

**KNOWLEDGE OF THE EFFECT OF DRUG ABUSE AMONG  
YOUTHS IN OVIA NORTH EAST LOCAL GOVERNMENT AREA**

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**FEBRUARY, 2024**

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**A PROJECT PRESENTED TO THE DEPARTMENT OF HEALTH,  
SAFETY AND ENVIRONMENTAL EDUCATION, FACULTY OF  
EDUCATION, UNIVERSITY OF BENIN, BENIN CITY, EDO STATE  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE  
AWARD OF BACHELOR OF SCIENCE (B.SC ED.) IN HEALTH,  
SAFETY AND ENVIRONMENTAL EDUCATION**

**FEBRUARY, 2024**

## **CERTIFICATION**

We, the undersigned certify that this project work was carried out by **IYAMABHOR ABIGAIL** with matriculation number **EDU1713857** in the Department of Health, Safety and Environmental Education, Faculty of Education, University of Benin, Benin City in partial fulfillment of the requirements for the award of Bachelor of Science (B.Sc. Ed.) in Health, Safety and Environmental Education.

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## **DEDICATION**

This work is dedicated to God Almighty for his guidance and protection throughout my stay in school may His name be praised forever.

## ACKNOWLEDGEMENT

All gratitude to God Almighty the one who has made it possible for me to complete this programme and this project work may His name be praised forever.

My gratitude goes to my honorable supervisor Dr Norris Erabor. for his patience, guidance and well-articulated instructions during the course of this project for a accuracy and splendid completion.

Thank you sir, I am grateful sir for your support at every stage of this project, may the good God reward you bountifully sir.

And my appreciation goes to my lovely daughter Blessing I Bernice, may the Lord bless you increase you in all area of life and I want to sincerely appreciate Mr John Udu my colleague at work that encouraged me to take admission that I can do it even when I thought it was impossible, may the Lord bless you, special thanks to sister Queen Eweka, in time of financial crisis she was always there for me may the good God bless you ma, I appreciate. Special thanks to my pastor Mr Ojo, for his prayers at all times,

God bless you sir, special thanks to my Dr. Mrs. Osagbovo for her support at all times may the Lord bless you and your household in Jesus name.

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## ABSTRACT

The aim of the study was to assess the knowledge of health effects of substance use amongst the youths in Ovia North East Local Government area. In view of this three research questions were raised to guide the study and various literature were reviewed in the study.

The research design that is adopted for this study is descriptive survey design. This design is used in the study where the researcher does not have control of the variables and as such could not manipulate them because they had already occurred before the desire to conduct the research became evident. The population of the study consist of youths in Ovia North East Local Government area. The sample size for the study will be two hundred (200) youths in Ovia North East Local Government area. Convenience sampling technique was used to select to select the respondents in the study. The research instrument that was used for this study is a self-constructed Questionnaire. Data were analyzed using frequencies, percentages and mean statistics. Data generated were analyzed with the aid of Statistical Package for the Social Sciences (SPSS) version 23.0.

It was discovered that, in terms of knowledge of the health effects of substance use is high. However, the adequate knowledge regarding the health effects of substance use did not prevent them from quitting its use. Majority of the respondents know that headache, hand tremor , accident, disease of the lung and premature death are the physical effect of drug abuse. It shows that majority of the respondents have high knowledge of the physical health effects of drug abuse. Majority of the respondents know that emotional problem, increased aggression, inability to sleep, mental illness and poor concentration are the psychological health effects of drug abuse. Majority of the respondents know that alter family relationship, poor academic performance , unprotected premarital sex, make one violent and affect ones finance are the social health effects of drug abuse. Thus majority of the respondents have high knowledge of social health effects of drug abuse. Based on the conclusion of the study, the researcher recommended

that health educators should develop programmes that would educate student population in tertiary institutions on the negative effects of substances use.

# CHAPTER ONE

## INTRODUCTION

### **Background of the study**

Historically the world we live in reveals that drug abuse is a day to day increasing disaster. Since early, consumption of drugs like psychoactive substances was strictly limited by elders who were to perform special social functions such as rituals, and other ceremonies. As the time went on there was an increased illegal use of drugs, hence the earliest record on prohibition of excessive consumption of alcohol was made clear in some areas. In 2000 BC the law was made in Egypt although the law was inefficiently working up to 1956 when some legal actions against drug abuse were at first introduced in USA. Furthermore in the year 1950, so many Asian countries decided to initiate drug control policies and the death penalty for trafficking or possession of opium and its derivatives like heroin among other (Gale C, 2001). According to (UNODC, 2005) reported that there were about 200 million people worldwide which is the same as 5% consumed drugs at least once in their final 12 months and these people were 15-64 old. The report by

(UNDCP, 2012) also revealed that 1.3 people or 30% of the world population are said to have used some tobacco and 230 million people which is an equivalence of 5% of the world population aged between 15 to 16 years consumed drugs illegally. The Substance Abuse and Mental Health Services Administration provided a report that 9.8 million adults aged 18 and above in the United States had undergone a serious mental illness, among which a 1.7 million of them aged 18 to 25. Meanwhile 15.7 million of the adults aged 18 or above and 2.8 million youth aged 12 to 17) experienced a major depressive episode during their past years. Above all, in year 2014 there was an estimated 22.5 million Americans aged 12 and above who reported themselves to get alcohol or illicit drug use treatment, among them 11.8 million adults reported of asking for a mental health treatment and counseling as well in the past years (SAMHSA, 2014). A report provided by (EMCDDA, 2012) also estimated that 22 million people in Europe were using Marijuana whereas 70% of the global population who were using opium and their derivatives accounted for Africa and Asia (UNODC, 2012).

It is evident from the reviewed literature that drug addiction is a global problem among the youth and older people, though the rate of usage

by the youth is higher than that of the older people. The drug use rate among Nigerian adults is on the high side in the year 2019 when compared with the obtained statistics of 2016. A report by Kazeem (2019) of Quarts Africa shows that around 14.3 million Nigerian adults representing 15% engage in psychoactive drug use. In Nigeria, the commonly used drugs as revealed from the reports includes heroin, cocaine and non-medical use of prescription opioids. Drug addiction is a common phenomenon among races, although the type of drug that is being abuse depends on what is obtainable in the areas. The commonly abusive drugs among the white are cannabis, fentanyl, carfentanil while Africans commonly abuse cannabis, non- medical use of tramol, codeine, and other opioids. Thailand children and juvenile ordinarily abuse narcotic drugs such as amphetamine, marijuana and mitragyna speciosa as reported by Wirojkul (2017); the Iranians solaced themselves with in abusing opium. Akanni and Adayonfo (2015) exposes us to the mostly abuse drug by Nigeria students, these are tobacco, alcohol, cannabis and caffeine. It is important to know that there are reasons why students abuse drugs. Other reported commonly used drugs aside alcohol and tobacco are mild stimulant, opioids and hard drugs (Balogun, 2020).

School factors can also influence students to drug use (Ngesu et al: 2008). How the school administration manages students' affairs may lead to drug abuse, high handedness, lack of freedom and failure to address them generally creates stress which can lead to abuse of drugs as depressors (Kingala, 2000). Unfortunately, across all continents in the world and throughout time, drug abuse among both the young and adult population has manifested itself in various forms. It appears that drug abuse affects behavior and its effects on secondary school students whose prevalence was assessed in this study, is a worldwide problem with no exception of Kenyan secondary students. Use of drugs has led to many health problems in the youth, especially among the secondary school students.

The youth experience many special problems and considerations. This is the period of adolescence which is full of many challenges such as stress of physiological and physical change, competition in school and life in general, generation gap, unjust and cruel world among other problems. Psychologically, the adolescents have serious developmental tasks to handle such as peer identification and individualization from their family. Sexual

identification; societal and vocational; role identification and negotiating issues of authority power and independence are primary (Oketch, 2008).

A report by United Nation Drug Control Programme (UNDCP, 1998) shows that 60% of student's abuse drugs. A survey by National Council Against Drug Abuse (NACADA, 2006) shows that substance abuse is widespread. It affects the youth mostly although it cuts across all social groups. Many young people especially the unemployed have resulted to using drugs like heroin and cocaine which are injectables. This has been a major contributor to the spread of HIV/AIDS due to the fact that they share syringes. Other drugs like alcohol can lead to risky sexual behavior as they affect judgment and decision making. A drunkard is unable to assert himself or herself especially when it comes to saying no to unprotected sex thus resulting to exposures to sexually transmitted infections.

Research findings indicate that there is a direct linkage between drug and substance abuse and HIV and AIDS prevalence (NACADA, 2006). According to Siringi and Waihenya (2001), 22% of secondary school students are on drugs and it has been found out that males have high

exposure to miraa and inhalants than females. Poverty also encourages drug use among students due to absenteeism and idleness (Adelekan 1998). As a result of lack of school fees, with availability of and access to drugs in the village kiosks the idleness may in one way or another encourage high prevalence of drug use among students aged 14-24 years old.

Zolala et al. (2016) stated that men and women embarked on drug use for different reason and that their level of addiction differs. These researchers reported that males abuse drugs due to idleness, lack of stable job and source of livelihood. This validates the assertion of Effiong et al. (2020) that cannabis users are mostly unemployed single young males. The zeal to kill emotional pain; lack of confidence to say no to friends; the need to feel strong and manly among others were additional reasons why men engage in drug use. For the women, the reasons are for general health improvement; higher work performance; difficulty in delivery; tackling emotional upset etc. (Zolala et al., 2016). Wirojkul (2017) had identified the need to satisfy friends expectation, boredom and lack of interesting activities as some of the reasons why juvenile and youth embark on drug use. Also, National Institute on Drug Abuse (2020) established that people under the

influence of drug do so for a number of reasons and that these reasons adduced by female is quite different for those of the males. According to the institute, women engage in drug use in an attempt to reduce weight, control exhaustion, an in an effort to treat psychological illness and coping with pains. These had however made them nuisance not only to herself, her family but also to the society at large. Going by these exposition, it could be concluded that though the reasons are similar, the motives behind drug use differs; and that drug use could be described as the catalyst that speed up other criminal act that people engage in. Fareo (2012) were viewed that drug abuse among adolescent has been associated with shameful moral decadence, thuggery, assault, violence and murder. It is, therefore, not an exaggeration to say that drug addiction is capable of jeopardizing the progress and stability of the users, their families and society. This further was confirmed the assertion of Jain and Verma (2020) that substances use exposes users, their family and community and a nation to series of problems. To some researchers, drug addiction is a mental disease, just like any other diseases that affect human and its effects on the addict could lead to madness, thereby

interfering with normal functioning at home, offices and community as submitted by (Lone & Mircha, 2013).

It is an acknowledged fact that drug use interfere with the physiological functioning of women, ranging from hormonal issues, menstrual cycle, fertility, pregnancy, breastfeeding to menopausal problems (National Institute on Drug Abuse, 2020). Assessing the knowledge of drug abuse and addiction among male and female secondary school students is crucial for one to know who is more prone to drug abuse and addiction among these category of students. Study by Thibaut (2018) had established the fact that males abuse drugs more often than females, and that males are prone to more health related consequences than females. This affirmed the notion that there are differences in male and female use of drug and addiction. The zeal to do the right thing or otherwise is usually a function of trust of students' ability to be firm in decision making, this validates the assertion of Wirojkul (2017) that the willpower and self-efficacy cannot be ignore by the youth and children in deciding whether or not to resist drug use.

## **Statement of the problem**

It is evident that drug use and abuse is still a problem in Nigeria secondary schools despite the various measures taken to curb it. Drug abuse menace has strangled youthful population both secondary school students and non-students reducing them to dummies, zombies and drooling figures as well as wasting their lives at the age which they are most needed in society (Ngesu, et al 2008). Although the youth have been educated on the dangers of the drug abuse, most of the secondary school students have little or no knowledge of how dangerous the vice is (Ngesu et al 2008).

Although students are expected to be aware of the effects of drug abuse and commit themselves to their studies, the habit still exists. Drug and substance abuse lead to many problems in schools especially strikes which are normally experienced in schools although many people attribute the strikes to school mocks especially in the second term of the academic calendar.

The consumption of alcohol may precede the use of other illicit substances. Alcohol and cigarette were considered as gateways substances

because they are the initial substances used before other ones such as marijuana and cocaine (Omigbodun & Babalola, 2004). The use of alcohol has been observed to be associated with adverse health and social consequences arising from its intoxicating abilities to its toxic and dependence-producing properties. Alcohol was discovered to contribute to traumatic outcomes that sometimes kill or disable the user at a relatively young age thereby resulting into loss of many years of life to death or disability (Chikere & Mayowa, 2011). The prevalence of smoking is on the increase in Nigeria (Ojikutu & Adeleke, 2010). Tobacco can be identified as a common substance used by students because it is attractive, cheap and easy to buy (Yusuf, 2010). The act of smoking by students could be enhanced by social environment such as belief about smoking, having parent, friend or relation who smokes or advertisements on tobacco and the belief that smoking is enjoyable (Riceep, 1978). Of the illicit drugs, cannabis is most used by teenagers since it is perceived by many to be of little harm. This perception has led to a growing number of states approving its legalization and increased accessibility (Yasmin, Michael, Michael & Didier, 2013). A correlation was found between tobacco and marijuana use (Yusuf, 2010).

The herbal form of marijuana is the most abused substance in West Africa because marijuana is locally cultivated all over the region and it is therefore affordable (UNODC, 2011). Also, farms where marijuana is cultivated is scattered all over Nigeria (Abudu, 2008). The use of marijuana could result into diverse health problems such as depression and diminished immune responses. The effect on the brain such as the ability of the substance to impair thinking, reading, comprehension and skills could interfere with learning. On the other hand, the use of marijuana could affect a wide range of driving skills needed for safe driving. Slowing down of thinking and other reflexes properties of marijuana may make it difficult for drivers under its influence to respond to sudden or unexpected events, stay on lanes or maintain speed and proper distance between vehicles when driving. It is not out of place to reason that having knowledge of the health effects of substance use is essential for behaviour change. It is assumed that having adequate knowledge of the risks associated with substances use will reduce the rate at which student consume them. Lack of knowledge leaves people exposed to substances use while an awareness of the relevant facts allows them to choose healthy lifestyles through the ability to resist social pressure

to use drugs (Roe & Becker, 2005). However, students behaviour towards substances use as observed by Olaitan (2006) revealed the likelihood of poor or low awareness of the health effects. The author stated further that most adolescents lacked knowledge of the effects of substances they engaged in. The studies of Eneh & Stanley, (2004) and Oshikoya & Alli (2006) attributed the poor knowledge of the adverse health effects of substances abuse to inadequate drug education and lack of appropriate information about substances use. Moreover, various scholars have posited on the relationship between the level of awareness of substances use and the rate of consumption among students. For example, Shafiq, et. al, (2006) discovered that the greater the knowledge of harmful effects of drugs the lesser the consumption. On the contrary, Raute, et. al, (2011) reported that despite a fairly high level of awareness of health effects from smokeless tobacco use in Maharashtra and Bihar, the majority of smokeless tobacco users had no intention to quit. A capsule review of literature showed a divergent view as to whether the knowledge regarding the consequences of substance use among adolescents and young adults is enough to prevent them from initiating and continuing its use. This is a question that needs to be answered

and determined empirically. It is against this background that the present study is designed to find out the knowledge of health effects of substance use amongst the youths in Ovia North East Local Government area.

### **Research questions**

The following research questions were raised in this study.

1. What is the knowledge of physical health effects of drug abuse?
2. What is the knowledge of psychological health effects of drug abuse?
3. What is the knowledge of social health effects of drug abuse?

### **Purpose of the study**

The aim of the study is to assess the knowledge of health effects of substance use amongst the youths in Ovia North East Local Government area.

### **Significance of the study**

This study sought to generate useful data on the knowledge of drugs abuse on youth. Therefore, the findings of this study may be useful in several, ways: The Ministry of Education (MOE) may use the study findings

to find out ways of preventing drug and substance abuse through public enlightened campaigns in schools, promotion of awareness on the dangers of drugs and how they affect an individual, the family and the society at large. The government may put in modalities of strengthening the guidance and counseling department in schools through taking the teachers for service teacher training courses. The findings may also be used to advocate that campaigns against substance use should be incorporated in schools with special focus on the adverse consequences of the substance use. Ultimately, the society will benefit from the findings of this study in creating a drug free society for social, economic and political development in line with sustainable development goals. The school principals may assist the students in identifying the sources of drugs so that they can take remedial measures. The guidance and counselling departments might be strengthened through appointment of trained and qualified counsellors to head the departments.

### **Scope/Delimitation of the study**

The study covered the knowledge of effect of drug abuse. It was delimited to youths in Ovia North East Local Government area.

## **CHAPTER TWO**

### **REVIEW OF RELATED LITERATURE**

This chapter reviewed literature related to the topic under the following subheadings:

- Drug and substance abuse from a global perspective
- Causes and manifestations of drug abuse
- Influence of parents' source of incomes on prevalence of drug substance abuse among secondary school students
- Influence of location of schools on prevalence of drug and substance abuse among secondary school students
- Knowledge of the effect of drug abuse among youths
- Summary of related literature

#### **Drug and Substance Abuse from a Global Perspective**

Drugs are said to be as old as man himself. Use and abuse of drugs had had a long history in many cultures and societies (Musk& De Klerk 2003). Natural plants like opium, coca and cannabis among others have been in use for many years. Priests in religious ceremonies have used cannabis, healers have used opium for medicinal purposes and the general population

has used nicotine and caffeine in socially approved ways. In Colonial America alcohol was not only widely available as a beverage but also served as value remedy for many medicinal purposes. The Incas of South America took cocaine which had a central role in their religious and social systems throughout civilization which stretched from around AD 1200 to AD 1550 (Wolmer, 1990). Immigrant Mexican laborers introduced marijuana during the 1920s to the South Western United States. During the Vietnam War, a high rate of heroin use by American military personnel occurred due to the almost pure supply of inexpensive heroin in Southeast Asia. All alcoholic beverages contain the same active ingredient ethyl alcohol or ethanol'. Ethanol's % ranges from low levels around 3% to 4% in beer, 12% to 14% for wines, 45% to 50% for distilled spirits such as liquor.

The earlier man explored the properties of every plant, fruit, root and nut he would find. The use of these products therefore would be determined by their pharmacological effects due to the experiences that were new and also by a particular group's pattern of living. In one territory a substance might be used as a love potion, in another as a sacred food or drink for religious ceremonies (Kombo, 2005). By 20th century mass addiction had

spread to other countries including the US. Poverty, crime and disorderly public conduct created by excessive use of alcohol led to reform movements for example the American Temperance Society in 1833. Some substance abuse may have been the effect rather than the cause of poverty and oppression. Thomas Szass, a prominent Psychiatrist and critic of many social policies restricting choice contended that drugs served as a convenient scapegoat for the social ills of urban life (Szass, 1987). The development of medicinal Chemistry resulted in several synthetic compounds such as barbiturates, benzodiazepines and amphetamines. These were originally proposed for use as therapeutic compounds for restoration of health. Later the compounds were refined to more potent compounds and faster routes of administration were devised which favor most rapid transport of central nervous system contributing to abuse. The attitude of society and pattern of use of psychoactive substances have changed over time.

Psychoactive substances pose a significant threat to the health, social and economic status of families, communities and nations. The number of drug users especially alcohol are aged between 15 and 29. These die from alcohol-related cases resulting in 9% of all deaths. 15.3 persons have been

associated with drug use and injecting drug use reported in 148 countries of which 120 report HIV infection among this population (WHO report, 2012). It is estimated that 10% of the adult population of the US has alcohol abuse or dependence. Morphine constitutes 10% by weight of opium, the samples used by drug abusers can vary from 2.6% to 9.9% (Kalant, 1977). In Africa, youth and adults, rich and poor, rural and urban people abuse drugs (United Nations Drug Control Program, 1998). They add that drug abuse is more common among men than women but the situation is changing rapidly as substance abuse among women is less visible and more private. It is noted that beer is preferred by younger males but wine is preferred by women, younger drinkers, educated people and those with low illness. Liquor is preferred by males, heavier drinkers, less educated people, middle aged and older people and those who are at a higher risk for major diseases.

Over the recent years many African countries including Kenya, have had an upsurge in the production, distribution and consumption of drugs and substances with the youth mostly affected. Many of these countries have become markets for drugs as a result of the activities of organization and individual traffickers who use Africa as a transit points in their trade with the

countries in the North (Affinith, 2002). The drug problem has resulted in Africa countries developing their own drug control policies. Many have adopted anti-drug laws or legislation or established drug control agencies. Many of these countries are signatories to United Nations Drug Conventions (UNDC), United Nations Office on Drug and related Crime (UNODC) and United Nations International Drug Control Program (UNIDCP). Globally therefore, the overall drug consumption continues to spread. National Campaign against Drug Abuse (NACADA) was established in Kenya in 2000 with the mandate to look into the issues of drug use and abuse in the country.

### **Causes and Manifestations of Drug Abuse**

Teachers and students attribute drug and substance abuse to peer pressure, social occasions, personal problems and curiosity. Peer pressure and curiosity are the leading forces behind drug and substance abuse among others (NACADA, 2006).

## *Peer Pressure*

A friend or peer group is likely to be the source of information for drug users about the availability of drugs and the alleged effects (Ngesu et al; 2008). The interest and expectation of the peer groups have an important bearing-on whether or not a person will try dependence or be lured to taking drugs (Oketch, 1997). Many scientists have come up with several explanations as to why individuals first become involved with drugs and then move on to abuse (Van Atta & New mark, 2005). One of these explanations is that starting to abuse a drug may lead to affiliation with more drug abusing peers which, in turn, exposes the individual to other drugs. Association with drug-abusing peers is often the most immediate risk for exposing adolescents to drug abuse and delinquent behavior. Individuals associate with peers who share social definitions favorable to the performance of certain activities the individuals are likely to engage in. Drug and substance abusers like other non-users will always want to seek approval from their peers. Peer pressure accounts for 21%to 42% influence in all types influence in all types of drugs and substances consumed. The peer

subculture also facilitates the behavior by making the substances available and by providing an appropriate setting and instructions (NACADA, 2006).

On the other hand, a child who comes from an environment where there are no drugabusing peers and strong anti-drug norms, that child is less likely to become a drug abuser (Hawkins & Catalano, 1992). Studies on early risk behaviors in a school setting show that aggressive behavior in boys and learning difficulties in girls are the primary causes of poor peer relationships (Elizabeth, Susan & Suman, 2003). Studies have shown that children with poor academic performance and inappropriate social behavior at ages 7 to 9 are more likely to be involved with substance abuse by age 14 or 15 years (Sadock & Sadock, 2003). Peers play a major role in initial drugs use in the non-socialized youth, in the contemporary culture. Through peers, illegal drugs are made available since these drugs can seldom be purchased through ordinary means (Gorsuch & Butler, 1976). The peer group may either supply the drug directly or provide information on obtaining it. Having a large number of drug using friends means that the nonsocialized individual has ready access to drugs. The non-socialized youth has no' internal drive to say no. This gives the peer group a strong predictive strength of prevalence of

initial drug use among non-socialized youth. The peer group may also provide models for drug usage, teaching its members when, where and how to use the drugs. The impact of the peer group will differ for different age groups as a function of the amount of time spent within that group and the extent to which it is free of external controls. Adolescents often function without supervision hence the channels are more open for illegal drug passage. Many people begin taking drugs at adolescence, a stage of transition from childhood to adulthood. It is a momentous period of life filled with changes, difficulties and special problems. It is described as a period of 'storm' and 'stress', a time of selfdiscovery and self-assertion. This is the stage the youth tend to experiment a lot (Oketch, 1997). Curiosity is one of man's outstanding characteristics therefore it does not come as a surprise that many young persons will wish to try some drugs in order to determine the effects for themselves (Pudo, 1998). In most cases addressing such behavior in interventions can be very challenging. Research has shown that placing high-risk youth in a poor group intervention can result in negative outcomes. (Dishion, Kavanagh, Welson & Kaufman, 2002). It will explore the role that adults and positive peers can play in order to suggest

ways of helping to avoid such outcomes in future peer group drug abuse interventions.

### *Social occasions*

Social occasions account for 35.4% of the reasons for taking alcohol. It mainly affects alcohol drinkers. It is argued that this is due to esteem that most societies associate with taking alcohol at party time. Social occasions also explain reasons for taking other drugs and substances that are abused at a lower magnitude especially among the youth.

### **Influence of Parental Sources of income on Prevalence of Drug and substance Abuse among Students**

Pudo (1998) noted that children from homes whose parents take drugs tend to imitate the behavior of their parents by taking illegal drugs. Parental drug behavior, parental attitude about drugs and substances and various aspects of parent child interaction best predict imitation into drug and substance abuse.

There are many consequences of drug abuse in our homes, schools and communities (Elizabeth et al, 2003). Children's earliest interactions occur within the family whereby it is the first to socialize the children. It has been noted that children from a high social economic background will go to school early and their parents also have a high income. Therefore, it is hard to find them idle. On the other hand, children from low social economic background whose parents have low income are likely to engage in drugs at an early stage e.g brewing of chang'aa and other illicit drugs. There is lack of mutual attachment and nurturing by caregivers or parents, ineffective parenting, a chaotic home environment, lack of a significant relationship with a caring adult (Elizabeth et al, 2003). The availability of cash to students as pocket money and travel allowances especially if it is given in excess can be redirected to purchasing of drugs (Kingala, 2000). Parents can serve a protective function when there is a strong bond between children and their families, parental involvement in a child's life, supportive parenting which meets financial, emotional, and clear limits and consistent enforcement of discipline. Children from poor families have access to chief drugs like liquor therefore making them vulnerable. Divorce or change of

economic status from high to low is also likely to effect negatively on children especially the adolescents. This is the period they experience a lot of vulnerability for problem behaviors leading to drug use (Hawkins et al 1992).

### **Influence of Location of Schools on Prevalence of Drug and Substance Abuse among Secondary School Students**

Students spend most of their time in school therefore there are a lot of things either positive or negative that can take place within a given school environment. They interact with other students, workers, teachers among others. If drug availability, drug trafficking patterns, cultural beliefs on drug use is generally tolerated, it becomes a risk that can influence young people to start to abuse drugs (Otieno & Ofulla, 2009). The influence normally comes by the place the drugs are offered. Such places include parks, streets, schools, homes or parties. The students in towns are more likely to abuse drugs and other substances as compared to those in the rural areas as noted by (Otieno, et al 2009). They risk having tasted khat (miraa), bhang, alcohol, tobacco and inhalants which include glue. The same youth in towns have a

different lifestyle as compared to the rural youth. Those in towns are outgoing and like partying a lot so they are more predisposed to drugs as compared to those in rural areas as drugs are more available in urban areas as opposed to the availability in rural areas. (Merton & Nisbet, 1971) note that people use illegal drugs because of their ready availability and promotion of interests of those who are in a position to benefit financially from their sale. Bus stops and schools within town centers are the best known dens of drug taking.

Many researchers have also shown that early initiation to drug abuse is associated with greater drug involvement whether with the same or different drugs (Nnaji, 2000). Many youths do not progress to abusing other drugs but for those who do, their drug abuse histories can vary by neighborhood drug availability and other characteristics of the abuser population. The pattern of abuses associated with' levels of social disapproval, perceived risk and the availability of drugs in the community. As children enter high school, they are exposed to greater availability of drugs, drug abusers and social engagements involving drugs (Elizabeth et al 2003). These challenges increase the drug abuse risks. Kenyan youth face

the greatest risk as they are easy targets for recruitment into the abuse of the drugs by drug barons because the youth are vulnerable as this a period of many challenges as they seek for peer identification and individualization from the family. It is clear that the youth experiment with drugs during the growing up processes. Even when children are outside its setting, the family has an important role to play in pondering for children (Nelson & Kaufman, 2002). The family protective factors for children outside the family are: age, appropriate parental monitoring of social behavior including establishing curfews, ensuring adult supervision of activities outside the home, knowing the child's friends and enforcing household rules, success in academic and involvement in co-curricular activities, strong bonds with pro-social institutions such as school and religious institutions and acceptance of conventional norms against drug abuse (Schaps, Battistich, & Solomon, 1997).

### **Knowledge of the effect of drug abuse among youths**

Studies have been conducted to ascertain the drug use among youth in different parts of the World. The awareness and positive treatment regarding

the rehabilitation; and economic consequences of drug abuse among others were also reported. Drug abuse had been viewed as a common occurrence among male and female Kenya students, and that more males abuse drugs than females in the area (Maithya, 2009). The study often established a significance difference between drug abuse and age. Lone and Mircha (2013) examined drug addiction and awareness regarding possible treatment and rehabilitation of young drug users in Kasmir. They reported that addiction is treatable and that there are agencies concerned with the treatment of such diseases. It is an established fact that the impacts of drugs are felt in the brain, and this consequently influence the behavior of the users. To some scientist drug use is a health problem while some regards it as a moral decadence. Drug and alcohol abuse are directly proportional to health risks (Robinson et al., 2020). This implies that the more drugs or alcohol you consume the more health risk you are prone to. Robinson et al. gave a statistic of severe mental illness among general public and concluded that 50% of the populace with mental illness is due to substances abuse. It is an undisputed fact that both male and female students engaged in drug abuse, and that there are variations in how these drugs impact abuser. That means

that men's and women's reaction to drug abuse and addiction is not the same. The observed variances are determined by coexistence of genetic, social, cultural and developmental factors. This is substantiated by Becker et al., (2017) that sex differences and gender role is a function of biological, sociocultural and developmental factors and that differences existed in the expression of developmental brain of all sexes. Buccell et al., (2016) conducted a research on gender differences in drug abuse in the forensic toxicological approach. These researchers viewed that gender impact the beginning of the use, use pattern, acceleration of disease cause and help seeking pattern. They submitted that drug abuse is more pronounced in adult than adolescent and that men are 2 to 3 times more likely to abuse drugs than women. Jain and Verma (2020) examined women abusers from the clinical perspective and concluded that substance use is fairly prevalent in women.

Aside gender, incidence of drug use among public and private school students was often considered in the study. Onoja (2010) compared the prevalence of drug abuse among public and private secondary schools in Jos, Nigeria. It was found that drug abuse was more prevalent in private than public schools. Akanni and Adayonfo (2015) researched on correlate of

psychoactive substances use among Nigerian adolescent and found that there was no association between tobacco use and school type. Students self-efficacy was also consider in this article. Every individual to a large extent has the ability to control his/ her own personal behavior in the case of adverse trial. The belief that an individual can successfully regulate his/her own behavior is termed as self-efficacy (Torrecillas et al., 2015). Kadden and Litt (2011) stated that self-efficacy is the belief that a person has the ability to implement behaviors needed to produce a desired effect. Youthful enthusiasm especially at the adolescent stage exposes students to a lot of risks such as peer pressure, poor relationship, low selfesteem and self-efficacy which in turn influence their decisions towards taking drugs (Karalay & Gurarsian, 2017). A student with low self-esteem might be tempted to bow to these pressures and as such ends up becoming an addict. Studies have revealed that individuals with high self-efficacy have better chance of abstaining from drug use (Chavarria et al., 2012; Shiffman et al., 2000). People with higher self-efficacy do not easily give up when confronted with difficulties (Ersanla, 2015). Karatay and Gürarslan Baş (2019) affirmed the fact that male abusers, consumers of alcohol and

cigarettes and those with adverse family relationship are usually characterized with low self-efficacy for substance use. Chavarria et al. (2012) examined the relationships between change in self-regulation and self-efficacy as predictors of substance use abstinence. The sample for the study was 150 adult individuals randomly sampled in a longitudinal study that spans over a period of two years. Two instruments, namely Self Control Scale and Drug and Alcohol Abuse selfEfficacy Scale, were used for data collection. The findings revealed that changes in both self-regulation and self-efficacy have a significant effect on substance use abstinence with people having higher change scores in self-regulation and self-efficacy being predicted to have the likelihood of abstinence. Yun (2012) examined the effects of abstinence self-efficacy and coping on students use among homeless youths. The sample for the study was 40 homeless youth with age range between 17 and 24, and data regarding to their selfefficacy, coping and frequency of substance use were collected. Findings of the study among others revealed that a significant relationship existed between self-efficacy and substance use and that the youths with higher abstinence selfefficacy were related to lower substance use.

Rosdiana and Sowarto (2016) also conducted a research on resident self-efficacy to regardless of drug addiction through resident characteristics in Samarinda. The study adopted a qualitative approach with case study strategy. The respondents were drawn from three subjects which were either drug users of former drug users, peer support and family support. Findings from the study revealed that the family had a significant role to play in changing behavior and, thus, concluded that family support is very influential on self-efficacy resident. Likewise, Nikmanesh et al. (2017) examined the role of self-efficacy beliefs and social support on prediction of addiction relapse. The researchers adopted a casual-comparison research method and sampled 166 participants of which 83 were with relapse and another 83 without relapse. The instruments for the research were self-efficacy scale and multidimensional scale of perceived social support. Findings from the study revealed that a significant difference existed between participants without relapse, and those with relapse in terms of their self-efficacy and social support and as such concluded that self-efficacy and social support actually played significant role in preventing patients from addiction relapse. Karalay and Gurarsian (2017) studied the effect of role-

playing scenarios on the self-efficacy of students. The study adopted a pre-test and post-test study design with a single group. The sample for the study was 245 secondary school students. Data were collected using Personal Information Form and the Self-Efficacy for Adolescents Protecting Substance Abuse Scale. Findings from the study revealed that there was a statistically significant difference in the total Self-Efficacy Adolescents Protecting Substance Abuse Scale scores after training. The researchers thereby concluded that the intervention assisted the students to develop positive self-efficacy which assisted them to protect themselves and friends from substance use. Uzun and Kelleci (2018) inquired on how the self-efficacy of students in high school prevents them from substance use. The sample comprised of 911 students randomly sampled from high schools in provincial center of Sivas. The study found out that students with low self-efficacy were aggressive, had parents with low education level and had problems with their families. Rostamin et al. (2018) assessed the relationship between self-efficacy and addiction potential and acceptance among students of Zanzan University of Medical Science. Random sampling was used to select 315 university students that participated in the study. A significant

relationship was found between self-efficacy and addiction potential and acceptance.

Several works have been done both internationally and nationally on drug abuse. Onoja (2010) focuses only on school type but not on any other moderating variables as was done here. Aside the difference in the location of Akanni and Adayonfo (2015) study, this study also differs from theirs in the area of the involved participant, and on inclusion of self -efficacy as an independent variable. Balogun et al. (2020) though conducted in Nigeria differs from the present study in that it utilizes only descriptive but not inferential statistics in determining its results. The study however differs from Effiong et al., (2020) in the area of the focus and statistics use. While Effiong et al. (2020) attentions were on sociodemographic and clinical characteristics of cannabis abusers, the present study concentrate on senior school students' knowledge on drug abuse and addiction. The chi-square was use in the analysis of this study as against the t-test used by Effiong et al. (2020). Jain and Verma (2020) addressed the problem of drug abuse from the clinical area sampling participants' urine for laboratory test. The test was then subjected to descriptive statistics of percentages not inferential ones as

was done here. Robinson et al. (2020) study was of expository type in which no instrument was administered for opinion sampling. The main thrust of the study was the detailed explanations of what constitute drug use and abuse.

### **Summary of related literature**

In this section, the researcher reviewed literature and identified some of the causes of drug abuse in Nigeria. These range from peer pressure, social occasions among other related causes. The school environment plays a major role in enhancing or curbing the vice of drug abuse. In urban centres students are likely to engage themselves in drugs more than those in the rural areas. The effects of drug abuse can be short term or long term depending on how long one engages in drug taking and the kinds of drugs abused. Drug abuse leads to truancy, indiscipline, and cancers like cancer of the liver, lung and throat. Learning standards also go down because most drug abusers who are students need to be assisted right from home and school. Religious societies should also play a role in drug abuse control.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

This chapter discusses the method and procedure that was used in conducting this study and discussed under the followings sub headings:

- Research Design
- Population of the Study
- Sample and Sampling Technique
- Research Instrument
- Validity of the Instrument
- Reliability of the Instrument
- Administration of Instrument
- Method of Data Analysis.

#### **Research Design**

The research design that is adopted for this study is descriptive survey design. This design is used in the study where the researcher does not have control of the variables and as such could not manipulate them because they

had already occurred before the desire to conduct the research became evident.

### **Population of the study**

The population of the study consists of youths in Ovia North East Local Government area.

### **Sample and Sampling Technique**

The sample size for the study will be two hundred (200) youths in Ovia North East Local Government area. Convenience sampling technique was used to select to select the respondents in the study.

### **Research Instruments**

The research instrument that was used for this study is a self-constructed Questionnaire; it was used to elicit information from the respondents. The instrument shall consist of two sections: Sections A and B. Section A was designed to ascertain the personal data. Section B consisted of 10 items on knowledge of effect of drug abuse. The section is a multiple choice question on level of Knowledge, which was scored: correct answer = 1, wrong answer = 0.

### **Validity of the Instrument**

The face and content validity of the instrument was carried out by three experts in the department and the researcher's supervisor who ensured that items used measured what they are supposed to measure. Corrections were made and ambiguous items were discarded before using the questionnaire for the study.

### **Reliability of the Instrument**

Internal consistency reliability was adopted in this study to pilot test the questionnaire. Twenty (20) questionnaires were administered to food sellers who are not part of the study population. Then their response was subjected to data analysis, Cronbach's alpha ( $\alpha$ ) was calculated with SPSS for attenuation. Cronbach alpha value of 0.85 was observed. Thus the instrument is reliable.

### **Administration of Instrument**

The researcher visited the community and was assisted by two trained research assistants. The questionnaires were handed over to the persons who helped to administer them. The questionnaires were retrieved from the respondents by these persons and thereafter collected from them by the

researcher. The responses reported by the respondents were further substantiated by the researcher through personal interviews to gather reasons for their responses.

### **Method of Data Analysis**

Data were analyzed using frequencies, percentages and mean statistics. Data generated were analyzed with the aid of Statistical Package for the Social Sciences (SPSS) version 23.0.

## CHAPTER FOUR

### PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

This chapter presents the analysis of data collected for this study. The data collected from the respondents were analyzed and discussed in line with the research questions and the formulated hypothesis as follows.

**Research question one:** What is the knowledge of physical health effects of drug abuse?

**Table one: Frequency and percentage on knowledge of physical health effects of drug abuse**

S/n	Item	Yes		No	
		Frequency	Percentage	Frequency	Percentage
1	Headache	182	91.2	18	8.8
2	Hand tremor	139	69.7	61	30.3
3	Accident	176	88.1	24	11.9
4	Disease of the lung	187	93.3	13	6.7
5	Premature death	173	86.3	27	13.7

The table above shows the respondent knowledge of physical health effects of drug abuse. It can be seen that majority of the respondents know that headache (91.2%), hand tremor (69.7), accident (88.1%), disease of the

lung (93.3%) and premature death (86.3%) are the physical effect of drug abuse. It shows that majority of the respondents have high knowledge of the physical health effects of drug abuse.

**Research question two: What is the knowledge of psychological health effects of drug abuse?**

**Table two: Frequency and percentage on knowledge of psychological health effects of drug abuse**

S/n	Item	Yes		No	
		Frequency	Percentage	Frequency	Percentage
1	Emotional problem	156	77.8	46	22.2
2	Increased aggression	161	80.3	39	19.7
3	Inability to sleep	155	77.4	55	22.6
4	Mental illness	163	81.5	37	18.5
5	Poor concentration	166	82.9	34	17.1

The table two shows the respondents knowledge of psychological health effects of drug abuse. It can be seen that majority of the respondents know that emotional problem (77.8%), increased aggression (80.3%), inability to sleep (77.4%), mental illness (81.5%) and poor concentration (82.9%) are the psychological health effects of drug abuse. Therefore, it can

be seen that majority of the respondent have high knowledge of psychological health effects of drug abuse.

**Research question three: What is the knowledge of social health effects of drug abuse?**

**Table three: knowledge of social health effects of drug abuse**

S/n	Item	Yes		No	
		Frequency	Percentage	Frequency	Percentage
1	Alter family relationship	151	75.6	49	24.4
2	Poor academic performance	169	84.7	31	15.3
3	Unprotected premarital sex	163	81.5	37	18.5
4	Make one violent	160	80.1	40	19.9
5	Affect ones finance	179	89.3	21	10.2

The table above shows the knowledge of social health effect of drug abuse. It can be seen that majority of the respondents know that alter family relationship (75.6%), poor academic performance (84.7%), unprotected premarital sex (81.5%), make one violent (80.1%) and affect ones finance (89.3%) are the social health effects of drug abuse. Thus majority of the respondents have high knowledge of social health effects of drug abuse.

## **Discussion of findings**

The result of this study notwithstanding the harmful effects of substance abuse cannot be over emphasized. The abuser might justify the practise by positing that it helps in lifting mood, induces confidence and suppresses worries and anxiety. But these feelings are ephemeral and could lead to lethal consequences in the sense that heart functioning and breathing can be severely depressed thereby causing death (Kobiowu, 2006). Another key finding in this study is that the knowledge regarding the knowledge of health effects of alcohol, tobacco and marijuana use is considerably high among the respondents. Of the listed health effects, majority of the respondents knew that substance abuse can affect the physical, psychological and social health of the users. This finding was in accord with the report of Malara et. al (2006); Odejide, (2009) and Dechenla, Ranabir& Aparjita (2010). These researchers asserted that their respondents were highly aware of the health effects of substances use. The high level of awareness demonstrated by respondents may be attributed to regular advertisements on some substances in the media that continuous use of such substances is injurious to their health. A good example is smokers are liable

to die young that usually end the advertisement of cigarette smoking in Nigeria. On the contrary, the findings of this study disagreed with Oshikoya and Alli, (2006); Olaitan (2006); Oshodi et.al (2010) and Nwankwo et al (2013). These researchers discovered that the knowledge of health effects of substance use was insufficient and that their respondents demonstrated poor knowledge of the risks associated with psychoactive substances use. The finding of the study revealed that a significant relationship exists between knowledge of health effects and substances use. This finding agreed with Shafiq et al (2006)'s discovery that the greater the knowledge of harmful effects of substance, the less the consumption of such substance.

## CHAPTER FIVE

### SUMMARY CONCLUSION AND RECOMMENDATIONS

#### Summary

The aim of the study was to assess the knowledge of health effects of substance use amongst the youths in Ovia North East Local Government area. In view of this three research questions were raised to guide the study and various literature were reviewed in the study.

The research design that is adopted for this study is descriptive survey design. This design is used in the study where the researcher does not have control of the variables and as such could not manipulate them because they had already occurred before the desire to conduct the research became evident. The population of the study consist of youths in Ovia North East Local Government area. The sample size for the study will be two hundred (200) youths in Ovia North East Local Government area. Convenience sampling technique was used to select to select the respondents in the study. The research instrument that was used for this study is a self-constructed Questionnaire; it was used to elicit information from the respondents. The

face and content validity of the instrument was carried out by three experts in the department and the researcher's supervisor who ensured that items used measured what they are supposed to measure. Corrections were made and ambiguous items were discarded before using the questionnaire for the study. Data were analyzed using frequencies, percentages and mean statistics. Data generated were analyzed with the aid of Statistical Package for the Social Sciences (SPSS) version 23.0.

## **Conclusion**

Based on the findings of this study, in terms of knowledge of the health effects of substance use is high. However, the adequate knowledge regarding the health effects of substance use did not prevent them from quitting its use. Majority of the respondents know that headache, hand tremor , accident, disease of the lung and premature death are the physical effect of drug abuse. It shows that majority of the respondents have high knowledge of the physical health effects of drug abuse. Majority of the respondents know that emotional problem, increased aggression, inability to sleep, mental illness and poor concentration are the psychological health

effects of drug abuse. Majority of the respondents know that alter family relationship, poor academic performance , unprotected premarital sex, make one violent and affect ones finance are the social health effects of drug abuse. Thus majority of the respondents have high knowledge of social health effects of drug abuse. The findings of this study indicate that the knowledge of health effects of the identified substances has an inverse relationship with consumption. This implies that if the knowledge of the health effects is high, the consumption will be low. Also, if the knowledge is low, the rate of consumption will be high.

## **Recommendations**

Based on the conclusion of the study, the researcher recommended that

1. Health educators should develop programmes that would educate student population in tertiary institutions on the negative effects of substances use.
2. Drug education should be integrated into the General Course Studies in tertiary institutions in Nigeria.

3. Health educators should develop education programmes such as workshops or enlightenment programmes in the campuses using billboards or posters.
4. Sensitization awareness should be created to students at all tiers of education be it federal, states and local government areas irrespective of their gender. They should be informed about the physical and psychological consequences of drug abuse and addiction.
5. Corrective measures should be enact and impose by the concerned school authorities to discipline the students while ensuring that their right is uphold.
6. Future researchers should embark on similar studies by involving a larger sample i.e., covering a larger locale and engaging variables that this study fails to address.

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# QUESTIONNAIRES

**CENTRE FOR TRAINING COMMUNITY HEALTH OFFICERS**

**UNIVERSITY OF BENIN TEACHING HOSPITAL BENIN CITY**

**Dear Respondent**

I am a student of the above named school.

I hereby solicit your assistance in responding to the questions on the questionnaire which is the source of data collection for the above purpose your responses, will be treated confidentially and only for academic purpose.

Thanks for your co-operation.

## **SECTION A: BIO DATA**

**Instruction: Tick [] the option where appropriate**

1. Religion: Christian [], Muslim [] traditional [].
2. Ethnic group: Bini [], Esan [], Igbo [], Other.

## SECTION B

For each statement please indicate your response by ticking (✓)

**whether it is “True or False.”**

s/n	Drug abuse results in the following physical effect on youths?	True	False
1	Headache		
2	Hand tremor		
3	Accident		
4	Disease of the lung		
5	Premature death		
s/n	Drug abuse results in the following psychological effects		
1	Emotional problem		
2	Increased aggression		
3	Inability to sleep		
4	Mental illness		

5	Poor concentration		
s/n	Drug abuse results in the following social health effects		
1	Alter family relationship		
2	Poor academic performance		
3	Unprotected premarital sex		
4	Make one violent		
5	Affect ones finance		