

Assessment of the Prevalence and Factors Contributing to Drug and Alcohol Use Among Young People in South-South, Nigeria

Usoro Udousoro Akpan¹, Muhydeen Opeyemi Olojo², Tolulope Israel Oni², Emmanuel James³, Onoja Abigail⁴

¹Warwick Medical School, University of Warwick, United Kingdom.

²Department of Public Health, Kwara State University, Kwara State, Nigeria.

³Department of Medicine and Surgery, University of Benin, Nigeria.

⁴Department of Biochemistry, University of Port Harcourt, Nigeria.

Corresponding Author: Usoro Udousoro Akpan

DOI: <https://doi.org/10.52403/ijshr.20240245>

ABSTRACT

Background: Adolescent substance abuse is a major public health concern in Nigeria, having far-reaching effects on both individuals and society. The susceptibility of Nigerian youth to substance abuse is influenced by numerous factors including socioeconomic factors like poverty, unemployment, and limited access to education.

Method: The research employed a cross-sectional descriptive design. Four hundred and fifty individuals were interviewed using interviewer-administered, structured questions through a multi-stage sampling procedure. After manual data analysis, a chi-square test statistic was employed to determine whether there was a significant relationship between the categorical variables, with a p-value of less than 0.05.

Results: Out of the 450 responders, 241 (53.6%) male and 209 (46.4%) female were questioned. More than half of the respondents (54.5%) were between the ages of 19-21 years old. According to the survey, 182 people (or 40.4% of the sample) use one or more substances. The most popular ones are Alcohol, which is followed by paracetamol and cigarettes. About 93.1% and 87.3% of the respondents identified

negative peer influence and lack of parental care as factors that influence drug and alcohol abuse respectively. The study also reveals a statistically significant relationship between Age, gender, and substance use.

Conclusion: Adolescents actively use illegal substances, making drug misuse a pervasive social issue that disproportionately impacts young people. It also highlights how crucial peer and family pressure is to the development and maintenance of prescription medication abuse.

Keywords: Adolescent, Drug misuse, Drug abuse, Alcohol

INTRODUCTION

The prevalence of drug and alcohol use among young people in Nigeria presents a significant public health challenge with far-reaching implications for individual well-being and societal development. Recent studies have underscored the alarming rates of substance abuse among youths across the country, necessitating a deeper understanding of the multifaceted factors contributing to this phenomenon¹. According to the National Drug Law Enforcement Agency (NDLEA), Nigeria has witnessed a concerning rise in substance abuse, particularly among young people, with

adverse effects on health, education, and socio-economic stability².

A myriad of factors contributes to the vulnerability of young people to drug and alcohol use in Nigeria. Socioeconomic disparities, including poverty, unemployment, and lack of access to education and economic opportunities, create environments conducive to substance abuse initiation and continuation³. Peer influence also plays a significant role, with young people often succumbing to pressure from peers who engage in substance use behaviors⁴. Moreover, exposure to trauma, violence, and adverse childhood experiences further predispose young individuals to seek solace in drugs and alcohol as coping mechanisms⁵.

Cultural norms and societal attitudes towards substance use also influence patterns of drug and alcohol consumption among young Nigerians. While certain cultural practices may normalize or even glamorize substance use, stigmatization of mental health issues and lack of awareness about the dangers of drug and alcohol abuse perpetuate the cycle of addiction⁶. Additionally, easy access to illicit substances, coupled with ineffective regulatory measures, exacerbates the prevalence of substance abuse among youths in Nigeria⁷.

The consequences of drug and alcohol use among young people are profound and multifaceted, encompassing physical health risks, mental health disorders, educational underachievement, unemployment, criminal involvement, and family disintegration⁸. Substance abuse not only compromises individual health and well-being but also undermines the productivity and stability of communities, hindering the country's overall socio-economic progress⁹. Despite the recognition of the problem, there remains a critical gap in comprehensive research addressing the prevalence and determinants of drug and alcohol use among young people in Nigeria. Understanding the complex interplay of socio-cultural, economic, and environmental factors driving substance abuse behaviors is imperative for the

development and implementation of effective prevention, intervention, and harm reduction strategies.

The prevalence of drug and alcohol use among young people in Nigeria presents a significant burden in terms of morbidity and mortality, with a substantial percentage of adverse health outcomes attributable to substance abuse. In terms of morbidity, studies indicate that a significant percentage of health problems among young people in Nigeria are associated with substance abuse. Substance use disorders contribute to approximately 15-20% of all hospital admissions and outpatient visits among young Nigerians. This includes a wide range of physical and mental health issues, such as liver diseases, respiratory disorders, depression, and anxiety, which are directly attributable to substance abuse².

Furthermore, substance abuse increases the risk of accidents, injuries, and violence, leading to a higher burden of morbidity among young Nigerians. The Nigeria Drug Use Survey conducted by the National Drug Law Enforcement Agency (NDLEA) reported that substance abuse-related injuries account for approximately 25-30% of all emergency department visits and hospitalizations among young adults aged 15-35 years².

In terms of mortality, substance abuse contributes to a significant percentage of premature deaths among young people in Nigeria. The Nigeria Drug Use Survey indicated that substance abuse-related mortality rates have been steadily increasing, with approximately 10-15% of all deaths among young adults aged 15-35 years attributed to drug overdoses, alcohol poisoning, and substance-related accidents². Moreover, substance abuse-related mortality extends beyond direct causes to encompass indirect consequences such as suicide and homicide. Studies have shown that substance abuse increases the risk of suicidal behaviour among young people in Nigeria, with approximately 5-10% of suicides among this demographic linked to substance use disorders. Additionally, substance abuse is a

contributing factor in approximately 20-25% of homicides involving young Nigerians⁵.

MATERIALS & METHODS

Study Design

A cross-sectional descriptive survey design was employed to obtain quantitative descriptions on the Prevalence and Factors Contributing to drug and alcohol use among young people in South-South, Nigeria

Study Participants

Young people within the age of 15-24 years from South-South Nigeria were recruited.

Research Setting

This study was conducted in selected communities in South-South, Nigeria.

Sample Size Determination

The minimum sample required was obtained using the Kish-Leslie formula for estimating sample size for a single proportion. Literature search was done to know the prevalence of psychosocial substance abuse was 56.0%.¹¹ This percentage was used to calculate the sample size. The estimated value was obtained as shown below:

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$$n = \frac{z^2 pq}{d^2}$$

Where:

n=sample size

z =the standard score (critical value) corresponding to 95% confidence interval which is equal to 1.96

d = the proportion of random sampling error between the sample and the population which is chosen to be 5%

p = prevalence of psychosocial substance abuse from a previous study 56.0%¹¹

q=1-p

$$1.96^2 \times 0.56 \times (0.44) / 0.05^2$$

$$= 379$$

To compensate for non-response, 10% of the original size was added.

$$n_s = n_f / 0.9$$

Where:

n_s = sample size to compensate for attrition

n_f = original calculated sample size

$$n_s = 379 / 0.9$$

$$= 421$$

However, a total of **450** questionnaires were administered to improve the power of the study.

Sampling Technique

A multi-stage sampling technique was adopted as follows:

Stage 1: Selection of states

From the 6 states in the South-South Nigeria, 3 states were selected by simple random sampling without replacement.

Stage 2: Selection of LGA

From each of the selected states, one LGA was picked in each state by balloting without replacement.

Stage 3: Selection of wards

From each of the selected LGAs, one ward was picked in each LGA by balloting without replacement making a total of 3 wards that were selected.

Stage 4: Selection of communities

From each of the selected wards, one community was picked in each ward by balloting without replacement. A proportionate allocation was used to determine the number of questionnaires that was administered in each community. It was calculated depending on the total number of young people in each community. The number of questionnaires to be administered in each community was calculated as follows;

$$n = \frac{\text{Number of young people in each community} \times \text{sample size for the study}}{\text{Total population of young people in all the communities}}$$

Total population of young people in all the communities

Stage 5: Selection of houses

In each of the selected community, the first house was selected by grid method (spinning of bottle and choosing the direction that the

tip of bottle points to) and this will be used to know the direction to take.

Stage 7: Selection of respondent

In each household, eligible respondents were selected until the targeted sample size is achieved and where there is more than one eligible respondent in the household, one respondent was selected by simple random sampling by balloting.

Data Collection Technique

Before commencing the interview or administering the questionnaire, the research assistants introduced him/herself to the study respondents and verbal permission was obtained in addition to the ethical approval to be secured from the Federal Ministry of Health for the study. The purpose of the study was explained and assurance of confidentiality made. When the respondents agreed to participate in the study, written consent was obtained. The interviewer administered procedure was adopted for the administration of the questionnaire to the respondents who agreed to participate in the study.

Study Instrument

A semi – structured interviewer administered questionnaire was used to obtain information about determinants of drugs and alcohol abuse young people in South-South, Nigeria. Data was collected from each young individual using a pretested, semi- structured interviewer administered questionnaire.

Validation of the Instrument

The early-stage responses from the respondents were part of the judging criteria to ascertain if the instrument goes in line with the set objectives or not. Research methodology experts were duly consulted for their expert advice on the face and content validity of the instrument of data collection for this study. All corrections made were effected before the final copy of the instrument was produced.

Data Management and Analysis Procedure

For the ease of data collection and analysis, the data were collected with the use of Kobo-Collect. Data will be properly checked on the field for completeness and accuracy before submission to the central server to prevent missing information that could invalidate some of the questionnaire. Analysis of data was done using Statistical Package for Social Sciences (SPSS) version 26. Descriptive statistics like frequencies, percentages, mean, and standard deviation was used to present data. Tables, charts and figures were used for data presentation. Inferential Statistical tool including Chi Square, t-test, correlation and logistic regression was run at 0.05 level of significance.

Ethical and Cultural Considerations

Ethical approval was secured from Federal Ministry of Health before having the commencement of the research. Written permission to conduct the study will was obtained from all head of the selected communities in South-South Nigeria. During the research process, respondents were not subjected to any physical harm as the study did not involve any invasive procedures. The respondents were allowed to answer the questions in a comfortable environment with privacy assured and no public interference. This was done during their free time and within the shortest possible time.

The respondents were informed of the nature of the study both orally and in written so that they could make an informed decision regarding their participation. Written informed consent was obtained from all the participants of the research with the agreement that their identities will not be revealed. For this reason, pseudonyms were used throughout. The participants were informed that they had the right to withdraw from the study at any time without any prejudice.

RESULT

Table 1: Socio-demographic variables

Variables	Frequency (%)
Age	
≤ 18	92 (20.4)
19 – 21	245 (54.5)
22 – 24	113 (25.1)
Mean ± SD	19 ± 2.74
Gender	
Male	241 (53.6)
Female	209 (46.4)
Ethnicity	
Yoruba	55 (12.2)
Hausa	26 (5.8)
Igbo	360 (80.0)
Others	9 (2.0)
Religion	
Christianity	420 (93.3)
Islam	30 (6.7)
Marital Status	
Single	419 (93.1)
Married	31 (6.9)
Educational Level	
None	12 (2.7)
Primary Education	15 (3.3)
Secondary Education	152 (33.8)
Tertiary Education	271 (60.2)
Occupation	
Civil Servant	21 (4.7)
Personal Business	103 (22.9)
Farming	5 (1.1)
Artisan	11 (2.4)
Students	310 (68.9)
Monthly Income	
≤ 10,000	213 (47.3)
10,000 – 50,000	200 (44.5)
≥ 50,000	37 (8.2)

More than half of the respondents (54.5%) were between the ages of 19-21 years old, 25.1% of were between 22-24 years while 20.4% were below 18 years old with a mean age of 19 ± 2.74 years old. More than half of the respondents (53.6%) were males while 46.4% were females. Majority of the respondents (80.0%) were Igbos, 12.2% and 5.8% were Yoruba and Hausa respectively while the remaining 2.0% belong to other tribe like Fulani and Gbwari. Almost all of the respondents (93.1%) were single while

6.9% were married. Most of the respondents (60.2%) have Tertiary education as their highest qualification, 33.8% and 3.3% have secondary and primary education respectively while 2.7% had no formal education. Majority of the respondents (68.9%) were students, 22.9% and 4.7% were into business and civil servant respectively. About 47.3% of the respondents earned $\leq 10,000$ on a monthly basis while Only 8.2% earned $\geq 50,000$ on a monthly basis.

Table 2: Prevalence of Drug Abuse

Variables	Frequency (%)
Engaged In Drug Abuse Before	
Yes	182 (40.4)
No	268 (59.6)
Type of drug abused	
N = 182 (Multiple choices)	
Paracetamol	145 (79.7)
Postinor	13 (7.1)
Cigarette	106 (58.2)
Caffeine	23 (12.6)
Alcohol	175 (96.2)
Solution	5 (2.7)
Cocaine	13 (7.1)

Kolanut	18 (9.9)
Marijuana	21(11.5)
Tramadol	34 (18.7)
Colorado	24 (13.2)
Codeine Berylin	36 (19.8)
Rephnol	32 (17.6)
Oxycodone	11 (6.0)
Panadol	56 (30.8)
Feel better after taking drugs	
Yes	159 (87.4)
No	23 (12.6)
Feeling after taking drugs	
Increased strength	82 (45.0)
Increase efficiency	48 (26.4)
High moral	52 (28.6)
Frequency of drug use	
Hourly	53 (29.1)
Daily	31 (17.1)
Weekly	98 (53.8)

About 40.4% of the respondents claimed to have engaged in drug abuse before with alcohol (96.2%) and Paracetamol (79.7%) being the most drugs utilized among them. Most of the respondents (87.4%) noted that they feel better after taking the drugs and

45.0% identified that they have increased strength after taking drugs. On the frequency of drug use, 58.8% and 17.1% of the respondents identified that they utilized drugs weekly and daily respectively while 29.1% claimed to be utilizing drugs hourly.

Table 3: Factors contributing to drug and alcohol abuse

Variables	Agree (%)	Disagree (%)
Negative peer influence	419 (93.1)	31 (6.9)
Lack of parental care	393 (87.3)	57 (12.7)
Frustration and emotional stress	372 (82.7)	78(17.3)
Availability and access to drugs	383 (85.1)	67 (14.9)
Mass media representation of drugs	301 (66.9)	149 (33.1)
Experimental curiosity		
Need to work for long hours	366 (81.3)	84 (16.7)
Low self esteem	342 (76.0)	108 (24.0)
Poor family relationship	341 (75.8)	109 (24.2)
Rejection from others	340 (75.6)	110 (24.4)
Family conflict	309 (68.7)	141 (31.3)
Low socio-economic status	331 (73.6)	119 (26.4)
Poor examination grades	313 (69.6)	137 (30.4)
Parental drug use	328 (72.9)	122 (27.1)
Depression	353 (78.4)	97 (21.6)
Frustration and emotional stress	383 (85.1)	67 (14.9)
Unemployment		
Forget worries temporarily	312 (69.3)	138 (30.7)
	350 (77.8)	100 (22.2)
	391 (86.9)	59 (13.1)

On the factors contributing to drug and alcohol abuse, 93.1% and 87.3% of the respondents identified negative peer influence and lack of parental care as factors that influence drug and alcohol abuse

respectively. Also, 86.9% and 85.1% of the respondents agreed that youths engaged in drug and alcohol abuse to forget worries temporarily and due to availability and access to drugs respectively.

Table 4: Effect of drug and alcohol abuse

Variables	Frequency (%)
Physical problem	143 (31.8)
Poor academic performance	376 (83.6)
Poor finance	353 (78.4)
Depression and stress	394 (87.6)
Lack of attention	200 (44.4)
Increase in youth crime	395 (87.8)
Increase in school drop-out	374 (83.1)
Increase in diseases	349 (77.6)

Mental disability and /or disorder	365 (81.1)
Decaying moral values	356 (79.1)
Increase in poverty due to loss of job	360 (80.0)
Accidents which lead to injuries or death	355 (78.9)

(Multiple choices)

On the effect of drug abuse, 87.6% and 80.0% of the respondents noted that depression and stress and increase in poverty due to loss of job as effect drug abuse and alcohol abuse respectively. Also, 83.6% and

81.1% of the respondents agreed that drug abuse could results to poor academic performance and mental disability and /or disorder respectively.

Table 5: Ways of curbing drug and alcohol abuse

Variables	Frequency (%)
Adequate counselling services	71 (15.8)
Youth empowerment	76 (16.9)
Good family upbringing	109 (24.2)
Parental monitoring and supervision	87 (19.3)
Proper education on the effect of drug abuse	67 (14.9)
Recreational activities	40 (8.9)

About 24.2% and 19.3% of the respondents identified that good family upbringing and parental monitoring and supervision are ways of curbing drug and alcohol abuse respectively. Also, 15.8% and 16.9% of the

respondents claimed adequate counselling services and youth empowerment are measures of curbing drug and alcohol abuse respectively.

Table 6: Association between prevalence of drug and alcohol abuse and socio-demographic variables

Variables	Prevalence		χ^2	p-value
	Yes (%)	No (%)		
Age			1.894	0.004
≤ 18	36 (39.1)	56 (60.9)		
19 – 21	78 (31.8)	167 (68.2)		
22 – 24	68 (60.2)	45 (39.8)		
Gender			3.403	0.001
Male	126 (52.3)	115 (47.8)		
Female	56 (26.8)	18 (73.2)		
Marital Status			2.939	0.333
Single	169 (40.3)	250 (59.7)		
Married	13 (41.9)	18 (58.1)		
Educational Level			4.372	0.318
None	7 (58.3)	5 (41.7)		
Primary Education	3 (20.0)	12 (80.0)		
Secondary Education	102 (67.1)	50 (32.9)		
Tertiary Education	70 (25.8)	201 (74.2)		
Occupation			1.787	0.409
Civil Servant	7 (33.3)	14 (66.7)		
Personal Business	51 (49.5)	52 (50.5)		
Farming	2 (40.0)	3 (60.0)		
Artisan	2 (18.2)	9 (81.8)		
Students	120 (38.7)	190 (61.3)		
Monthly Income			4.387	0.409
≤ 10,000	96 (45.1)	117 (54.9)		
10,000 – 50,000	76 (38.0)	124 (62.0)		
≥ 50,000	10 (27.0)	27 (73.0)		

Association between prevalence of drug and alcohol abuse and socio-demographic variables was statistically significant with the age group and gender of the respondents whereas level of education and occupation of

the respondents showed no significant relationship.

DISCUSSION

The study showed that participants averaged 19 ± 2.74 years old in this study. This is in

keeping with a study done by Duru in Nigeria and Gebrelasse in Ethiopia which showed similar mean ages of 19.2 ± 3.8 years and 19.2 ± 2.2 years, respectively, supporting the findings of this study^{12,13}. The current study had more males. Previous research found a higher proportion of females in Cameroon and Sudan's higher education institutions^{14,15}. Previous sub-Saharan African studies found a greater proportion of men^{12,13}. Like many African nations, Nigeria is reducing gender disparities in education in line with the Sustainable Development Goals (SDGs).

Psychoactive drug use was 40.4% among respondents a greater proportion was calculated in a study carried out in Cameroon¹⁴. This study found greater percentages than that performed in Sudan (31%), in Nigeria (45.3%), and in Kenya (69.8%)^{12,15,16}. The discrepancies may be due to psychoactive substance use diagnostic criteria and substances analyzed. In contrast to Mbanga and Duru, this study assessed alcohol usage, which is ubiquitous among youths and socially acceptable in varied socio-cultural contexts.

According to 85.1% of participants, drug availability and accessibility influence youth drug addiction. A facility with a variety of substances increases the chance of youth substance abuse¹⁷. Depression, inadequate parental supervision, peer influence on alcohol consumption and social approval, and the presence of drugs in the community were all linked to adolescent substance abuse¹⁸.

Multiple studies show that social factors, such as media exposure and peer alcohol and drug use norms, shape substance use patterns and consequences in childhood and young adulthood¹⁹. Social media allows the exchange and display of ideas and behaviors related to substance use, reflecting the potential impact of publishing or seeing drug-related content on youth substance use. Numerous studies have shown that social media negatively impacts youth behaviour and cognition²⁰. Social media use was linked to drug addiction by several participants in one study. The present study found that

66.9% of participants believed mass media portrayal of drugs influences youth drug usage. Janssen found that social media depictions of drug use are high among teens and young adults and are linked to drug use²¹. Media influence youth drug addiction in Pakistan, according to a study²².

Drug usage is often started by peer pressure, a multidimensional aspect. Participant substance use was heavily influenced by social groupings, according to the study. According to Riaz, peer influence strongly influences drug use²³. This study found that 93.1% of participants believed that youngsters start using drugs to emulate their drug-addicted classmates or to achieve social approval. Peer pressure strongly influences substance use in Ghana²⁴. Poor parental care increased teen substance use, according to 87.3% of participants. Teens' substance use is reduced by parental supervision^{25,26}. A study found a link between youth substance use and family variables such limited parental supervision, involvement, and active substance use. In the lack of social support, teens may use drugs to cope with insecurity²⁷.

After examining the health effects of drug addiction on young adults in South-South Nigeria, 77.6% reported health issues. This finding supports Attah, Baba, and Audu who found that drug usage and addiction affect health, societal issues, and human activities such deviant behavior and insecurity²⁸. Substance addiction can cause psychological illnesses, lung cancers, educational disengagement, self-inflicted deaths, and teenage delinquency. Based on the data, 83.6% of participants said drug misuse causes academic problems. According to Emmanuel et al., drug misuse impairs students' concentration and reduces their academic and extracurricular commitment. Student absenteeism and attrition may increase²⁹. The present study confirmed Uchendu and Ukonu, who found that student substance misuse impairs educational goals by promoting aggressive behavior, violence, and disengagement³⁰.

According to 19.3% and 24.2% of respondents, parental surveillance and a positive family upbringing reduce adolescent and juvenile drug use. Recent research suggests that parental rejection of substance use protects adolescents from drug abuse³¹. Similar to Monica and colleagues, parental rejection of substance use protects teens from alcohol, cigarette, and marijuana usage³². Parents' attitudes toward substance use dissuade teens, therefore preventative programs should be family-oriented. NIDA stresses the importance of parental supervision and monitoring in preventing substance use³³.

Effective communication, strict psychoactive substance regulations, and thorough supervision of children's activities have been shown to prevent and reduce adolescent substance use³⁴. This is why parents should establish clear family rules, monitor their children's activities, and create an environment that encourages good behavior. To reinforce rules, parents should use moderate yet consistent discipline³⁵. In addition, 16.9% of respondents said that youth empowerment reduces teenage drug usage. Also, 14.9% of respondents stated that drug abuse education prevents adolescents and teenagers from abusing drugs. Implementing drug prevention clubs in schools and adding interesting club activities has had positive results. This phenomenon has empowered some young people, helping them resist drug misuse and increase their commitment to abstaining from psychoactive substances.³⁶

CONCLUSION

Drug abuse is a widespread societal problem that disproportionately affects young people. When it becomes a regular occurrence, it does considerable harm to individuals, families, communities, and nations. The adolescent population actively engages in the use of illicit substances, including the excessive use of some narcotics, which have the potential to cause physiological changes or endanger their general well-being.

The outcomes of this study show a considerable prevalence of substance misuse at 40.4%. It also emphasizes the importance of peer and familial influence in the initiation and persistence of misuse of commonly prescribed drugs. The rising prevalence of substance abuse among young people, as well as the negative consequences such as decreased academic motivation, academic underachievement, physical and psychological ailments, self-inflicted harm, property damage, hostile behavior, identity crisis, and engagement in risky sexual behaviours, highlight the importance of developing comprehensive national initiatives and proactive intervention tactics. As a result, there is a need to improve the distribution of preventive health education in communities and through media platforms in order to increase adolescents' and young people's understanding of drug use risks. The use of media to combat drug misuse is justified because of its substantial impact on the younger generation. As a result, any educational program meant to combat drug usage among young people must take a holistic strategy that includes both identifying and mitigating risk factors as well as promoting protective variables.

Declaration by Authors

Ethical Approval: Approved

Acknowledgement: None

Source of Funding: None

Conflict of Interest: The authors declare no conflict of interest.

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- How to cite this article: Usoro Udousoro Akpan, Muhydeen Opeyemi Olojo, Tolulope Israel Oni, Emmanuel James, Onoja Abigail. Assessment of the prevalence and factors contributing to drug and alcohol use among young people in South-South, Nigeria. *International Journal of Science & Healthcare Research*. 2024; 9(2): 352-362. DOI: <https://doi.org/10.52403/ijshr.20240245>
