

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Substance abuse is the excessive use of psychoactive drugs, such as alcohol, pain medications or illegal drugs which can lead to physical, social or emotional harm¹. It is a serious public health problem that affects many communities and families, as it has become a rampage amongst youth and the society overall². One of the key impacts of illicit drug use on society is the negative health consequences experienced by its members. Drug use also puts a heavy financial burden on individuals, families and society. An estimated 14.4 per cent (range 14 per cent - 14.8 per cent) of the population in Nigeria, or 14.3 million people between 15 and 64 years of age had used drugs, excluding alcohol and tobacco, in 2016, making up 40-59.9% of the population in both genders³. This estimate includes people who had used a drug at least once in the past 12 months as well high-risk drug users³. The estimates have been adjusted to account for individuals who had used more than one drug, in other words “any drug use” counts individuals only once even if they had used multiple substances in the past year. As a result, the sum of individual drug estimates will add to a number greater than the estimated total. Poly-drug use adjustment was also done for opioids (heroin and pharmaceutical opioids - tramadol, codeine, morphine) and amphetamines (amphetamine and methamphetamine) users, to account for the number of people who used both substances in a class of drugs⁴. In Nigeria, there seem to be an increasing prevalence of drug abuse among youths despite the efforts of concerned bodies to curb this menace. Meanwhile there has been a growing trend in the use of psychoactive substance use remain quite substantial³. Socio- emotional behaviors are one of the burdens usually elicited

by drug abusers and it is the expression of a person that can be in the form of positive or negative way. Negative socio-emotional behavior is any condition exhibiting one or more of the following characteristics over a period of time and adversely affecting academic performance, for example, inability to build or maintain satisfactory interpersonal relationship with peers, pervasive mood of unhappiness and fears associated with personal or school work. Socio-emotional behavior can be observed when a child is experiencing problem more severe than those experienced by most children, and when such child behavior in school, home, and society becomes extremely difficult to cope with and the behavior is strange and disturbing³.

Globally, about 269 million people used drugs in 2018 and over 35 million people suffer from drug abuse, while cannabis is the most abused and popular hard drug universally⁷. It is estimated that about 192 million people abuse cannabis worldwide yet the number of deaths recorded in the use of opioids remain the highest as the total number of deaths due to opioid use disorders is as high as 71%, with a 92% increase among women compared with 63% among men⁷. In developing countries, drug abuse has increased far more rapidly over the years, like in the global record, the highest population of drug abusers occurs among adolescents and young adults^{7,5}.

Cannabis is also the most widely used illicit substance in the West African Region where the highest prevalence and increase in use were reported in West and Central Africa with an increase in rates between 5.2% and 13.5%⁷. Recently, drug abuse among adolescents and young adults in Nigeria is disheartening and worrisome and has become a threat to security, where over 11% of the youth population in Nigeria take hard drugs like codeine syrup, tramadol, diazepam, cocaine, shisha mix among others^{8,9}. In the long run drug abuse reduces self-control and increases the chances of one engaging in risky behaviors, such as unsafe sex, violence, crime, or dangerous driving. Drug abuse among youths has become a major national problem in Nigeria¹.

The youths who are expected to be leaders of tomorrow have been rendered useless to themselves and the societies in which they live, as a result the burden on them, thus, contributing to the increase in the number of psychiatric patients, street boys, school dropouts and delinquents². Substance abuse is a rapidly growing global problem. The problem of substance abuse poses a significant threat to the social, health, economic fabrics of the families, society and the entire nations³. In post-secondary schools of learning, across the nations, the activities of secret cults are known to have been source of threat to lives and properties. In tertiary institutions, a lot of ritual killings are taking place¹⁰. The impact of substance abuse among Nigerian students has been that of a morally bankrupt, corrupt and wasted generation and loss of our societal values and ideals⁶. The situation now appears to be such that no one can argue ignorance of what is happening. "one cannot sit and pretend that he/she has not seen the menace of substance abuse among adolescents"⁴. It was opined that any nation being used by substance barons as a transit route has the potentials of becoming a substances abuse consumer's country. Substance abuse may also be defined as the "arbitrary" over dependence or miss-use of one particular substance with or without a prior medical diagnosis from qualified health practitioners⁸. Several studies have assessed the knowledge and perception of drug abuse among students but none have been conducted among students in tertiary institutions in Ogun State, Nigeria¹². Therefore, it is imperative that having a vast understanding of students' perception and practice of drug abuse which will be vital to the design of appropriate intervention programs to curtail the abuse of drugs among students.

1.2 Statement of the Problem

Drug abuse among students have led to, crime, and missed work or problems with staying in school. Drug abuse has been found to be a leading of cause morbidity during adolescence as well as later in life¹¹. All over the world, over 35 million people suffer from drug abuse and it is estimated that the number of death recorded in the use of opioids remain the highest at 71%¹². The long-term use of brain altering substances has biological, social, and psychological consequences. Specifically, adolescent psychoactive substances use, is associated with increase social disruption. Observed abnormality by researcher in one of the visits to the College of Health Technology Ilese during a health campaign revealed that some students despite studying health related course were seen taking psycho-active substances with no remorse or show of regret, it was thought by the researcher that peer pressure, personality traits, and social deprivation which may also make the students to become ignorant of the dangers associated with drug abuse.

1.3 Justification of the Study

The many consequences of substance abuse include; suicide, increase in the level of absenteeism in School among students involved in substance abuse, begging for money or stealing, crime, delinquency, homelessness and the spread of HIV infection as a result of drug users using and sharing syringes and needles. Observed students actions has revealed that majority of students in the proposed college of health technology where this study will take place have minimal resolve as it relates to perception and practice of substance abuse among students in a tertiary institution Ogun state college of health technology, Ilese

1.4 Aim and Objectives of the Study

1.4.1 Aim: The main aim of this study is to assess the perception and practice of substance abuse among students in Ogun state college of health technology Ilese.

The Specific Objectives are to:

i Assess the knowledge of students on substance abuse in a tertiary institution Ogun state college of health technology Ilese.

ii Examine the perception of students towards substance abuse in a tertiary institution Ogun state college of health technology Ilese

iii Evaluate the practice of substance abuse among students in a tertiary institution in Ogun state college of health technology Ilese.

1.5 Research Questions

1. What is the knowledge of students about substance abuse?
2. What is the perception of students about substance abuse?
3. What is the substance abuse practice among students in a tertiary institution?

1.6 Research Hypotheses

H₀₁: There is no significant association between the study level of students and awareness of substance abuse among students of college of health technology Ilese

H₀₂: There is no significant association between age of students and awareness of substance abuse among students of college of health technology Ilese

1.7 Significance of the Study

I. The findings of this study can be useful to students in college of health technology Ilese as it may be used to educate the youths on the most prevalent drugs used and abused in schools, factors that influence substance abuse and the effect on their socio-emotional status.

II. The study if made public through publication can educate students on the risks involved in drug abuse. To the parents and families of these youth, this study might serve as a medium of enlightenment and tool to educate their children about the risks of substance abuse.

III. This study can serve as a stirring tool for government at all levels to have more understanding on the dangers caused by substance abuse among adolescent and how it negatively affects their social emotional behaviors' in our societies and thereby helping them to create more awareness on substance abuse through workshop, seminars, mass media and other means available. This study can also serve as viable reference materials for future researchers interested in the topic of drug abuse among tertiary level students.

1.8 Scope of the Study

The study was conducted in Ogun state college of health technology Ilese. This is carried out to assess the knowledge, examine the perception and their probable practice of drugs abuse among students in Ogun state college of health technology Ilese.

1.9 Limitation of the Study:

Envisaged limitation of the study might be unwillingness on the part of private school owners to allow their students respond to questions on substance abuse which might hamper data collection of the study but researcher is ready to pacify and explain with due ethical approval on the benefit of the study to both the school and the students. The study will be delimited to independent variables of perception, dependent variable of substance abuse, cross sectional design and study design, questionnaire as instrument for data collection, frequency count and percentages as tools for data analysis

1.10 Operational Definition of Terms

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

Abuse: To use something for the wrong purpose in a way that is harmful or morally wrong

Drug Abuse: This is defined as the use of chemical substances that lead to an increased risk of problems and an inability to control the use of the substance

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Endnotes

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CHAPTER TWO

LITERATURE REVIEW

2.1 Conceptual Review

2.1.1 Concept of Substance Abuse

Substance abuse affects younger, more productive age groups that serve as the shifts for a country's development, but it is currently an unaddressed health issue in emerging nations. Every year, around 190 million substance users worldwide are detected with serious health conditions¹. Adolescents can easily satisfy their natural developmental desire to take risks and look for thrills by using substances in the current society as they are more susceptible to the negative effects of substance use and are more likely to experience long-term consequences. Substance use spans from experimenting to severe substance use problems, especially in cases where it becomes more frequent among the youths, and many will sample alcohol as teenagers. Although recurring or continuous substance use is significantly less prevalent, even occasional substance use is dangerous and should not be dismissed, disregarded, or tolerated by adults. Parental attitudes and examples of their own use of alcohol, tobacco, prescription medicines, and other substances are potent influences². Youths' relationships with their parents, peers, and schools are examples of attachment, whereas their aspirations in terms of their careers, education, and/or social standing are examples of commitment. Youths with strong family ties are rewarded for conformity with their parents' acceptance and esteem. While involvement is defined as taking part in traditional activities that help one achieve socially valued achievement and status goals, belief is defined as the acknowledgment of the moral veracity of the primary social value system. In this setting, children learn to embrace society's laws, rules, and regulations as binding on their behavior.

Therefore, the continuation of violent crime and other unlawful activities to get money to support drug habits is implicit in drug misuse³.

Substance abuse problems have also been connected to crime and incapacity. Every eighth adolescent exhibits signs of drug abuse where statistics reveal that sixty-one percent (61%) of adolescents who use drugs also abuse alcohol, whereas forty-five percent (45%) use marijuana or other cannabis products, and only nineteen percent (19%) use other drugs. Drug overdose mortality among young people rose by 94% from 2019 to 2020 and by 20% from that year to 2020. The deaths from drug overdoses have been trending steadily from 2010 to 2019, as opposed to these rapid surges. This demographic also uses tobacco products, including vaping and regular cigarettes. Depression, IQ loss, subpar cognitive growth, and hampered critical thinking are all possible effects of substance abuse. One such instance is marijuana use, which has been linked to a higher risk of heart disease, psychosis, stroke, and other vascular diseases⁴. Researchers looking into risk variables at various levels of organization will benefit greatly from the discovery of secular trends in alcohol-related outcomes. The interaction of a variety of circumstances, which may be micro or macro ones, may make young individuals more susceptible to substance use. This sensitivity is primarily defined by the existence of risk factors and the absence of protective variables, both of which affect susceptibility to substance use. Understanding the risk variables that influence whether users will continue down the path of dangerous substance misuse. Because it affects children's development and makes them more vulnerable as a result, substance abuse among adolescents is a problem that policymakers and law enforcement are aware of and that can have fatal repercussions that could eventually lead to addictions⁵. Addictions are defined by clinicians as persistent, maladaptive behaviours that persist initially due to reward and later, when the benefits have faded, due to habits. Those that

utilize the DSM frequently distinguish between substance abuse, which is simply an addictive pattern that lasts a year or more, and substance dependence, which is an addictive pattern that lasts a year but also includes significant tolerance and withdrawal (as seen with opiates and alcohol). Addictions, according to most patients and many doctors, are a form of self-medication for deeper underlying problems such as anxiety, sadness, or stress⁶.

This is usually a continuously relapsing condition characterised by the compulsive use of addictive substances in the face of negative consequences for the individual and society. Most countries restrict the production, sale, and use of illegal drugs. While licit medicines are legally available in the jurisdiction in question by medical prescription, over-the-counter pharmaceuticals such as sedatives and sleeping pills, as well as commercially available substances such as all types of tobacco, are not⁷. However, as this World Drug Report demonstrates, the issues extend far beyond the headlines. Non-medical usage of this opioid painkiller, which is not regulated internationally, is also growing throughout Asia. The impact on vulnerable groups is quite concerning, putting further strain on already overburdened health-care systems⁸. According to research from various settings, each can play a significant role in screening, treating, and referring adolescents with substance misuse problems, although time constraints and competing objectives can sometimes limit their capacity to do so. It has been suggested that research should pay more attention to user satisfaction when evaluating the quality of services for people with SUD rather than concentrating simply on patient characteristics. Even recently published assessments have come to the conclusion that additional study of demographic data is of minimal use, and they advise researching the kinds of services that are most suited to meet the demands of service users and keep them satisfied with the services they receive. A correlation between poor health and lower levels of service satisfaction

as well as a higher chance of dropping out has been found in various studies, and higher levels of satisfaction have been associated to retention in health services⁹. Because youth may become focused with finding a way to access drugs, substance use presents extra barriers to fleeing homelessness. Substances' numbing effects may help kids cope with the severe circumstances of homelessness, but they may also make adolescents believe they do not need assistance, increasing their risk of victimisation. Most young people who have a substance use problem also have a co-morbid mental health condition, which may be aggravated by substance use. Substance abuse contributes to a wide range of unfavourable effects in people with schizophrenia¹⁰.

According to a systematic review conducted in Sub-Saharan African countries, the prevalence of substance abuse varies depending on the type of substance used. The combined prevalence of substance abuse among adolescents in the Sub-Saharan area was seen as 41.6%, with Central Africa (55.5%) having the highest rate, followed by East Africa (48.99%) and West Africa (38.3%). Also, the combined prevalence of alcohol use was extremely high in Sub-Saharan Africa (32.77%), with Southern Africa actually accounting for the highest rate (40.82%), followed by East Africa (34.25%), whereas cannabis abuse among adolescents was most prevalent in East Africa (28.9%), followed by Southern Africa (25.7%) and West Africa (0.70%)². Evidence that the war on drugs has failed and has not been able to uphold human rights is mounting on a global scale. It has rather, led to an uptick in violence and violations of human rights. People who take drugs are the main victims of this flawed approach. They are subjected to indiscriminate arrest, torture, and denial of access to justice, health, and social services, among other things. There is little recorded evidence of drug-related human rights violations in Africa as a result of drug-war strategies. Accessible reports have revealed that many human rights breaches in Africa go unreported and are rarely documented¹¹. Whatever the

method of rehabilitation, there are crucial factors that appear to benefit in long-term healing. The researchers were motivated to conduct this study because of the reported high rate of relapse in the context of an ever-increasing rate of substance abuse globally and in South Africa, as well as the fact that the topic of sustained recovery from Substance Use Disorder (SUD) appears to be completely neglected in existing literature and research agendas¹². PWID suffer from some of the most serious health repercussions of drug usage. According to a global overview of services targeted at minimising negative health outcomes among PWID, only 79 countries have implemented both needle and syringe programmes and opioid replacement therapy. Only four countries were deemed to have high levels of coverage for both types of interventions. In the most severe circumstances, dangerous drug use can trigger a vicious cycle in which one's socioeconomic status and capacity to form relationships are harmed⁸. The lack of variety and limited access to support groups in South Africa is a significant difference between foreign and South African support groups. Participants in this study, on the other hand, used additional resources in terms of self and strategy to continue their recovery. Avoiding high-risk individuals, places, and things that may trigger cravings or a desire to relapse is an important technique for maintaining sobriety during the recovery path¹². A retrospective study measured correlations between the number of adverse childhood experiences (ACEs) and future substance abuse behaviour. Adverse childhood events included abuse (physical or sexual), neglect (physical or emotional), growing up with household substance abuse, criminality of household members, mental illness among household members, and parental discord and illicit substance use. The study specifically compared the number of ACEs resulting in a greater likelihood of substance use initiation fewer than 14 years of age, also compared the number of ACEs associated with increased risk of developing addiction. The study demonstrated that each additional ACE

increased the likelihood for substance use under 14 years of age by two to fourfold and raised the risk of later addiction by five times. People with five or more ACEs were seven to ten times more likely to report illicit substance use than those with none. A review of many studies that attempted to identify risk factors for adolescent substance abuse were carried out. They discussed specific risk factors occurring at the societal/community level and at the individual level. Of the societal risk factors, the following were identified: laws and norms favourable toward behaviour (including lower minimum drinking ages) and availability. Interestingly, socio-economic status did not seem to correlate with increased risk of substance abuse among adolescents; it was only in cases of extreme Poverty in conjunction with childhood behavioural problems where increased risk was observed. The personal characteristics that positively correlated with substance and alcohol abuse are numerous and include low harm avoidance, poor impulse control, parents with a history of alcoholism and substance abuse, high levels of family conflict, lack of and/or inconsistent parental discipline, a history of academic failure and a history of antisocial and aggressive behaviour¹³. Being aware of these risk factors can assist families, health professionals, and other community workers with identifying at risk youth and aid in reducing or eliminating risk factors through prevention and treatment programmes¹³.

Adolescent substance use has been linked to a number of factors, including interest, peer pressure, family control, absence of parental monitoring, societal pressure, and personality problems. A study saw more over half of the participants were female (57.5%), and the majority (62.2%) were junior secondary school pupils. Eighty percent of the interviewees acknowledged using drugs or alcohol. Just 9.6% of respondents had an unfavorable attitude about drug use, whereas more than half (52.5%) of respondents had good awareness of substance usage. Based on the data gathered, it was concluded that the majority of pupils had never engaged in substance

use activities. The respondents concurred that the most often used substance was alcohol (52.4%) and that the main reason why schoolchildren use substances is curiosity (51.7%)¹⁴.

2.1.2 The Global Problem on Drug/Substance Use

Global increases in problems of illicit drugs both reflect and contribute to international tensions. The origins of some of these tensions are clear: rapid changes in political alignment, reduced family and community cohesiveness, increased underemployment, economic and social marginalization and increased crime. At a time when dramatic improvements are taking place in some sectors, e.g. communications and technology, improvement of the quality of life for many people has fallen far short of the potential that exists and the rising expectation of people who know life can be better. At a time of rising social and Political tensions, the macroeconomic environment has fundamentally changed¹⁵.

The examination of illicit drugs is a crucial task performed by forensic science laboratories, which are mostly used by the legal system. Fundamentally, the analysis of unknown samples—typically powders, crystalline materials, liquids, pills, capsules, paper squares, and plant material—to ascertain whether an illicit substance is present is the essence of illicit drug analysis. In addition to analyzing drug importations and concealments, drug profiling, and the examination of objects taken from covert drug manufacturing facilities, the analytical scope of illicit drug forensic laboratories can also encompass the analysis of drug paraphernalia (such as smoking sticks, scales, and bags). The regulations regulating the jurisdiction in which the laboratory is located will have an impact on the analytical paths used to evaluate these unlawful drugs because an illicit substance is typically specified by statute¹⁵.

2.1.3 Concept of Alcoholism

Alcoholism is a chronic disease marked by craving for alcohol. Alcoholism cannot be cured yet, but various treatment options can help an alcoholic avoid drinking and regain healthy life. People tend to equate any kind of excessive drinking with alcoholism. But doctors and scientists recognize that disorders related to alcohol use lie along a continuum of severity. They prefer to use the term alcohol dependence instead of alcoholism to designate the most severe of the alcohol-use disorders. The terms alcohol abuse and problem drinking designate less severe disorders resulting from immoderate drinking¹⁶.

2.1.4 Risk Factors of Alcohol and Smoking

Examining alcohol-tobacco interactions in human laboratories is crucial since alcohol and tobacco use are often comorbid and carry multiplicative health concerns when taken together. Women are also more likely than men to develop alcoholic hepatitis and to die from liver cirrhosis¹⁷.

The World Health Organization (WHO) Global Status on Alcohol Report stated that in Nigeria, the alcohol drinking rate was 34.9% in males and 23% in females. The rate of heavy and hazardous drinking among drinkers was however higher among men (36.1%) than women (27.8%)¹⁸. Statistics in 2020 shows that smoking kills at least half its users as 36.7% of men and 7.8% of women worldwide has used it. It causes heart disease, pulmonary disease, multiple types of cancer, adverse reproductive effects and the exacerbation of chronic health conditions, killing 8 million people every year¹⁹.

2.1.5 Impact of Substance Abuse on Family

Adolescent cannabis use is at danger due to perceived family and social network cannabis use. Whether there is a connection between teenage cannabis usage and perceived family/social

network cannabis use in the context of legalization is unknown at this time. Even before state-regulated retail sales started, adolescent opinions of their parents as cannabis users grew after the drug's legalization. Cannabis usage by a parent, sibling, or best friend is independently linked to higher probabilities of an adolescent using it themselves²⁰.

Higher levels of adolescent self-esteem and satisfying academic performance are also related, according to recent research on indulgent parenting. This is linked to high levels of substance abuse and low levels of self-esteem, according to a study. Conversely, there hasn't been enough research done on the connection between parental parenting methods and the process of behavioral change that leads to adolescents quitting using various substances. For the development of treatment options for particular populations, knowledge of the parenting style of parents or other individuals in a parental position and its impact on behavioral change is crucial. Since the authoritative approach is linked to a preventive effect against first-time drug use and can foster a deeper level of connection between children and parents²¹.

Electronic cigarettes use has risen substantially over the past five years to become the most popular tobacco product among teenagers after cigarette smoking. Youth may now be able to become addicted to nicotine with it and as such, evaluating for cigarette, and electronic cigarette usage as well as offering adolescent and parents smoking cessation counseling and/or referrals are crucial components of preventative treatment during a pediatric visit. A rapid and simple referral process is one of the main facilitators to counseling. The main reason for not counseling parents and youth is lack of time due to the ever-growing list of higher priority anticipatory guiding subjects²². Adolescent substance use is also influenced by socioeconomic status. Depending on the substance and the environment of the study, different patterns have been observed among teenagers and young adults. With variations among nations, higher incidence of

smoking has typically been linked to lower household SES. Additionally, there is data suggesting that teenagers with greater SES may be more susceptible to substance use issues. The relationship between family composition and socioeconomic circumstances is another crucial factor. Divorce risk may vary by occupational class, and family disturbance may have an impact on the household's material conditions. Notably, compared to intact families and other non-intact family types like stepparent families, single-parent families, especially single mother households, are more likely to have financial difficulties²³. Teenagers with strong parental support may also exhibit good conduct in avoiding drug use, and the opposite is also true. The danger of the family is 4.2 times higher for drug users, particularly if their families are less engaged in fighting drug misuse. It might be claimed that families still offer very little support to drug-using teenagers. Lack of parental support in the form of instilling good character in adolescents before they become embroiled in issues is vital. The family plays a significant role in an adolescent's life and can influence their attitude and behavior, hence there is a connection between the family's functions and drug prevention initiatives. 83.9% of the family supplied counsel about good things, contributed, and assisted in helping their children solve problems, according to the identification of respondents. However, some individuals continue to claim that their family's counsel scares and enrages them. In order to build harmony and encourage children to openly express their feelings and thoughts, good communication between parents and children will foster a sense of trust and respect. Overall, it is clear that characteristics such as family peace and household worship have an impact on drug misuse among adolescents²⁴.

2.1.6 Impact of Drug Abuse on Identification and Development

In its 2008 report, 100 Years of drug control, the United Nations Office on Drugs (UNODC) looked at the development of the global drug control system and its history. International

agreements have been signed by several nations to regulate the production, possession, sale, and use of illegal drugs. Drug types can be identified and measured in bodily fluids and hair for use as evidence in court. Drug testing can also be employed as a preventative measure, on the other hand. Random student drug testing (RSDT) at schools is just one method of preventing drug use in general. These tests are intended to identify young adults who require assistance and inform them of the acute and long-term effects of drugs²⁵. The etiology of many complicated illnesses, such as cancer, neurological disorders, and aging, has in reality since come to include environmental elements like diet, lifestyle, adverse events, and toxicant exposures. DNA methylation, histone modifications, and non-coding RNAs are examples of epigenetic mechanisms that allow the environment to interact with the genome to produce plastic phenotypic responses. DNA methylation, the most researched epigenetic mark, occurs at CpG dinucleotides and controls gene regulation and transcription over the long term. The low number of research make it difficult to draw firm conclusions, however the information that is currently available suggests that prenatal exposure to a number of illicit drugs may enhance the sensitivity of adult offspring to addictive behavior²⁶. It is necessary to analyze the biofluids of a suspected population to detect drug addiction. Due to its speed and sensitivity, direct label/separation-free matrix analysis based on surface-enhanced Raman spectrometry (SERS) has received a lot of attention recently for the detection of illicit pharmaceuticals in biofluids. The majority of SERS-based methods, however, are primarily employed for the qualitative detection of illicit substances in biofluids. As a result, new approaches to drug detection are still required, and the development of artificial intelligence (AI) technology opens up new fields of study. If taught with appropriate data and a rule-discovery technique, deep learning (DL) models can replicate known and even derive currently undiscovered relations between various physical properties on the atomic scale²⁷.

2.1.12 Effect of Drug Abuse on Stress and Depression

Both anxiety and depression, according to the American Psychological Association, are emotional reactions that produce a comparable set of symptoms, such as trouble falling asleep, exhaustion, tense muscles, and irritability. Anxiety persists even when there is no external stressor, whereas stress is typically brought on by external factors and might be temporary. According to estimates, 12 to 50 percent of college students around the world meet at least one diagnostic requirement for one or more mental disorders. The prevalence of depression, anxiety, and stress in undergraduate students has been found to range from moderate to high globally, according to studies done on various samples of this demographic. Additionally, in the mid to long term, mental health disorders in this population are linked to a higher frequency of physical and emotional issues²⁸.

Despite playing a crucial role for both men and women, stress is closely linked to all stages of alcohol addiction. During adolescence, in conjunction with exposure to early life stress, gender variations in the commencement and persistence of alcohol consumption start to emerge. In contrast to a 35% increase in men, women's rates of alcohol use disorder (AUD) have climbed by 84% during the past ten years. Given that females are more likely than males to suffer from alcohol-related health problems, this significant increase in female drinking is concerning. These still have an impact on alcohol use in adulthood, when diminished stress tolerance, elevated affect-related psychiatric comorbidities, and alcohol-induced neurodegeneration contribute to persistent and problematic alcohol use, especially in women²⁹. The effects of quarantine include emotional disturbance, depression, irritation, insomnia, anger, and emotional tiredness, among other physical and mental health disorders. Studies demonstrate that pandemics like COVID-19 exacerbate psychological stress. The results of the current study, which were based on numerous

psychological, mental health, and substance use aspects, provide proof of the effects of quarantine. Increased mental health occurrences and detrimental economic effects on living conditions at all income levels are both linked to pandemic-related conditions. Evidence about the psychological effects of the coronavirus refers to depressive disorders, PTSD, and suicide as well as feelings of confusion, anger, fear, boredom, stigma, and stress due to the lack of resources that support life. As a coping mechanism and form of self-medication, substance use, particularly that of tobacco, alcohol, cannabis, and prescription pharmaceuticals, tends to increase³⁰. Academic stress has been linked to lower academic achievement, decreased motivation, and a higher likelihood of dropping out of school, according to previous study. The longer-term effects cost governments billions of dollars per year and include a decreased possibility of sustaining employment. This narrative review summarizes the most recent findings on the effects of academic stress on students' ability to study and academic achievement, as well as on mental health issues like melancholy and anxiety, sleep disorders, and drug abuse³¹.

2.1.8 Laws against Smoking in Nigeria

Smoking in Nigeria is prohibited in public places and is punishable by a fine of not less than N200 and not exceeding N1000 or to imprisonment to a term of not less than one month and not exceeding two years or to both fine and imprisonment. In Nigeria, the anti-tobacco communities are at the forefront of ensuring smoke-free public places. Over 40 civil society groups, legal practitioners and public health advocates storm the Senate Hearing Room of the National Assembly Complex, Abuja, on July 21 and 22 to present their memorandum in support of the National Tobacco Control Bill, NTCB 2009³². The Nigeria National Tobacco Control Bill is a comprehensive law which when passed will regulate the manufacturing, advertising distribution and consumption of tobacco products in Nigeria. It is a bill that is aimed at domesticating

the Framework Convention on Tobacco Control (FCTC) because Nigeria is a party to that international convention. The key highlights of the bill are prohibition of smoking in public places; to include restaurant and bars, public transportation, schools, hospitals etc. Ban on all forms of direct and indirect advertising, prohibition of sales of cigarette 1000-meter radius of areas designated as non-smoking, mass awareness about the danger of smoking as well as the formation of committee that will guide government on the issue of tobacco control in the country³².

2.1.9 Substance Abuse on Adolescent Emotional Behaviour

There are various effects of substance addiction or substance abuse which affects the emotional behaviour of adolescents, and they are devastating and very shameful to the extent that both the nation and international organizations all over the world are also worried about the spread of this scourge among adolescents. According to a study, some of the consequences of substance abuse on emotional behaviour of adolescents, may include the following: Mental disorder, social violence, gang formation, cultism, armed robbery, 419 syndromes, internet frauds, social miscreants (area boys and girls lawlessness among youths, lack of respect for elders., rape, loss of senses, instant death and wasting of precious and innocent lives and many more). Substances and substance abused have varied physiological effects³³.

Academic stress has been linked to lower academic achievement, decreased motivation, and a higher likelihood of dropping out of school, according to previous study. The longer-term effects cost governments billions of dollars per year and include a decreased possibility of sustaining employment. This narrative review summarizes the most recent findings on the effects of academic stress on students' ability to study and academic achievement, as well as on mental health issues like melancholy and anxiety, sleep disorders, and drug abuse³⁴. However, studies

done show results for if there are illegal substances present and easily accessible to Sultan Abdurrahman School of Health Technology, Gwadabawa students. Out of 354 respondents, 32.8% agreed, 19.1% strongly agreed, 37.8% disagreed, and 10.2% strongly disagreed, according to the results. Are male students at the Sultan Abdurrahman School of Health Technology in Gwadabawa more likely to take drugs than female pupils? Out of 354 responses, the findings showed that 28.8% agreed, 15.4% strongly agreed, 30.4% disagreed, and 25.4% strongly disagreed. Does drug consumption increase cases of indiscipline among students at the Sultan Abdurrahman School of Health Technology, Gwadabawa, according to another research question? Out of 354 respondents, the results suggest that 31.7% agreed, 15.9% strongly agreed, 37.6% disagreed, and 14.8% severely disagreed³⁵.

Rodent models accurately mimic chronic low-grade neuroinflammation seen in HIV-positive, drug-abusing humans. Numerous research on the connection between HIV-1 infection and drug addiction unequivocally show the impact of numerous illicit drugs on the host's immunological and non-immunological pathways, which in turn promotes HIV-1 infection and disease development. According to the Centers for Disease Control and Prevention, substance misuse and HIV-1 infection are two epidemics that are interwoven and impede adherence, worsening HAND (HIV-associated neurocognitive disorders). Concerns about the interaction between drug misuse and HIV-1 and how they may advance HAND are raised³⁶.

2.1.10 Alcohol Dependence

Alcohol dependence develops differently in everyone. But certain symptoms characterize the illness, according to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), United States government agency that is part of the National Institutes of Health. Alcoholics develop craving, or strong urge, to drink despite awareness that drinking is creating problems in their

lives. They suffer from impaired control, an inability to stop drinking once they have begun. Alcoholics also become physically dependent on alcohol. When they stop drinking after a period of heavy alcohol use, they suffer unpleasant physical ailments, known as withdrawal symptoms that include nausea, sweating, shakiness, anxiety and partial or total stroke. Alcoholics develop greater tolerance for alcohol—that is, they need to drink increasing amounts of alcohol to reach intoxication. The World Health Organization (WHO) notes that other behaviours common in people who are alcohol dependent include seeking out opportunities to drink alcoholic beverages—often to the exclusion of other activities—and rapidly returning to established drinking patterns following periods of abstinence. Alcohol can permeate virtually every organ and tissue in the body, resulting in tissue injury and organ dysfunction. Considerable evidence indicates that alcohol abuse results in clinical abnormalities of one of the body's most important systems, the endocrine system³⁷. It is known to be a proven psychotropic depressant of the central nervous system. As indicated in the figure above, alcohol affects several parts of the brain such as the hippocampus, the prefrontal cortex, the cerebellum and the corpus callosum. The hippocampus is a structure located under the cerebral cortex in the limbic system. It has a unique horseshoe-like shape and contains two regions, the cornu ammonis (CA) and the dentate gyrus (DG). The CA is further divided into four zones, namely, CA1, CA2, CA3, and CA4, all of them principally containing pyramidal cells. The connectivity of these zones is especially depicted in a trilinear loop, wherein afferences via the axons of the entorhinal cortex project into the DG. The granule cells in the DG project mossy fibers onto the dendrites of the CA3 pyramidal neurons, and the axons from the CA3 connect to the CA1 neurons in a so-called Schaffer collateral pathway. From there, signals leave the hippocampus to return to the respective sensory cortices³⁸.

How alcohol affects the brain

Drinking alcohol affects the way your brain works—changing everything from the way you act to your ability to walk. Some effects can be long-lasting. Learn about how alcohol affects different parts of the brain.²

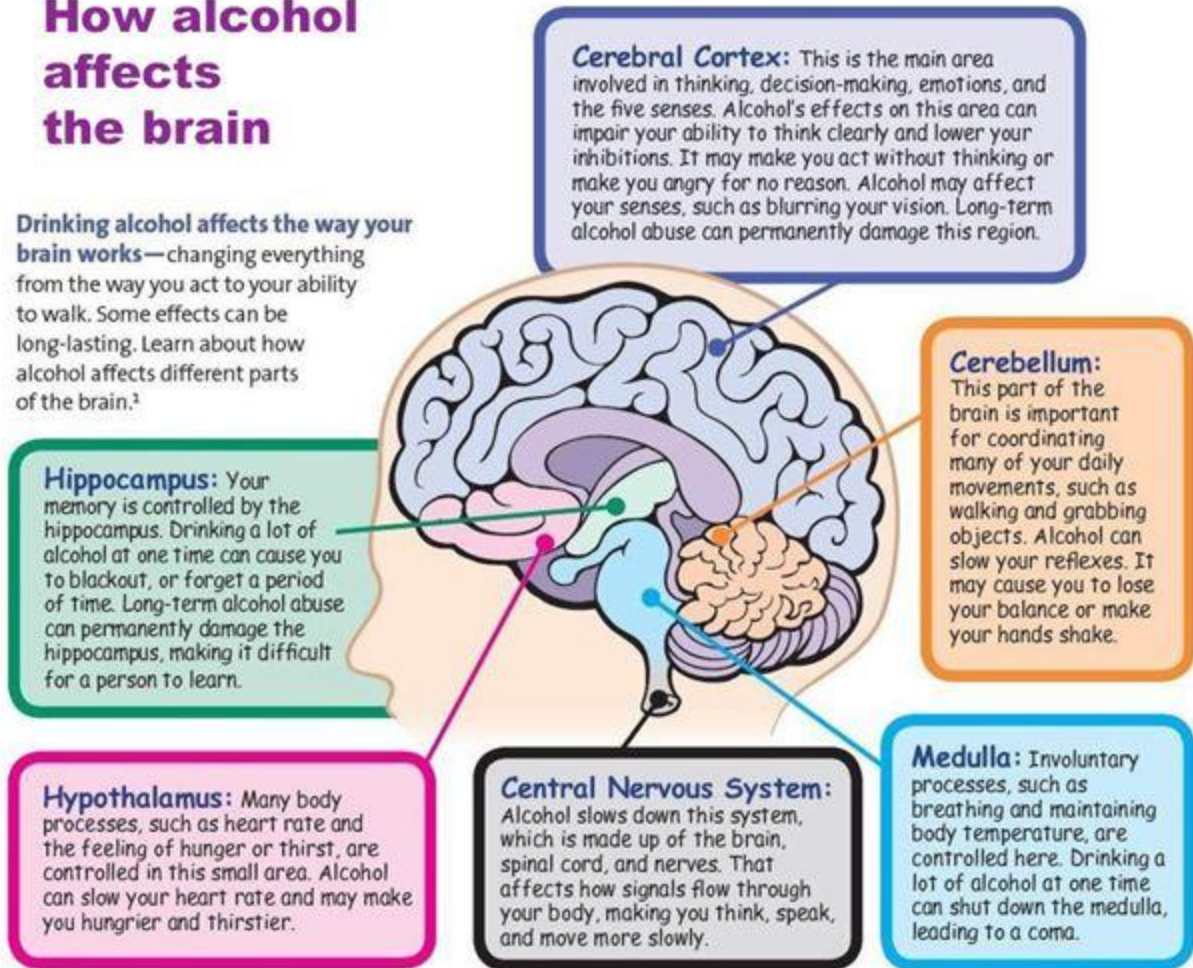


Figure 2.1 Pictorial Summary of the effect of alcohol on the brain⁸³

According to a study, even after taking into account shared familial factors, such as childhood socioeconomic status and genetic factors, high levels of education and income in adulthood, as well as high neighborhood socioeconomic status, may serve as protective factors against alcohol use disorders. Alcohol-related mental and behavioral illnesses, as well as somatic side effects

such liver conditions, cardiomyopathy, and pancreatitis, are all included in the idea of alcohol use disorders (AUD). Numerous research has revealed that AUD is more common in underprivileged socioeconomic groups and that AUD in later life is related to early SES. It has been demonstrated that alcohol intake is higher in richer and better educated populations, although the link is complicated and may be influenced by sex and levels of alcohol consumption³⁹. FAS is the most common form of cognitive disabilities not related to heredity, and it is part of a wide spectrum of disorders (FASD) caused by alcohol consumption during pregnancy. A substantial amount of research shows that those with PAE (prenatal alcohol exposure) and FASD are more likely to face difficulties. However, few researchers have described these experiences and related risk factors using the standardized ACE-Q. Environmental hardship affects people with certain conditions disproportionately frequently, starting in the earliest years of life. For children with FASD, who are overrepresented in the child welfare system, early caregiver instability is prevalent. The term "adverse childhood experiences" (ACEs) refers to potentially stressful events that occur throughout childhood and have been found to have an impact on a person's adult wellbeing. However, because the study was retrospective, it is impossible to tell whether all ACEs were thoroughly explored in the same way or how properly they were recorded in clinical records⁴⁰.

A collection of illnesses known as fetal alcohol spectrum disorders (FASD) are linked to the consequences of prenatal alcohol exposure and are characterized by a variety of abnormalities, including growth retardation, unusual facial features, and cardiac problems. FASD research is still in its infancy. Additionally, the broad category of FASD includes diseases with varying degrees of seriousness. The neonates diagnosed with fetal alcohol syndrome (FAS), the most severe form of FASD, shared certain distinctive physical traits when it was initially discovered.

However, more research has gradually shown that alcohol-induced changes may manifest as a wider variety of symptoms and characteristics than once believed. Particularly, the doses, the trimester of exposure, the mother's diet, and genetic factors can all affect how FAS manifests⁴¹. A study's findings suggested that those with FAS dealt with a variety of significant and complex problems, which showed a high degree of need. In order to support healthy and positive outcomes for children and youth with FASD as they transition to adulthood and beyond, findings highlight the significance of continual assessment of abilities and challenges, as well as the provision of functional and needs-based assistance. Following prenatal alcohol exposure (PAE), people with fetal alcohol spectrum disorder (FASD) encounter a variety of issues with their cognitive, affective, and physical functioning in addition to other complicated challenges in day-to-day living that have an adverse effect on their well-being⁴². Children and adolescents with a history of prenatal alcohol exposure display a reduction in cerebellar volume and a decrease in the size of the vermis⁴³.

2.1.11 The Concept of Smoking

Smoking, inhalation and exhalation of the fumes of burning tobacco. Leaves of the tobacco plant are smoked in various ways. After drying and curing process, they may be rolled into cigars or shredded for insertion into smoking pipes. Smoking and the use of other tobacco products, including cigars and smokeless tobacco, causes or worsens numerous diseases and conditions. Some products also expose nearby people to toxic second hand smoke. Smoking is the leading cause of preventable death in the U.S., causing over 438,000 deaths per year. Second hand smoke is a serious health hazard for people of all ages, causing more than 41,000 deaths each year. Marijuana smoke contains many of the same toxins, irritants and carcinogens as tobacco smoke. Cigarettes contain over 4000 toxic chemicals, including nicotine, which contributes

significantly to smoking's addictive and stimulant properties. Electronic cigarettes are new tobacco product, and the potential health consequences and safety of these products are unknown. Smokeless Tobacco products are known cause of cancer, and are not safe alternative to cigarettes. Cigars have many of the same health risks as cigarettes, including causing certain cancers.

Smoking appears to have adverse effects on the liver via 3 separate mechanisms: toxic (both direct and indirect), immunologic, and oncogenic⁴⁴. The direct toxic effects include oxidative stress caused by substances in cigarettes with cytotoxic properties, which result in the activation of stellate cells, leading to fibrosis. Smoking also increases proinflammatory cytokines (interleukin [IL] 1, IL-6, IL-8, and tumor necrosis factor α), which leads to liver cell injury. One of the indirect toxic effects of smoking is secondary polycythemia; increased carboxyhemoglobin due to smoking results in decreased oxygen-carrying capacity of tissues, leading to increased erythropoietin and resultant increased red cell mass⁵⁸. There is subsequently a rise in catabolic iron due to increased red cell destruction, and a rise in erythropoietin, which stimulates more absorption of iron from the intestines. Iron is scavenged by macrophages and eventually accumulates in hepatocytes, where it promotes oxidative stress, which, in turn, can lead to liver injury⁴⁴.

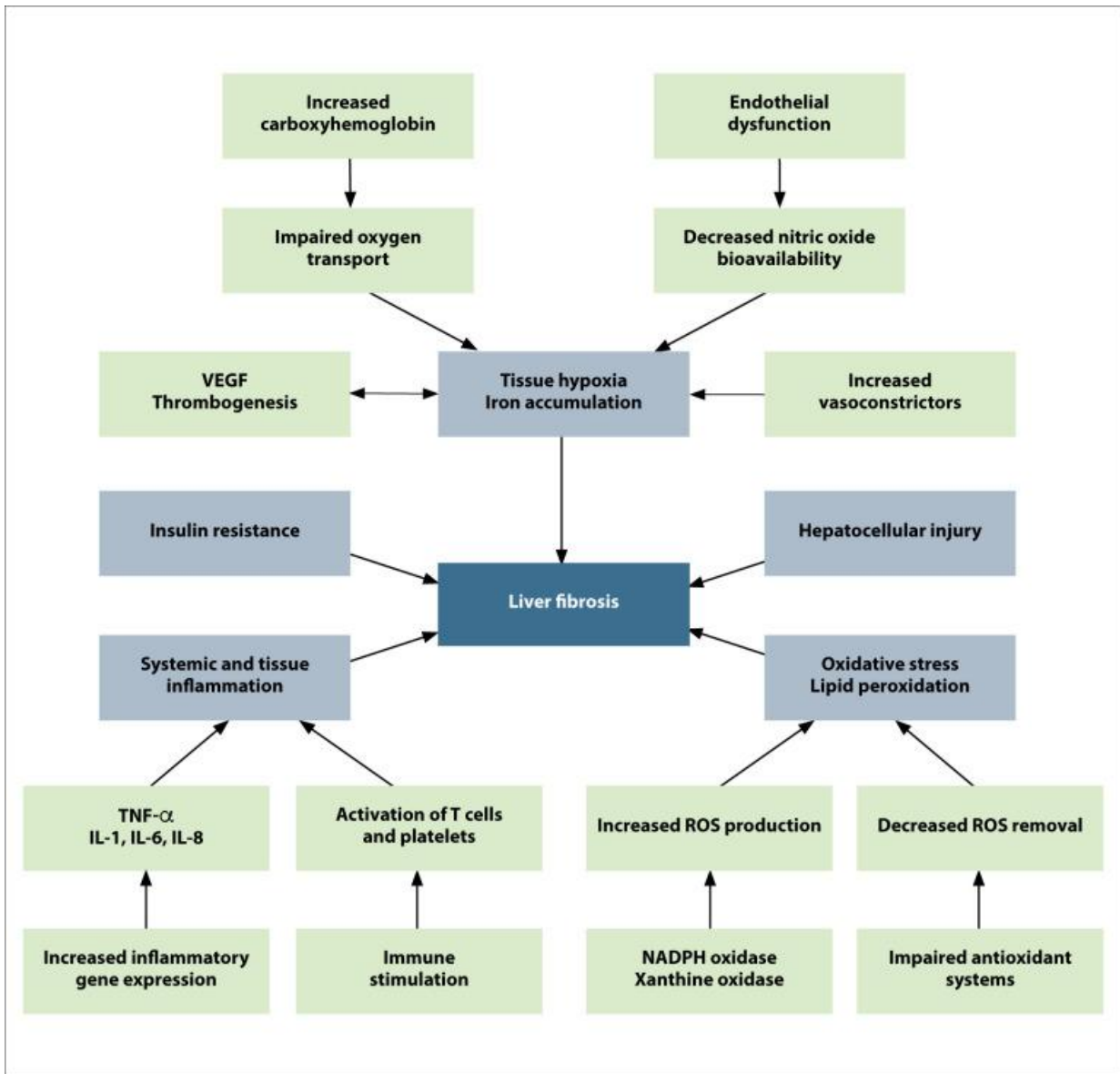


Figure 2.2 Various pathways in which cigarette smoke results in liver fibroses⁴⁵.

About 40% of individuals with liver illness had a smoking history, and more research are looking into the possible effects of smoking on chronic liver diseases. According to clinical data, smoking has a detrimental effect on the formation of hepatocellular carcinoma, the advancement of fibrosis, the incidence and severity of fatty liver disease, and the prognosis of patients with

more likely to utilize synthetic cannabinoids. This finding underlined the significance of comprehending the patterns of substance use among adolescents in a marijuana-legalized environment. Additionally, it supported the idea that using vaping devices is correlated with or linked to using synthetic cannabinoids and marijuana⁴⁸. It can be inferred that the number of people using other illicit substances has stayed basically steady over time because the prevalence of usage of at least one other illegal drug is very consistent. The majority of positive cases are often well-integrated occasional drug users because frequent users are likely to be significantly underrepresented in population surveys. Thus, it can be expected that surveys frequently understate the prevalence of illicit drug usage. But given that the incidence of dependence has remained stable over the past 20 years, it's possible that the number of high-risk users of illegal hard drugs has likewise been relatively stable⁴⁹.

2.1.19 Gateway Drugs

Gateway drugs are drugs that serve as the “gate” or path that almost precedes the use of illicit drugs such as cannabis, heroin and cocaine⁵⁰. Common gateway drugs are tobacco, alcohol and inhalants. In explaining the dynamics on this gateway effect, evidence indicates that the link is not biochemical but psychological and social. This link has been explained by social psychologists as ‘developmental progression’ whereby decisions to use gateway drugs set up patterns of behaviour that make it easier for a user to go on to use other drugs⁵⁰. In these two patients, the drug first used is palm wine, a readily available and commonly consumed drink in this environment. Some of the social dynamics in these individuals identify the cultural practice of giving children and adolescents’ palmwine and its social acceptability. Palm-wine is an alcoholic drink, which may be acting as a major ‘gateway drug’ in this environment. Studies

indicate a statistical link between alcohol use and the use of illicit drugs that is age and dose related⁵⁰.

Children and adolescents who begin using alcohol at a very early age are more likely to progress to illicit drugs in the future as opposed to first alcohol use after the age of 16⁵⁰. Various rates have been recorded for Nigeria. Alcohol was the most regularly used substance (29.0% users), and cocaine was the least commonly used substance (2.1%) among high school students in the Southeast region, for instance. When native psychoactive substances like kola nuts were taken into account, adolescents in the southwest regions who reported using any psychoactive substance ranged from 15.0% to 69.3%. The most popular drug is still alcohol, followed by cigarettes. Tramadol is the second most abused substance, therefore this tendency appears to be shifting⁵¹. A higher level of psychological unease was significantly correlated with all addictive behaviors, including substance abuse. Another significant problem is the ineffective drug control regulations coupled with the rising accessibility of substances. Recognizing the mediating function of social and psychological factors may help in the prevention and treatment of substance-related disorders in this population because adolescents are particularly vulnerable to substances⁶¹. The use of psychoactive substances is quite prevalent among male secondary school students in Ibadan, southwest Nigeria, according to a study. It was discovered that having a higher class rank and working for pay after school were both significantly linked to substance abuse. The results of this study have implications for the treatment of addiction-related mental health issues in adolescents⁵².

2.2 Theoretical Framework

2.2.1 Health Belief Model

The Health Belief Model is utilized by this study and the model was developed in 1966 by Irwin Rosenstock. It is one of the earliest and most influential models of health promotion. Another well studied model of health behavior is the Health Belief Model (HBM). The HBM makes an effort to forecast behavior related to health based on specific belief patterns. Three areas can be used to categorize a person's motivation for engaging in a health behavior: likelihood of action, modifying circumstances, and individual perceptions. The importance of health to an individual, perceived severity, and perceived vulnerability are all elements that influence how they see sickness. Cues to action, perceived threat, and demographic characteristics are examples of moderating factors. The perceived advantages of following the advised course of action less the perceived obstacles results in the likelihood of action. A response that frequently materializes when the possibility of that behavior occurring is brought about by the combination of these elements⁵³.

Substance abuse is currently one of the biggest health issues that can negatively impact a person's emotional, psychological, physical, and social well-being. Adolescents can be assisted in promoting their preventative behavior against drug usage through theory-based education. The impact of health belief model (HBM)-based education on teenage students' preventative behaviors related to drug usage is necessary to determine how its functions in relations to the objectives⁵⁴.

However, it posits that individual's health seeking behavior is based on four factors and the behavior of focus in this study substance abuse which are:

Perceived Susceptibility: What is meant by perceived susceptibility is an individual's perception of their likelihood of contracting a particular illness. It is also a person's assessment of their chances of getting an illness or condition, or in this case, substance abuse. A person has to think they are vulnerable to illness, disease, or unfavorable health consequences in order to take action. People are more inclined to take action to stop something from happening if they feel that they are in danger. However, the contrary is also true: people tend to engage in less healthful habits when they feel they are low or not at risk. Changes in behavior are frequently not brought about by perceived susceptibility alone. Elderly people, for instance, may be aware that they run the danger of contracting a foodborne illness, but they may still handle food improperly. The health belief model also predicts that a perceived threat leads to a higher likelihood of engagement in health-seeking behavior⁵⁵.

Perceived Severity: It refers to the degree and gravity of the threat. According to a study, there is a stronger correlation between self-reported crime and people's perceptions of the severity and certainty of punishment. Perceived severity is more powerful when it is accompanied by higher levels of perceived certainty⁵⁶. Individuals seek intervention based on their opinion of the severity of the illness or condition. For instance, some individuals choose not to receive a flu vaccination despite public health guidelines. Although they may think that having the flu won't be serious, they most likely realize that they can catch it. Nonetheless, certain populations, such as the elderly and those who have asthma, are particularly vulnerable to the flu. Because missing a workweek results in lower income, self-employed people may also perceive perceived severity to be higher. A person is more prone to act when they believe a situation to be more serious and susceptible⁵⁵.

Perceived Barriers: Perceived barriers refer to an individual's assessment of obstacles to behaviour change. These barriers include those that facilitate and those that interfere with adoption of health seeking behaviour. The perception of the risk of illness and the advantages of engaged in a health-promoting behavior must surpass any perceived barriers for an individual to accept the behavioral change. The term "perceived benefits" describes the advantages of the alternative course of action that are seen to exist, such as how much the risk of the disease is reduced or how severe the repercussions are⁵⁷. Intangible obstacles may include things like a lack of funds, difficulty finding transportation, the necessity for child care, etc. Psychological barriers, such as discomfort, shame, or agony-phobia, can also be intangible obstacles. A person must feel that the advantages of the new behavior outweigh the drawbacks of continuing the old behavior in order to embrace the new one. If disadvantages outweigh advantages, change won't happen⁵⁵.

Perceived Costs and Benefits: Perceived benefits refer to an individual's assessment of the benefit and value of health seeking behaviors and their cost implication. The term "perceived benefits" also describes how someone feels about a new behavior's value in reducing the risk of illness. People have to think that a change will be beneficial for them in order for it to happen. If someone has diabetes, for instance, they take medicine in the hopes that it would help control their blood sugar. Individuals give up smoking because they think it will make them healthier. Many who get a colonoscopy do so with the belief that it will serve as an effective screening for colon cancer. People are more willing to act if they believe their actions will have positive effects. Even when someone feels they are susceptible, there are situations when the advantages of altering their behavior are insufficient to motivate them to do so. The perceived obstacles might exceed the perceived advantages⁵⁵. Regarding their functional responsibilities, costs are likewise distinguished from task values and expectation beliefs. While task values are a higher

predictor of accomplishment-related decision behavior and perseverance, expectation beliefs are a better predictor of achievement. The terms "effort cost," "emotional cost," and "opportunity cost" describe the psychological costs associated with a task, such as anxiety that is anticipated during completion; the former comes from evaluating a task negatively; the latter results from forgoing other worthwhile activities in favor of the task at hand⁵⁸.

Cues to Action: Events, people, or objects that cause people to alter their conduct are known as cues to action. Suggestions from other people, a family member's condition, or social media can serve as indicators. Restaurants that display nutritional information on their menus give patrons a hint to think about the number of calories in the meal they choose. Hand washing cues are posted on posters in public restrooms. Action signals come from "buckle up" highway signage. Internal cues include weariness, discomfort, and chest pain. For example, individuals who believe they are at high risk for a serious illness and who have an established relationship with a primary care physician may be easily persuaded to get screened for the illness/condition after seeing a public service announcement, whereas individuals who believe they are at low risk for the same illness/condition and also do not have reliable access to health care may require more intense external cues in order to get screened⁵⁵. Cues to action appear to come from experiences, societal pressure, or fundamental changes in the likelihood of change. Changes in confidence, attitude, and motivation to change tend to be sparked by experiences and social influence resulting from the health behavior in question. Cues to action resulting from these variables include social pressure, self-perception changes, exceeding boundaries set by the behavior in issue, and personal disease or illness among friends and family. Health behavior changes are also influenced by shifts in the potential for change, such as changing partners or experiencing other life events⁵⁹.

Self-Efficacy: Self-efficacy was added to the four components of the health belief model (i.e., perceived susceptibility, severity, benefits, and barriers) in 1988. Self-efficacy refers to an individual's perception of his or her competence to successfully perform a behavior. The thoughts that dictate whether or not to start a health behavior change, how much effort you put in, and how long to stick with it in the face of setbacks and failures are known as self-efficacy beliefs. Self-efficacy affects the amount of work one puts out to modify risky behavior and the perseverance to keep trying in the face of obstacles and disappointments that could sap motivation. Health behaviors and self-efficacy are directly correlated, but self-efficacy also indirectly influences health behaviors through influencing goals. People's level of self-efficacy affects the tasks they take on and the height of their aspirations. Developers of the model recognized that confidence in one's ability to effect change in outcomes (i.e., self-efficacy) was a key component of health behavior change⁶⁰. Drinking behavior has been predicted by self-efficacy ratings. It was discovered that adolescents with conduct disorder, anxiety, and substance addiction diagnoses together had far worse self-efficacy scores on every SCQ subscale. A study revealed the factor structure of a 20-item Controlled Drinking Self-Efficacy Scale (CDSSES), which comprised four components: quantity of intake, frequency of drinking, pleasant mood/social setting, and negative affect. Relapses are linked to low self-efficacy in quitting smoking. Self-efficacy is necessary to deal with high-risk events when they arise during the maintenance period. A person's confidence in their capacity to refrain from smoking may be related to specific emotional or environmental circumstances, such as feeling irritated or depressed, interacting with smokers, or being at a restaurant or bar⁶⁰.

2.2.2 Application of the Theory to the Study

The Rosenstock's HBM explains factors that might affect health seeking behaviours, choice of knowing what substance use and its prevention and introducing it as at when due to students while they are going through their academic program and to also introducing substance use prevention modalities. Perceived susceptibility: individuals seek intervention depending on the level of their belief in their susceptibility to the said health behavior which in this case is substance use. Students may seek knowledge of substance abuse prevention if they perceive that they might be at risk of abnormality or death. Perceived severity: individuals seek intervention based on the perceived level of risk associated with non-usage of such intervention. Perceived barriers: these include those that facilitate and those that interfere with utilization of knowledge of substance abuse prevention. These may type of school, level of information available to the student. Perceived cost and benefits of adhering to proposed intervention: individuals comply with health seeking behavior if he/she understands that continual intervention is affordable. E.g., a person can choose adequate substance abuse prevention method if he/she is more comfortable or has more to benefit from continuing the method. Other modifying factors explained in the HBM include perceived self-efficacy, cues to action (such as worsening symptoms and discomfort, warnings from relations through observation, health education constantly received at clinic) and psycho-social characteristics which may all influence the rate at which individual utilizes a health behavior or service. The family and self-identity are certainly closely related. According to a study, interactions within the family unit will play a major role in the adolescent's personality or self-concept formation. In addition, the exposure to cultural norms through the family, as well as individual adaptations, lays the foundation for influential modeling and acceptance of social orientations. The family is often viewed as the basic source of strength. Nurturing and supporting its members, as well as ensuring stability and generational continuity

for the community and its culture. From the traditional point of view, it is the duty of the family to protect and sustain both strong and weak members, helping them to deal with stress while nurturing its younger and more vulnerable members, the children⁶¹

According to a study, there is a strong link between alcohol/substance abuse by young people and the breakdown in family values. In the indigenous society, drunkenness was frowned upon. In today's setting, binge drinking is becoming an acceptable pastime with parents freeing the children from restrictions that once governed alcohol consumption⁶².

There is no denying that drinking alcohol can be detrimental to academic performance. College students with a "A" average drink an average of only 3.3 drinks per week, whereas students with a "D" average drink an average of 9 drinks per week, according to a national research. A Few Sobering Details Alcohol consumption has been connected to 25% of college dropouts and 40% of cases of poor academic performance. Higher drinkers tend to receive lower grades. Drinking more on average each week is associated with falling behind on schoolwork and missing more classes. Alternatively, it's possible that teenage drug and alcohol use causes them to associate with antisocial peer groups, which lowers their involvement in school and raises their chances of developing other behavioral and social issues⁶². Peers have a high degree of influence only when parents have abdicated their traditional supervisory roles. Hence, active and involved parents may be able to limit the influence of peer groups on young people's attitudes towards substance use, and therefore have a crucial influence on children's behaviour⁶³.

A significant proportion of prior global systematic studies on drug use concentrated on the psychological, social, or mental effects of substance misuse, whereas a smaller number only examined risk and protective factors associated with teenage prescription drug use for non-medical purposes. A small number of research concentrated solely on the risk variables

associated with teenage drug use. As a result, the primary research question that guided the creation of the current systematic review is: What are the current risk and protective variables among adolescents regarding their involvement in drug abuse? To the best of our knowledge, there is little data from systematic studies investigating the protective and risk variables for drug-abusing adolescents⁶⁴. There is a growing worry for worldwide public health regarding the use of alcohol and other drugs by college students. It is linked to the risk of alcohol and drug abuse disorders for the affected individual as well as public health issues for their family and community. Students run the danger of performing poorly academically, needing longer to finish their education, or quitting college altogether⁶⁵.

2.3 Review of Empirical Studies

2.3.1 Substance Use among Students/Practice of Substance Abuse among Students

In a study carried out among public secondary school, students in Rivers state, the focus of the study was directed at examining the effects of drug abuse on the academic performance of secondary school students. The findings of the study revealed that: students commonly abused drugs such as alcohol and hot drinks, tobacco, Indian hemp, marijuana; peer group influence contributed to abuse of drugs by students and students who abused drugs recorded poor academic performance. The said study further recommended comprehensive drug abuse education to prevent complicated effects of drugs on not just academic performance of students but on their overall health and well being⁶⁶.

In another study in an Oyo state in urban community in Oyo west local Government, findings revealed that almost a quarter 21.7% of study respondents had ever consumed alcohol containing drinks. Close to one quarter 24.1% of those who consumed alcohol said it was taken a day prior to the data collection of the study while 57.4% of them agreed to have taken alcoholic drinks

within the past one month before the study. Tramadol was the most commonly abused substance; reported by 39.0% of the drug abusers. Most 35.5% of the drug abusers did so to enhance their intellectual capacities⁶⁷.

2.3.2 Knowledge of Students about Substance Abuse

In a study on knowledge attitude and practice of substance abuse among ordinary level students in Lagos state, findings revealed that a little more than half of respondents in the study 52.9% know the meaning of substance abuse to be using unmeasured or non prescribed psychoactive substances⁶⁸. Caffeine was the drug used by most of the respondents 53.5% followed by pain killers/analgesic 19.1%, Indian hemp 3.5%, alcohol 2.5% and cigarette 1.8%. most of the respondents used drugs daily in the study. In another study on knowledge awareness and attitude towards substance abuse among school students in Sapele, Nigeria where it was revealed that Majority of the respondents 90.79% stated that they had been taught about drug abuse in school, while 19.37% had experimented with drugs in the past. Of this number, 72.13% were males and 27.87 females. 13.97% of the students had taken alcohol, 10.79% had taken tramadol, and 3.81% had taken rohypnol⁶⁹.

School 86.03% and mass media 57.78% were the main sources of information on drug abuse, while peer pressure was the most predisposing influence towards substance use 53.33%. Depression 81.27% and as a confidence booster 41.90% were reasons given the most for substance use while to improve memory and learning 30.48%, and because of the need to be happy and have fun 13.97% accounted for the other reasons. Thirty-four of the respondents 10.79% had gotten into fights under the influence of alcohol ⁶⁹.

In another study on knowledge and practice of substance abuse among boarding secondary school students in Zaria metropolis findings revealed that 80.6% have had of substance abuse; the

source of their knowledge is school 40.6%. Findings of the same study also showed that 52.2% have not taken any substance⁷⁰. Out of the 47.8% that have taken/sniffed substance, kolanut 32.7% was the main substance taken. This is followed by cigarette 6.8%, cocaine 3.6%, alcohol 2.5% and Indian hemp 2.2%. factors that influence substance abuse in the study include; curiosity 36.8%, influence of friends 34.6%, preparation for exam 22.6% and boldness to face friends 6%⁷⁰.

In a study done by the extent to which students knew of the negative effects of alcohol consumption on health. The results show that male and female students differed significantly in their knowledge of the following negative effects of alcohol consumption on human health: excessive drinking can cause alcoholic hepatitis ($t=39.39$, $P=.000$, 95% CI 1.347–1.488); heavy alcohol intake increases the risk of many forms of cancers ($t=12.92$, $P=.000$, 95% CI 0.526–0.715); excessive alcohol intake can result in sleep disturbances ($t=-5.01$, $P=.000$, 95% CI -0.329 to 0.144); alcohol abuse can increase the risk of injuries and accidents ($t=-2.65$, $P=.008$, 95% CI -0.193 to 0.029); alcohol abuse can cause liver disease ($t=3.38$, $P=.001$, 95% CI 0.059–0.221); alcohol abuse can damage the salivary glands ($t=-4.14$, $P=.000$, 95% CI -0.215–0.077); alcohol abuse can lead to gum disease and tooth decay ($t=6.23$, $P=.000$, 95% CI 0.201–0.386); people who abuse alcohol suffer from malnutrition ($t=32.98$, $P=.000$, 95% CI 0.972–1.095); excessive alcohol intake can cause a woman to stop menstruating and become infertile ($t=6.44$, $P=.000$, 95% CI 0.179–0.337); an immune system weakened by alcohol abuse has difficulty fighting off illness ($t=-7.66$, $P=.000$, 95% CI -0.382 to 0.226); and heavy drinking can cause damage to the heart ($t=-15.46$, $P=.000$, 95% CI -0.748 to 0.579)⁷¹.

In a 2008 Spanish nationwide study, their findings revealed that most of the secondary school pupils (85.6%) believed they had more than adequate knowledge about drug use, its affects and

problems associated with their use. Of which the main sources through which young people received these information about drug use were their parents and siblings (73.2%), the media (69.3%) and teachers (63.8%)⁷². Regarding substance use, over half (52.5%) of the respondents were knowledgeable. When it came to their knowledge of substance usage, the majority of students (80.5%) and (83.2%) agreed that using and abusing substances might negatively impact one's health. The majority of students concurred that alcohol (77.7%), marijuana (73.8%), and tramadol (56.5%) were the three substances most frequently utilized. More over two thirds of students (78.3%) were aware that abusing substances can harm the liver, while 76.0% of students said that abusing substances can lead to cardiovascular disease. Of those surveyed, about 75.9% were aware of the surge in drug use. The majority of students (78.1%) are aware that medical professionals, such as doctors and pharmacists, sometimes abuse drugs⁷³.

A study shows that students were aware of the causes of drug abuse as represented by 70%, with 20% reporting no while 10% were not sure. This shows that the students were not ignorant but were aware of what the effects were⁷⁴.

In a 2018 study conducted on the knowledge and indulgence in substance abuse among adolescents in Anambra state, South-East Nigeria, the data of 276 adolescents was analyzed where the male made up of 33% and the females made up about 67% of the overall population, having a M: F where it a ratio of 1: 2. Mean age was 16.4 ± 1.4 years. 13.8% (38) accepted they had abused substances in the past; but most importantly, 74.3% (205) had the correct knowledge of the meaning of substance abuse⁶⁷. This illustrated that most of the adolescents had a clear knowledge of what substance abuse entailed.

i. Attitude of Senior Secondary School Students towards Substance Abuse: In another study on attitude towards a specific substance abuse of cough syrup among adolescents in southwest

Nigeria where it was documented that a significant difference in attitude towards cough syrup abuse, between adolescents from monogamous and polygamous family structures ($t=-18.98$; $df=300$; $p<0.05$) exist, with adolescents from polygamous family showing the higher mean score. Thus, the stated hypothesis three is accepted. Hence, 74% of the variance of attitude towards cough syrup abuse among adolescents in this study depends on belonging to monogamous or polygamous family marital structure. no significant difference in attitude towards cough syrup abuse between adolescents in Oyo state and Lagos state ($t=0.03$; $df=300$; $p>0.05$)⁷⁵. Observation of mean scores showed that adolescents in Oyo state (Mean=2.73; SD=1.26) reported higher positive attitudes towards cough syrup abuse than their counterparts in Lagos state (Mean=2.72; SD=1.25), however, the differences did not attain statistically significant levels⁷⁵. In another study that investigated knowledge and attitude of senior secondary school students towards drug abuse in Ijebu- North Local Government Area of Ogun State. A sample of 50 students each was randomly selected (comprising of both male and female) to participate in the study. The data collected were analyzed using chi-square method of data analysis and demographic data was analyzed using simple percentage and frequency distribution tasks. The findings of the study revealed that there is significant relationship between students' knowledge and attitudes towards drug abuse ($\chi^2=56.720$; $> \chi^2 7.815$). The findings also revealed a significant relationship between gender difference in student knowledge and attitude towards drug abuse ($\chi^2 =20.400$; $> \chi^2 7.815$). The findings revealed a significant relationship between students' knowledge and preventive strategies of drug abuse among the students ($\chi^2=47.120$; $> \chi^2 7.815$)⁷⁶.

A study revealed that a total of 4078 adolescents participated in the survey: 5.1% reported they had smoked cigarettes at least once in their life, 33.6% drank alcohol, 13.1% experienced drunkenness, 7.5% used cannabis and 11.6% other drugs. The highest rates of alcohol use were

observed in the South, whilst the use of tobacco, cannabis and other drugs was higher in the North. Knowledge about tobacco, alcohol and marijuana was quite low across all zones. Scores for self-esteem, decision-making and refusal skills, risk perception and beliefs were lower in the North. The study showed a high prevalence of adolescent alcohol and substance use in Nigeria.. Prevention activities targeting adolescents could help to reduce the later life burden of disease related to use of tobacco, alcohol and other drugs⁷⁷. Previous research has highlighted strong beliefs against substance use and a desire to maintain excellent health as protective factors against substance use⁷⁸.

Another study carried out on substance abuse among adolescents showing the prevalence and patterns of cigarette smoking among students in delta state showed that a total of 7% of respondents had ever indulged in tobacco smoking with 50% currently smoking. Study recorded age of initiation of 0-11 years (17%); 12-15 years (66%), 16-20 years (17%), 64% smoked at weekends and anytime of the day; a quarter smoked at night. The popular venues for smoking were at parties (68%), in the bush (43%) and home of friends (25%). Majority (43%) smoked any brand of cigarette available; 46% smoked 1 stick of cigarette per day. Pocket money (65%) was the major source of funds for the habit followed by friends (21%) Regarding the reasons for smoking, majority smoked because it relieved them of stress (65%) and also because it helped them to forget about their worries (43%). Parents of 43% of respondents did not know their wards ever smoked whereas 57% of respondents could not tell if their parents were aware of their smoking habit as at study time⁷⁹. In a 2018 study on the prevalence and predictors of alcohol and drug used among adolescent students in Botswana, a 72-item cross-sectional survey of students in 17 public secondary schools in Gaborone, Lobatse, Molepolole and Mochudi, Botswana was administered, males were found to be 1.3 (95% CI: 1.1, 1.6) times more likely to

drink alcohol than females (48.4% vs. 36.8%, $p \leq 0.01$), they were 1.7 (95% CI: 1.3, 2.1) times more likely to drink hazardously (28.4% vs. 17.1%, $p \leq 0.001$). Males were also 2.2 (95% CI: 1.6, 3.0) times more likely to use drugs (25.3% vs 14.5%, $p \leq 0.001$). Adolescents at high opportunity risk were 2.1 (95% CI: 1.9, 2.3) times more likely to drink alcohol (74.8% vs. 36.2%, $p \leq 0.001$), 3.5 (95% CI: 2.9, 4.4) times more likely to hazardously drink (56.9% vs. 16.0%, $p \leq 0.001$), and 3.5 (95% CI: 2.9, 4.2) times more likely to use drugs compared to those without high opportunity risk (43.1% vs. 12.3%, $p \leq 0.001$). Adolescents at high individual vulnerability risk were 1.7 (95% CI: 1.5, 1.9) times more likely to drink alcohol (63.8% vs. 37.9%, $p \leq 0.001$), 2.4 (95% CI: 2.0, 2.9) times more likely to hazardously drink (43.7% vs. 18.1%, $p \leq 0.001$), and 3.1 (95% CI: 2.6, 3.9) times more likely to use drugs (39.3% vs. 12.5%, $p \leq 0.001$)⁸⁰.

In the prior 2018 study carried out in Oyo State Secondary schools, their findings revealed that 40.0% of their respondents had positive attitude towards substance abuse (i.e they approved of substance abuse). Almost a quarter (21.7%) had ever consumed alcohol containing drinks, palm wine was the most common alcoholic drink ever consumed; reported by 77.8% of the respondents who had ever taken alcohol⁶⁷. Close to one quarter (24.1%) of those who consumed alcohol said it was taken a day prior to the survey while 57.4% of them agreed to have taken alcoholic drinks within the past one month before the survey. In all, 31(26.3%) of the respondents satisfied the criteria used in defining substance abuse in this study, Tramadol was the most commonly abused substance; reported by 39.0% of the drug abusers. Most (35.5%) of the drug abusers did so to enhance their intellectual capacities⁷⁵.

2.3.3 Perception of Drug Abuse

Various people had various perceptions about substance and alcohol abuse. Each perspective was not consistently the same. The least supported question asked if they believed they had a problem

with alcohol or other drugs. The study's epidemiology and prevalence patterns indicate that a variety of medications are widely accessible. As a result, there is a need for public education to limit drug availability in the general public and lower demand for these medications, while at the clinical level, more resources are allocated for therapies⁸¹. In particular, the policy regarding the availability of cigarettes needs to be reviewed. Tighter rules or prescriptions are also necessary, and the manufacturing and marketing of khat to alternative economic activities need to be addressed in a way that does not negatively impact the farmers. According to our research, excessive drinking and drug use are perceived similarly when it comes to alcohol and substance abuse. Put otherwise, they don't think excessive indulgence is a red flag. The significance of this is that in order for the person to make an informed decision about abusing these substances, therapies must address the biological and behavioral health issues that may arise. Our data show that students' negative opinions about alcohol were more prevalent than those of other substances. To elucidate the distinctions in the perceptions of drugs and alcohol, as well as the reasons behind them, a qualitative investigation may be required⁸². This study looks into how much secondary school pupils know about drug usage given how common it is in society. The perception and impact of drug addiction on students' academic performance in courses like computer technology and related fields is also assessed. According to this study, 97.4% of students are aware of the negative effects of drug usage on one's health. Of the pupils surveyed, alcohol was the drug most misused (5.9%), followed by tobacco (3.3%) and marijuana (also known as Indian hemp) (2.3%). According to the tested hypotheses, there is a statistically significant ($p < 0.05$) correlation between a student's propensity for drug usage and the kind of school they attend—private or public—as well as their level of knowledge⁸³. Research was conducted to determine how different factors related to drug usage could affect how people

behave. A survey was conducted to investigate people's perceptions, attitudes, and support towards illegal drugs. The link between these factors was examined using SEM-Path analysis. Positive or negative attitudes about drug abuse develop from the perception of difficulties related to drug misuse and the assistance offered to discourage drug-abusing behavior. The attitude toward drug addiction is greatly influenced by how difficulties associated with drug addiction are seen. The influence is further amplified by the way the support system is perceived (partial mediation). When it comes to gender, age, and education, the support structure has an enhancing influence. To investigate the moderating effects of age, gender, and education, multi-group path coefficients were estimated⁸⁴. A study's findings indicate that the majority of adolescents in secondary school (89.3%) knew a decent deal about drug misuse and agreed that it can affect adolescents' physical (69.6%), psychological (76.9%), social (73.5%), and academic (77.0%) aspects. Furthermore, there is a strong correlation between adolescents in secondary school who are aware of drug misuse and the perception of drug abuse has a negative impact on their social, psychological, physical, and academic functioning. The findings, in summary, emphasize the necessity of keeping teaching teenagers in secondary schools about the negative effects of drug usage and advising them to stop abusing drugs⁸⁵. A different study revealed how people "perceive drug-related harms": A scoring system with a range of 1 (no risk of harm) to 4 (high risk of harm) was used to measure this. In addition, participants were questioned about the sources that shaped their understanding of the risks associated with drugs as well as their own self-reported drug use. The findings demonstrated that views of the negative effects of medications did not align with what is now known about drugs from research. In addition, the 45+ group had more conservative views on the risks associated with tobacco and a variety of illegal drugs. Nonetheless, neither the younger nor the 45+ age group believed that alcohol was more hazardous than it was. According

to this survey, the biggest misconception concerned the negative effects of alcohol use, which remained constant as people aged⁸⁶. Alcohol was perceived as the third least harmful substance (3.13), whereas the class "A" narcotics heroin (3.76), methamphetamine (3.66), crack cocaine (3.66), and cocaine (3.43) were thought to be the most harmful. Tobacco (2.41) was seen to be the least harmful substance, whereas cannabis (2.75), a class "B" drug, was thought to be the second least toxic. The respondents' perceived harm ratings of substances and their legal classification showed a significant positive link ($r=0.70$, $n=11$, $p=0.01$), with greater perceived harm ratings assigned to medications that were inside a higher drug class, according to a Spearman's rank correlation⁸⁶. The most dangerous substances, according to both young and old individuals, are heroin, cocaine, crack cocaine, and methamphetamine. The categorization of these pharmaceuticals and the study results on drug hazards published by the scientific community agreed with these conclusions. Furthermore, despite the fact that the scientific community ranks alcohol as the most harmful drug due to the harm it causes to users' physical health, such as cirrhosis, fatty liver, and cardiomyopathy, as well as the direct and indirect economic costs associated with it (such as those associated with healthcare, prison, social services, insurance, crime, absenteeism, and lost productivity), the current study did not provide a clear picture of the harms associated with alcohol in comparison to other drugs⁸⁶.

In Minna, Niger state, a study was conducted to find out how drug abuse perception to affect productivity. The study's conclusions showed that workers' incapacity to follow instructions, negligence, on-site violence, and friction among coworkers have the greatest detrimental effects of drug usage on construction sites, which have an adverse effect on workers' productivity (mean scores of 3.84, 3.80, 3.55, and 3.53, respectively). The survey also found that the construction industry pays very little attention to preventing drug misuse on the job site, including through

employee drug testing, anti-drug policies, and awareness programs. The study further suggested that anti-drug policies be implemented and upheld on sites in light of these findings⁸⁷.

Subsequent research reveals that the highest lifetime drug prevalence rate was for alcohol (29.1%), with prescription opioids coming in second (9%). It was discovered that the region's economic distribution, gender, educational attainment, and style of school administration may all predict the prevalence of drug use⁸⁸. This study found statistically significant disparities in the prevalence of cocaine use between low-income and high-income regions in two LCDAs in Lagos, Nigeria, as well as substantial differences in the prevalence of tobacco and opiate use among children in private and public schools. Among secondary school students in two LCDAs in Lagos State, Nigeria, the prevalence of lifetime, recent, and present drug use was recorded, with alcohol having the highest prevalence⁸⁹. Most of the students—99 percent of them—had received instruction regarding drug usage, according to a cross-sectional research that was conducted. But 35 percent of them did not consider drug usage to be a serious social issue. According to as many as 37% of them, it is extremely unlikely that drug misuse will result in medical problems or harm to one's health. A total of 8% of the participants reported experiencing withdrawal symptoms, while the majority of respondents (56%) thought that using drugs made people cool. Most of them were aware that abusing drugs could result in angry outbursts when high (71%), violence, or mental disease (75%). The results will be useful in creating an advocacy framework⁸⁹.

I. Pattern and Source of Substance Abuse among Adolescent Students

A study on Pattern of substance use among senior students in Ibadan, showed that five hundred and ten students participated with a mean age of 15.0 +/- 1.2 years. The prevalence of lifetime use of any substance was 15.3%. Alcohol 33.9%, solvents 17.3%, and tobacco 10.6% were the

most used substances. Only gender and age were associated with the lifetime use of tobacco and solvents ($p < 0.05$)⁶⁷.

In another study the mean age of our respondents in the study was $16.3 \pm 2SD$; 40.0% of them had positive attitude to substance abuse while 21.7% had ever consumed alcoholic drinks⁹¹. In all, 31(26.3%) of the respondents satisfied the criteria used in defining substance abuse. Tramadol was the most abused substance apart from alcohol; reported by 39.0% of the substance abusers. Most (35.5%) of the substance abusers did so believing it could enhance their academic performance. The proportion of respondents who were substance abusers was significantly higher among students who had not received any formal lectures on the subject at school compared to those who had.(47.5% vs 29.7% ; $p=0.023$)⁹¹.

In another study done, the mean age of the participants was 16.57 ± 1.39 years with a male: female ratio of 1:1.09. The proportion of respondents aged 10–14 years were 6.9% while 93.1% were aged 15–19 years. SS2 students constituted 51.5% of respondents while 48.5% were in SS3. Respondents who were from divorced/separated homes constituted 12.5% of total respondents while 16.1% were orphans. About 26.3% of participants participated frequently in religious activities⁹³. Prevalence rate of substance abuse obtained was 32.9%. Alcohol was the most commonly abused substance with a prevalence rate of 29.0% while cocaine was the least abused with a rate of 2.1%. Abuse of alcohol, cigarette and kolanut were significantly more in 15–19 years olds (90.8, 44.6 and 76.9% respectively). There were no significant differences in the ages of those who abused cannabis, cocaine, and coffee. More males (99.2, 46.7, and 7.5%) were abusers of alcohol, cigarette and cocaine respectively. There were 63.1% female coffee abusers while 36.7% males were coffee abusers. There was a significant gender difference in abusers of alcohol ($p = 0.012$), cigarette ($p = 0.045$), cocaine ($p = 0.042$) and coffee (0.031). The

respondents who abused the various substances had their first use of substances at ≤ 14 years. There was no significant difference in the frequencies of abusers of alcohol, cannabis, cocaine and coffee in the various socioeconomic classes in the study⁹³.

In a study of correlates of psychoactive substance abuse among Nigerian adolescents their research showed that the difference in the ages between those that have used tobacco and nonusers was statistically significant⁵⁹. 19 (9.0%) of the respondents who are 16 years use tobacco, this percentage decreased to 5.3% at age 17 but increased steadily to 13% at age 18 and significantly to 20% at age 19. The older the respondents, the more likely they would use tobacco. 30% of the male and 13% of the female respondents used tobacco. This gender difference in the proportion of users was statistically significant; the males being more likely to use tobacco than the females. There was no statistically significant difference in the religion of those that have used tobacco and those that have not used. Similarly, school type did not yield statistically significant difference. Equal percentages of lifetime tobacco use were reported for respondents in both public and private schools. 16% of the respondents from a polygamous family used tobacco as against 7.4% of the respondents from monogamous family. This was statistically significant. Other variables that showed statistically significant association with lifetime use of tobacco included: Having a friend at school or a family member who used any of the substances and dis-satisfaction with respondents' relationship with the teacher.

In another study of substance use among adolescent students in Nigeria and its relationship with psychological factors, the prevalence of lifetime of any substance was 17.3% [95% CI: 14.7, 20.5] and current use of 11.7% [95% CI: 9.0, 14.0]. Alcohol has the highest lifetime and current use, accounting for 13.6% [95% CI: 11.1, 16.4] and 8.9% [95% CI: 6.9, 11.3] respectively. This was followed by tramadol with lifetime use of 3.8% [95% CI: 2.5, 5.5], current use 2.6% [95%

CI: 1.6, 4.1] tobacco with a lifetime use of 3.2% [95% CI: 2.0, 4.8] and current use of 2.5% [95% CI: 1.5, 4.1]. None of the participants reported injection drug use, ecstasy, heroin or cocaine⁵¹.

In the study findings also revealed that having a polygamous family background [OR=1.53 [95% CI:1.03, 2.30)], AOR=1.43 [95% CI: 0.95, 2.165] having a divorced/separated parents COR=1.76 [95% CI:1.05, 2.95], AOR=1.51 [95% CI: 0.89, 2.58], and not living with parents COR=2.21 (95% CI:1.31, 3.75), AOR= 04 [95% CI:1.19, 3.48] increase the risk of experiencing psychological distress. Compared with their female counterparts, the males were significantly at higher risk of both lifetime AOR= 2.97 (1.82, 4.83, P =0.001) or current use of any substances AOR= 2.20 (95% CI: 1.28, 3.79, P =0.005. Those whose parents use one substance or the other AOR=3.48 (95% CI: 1.57, 7.69, P=0.002) were significantly more likely to have a history of lifetime substance use while those whose parents were still married AOR=0.50 (95% CI: 0.27, 0.92, P =0.027) who live with their parents AOR 0.39 (95% CI: 0.20, 0.75, P =0.005) were less likely to have a history of substance use⁵¹.

A study shows that students whose parents are low-income earners are likely to engage in drugs as shown by 38%. This is because their basic needs like food, shelter and clothing might not be met therefore leading them to abuse drugs due to frustrations. On the other hand, those whose parents are high income earners might not engage so much in drugs due to their basic needs having been made. This is represented by 16.8%. The findings imply that Drug and Substance Abuse is a major societal problem and cuts across all levels of income of parents with those of low economic status highly affected by the vice⁷⁴.

This study also shows that that high handedness leads to drug abuse which stands at 50%, lack of freedom at (22%), harsh treatment at (17%) and laxity at (11%). Perhaps this is due to the

fact that the students in schools are at the peak of their adolescence therefore may tend to be rebellious if not handled with care. Peer pressure (38%) was reported as the main cause of drug and substance abuse among students. Other factors cited included curiosity (25%), availability of drugs (23%) and the belief among students that they will pass exams (14%) engage in drugs. This implies that peer pressure among other factors continue to influence students with irreparable damages such as addiction to dangerous drugs⁷⁴.

A 2018 study about parental monitoring and substance abuse by youths showed that a greater proportion of the respondents had higher levels of parental monitoring by their parents. About 7 in 10 of them reported that their parents were often or always aware of their movements at night while half of them reported disclosing plans made with peers at least most of the time⁹⁵. A major proportion of the adolescents reported low levels of negotiated unsupervised time. About 20% reported ever being permitted to have friends of the opposite sex in their bedroom while another third reported being left to hang out with friends unsupervised by their parents. About two-thirds of the adolescents reported that their parents trusted them to make good decisions and for a similar proportion of them, this trust was premised on past good decisions. The mean parental monitoring score was 7.27 ± 2.41 with higher levels of monitoring among females (7.32 ± 2.52) compared to males (7.22 ± 2.31), $P > 0.05$. Levels of negotiated unsupervised time was higher among male adolescents (9.82 ± 3.94) compared to the females (8.81 ± 4.02) and this was statistically significant (mean difference = -1.01, $t = -2.65$, $P < 0.01$). There was no statistically significant difference in the parental trust scores in girls compared with boys. (mean difference = 0.023, $t = 0.105$, $P > 0.05$)⁹⁵.

In a study of substance use among secondary school adolescents in Gwagwalada area council, Abuja their findings showed that five hundred and seven (507; 42.4%) students had used only one substance in their lifetime while 363 (30.4%) students had used a combination of 2 or more substances in their lifetime⁹⁶. There were various combinations used however, no student had used seven or the eight substances. The most commonly combined substances used were kola nut and alcohol (n= 122, 10.2%), and kola nut and sniffed and inhaled substances (n= 55; 4.6%). Sixteen (16; 1.3%) students had used a combination of the gateway substances, alcohol and tobacco. Only 1 (0.1%) student had ever used both heroin and tobacco. In this study Most licit substances were used on or before 10 years of age except alcohol. First use for alcohol was highest in the age group 11– 12 years (n= 55; 4.6%). The age at first use was lowest for all licit substances at 17 to 18 years. The age at first use for illicit substances was also highest in the age group 10 years or less and lowest in the age groups 15-18 years. The most illicit substances used were cocaine and cannabis with 8 (0.7%) subjects each reporting first use at age 10 years or less while hallucinogen (n=5; 0.4%) and heroin (n=4; 0.4%) were in second and third positions respectively⁹⁶

II Access of Adolescent Students to Substance that can be Abused.

Findings from research also indicated that 63% of students who hailed from urban areas abused drugs as compared to their rural counter parts. This is because the students in urban areas had easier access to these drugs and are also likely to be influenced by advertisement in mass media like television and radio⁷⁴. A study done on factors associated with psychoactive substance abuse in a public and private school sin Zaria revealed that 47.6% mentioned kolanut as their most preferred substance, followed by sedatives (12.2%) and alcohol (10%). Nearly half (41.3%) obtained their substances from petty traders. Approximately, 60% of the respondents

initiated psychoactive substance use due to curiosity, followed by peer pressure (20.5%), depression (8.6%), and academic problems (3.4%). Nearly two-thirds (62.9%) of the respondents reported enjoying the feeling derived from the substance as the main reason for the continued use of psychoactive substance, followed by peer pressure (13.6%), depression (10.2%), and academic problems (3.1%). A significantly higher proportion (69.7%) of older adolescents (15-19 years) compared with those aged 10-14 years (43.9%) were engaged in psychoactive substance use ($P < 0.001$). In this study about 55.0% of the respondents were from private secondary schools⁹⁷.

In a study, one thousand and fifty-two (1,052) and 144 students were selected from public and private schools respectively. The prevalence rates for lifetime use of the 8 substances tested for were higher in public schools for only cocaine (1.2%) while the prevalence of lifetime use was higher in private schools for kola nut (55.6%), sniffed and inhaled substances (11.8%), alcohol (27.1%) and hallucinogen (1.4%). The prevalence was similar in public and private schools for tobacco (2.1% and 2.8%), cannabis (1.4% and 1.4%) and heroin (0.7% and 0.7%) However, the difference in prevalence for lifetime substance use and type of school was only statistically significant for alcohol use ($p = < 0.001$)⁹⁶.

Table 2.1 Shows the Relationship between prevalence rates of substance use and type of school⁹⁶

SUBSTANCE	TYPE OF SCHOOL		Fischer's exact	Z	p value
	PUBLIC	PRIVATE			
	n (%)	n (%)			
Kola nut	450 (42.8)	80 (55.6)	2.373	1.555	0.121
Alcohol	147 (13.9)	39 (27.1)	16.942	3.43	< 0.001*
Sniffed or inhaled substances	61 (5.8)	17 (11.8)	5.119	1.87	0.061
Tobacco	22 (2.1)	4 (2.8)	0.295	0.4	0.626
Cannabis	15 (1.4)	2 (1.4)	0.001	-0.04	0.97
Cocaine	13 (1.2)	1 (0.7)	0.308	-0.69	0.493
Hallucinogen	9 (0.9)	2 (1.4)	0.407	0.53	0.595
Heroin	7 (0.7)	1 (0.7)	0.07	-0.09	0.93

III Source of Substance Abuse Information among Students

In study done, results showed that of all the students who have ever used the psychoactive substances, 100% (n=34) were aware of the areas where psychoactive substances are supplied. Other reported areas were places of entertainments, shopping centres and in farms⁵⁸. In a study, their data showed that 48.0% of the students that indicated they had heard about substance abuse cited that their source of information was their school teachers, 10.0% indicated that their source of information was their parents, 15.0% indicated that it was from their religious

organizations, 22.0% indicated that it was from their friends and 5.0% indicated their source of information on substance abuse was from the mass media⁴⁴.

Findings by the students in towns are more likely to abuse drugs and other substances as compared to those in the rural areas as noted in the study⁷⁴. 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. 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 taking⁷⁴.

Assess and Compare Existence of Substance Abuse Prevention Strategies in Educational Institution

In the qualitative analysis study carried out by, data derived shows that all participants who were interviewed reported that prevention of psychoactive substance use among the youths is possible if one purposes to do so for instance; One of the respondents had this to say:

“.....there are times when I can stay for 6 months without smoking and sometimes even more and only smoke when I am depressed or something is disturbing me.” IDIP2⁷³.

Also another respondent said: *“.....Myself I think if I detach myself from my friends, I think I can gradually stop drinking but it will take time since drinking has become like a routine.....”* IDIP1 One of the respondents stated prevention is possible if the family members' attitude towards the youths who use the substances change and they become loving. He/she further said that: *“.....I know I can stop drinking alcohol but my parents have already labeled*

me as a drunkard and whatever I do they do not care whether am around or not and so the only people who make me feel a sense of belonging are my friends and we meet during drinking time.” IDIP4⁷³

In a study on the effects of the “Unplugged” school-based substance use prevention program in Nigeria were evaluated through a cluster randomised controlled trial. This study was adapted to the Nigerian context, assembling suggestions from monitoring forms and interviews, and performing fidelity checks on content and method. Thirty-two secondary schools were extracted from a list provided by the Federal Ministry of Education, and randomly allocated to intervention and control arms. A self-completed anonymous questionnaire was used for baseline and follow-up surveys. The analysis sample finally included 2685 pupils (mean age 14.2 years)⁹⁸.

Multilevel models were run to estimate program effects on prevalence of self-reported cigarettes, alcohol, and marijuana use. Mediation analysis was performed to identify possible mediators of program effect on alcohol use. Their results show that Unplugged significantly reduced the prevalence of recent alcohol use in intervention vs control pupils. The effect on prevalence of cigarette and marijuana use was not statistically significant. The program prevented progress and encouraged regress across stages of intensity of alcohol use. Negative beliefs, risk perceptions, and class climate mediated the effect of Unplugged on alcohol use⁹⁸.

In a study on the combined prevention for substance use, depression, and anxiety in adolescence, a multicentre, cluster-randomised controlled trial was done in secondary schools in Australia, with pupils in year 8 or 9 (aged 13–14 years)⁹⁹. Participating schools were randomly assigned (1:1:1:1) to one of four intervention conditions: (1) Climate Schools–Substance Use, focusing on substance use only; (2) Climate Schools–Mental Health, focusing

on depression and anxiety only; (3) Climate Schools–Combined, focusing on the prevention of substance use, depression, and anxiety; or (4) active control. The interventions were delivered in school classrooms in an online delivery format and used a mixture of peer cartoon storyboards and classroom activities that were focused on alcohol, cannabis, anxiety, and depression.

The interventions were delivered for 2 years and primary outcomes were knowledge related to alcohol, cannabis, and mental health; alcohol use, including heavy episodic drinking; and depression and anxiety symptoms at 12, 24, and 30 months after baseline. Between Sept 1, 2013, and Feb 28, 2014, we recruited 88 schools (12 391 pupils), of whom 71 schools and 6386 (51·5%) pupils were analysed (17 schools dropped out and 1308 pupils declined to participate). We allocated 18 schools (1739 [27·25%] pupils; 1690 [97·2%] completed at least one follow-up) to the substance use condition, 18 schools (1594 [25·0%] pupils; 1560 [97·9%] completed at least one follow-up) to the mental health condition, 16 schools (1497 [23·4%] pupils; 1443 [96·4%] completed at least one follow-up) to the combined condition, and 19 schools (1556 [23·4%] pupils; 1513 [97·2%] completed at least one follow-up) to the control condition⁹⁹.

Compared with controls, the combined intervention group had increased knowledge related to alcohol and cannabis at 12, 24, and 30 months (standardised mean difference [SMD] for alcohol 0·26 [95% CI 0·14 to 0·39] and for cannabis 0·17 [0·06 to 0·28] at 30 months), increased knowledge related to mental health at 24 months (0·17 [0·08 to 0·27]), reduced growth in their odds of drinking and heavy episodic drinking at 12, 24, and 30 months (odds ratio for drinking 0·25 [95% CI 0·12 to 0·51], and for heavy episodic drinking 0·15 [0·04 to 0·58] at 30 months), and reduced increases in anxiety symptoms at 12 and 30 months (SMD –0·12 [95% CI –0·22 to –0·01] at 30 months). We found no difference in symptoms or probable diagnosis of depression.

The combined intervention group also showed improvement in alcohol use outcomes compared with the substance use and mental health interventions and improvements in anxiety outcomes when compared with the mental health intervention only⁹⁹.

A study shows that with regard to protective factors, particularly notable are the effects of low individual controls protection and low social controls protection⁴⁰. Adolescents with low individual controls protection were 1.5 (95% CI: 1.3, 1.8) times more likely to drink alcohol (60.9% vs. 39.6%, $p \leq 0.001$), 2.1 (95% CI: 1.6, 2.6) times more likely to hazardously drink (40.7% vs. 19.8%, $p \leq 0.001$), and 2.7 (95% CI: 2.1, 3.5) times more likely to use drugs (38.5% vs. 14.1%, $p \leq 0.001$). Adolescents with low social controls protection were 2.0 (95% CI: 1.8, 2.2) times more likely to drink alcohol (73.2% vs. 36.4%, $p \leq 0.001$), 3.1 (95% CI: 2.6, 3.8) times more likely to drink hazardously (52.4% vs. 16.7%, $p \leq 0.001$), and 4.0 (95% CI: 3.3, 4.8) times more likely to use drugs (46.1% vs. 11.6%, $p \leq 0.001$). Lastly, adolescents were 10.3 (95% CI: 8.2, 12.7) times more likely to use drugs if they use alcohol hazardously as compared to no alcohol use (50.1% vs. 4.9%, $p \leq 0.001$)⁴⁰.

In a study of the causes and effects of drug and substance abuse among students in selected secondary schools, findings showed that guidance and counselling at school took the highest percentage (46.7) followed closely by (40.7%) as the community engaged in public campaigns and awareness. This could be through mass media like radios and televisions or through public gatherings. It can also be noted that taking drug abusers to law enforcers was rated (3.7%)⁷⁴. This shows that the teachers prefer guidance and counselling to any other possible remedy. The findings concur with headteachers view which established that guidance and counselling was key towards minimizing drug related incidences in school. This research also shows that preventive measures to curb drug and substance abuse were taken by students, teachers, parents

and the community. 22.8% of the students play games as a measure to curb drug abuse, 19.8% started membership in clubs. 25.0% read novels while 32.4% did none of the above. 46.7% of the teachers used guidance and counselling as a measure to curb drug abuse (most of the teachers in this study have gone for in-service training for guidance and counselling) while 22.0% did so through corporal punishment and 31.3% through expulsion of the students⁷⁴.

10.4% of parents took their substance abusing children to Rehabilitation centres to curb their drug/substance abuse while 12.7% reported to the police, 8.6% of the parents practiced guidance and counselling, 23.9% kept their children busy, 38.4% gave their children less money and 6.0% gave their children corporal punishment to curb substance abuse. 27.3% of the community effort were geared towards taking drug users to a rehabilitation centre, 40.7% to public awareness and campaigns, 10.4% to carrying community guidance and counselling, 5.6% to punishing drug traffickers, 12.3% to formation of youth groups, 3.7% to taking drug abusers to law enforcers. In trying to prevent and curb substance use some challenges were faced by the teachers. Some students were uncooperative (50%), uncooperative parents (34%) and hostility from the community was rated at 16%. The students fear exposing themselves and their peers to ridicule from teachers. They also fear that should they expose their peers, these peers might retaliate by meting punishment on them like beating or killing them. The parents do not want to expose their children because they might be expelled from school. The community members sometimes harbor the drug barons therefore do not like exposing their hideouts for their own safety and those of their close relatives. This impacts negatively on academic performance⁷⁴.

2.4 Conceptual Framework

Health Belief Model

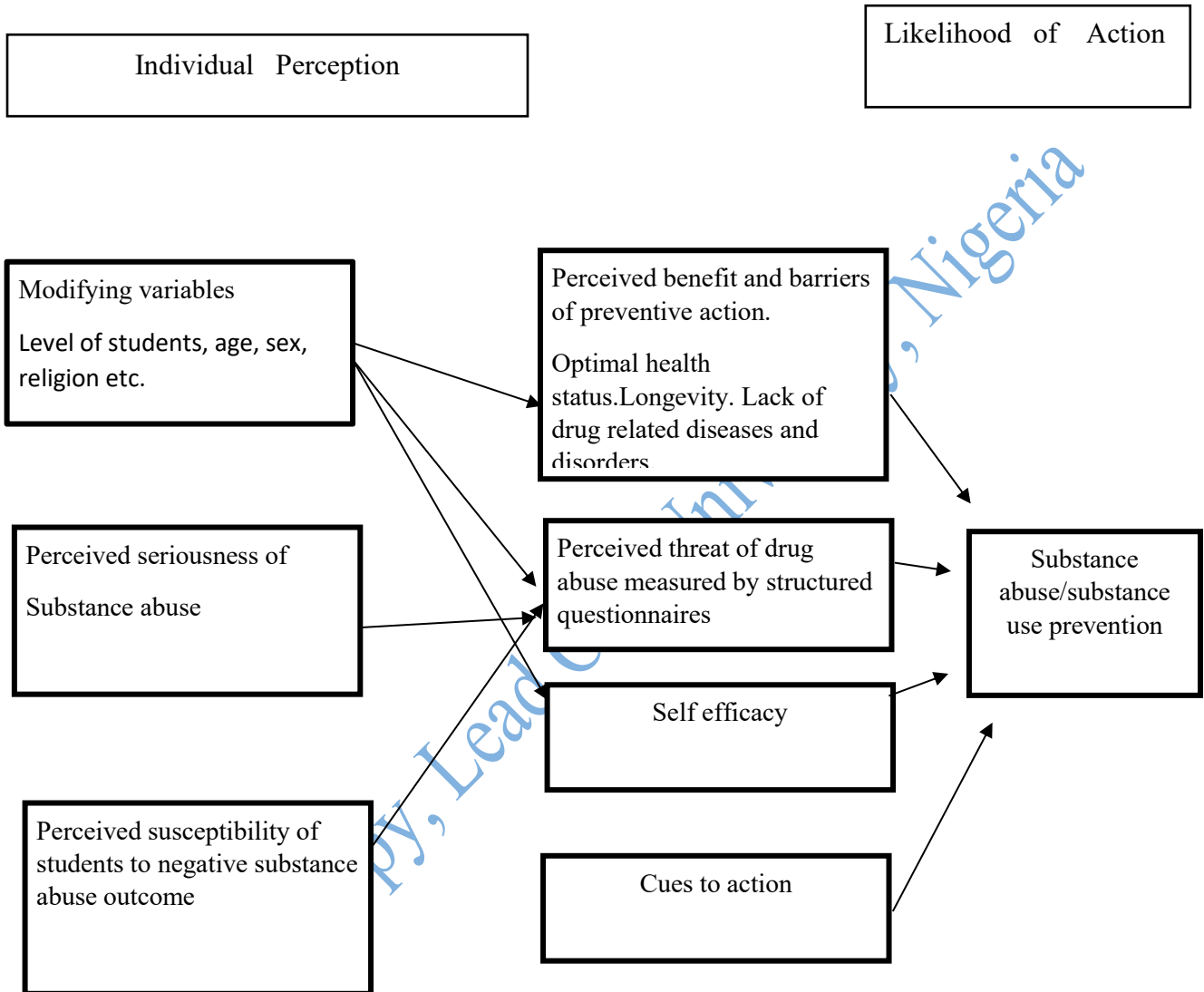


Figure 2.3: Health Belief Model as a Conceptual Framework

Source: Researcher's Fieldwork 2023

The conceptual framework gives a link between the independent and the dependent variables of the study. There is seen to be an inter-related between the perception of drug abuse and the utilization, thereby making use of a preventive action to ensure its management. Various factors

(sex, religion, level of study, age etc) are utilized to determine the possible association and link, as seen in the diagram. These relationships will be established in this study in a bid to recommend innovative and forward-thinking solutions to the issues of drug abuse among adolescents.

2.5 Summary of Gaps in Literature Reviewed

An empirical review of past studies in relation to coined research objectives for this study was carried out and most of the studies considered had a fused empirical focus i.e both knowledge of students and attitude of students towards substance abuse in most of the reviewed studies were fused together but none of the reviewed study was able to differentiate between knowledge, attitude of substance abuse between public student and private school students. This current study is poised to certainly reveal what was obtained as to Knowledge Perception and practice.

A theoretical framework of health belief model was adapted into this study which explained the possible linkage between students' knowledge and perception of substance abuse which will either determine the students' choice to take up substance use or its prevention. However, not enough data was seen, in regards to the needed information, and this gap can be observed from further investigation.

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CHAPTER THREE

METHODOLOGY

3.1 Research Design

This study employed a cross-sectional survey design as a method of collecting information by administering of questionnaire to a sample of students at a particular time.

The setting of this study is Ogun state college of health technology, Ilese-Ijebu was established on 28th September, 1976 as a School under a department in the Ministry of Health during the Military Administration of Col. Saidu Balogun At inception, the institution was located temporarily at Itamogiri in Ijebu East Local Government in 1982. The primary objective of the College is to train middle level manpower for the delivery of Primary Health Care services for the State. Interestingly, the College has since surpassed this mandate by providing quality health care workers for primary, secondary and tertiary health care delivery system not only for Ogun State but also for neighbouring states and federal institutions¹. Being the first tertiary institution in the State, its general importance to the overall primary health care delivery in the State, as well as being the single largest producer of primary health care workers accounting for over ninety percent (90%) of the total health manpower needs of the twenty local governments in the State; the impact of its contribution to primary health care spurred the state government to upgrade it to a College with polytechnic status and the required Legislation House Bill number 27 was enacted and signed by the then Governor of the State. The Law is cited as Ogun State College of Health Technology Law, 2004 as amended in 2008¹.

The College occupies a wide expanse of land from Ilese township road, almost reaching the Sagamu-Benin express road. This gives ample room for expansion and development. The

College has had a total of twelve (12) Principals with Dr. Adetunji Dawodu, JP been the pioneer Provost following its upgrading to full Polytechnic².

3.2 Population of the Study;

Study population for this study comprised of all students of the Ogun state college of health technology Ilese.

3.3 Sample and Sampling Method/Technique

Sample Size determination

Using Taro Yamane's formula for sample size determination of

$$n = \frac{N}{(1 + N * (e)^2)}$$

Where:

n signifies the estimated sample size of 1084 based annual record of registered students in the school for the 2021/2022 academic session

N signifies the population under study

e signifies the margin error

$$n = 1084 / (1 + 1084 (0.05)^2)$$

$$n = 1084 / (1 + 1084 (0.0025))$$

$$n = 1084 / (1+2.71)$$

$$n = 1084/3.71$$

$$n = 292$$

A 3 stage sampling procedure was used to select participant for this study:

Stage 1: Selection of 6 department through simple random sampling in the school

Stage 2: Selection of 2 levels in each department through stratified random sampling

Stage 3 Selection of 30 participants in each level to make a total of 300 respondents factoring in attrition ratio.

3.4 Description of Research Instrument

The instrument used for data collection in this research work is an adapted /self developed questionnaire, Section A of the instrument focused on the demographic information of respondents from questions 1-7 while the Section B consist of information relating to knowledge and awareness of drug abuse from questions. Section C of the instrument focused on perception of drug abuse and its outcomes.

3.5 Validity and Reliability of the Research Instrument

In other to ensure the validity of the instrument items, in terms of clarity, appropriateness of the language of expression and accuracy of word, the questionnaire used was adapted from previous studies and a draft of the instrument was submitted to research supervisor who provided necessary comments, corrections and recommendations in other to improve face, content and construct validity of the instrument.

3.6 Method of Data Collection

The methods of data analysis for this research work include primary sources of data through questionnaire distribution and retrieval from the secondary school students in the study area. Researcher with 4 trained research assistants who were trained by the researcher before the data collection proceeded to the selected schools having obtained necessary ethical approval from the provost of the college and head of department of each department selected for the study. Researcher targeted lunch break time of students for data collection in other not to disturb

students' daily academic schedule. Questionnaire distributed shall be retrieved on the spot the ensure high retrieval rate.

3.7 Method of Data Analysis

Data collected with the questionnaires were crosschecked for errors and cleaned.

Information obtained from the questionnaire was entered into Statistical Package for Social Sciences (SPSS) version 28.0 for analysis and statistical calculation. Descriptive and inferential statistics was done. Categorical and nominal variables were expressed as percentages and continuous variables as means.

Test of association using chi-square was done to ascertain association of independent variables and dependent variable of substance abuse. Level of significance was set at 5% alpha level.

3.8 Ethical Consideration

Ethical approval for this study was obtained from the Lead City University Health Research and Ethics Committee. Permission to conduct the study was obtained from the provost college of health technology ilese, while Verbal informed consent was obtained from the respondents after details about the study would have been explained to them, and strict confidentiality of all information obtained from respondents was maintained throughout the course of the study.

Endnotes

1. Ogun State College of Health Technology Homepage. www.oscohtechilese.edu.ng.

2. K. Akinrinade. Beware of Fraudsters, Provost Warns. The Nation. No. Vol. 7, No. 2091. 2012.

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CHAPTER FOUR

RESULT AND DISCUSSION OF FINDINGS

This chapter presents analysis of data which is divided into two sections which includes the presentation of data and the objectives.

4.1 Demographic Data Analysis

The table 4.1 shows the percentage distribution of respondents according to their socio-demographic characteristics in Ogun state college of health technology, Ilese. From the table, it is shown that 92 respondents (32.5%) were less than 20 years, 127 respondents (44.9%) were between the ages of 20 and 24 years, 37 respondents (13.1%) were between the ages of 25 and 29 years, 27 respondents (9.5%) were between the ages of 30 and above.

The table below reveals that 61 respondents (21.6%) are males and 222 respondents (78.4%) are females. It also shows that 182 respondents (64.3%) are Christians, 101 respondents (35.7%) are not. As seen, 209 respondents (73.5%) are from monogamous families, 75 respondents (26.5%) are not from it. Also, 66 respondents (23.3%) are freshmen, 91 respondents (32.2%) are staylites and 126 respondents (44.5%) are in their final year. Finally, 165 respondents (58.3%) were from the department of community health, 28 respondents (9.9%) were in pharmacy, 64 respondents (22.6%) were in dental technology and 26 respondents (9.2%) were in Nutrition and Dietetics.

Table 4.1 Socio-demographic Characteristics of the Respondents

Variable	Frequency	Percent
Age		
Less than 20	92	32.5
20-24	127	44.9
25-29	37	13.1
30 and Above	27	9.5
Sex		
Male	61	21.6
Female	222	78.4

Religion		
Christianity	182	64.3
Islam	101	35.7
Family Type		
Monogamous	208	73.5
Non-monogamous	75	26.5
Department		
Community Health	165	58.3
Pharmacy	28	9.9
Dental Technology	64	22.6
Nutrition and Dietetics	26	9.2

Level of Study		
Freshman	66	23.3
Staylites	91	32.2
Final Year	126	44.5

Source: Researcher's Field Survey (2023)

4.2 Presentation of Data:

Research Question One

Table 4.2 covers questions on the knowledge of students in Ogun state college of health technology, Ilese which reveals that 226 respondents (79.93%) indicated that substance use refers to the use of drugs or alcohol while 57 (20.07%) indicated otherwise, 187 (66.1%) indicated that it refers to the use of cigarette, 208 (73.5%) indicated it causes harm to one or others around, 215 (76%) indicated that it can be by drinking, 218 (77%) said it can be by sniffing, 197 (69.3%) said it can be by puffing.

Table 4.2 Knowledge of Students about Substance Abuse

Variable	Correct	Incorrect
Substance use refers to use of drugs or alcohol	79.9% (220)	20.1% (57)
Substance use refers to the use of cigarettes	66.1% (187)	33.9% (96)
Substance use causes harm to one or others around	73.5% (208)	26.5% (75)
Substance use can be by drinking	76.0% (215)	24.0% (68)
Substance use can be by sniffing	77.0% (218)	23.0% (65)
Substance use can be by puffing	69.3% (196)	30.7% (87)

Source: Researcher's Field Survey (2023)

The figure below indicates the knowledge level of students on substance abuse in Ogun state college of health technology, Ilesha. 73.5% (208) of the respondents have good knowledge about substance abuse while 26.5% (75) do not

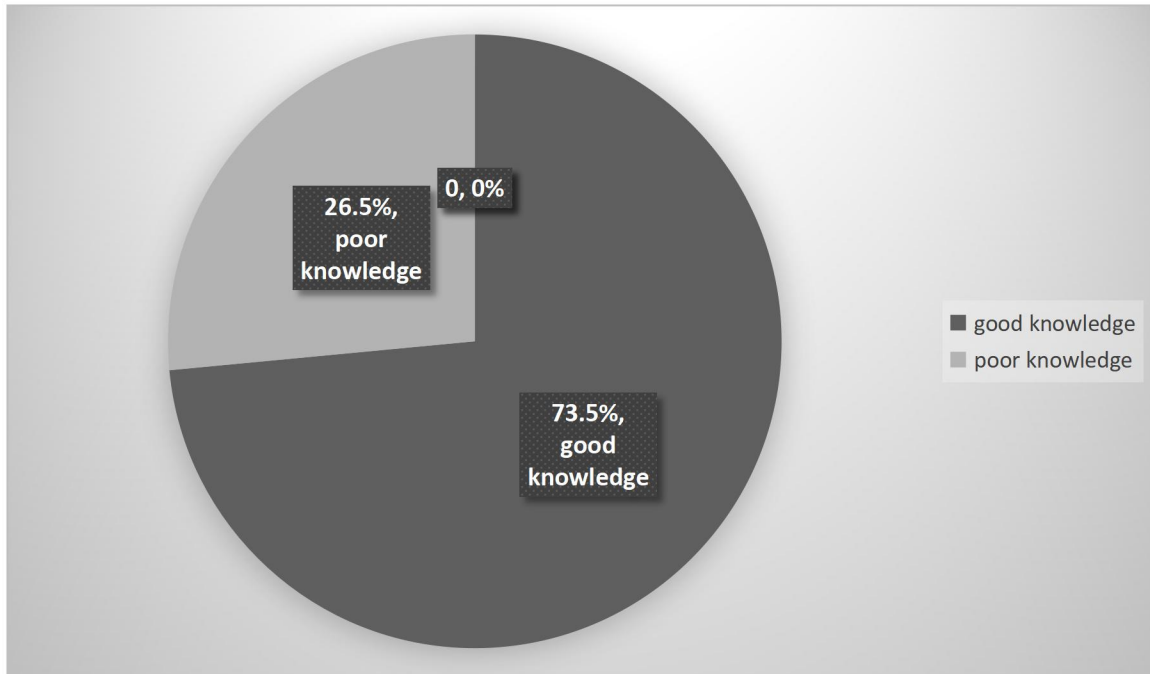


Figure 4.1 Knowledge Level of Students on Substance Abuse

Source: Researcher's Field Survey (2023)

The table 4.3 shows the association between the socio-demographic characteristics of students and their knowledge on substance abuse. From the said table, it is seen that there is no significant association between the age and their knowledge on substance abuse at a p-value of 0.604. Likewise there is no significant association between the sex and the knowledge on substance abuse at a p-value of 0.209. At 0.353 p value, there is no significant association between religion and the knowledge on substance abuse. There is also no significant association between the family type and the knowledge on substance abuse at 0.517 p-value. Also at 0.604, there is no significant association between the level of study and their knowledge on substance abuse. However, there is a significant association between the department of the respondents and their knowledge on substance abuse at a 0.028 p-value.

Table 4.3 Association between the Socio-Demographic Characteristics of Students and their Knowledge on Substance Abuse

Variable	Good	Poor	Chi square	P-value
Age			1.850	0.604
Less than 20	70 76.10%	22 23.90%		
20-24	90 70.90%	37 29.10%		
25-29	26 70.30%	11 29.70%		
30 and Above	22 81.50%	5 18.50%		
Sex			1.577	0.209
Male	41 67.2%	20 32.8%		
Female	167 75.2%	55 24.8%		
Religion			0.826	0.363
Christianity	137 75.3%	45 24.7%		
Islam	71 70.3%	30 29.7%		
Department			9.120	0.028
Community Health	111 67.3%	54 32.7%		
Pharmacy	24 85.7%	4 14.3%		
Dental Technology	50 78.1%	14 21.9%		
Nutrition and Dietetics	23 88.5%	3 11.5%		
Family Type			0.420	0.517
Monogamous	155 74.5%	53 25.5%		
Non-monogamous	53 70.7%	22 29.3%		

Level of Study			1.850	0.604
Freshman	46	20		
	69.7%	30.3%		
Stalites	71	20		
	78.0%	22.0%		
Final Year	91	35		
	72.2%	27.8%		

Source: Researcher's Field Survey (2023)

Table 4.4 covers questions on the awareness of students in Ogun state college of health technology, Ilese which shows that when asked if they had heard of the following, 199 (70.3%) indicated they had heard of tranquilizers/sedatives, 241 (85.2%) had heard about Marijuana, 76 (26.9%) had heard about ecstasy, 52 (18.4%) indicated they had heard about LSD, 57 (20.07%) had heard about Relevin, 97 (34.3%) had heard about crack, 237 (83.70%) had heard about cocaine and 220 (77.7%) had heard about heroin.

Table 4.4 Awareness of Respondents on Substance Abuse

Variables	Yes	No
Have you heard of any of the following?		
Tranquilizers/Sedatives	70.3% (199)	29.7% (84)
Marijuana (Igbo/Weed)	85.2% (241)	14.8% (42)
Ecstasy	26.9% (76)	73.1% (207)
LSD	18.4% (52)	81.6% (231)
Relevin	20.1% (57)	79.9% (226)
Crack	34.3% (97)	65.7% (186)

Cocaine	83.7% (237)	16.3% (46)
Heroin	77.7% (220)	22.3% (63)

Source: Researcher’s Field Survey (2023)

The figure below indicates the awareness level of students on substance abuse in Ogun state college of health technology, Ilese. 70.7% [200] of the respondents have good awareness about substance abuse while 29.3% [83] do not.

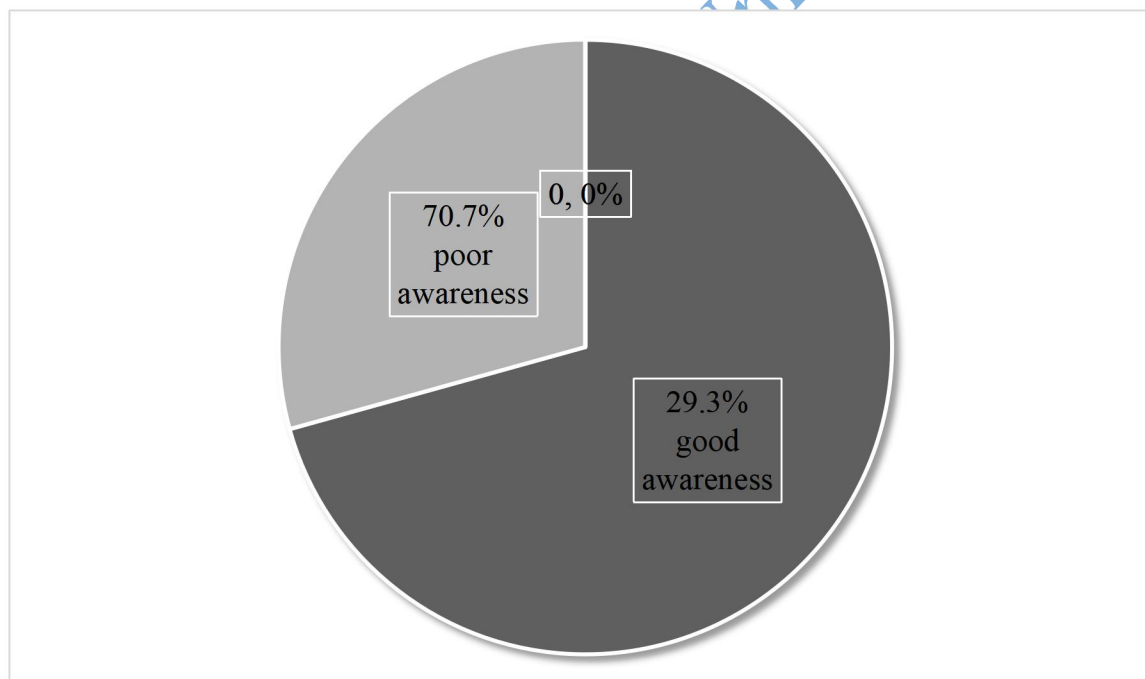


Figure 4.2 Awareness Level of Students on Substance Abuse

Source: Researcher’s Field Survey (2023)

The table 4.5 shows the association between the socio-demographic characteristics of students and their awareness on substance abuse. From the said table, it is seen that there is no significant association between the age and their awareness on substance abuse at a p-value of 0.253. Likewise there is no significant association between the sex and the knowledge on substance abuse at a p-value of 0.192. At 0.357 p value, there is no significant association between religion and the awareness on substance abuse.

There is also no significant association between the family type and the awareness on substance abuse at 0.535 p-value. At 0.604, there is no significant association between the department of the respondents and their awareness on substance abuse. However, there is a significant association between the level of study and their awareness on substance abuse at a 0.009 p-value.

Table 4.5 Association between the Socio-Demographic Characteristics of Students and their Awareness on Substance Abuse

Variable	Good	Poor	Chi square	P-value
Age			4.077	0.253
Less than 20	58 63.0%	34 37.0%		
20-24	95 74.8%	32 25.2%		
25-29	28 75.7%	9 24.3%		
30 and Above	19 70.4%	8 29.6%		
Sex			1.703	0.192
Male	41 67.2%	20 32.8%		
Female	167 75.2%	55 24.8%		
Religion			0.848	0.357
Christianity	132	50		

	72.5%	27.5%		
Islam	68	33		
	67.3%	32.7%		
Family Type			0.349	0.555
Monogamous	145	63		
	69.7%	30.3%		
Non-monogamous	55	20		
	73.3%	26.7%		
Department			4.188	0.212
Community Health	117	48		
	70.9%	29.1%		
Pharmacy	22	6		
	78.6%	21.4%		
Dental Technology	40	24		
	62.5%	37.5%		
Nutrition and Dietetics	21	5		
	80.8%	19.2%		
Level of Study			9.371	0.009
Freshman	46	20		
	69.7%	30.3%		
Stalites	71	20		
	78.0%	22.0%		
Final Year	91	35		
	72.2%	27.8%		

Source: Researcher's Field Survey (2023)

Research Question Two

Table 4.6 aims to figure out the practice of students in Ogun state college of health technology, Ilese which shows that 247 respondents (87.3%) indicated they have never smoked in their life time, 36 (12.7%) said they have. When asked the frequency of smoking in the last 12 months, 249 respondents (88%) indicated they have never smoked, 34 (12%) said they have. When asked the frequency of smoking in the last 30 days, 258 respondents (91.2%) indicated they have never smoked, 25 (9.8%) said they have. When asked on how many occasions had they had alcoholic beverages in their life time 189 respondents (66.8%) indicated they have never had any alcoholic beverage, 94 (33.2%) said they drank.

From the table, when asked how many times they had taken alcoholic beverages in the last 12 months, 201 respondents (71%) indicated they have never drunk, 82 (29%) said they drank. Finally, when asked how many times they have had alcoholic beverages in the last 30 days, 223 respondents (78.8%) indicated they never drank, 60 (21.2%) said they drank.

Table 4.6 Practice of Students about Substance Abuse

Variable	Yes	No
Have You Smoked:		
In Your Lifetime	12.7% (36)	87.3% (247)
In the Last 12 Months	12.0% (34)	88% (249)
In the Last 30 Days	8.8% (25)	91.2% (258)
Have You Drank Alcohol:		
In Your Lifetime	33.2% (94)	66.8% (189)
In the Last 12 Months	29.0% (82)	71.0% (201)
In the Last 30 Days	21.2% (60)	78.8% (223)

Source: Researcher's Field Survey (2023)

The figure below indicates the practice level of substance abuse within the last month among students of Ogun state college of health technology, Ilese. This shows that 24.4% (69) of the respondents practice substance abuse while 75.6% (214) do not practice or use.

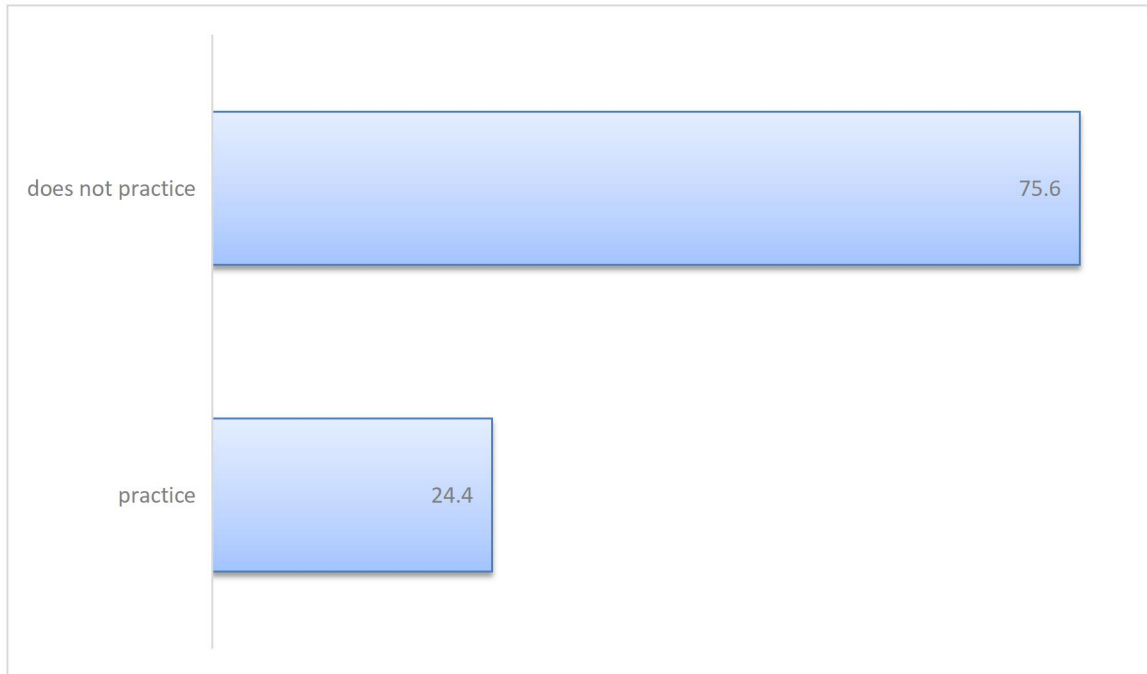


Figure 4.3 Practice Level of Substance Abuse among the Respondents

Source: Researcher's Field Survey (2023)

The table 4.7 illustrates that shows the association between the socio-demographic characteristics of students and their practice on substance abuse. From the said table, it is seen that there is no significant association between the age and their practice on substance abuse at a p-value of 0.099. Likewise, there is no significant association between the level of study and their practice on substance abuse at a 0.673 p-value. At a p-value of 0.857, there is no significant association between religion and the practice on substance abuse.

There is also no significant association between the family type and the practice on substance abuse at 0.139 p-value. At 0.104, there is no significant association between the department of the respondents and their practice on substance abuse. However, there is a significant association between the sex and the practice on substance abuse at a p-value of 0.008.

Table 4.7 Association between the Socio-Demographic Characteristics of Students and their Practice on Substance Abuse

Variable	Practice	Non-practice	Chi square	P-value
Age			6.272	0.099
Less than 20	17 18.5%	75 81.5%		
20-24	30 23.6%	97 76.4%		
25-29	11 29.7%	26 70.3%		
30 and Above	11 40.7%	16 59.3%		
Sex			6.958	0.008
Male	8 13.1%	53 86.9%		
Female	9 4.1%	213 95.9%		
Religion			0.033	0.857
Christianity	45 24.7%	137 75.3%		
Islam	24 23.8%	77 76.2%		
Family Type			2.186	0.139
Monogamous	46 22.1%	162 77.9%		
Non-monogamous	23 30.7%	52 69.3%		
Department			6.162	0.104
Community Health	42 25.5%	123 74.5%		
Pharmacy	11 39.3%	17 60.7%		
Dental Technology	10 15.6%	54 84.4%		
Nutrition and Dietetics	6 23.1%	20 76.9%		
Level of Study			0.791	0.673
Freshman	16	50		

	24.2%	75.8%
Stalites	25	66
	27.5%	72.5%
Final year	28	98
	22.2%	77.8%

Source: Researcher's Field Survey (2023)

Research Question Three

The table 4.8 illustrates the perception of students in Ogun state college of health technology, Ilese on substance abuse. It reveals that 124 respondents (43.8%) indicated that students that involve in substance use are the ones from broken homes while 159 respondents (56.2%) indicated otherwise, 98 respondents (34.6%) indicated that students that involve in substance use are the ones from polygamous homes while 185 respondents (65.4%) indicated otherwise. 130 respondents (45.9%) said that students that take substance do so mostly because of sports while 153 (54.1%) said otherwise. 220 (77.46%) responded that students that involve in substance use mostly do so because of bravado among peers while the other 64 respondents (22.54%) responded otherwise. 210 respondents (73.94%) indicated that youths that take substance do so because of sexual performance and 73 respondents (25.70%) said otherwise. 233 respondents (82.3%) indicated that youths that engage in substance abuse cannot enjoy good physical and mental health, while 50 respondent (17.7%) disagreed. 104 respondents (36.7%) agreed that students that take substance do so to read and perform in their academics, while 179 respondents (63.3%) disagreed.

Table 4.8 Perception of Students on Substance Abuse

Variable	Yes	No
Students that are Involved in Substance Use are the Ones from Broken Homes	43.8% (124)	56.2% (159)
Students that are Involved in Substance Use are the Ones from Polygamous Homes	34.6% (98)	65.4% (185)
Students that Took Substances Do So Mostly because of Sports	45.9% (130)	54.1% (153)
Students that are Involved in Substances Do So Mostly because of Bravado among Peers	77.4% (219)	22.6% (64)
Youth that Took Substances Do So because of Sexual Performance	74.2% (210)	25.8% (73)
Youths that Engaged in Substance Abuse Cannot Enjoy Good Physical and Mental Health	82.3% (233)	17.7% (50)
Students that Took Substances do So to Read and Perform in their Academics	36.7% (104)	63.3% (179)

Source: Researcher's Field Survey (2023)

The figure 4.4 below shows the perception of students from Ogun state college of health technology, ilese towards substance abuse and it unveils that only 20.8% [59] have good perception towards them while 79.2% [224] do not have good perception towards them.

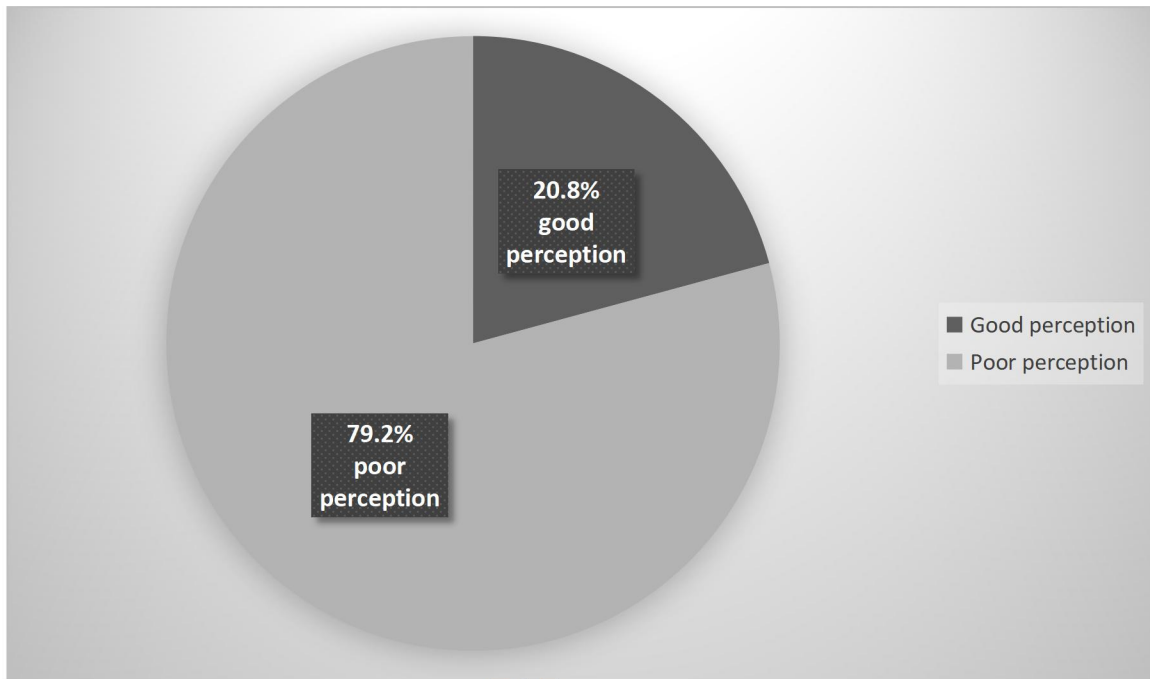


Figure 4.4 Perception Level of Students towards Substance Abuse.

Source: Researcher's Field Survey (2023)

The table above illustrates that shows the association between the socio-demographic characteristics of students and their perception on substance abuse. From the said table, it is seen that there is a significant association between the age and their attitude or perception on substance abuse at a p-value of 0.009. However, there is no significant association between the level of study and their attitude or perception on substance abuse at a 0.996 p-value.

Likewise, there is also no significant association between the sex and the attitude or perception on substance abuse at a p-value of 0.186. At 0.773 p value, there is no significant association between religion and the attitude or perception to substance abuse. There is also no significant

association between the family type and the attitude or perception to substance abuse at 0.148 p-value. Lastly, at 0.660, there is no significant association between the department of the respondents and their perception on substance abuse.

Table 4.9 Association between the Socio-Demographic Characteristics of Students and their Perception on Substance Abuse.

Variable	Good	Poor	Chi square	P-value
Age			11.675	0.009
Less Than 20	19 20.7%	73 79.3%		
20-24	18 14.2%	109 85.8%		
25-29	11 29.7%	26 70.3%		
30 and Above	11 40.7%	16 59.3%		
Sex			1.715	0.186
Male	9 14.8%	52 85.2%		
Female	50 22.5%	172 77.5%		
Religion			0.083	0.773
Christianity	37 20.3%	145 79.7%		
Islam	22 21.8%	79 78.2%		
Department			1.595	0.660
Community Health	33 20.0%	132 80.0%		

Pharmacy	8 28.6%	20 71.4%		
Dental Technology	14 21.9%	50 78.1%		
Nutrition and Dietetics	4 15.4%	22 84.6%		
Family Type			2.094	0.148
Monogamous	39 18.8%	169 81.2%		
Non-Monogamous	20 26.7%	55 73.3%		
Level of Study			0.009	0.996
Freshman	14 21.2%	52 78.8%		
Staylites	19 20.9%	72 79.1%		
Final Year	26 20.6%	100 79.4%		

Source: Researcher's Field Survey (2023)

4.3 Discussion of Findings

4.3.1 Socio Demographic Information

The aim of the study was to assess the perception and practice of substance abuse among students in a tertiary institution in Ogun state college of health technology Ilese. Nigeria has an increasing prevalence of substance abuse among youths despite the efforts of concerned bodies to curb this menace, especially with the growing trend in the use of psychoactive substance use remain quite substantial¹ and recently, drug abuse among adolescents and young adults in Nigeria is disheartening and worrisome and has become a threat to security²

The findings indicate the highest number of students to be between the ages of 20 and 24 years of age. The results further reveal a higher range from students who are no longer teenagers and have a better worldview and understanding towards what substance abuse entails and its many effects, as compared to teenagers who make up 32% could. This age range could be consequential to the eventual results and the given responses accumulated.

It is seen that 78.4% are women. Studies show the numerous effects of substance abuse on the specific gender. Women absorb more alcohol and metabolize it more slowly when compared to men. This makes women more vulnerable to alcohol's long-term health effects³. Women are also more likely than men to develop alcoholic hepatitis and to die from liver cirrhosis⁴. In addition, smoking and drinking in pregnancy may pose special problems for the woman and her child such as miscarriages, low birth weight, birth defects, fetal alcohol syndrome (FAS) and Sudden Infant death Syndrome (SIDS)⁵. Though, studies show the prevalence of tobacco use among Nigerian women as a whole is said to be very low. The 2008 NDHS reported rates of less than one percent among Nigerian women⁶.

The result also points to a higher number as Christians (64%). However, the importance of religious groups cannot be overstated. Due to the diverse socialization agents such as the peer group, teachers, mass media, the Government, the Church, the Mosques and interaction with different people individuals are acquiring values that go beyond those of their immediate localized culture. Since the family is less involved in socialization of the young, very little is communicated to the young in the way of values and customs. These problems certainly reflect a bigger problem and they are a direct product of how children are socialized⁷.

Further research indicates 73.5% are from monogamous families, having merely 75 respondents (26.5%) from monogamous homes. A 2016 study helped to show how the stability of family

relationships, environment and expectations are powerful forces in helping people, especially children and young adults, manage their lives. Strong family relationships are a source of support for the young members of the family, and may prevent children from engaging in substance abuse. Lack of household stability, income or employment for a parent may increase stress on the family and heighten its vulnerability pushing marginal individuals to find "solutions" or solace in alcohol or substances⁸.

Prevention of substance problems among the youth should employ knowledge about factors likely to influence young peoples' behaviour. Furthermore, family factors that may lead to or intensify substance use are thought to include prolonged or traumatic parental absence, harsh discipline, and failure to communicate on an emotional level, the influence of disturbed family members and parental use of substances⁹.

4.3.2 Knowledge of Substance Abuse in a Tertiary Institution Ogun State College of Health Technology, Ilese.

We can summarily say that the students in this study have a good knowledge of substance abuse (97% knowledge level), Studies from¹⁰ show the extent to which students knew of the negative effects of alcohol consumption on health. The results show that male and female students differed significantly in their knowledge of the following negative effects of alcohol consumption on human health.

Findings from this study revealed that 79.9% indicated that substance use refers to the use of drugs or alcohol, 66.10% indicated that it refers to the use of cigarette, 73.5% indicated it causes harm to one or others around, 76% indicated that it can be by drinking, 77% said it can be by sniffing, 69.3% said it can be by puffing. When asked if they had heard of the following, 70.3% indicated they had heard of tranquilizers/sedatives, 85.2% had heard about Marijuana, 26.9% had

heard about ecstasy, 18.4% indicated they had heard about LSD, 20.1% had heard about Relevin, 34.3% had heard about crack, 83.7% had heard about cocaine and 77.7% had heard about heroin. More studies show revealed that 80.6% have had of substance abuse; the source of their knowledge is school 40.6%. findings of the same study also showed that 52.2% have not taken any substance¹¹.

4.3.2 Perception of Students towards Substance Abuse in Ogun State College of Health Technology, Ilese

There is a low 8% good perception towards substance abusers/users by students attending Ogun state college of health technology, Ilese. Meanwhile, studies reveal that investigated knowledge and attitude of senior secondary school students towards drug abuse in Ijebu- North Local Government Area of Ogun State in which a sample of 50 students each was randomly selected (comprising of both male and female) to participate in the study where the findings of the study revealed that there is significant relationship between students' knowledge and attitudes towards drug abuse¹².

In a 2018 study carried out in Oyo State Secondary schools among late teenagers, their findings revealed that 40.0% of their respondents had positive attitude towards substance abuse (i.e they approved of substance abuse). Almost a quarter (21.7%) had ever consumed alcohol containing drinks, palm wine was the most common alcoholic drink ever consumed; reported by 77.8% of the respondents who had ever taken alcohol¹³. Also, a study showed a high prevalence of adolescent alcohol and substance use in Nigeria. Which necessitated a need for planning and implementing evidence-based drug education and prevention programs across the country. Prevention activities targeting adolescents could help to reduce the later life burden of disease related to use of tobacco, alcohol and other drugs¹⁴.

4.3.3 Practice of Drug Abuse in a Tertiary Institution in Ogun State College of Health

Technology, Ilese.

We can say that there is a low 8% good perception towards substance abusers/users by students attending Ogun state college of health technology Ilese. Research has seen 21.7% had ever consumed alcoholic drinks¹⁵. In all, 31(26.3%) of the respondents satisfied the criteria used in defining substance abuse where Tramadol was the most abused substance apart from alcohol; reported by 39.0% of the substance abusers. Most (35.5%) of the substance abusers did so believing it could enhance their academic performance. The proportion of respondents who were substance abusers was significantly higher among students who had not received any formal lectures on the subject at school compared to those who had.(47.5% vs 29.7% ;p=0.023).

Results from our study show how 87.3% indicated they have never smoked in their life time, 88% indicated they have never smoked, in the last 12 months, 91.2% indicated they have never smoked in the last 30 days, 95.4% indicated that they never smoked cigarettes in the last 30 days, 66.8% indicated they have never had any alcoholic beverage in their life time, 71% indicated they have never drank in the last 12 months, 78.8% indicated they never drank in the last 30 days. 82% respondents said they had never had more than 5 drinks in a row.

A study indicates how out of the 47.8% that have taken/sniffed substance, kolanut 32.7% was the main substance taken. This is followed by cigarette 6.8%, cocaine 3.6%, alcohol 2.5% and Indian hemp 2.2%. factors that influence substance abuse in the study include; curiosity 36.8%, influence of friends 34.6%, preparation for exam 22.6% and boldness to face friends 6%¹¹

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CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

This chapter presented the summary of findings, conclusion, recommendations, contribution to knowledge and suggested areas of further research of the findings of the entire research work. It is presented under the following subheadings:

5.1 Summary of Findings

The demographic data obtained from the field work of this study revealed that majority of the respondents, 52.82% were less than 20 years, 78.4% are females, 64.3% are Christians, 73.5% are from monogamous families, 44.5% are in their final year and 165 respondents 58.30% were from the department of community health,

Research question one sought to find out the knowledge of students about substance abuse: Findings from this study revealed that 79.9% indicated that substance use refers to the use of drugs or alcohol, 66.10% indicated that it refers to the use of cigarette, 73.5% indicated it causes harm to one or others around, 76% indicated that it can be by drinking, 77% said it can be by sniffing, 69.3% said it can be by puffing. When asked if they had heard of the following, 70.3% indicated they had heard of tranquilizers/sedatives, 85.2% had heard about Marijuana, 26.9% had heard about ecstasy, 18.4% indicated they had heard about LSD, 20.1% had heard about Relevin, 34.3% had heard about crack, 83.7% had heard about cocaine and 77.7% had heard about heroin. We can summarily say that the students in this study have a good knowledge of substance abuse (97% knowledge level),

Research question two sought to find the practice of students about substance abuse: 87.3% indicated they have never smoked in their life time, 88% indicated they have never smoked, in the last 12 months, 91.2% indicated they have never smoked in the last 30 days, 95.4% indicated

that they never smoked cigarettes in the last 30 days, 66.8% indicated they have never had any alcoholic beverage in their life time, 71% indicated they have never drank in the last 12 months, 78.8% indicated they never drank in the last 30 days. 82% respondents said they had never had more than 5 drinks in a row. We can summarily say that there is a low incidence of practice of smoking and drinking among the respondents (6% practice level) in this study.

Research question three sought to find the perception or attitude of Students from Ogun state college of health technology Ilese on substance abuse: 43.66% indicated that students that involve in substance use are the ones from broken homes, 34.51% indicated that students that involve in substance use are the ones from polygamous homes, 45.77% said that students that take substance do so mostly because of sports, 77.46% responded that students that involve in substance use mostly do so because of bravado among peers, 73.94% indicated that youths that take substance do so because of sexual performance, 82.39% indicated that youths that engage in substance abuse cannot enjoy good physical and mental health, and 36.62% agreed that students that take substance do so to read and perform in their academics.. In summary, we can say that there is a low 8% good perception towards substance abusers/users by students attending Ogun state college of health technology Ilese.

In all, there's a 94% knowledge level, 6% practice or utilization level and a 8% positive perception level towards substance use/abuse among students/respondents in Ogun state college of health technology Ilese. However, contrary to the proposed hypothesis where there are no significant association between the awareness or knowledge on their respondents and their age and study level, there is a significant association between the level of study and their knowledge on substance abuse at a 0.003 p-value. But it is seen that there is no significant association between the age and their knowledge on substance abuse at a p-value of 0.746.

5.2 Conclusion

Based on the result data analyzed, it was concluded that majority of the respondents have a good level of knowledge and awareness of substance use/abuse, they are also aware of the consequences of drug/substance use this is reflected by the low level of practice toward these substances (alcohol and smoking). Majority of the respondents, also had a low or poor perception towards substance use/abuse.

5.3 Recommendations

1. A school based anti-drug programme should be organised in all schools (both public and private owned colleges of health technology
2. There should be a post secondary school curriculum review to include teaching on drugs use and its consequences
3. There should be public awareness on drug use and its consequences using mass media to reach the general population as a whole.

5.4 Contribution to Knowledge

Results gathered from the research can further enhance the studies linked to drug abuse among adolescents. It has shown a poor practice or use of drug abuse which can be seen as a positive path towards fighting drug abuse. Through this, more research in the areas of drug abuse consequences when used, can take areas from this study to further understand the aspects to expand and focus on relating to drug abuse in general.

5.5 Suggestion for Further Research

1. Effects of substance abuse among youths in Ibadan.
2. Factors influencing substance abuse use in South West, Nigeria

3. Drug abuse eradication and solution strategies among various levels (teens and adults) in Nigeria

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APPENDIX I

Informed Consent

Title of Study: Perception and Practice of Substance Abuse among Students in Ogun State

College of Health Technology, Ilese

Abidemi Sonuga

Public Health Department, Lead City University

Lead City University, Toll Gate, Ibadan,

+23474007088

Purpose of Study

My name is Abidemi Sonuga, a MPH student at the Faculty of public health, Leadcity University, Ibadan. I am conducting a study Perception and Practice of Substance Abuse among Students in Ogun State College of Health Technology, Ilese.

I am interested in assessing the knowledge, use and Perception of Substance Abuse among Students in Ogun State College of Health Technology, Ilese by the aforementioned respondents.

Research Procedure

If you agree to be in this study, you will be asked to answer questions about yourself pertaining to the purpose of this study described above. These questions will be asked using a structured questionnaire. The questionnaire will take about 2 to 3minutes of your time to complete.

Risks and Benefits

There are no known risks if you take part in this study. There are also no incentives but the information you provide would hopefully serve as an important input to intervene in programs

Compensation

Participant will not be compensated for participation in this study. Participation is voluntary.

Confidentiality

All information you provide will be confidential and used for research purpose only. Your name will not be required and will never be used in connection with any information you give. Your response is completely anonymous. no personal identifying information will be collected. Every effort will be made by the researcher to preserve your confidentiality. Only the research team will have access to the answered questionnaires. Confidentiality and privacy will be maintained.

Contact Information

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact the researcher whose contact information is provided on the first page. If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the Primary Investigator, please contact the Supervisor at olowolafe.tubosun@lcu.edu.ng

Voluntary Participation

Your decision to participate in this study is completely voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason.

Withdrawal from the Study/Withdrawal of Authorization

If you decide to participate in this study, you may withdraw from your participation at any point without penalty. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

Consent

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

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APPENDIX II

Questionnaire

Lead City University, Ibadan, Oyo State

Section A: Demographic Data

Please Supply the Following and Place a Tick/() in the Appropriate Box

1. Age in years _____
2. Sex: (a) Male (b) Female
3. Religion: Christian () Islam () Traditionalist () Pagan ()
4. Family type: (a) nuclear family () (b) polygamous family () (c) Single parents () (d) Orphan ()
5. Level of study: (a) Fresher () (b) Staylite () (c) Final year ()
6. Department: a) Community health () b) EHO () c) Pharmacy ()
d.) SHIM ()

Please read the under listed statements carefully and indicate by ticking () in one of the columns as appropriate to you.

	Knowledge of substance use	Yes	No
7.	Substance use refers to use of drugs or alcohol		
8.	Substance use includes the use of cigarette		
9.	Substance use causes harm to one or to others around		
10.	Substance use can be by drinking		
11.	Substance use can be by sniffing		
12.	Substance use can be by puffing		

Source of knowledge of substance use

13. I heard about substance that can be used from the

a.) Television () b.) Radio () c.) Friends () d. Family ()

	Practice Of Substance Abuse	Yes	No
14.	Do you consider yourself a substance user		
15.	Have you taking alcohol or smoked cigarrate in the last 6months		
16.	Have you taking alcohol or smoked cigarrate in the last 3months		
17.	Do you have other drugs that you use without drinking or smoking		
18.	Do you have friends that take to smoking or drinking		

	Perception of students on substance abuse	Yes	No
19.	Students that involve in substance use are the ones from broken home		
19.	Student that involve in substance use are the ones from polygamous homes		
20.	Students that take substance do so mostly because of sports		
21.	Students that involve in substance do so mostly because of bravado among peers		
22.	Youth that take substance do so because of sexual performance		
23.	Youths that engage in substance abuse cannot enjoy good physical and mental health		
24.	Students that take substance do so to read and perform in their academics		

Bio-data

A. Personal Data

Name: Abidemi Abosede SONUGA
Sex: Female
Date of Birth: 2nd May 1982
Marital Status: Married
State of Origin: Osun
Local Government: Isokan
Nationality: Nigerian
Religion: Christianity
Discipline: Public Health
Address: 2 Victocom Farm Road, Rasonwa Ijebu

B. Educational Institutions attending with Dates

Lead City University
MPH In View

Lagos State University Teaching Hospital
HND – Community Health 2014 - 2016

Tai Solarin University of Education
Bed – Health Education 2006 - 2011

Ogun State College of Health Technology
OND – Community Health 2003 - 2005

Cherubim and Seraphim College
Senior Secondary Certificate Examination 1994 - 2000

C. Work Experience

Community Health Officer 2009 till date
Ogun State Ministry of Health, Public Health Department, Abeokuta.

Community Health Extension Worker 2008 - 2009
Wasimi Primary School (School Clinic), Ijebu- Ode

Community Health Extension Worker 2007 - 2008
Omoluabi Model School (School Clinic), Ijebu Ode

Staff Nurse 2000 - 2003
Caring Trust Medical Centre, Surulere, Lagos

D. References

Dr. A. K. Obani

Medical Officer, Mushin LGA, Mushin, Lagos
08033706167

Dr. K. O. Olodeoku
Medical Director, Caring Trust Medical Clinic, Surulere, Lagos
08023222406

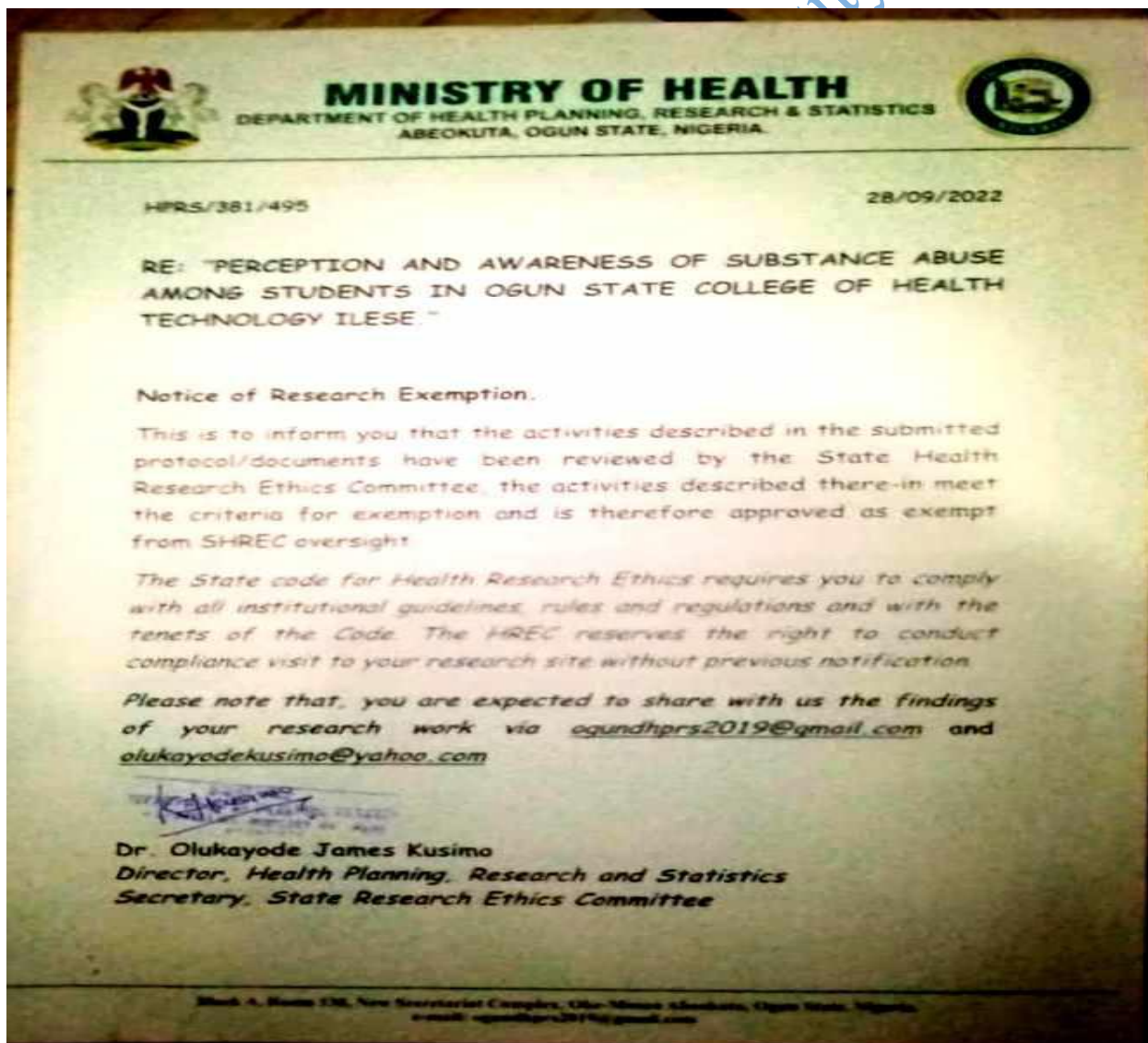
E. Publications

N/A

F. Major Conferences with Dates

N/A

Ethical Approval 1



Ethical Approval 2

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Lead City University (LCU)

Motto: Knowledge for Self-reliance
Lagos - Ibadan Expressway, Toll Gate Area, Ibadan, Oyo State, Nigeria
Email: lcu.hrec@lcu.edu.ng



University Research Ethics Committee

PROJECT TITLE: PERCEPTION AND AWARENESS OF SUBSTANCE ABUSE AMONG STUDENTS IN OGUN STATE COLLEGE OF HEALTH TECHNOLOGY ILESE

PROJECT NUMBER: LCU-REC/22/193.

APPROVAL LETTER

The above named proposal has been adequately reviewed; the protocol and safety guidelines satisfy the conditions of LCU-REC policies regarding experiments that use human subjects.

Therefore, the study under its reviewed state is hereby approved by the LCU - Research Ethics Committee.

Prof. Olusola Ladokun

Name of LCU-REC Chairman

.....

Signature of LCU-REC Chairman

Dr. Folahanmi Akinsolu

Name of LCU-REC Secretary

.....

Signature of LCU-REC Secretary

This approval is given with the investigator's Declaration as stated below;

By signing below I agree/certify that:

1. I have reviewed this protocol submission in its entirety and that I am fully cognizant of, and in agreement with all submitted statements.
2. I will conduct this research study in strict accordance with all submitted statements except where a change may be necessary to eliminate apparent immediate hazard to a given research subject.
 - I will notify the REC promptly of any change in research procedures necessitated in the interest of the safety of a given research subject.
 - I will request and obtain REC approval of any proposed modification to the research protocol or informed consent document(s) prior to implementing such modifications.

3. I will ensure that all co-investigator and other personnel assisting in the conduct of this research study have been provided a copy of the entire current version of the research protocol and are fully informed of the current (a) study procedures (including procedure modifications); (b) informed consent requirements and process; (c) potential risks associated with the study participation and the steps required to be taken to prevent or minimize these potential risks; (d) adverse events reporting requirements; (e) data and record-keeping; and (f) the current REC approval status of the research study.
4. I will respond promptly to all requests for information or materials solicited by the REC or REC Office.
5. I will submit the research study in a timely manner for the REC renewal approval.
6. I will not enroll any individual into this research study until such time I obtain his/her written informed consent, or if applicable, the written informed consent of his/her authorized representative (i.e unless the REC has granted a waiver of the requirement to obtain informed consent).
7. I will employ and oversee an informed consent process that ensures that potential research subjects understand fully the purpose of the research study, the nature of the research procedures they are being asked to undergo, the potential risks of these research procedures, and their rights as a research study volunteer.
8. I will ensure that the research subjects are kept fully informed of any new information that may affect their willingness to continue to participate in the research study.
9. I will maintain adequate, current, and accurate records of research data, outcomes, and adverse events to permit an ongoing assessment of the risks/benefits ratio of research study participation.
10. I am cognizant of, and will comply with, current federal regulations and REC requirements governing human subject research including adverse event reporting requirements.
11. I will make a reasonable effort to ensure that subjects who have suffered adverse event associated with research participation receive adequate care to correct or alleviate the consequences of the adverse event in the extent possible.
12. I will ensure that the conduct of this research study adheres to Good Clinical Practice guidelines.

Miss Sonuga Abidemi Abosede

Principal Investigator's Name

.....

Principal Investigator's Signature and Date

This is to certify that this thesis by Abidemi Abosede SONUGA with Matric No. LCU/PG/002256 in the department of Public Health, Faculty of Basic Medical and Applied Sciences, Lead City University, Ibadan is in full compliance with the approved university format.

Signature

Date

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