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FACTORS AND COMMON PROBLEMS ASSOCIATED WITH DRUG ABUSE IN NIGER DELTA UNIVERSITY, BAYELSA STATE

Osain E, 1 Ordinioha B3, Saywer W E2, T Nwakile P C2 Osain H P,1

Affiliations:

¹ Department of Pharmacy, Federal Medical Centre, Yenagoa

²Department of community Medicine, Faculty of Clinical Sciences, College of Health Sciences, Niger Delta University, Amassoma

³Department of Community Medicine and Public Health, Faculty of Clinical Sciences, College of Health Sciences, University of Port Harcourt

Corresponding Author: Osain E

Email: ebiyeosain@gmail.com

Department of Pharmacy, Federal Medical Centre, Yenagoa

ABSTRACT

This present study investigated the factors and common problems associated with drug abuse among undergraduates' students at the Niger Delta University, Wilberforce Island, Bayelsa State. A descriptive cross-sectional study design was adopted for the study, and data was obtained from 266 undergraduate students using a structured questionnaire. From the present study, most of the drug users' age bracket falls between 15-20 years 72.1% and is almost equally distributed between females 50.4% and males 49.6%. The most pronounced contributing factor was found to be peer influence, with 74.2% acknowledging this. These are characterized by some of the health consequences that include reckless behavior 75.4%, impaired thinking 71.3%, and restlessness 75.0%. The socioeconomic consequences are also enormous: 73.7% reported reduced academic performance, 61.3% reported reduced savings, and 48.8% needed to go to the hospital more often than usual. Family structure is found to be significantly associated with drug abuse (p<0.05). This study calls for comprehensive intervention strategies, including strengthening counseling services, strict implementation of policies, and substantial support systems among the affected students. The findings have brought to the fore that drug abuse needs a multi-faceted approach with institutional, family, and community involvement in effectively tackling this increasing menace among undergraduate's students in Niger Delta university.

Key words: Drug abuse, associated problems, health consequences, socioeconomic

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INTRODUCTION

Drug Abuse is inappropriate use prescription or over-the-counter medications, as well as the use of illegal drugs, for reasons other than those for which they are prescribed, or in a manner or quantity that has authorized been by a medical professional. The use of narcotics such as marijuana, cocaine, heroin, amphetamines, hallucinogens, and prescribed medicines such as opioids, sedatives, and stimulants for purposes other than medical treatment is included in this category.¹

Drug abuse has been a persistent global issue with a long and complex history. The use of psychoactive substances dates back to ancient civilizations, where drugs were used for medicinal. In ancient Mesopotamia and Egypt, opium was used for pain relief and in religious rituals. Cannabis was prevalent in ancient China and India for both medicinal and spiritual purposes. The coca leaf, from which cocaine is derived, was used by ancient South American cultures, particularly the Incas. for its stimulant effects.

Drug addiction has emerged as one of the most significant public health and socio-economic issues on a global scale. A study revealed that drug misuse is one of the most pervasive risk-taking behaviours among teenagers and the young population in higher education institutions.^{7,8} In recent years, there has been a discernible rise in the use of alcoholic beverages, especially in nations still to be developed. A different study also projected that nine percent of the populations of the world who are twelve years old or older are categorized as having a dependency on

psychoactive drugs like alcohol.⁹ This is becoming an increasing worry among students.

Factors associated with drug use to substance and drug usage includes the influence of one's peers. According to the World Drug Report, people who use drugs look for approval from their friends before beginning their habit as a means of trying to get acceptance.9 Others include environmental factors such as family background: The family environment, including factors such as family structure, parental substance abuse, and family support. and other variables like parental supervision, family relationships, and quality of home environment are important. Study has also showed that youth with single parent, stepparents and either parent families manifested higher risk of heavy substance abuse than those who are living with both parents (father and mother) together. 10 The influence of peers and their attitudes towards drug use, as well as the prevalence of drug use among the student's social circle is also a factor. The availability of drugs, the ease of access or availability of illicit drugs or misused prescription drugs the in student's environment contributes to drug abuse. Furthermore, the overall campus climate, including factors such as campus policies, drug prevention programs, and the presence of substance abuse on campus are important factors that could influence substance abuse. Common health problem associated with drug abuse include depression, anxiety, restlessness and stress

METHODS

The research used a descriptive crosssectional design. In order to determine the frequency of drug abstinence and the variables that contributes to drug abuse students. well-structured among a questionnaire was adopted and designed in line with the objectives of study. The questionnaire was also validated and pretested before it was distributed using the systematic random sampling method to students of various faculties and departments using student population data and their level. The estimated sample size of 282 was achieved through a multi-stage sampling

technique. This approach ensured that the sample was a representative of the diverse undergraduate population at Niger Delta University. The questionnaires were selfadministered, allowing the students to complete them at their own pace. The collected data was entered into a database using statistical software such as the Statistical Package for the Social Sciences (SPSS). The data entry process was carefully ensure monitored to accuracy completeness. Ethical clearance was obtained from the relevant authorities.

RESULTS Socio-Demographic Characteristics of respondents

Table 1: Socio-Demographic Characteristics of respondents (N = 240)

Variables	Frequency	Percentage	\mathbf{X}^2	P Value	
Gender	-		0.017	0.992	
Female	121	50.4			
Male	119	49.6			
Age (Years)			165.475	0.000	
15-20	173	72.1			
21-24	45	18.8			
25-30	22	9.2			
Marital Status			535.767	0.000	
Single	215	89.6			
Married	17	7.1			
Cohabiting	4	1.7			
No Response	4	1.7			
Level			40.675	0.000	
100	86	35.8			
200	117	48.8			
300	37	15.4			
Family			323.275	0.000	
Monogamy	144	60			
Polygamy	47	19.6			

Extended 5 2.1 3 3 4.6 5 5 3 5 5 5 5 5 5 5					
Single Mother 29 12.1 No Response 4 1.7 Father's Educational Level 10 4.2 None 10 4.2 Primary 29 12.1 Secondary 109 45.4 Tertiary 85 35.4 No Response 7 2.9 Mother's Educational Level 99.688 0.000 None 18 7.5 Primary 46 19.2 Secondary 107 44.6 4.6 Tertiary 68 28.3 5.0 No Response 1 0.4 28.771 0.001 Father's Occupation 28.771 0.001 1.0 Unemployed 44 18.3 2.2 2.7 Self-employed 74 30.8 2.7 2.7 0.001 Mother's Occupation 157.021 0.000 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	Extended	5	2.1		
No Response 4 1.7 Father's Educational Level 10 4.2 None 10 4.2 Primary 29 12.1 Secondary 109 45.4 Tertiary 85 35.4 No Response 7 2.9 Mother's Educational Level 99.688 0.000 None 18 7.5 Primary 46 19.2 Secondary 107 44.6 Tertiary 68 28.3 No Response 1 0.4 Father's Occupation 28.771 0.001 Unemployed 44 18.3 Civil\Public servant 73 30.4 Self-employed 74 30.8 Retiree 40 16.7 No Response 9 3.6 Mother's Occupation 157.021 0.000 Unemployed 42 17.5 Civil\Public servant 126 52.5 Self-employed 59 24.6	Single Father	11	4.6		
Father's Educational Level None 10 4.2 Primary 29 12.1 Secondary 109 45.4 Tertiary 85 35.4 No Response 7 2.9 Mother's Educational Level 99.688 0.000 None 18 7.5 Primary 46 19.2 Secondary 107 44.6 Tertiary 68 28.3 No Response 1 0.4 Father's Occupation 28.771 0.001 Unemployed 44 18.3 Civil\Public servant 73 30.4 Self-employed 74 30.8 Retiree 40 16.7 No Response 9 3.6 Mother's Occupation 157.021 0.000 Unemployed 42 17.5 Civil\Public servant 126 52.5 Self-employed 59 24.6	Single Mother	29	12.1		
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Secondary 109 45.4 Tertiary 85 35.4 No Response 7 2.9 Mother's Educational Level 99.688 0.000 None 18 7.5 Primary 46 19.2 Secondary 107 44.6 Tertiary 68 28.3 No Response 1 0.4 Father's Occupation 28.771 0.001 Unemployed 44 18.3 Civil\Public servant 73 30.4 Self-employed 74 30.8 Retiree 40 16.7 No Response 9 3.6 Mother's Occupation 157.021 0.000 Unemployed 42 17.5 Civil\Public servant 126 52.5 Self-employed 59 24.6	None	10	4.2		
Tertiary 85 35.4 No Response 7 2.9 Mother's Educational Level 99.688 0.000 None 18 7.5 99.688 0.000 Primary 46 19.2 44.6 19.2 44.6 19.2 44.6 10.2 44.6 10.2 44.6 10.2 44.6 10.4 <td>Primary</td> <td>29</td> <td>12.1</td> <td></td> <td></td>	Primary	29	12.1		
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Mother's Educational Level 99.688 0.000 None 18 7.5	Tertiary	85	35.4		
None 18 7.5 Primary 46 19.2 Secondary 107 44.6 Tertiary 68 28.3 No Response 1 0.4 Father's Occupation 28.771 0.001 Unemployed 44 18.3 Civil\Public servant 73 30.4 Self-employed 74 30.8 Retiree 40 16.7 No Response 9 3.6 Mother's Occupation 157.021 0.000 Unemployed 42 17.5 Civil\Public servant 126 52.5 Self-employed 59 24.6	No Response	7	2.9		
Primary 46 19.2 Secondary 107 44.6 Tertiary 68 28.3 No Response 1 0.4 Father's Occupation 28.771 0.001 Unemployed 44 18.3 Civil\Public servant 73 30.4 Self-employed 74 30.8 Retiree 40 16.7 No Response 9 3.6 Mother's Occupation 157.021 0.000 Unemployed 42 17.5 Civil\Public servant 126 52.5 Self-employed 59 24.6	Mother's Educational Level			99.688	0.000
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Tertiary 68 28.3 No Response 1 0.4 Father's Occupation 28.771 0.001 Unemployed 44 18.3 Civil\Public servant 73 30.4 Self-employed 74 30.8 Retiree 40 16.7 No Response 9 3.6 Mother's Occupation 157.021 0.000 Unemployed 42 17.5 Civil\Public servant 126 52.5 Self-employed 59 24.6	Primary	46	19.2		
No Response 1 0.4 Father's Occupation 28.771 0.001 Unemployed 44 18.3 Civil\Public servant 73 30.4 Self-employed 74 30.8 Retiree 40 16.7 No Response 9 3.6 Mother's Occupation 157.021 0.000 Unemployed 42 17.5 Civil\Public servant 126 52.5 Self-employed 59 24.6	Secondary	107	44.6		
Father's Occupation 28.771 0.001 Unemployed 44 18.3 Civil\Public servant 73 30.4 Self-employed 74 30.8 Retiree 40 16.7 No Response 9 3.6 Mother's Occupation 157.021 0.000 Unemployed 42 17.5 Civil\Public servant 126 52.5 Self-employed 59 24.6	Tertiary	68	28.3		
Unemployed 44 18.3 Civil\Public servant 73 30.4 Self-employed 74 30.8 Retiree 40 16.7 No Response 9 3.6 Mother's Occupation 157.021 0.000 Unemployed 42 17.5 Civil\Public servant 126 52.5 Self-employed 59 24.6	No Response	1	0.4		
Civil\Public servant 73 30.4 Self-employed 74 30.8 Retiree 40 16.7 No Response 9 3.6 Mother's Occupation 157.021 0.000 Unemployed 42 17.5 Civil\Public servant 126 52.5 Self-employed 59 24.6	Father's Occupation			28.771	0.001
Self-employed 74 30.8 Retiree 40 16.7 No Response 9 3.6 Mother's Occupation 157.021 0.000 Unemployed 42 17.5 Civil\Public servant 126 52.5 Self-employed 59 24.6	Unemployed	44	18.3		
Retiree 40 16.7 No Response 9 3.6 Mother's Occupation 157.021 0.000 Unemployed 42 17.5 Civil\Public servant 126 52.5 Self-employed 59 24.6	Civil\Public servant	73	30.4		
No Response 9 3.6 Mother's Occupation 157.021 0.000 Unemployed 42 17.5 Civil\Public servant 126 52.5 Self-employed 59 24.6	Self-employed	74	30.8		
Mother's Occupation 157.021 0.000 Unemployed 42 17.5 Civil\Public servant 126 52.5 Self-employed 59 24.6	Retiree	40	16.7		
Unemployed 42 17.5 Civil\Public servant 126 52.5 Self-employed 59 24.6	No Response	9	3.6		
Civil\Public servant 126 52.5 Self-employed 59 24.6	Mother's Occupation			157.021	0.000
Self-employed 59 24.6	Unemployed	42	17.5		
	Civil\Public servant	126	52.5		
	Self-employed	59	24.6		
		12	5		
No Response 1 0.4	No Response	1	0.4		

Data are presented as number (%)

A total of 282 participants were invited to participate in this research but only 266 participants participated, given a response rate of 94.4%.

The participants were made up of females (50.4 %) and males (49.6 %) (p < 0.05) who

were mostly within the age ranges of 15 - 20 years (72.1%, p < 0.05). Most of them are single; belong to monogamous homes, with parents (father and mother) mostly within the secondary school level of education. See Table 1.

Common Health Problems associated With Drug Abuse

Table 2: Common Health Problems associated with Drug Abuse among the Students The mean value=1.21 and Standard Deviation=0.412

Variables	Pos. Resp.	Neg. Resp.	X^2	P Value
	n (%)	n (%)		
Impaired Thinking or judgment	171 (71.3)	69 (28.6)	43.35	0.000
Reckless Behaviour	181 (75.4)	59 (24.6)	62.016	0.000

Respiratory Depression	47 (19.6)	193 (80.4)	88.817	0.000
Liver cirrhosis (Liver disease/damage)	62 (25.8)	178 (74.2)	56.067	0.000
Hyperactivity (reacting to everything)	111 (46.3)	129 (53.8)	1.35	0.509
Anorexia (eating disorder)	123 (51.3)	117 (48.8)	0.15	0.928
Hypertension	122 (50.8)	118 (49.2)	0.067	0.967
Heart Problems	71 (29.6)	169 (70.4)	40.017	0.000
Restlessness	180 (75.0)	60 (25.0)	60.0	0.000
Sleeplessness	150 (62.5)	90 (37.5)	15.0	0.000
Muscle cramp	52 (21.7)	188 (78.3)	77.067	0.000
Stomach Disturbance	142 (59.2)	98 (40.80)	8.067	0.018
Excessive Excitement	167 (69.6)	73 (30.4)	36.817	0.000
Impaired memory	109 (45.4)	131 (54.6)	2.017	0.365
Violent behavior	157 (65.4)	83 (34.6)	22.817	0.000
Sedation	131 (54.6)	109 (45.4)	2.017	0.365
Sluggishness	79 (32.9)	161 (67.1)	28.017	0.000
Depression	62 (25.8)	178 (74.2)	56.067	0.000
Excessive sweating	76 (31.7)	164 (68.3)	32.267	0.000
Delusion	90 (37.5)	150 (62.5)	15.0	0.000
Slow thinking	66 (27.5)	174 (72.5)	48.6	0.000

Data are presented as number (%)

Pos Resp – Positive Response; Neg Resp – Negative Response

From the table above, it can be seen that even though most of them gave a negative response to most of the health conditions, majority of them have been experiencing these health conditions associated with drug abuse with reckless behavior (75.4%) mostly experienced.

Factors associated with drug abuse amongst NDU students

Table 3: Societal perspectives regarding drug abuse Mean= 1.21 and Standard Deviation=0.412

Variables	SA n (%)	A n (%)	Neutral n (%)	D n (%)	SD n (%)	Mean	Standard deviation
My community neighborhood							
is favorable	40 (16.7)	115 (47.9)	36 (15.0)	29 (12.1)	20 (8.3)	2.48	1.153
Family history of problems,							

behavior and conflict	32 (13.3)	39 (16.3)	86 (35.8)	37 (15.4)	26 (10.8)	3.11	1.270
Family history of substance							
abuse	34 (14.2)	59 (24.6)	60 (25.0)	60 (25.0)	27 (11.3)	2.92	1.199
As a result of academic failure	51 (21.3)	65 (27.1)	36 (15.0)	59 (24.6)	29 (12.1)	2.73	1.312
Peer group influence	90 (37.5)	88 (36.7)	34 (14.2)	21 (8.8)	7 (2.9)	2.03	1.064
As a result of low school grades	36 (15.0)	77 (32.1)	49 (20.4)	47 (19.6)	31 (12.9)	2.83	1.270
Lack of commitment to school	36 (15.0)	49 (20.4)	65 (27.1)	49 (20.4)	31 (12.9)	3.03	1.298
History of being abused or							
neglected	79 (32.9)	58 (24.2)	30 (12.5)	45 (18.8)	28 (11.7)	2.52	1.411
Early initiation to drug abuse	84 (35.0)	44 (18.3)	39 (16.3)	48 (20.0)	25 (10.4)	2.54	1.431
Not living with one's parent	42 (17.5)	36 (15.0)	59 (24.6)	67 (27.9)	36 (15.0)	3.08	1.315
Certain social gathering							
(birthday, matriculation party)	81 (33.8)	58 (24.2)	38 (15.8)	34 (14.2)	29 (12.1)	2.47	1.393
As a result of low self-esteem	41 (17.1)	47 (19.6)	45 (18.8)	83 (34.6)	14 (5.8)	3.01	1.277
Male Gender	41 (17.1)	47 (19.6)	68 (28.3)	60 (25.0)	24 (10.0)	2.91	1.236
Illicit manufacture and disposal							
of drugs	42 (17.5)	60 (25.0)	56 (23.3)	58 (24.2)	24 (10.0)	2.84	1.254
Reduction on my income	87 (36.3)	48 (20.0)	44 (18.3)	42 (17.5)	19 (7.9)	2.41	1.341
Low productivity at work	51 (21.3)	80 (33.3)	33 (13.8)	52 (21.7)	24 (10.0)	2.66	1.300
Low productivity at work	31 (21.3)	00 (33.3)	33 (13.0)	32 (21.7)	24 (10.0)	2.00	1.500
Low academic performance	80 (33.3)	97 (40.4)	24 (10.0)	27 (11.3)	12 (5.0)	2.14	1.148
Reduced my savings	88 (36.7)	59 (24.6)	34 (14.2)	40 (16.7)	19 (7.9)	2.45	1.457
Poor communication with	64 (26.7)	89 (37.1)	21 (8.8)	41 (17.1)	25 (10.4)	2.48	1.325
family members	24 (10.0)	02 (20 0)	25 (11.2)	50 (00.1)	10 (17.6)	2.00	1.216
Increased number of hospital visits	24 (10.0)	93 (38.8)	27 (11.3)	53 (22.1)	43 (17.9)	2.99	1.316

N=240; SD = Standard Deviation; **Decision** = Weighted Average = Mean Total/number of item = 38.5/14 = 2.75

SA – Strongly Agree; A – Agreed; D – Disagree; SD – Strongly Disagree

Data obtained from the study showed the society perspective on factors that may cause an increase in drug abuse and the main factors were family history of problems, behavior and conflict, lack of commitment

to school and as a result of low esteem respectively. See Table 3.

The socioeconomic impact of drug abused were increased, also the number of hospital visits and low productivity at work respectively.

DISCUSSION

This study pointed out some major health issues due to drug abuse among students and showed alarmingly high prevalence rates of different health issues, with a mean value=1.21, Reckless behavior was noted as one of the major problems, and 75.4% of the

students stated that they indulge in activities that are risky and have never thought about their consequences (p<0.000). This very high percentage indicates a terrible situation regarding the students' public health; this behavior leads to accidents, injures, and other

legal problems that make a huge effect on students' lives¹¹. Studies also found that there was a significant relationship between substance abuse and sexual violence among undergraduates in federal universities in Nigeria. Additionally, studies have found that alcohol consumption can impair judgement and decision making, making it difficult to determine consent, and some students recognize that severe intoxication can prevent genuine consent^{11,12}.

A total of 71.3% reported impaired thinking and judgment, while p<0.000, showing a critical cognitive impact as a result of substance abuse. This may insinuate high prevalence of cognitive impairments due to effects widespread on academic performance, decision-making ability, and social interaction-compromised students' success and their future prospects. Similar study done that evaluated the impact of drug abuse on the academic performance and health status of 200 undergraduates of University of Ibadan, found that 45% of them had used at least one psychoactive substance in their lifetime, with alcohol (40%), cannabis (16%), and tobacco (12%) being the most common. 13 They also found that drug abuse had negative effects on the students' academic performance, physical health, and mental health.¹³

Other leading complaint most restlessness by 75.0% students, p<0.000. Other significant health complaints unveiled by this investigation include excessive excitement 69.6%, violent behaviour 65.4%, and sleeplessness 62.5%. Upsets of stomach were told by 59.2 % students while 54.6 % of the respondents talked about sedation. Research has shown that there is a significant amount of drug abuse among young people, and a significant portion of this behaviour is seen at educational institutions of superior quality. A study also found that the use of drugs and alcohol throughout adolescence is often the result of a social experience and learnt behaviour through the use of mass media, and copying of musicians and celebrities.14

These findings underscore the urgent need for comprehensive health interventions within the university setting. The high prevalence of multiple health issues indicates that universities should implement robust support systems, including:

Immediate medical intervention services, Mental health support and counseling, Regular health monitoring programs, educational initiatives about the health risks of substance abuse and Support groups and peer counseling programs. By acknowledging the widespread nature of these health problems and implementing comprehensive support systems, universities can better address the immediate health needs of students while also working to prevent long-term health complications associated with substance abuse.

This study establish that peer influence is the strong factor that contributes to drug abuse among university students, with a high percent (74.2%) of the respondents accepting this fact, as indicated by 37.5% who strongly agreed and 36.7% who agreed. This high percentage clearly illustrates that the social dynamics in the university environment play an influential role in substance use through social networks and norms within groups. Similar studies carried out in university Uyo recorded 94.3%.

Family factors seemed to be one of the complex contributors to drug abuse patterns. In this regard, the data showed that 38.8% of the students believed that family history of substance abuse contributed to their abuse, 14.2% strongly agreed and 24.6% agreed. Furthermore, 29.6% acknowledged family problems and behavioral conflicts, while 32.5% identified living away from parents. Compare to a similar study where a person's upbringing is a crucial element in

determining whether or not they engage in substance abuse or experiment with drugs and substances.¹⁸ These results show that family dynamics and stability are critical in the substance use behaviors of students.

Among academic factors, drug abuse patterns were well affected. Thus, 48.4% agreed with the statement that "academic failure contributes to drug abuse" where 21.3% strongly agreed and 27.1% agreed. Further, 47.1% identified one of the causes as "Low grades in school". Lack of commitment to school as pronounced by 35.4% students suggests that academic performance bears significant relevance with drug abuse.

Another trend that was observed was the strong influence of academic stress on substance use, which agrees with the studies both in Nigeria and globally. However, the intensity of how academic stress contributes to substance use in Nigeria may be a bit more severe perhaps due to the nature of academic stressors and expectations among Nigerian students as compared to others.¹⁹

In fact, the study showed considerable environmental and social influences; for example, 64.6% of the students revealed that their community neighborhood contributes to the problem. Social gatherings like birthday and matriculation parties were indicated by

58% as contributing factors. Of more importance is that 53.3% realized that early initiation to drug abuse is a significant factor and thus stressed the need for early prevention. This relates to a similar study where 22% of grade 9-12 students admitted

they have been offered sold and given illegal drugs on school this shows that our environment is highly polluted with drug abusers where friends, classmate and colloquies share drugs like normal pleasantries in the environment.¹⁵

CONCLUSION

Peer pressure is the factor that mostly influence young people. Contributory factors are complex and relate to factors in social, academic, and family domains.

Reckless behavior, impaired thinking, and restlessness are common problems associated with drug abuse. The

socioeconomic consequences are also pronounced such as reduced academic performance, reduced savings, and the needed to go to the hospital more often than usual. Family structure is found to be significantly associated with drug abuse.

RECOMMENDATIONS

The government at federal and state should increase the social economic status of the region with a known high rate of organized crime due to poverty and marginalization from the government that has brought about militance and crime. ^{16,17} Addressing unemployment and poverty through job creation programmers' and entrepreneurship initiatives will discourage youth involvement in crime and drug abuse, this will engage the undergraduate students and keep their mind busy when at school and during the holidays. ^{16,17}

A functioning society cannot exist where crime thrives unchecked. It is time for Nigeria to embrace the rule of law, restore public trust, and build a nation where security and justice prevail over criminal enterprise. The fight against drug abuse is not just a fight for governance, it is a fight for the nation's soul. Without urgent intervention, Nigeria risks deeper instability and increase in drug abuse and every form of criminality.

The government of Bayelsa State has established a Drug Addiction Prevention and Rehabilitation Committee a professional body that this will aid to educate university

students on the danger of drugs/ substance abuse also in the area of rehabilitation to students and others that have been affected mentally with drugs therefore the university should key into it in the management and treatment of those that abuse drugs.

LIMITATION

Self-Reported Nature of Data: The basis of this study is the self-reported nature of data. There could be issues of underreporting or over reporting due to the influence of social desirability. This may bias the responses to the survey questions about substance use. Many participants may not always provide candid or entirely accurate responses to every question.

Cross-sectional Design: The cross-sectional design involves the capturing of data at one point in time; hence, this may limit the

assessment of change in substance use behavior over time or establishing causal relationships among variables.

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CONFLICT OF INTEREST

There is no conflict of interest among authors and the project was self-sponsored. There was also no external influence on the study.

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