

**SUBSTANCE USE AMONG YOUTHS IN BENIN CITY: IMPLICATION FOR
SOCIAL WORKERS**

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**SOCIAL WORK INTERVENTION AND REHABILITATION OF VICTIMS OF
DRUG ABUSE IN EKOSODIN COMMUNITY, BENIN CITY**

BY

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CERTIFICATION

We certify that this project was carried out by **Vincent Precious Adesuwa** with Matriculation Number: **SSC2013266** of the Department of Social Work, Faculty of Social Sciences, University, Benin City, Edo State, Nigeria and has not been presented in part or full in any Diploma or Degree Awarding Institution.

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DEDICATION

This work is dedicated to Almighty God, who has been my source of strength throughout my studies and also my lovely husband Uduegbe Irele Michael for his love and support.

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My utmost gratitude goes to the all sufficient God, who has been my helper, and for giving me the strength to successfully complete this research work.

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ABSTRACT

The study focused on Social Work Intervention and Rehabilitation of Victims of Drug Abuse in Ekosodin Community, Benin City. A literature review was conducted to

determine the breadth of factors that contribute to drugs abuse and correlated risk-taking behaviours, and to identify relevant evidence-based treatments. The research design adopted for this study was survey research design using stratified random sampling technique. The instrument used was questionnaire. Simple percentage statistical method was used to analysis data gathered during this study. The survey research design was used for study to elicit fact. The total number of one hundred (100) questionnaire were administered to the respondents. Following the findings from this research, it was revealed that Drug abuse in adolescence constitutes one of the most deadly menaces faced by Nigerians today. It has been identified as a social vice that must be eradicated. The study revealed that Family background play a major and foremost role in contributing to adolescent substance use, both positively and negatively. The study also revealed that the community have a significant influence on substance use among adolescent. It is recommended that communities should attract and encourage teenagers to participate.

CHAPTER ONE

1.1 Background to the Study

Drug abuse is a major public health issue all over the world, with the youth population most predisposed to have problematic or addictive patterns of psychoactive substance abuse. In the context of this study, illicit drug use and drug abuse are used interchangeably, with both taken to mean the recreational, frequent, and self-medicating use of psychoactive substances and prescription pills, wherein the person anticipates its use, cannot stop using the substance, or cannot perform certain tasks without using the substance (Ojo, 2016). The prevalence of illicit drug use and the associated disease burden have become a cause of concern to policy actors and governments worldwide. Akinhanmi (2013) and, the 2013 World Drug Report estimates that of the adult population, illicit substance use was being perpetrated by between 167 million (3.6%) and 315 million (6.9%) people aged 15 to 64 years in the preceding 2012 (Burke, O'Sullivan & Vaughan, 2005). In the same report, it is estimated that there was an overall 18% increase in illicit substance use in 2012 compared to the level of illicit substance use by people in 2008 (United Nations Office on Drugs and Crime, UNODC, 2013). Reports from the World Health Organization (WHO, 2017a) indicated that for year 2000, worldwide deaths accounted for by consumption of tobacco, alcohol and illicit drugs combined, stands at 12.4%.

Many social problems today can be linked to drug abuse, some of which are domestic violence, aggression-related fights and deaths, as well as numerous medical

conditions (Burke, O'Sullivan & Vaughan, 2005). In the view of Heydarabadi, Ramezankhani, Barekati, Vejdani, Shariatinejad, Panahi, Kashfi and Imanzad (2015), societal problems of lower life expectancy, mental problems, unplanned pregnancy, accidents, incidence of sexual aggression and other crimes are some of the by-product of the intake of addictive drugs.

Experimentation with drug abuse may begin as early as high school years and sometimes earlier and such experimentation may be an important indicator of future drug abuse and psychoactive substance use has been identified to be more likely among the youth sub-population. Illicit substance abuse by youths is fast becoming a worldwide epidemic, in view of the multidimensional detrimental impacts on the optimal cognitive and psychological functioning of the youths (Ojo, 2016). This truncated mental and psychological functioning on the part of the youths, initiated by drug abuse reduces their capabilities to participate optimally in the social, cultural, physical, and economic aspects of life (Heydarabadi, 2015).

Among the youth, drug abuse has been associated with negative outcomes for immediate and long-term health, family, society, educational and professional life (Babalola, Ogunwale & Akinhanmi, 2013; Makanjuola, Abiodun, & Sajo, 2014). Among the secondary school students sub-group of the youths, adverse outcomes of being addicted to these psychoactive substances include interruptions in scholarship activities among students, as well as a vicious cycle of increased substance abuse among students, which perpetuates the problem, given the growing culture use of illicit substances in the

campus community (Heydarabadi, 2015; Rezakhani, Shojaeizadeh, Lashgarara, Safari, Savadpour & Sohbatzadeh, 2012).

Nigerian secondary school students are not exempted from the above trend of illicit drug abuse. As such, Sumaina (2016) reports that as much as 40% of the Nigerian youths indulge in the illicit use of psychoactive substances, which places a huge burden on the nation's health facilities. In a corroborating view, Ojo (2016) reports that the rate of drug abuse in Nigeria is alarmingly high and Nigerian youths within the ages 13 – 35 as the main perpetrators. The UNODC (2017) brief on the drug situation in Nigeria. Emphasized that Nigeria faces a twin problem of illicit drugs being largely available and abused, which pre-dated the mid-1960s (Lambo, 2017; Asuni, 2015). Annual reports from the country's National Drug Law Enforcement Agency (2012 and 2014) indicate large scale arrests of many Nigerian youths in the metropolitan areas over illicit drug-related offences. Moreover, it was established in the UNODC drug profile of the country, that illicit drug trade remains a thriving business and a serious socioeconomic problem in Nigeria (UNODC, 2017).

In view of the above scenario, many youths including secondary school students practice risky and unhealthy behaviors such as cigarette smoking, as well as alcohol and drug abuse (Deressa & Azazh, 2011; Steyl & Phillips, 2011). Furthermore, the increased use of drug abuse by secondary school students have been linked to the proliferation of cultism (Reddy, Resnicow, Omaidien, & Kambaran, 2007), as the use of cannabis, heroin, cocaine and alcohol feature prominently in the activities of these secret cult groups (Aluede, 2010).

1.2 Statement of the Research Problem

Drug abuse is injurious to both individuals and the society, spawning crimes, spreading diseases like AIDS, killing our youths and future leaders. Today, there are estimated 90 million drug users around the world and no country alone can stem the drug trade within its borders, thus no country is immune and no person really is (Awake, 2001). Some people are involved in the use of illicit drugs because they want to reduce regular pressures around them (Oliha, 2014). The arrest by police, Nigerian Drug and Law Enforcement Agency (NDLEA) and the news reports revealed that illicit drug use is on the increase. The major concern of this study therefore is to identify the level of social work rehabilitation and intervention strategy of victims of drug abuse. Despite the effect of many concerned bodies to curb this menace, many firms and individuals still present these drugs as though they are harmless. They give them slogan such as “for greatness”, “for taste” etc which often lure irrational youths into drugs and alcoholism and long term effects of the abuse of drug on themselves, their families and the society at large. The implications of social workers in reducing drug abuse to barest minimum among our adolescents will also be examined.

1.3 Objectives of the Study

This study main aim is to investigate the social work rehabilitation and intervention strategy of victims of drug abuse of selected secondary schools, ekosodin community, Benin City, Edo State. In this regard, this study specifically were to:

1. examine the personal factors influencing drug abuse among students in Ekosodin Community.
2. explore the environmental factors influencing drug abuse among students in in Ekosodin Community.
3. ascertain if family background contribute to drug abuse among students Ekosodin Community.
4. To proffer social work interventions to address drug abuse among students in Ekosodin Community.

1.4 Research Questions

Specifically, the following research questions will guide the study:

1. What are the personal factors influencing drug abuse among students Ekosodin Community?
2. What are the environmental factors influencing drug abuse among students Ekosodin Community?
3. How does background contribute to drug abuse among students Ekosodin Community?
4. Will social work intervention address drug abuse among students in Ekosodin Community?

1.5 Significance of the Study

The basic relevance of this study stems from its focus on secondary school students, given the far-reaching implications of their health practices and the pivotal role they are expected to play in the socioeconomic development process of the nation. Findings of this study will provide baseline information on the personal and environmental predictors of drug abuse among students in secondary school in Benin City and therefore be of utmost benefit to the students and authorities of these institutions.

The relevance of this study is further reinforced by the crucial need for an in-depth understanding of the determining influence of substance use and abuse among students. In this regard, this research study explains the problem as an offshoot of a system of personal and environmental factors, as only a few prior studies provide evidence on the personal and environmental correlates of the phenomenon based on ample statistical analysis. As such, this research work is expected to be of benefit as a reference point for future researchers in similar investigations and analysis.

Finally, the significance of this study is underscored by the usefulness of its result-based recommendations, which will form critical inputs for decision makers, policy actors, school administrations as well as health organizations in both the private and public sectors. Consequently, feasible community-based programs and interventions can be designed and implemented to curb the trend as well as its attendant consequences amongst students and other target youth sub-populations.

1.6 Scope of the Study

The scope of this research study covers all the secondary school students in Ekosodin Community, Edo State.

1.7 Definition of Terms

For the purpose of this study, the operational definitions of the following terms are adopted:

Drug: Refers to any chemical substance which when taken into the body that can affect one or more of the body's functions.

Drug misuse: Refers to the usage of any drug for any other purpose other than the recommended one.

Drug abuse: Refers to excessive illegal drug use and/ or legal drug use without a doctor's prescription.

Drug tolerance: Refers to a state of reduced sensitivity of a drug to the body at given regular (normal) dose.

Substance abuse: Refers to harmful or hazardous use of psychoactive substances including alcohol and other illicit drugs to stimulate behaviour.

Drug dependence: Refers to repeated drug taking that usually results in tolerance, withdrawal and compulsive drug taking.

Parental influence: Refers to the role played by parents into the students' drug use or against it.

Peer pressure: Refers to tendency to conform to the values and expectations of the peer group.

Student: A student is primarily a person enrolled in a school or other educational institution and who is under learning with goals of acquiring knowledge, developing professions and achieving easy employment at a particular field.

Personal Factors: These are factors that are individual-specific or peculiar to a person that influences life's choices and outcomes for that individual. In the context of this study relating to undergraduate students, personal factors includes age, gender, level of study, level of income, belief and attitude towards drug use, self-esteem, etc.

Environmental Factors: These are realities that are generally obtainable or events that takes place frequently in the environment where one resides that influences life's choices and outcomes for that individual.

Social work: Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people

Social Work Intervention

Social work intervention is the practice of working in a variety of ways with individuals and families in need to help them become more independent.

School Factor

School factor refers to the action taken by the school to help teachers and other stakeholders have a clear understanding of what is expected of them to do.

Family Background

Family background is a primary social group consisting of parents, and their offspring.

Community Background

Community background is commonly considered a social unit (a group of three or more people) who share something in common, such as norms, values, identity, and often a sense of place that is situated in a given geographical area (e.g. a village, town, or neighborhood).

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter discusses existing relevant or related literature on social work rehabilitation and intervention strategy of drug abuse with emphasis on secondary school students, as well as related factors that could determine the abuse of substances among the student population. It also reviews theoretical perspectives and discusses the theoretical framework of the study. The empirical results of relevant studies on substance abuse by secondary school students are also looked at first.

2.1 Review of Relevant Concept

In this section, Drug abuse as a key variable in the study is conceptually clarified, wherein definitions of Drug abuse are given. Types and causes of substance abuse are also discussed

2.1.1 The Concept of Drug Abuse

The term "substance abuse" often used synonymously with the term "drug abuse", have attracted conceptual clarifications, as it is a phenomenon that is dealt with across several fields of human endeavor. Thus, these several definitions have some contextual applications, depending on whether the term is being defined in the field of law, medicine, as well as public health contexts (Criteria, 2017.) Generally, "drug abuse" entails a harmful or unhealthy consumption of psychoactive substances, alcohol, and drugs by an

individual, which is basically characterized by inability to reduce the quantity used or stop despite concerted efforts to stop, as well as clinically significant adaptation to the substance, as well as physical and mental impairment and distress (WHO, 2017).

While a broad range of psychoactive drugs are manufactured for medicinal uses, they have been used in disproportionate amounts by certain people for fun and recreation, alongside certain prohibited substances such as heroin, cocaine, methamphetamine, crack cocaine, etc. Moreover, the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition DSM-5), the (American Psychiatric Association APA, 2013) presents diagnostic specifications for addictions to specific substances, some of which include the more popular substances such as alcohol, marijuana, tobacco, opioids, stimulants, hallucinogens and hypnotics, as well as inhalants.

It is a research consensus that the capacity to competently carry out one's expected roles at work, school, or home, as well as in the society at large can be severely compromised by substance use disorder (Heydarabad, 2015; Townsend, 2014). Furthermore, it has been pointed out that criminalization, as well as the legal penalties it incurs can result from substance abuse, as well as several forms of harm to self and other people when under the influence of the abused substance (Adeyemo, 2016; Suleiman, 2013).

2.1.2 Classes of Psychoactive Substances

In the extant literature, the classification of psychoactive substances is usually done with regards to the classification presented by two classificatory schemes namely the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of the

American Psychiatric Association (APA, 2013), and the diagnostic coding of substance use disorder of the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) by the World Health Organization (WHO, 2004). This study presents in table 2.1 the DSM -5 classification, and the 2017 version of the ICD-10-CM produced by the National Center for Health Statistics (NCHS, 2016) of the USA, as authorized by the World Health Organization. Some of the items in table 2.1, are discussed below the table.

Table 2.1: Classification of substances from to the two most used classification system

DSM -5	ICD - 10 – CM
Alcohol	Alcohol
Caffeine	Opiods
Cannabis	Cannabis
Hallucinogens (includes phencyclidine)	Sedatives, Hypnotics, and Anxiolytics
Inhalants	Cocaine
Opioids	Other Stimulants
Sedatives, Hypnotics, and Anxiolytics	Hallucinogens
Stimulants	Nicotine
Tobacco	Inhalants
Other (or unknown) substances	Other psychoactive substances

SOURCES: Adapted from APA (2013) and NCHS (2016).

1. Alcohol

Alcohol is a naturally occurring drink produced through a fermentation process of sugar with the presence of yeast. It is important to know that alcohol exist in different forms. Irrespective of the type of alcoholic beverage, it is chemically structured as C_2H_5OH and scientifically known as ethyl alcohol. Alcohol as its abbreviated name, contains calorie in its natural form and it is sometimes regarded food, however it has no real value with regard to nutrition Ojo (2016). National Council on Alcoholism and Drug

Dependence (2015) opined that depressant effect is noticed on the central nervous system resulting in mood and behavioral changes from alcoholic intake. Alcoholic effect on the Central nervous system can be indicated from its concentration in the blood. A blood alcohol level 0.08% of an individual is termed lawfully intoxicated by most states in the United States.

In Nigeria, there is a cultural promotion of consuming alcohol as part of the ceremonial and social lives of most ethnic groupings in Nigeria, as well the changing pattern of alcohol consumption in wherein more youths and females now drink alcohol (Dumbili, 2013; Lasebikan & Ola, 2016). Moreover, Nigeria is ranked among the thirty nations with highest per capita consumption level of alcohol worldwide by the World Health Organization (2004b), with the country still being reported as one of the countries most affected by alcohol-related deaths and disease incidence.

2. Sedatives Hypnotics Anxiolytics (SHAs)

Townsend (2014) explains that these class of drugs have different chemical structures that makes them able to initiate different levels of central nervous system (CNS) depression, provide calming relief from anxiety, as well as having anesthetic properties that can be used to numb pain, initiate coma, and even lead to death. More simply, these drugs are used to relieve anxiety, aid sleep, or have a calming effect given that it has some effects on the central nervous system. Higher doses of SHAs or lower doses combined with alcohol have caused death in some cases and proved to be fatal in other cases (Horvath, Misra, Epner & Cooper,

2016). It has been reported that the prescription of SHAs by doctors is both common and increasing, with several implications of increased mortality and morbidities as a result of their use (Weich, Pearce, Croft, Singh, Crome, Bashford & Frisher, 2014). Barbiturates, non-barbiturate hypnotics, and antianxiety agents are the three broad categorizations of these drugs. However, there are also benzodiazepines, as well as other miscellaneous anxiolytics, sedatives and hypnotics. It must be pointed out that the effects of these drugs on a user will depend on the dosage amount, inherent potency of the drugs, as well as pre-exposure behavioral state of an individual Ojo (2016)

Abuse of SHAs or medically diagnosed sedative, hypnotic, or anxiolytic use disorder have been reported, wherein there is a continued harmful use of SHAs in terms of dosage and frequency that is not medically prescribed or supervised. Under SHAs use disorder, the sufferer desires strongly to use the SHAs and have problems controlling their use and continues using the drugs to the detriment of other activities and obligations and despite adverse distress or impairment (Long, 2017). Erlach (2017) distinguished between two broad categories of problematic SHAs abuse. First, the sedative-hypnotic dependents who become dependent on SHAs, as a result of prolonged use of SHAs for treating of a pre-existing mental or psychiatric condition. Second, is the group of people who out rightly self-medicate with SHAs to deal with chronic anxiety or insomnia, or to amplify the ecstatic effects of opioids, and to dampen withdrawal from use of cocaine. Intoxication from SHAs initiates mood swings, impaired judgment, attention and memory, inappropriate sexual or aggressive behavior, slurred speech, lack of coordination,

repetitive, uncontrolled eye movements, decreased blood pressure and pulse, and cases of coma and serious injuries from falls and accidents in instances of over dosage.

3. Cannabis

Cannabis also known as "marijuana", is a very addictive substance, thereby increasing the likelihood of problematic use even if the initial use was for recreational purposes (Gilman, Kuster, Lee, Lee, Kim, Makris, van der Kouwe, Blood & Breiter, 2014). Cannabis is derived from the hemp plant *Cannabis sativa*, with Δ 9-tetrahydrocannabinol (THC) as the main psychoactive ingredient which acts on endogenous cannabinoid receptors in the brain. Cannabis has been reported as the most widely used illicit substance worldwide (Meier, Caspi, Ambler, Harrington, Houts, Keefe, McDonald, Ward, Poulton & Moffitta, 2012). Once started, cannabis is one of the most difficult substance to stop. Marijuana Anonymous (1998) points out that addiction to cannabis as an illness is very progressive, and increases the likelihood of being addicted to other drugs and alcohol. Cannabis use disorder (CUD) is recognized as an addiction problem by the American Psychiatric Disorder (APA, 2013) in the 5th Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

The consequences of using marijuana, especially prolonged and heavy use can cause permanent neuropsychological impairments that last longer than the period of intoxication. Several empirical evidences confirm significant neuro-psychotic impairments on the part of cannabis users. Meier *et al.* (2012) provided evidence of neurotoxic effect of

early onset of cannabis use, wherein a study of people who started using cannabis from age 13 to age 38 (over a 25-year period) presented cases of irreparable impairments in neuropsychological functioning. The IQ of the sampled cannabis users was also found to decline on the average by 6% over time period for which cannabis was used. Among young adults who are recreational users of cannabis, Gilman (2014) obtained high-resolution MRI scans which indicated structural abnormalities in certain areas of the brain which would have adverse emotional implications compared to people who do not use cannabis. It has also been shown that the use of cannabis increases the likelihood of developing depression as well as psychotic symptoms.

2. Opioids

Opioid is the umbrella term used to describe all opiates including natural, synthetic and semi-synthetic. Opioids and opiates are terms used interchangeably, however, the term "opiate" is used sometimes by medical professionals to refer to a specific non-synthetic opioid. The American Society of Addiction Medicine (2016) explains that opioids cover both licit painkiller meds as well as the illicit drug heroin. They include naturally occurring substances (morphine and codeine) and synthetic opioids (heroin and methadone). Opioids are broadly categorized into the following four groups:

1. Naturally produced opioids known as endogenous opioid, e.g., endorphins, enkephalins;
2. Opium alkaloids, such as morphine and codeine;
3. Semi-synthetic opioids such as heroin, oxycodone, and buprenorphine; and

4. Fully synthetic opioids with separate structures from the opium alkaloids, e.g., methadone.

The National Institute on Drug Abuse (2015) explains that while opioids are primarily used to relieve pain, they interact with the brain and nervous system in such a way that elicits pleasurable effects. The body has its natural opioid system that produces opioids such as endorphins and enkephalins, which when produced elicits an "opioid effect" in the form of reduced pain sensitivity, slower breathing, and a general calming and anti-depressing effect. The need for the other forms of opioids stem from the fact that the body cannot produce enough natural opioids to stop severe or chronic pain nor can it produce enough to cause an overdose. The opium alkaloids and other synthetic opioids, mimic the natural opioid system of the body and activate opioid receptors.

Ling, Mooney and Hillhouse (2011) reports an upsurge in the medically unsupervised use of prescription or licit opioids, largely as a result of the interaction of the public misconceptions about the safety and addictive potential of opioids and the broad availability and easy accessibility of prescription pain meds. This presents doctors with the clinical dilemma or challenge of having to treat pain syndromes, while being preventing the patient or individual from the dangers of problematic use of prescribed painkiller meds. While opioids are great painkillers, their problematic use can be gleaned from the term "opioid epidemic", which captures accidents and deaths related to overdoses from pain killer meds and heroin. The United States and Canada seems to be the worst hit by the opioid epidemic wherein use of prescription and non-prescription opioids presents pressing public health problem in view of the tens of thousands that die every year, that

die from misusing and overdosing on these drugs (Lopez, 2017; Rudd, Seth, David, & Scholl, 2016).

3. Stimulants

Stimulants covers a wide array of legal and illegal substances that excites the central nervous system and accelerates the release of dopamine, which can result in a powerful sense of well-being, heightened attention and alertness, and increased physical activeness and energy (Elements Behavioral Health, 2013; Brande, n.d.). Elements Behavioral Health (2013) distinguishes between the illegal stimulants (e.g., cocaine, amphetamine, methamphetamine and Methylene dioxy methamphetamine (MDMA)), and the legal stimulants (e.g., nicotine, caffeine, and Ritalin and Adderall as prescription meds). Stimulants are very addictive, even if after just a single use. These stimulants accelerate the transmission of several neurotransmitters in the brain such as dopamine, serotonin, and norepinephrine. Accelerating adrenalin and norepinephrine production, is a stimulant effect of nicotine. The stimulant effect of caffeine is to meddle with the ability of adenosine to bind with receptors in the brain, which removes feelings of sleepiness temporarily. Of the all the stimulants Levounis (2016) explains that crystal methamphetamine is the strongest and most commonly- abused stimulant, as it causes dopamine levels to skyrocket as much as an estimated 4000% above normal. Its ubiquitous consumption stems from the fact that it can be easily produced or "cooked" from a few easily accessible and inexpensive ingredients.

Within the short time frame when these stimulants are taken, the sensation it produces includes intense feelings of happiness, sharpened attention and concentration, dampened inhibition, improved confidence and self-esteem, enhanced libido and sexual performance, increased level of alertness, reduced need for sleep etc. Upon addiction, the stimulant being used becomes the single most important thing in the life of the addict, as the prolonged use of the substance alters the reward pathways of the brain to seek more satisfaction from taking the stimulant, than partaking in other activities Levounis (2016). At this point, several symptoms indicating stimulant addiction includes mood swings and irrational behaviour; usually being unkempt and poorer hygiene standards, paranoia, bouts of senseless talkativeness, easily becoming irritated, loss of interest in previously enjoyed activities, loss of food and sexual appetite, rapid weight loss etc. There is also the associate morbidities associated with stimulant addiction overtime, some of which include: psychosis, heart problems, damage to body organs, impotence, suicidal thoughts, chronic insomnia, depression, nutritional deficiencies, muscle tremors, seizures etc.

Among high school and varsity students, cognitive enhancements and improving academic performance has been cited as the main reason for the reported high levels of the use of non-medical and medical prescription stimulants by students (Arria & DuPont, 2010; ; Hildt, Lieb, Bagusat, & Franke, 2015; Looby, Beyer & Zimmerman, 2014). Hildt (2015) reported that tertiary institution students being aware of the addictive possibilities in the use of stimulant, did not deter them from using stimulants, as they indicated likelihood of stimulant use in the future. Rubin and Zuromski (2016) reported that

research evidence puts the prevalence of the nonmedical use of prescription stimulants by students at 25% or higher.

6. Hallucinogens

Hallucinogens also referred to as "psychedelics" are substances that disrupt normal functioning of body's serotonin system to alter the user's state of mind, as well as sense of time and place (Addiction Resource, 2017; Helberstadt & Geyer, 2010). The altered state initiated by the intake of hallucinogens causes the user to experience life of his or her environment in way that is markedly different from reality. The National Institute of Drug Abuse (2016) explains that thought emotions, one's perception or awareness of surroundings and conditions are altered by hallucinogens, wherein the user has mixed sensations such as "sees sounds" or "hear colours" that seem real but are not real. It must be pointed out that the high or effects produced by the hallucinogens are user-variant and time-variant, wherein the feelings vary from user to user, as well as the effects felt at a particular time differs from the effect felt at another time even by the same user. In terms of time variations, the effects of hallucinogens can last between 20 to 90 minutes as short-term, while the effects can last as long as 6 to 12 hours as a long-term effects.

Hallucinogens are can be natural, man-made, licit and illicit. The natural ones come from plants and mushrooms which includes: ayahuasca, peyote which produces mescaline, and salvia. Dimethyltryptamine (DMT) psilocybin gotten from mushrooms. Examples of the man-made hallucinogens include: dextromethorphan (DXM), ketamine,

phencyclidine (PCP) and lysergic acid diethylamide (LSD) as the most popular or commonly used hallucinogen. Not all hallucinogens are addictive, but Hanks and González-Maeso (2016) reports that hallucinogens are recreationally used, with LSD, PCP, and peyote as the most widely abused. Three broad categories of the addictive hallucinogens includes:

1. LSD, PCP, psilocybin, and peyote as the psychedelics;
2. Ketamine and nitrous oxide as the dissociatives; and
3. Over the counter meds like dramamine and Benadryl as the deliriants.

Addiction to hallucinogens is very likely especially when one considers that the use of hallucinogen is culturally enforced in some places, as well as the claim of some others that it can produce spiritual experiences apart from the normal perception and cognitive distortions it causes (Chan & Memdelson, 2014; Hanks & González-Maeso; 2016; Winkler, Gorman, & Kočárová, 2016). Abuse of or addiction to hallucinogens is often marked by adverse physical and behavioural alterations, as well as financial issues. The adverse physical and behavioural alterations includes: frequent shakiness or tremors, reduced personal hygiene, excessive sweating, disoriented speech, paranoia, heightened level of fear and panic, permanent personality changes, bouts of aggression, appetite loss etc. Frequent ask for money and resorting to stealing money and valuables are some of the financial issues presented by the abuse of hallucinogens. Prolonged use of hallucinogens have been associated with organic brain damage, resulting in mental confusion, impaired memory and attentional deficits bladder ulcers, and kidney problems.

Teen students and tertiary institution students have been identified as an at-risk group of abusing hallucinogens. Thus, varsity or college students have been reported to abuse hallucinogens, as reports from Spring, Ostrow and Hallock (2016) approximated the lifetime use of hallucinogenic mushroom by tertiary institution students at the time of the study to be 25%. Addiction Resource (2017) reports that an estimated 3.1 million people between 12-25 years old in the USA, reported LSD use as at 2008.

7. Inhalants

The National Institute of Drug Abuse (NIDA, 2017) emphasizes that while some other substances can be inhaled, the term "inhalants" explicitly refers to substances that have psychoactive or mind-altering contents, which can only be taken by inhaling them. NIDA (2010) explains that the rapid high gotten from sniffing the inhalants through the nose is similar to the intoxication that alcohol provides, taking the form of poorer articulation of speech, lessened inhibitory control, poorer coordination of speech. Furthermore, all abused inhalants (except nitrites) elicits pleasurable effects by suppressing the central nervous system, similar to the way CNS depressants work. NIDA (2010) gives four broad categories of inhalants to include

- Volatile solvents as liquids that vaporize easily, e.g., glues, correction fluids, paint thinners and removers, laundry fluids, grease removers and gasoline etc.;
- Aerosols with characteristic smells such as spray paints, nail polish and polish removers, hair sprays and deodorants, sprays for protecting fabric etc.;

- Nitrites as a special class of inhalants, as they do not work through the normal channels of the CNS as the other inhalants, but they enlarge blood vessels and acts as muscle relaxants. They basically acts as sexual enhancers. Nitrites are contained in such products as liquid aroma, video head cleaner, leather cleaner, and room odorizer.
- Gases used in commercial and household products, as well as anesthetics for medical applications. Examples include: propane tanks, butane lighters, as well as anesthetics such as chloroform, nitrous oxide, and ether.

2.2.3 Neurobiology of Substance Abuse

The neurobiology of substance abuse captures the anatomical and physiological alterations of the brain and central nervous system caused by substance abuse and the morbidities resulting from such alterations. It is imperative to state that the bulk of scientific evidence on how illicit use of substances affects the brain has been largely from experiments conducted on laboratory animals. However, there is a growing body of human-based substance use research that are complemented by the animal-based substance use research, given that there are some ethical considerations about the extent of drug testing that can be carried out on humans. This growing body of human-based scientific evidence has been bolstered by the development of several brain imaging technologies that can peer into the human brain and capture alterations caused by various substances. Litovitz (2010) The positron emission tomography (PET) and the magnetic

resonance imaging (MRI) are the most prominent of such technologies (U.S. Department of Health and Human Services, 2016).

There is a consensus in the neurobiology of substance abuse that neurons in the brains play a very crucial role in the development of addictions and its comorbidities. Continued abuse of substances results in what is called "neuroadaptations", which captures the multiple alterations in how neurons communicate leading to changes in the structure and physiology of the brain (WHO, 2004c; U.S. Department of Health and Human Services, 2016). Besides the neurons, other parts of the brain most disrupted by substance abuse are the basal ganglia, prefrontal cortex, and the extended amygdala. These alterations are so profound that even after the person stops using the substance, the neuroadaptations triggers craving for the substance leading to addiction, as well as other heightened brain stress systems which reduces the executive control systems of the brain responsible for decision making, inhibition, and emotions.

The body of scientific-based evidence on the neurobiology of the substance abuse is characterized by some key findings. First, all psychoactive substances exert powerful effects on the brain. Second, the alterations in the brain as a result of the substance abuse remain even after long periods of not using the substance. Third, adolescents are more at risk of developing problematic or addictive substance use. Moreover, Hagen (2016) highlights that reduced quality of life and occupational functioning are correlates of the impaired cognitive functioning initiated by the neurophysiological and neuroanatomical alterations caused by substance abuse.

2.2.4 Predisposing Factors of Drug Abuse among Adolescents, Youths,

It has been pointed out that drug abuse is a multifactorial outcome resulting from an interplay of a multiplicity of factors. As such, the incidence of substance abuse at the individual and community levels can be explained by a combination of different factors. In this sub-section, the broad range of factors responsible for substance are discussed. Jiloha (2009) and Nkyi (2015) identified the following factors that influence substance abuse prevalence among adolescents and youths:

- 1. Parental Influence:** This has to do with factors that are parent-related as regards substance use and abuse. One parental factor is the abuse of substances on the part of the parents as observed by the children. Also, the level of parental disapproval of illicit substance use is another factor. Children who have parents that drink and smoke are more likely to also drink and smoke, as they will face less parental opposition as their parents also abuse such substances.
- 2. Family Structure:** Several familial factors affects the predisposition of a person to abuse substances. Parental levels of education, family size, monogamous or polygamous setup of the family which has implication for level of parental supervision and attention, will all go a long way to determine the likelihood of substance abuse by an individual. The socioeconomic status of the family, as well as family cohesiveness will also affect the tendency to abuse substances. Children could resort to abuse of substances to deal with divorce or marital discord between parents, or the lack of care from an absent parent in a single parentage setting. Socioeconomic status of the family can also affect substance abuse proclivities of youths. Families in the lower income group can have more problematic substance

use compared to the families in the higher income group. Moreover, the negative impacts of substance abuse are more debilitating for the families in the lower income group than from the families in the higher income group.

- 3. Peer Influence:** This a key factor explaining the abuse of substances by teens and youths. It has been reported that substance abuse is a prerequisite for peer acceptance in some circles, wherein youths prove themselves by consuming substances to be accepted or to prove their toughness to their peers. Wanting to belong to a peer group where alcohol or other substances are normally used, will increase the likelihood of problematic use of such substances over time.
- 4. Media Influence:** This is a key factor that drives substance addiction among youths. The illicit use of substances by media icons in music videos and movies often patronized by the youths has a huge impact on the prevalence of substance addiction among youths. The use of these substances by artistes and celebrities acts motivates the abuse of such substances. Some youths abuse these substances initially as they emulate these TV personalities.
- 5. Cultural Endorsement:** There are certain cultures and ethnicities that endorse the consumption of certain substances such as alcohol, tobacco, and marijuana. For Nigeria in particular, drinking alcohol is taken to be a part of normal social and ceremonial activities. Moreover, there is now a changing pattern of substance use in the country in terms of higher community tolerance for its use, easy accessibility and availability of these substances , such that youths and even females now

consume these substances compared to the past and compared to any other subgroup of the population.

- 6. Level of Community Protection and Tolerance:** The overall levels of societal response to drug use is another huge factor that affects the prevalence of its abuse by the youths. Also, the level of protection the community provides in terms of providing meaningful activities for the youths to engage in and put up a united front against the proliferation of substances will go a long way to affect the prevalent abuse of substances by the youths. Communities with higher levels of unemployment and poverty are often characterized by higher levels of youth abuse of substances and violence. The level of the enforcement of the legal age for drinking will also go a long way to affect the prevalence of youth abuse of substances, given that alcohol is a gateway for the abuse of other substances. (Litovitz, 2010)

2.3 Drug Abuse and Social Work Practice

Social workers are often concerned with helping clients to deal with the feelings of fear, anger, depression, hopelessness, abandonment and other emotions they may experience through counselling. Social workers help to develop and advocate for legislation, policies and procedures to ensure that the needs of adolescent with substance use disorders are met (Omorogiuwa, 2009). The push for using evidence based psychosocial for substance use disorder treatment has grown in frequency and demand in the last two decades (Glasner-Edwards & Rawson, 2010) resulting in the necessity for social workers to gain familiarity

with practices supported by research. Social workers have been found to be successful in implementing Evidence Based Programmes (EBP) for other psychological disorders, such as depression, in community settings (Geron & Keefe, 2006) pointing to their potential value in delivering EBPs as well. Due to social workers spending most of their time in direct service contact with clients, they are uniquely positioned to deliver EBPs to clients in a variety of settings.

One out of five social workers who specialize in addiction are employed in behavioral health clinics, two thirds of social workers practice in a private/nonprofit organization and ten percent provide clinical services through private practice (Whitaker, Weismiller & Clark, 2006) assuring that delivery of EBPs will reach into multiple domains. Since one of the weaknesses of EBPs that has been identified by social workers is their applicability for diverse populations (Rubin & Parrish, 2007; Gorin, Gehlert & Washington, 2010), social workers often play a vital role in assessing the transportability and cultural relevance of addiction-related EBPs. Social worker strength-based, culturally relevant practice, policy informed training and experience in political advocacy for marginalized groups have been identified as having important applications to the addiction field (DiNitto, 2005).

Social workers are well poised to take on these expanded roles and have been tasked to serve as the critical bridge between specific and general services during the integration process as well as informed assessment and treatment services into organizations that do not specialize in addiction (Glasner-Edwards & Rawson, 2010). To

successfully bridge the gap between specific and general social work in line with proposed policy changes, social workers need to increase their skills for serving those populations who will most likely be affected by these policy shifts (Gorin, Gehlert & Washington, 2010).

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

Townsend (2014) 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 (Ola, 2016). Children's earliest interactions occur within the family whereby by 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 (Townsend, 2014). 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 (Heydarabad, 2015; Townsend, 2014).

Parents can serve a protective faction 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 affect negatively on children especially the adolescents. This is the period they experience a lot of vulnerability for problem behaviors leading to drug use (Heydarabad, 2015; Townsend, 2014).

In a research conducted in Nigeria, students from low social economic class areas that are slums of the town were more involved in drug abuse compared to those from high social economic class areas of the town. Family influence has also been shown to have an influence on drug abuse (Ola, 2016). During this period also majority of students are adolescents, 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 self-discovery and self-assertion and youth tend to experiment a lot. If therefore parents do not advice and take care of them, chances of getting lost are very high (Weich, Pearce, Croft, Singh, Crome, Bashford & Frisher, 2014).

2.3.2 Influence of Environment 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 students 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, 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. (Townsend (2014) 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, 2011). 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 (Townsend (2014).

These challenges increase the drug abuse risks. Nigeria 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, 2012). 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 (Nnaji, 2011).

2.4 Theoretical Framework

Many theories have evolved over time in attempt to explain the reasons for Drug abuse among student. In this section, theories explaining the incidence of drug abuse.

2.4.1 Self-efficacy Theory

Self-efficacy theory was originated from Social Cognitive theory by Albert Bandura Self-efficacy theory as formulated by Albert Bandura is based on the premise that

behavioural outcomes are a function of a person's belief in his or her ability to perform that behaviour. Bandura (1977) defined self-efficacy as the belief that one can implement a set of actions to achieve a desired outcome. Substance use disorders have been identified by a growing body of research as an outcome predicted by self-efficacy. Bandura (1986) emphasized that behaviours are mobilized and sustained on the part of the individual, when the individual believes in his or her own effort to perform that behaviour.

Bandura's Social Cognitive Model has 3 factors that influence self-efficacy, namely: Behaviours, environment and personal/cognitive factors. They all affect each other. Behaviours produce desired outcome in terms of modelling from parents and significant others on the use of psychoactive substance predisposing students of tertiary institutions to abuse of the substance. Environmental factors deals with availability of drugs in the community exposing individual students of tertiary institutions to substance abuse as well as peer influence.

Bandura (1986) explained that the drinking and drug use can be resisted when one has the necessary skills and self-coping efficacy to successfully resist situations that increases the likelihood of continued and problematic substance use. The continued and problematic use of substances is more likely when the individual is not highly self-efficacious in resisting the situations that predisposes him or her to abuse certain substances.

Kadden and Litt (2011) report that numerous studies confirm that self-efficacy beliefs are strongly related to the drinking and drug use outcomes such as the tendency to become an addict, the frequency of cannabis use, as well as being sober when one is being

treated for a substance abuse disorder. Relapse to the use of alcohol and drugs will depend on the self-belief on the part of the individual that he or she can do without the substance, when he or she is trying to abstain from the substance.

Social Learning Theory

Another sociological theory that has relevance to the understanding of drug abuse and rehabilitation is Social learning theory of Akers (Akers, 1977, 1985, 1998). This theory explains the role of learning in the initiation and continuation of drug use. Of utmost importance to social learning theory is the idea that people learned through a process of social reinforcement. The theory in essence claims that people who abuse drugs are often playing the role of reinforcing the behavior of their friends. Central to the understanding of social learning theory according to several works of Akers and others is their reliance on operant conditioning to describe the process through which behavior was shaped by its consequences. From the understanding of social learning theory it is assumed that individuals that become addicted to drugs must have embraced the use of drugs as an attempt at problem solving.

Corroborating the assertion of Akers, findings from the work of Brezina (1996, 2000) indicate that people who used drugs from the point of view of social learning theory can be referred to as individuals that are in search of solutions to a problem. However, from the perspective of social learning theory, the role of perceptions of drug use as a problem solver was examined as a type of reinforcement for drug use i.e. those who continued to use drugs are the people who have realized that drug is fulfilling the function

for which they are taking the drug. As part of means of treating drug addicts to be freed from drug use, social learning theory advocates that it is important to consider the actual reasons people are using drug in the first place, and that social learning theory will help in determining reasons for the use of drugs. When these reasons are ascertained, social learning theorists advocate that drug users should be subjected to treatment and also be educated on why they should avoid drugs totally.

Kadden and Litt (2011) argued that aggression in children is influenced by the reinforcement of family members, the media, and the environment. The same concept can be suggested for adolescent substance use. Observational learning, or behavior modeling, enables kids to model or imitate the behavior they observe around them. Social learning theorists may suggest that students receiver reinforcement from their alcohol and drug using friends and family, and there fore model the same behavior by partaking in those substances themselves. Such reinforcement may include peer acceptance by partaking in drug or alcohol use (Bandura, 1976).

Moreover, social learning theorists have indicated that crime is a product of learning the values and aggressive behaviors linked with criminality. Sutherlands' differential association theory suggests that individuals learn criminal behavior in adolescence from family members and peers (Sutherland, 1939).

2.6 Empirical studies

A survey carried out by David and Cowley (2010) in one East Lancashire Secondary School in the United Kingdom indicated that some of the students were addicted to

cigarette smoking and they concluded that it would be unrealistic to expect them to stay without having a cigarette for a whole day. Another survey carried out by Martino and Truss (2013) indicated that when an interviewer asked students questions regarding type and extent of drug on 20 campuses in the United States, 60 percent of the selected sample reported having tried marijuana. Gordon (2015) advanced some reasons for the increased drug use and smoking habit of adolescents.

Among the reasons were affluence, rock music, television advertisements, competition, and risk taking behaviour. From the catalogue of reasons, he concluded that smoking and drug use were basically social phenomena. The World Health Organisation (WHO) has defined a drug as any substance, which when taken into the body of living organisms modifies one or more of its functions. Drug use is a term used in the literature to mean misuse of drugs for various reasons out of the specific purpose, and is now commonly used in place of "drug abuse" or "drug addiction. Smoking habit is insidious and difficult to give up because of the dependence effect of nicotinic products released into the body tissue (Davies, 1968, p. 199). "Vested interest" people who grow, process and sell tobacco are always at pains to deny and discredit the fact that there is abundant evidence to show that habitual cigarette smoking is conducive to cancer of the lungs and that it increases indigestion, cough, catarrh and bronchitis. Cigarette smoking, according to Dr E. Guyler Hammond and his associates of the American Cancer Society, is known to cause coronary heart diseases, emphysema, chronic bronchitis and is a major factor in premature

deaths. Drugs when abused, on the other hand, are known to reduce appetite, increase heartbeat, raise blood pressure, induce restlessness, increase susceptibility to infection and promote unusual delusion. Despite all these grave effects, cigarette-smoking and drug use are known to be tremendously on the increase worldwide.

Students, especially secondary school, tend to see the smoker and drug user as one who is tough, bold and "mean". Invariably, those who smoke and use drugs see themselves as possessing these characteristics which they guard very jealously. Many youngsters have been known to use drugs or smoke cigarettes at the instance of peers, elders, siblings or significant" others. Students who usually feel inadequate have been known to smoker or use drugs to achieve social acceptance. Esen (2009) stated that Nigerian secondary school students under the influence of Indian hemp shed all inhibitions and produce behaviour that is inconsistent with school discipline. He went further to observe that the increasing incidence of drug abuse .among secondary school students is a contributory factor in the ugly confrontation between school administration and students. Ogbeide (2015) made a clarion call on the Nigerian Government to embark on a vigorous campaign to enlighten its youth and the general populace on the dangers of drug abuse and other social vices.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This section of the study deals with the description of the method that was employed in undertaking the study, which includes the research design, population and sampling technique, the research instruments, operationalization of variables, and the method of data analysis. All these sub-points are considered as follows:

3.2 Research Design

The research design adopted for this study is the survey method of research. This is because it involves collecting data from a smaller sample to represent a larger population.

3.3 Population of the study

According to Bryman (2012) research population is the sum total of all the elements of units of analysis which a study is interested in. The population of study of this research was made up student from Ekosodin Secondary School in Ovia North LGA, Edo State. The population of in Public school students is over 2760 (Ministry of Education, 2021).

3.4 Sample size and sampling technique

The simple random sampling technique is employed in this study. A sample of 300

respondents was randomly selected. All members in the sample will be drawn randomly at the various schools where the respondents approached for participation in the study

3.5 Research Instrument

The study adopt the questionnaire as the main instrument of data collection. The questionnaire consists of two sections, section A and section B. Section A contains Bio-data information of the respondents. While section B comprises questions which the respondents are allowed to choose from, the options are as follows: SA = Strongly Agree, A = Agree, U = Undecided, D = Disagree, SA = Strongly disagree.

The instrument that was used in gathering data was carefully crafted fixed-response questionnaire to elicit responses from the sampled students. The questionnaire contain well structured questions to obtain the responses and views of the respondents on the what possible forms of substance abuse they are exposed to and the resulting impacts.

The questionnaire was divided into two (2) sections. Section A was designed to obtain socio-demographic information on respondents. Section B will contained fixed-response questions measuring the perception of the responding students on the relevant issues raised in the research questions and objectives of this study. This is however accompanied with a covering letter of introduction to the various respondents.

3.6 Validity of Research Instrument

The suitability and the coherence of the questionnaire was validated by the project supervisor and other senior lecturers the Social Work department, in order to make sure that included questions capture the study variables.

3.7 Method of Data Collection

Both secondary and primary data was used for the study. Secondary data was sourced from various books and journals relevant to the research topic. The internet proved to be an indispensable and veritable source of information for this study. The primary data was generated from the field survey carried out by the researcher. Specifically, primary data was obtained from the target respondents through a carefully constructed questionnaire with the assistance of the research supervisor. The respondents was approached in their schools and the questionnaires were administered face-to-face, where the respondents answered the questions immediately.

3.9 Method of Data Analysis

The main statistical method used is the descriptive statistics, that is; frequency count, simple percentage method, mean and standard deviation.

CHAPTER FOUR

ANALYSIS AND PRESENTATION OF RESULT

4.1 Introduction

Having discussed relevant issues and established a credible empirical framework that underpins the focus of the study, the present the following results obtained from utilizing the various methodological investigations stated in this chapter. A total of 300 questionnaires were administered out strictly to male and female respondents which the researcher was able to retrieve 100 questionnaires of the instruments used which represent 33.3% participation of the respondent based on the distributed questionnaire. Hence, the data analysis was conducted using simple percentage (%) statistical techniques to test the frequency of the personal data of the respondents and the frequencies of their responses to the research questions. This was to ensure simplicity and clarity of the responses.

Table 1

No. Administered	300	Percentage
No. Retrieved	100	33.3
No. Loss	200	67.4
Total	300	100

Table 1 showed the administered and returned questionnaire used for the study analysis. From the data presented in the table, it was found that out of the 300 questionnaire administered, 100 representing 33.3% were retrieved 67.4 representing 16.7% were loss. This give a total return rate of 33.3% (100) respondents who successfully participated in the study.

Data on Socio-Demographic Characteristics

Demographic Variables	Category	Frequency	Percentage (%)
Sex of the Respondent	Male	48	48
	Female	52	52
	Total	100	100
Class	JSS 1-3	59	59
	SS 1-3	41	41
	Total	100	100
Religion	Christianity	70	70
	Islam	14	14
	ATR	10	10
	Others	6	6
	Total	100	100

Source: Field work, 2023

From the table 4.1 above, the result shows the class of the respondents. The result therefore revealed that JSS1-3 accounted for 59% of the population, respondents who

were in SS 1-3 accounted for 41%. This shows that respondents in JSS1-3 accounted for the highest in the population. With respect to sex of the respondents. The result therefore revealed that there were more male than female, as female accounted for 52% of the population while male accounted for 48% of the population.

With respect to age of the respondents. The result therefore revealed that respondents who were 14 years accounted for 10% of the population, respondents who were 15years accounted for 29% of the respondents, who were 16years accounted for 28% of the population, who were 17years accounted for 15.5% of the population, who were 18years accounted for 7% of the population, who were 19% accounted for 10%. This shows that the respondents who were between 15years was the highest in the population. With respect to religion of the respondents. The result therefore revealed that there were more Christians, a 7s Christian accounted for 70% of the population, Muslim accounted for 14% of the population, ATR accounted for 10% while other accounted for 6%.

4.2 Research Question One: What are the personal factors influencing substance abuse among students

S/N	ITEM	NUMBER	MEAN	STANDARD DEVIATION	DECISION
1	Students take drugs because they don't know the risk and abuse of it	100	3.28	0.92	Accepted
2	Students take drugs because they think it is normal and many people engage in the use	100	3.39	0.89	Accepted
3	Students take drugs as self medication when they have low self-esteem and bad behavior	100	2.98	1.11	Accepted

4	Students take drugs because they are anxious to know the danger	100	2.85	1.16	Accepted
	Grand mean	100	3.13	1.02	Accepted

N=100 Criterion mean =2.5

Table 4.2.2 shows a grand mean of 3.13 was obtained for all the four items and a standard deviation of 1.02 with a criterion value of 2.5. From this analysis, the grand means value is greater than the criterion value which agrees that personal factors influence substance abuse among students. This is supported with the work of (Townsend, 2014). 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 and children from homes whose parents take drugs tend to imitate the behavior of their parents by taking illegal drugs

4.2.3 RESEARCH QUESTION TWO: What are the environmental factors influencing substance abuse among students

S/N	ITEM	NUMBER	MEAN	STANDARD DEVIATION	DECISION
1	Young people take drugs to feel safe in their neighbourhood	100	3.13	0.83	Accepted
2	Young people feel disengaged and not bonded with their community, indulge in the use of drugs	100	2.93	0.86	Accepted
3	The widespread availability of psychoactive substances to purchase.	100	2.7	0.98	Accepted
4	The easy accessibility of psychoactive substances to purchase.	100	2.4	0.91	Accepted

	Grand mean	100	2.9	0.97	Accepted
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N=100 Criterion mean =2.5

Table 4.2.3 shows a grand mean of 2.9 was obtained for the four items and a standard deviation of 0.97, with a criterion value of 2.5. From this analysis, the grand mean value is greater than the criterion value which agrees that environmental factors influences substance abuse among students. This supported with the work of (Otieno, 2009) The students in towns are more likely to abuse drugs and other substances as compared to those in the rural areas. 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

4.2.4 RESEARCH QUESTION THREE: Does family background contribute to substance use among students

S/N	ITEM	NUMBER	MEAN	STANDARD DEVIATION	DECISION
1	High level of family conflict can influence the student to engage in the use of drugs	100	3.02	0.84	Accepted
2	Poor parental monitoring and control make the students to desire to venture the use of drugs	100	2.97	0.86	Accepted
3	The socio-economic contexts of parents makes students indulge in the use of drugs	100	2.80	0.91	Accepted
4	Parents extreme and harsh disciplinary measures makes students seek comfort and in use drugs	100	2.69	0.98	Accepted

	Grand mean	100	2.80	0.90	Accepted
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N=100 Criterion mean = 2.5

Table 4.2.4 shows a grand mean of 2.80 was obtained for the four items such and a standard deviation of 0.90 with a criterion value 2.5. From this analysis, the grand mean value is greater than the criterion value which agrees that family background contributes to substance abuse among student. This is supported with the work of (Ola, 2016). Children's earliest interactions occur within the family whereby by 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.

4.2.5 RESEARCH QUESTION FIVE: Will social work intervention address substance use among students

S/N	ITEM	NUMBER	MEAN	STANDARD DEVIATION	DECISION
1	Teaching students regularly about the specific ways for effective resistance from both peers and media pressure to use drugs will prevent the use	100	3.7	0.47	Accepted
2	Providing parents with the skills needed to keep their children away from drugs can prevent the use of drugs by the children	100	3.85	0.37	Accepted
3	Teaching families the skills where parents and children can discuss and develop family policies on the use of drugs can make the children stay away from taking such drugs	100	3.7	0.47	Accepted

4	Providing skills to families that will enhance ways to nurture bond and effective communication among parents and children will promote the prevention of drug use by children	100	3.6	0.5	Accepted
	Grand mean	100	3.71	0.45	Accepted

N=100 Criterion mean=2.5

Table 4.2.4 shows a grand means of 3.71 was obtained for the four items and a standard deviation of 0.45, with a criterion value of 2.5. From this analysis, the grand mean value is greater than the criterion value which agrees that social work intervention can address issues of substance abuse among student. This is in line with the work of (Geron & Keefe, 2006) pointing to their potential value in delivering Evidence Based Programmes (EBPs) as well. Due to social workers spending most of their time in direct service contact with clients, they are uniquely positioned to deliver EBPs to clients in a variety of settings.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.2 Summary

Prevalence rates of alcohol, tobacco, and other drug use increase rapidly during the years from early to late adolescence, and typically peak during young adulthood. But even adolescents who use substances infrequently place themselves at risk for negative consequences. Prevention programs for adolescents have been developed and implemented in school, family, and community settings. School-based prevention programs that have been tested and proven effective focus on building drug resistance skills, general self-regulation and social skills, and/or changing normative expectations regarding inaccurate beliefs about the high prevalence of substance use.

Literature reviews of the studies have shown that programs with these characteristics can reduce smoking, alcohol, and other forms of substance use in young people, compared to youth who do not participate in such programs. Family-based prevention programs typically emphasize parenting skills training and/or improving family functioning, communication, and family rules regarding substance abuse. Those family

interventions that combine parenting skills and family bonding components appear to be the most effective. Community-based drug abuse prevention programs include some combination of school, family, mass media, public policy, and community organization components. Community programs present that present a coordinated, comprehensive message across multiple delivery components are most effective in terms of changing behavior. Social workers who work with adolescent need to be familiar with the assessment and treatment of substance use problems.

5.3 Conclusion

Drug abuse in adolescence constitutes one of the most deadly menaces faced by Nigerians today. It has been identified as a social vice that must be eradicated. Although the government has currently championed the campaign against drug abuse, drug abusers exhibit some aberrant behaviour due to their reliance on drugs. Equally important is the actual behaviour of parents and other members of the immediate family, including brothers and sisters. If other family members use specific substances, this poses a significant risk that the young person will follow in their footsteps. Conversely, a family environment in which substances are not present and are not used on a regular basis can reduce this risk by limiting early experimentation and providing positive role models. It is important to remember, in this context, that behaviour that are socially acceptable and quite unproblematic for adults can pose much greater problems for young people during specific stages in their development.

However, research studies and commentaries provide insights and ideas and allow some preliminary conclusions to be drawn. First, training social workers can improve their attitudes, knowledge and direct work in this area, even though some studies suggest such changes are not always maintained. Further, where social workers feel it is a legitimate part of their job to address substance use, training has a greater impact. Second, the literature highlighted a range of educational barriers that needed to be overcome to ensure social workers were equipped for working with alcohol and drug use. Third, where specialist substance use knowledge has been part of social work service delivery through specialist substance use social workers or through a specialist 'link' worker, both staff and service users have reported more positively about their knowledge and skills and support. Thus, where social workers specialize in substance use or are committed to engaging with the subject the evidence suggests they use their knowledge and skills to good effect.

5.4 Recommendations

This study therefore recommended the following measures to address drug use in tertiary institution in Nigeria and the University of Benin in particular:

Issues of substance use by student noticed by teachers, school authority, parents or guardians and concern persons should be referred to social workers and other helping professionals for effective management and interventions

Engagement of students who use drugs in social interventions in response to the phenomenon and helping them adhere to the university rules and societal norms;

Social workers working with children, youths and family should organize seminars and sensitization programmes on the dangers of substance abuse on adolescents development and the society.

The University should put in place stringent disciplinary measures on students who use hard drugs.

The Nigerian government and her agencies such as NDLEA and UNO should embark on extinction of all the sources of hard drugs including the farms where they are planted in any part of the world as well as the rehabilitation of drug addicts in the country.

The need for helping professionals such as social workers to engage in awareness campaigns, and helping to improve on interventions that would engage the youths in vocational skills and other skill acquisition programmes beyond the classroom.

Parent or guardians of student who have difficulty with schooling and social life adjustments due to substance use should be involved in planned social work intervention programmes for suitable assistance.

References

- Addiction Center. (2017). *Inhalant treatment and rehab*. Retrieved from <https://www.addictioncenter.com/drugs/inhalants/treatment/>
- Addiction Resource. (2017). *Hallucinogens: Effects, addiction, abuse, and treatment*. Retrieved from <https://addictionresource.com/drugs/hallucinogens/>
- Adeyemo F. O., Ohaeri, B., Okpala, P. U., & Ogodo, O. (2016). Prevalence of drug abuse amongst university students in Benin City, Nigeria. *Public Health Research*, 6(2), 31-37.
- Adeyemo F. O., Ohaeri, B., Okpala, P. U., & Ogodo, O. (2016). Prevalence of drug abuse amongst university students in Benin City, Nigeria. *Public Health Research*, 6(2), 31-37.
- Akanni, O. O., & Adayonfo, E. O. (2015). Correlates of psychoactive substance use among Nigerian adolescents. *Sahel Medical Journal*, 18(4), 192-199.
- Aliaga, M. and Gunderson, B. (2002). *Interactive statistics*. (2nd ed.). Harlow: Pearson Education.
- Aluede, O. O. (2010). An analysis of the attitude of university students towards campus unrest. *The Progress of Education*, 74, 154-160
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Washington, DC: American Psychiatric Association.

- American Society of Addiction Medicine. (2016). *Opioid addiction: 2016 facts and figures*. Retrieved from <https://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>
- Anyanwu, O. U., Ibekwe, R. C., & Ojinnaka, N. C. (2016). Pattern of substance abuse among adolescent secondary school students in Abakaliki. *Cogent Medicine*, 3(1272160), 1-7.
- Arria, A. M., & DuPont, R. L. (2010). Nonmedical prescription stimulant use among college students: Why we need to do something and what we need to do. *Journal of Addictive Diseases*, 29(4), 417–426
- Asuni, T. (1977). Treatment of drug abuse in Nigeria, 1974. *Addictive Diseases: An International Journal*, 3(1), 59-60.
- Babalola, E. O., Ogunwale, A., & Akinhanmi, A. (2013). Pattern of psychoactive substance use among university students in South-Western Nigeria. *Journal of Behavioural Health*, 2(4), 334-342.
- Babalola, E., Ogunwale, A., & Akinhanmi A. (2013). Pattern of psychoactive substance use among university students in South-Western Nigeria. *Journal of Behavioral Health*, 2(4), 334-342.
- Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191–215.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. New Jersey: Prentice-Hall.
- Brande, L. (n.d.). *Effects of stimulant drugs*. Retrieved from <https://drugabuse.com/library/effects-stimulant-drugs/>
- Burke, P. J., O'Sullivan, J., & Vaughan, B. L. (2005). Adolescent substance use: brief interventions by emergency care providers. *Pediatric Emergency Care*, 21(11), 770-776.
- Burke, P. J., O'Sullivan, J., & Vaughan, B. L. (2005). Adolescent substance use: brief interventions by emergency care providers. *Pediatric Emergency Care*, 21(11), 770-776.

- Chan, R. H. A., & Memdelson, J. E. (2014). Hallucinogens. In M. J. Kuhar, & B. Madras (Eds.), *The effects of drug abuse on the human nervous system* (pp. 533–552). Amsterdam: Elsevier.
- Charan, J., & Biswas, T. (2013). How to calculate sample size for different study designs in medical research? *Indian Journal of Psychological Medicine*, 35(2), 121-126.
- Chukwujekwu, C. D. (2017). Psychoactive substance use among Nigerian students; Patterns and sociodemographic correlates. *American Journal of Psychiatry and Neuroscience*, 5(2), 22-25.
- Condron, P. (n.d.). *Drug dependence*. Retrieved from <https://drugabuse.com/library/drug-dependence/>
- Criteria for substance abuse. (2017, June 4). *The Ranch*. Retrieved from <https://www.recoveryranch.com/resources/substance-abuse/criteria-substance-abuse/>
- DiNitto, D. M. (2005). The future of social work practice in addictions. *Advance in Social Work*. 6(1), 202–209.
- Deressa, W., & Azazh, A. (2011). Substance use and its predictors among undergraduate medical students of Addis Ababa University in Ethiopia. *BMC Public Health*, 11(660), 1-11.
- Deressa, W., & Azazh, A. (2011). Substance use and its predictors among undergraduate medical students of Addis Ababa University in Ethiopia. *BMC Public Health*, 11(660), 1-11.
- Didarloo, A., & Pourali, R. (2016). University students' views regarding reasons for drug abuse among youths. *International Journal of High Risk Behaviors and Addiction*, 5(1): 1-2.
- Dumbili, E. W. (2013). Changing patterns of alcohol consumption in Nigeria: An exploration of responsible factors and consequences. *A Journal of the BSA MedSoc Group*, 7(1), 20-33.
- Duru, C. B., Oluoha, U. R., Okafor, C. C., Diwe, K. C., Iwu, A. C., Aguocha, C. M., Ohale, I., & Nwaigbo, E. (2017). Socio-demographic determinants of psychoactive

- substance use among students of tertiary institutions in Imo State, Nigeria. *Journal of Addiction Research and Therapy*, 8(5), 1-9.
- Elements Behavioral Health. (2013, January 16). *Drug addiction: Stimulants*. Retrieved from <https://www.elementsbehavioralhealth.com/drug-abuse-addiction/stimulants/>
- Erlach, S. P. (2017, February 10). Sedative, hypnotic, anxiolytic use disorders clinical presentation. *Medscape*. Retrieved from <https://emedicine.medscape.com/article/290585-clinical>
- Faroe, D. O. (2012). Drug abuse among Nigerian adolescents: Strategies for counselling. *The Journal of International Social Research*, 5(20), 341-347.
- Geron, S. M., & Keefe, B. (2002). Moving evidence-based interventions to populations: A case study using social workers in primary care, home health care services. *Quarterly*, 25(1)2, 95–113
- Gorin, S. H., Gehlert, S. J., & Washington, T. A. (2010). Health care reform and health disparities: Implications for social workers. *Health and Social Work*, 35(4), 243–247.
- Gebreslassie, M., Feleke, A., & Melese, T. (2013). Psychoactive substances use and associated factors among Axum University students, Axum Town, North Ethiopia. *BMC Public Health*, 13(693), 1-9.
- Gebreslassie, M., Feleke, A., & Melese, T. (2013). Psychoactive substances use and associated factors among Axum University students, Axum Town, North Ethiopia. *BMC Public Health*, 13(693), 1-9.
- Gilman, J. M., Kuster, J. K., Lee, S., Lee, M. J., Kim, B. W., Makris, N., van der Kouwe, A., Blood, A. J., Breiter, H. C. (2014). Cannabis use is quantitatively associated with nucleus accumbens and amygdala abnormalities in young adult recreational users. *The Journal of Neuroscience*, 34(16), 5529 –5538.
- Hagen, E., Erga, A. H., Hagen, K. P., Nesvåg, S. M., McKay, J. R., Lundervold, A. J., & Walderhaug, E. (2016). Assessment of executive function in patients with substance use disorder: A comparison of inventory and performance-based assessment. *Journal of Substance Abuse Treatment*, 66, 1–8.

- Hanks, J. B., & González-Maeso, J. (2016). Hallucinogens: Circuits, behavior, and translational models. In V. R. Preedy (Ed.), *Neuropathology of drug addictions and substance misuse: Volume 2* (1st Ed.) (pp. 813-820). Amsterdam: Elsevier.
- Helberstadt, A. L., & Geyer, M. A. (2010). Hallucinogens. In G. Koob, M. Le Moal, & R. F. Thompson (Eds.), *Encyclopedia of behavioral neuroscience* (pp. 12–20). Amsterdam: Elsevier.
- Heydarabadi, A. B., Ramezankhani, A., Barekati, H., Vejdani, M., Shariatinejad, K., Panahi, R., Kashfi, S. H., & Imanzad, M. (2015). Prevalence of substance abuse among dormitory students of Shahid Beheshti University of Medical Sciences, Tehran, Iran. *International Journal High Risk Behaviours and Addiction*, 4(2), 1-6.
- Heydarabadi, A. B., Ramezankhani, A., Barekati, H., Vejdani, M., Shariatinejad, K., Panahi, R., Kashfi, S. H., & Imanzad, M. (2015). Prevalence of substance abuse among dormitory students of Shahid Beheshti University of Medical Sciences, Tehran, Iran. *International Journal High Risk Behaviours and Addiction*, 4(2), 1-6.
- Hildt, E., Lieb, K., Bagusat, C., & Franke, A. G. (2015). Reflections on addiction in students using stimulants for neuroenhancement: A preliminary interview study. *BioMed Research International*, 621075, 1-7.
- Horvath, A. T., Misra, K., Epner, A. K., & Cooper, G. M. (2016, March 14). Biological causes of addiction. *MentalHelp.Net*. Retrieved from <https://www.mentalhelp.net/articles/biological-causes-of-addiction/>
- Inhalant Addiction Treatment. (2017). *Inhalant use on college campuses*. Retrieved from <http://www.inhalantaddictiontreatment.com/inhalant-use-on-college-campuses>
- Jiloha, R. C. (2009). Social and cultural aspects of drug abuse in adolescents. *Delhi Psychaitry Journal*, 12(2), 167-175.
- Johnson, O. E., Akpanekpo, E. I., Adeboye, S. E., Okonna, E. M., & Udoh, A. J. (2017). The prevalence and factors affecting psychoactive substance use among undergraduate students in University of Uyo, Nigeria. *Journal of Community Medicine and Primary Health Care*, 29(2), 11-22.
- Kadden, R. M., & Litt, M. D. (2011). The role of self-efficacy in the treatment of substance use disorders. *Addictive Behaviors*, 36(12), 1120–1126.

- Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *Educational and Psychological Measurement*, 30, 607-610.
- Kumar, S., Grover, S., Kulhara, P., Mattoo, S. K., Basu, D., Biswas, P., Shah, R. (2008). Inhalant abuse: A clinic-based study. *Indian Journal of Psychiatry*, 50, 117-20.
- Lambo, T. A. (2017). Medical and social problems of drug addiction in West Africa: With special emphasis on psychiatric aspects. *The West African Medical Journal*, 14, 236-254.
- Lasebikan, V. O., & Ola, B. A. Prevalence and correlates of alcohol use among a sample of Nigerian semirural community dwellers in Nigeria. *Journal of Addiction*, 2831594, 1-6.
- Levounis, P. (2016, May 12). Are all stimulant drugs addictive? [Web log message]. Retrieved from <https://www.northpointrecovery.com/blog/are-all-stimulants-addictive/>
- Ling, W., Mooney, L., & Hillhouse, M. (2011). Prescription opioid abuse, pain and addiction: Clinical issues and implications. *Drug and Alcohol Review*, 30(3), 300–305.
- Long, P. W. (2017). Sedative, hypnotic or anxiolytic use disorder. *Internet Mental Health*. Retrieved from <http://www.mentalhealth.com/home/dx/sedativedependence.html>
- Looby, A., Beyer, D. L., & Zimmerman, L. (2014). Non-medical prescription stimulant use: Investigating modifiable risk factors. *Addiction Research and Theory*, 23(2), 143-147.
- Lopez, G. (2017, November 15). A new study found a big problem with a popular opioid addiction medication: A long-awaited study compared two opioid addiction treatments. There's good and bad news. *Vox*. Retrieved from <https://www.vox.com/science-and-health/2017/11/15/16653718/study-buprenorphine-naltrexone-suboxone-vivitrol>
- Makanjuola, A., Abiodun, O., & Sajo, S. (2014) Alcohol and psychoactive substance use among medical students of the University of Ilorin, Nigeria. *European Scientific Journal*, 10(8), 69–83.

- Manyike, P. C., Chinawa, J. M., Chinawa, A. T., Obu. H. A., Nwokocha, A. R., & Odetunde, O. I. (2016). Correlates for psycho-active substance use among boarding secondary school adolescents in Enugu, South East, Nigeria. *BMC Pediatrics*, 16(78), 1-8.
- Manyike, P. C., Chinawa, J. M., Chinawa, A. T., Obu. H. A., Nwokocha, A. R., & Odetunde, O. I. (2016). Correlates for psycho-active substance use among boarding secondary school adolescents in Enugu, South East, Nigeria. *BMC Pediatrics*, 16(78), 1-8.
- Marijuana Anonymous. (1998). *For the loved ones of marijuana addicts: 12 step program for marijuana addicts*. Carlifonia: Marijuana Anonymous.
- Marsolek, M. R., White, N. C., & Litovitz, T .L. (2010). Inhalant abuse: Monitoring trends by using poison control data, 1993–2008. *Pediatrics* 125(5), 906–913.
- Mathiyazhagan, T., & Nandan, D. (2010). Survey research method. *Media Mimansa*, July-September, 34-45.
- Meier, M. H., Caspi, A., Ambler, A., Harrington, H., Houts, R., Keefe, R. S. E., McDonald, K., Ward, A., Poulton, R., & Moffitta, T. E. (2012). Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proceedings of the National Academy of Sciences of the United States of America*, 109(40), E2657-E2664.
- National Center for Health Statistics (2016). *International statistical classification of diseases and related health problems: 10th revision, clinical modification for year 2017*. Hyattsville: United States Department of Health and Human Services
- National Council on Alcoholism and Drug Dependence. (2015, July 25). *Facts about alcohol*. Retrieved from <https://www.ncadd.org/about-addiction/alcohol/facts-about-alcohol>
- National Drug Law Enforcement Agency. (2012). *2012 annual report*. Lagos: NDLEA.
- National Drug Law Enforcement Agency. (2014). *2014 annual report*. Lagos: NDLEA.
- National Institute of Drug Abuse. (2010). *Inhalant abuse* (Research Report Series). U.S. Department of Health and Human Services.

- National Institute of Drug Abuse. (2017). *Drug facts: Inhalants*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/inhalants>
- National Institute on Drug Abuse. (2015). *Drugs of abuse: Opioids*. Retrieved from <http://www.drugabuse.gov/drugs-abuse/opioids>
- National Institute on Drug Abuse. (2016). *What are hallucinogens?* Retrieved from <https://www.drugabuse.gov/publications/drugfacts/hallucinogens>
- Nkansah-Amankra, S., & Minelli, M. (2016). "Gateway hypothesis" and early drug use: Additional findings from tracking a population-based sample of adolescents to adulthood. *Preventive Medicine Reports*, 4, 134–141.
- Nkyi, A. K. (2015). Adolescents' use of alcohol, tobacco, and marijuana: The gateway to other drugs. *International Journal of Psychology and Behavioral Sciences*, 5(4), 158-168.
- Nkyi, A. K. (2015). Adolescents' use of alcohol, tobacco, and marijuana: The gateway to other drugs. *International Journal of Psychology and Behavioral Sciences*, 5(4), 158-168.
- Omorogiuwa, T. B. E. (2009). *A handbook on physical disabilities and mental disorders*. Benin City: Perfect Touch Prints.
- Ojo, J. (2016, July 20). Nigeria and the menace of illicit drug trafficking and abuse. *Punch*. Retrieved from <http://punchng.com/nigeria-menace-illicit-drug-trafficking-abuse/>
- Ojo, J. (2016, July 20). Nigeria and the menace of illicit drug trafficking and abuse. *Punch*. Retrieved from <http://punchng.com/nigeria-menace-illicit-drug-trafficking-abuse/>
- Omagbe, E. I., & Omagbe, M. I. (2012). Illicit drugs use and dependency among teenagers and young adults in Oredo Local Government Area, Benin City, Nigeria. *European Scientific Journal*, 8(20), 187-210.
- Oshikoya, K.A., & Alli, A. (2006). Perception of drug abuse amongst Nigerian undergraduates. *World Journal of Medical Sciences*, 1(2), 133-139.
- Oshikoya, K.A., & Alli, A. (2006). Perception of drug abuse amongst Nigerian undergraduates. *World Journal of Medical Sciences*, 1(2), 133-139.
- Oshodi, O. Y., Aina, O. F., & Onajole, A. T. (2010). Substance use among secondary school students in an urban setting in Nigeria: Prevalence and associated factors. *African Journal of Psychiatry*, 13, 52 - 57.

- Osman, T., Victor, C., Abdulmoneim, A., Mohammed, H., Abdalla, F., Ahmed, A., Ali, E., & Mohammed, W. (2016). Epidemiology of substance use among university students in Sudan. *Journal of Addiction*, 2476164, 1-8.
- Reddy, P., Resnicow, K., Omardien, R., & Kambaran, N. (2007). Prevalence and correlates of substance use among high school students in South Africa and the United States. *American Journal of Public Health*, 97(10), 1859-1864.
- Reddy, P., Resnicow, K., Omardien, R., & Kambaran, N. (2007). Prevalence and correlates of substance use among high school students in South Africa and the United States. *American Journal of Public Health*, 97(10), 1859-1864.
- Rezakhani, M. H., Shojaeizadeh, D. Lashgarara, B., Safari, H., Savadpour, M., Sohbatzadeh, R (2012). Comparison of substance abuse and its causes among students of Tehran University of Medical Sciences and University of Tehran. *Journal of Health System Research*, 8(7), 1300-1310.
- Rubin, E., & Zuromski, C. F. (2016, October 24). *Misuse of stimulants by college students: Psychopathology in college students who misuse prescription stimulants* [Web log message]. Retrieved from <https://www.psychologytoday.com/blog/demystifying-psychiatry/201610/misuse-stimulants-college-students>
- Rudd, R. A., Seth, P., David, F., & Scholl, L. (2016). Increases in drug and opioid-involved overdose deaths—United States, 2010-2015. *Morbidity and Mortality Weekly Report*, 65(50-51), 1445-1452.
- Rugendo, M. M. (2016). Assessing substance abuse among secondary school students in Kendu Zone, Homabay County, Kenya. *Journal of Health, Medicine and Nursing*, 24, 73-81.
- Saravanan, C. & Wilks, R. (2014). Medical students' experience of and reaction to stress: The role of depression and anxiety. *Scientific World Journal*, 737382, 1-8.
- Schinke, S. P., Schwinn, T. M., & Hursh, H. A. (2013). Preventing drug abuse among Hispanic adolescents: Developing a responsive intervention approach. *Research on Social Work Practice*, 25(7), 794-800.
- Shuttleworth, M. (2008). *Quantitative research design*. Retrieved from <https://explorable.com/quantitative-research-design>

- Simatwa, E. M. W., Odhong, S. O., Juma, S. L. A., Choka, G. M. (2014). Substance abuse among public secondary school students: Prevalence, strategies and challenges for public secondary school managers in Kenya: A case study of Kisumu East Sub County. *Educational Research*, 5(8), 315-330.
- Soloway, R. A. G. (2010, June). Inhalant abuse - new study findings: Teens abused more than 3,400 products. *Poison Control*. Retrieved from <https://www.poison.org/articles/2010-jun/new-findings-about-inhalant-abuse>
- Spring, M. G., Ostrow, R. D., & Hallock, R. M. (2016). A profile of those who use hallucinogenic mushrooms. In V. R. Preedy (Ed.), *Neuropathology of drug addictions and substance misuse: Volume 2* (1st Ed.) (pp. 794-800). Amsterdam: Elsevier.
- Steyl, T., & Phillips, J. (2011). Actual and perceived substance use of health science students at a university in the Western Cape, South Africa. *African Health Sciences*, 11(3), 329-333.
- Substance Abuse and Mental Health Services Administration. (2009). *Results from the 2008 national survey on drug use and health: National findings*. Rockville, MD: SAMHSA.
- Suleiman, N. (2013, March 4). Rise of drug-addiction among Nigerian youth is disturbing. *NigeriaExchange News*. Retrieved from <http://www.ngex.com/news/public/article.php?ArticleID=2419#>
- Sumaina, K. (2016, May 20). 40% of Nigerian youths engage in substance abuse. *This Day Live*. Retrieved from <https://www.thisdaylive.com/index.php/2016/05/20/40-of-nigerian-youths-engage-in-substance-abuse/>
- Sumaina, K. (2016, May 20). 40% of Nigerian youths engage in substance abuse. *This Day Live*. Retrieved from <https://www.thisdaylive.com/index.php/2016/05/20/40-of-nigerian-youths-engage-in-substance-abuse/>
- Tesfaye, G., Derese, A., & Hambisa, M. T. (2014). Substance use and associated factors among University Students in Ethiopia: A cross-sectional study. *Journal of Addiction*, 969837, 1-8.

- Townsend, M. C. (2014). *Essentials of psychiatric mental health nursing: Concepts of care in evidence-based practice (6th Ed.)*. Philadelphia: F. A. Davis Company.
- Tumuti, S., Wang'eri, T., Waweru, E. W., & Ronoh, A. K. (2014). Prevalence, drugs used, sources, and awareness of curative and preventive measures among Kenyatta University students, Nairobi County, Kenya. *Journal of Emerging Trends in Educational Research and Policy Studies*, 5(3), 352-361.
- U.S. Department of Health and Human Services (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Washington, DC: Office of the Surgeon General of the U.S. Department of Health and Human Services.
- Ukwayi, J. K., Eja, O. F., & Unwanede, C. C. (2012). Peer pressure and tobacco smoking among undergraduate students of the University of Calabar, Cross River State.
- United Nations Office on Drugs and Crime. (2017). *Response to drugs and related organized crime in Nigeria: Drug situation*. Retrieved from <https://www.unodc.org/nigeria/en/drug-response/drug-situation.html>
- United Nations Office on Drugs and Crime. (2017). *Response to drugs and related organized crime in Nigeria: Drug situation*. Retrieved from <https://www.unodc.org/nigeria/en/drug-response/drug-situation.html>
- United Nations Office on Drugs and Crime. (2017). *World Drug Report 2013*. Vienna: United Nations.
- United Nations Office on Drugs and Crime. (2017). *World Drug Report 2013*. Vienna: United Nations.
- United States Congress, Office of Technology Assessment (2004). *Biological components of substance abuse and addiction*. Hawaii: University Press of the Pacific
- Whitaker, T., Weismiller, T., & Clark, E. (2006). *Assuring the sufficiency of a frontline workforce: A national study of licensed social workers. Special report: Social work services for children and families*. Washington, DC: National Association of Social Workers.
- Weich, S., Pearce, H. L., Croft, P., Singh, S., Crome, H. I., Bashford, J., & Frisher, M. (2014). Effect of anxiolytic and hypnotic drug prescriptions on mortality hazards: Retrospective cohort study. *BMJ Research*, 348, 1-12.

- Whitesell, M., Bachand, A., Peel, J., & Brown, M. (2013). Familial, social, and individual factors contributing to risk for adolescent substance use. *Journal of Addiction*, 579310, 1-9.
- Winkler, P., Gorman, I., Kočárszová, R. (2016). Use of LSD by mental health professionals. In V. R. Preedy (Ed.), *Neuropathology of drug addictions and substance misuse: Volume 2* (1st Ed.) (pp. 773-781). Amsterdam: Elsevier.
- World Health Organization. (2004a). *International statistical classification of diseases and related health problems: 10th revision, volume 2 (2nd Ed.)*. Geneva, Switzerland: World Health Organization.
- World Health Organization. (2004b). *Global status report on alcohol 2004*. Geneva, Switzerland: World Health Organization.
- World Health Organization. (2004c). *Neuroscience of psychoactive substance use and dependence*. Geneva, Switzerland: World Health Organization.
- World Health Organization. (2017a). *Management of substance abuse: The global burden*. Retrieved from http://www.who.int/substance_abuse/facts/global_burden/en/
- World Health Organization. (2017a). *Management of substance abuse: The global burden*. Retrieved from http://www.who.int/substance_abuse/facts/global_burden/en/
- World Health Organization. (2017b). *Health topics: Substance abuse*. Retrieved from http://www.who.int/topics/substance_abuse/en/
- Zhornitsky, S., Tikász, A., Rizkallah, E., Chiasson, J., & Potvin, S. (2015). Psychopathology in substance use disorder patients with and without substance-induced psychosis. *Journal of Addiction*, 843762, 1-7

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

I am a final year (500) level student of the above named institution; I am conducting a research on “**Social Work Intervention and Rehabilitation of Victims of Drug Abuse in Ekosodin Community, Benin City**” in fulfillment of the requirements for the award of a Bachelor of Social Work Degree (BSW).

Please be free to respond as your company will be ensured and your response will be strictly confidential. I wish to indicate that the purpose of this greatly to the success of this study.

Instruction: Please tick (✓) in the appropriate box applicable to your responses.

SECTION A: Demographic Data

1. Class: Junior Secondary School{ ☐ }, Senior Secondary School { ☐ }
2. Sex: Male{ ☐ } Female{ ☐ }
3. Religion: Christianity { ☐ } Islam { ☐ } ATF { ☐ } Others { ☐ }

SECTION B:**Keys: strongly agree (SA), Agree (A), Strongly Disagree (SD), Disagree(D)**

S/N	PERSONAL FACTORS	SA	A	D	SD
1	Adolescents take drugs because they don't know the risk and abuse of it				
2	Adolescents take drugs because they think it is normal and many people engage in the use				
3	Adolescents take drugs as self medication when they have low self- esteem and bad behavior				
4	Adolescents take drugs because they are anxious to know the danger				
	ENVIRONMENTAL FACTORS				
5	Young people take drugs to feel safe in their neighbourhood				
6	Young people feel disengaged and not bonded with their community, indulge in the use of drugs				
7	The widespread availability of psychoactive substances to purchase.				
8	The easy accessibility of psychoactive substances to purchase.				
	FAMILY BACKGROUND				
9	High level of family conflict can influence the student to engage in the use of drugs				
10	Poor parental monitoring and control make the students to desire to venture the use of drugs				
11	The socio-economic contexts of parents makes students indulge in the use of drugs				
12	Parents extreme and harsh disciplinary measures makes students seek comfort and in use drugs				
	SOCIAL WORK INTERVENTION				

17	Teaching students regularly about the specific ways for effective resistance from both peers and media pressure to use drugs will prevent the use				
18	Providing parents with the skills needed to keep their children away from drugs can prevent the use of drugs by the children				
19	Teaching families the skills where parents and children can discuss and develop family policies on the use of drugs can make the children stay away from taking such drugs				
20	Providing skills to families that will enhance ways to nurture bond and effective communication among parents and children will promote the prevention of drug use by children				