

**RISK OF DRUG ABUSE AMONG YOUTH FROM DISADVANTAGED FAMILIES IN  
EKOSODIN COMMUNITY OVIA NORTH EAST LGA OF EDO STATE.**

**IKPEMINOGHENA ROSEMARY IGEZUNYA**

**SSC2106053**

**DEPARTMENT OF SOCIAL WORK**

**FACULTY OF SOCIAL SCIENCES**

**UNIVERSITY OF BENIN**

**BENIN CITY**

**DECEMBER, 2025**

**RISK OF DRUG ABUSE AMONG YOUTH FROM DISADVANTAGED FAMILIES IN  
EKOSODIN COMMUNITY OVIA NORTH EAST LGA OF EDO STATE.**

**IKPEMINOGHENA ROSEMARY IGEZUNYA**

**SSC2106053**

**BEING A RESEARCH PROJECT PRESENTED TO THE DEPARTMENT OF SOCIAL  
WORK, FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF BENIN  
BENIN CITY IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD  
OF BACHELORS OF SCIENCE (B.SC.) IN SOCIAL WORK.**

**DECEMBER, 2025**

## CERTIFICATION

We the under sign certify that this project was carried out by **IGEZUNYA IKPEMINOGHENA ROSEMARY** with Matriculation Number: **SSC2106053** and is adequate in scope and standard in partial fulfillment for the award of Bachelor degree in the Department of Social Work, Faculty of Social Sciences, University of Benin, Benin City.

---

**Barr. S. Yesufu**  
(Project Supervisor)

---

**DR. Helen Ebi Eweka**  
(Head of Department)

---

**Date**

---

**Date**

## **DEDICATION**

This research work is dedicated to God almighty for his guidance, protection and good health throughout my period of study.

## ACKNOWLEDGEMENTS

First and foremost, I express my deepest gratitude to God almighty whose grace and unwavering guidance has sustained me throughout the journey of this academic program and the successful completion of this research work. His presence gave me , the strength to persevere through every challenges and I return all glory to him.

My sincere appreciation goes to my project supervisor Barr. S. Yesufu assisted by Dr. Osamuyi A. Bello for his guidance and encouragement while I was completing this dissertation. Thank you for being available whenever I have a question and for all the corrections. My profound thanks also goes to my lecturers and the entire staff in the department of Social Work for imparting knowledge and creating a very conducive environment for learning.

I sincerely appreciate my beloved parents, Mr Felix Igezunya and Mrs Clara Igezunya. for their sacrifice, and prayers. May almighty God grant you long life in good health, Amen. I am also grateful for my siblings, Victor Igezunya, Progress Igezunya, Ochuwa Igezunya and Daniel Igezunya. For their love and support. May God bless you all. I am also grateful for my uncle and my aunty Mr and Mrs Julius, for their encouragements, love and support, may God bless you both for that you do.

A special thanks to my best friend, Chukwunalu Ifechukwuyenum Godiva thank you for standing by me when things got tough, much thanks also goes to my amazing friends both in and out of university for my making school journey a memorable one, these person include: Ese, Awili, Khortney, Phreedah, Kelvin, Ejiro, Oy, Eki, Sparkles, Akorede, Jadon, Trust ,Destiny and Desmond. Your kindness and laughter helped me through the most challenging moments and you all taught me

the true meaning of friendship. I can't express how grateful I am to have you all by my side. I am especially grateful to Tyndale Chukuwunalu whose encouragement has carried me through every stage of this journey.

Lastly I also want to acknowledge myself, especially my younger self. Reflecting on how far we have come. I am proud of the journey, growth that has led to this project and my ongoing pursuit of a social work degree.

Thank you to everyone who has been part of this journey.

**Ikpeminoghena R. Igezunya**  
**University of Benin**  
**December, 2025**

## ABSTRACT

The broad objective of this study is to examine the risk of drug abuse among youth from disadvantaged families in Ekosodin community Ovia North East Local Government Area of Edo State. The specific objectives are to assess the prevalence and patterns of substance use, highlight the psychological stress and mental health experienced by drug abuser, highlight the effect of drug abuse on Academic and Social Well-being, and to find out the effect of drug abuse among youth on disadvantaged families in Ekosodin community Ovia North East Local Government Area of Edo State. A total of 300 structured questionnaires were distributed to respondents. Frequency and percentage method was adopted in this study. The finding showed that there are prevalence and patterns of substance use. Most youth become drug abuser because substance use is a common issue among people in the community. And this substance in most cases are abuse because it is easy for individuals to access substances if they wish to. Drug abuser experience psychological stress and mental health this includes feeling overwhelmed finding it difficult to manage emotions, feel isolated or alone, frequently experience feelings of anxiety or panic attacks, and increased mental health problems and finding it difficult to participate in healthy social activities. Drug abuse prevents abuser from engaging in activities they once enjoyed, leading to feelings of hopelessness, it can negatively impacts academic performance of youth, harms relationships with family and friends, and reduces motivation for school and future goals. Drug abuse make abuser's family experiences more arguments and conflict because of their drug use, and can make it harder for abuser to communicate openly and honestly with their parents/guardians. The study recommend that Nigeria government should work toward reducing easy access of most drug which could be harmful to the health of youth, this can be done through making a certain policy.

**Keywords: Drugabuse, Youths, Substance Abuse, Wellbeing, Prevalence**

## TABLE OF CONTENTS

Title page	-	-	-	-	-	-	-	-	-	i
Certification	-	-	-	-	-	-	-	-	-	ii
Dedication	-	-	-	-	-	-	-	-	-	iii
Acknowledgement	-	-	-	-	-	-	-	-	-	iv
Abstract	-	-	-	-	-	-	-	-	-	v
Table of content	-	-	-	-	-	-	-	-	-	vi

### CHAPTER ONE: INTRODUCTION

1.1	Background to the study	-	-	-	-	-	-	-	-	1
1.2	Statement of drug Abuse	--	-	-	-	-	-	-	-	3
1.3	Objective of the study -	-	-	-	-	-	-	-	-	5
1.4	Research Question	-	-	-	-	-	-	-	-	5
1.5	Scope of Study	-	-	-	-	-	-	-	-	6
1.6	Significance of the Study	-	-	-	-	-	-	-	-	6
1.7	Definition of terms	-	-	-	-	-	-	-	-	7

### CHAPTER TWO: LITERATURE REVIEW

2.1	Review of Relevant Concept	-	-	-	-	-	-	-	-	8
2.1.1	Concept of Drug Abuse	-	-	-	-	-	-	-	-	8

2.2 The Available Drugs Abused in Nigeria Society -	-	-	-	-	-	-	-	-	11
2.3 Public Health Consequences of Drug Abuse	-	-	-	-	-	-	-	-	14
2.4 Factors Contributing to drug Abuse	-	-	-	-	-	-	-	-	15
2.5 Collective Actions to Address Drug Abuse in Nigeria	-	-	-	-	-	-	-	-	17
2.6 Inactions and Their Consequences	-	-	-	-	-	-	-	-	18
2.7. Theoretical Framework	-	-	-	-	-	-	-	-	19
2.7.1. Interaction theory	-	-	-	-	-	-	-	-	19
2.7.2. Behaviorism Theory	-	-	-	-	-	-	-	-	21
2.8 Empirical Review -	-	-	-	-	-	-	-	-	22
<b>CHAPTER THREE: METHODOLOGY</b>									
3.0 Preamble -	-	-	-	-	-	-	-	-	25
3.1 Research Design	-	-	-	-	-	-	-	-	25
3.2 Population of the Study	-	-	-	-	-	-	-	-	25
3.3 Sample Size and Sample Technique	-	-	-	-	-	-	-	-	26
3.4 Research Instrument	-	-	-	-	-	-	-	-	26
3.5 Validity and Reliability of the Instrument	-	-	-	-	-	-	-	-	27
3.6 Sources OF Data	-	-	-	-	-	-	-	-	27
3.7 Method of Data Analysis	-	-	-	-	-	-	-	-	27
<b>CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS</b>									
4.1 Introduction	-	-	-	-	-	-	-	-	28
4.3 Demographic Characteristics of Respondents	-	-	-	-	-	-	-	-	28
4.3 Analysis of the Research Question	-	-	-	-	-	-	-	-	34

4.4	Discussion of Finding	-	-	-	-	-	-	-	-	46
-----	-----------------------	---	---	---	---	---	---	---	---	----

**CHAPTER FIVE: SUMMARY OF FINDING, CONCLUSION AND RECOMMENDATION**

5.1	Summary of Finding	-	-	-	-	-	-	-	-	49
5.2	Conclusion	-	-	-	-	-	-	-	-	50
5.3	Recommendation	-	-	-	-	-	-	-	-	51
References	-	-	-	-	-	-	-	-	-	52
Appendix A	-	-	-	-	-	-	-	-	-	55

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background to the study

Drug abuse is no longer just part of the seedy underbelly of society as it has exploded into the open streets, reaching nearly every corner of civilization. The once silent killer is claiming more victims than ever before, and in horrific manners. Sadly, drug abuse continues to maintain a stranglehold on adolescences stripping away their chances for stable, happy and productive life, The Real Truth (Yahaya, 2018). The history of drug abuse is as old as mankind. Human beings have always had a desire to eat or drink substance that make them feel relaxed, stimulated or euphoric. The discovery of fermentation and farming since 6000BC is when people started to use drugs. The first drug to be abused was homemade alcohol wine and the level could read up to 14-16%. It was used in religious rites and children were given it too in their Holly Communion. Other drugs were used for legitimate purposes, medical or scientific purposes, (Matowo, 2013). Essentially, drug abuse started to be high through various experimentations and people diverted the use of drugs for money generating activities. However, recognizing the effects was noted and restriction to abuse legalized but the problem still goes high. While In 2015 about a quarter of a billion people used drugs, United Nations Office on Drugs and Crime (UNODC).

In 2016, according to UN 250 million people between the ages of 15 and 64 used at least one drug in 2014 and more than 29 million are suffering drug use disorders compared with 27 million in 2013. Of the 12 million people who inject drugs 14% are now living with HIV. Heroin top the list of the killing drug and the poorest societies bear the brunt, UN News (UNODC, 2017). Africa now

occupies second position worldwide in the trafficking and consumption of illegal drugs. The UN estimate in 2014, there were 28 million drug users in Africa and 37,000 people die annually from diseases associated with the consumption of illegal drugs. The children are identified as the most vulnerable, especially those who cannot resist peer pressure, DW Made for Mind(UN News, 2016). Therefore, it seems drug addiction has reached epidemic levels across the world and the spectrum of the drug on the drug market has widened considerably, becoming one of the social problems that affect everyone, everywhere, either directly or indirectly and children are no exception, Mabeyo, as cited in Matowo AS. Children are a valuable asset and pride, not only to their family but to the nation.

Similarly, today's children are tomorrow's adults and builders of the nations and deserves all protection from the menace (Singh, Uma & Aditya, 2017). Therefore, the use of substances among adolescents is not only a public health concern but equally socio-economic one. The prevalence among the youth is alarming. Globally, in 2011, about 211,000 deaths were recorded. In view of the fact that adolescence is a critical stage in life and is considered the most transformative period, it is incumbent upon all to fight the menace. The Gambia like all developing countries has many problems one of which is substance abuse and associated problems. Through 2001, increased in the abuse of cannabis, heroin, cocaine, ecstasy and other stimulant drugs were noted in the country, United Nations, 2003 as cited in Anderson (2016). Risk factors for drug abuse represent challenges to individual's emotional, social and academic development. These factors can produce different effects depending on the individual's personality traits, phase of development, and environment, National Institute on Drugs 2003.

## 1.2 Statement of drug Abuse

The public health impact of drug abuse in Nigeria is profound and multifaceted. At the individual level, substance abuse is associated with a range of physical and mental health problems, including addiction, liver disease, cardiovascular disorders, and psychiatric conditions such as depression and anxiety (Abdulmalik et al., 2019). The burden of these conditions is exacerbated by limited access to healthcare services, particularly in rural areas where the majority of the population resides (Oluwaseun et al., 2023).

At the societal level, drug abuse has been linked to increased rates of crime, violence, and accidents. For instance, studies have shown that substance abuse is a major driver of armed robbery, kidnapping, and domestic violence in Nigeria (Okeke et al., 2022). Furthermore, the economic cost of drug abuse is staggering, with significant losses in productivity, healthcare expenditure, and law enforcement resources (Eze et al., 2021).

The impact of drug abuse extends beyond the immediate users to their families and communities. Families of individuals with substance use disorders often experience financial hardship, emotional distress, and social isolation (Adelekan et al., 2021). Children of drug users are particularly vulnerable, with increased risks of neglect, abuse, and poor educational outcomes (Oshodi et al., 2020).

Individual Health; Hepatitis C prevalence is 8.1% among people who inject drugs (PWIDs), while 40% of heroin users in Kano had HIV in 2021 (Federal Ministry of Health, 2022). Psychiatric comorbidities include depression (58%) and psychosis (22%), per a 2023 study in Abuja (Okafor et

al., 2023). Healthcare Burden; Drug-related admissions occupy 30% of psychiatric beds nationally, yet only 10% of tertiary hospitals offer addiction services (Federal Ministry of Health, 2022). Economic Impact; The National Bureau of Statistics estimates annual losses of \$3.5 billion from productivity declines and healthcare costs (NBS, 2022). Familial and Oluwasanmi (2022) outline effect of drug abuse which includes increased strain on the liver, which puts the person at risk of significant liver damage or liver failure. Seizures, stroke, mental confusion and brain damage, Lung disease, depression, conduct problems, personality disorders, suicidal thoughts, attempted suicide, and suicide. He added that drug abuse is often accompanied by a devastating social impact upon community life. The adverse effect and consequences of drug abuse on industry, education and training and the family, as well as on its contribution to violence, crime, financial problems, housing problems, homelessness and vagrancy. And also, poor academic performance, school drop-outs, early marriages, aggressive and violent behaviour are the major effects of drug use/abuse by adolescents in schools. The short- and long-term physical effects related to teenage drug use will vary from teen to teen. Teenage drug abuse can cause dangerous health issues such as stroke, lung disease, cancer, infections (e.g., hepatitis, HIV, AIDS, etc.), and heart disease. Another unpalatable outcome of drug abuse includes seizures, stroke, mental confusion and brain damage. According to the United Nations Office on Drugs and Crime (UNODC, 2018), Nigeria has one of the highest rates of drug abuse in Africa, with an estimated 14.3 million people aged 15–64 years using psychoactive substances.

Social Disintegration; A 2022 UNICEF report linked parental drug use to a 50% increase in child labour which can in long run result to youth drug abuse in Edo State (UNICEF, 2022).

Despite the significant effect and high level of drug abuse in Nigeria, only few researcher focus their attention on the risk of drug abuse among youth from disadvantaged families in Nigeria particularly Edo State. Non of the research work has been done to focus their attention on youth drug abuse in Ekosodin, this make this work to be more significant, as it will focus on the risk of drug abuse among youth form disadvantaged families in Ekosodin community with particular focus on Ekosodin Community.

### **1.3 Objective of the study**

This study will examine the risk of drug abuse among youth from disadvantaged families in Ekosodin community Ovia North East Local Government Area of Edo State. The specific objectives are to:

1. Assess the prevalence and patterns of substance use in Ekosodin community Ovia North East Local Government Area of Edo State
2. Highlight the psychological stress and mental health experienced by drug abuser in Ekosodin community Ovia North East Local Government Area of Edo State
3. Highlight the effect of drug abuse on Academic and Social Well-being in Ekosodin community Ovia North East Local Government Area of Edo State
4. Effect of drug abuse among youth on disadvantaged families in Ekosodin community Ovia North East Local Government Area of Edo State.

### **1.4 Research Question**

1. What are the prevalence and patterns of substance use in Ekosodin community Ovia North East Local Government Area of Edo State
2. What are the psychological stress and mental health experienced by drug abuser in Ekosodin community Ovia North East Local Government Area of Edo State
3. What are the effect of drug abuse on Academic and Social Well-being in Ekosodin community Ovia North East Local Government Area of Edo State
4. How does drug abuse affect family and protective factors among disadvantaged families in Ekosodin community Ovia North East Local Government Area of Edo State

### **1.5 Scope of Study**

The scope of this study is limited to investigating the causes, patterns, and effects of drug abuse among young adults aged 18–30 within a selected geographic area (e.g., a specific city, region, or institution). It focuses on both legal and illegal substance use, including alcohol, tobacco, and narcotics. The study examines socio-economic status, psychological factors, peer influence, and family background as potential contributors to drug abuse. The study will cover all the youth in Egor Local government area. It does not cover the clinical treatment of drug addiction in depth, nor does it focus on drug use among children or older adults.

### **1.6 Significance of the Study**

This study is significant because it contributes to a deeper understanding of the factors driving drug abuse, especially among disadvantaged families in Ekosodin. By identifying key socio-economic, psychological, and environmental influences, the research provides valuable insights that can guide policymakers, educators, healthcare providers, and community organizations

in designing effective prevention and intervention strategies. The findings can also support the development of targeted awareness campaigns, rehabilitation programs, and public health policies aimed at reducing the prevalence and consequences of drug abuse.

Community leaders can implement universal programs for all youth, selective programs for at-risk groups, and indicated programs for those already using drugs. Community leaders can use understanding risk of drug abuse to advocate for policies that address these root causes, such as income inequality and lack of vital resources, rather than solely focusing on individual behaviors. The study will be significant because it will reveal how parents who communicate openly and frequently with their children about the dangers of drug use significantly reduce their children's likelihood of engaging in substance abuse. This work will also serve as a assistant to researcher and student who will want to carry out more research work in this area.

### **1.7 Definition of terms**

**Drug:** a medicine or other substance which has a physiological effect when ingested or otherwise introduced into the body.

**Drug abuse:** The use of illegal drugs or the use of prescription or over-the-counter drugs for purposes other than those for which they are meant to be used, or in excessive amounts

**Youth:** Youth *is* the time of life when one is young

**Families:** a group of one or more parents and their children living together as a unit.

**Mental Health:** a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community

**Drug abuser:** some body who made use of certain chemicals for the purpose of creating pleasurable effects on the brain.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Review of Relevant Concept

##### 2.1.1 Concept of Drug Abuse

Drugs are effective substance for good health-they are used for beneficent therapeutic purposes but they are being abused by people especially youths. The Australian Drug Foundation has defined drugs as any substance which changes the way the body or mind functions. Drug-taking can be legal or illegal. The caffeine in coffee and tea is a licit drug and is unregulated. Alcohol is licit, as is tobacco, but both are more heavily regulated. Prescription drugs like benzodiazepine (sleeping pills) and steroids are licit when prescribed but illicit if used by someone without a prescription (Ashraf, Mohammed & Moustafa, 2016). Cannabis, heroin, ecstasy, hallucinogens and others are illicit drugs (ICPC, 2012).

Drug abuse is the recurrent use of illegal drugs, or the misuse of prescription or over-the-counter drugs with negative consequences. These consequences may involve problems at work, school, home or in interpersonal relationships. It involves also problems with the law and physical risks that come with using drugs in dangerous situations (UMMC, 2016). Drug addiction is defined as a chronic relapsing brain disease that is characterized by compulsive drug seeking and use, despite

harmful consequences. It is considered a brain disease because drugs change the brain, i.e. they change its structure and how it works. These brain changes can be long lasting, and can lead to the harmful behaviors seen in people who abuse drugs (NIDA, 2014).

Drugs are related to crime in multiple ways. Most directly, it is a crime to use, possess, manufacture, or distribute drugs classified as having a potential for abuse. Cocaine, heroin, marijuana, and amphetamines are examples of drugs classified to have abuse potential. Drugs are also related to crime through the effects they have on the user's behavior and by generating violence and other illegal activity in connection with drug trafficking (Ashraf et al., 2016).

Drug abuse is also referred to as substance abuse and can be defined as the harmful intake of drugs by individuals in ways or quantities hazardous to them or people around them, or both Ahmad et al. (John, Otene & Antenyi, 2023). On the other hand, World Health Organisation (2023), described substance abuse as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. The effects of drug abuse differs depending on their mechanism of action, the amount consumed and the history of the user among other factors.

The drugs that are beneficial to humanity may also be the same drugs that are detrimental to mankind. It is of no argument that drugs are created to cure diseases and to alleviate human condition; however, people may misuse over-the-counter drugs and this is called drug abuse. It has become a social problem because it has afflicted the family, the economy and the community. Drug and alcohol abuse in our nation's teenagers has become a major public health issue. The government collects facts on substance abuse and reports on the statistics and they are staggering (Fatima, 2017).

However, it has been reported that at a global level, drug abuse have negative effects on the health, wealth and wellbeing of nations (Abidemi, 2023). In addition to the negative health consequences experienced by members from use of drugs in the society, drug use also puts a heavy financial burden on individuals, families and society (World Health Organisation, 2023).

The level of drug abuse around the world today is a significant and growing concern, with recent data indicating a substantial increase in drug use and related disorders. As of 2022, nearly 300 million people globally were estimated to be using illicit drugs, a 20-23% increase over the past decade. This rise is attributed to various factors, including social and economic inequalities, humanitarian crises, and the increasing dominance of synthetic drugs in the market (Nwokorie, 2024).

The United Nations Office on Drugs and Crime (UNODC) plays a crucial role in monitoring global drug trends, with its annual World Drug Report serving as a primary reference. The 2024 and 2023 editions of the report highlight several key developments. In 2022, the number of people using illicit drugs reached 292 million, a 20% increase in 10 years, with cannabis remaining the most widely used drug globally, followed by opiates, amphetamines, cocaine, and ecstasy. The number of people suffering from drug use disorders has also surged to 39.5 million, a 45% increase over the last decade, yet only about one in five people with drug use disorders received treatment in 2021.

Cannabis continues to be the most consumed illicit drug, with approximately 228 million users worldwide in 2022. Other commonly abused substances include opioids (60 million users), amphetamines (30 million users), cocaine (23 million users), and ecstasy (20 million users). The

global illicit drug market is estimated to have a turnover of around \$400 billion annually, with significant portions attributed to heroin, cocaine, cannabis, and synthetic drugs.

The rise in drug abuse is not without severe consequences. Drug use disorders contribute to significant morbidity and mortality, with an estimated 0.6 million deaths annually attributable to drug use globally, predominantly among men. In the United States, accidental drug overdose is a leading cause of death for individuals under 45, with over 107,941 drug overdose deaths occurring in 2022 alone. Opioids, particularly fentanyl, are a major driver of these fatalities, accounting for 75.6% of drug overdose deaths in the U.S. in 2023. The emergence of nitazenes, a group of synthetic opioids potentially more dangerous than fentanyl, has also led to an increase in overdose deaths in several high-income countries (Nwokorie, 2024).

Beyond health impacts, drug production and trafficking exacerbate instability and inequality, fueling other illicit economies such as wildlife trafficking, financial fraud, and illegal resource extraction, particularly in regions like the Golden Triangle in Southeast Asia and the Amazon Basin. These activities contribute to environmental degradation through deforestation, toxic waste dumping, and chemical contamination.

The global response to drug abuse emphasizes a science-based, evidence-driven approach that prioritizes prevention and treatment, guided by human rights. However, significant disparities in access to treatment persist, especially between the global North and South and across urban and rural areas. Women, in particular, face barriers in accessing drug treatment services, despite making up a significant portion of drug users. International cooperation, supported by organizations like the

UNODC and WHO, aims to strengthen prevention and treatment programs, ensure access to controlled substances for medical purposes, and combat drug trafficking networks.

## **2.2 The Available Drugs Abused in Nigeria Society**

**Methamphetamine.** Usually a white powder that is smoked, snorted, or injected, this powerful stimulant is highly addictive. Like cocaine, methamphetamine, according to Oni (2008) can speed up the heart, as well as cause hyperthermia, an extremely high body temperature. When used over a long period of time, methamphetamine can cause anxiety, insomnia, and even psychotic symptoms, like hallucinations. Severe dental problems can also occur; the drug is acidic and can wear down teeth over time. Users often grind their teeth as well, further damaging them. As with heroin users, people who inject methamphetamine are at risk for HIV and hepatitis.

**Alcohol.** Moderate consumption of alcohol is safe for most people, but too much consumption can lead to problems. Many do consume more than their capacity, and this brings out the abnormality in such person. It doubles the consumer's mind. Those who are unable to confront certain challenges do engage in high consumption of alcohol. It is a liquid content that gradually affect the operation of the brain. Alcohol also has short-term health effects. Since alcohol is a depressant, it can slow motor skills and impair the user's ability to make clear judgments

The most common illegal drugs used among Nigerians is cannabis according to Foster (2018), other illegal drugs used include cocaine, heroin, amphetamine-type stimulants and inhalant and solvents such as glue. Whether you smoke marijuana, drink alcohol, or snort cocaine, there are risks involved with using drugs that can range from addiction to death. Knowing the risks can help you make better

decisions that positively affect your health. Understanding the effects of these drugs on your body and the serious threat of addiction they pose is the first step in protecting yourself.

**Marijuana.** This mild hallucinogen, derived from the *Cannabis sativa* plant, is the most commonly abused illegal drug in Nigeria, according to Oni (2008). When used, usually through smoking, marijuana acts as a central nervous system stimulant. It speeds up heart rate and raises blood pressure, (Stacey, 2006). It can stimulate the nervous system enough that some people become paranoid while taking it. At the same time, marijuana can dull memory, making it harder to concentrate or remember things.

Death from smoking too much marijuana is rare, but as with smoking cigarettes, habitual marijuana use can lead to heart disease and other cardiovascular problems. Smoking Marijuana is a process of introducing a dirty substance into your lungs. And just like tobacco smokers, marijuana smokers are at risk for respiratory problems such as chronic cough and frequent lung infections. Marijuana smoke also contains many carcinogens, though a definitive link between it and cancer remains unclear at this time.

**Cocaine.** A powerful, addictive stimulant, cocaine gives users a euphoric feeling when ingested, which, depending on the person, may or may not actually feel good. Some people experience that rush as very pleasurable, but others don't like it. The euphoric feeling is short-lived, lasting anywhere from 30 to 45 minutes (Stacey 2006). Cocaine is usually snorted as a powder, but it can also be modified into rock form so-called crack and smoked. Cocaine tightens blood vessels and speeds up the heart. These cardiovascular effects are the main reason for most cocaine-related deaths. According to Smith (2014), even in small doses, it can kill you, sudden death is not uncommon.

Opiates. These drugs, which include both street drugs like heroin and pharmaceutical painkillers like morphine and /, act on the body's central nervous system by stimulating the brain's reward center, which controls pleasurable feelings. Opiates mimic the effects of healthy feel-good activities, like having sex or eating. However, in high doses, opiates can cause some of the brain's critical functions, like breathing, to slow down or stop working. In an overdose the brain shuts off the thermostat that drives respiration. The person goes into a coma and dies. Since heroin is commonly injected, users are also at risk for HIV and hepatitis, which can be transmitted through shared needles (Oni 2008).

### **2.3 Public Health Consequences of Drug Abuse**

The public health impact of drug abuse in Nigeria is profound and multifaceted. At the individual level, substance abuse is associated with a range of physical and mental health problems, including addiction, liver disease, cardiovascular disorders, and psychiatric conditions such as depression and anxiety (Abdulmalik et al., 2019). The burden of these conditions is exacerbated by limited access to healthcare services, particularly in rural areas where the majority of the population resides (Oluwaseun et al., 2023).

At the societal level, drug abuse has been linked to increased rates of crime, violence, and accidents. For instance, studies have shown that substance abuse is a major driver of armed robbery, kidnapping, and domestic violence in Nigeria (Okeke et al., 2022). Furthermore, the economic cost of drug abuse is staggering, with significant losses in productivity, healthcare expenditure, and law enforcement resources (Eze et al., 2021). The impact of drug abuse extends beyond the immediate users to their families and communities. Families of individuals with substance use disorders often experience financial hardship, emotional distress, and social isolation

(Adelekan et al., 2021). Children of drug users are particularly vulnerable, with increased risks of neglect, abuse, and poor educational outcomes (Oshodi et al., 2020).

Individual Health; Hepatitis C prevalence is 8.1% among people who inject drugs (PWIDs), while 40% of heroin users in Kano had HIV in 2021 (Federal Ministry of Health, 2022). Psychiatric comorbidities include depression (58%) and psychosis (22%), per a 2023 study in Abuja (Okafor et al., 2023). Healthcare Burden; Drug-related admissions occupy 30% of psychiatric beds nationally, yet only 10% of tertiary hospitals offer addiction services (Federal Ministry of Health, 2022). Economic Impact; The National Bureau of Statistics estimates annual losses of \$3.5 billion from productivity declines and healthcare costs (NBS, 2022). Familial and Social Disintegration; A 2022 UNICEF report linked parental drug use to a 50% increase in child labour in Edo State (UNICEF, 2022).

## **2.4 Factors Contributing to drug Abuse**

In Nigeria, the problem has reached alarming proportions, affecting millions of people across all age groups and socioeconomic strata. According to the United Nations Office on Drugs and Crime (UNODC, 2018), Nigeria has one of the highest rates of drug abuse in Africa, with an estimated 14.3 million people aged 15–64 years using psychoactive substances. The most commonly abused substances include cannabis, tramadol, codeine, and heroin, with emerging trends in the abuse of synthetic drugs such as methamphetamine (Abdulmalik et al., 2019).

Prevalence and Regional Variations; The 2018 UNODC estimate of 14.3 million drug users (14.4% of the 15–64 population) remains the most cited (UNODC, 2018), but recent surveys suggest rising rates, particularly among youth. For example, a 2022 study in Lagos found 37% of

university students abused tramadol or codeine (Oshodi et al., 2022). Regional disparities exist: the northern states report higher cannabis use, while southern urban centres face synthetic drug epidemics (Abdulmalik et al., 2019). Gender Dynamics; While men dominate drug use (3:1 male-to-female ratio), women face unique barriers, including stigma and limited access to gender-sensitive treatment (Adelekan et al., 2021). Emerging Trends; Methamphetamine (“mkpurummiri”) abuse has surged in south eastern Nigeria since 2020, linked to clandestine labs and cross-border smuggling (NDLEA, 2023).

The rise in drug abuse has been attributed to a combination of social, economic, and political factors. Poverty, unemployment, and lack of access to education have created a fertile ground for substance abuse, particularly among youths (Oshodi et al., 2020). Additionally, weak regulatory frameworks and corruption have facilitated the proliferation of illicit drugs, making them easily accessible to the population (Eze et al., 2021). The situation is further compounded by cultural and religious factors, which often stigmatize individuals with substance use disorders, discouraging them from seeking help (Adelekan et al., 2021).

Socioeconomic Drivers; Unemployment (33% among youth) and poverty (63% multidimensionally poor) drive self-medication and drug trade participation (NBS, 2022). For instance, kayan mata (performance-enhancing drug mixtures) are marketed to low-income labourers for endurance (Oluwaseun et al., 2023). Governance **Gaps**; Weak regulation allows pharmacies to dispense opioids without prescriptions. A 2023 investigation revealed 70% of codeine in Lagos was obtained illegally through pharmacies (ICIR, 2023). Cultural Stigma; Mental health and addiction are often attributed to spiritual causes, delaying medical intervention. Religious leaders sometimes promote prayer over

evidence-based treatment (Adelekan et al., 2021). Conflict and Instability; Boko Haram insurgency and banditry in the north have normalized substance use among combatants and displaced populations (Eze et al., 2021).

## **2.5 Collective Actions to Address Drug Abuse in Nigeria**

In response to the growing problem of drug abuse, the Nigerian government and various stakeholders have implemented a range of collective actions aimed at prevention, treatment, and rehabilitation. One of the most significant initiatives is the National Drug Control Master Plan (NDCMP), which was launched in 2015 to provide a comprehensive framework for addressing drug abuse in the country (Adelekan et al., 2021). The NDCMP focuses on four key areas: drug supply reduction, drug demand reduction, access to controlled medicines, and governance and coordination.

Community-based interventions have also played a critical role in addressing drug abuse. For example, non-governmental organizations (NGOs) and faith-based organizations have implemented programs aimed at raising awareness, providing counselling, and rehabilitating individuals with substance use disorders (Okeke et al., 2022). These programs have been particularly effective in rural areas, where government services are often lacking.

Despite these efforts, the impact of collective actions has been limited by a range of challenges. Inadequate funding, poor coordination, and weak enforcement of laws have undermined the effectiveness of many initiatives (Eze et al., 2021). For instance, while the NDCMP has been praised

for its comprehensive approach, its implementation has been hampered by bureaucratic inefficiencies and corruption (Adelekan et al., 2021). Policy Frameworks; The National Drug Control Master Plan (NDCMP) 2021–2025 prioritizes harm reduction, including needle-exchange programs, but implementation lags. Only 15% of planned rehab centres have been operationalized (Federal Government of Nigeria, 2021).

Community Interventions; NGOs like YouthRISE Nigeria provide peer-led outreach, reducing opioid overdoses by 25% in Benue State through naloxone distribution (YouthRISE Nigeria, 2022). Faith-based groups (e.g., NASFAT) integrate counselling with vocational training (Okeke et al., 2022). Challenges; The NDLEA seized 5,000 kg of meth in 2023 but faces underfunding (80% of cases go unprosecuted) (NDLEA, 2023).

## **2.6 Inactions and Their Consequences**

In addition to the challenges faced by collective actions, inactions have also played a significant role in perpetuating the problem of drug abuse in Nigeria. Inactions refer to the failure to take necessary steps to address a problem, either due to lack of political will, resources, or capacity. In the context of drug abuse, inactions have manifested in various forms, including inadequate funding for prevention and treatment programs, poor enforcement of drug laws, and lack of access to healthcare services (Oluwaseun et al., 2023).

One of the most glaring examples of inaction is the weak enforcement of drug laws. Despite the existence of stringent laws against drug trafficking and abuse, enforcement has been lax, allowing illicit drugs to flood the market (Eze et al., 2021). Corruption within law enforcement agencies has

further exacerbated the problem, with reports of officials colluding with drug traffickers (Adelekan et al., 2021).

Another example of inaction is the lack of access to treatment and rehabilitation services. While the demand for these services is high, the supply is grossly inadequate, particularly in rural areas (Oluwaseun et al., 2023). This has left many individuals with substance use disorders without access to the care they need, perpetuating the cycle of addiction and its associated consequences.

Law Enforcement Failures; A 2023 ICIR report found 60% of drug seizures in Lagos ports involved bribes to officials (ICIR, 2023). Treatment Access; Only 3,000 rehab beds exist for 14 million users. Rural areas rely on understaffed primary health centres without addiction specialists (Federal Ministry of Health, 2022). COVID-19 Impact; Lockdowns spiked domestic violence and relapse rates, yet government responses focused on pandemic containment over addiction support (Okafor et al., 2023).

## **2.7. Theoretical Framework**

A theory is an explanation of how two or more variables are related. It is abstract which shows how things work in terms of ideas. In this study two theoretical approaches were applied. These have been the interactions' and learning theories.

(Passer, 2001).

### **2.7.1. Interaction theory**

Interactions' view of society is based on interactions as active factors which influence everything in the society. Interactions' theory focuses on family and other relations in the family. Interactions'

theory views children by interviewing and observing how they interact with other members of the family. Also interaction's theory is interested on how members of a family understand their role in everyday behavior in a society. Interaction's theory examines the family focusing on how a family plays its role of socializing children, according to the norms and values of a given society. Interaction's theory observes how children act according to the norms and values of their society. By using interaction's theory, the researcher was able to find out how children interact with the members of their respective families and other children in the society.

The researcher investigated how parents and the society at large plan for social interaction among children from 10 to less than 18 years in order to leave no leeway for drug use. Concepts used by interaction's theory gave the researcher opportunity to view children and people in society by looking at social changes; social position and communication patterns. The researcher observed the knowledge of children and their parents on drug abuse, and how their parents communicate such knowledge to their children.

George (2005) argued that families manipulate their roles of socializing and caring for children according to their cultural norms and values and leaves the children to learn from peer groups through interaction, without the families being aware of what they are doing.

This was supported by Mead (2005) who argued that people respect laws by basing on the past experience of what happened in the society. That means if there is no punishment or stated laws which the children and their parents, must follow, children and their parents will not know whether they are correct or incorrect and this makes the children use drugs as they are not aware of the laws regarding use and sell of illicit drugs. Also this makes the family members to be irresponsible due to lack of punishment or unaware of children's rights, as a result children learn and practice whatever

they like without limitation or close supervision from their families. Interaction's theory helped the researcher to find out how children interact and learn or imitate behaviours in their families in Hananasif Ward, Kinondoni District, Dar es Salaam Regional. Hananasif Ward was picked because it is the leading area in terms of drug abuse in Dar es Salaam. The research anticipated to identify the relationship between drug abuse by all and drug abuse by children.

The interaction's perspective presupposes that if a family is ethically, morally and idealistically solid and the family members are accountable to one another and the law of the country pertaining to drug abuse are known among the family members and there is adequate room for social interaction among the family members, there is little chance of having children with drug abuse affinity within such family. This study agreed with this interactionist's assertion and thus took it on board in guiding formulation of research strategy and method, and identification of data collection techniques.

### **2.7.2. Behaviorism Theory**

Behaviorism theory is a school of thought that emphasizes environmental control of behavior through learning. It occurs when children observe the behavior of model. Through observation, children learn that by using drugs they can get pleasure out of it, just like an adult who uses the drugs. That means through apprenticeship system that is watching and learning from the master. Observation learning can be highly adaptive by others, by learning through model that uses drugs. Language whether verbal or non-verbal plays a great role in modeling. It plays the role of teaching how to perform various activities. Verbal directions enable drug-abuse-children to learn common language used by drug abusers, so as to avoid being arrested by policemen. For example cannabis is

known as stick or leaves, cocaine is known brown sugar, and ecstasy is known as beautiful lady. John Lock (2001) said that “the human mind is initially white paper, void of all characters without any ideas” from the environment where the children learn how to use drugs and other antisocial behavior. He also said that human beings are born as a tabularasa – a blank tablet and then shaped by the environment through learning what it is in the environment.

Children belong to the family, they are supposed to abide to the norms and rules of the family, meanwhile the family has some accountabilities to ensure that the child develop and grows with comprehensive education. Failure of the families to send their children to school or poor attendance to school may likely develop deviant behaviors that lead to loss of affection and use of drugs.

By using behaviorism theory the researcher was able to see how children learn different behaviors from the environment including the use of drugs. This notion assumes that if family members as well as the other makers of children’s behaviour like peers, teachers and guardians are well mannered, morally responsible and accountable, there will very slim chance of coming up with children who abuse drugs. The core of interaction’s theory is the family socializations and relationships among family members, whereas the fundamentals of behaviourism theory deal on the combination of the children’s random collection of family model behaviours and the external inspirations from the social surroundings. This study combined the two theories to form the stage on which the theoretical frameworks as well as data collection and analysis can be orchestrated.

## **2.8 Empirical Review**

Mordecai, Tarimobowei, Gift, Preye, Uchenna and Tuebi (2025), examine examines the impact of collective actions and inactions, and identifies socio-economic and gender-specific barriers to

treatment. Following PRISMA guidelines, we synthesized data from 32 studies published between 2014 and 2024. Inclusion criteria focused on drug abuse in Nigeria, comprising observational, qualitative, and mixed-methods studies. Data extraction encompassed study details, methodologies, key findings, and quality assessments via the Mixed Methods Appraisal Tool (MMAT). The pooled prevalence of drug abuse stands at 14.4% among individuals aged 15–64, with significant regional disparities. Urban areas, particularly among youth, exhibited higher rates of opioid misuse, driven by poverty and accessibility. Policy inaction, exemplified by underfunded rehabilitation services, and stigma further compound the issue. Gender-specific barriers, particularly for women, are marked by stigma, lack of childcare support, and socio-economic vulnerabilities. Collective actions have shown some success, yet limited implementation undermines overall impact.

Aisia (2013) investigation of the causes, effects and remedies of drug abuse among children with reference to Hananasif Ward in District, Dar es Salaam, Tanzania. The data obtained were presented by histograms, and frequency polygons. Data were analyzed and interpreted based on the patterns reflected by the statistics. The study debated and challenges to the current practices and the following 'every family is vulnerable to drug abuse by children regardless of the lack of adequate time for socialization amongst family members contribute to drug abuse among children, drug abuse among children can start as early as a few years of age. It was concluded that drug abuse can be eradicated through collaboration between families, community, government and hospitals that it has been recommended that children should go to school, avoid roaming around, be involved in sports to avoid idling, be selective in their friends and be inspired with parents' ideals and ethics. Among others. A survey of 14-16 years old youths, based on confidential questionnaires completed over three successful years by the same respondents in England showed that nearly three-fourth of the sample population had been exposed

to situations in which drugs have been available. Half of the sample population surveyed has tried illicit drugs at some points of their lives, and more were expected to do so, while one in five was a current user. At age of 14 years, 38% of girls used illicit drugs at least once, and this figure rose to 49% by the age of 16 years (UNDCP, 1997)<sup>1</sup> Similarly, a survey conducted in Czech Republic on problem of drug users indicated that 37% of the new users were youths ranging from 15-19 years. Furthermore, in the Slovak capital of Bratislava almost 50% of the registered drug addicts were between the ages of 15 and 19 years (UNDCP, 1997). In the USA, the use of cannabis and cocaine among students doubled between 1991 and 1994, with the average age of initiation into cannabis use being at 13.9 years (UNDCP, 1997). Drugs abuse in particular heroine has become a serious problem worldwide, particularly in Egypt where around 6% of youths admitted to have experienced (UNDP, 1997). In Scotland around 7% of students aged 15-16 years reported to have used cannabis(Plant et al.,1985). Youth

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Preamble**

This chapter deals with the methods and procedures that are employed in the research study to collect and present the data.

#### **3.1 Research Design**

Research design is the arrangement of conditions for the collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy procedure (Asika, 2005). The research design for this study is the descriptive survey research design. This study basically adopts the descriptive survey research design in which well-structured questionnaire will be designed and distributed to the respondents. A survey could be defined as the systematic gathering of information from respondents for the purpose of understanding or predicting some aspects of the behaviour of the population of interest.

### **3.2 Population of the Study**

Population is made up of all conceivable elements, subjects and observations relating to a particular phenomenon of interest to the researcher from which sample and conclusion are drawn. Thus, the population of the study comprises of 339,899 adult male and female randomly selected in Ovia North East Local Government Area.

### **3.3 Sample Size and Sample Technique**

The study employed the sampling techniques which is tinted towards the simple random sampling techniques in getting appropriate data from the study respondents area. To get the sample size of the study, convenience sample method will be employed. This is due to limited time, low financial strength of the researcher. The sample of this study is 300 respondent which will be selected from Ekosodin community, Benin City Edo State.

### **3.4 Research Instrument**

Questionnaire was used as the instrument in this study to collect data. Questionnaire employs a typical form of fixed- response alternative questions that required the respondent to select from a predetermined set of answers to every question or fill close-ended statement(s). For the purpose of this study, the survey method is adopted with the use of questionnaire instrument designed to elicit the appraise information for the study. The questionnaire administered to the respondents is divided into two Sections of A and B. Section A is concerned with the demographic data of the respondents

among which are: gender, age, educational qualification, and marital status of the respective respondents. Section B is consists of questions directly related to the objectives of the study and set in Likert scale and ranking forms. The administration would be by approaching the respondents and handing over the questionnaire to them. They will therefore be expected to complete and return them. This is basically allow to be free and analyze the questions objectively. three hundred (300) copies of questionnaire will be administered to resident in Ekosodin community.

### **3.5 Validity and Reliability of the Instrument**

In this study, adequate consideration was given to issues of face and content validity of the instrument used. To ensure face and content validity, the instrument was given to supervisor and two other experts in Faculty of social Sciences. They basically required review and criticize the items on the instrument in terms of their clarity, appropriateness of the language and instructions that the respondents are expected to adhere to. They also aided in determining whether the items in the questionnaire can elicit the relevant information that they are expected to generate from the respondents. Their criticisms will as incorporated in modifying the items on the instrument used. In addition, content validity was further ensured by making sure that each item in the questionnaire addressed a specific problem of the study as identified from the trial testing of the instrument to ensure its reliability.

### **3.6 Sources OF Data**

The source of data for this study is primary data source. Primary data come from original sources and have not been previously collected or used. The data consists of the information to be elicited from the sampled respondents using the research instrument (questionnaire). The questionnaire is designed

using a summated rating scale (Likert scale) to measure the degree of agreement by the respondents to a statement that describes a situation.

### **3.7 Method of Data Analysis**

The statistical tool that was used for this study is percentage. The data analysed was presented in table and charts.

## **CHAPTER FOUR**

### **DATA PRESENTATION AND ANALYSIS**

#### **4.1 Introduction**

This chapter presents and analyzes the data collected in accordance with the objectives of the study, which examined the risk of drug abuse among youth from disadvantaged families in Ekosodin communities. A total of 300 structured questionnaires were distributed to respondents. Out of the 3000 distributed questionnaires, 294 were correctly filled and returned, representing a 98% response rate, which is considered adequate and reliable for statistical analysis.

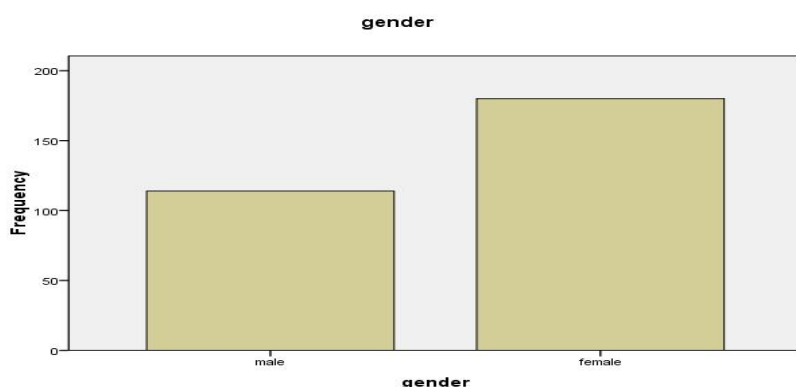
#### **4.2 Demographic Characteristics of Respondents**

This section presents the demographic profile of the 300 respondents who participated in the study. The information collected includes gender, age bracket, highest educational qualification, marital status and how long respondents have resided in the area.

#### **Table 4.1: Gender distribution of the respondents**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid male	114	38.8	38.8	38.8
female	180	61.2	61.2	100.0
Total	294	100.0	100.0	

Source: Fieldwork, 2025

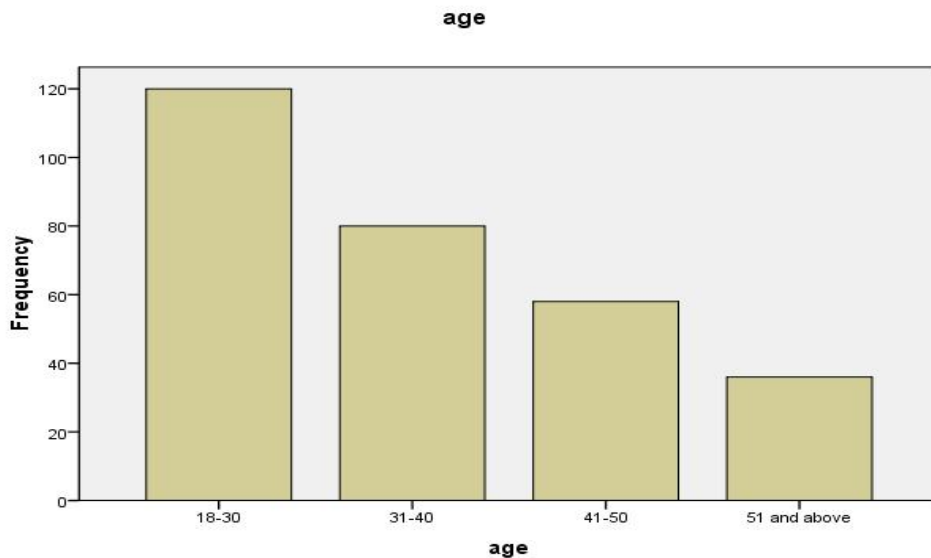


From the above table which review the gender distribution of the respondent 114 respondent representing 38.8% were male. 180 respondents representing 61.2 were female. This means that both male and female participated in the filling of the research instrument, though female respondent were more than male participant in this study with the support of the chart above.

**Table 4.2: age Distribution of the respondents**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 18-30	120	40.8	40.8	40.8
31-40	80	27.2	27.2	68.0
41-50	58	19.7	19.7	87.8
51 and above	36	12.2	12.2	100.0
Total	294	100.0	100.0	

Source: Fieldwork, 2025

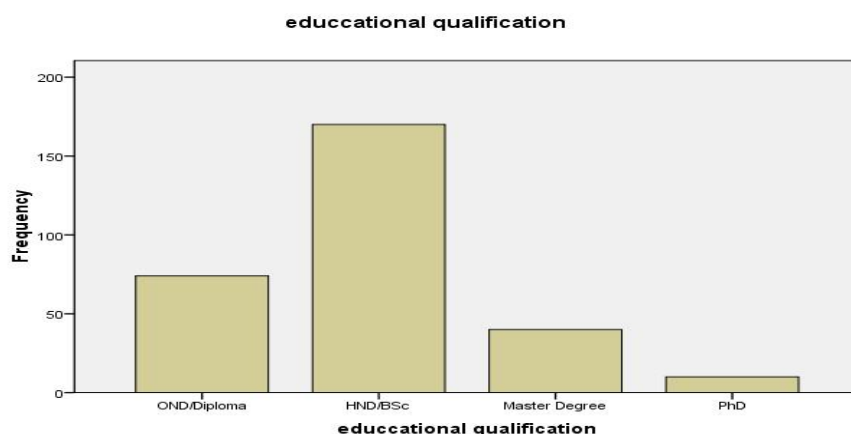


On the age distribution of the respondent, 120 respondents representing 40.8% were between the age of 18-30 years, 80 respondent representing 27.2% were between the age of 31-40 years, 58 respondent representing 19.7% were 41-50 years and 36 respondent representing 12.2% were 51 years and above. From the chart above it could be deduced that majority of the respondent were between 18-30 years old.

**Table 4.3: Educational qualification of the respondents**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid OND/Diploma	74	25.2	25.2	25.2
HND/BSc	170	57.8	57.8	83.0
Master Degree	40	13.6	13.6	96.6
PhD	10	3.4	3.4	100.0
Total	294	100.0	100.0	

Source: Fieldwork, 2025

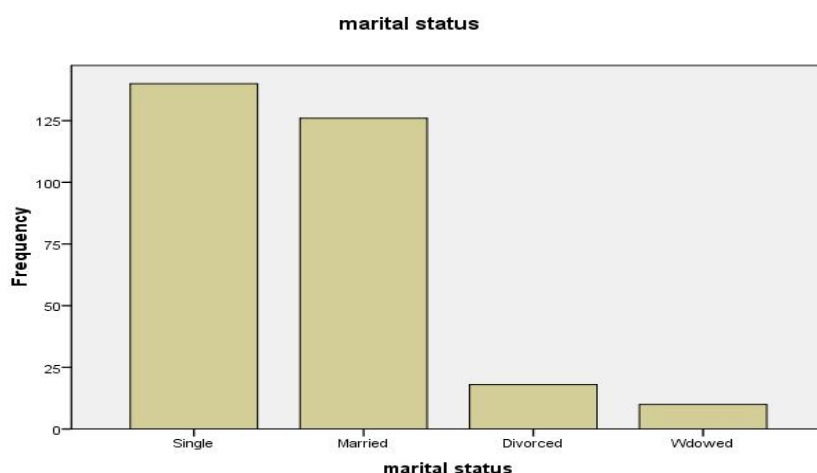


On the educational qualification of the respondent, 74 respondents representing 25.2% were OND/Diploma certificate owners. 170 respondents representing 57.8% were HND/BSc certificate owners, 40 respondents representing 13.6% were master degree certificate owners, 10 respondents representing 3.4% were PhD certificate owners. This means that the respondent in this study were educated male and female who understand the concept of risk of drug abuse. The chart above also revealed that most of the respondent were HND/BSc certificate owners follow by OND/Diploma.

**Table 4.4: Marital Status**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Single	140	47.6	47.6	47.6
Married	126	42.9	42.9	90.5
Divorced	18	6.1	6.1	96.6
Wdowed	10	3.4	3.4	100.0
Total	294	100.0	100.0	

**Source: Fieldwork, 2025**

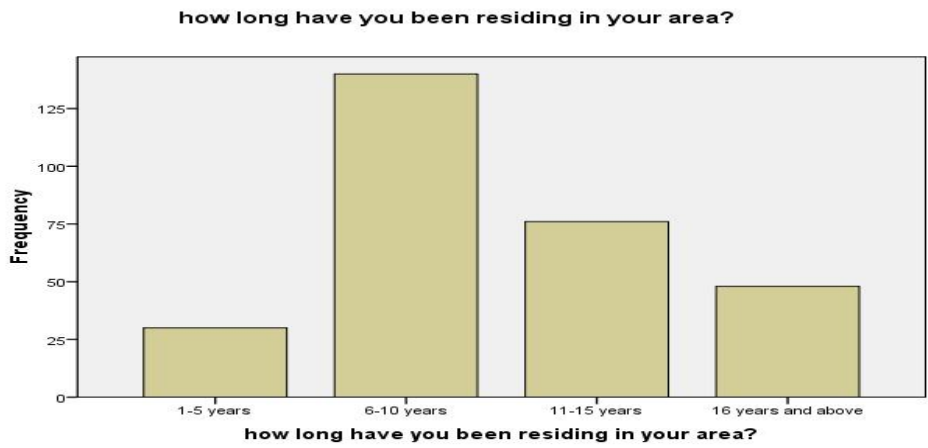


On the marital status of the respondents, 140 respondents representing 47.6% were single male and female, 126 respondents representing 42.9% were married, 18 respondent representing 6.1% were divorced, 10 respondent representing 3.4% were widowed. The above chart indicated that most of the respondent were single, follow by married men and women, following by divorced while widower were les.

**Table 4.5: How long have you been residing in your area?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1-5 years	30	10.2	10.2	10.2
6-10 years	140	47.6	47.6	57.8
11-15 years	76	25.9	25.9	83.7
16 years and above	48	16.3	16.3	100.0
Total	294	100.0	100.0	

**Source: Fieldwork, 2025**



When respondent were ask how long have you been residing in your area, 30 respondent representing 10.2% opted 1-5 years, 140 respondent representing 47.6% years opted 6-10 years, 76 respondent representing 25.9% opted 11-15 years, and 48 respondent representing 16.3% opted 16 years and above. Viewing from the chart above it could be deduced that most of the respondent have resided in the area for above 6-10 years follow by 11-15 years

### 4.3 Analysis of the Research Question

**Research question one: What are the prevalence and patterns of substance use in Ekosodin community Ovia North East Local Government area of Edo State**

**Table 4.6: I believe that substance use is a common issue among people in my community**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid strongly disagreed	9	3.1	3.1	3.1
disagreed	27	9.2	9.2	12.2
undecided	18	6.1	6.1	18.4
agree	100	34.0	34.0	52.4
strongly agreed	140	47.6	47.6	100.0
Total	294	100.0	100.0	

**Source: Fieldwork, 2025**

On the statement that I believe that substance use is a common issue among people in my community, 9 respondent representing 3.1% strongly disagree, 27 respondent representing 9.2% disagree, 18 respondent representing 6.1% were undecided, 100 respondent representing 34.0% agree and 140 respondent representing 47.6% strongly agree. From the above it could be deduced that majority of the respondent agree with the statement that I believe that substance use is a common issue among people in my community

**Tale 4.7: it is easy for individuals in my age group to access substances if they wish to**

	Frequency	Percent	Valid Percent	Cumulative Percent
--	-----------	---------	---------------	--------------------

Valid	strongly disagreed	28	9.5	9.5	9.5
	disagreed	36	12.2	12.2	21.8
	undecided	30	10.2	10.2	32.0
	agree	110	37.4	37.4	69.4
	strongly agreed	90	30.6	30.6	100.0
	Total	294	100.0	100.0	

**Source: Fieldwork, 2025**

On the statement that it is easy for individuals in my age group to access substances if they wish to, 28 respondent representing 9.5% strongly disagree, 36 respondent representing 12.2% disagree, 30 respondent representing 10.2% were undecided, 110 respondent representing 37.4% agree, and 90 respondent representing 30.6% strongly agree. It could be deduced that it is easy for youth in Ekosodin to access substances if they wish to

**Table 4.8: I believe that substance use often starts at a young age in my area**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagreed	70	23.8	23.8
	disagreed	30	10.2	34.0
	undecided	20	6.8	40.8
	agree	80	27.2	68.0
	strongly agreed	94	32.0	100.0
	Total	294	100.0	100.0

**Source: Fieldwork, 2025**

Most respondent agree on the statement that I believe that substance use often starts at a young age in my area. In the above table, 70 respondents representing 23.8% strongly disagree, 30 respondents representing 10.2% disagree, 20 respondents representing 6.8% were undecided, 80 respondent

representing 27.2% agree, 94 respondent representing 32.0% strongly agree. base on the above analysis it can be concluded that substance use often starts at a young age in Ekosodin.

**Table 4.9: most drug abuser has now assume it to be usual**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid disagreed	30	10.2	10.2	10.2
undecided	50	17.0	17.0	27.2
agree	100	34.0	34.0	61.2
strongly agreed	114	38.8	38.8	100.0
Total	294	100.0	100.0	

**Source: Fieldwork, 2025**

Most respondent strongly agree to the assertion that most drug abuser has now assume it to be usual . As it appear in the above table, non of the respondent strongly disagree, 30 respondent representing 10.2% disagreed. 50 respondent representing were undecided, 100 respondent representing 34.0% agree, 114 respondent representing 38.8% strongly agree.

**Research question two: What are the psychological stress and mental health experienced by drug abuser in Ekosodin Community Ovia North East Local Government Area of Edo State**

**Table 4.10: Many people i know use substances to cope with stress or difficult emotions**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid strongly disagreed	60	20.4	20.4	20.4
disagreed	50	17.0	17.0	37.4
undecided	10	3.4	3.4	40.8
agree	70	23.8	23.8	64.6
strongly agreed	104	35.4	35.4	100.0
Total	294	100.0	100.0	

**Source: Fieldwork, 2025**

Respondent agree that many people I know use substances to cope with stress or difficult emotions. In the above table, 60 respondent representing 20.4% strongly disagree, 50 respondent representing 17.0% disagree, 10 respondent representing 3.4% were undecided, 70 respondent representing 23.8% agree, 104 respondent representing 35.4% strongly agreed. We can conclude that Many people majority of youth in Ekosodin use substances to cope with stress or difficult emotions.

**Table 4.11: My drug use makes it difficult for me to manage my emotions, such as sadness or anger**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid strongly disagreed	10	3.4	3.4	3.4
disagreed	30	10.2	10.2	13.6
undecided	30	10.2	10.2	23.8
agree	80	27.2	27.2	51.0
strongly agreed	144	49.0	49.0	100.0
Total	294	100.0	100.0	

**Source: Fieldwork, 2025**

Respondent agreed to the assertion that my drug use makes it difficult for me to manage my emotions, such as sadness or anger. In the above table, 10 respondent representing 3.4% strongly disagree, 30 respondent representing 10.2% disagree, 30 respondent representing 10.2% were undecided, 80 respondent representing 27.2% agree, 144 respondent representing 49.0% strongly agreed. It can be concluded that drug use makes it difficult for most youth to manage emotions, such as sadness or anger.

**Table 4.12: Drug abuse leads to increase mental health problems (e.g anxiety, depression)**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid strongly disagreed	80	27.2	27.2	27.2
disagreed	20	6.8	6.8	34.0
undecided	10	3.4	3.4	37.4
agree	60	20.4	20.4	57.8
strongly agreed	124	42.2	42.2	100.0
Total	294	100.0	100.0	

**Source: Fieldwork, 2025**

Most respondent agree to the statement that drug abuse leads to increase mental health problems (e.g anxiety, depression). As it reflected in the above, table 80 representing 27.2% strongly disagreed, 20 respondent representing 6.8% disagreed, 10 respondent representing 3.4% were undecided, 60 respondent representing 20.4% agreed, 124 respondent representing 42.2% strongly agreed. It can be concluded that drug abuse leads to increase mental health problems among youth.

**Table 4.13: I believe my drug use has cause significant emotional distress for my family members.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid strongly disagreed	45	15.3	15.3	15.3
Disagreed	109	37.1	37.1	52.4
Undecided	20	6.8	6.8	59.2
Agree	40	13.6	13.6	72.8
strongly agreed	80	27.2	27.2	100.0
Total	294	100.0	100.0	

**Source: Fieldwork, 2025**

45 respondent representing 15.3% and 109 respondent representing 37.1% strongly disagreed and disagreed with the assertion that I believe my drug use has cause significant emotional distress for my family members. 20 respondent representing 6.8% were undecided, 40 respondent representing 13.6% agreed, 80 respondent representing 27.2% strongly agreed. It could be deduced that drug use has not cause significant emotional distress for family members.

**Research question three: What are the effect of Drug abuse on academic and social Well-being in Ekosodin**

**Table 4.14: I often feel overwhelmed by stress related to my drug use**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid strongly disagreed	40	13.6	13.6	13.6
disagreed	20	6.8	6.8	20.4
undecided	20	6.8	6.8	27.2
agree	130	44.2	44.2	71.4

strongly agreed	84	28.6	28.6	100.0
Total	294	100.0	100.0	

**Source: Fieldwork, 2025**

On the view that I often feel overwhelmed by stress related to my drug use, 40 respondent representing 13.6% strongly disagreed, 20 respondent representing 6.8% disagree, 20 respondent representing 6.8% were undecided, 130 respondent representing 44.2% agree, 84 respondent representing 28.6% strongly agree. it can be deduced that most youth who are drug abuser often feel overwhelmed by stress related to drug use.

**Table 4.15: I frequently experience feelings of anxiety or panic attacks due to my drug use or withdrawal**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid strongly disagreed	27	9.2	9.2	9.2
Disagreed	18	6.1	6.1	15.3
Undecided	10	3.4	3.4	18.7
Agree	109	37.1	37.1	55.8
strongly agreed	130	44.2	44.2	100.0
Total	294	100.0	100.0	

**Source: Fieldwork, 2025**

On the statement that I frequently experience feelings of anxiety or panic attacks due to my drug use or withdrawal, 27 respondent representing 9.2% strongly disagree, 18 respondent representing 6.1% disagree, 10 respondent representing 3.4% were undecided, 109 respondent representing 37.1% agree, 130 respondent representing 44.2% strongly agree. it can be deduced that respondent frequently experience feelings of anxiety or panic attacks due to drug use or withdrawal.

**Table 4.16: my drug use prevents me from engaging in activities i once enjoyed, leading to feeling of hopelessness**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid strongly disagreed	50	17.0	17.0	17.0
disagreed	50	17.0	17.0	34.0
undecided	10	3.4	3.4	37.4
agree	50	17.0	17.0	54.4
strongly agreed	134	45.6	45.6	100.0
Total	294	100.0	100.0	

**Source: Fieldwork, 2025**

On the statement that my drug use prevents me from engaging in activities i once enjoyed, leading to feeling of hopelessness, 50 respondent representing 17.0% strongly disagree, 50 respondent representing 17.0% disagree, 10 respondent representing 3.4% were undecided, 134 respondent representing 45.6% strongly agreed. We can concluded that drug use prevents most youth from engaging in activities they once enjoyed, leading to feeling of hopelessness

**Table 4.17: drug abuse negatively impacts the academic performance and social well-being of students in Ekosodin**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid strongly disagreed	20	6.8	6.8	6.8
disagreed	60	20.4	20.4	27.2
undecided	20	6.8	6.8	34.0
agree	80	27.2	27.2	61.2
strongly agreed	114	38.8	38.8	100.0
Total	294	100.0	100.0	

**Source: Fieldwork, 2025**

Respondent uphold the view that drug abuse negatively impacts the academic performance and social well-being of students in Ekosodin. In the above table, 20 respondents representing 6.8% strongly disagreed. 60 respondents representing 20.4% disagreed, 20 respondents representing 6.8% were undecided, 80 respondents representing 27.2% agreed, 114 respondents representing 38.8% strongly agreed. It can be concluded that drug abuse negatively impacts the academic performance and social well-being of students in Ekosodin.

**Research question four: How does drug abuse affect family and protective factors among disadvantage Families in Ekosodin Community**

**Table 4.18: Drug abuse makes it harder to participate in healthy social activities**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid strongly disagreed	50	17.0	17.0	17.0
disagreed	50	17.0	17.0	34.0
undecided	10	3.4	3.4	37.4
agree	119	40.5	40.5	77.9
strongly agreed	65	22.1	22.1	100.0
Total	294	100.0	100.0	

**Source: Fieldwork, 2025**

On the statement that drug abuse makes it harder to participate in healthy social activities, 50 respondent representing 17.0% strongly disagreed, 50 respondent representing 17.0% disagreed, 10 respondent representing 3.4% were undecided, 119 respondent representing 40.5% agreed, 65 respondent representing 22.1% strongly agreed. It can be concluded that drug abuse makes it harder to participate in healthy social activities.

**Table 4.19: My family experiences more arguments and conflicts because of my drug use**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid strongly disagreed	30	10.2	10.2	10.2
disagreed	30	10.2	10.2	20.4
undecided	10	3.4	3.4	23.8
agree	90	30.6	30.6	54.4
strongly agreed	134	45.6	45.6	100.0
Total	294	100.0	100.0	

**Source: Fieldwork, 2025**

Respondent uphold to the statement that my family experiences more arguments and conflicts because of my drug use, in the above table, 30 respondents representing 10.2% strongly disagreed, 30 respondents representing 10.2% disagreed, 10 respondent representing 3.4% were undecided, 90 respondent representing 30.4% agreed, and 134 respondent representing 45.6% strongly agreed. It can be concluded that most family experiences more arguments and conflicts because of the member drug use.

**Table 4.20: my drug use has made it harder for me to communicate openly and honestly with my parents/guardians**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid strongly disagreed	94	32.0	32.0	32.0
disagreed	110	37.4	37.4	69.4
undecided	30	10.2	10.2	79.6
agree	40	13.6	13.6	93.2

strongly agreed	20	6.8	6.8	100.0
Total	294	100.0	100.0	

Source: Fieldwork, 2025

On the statement that my drug use has made it harder for me to communicate openly and honestly with my parents/guardians, 94 respondent representing 32.0% strongly disagreed, 110 respondent representing 37.4% disagreed, 30 respondent representing 10.2% were undecided, 40 respondent representing 13.5% agreed, 20 respondent representing 6.8% strongly agreed. It can be concluded that drug use has made it harder for some youth to communicate openly and honestly with their parents/guardians

**Table 4.21: My family daily routines and activities have been negatively impacted by my drug use**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid strongly disagreed	57	19.4	19.4	19.4
disagreed	50	17.0	17.0	36.4
undecided	10	3.4	3.4	39.8
agree	117	39.8	39.8	79.6
strongly agreed	60	20.4	20.4	100.0
Total	294	100.0	100.0	

Source: Fieldwork, 2025

On the statement that my family daily routines and activities have been negatively impacted by my drug use, 57 respondents representing 19.4% strongly disagreed, 50 respondents representing 17.0% disagreed, 10 respondents representing 3.4% were undecided, 117 respondents representing 39.8%

agreed,60 respondent representing 20.4% strongly agreed. It can be concluded that most youth family daily routines and activities have been negatively impacted by their drug use.

#### **4.4 Discussion of Finding**

The major previous research finding indicates that youth from disadvantaged families face a significantly elevated risk of drug abuse due to a complex interplay of socioeconomic stressors, limited access to resources, and increased exposure to adverse environments. Studies consistently highlight that factors such as poverty, parental unemployment, low educational attainment, and residence in high-crime neighborhoods contribute to heightened vulnerability. These disadvantages often lead to increased psychological distress, reduced protective factors within the family and community, and greater susceptibility to peer influence, all of which are strong predictors of substance use initiation and progression. Furthermore, the chronic stress associated with growing up in disadvantaged circumstances can alter neurobiological pathways, making individuals more prone to seeking immediate gratification and less resilient to the challenges that often accompany drug experimentation.

This study examine the risk of drug abuse among youth from disadvantaged families in Ekosodin community Ovia North East Local Government Area of Edo State. Specifically it sort to assess the prevalence and patterns of substance use, to highlight the psychological stress and mental health experienced by drug abuser, to highlight the effect of drug abuse on Academic and Social Well-being and to find out the effect of drug abuse among youth on disadvantaged families in Ekosodin community Ovia North East Local Government Area of Edo State.

Base on the analysis of the respondent opinion, it was discovered that there are risk of drug abuse among youth from disadvantage families in Ekosodin. The study revealed that substance use often

starts at a young age which of course can grow at the long run to a certain level which may become worst and cannot be control. According to the respondents, most youth often feel overwhelmed by stress related to drug use, and in most cases drug use makes it difficult for them to manage my emotions, such as sadness or anger. Drug abuser feel isolated or alone because of my drug use and also frequently experience feelings of anxiety or panic attacks.

It was discovered that most drug abuser feel that their drug use prevents them from engaging in activities they once enjoyed, leading to feelings of hopelessness, it can negatively impacts academic performance of youth, harms relationships with family and friends, and reduces motivation for school and future goals. Drug abuse leads to increased mental health problems and can makes it harder abuser to participate in healthy social activities.

Drug abuse can also make abuser's family experiences more arguments and conflict because of my drug use, made it harder for them to communicate openly and honestly with their parents/guardians. Respondent agreed that drug use has caused significant emotional distress for their family members, and family's daily routines and activities have been negatively impacted by their drug use. Another risk of drug abuse is that drug use can led to a decrease in trust within family.

## **CHAPTER FIVE**

### **SUMMARY OF FINDING, CONCLUSION AND RECOMMENDATION**

#### **5.1 Summary of Finding**

This study examine the risk of drug abuse among youth from disadvantaged families in Ekosodin community Ovia North East Local Government Area of Edo State. Specifically it sort to assess the prevalence and patterns of substance use, to highlight the psychological stress and mental health experienced by drug abuser, to highlight the effect of drug abuse on Academic and Social Well-being and to find out the effect of drug abuse among youth on disadvantaged families in Ekosodin community Ovia North East Local Government Area of Edo State. 300 questionnaire was designed and distributed the youth in Ekosodin to source for data from the respondent. Frequency and percentage was used in the analyzing the respondent responses in this study.

The finding revealed that there a prevalence and patterns of substance use, and this drug abuser experience psychological stress and mental health. According to the respondent most youth often feel overwhelmed by stress related to drug use, and in most cases drug use makes it difficult for them to manage my emotions, such as sadness or anger. Drug abuser feel isolated or alone because of my drug use and also frequently experience feelings of anxiety or panic attacks. Drug abuse leads to increased mental health problems and can makes it harder abuser to participate in healthy social activities.

The study highlight the effect of drug abuse on Academic and Social Well-being. According to the respondent, drug abuser feel that their drug use prevents them from engaging in activities they once enjoyed, leading to feelings of hopelessness, it can negatively impacts academic performance of youth, harms relationships with family and friends, and reduces motivation for school and future goals.

Respondents revealed that there are effect of drug abuse among youth on disadvantaged families in Ekosodin community Ovia North East Local Government Area of Edo State. Drug abuse can make abuser's family experiences more arguments and conflict because of their drug use, made it harder for them to communicate openly and honestly with their parents/guardians. Respondent agreed that drug use caused significant emotional distress for their family members, and family's daily routines and activities can negatively impacted by their drug use. Another risk of drug abuse is that drug use can led to a decrease in trust within family.

## **5.2 Conclusion**

Base on the analysis of the respondents responses, it was discovered that there are prevalence and patterns of substance use. Most youth become drug abuser because substance use is a common issue among people in the community. And this substance in most cases are abuse because it is easy for individuals to access substances if they wish to.

Drug abuser experience psychological stress and mental health this includes feeling overwhelmed finding it difficult to manage emotions, feel isolated or alone, frequently experience feelings of anxiety or panic attacks, and increased mental health problems and finding it difficult to participate in healthy social activities.

Drug abuse prevents abuser from engaging in activities they once enjoyed, leading to feelings of hopelessness, it can negatively impacts academic performance of youth, harms relationships with family and friends, and reduces motivation for school and future goals.

Drug abuse make abuser's family experiences more arguments and conflict because of their drug use, and can make it harder for abuser to communicate openly and honestly with their parents/guardians.

### **5.3 Recommendation**

Base on the finding of this study, the following recommendation were made

1. Nigeria government should work toward reducing easy access of most drug which could be harmful to the health of youth, this can be done through making a certain policy
2. Nigeria social worker should be focused their attention toward sensitizing the youth on the effect of drug abuse on their mental health.

3. both secondary school and private school should endeavour to carryout counseling service which will enlighten young student on the important of education and how drug abuse can affect Academic and Social Well-being and
4. both parent and guidance should also enlighten the children why drug abuse is against the well-being and harmful to the health status of human

#### **References**

- Abidemi A. (2023). Optimal cost-effective control of drug abuse by students: insight from mathematical modeling. *Modeling Earth Systems and Environment*, 9(1):811-829.
- Aisia S. M. (2013). Cause, effect and remedial measures of drug abuse among the children in Tanzania: A case study of hananasifu ward in Kinondoni district in dar es salaam region. A dissertation submitted as partial fulfillment for the requirement for the award of the masters degree in social work.
- Anderson Z (2004) An investigation into the problems associated with substance use in a developing country - The Gambia, West Africa.

- Ashraf I. H., Mohammed F. A. & Moustafa M. A. (2016). Drug abuse and related crimes. *Al-Azhar Med. Journal*, 45(1), 35-47
- DW Made for Mind (2013) Illegal drug use on the rise in Africa.
- Fatima I. (2017). Drug Abuse among Youth: Causes, Effects and Control. *J Integ Comm Health*, 6(1), 1-5.
- Foster, P. (2018): Men and Health Care Industry: An unhealthy Relationship? Open University Press.
- John M. L., Otene I. J. J. & Antenyi G. E. (2023). An Overview of Drug Abuse: Causes, Effects, and Control Measures". *Asian Journal of Medicine and Health*, 21(11), 263-68.
- Matowo A. S. (2013) Cause, Effect and Remedial Measures of Drug Abuse Among The Children In United Nations Office on Drugs and Crime (UNODC) (n.d.). World Drug Report 2017.
- Molahlehi LA (2014) The Views of Street Children on How Streetism Can Be Prevented.
- Mordecai O., Tarimobowei E., Gift C. T., Preye D. O., Uchenna G. E. & Tuebi R. W. (2025). Drug abuse in Nigeria; the public health impact of collective actions and inactions: a systematic review. 1-69
- Nwokorie C. N. (2024). Drug Use/Abuse and its' Effect on the Academic Performance of Undergraduate Students in Imo State University, Owerri, Imo State Nigeria. *International Journal of Research and Innovation in Social Science (IJRISS)*, 1370-1394
- Oluwasanmi, L.A. (2022). Effects and consequences of drug abuse. A paper presented during 2021/2022 Orientation programme for fresh Students of Ekiti State University, Ado.
- Oni, O.O (2008): Family structure and treatment mad patent in Yoruba households, Ekiti District, Nigeria. Australia National University, Canberra, Australia.
- Singh B, Uma J. & Aditya P (2017) Substance Abuse among Children: A Rising Problem in India.
- Smith P. (2014). The nursing process: raising the profile of drug patients on emotional care in care home', *journal of advanced Nursing*. Nigeria. Calabar Oxford press.
- Somani S & Shaista M. (2016) Substance Abuse among Youth: A Harsh Reality. *Emerg Med (Los Angel)* 6: 330.
- Stacey, M. (2006), \_The health service consumer: a sociological misconception, *Sociological Review Monograph* 22, The Sociology of the NHS. Blackwell.
- UN News (2016) Record 29 million people drug-dependent worldwide; heroin use up sharply – UN report.
- WHO. Substance abuse. WHO regional office for Africa; 2023. Available:<https://www.afro.who.int/health-topics/substance-abuse>

- Woan J, Jessica lin, Colette Auerswald (2013) The Health Status of Street Children and Youth in Low- and Middle-Income Countries: A Systematic Review of the Literature. *Journal of Adolescent Health* 53(3): 314-321.
- Yahya Muhammed B. (2018). Drug abuse among street children. *Biomedical Journal of Scientific & Technical Research*, 10(4), 1-19

## **APPENDIX A**

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

**Dear respondent,**

**REQUEST FOR ASSISTANCE IN COMPLETING A QUESTIONNAIRE**

I am a final year student undergoing a programme in the University of Benin. As part of the requirements for the programme; I am conducting a research on “**risk of drug abuse among youth from disadvantaged families in Ekosodin Community Ovia North east LGA of Edo State**” In this regard, you have been duly selected as a member of the sample.

I wish to appeal to you to assist this study by kindly sparing a few minutes to complete this questionnaire. You are not required to disclose your identity. I also wish to assure you that your answers will be treated with strict confidentiality and used for the stated academic purpose only.

---

Researcher.

**APPENDIX B**

**SECTION A**

**DEMOGRAPHIC VARIABLES**

- i. Gender: Male [  ] Female [  ]
- ii. Age: 18- 30 years [  ] 31-40 years [  ] 41-50 years [  ] 51 years above [  ]

- iii. Educational qualification: OND/Diploma[  ] HND/BSc[  ] Master [  ] PhD [  ] Others [  ]
- iv. Marital status: Single [  ] Married [  ] divorced [  ] Widowed [  ]
- v. How long have you been residing in your area: 1-5yrs [  ] 6-10yrs [  ] 11-15yrs [  ] 16yrs and above [  ]

**SECTION B: The core subject matter**

Indicate the extent to which you agree or disagree to the following statement.

1	2	3	4	5
Strongly Disagree	Disagree	Neural	Agree	Strongly Agree

	STATEMENT	SD	D	U	A	SA
1	I believe that substance use is a common issue among people in my community.					
2	I frequently encounter situations where substances are being used."					
3	Many people I know use substances to cope with stress or difficult emotions."					
4	It is easy for individuals in my age group to access substances if they wish to."					
5	I believe that substance use often starts at a young age in my area."					

6	I often feel overwhelmed by stress related to my drug use.					
7	My drug use makes it difficult for me to manage my emotions, such as sadness or anger.					
8	I feel isolated or alone because of my drug use					
9	I frequently experience feelings of anxiety or panic attacks due to my drug use or withdrawal.					
10	My drug use prevents me from engaging in activities I once enjoyed, leading to feelings of hopelessness					
11	Drug abuse negatively impacts academic performance of youth					
12	Drug abuse harms relationships with family and friends.					
13	Drug abuse reduces motivation for school and future goals.					
14	Drug abuse leads to increased mental health problems (e.g., anxiety, depression).					
15	Drug abuse makes it harder to participate in healthy social activities.					
16	My family experiences more arguments and conflict because of my drug use.					
17	My drug use has made it harder for me to communicate openly and honestly with my parents/guardians.					
18	I believe my drug use has caused significant emotional distress for my family members.					

19	My family's daily routines and activities have been negatively impacted by my drug use.					
20	My drug use has led to a decrease in trust within my family.					