Substance Use and its Determinants among Out-of-School Youth in Mushin Local Government Area of Lagos State, Nigeria

Awotunde Williams Alamu [1]; Ojewusi Ayoola Ayobami [2*], Titiloye Musibau Ayoade[3]

[1]Department of Health Promotion and Education, College of Medicine, University of University of Ibadan, Nigeria.

[2]Department of Population, Family and Reproductive Health, University of Medical Sciences, Ondo, Ondo State, Nigeria.

[3]Department of Health Promotion and Education, College of Medicine, University of University of Ibadan, Nigeria.

[*]Corresponding Author

DOI: https://doi.org/10.51244/IJRSI.2026.1315PH00003

Received: 20 December 2025; Accepted: 26 December 2025; Published: 12 January 2026

ABSTRACT

While proper use of drugs can promote health and well-being, their misuse or abuse can lead to serious harm. Substance abuse is a global issue, and it is on the increase and most especially among youths with devastating effects on individuals, family and society at large. However, there has been limited exploration into broader populations to uncover additional vulnerable demographics engaged in substance abuse, particularly among the youths not enrolled in school, leaving a gap in the substance use data of the country. Therefore, it is crucial to assess the prevalence of substance use and its underlying factors among out-of-school adolescent and young people, to facilitate the development and execution of targeted interventions. The study employed a quantitative cross-sectional design and utilized a multi-stage sampling approach, information was gathered from 319 respondents across five wards in Mushin Local Government Area, Lagos State, Nigeria. Data collection involved an interviewer-administered semi-structured questionnaire via the Kobo Collect app, focusing on socio-demographic details, substance use prevalence, commonly abused substances, associated factors, and awareness of substance-related complications. Data analysis was conducted using descriptive and inferential statistics (Chi-Square and ANOVA) at $p<0.05$ significance. Results: The study revealed that the mean age of respondents was 21.4 ± 2.12 years. Most (82%) were 20-24 years old, predominantly male (96%). Marijuana was the most common initial drug (39%), followed by Tramadol (15%) and Colos (12%). Key motivations for drug use included curiosity (79.6%), desire for happiness (52%), improved social interactions (37.6%), and enhanced sexual performance (33.9%). Statistical analysis showed a significant association between age at first drug use and family type ($\chi 2 = 22.840$, df = 6, $p = 0.001$). The result underscores the need for targeted interventions. Improved education on drug complications, strict enforcement of drug regulations, and addressing socio-cultural influences are crucial to reducing drug abuse among youth.

Keywords: Substance abuse, Adolescent, Disparities, Determinants, Out-of-school youth

INTRODUCTION

The World Drug Report in 2018 by UNODC (UNODC, 2018) stated that more than a quarter of a billion people or 5.6% of people worldwide (about 275 million) between the ages of 15-64 years, used drugs at least once during 2016. Of these, about 31 million people suffer from drug use disorders. In 2015, overall deaths attributable to drug use was roughly 450,000; about 37% of these were directly associated with drug use disorders (Osalusi et al., et al, 2022).

Many young people, whether consciously or unknowingly, rely on various substances to carry out their daily

tasks and the situation is worrisome and disheartening. With more than 2.6 million people in the 10 to 24-year age bracket die yearly from drug and substance abuse (World Health Organization, 2019). Adolescents are the group of people most prone to addiction (Luikinga et al. 2021). The critical age of initiation of drug use begins during the adolescent period, and the maximum usage of drugs occurs among young people aged 18–25 years old (Nawi et al. 2021). During this period, adolescents have a strong inclination toward experimentation, curiosity, susceptibility to peer pressure, rebellion against authority, and poor self-worth, which makes such individuals vulnerable to drug abuse (Degenhardt et al. 2016).

Drug and substance abuse is prevalent across Nigeria's six geopolitical zones. However, the South-West, a zone of serious concern that comprises Ekiti, Lagos, Ogun, Ondo, Osun and the Oyo States, is reported to have the highest prevalence of drug and substance use (22.4% or 4,382,000 users)—especially in Lagos and Oyo state—according to a 2018 report by the United Nations Office on Drug and Crime (UNODC, 2018). The abuse of drugs and other substances and associated crime have driven the considerable rise in the number of youths imprisoned in recent years (Olanrewaju et al., 2022). Most especially in some areas in Lagos like Mushin are known to have several spots where divers' kind of drugs and substances are being sold and also these areas are known to be a crime prone segment of the country and a lot of research needs to be carried out to save the lives of the coming generation (Ogunmefun F.M., 2020)

In Nigeria, drug use is a menace especially among youths. According to United Nations Office on Drugs and Crime (UNODC), there were 14.3 million drug users in Nigeria in 2018 while 3 million Nigerians suffer from drug use disorders (UNODC 2022). This is almost three times the international prevalence of substance use. The report also shows that there are at least 11million Cannabis users in Nigeria. A scoping review by Jatau et al., revealed a prevalence of drug abuse to be as high as 20-40% and 20.9% among Nigerian youths and students respectively 5. The UNODC also revealed that 1 in 7 Nigerians aged 15-64years are drug abusers, 1 in 4 drug abusers are women and 1 in 5 drug users suffer from the consequences of the drugs 4. Data from the National Drug Law Enforcement

The burden of substance abuse is also huge in sub-Saharan Africa (SSA) (Idowu et al., 2023). Olawole-Isaac et al. (2018) work revealed the prevalence of substance abuse among adolescents in Africa to be as high as 41.6%. Alcohol is the most used drug, and approximately 22.5 million adolescents (aged 12–19 years) are current drinkers in SSA (World Health Organization 2022)

Despite existing regulations aimed at curbing drug abuse, their enforcement is hindered by inefficiencies in the implementation process, often stemming from corruption within regulatory bodies. Additionally, many youths resort to drug use as they feel they have no trustworthy individuals to confide in their struggles. Furthermore, some young adults grappling with emotional issues find it challenging to access professional counseling services, either due to counselors being unapproachable or because of financial constraints, with some counselors charging fees per session. Addressing this issue requires the involvement of more community-based non-governmental organizations (NGOs) dedicated to assisting youths in overcoming drug dependency and related challenges. (Human Development Initiatives (HDI) Nigeria, 2020). The overarching aim of this study was to is to investigate the substance use and its determinants among Out-of-school youths in Mushin, Local Government Area, Lagos State.

METHODOLOGY

Study design and population

This descriptive cross-sectional study was conducted in Mushin Local Government Area (LGA), Lagos State, located in Southwest Nigeria. Mushin LGA is recognized as one of the major commercial hubs within Lagos State. According to the 2006 census, the population of Mushin LGA was recorded at 631,857, comprising 326,873 males and 304,984 females. The LGA is subdivided into 14 political wards, with each ward containing an average of 40 streets. Each street, in turn, is composed of approximately 36 houses, and each house typically accommodates around ten households, with an average of five individuals per household. Mushin LGA is characterized by its socio-cultural diversity, reflective of the broader Nigerian society, as it encompasses various ethnic groups within its population. Mushin is one area with the rich history & culture of organized thuggery,

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XIII Issue XV January 2026 | Special Issue on Public Health

pickpocketing, armed robbery & many other social misconducts one can find in any slum in the world. To an average Lagosian, some communities in Mushin are regarded as notorious neighbourhoods where criminal activities take place. These criminal activities are carried out by Miscreants popularly known as “Area Boys” or “Street Boys".

Target Population

The target population for this survey were out-of-school youth aged 15-24 years in Mushin LGA area of Lagos State that are already engaging in substance use.

Sample size and sampling strategy

A multi-stage sampling technique was used to select the participants eligible for the survey and sampling technique was adopted in order to access this difficult-to-reach population:

Stage 1: Mushin Local Government was purposively selected from the list of 20 LGAs (Figure1).

Stage 2: Random selection of five wards from the existing fourteen wards to collect sample.

Stage 3: Random selection of streets from the randomly selected wards.

Stage 4: Snowball sampling technique was used to select the required number of Out-of-school youth from each selected street.

The study enrolled a representative sample of 319 participants using Kish Leslie’s formula for cross sectional studies – both male and female youth from the community in Mushin LGA of Lagos State. Where, Z is 1.96 (the Z score corresponding to 95% confidence interval), d = Maximum error is 95% = 0.05, P is 45.7% (Prevalence of drug abuse among 15- to 29-years) (Olanrewaju et al., 2022).

Figure 2.1: Map of Mushin Local Government Area Showing the Wards Where Data Were Collected (Study wards)

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XIII Issue XV January 2026 | Special Issue on Public Health

Data collection

Data were collected using a semi-structured questionnaire via the Kobo Collect App. The questionnaire for OSY was subdivided into 5 parts: the first part was made up of demographic data of the participant. The second part was made up of questions related to explore prevalence. The third part was made up of questions to find out commonly used substance; The fourth part was focused on factors associated with substance use, while the fifth part explored possible health effects. Questions suggested options of answer, based on expected answers. Participation was solely and purely voluntary and consent dependent. There was no incentive to respondents. The study enrolled a representative sample of 319 participants – both male and female youth from the LGA.

Data analysis

After completion of data collection, data entry into Kobo Collect were checked to ensure completeness and accuracy daily. On site data editing and entry cleaning was conducted to correct potential errors and avail a clean database fit for analysis. Descriptive statistics were used for data screening and inferences were used for the data collected. To identify potential risk factors associated with substance use in the study population, the Analysis of Variance (ANOVA) was conducted to determine the significant differences in substance use across various demographic and socio-economic groups, such as age, education, ethnicity, family type and others. By comparing the means of substance use levels among these groups, ANOVA helps to pinpoint which factors are most strongly associated with increased or decreased substance use, thereby providing valuable insights for targeted interventions and prevention strategies.

Ethical issues

Ethical approval was obtained from the Lagos State Health research and ethics committee (Reference: LREC/06/102402) before the commencement of the study. Informed consent was also obtained from all research participants or their legal guardians, particularly given the age range of the participants. Participants were allowed to withdraw from the study at any time without facing negative consequences. The potential benefits of the study were also clearly communicated to the study participants and strive to maximize these benefits while minimizing risks.

RESULTS

Sociodemographic characteristics of respondents

Three hundred and nineteen male and female youths in Mushin LGA, Lagos state, Southwest Nigeria, participated in this study. The Majority (96.0%) of the respondents were males. The ages of respondents ranged from 15 to 24 years with a mean of 21.4 ± 2.1 years and a median age of 22 years. More than half of the respondents 189 (59.0%) completed secondary education, 29.0% had primary education, 6.0% indicated having no formal education while 3.0% attended Quranic school (Table 1 (a&b)).

Table 1a: Socio-demographic characteristics of the respondents (N=319)

Socio-demographic characteristics	Frequency	Percentage
Age (in years)		
15-19	58	18.2
20-24	261	81.8
Sex		
Male	305	95.6
Female	14	4.4
Educational level		
No formal	19	6.0
Primary	92	28.8
Quranic	11	3.4
Secondary	189	59.2

College or vocational	6	1.9
Bachelor's degree	1	0.3
Graduate or professional	1	0.3
What do you currently do for a living		
Skilled Labour	179	56.1
Semi-skilled Labour	3	0.9
Unskilled Labour	137	42.9
Family Structure		
Nuclear family	244	76.5
Single-parent family	65	20.4
Extended family	10	3.1
Religion		
Christianity	109	34.2
Islamic	208	65.2
Traditional	2	0.6

Table 1b: Socio-demographic characteristics of the respondents (contd.) (N=319)

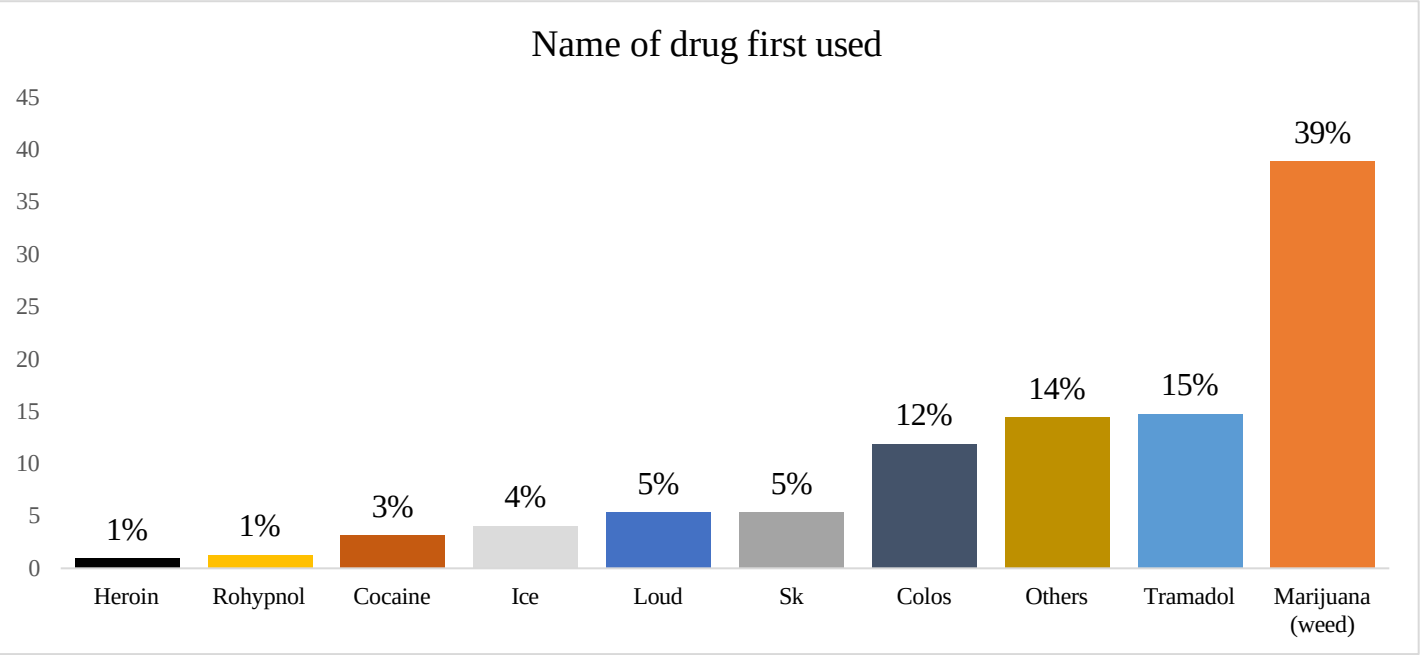
Socio-demographic characteristics	Frequency	Percentage
Ethnicity		
Yoruba	256	80.3
Ibo	32	10
Hausa	22	6.9
Others	9	2.8
Family size		
3	32	10.0
4	98	30.7
5	115	36.1
6	54	16.9
7	11	3.4
8	5	1.6
9	4	1.3
Father's educational level		
None	71	22.3
Primary	95	29.8
Secondary	132	41.4
Informal	0	0
Tertiary	21	6.6
Mother's educational level		
None	66	20.7
Primary	123	38.6
Secondary	123	38.6
Informal	1	0.3
Tertiary	6	1.9

Prevalence of substance use

Most prevalently used drug for the first time by the respondents was marijuana (often referred to as weed) (39.0%), 15.0% reported for Tramadol, while 12.0% was reported for Colos. Other prevalence reported include 5% for Loud and SK, 4.0% for Ice, 3.0% for cocaine, while 'Rohypnol' and 'Heroin' were (1.0%) each. Other prevalence reported was 14.0% for "other substances" which include *Banku*, codeine, cigarette, Pawpaw, *Kala*, molly, and gum as drugs taken by the respondents at their 1st attempt of taking drugs **(Figure 2).**

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XIII Issue XV January 2026 | Special Issue on Public Health

Figure 2: Name of drug respondents used for the first time



*****Others include *Banku*, codeine, cigarette, Pawpaw leaves, *Kala*, molly, and gum

Factors influencing respondents' drug use

Majority of the respondents 79.6% reported “curiosity” as the reason for their drug use, 52.0% said “to achieve feelings of happiness and joy” was their reason, 37.6% sited “boldness to communicate with others, particularly with girls was their reason, 33.9% reported using drugs “to enhance sexual performance”, while 29.2% indicated a motivation “to improve memory, particularly as apprentices”. About a quarter (24.1%), reported using drugs “when experiencing feelings of anger or depression”. Furthermore, 16.0% of respondents mentioned using drugs “to improve their general condition during acute situations, such as illness or distress”, while 1.9%, reported using drugs “to gain an advantage in sports competitions”. 30.1% indicated "other" reasons such as “to gain strength”, 26.6%, “peer pressure” with 3.1% and “to sleep well”, 0.3% (Table 2).

Table 2: Factors influencing respondents' drug use (N=319)

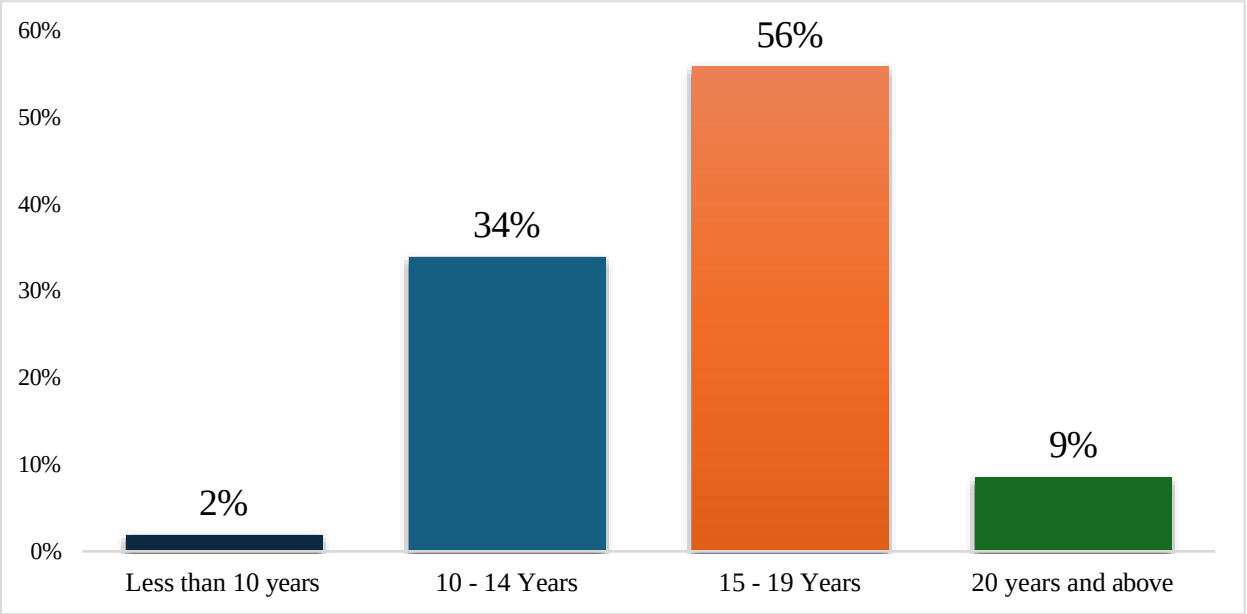
Reasons respondents use drugs	Frequency	Percentage
Curiosity	254	79.6
Achieve feelings of happiness and joy	166	52.0
To be bold and talk to anyone (including girls)	120	37.6
To perform better sexually	108	33.9
Improve memory (as an apprentice)	93	29.2
For strength	85	26.6
When angry or feeling depressed	77	24.1
Improve general conditions during acute condition	51	16.0
Peer pressure	10	3.1
To win sports competition	6	1.9
Sleep well	1	0.3

Age of first drug use among out-of-school youth (OSY)

More than half (56.0%) of the respondents reported initiating drug use during the ages of 15 to 19 years, 34.0% of respondents, indicated that they began using drugs between the ages of 10 to 14 years, 9.0% stated that they started using drugs at 20 years of age or older, while a small proportion of the respondents (2.0%) reported initiating drug use before the age of 10 years (Figure 3).

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XIII Issue XV January 2026 | Special Issue on Public Health

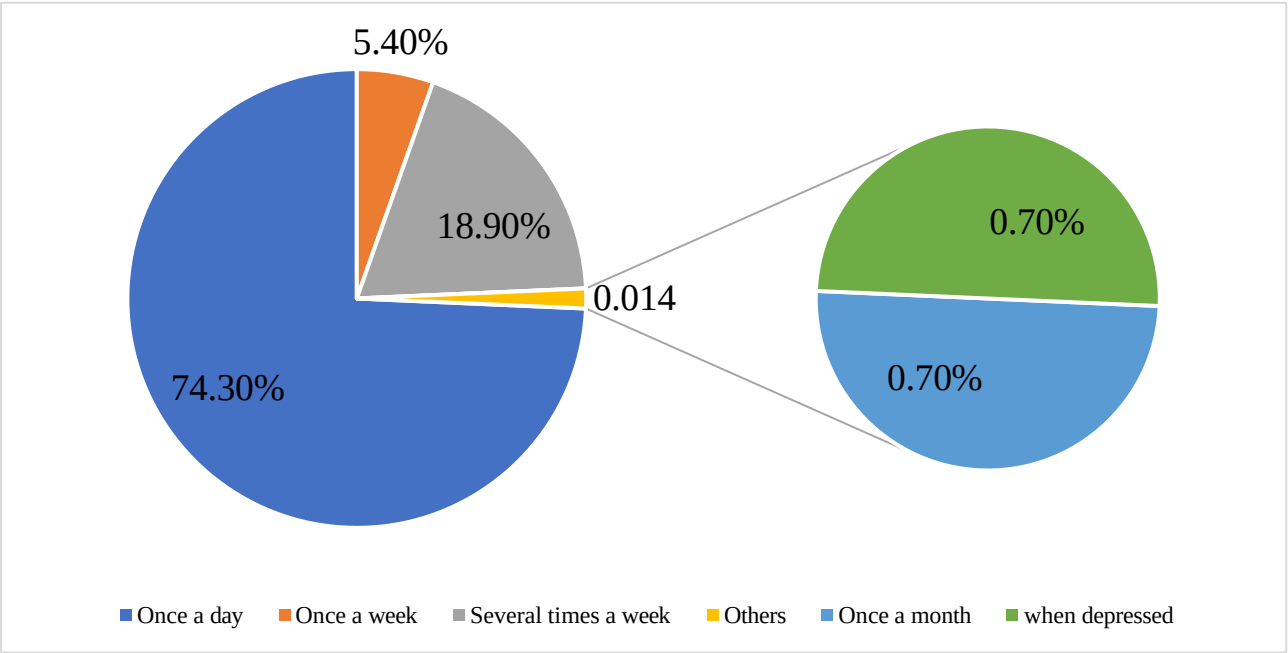
Figure 3: Age of first drug use among respondents



Frequency of drug use among OSY

Majority of respondents (74.3%) reported taking drugs once a day, 5.4% reported taking drugs once a week; 18.9% indicated that they take drugs several times a week, while the remaining 1.4% of respondents indicated that their frequency of drug use was different from the ones listed. For the 'other' category, 0.7% reported taking drugs once a month, while an equal percentage of 0.7% mentioned taking drugs only when experiencing feelings of depression (Figure 3).

Figure 4: Frequency of drug use among the respondents

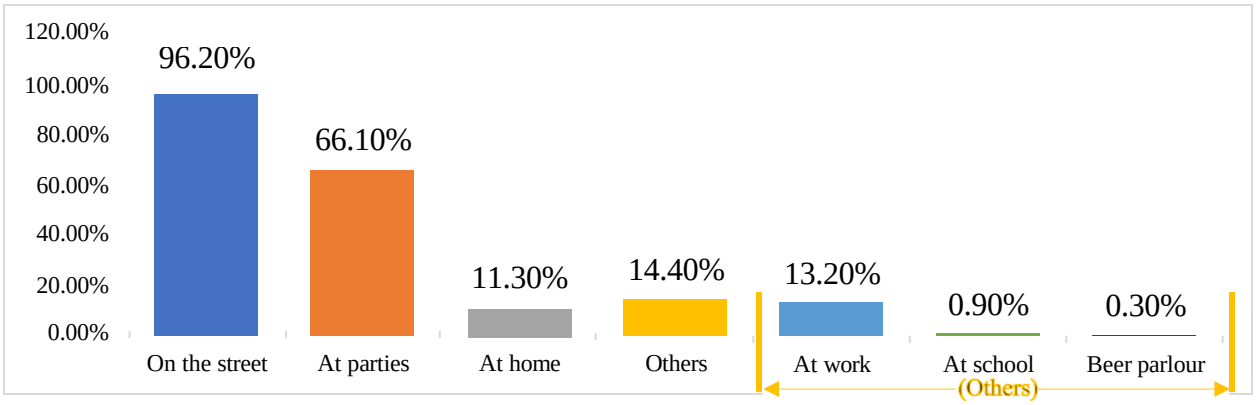


Locations where OSY commonly preferred to use drug

Majority of the respondent (96.0%) reported that streets are their preferred location for taking drugs. 66.0% reported consuming drugs at parties, 11.0% indicated using drugs at home, while 14.0% have "Other Places" where they consume drugs. A further breakdown of the "other places" for their preferred drug consumption location includes 13.0% taking it at their workplaces, 0.9% taking it at school and 0.3% taking drugs at beer parlours **(Figure 5)**.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XIII Issue XV January 2026 | Special Issue on Public Health

Figure 5: Locations where respondents always take drugs



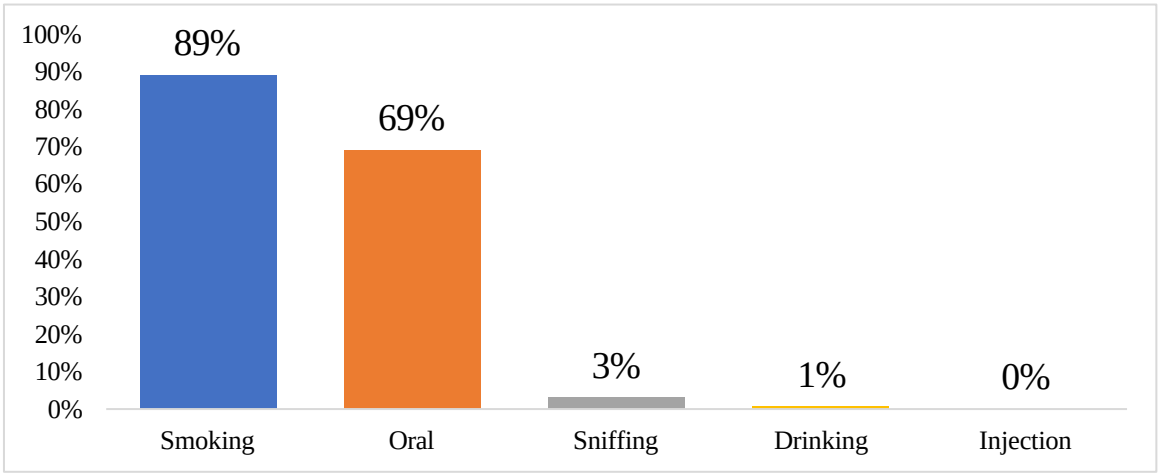
Reasons respondents gave for starting to use drugs

The table 4.3 below presents the five-point Likert scale distribution of reasons respondents gave for starting to use drugs. This scale is considered as an interval scale ranging from 1- 5. The mean score of 1 to 1.8 means least important; 1.8 to 2.6 means less important. From 2.6 to 3.4 means it's moderately important; from 3.4 to 4.2 means it's important and from 4.2 to 5 means it's most important. *'Adolescent' curiosity'* and *'Joy seeking'* were the two "Most Important" reasons given by the respondents as why they started drug use with mean scores of 4.5 ±1.0 and 4.4 ±1.0 respectively. The "Important" reasons given by the respondents were *'to eliminate shyness'* with a mean score of 3.7 ±1.2, *'positive attitude towards drug abuse'* with a mean score of 3.7 ±1.2, *'lack of knowledge about complications of drugs'* with a mean score of 3.5 ±1.2, and *'residential/educational place location'* with a mean score of 3.5 ±1.6. Other important reasons were *'presence of an addicted person in the family'* with a mean score of 3.4 ±1.3 and *'having free time'* with a mean score of 3.4 ±1.3. Some of the "Less Important" reasons given by the respondents were *'parents' divorce'* with a mean score of 2.4 ±1.4, *'crowded family'* with a mean score of 2.3 ±1.3; and *'psychological disorder'* with a mean score of 2.3 ±1.3. "Moderately Important" reasons given by the respondents for starting out to use drugs include *'low self-confidence'* with mean score of 3.3 ±1.5, *'Low cost of drugs'* with mean score of 3.3 ±1.5, Presence of *'somatic diseases'* with mean score of 3.0 ±1.5, *'Disability in resolving routine problems'* with mean score of 3.1 ±1.3, *'Having strict parents'* with mean score of 2.9 ±1.3, and *'lack of amusement facilities'* with mean score of 2.8 ±1.3.

Modes of substance use by OSY

The predominant method reported by the respondents was smoking (89.0%), oral consumption was 69.0%, 3.0% of the respondents reported sniffing drugs, while a smaller proportion (1.0%) consume their drugs by drinking. It is of note to know that none of the respondents reported using Injection as a method to use their drugs **(Figure 6).**

Figure 6: Respondents modes of substance used



ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XIII Issue XV January 2026 | Special Issue on Public Health

b. Commonly used substances in the study area

Majority of the respondents (99.0%) reported that marijuana is by far the most commonly used substance in the areas where the surveyed respondents were located. In addition, substances like “Colos” (98.0%), “Loud” (97.0%), “Tramadol” (92.0%), "SK" (91.0%) and "Ice" (84.0%) also show exceptionally high rates of use in the study areas (Figure 4.7a). Also, "Rohypnol" (65.0%), "Morphine" (50.0%), "Cocaine" (21.0%), and “Heroin” (11.0%) show varying degrees of use. The "Others" category, with a prevalence of 25.0%, may include a range of substances not individually listed. Figure 4.7b below shows "Molly" (6.0%) and "Pawpaw" (5.0%) as the two most used of the other substances in the study location **(Figure 7a, 7b)**.

Figure 7a: Commonly used substance in respondents’ locations.

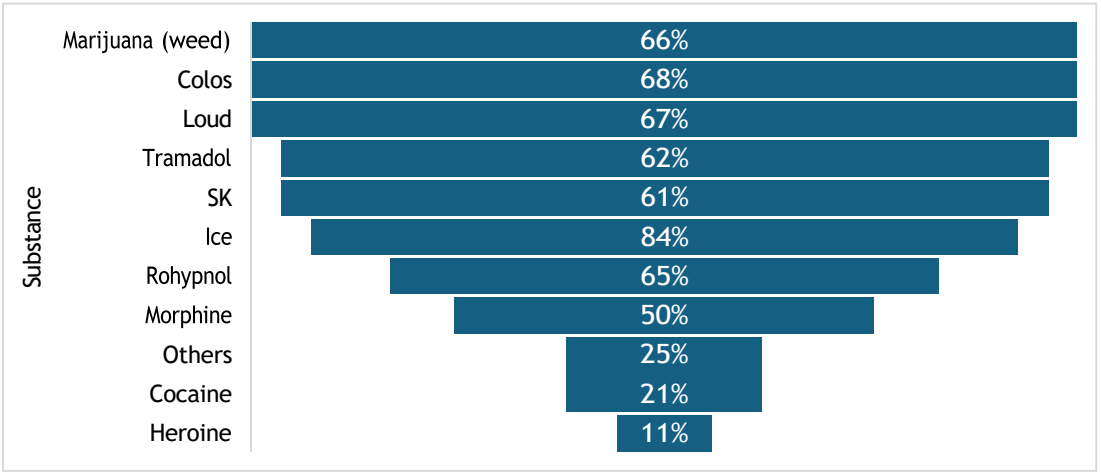
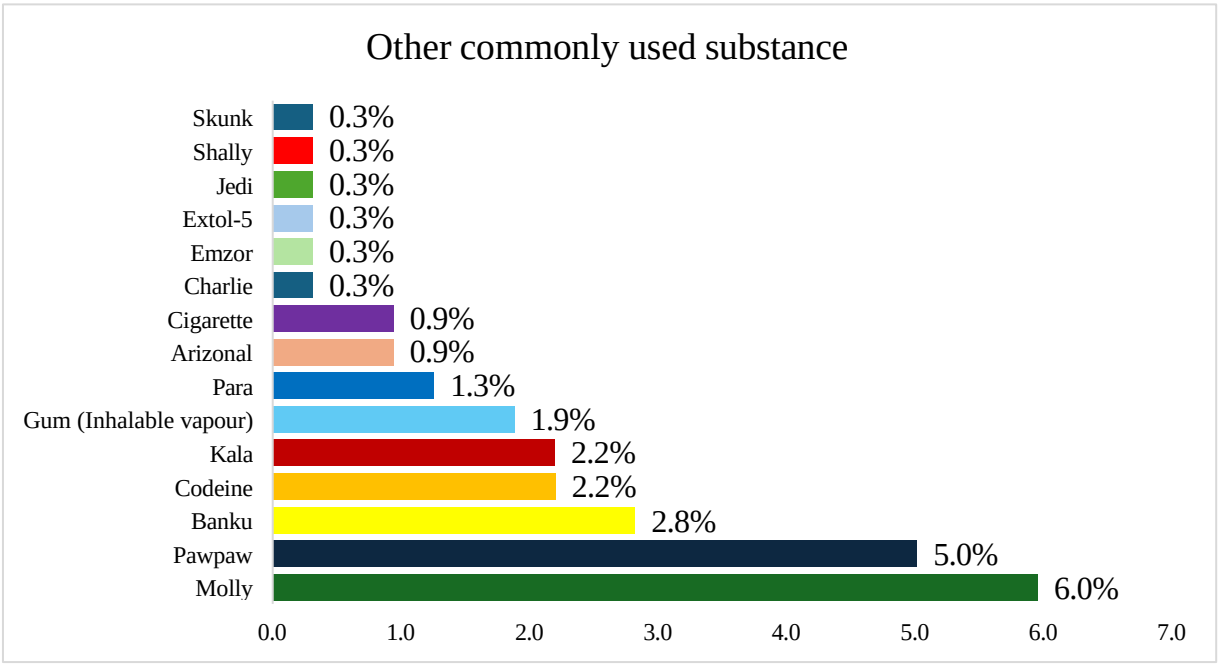


Figure 7b: Other commonly used substance in respondents’ locations



Factors associated with substance abuse among OSY

From the table presented below, ‘Adolescent’ curiosity’, ‘friends offer’ and ‘Joy seeking’ were the three “Most Important” factors associated with the respondents’ illegal substance use with mean scores of 4.5±1.0, 4.5±1.0, and 4.4±1.0 respectively. The “Important” factors stated by the respondents were ‘Lack of knowledge about complications of drugs’, ‘Positive attitude toward drug abuse’, ‘Low self-confidence’, ‘To eliminate shyness’, ‘Presence of an addicted person in the family’, ‘Access to drugs’, ‘Low cost of drugs’, ‘Having free time’, and ‘Presence of an addicted person in residential / educational place’ with mean scores ranging from 3.4 to 3.9. The “Less Important” factor noted by the respondents for illegal substance use was ‘psychiatric disorder’ with a mean

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XIII Issue XV January 2026 | Special Issue on Public Health

score of 2.44. Presence of 'somatic diseases' with mean score of 3.3, 'parents' divorce' with mean score of 3.1, 'Lack of amusement facilities' with mean score of 3.0, 'Disability in resolving routine problems' with mean score of 3.3, 'Crowded family' with mean score of 2.8, 'Having strict parents' with mean score of 3.3, 'Family disputes' with mean score of 3.1, and 'Lack of access to consultation centres' with mean score of 3.3 were the "Moderately Important" factors noted by the respondents to be responsible for their illegal substance use (Table 3).

Table 3: Factors associated with substance use OSY (N=319)

Factors associated	N	Minimum	Maximum	Mean
Teenagers' curiosity	317	1	5	4.5 ±1.0
Friends offer	314	1	5	4.5 ±1.0
Joy-seeking	315	1	5	4.4 ±1.0
Presence of an addicted person in residential / educational place	314	1	5	3.9 ±1.2
Presence of an addicted person in the family	314	1	5	3.9 ±1.1
To eliminate shyness	314	1	5	3.8 ±1.2
Access to drugs	312	1	5	3.7 ±1.4
Positive attitude toward drug abuse	317	1	5	3.7 ±1.2
Lack of knowledge about complications of drugs	318	1	5	3.6 ±1.2
Having free time	310	1	5	3.5 ±1.3
Low self-confidence	316	1	5	3.4 ±1.5
Low cost of drugs	313	1	5	3.4 ±1.5
Somatic diseases	315	1	5	3.3 ±1.4
Lack of access to consultation centers	309	1	5	3.3 ±1.4
Disability in resolving routine problems	314	1	5	3.3 ±1.3
Having strict parents	312	1	5	3.3 ±1.3
Family disputes	310	1	5	3.1 ±1.4
Parents' divorce	317	1	5	3.1 ±1.4
Lack of amusement facilities	315	1	5	3.0 ±1.3
Crowded family	313	1	5	2.8 ±1.4
Psychiatric disorder	318	1	5	2.4 ±1.2

Note: 5 – Most Important; 4 – Important; 3 – Moderately Important; 2 – Less Important; 1 – Least Important: *This is a multiple-choice question

Awareness of substance that can cause addiction

Over half of the respondents (75.2%) indicated to have the highest awareness levels of 'Loud', (67.6%) 'Rohypnol', and (57.9%) 'Marijuana (weed)' being drugs that can cause addiction. Also, (49.7%), (49.1%) ', (48.7%), and (47.2%) of the respondents respectively reported awareness of 'Sleeping pills", 'Crack', 'Sk', and 'Shisha' to cause addiction. Slightly above a quarter (28.0%) and 20.4% of the respondents showed awareness that 'morphine' and 'cocaine' are drugs that can cause addiction, while below 10% of the respondents revealed their awareness that 'heroin' (8.8%), 'analgesics' (1.6%), 'antibiotics' (0.9%), and 'psychological medications' (0.3%) are drugs that can cause addiction.

Knowledge of signs/symptoms of complications from addictive drugs.

Twenty (20.5%) expressed their knowledge that 'Dry Mouth' is the most common symptom of complications of addictive drugs. Fifteen (15.3%), 14.7%, 14.6%, and 13.8% respectively showed having knowledge that 'Myosis', 'Brain damage', 'Diarrhea' and 'constipation' are also signs/symptoms that are complications of addictive drugs. Others include 'Mydriasis' and 'Renal damage and failure' (7.4%) each while 3.2% and 3.0% respectively showed knowledge that 'hearing unreal sounds that others can't hear' and 'seeing unreal things that others can't see' are signs/symptoms of complications of addictive drugs.

Knowledge of complications caused by stimulants

Nearly one-fifth, 17.4% and 17.2% of the respondents show knowledge that 'Brain damage' and 'Dry mouth' are complications caused by stimulants. Fifteen (15.6%) show knowledge that 'Myosis' is a complication of stimulants' use, while14.5% reported "Diarrhea" as the complication caused by stimulants. Knowledge of 'Other complications' reported by various respondents are as shown in Figure 4.10 below.

Knowledge of short-term complications of drug use

Twenty (23.0%) of respondents recognize that drug use can initially induce feelings of euphoria and happiness, which are often short-lived effects associated with certain drugs; 20.0% of respondents recognize that drug use can lead to feelings of pessimism; 12.0% are aware that drug use may temporarily boost self-confidence; 11.0% believe that drug use can temporarily enhance memory and learning ability; 10.0% acknowledge that drug use can lead to increased aggressiveness; 8.0% are aware that drug use can lead to feelings of anxiety and depression; 7.0% understand that drug use can disrupt sleep patterns and contribute to the development of sleep disorders as a short-term complication; 6.0% of respondents acknowledge that drug use can impair memory and lead to forgetfulness; while 3.0% of respondents have the knowledge that drug use can lead to dependence as short-term complications and 1.0% identify that drug use can contribute to the development or exacerbation of personality disorders.

Knowledge of long-term complications of drug use

Almost a quarter of the respondents (19.0%) understand that drug use can lead to long-term disruptions in sleep patterns and the development of chronic sleep disorders, indicating recognition of the sustained impact on sleep quality associated with substance abuse. Seventeen (17.0%) of them acknowledged that drug use can lead to long-term memory impairments and forgetfulness, 14.0% are aware that drug use can lead to long-term feelings of anxiety and depression, feelings of pessimism and also dependence on drugs, 8.0% have the knowledge that drug use can contribute to the development or aggravation of personality disorders in the long term. 6.0% acknowledge that drug use can lead to long-term euphoria and happiness, and an increase in aggressiveness. Only 1.0% of respondents believe that drug use can lead to long-term increase in self-confidence while none (0.0%) of the respondents recognize that drug use can lead to long-term improvements in memory and learning ability (Figure 4.12).

Knowledge on the available drug forms in their location

Cigarettes are overwhelmingly the most prevalent form of drugs in respondents' locations, with 99.4% availability rate. The other prevalent drug forms available include 'tablets' (94.4%), chewing gum' and 'drinking liquid' each with 93.4%, and 'powder' (83.1%). On the other hand, 'Injection' (43.9%) demonstrates a lower availability rate of 43.9%. Presence of 'Transparent crystals' (39.8%) and 'Inhalable vapor' (31.3%) were also reported to be moderately available in the respondents' location. The availability of 'Patch' (17.6%) was reported as less prevalent compared to other drug forms available in the respondents' areas.

Knowledge of the physical and/or psychological changes that occur after drug use

Over half of the respondents (66.8%) believe that drug use leads to 'better acceptability by friends', thus highlighting the social dynamics surrounding drug use, where peer influence and social acceptance play significant roles in shaping individuals' attitudes and behaviors towards substance use. 'Transient Euphoria' and 'Increase in confidence' each with 64.6% highlighting the short-term effects of drug use and perceived benefits coming with potential risks. A substantial proportion of respondents (42.9%) associated drug use with depression, indicating widespread awareness of the negative psychological effects of substance abuse. 32.6% of the respondents also believe that drug use can lead to improvements in certain somatic diseases while nearly a third of the respondents (27.6%) perceived drug use as leading to improved memory and learning ability.

Perceptions of Drug Use and Addictive Potential

Most respondents (89.0%) acknowledge the inherent risk of addiction even with just one-time drug use, followed

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XIII Issue XV January 2026 | Special Issue on Public Health

by those who agreed that Occasional use of drugs is OK (75.0%). A significant proportion of respondents (64.0%) also hold the belief that certain drugs, such as hashish, are not addictive. While there is widespread recognition of the risk of addiction associated with drug use, there are also variations in perceptions regarding the addictiveness of specific substances and the acceptability of occasional drug use.

Summary of Findings on Sociodemographic Determinants of Drug Use and Age at First Use

The analysis revealed that several sociodemographic variables were significantly associated with drug use, though not with the age at first use. Specifically, religion, ethnicity, educational status, employment status, and location all showed significant associations with drug use prevalence, suggesting that individuals' backgrounds and social environments influence their likelihood of drug involvement. However, these factors did not significantly affect the age at which drug use began. Sex was the only variable significantly associated with age at first use, with males initiating drug use earlier than females. In contrast, age and marital status were not significantly linked with either drug use or the age of initiation, indicating a more limited role in shaping drug use patterns (Table 5).

Table 5: Summary of Findings on Sociodemographic Determinants of Drug Use and Age at First Use

Variable	Association with Drug Use	Association with Age at First Use	Significant? ($p < 0.05$)	Comment
Age	Not significant	Not significant	No	Age group did not influence use or age at first use.
Sex	Significant difference in age at first use	Males started earlier than females	Yes	Gender differences exist in initiation age, with males starting younger.
Marital Status	No significant difference	Not significant	No	Marital status did not influence use or initiation age.
Religion	Significant	Not significant	Yes (for drug use)	Religion influenced drug use prevalence but not initiation age.
Ethnicity	Significant	Not significant	Yes (for drug use)	Ethnic group associated with differences in drug use.
Educational Status	Significant	Not significant	Yes (for drug use)	Level of education influenced likelihood of drug use.
Employment Status	Significant	Not significant	Yes (for drug use)	Employment status was linked with drug use behavior.
Location	Significant	Not significant	Yes (for drug use)	Drug use prevalence varied significantly by study site.

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

Discussion

Socio Demographic Characteristics of the Respondents

Most of the participants were within the age group of 20–24 years. This indicates that youth constitute a particularly vulnerable population, and many of the respondents may have initiated substance use at an early age. Due to the limited number of related studies among out-of-school youth, opportunities for direct comparison are scarce. However, this finding aligns with studies conducted by Nasiru et al. (2019). The mean age observed in this study is higher than that reported in a study conducted in Lagos among in-school students, which found a mean age of 16.3 years (range: 10–19 years), a period identified as high risk for substance abuse initiation (Odukoya et al., 2018).

Furthermore, most of the respondents were male, which may reflect the tendency for female substance use to be underreported or less socially visible (Bassi et al., 2017). This finding is consistent with Sarkingobir et al. (2020), who reported that 93% of respondents in a study of in-school and out-of-school youth in Sokoto, Northwestern

Nigeria, were male. More than half of the respondents had attained secondary education and were engaged in skilled labour. Most respondents were of Yoruba ethnicity, likely reflecting the study location in Mushin Local Government Area of Lagos State, a predominantly Yoruba community. The majority of respondents came from nuclear families with an average household size of five members and identified as Muslim. Additionally, most respondents' parents had attained secondary education.

These socio-demographic characteristics are important in understanding substance use among out-of-school youth, as age, sex, educational attainment, family structure, religion, and ethnicity have been consistently identified in the literature as key determinants of substance use behaviour. Younger age groups are more susceptible to experimentation, males are more likely to engage in risk-taking behaviours, and lower educational attainment may limit awareness of health risks and alternative coping strategies. Similarly, family structure, religious affiliation, and cultural background can either serve as protective factors or increase vulnerability, thereby shaping patterns of substance use among youth.

Prevalence of substance use Among OSY

Findings from this study show that marijuana (often referred to as weed) had the highest prevalence of first-time use among the respondents. This finding is consistent with the review by Adepoju et al. (2022) on drug abuse among Nigerian youth, which identified marijuana as one of the commonly initiated substances. The study further revealed that curiosity and joy-seeking were the primary reasons for first-time drug use among respondents. This contrasts with the findings of Sarkingobir and Dikko (2020) in a study of in-school and out-of-school youth in Sokoto, Northwestern Nigeria, where other motivations such as peer pressure and stress relief were more prominent.

The present study also indicates that most respondents-initiated drug use between the ages of 15 and 19 years. This aligns with findings reported by Sarkingobir and Dikko (2020) and Udoh et al. (2022), who similarly identified mid-to-late adolescence as a critical period for substance use initiation. This age range coincides with a developmental stage characterized by experimentation, increased peer influence, and reduced parental supervision, all of which heighten vulnerability to substance use.

In addition, most respondents reported the streets as their preferred location for substance use. This finding is consistent with Ikoh et al. (2019), who reported that substance abuse is more prevalent in metropolitan areas due to limited parental control, easy access to drugs, and the emergence of street-based social and gang-related cultures. Street settings may also provide anonymity and peer reinforcement, further facilitating substance use among out-of-school youth.

The high prevalence of substance use observed in this study reflects the combined influence of individual curiosity, peer dynamics, and environmental exposure. These findings support existing literature that emphasizes adolescence and young adulthood as high-risk periods for substance use, particularly among out-of-school youth who may experience reduced social regulation and increased exposure to high-risk environments. The results underscore the need for targeted, context-specific prevention strategies that address early initiation, peer influence, and environmental risk factors within urban informal settings.

Commonly Abused Substance Among OSY

This study established that marijuana (weed) is the most commonly abused substance among out-of-school youth. Marijuana was also the most frequently used substance in the communities where respondents were surveyed. In addition to marijuana, substances such as Colos, Loud, Tramadol, SK, and Ice recorded notably high rates of use. These findings are consistent with reports by Adegboro (2014) and the World Health Organization (2017), which identified alcohol, marijuana (ganja), bhang, hashish (charas), cough syrups, sedative tablets, heroin, cocaine, and tobacco products as commonly abused substances among youths. However, this pattern contrasts with findings by Sarkingobir and Dikko (2020), who reported different dominant substances among in-school and out-of-school youth in Northwestern Nigeria.

Comparisons with studies conducted in other populations and regions reveal notable variations in substance use patterns. For example, a study among secondary school students in North-Eastern Nigeria reported

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XIII Issue XV January 2026 | Special Issue on Public Health

codeine/tramadol, alcohol, and Indian hemp as the most abused substances (Nyameh, 2023), while studies from South-Eastern Nigeria identified alcohol and cigarettes as the most commonly used substances (Akande et al., 2023). Beyond Nigeria, a study in Kisenyi Slum, Kampala District, Uganda, documented a high prevalence of drug abuse among youths, with Nigeria reported as having the highest drug prevalence rate in the region (Nakibuuka & Nalubega, 2022).

Evidence from high-income settings further supports the widespread nature of youth substance use. Johnson et al. (2019) reported that approximately one-third of high school students had used an illicit drug in the past year, with about 10% engaging in daily or near-daily use, particularly marijuana. Similarly, Smith et al. (2018) found that nearly one-third of students reported illicit drug use in the past month, with regular marijuana use also common. These findings indicate that substance use among young people is a global public health concern, transcending geographic and socioeconomic contexts.

Qualitative insights further illuminate the severity of the problem. An oral interview with a lecturer in the Department of Sociology at Taraba State University revealed that some youths who are unable to afford conventional drugs resort to cheaper and more hazardous alternatives to achieve intoxication. These include inhaling fuel from motorbike tanks or generators, inhaling bicycle tyre sealant (locally referred to as solution), consuming excessive doses of cough syrups such as Benylin mixed with soft drinks, inhaling toilet sewage or lizard feces, and consuming locally brewed alcoholic beverages such as burkutu, pito, and da-wa-ka-zo (Somorija, 2023).

The predominance of marijuana and the use of alternative psychoactive substances among out-of-school youth appear to be strongly influenced by availability, affordability, peer networks, and environmental context. These patterns suggest that substance choice among OSY is less about drug type alone and more about accessibility and social acceptability within their immediate surroundings. The findings highlight the need for comprehensive prevention and harm-reduction strategies that address both commonly abused substances and emerging, low-cost alternatives, particularly within urban informal settlements.

Factors Associated with Substance Abuse Among OSY

Understanding the factors associated with substance abuse is critical for designing effective and targeted interventions aimed at reducing the burden of drug abuse in Nigeria. In this study, teenagers' curiosity, friends offering drugs, and joy-seeking emerged as the most prominent factors associated with respondents' illegal substance use. This finding is consistent with the NDLEA (2018) study among students in colleges and universities in Nigeria, which reported that youth behaviours are strongly shaped by peer culture, as individuals tend to learn from and emulate peers they admire. Similar findings have been reported in several studies, which identified experimentation and curiosity as major drivers of substance use initiation among young people (Dankani, 2012; Makanjuola et al., 2007; Adelekan et al., 1992; Nevadomsky, 1982; Nevadomsky, 1981).

During adolescence and early youth, the desire for social acceptance and attractiveness to peers becomes particularly salient, often increasing vulnerability to risk-taking behaviours such as substance use. This developmental stage has also been associated with other risky behaviours, including alcohol consumption, tobacco use, unsafe sexual practices, and increased susceptibility to injuries. These findings underscore the role of psychosocial factors, particularly peer influence and exploratory behaviour, in shaping substance use patterns among out-of-school youth.

In contrast, other studies have documented a broader range of motivations for substance abuse, including enhancement of physical performance (Gobir et al., 2017; Yunusa et al., 2017; Namadi, 2016; Essien, 2010; Makanjuola et al., 2007), driving pleasure (Yunusa et al., 2017; Namadi, 2016; Nevadomsky, 1982), desire to relax or sleep (Yunusa et al., 2017; Namadi, 2016; Essien, 2010), staying awake (Makanjuola et al., 2007), relieving stress and anxiety (Namadi, 2016; Yunusa et al., 2017; Dankani, 2012; Essien, 2010; Akpala, 2010), unemployment and frustration (Namadi, 2016; Essien, 2010; Dankani, 2012), as well as easy access to drugs (Famuyiwa et al., 2011). These motivations reflect both individual-level psychological factors and broader structural conditions that shape drug use behaviour.

To further examine factors associated with substance use initiation, an analysis of variance (ANOVA) was conducted. The independent variables included age at first drug use, current age of respondents, ethnicity, interview location, highest level of education completed, family structure, and religion. The ANOVA model was statistically significant, indicating that these variables collectively explained a meaningful proportion of the variance in reasons for starting drug use among the respondents.

The analysis revealed that the highest level of education completed was a significant predictor of substance use initiation. Respondents with higher levels of education reported significantly lower reasons for starting drug use, suggesting that education serves as a protective factor. This finding aligns with existing literature which indicates that education improves awareness of health risks, enhances critical thinking, and provides alternative life opportunities, thereby reducing engagement in risky behaviours such as substance abuse.

Religious affiliation also emerged as a significant factor associated with substance use initiation. This suggests that certain religious beliefs, doctrines, and community practices may discourage drug use. Religious institutions often provide moral guidance, social cohesion, and structured activities that can buffer against substance use by reinforcing prosocial values and offering support networks. Similarly, ethnicity was found to be a significant predictor, indicating that cultural norms, values, and community expectations linked to ethnic identity may influence attitudes toward drug use and the likelihood of initiation.

Conversely, interview location, current age, age at first drug use, and family structure were not statistically significant predictors in the model. This suggests that while these factors may influence substance use behaviours in other contexts, they did not independently predict reasons for initiating drug use among the OSY in this study. This lack of significance may reflect the complex and multifactorial nature of substance abuse, where individual, social, and cultural influences interact in ways not fully captured by single variables.

The findings highlight that substance abuse among out-of-school youth is driven primarily by psychosocial influences such as curiosity and peer pressure, while education, religion, and ethnicity play important protective or moderating roles. These results emphasize the need for multifaceted intervention strategies that combine peer-focused prevention, educational empowerment, and culturally and religiously sensitive approaches to effectively address substance abuse among OSY in Nigeria.

Knowledge on the Perceived Health Effect of Substance Use

A substantial proportion of respondents recognized that substance use can initially induce feelings of euphoria and happiness, effects that are typically short-lived and associated with certain psychoactive substances. This awareness suggests some level of understanding of the immediate psychological effects of drug use. In addition, nearly one-quarter of the respondents acknowledged that substance use can result in long-term disruptions to sleep patterns and may contribute to the development of chronic sleep disorders, reflecting recognition of the sustained and cumulative health consequences of substance abuse. This finding contrasts with the study by Sarkingobir and Dikko (2020), which reported lower awareness of the long-term health implications of substance use among youths.

Furthermore, more than half of the respondents perceived that drug use leads to better acceptability by friends, underscoring the strong role of social dynamics in shaping attitudes toward substance use. This perception highlights the influence of peer norms and the desire for social belonging, which may override knowledge of potential health risks. Similar findings have been reported by Nasiru (2015), Nasiru et al. (2019b), and Nasiru and Musawa (2019), who documented peer influence as a major determinant of substance use initiation and continuation among youths. Consistent evidence from the literature indicates that individuals whose peers engage in drug use are significantly more likely to abuse substances compared to those whose peers do not (Dankani, 2012; Edafiadhe, 2005; Lawoyin, 2005).

These findings suggest that while a proportion of out-of-school youths possess some knowledge of both the immediate and long-term health effects of substance use, this knowledge may be insufficient to deter engagement in substance use due to the overriding influence of peer acceptance and social rewards. This disconnects between knowledge and behaviour emphasizes the need for interventions that go beyond information dissemination to

address social norms, peer pressure, and behavioural motivations. Programs that integrate peer-led education, life-skills training, and social support mechanisms may be more effective in translating knowledge of health risks into sustained behaviour change among out-of-school youths.

Relationship Between Family Type, Location, and Factors Associated with Substance Use

This study examined the relationship between respondents' age at first substance/drug use and family type, as well as the influence of respondents' location on factors associated with substance use. For the first analysis, the null hypothesis stated that there was no significant association between age at first substance use and family type. However, the chi-square test revealed a statistically significant association between respondents' age at first drug use and their family type, indicating a strong relationship between these variables. Consequently, the null hypothesis was rejected in favor of the alternative hypothesis.

This finding highlights the critical role of family structure in shaping the timing of substance use initiation among out-of-school youths. Different family types may vary in levels of parental supervision, emotional support, communication, and economic stability, all of which are known to influence adolescents' vulnerability to early substance use. This result is consistent with previous studies emphasizing the influence of family dynamics on youth drug use initiation. For instance, Karla D. W., Anamara R., Daniel W. S., and Jennifer B. U. (2013), in their study on variation in family structure among urban adolescents, reported that youths from non-intact or less stable family settings were more likely to initiate drug use at earlier ages compared to those from more stable family environments. The present finding reinforces the importance of family-based protective factors in delaying the onset of substance use.

In addition, this study explored whether respondents' location was associated with differences in factors influencing substance use. A one-way analysis of variance (ANOVA) was conducted to test the hypothesis that there was no significant difference between respondents' location and the factors associated with drug use. The ANOVA results showed statistically significant differences both between and within groups, leading to the rejection of the null hypothesis. This indicates that respondents' location significantly influences the factors associated with substance use.

Further analysis using post-hoc tests revealed significant mean differences in substance-use-related factors across specific neighborhoods. Notably, respondents residing in Itire differed significantly from those in Idi Oro, Papa Ajao, and Idi Araba in terms of the factors associated with drug use. These differences suggest that environmental and contextual characteristics—such as neighborhood norms, availability of substances, peer networks, social disorganization, and exposure to crime—vary across locations and shape substance use behaviors differently.

Taken together, these findings demonstrate that both family-level and community-level factors play significant roles in determining the timing and drivers of substance use among out-of-school youths. While family type influences the age at which substance use begins, location shapes the contextual risk and protective factors that sustain or discourage drug use. This underscores the need for multi-level interventions that combine family-centered strategies with community- and location-specific approaches. Programs aimed at strengthening family support systems, alongside neighborhood-targeted prevention efforts that address environmental risks, may be more effective in reducing early initiation and continued substance use among out-of-school youths in urban informal settlements.

Conclusion

The burden of substance abuse is still high among the study population and the prevalence was significantly higher among age 20-24 years who had not received any formal teachings on the subject. The practice is mostly among males who consumed many drug substances, whose initiation into substance use was mainly due to curiosity. This finding therefore underscores an urgent need to intensify awareness against substance abuse among youth, parents, and communities. There is also a need for strengthening of legal legislation and enforcement against drug abuse at both national and sub-national levels.

Recommendations

Based on the findings from this study, several key recommendations are proposed. First, there is a need for targeted prevention programs tailored to the specific needs of young adults, with an emphasis on early intervention and promoting healthy behaviors. Gender-sensitive interventions should also be prioritized, taking into account the unique challenges faced by both males and females and ensuring equitable access to support services. Improving the socio-economic conditions of at-risk youth is essential. This includes enhancing educational and employment opportunities to address the root causes of substance use and build long-term resilience. Health promotion efforts must also be culturally and religiously sensitive, integrating diverse beliefs while promoting evidence-based approaches to prevention and harm reduction. Given the strong influence of peer dynamics, raising awareness about peer pressure and empowering youth through peer-led initiatives can help them make informed choices. Furthermore, health education on the short- and long-term effects of substance use should be strengthened to support informed decision-making. Lastly, community sensitization—especially engaging gatekeepers, religious, and traditional leaders—can foster collective action to curb youth substance abuse and mitigate its broader socio-economic impact.

Suggestion for further research

Further research should explore the psychological and environmental reasons behind youth drug use. Since curiosity and the desire for happiness were the most common reasons cited, future studies could examine how emotional development and social pressures influence experimentation. Factors such as the need to feel bold, enhance sexual performance, or improve memory also point to perceived benefits that deserve closer investigation. The finding that many youths use drugs when angry, depressed, or unwell highlights the need to study coping strategies and mental health challenges. Research should look into emotional resilience, access to mental health care, and the impact of stigma on help-seeking behavior. There is also a need to explore social and environmental influences, such as peer pressure, family background, drug availability, and location. Understanding how these factors shape drug use can guide more effective interventions. Finally, long-term studies tracking young people's attitudes and behaviors would help identify what protects against drug use and when to intervene. Such research can support the design of relevant, youth-friendly prevention and treatment programs.

REFERENCES

1. Adelekan ML, Ndom RJE, Imouokhome-Obayan AO. Psychoactive substance use among undergraduates in a Nigerian university: Prevalence and pattern of use. Afr J Drug Alcohol Stud. 1992;1(1):39–52.
2. Adepoju OE, Akinbode AB, Falade AG. A review of literature on substance abuse among adolescents in Nigeria: Trends, causes and control measures. Niger J Health Sci. 2022;22(1):45–52.
3. National Drug Law Enforcement Agency (NDLEA). Drug use among students in tertiary institutions in Nigeria. Abuja: NDLEA; 2018.
4. Akande SO, Okonkwo EC, Ezeanwu CE. Prevalence and patterns of substance use among secondary school students in South-Eastern Nigeria. Niger J Clin Pract. 2023;26(1):54–60.
5. Akpala CO. Drug abuse and its implications on national development: A study of Enugu State. Niger J Soc Sci. 2010;6(1):65–70.
6. Bassi AP, Idoko L, Ogundeko TO, Ramyil MSC, Abisoye-Ogunniyan A, Ogboke EA, et al. Substance abuse and its prevalence among secondary school adolescents in Kagoro, Kaduna state, Nigeria. World J Adv Res Rev. 2017;5(1):11–16.
7. Dankani IM. Drug abuse among youths in Sokoto metropolis. Sokoto J Soc Sci. 2012;2(1):105–112.
8. Degenhardt L, Stockings E, Patton G, Hall WD, Lynskey M. The increasing global health priority of substance uses in young people. Lancet Psychiatry. 2016;3(3):251–64. doi: 10.1016/S2215-0366(15)00508-8.
9. Edafiadhe E. Influence of peers on adolescents' involvement in drug abuse in Nigeria. J Adolescence. 2005;22(4):58–64.
10. Essien EE. Substance abuse among Nigerian youths: A study of prevalence and implications. Niger J Psychol. 2010;8(2):45–53.

11. Famuyiwa OO, Fasola O, Aina OF. Drug use among secondary school students in an urban setting in Nigeria: The role of peer pressure. Niger J Clin Pract. 2011;14(2):162–168.
12. Gobir A, Anka SA, Bichi AA. Drug abuse and its impact on academic performance of students in tertiary institutions in Kano Metropolis, Nigeria. J Educ Pract. 2017;8(15):110–114.
13. Idowu A, Aremu AO, Akanbi IM, Eseigbe G, Adewale V, Awubite L, et al. Prevalence, pattern and determinants of substance abuse among youths in a rural community of Osun State, Southwest Nigeria. Afr Health Sci. 2023;23(4):563–574. doi: 10.4314/ahs.v23i4.59.
14. Jatau AI, Sha'aban A, Gulma KA, Shitu Z, Khalid GM, Isa A, et al. The Burden of Drug Abuse in Nigeria: A Scoping Review of Epidemiological Studies and Drug Laws. Public Health Rev. 2021 Jan 29;42:1603960. doi: 10.3389/phrs.2021.1603960.
15. Johnson RE, Brown ML, Carter AN. Illicit drug use trends among U.S. high school students: A national survey. J Adolesc Health. 2019;64(4):437–444.
16. Karla D, Anamara R, Daniel W, Jennifer B. Variation in family structure among urban adolescents and its effects on drug use. J Urban Health. 2013;15(2):133–140.
17. Lawoyin TO. Peer-group influence on adolescent substance use in Ibadan, Nigeria. Niger J Sociol. 2005;3(2):45–52.
18. Luikinga SJ, Kim JH, Perry CJ. Developmental perspectives on methamphetamine abuse: Exploring adolescent vulnerabilities on brain and behavior. Prog Neuropsychopharmacol Biol Psychiatry. 2018;87(Pt A):78–84. doi: 10.1016/j.pnpbp.2017.11.010.
19. Makanjuola AB, Daramola TO, Obembe AO. Psychoactive substance use among medical students in a Nigerian university. World Psychiatry. 2007;6(2):112–114.
20. Nakibuuka V, Nalubega R. Prevalence and risk factors associated with drug abuse among youths in Kisenyi Slum, Kampala District, Uganda. Afr Health Sci. 2022;22(3):211–218.
21. Namadi UM. Sociological investigation into the causes and effects of drug abuse among the youth in Kano Metropolis. [Master's thesis]. Bayero University Kano; 2016.
22. Nasiru M, Ahmad S, Musawa AM. Factors influencing drug abuse among secondary school students in Northern Nigeria. Afr J Soc Sci. 2019b;3(2):102–108.
23. Nasiru M, Musawa AM. Peer influence and its role in drug abuse among secondary school students in Kaduna. J Drug Educ. 2019;25(1):77–84.
24. Nasiru M. Drug abuse among secondary school students in Zaria: A study of prevalence, causes, and consequences. J Educ Dev. 2015;7(3):55–62.
25. Nasiru B, Lydia A, Alexander A, Maru S. The perception of youth on the effects of substance abuse in Sokoto Nigeria. World J Pharm Med Res. 2019b;5(9):122–129.
26. National Drug Law Enforcement Agency (NDLEA). Federal Republic of Nigeria. 2016 Annual Report. 2016. p. 83. Available from: https://ndlea.gov.ng.
27. Nawi AM, Ismail R, Ibrahim F. Risk and protective factors of drug abuse among adolescents: A systematic review. BMC Public Health. 2021;21:2088. doi: 10.1186/s12889-021-11906-2.
28. Nevadomsky J. Drug use among secondary school students in Benin City, Nigeria. Bull Narc. 1982;34(1):33–42.
29. Nevadomsky J. Patterns of self-reported drug abuse among secondary school students in Bendel State, Nigeria. Bull Narc. 1981;33(4):9–19.
30. Nyameh J. Substance abuse among secondary school students in North-Eastern Nigeria: A growing concern. J Subst Use Addict Treat. 2023;28(2):112–117.
31. Odukoya OO, Odeyemi KA, Oyeyemi AS, Upadhyay RP. Determinants of adolescent substance use and association with parental monitoring and peer influence: A cross-sectional study in Lagos, Nigeria. Afr J Drug Alcohol Stud. 2018;17(2):105–116.
32. Ogunmefun FM. Predictors of Violence among Drug Abusers in Selected Areas. 2020.
33. Olanrewaju JA, Hamzat EO, Enya JI, Udekwu MO, Osuoya Q, Bamidele R, et al. An assessment of drug and substance abuse prevalence: a cross-sectional study among undergraduates in selected southwestern universities in Nigeria. J Int Med Res. 2022 Oct;50(10):3000605221130039. doi: 10.1177/03000605221130039.
34. Olawole-Isaac A, Ogundipe O, Amoo EO, Adeloye D. Substance use among adolescents in sub-Saharan Africa: A systematic review and meta-analysis. SAJCH South African J Child Health. 2018;12(Special Issue):S79–S84.

35. Osalusi BS, Koleowo IO, Ogunjimi L, Afe TO, Ogunsemi O, Agboola AOJ, et al. Acceptance of a Covid-19 vaccine in Southwest Nigeria: A cross-sectional study. Ann Clin Sci. 2022;7(2):103–113.
36. Sarkingobir C, Dikko A. Substance abuse among in-school and out-of-school youth in Sokoto, Northwestern Nigeria. Int J Soc Sci Stud. 2020;8(4):132–139.
37. Sarkingobir YK, Dikko AU. Substance abuse among in-school and out-of-school youth in Sokoto, Northwestern Nigeria. Sahel Med J. 2020;23(4):129–135.
38. Smith JK, Thompson HL, Rivera JD. Patterns of marijuana and illicit drug use among adolescents: Implications for policy. Subst Use Misuse. 2018;53(12):1965–1972.
39. Somorija Y. Oral interview. Department of Sociology, Taraba State University, Nigeria. 2023.
40. The Peoples Gazette. Federal government decries drug abuse increase, political thuggery among Mushin youths. News Agency of Nigeria. December 26, 2021. Available from: https://gazettengr.com/fg-decries-drug-abuse-increase-political-thuggery-among-mushin-youths/
41. UNODC. Drug Use in Nigeria; Executive Summary. 2019. Available from: https://www.unodc.org.
42. UNODC. Drug Use in Nigeria 2018, United Nations Office on Drugs and Crime, Vienna. Available at https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Drug_Use_Survey_Nigeria_2019_BOOK.pdf. 2018.
43. World Health Organisation. Management of substance abuse: Facts and Figures. Retrieved from https://www.who.int/substance_abuse/facts/en/. 9th November 2019.
44. World Health Organization. Global status report on alcohol and health 2018. Available from: https://www.who.int/publications/i/item/9789241565639. 2018.
45. Yunusa UM, Tijjani RG, Musa A. Causes and consequences of drug abuse among youth in Nigeria. Am J Soc Sci Res. 2017;3(1):6–10.