

Chapter One

Introduction

1.1 Background to the Study

Substance abuse is a pressing global public health concern that disrupts education, manifesting through patterns of substance use among students that undermine the quality of both teaching and learning. Research shows that adolescent substance users are significantly more likely to skip classes and to earn lower grades compared to their non-using peers; they also report reduced academic self-efficacy and emotional engagement in school. Students who abstain from substance use demonstrate stronger academic performance and greater attachment to school communities, suggesting that substance use prevention may support both educational and health outcomes¹. This has become a major public health issue all over the world. Substance abuse complications among young people are grave these include: increased odds of engaging in sexual risk behaviour, personality disorders, sexual violence, criminal tendencies and substance dependence among others².

Secondary school students remain one of the most vulnerable groups when it comes to substance abuse, as their developmental stage often exposes them to peer pressure, experimentation, and social influence. In many communities across the globe, the use and misuse of substances have become a significant social and public health challenge, affecting not only individual well-being but also family and community structures. Today, a large part of social interaction among adolescents often involves the ceremonial use of alcohol or, in some cases, the recreational use of other substances, making it easier for these habits to

become normalized and harder to resist³. Over time, this has presented adolescents/students with a lot of social contexts where substances are abused, or used with a higher degree of social acceptance².

Globally, the excessive intake of alcohol alone has been estimated to 3.3 million deaths each year, tobacco more than 8 million death per year, opioid's approximately 120,000 death per year, about 20,000 death per year of cocaine and worldwide at least 15.3 million persons have been documented to be suffering from substance use disorders³. According to a 2008 survey, between 155 and 250 million people have used psychoactive substances globally, with cannabis being the most often abused substance⁴. The World Health Organization (WHO) estimated that cocaine and opioid use contributed 0.7% of the world's disease burden in 2004. In those countries that measured it, the social cost of illicit substance use was approximately 2% of GDP⁵. Students in secondary schools have been using drugs more frequently during social events in recent years. According to a joint study by the National Bureau of Statistics (NBS) and the Centre for Research and Information on Substance Abuse (CRISA), 14.3 million Nigerians aged 15 to 64 used drugs in the previous 12 months, indicating that the country's drug use prevalence was increasing⁶.

Additionally, the government and important stakeholders were alerted to the need to close the gap between perception and reality, educate youth, and protect public health after a report from the United Nations Office on Drugs and Crime (UNODC) revealed a lower perception of substance use risks, which had been linked to higher rates of substance use. Seeing secondary school students naively rely on substances or alcohol for their diverse social

activities is practically commonplace. The freedom that teenagers enjoy in social situations can occasionally encourage them to use drugs, regardless of the cause. (UNODC). It was defined as "any substance taken by a living organism that may modify the function of the living organism" to help us understand substance use⁷. This definition makes it clear that a substance can change how a living thing functions. Most of the time, using drugs to treat, cure, prevent, or diagnose illnesses, or to improve one's physical or mental health, can be considered substance use.

Psychoactive substance abuse has become a significant public health challenge in recent years, particularly in the United States. Recent reports reveal that nearly 48.4 million Americans aged 12 and older (16.8%) experienced a substance use disorder (SUD) within the past year, with 27.9 million struggling with alcohol use disorder and 28.2 million with drug use disorder, while 7.7 million faced both simultaneously²¹. Among adolescents, illicit substance use remains prevalent; in 2024, approximately 25.5% of individuals aged 12 and older reported using illicit drugs, with marijuana, hallucinogens, and prescription opioids being the most common.²² Misuse of prescription drugs continues to be a pressing issue, with 14.2 million individuals (5.0%) misusing psychotherapeutic medications such as pain relievers, tranquilizers, sedatives, and stimulants without a prescription or against medical advice²³.

Globally, the problem is no less alarming. In Southeast Asia, particularly in the Golden Triangle, methamphetamine seizures reached a record 236 tons in 2024, representing a 24% increase from 2023. This surge has been attributed to increased regional instability,

particularly in Myanmar's Shan State, which has become a hub for illicit substance production and trafficking²⁴.

In recent years, there has been a disturbing rise in substance abuse among young people, with many engaging in multiple drug use that often includes heroin and other opiates. This troubling trend has reached epidemic proportions in some regions. In Asia, for example, heroin use, once confined to certain areas, has now spread more widely, affecting countries that previously had little or no history of such problems²⁵. This expansion reflects both social and geographical shifts in drug markets, driven by trafficking networks, weak enforcement, and increasing youth experimentation.

Africa is experiencing a similar transformation in its drug use landscape. Traditionally dominated by cannabis use, the region is now seeing a worrying transition toward more potent and dangerous substances. Cannabis remains the most widely used illicit drug, with prevalence ranging from 5.2 percent to 13.5 percent in parts of West and Central Africa²⁶. However, synthetic opioids and new psychoactive substances are emerging at alarming rates. In West Africa, highly potent synthetic opioids known as citizens were recently detected in 83 percent of tested drug samples in Sierra Leone and 55 percent in Guinea-Bissau, signaling their entry into the local drug market²⁷. Nigeria reflects this escalating crisis. The country recorded a past-year prevalence of 14.4 percent equivalent to about 14.3 million people aged 15 to 64 years using psychoactive substances³⁰.

This rate is almost three times the global average of 5.6 percent, highlighting a severe and growing problem. Cannabis remains the most abused substance in Nigeria, but there is also widespread misuse of prescription opioids, sedatives, cough syrups, and locally concocted mixtures such as “Monkey Tail” (a combination of gin and cannabis components) and “Khadafi” (a mix of tramadol and energy drinks)²⁹. Among Nigerian youth and secondary school students specifically, substance use prevalence has been reported to range between 20 percent and 40 percent, while broader youth population surveys estimate usage around 21 percent³⁰. These patterns point to a multifaceted public health crisis with serious social and economic implications. The rise in poly-drug use increases the risk of addiction, overdose, and mental health disorders, while also straining families, schools, and health systems.

The growing availability of synthetic drugs and improvised mixtures adds complexity to prevention, treatment, and law enforcement efforts across Africa and Asia. In Oyo State, there has also been a great concern on psychoactive substances use. The commemoration of the United Nations International Day Against Substance Abuse and Illicit Trafficking, make the Oyo State Government issued a passionate call to action, calling all sectors of society to invest in prevention as the key to ending the growing scourge of substance abuse particularly among the youths residing in Ibadan North Local Government where the prevalent use of psychoactive substance was found to high. When properly used or used according to doctor’s prescription drug can be an effective substance that can be used to cure sickness and to make life healthy^{1,6} Any product other than food or water that affects the way people feel, think, see, and behave is called substance.

Substance is anything due to its chemical nature that affects physical, mental, social, and emotional functioning and it can enter the body through chewing, inhaling, smoking, drinking, rubbing the skin or injection. This substance that inherently affects the physical makeup of an individual can be used positively or negatively⁷. Substance use is described as the consumption of illicit substance at least once in a lifetime. To put differently, it is a self-administration of substances to produce psychoactive effect despite knowledge of its potential adverse effect. Usually, the term substance use is applied to mean excessive and addictive use of substance. It alludes to the usage of illicit substances in any form including heroin use, tobacco use, cocaine use, cannabis use, it is important to state that substance use in a manner that deviates from medically approved way or method is substance abuse. It is equally noted that substances are used for beneficent and therapeutic purposes and is effective for good health; but abused by young people most especially the students are the focus of this study. Secondary school students in particular, use substance illegally and unlawfully, thus it becomes harmful to their bodies⁸. Substance use can transit or metamorphose to substance abuse. A problematic pattern of drug use carries the potential of leading to substance abuse and even addiction. Drug taken for reasons other than medical, in an amount, strength, frequency or manner that causes damage to the physical, mental, and social functioning of an individual is drug abuse.

Substance can be abused including medically prescribed drugs. The sequence of usage ranges from tobacco and alcohol, marijuana and other substances. Albeit, substance use among secondary school students do not always exist in isolation⁹. Social activities provide an opportunity for students to socialize through group activities within or outside their school

environment. Knowledge about substance use is having a good understanding, awareness, and familiarity with facts, and information. It encompasses both the theoretical understanding and the practical application. Knowledge is considered a foundational element in substance abuse because it enables individuals to think critically about the harm in substance use. Knowledge of substance abuse involves recognising also the types of substance abuse and their harmful effects, as well as understanding that addiction is characterized by compulsive seeking behaviour despite adverse consequences¹⁰

Risk-perception is the subjective judgment individuals make about the likelihood and potential severity of a risk. It's not just about the objective facts of a situation, but also how people feel, think, and believe about those facts. Risk perception is highly personal and varies from person to person. What one person considers a high-risk situation, another might not. Factors like familiarity, trust in information sources, and perceived control can also influence how risk is perceived¹².

Risk perception refers to an individual's awareness, understanding, and personal judgment about the potential dangers or harmful consequences associated with engaging in certain behaviours in this case, the use of psychoactive substances. It involves how people evaluate the likelihood and severity of harm that might result from substance abuse and how such evaluations influence their decisions and attitudes toward substance use¹³. In the context of substance abuse among secondary school students, risk perception plays a critical role in shaping behavior. Students who perceive substance use (such as alcohol, tobacco, cannabis, or inhalants) as highly dangerous are less likely to engage in it, whereas those who consider it harmless or socially acceptable are more prone to experimentation and eventual abuse. This

perception is influenced by several factors including knowledge, peer influence, family background, exposure to substance users, cultural norms, and media portrayal²².

A low perception of risk often leads to increased curiosity, peer conformity, and a sense of invulnerability common among adolescents. Many students may underestimate the long-term consequences of substance abuse such as addiction, academic decline, mental health disorders, and social isolation. Conversely, a high perception of risk tends to act as a protective factor, discouraging engagement in substance use behaviours¹⁶.

Research has shown that educational interventions and awareness programs can effectively increase students' perception of risk and reduce substance use tendencies. Enhancing young people's understanding of the physical, psychological, and social harms associated with drug and substance abuse significantly lowers initiation and frequency of use. Similarly, studies indicate that accurate information and strong social support systems enhance adolescents' ability to make safer choices³³. Therefore, risk perception is a vital psychological and social determinant of substance use behavior. Strengthening it through effective school-based education, parental guidance, and media campaigns can help mitigate the prevalence of substance abuse among secondary school students.

Factors influencing to substance abuse are the forces/circumstances that can negatively shape attitudes, perception and decisions regarding involving in substance abuse such as peer pressure, physical and sexual abuse, early exposure to substances, stress, and parental guidance can greatly affect their likelihood of substance use and addiction. Others are

developed factors such as genetic and environmental factors that may interact with critical developmental stages in the course of their development¹².

Secondary school students participate in both structured and unstructured social activities for the enhancement of the academic performance. Example, having many friends, sports participation as a team, interactions within family and other organized activities all lead to various types of social experiences. Social activities also play an important role in the development of adolescents which provide opportunities for both differentiation and interaction. Students are adolescent in secondary schools between ages 11 and 17years. This period is called adolescence stage. This is a formative stage in their life when different changes take place in the process of normal development and a person's sense of self-identity is developed. This process involves separating from parental attachments and values and establishing new social ties and values. However, one of the aims of social activities is to solve social problems or needs and therefore generate social impact¹³.

Some of those activities include parties (end of school year party), birthday party, family reunion, academic club, sports, dance events and religious activities. They also extend to social media activities like Facebook, Instagram, WhatsApp, Google, Tik Tok, Snap Chat, Young people usually engage in these social activities and it is expected to have a clear purpose other than the consumption of alcohol and use of substance among students. According to Sociologists, humans were made to live in groups and socialize. Thus, at this stage, students begin to show these traits as they were taught in groups and gravitate towards forming cliques of friends. The urge to fit into groups or hang out becomes stronger at this period. Unfortunately, many students struggle to fit in on their own since they have no

mentors. At times, peers, friends or associates either coerce or deceive one another to partake in substance use. At this stage, students are always curious and yearning to explore their world. They tend to experiment new things around them and within their environments such that if proper attention and supervision is not given to them, they might easily bow to pressure around and within and become victims of substance use¹⁴.

Students might be influenced toward positive behaviour by their peers or companions through supervised and structured social activities such as participating in charity work, starting a study club, encouraging a friend to work harder on their studies to get better grades, and attempting novel activities that will promote an all-around healthy lifestyle. This always has positive effects when students are pressurised by their peers towards positive behaviour, such as charity volunteering or doing well in academics ¹⁵. On the contrary, through unstructured and unsupervised social activities, students could be persuaded or lured into risky activities and anti-social Behaviours such as substance use that will result in criminal Behaviour, juvenile delinquency and an overall unhealthy lifestyle¹⁵. Unhealthy lifestyle of substance use among secondary school students could be detrimental to their mental health (mental disorder), education (poor academic performance) and social life (anti-social behaviour) ¹¹.

It promotes lawlessness among students, rape among the group, teenage pregnancy, internet frauds, social miscreants, armed robbery among others. It also leads to being disobedient to teachers, parents and elders in the society as well as their seniors both at school and at home. For mental disorder, it may manifest in form of difficulty in concentration and being unable

to process information, which leads to poor academic performance, examination failure and school dropout. Furthermore, substance use on students could lead to truancy, financial burdens, increased risky sexual Behaviour, violence, and cultist activities¹². It may aid crime rate, bringing unrest to communities, shame to their families, friends and loved ones. Alcohol intake and tobacco at a young age increases the risk of using other substances later¹³.

Substance use among secondary school students may be caused by a variety of elements, including availability and type, parental neglect of their children, laws and policies limiting access to substances, peer pressure, and peer group interaction. At this transformative point, secondary school students are the most vulnerable and are susceptible to danger associated with a lack of knowledge of substance use^{16, 17}. Prevalence of substance use can be reduced through targeted health educational interventions among this target population¹⁸. Peer influence, experimental or curiosity, personality problems, family influence, lack of parental supervision are the factors that leads to substance use. However, it is known that certain religious views, good parental communication, and family socialization are some of the characteristics that have a protective effect against substance use²⁹. Many studies have been done on substance abuse among secondary school students but there is dearth of studies on knowledge and risk-perception and factors influencing substance abuse among public secondary school students in IBNLGA .

This study would fill the gap that existed in the previous studies. Also experiences gained would be useful for the design and implementation of an integrated control program against substance abuse and the lessons learned may stimulate thinking and actions on other community health nursing initiative in the community. A significant public health concern is

the use of substance by children and adolescents worldwide. Adolescence is a vital stage of life and the most transformative time in the life of the person³⁰. Curiosity/experimentation, peer pressure, low socioeconomic status at home, and a need for extra energy for everyday activities are all variables that contribute to substance misuse among young people. Despite efforts to address the issue, substance misuse is still prevalent among teenagers, particularly secondary school students, emphasizing the need for a greater knowledge of the variables that contribute to this problem.

1.2 Statement of the Problem

Substance abuse is a complex challenge which affect millions of people worldwide. In the World Drug Report, it was reported that there are about 300 million abusers globally representing 20 per cent increase over a period of ten years. This spans from substance abuse by individuals to communities affected by this drug trafficking and organized crime. Similarly, abuse in America is a significant public health and social problem, with consequences ranging from individual health issues to broader societal impacts. High rates of use, particularly among young people, and a high number of overdose deaths highlight the severity of the issue. In countries in Europe, the European Drug Report in 2024, stated that psych-substance abuse has been on the increase²⁶. The report shows that illicit substances have a significant negative impact on European health.

In Asia, drug abuse has been present for a long time but the past two decades have witnessed an alarming increase. For example, in the year 2024, it was reported that more than I billion illicit substances were confiscated from East and Southeast Asia²⁹. This was compared with

previous generations, where the proportion of young people using illicit substances was on the increase. Similarly, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) reported that substance abuse particularly among the youth has been on the rise in the last decade³In the Middle East, this problem is currently a prolific illegal trade that has spread in Iraq, Syria, Jordan, Kuwait, Yemen, and Saudi Arabia. Despite religious as well as legal prohibitions against the possession or consumption of psychoactive substance². Reports in Sub-Sahara countries revealed that substance abuse among younger people has become a critical public health concern, significantly contributing to the burden of disease.

On statistics released by Nigeria's National Drug Law Enforcement Agency which showed that over 14 million people use substance, including children and teenagers³⁰. The agency noted that it is a pandemic problem that is spreading at an alarming rate in Nigeria²⁵. A worrying tendency is that some Nigerians are involved in trafficking these illegal narcotics across borders, tarnishing the country's reputation on the international stage. A study in Oyo State also indicated that the population had a high burden of psychoactive misuse, with students having a much greater prevalence. Furthermore, a strong correlation has been seen between a growing economy and a changing demographic, as well as adolescent substance usage ²⁹. The increase in trend in substance abuse are traceable to limited knowledge, as many secondary school students lack accurate knowledge about the risks and consequences of substance abuse, which can increase their vulnerability to substance abuse.

There is also inadequate risk-perception as students may not perceive substance abuse as a significant risk, which can lead to experimentation and regular use. Apart from these

challenges, various factors, like peer pressure, family dynamics, socioeconomic status, and media influence, can also contribute to substance abuse among secondary school students. Substance abuse among secondary school students is a pressing concern globally, with far-reaching consequences for their health, well-being, and future prospects²⁴. Several studies have been carried out concerning the awareness of substance abuse among youths 6 -10 studies across different Nigerian states, but there are dearth of studies particularly knowledge, risk-perception and factors influencing substance abuse among students. This study will fill this gap and proffer solution with particular reference to students in secondary schools in Ibadan North Local Government Area of Oyo State.

1.3 Justification of the Study

Substance abuse prevalence among secondary school students call for serious attention. The urgent need to address substance use menace is necessary as substance abuse now leads to the main cause of preventable illness and death in our society. Secondary school adolescents are susceptible to the impact of substance use and face an elevated risk of developing long-term repercussions, including mental disorders, impaired functioning in adulthood, and sub-par academic achievement. Prevention of substance abuse and intervention can make a difference. Furthermore making secondary school students know about the danger of substance abuse as well as promoting healthy ways to cope with the challenges of life will help to reduce substance abuse risk. Providing awareness on the risk of substance abuse among secondary school students will ensure that necessary information needed as input for effective policy formulation. Effective policy formulation will be formulated to address the menace. Therefore, findings of the study may provide useful information for intervention

programmes and strategies to address the challenges of the substance abuse particularly among the secondary school students.

1.4 Aim and Objectives of the Study

Aim of the study was to assess the knowledge, risk-perception and factors influencing substance abuse among selected public secondary school students in Ibadan North Local Government Area of Oyo State. The objectives were to:

- i. assess the knowledge of substance abuse among selected public secondary school students in Ibadan North Local Government Area of Oyo State
- ii. assess the risk-perception of substance abuse among selected public secondary school students in Ibadan North Local Government Area of Oyo State
- iii. identify factors influencing substance abuse among selected public secondary school students in Ibadan North Local Government Area of Oyo State
- iv. determine the extent at which knowledge, risk-perception relatively predicts factors influencing substance abuse among selected public secondary school students in Ibadan North Local Government Area
- v. examine the relationship between knowledge and factors influencing substance abuse among selected public secondary school students in Ibadan North Local Government Area.
- vi. examine the relationship between risk-perception and factors influencing substance abuse among selected public secondary school students in Ibadan North Local Government Area.

- vii. determine the joint relationship between knowledge, risk-perception and factors influencing substance abuse among selected public secondary school students in Ibadan North Local Government Area.

1.5 Research Questions

1. What is the knowledge of substance abuse among public secondary school students in Ibadan North Local Government Area of Oyo State know about substance abuse?
2. What do students in secondary school in Ibadan North Local Government Area of Oyo State know about risk-perception of substance abuse?
3. What are factors influencing substance abuse among secondary school students in Ibadan North Local Government Area of Oyo State?
4. To what extent do knowledge, risk-perception predict factors influencing substance abuse among selected public secondary school students in Ibadan North Local Government Area?

1.6 Hypotheses

H₀₁: There is no significant relationship between knowledge and factors influencing substance abuse among selected public secondary school students in Ibadan North Local Government Area.

H₀₂: There is no significant relationship between risk-perception and factors influencing substance abuse among selected public secondary school students in Ibadan North Local Government Area.

H₀₃: There is no significant joint relationship between knowledge, risk-perception and factors influencing substance abuse among selected public secondary school in Ibadan North Local Government Area.

1.7 Significance of the Study

The study may be of benefit to teachers, counselors, parents, students and researchers. Through these findings, school authority may be able to find a way of preventing substance use among secondary school students through public enlightenment campaign in school. The findings of the study, may help the government put in modalities to strengthen the guidance and counseling department and employ the services of school social workers. The findings of the study may help both teachers and parents on the role to play in preventing substance use and abuse among students.

The study's findings may significantly aid students and scholars seeking to pursue additional research on the topic. Findings may be useful to both teachers, parents/family to understand the prevalence, trends and to identify the extent of substance abuse among students to recognize the high risk groups. Also the study may help the students and teachers be aware and have more understanding of how substance abuse and excessive intake can negatively impact their cognitive abilities leading to poor academic performance, absenteeism and school dropout.

The study may be of help to teachers, students and parent/family to know the social and behavioural consequence in substance abuse which often linked to risky behaviours, violence, delinquency and peer pressure which can contribute to social instability. The study may also

be of help to students, teachers and parent/family in understanding the effects of family/community background in substance abuse. It may be a guide to policy makers, educators and health professionals in developing effective preventive programmes, policies and support systems for affected students. Furthermore, the study may help in awareness raising more awareness about the substance and can help students to make informed choices and avoid criminal acts. The study may help to prevent future implications of substance abuse by addressing substance abuse early in secondary schools which can prevent long term addiction problem and promote healthier adulthood.

Lastly, the study may be of help to the Oyo State government to integrate substance abuse into the school curriculum as a compulsory subject for early knowledge and risk perception of substance abuse among students to reduce the prevalence rate.

1.8 Scope of the Study

This study was delimited to knowledge, risk-perception and factors influencing substance abuse and students in public secondary school in Ibadan North Local Government Area of Oyo State.

1.9 Limitations of the study

The study employed a cross-sectional survey design and therefore the results are limited to the period for which the respondents were surveyed, and this makes the drawing of conclusions on associations of different factors limited. As per my knowledge, there are scanty studies focusing on this topic which imposed some limitations that needs to be considered while interpreting the result. In addition, the study focused only on public

secondary schools in the LGA and on only one of the local Government area (LGA) out of the 33 LGA in the state though situated in an urban population. This may hinder the generalization of the of the study findings to all secondary school students within the state. Also the time and financial resources which limited the study. Secondly, response bias might have occurred in the course of administering the questionnaire.

Assessing the knowledge, risk-perception and factors influencing substance abuse among selected public secondary school students in Ibadan North Local Government Area of Oyo State, Nigeria appears to be a sensitive/personal issue, therefore some respondents might have responded conservatively concerning some potentially embarrassing information.

1.10 Operational Definition of Terms

Factors Influencing Substance Abuse: This refers to the factors affecting substance abuse that predispose, encourage, or contribute to the initiation and continue use of substances (such as alcohol, tobacco, cannabis, and other psychoactive substances) among secondary school students.

Knowledge of Substance Abuse: refers to the accurate understanding and awareness that secondary school students have regarding substances that can be abused (alcohol, tobacco, cannabis, prescription medications, and other illicit drugs), including their types, methods of use, possible short-term and long-term health effects, legal consequences, and signs of dependence.

Risk-Perception on Substance Abuse: this is the perceived risk of use of illegal psychoactive substances or the use of prescription or over-the-counter psychoactive

substances or alcohol for purposes other than those for which they are meant to be used, or in excessive amounts.

Selected Public Secondary School: A selected institution that provides secondary education in Ibadan North Local Government

Selected Public Secondary School Students: Typically refer to an individual enrolled in public educational institutions offering programmes beyond primary education, precisely in senior secondary school class (SSS 1 and SSS 2) in Ibadan North Local Government

Substance Use: This is defined as the intentional and recurrent use of psychoactive substances (such as alcohol, tobacco, cannabis, tramadol, codeine, inhalants and other illicit substances) by secondary school students, in a manner that leads to negative physical, psychological, social, or academic consequences.

Substance: An illegal psychoactive substance or chemicals that students smoke, take, sniff, inhale, rub or inject for physical or mental effects it has.

Substance Abuse: This refers to the maladaptive or harmful use of chemical or psychoactive substances that alter mood, perception, or brain function when taken into the body

Endnotes

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Chapter Two

Literature Review

2.1 Conceptual Review

2.1.1 Knowledge of Substance Abuse

Substances are chemicals that can change how one's body and mind work¹. Substance use often begins with initial exposure, a casual, sometimes innocent first experience perhaps curiosity, peer influence, or a momentary escape propels someone to try a substance. During this stage, use is sporadic and may seem harmless. Yet, this experiment can gradually evolve into something more regular and consuming¹. As the behavior continues, it may develop into experimentation, where use becomes more deliberate perhaps at social events or under stress. It's not yet habitual but reflects recognition of the substance's effects². Over time, this can escalate into habitual or regular use, where the substance becomes part of one's routine, and reliance grows. Though this stage may still seem manageable, the neural and psychological pathways signaling compulsion begin to strengthen. Next emerges risky or problematic use, marked by behaviours that threaten safety or responsibilities.

A person may start using in dangerous contexts, such as before driving or skipping important tasks. The shift from casual to problematic begins here, as the individual increasingly prioritizes substance use despite the potential for harm³. As substance interaction grows, tolerance develops, meaning the person needs more of the substance to achieve the same desired effect. This tolerance signals the body adapting to the presence of the drug⁴. With that physiological change, dependence often follows both physical and psychological. The individual may experience withdrawal symptoms when not using and feel compelled to

continue use to feel “normal⁵.” When dependence deepens, addiction or substance use disorder takes hold, featuring loss of control, persistent use despite consequences, and a life increasingly centered on obtaining and using the substance⁶.

In severe cases, individuals may reach a crisis point, where health, relationships, or legal consequences spiral⁷. Importantly, not everyone follows this linear path. Research suggests that moderate use can remain stable for some individuals, serving as either an intervention point or a transition between no use and heavy use⁸. This highlights that substance use trajectories are diverse and not always predictable. Recreational Substance use often begins with initial exposure, a casual, sometimes innocent first experience perhaps curiosity, peer influence, or a momentary escape propels someone to try a substance. During this stage, use is sporadic and may seem harmless. Yet, this experiment can gradually evolve into something more regular and consuming¹⁰. As the behavior continues, it may develop into experimentation, where use becomes more deliberate perhaps at social events or under stress. It’s not yet habitual but reflects recognition of the substance’s effects²².

Over time, this can escalate into habitual or regular use, where the substance becomes part of one’s routine, and reliance grows. Though this stage may still seem manageable, the neural and psychological pathways signaling compulsion begin to strengthen. Next emerges risky or problematic use, marked by behaviours that threaten safety or responsibilities. A person may start using in dangerous contexts, such as before driving or skipping important tasks. The shift from casual to problematic begins here, as the individual increasingly prioritizes substance use despite the potential for harm²⁰. As substance interaction grows, tolerance develops, meaning the person needs more of the substance to achieve the same desired effect.

This tolerance signals the body adapting to the presence of the drug²². With that physiological change, dependence often follows both physical and psychological. The individual may experience withdrawal symptoms when not using and feel compelled to continue use to feel “normal²³.”

When dependence deepens, addiction or substance use disorder takes hold, featuring loss of control, persistent use despite consequences, and a life increasingly centered around obtaining and using the substance¹³. In severe cases, individuals may reach a crisis point, where health, relationships, or legal consequences spiral¹⁶. Importantly, not everyone follows this linear path. Research suggests that moderate use can remain stable for some individuals, serving as either an intervention point or a transition between no use and heavy use¹⁶. This highlights that substance use trajectories are diverse and not always predictable. Many young individuals start with recreational substance use think weekend get together or social gatherings where taking a drink or puff is part of the fun. At first, it seems harmless and under control. But gradually, it becomes woven into their social identity, blurring the lines between occasional enjoyment and routine behavior. This shift is more common than we’d like to admit, and it sets the stage for deeper involvement¹⁷.

Eventually, some individuals cross into dependence, a stage where use is no longer a choice. Dependence can be physical, meaning the body has adapted and now craves the substance, leading to withdrawal symptoms if use is reduced abruptly. It can also be psychological, where emotional distress and cravings dominate, making abstinence feel unimaginable¹⁸. What begins as a social habit can evolve into what’s clinically known as addiction a chronic condition defined not just by continued use, but by impaired control, compulsive seeking,

and continued use despite harmful consequences¹⁹. On the flip side, there are abstainers those who either choose not to engage in substance use or who have successfully stopped and resolved never to return. For them, abstinence might stem from personal conviction, past trauma, faith, or strong support systems.

This group highlights how resilience and choice shape individual outcomes²⁵. These stages not just marked by frequency of use, but by shifting motivations, changes in brain chemistry, and evolving self-identity reveal how substance use behaviours can zoom up or down a spectrum. Starting with casual fun, they may escalate into a destructive cycle of dependency; yet, with the right support, individuals can also transition toward sustained well-being and freedom. Substance abuse remains a major public health concern because of its far-reaching effects on both individuals and society. Scientific findings indicate that repeated use of psychoactive substances can damage vital organs, impair brain function, and sometimes cause irreversible changes in the body²⁶. These damages do not only affect the user but also ripple outward, disrupting families, straining relationships, and creating social and economic challenges for communities²⁷.

A critical consequence of prolonged substance use is addiction, which is now recognized as a chronic brain disease²⁹. Addiction is marked by compulsive substance-seeking and use, even in the face of known harm. This happens because repeated exposure alters the brain's reward and motivation circuits, reducing the brain's ability to experience pleasure naturally and increasing the drive to seek the substance repeatedly²⁹. It is important to note, however, that not everyone who uses substances becomes addicted. This variation is influenced by multiple factors, including genetics, environment, early exposure, and developmental stage²⁴. Some

people may develop dependency rapidly, while for others, addiction develops gradually over time or not at all. For example, adolescents and young adults are often more vulnerable due to ongoing brain development, while individuals with strong social support or coping mechanisms may resist the progression to dependence. Understanding these dynamics shifts the narrative around substance abuse from one of personal weakness to one of health vulnerability. This perspective encourages a more compassionate, science-based approach to prevention, early intervention, and treatment rather than solely relying on punitive measures.

Classifications of Substances (Licit and Illicit)

The classification of psychoactive substances is essential for understanding patterns of use, public health risks, and the development of prevention strategies. Substances are typically categorized based on their legal status (licit or illicit) and their pharmacological effects on the central nervous system (CNS). This dual classification highlights not only the medical and physiological impact of substance use but also the broader legal and societal implications³⁰

Licit Substances

Licit substances are those legally available for consumption, though their use is often regulated by age, context, or prescription. Despite being legal, these substances contribute significantly to the global burden of disease²⁷.

Alcohol: Alcohol is one of the most widely used psychoactive substances globally. It functions primarily as a CNS depressant, impairing judgment, coordination, and reaction times²⁵. Excessive consumption is linked to liver disease, cardiovascular disorders, mental health issues, and accidents. While alcohol is legal in most countries, regulations often restrict its sale to minors and prohibit its use in certain settings.

Tobacco: Tobacco contains nicotine, a stimulant that is highly addictive. Long-term use of tobacco products is the leading cause of preventable deaths worldwide, associated with cancers, respiratory illness, and cardiovascular disease²⁹. In Nigeria, tobacco use among adolescents has become a public health concern, fueled by aggressive marketing and peer influence.

Caffeine: Caffeine, present in coffee, tea, energy drinks, and soft drinks, is widely accepted and consumed. It is considered a mild stimulant that enhances alertness and reduces fatigue³⁰. While generally safe in moderate quantities, excessive intake can cause insomnia, palpitations, and dependence.

Prescription Drugs: Medications such as benzodiazepines (sedatives), opioids (painkillers), and stimulants (for attention-deficit/hyperactivity disorder) are licit when prescribed but are increasingly misused. Abuse of prescription drugs like tramadol and codeine has become particularly problematic in Nigeria, where these substances are diverted from medical channels for non-medical use²⁶.

Illicit Substances

Illicit substances are drugs prohibited by law due to their high potential for abuse, dependence, and harm. Their production, distribution, and use are subject to legal penalties, yet they remain widely available in both global and local markets³¹

Cannabis: Cannabis is one of the most commonly abused illicit drugs globally. It produces psychoactive effects such as euphoria, altered perception, and impaired memory. Long-term use has been linked to cognitive decline, psychiatric disorders, and reduced academic

performance among adolescents³¹ While some countries have legalized cannabis for medical or recreational use, it remains illegal in Nigeria.

Cocaine: Derived from coca plants, cocaine is a powerful stimulant that induces intense euphoria, increased energy, and alertness. Chronic use, however, can cause heart attacks, strokes, and neurological damage²⁷. Cocaine use is often associated with high-risk behaviors and criminal activity.

Heroin: Heroin is an opioid synthesized from morphine. It is highly addictive and typically administered by injection, smoking, or snorting. Use leads to rapid tolerance, severe dependence, and high risk of overdose deaths²⁸. Beyond health consequences, heroin use often drives social problems such as crime and poverty.

Methamphetamine: Methamphetamine, a potent stimulant, is known for its euphoric and energizing effects. Its use, however, causes severe dental problems (“meth mouth”), aggression, psychosis, and long-term neurological damage³¹.

Hallucinogens: Drugs such as LSD (lysergic acid diethylamide), psilocybin mushrooms, and MDMA (ecstasy) are hallucinogens that alter perception, mood, and cognition. While some are used experimentally in clinical settings, illicit use is associated with dangerous behaviors, psychosis, and long-term mental health issues³²

Inhalants: Inhalants, such as glue, petrol, paint thinners, and aerosol sprays, are misused primarily by adolescents due to their availability and low cost. They cause short-lived euphoria but can damage the brain, liver, and kidneys. Prolonged use may lead to sudden death from cardiac arrest²⁹.

Emerging Substances

A growing category within substance classification is New Psychoactive Substances (NPS). These are synthetic drugs designed to mimic the effects of traditional illicit substances while evading legal restrictions. Examples include synthetic cannabinoids (“spice”) and synthetic cathinones (“bath salts”)³³. Their unpredictable chemical composition makes them particularly dangerous.

Classifying substances into licit and illicit categories highlights the paradox of legality versus harm: while licit substances like alcohol and tobacco are widely consumed and socially accepted, they contribute to significant morbidity and mortality. Meanwhile, illicit substances pose both health and legal consequences, often exacerbating social inequalities. This classification framework is critical for understanding adolescent exposure, guiding prevention strategies, and framing policy interventions.

Pharmacological Classification of Substances

Beyond legal distinctions of licit and illicit, psychoactive substances are also categorized according to their pharmacological action on the central nervous system (CNS). This approach allows for a deeper understanding of how different substances affect human physiology, cognition, and behavior. The major pharmacological classes include depressants, stimulants, opioids, hallucinogens, and inhalants³⁹.

Depressants: Some of the most commonly found types of substance in society are depressants. They are also known as sedative. They are agents that reduce the normal activity

of any body system or function. Alcohol is a depressant psychoactive substance commonly available for adults to use every day. However, despite the wide availability, they can become addictive, creating negative outcomes when overused. Many people take alcohol as a stimulant because of the way most of alcohol consumers feel after consuming a serving of one or two measures of their favorite drink³⁸. Intake of alcohol slows down response time within the nervous system this affects the response time and function of the neurons in the brain which slows down when one feel relaxed and less inhibited⁸. Depressants affect motor functioning as well as the brain's ability to process information and reaction. When one consumes too much alcohol, one can be in danger of alcohol poisoning and go into coma. One may even die in addition to alcohol intake, there are varieties of additional depressants available such as barbiturate, tranquilizer and rohypnol.

Stimulants: Substance such as caffeine, nicotine, cocaine and amphetamine are stimulants. These work in the opposite manner. Stimulants speed up the body's nervous system which cause the response times between the brain's neurons to increase and make the body's systems to respond with higher respiration rates and faster heart rates⁹.

Opioids: These are another class of substance that are used to block or relieve pain. Opioid addiction has affected our society to a grave degree⁹. Many doctors have legally prescribed opioids as pain medication which make these substances to be highly addicted and lead to prescription abuse. Opioids are not only addictive, but they alter one's mood and mind⁹. Those who continue to take or have an addiction to heroin are at risk of death due to impurities often found in street heroin and the risk of using heroin mixed with fentanyl, which can be lethal.

Hallucinogens: Hallucinogens are substances that alter perception, thought, and mood, producing experiences such as hallucinations and distorted reality. Classic hallucinogens include lysergic acid diethylamide (LSD), psilocybin (“magic mushrooms”), and mescaline. A related group, called “dissociative hallucinogens,” includes phencyclidine (PCP) and ketamine¹². While hallucinogens are not generally associated with physical dependence, they can cause dangerous psychological effects, including psychosis, panic reactions, and risky behaviors during intoxication¹³. In clinical research, some hallucinogens have shown potential for treating depression and post-traumatic stress disorder (PTSD), but their uncontrolled use, especially among adolescents, is dangerous¹⁴.

Inhalants: Inhalants are volatile substances that produce psychoactive effects when their fumes are inhaled. Common examples include glue, petrol, paint thinners, aerosol sprays, and nitrous oxide. They are often the substances of first use among adolescents because they are inexpensive, easily accessible, and often not regulated¹⁵. Inhalants produce short-lived euphoria but can cause dizziness, headaches, nausea, and impaired coordination. Chronic use leads to severe brain, liver, and kidney damage, while sudden sniffing death syndrome a fatal cardiac arrest can occur even after a single session³⁶. The high prevalence of inhalant abuse among adolescents in low-income communities underscores the link between socioeconomic vulnerability and substance misuse.

Trends in Adolescent Substance Abuse

Adolescent substance use remains a major public-health concern worldwide, but its patterns have changed over the last decade in ways that vary by substance type, region, and policy environment. Broadly, global surveillance, including United Nations Office on Drugs and

Crime (UNODC) and World Health Organization (WHO) reporting, indicates that while lifetime and past-year use for some traditional substances such as tobacco and certain illicit drugs has plateaued or declined in high-income countries, other behaviors—particularly alcohol misuse, nonmedical use of prescription drugs, vaping/e-cigarette use, and use of new psychoactive substances (NPS) have gained prominence among adolescents.¹ Importantly, trends are heterogeneous: while cigarette smoking is declining in many contexts, cannabis use remains steady or rising, and adolescent nicotine vaping has become a significant concern.² Large, long-running school surveys from high-income countries, such as the *Monitoring the Future* study in the United States, highlight nuanced changes: reductions in cigarette smoking and some illicit drug use, persistence of cannabis experimentation in contexts where perceived harm has fallen, and increased uptake of nicotine-containing products³⁰. These surveillance efforts underscore the importance of adaptive prevention and policy interventions. Two other global developments are noteworthy. First, the proliferation of NPS has complicated surveillance and regulation, as these substances often evade legal controls and pose unpredictable risks. Second, the non-medical use of prescription medicines, such as sedatives, opioids, and stimulants, has become a growing issue in several regions, raising concern for adolescent health⁴.

Across Africa, trends reveal a varied but increasing profile of adolescent substance use influenced by urbanization, youth unemployment, cultural shifts, and weak regulatory controls. Alcohol, tobacco, cannabis, inhalants, and the nonmedical use of prescription drugs such as tramadol and codeine are most commonly reported³¹. Recent years have seen rising misuse of codeine-containing syrups and tramadol, particularly among adolescents in West Africa, fueled by easy accessibility through informal supply chains⁶. Urban nightlife and

social media have contributed to reduced risk perception of these substances among young people. However, surveillance remains uneven, with some countries relying on small cross-sectional studies, which makes it difficult to track trends systematically⁴⁰.

Nigeria reflects both continental and unique national dynamics. Alcohol and tobacco remain highly prevalent and socially normalized among adolescents, while cannabis is the most frequently cited illicit drug⁸. Importantly, tramadol and codeine misuse have escalated, with adolescents using them both recreationally and as coping mechanisms for stress or academic pressures. Recent empirical studies highlight three themes: a gap between knowledge and practice (adolescents acknowledge harms but underestimate addiction potential), peer and social influences, and ease of access to substances³². Regulatory weaknesses, such as poor enforcement of age-restricted sales and weak control of pharmaceutical distribution, exacerbate these problems. Community-level interventions, such as health education programs and awareness campaigns, have demonstrated some promise but remain unevenly implemented¹⁰.

Substance use History

The use of substances dates back to ancient times and has been prevalent in nearly all societies. Long before the emergence of written records, humans turned to various chemicals to alter their mental state. It is therefore unsurprising that, despite extensive efforts to curb the practice, substance use continues to remain widespread in modern societies¹⁰.

Substance use in America

Following World War II, the rapid expansion of the U.S. economy ushered in a period of unprecedented prosperity, which in turn fostered a thriving consumer culture. Within this

environment, the market for psychoactive substances also grew considerably. By the 1960s, the countercultural “hippie movement” had become highly influential across the United States, and with it emerged a strong association with psychoactive substances such as cannabis and heroin. Advocates of the movement often promoted cannabis use, portraying it as harmless and arguing that it should not be classified as a narcotic. They further campaigned for the social acceptance of cannabis consumption on the grounds of individual liberty and human rights, with many calling for its legalization. However, by the late 1970s, widespread recognition of the destructive consequences of substance abuse on individuals, families, and society at large led to a shift in public opinion.

Although calls for legalization diminished during the 1980s, the overall prevalence of substance-related problems in the United States showed little improvement.

The debate resurfaced in the 1990s, when economic incentives began to drive renewed campaigns for legalization. The U.S. government, recognizing the potential for significant tax revenues, became more open to the legalization of cannabis and other substances. This culminated in Colorado’s landmark decision to legalize cannabis in 2014, after which cumulative sales quickly surpassed one billion U.S. dollars. Yet, despite the economic gains, concerns mounted. Reports highlighted record-high levels of drug-related deaths in the state, and parents observed that adolescents could access cannabis more easily, raising alarms about its potential effects on brain development.

Substance overdoses have since remained a pressing issue, contributing to rising mortality rates, reducing the labor force, and negatively impacting overall life expectancy in the United

States. A report in the American Journal of Science indicates that drug-related mortality in the United States has risen sharply over the past 38 years, with overdose deaths increasing by approximately 9 percent annually and doubling about every eight years. In 2017 alone, the nation recorded a staggering 72,000 overdose deaths, marking a historical peak. The report highlights that psychoactive substance abuse affects nearly all states, with only a few exceptions, such as North Dakota, Nebraska, and Iowa. Over the past decade, states like Delaware and New Hampshire have witnessed more than a threefold increase in drug-related deaths.

The situation worsened during the COVID-19 pandemic. Between April 2020 and April 2021, overdose deaths exceeded 100,000 a figure nearly eight times greater than deaths caused by firearm-related incidents and almost three times higher than traffic accident fatalities. Notably, men between the ages of 25 and 54 accounted for about 70 percent of these fatalities, underscoring a troubling demographic vulnerability.

Also stated in a report by the National Centre for Psychoactive substance Abuse Statistics, American aged 12 and above, about 53million people have used substance or misused prescription substance within the past year and should alcohol and tobacco be included, 165million of all Americans ages 12 and above currently abuse substance of which 8.1million people now have a substance use disorder.

Substance Use in Europe

The history of substance use in Europe is long and multifaceted, reflecting cultural practices, trade networks, religious traditions, and political transformations that shaped attitudes toward

psychoactive substances. Historically, Europe has both been a site of indigenous use of certain substances (such as alcohol) and a major hub through which imported psychoactive substances including tobacco, coffee, tea, and later opiates and cannabis were integrated into society⁴⁴. Alcohol holds the deepest historical roots in Europe, with archaeological evidence indicating wine and beer production dating back to ancient Greece and Rome, where these beverages were central to social and religious life⁴⁵. The medieval period reinforced alcohol's cultural significance, as beer and wine were safer alternatives to contaminated water and often consumed daily, including by children.

By the early modern period, distilled spirits (such as gin, brandy, and vodka) spread across Europe, leading to waves of concern about drunkenness, crime, and public health. The so-called “gin epidemic” in eighteenth-century England exemplified the social problems tied to cheap, mass-produced spirits⁴⁶. The introduction of tobacco to Europe in the sixteenth century, following the Columbian exchange, marked another transformative moment. Initially consumed by elites as a medicinal and exotic novelty, tobacco quickly became widely popular and was linked to emerging commercial empires. Governments in countries such as England, Spain, and France sought to regulate and tax its trade, which became central to colonial economies. By the seventeenth and eighteenth centuries, pipe-smoking and later snuff became ubiquitous across Europe, embedding tobacco into cultural and economic life⁴⁷.

The nineteenth century saw the medicalization and commercialization of new substances. Morphine, derived from opium, was isolated in 1804 and widely adopted in European medicine, particularly during the Napoleonic Wars, where it was used to treat wounded soldiers³³. Advances in chemistry also produced cocaine from coca leaves, which entered

European pharmacopeia in the late nineteenth century and was initially marketed for its supposed therapeutic and stimulant effects. However, widespread recreational misuse soon emerged, prompting early debates about drug dependence and regulation³⁴. Cannabis entered European medical discourse through colonial encounters, particularly in South Asia and North Africa, during the nineteenth century. It was studied, prescribed, and recreationally experimented with in European intellectual and artistic circles, such as in France's "Club des Hashischins³⁵."

Yet cannabis did not achieve the widespread popularity of alcohol or tobacco in that era. By the early twentieth century, concerns about addiction and public disorder led to increasing regulation of psychoactive substances across Europe. The 1912 Hague Opium Convention marked Europe's participation in the first international drug-control framework, obligating states to restrict and monitor the trade in opiates and cocaine³⁶. After World War II, Europe became central to international narcotics control regimes under United Nations frameworks, while at the same time witnessing rising use of new substances such as amphetamines and, later, hallucinogens in the post-war counterculture.

In the late twentieth and early twenty-first centuries, Europe experienced shifts tied to globalization and social change. Cannabis became the most widely used illicit drug among European youth, while heroin epidemics in the 1980s and 1990s devastated parts of Western and Eastern Europe, particularly in relation to HIV transmission among injecting drug users. More recently, Europe has faced challenges related to synthetic drugs, such as MDMA, methamphetamine, and NPS, which reflect the region's role as both a producer and consumer. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has highlighted

trends showing stable but high cannabis use, declining tobacco and alcohol among youth in some countries, and growing experimentation with synthetic substances³⁷.

Substance Use in Africa

The history of substance use in Africa is long, regionally varied, and embedded in social, economic, and ritual life. Patterns of consumption and meanings attached to psychoactive substances have been shaped by indigenous practices, local economies, trans-Saharan and maritime trade, Islamic and Christian moral regimes, colonial commerce and control, and post-colonial social change. Understanding this history helps explain why certain drugs are normalized in some contexts, stigmatized in others, and why contemporary misuse and markets take the forms they do. Early and precolonial uses. Many substances now classified as drugs have ancient and culturally integrated uses in Africa. Indigenous alcoholic beverages (fermented sorghum, millet, palm wine, and traditional beers) have been produced and consumed for millennia in West, Central, East, and Southern Africa for nutrition, ritual, and social bonding. Likewise, plant stimulants such as khat (*Catha edulis*) in the Horn of Africa and parts of the Arabian Peninsula, and kola nut in West Africa, have long served medicinal, religious, and social functions. These practices were generally embedded within social norms that regulated use (age, gender, ceremonial context) and framed intoxication in culturally meaningful ways³⁸.

The arrival of new commodities and intensification under trade and colonialism. From the fifteenth century onward, long-distance trade and European contact introduced or intensified the circulation of new psychoactive commodities. Tobacco, introduced via Atlantic and Indian-Ocean trade networks, rapidly diffused across the continent and became integrated

into diverse social practices. The commercialization of alcohol accelerated under colonial administration: European distillation and import systems, taxation regimes, and cash economies made foreign spirits and beer widely available and reshaped local drinking patterns³⁹. The colonial era also saw the formalization of markets for opiates and coca derivatives (later cocaine) through global supply chains, even if their widespread recreational diffusion in most parts of Africa came later. Colonial authorities oscillated between regulating, taxing, and attempting to restrict certain substances, but the combination of economic incentives and weak enforcement often produced hybrid outcomes: increased availability paired with moral panics and early control measures⁴⁰.

Post-WWII transformations and illicit markets. The mid-to-late twentieth century witnessed important shifts. Urbanization, migration, and changing labor conditions altered consumption contexts: alcohol use became more concentrated in urban leisure settings, and new modes of illicit supply developed. From the 1960s–1980s onward, heroin and other opiates, cocaine, and amphetamines permeated urban subcultures in some African cities, though prevalence and patterns varied enormously by country and locality. The 1980s and 1990s were particularly marked by heroin epidemics in parts of West Africa and Southern Africa, synchronized with broader global trends in production and trafficking, and tragically in some places fueling HIV transmission where injecting equipment circulation was poorly controlled⁴¹.

Emergence of prescription and synthetic drug problems. More recently (2000s–2020s), Africa has confronted new challenges. The diversion and nonmedical use of pharmaceutical opioids and codeine-based cough syrups, and the rise of tramadol misuse in parts of West

Africa and North Africa, have been widely reported. These trends reflect weak pharmaceutical regulation, porous supply chains, and high demand driven by pain, fatigue, or recreational motives⁴². At the same time, the continent has become both a transit route and a production region for synthetic drugs, including methamphetamine and various new psychoactive substances (NPS), shifting the character of youth exposure from traditional substances (local brews, tobacco, cannabis) to chemically synthesized stimulants and “designer” compounds. Urban nightlife economies, diasporic trade networks, and online markets have accelerated availability of such substances for adolescents and young adults.

Socioeconomic and cultural drivers in recent decades. The recent history of substance use in Africa cannot be separated from socioeconomic change. High youth unemployment, rapid urban growth, and the social dislocations of conflict and displacement have increased vulnerability to substance experimentation and misuse. At the same time, cultural shifts including the erosion in some contexts of customary controls and the influence of global youth culture conveyed by music, film, and social media have changed normative frames so that certain substances are more glamorized and risk perception is reduced among young people. Policy responses and public health framing. African governments and regional institutions have responded in diverse ways: from punitive, supply-side policing and criminalization to emerging harm-reduction and prevention strategies. International frameworks (UN drug control conventions) and regional reports have shaped national laws and enforcement priorities, while public-health actors have increasingly emphasized surveillance, school-based education, and treatment availability. Nevertheless, policy efficacy is often constrained by limited resources, uneven enforcement (for licit and illicit substances), and the continuing adaptability of illicit markets.

Substance Use in Nigeria

In Nigeria, the history of substance use has been in existence before colonial era. Palm wine drink was gotten from the palm trees, tobacco from tobacco leaves and other hard substances were among the crops cultivated by the farmers. Substance like cannabis was not in existence then in Nigeria but later introduced into the country. The veterans who fought in the Second World War in countries like Malaysia and Bruma on their returned after the war cultivated these plants in their farms illegally. Till now farmers still cultivate cannabis illegally as a farm produce because it is against the law. Research shows that psychoactive substance trafficking was low in the country between 1960s and 1970s because it was mostly cannabis that was cultivated. In 1980s however, substance like Heroin, Cocaine, and Hallucinogens find their way into the country. As reported in the Nigeria Guardian April 18, 2022, the current health situation of Nigerian youths is disheartening and worrisome considering their engagement into hard psychoactive substance abuses.

Recent evidence shows that more than 11 percent of Nigeria's youth population engage in the use of hard substances such as codeine syrup, tramadol, diazepam, cocaine, and shisha mixtures. United Nations Office on Drugs and Crime (UNODC), estimated that 275 million people globally used psychoactive substances in the past year, with over 36 million suffering from substance use disorders, as highlighted in the World Drug Report 2021. In Nigeria, the 2018 National Drug Use Survey revealed that approximately 14.3 million people were substance users, of which nearly three million suffered from substance use disorders. Furthermore, the World Drug Report notes that in the last two decades, the potency of cannabis has increased by nearly four times in some regions, coinciding with a 40 percent

decline in the proportion of adolescents perceiving cannabis use as harmful. Between 2010 and 2019, the global number of substance users rose by 22 percent, a trend partly attributed to population growth.

Sources of Knowledge of Substance Abuse

Knowledge of substance abuse among adolescents is shaped by multiple social, educational, and cultural sources. These sources influence how young people perceive the risks, benefits, and consequences of drug use, thereby shaping attitudes and behaviours. Five major sources of knowledge are commonly identified: the family, peers, school, media, and health education.

Family: The family plays a central role in shaping adolescents' knowledge and perceptions of substance abuse. As the first socializing unit, parents and caregivers provide the earliest exposure to information regarding the benefits or dangers of substance use. Communication within the home environment often influences how adolescents interpret and internalize messages about drugs and alcohol. When parents openly discuss the risks associated with substance abuse, adolescents are more likely to develop accurate knowledge and avoid experimental behavior. Conversely, families that are silent or permissive about substance use may inadvertently encourage misconceptions or normalize risky behaviours. Parental modeling is another critical mechanism through which knowledge about substance abuse is transmitted. Adolescents often learn more from observing parental behavior than from direct instructions. For instance, when parents smoke, drink excessively, or misuse prescription drugs, adolescents may come to view such behaviours as socially acceptable. Studies have consistently shown that children of substance-using parents are more likely to experiment

with drugs themselves, not only due to increased accessibility but also because of the implicit approval communicated by parental behavior⁴³.

This demonstrates that parental lifestyle can significantly shape the content and quality of knowledge adolescents hold about substances. In addition to direct communication and modeling, parental supervision and involvement contribute to how adolescents process information about substance use. Families characterized by strong bonds, high parental monitoring, and emotional support tend to equip adolescents with better knowledge of the dangers associated with substance use⁴⁴. Conversely, in households where supervision is lax or where there is family dysfunction such as marital conflict, domestic violence, or neglect—adolescents often receive distorted or insufficient knowledge. Such conditions increase vulnerability to misinformation from peers or the media, which may promote substance experimentation. Cultural norms within families also shape adolescents' knowledge of substances. In some communities, alcohol consumption or the use of certain herbs is normalized as part of cultural or religious practices. Adolescents growing up in such contexts may perceive these substances as harmless or even beneficial⁴⁵. On the other hand, in families where substance use is heavily stigmatized or condemned, adolescents are more likely to associate drug use with negative health and moral consequences. This highlights the interplay between family values, cultural traditions, and the construction of adolescents' understanding of substance abuse.

Empirical evidence supports the role of families as primary educators on substance use. A recent study conducted in Nigeria found that adolescents who received preventive education from their parents demonstrated higher awareness of the dangers of tobacco and alcohol compared to those who relied solely on peer or media sources⁴⁶. Similarly, research in sub-

Saharan Africa indicates that parental communication about drugs significantly reduces adolescents' likelihood of initiating substance use⁴⁷. These findings underscore the importance of the family as a foundational source of accurate and protective knowledge against substance abuse.

Peers as a Source of Knowledge: Peers constitute one of the most influential sources of knowledge regarding substance use among adolescents. During adolescence, the desire for social belonging and peer acceptance becomes stronger, often making peers more influential than parents or teachers in shaping behaviours and attitudes. The peer group provides not only emotional support and companionship but also serves as a major channel of information whether accurate or distorted about drugs, alcohol, and other psychoactive substances⁴⁸. Adolescents often learn about substances through peer conversations, shared experiences, and direct encouragement to experiment. While some peer groups may promote abstinence and emphasize the dangers of substance use, others can glamorize or normalize risky behavior. Studies suggest that adolescents who interact with substance-using peers are more likely to adopt permissive attitudes toward drugs and are at greater risk of engaging in substance abuse themselves⁴⁹. This underscores the dual role of peers as both a protective and risk factor in shaping substance-related knowledge. The transmission of knowledge within peer networks is frequently informal and experiential. For instance, adolescents may share perceived benefits of substances, such as stress relief, enhanced social interaction, or improved academic performance, without discussing the associated risks⁵⁰. This kind of peer-to-peer learning can distort risk perception and minimize awareness of long-term consequences. On the other hand, adolescents embedded in prosocial peer networks such as

religious groups, sports teams, or academic clubs are more likely to exchange accurate information about the dangers of substance abuse, thereby reinforcing prevention messages.

Peer influence is further amplified by the adolescent developmental stage, which is characterized by identity exploration and risk-taking behaviours. Many adolescents rely more on the approval of their friends than on parental authority, especially in urban environments where exposure to diverse peer groups is common⁵¹. In Nigeria, studies have shown that peer groups often function as the primary reference point for learning about substances, particularly in secondary schools where drug availability and curiosity intersect⁵². This suggests that adolescents' knowledge is not merely derived from individual sources but is co-constructed through shared experiences within their social networks. Empirical research consistently supports the powerful role of peers in shaping substance-related knowledge and attitudes. A study conducted among Nigerian secondary school students revealed that those with close friends who used substances were significantly more likely to report positive beliefs about drug use and lower awareness of associated risks⁵³. Similarly, international studies confirm that peer norms strongly predict whether adolescents perceive substance use as safe, acceptable, or harmful⁵⁴. These findings highlight the importance of peer dynamics in health education strategies targeting substance abuse.

School as a Source of Knowledge: Schools are a vital source of knowledge on substance abuse, serving as structured environments where adolescents spend a significant portion of their formative years. Through formal education, schools provide opportunities to deliver accurate, evidence-based information about the risks of substance and alcohol use. Teachers, school counselors, and health education curricula can shape how students perceive substance abuse, correct misconceptions, and encourage healthy lifestyle choices⁵⁵.¹ When integrated

effectively, school-based programs can strengthen students' awareness of the dangers of psychoactive substances, promote resilience, and empower them to make informed decisions. The role of schools extends beyond academic instruction to include life-skills education. Preventive education programs, such as drug prevention clubs, peer-led discussions, and extracurricular activities, create platforms for adolescents to learn about substance use in relatable ways⁵⁶. Evidence suggests that adolescents who participate in comprehensive health education programs are more likely to report higher awareness of the risks of substance abuse and demonstrate stronger refusal skills⁵⁷. In Nigeria, initiatives such as the National Drug Law Enforcement Agency's (NDLEA) school sensitization campaigns have proven effective in raising awareness among secondary school students, showing the potential of schools to function as agents of behavioral change.

In addition to formal education, the school environment itself contributes to shaping students' knowledge about substance abuse. Schools with strong disciplinary structures and supportive teacher-student relationships tend to foster environments where substance use is discouraged. Conversely, schools with weak monitoring systems or inadequate extracurricular engagement may inadvertently expose students to peer groups that normalize drug use⁵⁸. Thus, the institutional culture of schools plays an important role in determining whether the knowledge transmitted promotes healthy or risky behaviours. Empirical research highlights the effectiveness of school-based interventions in improving knowledge and reducing substance experimentation among adolescents. A study in Lagos State, Nigeria, demonstrated that secondary school students who received drug education as part of their health science curriculum showed significantly higher knowledge of substance abuse risks compared to those without such exposure⁵⁹. Similarly, international studies indicate that

structured school-based interventions, particularly those that integrate peer education and teacher training, significantly improve students' understanding of the dangers of drug use⁶⁰. However, challenges such as inadequate resources, lack of teacher training, and weak implementation of policies limit the effectiveness of such programs in many low- and middle-income countries, including Nigeria.

Schools play a complementary role in reinforcing knowledge gained from families and peers. For some adolescents, especially those from homes where parental guidance is limited, schools may represent the primary or most reliable source of drug education⁶¹. This highlights the responsibility of educational institutions to provide accurate, consistent, and culturally sensitive information. Strengthening school-based interventions is therefore critical in addressing gaps in adolescent knowledge and ensuring that students are adequately informed about the health, social, and legal consequences of substance abuse.

Media as a Source of Knowledge: The media has become one of the most powerful sources of knowledge about substance abuse for adolescents. In today's digital era, young people are constantly exposed to information through television, radio, social media, online platforms, and print materials. This exposure can provide accurate, preventive knowledge when media campaigns emphasize the health, social, and legal risks of drug use. However, it can also promote misinformation when substances are glamorized in music videos, movies, advertisements, or peer-generated content online⁶².

Traditional media, such as television and radio, have historically played important roles in public health education. Government agencies, including the National Drug Law Enforcement Agency (NDLEA) in Nigeria, frequently use these platforms to raise awareness about the dangers of substance use. Evidence suggests that adolescents who are exposed to

anti-drug campaigns on radio and television are more likely to possess accurate knowledge about substance abuse and its long-term effects⁶³. For example, drug-free campaigns aired on national television have been effective in enhancing students' awareness of the dangers of smoking and alcohol consumption. In contrast, the rise of social media has created a more complex environment for adolescents' knowledge acquisition.

Platforms such as TikTok, Instagram, and YouTube often expose young people to conflicting narratives. While some influencers and organizations use these platforms to promote anti-drug education, others create content that normalizes or even encourages substance use by portraying it as fashionable, stress-relieving, or socially rewarding⁶⁴. Because adolescents are highly impressionable and seek approval in digital communities, their knowledge about drugs is often shaped by the trends, hashtags, and viral content they consume.

Another important dimension is the influence of advertising and popular culture. In contexts where alcohol and tobacco industries remain powerful, advertisements often downplay the health risks of these products while emphasizing pleasure, relaxation, or social belonging. Studies in Nigeria and other low- and middle-income countries have shown that adolescents exposed to such advertising are more likely to hold permissive attitudes toward substances, thereby affecting both their knowledge and risk perception⁶⁵. Conversely, targeted public health campaigns especially those delivered through social media have demonstrated effectiveness in correcting misconceptions and promoting preventive knowledge among adolescents. Empirical evidence affirms the dual role of the media. A recent Nigerian study reported that while social media was a major source of adolescents' knowledge about psychoactive substances, much of this information was incomplete or misleading,

contributing to poor risk assessment and experimentation⁶⁶. Similarly, global studies have highlighted that adolescents who frequently consume media glamorizing drug use tend to underestimate the associated risks⁶⁷. On the other hand, well-designed mass media campaigns have been linked to increased awareness of the harms of smoking, alcohol use, and other drug consumption among young people⁶⁸.

Health Education as a Source of Knowledge: Health education serves as a critical and structured source of knowledge about substance abuse, particularly for adolescents who may otherwise rely on family, peers, or media for incomplete or misleading information. Delivered through schools, community programs, or healthcare systems, health education provides evidence-based knowledge that highlights the medical, psychological, and social consequences of substance use. Unlike informal sources, health education is designed to correct misconceptions, build life skills, and empower young people to make informed decisions⁶⁹.

In school settings, health education programs often integrate substance abuse prevention into curricula, using teaching methods such as classroom discussions, peer-led activities, and role-play to increase students' awareness and refusal skills⁷⁰. These programs emphasize the short- and long-term health consequences of drug use, including addiction, organ damage, and impaired academic performance. Evidence indicates that adolescents exposed to comprehensive school health education report higher levels of awareness and demonstrate more accurate knowledge about the dangers of alcohol, tobacco, and illicit drugs than those without such exposure⁷¹.

Beyond schools, community health workers, nurses, and public health campaigns play a significant role in disseminating knowledge about substance abuse. Community-based

interventions often target both in-school and out-of-school adolescents, ensuring wider coverage. In Nigeria, for example, initiatives led by healthcare professionals and the National Drug Law Enforcement Agency (NDLEA) have been instrumental in raising awareness about the risks of psychoactive substances among young people.⁴ Nurses, in particular, have been recognized as frontline educators who combine medical expertise with preventive education, thereby bridging the gap between healthcare and community awareness.

Health education also addresses the psychosocial dimensions of substance abuse. By integrating life-skills training such as stress management, decision-making, and peer resistance educational interventions go beyond simply providing facts to equipping adolescents with tools to resist peer pressure and manage life challenges without resorting to drugs⁷². This holistic approach is especially relevant in contexts where socioeconomic hardship and limited parental guidance increase adolescents' vulnerability to substance use. Empirical studies highlight the effectiveness of health education as a source of knowledge. A quasi-experimental study in Nigeria found that adolescents who participated in a nurse-led drug prevention program demonstrated significantly higher knowledge of the risks of substance use compared to those in the control group⁷³. Similarly, global evidence suggests that school- and community-based health education programs are among the most effective strategies for improving adolescents' understanding of the dangers of substance abuse, particularly when they are interactive and sustained over time⁷⁴.

Levels of Adolescent Knowledge on Substance Abuse

Adolescents represent a critical age group in the discourse of substance abuse, as they are at a stage of experimentation, curiosity, and heightened susceptibility to peer influence. Globally, studies have shown that adolescents possess varying levels of knowledge about substance

abuse, but such knowledge does not always translate into healthy behavior. For instance, the United Nations Office on Drugs and Crime (UNODC) reports that while many young people are aware of the harmful effects of alcohol, tobacco, and illicit substances, gaps remain in their comprehensive understanding of long-term health, social, and legal consequences⁷⁵. In high-income countries, such as the United States and parts of Europe, adolescent knowledge is generally higher due to structured school-based prevention programs and widespread media campaigns⁷⁶. However, even in these contexts, knowledge is often superficial, with young people recognizing physical harms such as liver or lung damage but failing to appreciate the psychological, economic, and social implications of substance abuse⁷⁷.

In Africa, the situation is more complex. Research indicates that while adolescents are often aware of substances such as alcohol, tobacco, and cannabis, their knowledge is limited in depth and scope. A cross-sectional study in South Africa revealed that although 72% of high school students knew that cannabis use could be harmful, less than half understood its link to mental health issues such as depression and psychosis⁷⁸. Similarly, in Ghana and Kenya, students demonstrated moderate awareness of the immediate effects of substance use, such as accidents and academic decline, but lacked adequate knowledge about its chronic health impacts and potential for dependence⁷⁹. This suggests that adolescents in many African settings may underestimate the risks associated with drug use, particularly in relation to long-term outcomes.

In Nigeria, available evidence suggests that adolescents exhibit both high exposure to and fragmented knowledge of substance abuse. A recent study conducted among secondary school students in Lagos showed that most respondents were aware that alcohol, cannabis, and cigarettes were harmful, but many lacked knowledge about the health risks of

prescription drug misuse and newer psychoactive substances⁸⁰. In northern Nigeria, another study revealed that while 65% of adolescents acknowledged the harmfulness of substances like tramadol and codeine, misconceptions were widespread, including beliefs that such drugs could enhance academic performance or relieve stress without lasting harm⁸¹. Furthermore, in Ibadan, adolescents have been found to demonstrate awareness of substance abuse mainly through peers and media, often with distorted or incomplete information⁸². These findings highlight a paradox: although Nigerian adolescents may have some level of knowledge, it is often insufficient, inaccurate, or not internalized enough to prevent experimentation and continued use.

Prevalent Rate of Substance Use in Nigeria

The prevalence of substance use in Nigeria on a geopolitical zonal basis reveals that South-West tops the chart with about 4.382million users amounting to 22.4 percent of Nigeria's total figure of 14.3 million users⁷. The South-West comprising Lagos, Ogun, Oyo, Osun, Ondo and Ekiti States. The North-West zone, comprising Kano, Sokoto, Kaduna, Zamfara, Katsina, and Kebbi States closely follows the South-West with 3million user, while the South-South region of Edo, Delta, Rivers, Cross River, Bayelsa and Akwa Ibom States ranks third with 2.124million users. The country's region that is already ravaged by long years of conflict, that is North-East, comprising Borno, Yobe, Bauchi, Taraba, Adamawa and Gombe States recorded 2.09million users to rank 4th. The South-East zone of Abia, Imo, Anambra, Enugu and Ebonyi States recorded about 1.55million substance users while the North Central zone of Kwara, Kogi, Benue, Niger, Nasarawa and the Federal Capital Territory recorded 1.5million users to take 5th and 6th positions respectively.

In 2020, Nigeria was ranked highest in substance use⁹³. Vanguard of November 17, 2020, The United Nation Organization, (UNO), told the National Assembly (NASS) that Nigeria has been categorized as the highest in substance use prevalence rate in the world with 14.3% as against 5.3% for the entire global community. According to the report of the United Nations Office on Psychoactive substance and Crimes (UNODC), 14.4% of Nigerians engage in psychoactive substance abuse. This shows a negative trend to the future of the nation. 27.7% of the 14.4% are youths and one in every 10 substance users is a woman. This has affected women and girls proportionate. Data collected around the globe suggest that this has elevated cases of Gender Based Violence. Premium Times of June 26, 2021 reported that, with the rate of substance use in Nigeria, the country will have to grapple with approximately 20million substance users by 2030, further deepening the public health and the public security challenge. Recent national statistics reveal that approximately 14.4 percent of Nigerians between the ages of 15 and 64 years equivalent to about 14.3 million people engaged in the use of psychoactive substances within the past year, a figure that is considerably higher than the estimated global average of 5.6 percent⁸³. This prevalence underscores an alarming upward trend that calls for urgent intervention at the individual, community, and policy levels.

Regional disparities further highlight the complexity of this issue. The South-West region reports the highest prevalence, with an estimated 22.4 percent of its population actively using substances, followed closely by the South-East and South-South regions, where prevalence rates range between 13.8 and 22.4 percent⁸⁴. These elevated rates are often attributed to high urbanization, increased social nightlife, porous borders facilitating drug trafficking, and rising levels of youth unemployment in these regions⁸⁵. In contrast, the northern regions

report relatively lower prevalence, ranging from 10 to 14.9 percent, although there are indications that this gap is gradually narrowing due to changing social dynamics and increasing availability of substances⁸⁶.

Youth and young adults remain the most affected demographic. A review of multiple epidemiological studies estimated that substance use among secondary school students and youths ranges between 20 and 40 percent, while among undergraduates in South-Western universities, prevalence has been reported as high as 45.7 percent, despite nearly 95 percent of students being aware of the health and social risks associated with substance use⁸⁷. This paradox reflects a troubling disconnect between knowledge and behavior, often influenced by peer pressure, stress, curiosity, and easy access to substances. Cannabis remains the most commonly used illicit substance in Nigeria, with lifetime prevalence among the general population ranging between 10.8 and 22.7 percent, particularly among young people⁸⁸. However, patterns of abuse have evolved beyond cannabis. There is a growing misuse of prescription medications such as codeine-containing cough syrups, tramadol, and other opioids, as well as increasing cases of cocaine and heroin use⁸⁹. These shifts mirror global trends in substance use, where synthetic and pharmaceutical drugs are becoming more prevalent due to their relative affordability and accessibility.

The health implications are profound. The National Drug Law Enforcement Agency (NDLEA) reported in 2024 that among the estimated three million Nigerians diagnosed with drug use disorders, a significant proportion about 13.2 million people were injecting drug users⁹⁰. This group has recorded alarming rates of Hepatitis C (approximately 50 percent), HIV (1.6 million cases), and co-infections (1.4 million cases), exacerbating the country's

already burdened healthcare system.⁹ These statistics reveal that substance use in Nigeria is not merely a behavioral issue but a multifaceted public health crisis influenced by socio-economic disparities, poor access to mental health care, inadequate preventive education, and weak law enforcement structures. Addressing this challenge requires a comprehensive approach—one that combines public health interventions, community awareness campaigns, youth-centered programs, and stronger policy frameworks to reverse the rising tide of substance abuse and its devastating consequences.

2.1.2 Risk-Perception of Substance Abuse

Concept of Risk Perception in Health Behavior

Risk perception refers to an individual's subjective judgment about the severity and likelihood of harm resulting from a particular behavior or exposure. In health behavior research, risk perception is a central construct because it influences whether people adopt or avoid certain behaviors that could impact their well-being¹¹². It is not merely the awareness of a potential hazard but the way individuals interpret and internalize that hazard in relation to themselves. Thus, two adolescents may both know that smoking cigarettes can cause lung cancer, yet one perceives it as a serious personal threat while the other minimizes the risk, leading to different behavioral outcomes.

Risk perception is influenced by several factors, including cultural beliefs, prior experiences, media exposure, peer norms, and the credibility of information sources. Adolescents, in particular, often underestimate the risks associated with behaviors like substance use due to developmental tendencies such as sensation-seeking and optimism bias, which create a

perception of invulnerability⁹¹. This distorted perception may explain why many young people engage in risky practices despite having factual knowledge about their dangers.

In public health, understanding risk perception is critical because interventions that only provide knowledge may fail if they do not also address how individuals perceive that knowledge in relation to their personal lives. For example, anti-drug campaigns may highlight the dangers of cannabis, but if adolescents perceive those dangers as remote or irrelevant, the impact of such campaigns will be minimal. Therefore, risk perception serves as the bridge between knowledge and behavior, making it a vital construct in explaining substance use patterns among adolescents¹¹⁴.

How Adolescents Perceive Risks of Substance Use

Adolescents' perception of the risks associated with substance use is a complex and multifaceted construct shaped by developmental, cognitive, and socio-cultural factors. Unlike adults, adolescents are in a transitional stage of psychological growth characterized by identity formation, sensation-seeking, and experimentation, which often influence the way they interpret and respond to risk⁹². Although many adolescents possess basic awareness of the dangers of alcohol, tobacco, cannabis, and other psychoactive substances, their interpretation of such risks is often distorted, minimized, or externalized. They may acknowledge the possibility of harm but believe that it occurs primarily to "others" or after prolonged use, thereby maintaining a sense of invulnerability. This phenomenon, often described as optimism bias, contributes to risky behaviors, as adolescents assume that they are less susceptible to negative health, legal, or social consequences¹¹⁶.

Perceived risks among adolescents are not static but rather depend on the balance between the potential costs and perceived benefits of substance use. For example, while many young people recognize that smoking cigarettes can cause lung cancer or that cannabis may impair concentration, they may simultaneously attach perceived benefits such as improved mood, enhanced social belonging, or temporary relief from stress¹¹⁷. In such cases, adolescents engage in a subjective cost–benefit analysis that minimizes the likelihood or severity of harm while amplifying the immediate rewards. This ambivalence explains why prevention campaigns that focus solely on long-term health risks are often less effective in deterring youth from experimentation.

Social and environmental contexts exert a powerful influence on how adolescents interpret risks. Peer groups, in particular, serve as both models and reinforcers of behavior. Studies indicate that when adolescents observe peers using substances without immediate visible harm, their perception of risk diminishes significantly¹¹⁸. Conversely, adolescents who are exposed to peers or family members sharing personal experiences of addiction or harm are more likely to view substance use as risky. Media representations also shape perceptions, with contrasting effects: while public health campaigns can heighten awareness of dangers, music videos, films, and social media platforms often glamorize alcohol and drug use, normalizing it as part of youth culture¹¹⁹.

Adolescents' risk perception varies by substance type. For instance, tobacco smoking is widely regarded as highly harmful due to decades of strong anti-smoking campaigns, while substances such as cannabis and tramadol are often perceived as relatively safe or even beneficial¹²⁰. In Nigeria, adolescents frequently perceive alcohol as a socially acceptable substance linked with celebration and maturity, while categorizing substances like cocaine or

heroin as “dangerous drugs¹²¹.” This stratified perception creates a scenario where certain drugs are minimized in risk perception, leading to selective experimentation and, in some cases, misuse. Gender and cultural expectations also shape adolescent perceptions of risk. Male adolescents often perceive substance use as less risky and more socially acceptable compared to females, partly due to cultural norms that associate masculinity with risk-taking and toughness¹²². On the other hand, female adolescents may recognize the risks more strongly but may still engage in substance use under social pressure or to cope with stress.

Risk-Perception of Substance Abuse

Isolation: The use of substance can create a false sense of security and comfort that can lead to a loss of interest in positive social activities and relationship. Addiction quickly becomes a lifestyle. The user dedicates more and more of his or her attention getting substance, finding ways to use and concealing their use from others. All these behaviours separate the user from anyone not participating in his or her addiction. It is extremely common for someone who is abusing substance to isolate themselves. As their disease progresses, they may become increasingly lone as they try to hide their addiction. A person may isolate intentionally as a result of feeling overwhelmed and stressed. As addiction takes over more and more of their life, they struggle to deal with the demands and pressures of everyday life. To cope, they may shut themselves off from friends, family and activities that were once important to them¹⁸.

Stagnation: This is getting stuck in one’s emotional development. Substance use dull the senses. In trying to escape uncomfortable things, the user also miss many growth opportunities. Stagnation from psychoactive substance abuse often leads to a false sense of satisfaction and comfort, leading the user to rely on substance to escape from the challenges

of dependence, where the individual becomes increasingly reliant on substance to function, which can stunt their personal growth and development⁹³.

Damaged Relationships: Relationship with family, friends can be challenging even in the best of times and when one is completely sober. Introducing substance and alcohol into the equation can only make things worse. Because substance can change one's Behaviour, they can affect one's relationships with family and friends. There is an increased risk of injury and or assault to both the user and other people. Findings of the study may cause hurt and stain on personal connections. Substance use can alter one's Behaviour, causing a lack of reliability, trustworthiness, and communication. These can erode the foundation of relationships. The obliteration of people's senses can make them less empathetic and aware of the needs of others. Some make wrong choices which using psychoactive substance and tell lies that can cause deep psychic wounds to people that are close to them¹²⁵.

Financial Distress: Drinking and using substance tend to lower people's inhibitions. Money trouble leads to stress and anxiety, combined with the relentless desire to get high and stay high. Some substance can be very expensive. The street price of illicit substance depends on availability and demand. If one has become dependent on a psychoactive substance, one could end up in financial trouble¹²⁶.

Health Problem: Alcohol is hard on the vital organs, especially the liver and stomach. Stimulants like methamphetamine and cocaine can cause permanent heart damage and stroke. There is simply no way to abuse substance for long without physical consequences. No number of vitamins or amount of healthy eating or exercise will offset it. Abusing substance

have been known to produce mental health issues, such as anxiety, depression, and psychosis. Substance abuse can alter brain chemistry, affecting mood and cognitive function, and leading to mental health problems that can be difficult to overcome⁹⁴.

Depression and Anxiety: Depression and anxiety are among the most common mental health consequences of substance abuse. The use of stimulants, depressants, hallucinogens, or cannabis can trigger acute episodes of anxiety and paranoia, which may become chronic with repeated use. Fear of withdrawal symptoms often compounds these feelings, creating a cycle of dependence that worsens mental health outcomes. Frequent use of alcohol or psychoactive substances further heightens the risk of both depression and anxiety. There are two primary explanations for this. First, the biochemical effects of these substances can disrupt brain function, leading to anxiety or depressive symptoms either during intoxication or as withdrawal begins. Second, the lifestyle choices and behaviours associated with substance abuse such as secrecy, dishonesty, and social withdrawal can erode mental well-being over time. Ultimately, prolonged substance use fosters a pattern of fear and sadness that is difficult to escape¹²⁷.

Criminal Record: Engaging in the buying and selling of psychoactive substances significantly increases the likelihood of acquiring a permanent criminal record. Since many of these substances are illegal, possession or distribution can result in fines, imprisonment, or both. A conviction for a substance-related offense often leaves individuals with a criminal record, which may create lasting barriers to employment, financial opportunities such as securing loans, and even the ability to travel internationally. Furthermore, substance abuse itself often contributes to a range of criminal activities, including possession, trafficking, and

theft. The legal consequences of such behavior extend well beyond immediate punishment, frequently leading to lifelong social and economic disadvantages¹²⁸.

Lost Dream: It is hard to hear substance users talk about their big dreams and ambitions. Substance use steals one's dreams and stifles one's potential. It snuffs one's candle light. Psychoactive substance can lower one's ambition taking away their motivation and instead transferring their interest to nothing but getting high. Much of this is rooted in the addictive nature of substance and how they release chemicals in the brain that appeal to one's mood and state of temporary well-being. The cravings can become so great, that using the substance may supersede one's talents, career, plans, and educational plans¹³⁰.

Death: Substance use or abuse increases one's chances of dying¹³¹. The risk of a fatal overdose, respiratory failure, cardiac arrest, and kidney failure can lead to death. Furthermore, substance can cause death through intoxication during risky activities, such as taking substance during a bath and drowning after falling asleep or consuming something that's adulterated with more harmful substance they might not have been aware of past psychoactive substance abuse can also kill long after one has stopped using substance¹³².

2.1.2 Factors Influencing Substance Abuse

It has been revealed by several studies that most psychoactive substance addicts started using psychoactive substance very early in life. Love, forgetting worries, loneliness, and pressures are reasons why students use substance. However, no single factor could be defined as solely responsible for the use or abuse of substance, but according to empirical studies the following are some of the causes of substance use among Secondary School Students in Nigeria¹⁹.

Curiosity and Experimentation

The curiosity to experiment is in individual. It is a natural part of life. Students begin experimenting with psychoactive substance and alcohol simply because they are curious and want to know what it feels like. Even if they know that substance are bad, they do not believe that anything bad can actually happen to them. Students express their curiosity in alcohol, marijuana, or other illegal substances and decide to accept it from friends. It could be for entertainment or putting an end to curiosity or wanting to fit in with peers that makes them to experiment. However, when the student experience that drinking alcohol or using psychoactive substance was enjoyable or rewarding in some way, he or she might seek out a steadier supply, and may begin to use more of the psychoactive substance more often than planned. When a teen uses psychoactive substance and find out that this single-use does not cause significant harm or immediately turns into an addiction, he or she may develop a false sense of security and try more dangerous substance¹⁴¹.

Peer Pressure

Peer Pressure happens between the ages of sixteen and eighteen, when adolescents begin to think everyone else is doing it so they should also do it. At a party, or when with friends, these are all common situations in which they feel like the need to join in to be able to fit in. This pressure is sometimes instigated by older friends. In Nigeria and other parts of the world, it is common that unless one conforms to the norms of a group, he may not enjoy their company. Substance use mostly occur among students during friends' gatherings or when in groups. Peer pressure from friends in school can have a high impact on decisions they make. Friends play a significant role in how students make decisions. Peer can influence their

friends in destructive ways when it comes to substance use. Research studies show that students have a relatively strong influence on one another's behaviours and they are most likely to take risks in groups rather than alone. There is often a feeling that you may not be a part of a group if you do not engage in activities they do¹⁴¹.

Student may feel like he has to try using substance or he will be seen as weak or not as tough as others. His friends may even call him names or see him as being boring or afraid. Such Behaviour goes a long way to convincing the student to do things he did not originally intend to. Peer can encourage friends to use substance and alcohol or tease them for being afraid to try them, which can lead to substance abuse. Peer pressure can persuade adolescents to engage in risky Behaviour or break rules. Students who are considered to be part of the popular crowd may be seen smoking cigarette leading other peers to believe that smoking is a desirable thing to do. One may attempt to have a test for the fun of it and gradually ruin his career in life. The influence of peers increases as the influence of the family decreases. Peer pressure is a culture that encourages drinking to get drunk. According to (UNODC,), there is a strong association between substance use and contact with psychoactive substance using peers. Research suggests that other adolescents provide a unique source of access to substance, reinforcement and opportunity to use psychoactive substance. Adolescents tend to display similar behaviours, attitudes and personality traits to their friends. Studies show that adolescents who choose psychoactive substance using friends may differ from those who do not¹³⁵.

Friendship Quality

The quality of the friendship also seems to be a factor in determining the extent to which an individual may be influenced by a friend; a high-quality relationship may be more valued by an adolescent, who may be more likely to change their Behaviour to please the friend. Close friends may spend more time together, resulting in more modelling and emulation of high-risk Behaviour. One of the ways in which peers appear to influence one another is through 'pluralistic ignorance' whereby the general belief that more individuals are engaging in substance use than actually are may contribute to their own use of substance. Conversely, those who believe substance use will have harmful consequences are less likely to engage in such use. There also appear to be some distinctive ways in which girls are influenced by peers to use substance. For example, they are more susceptible to social pressures when the source is a friend or partner. Girls also tend to have a greater level of sensitivity to peer approval, depression and body image, which are all interrelated and can increase the risk of substance use. Early-maturing girls are more likely to spend time with older males, who are inclined toward risk-taking activities and may introduce them to the use of substance. According to (UNODC), world report, residing in a disadvantaged neighborhood appears to further exacerbate the effect of peers for both sexes⁹⁵.

Social Media

This means web-based applications and online forums that allow users to interact, share and publish content such as text, links, photos, audio and video. Many friends and family members show pictures of substance on social media⁹⁶. Social networking sites are offering new and dangerous opportunities for adolescents to be exposed to substance. Students are vulnerable to the effects of what they see on social media sites like Instagram, Facebook, and

Snap chat provide an environment where students are exposed to famous and normal people engaging in substance use. There are portrayal of substance use seeing as being acceptable and desirable. Individuals post contents and pictures about what a great time they are having drinking and socializing. Celebrities also post pictures of themselves drinking and getting high on a variety of platforms this influences young people that are viewing it. Students are not only exposed to celebrities and “influencers” engaging in this behaviour but families and friends also take part in it.

This kind of content normalizes and glamorizes Behaviour such as illicit and prescription substance use making students wrongly believe it is appropriate for them to behave in the same way. Many digital ads use celebrities, music industry personnel and attractive young models to promote substance all of which have been shown to be effective strategies among adolescents and teenagers. According to a study on substance use is rampant and often glorified by celebrities on social media. There have been reports of social media being used as a strategy for selling substance, with hashtags facilitating the process of pairing buyers with sellers, because celebrities promote substance and alcohol use on social media sites by making smoking, and drinking seem like fun, young people who see such messages are often encouraged to experiment with the same products.

The media is a powerful influence on social norms and other messages that are favorable to substance use. Students in particular spend a great deal of time using the internet, messaging services and social media, in particular on smartphones, as well as being entertained by television, movies and other media. Media portrayals of substance use as glamorous, fun, and relaxing all contribute to the initiation and continued use of psychoactive substances among

young people. In essence, certain media messages can make substance use appear to be normative Behaviour and can alter attitudes about the safety of substance use. According to (UNODC), world report, social media has been repeatedly linked to the initiation of substance use. For example, a study in the United States found an association¹³⁹.

Lack/Insufficient of parental supervision

Parenting has a strong influence on substance use among secondary school students. Many parents have no time to supervise their children. Some parents are overly authoritative, showing little affection, some parents have little or no interaction with their children including family members. There are also parents putting pressure on their children to perform well in their academics without providing the right structure and discipline to achieve this. Children from this type of home will be easily influenced by peer pressure to drink or use psychoactive substance. Due to parents' unavailability, they do not have the chance to develop ties with their adolescent children or time to socialize with and instil positive values in adolescent children in the family. As a result, this increases the likelihood of adolescents' involvement in deviant Behaviour because, at this stage, peers become increasingly important socializing agents for children. If strong foundations for good Behaviour are not laid by the parents and elders in the family, the adolescents' Behaviour might be shaped by negative peer group¹⁴⁵.

The strength of parental influence on substance use cannot be underestimated. Parenting that is harsh, restrictive, inconsistent, and hostile or in conflict can often lead to negative Behavioural outcome in adolescents. At the extreme of parenting Behaviour, abuse, neglect and domestic violence, in particular, threaten every aspect of adolescents' development.

Adolescents with hard-to-manage temperaments may elicit negative responses such as rejection, ineffective practices, and harsh discipline. Various aspects of family environment can influence adolescent's substance use behaviour. These can include structural characteristics, family communication and family management. Family processes that tend to be most averse are those with high levels of stress exposure and coercion. With (UNODC) world report, greater tendencies toward substance use have been found in adolescents from single-parent families, which is consistent with studies reporting that dual-parent families better afford protection against substance use. Also, the effects of a chaotic home, environment, ineffective parenting and lack of mutual attachment in particular have an impact on overall child outcome¹⁴⁹.

The Community/Physical Environment

Social conditions in the neighborhoods have major implications for risk of substance use as they shape social norms, enforce patterns of social control, influence perception of the risk of substance use, and effect psychological and physiological stress responses. One aspect of neighborhoods influence is social cohesion, an indicator of attachment to and satisfaction with the neighborhoods at its residents that involves trust and support for one another in the community. It has been suggested by theories that high levels of social cohesion are associated with lower levels substance use among adolescents. The extent to which the neighborhoods is perceived as disorganized, disordered or is an area characterized by abandoned buildings and lots, noise and dirt may also influence level of substance use among adolescents. Furthermore, (UNODC) on world psychoactive substance report states that the neighborhoods context has been found particularly to be influential for young people living

in low-income urban areas owing to high level of exposure to psychoactive substance activity, disorder and violence in their neighborhoods, all of which may influence substance use among young people⁹⁷.

Many aspects of the physical design of the environment can also harm adolescents' overall development and social relations and lead to the commission of crime and to substance use. Social Activities are activities that involve communication and interaction with others. They are all activities associated with socializing with family, friends, and the community. It is also therapeutic, educational, cultural enrichment, recreational, and other activities on site or in the community in a planned program to meet the social needs and interests of the participant⁹⁸. School club, music groups, student councils, debate teams and sports are some of the social activities in school. Study groups, camping, trips, concerts are some of social activities in school. Participating in social activities and interacting with other people in a friendly, supportive environment contributes positively to an individual's sense of well-being. It helps to bring balance to people's lives because human psychological need is to have a sense of belonging¹⁵⁰..

Participating in social activities enhance skills like leadership, communication and interpersonal Behaviour¹⁵¹. Social activities draw out hidden potentials even from students not performing as well academically. It helps in positive socialization with peers, appropriate Behaviour development, enhance self-esteem and self-confidence, increased autonomy, and a feeling of community and acceptance for all. Spending time as part of a community is essential to mental and physical well-being of individual and social engagement have neuro-protective benefits²¹.

Substance use and Party

Party culture has long been associated with the initiation and continuation of substance use, particularly among adolescents and young adults. Social gatherings such as parties, nightclubs, and music festivals create environments where alcohol and psychoactive substances are often accessible and normalized. Within these settings, peer influence, social pressure, and the desire for social acceptance significantly increase the likelihood of experimenting with drugs or alcohol⁹⁹. Substances such as alcohol, cannabis, ecstasy, and stimulants are commonly used in party contexts to enhance mood, reduce inhibitions, and increase sociability. However, these short-term effects often mask the long-term risks of dependence, impaired judgment, and mental health problems¹⁰⁰. The recreational use of substances in party environments has also been linked to risky sexual behavior, accidents, and violence, amplifying the negative social and health consequences¹⁰¹.

Research further indicates that party culture does not only encourage initiation but also accelerates the frequency and intensity of use. For many young people, regular participation in parties normalizes heavy drinking and drug use, leading to patterns that may extend into adulthood. In the digital era, social media platforms reinforce this culture by glamorizing partying and substance use, thereby shaping attitudes and increasing exposure among youth¹⁰². Many youths enjoy going to clubs or parties on the weekends to have a good time. Drinks are usually flowing and they enjoy dancing into the night as this makes most of them to forget their worries. However, another part of club life and party culture is party substance.

Party substance are a group of psychoactive narcotics that can influence how a person feels. More often than not, these substances are taken by students in parties where there are lots of

music and dancing, making parties' environments more exciting. But they also act on the user's central nervous system, including the brain and spinal cord, which can cause changes in the users' awareness, Behaviour, sensory input and mood. Party substance have different street names in different parts of the world, but their scientific names remain the same. Some of the substance use in parties are alcohol, Marijuana or cannabis, cocaine and heroin. While some of these substances are been approved for extremely regulated medical purpose, most of them are not federally regulated and are illegal. Many of these substance can cause physical harm to adolescents.

Alcohol currently has no holistic health sector led policy document to regulate the marketing, promotion of alcohol and accessibility. Rohypnol is also one of the substance used in parties. It is frequently referred to as roofies and is the most popular substance used to assault girls. This psychoactive substance is known as date rape psychoactive substance. Date rape substances for examples Roypnol, Gama-Hydroxybutyric Acid, Benzodiazepines are substances given to a person without their knowledge to make it easier for an individual to sexually assault the person. However, the psychoactive substance can also be used consensually and cause addiction in either case. Users may consent to take a date rape psychoactive substance and still be assaulted afterward, especially if they did not realize how severely the psychoactive substance would affect them or had little or no control over dose¹⁰³. Date rape substance are often dropped into somebody's drink without their knowledge and can result in the person feeling extremely intoxicated or paralyzed from the psychoactive substance. In serious situations, the person may experience a fatal overdose and die due to the date rape psychoactive substance. These substance when taken by the victims, can affect

them quickly, cause them to become weak, confused and even pass out. Sometimes, it leads to seizures and death¹⁰⁴.

Substance use in parties are thought to be fun and exciting. Many students associate these substance with fun and do not realize that these substance pose a serious risk of addiction or abuse, they can quickly become a dangerous vice. From house parties, the party scene often involves a variety of substance and alcohol substance is used to intensify social interactions. These substances are used to give individuals a gateway to partying in a more celebratory or excited mood, but almost all party substance are illegal (except alcohol) and their use carry many risks and downside. Alcohol is perhaps the most popular substance used in party. Findings of the study may be found at almost every social gathering and is known for reducing inhibitions, producing feelings of relaxation and increasing sociability. Alcohol can be as dangerous as illicit substance, with excessive use potentially leading to addiction, liver disease and overdose.

Ultimately, party culture plays a dual role: while it fulfills social and recreational needs, it simultaneously exposes individuals to heightened risks of substance misuse and its related harms. Preventive interventions therefore emphasize the importance of peer education, stricter regulation of alcohol and drug access at social venues, and campaigns to challenge the normalization of substance use in party contexts¹⁰⁵.

Substance use in Sport and Recreation

Substance use occurs in all sports and in all level of competition. Football, athletic and other sport life may lead to substance use for a number of reasons, including for performance enhancement or such as pressure to perform. Substance use within the context of sport and recreation has received increasing scholarly attention, given its profound implications for

health, performance, and integrity in athletic participation. Athletes at both amateur and professional levels often encounter social and performance pressures that heighten the risk of engaging in substance use. These substances fall into two major categories: performance-enhancing drugs (PEDs), including anabolic steroids, stimulants, and hormones; and recreational substances such as alcohol, cannabis, and stimulants used for leisure or social purposes.

One of the primary drivers of substance use in sport is the desire to improve performance. Anabolic steroids, growth hormones, and stimulants are commonly misused to increase strength, endurance, and recovery time. Despite being prohibited by the World Anti-Doping Agency (WADA), the use of PEDs persists across multiple sporting disciplines¹⁰⁶. Studies reveal that athletes may justify doping by citing external pressures such as the pursuit of excellence, financial incentives, and the fear of losing competitive advantage¹⁰⁷. This phenomenon is not restricted to elite athletes; evidence suggests that adolescents and young adults engaged in recreational fitness and bodybuilding are also increasingly experimenting with anabolic steroids and supplements to achieve idealized body images promoted on social media¹⁰⁸.

Beyond doping, recreational substances such as alcohol and cannabis are highly prevalent among athletes. Alcohol, in particular, is deeply embedded in many sporting cultures, often consumed in celebratory or social contexts following games or training sessions¹⁰⁹. Cannabis and stimulants have also gained popularity for their perceived relaxation or energizing effects. While some athletes report using cannabis for pain management or anxiety relief, research

highlights its potential to impair coordination, decision-making, and reaction time, thereby increasing the risk of injury¹¹⁰.

The social environment plays a critical role in shaping substance use among athletes. Peer influence, team culture, and normalization of certain substances within specific sports can foster patterns of misuse. For instance, team bonding rituals may involve heavy drinking, while certain subcultures, such as bodybuilding and combat sports, often tolerate or even encourage steroid use¹¹¹. Additionally, recreational athletes who engage in extreme sports or nightlife-oriented activities demonstrate higher rates of substance use, often motivated by thrill-seeking behaviours and the pursuit of social identity¹¹².

Performance-enhancing substances have continued to evolve, with advances in doping strategies. There are various motives that may encourage psychoactive substance consumption in adolescents. The majority tend to report that they consume alcohol for social reasons, to get drunk, relax, or as a coping strategy. Certain contexts of playing sport can be extremely stressful, especially those that continuously demand results. Substance use among those who play sport may be linked to a strategy of alleviating symptoms of anxiety and stress related to routine of training and competition. Substances such as steroids help the athlete to work harder for long due to allowing them to recover more quickly after training, whatever the reason, any performance enhancing substance are a big risk and in a vast number of cases the root cause of pressure- from personal expectations, expectations of others, and financial rewards that being a top can bring and so on¹².

The consequences of substance use in sport extend beyond individual health risks. Physiologically, misuse of PEDs can lead to cardiovascular disease, liver damage, hormonal

imbalances, and psychological disorders such as aggression and depression¹¹³. Recreational substances, meanwhile, can impair athletic performance, recovery, and increase the likelihood of accidents or misconduct. From an ethical perspective, substance misuse undermines the principle of fair play, eroding public trust in sport and jeopardizing the credibility of athletic competition¹¹⁴. In addition, athletes caught using banned substances often face suspensions, fines, or lifetime bans, with long-term consequences for their careers and reputations.

International organizations such as WADA and national anti-doping agencies have introduced rigorous testing, education campaigns, and sanctions to reduce substance misuse in sport. Prevention programs increasingly emphasize not only deterrence but also education on health risks, values-based decision-making, and the promotion of alternative coping strategies for performance anxiety and stress¹¹⁵. Scholars argue that prevention should extend beyond elite sport to recreational settings, where social and aesthetic pressures are equally strong, yet regulation is weaker¹¹⁶.

Substance use and Religion

A host of studies show that faith among adolescents and youth adults can act as a powerful deterrent against psychoactive substance and alcohol use, even when controlling for other contributory factors (e.g., depression). One of the largest studies on psychoactive substance and alcohol abuse among American youth aged 12-17 found out that higher degrees of religious attendance, involvement, and reliance on religious beliefs in decision making, were associated with several benefits, such as limited depression and negative attitudes toward substance use. Religiosity was found to be associated with less cigarette smoking, heavy

drinking, and prescription and illicit psychoactive substance abuse. Adolescents who frequently attend religious services, who are involved in faith-based activities, and who place a high value on spirituality, exhibit greater resilience when facing the stressors that can lead to the formative use of substance and alcohol as a coping mechanism. Again, it was argued that people who attended religious services at least weekly in childhood and adolescence were 33% less likely to use illegal substance. Adolescents also benefit from their mothers' high levels of religious practice, controlling for factors that also influence the level of drinking (e.g., the adolescents' peer associations)¹⁷. Higher teenage religiosity was also related to a decrease in substance use, such as good family relations, high academic performance in school, having anti-psychoactive substance attitudes, and socializing with friends who do not take substance. Furthermore, stated that there are four ways in which religion could have an impact. First, the participants situated substance use in religious and spiritual frameworks. Secondly, participation in organized religious activities help many participants cut down on or briefly stop substance use at some point of their substance use history. These activities ranged from attending church and Bible studies to singing in the choir, which they identified as a steadying force that helped reduce cocaine use. Third, the participants cited their personal relationship with God as a factor in reducing cocaine use and placing them on the road to recovery. And fourth, many participants expected God to step in. Religious involvement can protect against substance use by providing opportunities for pro social activities, which themselves may promote anti-psychoactive substance conduct norms, and for interaction with non- deviant peers. Youths who are involved in religious activities tend to form peer groups with youths who are involved in similar activities, and are less likely to form friendships with deviant peers.

Substance use and Age

World reports survey on substance use among the general population show that the extent of substance use among young people remains higher than among older people, although there are some exceptions associated with the traditional use of substance such as opium and khat¹¹⁷. Most research suggests that early (12-14years old) to late (15-17years old) adolescence is a critical risk period for initiation of substance use and that substance use may peak among young people aged 18-25years. Cannabis is common psychoactive substance of choice for young people¹¹⁸. There is evidence from western countries that the perceived easy availability of cannabis, coupled with perceptions of low risk of harm, makes the psychoactive substance among the most common substances whose use is initiated in adolescence. Cannabis is often used in conjunction with other substances and the use of other substance is typically preceded by cannabis use. Young people aged 15-16 have a global annual prevalence of 5.8per cent, compared with 4.1per cent of the population aged 15-64.

Many young people use substance to cope with social and psychological challenges that they may experience during different phases of their development from adolescence to young adulthood (ranging from the need to feel good or simply to socialize, to personal and social maladjustment). According to a report by UNODC, the majority of people being treated for substance use disorders in Africa and Latin America are under the age of thirty. Young people typically report a high level of substance use than do adults, and in many countries substance use levels among young people are higher today than in the past generation¹¹⁹.

Substance Abuse and Gender

Gender is a critical factor in understanding the patterns, causes, and consequences of substance abuse. Men and women experience substance use differently due to a combination of biological, psychological, and sociocultural influences. Over the past two decades, research has revealed important gender-specific differences in prevalence, motivations, health consequences, and access to treatment. These differences underline the need for gender-responsive approaches in prevention and intervention strategies.

Globally, men are more likely than women to use illicit substances and to meet diagnostic criteria for substance use disorders. Studies consistently show higher prevalence rates of alcohol, cannabis, and stimulant use among men, while women are more likely to misuse prescription medications, particularly opioids and sedatives¹²⁰. However, recent trends suggest that the gender gap is narrowing, especially among adolescents and young adults, with young women reporting increasing rates of alcohol and cannabis consumption in both high- and middle-income countries¹²¹. Biological sex differences play a significant role in shaping how substances are processed and how addiction develops. Women often progress more quickly from initial use to dependence—a phenomenon known as the “telescoping effect”¹²². Physiologically, women metabolize alcohol and certain drugs differently due to variations in body fat composition, hormonal fluctuations, and enzymatic activity. These differences make women more vulnerable to the harmful effects of substances, including liver disease, cardiovascular complications, and neurocognitive impairments¹²³.

Gendered social roles and cultural expectations also shape substance use patterns. Men often use substances in social contexts linked to risk-taking and peer influence, whereas women are more likely to use substances to cope with psychological distress, trauma, or interpersonal

problems¹²⁴. Research highlights that women who have experienced gender-based violence, sexual abuse, or intimate partner violence are at significantly greater risk of substance misuse¹²⁵. Cultural stigma further complicates the issue: in many societies, women face harsher judgment for substance use compared to men, which can lead to concealment and delayed treatment-seeking¹²⁶. As reported by (UNODC), the large majority of people who use substance continue to be men, but women make up more than 40 percent of people who use Amphetamine-Type Stimulant (ATS) and who engage in non-medical use of pharmaceutical stimulants, pharmaceutical opioids, sedatives and tranquillizers¹²⁷. Women who use substance tend to progress to substance use disorders faster than men. The gender treatment gap remains a global problem and is particularly acute for women who use ATS. Almost one of every two past-year ATS users is a woman, but only one in five people in treatment for ATS disorder is a woman. Cannabis, the most used worldwide, is also used more by men than by women, but the gap is narrowing, notably in North American, where the level of use is particularly high.

The consequences of substance abuse are also gendered. Women face greater health risks at lower levels of consumption, including reproductive health complications, risks during pregnancy, and neonatal outcomes such as fetal alcohol spectrum disorders¹²⁸. Men, on the other hand, tend to exhibit higher rates of substance-related violence, accidents, and legal problems. Both genders suffer mental health consequences, but women are more likely to experience co-occurring disorders such as anxiety and depression alongside substance use¹²⁹.

Access to and outcomes of treatment for substance use disorders are influenced by gender. Women often encounter barriers such as childcare responsibilities, stigma, and lack of

gender-sensitive services, leading to lower treatment enrollment and higher dropout rates¹³⁰. Men, while more likely to enter treatment, are less likely to engage with psychosocial support services, often due to cultural norms that discourage emotional vulnerability¹³¹. Gender-responsive treatment programs such as women-only rehabilitation centers and trauma-informed care models—have been shown to improve outcomes, highlighting the importance of tailoring interventions to gender-specific needs¹³².

2.1.4 Substance Abuse

Substance abuse refers to the harmful or hazardous use of psychoactive substances such as alcohol, tobacco, cannabis, and other substances. Patterns of substance use are often influenced by several socio-demographic and environmental factors, including gender, religion, age, and community or physical environment. Understanding these relationships provides insight into how social and contextual elements shape individuals' vulnerability to substance use and misuse³⁴.

Substance Abuse and Gender

Gender plays a significant role in substance abuse patterns. Research consistently shows that males are more likely to engage in substance use and abuse than females²³. This difference is often attributed to social expectations, peer pressure, and cultural norms that associate masculinity with risk-taking behaviors. In many societies, male adolescents are more exposed to environments that encourage experimentation with drugs or alcohol. However, recent trends indicate a gradual rise in substance use among females, possibly due to changing social roles, reduced stigma, and increased exposure to stressors. The gender gap in substance abuse also varies with the type of substance and social context⁵⁴.

Substance Abuse and Religion

Religion often serves as a protective factor against substance abuse. Religious teachings, values, and community norms typically discourage the use of intoxicating substances. Regular participation in religious activities has been associated with lower levels of drug and alcohol use among adolescents²¹. For instance, Islamic, Christian, and traditional African beliefs generally emphasize self-control and moral discipline, which discourage harmful behaviors such as substance abuse. Conversely, lack of religious commitment or weak religious affiliation may reduce moral restraint and increase the likelihood of engaging in substance use. Thus, religion influences both the moral framework and the social networks that shape attitudes toward substances³⁴.

Substance Abuse and Age

Age is another crucial determinant of substance use behavior. Adolescents and young adults are particularly vulnerable to experimenting with drugs due to curiosity, peer influence, and identity exploration. Early initiation of substance use increases the risk of dependence and other negative outcomes in adulthood. The majority of first-time substance users fall within the age range of 12–25 years. At this stage, cognitive development and decision-making abilities are still maturing, making young people more susceptible to risky behaviors. Older adults may also engage in substance use, often as a coping mechanism for stress, loneliness, or health-related issues⁵⁴.

Substance Abuse and Community/Physical Environment

The community or physical environment greatly influences substance use patterns. Communities with high levels of poverty, unemployment, and weak social control are more prone to substance abuse problems. Easy accessibility and availability of drugs or alcohol

within a community increase the likelihood of use, especially among youths. Moreover, exposure to deviant peers, street life, and lack of recreational facilities can promote experimentation with drugs. Conversely, communities with strong social bonds, effective law enforcement, and supportive family structures tend to have lower rates of substance abuse. Environmental factors such as urbanization, media exposure, and neighborhood safety also play vital roles in shaping substance use behaviours⁵⁴.

In conclusion substance abuse is a multifaceted problem influenced by individual characteristics and the broader social and environmental context. Gender roles, religious beliefs, age-related vulnerabilities, and the physical or social environment interact to determine patterns of use and abuse. Addressing these factors through education, community engagement, and policy interventions is essential in reducing substance abuse among secondary school students and the general population.

Roles of Government Agencies in controlling the abuse of Substance

There are many agencies whose duties are to enforce the laws on the production and the use of substance. These are: National Agency for Food and Substance Administration and Control (NAFDAC), National Psychoactive substance Law Enforcement Agency (NDLEA) National Agency for Food and Substance Administrative Control: This is a government agency that ensures the following: They regulate and control importation, exportation, manufacture, advertisement, distribution, sale and use of substance. They conduct tests, and make sure that substance are produced according to the set standards. They investigate to find out the kind of materials that substance are made up of. They register substance that are suitable for our health. They give permission for the importation and exportation of substance. They inspect any psychoactive substance that is brought into the country. They build and

maintain laboratories so that they can carry out tests on substance. They make sure that substance are only used by those authorized to do so. They work hand-in-hand with organizations which deal with substance use to make sure that substance are not misused. In Nigeria they work in collaboration with the National Drug Law Enforcement Agency (NDLEA) to stop psychoactive substance abuse.

This agency (NDLEA) is a government agency that was set up to stop illegal substance and their use in the Nigeria society. Their roles include the following: They use different ways to identify, trace, freeze and seize money or any other possessions gained through psychoactive substance offences. They use different methods to stop illegal planting of dangerous psychoactive substance. They try to stop the demand for those who suffer from the use of hard substance. They check transport systems and cooperate with transporters to prevent the movement of illegal substance.

They take people who are guilty of selling dangerous substance to court and make sure that they are punished. They cooperate with other countries to reduce the activities of illegal psychoactive substance trade and they also cooperate with non- governmental organizations to fight illegal psychoactive substance trafficking.

Hirschi's Social Control Theory

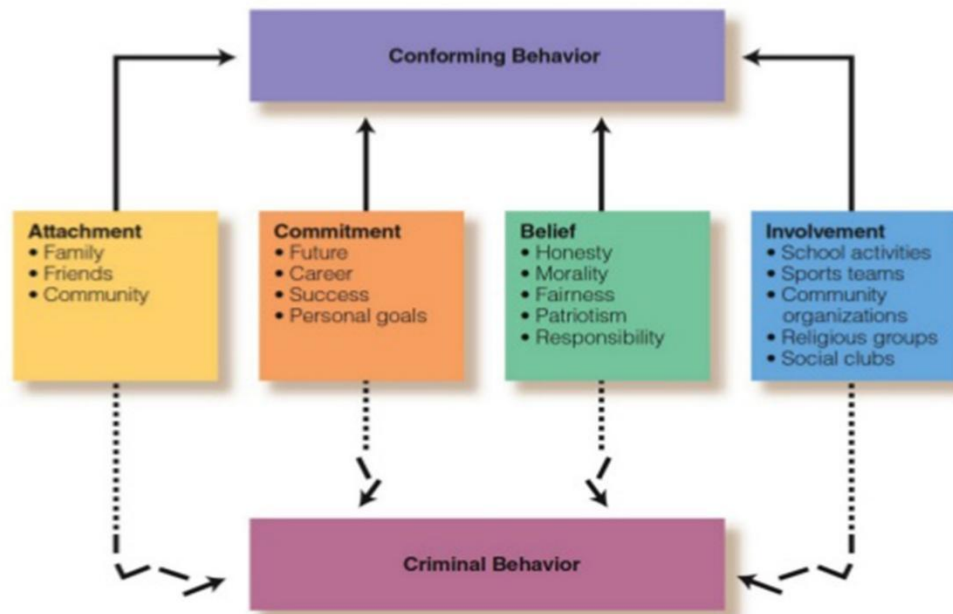


Figure 2.1: Hirschi's Social Control Theory

Source: Travis Hirsch propounded theory known as the Social Bond Theory - 1969.

2.2 Theoretical Framework

2.2.1: Social Control Theory (SCT)

In 1969, Travis Hirsch propounded a theory known as the Social Bond Theory, of recent named as the Social Control Theory. Travis Hirsch believes that exploiting the processes of socialization and social learning, build self - control reduces the inclination to indulge in any bad behaviour. The theory contents that all people from the time we are born, are basically bad apples that must be controlled by laws, rules and regulations in order to keep society in check. Travis Hirsch's theory argues that when social bonds become weak, individuals are at risk for engaging in deviant behaviours such as substance use. According to this theorist,

there are four types of basic bonds that people develop which determine whether or not they will become involved in deviant behaviours. These four bonds are attachment, involvement, commitment and belief.

1. **Attachment:** refers to interpersonal relationships or the effectiveness of ties which the adolescents form with significant others like parents, teachers among others. According to the theorist, the more attached individuals are through social bonds and the less likely they are to engage in deviant behaviour.
2. **Involvement:** The involvement bond relates to how individuals spend their time with involvement which influences the likelihood of engaging in deviant acts. For example, the more involved individuals are in conventional activities the less time they will have to engage in bad behaviour like substance use.
3. **Commitment:** Is the individual's bond to social institutions, importance of the social relationship that people value, which they would not want to risk by committing deviant acts to one's family, school or religion.
4. **Beliefs:** The extent to which the moral values of the society are accepted by an individual. The degree of adherence to the values associated with behaviours that conform to law. The stronger an individual believes in societal values and normative behaviours, the less likely is it to break social bonds and engage in deviant behaviour.

This Social Control Theory (SCT), explains that humans are neither born with a conscience but rather developed it over time through interaction with important people and places in their lives. Morals and values are taught by parents, schools and churches, while law and

social norms by parents and schools. The churches, mosques and families instill religion beliefs in people that influence behaviour and decisions. Adolescents are encouraged by their parents to participate in extracurricular activities not only to teach them discipline and how to interact with their peers, but also in an effort to fill some of their free time so they do not spend it getting into trouble. Adolescents who do not have these influences in their lives ultimately end up committing deviant acts (substance use). One of the key elements for social control theory is to develop the individual's bond to conventional society through involvement in conventional activities (that is school and family activities). The theory opines that trend in increased crime rates are related to a larger dispersion in daily activities with peers, lack parental supervision and opportunity provision for delinquency or substance use.

Application of the Theory

SCT is very relevant to this study since it discusses or shows how academic, church, and family bonds are protective and preventive factors for the deviant behaviour, especially substance use among adolescents. A student that is very close to the parents and heeds to parental supervision will not easily fall to peer pressure that will in turn lead him or her to substance use.

2.3 Review of Empirical Studies

Knowledge of substance abuse

A research conducted in India on knowledge and perception of substance use and abuse among secondary school students. The study was aimed at assessing the knowledge and perception about psychoactive substance abuse and misuse. Descriptive research method design was adopted and random sampling technique was also adopted in selecting 280

students in various secondary schools of Patna, Bihar⁷. The ages of the students were 12 to 18 years and comprised of students from grade 10 to 12. The findings of the study revealed that 57% of students were introduced to substance use by friends who use substance. While 63% of the students used substance as a result of the easily availability in the community. 23.9% said it was due to peer pressure, while 41.8% of the students said they heard about psychoactive substance from internet, and 25.7% from mass media. The possible factors which contributed to psychoactive substance abuse among participants include mother education and relation with or between parents⁷.

Having knowledge about substance use is very importance. Parents that do not have knowledge of the effects of substance use on them and their children, may see the use of psychoactive substance as a normal thing and as such, will not fight against substance use, this may lead to unsupervised activities of students by parents⁷. It was also, revealed that 69.3% of secondary school students in Igboora, South-west Nigeria were current users of at least one of the illicit substance¹². In a study among secondary school students in Port Harcourt, Southern Nigeria also revealed that 30.6% of their respondents had ever taken alcoholic drinks before the survey¹⁰ while another study showed that lifetime use of any substance among students in Ibadan, South West Nigeria¹⁴ was 15.3%. In a study among secondary school students in Oshogbo, South West Nigeria¹¹ also reported 20.3% as the prevalence of substance abuse among the respondents.

Many of the factors that have been identified to be responsible for psychoactive substance abuse among young people are experimental/curiosity, peer pressure, poor socio-economic condition at homes and the extra energy needed for daily activities among others. Though

several theories have been propounded to explain why substances are abused by the people¹⁹. Substance abuse has globally become a universal and widespread public health problem especially among the younger population. Although majority of respondents were aware of substance abuse, above nine-tenth of the respondents had good knowledge of substance abuse this encompasses awareness, knowledge, predisposing factors and consequences of substance abuse¹⁶. This finding further explained that majority of respondents had adequate knowledge of substance abuse, in terms of its definition, examples of substances abuse, predisposing factors and consequences of substance use¹⁶.

Also Adekeye et al. conducted a cross-sectional study among Nigerian university students and reported that although a majority had heard about the dangers of psychoactive substances, their actual knowledge of long-term health effects such as liver cirrhosis, cardiovascular problems, and psychological disorders was limited¹³³. This gap between awareness and detailed knowledge often contributes to experimentation and eventual misuse. Similarly, in a study of high school students in South Africa, Mampane and Bojuwoye found that while students associated drugs with negative consequences such as violence and poor academic performance, their knowledge of addiction as a chronic medical condition remained low¹³⁴. In a European context, the European Monitoring Centre for Drugs and Drug Addiction surveyed young adults across EU member states and found high levels of knowledge about cannabis but limited understanding of the risks associated with synthetic drugs, prescription misuse, and polydrug use¹³⁵. This suggests that prevention campaigns may disproportionately focus on widely used substances while neglecting emerging trends.

Recent research has also explored knowledge among healthcare providers. For example, a 2023 study in India by Singh and colleagues revealed that while nurses and community health workers were aware of the immediate harms of alcohol and tobacco, fewer than half demonstrated adequate knowledge of counseling approaches or evidence-based interventions for substance use disorders¹³⁶. This indicates that professional training programs still require improvement to effectively address substance abuse at the community level. Studies in the United States emphasize that cultural perceptions strongly shape knowledge levels. According to Garcia and Kim, Hispanic adolescents with strong family-based protective norms showed higher awareness of the risks of substance use, while those acculturated into mainstream peer cultures exhibited lower knowledge and greater exposure to drug use opportunities¹³⁷. These findings demonstrate the need for culturally tailored educational interventions.

Risk-perception of substance abuse

In a study carried out an analysis on the effects of psychoactive substance abuse in Emohua Local Government Area of River State¹¹ among secondary school students. The study found out that alcohol and hot drinks were mostly abused substance by the students because of their indiscriminately used in every gathering. Students do smoke tobacco at any time and always create opportunity to do so. On a regular basis students smoke Indian hemp. They also get involved in the marijuana consumption so as to be able to engage in nefarious activities. The study also revealed that students have learnt how to abuse substance right from their home and environment. Psychoactive substance abuse to such students, is not a new practice in school. Students do involve in substance abuse as a result of curiosity to test and experience the effects of substance on their body system. Students get involved in use substance in order

to avoid rejection, isolation, and loneliness from their friends who are into substance use. Students get involved substance use in order to be accepted by peers which shows that social activities may lead young ones to get involved in deviant behaviours that could be detrimental to their health, their family and the society as a whole.

Studies among adolescents and young adults show that perceptions of risk vary depending on the type of substance. For example, a 2022 study in Nigeria by Akinyemi and Olatunji revealed that secondary school students perceived alcohol and cannabis as less harmful compared to harder drugs like cocaine or heroin, which they considered highly risky¹³⁸. This selective perception often results in the normalization of alcohol and cannabis consumption among youths despite their well-documented health consequences. Similarly, the *Monitoring the Future Survey* in the United States reported declining risk perception of marijuana among teenagers, a trend that paralleled increased rates of cannabis use following its legalization in several states¹³⁹.

Risk perception is also influenced by cultural and social contexts. In a 2021 South African study, Van der Westhuizen found that peer influence and community drug norms significantly reduced young people's perception of risk, making them more susceptible to experimentation¹⁴⁰. Conversely, parental monitoring and religious involvement have been shown to heighten risk awareness and reduce the likelihood of substance initiation¹⁴¹. Risk perception is not static but shaped by exposure to information. A European study by the EMCDDA (2023) revealed that young adults exposed to prevention campaigns emphasizing long-term harms (such as mental health consequences) demonstrated significantly higher risk perception and lower likelihood of use, compared to those only aware of immediate physical

harms¹⁴². This suggests that comprehensive and well-targeted health communication strategies can positively shift risk perception. Among healthcare workers and students in health-related fields, risk perception also plays a role in professional preparedness. A recent study in India showed that while nursing students recognized the health risks of alcohol and tobacco, they underestimated the addictive potential of prescription sedatives, reflecting gaps in both training and awareness¹⁴³.

In a study conducted on perceived influence on psychoactive substance abuse among secondary school adolescents in Government Secondary Schools, Osun State, South-West, Nigeria¹⁷ it was revealed that psychoactive substance abuse can result to poor academic performance, expulsion from school, risk taking behaviours, poor assimilation as well as loss of memory. The findings, of the study also revealed that students who end up having difficulty with their academics and health may cause financial burden to their family and the society at large. Above two million younger people of ages 10 to 24 die each year of substance abuse in the world which are mostly due to preventable causes such as abuse of substance. In fact, at least 14% of adolescent girls and 18% of boys aged 13–15 years who are in low- and middle-income countries are reported to have been taking alcoholic drinks. This problem is even more pronounced in some countries in the Western Pacific region, where more than 50% of girls and more than 80% of boys aged 10-19 had consumed alcohol. This precarious situation is also prevalent in Nigeria as previous studies had revealed high burden of substance abuse among students. For instance, in-school adolescents in Osun State Nigeria it was reported that about two-thirds had used substances in both rural (65.7%) and urban areas (66.0%) respectively¹⁷.

Factors influencing substance abuse

In a study carried out on abuse of substance among students in selected Secondary Schools in an urban community of Oyo State, South West Nigeria: Implication for policy action¹⁶⁶. The findings of their study revealed that students consume a lot of alcohol and this could be as a result of being socially acceptable and also freely served in many parties with friends in various club houses as a means of relaxation. Whereas the present study is on substance use and social activities among selected secondary school students in Ibadan North Local Government Area of Oyo State.

Peer pressure and social networks are among the most powerful predictors of substance abuse, especially among adolescents and young adults. A 2022 Nigerian study by Odukoya et al. found that students who associated with peers who used alcohol or cannabis were significantly more likely to engage in substance use themselves²³. Family dynamics also play an important role: parental neglect, poor monitoring, and exposure to parental substance use increase the risk of early initiation. Conversely, strong family support and open communication serve as protective factors¹⁴⁴. Psychological stressors, including anxiety, depression, and trauma, often drive individuals toward substance use as a maladaptive coping mechanism. According to Greenfield and colleagues, women are particularly vulnerable to substance abuse as a means of managing stress, trauma, or interpersonal violence, whereas men are more likely to use substances for sensation-seeking and risk-taking behaviours²⁶. Personality traits such as impulsivity and low self-control have also been identified as consistent predictors of substance misuse¹⁸.

The broader environment also influences substance abuse. Studies show that availability and accessibility of drugs within communities increase the likelihood of use. In South Africa, Van der Westhuizen (2021) demonstrated that neighborhoods with high drug market visibility had higher rates of adolescent drug use and lower perceptions of associated risks²⁸. Media exposure, particularly through music and social media platforms that glamorize drug use, has been shown to further normalize substance use among youth²⁶. Poverty and unemployment are critical drivers of substance use, especially in low- and middle-income countries. The United Nations Office on Drugs and Crime highlighted how limited job opportunities and economic hardship make youth more vulnerable to both using and selling psychoactive substances as a survival strategy²⁴. Conversely, in high-income settings, disposable income among adolescents is linked to increased experimentation with alcohol and recreational drugs¹⁴.

A conducted research on illicit substance use by Secondary school learners in Windhoek, Namibia. A purposive sampling technique was used in carrying the study. The sample for the study consisted of 12 learners in rehabilitation center after diagnosis and the size was determined through saturation of data obtained from the participants, age group of 14-18years.

It was face-to-face interview, drawing and field notes. In his findings, social challenges like peer pressure, insufficient parental supervision, lack of communication and interaction with parents were revealed to influence substance use among the students. Relating to the present study, students who do not have sufficient supervision from adults like parents and teachers may be easily persuaded by peers to use substance. A study on role of parenting styles in psychoactive substance abuse among secondary school students in Embu County, Kenya, in

their findings, authoritative parenting style, authoritarian parenting, permissive indulgent parenting, and permissive neglectful parenting are revealed to influence the use of psychoactive substance among students. From the findings of the study may be said that parents play a crucial role in either protecting or driving their children into substance use. Also, revealed that 69.3% of secondary school students in Igboora, South-west Nigeria were current users of at least one of the illicit substance.

In a study among secondary school students in Port Harcourt, Southern Nigeria¹⁸ also revealed that 30.6% of their respondents had ever taken alcoholic drinks before the survey while another study showed that lifetime use of any substance among students in Ibadan, South West Nigeria was 15.3%. In a study among secondary school students in Oshogbo, South West Nigeria also reported 20.3% as the prevalence of substance abuse among the respondents. Many factors have been identified to be responsible for psychoactive substance abuse among young people, these include: experimental curiosity, peer pressure, poor socio-economic condition at homes and the need for extra energy for daily activities among others. Also several theories have been propounded to explain why people abuse substances. A cross-sectional study conducted to evaluate the knowledge, attitude, and practice of substance use among Nsukka secondary school students¹⁷.

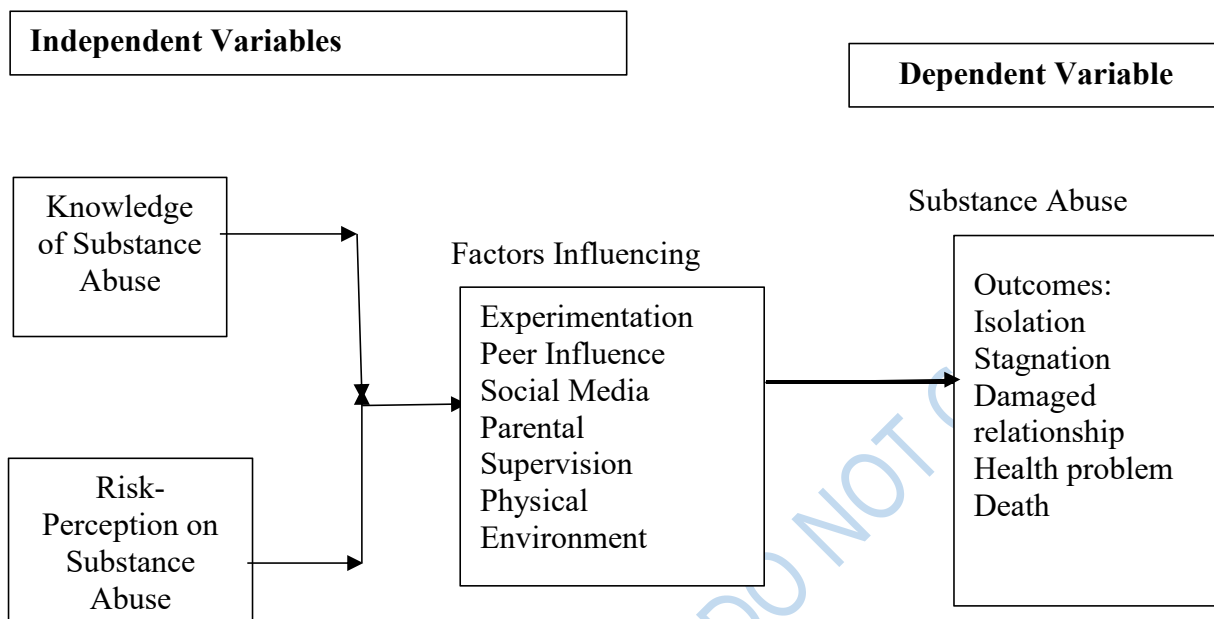
The study used a validated, self-administered questionnaire, comprising seven sections: demographic characteristics, knowledge of substance use, attitude toward substance use, practice of substance use, contributing factors, effects of substance use, and commonly used substance. Using IBM SPSS Statistics 20, the data were analyzed. Descriptive analysis (frequency, percentage, mean, and standard deviations) was used. The study revealed that over half of the respondents were female (57.5%) and were junior secondary school students

(62.2%). Most of the respondents (80%) were conscious of substance abuse. More than half (52.5%) of the respondents had good knowledge of substance usage and only 9.6% of the respondents had a negative attitude toward psychoactive substance use. It was deduced from the collected data that most students never carried out substance use activities¹⁷.

The respondents agreed that alcohol use was the commonly used substance (52.4%) and curiosity (51.7%) was the major contributing factor to substance use among school students. The study concluded that students in secondary schools had sufficient awareness and a constructive outlook towards psychoactive substance use, and that the majority did not use substance. Among high school students, alcohol was the most commonly used substance¹⁷. An analytical cross-sectional study was conducted among 771 undergraduate students of the University of Benin, Benin City, Edo State, Nigeria¹⁹, and using pretested self-administered questionnaire. Respondents were selected by a multistage sampling technique, data collected were analyzed using IBM SPSS version 25.0. Statistical significance was set at $p < 0.050$ at 95% confidence interval. The findings revealed that the mean age of respondents studied was 23.2 ± 2.3 years.

Majority of the respondents had good knowledge of substance abuse. Faculty of students, religion, family type, monthly allowance and knowledge of substance use were identified as significant predictors of substance use. Despite that the study concluded a good knowledge of substance abuse and health implications, less than half of the respondents used substances. In order to reduce the prevalence of substance use through targeted there is a need for health educational interventions among this target population.

2.4 Conceptual Framework



Source: Researcher, 2025

This conceptual framework explores the impact of independent variables knowledge, risk-perception and factors influencing on the dependent variable substance abuse.

Independent Variables

1. Knowledge: Understanding of the risks, consequences, and effects of substance abuse.
2. Risk-Perception: Perception on the risks associated with substance abuse.
- 3 Factors Influencing substance abuse: Experimentation, peer influence, social media, family dynamics, and physical environment that may influence students' decisions to engage in substance abuse.

Dependent Variable

Substance Abuse: This refers to the maladaptive or harmful use of chemical or psychoactive substances that alter mood, perception or brain function when taken into the body.

The Outcomes of Substance Abuse

1. Mild outcomes represent occasional use with minimal impact (e.g., experimentation due to peer influence).
2. Moderate outcomes show functional impairment (e.g., decline in school performance, behavioural changes).

3. Severe outcomes indicate strong dependence or addiction (e.g., withdrawal, isolation, mental health issues).

Relationships

1. Knowledge → Factors Influencing Substance Abuse: Accurate knowledge about substance abuse may reduce the influence of factors that contribute to abuse of substance.
2. Risk-Perception → Factors Influencing Substance Abuse: High risk-perception may reduce the influence of factors that contribute to substance abuse.

2.5. Summary of the Literature Reviewed

Chapter two was basically on reviews, the review started with conceptual review of relevant concepts to the study such as knowledge of substance abuse, risk-perception of substance abuse and factors influencing substance abuse. Social control theory was used as framework for the study. Social control theory was propounded by Travis Hirschi in 1969. The theory argued that when social bonds become weak, individuals are at risk for engaging in deviant behaviours such as substance use. According to this theorist, four types of basic bonds (attachment, involvement, commitment and belief) determine if people were involved in substance abuse. Review of relevant concepts included the definition of psychoactive substances which are chemicals that can change how one's body and mind work. Substances which when taken, can limit cognitive, perception, mood, behaviour and overall body function. It was also included the five main categories of substance that worked on the brain and body, potentially causing or leading to addiction. Because these substances affect the brain and the central nervous system, creating an altered state in the brain, body or both, they are referred to as psychoactive substances.

On a geopolitical zonal basis substance abuse prevalence in Nigeria was reviewed which reveals that South-West tops the chart with about 4.382million users 22.4 percent of Nigeria's total figure of 14.3 million users. The review also include factor influencing substance abuse which are experimentation, peer influence, social media, parental supervision and physical environment while for substance abuse the outcome are isolation, stagnation, damaged relationship, health problem and death. Empirical studies was carried out in line with the objective of the study. Lastly, conceptual model which show the relationship between the variables of the study was also done.

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Chapter Three

Methodology

3.1 Research Design

A descriptive cross-sectional survey research design using quantitative method was adopted in this study. This research design is appropriate in collecting data in the field to answer questions or test hypotheses on subject of study. This design permitted the data collected for the study through the questionnaire. It was also allowed the study to measure what already exists, and maintain high level of confidentiality of information because the researcher obtained undiluted information directly from the target population

3.2 Population of the Study

The population for the study consisted of all public secondary school students in Ibadan North Local Government Area of Oyo State. As stated in recent Oyo State public secondary and primary school data, the Ibadan North Local Government Area has 42 public secondary schools, 31343 enrolled students and 1308 teachers distributed across the local government areas¹. This was made up of 42 public secondary schools, while enrolled number of students were 31343. This population encompasses both male and female respondents in SSS 1 and SSS 2 classes. It was within this, that the study sample was drawn. SSS 3 class were not included because most of them were not in school after the completion of the West Africa Examination.

3.3 Sample and Sampling Techniques

3.3.1. Sample Size Determination

$$n = \frac{N}{1+N(e)^2}, \text{ Taro Yamane}$$

n = desired sample size

N = population size

1 = constant value

e = marginal error = 0.05

$$\therefore n = \frac{31343}{1 + 31343(0.05)^2}$$

$$n = \frac{31343}{1 + 31343(0.0025)}$$

$$n = \frac{31343}{1 + 78.4}$$

$$n = \frac{31343}{79.4}$$

$$n = 394.748$$

$$n \approx 395.$$

Having known the minimum sample size calculated to be 395. To calculate the attrition or incomplete response rate, making use of formula for possible attrition rate:

$$n = \frac{N}{(1 - f)}$$

n = desired sample size

N = Minimum sample size calculated = (395)

1 = constant value

f = attrition rate (10% = 0.1)

$$\therefore n = \frac{395}{1 - 0.1}$$

$$n = \frac{395}{0.9}$$

$$n = 438.8, \approx 439$$

Therefore the sample size of four hundred and thirty-nine (439) was used for this study while the added attrition value = $439 - 395 = 44$

3.3.2 Sampling Techniques

The study adopted multi-stage sampling technique involving three stages in generating data. This sampling method is appropriate for collecting information from a section of a study population and also allows the use of a selected sample to describe or represents a large population at a given point in time. This was carried out by following the steps below:

Stage 1

Clusters were generated for the ten zones in which public schools in Ibadan North Local Government Area was divided. This was done due to the geographical spread of these public schools in the local government area as shown in the table 3.1

Stage 2

A cluster was made up of schools within each of the ten (10) zones. A simple random sampling technique by balloting was used to select one (1) school each out of these ten (10) zones in Ibadan North making up the ten schools used in the study as shown in the table 3.1

Stage 3

The study population was stratified according to class i.e. SSS1 and SSS2 and a proportionate stratified sampling technique was used to administer the questionnaire using lottery method to select respondents from each class. This depends on population of the

students in each of SSS 1 and SSS 2 classes from the ten (10) selected schools as shown in the table 3.2 below.

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Table 3.1: List of Public Secondary Schools by Zone in Ibadan North Local Government

Zone	School	School Selected
1. Ikolaba/GRA Agodi	Ikolaba Grammar school Ikolaba Community Grammar School Ikolaba Ikolaba High School Agodi GRA Ibadan	Ikolaba High School Agodi GRA Ibadan
2. Basorun	Basorun/Ojoo High School Islamic High school Basorun St Partrick Grammar School Orita Basorun Islamic Day Secondary School Basorun	Islamic High school Basorun
3. Bodija	Community High school Agbowo Bodija Methodist grammar school Ojurin Bodija Methodist grammar school Ojurin Bodija (Junior) Methodist secondary school new Bodija Mount Olivet grammar school Bodija Bishop Onabanjo high school Ashi Bodija	Methodist Grammar School Ojurin Bodija
4. Idi- Ape	Oba Akinyele memorial High School Idi-Ape	Oba Akinyele Memorial High School Idi-Ape
5. Ijokodo	United secondary school Ijokodo Community grammar school Ijokodo Ijokodo grammar school Ijokodo Cheshire High school Ijokodo Polytechnic High school Polytechnic Campus	Cheshire High school Ijokodo
6. Inalende	Nawar-UI-Deen High school Inalende Ebenezer Grammar school Inalende	Nawar-UI-Deen High school Inalende
7. Mokola	Community Grammar School Mokola Oba Ajkinbiyi High School I Mokola cultural centre St Gabriel Commercial grammar school, Sabo Ibadan Mokola Oba Ajkinbiyi High School II Mokola –Oremeji St Brigids secondary school Mokola St Louis grammar school Mokola St Louis grammar school Mokola (Junior)	Community Grammar School Mokola
8. Sango	Community Secondary school Sango Humuani Alaga High School Sango	Humuani Alaga High School Sango
9. U.I	Abadina College UI Ibadan Abadina College UI Ibadan (Junior) Abadina Grammar school UI Ibadan Immanuel College Orita UI Immanuel College U.I Ibadan (Junior) Immanuel Grammar school Orita UI Community High school Samonda UI Community High school Samonda UI (Junior)	Immanuel College Orita UI
10. Yemetu	Anglican Commercial Grammar school Total Garden Anglican Commercial grammar school Orita Mefa Ibadan (Junior) Ibadan Municipal Government (IMG) Grammar school, Yemetu Aladorin Ibadan Ibadan Municipal Government (IMG) Grammar school, Oje Igosun.KS	Anglican Commercial Grammar school Total Garden

Source: Oyo State Ministry of Education, Science and Technology September 2024

Table 3.2: List of Selected Public Secondary Schools by number of respondent in Ibadan North Local Government

Zone	Name of School	SSS 1			SSS 2			N	n
		M	F	T	M	F	T		
1	Ikolaba High School Agodi-GRA along Government House	34	43	77	23	25	48	125	22
2	Islamic High School Oja Basorun along Akobo Road	72	85	158	86	97	183	341	61
3	Methodist Grammar School Ojurin Bodija along UI/Ojo Road	132	141	273	142	191	333	464	83
4	Oba Akinyele Memorial High School Idi-Ape along Basorun Road	22	26	48	38	33	71	119	21
5	Cheshire High School Ijokodo along Eleyele Road	16	20	36	23	29	52	88	16
6	N U D Grammar School Inalende along Oniyanrin Road	43	44	87	62	64	126	188	34
7	Community Grammar School Veterinary Mokola along Sango/UI Road	54	59	113	55	58	113	226	40
8	Humanni Alaga High School Sango(EXPOYO) along UI/Ojo Road	12	14	26	16	22	38	64	11
9	Immanuel College School Orita UI Along Ojo/Moniya Road	77	79	156	112	126	238	394	70
10	Anglican Commercial Grammar School Yemetu Orita Mefa/Total Garden along Mokola Round About Road	104	108	212	119	122	241	453	81
Grand Total								2462	439

M- Male, F- Female, T- Total, N- Population n- Sample size

Source: Local Inspector of Education (LIE) Office Ibadan North Local Government Agodi, Ibadan April 2025

3.4 Descriptions of Research Instrument

A validated structured questionnaire was used to collect quantitative data from the selected four hundred and thirty nine (439) students. The research instrument was designed to assess knowledge, risk-perception and factors influencing substance abuse among selected public secondary school students.

This instrument was sub divided into four sections as follows:

Section A: Socio-Demographic Information

This section consisted of six (5) question items to elicit the socio-demographic information such as the class, gender, age, religion and tribe.

Section B: Knowledge of Substance Abuse

The knowledge of substance abuse was measured with 10 questions items of Knowledge of Substance Abuse adapted Questionnaire, modified to fit the context of the study³. It was made up of items from which the respondents responded to on a Yes or No point scale: with a scoring values of Yes = 2. No = 1.

Section C: Risk-Perception on Substance Abuse

The Risk-Perception of Substance Abuse was measured with eleven (11) question items

Adapted Questionnaire, modified to fit the context of the study³. It was made up of (11) question items, the respondents responded on a 4-point scale: With a scoring values of Strongly Disagree = 1 Disagree = 2 Agree = 3. Strongly Agree = 4.

Section D: Factors Influencing Substance Abuse

The Factors Influencing Substance Abuse were measured with ten (10) question items adapted Questionnaire, modified to fit the context of the study³. It was made up of ten (10)

question items, the respondent responded on 4-point scale. With a scoring values of Strongly Disagree = 1 Disagree =2 Agree= 3. Strongly Agree= 4

3.5 Validity of Research Instrument

The instrument used in this study was given to the thesis supervisor who is an expert in nursing science and other lecturers from in and out of the department of Nursing Science who have worked on issues related to substance abuse and its related factors. They made some adjustments to determine the face and content validity of the instrument, necessary corrections and modifications were made which led to the final copy. Psychometric properties are referred to as the characteristics of a test that determines the quality and effectiveness in measuring what is intended to measure. These properties include various factors such as validity and reliability³.

3.6 Reliability of the Research Instrument

A pre-test was carried out in a public secondary school in Ibadan North-East Local Government Area which is a different local government entirely but with similar characteristics with the actual study area in terms of ethnic composition, religion, level of development, type of infrastructural amenities and education facilities. Ten percent (10%) of the total sample size questionnaire which was forty-four (44) respondents were administered for the main study was used during the pretest which means forty-four (44) questionnaire were administered during the pretest. The pre-test study enabled the researcher to know trends in participants responses, level of understanding of each item on it and the approximate time to spend in administering the questionnaire. Thereafter, necessary corrections and modifications of the instrument such as reframing or removing difficult

questions that were not easily understood before the main study was done. The Cronbach's, Alpha Coefficient value of reliability was used to measure the internal consistency or coefficient of the reliability of the instrument using the Statistical Package for the Social Sciences (SPSS) computer software (Version 28). A reliability coefficient score of 0.85 was obtained which meant that the instrument was reliable.

3.7 Method of Data Collection

An introductory letter was collected by the researcher from the Department of Nursing, Lead City University Ibadan, which was taken to the office of the Oyo State Head of Service along with a copy of application letter of permission and a copy of the research proposal were also submitted at the review board of the Oyo State Ministry of Health for approval. The approval letter from the Oyo State Head of Service was presented to the ethical committee at the Ministry of Health Department of Planning, Research and Statistics Division. Visitation was made to the selected public secondary schools in preparation for when the study was to commence and to obtain permission from the principal of each of school. Two research assistants who were graduates were trained in line with the set objectives.

The completely filled questionnaire was collected on the spot to ensure a high response rate. The benefits and objectives of the study were explained to the respondents. Then, their consent to be part of the study was sought and their right to participate or not was respected. Respondents were told that withdrawal is allowed from the study at any stage of the study and such withdrawal did not cause any prejudice. Confidentiality was also maintained by not including any form of identifier.

Confidentiality of data collected: Data collected was coded and saved on a computer with password protected and a data back up to an external hard drive. Only authorized individuals

was allowed to handle respondents' information. Names of the respondents were not be used while the questionnaire could only be identified by codes.

Beneficence to participate: This research is very crucial and was significant. The findings of the study would be of help to both teachers and parents on the role to play in preventing substance and abuse among secondary student.

Non-maleficence to participate: This research work is non-invasive.

Voluntariness: The researcher did not coerce the participants to be involved in the study.

3.8. Inclusion and Exclusion.

The criteria for eligibility was that, the respondent must be a male or female student in SSS 1 or SSS 2 class in any of the selected public schools and willing to participate as at the time of study. Also the participant must be present in the school as the time of the study. This inclusion criterion automatically excluded those students within the study setting who are not in SSS1 or SSS 2 class in the selected schools at the study area and either sick or absent from school, not willing to participate in the study and SSS3 students who were not in school after the completion of their West Africa Examination.

3.9 Method of Data Analysis

For easy identification and recall of any instrument with problems a serial number was assigned to each of the administered questionnaire to facilitate data entry into computer. The questionnaire was stored safely from destruction by liquid or fire and where unauthorized persons cannot have access to them. They will be kept for at least ten years after the defense of the thesis. After the data is collected, it was coded and entered into computer. Correctness of data entry was checked and analysed by using Statistical Package for the Social Sciences (SPSS version 28). The data was analysed using descriptive statistics of frequency counts and

percentages, mean and standard deviation, while inferential statistics of Pearson Product Moment Correlation (PPMC) and Multiple linear regression analysis to test the set hypotheses at 0.05 significance level.

3.10 Ethical Approval

An introductory letter was collected by the researcher from the department of nursing, Lead City University Ibadan, which was taken to the office of the Oyo State Head of Service along with a copy of application letter of permission and a copy of the research proposal were also submitted for the reviewers for necessary correction at the review board of the Oyo State Ministry of Health for approval. The ethical approval for the study was obtained from the Oyo State Ministry of Health Ethical Review Committee (OSMHERC) with a Reference No AD 13/479/102^B dated 05 June, 2025.

Endnotes

1. Schools Enrolment List: *Oyo State Ministry of Education, Science and Technology* September 2024
2. Annual School Record: *Local Inspector of Education (LIE) Office Ibadan North Local Government Agodi, Ibadan* April 2025
3. A Khosa and H Shilubane. *Substance Use and Associated Factors among In-school Adolescents in South Africa*, **The Open Public Health Journal**; 2024, 435-440

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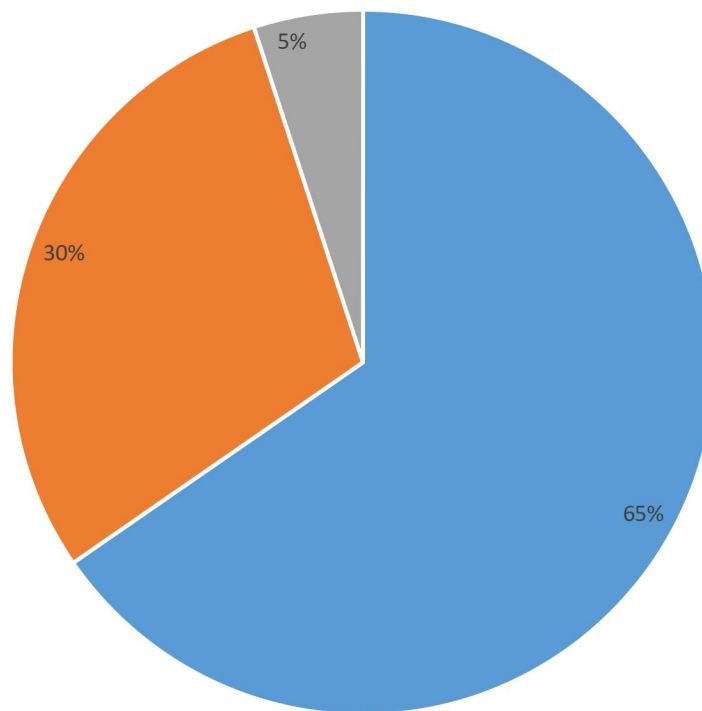
Chapter Four

Results and Discussion of Findings

4.1 Demographic Data Analysis

Figure 4.1: Age Disrtibution

■ 13-15 years ■ 16-18 years ■ Above 18 years



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The age distribution of the respondents is highlighted in figure 4.1. Their ages ranged from 13 to 19 years and their overall mean age was 15.2 ± 1.86 years. Majority (65.4%) of the respondents fall within the 13-15 years age bracket. This group is followed by the 16-18 years and above 18 years age groups who were 130 (29.6%) and 22(5.0%) respectively.

The distribution of the respondents according to their class revealed that 258 (58.8%) of the respondents are in SSS 1, 171(34.2%) while 181(44.2%) are in SSS 2. One hundred and ninety-eight (45.1%) of the respondents were male and 241(54.9%) were female as highlighted in

Table 4.1 Demographic information of the respondents (N=439)

Class	Frequency	Percentage
SSS 1	258	58.8
SSS 2	181	41.2
Gender		
Male	198	45.1
Female	241	54.9
Religion		
Christianity	176	40.1
Islam	229	52.2
Traditional	34	7.7
Tribe		
Yoruba	251	57.2
Igbo	170	38.7
Hausa	18	4.1

Source: Fieldwork2025

Table 4.1. Islam was the predominant religion practiced by 299(52.2%) the respondents, Christians were 176 (40.1%) and the remaining 34(7.7%) were traditional worshipers (Table 4.1). The Yoruba constituted the predominant (57.2%) tribe followed by the Igbo which accounted for 170(38.7%) respondents, and 18(4.1%) Hausa (Table 4.1).

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4.2 Presentation of Data

4.2.1 Research Questions

Table 4.2.1.1: Descriptive Analysis on Knowledge of Substance Abuse among Public Secondary School Students in Ibadan North Local Government Area of Oyo State

S/N	Item	YES (%)	NO (%)	Mean	Std.Dev.
1	There are some substances called psychoactive substances that can alter the mood of a person that takes it	348 (79.3)	91 (20.7)	1.97	0.406
2	Use of substances in a way that is harmful to health is substance abuse	313 (71.3)	126 (28.7)	1.71	0.453
3	Substance abuse can lead to death.	311 (70.8)	128 (29.2)	1.71	0.455
4	Substance abuse can cause mental health problems.	336 (76.5)	103 (23.5)	1.77	0.424
5	Good knowledge and strong self-control can help prevent substance abuse	220 (50.1)	219 (49.9)	1.50	0.501
6	Marijuana is an illegal psychoactive substance in Nigeria	324 (73.8)	115 (26.2)	1.74	0.440
7	Arrest and imprisonment is a legal consequence of substance abuse	225 (51.3)	214 (48.7)	1.49	0.500
8	Use of substances in a way that is harmful to health is substance abuse	317 (72.2)	122 (27.8)	1.72	0.488
9	It is possible to recover from substance abuse with help	232 (52.8)	207 (47.2)	1.53	0.500
10	One possible consequence of substance abuse is health problems and poor academic performance	316 (72.0)	123 (28.0)	1.72	0.918
Weighted Mean				1.67	0.258

Source: - Field work 2025

In summary, it can be deduced that majority of the respondents had knowledge of substance abuse among secondary school students. This is because majority of the respondents always knew that there are some substances called psychoactive substances that can alter the mood of a person that takes it. The result also revealed that out of the ten items listed to assess the knowledge of substance abuse among selected public secondary school students in Ibadan North Local Government Area of Oyo State all the items yielded high mean scores between 1.49 and 1.97 with weighted mean of 1.67. Also out of the ten question items 7(70%) had a mean greater than weighted mean, while 3(30%) had a mean less than weighted mean. With these results, it could be deduced a good knowledge of substance abuse among selected public secondary school students in Ibadan North Local Government Area of Oyo State (Table 4.2.1.1)

Table 4.2.1.2: Descriptive Analysis on Risk-Perception of Substance Abuse among Secondary School Students in Ibadan North Local Government Area of Oyo State (N= 439)

S/N	Item	SA (%)	A (%)	D (%)	SD (%)	Mean	Std.Dev.
1	I believe substance abuse can lead to mental health problems like depression or anxiety.	325 (74.0)	72 (16.4)	15 (3.4)	27 (6.2)	3.58	0.826
2	Substance abuse is very dangerous to my health	199 (45.3)	136 (31.0)	46 (10.5)	58 (13.2)	3.61	0.601
3	Provided someone can control herself or himself, using substances is not that bad	306 (68.7)	94 (21.4)	26 (5.9)	13 (4.0)	3.45	0.611
4	Avoiding substance abuse is important for a successful future	365 (83.2)	72 (16.4)	1 (0.2)	1 (0.2)	3.82	0.404
5	People who use substances have more friends	299 (68.1)	95 (21.6)	34 (7.8)	11 (2.5)	3.55	0.744
6	It is safe to take substances as long as it is only during social events.	328 (74.7)	110 (25.1)	1 (0.2)	0 (0.0)	3.24	0.471
7	People who use psychoactive substances are more likely to get into trouble with the law	208 (47.3)	189 (43.1)	21 (4.8)	21 (4.8)	3.65	0.540
8	Substance abuse can destroy relationships with friends and family	300 (68.3)	98 (22.3)	13 (3.0)	28 (6.4)	3.56	0.833
9	Substance abuse can cause serious problems in school performance	234 (53.3)	115 (26.2)	43 (9.8)	47 (10.7)	3.30	0.52
10	I believe I can control myself even if I start using substances	300 (68.3)	125 (28.5)	14 (3.2)	0 (0.0)	3.11	0.61
11	Trying psychoactive substances even once can lead to addiction	317 (72.2)	80 (18.2)	14 (3.2)	28 (6.4)	3.11	0.56
Weighted Mean						3.16	0.224

Source: - Field work 2025

In summary, it can be deduced that majority of the respondents knew about risk-perception of substance abuse. This is because majority of the respondents agreed that avoiding substance abuse is important for a successful future. The result also revealed that out of the eleven items listed to assess the risk-perception of substance abuse among secondary school students in Ibadan North Local Government Area of Oyo State, all the items yielded high mean scores between 3.11 and 3.82. Also out of the eleven (11) question items 8(72.0%) had a mean greater than weighted mean, while 3(27.7%) had a mean less than weighted mean. With these results, it could be deduced a high risk-perception of substance abuse among selected public secondary school students in Ibadan North Local Government Area of Oyo State. With these results, it could be deduced a high risk-perception of substance abuse among secondary school students in Ibadan North Local Government Area of Oyo State (Table 4.2.1.2)

Table 4.2.1.3: Descriptive Analysis on Factors Influencing Substance Abuse among Secondary School Students in Ibadan North Local Government Area of Oyo State

S/N	Item	SA (%)	A (%)	D (%)	SD (%)	Mean	Std.Dev
1	I believe using psychoactive substances can help me cope with stress	233 (53.1)	83 (18.9)	61 (13.9)	62 (14.1)	3.11	0.673
2	I am curious to try psychoactive substances	353 (80.4)	74 (16.9)	8 (1.8)	4 (0.9)	3.77	0.520
3	I feel confident to say no if someone offers me psychoactive substances	340 (77.4)	70 (15.9)	9 (2.1)	20 (4.6)	3.66	0.734
4	I can easily talk to my parents or guardians about my problems	125 (28.5)	115 (26.2)	82 (18.7)	117 (26.7)	2.49	0.463
5	There are clear rules against substances use in my school.	318 (72.4)	92 (21.0)	19 (4.3)	10 (2.3)	3.64	0.675
6	It is easy to get psychoactive substances in my community	323 (73.6)	108 (24.6)	4 (0.9)	4 (0.9)	3.71	0.552
7	My parents or guardians know where I am after school	308 (70.2)	98 (22.3)	24 (5.5)	9 (2.1)	3.61	0.687
8	Someone in my family uses psychoactive substances regularly	272 (62.0)	61 (14.0)	33 (7.5)	73 (16.5)	3.22	1.143
9	Coming from a polygamous home	320 (72.9)	116 (26.4)	3 (0.7)	0 (0.0)	3.72	0.463
10	I feel safe and supported in my school environment	207 (47.2)	202 (46.0)	17 (3.8)	13 (3.0)	3.37	0.700
Weighted Mean						3.42	0.327

Source: - Field work 2025

In summary, it can be deduced that all the ten listed items are good factors influencing substance abuse. This is because majority of the respondents agreed that I am curious to try psychoactive substances. The result also revealed that out of the ten items listed to examine the factors influencing substance abuse among secondary school students in Ibadan North Local Government Area of Oyo State, all the items yielded high mean scores between 3.11 and 3.77. With these results, it could be deduced all the ten listed items are good factors influencing substance abuse among secondary school students in Ibadan North Local Government Area of Oyo State (Table 4.2.1.3).

Table 4.2.2.4: Relative Contribution of knowledge, risk-perception and factors influencing relatively contribute to substance abuse among selected public secondary school students in Ibadan North Local Government Area

Model	Unstandardized		Standardized		T	Sig
	coefficients		Coefficients			
	B	Standard Error	Beta (β)	Rank		
(constant)	12.072	2.428			11.974	.000
Knowledge	0.785	.073	.851	1st	17.477	.000
Risk-perception	-.479	.113	-.432	3 rd	- 4.238	.000
Factors influencing	- .542	.117	-.628	2 nd	-2.923	.001

Source: - Field work 2025

The study revealed the relative contribution of each of the independent variables (Knowledge, Risk-perception and Factors influencing) to the prediction of dependent variable (Substance abuse): Knowledge (Beta (β) = 0.851, $p < 0.05$), Risk-perception (Beta (β) = -0.432, $p < 0.05$) and Factors influencing (Beta (β) = 0.628, $p < 0.05$). Hence Knowledge, Risk-perception and Factors influencing were significant determinant of substance abuse among selected public secondary school students in Ibadan North Local Government Area (Table 4.2.2.4)

Table 4.2.2.1: Pearson correlation showing significant relationship between knowledge and factors influencing substance abuse among public secondary school students in Ibadan North Local Government Area.

Variable	Mean	Std. Dev.	n	r	p	Remark
Knowledge	32.30	2.64				
Factors influencing substance abuse	16.58	1.45	439	.610	.000	Sig.

Source: Fieldwork 2025

It is shown in that there was a significant relationship between knowledge and factors influencing substance abuse among public secondary school students ($r = .610$, $n = 439$, $p < .05$). Hence the null hypothesis one (H_01) was rejected (Table 4.2.2.1).

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Table 4.2.2.2: Pearson Product Moment Correlation showing significant relationship between risk-perception and factors influencing substance abuse among public secondary school students in Ibadan North Local Government Area.

Variable	Mean	Std. Dev.	n	r	p	Remark
Risk-perception	32.50	2.64				
Factors influencing substance abuse	14.30	1.40	439	.533	.000	Sig.

It is shown that there was a significant relationship between risk-perception and factors influencing substance abuse among public secondary school students ($r = .533$, $n = 439$, $p < .05$). Hence the null hypothesis two (H_02) was rejected (Table 4.2.2.2).

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Table 4.2.2.3: Summary of Regression Analysis among Independent variables (knowledge, risk-perception and factors influencing) on the dependent variable (substance abuse) among selected public secondary school students in Ibadan North Local Government Area.

Model	Sum of df	Mean	F	Sig.
	Squares	Square		
Regression	900.735	3	300.245	377.700
Residual	346.008	435	0.795	.003
Total	1246.743	438		

Source: - Field work 2025,

It was shown in the table 4.2.2.3 above that the joint relationship of independent variables (knowledge, risk-perception and factors influencing) on substance abuse among public secondary school students was significant ($F_{(3, 435)} = 377.700$; $R = .747$, $R^2 = .577$; $p < .05$). About 58% of the variation was accounted for by the independent variables. Thus, the three variables are good predictors of substance abuse among selected public secondary school students. Hence the null hypothesis three (H_{03}) was rejected.

4.3 Discussion of Findings

The researcher assessed knowledge, risk-perception and factors influencing substance abuse among selected public secondary school students in Ibadan North Local Government Area of Oyo State. Hypothesis one tested if there was no significant relationship between knowledge and factors influencing substance abuse among selected public secondary school students in Ibadan North Local Government Area. The study found out that there was a significant influence between knowledge and factors influencing substance abuse among public secondary school students. This findings is in line with a study conducted on knowledge and perception of substance use and abuse among secondary school students in India which aimed at assessing the knowledge and perception about psychoactive substance abuse and misuse¹. A descriptive research design method was used and random sampling technique was also adopted in selecting 280 students in various secondary schools of Patna, Bihar¹.

The findings of the study revealed that majority of students were introduced to substance use by friends who use substance. While more than half of the students used substance as a result of the easily availability in the community. A few respondents said it was due to peer pressure, while below half of the students said they heard about psychoactive substance from internet, and mass media. The possible factors which contributed to psychoactive substance abuse among participants include mother education and relation with or between parents⁷. Having knowledge about substance use is very importance. Parents that do not have knowledge of the effects of substance use on them and their children, may see the use of psychoactive substance as a normal thing and as such, will not fight against substance use, this may lead to unsupervised activities of students by parents¹

Substance abuse is a universal and widespread public health problem globally especially among the young population. Although majority of respondents studied were aware of substance abuse, more than nine-tenth of the respondents had good knowledge of substance abuse encompassing awareness, knowledge of different substances of abuse, predisposing factors and consequences of substance abuse². This finding buttresses that majority of respondents had adequate knowledge of substance abuse, in terms of its definition, examples of substances of abuse, predisposing factors and consequences of substance use².

The hypothesis two tested if there was no significant influence between risk-perception and factors influencing substance abuse among public secondary school students in Ibadan North Local Government Area. The study found out that there was a significant influence between risk-perception and factors influencing substance abuse among public secondary school students. The above finding corroborated with the study carried out on an analysis of the effects of psychoactive substance abuse among secondary school students in Emohua Local Government Area of River State³ found that alcohol and hot drinks were mostly abused substance by the students as they were used indiscriminately in every gathering. Students smoke tobacco at any time as they always create opportunity to do so. Students smoke Indian hemp on a regular basis. They were also involved in the consumption of marijuana so as to be able to engage in nefarious activities.

The study also revealed that students have learnt how to abuse substance right from their home and environment⁴. So to such students, psychoactive substance abuse is not a new practice in school. Students abuse substance as a result of curiosity to test and experience the

effect of substance on their body system. They use substance so as to avoid rejection, isolation, and loneliness from their friends who are into substance. For students to use substance in order to be accepted by peers shows that social activities may lead young ones to involve in deviant behaviours that could be detriment to their health, their family and the society as a whole. Also in tandem with a study on perceived influence on psychoactive substance abuse among secondary school adolescents in Government secondary schools, Osun State, South-West, Nigeria⁴ and it revealed that psychoactive substance abuse can result to poor academic performance, expulsion from school, risk taking behaviours, poor assimilation as well as loss of memory.

Findings of the study may be said that students who may end up having difficulty with their academics and health may cause financial burden to their family and the society at large. More than 2.6 million young people aged 10 to 24 die each year in the world. These deaths are mostly due to preventable causes such as substance abuse. In fact, not less than of adolescent girls and boys aged 13–15 years in low- and middle-income countries are reported to have been taking alcoholic drinks.

The hypothesis three tested if there is no significant joint influence between knowledge, risk-perception and factors influencing substance abuse among selected public secondary school students in Ibadan North Local Government Area. The study found out that that joint influence of independent variables (knowledge, risk-perception and factors influencing) on substance abuse among public secondary school students was significant. This is in line with an analytical cross-sectional study was conducted among 771 undergraduate students of the

University of Benin, Benin City, Edo State, Nigeria⁶, and using pretested self-administered questionnaire. Respondents were selected by a multistage sampling technique, data collected were analyzed using IBM SPSS version 25.0. Statistical significance was set at $p < 0.050$ at 95% confidence interval. The findings revealed a high mean age of respondents and had good knowledge of substance abuse. The life time prevalence of substance use was lower than recent prevalence of substance used. Faculty of students, religion, family type, monthly allowance and knowledge of substance use were identified as significant predictors of substance use. The study concluded that despite good knowledge of substance abuse and health implications a little less than half of the respondents used substances. There is need to reduce the prevalence of substance use through targeted health educational interventions among this target population.

Endnotes

Endnotes

1. Singh, Ramesh, Priya Verma, and Kavita Sharma. “*Knowledge, Perception and Attitudes of about psychoactive Substance Use and Abuse: Implications for Community Health Interventions in India.*” **BMC Public Health** 23, no. 1 2023: 1421.
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5. J. E. Onwudiwe, “*Adolescent Identity Development and Peer Influence on Risky behaviours in Nigeria,*” **Journal of Adolescent Research** 37, no. 6 (2022): 802–818.
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Chapter Five

5.1 Summary of Findings

Knowledge of substance abuse: The findings revealed that majority of the respondents had knowledge of substance abuse among secondary school students. This is because majority of the respondents knew that there are some substances called psychoactive substances that can alter the mood of a person that takes it. The result also revealed that out of the ten items listed to assess the knowledge of substance abuse among selected public secondary school students in Ibadan North Local Government Area of Oyo State all the items yielded high mean scores and weighted mean.

With these results, it could be deduced a good knowledge of substance abuse among selected public secondary school students in Ibadan North Local Government Area of Oyo State. The study also revealed that there was a significant influence between knowledge and factors influencing substance abuse among public secondary school students

Risk-perception of substance abuse: The findings revealed that majority of the respondents knew about risk-perception of substance abuse. This is because majority of the respondents agreed that avoiding substance abuse is important for a successful future. The result also revealed that out of the eleven items listed to assess the risk-perception of substance abuse among secondary school students in Ibadan North Local Government Area of Oyo State, all the items yielded high mean scores. With these results, it could be deduced a high risk-perception of substance abuse among secondary school students in Ibadan North Local Government Area of Oyo State. The study also revealed that there was a significant influence between risk-perception and factors influencing substance abuse among public secondary school students

Factors influencing substance abuse: The findings revealed that all the ten listed items are good factors influencing substance abuse. This is because majority of the respondents agreed that I am curious to try psychoactive substances. The result also revealed that out of the ten items listed to examine the factors influencing substance abuse among secondary school students in Ibadan North Local Government Area of Oyo State, all the items yielded high mean scores. With these results, it could be deduced all the ten listed items are good factors influencing substance abuse among secondary school students in Ibadan North Local Government Area of Oyo State

Knowledge of substance abuse, risk-perception and factors influencing substance abuse: The findings revealed that the joint influence of independent variables (knowledge, risk-perception and factors influencing) on substance abuse among public secondary school students was significant. Thus, the three variables are good predictors of substance abuse among selected public secondary school students. Also knowledge, risk-perception and factors influencing were significant determinant of substance abuse among selected public secondary school students in Ibadan North Local Government Area.

5.2 Conclusion

Considering the findings of this study, it is concluded that knowledge, risk-perception and factors influencing were significant determinant of substance abuse among selected public secondary school students. This suggests that the three independent variables are critical variables in influencing substance abuse among selected public secondary school students

5.3 Recommendations

Based on the findings of this study, the following recommendations were made:

1. The government should strengthen existing policies and enforcement mechanisms to limit the availability of alcohol, cigarettes, and other psychoactive substances to minors, integrate comprehensive substance abuse education into the secondary school curriculum, ensuring that students receive age-appropriate and accurate information on the dangers of substance use. Furthermore, government agencies should provide funding for youth-oriented recreational and extracurricular programs that serve as positive alternatives to substance use. Also regular training of teachers, school counselors, and community health workers on early detection and management of substance abuse cases is also strongly recommended.
2. Parents should increase supervision of their children's activities, peer associations, and online engagements, an open and supportive communication between parents and their children should be encouraged, allowing adolescents to freely discuss issues related to substance use. In addition, parents should model healthy lifestyles by avoiding substance misuse within the home, as parental behaviour strongly shapes adolescents' attitudes.
3. Schools should establish functional guidance and counseling units staffed with trained professionals who can provide preventive education, support, and referral services to students at risk. Peer education initiatives should be promoted, whereby students serve as ambassadors of healthy lifestyles and challenge myths surrounding drug use. Regular awareness campaigns, seminars, debates, and workshops should be

- conducted to enhance knowledge and improve students' perception of the risks associated with substance abuse. Schools must also develop early intervention strategies to identify and support vulnerable students.
4. Families should promote cohesion and strong interpersonal relationships to reduce emotional neglect and social isolation among adolescents. Both parents and extended family members should take active responsibility in monitoring, guiding, and mentoring young people. Emotional support should be prioritized so that adolescents feel valued, heard, and supported in making healthy choices.
 5. Communities should organize sensitization programs through religious centers, cultural associations, and local gatherings to raise awareness about the dangers of adolescent substance abuse. Community and religious leaders should serve as positive role models, reinforcing societal values that discourage drug use. Provision of safe and affordable recreational alternatives, such as sports facilities, libraries, and vocational training centers, will help reduce idleness and the temptation to experiment with substances. In addition, community members should collaborate with law enforcement agencies to monitor and reduce illegal sales of substances to minors.

5.4 Contribution to Knowledge

This study provides context-specific evidence that knowledge, risk perception, and influencing factors are key determinants of substance abuse among secondary school students. It highlights how students' awareness and perception of risks shape their vulnerability, while peer, family, and community influences further increase exposure. By integrating these determinants, the study advances a framework for multi-sectoral

interventions and offers evidence-based recommendations to inform policy, school programs, and parental engagement. It also establishes a baseline for future research and program evaluation in adolescent substance abuse prevention

5.5 Suggested Area of Further Research

Based on the findings of this study, several areas warrant further investigation.

Future research could adopt longitudinal designs to monitor students over time and determine how changes in knowledge, risk perception, and social influences affect patterns of substance use. Intervention studies are also needed to assess the effectiveness of school-based, family-focused, and community-driven prevention programs in reducing substance abuse among adolescents. In addition, comparative research across different geographical locations, school types (public and private), or between urban and rural settings would help to identify variations in determinants of substance use. Qualitative studies, such as interviews and focus groups, could further enrich understanding by exploring how students themselves perceive risks, peer pressure, and family or community influences. Moreover, research should examine the role of social media and digital platforms in shaping knowledge, attitudes, and experimentation with substances among young people.

Equally important is the need to explore the perspectives of parents and teachers in influencing students' behaviours and risk perceptions. Finally, future studies could investigate the intersection between adolescent mental health, coping strategies, and substance use, as well as evaluate the impact of government policies and law enforcement efforts on reducing availability and use of substances among secondary school students.

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Appendix I
Questionnaire
on

Knowledge, Risk- Perception and Factors Influencing Substance Abuse among Selected Public Secondary School Students in Ibadan North Local Government Area Oyo State

Dear Respondent,

I am Mrs. Taiwo Alice Nkom, a Master of Nursing Science Student (MNSc.) in Nursing Science (Community/Public Health Nursing) of Lead City University, Ibadan. I am conducting a research on knowledge, risk- perception and factors influencing substance abuse among selected public secondary school students at Ibadan North Local Government Area. The research work is purely an academic exercise and all information supplied will be treated with due confidentiality. You are not expected to tell us your names or any form of identification on this questionnaire. I shall appreciate it if you could provide honest answers to the questions that follow.

The information you provide here will help in making beneficial interventions in the future.

Thank You

Mrs. A.T. Nkom

Tel: 08033950407

Section A: Socio-Demographic Information

Please tick (✓) appropriate option applicable to you

Name of School: _____

Class: SSS 1 () SSS 2 ()

Age at last birthday: _____

Gender: Male () Female ()

Religion: Christianity () Islam () Traditional () Other ()

Tribe: Yoruba () Igbo () Hausa ()

Section B: Knowledge of Substance Abuse

Instruction: For each of the following statements in this section, please tick the one that best reflect your answer. **Yes = 2, No = 1**

S/N	Items	Yes	No
1	There are some substances called psychoactive substances that can alter the mood of a person that takes it		
2	Use of substances in a way that is harmful to health is substance abuse		
3	Substance abuse can lead to death.		
4	Substance abuse can cause mental health problems.		
5	Good knowledge and strong self-control can help prevent substance abuse		
6	Marijuana is an illegal psychoactive substance in Nigeria		
7	Arrest and imprisonment is a legal consequence of substance abuse		
8	Use of substances in a way that is harmful to health is substance abuse		
9	It is possible to recover from substance abuse with help		
10	One possible consequence of substance abuse is health problems and poor academic performance		

Section C: Risk-Perception on Substance Abuse

Instruction: For each of the following statements in each section, please tick the one that best reflect your answer. **Strongly Agree (4), Agree (3), Disagree (2), Strongly Disagree (1)**

S/N	Items	SA	A	D	SD
1	I believe substance abuse can lead to mental health problems like depression or anxiety.				
2	Substance abuse is very dangerous to my health				
3	Provided someone can control herself or himself, using substances is not that bad				

4	Avoiding substance abuse is important for a successful future				
5	People who use substances have more friends				
6	It is safe to take substances as long as it is only during social events.				
7	People who use psychoactive substances are more likely to get into trouble with the law				
8	Substance abuse can destroy relationships with friends and family				
9	Substance abuse can cause serious problems in school performance				
10	I believe I can control myself even if I start using substances				
11	Trying psychoactive substances even once can lead to addiction				

Section D: Factors Influencing Substance Abuse

Instruction: For each of the following statements in each section, please tick the one that best reflect your answer. **Strongly Agree (4), Agree (3), Disagree (2), Strongly Disagree (1)**

S/N	Items	SA	A	D	SD
1	I believe using psychoactive substances can help me cope with stress				
2	I am curious to try psychoactive substances				
3	I feel confident to say no if someone offers me psychoactive substances				
4	I can easily talk to my parents or guardians about my problems				
5	There are clear rules against substances use in my school.				
6	It is easy to get psychoactive substances in my community				
7	My parents or guardians know where I am after school				
8	Someone in my family uses psychoactive substances regularly				
9	Coming from a polygamous home				
10	I feel safe and supported in my school environment				

Section E: Measure of Substance Abuse

Instruction: For each of the following statements in this section, please tick the one that best reflect your answer. **Yes = 2, No = 1**

S/N	Items	Yes	No
1	I often use substances more frequently or in larger amounts than I intended		
2	I have tried to cut down or stop using substances but could not		
3	I spend a lot of time getting, using, or recovering from substance use.		
4	I feel a strong desire or craving to use substances.		
5	I have failed to perform my duties at school or home because of substance use		
6	I continue to use substances even when it causes problems with friends or family		
7	I have stopped participating in school or recreational activities because of substance use		
8	I sometimes use substances in risky or dangerous situations (e.g., at school, public places)		
9	I continue to use substances even though it causes physical or mental health problems		
10	I need to use more of the substance to get the same effect as before.		
11	I feel unwell (e.g., headache, irritability, anxiety) when I stop using substances		

Appendix

ÀSOMÓ I

Irinṣẹ-Ìwádìí-Alátòjọ-Ìbéèrè Lórí Ìmò, Ìwòye-Ewu, àti àwọn Okùnfà Ìlòkulò Òògùn
Lààrín Àṣàyàn àwọn akẹkọ́ọ́ ilé-ẹ̀kọ́ sẹ́kọ́ndírì tí ìjọba ní Ìjọba Ìbílẹ̀ Àríwá Ìbàdàn,
Ìpínlẹ̀ Ọ̀yọ́.

Sí Olùkópa,

Orúkọ mi ni arábinrin Taiwo Alice Nkom, akẹkọ́ọ́ agbà tí ìmò ìjìnlẹ̀ sáyẹ̀nsì ní ìmò ìṣẹ̀gùn (Community/Public Health Nursing) tí ilé-ẹ̀kọ́ gíga Lead City Ìbàdàn .

Mo ní ẹ̀ ṣe ìwádìí lórí ìmò, ìwòye lórí ewu àti àwọn ohun tó lè fa àṣìlò nṁkan lààrin àwọn ọmọ ilé-ẹ̀kọ́ tí ìjọba ní Ìjọba Ìbílẹ̀ àríwá

Ètò ẹ̀kọ́ gedegbe ní ìwádìí yí wà fún. Àṣírí àlàyé tí ẹ̀ bá fún mi ní a ó pa mọ́ bí àṣírí. A kò retí orúkọ yín tàbí ohun idánimọ́ kankan lórí irinṣẹ̀ ìwádìí yí. Inú mi yóò dùn bí ẹ̀ bá lè dáhùn àwọn ibéèrè tí ó tẹ̀lé e pẹ̀lú òótọ́ inú

Àlàyé tí ẹ̀ bá ẹ̀ maa ràn wá lẹ́wọ́ láti ẹ̀ àwọn àtúntò tí yóò ẹ̀ ní ní ànfààní lójó iwájú

Ẹ̀ ẹ̀seun

Arábinrin . A.T. Nkom

Tel: 08033950407

Olùkópa: -----

Serial no

Ìpín A: Àlàyé àwùjọ nípa ara ẹ̀ni

Jẹ́wọ́ tọ́ka sí idáhùn tó bá ọ mu

Orúkọ ilé-ẹ̀kọ́ : _____

Kílààsì : SSS 1 () SSS 2 ()

Ojò orí ní ojò ìbí tó kojá : _____

Géndà: Akọ () Abo ()

Èsìn: ọmọ lẹyìn Kristi() Mùsùlùmí () Àbáláyé () Ìyòókù ()

Ìtónisọ̀nà: Fún gbogbo gbólóhùn ní ìpín yí, jòwọ́ tọka sí èyí tó bá ọ mu jùlọ **Bẹ̀ẹ̀ ni = 2, Bẹ̀ẹ̀ kọ 1**

Ìpín B: Ìmọ́ lórí àṣilò òògùn

S/N	Gbólóhùn Ìwádíí	2	1
1	Àwọn òògùn kan wà tó jẹ amọ́pọ̀lọ jí pé pé tó lè mú àyípadà bá ìhùwàsí ẹnì tó mu ú		
2	Lílo òògùn ju iye tí wọn lálakè jẹ àṣilò òògùn		
3	Lílo òògùn tí àgbéjádé tí wà lórí rẹ pé kò bófin mu jẹ àṣilò òògùn		
4	Mímu ọ́tí déédéé ju bó tí yẹ lẹ́ jẹ àṣilò òògùn		
5	Lílo òògùn òyìnbó déédéé bíi Panadol àbí Paracetamol lópòlópò láì sí àlàyé lórí rẹ́ jẹ àṣilò òògùn		
6	Igbó jẹ òògùn tí kò bófin mu ní Nàìjíríà		

7	Lílo Tramadol àti codeine láì sí àlàyé lórí rẹ jẹ àsilò oògùn		
8	Tábà bá òfin mú, sùgbón ó jẹ ohun tí ó lóró		
9	Lílo oògùn tó bófin mú lònà tí kò tó gan-an jẹ àsilò oògùn		
10	Ìlò oògùn àwọn ọmọ ilé - ẹkọ tó wà ní ọjọ orí bíi tèmi jẹ wàhálà nílá tí àwùjọ n kọjú		

Ìtọnisọ̀nà: Fún gbogbo gbólóhùn ní ìpín yìí, jẹwọ̀ tọka sí èyí tó bá ọ mu jùlọ. **Mo fáramọ gan-an (4), Mo fáramọ (3), Mi o fáramọ (2), Mi o fáramọ rará (1)**

Ìpín C: Ìwòye-Ewu Ìlòkulò Oògùn

S/N	Gbólóhùn Ìwádìí	4	3	2	1
1	Lílo oògùn lè ran ni lẹwọ láti kojú àwọn igbà isoro láyé				
2	Lílo oògùn olóró jẹ ọ̀nà tó dára láti se fàájì àti láti gbafẹ				
3	Bí èniyàn bá ti lè kó ara rẹ ní ijánu, kò burú láti máa lo oògùn olóró				
4	Lílo oògùn olóró lè mú kí èniyàn dára rẹ lójú sí i, kó sì ní igboyà síi				
5	Lílo oògùn olóró láti mú kí ise sì èniyàn gbé pẹ̀lì síi kò burú				
6	Àwọn tó n lo oògùn olóró máa n ní ọ̀rẹ tó pọ				
7	Ìlò oògùn olóró jẹ ọ̀nà tó dára láti bá ni dọ̀rẹ̀ ní orí sí igbà ibáńisọ̀rọ				
8	Iye owó fún lílo oògùn olóró ju ànfààní rẹ lọ				
9	Àwọn iwà tí àsilò oògùn máa n mú wá kì í se itẹwọ̀gbà				
10	Ìgbádùn àti fàájì tó máa n wà láti ara lílo oògùn olóró máa n jásí				

	wàhàlà				
11	Mo máa n rí àwọn tó n lo òògùn olóró bíi igbó àti sigá bíi òdaràn				
12	Àsílò òògùn ti bá ayé ọ̀pọ̀lọ̀pọ̀ ọ̀dọ̀ jẹ, ẹbí àti ilé wọn				

Ìpín D: Àwọn ohun tó n ẹ atọ̀kùn ilò òògùn olóró

S/N	Gbólóhùn Ìwádìí	4	3	2	1
1	Ìlò òògùn olóró àwọn ọ̀bí àti mọ̀lẹ̀bí				
2	Ìlò òògùn olóró àwọn ọ̀rẹ àti ojúlùmọ̀				
3	Ìkòsílẹ̀ láàárín àwọn ọ̀bí tàbí ilé tó ti dàrú				
4	Síṣe àfihàn ilò òògùn olóró láti inú àwọn fíimù àti orin bí ohun fàájì àti ohun tó n lọ				
5	Ìpòùngbẹ̀ láti mọ̀ àti inílò fàájì ní agbọn àwọn akẹ̀kọ̀				
6	Wíwà ní àrọ̀wọ̀tó òògùn olóró				
7	Ìṣàbójútó ọ̀bí tí kò péye				
8	Wíwà ní àrọ̀wọ̀tó òògùn olóró fún àwọn akẹ̀kọ̀				
9	Wíwà láti ilé olórogún				
10	Àyíká ikẹ̀kọ̀ tí kò suwọn				

Appendix 2
Ethical Approval

Lead City University Ibadan DO NOT COPY

Appendix 3

Consent Form

Title of the study: Knowledge, Risk-Perception and Factors Influencing Substance Abuse among Student in Selected Public Secondary Schools in Ibadan North Local Government Oyo State Nigeria

Principal Investigator: Alice Taiwo Nkom

Institution: Lead City University

Dear Parent/ Guardian,

Your child, has been invited to participate in the above titled research study. Before your child can participate, I need your consent as their parent or legal guardian.

Study Description: The study aims to investigate to assess knowledge, risk-factors and factors influencing substance abuse among selected public secondary school students in Ibadan North Local Government Area of Oyo State. Your child's participation will involve completing a questionnaire.

Participant's Rights:

Your child's participation in this study is entirely voluntary, and they have the right to withdraw at any time without penalty. All information provided by your child will be kept strictly confidential and used only for research purposes. Your child's anonymity will be maintained, and no personal identifiers will be associated with their responses.

Parental consent: I, **(Parent/Guardian's Name)**, hereby provide consent for my child, **(Participant's Name)**, to participate in the research study. I understand the study's purpose and procedure and give permission for my child to take part.

Contact information: If you have any questions or concerns about the study, you can contact the principal investigator, Alice Taiwo Nkom, at +2348033950407

Thank you for considering your child's participation in this study.

Sincerely,

(Parent's/Guardian's Signature & Date)

Bio-data

Name: **Taiwo Alice Nkom**

Sex: **Female**

Nationality: **Nigerian**

State of Origin: **Akwa-Ibom State** (Marriage), **Osun state** (Birth)

Date of Birth/Place of birth: **February 2, 1963 / Ilesa, Osun state**

Marital Status: **Married with children**

Name and Address of Next of Kin

Mr. Emmanuel Nkom: Efunwole Community behind Texaco Filling Station Monatan Iwo Road Ibadan Oyo State Nigeria. +243-814-374-0995. e-mail:nkomemman@gmail.com

Mr. Ini- Abasi Nkom: Plot 3 No 20 Arike Ayinde Close off Alakia Isebo Road Iyana Church Ibadan Oyo State Nigeria. +243-813-337-9586. e-mail:nkominiabasi@gmail.com

Educational Background

Ijebu-Ijesa Grammar School, Ijebu Ijesa, Osun state (**1979-1980**)

Divisional teachers college, Ijebu Ijesa, Osun state, Nigeria (**1981 – 1982**)

University of Ife Teaching Hospital, School of Nursing, Wesley Guild Ilesa, Osun State, Nigeria (**1985-1988**)

Oyo State, School of Midwifery, Yemetu, Ibadan, Oyo State, Nigeria (**1989-1990**)

National Open University of Nigeria, Ibadan Study Center, Oyo State (**2006 – 2012**)

Leads City University Ibadan, Oyo State Nigeria (**2023 -2025**)

Work Experience with Dates

1982-1984: Trained Teacher in Community High School, Ipetu-Ijesa, Osun State, Nigeria

1988-1989: Trained Nurse in Savannah Hospital, Ijokodo Ibadan, Oyo State, Nigeria

1990-1992: Trained Nurse and midwife, Royal Crown Specialist Hospital, Ojoo, Ibadan, Oyo State.

1992 –2023: University College Hospital, Ibadan, Oyo State, Nigeria.

2023 –till date: Contract job (Clinical Nursing Instructor) Leads City University Ibadan, Oyo State, Nigeria

Professional Membership

National Association of Nigerian Nurses and Midwifery (NANNM)

Publications

Nil

Major Conferences Attended with Dates

Workshop Theme: Innovative Use of Artificial Intelligence and Plagiarism Tools in Research

Date: 10th and 16th of November, 2024 LCU, Ibadan.

Referees

1. Dr. T. A. Otufale
E-mail: taiwootufale@gmail.com
2. Dr. A. K. R. Kadri
E-mail: kadri.adenike@lcu.edu.ng

.....
Signature

.....
Date

The University Compliance Certification

This is to certify that this thesis by Taiwo Alice NKOM with matriculation number LCU/PG/006314 in the department of Nursing Science, Lead City University, Ibadan, Oyo State is in full compliance with the approved University format and style.

Signature

Date