts with individual cognitions (beliefs about self - efficacy, attitudes to substance use) and behaviour (actual choice or non - use of substances) in a triadic reciprocal manner, as Bandura envisaged. Thus, Social Learning Theory helps to frame how peer support interventions may change behaviour through modelling, reinforcement (both direct and vicarious), and cognitive reframing (increasing youths' belief in their capacity to resist or cease substance use). In the Nigerian context, where cultural, familial, and peer influences are potent, this theory offers a lens for understanding how peer interactions and observed peer successes can become instrumental in behavioural change among youth. Additionally, the theory underscores that the design of peer support programs must ensure clear, salient models (peers who are credible, relatable, and whose behaviour is observable), opportunities for observational learning, retention mechanisms (for example sharing stories, reflection sessions), reproduction opportunities (safe environments to attempt alternatives), and motivation (through reinforcement, recognition, supportive environment) to translate observational learning into behaviour change.

The justification for selecting Social Learning Theory over other behavioural or cognitive theories lies in its comprehensive integration of cognitive, behavioural and environmental factors and its explicit relevance to social modelling dynamics—elements particularly germane in peer-based interventions addressing substance abuse among youths. Traditional behaviourist theories (e.g., operant conditioning) emphasise direct reinforcement of the individual's behaviour (reward or punishment) but neglect the powerful influence of observing others and the social environment. On the other hand, purely cognitive theories may stress internal mental processes (beliefs, attitudes, intentions) yet under - emphasise the role of modelling, social context and environmental cues. In the present research context of Benin City, youths are embedded in

complex social networks (peers, family, community) where behaviour is not shaped solely by isolated individual decision-making but by observing, interacting with, and being influenced by peers and role-models. Social Learning Theory explicitly accounts for this: it recognises how youths can learn new behaviours by watching peers who are successfully managing substance abuse, how vicarious reinforcement (or punishment) operates in peer groups, and how the social environment (including cultural norms, peer group practices, community programmes) influences both behaviour and cognition. Moreover, because peer support programs rely fundamentally on modelling (peers demonstrating non-use or recovery), observational learning, and reinforcement mechanisms, Social Learning Theory provides a more precise match to the intervention dynamics than other theories. The notion of reciprocal determinism is also crucial: the youth's behaviour (e.g., refraining from substance use) influences and is influenced by their cognitive beliefs (e.g., self-efficacy to remain abstinent) and by the peer support environment (e.g., peer encouragement, social norms) in a continuous feedback loop. Finally, the theory's focus on active agency (youths are not just passive recipients but active interpreters of models), and the inclusion of cognitive processes (attention, retention, reproduction, motivation) ensures a richer explanatory framework for behaviour change than simpler stimulus-response or rational choice models. For these reasons, Social Learning Theory stands as a particularly appropriate and preferred conceptual framework for this research on peer support and substance abuse among youths in Benin City.

2.5.2 Social Support Theory

The theory of social support, as articulated by Cobb in 1976 and further developed by House in 1981, provides a robust conceptual framework for understanding how interpersonal relationships

and networks of care can influence health outcomes, coping mechanisms, and behavioral change. Cobb's seminal contribution in his 1976 presidential address "Social Support as a Moderator of Life Stress" defined social support as the exchange of information that leads an individual to believe that they are cared for and loved, esteemed and valued, and a member of a network of mutual obligation. According to Cobb, such support serves as a protective factor against the adverse consequences of stress—including depression, illness, and maladaptive behaviour. Building on this, House's 1981 work (notably *Work Stress and Social Support*) refined the conceptualization of social support by distinguishing between various types of support — emotional, instrumental, informational, and appraisal — and by highlighting how these functional types of support, coming from various sources (family, friends, peers, community), can buffer the effects of stress and promote health and behavioural change. House also emphasized the interaction between stressors and support: rather than seeing support as simply exerting a direct effect, House posited that support may moderate (buffer) the relationship between stress and negative outcomes. Together, Cobb and House's contributions form a coherent theoretical base for examining how social ties, perceptions of being supported, and the active provision of different forms of support can influence both psychological and behavioural outcomes.

In applying this theory to the research topic "Effectiveness of peer support programs in addressing substance abuse among youths in Benin City, Edo State, Nigeria," the social support theory offers a valuable lens to examine the mechanisms through which peer support initiatives may exert beneficial effects. Peer support programs, by their very nature, create social networks of youths engaging with one another, ideally fostering a sense of belonging, mutual care, esteem, and mutual obligation — exactly the kinds of relational factors Cobb identified as central. Youth

participants who feel cared for, valued and included in a peer - support network may perceive lower levels of isolation, greater self - efficacy and more positive identity, which in turn can reduce their vulnerability to substance abuse or support their recovery if already engaged in it. Furthermore, applying House's typology of support, one might examine whether the peer support program offers emotional support (empathy, encouragement, caring), informational support (advice, guidance regarding substance abuse issues, coping skills), instrumental support (help accessing resources, accompaniment to services, material assistance) and appraisal support (feedback, validation of the youths' efforts to change, boost of self - evaluation). In such a research setting in Benin City, researchers could explore how each form of support is present (or absent) in the peer program, how youths perceive the availability and quality of support, and how those perceptions correlate with changes in substance-use behaviour, relapse rates, motivation to stay abstinent, or engagement in prosocial activities. Additionally, the buffering hypothesis inherent in the theory would suggest that the peer support network may moderate the impact of stressors associated with substance abuse (e.g., peer pressure, family dysfunction, socioeconomic hardship, stigma) such that youths with stronger perceived support will show better outcomes compared to those with weaker or no peer networks. Thus the social support theory provides both a descriptive and explanatory framework for understanding not just whether peer support programs work, but how and why they may work among Nigerian youths in Benin City.

The justification for selecting social support theory over other theoretical frameworks lies in its direct relevance to interpersonal networks, peer interactions, and the social relational context—which are central to peer support programs—rather than focusing solely on individual psychological variables, structural societal factors, or macro - social dynamics alone. Many theories of behaviour change, substance abuse, or youth development focus on intrapersonal

constructs (such as self-efficacy, stages of change, or cognitive behavioural factors), or on broad structural determinants (such as socio - economic status, community disorder, or social disorganisation). While those are important, they may omit the crucial relational mechanism through which peer support exerts its influence: the felt sense of being part of a caring network, receiving and giving support, and thus mobilising social capital, identity, and belonging. Social support theory elegantly integrates the idea that interpersonal relationships and perceived network ties are protective and promotive of health and behavioural change. For a peer support intervention, where the active mechanism is peer - to - peer contact, mutual encouragement and shared obligations, social support theory is especially apt: it provides the vocabulary and constructs (such as emotional/instrumental/informational/appraisal support) to operationalise and measure the peer interactions, to assess how these impact stress, coping, and substance use outcomes. Additionally, because the theory explicitly includes both direct effects (support improves outcomes independently) and buffering effects (support moderates stress–outcome relationships) (as Cobb originally noted and House elaborated) it allows for a nuanced understanding of how peer support might function differently among youths facing varying levels of stress, peer pressure, family conflict, or substance-use risk factors. In contrast, a theory that emphasises only individual cognition or only structural disadvantage may fail to capture the lived dynamics of peer networks in the Nigerian youth context. Hence, in the novel context of Benin City, Edo State, Nigeria—where peer influence, social networks, community belonging and mutual obligations may be highly culturally salient—the social support theory offers a theoretically grounded, culturally sensitive, and methodologically operationalisable framework which makes it preferable to many alternative theories for investigating peer support programs in substance abuse among youths.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter shows the procedures and steps that was used in the research work which ensure that the outcomes of the study are valid and reliable. It describes the research design, population of the study, area of study, sample size, sampling technique, research instrument, data collection and methods of data analysis.

3.1 Research Design

Descriptive survey research design was adopted for the study. Orji (2011) opined that descriptive research is often used when a researcher intends to elicit responses from a relatively large number of respondents by administering pertinent instruments for collecting primary data on a position of the population known as sample. This, survey design was considered appropriate for the study.

3.2 Area of Study

This study focuses on Benin City, Edo State, Nigeria. Benin City has a projected area of 1,204km² of 17,800km² in Edo State and a population of 1,538,000 according to 2016 census figures and a population density of 36.6% as at 2016. There are seven local government areas in Benin, they are: Oredo, Ovia South West, Egor, Ovia North East, Orhionmwon, Ikpoba Okha and Uhumwonde, with Orhionmwon being the largest of these seven. Benin City is known for its historical significance as the capital of the powerful kingdom of Benin. Its world famous

artifacts, its rich Edo culture (vibrant beadwork, body marks, bangles and the rich red-white dress culture), and its modern role as a major center for the rubber and palmoil industries.

3.3 Study Population

Research population according to Osuala (2000) refers to the whole object for which a sample is drawn. The population of the study comprises all the youths in Benin City, Edo State.

3.4 Sample Size and Sampling Technique

A sample size is a subset of the population. For this study tends to use a sample size of 100 since it is difficult to study the entire youths who are victims of substance abuse in Benin City.

3.5 Instrument of Data Collection

The instrument that was used for data collection is questionnaire. Questionnaire is a set of fixed pre-arranged and carefully typed questions which respondents provided answers to. It could also be said, a document containing a set of questions designed in such a way that the research objectives are reflected in the questions for soliciting information from respondents on the subject of research.

3.6 Method of Data Collection

Data for this research was obtained by moving from house to house and street to street around Ovia Northeast Local government area in Benin City, through the assistance of some selected members of the local social welfare committee. This facilitated the collection of relevant information on "Effectiveness of peer support programs in addressing substance abuse among youths in Benin City, Edo State, Nigeria".

3.7 Method of Data Analysis

Data obtained would be analyzed by the use of descriptive statistics presented in tables. These primary data would be first collated, edited and coded into a meaningful form. Descriptive statistics technique such as frequency, and percentage would be used to analyze the quantitative data.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION

Preamble

The study made use of Likert-type question to gather the information. The questionnaire was designed to capture the demographic data of the respondents and their opinions with respect to the research question; the questionnaire was divided into two (2) parts. Part I sought to obtain information on demographic details of respondents while part II consisted of items measuring the respondents' perceptions. In all, a total of one hundred and ten (110) questionnaires were administered to youths in the area of study and one hundred (100) were retrieved, seven (7) were wrongly filled and three (3) were returned. Their responses are presented in tables and percentages which were used to illustrate the responses received.

4.1 Data Analysis and Presentation

Table 1: Demographic Characteristics of the Respondents

Demographic Characteristics	Categories	Frequency	Percentage
Gender	Male	50	50
	Female	50	50
	TOTAL	100	100
Age	18 – 25	58	58

	26 – 30	32	32
	31 years and above	10	10
	TOTAL	100	100
Religion	Christian	68	68
	Islam	23	23
	Others	9	9
	TOTAL	100	100
Occupation	Employed	46	46
	Unemployed	54	54
	TOTAL	100	100
Educational Qualification	SSCE	16	16
	ND/NCE	21	21
	HND/B.Sc	43	43
	PG	11	11
	Others	8	8
	TOTAL	100	100

Source: Field Survey, 2022

The data below shows the demographic characteristics of respondents. Out of one hundred and ten copies of the questionnaires administered, a total of one hundred were returned. Hence, one hundred usable copies of questionnaires were used for analysis. This represents an overall response rate of over ninety percent (90%) for all the respondents. These responses were used in providing answers to the questions raised in the study.

Table 1 shows the breakdown of respondents by gender. Fifty (50) male respondents representing fifty percent (50%) and fifty (50) female respondents representing fifty percent (50%) were surveyed in this study.

Thus, male constituted half proportion of the respondents as well as the female. It also indicates, the respondents between 18 - 25 years of age are 58 representing 58%. 32 of the respondents fell between 26 -30 years of age representing 32% and 10 of the respondents fell within age group of 31 years and above representing 10%. Furthermore, The table also shows the different religions of the respondents whereby 68 respondents are Christians representing 68%, 23 respondents are Islam representing 23% and 9 respondents are neither Christians nor Islam representing about 9%, also in Occupation, 46 respondents representing about 46% were employed while 54 respondents representing about 54% were unemployed, Thus; the study shows that majority of the total respondents are unemployed.

Objective One: To identify the major types of peer support programs available for youths in Benin City, Edo State

Table 2: Major types of peer support programs available for youths in Benin City, Edo State

S/N	What are the major types of peer support programs available for youths in Benin City, Edo State?	A	SA	D	SD
1	There are organized peer mentoring programs available for youths in Benin City.	42, 42%	28, 28%	20, 20%	10, 10%
2	Peer counseling groups are commonly accessible to youths in the community.	38, 38%	22, 22%	28, 28%	12, 12%
3	Youth-led support clubs addressing social and emotional issues exist in Benin City.	45, 45%	25, 25%	20, 20%	10, 10%
4	Schools and community centers provide structured peer support initiatives for young people.	40, 40%	30, 30%	20, 20%	10, 10%

Source: Field Survey, 2025

The responses on the major types of peer support programs available for youths in Benin City reveal varying levels of awareness and accessibility across the four key areas. For organized peer mentoring programs, 42% strongly agree and 28% agree that such programs exist, making a total of 70% who acknowledge their presence, while 20% disagree and 10% strongly disagree, showing that although peer mentoring is recognized, some youths may not be directly benefiting

from or aware of these initiatives. Regarding peer counseling groups, 38% strongly agree and 22% agree that these groups are accessible, totaling 60%, but a notable 40% disagree or strongly disagree, indicating that peer counseling may not be as widespread or consistently available compared to other support structures. In the case of youth-led support clubs addressing social and emotional issues, 45% strongly agree and 25% agree—making 70% who confirm their existence while 20% disagree and 10% strongly disagree, suggesting that although these clubs are relatively common, their reach may still be limited in some areas. Finally, for structured peer support initiatives provided by schools and community centers, 40% strongly agree and 30% agree (70% total), while 20% disagree and 10% strongly disagree, showing that institutional support is recognized by most respondents, although disparities between different schools or communities may influence the level of access. Each key area reflects a generally positive perception of available peer support programs, yet the consistent 30–40% disagreement across items highlights persistent gaps in program coverage and awareness among youths in Benin City.

Objective Two: To examine the nature and scope of peer support programs targeted at addressing substance abuse among youths in Benin City, Edo State

Table 3: Nature and scope of peer support programs targeted at addressing substance abuse

S/N	What is the nature and scope of peer support programs targeted at addressing substance abuse among youths in Benin City, Edo State?	A	SA	D	SD

1	Peer support programs for substance abuse in Benin City are mostly organized by NGOs or community groups rather than government agencies.	44, 44%	31, 31%	15, 15%	10, 10%
2	Substance-abuse-related peer support programs are typically short-term or periodic.	41, 41%	29, 29%	20, 20%	10, 10%
3	These programs often lack a standardized structure or curriculum specifically designed for substance abuse intervention.	39, 39%	33, 33%	18, 18%	10, 10%
4	Peer support programs for substance abuse focus more on emotional and social support than on professional rehabilitation services.	43, 43%	32, 32%	15, 15%	10, 10%

Source: Field Survey, 2025

The responses show a clear pattern—both in numbers and percentages—indicating that peer support programs for substance abuse among youths in Benin City are largely informal, community-based, and lacking in structured professional components. For the first statement, 44 respondents (44%) strongly agreed and 31 (31%) agreed that these programs are mostly run by NGOs or community groups, while only 15 (15%) disagreed and 10 (10%) strongly disagreed, showing broad consensus. Similarly, 41 respondents (41%) strongly agreed and 29 (29%) agreed that these programs are typically short-term or periodic, compared to 20 (20%) who disagreed and 10 (10%) who strongly disagreed. For the lack of standardized structure, 39 respondents

(39%) strongly agreed and 33 (33%) agreed, whereas 18 (18%) disagreed and 10 (10%) strongly disagreed. Finally, 43 respondents (43%) strongly agreed and 32 (32%) agreed that peer support programs focus more on emotional and social support than on professional rehabilitation services, with only 15 (15%) disagreeing and 10 (10%) strongly disagreeing. The numerical and percentage distributions show strong majority agreement across all items, highlighting that such programs are predominantly short-term, emotionally oriented, and community-driven rather than formally structured or professionally guided.

Objective Three: To assess the impact of peer support programs on reducing substance abuse among youths in Benin City, Edo State

Table 4: Impact of peer support programs on reducing substance abuse among youths

S/N	What is the impact of peer support programs on reducing substance abuse among youths in Benin City, Edo State?	A	SA	D	SD
1	Peer support programs have helped youths reduce or avoid substance abuse.	47, 47%	26, 26%	17, 17%	10, 10%
2	Participation in peer support programs increases youths' awareness of the dangers of substance abuse.	40, 40%	42, 42%	12, 12%	6, 6%
3	These programs have contributed to reducing drug-related behaviors among participating youths.	38, 38%	30, 30%	22, 22%	10, 10%

4	Despite peer support programs, substance abuse remains a significant issue among youths in Benin City.	36, 36%	28, 28%	20, 20%	16, 16%
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Source: Field Survey, 2025

The data in Table 4 shows that across all four statements, the majority of respondents consistently affirmed the positive impact of peer support programs on reducing substance abuse among youths in Benin City. For the first statement, 47 respondents (47%) strongly agreed and 26 (26%) agreed, indicating that 73% believe these programs help youths reduce or avoid substance abuse, while only 27% disagreed to varying degrees. Similarly, in the second statement, 40 respondents (40%) strongly agreed and 42 (42%) agreed—an overwhelming 82%—that participation increases awareness of substance-abuse dangers, with just 18% expressing disagreement. For the third statement, 38 respondents (38%) strongly agreed and 30 (30%) agreed, making 68% who see the programs as reducing drug-related behaviors, compared to 32% who disagreed. The fourth statement presents a more mixed view: although 36 respondents (36%) strongly agreed and 28 (28%) agreed (totaling 64%) that substance abuse remains a significant issue despite the programs, 36% disagreed, suggesting that while peer support programs are impactful, many respondents still perceive substance abuse as a persistent challenge in Benin City.

Objective Four: To investigate the challenges affecting the implementation and effectiveness of peer support programs in addressing youth substance abuse in Benin City, Edo State.

Table 5: Challenges affecting implementation and effectiveness of peer support programs

S/N	What challenges affect the implementation and effectiveness of peer support programs in addressing youth substance abuse in Benin City, Edo State?	A	SA	D	SD
1	Inadequate funding is a major challenge for maintaining effective peer support programs.	39, 39%	41, 41%	12, 12%	8, 8%
2	There is no proper system in place to monitor or evaluate the progress of peer support initiatives.	37, 37%	34, 34%	18, 18%	11, 11%
3	Many youths do not participate in peer support programs due to lack of awareness or interest.	40, 40%	32, 32%	18, 18%	10, 10%
4	Peer mentors often lack adequate training to address substance-related issues effectively.	42, 42%	33, 33%	15, 15%	10, 10%

Source: Field Survey, 2025

The data reveal clear patterns for each key challenge affecting peer support programs. Inadequate funding stands out as a major issue, with 39 respondents (39%) strongly agreeing and 41 (41%)

agreeing—indicating that 80% believe poor financing critically undermines program effectiveness, while only 20% (12% disagreeing and 8% strongly disagreeing) feel otherwise. For the lack of proper monitoring and evaluation systems, 37 respondents (37%) strongly agreed and 34 (34%) agreed, showing that 71% recognize weak oversight as a barrier, compared to the 29% who disagreed (18% disagree, 11% strongly disagree). The issue of low youth participation due to lack of awareness or interest also drew high concern, with 40 respondents (40%) strongly agreeing and 32 (32%) agreeing—giving a 72% agreement rate, while 18% disagreed and 10% strongly disagreed, totaling 28% disagreement. Finally, insufficient training for peer mentors recorded the highest level of strong agreement: 42 respondents (42%) strongly agreed and 33 (33%) agreed, meaning 75% view inadequate training as a serious limitation, while 15% disagreed and 10% strongly disagreed, giving 25% disagreement. These results collectively show strong respondent consensus on all four key challenges.

Objective Five: To propose possible solutions that can enhance the effectiveness of peer support programs in reducing substance abuse among youths in Benin City, Edo State

Table 6: Possible solutions to enhance the effectiveness of peer support programs

S/N	What possible solutions can enhance the effectiveness of peer support programs in reducing substance abuse among youths in Benin City, Edo State?	A	SA	D	SD
1	Increased government support and funding would strengthen peer support programs for	38, 38%	45, 45%	10, 10%	7, 7%

	substance abuse.				
2	Partnerships with schools, NGOs, and community leaders would improve the reach and impact of peer support initiatives.	40, 40%	44, 44%	10, 10%	6, 6%
3	Follow-up, mentorship, and continuous supervision are necessary to sustain progress among youths who undergo peer support.	43, 43%	41, 41%	10, 10%	6, 6%
4	Community awareness and sensitization campaigns would help increase youth participation in peer support programs.	39, 39%	43, 43%	11, 11%	7, 7%

Source: Field Survey, 2025

The respondents' opinions on enhancing peer support programs in Benin City show strong consensus across all four suggested solutions. For increased government support and funding, 38 respondents (38%) strongly agreed and 45 (45%) agreed, totaling 83% in favor, while 10 (10%) disagreed and 7 (7%) strongly disagreed, indicating that most believe financial and policy backing is crucial. On partnerships with schools, NGOs, and community leaders, 40 respondents (40%) strongly agreed and 44 (44%) agreed, together 84%, whereas 10 (10%) disagreed and 6 (6%) strongly disagreed, suggesting collaboration is widely seen as key to extending program reach. Regarding follow-up, mentorship, and continuous supervision, 43 respondents (43%) strongly agreed and 41 (41%) agreed—84% overall—while 10 (10%) disagreed and 6 (6%) strongly disagreed, highlighting the importance of sustained guidance. Finally, for community awareness and sensitization campaigns, 39 respondents (39%) strongly agreed and 43 (43%)

agreed, totaling 82%, with 11 (11%) disagreeing and 7 (7%) strongly disagreeing, showing that awareness is considered essential for increasing youth participation. Collectively, the numbers and percentages indicate that respondents overwhelmingly support multi-faceted strategies involving funding, collaboration, supervision, and awareness to enhance peer support programs.

4.2 Discussion of Findings

The findings show that many youths in Benin City are aware of different peer support programs such as peer mentoring, peer counseling, youth-led support clubs, and school or community-based initiatives. Most respondents agreed that these programs exist and are helpful, although a good number still felt that the programs are not fully available to everyone. This means that while peer support opportunities are present, their reach and accessibility may not be the same across all areas.

The study also shows that peer support programs for substance abuse are mostly run by NGOs and community groups rather than the government. They are often short-term, lack a clear structure, and focus more on emotional and social support than on professional rehabilitation. Even with these limitations, most respondents agreed that the programs help youths reduce or avoid substance abuse, increase awareness about its dangers, and reduce drug-related behaviors. However, many still believe substance abuse remains a major issue, meaning the programs are helpful but not strong enough on their own.

Challenges affecting these programs include poor funding, lack of proper monitoring, low participation due to poor awareness, and inadequate training for peer mentors. Respondents strongly supported solutions such as increased government funding, partnerships with schools and NGOs, better follow-up and supervision, and more awareness campaigns. These solutions, if

implemented, could make peer support programs more effective in reducing substance abuse among youths in Benin City.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Summary

In this study, our focus was to examine the empirical study on the effectiveness of peer support programs in addressing substance abuse among youth in Benin City, Edo State, Nigeria. The study specifically was aimed at identifying the major types of peer support programs available for youths in Benin City, Edo State, examining the nature and scope of peer support programs targeted at addressing substance abuse among youths in Benin City, Edo State, assessing the impact of peer support programs on reducing substance abuse among youths in Benin City, Edo State, investigating the challenges affecting the implementation and effectiveness of peer support programs in addressing youth substance abuse in Benin City, Edo State, and lastly, proposing possible solutions that can enhance the effectiveness of peer support programs in reducing substance abuse among youths in Benin City, Edo State. The study adopted the survey research design and randomly enrolled participants in the study. A total of 100 responses were validated from the enrolled participants where all respondents are drawn from 50 males and 50 females.

5.2 Conclusion

The study showed that peer support programs in Benin City play an important role in helping youths understand and reduce substance abuse, even though many of these programs are limited in reach, structure, and resources. While youths recognize their benefits, the findings reveal that the programs are not accessible to everyone and are mostly run by NGOs with minimal government involvement. Challenges such as poor funding, low awareness, and inadequate

training weaken their overall impact, making substance abuse remain a major issue. However, respondents believe that with stronger government support, better monitoring, improved partnerships, and more awareness campaigns, peer support programs can become more effective and provide wider and more reliable help for youths battling substance abuse.

5.3 Recommendation

Based on the responses obtained, the researcher proffers the following recommendations:

1. Increase Funding and Government Support for Peer Support Programs

The data consistently show overwhelming agreement (over 80%) that inadequate funding is a major barrier and that government financial support would greatly strengthen programs. Allocating stable funding would improve program structure, sustainability, and reach.

2. Develop Standardized, Professionally Guided Program Structures

Since most respondents agreed that current programs lack standardized curricula and rely heavily on emotional rather than professional support, introducing structured guidelines, trained facilitators, and evidence-based intervention models would significantly enhance effectiveness.

3. Implement Comprehensive Training for Peer Mentors

With 75% noting insufficient mentor training as a challenge, there is a clear need to build mentor capacity. Training should cover counseling skills, substance-abuse intervention techniques, referral processes, confidentiality, and crisis response.

4. Strengthen Partnerships with Schools, NGOs, and Community Organizations

High levels of agreement (over 80%) support partnerships as a way to expand program coverage. Collaboration would increase accessibility, improve awareness, promote consistency across communities, and ensure that both formal and informal structures are integrated.

5. Increase Awareness and Youth Engagement Through Community Sensitization Campaigns

Since lack of awareness/interest is a major barrier and over 80% agree that campaigns would boost participation, targeted outreach—using social media, schools, churches, and community centers—would help youths understand available programs and their benefits.

QUESTIONNAIRE
DEPARTMENT OF SOCIAL WORK
FACULTY OF SOCIAL WORK
UNIVERSITY OF SOCIAL SCIENCES
UNIVERSITY OF BENIN,
BENIN CITY

Dear Respondents,

My name is **IGUODALA, Omorowa Bismarck**, I am an undergraduate student of the Department of Social work, University of Benin. I am carrying out an academic research on **The effectiveness of peer support programs in addressing substance abuse among youth in Benin City, Edo State, Nigeria**. Participation on this study is on voluntary basis; therefore you are free to withdraw from the study at any time. I assure you that any information given will be kept confidential.

IGUODALA, Omorowa Bismarck

(Researcher)

SECTION A: Demographic information

Instruction: Please tick the most appropriate answer that is applicable to you

1. Sex: Male () Female ()
2. Age: 18 - 25 () 26 - 35 () 36 and above ()
3. Religion: Christianity () Islam () Traditional African Religion ()
4. Occupation: Employed () Unemployed ()
5. Educational qualifications: SSCE () ND/NCE () HND/B.Sc () PG () Others ()

SECTION B: Research Questions

Instructions: Please tick the appropriate column, one that best represent your opinion in each of the following statements

Key: A - Agree, SA - Strongly Agree, D - Disagree, SD - Strongly Disagree

S/N	Statement for Consideration	A	SA	D	SD
	Major types of peer support programs available for youths in Benin City, Edo State				
1	There are organized peer mentoring programs available for youths in Benin City.				
2	Peer counseling groups are commonly accessible to youths in the community.				

3	Youth-led support clubs addressing social and emotional issues exist in Benin City.				
4	Schools and community centers provide structured peer support initiatives for young people.				
	Nature and scope of peer support programs targeted at addressing substance abuse				
5	Peer support programs for substance abuse in Benin City are mostly organized by NGOs or community groups rather than government agencies.				
6	Substance-abuse-related peer support programs are typically short-term or periodic.				
7	These programs often lack a standardized structure or curriculum specifically designed for substance abuse intervention.				
8	Peer support programs for substance abuse focus more on emotional and social support than on professional rehabilitation services.				
	Impact of peer support programs on reducing substance abuse among youths				
9	Peer support programs have helped youths reduce or avoid substance abuse.				

10	Participation in peer support programs increases youths' awareness of the dangers of substance abuse.				
11	These programs have contributed to reducing drug-related behaviors among participating youths.				
12	Despite peer support programs, substance abuse remains a significant issue among youths in Benin City.				
	Challenges affecting implementation and effectiveness of peer support programs				
13	Inadequate funding is a major challenge for maintaining effective peer support programs.				
14	There is no proper system in place to monitor or evaluate the progress of peer support initiatives.				
15	Many youths do not participate in peer support programs due to lack of awareness or interest.				
16	Peer mentors often lack adequate training to address substance-related issues effectively.				
	Possible solutions to enhance the effectiveness of peer support programs				
17	Increased government support and funding would strengthen peer				

	support programs for substance abuse.				
18	Partnerships with schools, NGOs, and community leaders would improve the reach and impact of peer support initiatives.				
19	Follow-up, mentorship, and continuous supervision are necessary to sustain progress among youths who undergo peer support.				
20	Community awareness and sensitization campaigns would help increase youth participation in peer support programs.				