

**FACTORS ASSOCIATED WITH SUBSTANCE ABUSE AMONG YOUTH IN
NIGERIA.**



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BY

ENOBIEOSASUMWEN PROGRESS

SSC2010595

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CERTIFICATION

This is to certify that this research was carried out **ENOBIEOSASUMWEN PROGRESS** with matriculation number **NO. SSC2010595** in the Department of Sociology and Anthropology, Faculty of Social Sciences, University of Benin, Benin City.

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ABSTRACT

Drug misuse is a worldwide epidemic, particularly among young people. A growing number of Nigerian youth are becoming addicted to drugs at the same time as their country is moving from being a drug-using to a drug-producing nation. This study used a Descriptive quantitative design from Nigeria - National Survey on Drug Use and Health 2016-2017. Data were analysed using univariate analysis in form of frequency distribution and multivariate analysis using ordered logistic regression model. The result shows highest substance misuse among youths was Cannabis whereby 91.4% commonly use it, followed by those abusing painkiller (83.26%) and alcohol (78.4%). The results of the ordered logistics regression analysis shows that there is significant relationship between type of occupancy rent, where youth seek medical attention, access to health care facility in the past 12 months, drug counselling centre and substance abuse among youth in Nigeria at p-value less-than 0.05 significant level. Drug usage has a variety of negative effects on society, including crime, injury, marital instability, and societal violence; nevertheless, this study found that female participants were more likely to use cannabis, alcohol, and painkillers. Drug abuse risk factors identified in this analysis include youths' access to health care facilities within the previous 12 months and drug counselling centres like private hospitals, psychiatric hospitals, and other government hospitals; youths' type of occupancy rent; and youths' locations of drug treatment providers, such as pharmacies and patent medicine vendors. The study ascertained the needs for government to set up rehabilitation counselling centres and hospitals where they do not already exist, and to strengthen their capabilities in such locations. make concerted efforts to train professional health care practitioners or counsellors who would manage drug abuse situations, and it should also encourage the construction of private specialist centres. Further findings should investigate the role that government hospitals like federal, state, and municipal levels play in the war on drug.

CHAPTER ONE

BACKGROUND OF THE STUDY

1.0 Introduction

Substance use among Nigerian youth is the primary focus of this research. It is extremely worrying that this act is being committed by young people, and needs for more research into the personal and health issues associated to this act is needed. The study's overarching goal is to better understand the factors that contribute to substance abuse (SA), which stands as the study's dependent variable. The specific purpose of this research is to examine the effect of a health care institution and a drug counselling centre on drug and alcohol abuse. Target 5 of goal 3 of the Sustainable Development Goal (SDG), stated to strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol (Timothy, 2017), so research in this area is important because it will identify potential areas to focus interventions within drug abuse among youth by government and non-governmental agencies.

By filling a void in the empirical evidence-base, the results of this study should improve our comprehension of prevention measures for these behaviours. Research on these topics is also recognised as being timely with regard to future youth protection. Inconsistencies between important terminology and the research history surrounding these concepts are investigated.

1.1 Background and Context of the Study

Addiction among young people is an issue all around the world. Although there are potential benefits to using drugs responsibly, misusing them has disastrous consequences. Drug misuse is a worldwide epidemic, particularly among young people (Sarkingobir & Dikko, 2020; Woldeamanuel et al., 2020). There are an estimated 4.8 million cocaine users

in Europe and the United States. According to these statistics, around 1.6 million people in the United States have been abused. To put it another way, for every 100,000 Americans, 35 die from alcohol-related causes, but only 4 die from drug abuse. This was found to be the case by several researchers (Hagos et al., 2016). In 2012, an estimated 162 to 324 million people worldwide, or 3.5 to 7 percent of the population aged 15 - 64 years, had used an illicit drug, while the prevalence of intravenous substance addiction was between 0.27 and 0.17 percent worldwide and between 0.17 and 0.15 percent in Africa (Bassi et al., 2017; Yunusa et al., 2017).

While alcoholism is a major issue in Sub-Saharan Africa, other drug usage, such as that of marijuana and methamphetamines, is on the rise in the region as well (Bajunirwe et al., 2018). The rate at which Nigerians use dangerous psychoactive substances like cannabis, tobacco, alcohol, benzodiazepines, cocaine, and opioids is among the highest in the world. Nigeria ranks among the highest in the developing world overall (Agberotimi, 2018). A growing number of Nigerian youth are becoming addicted to drugs at the same time that their country is moving from being a drug-using nation to a drug-producing one. Many young individuals, especially those from privileged backgrounds, look up to and emulate the "big boys" who partake in risky drug behaviours like heroin and cocaine use. Institutions of higher learning tend to be the most likely places to find other potentially intoxicating compounds such as Indian hemp, which is widely produced in Nigeria, as well as narcotics like methamphetamine and tablets containing codeine (Akanbi et al., 2015).

Goal 3 of the Sustainable Development Goals (SDGs) calls for "strengthening the prevention and treatment of substance abuse, especially narcotics drug misuse and harmful use of alcohol, to be achieved. Reasonable justification exists for including this aim in the SDGs due to the fact that substance misuse poses a serious risk to public health (Bassi et al., 2017). Substance abuse is a major problem in Nigeria, but there is a notable dearth of data

showing how the country's healthcare infrastructure and access to counselling services affect the prevalence of the problem. This study was conducted to learn more about the causes of substance abuse among Nigeria's youth, both male and female. Preventative and intervention measures for youth substance use can be improved with the help of research on risk and protective factors (Muchiri & Dos Santos, 2018).

Negative health outcomes are increasingly being addressed through preventative science in many settings in Nigeria. Job function (Yunusa et al., 2017), academic achievement (Akanbi et al., 2015; Idowu, Sarkingobir, & Dikko, 2020), economic growth (Babalola & Yelwa, 2020), and the media are all examples of such settings (Ahmad et al., 2022). Very little research has been done on how to improve people's and communities' odds of experiencing positive rather than negative outcomes during their developmental stages (Muchiri & Dos Santos, 2018).

Risk factors are things like causes associated with prevalence of drug and alcohol usage in a certain area, whereas protective factors are things like access to treatment and social support that mitigate or lessen the effects of risk. In fact, the presence of favourable situations and circumstances is also responsible for a lower risk of developing health problems. There is a difference between promotive and protective factors in that the latter only compensate for risk exposure, thereby reducing the negative impact that risks have on the likelihood of unfavourable outcomes, whereas protective factors reduce the impact of risks on the likelihood of both positive and negative outcomes. Successful treatment plans require an in-depth familiarity with both risk and protective factors. Although there was a need for further research on substance abuse as a risk factor and the benefits of a healthy environment, this study sought to fill that need.

1.2 Rationale of the Study

The following justifications underlie the need for this investigation: Substance misuse is becoming more prevalent among young people. The fatality rate among young people is disproportionately high because of drug and alcohol misuse. Both government and non-government organisations are making maximum efforts to prevent young people from using drugs, but to no avail. Information on substance use and its consequences should be shared with the drug counselling centre. Once a young person develops a dependency on drugs, parents and carers often find themselves unable to help or even manage with them. Substance-abusing young people contribute to environmental instability and national development, which is a problem for both the local community and the country as a whole. Some young people who regularly use drugs also struggle academically. Some people just give up on their education and decide to stop going to class altogether. This increases the already high rates of youth illiteracy and joblessness in Nigeria.

This research will aid drug rehabilitation facilities and parents in comprehending the causes of youth substance usage. There do seem to be any studies addressing drug and alcohol abuse in Nigeria that centre on the role of medical care and rehabilitation centers. The substance addiction problem in Nigeria is a serious public health concern, so it's vital that we learn more about its causes and characteristics so that we can propose effective solutions.

1.3 Statement of Problem

Everyone, from the well-to-do to the impoverished, is susceptible to the damaging effects of illegal hard drug usage. Youths are especially vulnerable to this issue. Important in shaping character are the examples set by peers who are liked and respected. The need to conform to others' standards of beauty increases dramatically during youthful age, and this

has far-reaching consequences for health in the form of eating disorders, substance abuse, risky sexual behaviour, and even suicide (Akanbi et al., 2015). Some of the risks that young people take on themselves could be quite harmful to their health and well-being. Abuse occurs when there is no physiological need for the substance being used, and this most often occurs when breaking the law or consuming large quantities of a legally permissible substance. Substance misuse and its incapacitating effects continue to constitute a severe barrier to human progress and survival on many fronts, from the psychological to the criminal.

It is also important to keep in mind that many drug addicts and violent drug users have underlying mental health disorders (Bondurant et al., 2018). The dependence syndrome is a set of behavioural, cognitive, and physiological features that develops in response to chronic substance abuse and is marked by an intense craving for the drug, the inability to limit one's consumption, and the persistence in using despite negative outcomes. There is not a single body system that cannot be negatively affected by substance abuse. Several diseases, including those of the lungs, stomach, heart, liver, and brain, have been associated with substance abuse (Abubakar and Nasiru, 2019). Poor scholastic performance, reduced physical health, social isolation, troubles at home and at work, and even criminal behaviour are all consequences of drug abuse at any age (Bassi et al., 2017). This research aimed to better understand the causes of substance abuse among Nigerian youths.

1.4 OBJECTIVES OF THE STUDY

This study aimed to ascertain factors that contribute to substance abuse among youths in Nigeria.

1.4.1 Specific Objectives

1. To explore the availability of substances-alcohol, etc to youths in Nigeria.

2. To investigate societal problems associated with substance abusing among Nigeria youths.
3. To explore the effect of access to healthcare services on substance abuse youths in Nigeria.

1.5 Research Questions

1. What is the prevalence of substance abuse among youths in Nigeria?
2. What are the likely societal problems associated with substance abuse among youths in Nigeria?
3. Does access to health care services contribute to substance abuse among youths in Nigeria?

1.6 Hypothesis

Ho1: There is no significant association between the availability of health facilities and substance abuse among youths in Nigeria.

Ho2: There is no significant association between drug counselling centers and substance abuse among youths in Nigeria.

1.7 Justification of Study

The youth are a vital part of any society and one of a country's most valuable assets in its pursuit of development and economic growth. They will still be the ones to follow in the years to come. Young people make up a sizable proportion of any country's population, and they are widely seen as the demographic most likely to live up to expectations regarding their potential as caring, active, and productive citizens. Youth are not only the most volatile but also the most defenceless segment of society (Nasiru et al., 2019). Since the NDLEA's inception in 1999, there have been frantic efforts to collect useful data on drugs through a variety of drug indicators in order to influence policy.

Most young people who abuse substances are aware of the personal and health aspects that influenced their decision to start using, as well as the likely course of action they must take to recover from their addiction. As a result of this research, parents and other caretakers will have a better idea of how to steer young people away from substance use by keeping tabs on the behavioural demands they exhibit. It will benefit the government and policymaker to reduce the perpetration of violence among teenagers caused by substance use, as well as community health variables and individual characteristics that have also been linked to illicit substances use.

1.8 Theoretical Concept

Substance abuse has complex and individual root causes. Different explanations have been proposed to explain the start of substance abuse problems. Theory of development, theory of biology, theory of psychology, theory of learning, theory of progression, theory of economics, theory of symbols, theory of social control, theory of bonds, and theory of availability are all examples (Cicchetti, 2007; Crain, 2004). The study's theoretical underpinnings were drawn from social learning theory and symbolic interactionism. Both were employed due to their complementary natures. The social learning theory places more emphasis on imitation and modelling through interaction than does symbolic interactionism, which is concerned with communication, meanings derived from interaction in specific contexts, and behaviour. Because of their shared emphasis on social contexts and behaviours, both can be used to explain why some young people begin abusing substances.

1.9 Limitations of the Study

The results of the study were restricted to the circumstances in Nigeria; they may not be applicable to other countries; consequently, generalisations will be made with caution. Due

to the cross-sectional nature of the data, no causal link can be established. In addition, social acceptability and memory biases cannot be excluded from self-reported studies.

1.10 Definition of Terms

Substance Abuse: It refers to the use of alcohol, prescription drugs, and other substances, both illegal and improperly, among other psychoactive substances that are damaging or dangerous.

Drug: A substance (other than food) used to prevent, diagnose, cure, or alleviate disease or abnormal condition symptoms. It is any chemical substance that, when taken, alters the physiology or psychology of an organism.

Youth: It refers to the period of a person's life while they are young, which is typically understood to represent the time period between childhood and adulthood. This study will adopt those within the age range of 15-29 years.

Cause: This refers to various features or qualities that have influenced youths to engage in substance misuse and supporting them more likely to do so.

Depression: This can be defined as a condition that is characterised by persistent feelings of sadness, emptiness, and loss of pleasure. It is also a prevalent and significant medical condition that negatively impacts feelings, thoughts, and actions.

Development: This refers to the process that generates expansion and positive change towards growth in the standard of living and quality of life of the population, as well as the creation or extension of regional income and employment opportunities without harming the environment's resources.

1.11 Outline of the Study

Substance abuse data were presented in the first chapter of the study. Research objectives were developed to correspond with the drafted essential study questions. Researchers and healthcare providers are urged to take note of the study's significance. Not only did the research help in the fight against substance misuse, but it also contributed to sustainable development. The lack of information on drug addiction in different areas is one of the study's flaws. Measures to support health variables associated with youth substance usage were instead relied on in the study.

Chapter 2 of the study includes a literature assessment of prior results regarding the causal elements of substance misuse. Included was an explanation of the guiding theoretical framework for the research project, which centred on social learning and symbolic interactionism. Communication, meaning (and its origins), and behaviour are all central to the symbolic interactionist perspective. According to the social learning theory, emulating successful behaviours in social situations is more important than acquiring new information.

In Chapter Three, the study sample design, target population, sources of data collection, sample size, and key measurements of variables were critically examined. Likewise, the model used for the study is also stated as appropriate using ordered logistic regression model.

Chapter Four; This chapter involves data analysis, findings, and their interpretations. The data used was quantitative and was analysed using STATA. Descriptive statistics were utilized in order to find the general description of the study's variables. Inferential analysis was conducted to indicate the association between the dependent and independent variables. These consisted of using ordered logistic regression because the outcome variables (substance

abuse: cannabis, alcohol, and painkillers) were measured in four ranked categories: commonly used, occasionally used, infrequently used, and never used.

Chapter Five of the study summarizes the conclusion, recommendation, and suggestion for further findings.

Chapter Summary

This chapter provided an outline of the study, including the background to the research, problem, rationale for the research, significance of the study, aims of the investigation, statement of the problem, theoretical framework, ethical considerations, definition of concepts, and outline of the study. Substance abuse among youths creates a concern among parents, stakeholders, and other professionals, thus, effective evidence-based intervention strategies to address substance abuse among youth need to be implemented.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The problems that are caused by the regular use of drugs, their effects, and their repercussions among young people call for immediate attention and a strategic response to develop ways to provide young people with the tools they need to lead drug-free lives. The challenges that are caused by the frequency of drug use among young people. The research based on empirical review and a theoretical framework that takes into account the various elements associated with the substance addiction of young people.

2.1 Global Concept of Substance Abuse

The industrialised world has the highest alcohol use, despite the fact that developing nations such as Kenya, Ethiopia, Nigeria, and Tanzania have reported problematic levels of drinking and drug use (Groenewald & Bhana, 2018). Abuse of cigarettes, alcohol, illegal narcotics (including opioids, cannabis, and cocaine), and psychotropic medicines is referred to as substance abuse. Misuse of psychoactive substances is a problem that affects public health all around the world, particularly among young people. The emerging nations of South Asia have a disproportionately high number of teenagers, which makes them particularly susceptible to the consequences of the global smoking epidemic (Khatib et al., 2018).

Around 5% of the world's adult population, or 250 million people, have tried illegal substances. Worse, 29.5 million of these drug users, which is 0.6% of the global adult population, have drug use problems that cause both fatalities and injuries. This accounts for 0.6% of all deaths and injuries caused by drugs (Sarkingobir & Dikko, 2020). 10% of American adults are addicted to alcohol or drugs (or 20.1 million people). It is estimated by

the Substance Abuse and Mental Health Services Administration (2018) of the United States Department of Health and Human Services that 2.1 million Americans have a problem with opioid usage, 1.8 million of whom also use prescription medicines (Grim & Grim, 2019). Alcohol is the cause of death for 4% of men and 7% of women in the world. Use of illegal drugs is another factor that endangers world health. In 2013, twenty percent of Americans aged 15 to 64 reported using illegal substances. The most commonly reported drugs were cannabis, opiates, cocaine, and amphetamines (Breet, Goldstone&Bantjes, 2018). Drug overdose killed 40.8 people per million in 2013. Men are responsible for two-thirds of the years lost and lived with a handicap as a result of drug use (World Health Organization, 2015). The absence of adequate national registries in low- and middle-income countries (LMICs) results in estimates of hazardous alcohol and illicit drug use that are significantly different depending on the context (World Health Organization, 2015).

The prevalence of substance usage has dropped due to certain interventions. There were three different cultural mediations carried out. The primary intervention method makes use of Cherokee Talking Circles, which were invented by Cherokee people. After learning about the cultural advantages of mindfulness, discipline, and self-assurance, they came to the conclusion that "unnecessary use of alcohol and drugs was not their identity as persons" (Mauro & Carmeci, 2007). Women who had used alcohol, drugs, or cigarettes within the previous nine months were more likely to have fewer unintended pregnancies when they participated in the CHOICES Plus Program, which is the second intervention (HSRC, 2015).

The most recent initiative to come out of Latin America is called Ethics First for Africa. This programme supports the promotion of forty core ethical values. The use of alcohol and drugs went down, academic performance went up, theft and violence went down, the number of teen pregnancies went down, and the number of STI cases went down (HSRC,

2015). The reduction of global substance abuse can be attributed to a focus on societal expectations and the chosen learning methods of patients and customers.

2.2 Substance Abuse in Africa

It is common knowledge that the rapid economic, social, and cultural advancements that have taken place in the majority of African countries have produced an environment that is well suited for the pervasive and disruptive use of drugs and alcohol (John-Lengba, Ezech, Guiella, Kumi-Kyereme, & Neema, 2014). Abuse of drugs and other substances is a problem that plagues a great number of African nations. A recent poll found that approximately six percent of high school pupils in Egypt admitted to using narcotics, with heroine being the most often used drug (Kavutha, 2015). A study conducted on adolescents in Ethiopia indicated that drug use has been on the rise (Tesfaye, Derese & Hambisa, 2014). According to a report that was published in 2006 by the International Narcotics Control Board, once the usual drug trafficking routes that went through the Netherlands and Spain were interrupted by enhanced enforcement, the East African region became the drug traffickers' last alternative (INCB). According to estimates made by the United Nations Office of Drugs and Crime (2014), Tanzania is home to more than 60 percent of the more than 500,000 heroin addicts that are found in East Africa. It was estimated that there were between 250,000 and 600,000 drug addicts in the country who were between the ages of 15 and 55. Heroin and cocaine dependence was seen in the brains of between 25,000 and 50,000 of these individuals (Bennet, 2011).

Taking into account, for example, the rise in heroin use in eastern Africa and the rise in cocaine use in West Africa, it is evident that the risk of a public health crisis already exists in the countries of the third world, which would lead to a decline in substance dependence across vast populations. This could have a significant impact on the global economy. It is not

possible to find a solution to the world's drug problem by transferring drug use from first-world countries to third-world countries. Alcohol, cannabis, and khat (an evergreen bush native to the tropical east of Africa with dark green inverted leaves that are bitten crisp for their energising effects) are only few of the traditional narcotics that are still widely used in today's Africa (Sorel, 2013). The consumption of alcohol is prevalent among people living in Sub-Saharan Africa; nevertheless, there is a growing trend toward experimentation with other substances, such as marijuana and crystal meth (Bajunirwe et al., 2018). Cannabis, methamphetamine, heroin, and cocaine were the four illegal substances that were utilised the most commonly in South Africa. These drugs and substances, when taken together, were responsible for more than 86 percent of all cases of drug and substance abuse that were brought to treatment centres. According to research on drug dependency, the prevalence of drug use in South Africa was twice as high as the global average and first in Africa. This was the case for cannabis, cocaine, and tik (UN World Drug Report, 2014).

The accessibility of psychoactive substances in Africa, as well as their consumption of those substances, has significantly increased since the introduction of pharmaceuticals available only with a doctor's prescription (Stein and Manyedi, 2016). Despite this, alcohol, cannabis, and khat continue to be the narcotics that are abused the most frequently in Africa. In recent years, opiate opiates such as heroin and cocaine have become effectively accessible throughout the entirety of Africa despite the legal control mechanisms that are currently in place. Substance abuse is a persistent problem in Africa, where widespread poverty, political unrest, social unrest, and issues pertaining to displaced persons all contribute to the rapid spread of psychoactive chemicals among young people (Sorel, 2013). According to data provided by the World Health Organization (2014), the southern and eastern regions of Africa are home to some of the continent's highest rates of alcohol consumption.

2.3 Substance Abuse in Nigeria

There is a growing drug problem among Nigeria's youth, and the country is shifting from being a major consumer to producer of the global drug trade. More and more kids, especially those from affluent backgrounds, are taking up drug usage to look like the "big guys" who use heroin and cocaine. Methamphetamine and codeine tablets, both of which can produce intoxication, are commonly discovered in educational settings. Indian hemp, another widely used narcotic, is frequently grown in Nigeria (Akanbi et al., 2015). According to current statistics, Nigeria is the continent's leading consumer of both cannabis and amphetamine. According to the Nigerian National Drug Law Enforcement Agency (N.D.L.E.A.), drug usage is rampant in Nigeria's schools. Approximately 20% of students in the state of Lagos have tried a psychoactive drug at least once (Bassi et al., 2017). Furthermore, the Ministry of Health in Lagos State has lately stated that the rising popularity of intoxicating substances among the state's youth is cause for serious alarm. Lagos, like many other large cities, has a problem with drug misuse, especially heroin and cocaine (LMoH, 2017). Despite links between tobacco and alcohol use and the abuse of harder substances like heroin and cocaine, both remain legal in Nigeria. Problematic substance use and addiction exacerbate a wide range of societal issues and threats. Insanity, lung cancer, high school dropouts, and teen crime are all in this category.

When compared to other developing countries, Nigerians are some of the world's largest consumers of hazardous psychoactive substances like cannabis, cigarettes, alcohol, benzodiazepines, cocaine, and opioids. Youth drug consumption in Nigeria has been linked to a decline in cultural norms and values (Agberotimi, 2018). Ajayi and Ekundayo (2010) state that substance misuse is a major problem in Nigerian schools, lowering both teaching standards and administrative efficiency. High school students in Lagos, Nigeria, drank

alcohol (29.1%) and stimulants like kola nut and coffee (23.3%) more than any other psychoactive substance.

2.4 Substance Abuse and Gender Differential

Socio-demographic factors, especially gender, are the most consistent predictors of substance misuse (Verhagen et al., 2015). Research suggests that substance misuse is significantly lower among women than men (Jain et al, 2013). Many studies have shown that men are more likely to get addicted to drugs than women, either due to biological predispositions (Becker et al., 2012) or environmental factors (Sorsdahl et al., 2012). Substance addiction is more common among men than women, and the reasons for this are different for men and women, as has been established by several studies (Becker et al., 2012).

It was hypothesised by Becker and coworkers (2012) that sex disparities in substance use and abuse are due to diverse historical, cultural, social, and biological reasons. The study's authors uncovered a gender gap in the propensity of males to engage in high-risk behaviours like drug experimentation for the purpose of experiencing the phenomenon's positive reinforcing effects. It also discovered that substance experimentation was associated with a higher risk of addiction in the long run for men who have a family history of substance abuse. In contrast, the study found that women were more likely to experiment with drug usage in an effort to self-medicate, either by attempting to relieve stress or alleviate psychological discomfort. There may be biological differences in substance use between men and women, however these are often contested or viewed in addition to psychosocial influences (Jain et al, 2013). To name just two examples, societal norms' construction of stigma and society roles are among these elements (Jain Jain et al, 2013; Sorsdahl et al., 2012).

In addition, the study discovered that men tobacco smokers were more likely to abuse marijuana than their female counterparts (Webster et al., 2014). The frequency of alcohol use and marijuana misuse among male students was found to be greater than that of female students in a study conducted in the Netherlands by Verhagen et al. (2015). There appears to be a statistically significant difference in alcohol consumption between males and females, but this difference is much smaller than that seen in studies from other African countries, where the prevalence of substance abuse among male students was twice that seen among female students (Kassa et al., 2019). An investigation of Ethiopian high school students, for instance, found that 66% of males and 34% of females were abusing substances (Birhanu et al., 2014). These results highlight the fact that the vast majority of the literature discusses the gender gap in alcohol use and abuse, but gives much less attention to the same issue in relation to other substances. This may be seen as a crucial omission in any effort to ascertain whether a similar trend exists for other substances; knowledge of this would be essential for the development of effective awareness-, prevention-, and intervention-based strategies.

2.5 Substance Use and Mental Health

Mental health issues and substance abuse are linked, according to the available literature (Shafer et al., 2017). The extent to which mental health and substance abuse are linked, however, varies widely. Research by Becker et al. (2012) shows that mental health issues like stress, anxiety, and depression significantly increase the likelihood that students may experiment with and become dependent on substances. There are still many unanswered questions about what causes what. Substance abuse and mental health issues can raise similar concerns. Although the idea of mental health is typically defined as the lack of mental illness, this research will instead focus on the more inclusive definition conceptualised by WHO (2013). "a condition of well-being in which the individual realises his or her own able to

make a contribution to his or her community," as defined by the World Health Organization in 2013. (WHO, 2013, p. 6).Based on findings from Lin and Yussof (2013) it is also believed that student abuse substance as a result of stress and other mental health conditions, their study's indicated that student often use substances in order to cope with the pressures associated with university environment. The findings of the study revealed that approximately 47.6% of the respondents suffered from psychological distress because of major stressors which were found to be academically related and negative coping methods, such as substance use were commonly used by the distressed respondents in an attempt to cope with said stressors. Kelly and Chan (2015) conducted a study that added to the existing body of literature on the topic of the complex relationship between substance use and abuse and mental health. They found that 27.21 percent of Australian college students who abused substances were at risk of experiencing psychological distress (including symptoms of depression and anxiety), compared to only 11.39 percent of those who did not. Goreishi and Shajari (2013) found a higher prevalence of substance abuse among students with no history of psychological disorder (33.2%) than in those with a known history of mental health problems (22.7%), contradicting previous findings that supported the relationship between substance use and abuse and students' mental health.

Taking into account the aforementioned literature, it appears that there is clear indication that such an association does exist in regards to students' mental health, regardless of the debate regarding whether substance use causes mental health problems or whether mental health problems contribute to substance use and abuse among youth. According to Oshodi, Aina, and Onajole (2010), many young people still lack knowledge of the negative effects of psychoactive substances despite widespread concern and education. Treatment and rehabilitation for people with substance use disorders in Nigeria consume a sizable portion of the country's budget, which has been bemoaned by researchers such as Makanjuola,

Daramola, and Obembe (2007) and Buddy (2009). The overall efficacy and cost-effectiveness of different treatments is rarely available data that has been validated by scientific research. To avoid and/or get a handle on the epidemic, there are drug counselling centres spread out across the country, therefore it was crucial to do research that may influence intervention programmes.

2.6 Access to Health Rehabilitation Centre and Drug Abuse Among Youth

Substance abuse treatment includes assessments, diagnosis, treatment planning, pharmacotherapy, counselling and behavioural therapy, medical, psychiatric, psychological, social, legal, and other support services, aftercare plans, and follow-up for people with substance abuse issues (National Institute on Drug Abuse, 2009). According to Oshodi, Aina, and Onajole (2010), many young people still lack knowledge of the negative effects of psychoactive substances despite widespread concern and education. They went on to say that research has linked substance abuse to factors such as curiosity, social pressure, and the influence of peers. Treatment and rehabilitation for people with substance use disorders in Nigeria consume a sizable portion of the country's budget, which has been bemoaned by researchers such as Makanjuola, Daramola, and Obembe (2007) and Buddy (2009). The overall efficacy and cost-effectiveness of different treatments is rarely available data that has been validated by scientific research.

According to NDLEA's (2018) survey on the subject of drug and substance abuse in Northern Nigeria, the States of Kano and Jigawa have the highest rates of youth drug abuse. Every day, Americans drank more than 3 million bottles of codeine syrup. The NDLEA also emphasised that more than 2,205 people were detained in 2015 for drug and alcohol-related crimes in the North. Cough medicines, cigarettes, inhalants, marijuana, and alcohol are all highly abused substances (Nelson, 2018). It was widely known that marijuana, heroin, and

cocaine were the most widely used illicit drugs at the time (Nelson, 2018). However, times have changed and young people are abusing new substances "that would cause similar or even more sensational effects as conventional narcotics." The study provided by the NDLEA encompasses not just Jigawa State alone but the bordering Kano State, hence it is not performed in the North-east zone of Jigawa State alone.

2.7 Type of Substance Use Among Youth

2.7.1 Alcohol

There is a broad selection of alcoholic beverages out there to choose from. It has a predominantly depressant effect on the user's body, and it slows down the user's cognitive activity. If you start drinking at a young age, you have a greater chance of suffering an injury related to alcohol, being involved in a car accident, engaging in unprotected sexual activity and being the victim, and alcohol use is also associated with an increased risk of suicide, violence, and accidental death among young people. If you start drinking at a young age, you have a greater chance of suffering an injury related to alcohol, being involved in a car accident, engaging in unprotected sexual activity and (Woldeamanuel et al., 2020). However, if consumed in sufficient quantities, it has the potential to serve as a stimulant. Excessive usage of a substance can kill or severely damage many different types of human tissue. The use of it is directly responsible for a great number of observable shifts in behaviour. Even a very small amount of it can wreak havoc on both your body and your mind. When a person is extremely intoxicated, they face the risk of going into a coma.

Consumption of alcoholic beverages has been linked to both joyful and terrible occurrences throughout history. A variety of slang terms for alcoholic beverages are frequently used on the streets, including booze, pints, slaush, brew, and jolly juice. When paired with other drugs that slow down the activity of the central nervous system, the effect

that was just described can be produced by much lower dosages of alcohol. After consistent use, there is a risk of becoming dependent on the substance. People who suddenly quit drinking may have withdrawal symptoms such as agitation, tremors, hallucinations, and even convulsions. These symptoms can last for several days after the drinking has stopped. Alcohol withdrawal can cause serious physical and mental problems. Long-term use, especially when combined with nutritional deficiencies, can cause irreversible damage to vital organs, including the brain and the liver. A child that is born to an alcoholic mother has an increased risk of developing foetal alcohol syndrome, which is a condition that can be fatal. These infants are born with physical malformations that are permanent as well as cognitive disabilities. In addition, research have shown that children whose parents have a high alcohol consumption rate have a greater likelihood of developing alcoholism themselves.

2.7.2 Tobacco

Tobacco can be consumed in a variety of forms, including but not limited to cigarettes, snuff, and smokeless tobacco, amongst others. Cigarettes are frequently the gateway drug for people who later progress to using more potent psychoactive substances. The medical profession all around the world has come to the conclusion that smoking is a major cause of a wide variety of illnesses, disabilities, and fatalities that occur at an earlier age. They are of the opinion that not only do active smokers but also passive smokers experience the negative consequences of secondhand smoke. Tobacco contains significant doses of the chemical nicotine, which has been shown to have visible impacts on human behaviour, including alterations in mood, a reduction in stress, and improved performance (Mhlongo, 2005). It was emphasised that the problem of tobacco use should be viewed and treated as a personal, social, economic, and environmental burden on all of these scales at all of these levels: individual, family, community, national, provincial, and global. These scales

and levels are as follows: individual, family, community, national, and provincial (Hodge, McLellan & Cerbone, 2001).

When a woman is pregnant and smokes, she significantly raises her chances of having an abortion, giving birth too soon, having a baby with a low birth weight, and losing either herself or the unborn child. By a significant margin, the most harmful component of tobacco is nicotine. It is possible that it will lead to the development of cardiovascular disease as well as cancer; nevertheless, the most destructive effect it has is that it encourages and intensifies the desire to smoke. Because of nicotine's addictive characteristics, quitting smoking can be an extremely tough task for smokers.

2.7.3 Cannabis

Bhang is the term that is used most commonly to refer to this drug. Additionally known as marijuana and hashish (cannabis resin). Cannabis is a naturally occurring plant that may be found in many different areas of the United States. Cannabis is a bisexual plant that has stalks and green leaves. The long-standing popularity of marijuana has not been affected by the recent banning of the drug in the majority of countries around the world (Bassi et al., 2017). Typically, cannabis is grown in inaccessible locations, far from human settlement, such as forests, hills, or the sides of rivers, or it is cultivated covertly amid other types of crops. The negative psychological and physiological effects of cannabis are there regardless of the form it is consumed in. After using it, you will notice that your heart rate quickens, your eyes become bloodshot, your mouth and throat become dry, and your appetite will increase.

In addition, it is emphasised that cannabis use results in its consumers experiencing feelings of intoxication, disorientation, euphoria, and tranquilly. Users report that it can help them become less inhibited, but it also causes them to forget their bearings as well as their

sense of sight and hearing. Because it contains psychedelic compounds, dagga is quite popular among young people who want to heighten their senses (Ondieki & Mokua, 2012). The use of marijuana is associated with a number of negative side effects, including psychosis and paranoia. Users of marijuana usually engage in deep and extended inhalation of the unfiltered smoke, which is one reason why marijuana usage is detrimental to the lungs and respiratory system. Tobacco smoke contains a far lower concentration of cancer-causing compounds compared to marijuana smoke. Chronic cannabis users may develop a psychological dependence on the drug in order to sustain the same level of high they experienced when they first started using it. The substance may end up controlling their lives to a significant degree. Long-term drug use can cause a variety of negative side effects, including damage to the lungs, chest pain, bronchitis, emphysema, hallucinations and/or fantasies, abnormal sperm forms in males, decreased ovulation and increased monthly irregularity in females, and so on.

2.7.4 Heroin

Heroin can be purchased in two different forms: a white powder that is often injected and a darker granule that is typically smoked. Both forms are available. As a consequence of this, heroin can be ingested either intravenously or orally through the nose. According to Schinke (1991), heroin is one of the most innovative pain medications that has ever been devised. [Citation needed] According to the findings of research, heroin has a harmful impact on both the respiratory and cardiovascular systems. According to the findings of Schinke (1991), heroin addicts frequently suffer from constipation. Researchers have discovered that switching from one method of consuming heroin (such as snorting, smoking, or injecting) to another (such as infusing) can help prevent the development of a tolerance to the drug.

If you take this medication, you may experience euphoria; however, it could also cause you to lose your appetite, develop chronic bronchitis, tetanus, hepatitis, and

endocarditis. An overdose can result in a lack of oxygen being delivered to the brain, which can lead to unconsciousness, slowed breathing, and even death. It is utilised in the medical field due to the anaesthetic and cough suppressant properties it possesses.

2.7.5 Cocaine

Cocaine is a drug that frequently leads to dependence on the substance (Pridemore and Eckhardt, 2008). Continuous use has been shown to hasten the body's degeneration, particularly in the nervous system as a result of damage from the environment. According to Ondieki and Mokuu(2012), some of the slang names for cocaine are "coke," "snow," "flake," "snowbirds," "blow," "hardy," and "nose candy". It is a powder that is white and dazzling, and it is typically diluted with other additives. Now that this information is public, the analgesic, euphoric, anti-fatigue, and recreational benefits of cocaine are clear. Cocaine use results in a discernible rise in arousal, which manifests as an acceleration of mental activity, a heightening of talkativeness and euphoria, and an increase in physical strength that is proportional to the rise in arousal. If the dosage is increased too much, the individual may experience tremors, anxiety, and even convulsions (Mhlongo, 2005).

It is well known that cocaine has negative effects on the cardiovascular system, the nervous system, and the emotional centres of the brain. These negative effects have been well documented. Those who develop a tolerance to this substance will, as a result, be forced to contend with the potentially lethal effects of their habit over the course of their lifetime. However, even occasional cocaine users put themselves in danger of irreversible damage to their nervous systems or even death. The use and abuse of cocaine can have a wide variety of deleterious effects on a person's health (Mhlongo, 2005). As a result of the drug's propensity to suppress appetite, a substantial number of people who use cocaine experience significant weight loss and, in some cases, malnourishment. This is one of the symptoms that can lead to

health problems such as heart attacks, respiratory failure, strokes, seizures, migraines, intestinal pain, and nausea.

2.9 Adverse Effect of Substance Use among Youths

People who are struggling emotionally, such as with feelings of depression or loneliness, often turn to drug usage and the subsequent development of an addiction. It assists them in overcoming the bad feelings that they believe they are unable to face or manage (Neal, 2012). On the other hand, abuse of drugs can have a variety of emotional, psychological, social, and economic impacts on the user, as well as on their relationships and on society as a whole.

2.9.1 Individual's Health

Drug abuse has serious health consequences. Psychotropic drugs' toxic effects and addictive risk increase drug-related health problems in rehabs, psychiatric hospitals, and among the homeless. Drug abuse effects vary by type and health status. Benzodiazepines and hallucinogens cause the most drug-related health issues, but they can be treated depending on the severity. Drugs can cause accidents that lead to severe injuries, incapacitation, or death. Alcohol, heroin and other opiates, cocaine and barbiturates, and amphetamine-type stimulants, especially methamphetamine, contribute to drug deaths (Jung 2001). Amphetamines delay sleep and boost mood, but high doses can cause nervousness and anxiety. Depressants slow brain activity and impair mental and physical functions.

Drugs also affect the brain's control system. Drugs impair the brain's inhibitory functions, so people who use them always have trouble resisting impulses that the brain would normally delay or prevent (Melissa, 2010). HIV/AIDS is another cost of drug abuse. Drug abusers take dangerous risks. For instance, sharing needles to inject these drugs can spread HIV, causing Acquired Immune Deficiency Syndrome (AIDS). Drug injection and

HIV transmission are major concerns in many countries, both industrialised and developing, especially in drug-producing or drug-transshipment regions. Nigeria has seen HIV outbreaks. Problems caused by drug-abusing men can also harm women and children. Drugs cause birth abnormalities. Drug use raises healthcare expenditures and lowers population earnings (WHO, 2004).

2.9.2 Individual Morals

Another danger that comes with drug usage is the stain it leaves on a person's reputation and character. According to Neal (2012), one of the obstacles that drug misuse victims encounter is the widespread notion that drug users are morally flawed, prone to criminality, and have a weak will. This runs counter to the belief held by those who use drugs that they do not possess the mental fortitude necessary to alter their behaviour and give up drug use. Abusers of drugs expose themselves to the possibility of being stigmatised or criticised by members of their communities. This can further push the abuser into the types of businesses that society associates with criminals and people who have lost their moral compass. It is highly likely that this will have a detrimental effect on any attempts at recuperation that are undertaken to assist them.

2.9.3 Family and Community

The problem of drug usage has a greater potential to cause the breakdown of families than does poverty. For instance, in places where the social restrictions that were previously enforced by the family and society have broken down, various forms of drug use among young adults, including women and teenagers, have become more common. In addition, a growth in the use of drugs has led to a quick shift in cultural norms as well as a breakdown in the cohesion of families. In addition, it can place a strain on family relationships, which can eventually lead to dysfunctional families that are not only destructive to themselves but also a burden on society.

2.9.4 Crime

Drugs and criminality have many detrimental effects. Drug misuse leads to various crimes. Drug addicts may steal or prostitute to support their habit. Crimes rate can rise after substance abuse. Drugs are involved in half of killings, burglaries, and assaults, according to NIDA (Aurean, 2007). Drugs are essential for cultist and terrorist gangs.

Substance abusers readily get hooked on a certain brand of drug and always need it, and they easily find and develop partnerships with others who share their psychosomatic views and purpose. Drugs help them attain their goals by using whatever means necessary, including attack raffles and bombs. Drug addiction strongly links armed robberies, burglaries, homicide, and prostitution. This is especially true when the addict needs money to feed their addiction. In most news briefings, Nigerian police show suspected criminals with hazardous weapons and suspected hard drugs like cannabis and cocaine.

2.9.5 Human Capital Development and Productivity

Drug usage damages human capital and productivity. Drug use causes lateness, absenteeism, prison time, death, and neglect of social and familial commitments, which lower productivity. Most drug users are schoolchildren, and they have scholastic challenges, mental health issues that impair cognition, poor relationships, and criminal justice participation. Lateness and absenteeism lower their marks and raise their risk of dropping out. They focus on drug acquisition. Drug misuse impairs short-term memory and learning. Sensory and perceptive monitoring, emotional and social development, and school performance are others. Cognitive inefficiency, poor academic achievement, and low self-esteem. These cause identity instability and drug use, creating a vicious cycle. Drug usage decreases rational thinking and productivity, according to the National Drug Intelligence Center (2010).

Drug abuse damages all ages, races, and ethnicities. Drug abuse undermines freedom and communities. Drug users will struggle to attend classes. Drugs may make him a freak who attends nightclubs daily. Drugs and money for drugs may consume the person's time. He may join a cult and perform poorly academically. Drug searching, use, and recovery should be better spent learning employment skills or upgrading existing talents.

2.9.6 Occupation

The abuse of drugs results in considerable financial losses for workers, companies, and the social security system. Because of this, one's prospects of entering or continuing in the labour field are diminished. The disappointment that comes from not being able to obtain suitable employment might encourage drug use, which contributes to the creation of a vicious cycle. The use of drugs can put people out of work and being unemployed can lead to an increase in substance abuse. In addition, there is a connection between the consumption of drugs and the quality of the work product that is produced. People who take drugs are unable to function well in their professional lives. They take more time off due to illness than the other workers in the company. People who use drugs are more likely to miss work frequently and have a less stable employment history. They might, on average, be involved in workplace accidents that leave them and their co-workers injured, which could ultimately result in permanent disability or even death. According to Aurean (2010), there have been instances of job-related accidents and stealing from employers, which are some of the problems that occur when drug users go to work while under the influence of drugs.

2.9.7 Economic Effect of Drug Abuse

Drug misuse costs the person, family, and state money. The individual cannot work, and their money will be used to buy drugs. The family's expense is also high because their concern for the loved one can force them to spend all their money on medical care and substance misuse rehabilitation. This may impoverish the household. Time is money. This

indicates that assisting the person takes time away from economic reproduction. Resource allocation must be prudent due to scarcity. Drug misuse can cost society billions of naira in law enforcement, prosecution, and incarceration. The opportunity cost is the money spent on drug policing and medical care that could have been used for education, public infrastructure, and better healthcare. Most Nigerian state governors' wives (first ladies) have founded charities to help victim of drug misuse. Drug treatment centres have become a mechanism for diverting public cash to treat drug misuse patients despite their lack of development and experienced staff.

2.9.8 Effects of Drug Abuse to The Society

The unwholesome use and use of both legal and illegal drugs had a number of significant adverse effects on society as a whole, and these effects were significant and widespread. Abuse of drugs is recognised as one of the etiological variables that contribute to the development of social problems in a society. The negative effects of using drugs on a consistent basis are undeniably more dangerous than using them on an occasional basis, and the abuse of drugs by a large number of people is more dangerous than the use of drugs by a small number of people. In most cases, its consequences are not confined to the users themselves; rather, it has a ripple effect and imposes a number of unfavourable direct and indirect social costs on the family as well as on society as a whole. WHO (2004) pointed out that people other than the individual user can be affected by accidents or violence that occur as a result of drug usage. According to Gambo (1992), the proliferation of illegal drug manufacturing, distribution, and consumption poses a threat to the safety and well-being of people all over the world.

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The consumption of these narcotics has a variety of repercussions for society as a whole. For instance, drug usage has been linked to a significant increase in the number of marriages that have ended in divorce, domestic violence between spouses, as well as illness and mortality rates. In addition to the corrupt behaviour of government officials, it has been responsible for the destruction of the societal value system. Abusing substances for an extended period of time leads to dependency, which can interfere with important human tasks. Abuse of drugs can lead to avoidable accidents, including the possibility of fatalities when the user is behind the wheel while under the influence of drugs, as well as criminal behaviour related to the purchase of more drugs.

2.10 Theoretical Review

2.10.1 Disease or Biological Theories

Substance misuse is recognised as an illness that needs to be treated medically, according to disease or biological beliefs. Substance abuse is a condition that manifests itself through signs and symptoms and can be acute, chronic, or progressive (Canadian Centre on Substance Abuse, 2007). The biological and genetic aspects that lead to substance

use. According to these theorists, the genetic make-up of an individual creates a predisposition for that individual to engage in substance misuse.

However, there is no guarantee that a child will develop an alcohol use disorder simply because they were exposed to drinking by their parents. Having a genetic predisposition or a biological susceptibility to alcohol misuse is not, of course, sufficient to produce the condition on its own (Butcher et al., 2004). In order for the addicted behaviour to manifest, the individual must be subjected to the substance to an extent that is sufficient (Rice & Dolgin, 2008). It would appear that the dynamics of the family environment play a part in either encouraging or discouraging youngsters from engaging in substance addiction and dependence.

2.10.2 Psychological Theories

According to various psychological schools of thought, an individual's underlying psychological issues are the primary factor in their substance abuse (Visser & Routledge, 2007). Therefore, individual psychological aspects such as self-esteem, locus of control, the need for acceptability, anxiety levels, sensation seeking, and the urge to act like an adult can be associated with risky behaviours such as substance addiction (Gladding, 2004). The aforementioned theorists are of the opinion that people who abuse alcoholic beverages or other substances obtain some type of psychological benefit as a result of their behaviour (Oldman et al., 2005). Therefore, substance use is reinforcing, either by heightening pleasant mood states or by lessening negative ones (Davison et al., 2004).

2.10.3 Progression Theory

Teenagers progress from substance use to abuse as they continue to partake in drug usage on a regular basis, increase the amount they use to have the same impact, and then move on to more dangerous substances (Pressley & McCormick, 2007). Tobacco and alcohol

are two examples of drugs that can be legally consumed by adults and have societal meanings and norms that are less likely to be seen as problematic by users in their formative years. In addition, young people who begin their substance use with alcohol and cigarettes are more likely to progress to stronger drugs and develop a dependency on them (Berk, 2007). They subsequently go on to illegal narcotics that are less offensive to society, such as cannabis (Madu&Matla, 2003).

Smoking cannabis does not necessarily have to be the transitional step between using alcohol and nicotine and experimenting with illegal narcotics like cocaine and heroin, despite the widespread notion to the contrary (Srikameswaran, 2006). According to findings from a study that was conducted at the School of Pharmacy in Pittsburgh, almost one quarter of the young men that were examined had tried cannabis before they started consuming alcohol or smoking cigarettes (Srikameswaran, 2006). The “gateway hypothesis,” in which substance use is assumed to advance from alcohol and tobacco use to cannabis use and then to addictive drugs like heroin and cocaine, is refuted by these findings. In addition, research has shown that those who abuse one substance are more likely to abuse other substances as well. Abuse of many substances at the same time, often known as” polysubstance abuse,” is a developing problem in the United States (Gladding, 2004).

2.10.4 Economic Theories

After apartheid, there was a reduction in local constraints, which led to an increase in the number of tourists, trade links, and people migrating to South Africa for economic and political reasons. This, in conjunction with shifts in the manufacturing, distribution, and selling of narcotics all over the world, led to an increase in the number of visitors to South Africa (Parry, 1998). It is believed that the lowering of the actual price of many substances, as well as poverty, which is likely to have increased the street level trade in substances, are further reasons promoting the increase in the use of substances in South Africa (Parry, 1998).

The prices of narcotics, alcohol, and tobacco products, including cannabis, have dropped. As a direct consequence of this, young people abuse these substances because they are easily accessible and inexpensive (Liddle & Rowe, 2006).

The increased use of substances such as crack cocaine may very well be attributed to the increased marketing of cocaine as a result of this substance's decrease in the market in the United States as well as the related decrease in the quality of local Mandrax. This decrease in the quality of local Mandrax may also be a factor in the increased use of substances such as crack cocaine (Methaqualone). In addition, it is likely that a growth in the global production of these substances as well as an increase in the local marketing have contributed to the rise in the amount of people using compounds that are similar to amphetamine (Liddle & Rowe, 2006).

2.11 Theoretical Framework

2.11.1 Social Learning Theory

According to Albert Bandura's (1977) influential role model theory, adolescents learn all they know about anti-social behaviour from the adults in their lives, such as their parents, teachers, and peers. It claims that adolescent exposure to substance-using role models is expected to have three subsequent consequences, including the observation and introduction of substance-specific behaviours and the subsequent social reinforcement of early substance use. An individual's behaviour is uniquely determined by each of these three factors. However, all sources of influence are not of equal strength. The theory also accounts for pharmacological factors such as drug use and the influence it has on behaviour. Humans evoke different reactions from their social environment as a result of their physical characteristics such as age, size, race, and sex. Moreover, expectations, beliefs, and cognitive

competencies are developed and modified by social influences and physical structures within the environment.

Observation and imitation are central to the theory, which examines how people learn from their surroundings. Nabayi (2014) argues that children are exposed to several role models in their everyday lives, including their parents, media figures, peers, religious figures, community members, and teachers. Children pay close attention to and mimic the actions of these socializers. Later on, individuals can want to be like their idols, regardless of whether or not the behaviours they saw were proper. Therefore, social learning theory incorporates both cognitive and behavioural perspectives. It offers a more all-encompassing model that may be used to account for a wider variety of observed real-world behaviours. According to Bandura, one of the best ways to learn is to just watch other people. By doing so, one is able to mentally simulate the actions of those around them, with the eventual goal of mimicking them (Bandura, 1977). In regard to how one's environment can influence their substance use habits; social learning theories place considerable emphasis on this dynamic (Rice & Dolgin, 2008).

Because of its potential to investigate why so many young people today are engaging in substance misuse, this theory was chosen. Youth who are more likely to abuse drugs and alcohol are likely influenced by the community in which they live and learn. Adolescents are profoundly impacted by the experiences and teachings they absorb from respected adults in society (Visser & Routledge, 2007). When a young person partakes in substance use, he or she is more likely to hang out with other peers who do the same, which in turn raises the odds that the user will continue to use or will increase his or her substance use (Rice & Dolgin, 2008). In turn, adolescents are more likely to engage in substance use because of the influence their deviant peers have on their views and behaviour through role modelling (Liddle & Rowe, 2006).

The behaviour of a person is a product of his or her environment. Humans choose which similies to interact with. Inherent in the notion of reciprocal determinism is the fact that people are able to influence their destiny. Meanwhile, they recognise that they are conditioned, meaning that they are not free agents to exercise their will. In support of the present study, the aspect of interaction indicates that the youth choose to engage in activities that are risky based on their surrounding environment, such as the acceptance or rejection of such behaviour, as this study aimed to investigate how the availability of health care or drug counselling influences the behaviour pattern of young adults using drugs. For these reasons, the study saw fit to use this theory to guide the present study, as it supports the notion that youths' behaviours are influenced by environmental factors just like the current study reveals.

2.11.2 Symbolic Interactionism Theory

The symbolic interactionism theory, which emphasises the significance of social contact and communication in the process of moulding an individual's behaviour, is also part of the theoretical underpinning of this research. It was given a more focused dimension by Max Weber (1864-1920) and George Herbert Meads (1863-1931), who argued that people's acts are not performed in isolation but rather in response to the actions of others (Redmond, 2015). A symbol is nothing more than a marker that people invest with meaning, according to interventionists (McCall, 2013). Those who are born into a culture already have the symbols that have evolved within that society. A certain group of people will use a particular set of signs in their language. On the other hand, the term "symbolic interaction" refers to the process by which individuals utilise symbols to develop new meanings (Charon, 2007). People get to know one another and learn new things, acquire insight into their own experiences as well as the experiences of others, form bonds over feelings they have in common, and discover new things all through symbolic exchanges. Therefore, symbolic

encounters are situations in which people make decisions about their own behaviour dependent, on the behaviour of other people.

The advocates of this theory assert that human behaviour in social settings is dictated by the meanings that individuals derive from their interactions with other people as well as from their own life experiences (Flink, 2015). These meanings can be gained in a couple of separate ways: first, by interacting with other people who use the symbols; second, by the individuals who use the symbols actively creating and revising these meanings; and finally, by observing how other people use the symbols. In human beings, the development of a "mind," which is not a physical structure but rather a process, occurs in tandem with the learning and use of symbols and the construction of meanings for objects in their respective social surroundings.

According to these thinkers, young people who are having the most difficulty identifying "who they are" are also the most susceptible to the persuasive power of advertisements for alcoholic beverages and cigarette products (Shadel, Taylor,& Fryer, 2008). Beer commercials on television often feature fit young individuals, attractive women in skimpy bikinis, and ripped young males. Accordingly, it would appear that the use of drugs by adolescents is due to the fact that they are convinced to do so by advertising campaigns. In particular, ads for alcoholic beverages spread the notion that drinking is the answer to living a fulfilled and successful life.

Once a person participates in uncommon actions that are specific to certain features of an abnormal subculture, they acquire appreciation and approval from other members of the subculture. On the other hand, this only occurs to a limited degree when a specific act deviates from the standards that are generally recognised as appropriate within a membership group (Pate et al., 2018). This hypothesis is consistent with the goals of this research project,

which aims to analyse the factors that contribute to the use of illegal drugs and substances among young people in Nigeria. According to the social cognitive theory, the role models that an adolescent observes have a significant impact on the impression that the adolescent forms of antisocial behaviour.

2.12 Empirical Review of Substance Abuse

In the year 2000, a team of researchers from the United States led by Reinherz, Giaconia, Hauf, Wasserman, and Paradis looked at characteristics that were present in childhood and could be used to predict whether or not a young adult would suffer from depressive or substance abuse disorders. They made the startling discovery that those who came from lower socioeconomic backgrounds and larger families were more likely to develop substance abuse disorders in their early adulthood. This study was conducted in a developed nation, which had an economy, social climate, and cultural climate that were not similar to those found in the United States. Therefore, it is possible that the underlying causes of substance abuse in a developed country such as the United States are different from those in a developing country such as Kenya.

According to the findings of a study that was carried out by Hali (2017) in the metropolitan area of Kano, Nigeria, women are more likely to engage in substance abuse than men. This is due to a number of factors, including but not limited to: easy access to drugs; peer pressure; early marriage; the influence of western media; frustration; depression; and co-wife rivalry. It was also found that substance abuse was a way that some women dealt with their feelings, quelled their sexual desire while their husbands were gone, ensured that they got enough sleep, and remained calm when their husbands were not around. As a result of the fact that Hali's investigation also focused on the factors that lead to substance abuse among women, there are some connections that can be made between the two bodies of

research. According to the findings of an investigation that was conducted in 2015 by Adelekan, Makanjuola, Ndom, Fayeye, Adegoke, and Amusan into the factors that contribute to substance and alcohol abuse in Namibia. The goal of this study was to investigate the connection that exists between the accessibility of drugs and a variety of academic factors. They concluded that the accessibility of drugs as well as characteristics connected with the educational environment were factors that contributed to the misuse of drugs. The study had limited applicability as a result of its hyper-focus on just two distinct factors throughout. On the other hand, the investigation that was carried out for this study looked into the factors that bring about addiction to drugs and substances. In addition, it is possible that the sociocultural and economic factors in Namibia produce a unique set of correlations for drug and substance abuse in comparison to those that are seen in Kenya.

Nyaoke (2013) carried out research in Mombasa County with the purpose of determining the factors that put college-aged students at risk for substance abuse. The goal of the study was to determine whether or not factors such as peer interactions, family dynamics, socioeconomic standing, and the educational environment played a role in the abuse of drugs and other substances. The findings indicated that abusing drugs and other substances was influenced by a lack of life direction and purpose, monitoring, rejection, loneliness, and a spiritual void in the individual. The research also found that a low sense of self-worth, a large family size, a lack of parental participation, apathy from school administration, and poor academic accomplishment were factors that contributed to substance abuse.

CHAPTER THREE RESEARCH METHODOLOGY

3.0 Introduction

This chapter will explain the plan and approach for executing the research work. It covers the description of the study area, target population, source of data, sampling design and sample size, method of data collection, measurement of variables, and method of data analysis.

3.1 Research design

A descriptive quantitative design will be used for this study. Descriptive research was chosen because it allowed for smooth operations during the study, which meant the researcher could get the most out of their time and resources while still gathering useful data. Research studies that focus on characterising the features of an individual or group are known as descriptive studies (Kothari, 2016). Cooper and Schindler (2013) state that the goals of a descriptive study are to identify the "what," "where," and "how" of a phenomenon. It will serve as the linchpin of the entire investigation and have a significant impact on the accuracy of the findings. The study was cross-sectional in nature. The research strategy was developed to learn more about the causes of drug usage among Nigeria's young people.

3.2 Description of The Study Area

Nigeria is a West African country located between latitudes 4°16' and 13°53' north and longitudes 2°40' and 14°41' east. It is extended from the Gulf of Guinea in the south to the fringes of the Sahara Desert in the north. The country is bordered by the Niger Republic and Chad in the north, Cameroon on the east, and the Republic of Benin on the west. It is the most populous nation in Africa, with almost 186 million people in 2016 (UNICEF, 2017), and

has the second highest burden of child deaths in the world. With a high fertility rate of 5.38 children per woman, the population is growing at an annual rate of 2.6 percent, worsening overcrowded conditions. By 2050, Nigeria's population is expected to grow to a staggering 440 million, which will make it the third most populous country in the world, after India and China (Population Reference Bureau 2013). A scarcity of resources and land in rural areas has resulted in Nigeria having one of the highest urban growth rates in the world at 4.1 percent (Nigeria Federal Ministry of Health 2014).

Furthermore, it has a tropical climate with wet and dry seasons. Its climate is affected by cold, dry, and dusty northeast winds, popularly known as Harmattan, and the southwest wind that brings rain. The dry season occurs from October to March, with a spell of cool, dry, and dusty Harmattan winds mostly felt in the north in December and January. The wet season occurs from April to September. Nigeria marked its centenary in 2014, it became a nation-state in 1914 after the amalgamation of the northern and southern protectorates. Before this time, there were several ethnic, cultural, and linguistic groups, such as the Benin, Jukun, oyo, Kanem-Bornu, Nupe, and Hausa-Fulani empires. These groups lived in kingdoms and emirates with sophisticated systems of government. There were also other strong ethnic groups such as the Ijaws, Igbos, Tivs and Ibibios. The establishment and expansion of British influence in both southern and northern Nigeria and the imposing of British rule brought about the amalgamation of the protectorates of southern and northern Nigeria in 1914. According to the World Bank (2017), Nigeria's economy is the largest in Africa and is well-positioned to play a leading role in the global economy. Despite strong economic growth over the last decade, poverty has remained significant, with increasing inequity and regional disparities. The vast oil and gas reserves of Nigeria are a major part of its economy. The country's finances faced significant difficulties as a result of the abrupt drop in oil prices that started in 2014. However, with a renewed focus on economic diversity and encouraging

growth in the private sector, GDP expanded by 0.6 percent in the second quarter of 2017, spurred in part by growth in agriculture, which accountfor over 40 percent of Nigeria’s total GDP (World Bank 2017).

3.3 Target Population

A population refers to an entire group of individuals, events, or objects having a common observable characteristic (Mugenda & Mugenda, 2003).The category of eligible respondents in this study will focus on youth aged 15-29 years from the quantitative method used women and men survey which was collected by the Nigeria - National Survey on Drug Use and Health 2016-2017 (Nigeria Beureau of Statistics, 2021). In order to reduce substance, use in Nigeria, a population-based study with a sufficient sample size is needed to provide a comprehensive understanding of the factors associated with substance use. Findings from this study will be generalizable to populations with similar characteristics and will be useful for policy makers and public health researchers in formulating effective interventions aimed at reducing substance abuse.

3.4 Data Source

The study utilised quantitative data from household and key informant from the National Bureau of Statistics (Nigeria -National Survey on Drug Use and Health 2016-2017 First Round) that was nationally representative and covered the entire population residing in the country. In addition to substance use key informant measures, these data also contain household and problem drug use information.This is cross-sectional data that is useful for the study because it can be used to prove or disprove assumptions, it is not expensive to administer, it does not take a long time, and multiple variables can be captured at the same time.

3.5 Sample Design

A two-stage cluster sample design was adopted for the survey. The main survey for key informant drug use of the National Health and Drug Use also had two (2) sampling procedures. First Stage Selection was the selection of EAs. In each State 70 EAs were canvassed giving a total of 2,590 EAs covered in all the States including FCT. The selecting of housing units (Hus) was the second stage in the selection process. 15HUs were selected in each EA and 1 Household was interviewed per HU. The Kish grid method of selection was applied to determine the household to be interviewed in a HU with more than one (1) household. A total of 1050 household interviews were conducted in each state. A total of 38,850 HHs were covered nationwide.

The Sampling strategy for the problem drug users comprised of a hard-to-reach and hidden population and the lack of a census-based sampling frame makes it difficult to properly estimate the parameters of this population in Nigeria. In view of this and other limitations, the respondent for this study were chosen using the snowball method, also known as chain referral sampling. Snowball sampling is particularly appropriate for a study of this nature because, among other things, it aids in tracing the diffusion of information within social networks and in delineating patterns of association. Making use of the drug user questionnaire, data was gathered from a sample of 200-250 high-risk drug users in each state, yielding a national sample of between 7400 and 9250 respondents. For the key informant survey, a minimum of 50 -75 Key informants in each State were interviewed, yielding a national sample of between 1850 and 2775 key informants.

3.6 Sample Size

The quantitative study involved all youth ages 15-29 who were either permanent residents of the households in the Nigeria - National Survey on Drug Use and Health 2016-

2017 sample or visitors present in the households on the night before the survey and were eligible to participate in this study. The sample size of youth aged 15-29 years that will be used is 14,281.

3.7 Dependent Variables: Substance Abuse

This study used the most commonly misused substances among Nigerian youths, including cannabis, alcohol, and painkillers. Each of this was measured by the ranked category “Commonly Use,” “Sometime Use,” “Rarely Use,” and “No Use” if the participants had ever abuse any of these drugs or not.

3.8 Independent Variable

The major independent variables were in-line with the research objectives access to health care facility, drug counselling centre and other socio-demographic characteristics. The variable used to measure access to health care facility includes where respondent consult when fall sick and need medical attention, ever taken medicines for any health issue and ever been admitted in the past 12 months in hospital. Also, on drug counselling centre measures like if participant received any counselling from private hospital, psychiatric hospital, other government hospital, NGO treatment centre, home based treatment, faith-based treatment centre and Nigeria Drug Law Enforcement Agency centre. Other socio-demographic characteristics investigated were age, sex, current housing occupancy status, marital status, level of education and occupation.

3.9 Method of Data Analysis

The quantitative aspect will involve using household and key informant data (National Survey on Drug Use and Health, 2016-2017). The data processing will be necessary before the proper analysis in order to measure the variables in this study accurately

and to make the analysis well-presented and easily interpretable. The tools for data manipulation were employed in the STATA (Version 16) application package to achieve this task.

Two levels of analysis were involved: the A univariate and multivariate levels. Univariate analysis will be carried out using tables of frequency distribution to describe the background characteristics of the respondents by gender. Furthermore, ordered logistic regression was employed in multivariate analysis to test for significant relationships among independent and dependent variables (substance abuse). Because the outcome variable (each of the three substance abuse categories: cannabis, alcohol, and painkillers) was measured in four ranked categories: Commonly Used, Sometime Used, Rarely Used, No Use. The ordinal logistic regression procedure empowers one to select the predictive model for ordered dependent variables. It describes the relationship between an ordered response variable and a set of explanatory variables.

Ordered Logistics Model

The analysis examined substance abuse by youths aged 15-29 years in the survey.

The general ordered logistic regression model used for the multivariate analysis is:

$$\log(P) = 1 - (\ln(x) + \beta_0 + \beta_1 x_1 + \beta_2 x_2 + \dots + \beta_n x_{n-3})$$

Where p = probability of exposure to substance abuse

$x_1 - x_n$ = predictor variables

$\beta_0, \beta_1 - \beta_n$ = regression coefficients

3.10 Ethical Considerations

The following ethical considerations were taken into account in this study. The ethical procedure was followed as stipulated by the Wolverhampton University Ethic Review Committee, upon approval of the proposal, permission to use data from the Nigeria Bureau of Statistics (National Survey on Drug Use and Health 2016-2017) on substance use was formalized by submitting a well-structured research proposal. This provides a population-based study with a large enough sample size to shed light on the whole range of factors that can contribute to substance misuse. The study's data will be kept in strict confidence, per the researcher's assurance, and participants won't be called by their real names.

Chapter Summary

The following aspects were discussed in this chapter: research design, sampling, setting of the study, data source, data analysis, and research benefits of the study.

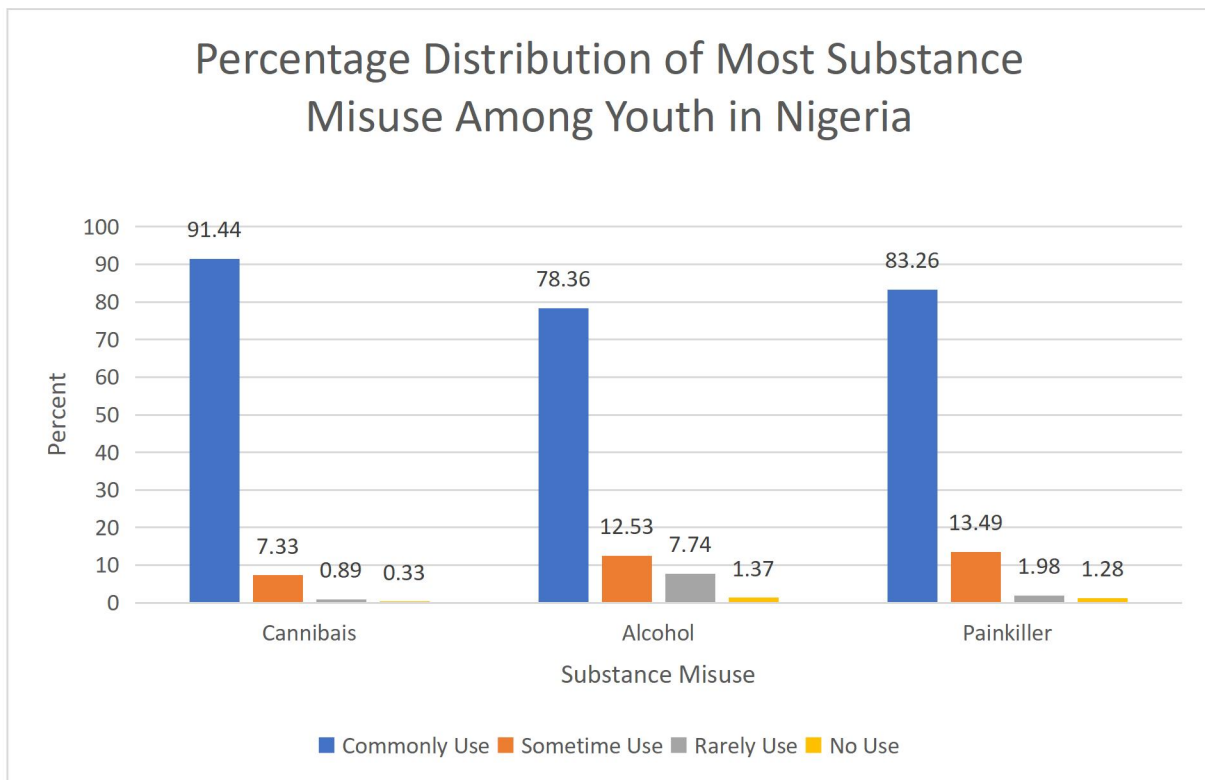
CHAPTER FOUR

RESULTS OF RESEARCH

Figure 1: Distribution by the Most Substance Abuse Among Youths in Nigeria

Figure 1 below shows the distribution of the first three substance abuse behaviors among youth in Nigeria. Cannabis was the most misused substance among youths, with 91.4% commonly using it, 7.3% occasionally using it, and only 0.33% not using it. 78.4% reported sometimes using alcohol, 12.5% sometimes use it, 7.7% rarely use it, and 1.37% were not using it. Finally, 83.26% reported using painkillers, followed by 13.49% who reported using them occasionally, 1.98% who reported rarely using them, and only 1.28% who reported not using them.

Figure 1:



Source: Author Construct, 2024 (Nigeria Bureau of Statistics, 2024)

4.1: Distribution of Substance Misuse Among Male and Female Youth

The table 4.1 below reveals the distribution of substance abuse by sex among youth in Nigeria. Most female youth reported using cannabis frequently and rarely (93.3% and 0.99%, respectively), while 9.62% of male youth reported using cannabis occasionally. Similarly, 79.4% of female youths commonly use alcohol, compared to 13.95% of male youth who reported occasionally using alcohol, and 8.15% of female youth who rarely use alcohol. Female youth commonly reported the use of painkillers by 83.7% more than male youth by 82.62%; 13.9% of male youth reported sometimes using painkillers, higher than female youth by 13.17%; and 2.41% of youth reported rarely using painkillers, higher than female youth by 1.65%.

Table 4.1: Distribution of Substance Abuse Among Male and Female Youth in Nigeria

Substance Misuse	Gender		Total n (%)
	Male n (%)	Female n (%)	
Cannabis			
Commonly Use	352 (89.11)	471 (93.27)	823 (91.44)
Sometime Use	38 (9.62)	28 (5.54)	66 (7.33)
Rarely Use	3 (0.76)	5 (0.99)	8 (0.89)
No Use	2 (0.51)	1 (0.2)	3 (0.33)
Total	395 (100.0)	505 (100.0)	900 (100.0)
Alcohol			
Commonly Use	298 (77.0)	390 (79.43)	688 (78.36)
Sometime Use	54 (13.95)	56 (11.41)	110 (12.53)
Rarely Use	28 (7.24)	40 (8.15)	68 (7.74)
No Use	7 (1.81)	5 (1.02)	12 (1.37)
Total	387 (100.0)	491 (100.0)	878 (100.0)

Painkiller			
Commonly Use	309 (82.62)	407 (83.74)	716 (83.26)
Sometime Use	52 (13.9)	64 (13.17)	116 (13.49)
Rarely Use	9 (2.41)	8 (1.65)	17 (1.98)
No Use	4 (1.07)	7 (1.44)	11 (1.28)
Total	374 (100.0)	486 (100.0)	860 (100.0)

Source: Author Construct, 2024 (Nigeria Bureau of Statistics, 2024)

4.2: Distribution of Socio-Demographic Characteristics Among Male and Female Youth in Nigeria

The table 4.2 below shows the distribution by socio-demographic characteristics among male and female youth in Nigeria. Most males were reported at age 15-19 years (38.2%), whereby most females were reported at ages 20-24 years and 25-19 years by 30.4% and 40.0% respectively. It was reported that majority of male participants were owner-occupants (78.7%) and rent-free (7.0%) whereby most female always had normal rent and subsidized rent by 16.3% and 0.4% respectively. The Majority of female participants have vocational/ commercial skills (1.0%), below primary (2.3%) and primary education (13.5%) and the majority of males had secondary (66.9%) and higher education (16.5%). More than one-third of female participants came from monogaous family (48.7%), followed by those from polygamous family (9.2%) and divorced or separated (0.7 while the majority of male participants (81.6%) had never been married. The Majority of male participants reported to engaged in regular full-time (33.4%), part-time work (9.4%) and irregular jobs (10.7%), incontrary most female participants were not working (56.7%).

Table 4.2: Distribution of Socio-Demographic Characteristics Among Male and Female Youth in Nigeria

Characteristics	Male	Female	Total
	n (%)	n (%)	n (%)

Age of Respondent			
15-19 years	2,472 (38.2)	2,307 (29.5)	4,779 (33.5)
20-24 years	1,861 (28.8)	2,378 (30.4)	4,239 (29.7)
25-29 years	2,137 (33.0)	3,126 (40.0)	5,263 (36.9)
Total	6,470 (100.0)	7,811 (100.0)	14,281 (100.0)
Current Occupancy status			
Owner occupier	5,090 (78.7)	6,039 (77.3)	11,129 (77.9)
Normal rent	870 (13.5)	1,275 (16.3)	2,145 (15.0)
Rent free.	453 (7.0)	424 (5.4)	877 (6.1)
Subsidized rent	22 (0.3)	30 (0.4)	52 (0.4)
Other specify	35 (0.5)	43 (0.6)	78 (0.6)
Total	6,470 (100.0)	7,811 (100.0)	14,281 (100.0)
Level of Education			
Vocation/commercial	37 (0.7)	52 (1.0)	89 (0.9)
Below primary	102(2.0)	120 (2.3)	222 (2.2)
Primary	567(11.3)	705 (13.5)	1,272 (12.4)
Secondary	3,363 (66.9)	3,400 (65.2)	6,763 (66.0)
Higher	832 (16.5)	788 (15.1)	1,620 (15.8)
Others	129 (2.6)	150 (2.9)	279 (2.7)
Total	5,030 (100.0)	5,215 (100.0)	10,245 (100.0)
Marital Status			
Monogamous	1,070 (16.5)	3,800 (48.7)	4,870 (34.1)
Polygamous	63 (1.0)	717 (9.2)	780 (5.5)
Informal Union	13 (0.2)	21 (0.3)	34 (0.2)

Divorce/Separated	34 (0.5)	58 (0.7)	92 (0.6)
Widow/widower	9 (0.1)	19 (0.2)	28 (0.2)
Never married	5,281 (81.6)	3,196 (40.9)	8,477 (59.4)
Total	6,470 (100.0)	7,811 (100.0)	14,281 (100.0)
Occupation			
Regular full-time work	2,153 (33.4)	2,154 (27.7)	4,307 (30.3)
Regular Part-Time	607 (9.4)	579 (7.4)	1,186 (8.3)
Irregular jobs	689 (10.7)	640 (8.2)	1,329 (9.3)
Not Work	3,002 (46.5)	4,411 (56.7)	7,413 (52.1)
Total	6,451 (100.0)	7,784 (100.0)	14,235 (100.0)

Source: Author Construct, 2024 (Nigeria Bureau of Statistics, 2024)

4.3: Distribution by Access to Health Care Facility Among Male and Female Youth in Nigeria

The table 4.3 below reveals the distribution by access to health care facilities among male and female youths. It was asserted that the majority of female youths seek medical attention from government hospitals (44.6%), primary health care (18.4%), and community health workers (3.6%) when they fall sick; most male youths reported seeking medical attention from private hospitals (13.2%), pharmacies (9.0%), patent medicine vendors (9.0%), traditionalists (3.0%), and spiritual healers (0.9%) when they fall sick. 57.4% more male participants have always taken medicine for any health issue than female participants (56.6%). Male participants (45.0%) reported having been admitted to the hospital more than female participants (43.4%).

Table 4.3: Distribution by Access to Health Care Facility Among Male and Female Youth in Nigeria

Category	Male n (%)	Female n (%)	Total n (%)
When you fall sick where do you seek medical attention?			
Government hospital	2,758 (42.8)	3,469 (44.6)	6,227 (43.8)
Private Hospital	851 (13.2)	993 (12.8)	1,844 (13.0)
Primary health care	1,077 (16.7)	1,432 (18.4)	2,509 (17.6)
Community health workers	200 (3.1)	276 (3.6)	476 (3.3)
Homeopathic physician	8 (0.1)	3 (0.0)	11 (0.1)
Pharmacies	580 (9.0)	541 (7.0)	1,121 (7.9)
Patent medicine vendors	578 (9.0)	628 (8.1)	1,206 (8.5)
Traditional/alternative medicine practitioner	196 (3.0%)	210 (2.7)	406 (2.9)
Spiritual healer	24 (0.4%)	18 (0.2)	42 (0.3)
Seek advice from family/friend/neighbor	57 (0.9%)	65 (0.8)	122 (0.9)
Self- medication	107 (1.7%)	117 (1.5)	224 (1.6)
	14 (0.2%)	32 (0.4)	46 (0.3)
	6,450 (100.0%)	7,784 (100.0)	14,234 (100.0)

Have you ever taken medicines for any health issue?			
Yes	3,701 (57.4)	4,409 (56.6)	8,110 (57.0)
No	2749 (42.6)	3375 (43.4)	6124 (43.0)
Total	6,450 (100.0)	7,784 (100.0)	14,234 (100.0)
Have you ever been admitted in the past 12 months in hospital?			
Yes	2,900 (45.0)	3,381 (43.4)	6,281 (44.1)
No	3,550 (55.0)	4,403 (56.6)	7,953 (55.9)
Total	6,450 (100.0)	7,784 (100.0)	14,234 (100.0)

Source: Author Construct, 2024 (Nigeria Bureau of Statistics, 2024)

4.4: Distribution by Availability of Drug Counselling Center Among Male and Female Youth in Nigeria

The table 4.4 above shows the distribution by availability of drug counselling centres among male and female youths in Nigeria. The majority of male participants (44.3%) reported receiving drug counselling from private hospitals, psychiatric hospitals (44.6%), other government hospitals (61.2%), faith-based treatment centres (35.7%), and NDLEA counselling centres (43.3%), whereas the majority of female participants (30%) received drug counselling from home-based management.

4.4: Distribution by Availability of Drug Counselling Center Among Male and Female Youth in Nigeria

Category	Male n (%)	Female n (%)	Total n (%)
Private Hospital			
Yes	158 (44.3)	205 (44.0)	363 (44.1)
No	130 (36.4)	183 (39.3)	313 (38.0)
Don't Know	69 (19.3)	78 (16.7)	147 (17.9)
Total	357 (100.0)	466 (100.0)	823 (100.0)
Psychiatric Hospital			
Yes	161 (44.6)	200 (43.8)	361 (44.1)
No	160 (44.3)	208 (45.5)	368 (45.0)
Don't Know	40 (11.1)	49 (10.7)	89 (10.9)
Total	361 (100.0)	457 (100.0)	818 (100.0)
Other government hospital			
Yes	219 (61.2)	271 (59.3)	490 (60.1)
No	86 (24.0)	135 (29.5)	221 (27.1)

Don't Know	53 (15.0)	51 (11.0)	104 (13.0)
Total	358 (100.0)	457 (100.0)	815 (100.0)
NGO/Treatment center			
Yes	74 (20.9)	90 (20.0)	164 (20.4)
No	176 (49.7)	225 (50.1)	401 (49.9)
Don't Know	104 (29.4)	134 (29.8)	238 (29.6)
Total	354 (100.0)	449 (100.0)	803 (100.0)
Home based management			
Yes	99 (28.2)	134 (30.0)	233 (29.2)
No	151 (43.0)	182 (40.8)	333 (41.8)
Don't Know	101 (28.8)	130 (29.2)	231 (29.0)
Total	351 (100.0)	446 (100.0)	797 (100.0)
Faith based treatment centre			
Yes	126 (35.7)	151 (33.3)	277 (34.4)
No	138 (39.1)	174 (38.4)	312 (38.7)
Don't Know	89 (25.2)	128 (28.3)	217 (26.9)
Total	353 (100.0)	453 (100.0)	806 (100.0)
NDLEA counselling centre			
Yes	151 (43.3)	182 (40.4)	333 (41.7)
No	113 (32.4)	153 (34.0)	266 (33.3)
Don't Know	85 (24.4)	115 (25.6)	200 (25.0)
Total	349 (100.0)	450 (100.0)	799 (100.0)

Source: Author Construct, 2024 (Nigeria Bureau of Statistics, 2024)

4.5: Distribution by Consequences of Drug Among Male and Female Youth in Nigeria

The table 4.5 below reveals the distribution by consequence of drug use among male and female youth in Nigeria. Male participants have been arrested on more drug related charges (3.8%) than the female youths (1.7%). More male participant reported having been treated for problems related to drug use (2.8%) than the female participants (1.9%). Male participants (6.1%) reported that someone using drugs physically harmed them more than female participants (4.7%) Majority of male revealed to have been threatened or afraid because someone's use drug at home or in some other private settings (9.2%). Male participants reported to had family problems or marriage difficulties (2.6%) due to a family members use of drugs than female participants (2.5%). Male participants (4.5%) reported having more problems with friends or neighbours as a result of their drug use than female participants (3.2%).

Table 4.5: Distribution by Consequences of Substance Abuse Among Male and Female Youth in Nigeria

Category	Male n (%)	Female n (%)	Total n (%)
Have you ever been arrested on drug related charge			
Yes	31 (3.8)	10 (1.7)	41 (2.9)
No	782 (95.1)	563 (97.1)	1,345 (95.9)
Don'tknow	9 (1.1)	7 (1.2)	16 (1.1)
Total	822 (100.0)	580 (100.0)	1,402 (100.0)
Have you ever been treated for problems related to drug use			
Yes	23 (2.8)	11 (1.9)	34 (2.4)
No	783 (95.3)	563 (97.1)	1,346 (96.0)
Don'tknow	16 (2.0)	6 (1.0)	22 (1.6)
Total	822 (100.0)	580 (100.0)	1,402 (100.0)

In the past 12 months, has someone, who had been using drugs harmed you physically?			
Yes	392 (6.1)	365 (4.7)	757 (5.3)
No	5,903 (91.5)	7,188 (92.4)	13,091 (92.0)
Don'tknow	155 (2.4)	229 (2.94)	384 (2.7)
Total	6,450 (100.0)	7,782 (100.0)	14,232 (100.0)
In the past 12 months, did you feel threatened or afraid because of someone's drug use at home or in some other private settings?			
Yes			
No	594 (9.2)	598 (7.7)	1,192 (8.4)
Don'tknow	5,668 (87.9)	6,930 (89.1)	12,598 (88.5)
Total	6,450 (100.0)	7,782 (100.0)	14,232 (100.0)
In the past 12 months, have you had family problems or marriage difficulties due to a family member's use of drugs			
Yes			
No	165 (2.6)	194 (2.5)	359 (2.5)
Don'tknow	6,095 (94.5)	7,363 (94.6)	13,458 (94.6)
Total	6,450 (100.0)	7,782 (100.0)	14,232 (100.0)
In the past 12 months, have you had problems with a friend or neighbour due to their drug use?			
Yes			
No	290 (4.5)	247 (3.2)	537 (3.8)
Don'tknow	5,996 (93.0)	7,293 (93.7)	13,289 (93.4)

Total	164 (2.5)	242 (3.1)	406 (2.9)
	6,450 (100.0)	7,782 (100.0)	14,232 (100.0)

Source: Author Construct, 2024 (Nigeria Bureau of Statistics, 2024)

4.6: Socio-Demographic Characteristics and Substance Misuse Among Youth in Nigeria (adjusted Odds Ratio on Ordered Logistic Regression Analysis).

The results of the ordered logistics regression analysis (Table 4.6) on the influence of socio-demographic characteristics on substance abuse among youth in Nigeria are significant at a p-value less-than 0.05. Female participants were 0.58 less likely to use cannabis compare to male participants (Ref). When compared to owner-occupants, youths who occupied normal rent were 0.48 less likely to abuse alcohol (Ref).

Table 4.6: Socio-Demographic Characteristics and Substance Abuse Among Youth in Nigeria (adjusted Odds Ratio on Ordered Logistic Regression Analysis).

Category	Cannabis		Alcohol		Painkiller	
	Odds ratio	Lower - Upper Confidence Interval	Odds ratio	Lower - Upper Confidence Interval	Odds ratio	Lower - Upper Confidence Interval
Age						
15-19 years (Ref)	1.00		1.00		1.00	
20-24 years	0.82	0.45-1.51	0.76	0.49-1.19	0.81	0.53-1.35
20-24 years	0.68	0.34-1.37	1.15	0.73-1.81	0.80	0.47-1.34
Sex						
Male (Ref)	1.00		1.00		1.00	
Female	0.58*	0.34-1.00	0.89	0.62-1.29	1.05	0.71-1.58
Current Occupancy status						
Owner occupier (Ref)	1.00		1.00		1.00	
Normal rent	0.99	0.47-2.10	0.48*	0.27-0.87	1.03	0.60-1.77
Rent free	1.16	0.34-3.99	0.97	0.43-2.22	0.56	0.17-1.89
Subsidized rent	1.49	0.17-12.85	0.00	0.00-0.00	0.00	0.00-0.00

Other specify	0.00	0.00-0.00	0.00	0.00-0.00	0.00	0.00-0.00.
Marital Status						
Monogamous (Ref)	1.00		1.00		1.00	
Polygamous	0.70	0.09-5.58	1.53	0.56-4.16	0.55	0.12-2.46
Informal Union	6.23	0.55-70.31	1.26	0.12-13.02	0.00	0.00-0.00
Divorce/Separated	3.87	0.36-42.04	1.04	0.11-10.15	1.79	0.18-17.84
Widow/widower	0.00	0.00-0.00	3.67	0.20-67.41	0.00	0.00-0.00
Never married	0.87	0.43-1.73	0.96	0.61-1.50	1.15	0.70-1.89
Occupation						
Regular full-time work (Ref)	1.00		1.00		1.00	
regular	0.25	0.03-1.91	0.76	0.37-1.58	0.56	0.22-1.41
Irregular	1.36	0.65-2.84	1.01	0.62-1.64	1.16	0.68-1.98
Not Work	1.47	0.80-2.70	0.73	0.49-1.09	0.78	0.50-1.21
/cut1	2.04	1.06-3.02	0.93	0.27-1.59	1.44	0.70-2.17
/cut2	4.08	2.96-5.20	1.96	1.28-2.64	3.23	2.43-4.04
/cut3	5.39	3.91-6.87	3.95	3.10-4.80	4.19	3.26-5.12

Source: Author Construct, 2024 (Nigeria Bureau of Statistics, 2024)

*** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$.

4.7: Access to Health Care Facility and Substance Abuse Among Youth in Nigeria (adjusted Odds Ratio on Ordered Logistic Regression Analysis).

The results of the ordered logistics regression analysis (Table 4.7) on the influence of access to health care facilities on substance abuse among youth in Nigeria are significant at a p-value less than 0.05. When compared to those who seek medical attention from government

hospitals, those who seek medical attention from pharmacies were 0.25 less likely to abuse alcohol (Ref). Those who said they had not been admitted to the hospital in the previous 12

Category	Cannabis		Alcohol		Painkiller	
	Odds ratio	Lower - Upper Confidence Interval	Odds ratio	Lower - Upper Confidence Interval	Odds ratio	Lower - Upper Confidence Interval

months were 59% more likely to abuse alcohol than those who said they had been admitted to the hospital in the previous 12 months (Ref). Those that sought medical attention from licenced medicine vendors were 0.52 less likely to abuse painkillers compared to those that sought medical attention from government hospital (Ref).

Table 4.7: Access to Health Care Facility and Substance Abuse Among Youth in Nigeria (adjusted Odds Ratio on Ordered Logistic Regression Analysis).

When you fall sick where do you seek medical attention?						
Government hospital (Ref)	1.00		1.00		1.00	
Private Hospital	1.10	0.50-2.44	0.66	0.36-1.23	0.92	0.47-1.80
Primary health care	0.80	0.42-1.52	1.16	0.77-1.77	0.83	0.50-1.39
Community health workers	1.07	0.23-4.88	0.62	0.17-2.18	0.83	0.23-2.99
Homeopathic physician	0.00	0.00-0.00	0.00	0.00-0.00	0.00	0.00-0.00
Pharmacies	0.85	0.38-1.90	0.25**	0.11-0.56	1.69	0.97-2.95
Patent medicine vendors	0.51	0.24-1.08	0.79	0.50-1.27	0.52*	0.29-0.93
Traditional/alternative medicine practitioner	0.80	0.10-6.44	0.00	0.00-0.00	1.55	0.40-5.93
Spiritual healer	0.00	0.00-0.00	1.06	0.11-10.75	0.00	0.00-0.00
family/friend/neighbor	0.00	0.00-0.00.	0.32	0.04-2.57	0.53	0.06-4.39
Self- medication	0.60	0.07-4.75	0.31	0.04-2.44	0.74	0.16-3.45
	1.00	-----	1.00		1.00	-----
Have you ever taken medicines for any health issue?						
Yes (Ref)	1.00		1.00		1.00	
No	0.83	0.43-1.59	1.03	0.67-1.59	1.05	0.62-1.78
Have you ever been admitted in the past 12 months in hospital?						
Yes (Ref)	1.00		1.00		1.00	
No	1.10	0.61-2.00	1.59*	1.05-2.39	0.72	0.44-1.17
/cut1	2.15	1.68-2.63	1.31	0.97-1.65	1.38	1.00-1.75
/cut2	4.18	3.46-4.90	2.36	1.98-2.74	3.19	2.69-3.69
/cut3	5.49	4.28-6.70	4.35	3.71-5.00	4.14	3.46-4.82

Source: Author Construct, 2024 (Nigeria Bureau of Statistics, 2024)

*** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$.

4.8: Access to Health Care Facility and Substance Abuse Among Youth in Nigeria (adjusted Odds Ratio on Ordered Logistic Regression Analysis).

The results of the ordered logistics regression analysis (Table 4.8) on the influence of drug counselling centers on substance abuse among youth in Nigeria are significant at a p-value less-than 0.051. Those that reported did not seek drug counseling at private hospital for drug counselling were 4.30 more likely to abuse alcohol than those that seek drug counselling (Ref). Those that do not seek drug counselling from other government hospital were 0.19 less likely to abuse alcohol compare to those that seek drug counselling (Ref). Those who did not seek drug counselling from a psychiatric hospital were 2.15 times more likely to abuse painkillers than those who did seek counselling (Ref)

Table 4.8: Drug Counselling Center and Substance Abuse Among Male and Female Youth in Nigeria (adjusted Coefficient Based on Ordered Logistic Regression Analysis).

Category	Cannabis		Alcohol		Painkiller	
	Odds ratio	Lower - Upper Confidence Interval	Odds ratio	Lower - Upper Confidence Interval	Odds ratio	Lower - Upper Confidence Interval
Private Hospital						
Yes	1.00		1.00		1.00	
No	1.43	0.67-3.03	4.30***	2.56-7.21	0.60	0.34-1.05
Don't Know	1.34	0.48-3.78	3.68***	1.96-6.92	0.89	0.44-1.80
Psychiatric Hospital						
Yes	1.00		1.00		1.00	
No	1.49	0.71-3.13	1.03	0.62-1.70	2.15**	1.25-3.70
Don't Know	2.68	0.97-7.38	1.66	0.88-3.12	1.54	0.74-3.19
Other government hospital						
Yes	1.00		1.00		1.00	
No	1.06	0.50-2.22	0.19***	0.10-0.35	1.00	0.55-1.85
Don't Know	1.48	0.61-3.64	0.56	0.31-1.01	1.59	0.83-3.04

NGO/Treatment center						
Yes	1.00		1.00		1.00	
No	0.65	0.28-1.52	1.44	0.75-2.75	0.63	0.34-1.17
Don't Know	0.51	0.20-1.32	1.23	0.64-2.36	0.96	0.51-1.78
Home based management						
Yes	1.00		1.00		1.00	
No	1.42	0.61-3.30	1.17	0.63-2.15	1.12	0.60-2.08
Don't Know	0.94	0.32-2.77	0.99	0.51-1.91	0.65	0.31-1.34
Faith based treatment centre						
Yes	1.00		1.00		1.00	
No	0.93	0.41-2.11	0.75	0.41-1.35	0.89	0.47-1.66
Don't Know	1.58	0.55-4.54	2.20*	1.15-4.20	1.93	0.96-3.87
NDLEA counselling centre						
Yes	1.00		1.00		1.00	
No	1.61	0.75-3.48	0.91	0.52-1.59	0.89	0.50-1.58
Don't Know	1.11	0.51-2.44	0.83	0.50-1.37	0.74	0.42-1.29
/cut1	3.06	2.23-3.88	2.18	1.58-2.78	1.65	1.09-2.21
/cut2	5.12	4.09-6.15	3.34	2.70-3.98	3.63	2.94-4.32
/cut3	6.64	5.04-8.24	5.59	4.70-6.48	4.56	3.69-5.43

Source: Author Construct, 2024 (Nigeria Bureau of Statistics, 2024)

*** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$.

4.9 Discussion of Findings

The highest substance misuse among youths was Cannabis whereby 91.4% commonly use it, followed by those abusing painkiller(83.26%) and alcohol(78.4%). This was corroborated by Nouh et al. (2007), who noted that prescription medicines, alcohol, and cannabis were frequent behaviours in drug misuse. This predominance was discovered in the literature evaluation, where it was found that many studies paid little attention to the other substances that students used outside alcohol (Kanyoni, 2015).The distribution by gender

revealed that majority of female reported commonly use cannabis (93.3%) and majority of male youth reported sometime use cannabis by 9.62%. Similarly, 79.4% of female youths commonly use Alcohol than male youth who reported sometime use Alcohol by 13.95%. Female youth commonly reported the use of painkiller by 83.7% higher than male youth by 82.62%. The findings of Asagba et al. (2016) supported the finding that female participants abuse substances at a higher rate than male participants. Contrarily, the findings of independent studies by Lawal and Aliyu (2020) revealed that male participants take drugs more frequently than their female counterparts.

Majority of male participants reported to mostly receive drug counselling from private hospital, psychiatric hospital, other government hospital, faith based treatment centre and NDLEA counselling centre, whereby most female participants receive drug counselling from home based management. Male participants have been arrested on drug related charges than female youths. Male participants reported that someone using drugs had physically harmed them more than female participant. More male participants reported that someone using drug have harmed them physically than female participants. Most men reported that they had been threatened or scared because someone used drugs at home or in some other private environment. In comparison to female participants, more male participants reported having family issues or marriage difficulties due to a family member's use of drugs. Male reported to have problems with friend or neighbour due to their drug use than the female participants. This study agreed with the findings of other studies (Ogunsola & Fatusi, 2016), which maintained that substance abuse and criminal behaviour are directly linked. The more substance abuse that young people engage in, the more violent they become.

Youths that occupied normal rent were 0.48 less likely to abuse alcohol compare to those that were owner occupier (Ref). This can be attributed to the fact that house owners might be free from any rules guiding the occupancy of residences. When compared to those who seek medical attention from government hospitals, those who seek medical attention from pharmacies were 0.25 less likely to abuse alcohol (Ref). Those who said they had not been admitted to the hospital in the previous 12 months were 59% more likely to abuse alcohol than those who said they had been admitted to the hospital in the previous 12 months (Ref).

This finding is also supported by the result of a comparable study on substance abuse among youth in Addis Ababa conducted in Ethiopia by Liranso et al. (2017), which found out the majority of participant had sufficient knowledge about the negative effect of addictive

substances, yet they were involved in taking illicit drugs. When compared to those who sought medical attention from government hospitals, those who sought medical attention from private medicine vendors were 0.52 less likely to abuse painkillers (Ref). Tong et al. (2012), who suggested that medications that were administered as a pain reliever to a patient who was physically sick did not lead to drug addiction, back up this assertion. It has been discovered that individuals with a history of drug use are more likely to develop an addiction. While it is true that painkilling tablets like Tramadol do not make people addicted while they are using them to treat pain, chronic use of these medications can lead to addiction. According to the findings of the study, individuals might develop a dependency on a substance through either self-medication or extended usage of prescribed medication. Those that reported not seeking private hospital for drug counselling were 4.30 more likely to abuse alcohol than those that seek drug counselling (Ref). Those that do not seek drug counselling from other government hospital were 0.19 less likely to abuse alcohol compare to those that seek drug counselling (Ref). Those that do not seek drug counselling from psychiatric hospital were 2.15 more likely to abuse painkiller than those that seek counselling from psychiatric hospital (Ref). This agrees with the findings of Cheloti, Okoth, and Obaei (2018), who found that the spreading of information is an eye opener for these students, who are unaware of the effects of these substances. This knowledge might help reduce the risk of developing a substance abuse disorder and the initial usage of these substances. Counselling students on critical personal and social skills could promote healthy living devoid of substance abuse as well as providing healthy activities that meet the needs that are usually satisfied by alcohol, tobacco, and other drug use may decrease substance abuse.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMENDATIONS

5.0 Introduction

This chapter presents the summary of findings, conclusions, and recommendations drawn from the analysis of the research study. The overall objective of this study is to explore the associated costs of drug abuse among youths in Nigeria. The study was based on the sample size of 14281 respondents from the National Survey on Drug Use and Health 2016-2017.

5.1 Summary of Findings

Cannabis was the most misused substance among youths, with 91.4% using it regularly, followed by painkillers (83.26%) and alcohol (78.4%). The gender distribution revealed that most of the female youth (93.3%) reported frequently using cannabis, while most of the male youth (9.62%) reported occasionally using cannabis. Similarly, 79.4% of female youth use alcohol frequently, compared to 13.95% of male youth who use alcohol occasionally. Female youth reported using pain relievers at a rate 83.7% higher than male youth (82.62%).

More so, males were more commonly reported at age 15-19 years (38.2%), whereby most females were reported at ages 20-24 years and 25-29 years by 30.4% and 40.0%, respectively. Most male participants were reported to be owner-occupants and rent-free, whereas the majority of female participants always had normal rent and subsidized rent. Most female participants have vocational or commercial skills, followed by those below primary and primary education, and most male participants have secondary and higher education. More than one-third of female participants came from monogamous families, while the majority of male participants came from polygamous families and were divorced or separated. Males predominate. Majority of male participants reported to be engaged in regular full-time work, part-time work and irregular jobs, in contrast most female participants were not working.

Male participants have been arrested on more drug - related charges than female youths. More male participants reported having been treated for problems related to drug use than female participants. More males reported that someone using drugs has harmed them physically than female participants. Most males revealed that they had been threatened or afraid because someone used drugs at home or in some other private setting. Male participants reported having more family problems or marriage difficulties due to a family

member's use of drugs than female participants. Male participants reported more problems with friends and neighbours because of their drug use than female participants.

The results of the ordered logistics regression analysis show a significant relationship between type of occupancy rent, where youth seek medical attention, access to health care facilities in the previous 12 months, drug counselling centres, and substance abuse among Nigerian youth at a p-value less than 0.05.

5.2 Conclusion

Substance misuse poses a serious and substantial risk. Invisible drug misuse is sweeping the country, and its destructive repercussions are hard to fight. This research evaluates the efficacy of drug abuse prevention programs, treatment options, and social reintegration programs at the national level. Drug usage has a variety of negative effects on society, including crime, injury, marital instability, and societal violence. Nevertheless, female participants were less likely to use cannabis compare to male participants. Drug abuse risk factors identified in this analysis include youths' access to health care facilities within the previous 12 months and drug counseling centers like private hospitals, psychiatric hospitals, and other government hospitals; their type of occupancy rent; and youths' locations of drug treatment providers, such as pharmacies and patent medicine vendors.

5.3 Recommendations

This study indicates that drug abuse is still a major public health problem among youth, based on these findings, recommend the following strategies.

1. It would be necessary for the government to set up rehabilitation counseling centers and hospitals where they do not already exist, and to strengthen their capabilities in such locations.
2. Counseling services for those struggling with substance misuse should be expanded, and home inspections should be made a priority in all neighborhoods.

3. Instead of leaving it up to counselors alone, other professionals like pharmacists, medical physicians, activists, etc., should band together to combat these anti-social behaviors among youth.

4. The government should make concerted efforts to train professional health care practitioners or counselors who would manage drug abuse situations, and it should also encourage the construction of private specialist centers. Furthermore, the government should issue permits to organisations that provide effective treatment for drug misuse and dependence.

5.4 Suggestion for Further Findings

The government needs to act immediately by formulating a comprehensive plan to combat the rising drug abuse epidemic. Strategies will address issues such as early detection of drug dependency, the development of specialised personnel to address drug misuse problems, and the dissemination of information about the hazards of drug use. Finally, we need a shift in strategy away from a punitive approach to the drug problem, and toward an investigation of the role that government hospitals like those at the federal, state, and municipal levels play in the war on drugs.

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