

**PREVALENCE AND ASSOCIATED RISK FACTORS FOR
DRUG ABUSE AMONG YOUTHS IN THE ILORIN EMIRATE,
NIGERIA: IMPLICATIONS FOR SOCIAL WELFARE
INTERVENTION**

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ABSTRACT: This study focused on the prevalence and associated risk factors for drug abuse among youths in the Ilorin Emirate, Nigeria, and implications for social welfare intervention. The population of the study consisted of all people within the age cohort of youth who are involved in drug abuse in the study area using purposive sampling to select six organisations that are dealing with people who abuse psychoactive drugs within the area of study. The study used snowballing to draw forty (40) research participants from each organisation, totalling 240 participants. The structured questionnaires were content validated, and the Cronbach alpha formula was used to determine the internal consistency reliability coefficients of 0.74, 0.84, 0.79, and 0.81, respectively, were obtained from all the scales. The data collected were via descriptive statistics, such as frequency counts, percentages, pie charts, means and standard deviations. The findings revealed that alcohol, cannabis/marijuana, tramadol, cigarette/tobacco, and Arizona, among others, are the leading drugs commonly abused by youth and have adverse effects on users. Equally, the study shows that inadequate staffing and stigmatisation from the public are the major factors impeding effective social welfare intervention in the study area. On the basis of these findings, the study recommended that there is an urgent need to recruit more social workers and establish more social welfare organisations that are dealing with people who abuse one form of drug or another to increase the number of qualified personnel that can handle such cases.

Keywords: Drug Abuse, Prevalence, Risk Factors, Social Welfare Intervention, Youth

INTRODUCTION

The menace of youth engagement in unlawful and illicit drugs in Nigeria has become a global concern, as it is equally experienced in virtually all human societies of the world. However, the degree of involvement of youth in psychoactive drugs varies from country to country time and space (Oladeinde, 2021). Young age is known as the transition period from childhood to adulthood and is one of the vulnerable periods characterized by numerous physical, physiological, emotional, psychological, and social changes. It is usually associated with multiple unapproved behaviours exhibited by some youth. The mutation of the youth in this period is critical to their development, and all the relevant stakeholders must be alert to

checkmate their naughty attitudes for their proper upbringing and social development (Olugbenga et al., 2009). Drug abuse is one of the behaviours that most youth usually exhibit during this period, and such behaviour is conceived as overreliance, misuse and overdependence on one or more particular substances or drugs with or without a prescription from a qualified pharmacist or medical personnel (Lakhanpal & Agnihotri, 2007). At the inception of this immoral act, it was usually practised among older adults. However, it has now cut across all ages, especially youth with inherent potential and capacity for personal and societal development in Nigeria (NDLEA, 1997).

A global survey was conducted by the World Health Organisation (WHO), which revealed that 25–90% of the youth in cities, especially those in secondary and higher institutions of learning and those who are not fully engaged with meaningful jobs, abused one illicit drug or the others (Owoyomi, 2018). Miller (2022) reported that approximately 165.5 million youth worldwide abused illicit drugs. Psychotic abuse is injurious and hazardous to the physical and mental well-being of users (WHO, 2018). Illicit drugs are a group of illegal substances that, when the user administers them, affect the cognitive processes of such individuals and have adverse effects on them. The menace and prevalence of drug abuse among youth are becoming more worrisome because of their associated risk factors, which include mental disorders, sexual dysfunction, drug dependence, suicidal thoughts and ideation, truancy in school, lousy peer associations, poor academic pursuits, and domestic violence (Ogunsola, & Fatusi, 2016). Similarly, drug abuse or psychoactive abuse has resulted in many adverse effects, which include but are not limited to deviant behaviour; addiction raises appetite and libido, which usually results in the unconscious raping of innocent girls or ladies who might be victims of such addiction, stealing, gambling, drug tolerance, expulsion from school, and severe death among youth (Baron & Kashler, 2008). The Indiana Prevention Resource Centre ([IPRC], 2003) revealed that tobacco and alcohol are generally considered “gateway” drugs because they are primarily initial substances or psychoactive and are adopted for use before they metamorphose into other illicit hard drugs that are more harmful, dangerous and injurious to the health of the person taking them.

Similarly, a study conducted in southwestern Nigeria revealed that cigarettes accounted for 81% of the most prevalent psychoactive drug abuse by teenagers and youth, especially those in higher institutions of learning in that area (Adekeye, 2015). Numerous factors, including curiosity, poor socioeconomic background, and the need for more energy to carry out daily activities as well as academic activities, have been attributed to drug abuse and addiction among youth in Nigeria (Uwaibi et al., 2007). Furthermore, drug abuse among the youth in contemporary society eroded the decent cultural system that was deeply embedded in our society before the engagement of the youth in this indecent act (Obianwu, 2005). Our youth, who are expected to be future leaders, have turned themselves into drug barons, which, to a large extent, have posed a significant risk to their health and other aspects of their lives (WHO, 2018). Nkhoma and Mafunmbate (2019) noted that most drug addicts suffer from unthinkable distress and injury of various forms as a result of their involvement in this unfortunate act of behaviour. The use of psychoactive substances could lead to alterations in the biological functioning of the human system of the abuser through its chemical composition, action and reactions (Okoye, 2001; Ifeoma et al., 2020). It can also alter user’s behaviours, thoughts, perceptions, countenances, worldviews, and general body system (Balogun, 2006).

This is evident from the unimaginable behaviours perpetrated by people within the age cohort of youth, which include but are not limited to ritual killing, cybercrime, and secret cults, among

others (Oshodi et al., 2010). Oshodi et al. (2010) noted that such unimaginable behaviours predicted by various psychoactive substances have put our nation in a precarious situation in recent times. Ibrahim et al. (2016) noted that overreliance on drug(s) can predispose abusers to various health challenges, which often lead to irreversible physical and mental damage. Some of the youth and adolescents who engaged in drug abuse eventually ended their lives in careers of insanity or social misfit or were unable to continue their life pursuits or education. Eventually, they rust from school because they are unable to cope academically due to mental challenges (Seraphim, 2005). According to the NAFDAC (2004), there are numerous drugs abused by people in Nigeria, which include stimulants, hallucinogens, narcotics, sedatives, miscellaneous drugs, and tranquilisers. Another associated risk factor for drug abuse is injectable drugs (e.g., heroin), which are susceptible to deadly infections such as HIV and hepatitis (Makanjuola et al., 2007). The United Nations Office on Drugs and Crimes (2011) reported that more than 75% of billion youth globally aged 15--45, approximately 275 million (ranging from 204-364 million) of the world population, are engaged in the use of psychoactive drugs or substance use. Social welfare as an offshoot of social work is saddled with the responsibility of rehabilitating and reintegrating drug addicts, who are also part of the vulnerable/disadvantaged but integral members of society to an everyday life devoid of any form of dependency and addiction (Okitipi & Aymer, 2000).

According to Miller (2022), clinical intervention remains one of the most influential and potent interventions for individuals with drug addictions at the critical stage of addiction. However, social welfare interventions in collaboration with other relevant professionals have produced unprecedented results in drug addiction interventions (Khaswa & Makhalemele, 2020). Zastrow et al. (2019) identified five therapeutic interventions, which are known as motivational interventions, in which social welfare is employed in the rehabilitation of drug addicted clients. These include the preconception stage, which implies that the person addicting to the drug sees no harm in such behaviour and is not ready to change at that particular point in time. The second stage is known as contemplation, which entails that the drug addict is aware of the addiction and is considering making positive changes but has not yet been determined. According to Zastrow et al., preparation is the third stage in the motivational intervention process of the drug addiction, in which the person addicting to drugs has decided to have a life-changing substance addiction but is considering how to actualise the mission. Action is the stage when person is actively doing something towards positive change in the area of drug addiction. Finally, maintenance occurs when person strives to maintain a new lifestyle.

Zastrow et al. (2019) posit that there may be a kind of attraction to return to the former behaviour (addiction) or even a minor setback. Many studies have been conducted on the issue of drug abuse in Nigeria or other parts of the world, but few or none of these studies have considered the variables under investigation in Ilorin Emirate, Nigeria (Gilvarry, 2000; Boys et al., 2001 Ani, 2014; Afolab et al., 2022). The paucity of studies on the variables under investigation in the study area creates a literature and empirical gap, which this study intends to fill by identifying a feasible panacea to this problem. This study has the potential to contribute to the broader body of knowledge through the identification of risk factors of psychoactive drugs, increase understanding of the prevalence of drug abuse, develop effective interventions and contribute to a global understanding of drug abuse. Similarly, the study's findings can be compared to similar studies conducted in other parts of Nigeria or other countries. This can help contribute to a better understanding of the global prevalence of drug abuse and inform the development of coordinated international efforts to combat drug abuse. This study, therefore, intends to examine the prevalence and associated risk factors affect drug

abuse among youths in the Ilorin Emirate and interventions to address the menace in the study area.

Research Questions

The following questions guided this study:

1. To what extent is the prevalence of drug abuse among youth in Ilorin Emirate, Nigeria?
2. What are the associated risk factors for drug abuse among youth in Ilorin Emirate, Nigeria?
3. What are the various drugs most commonly abused by the youth in the study area?
4. What are the factors responsible for the inadequate intervention of social welfare officials in the study area?

Theoretical Framework

This study adopted the social learning theory propounded by Bandura and Walters (1977). This theory is premised on the assumption that substance abuse among youth and teenagers is often predicted and influenced by the social environment in which the abusers grow up, which ranges from family, peers, and community at large. Social learning theorists further assert that abusers can learn about the phenomenon of drug abuse from their parents, friends, older siblings, or even sometimes through the internet. The theory notes that there is a greater tendency for an individual in such an environment to follow a similar path and trend if those who engage in such behaviour receive positive accolades or reinforcement rather than negative reinforcement or punishment for indulging in such behaviour. For example, if a young individual observes his peers and family members indulging in substance abuse and such behaviour attracts positive accolades and reinforcement, this could increase the tendency to accept indulging in similar behaviour.

Equally, social learning theory hinges on the assumption that individuals will indulge in psychoactive substances if they recognize that minimal adverse outcomes accompany involvement in such behaviour from their judgement and calculation of addictions. The theory noted that such recognition and perception are usually shaped by the social environment and the virtual social network to which they are exposed. Moreover, family and community play vital roles in the context of drug abuse among youth in particular environments. Suppose that a teenager is brought up in an environment where those who are supposed to be regarded as role models, mentors, and idols are engaging in drug abuse. In that case, there is a greater tendency and probability of experiencing drug abuse among the growing youth. Similarly, teenagers may witness their parents, peers, and significant others abusing drugs in their social environment without any negative attachments or outcomes. In that case, such teenagers might view the act of abusing drugs as an appropriate and acceptable standard of behaviour in society.

However, the theory suggests that to address the incidence of drug abuse in a particular society or environment, efforts should be intensified by various stakeholders in such environments to design appropriate interventions that focus on drug-free mentors, idols and role models for the growing up youth to emulate to discourage the menace of drug abuse in society to the barest minimum.

MATERIALS AND METHODS

The study was conducted in the Ilorin Emirate, comprising four local government areas (Ilorin West, Ilorin East, Ilorin South and Asa). A cross-sectional survey design was employed to sample the participants' opinions, experiences, and attitudes under investigation in one short survey contact. The population of the study comprises all the drug abusers within the age cohort of youth in the study area. The study, therefore, used purposive sampling to select six organisations that deal with people who abuse psychoactive drugs in the study area. These organisations included the National Drug Law Enforcement Agency (NDLEA), the Behavioural Department of General Teaching Hospital Ilorin, the Neo-Psychiatric Hospital Budo-Egba, Boscal Home Ganmo, Jolayemi Hospital Lao, and Teaching Hospital Ilorin. The unique characteristics of individuals with drug addiction in the study area such as co-occurring disorders, chronic drug use, poor social support, high levels of psychiatric distress, treatment resistance, and a history of trauma among others were the basis for the selection of these organisations. The study used snowballing to draw forty (40) research participants from each of the six organisations mentioned above, making the sample size of this study a total of two hundred forty (240) participants. The snowballing sampling technique in this study included identifying the first set of suitable participants; then, the researchers asked the initial participants to refer other individuals who met the eligibility criteria for the study. The referred participants were approached and screened for eligibility. Those who met the criteria were recruited for the study. The recruited participants were asked to refer other eligible participants, and the process continued until the desired sample size was achieved.

Recognizing the potential biases inherent in the snowballing sampling technique, such as social desirability bias and the exclusion of non-network members, the researchers were prepared to address these issues. They made efforts to mitigate these biases to the best of their ability. The decision to use a sample size of two hundred and forty was based on the unique characteristics of the study area, including the availability of service users (the participants) and the specific nature of the services provided by the organizations. In addition, the phenomenological approach was adopted to select twelve interviewees for in-depth interviews (IDIs), which included one drug abuser and one social welfare official from each of the six selected organisations to corroborate the results obtained from the quantitative data. The social welfare officials assisted the researchers in those in accessing the research participants easily and for easier administration of the questionnaires. The study comprises five sections (A-E), and the data on the demographic characteristics of the research participants were obtained through a self-developed demographic questionnaire. A self-developed scale titled the Prevalence of Drug Abuse Questionnaire (PDAQ) was used for section B and was subsequently revalidated by the four experts in the Department of Social Work for content validation and consistency. It consists of 5 items with four Likert scales and a reliability coefficient of 0.77, which was considered applicable to this study.

Section C consisted of a questionnaire on the associated risk factors for drug abuse and was obtained from the Associated Risk Factor Scale (ARFS) developed by Afolabi et al. (2012) for the measurement of the associated risk factors for drug abuse. The seven items in the ARFS were rated on a 4-point Likert scale, and the piloted split-half scale reliability was found to be 0.84 for this study. Section D consisted of questions on drugs abused mainly by the respondents, and it was obtained from Osalusi et al. (2022). It contains 13 items and yielded a reliability coefficient of 0.79. Section E contained questions on the factors responsible for

inadequate interventions. The questionnaire was obtained from Kelani (2019) and consists of six items with a reliability coefficient of 0.81, which was considered suitable for this study.

The data via descriptive statistics such as frequency percentages, pie charts, means and standard deviations. On the other hand, the qualitative data obtained were first transcribed, and thematic content analysis was used to analyse the data obtained through an in-depth interview. Ethical approval was sought from the six selected organisations to treat the data collected with the utmost confidentiality and anonymity. Moreover, the research participants were informed at the initial stage of administering the questionnaires about their right to withdraw from participation if necessary, ensuring their autonomy and respect for their decisions.

PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

Analysis of research participants' sociodemographic characteristics

This begins with the demographic data of the research participants, which include sex, age, marital status, religion, education, and occupation, as presented below.

Table 1: Sociodemographic characteristics of the respondents

S/No	Variable	Categories	Frequency	Percentage (%)
1	Gender	Male	186	77.5
		Female	54	22.5
		Total	240	100.0
2	Age	21-24	92	38.3
		15-20	85	35.4
		25 years and above	63	26.3
		Total	240	100.0
3	Marital Status	Single	142	59.2
		Ever Married	38	15.8
		Married	31	12.9
		Consensual Relationship	29	12.1
		Total	240	100.0
4	Religion	Islam	127	52.9
		Christianity	106	44.2
		Africa Tradition Religion (ATR)	7	2.9
		Total	240	100.0
		5	Education	OND/NCE

S/No	Variable	Categories	Frequency	Percentage (%)
6	Occupation	WAEC and Equivalent	72	30
		B.Sc./HND	65	27.1
		M.Sc. and Equivalent	16	6.6
		Total	240	100.0
		Non-working	167	69.6
		Working	73	30.4
		Total	240	100.0

Table 1 shows the demographic characteristics of the respondents. The distribution of the respondents by gender indicates more than a quarter; 186 (77.5%) of the research participants were males, whereas 54 (22.5%) were females. The distribution of the research participants by age revealed that 92 (38.35) of the participants were between the ages of 21 and 24 years, 85 (35.4%) were between the ages of 15 and 20 years, and 63 (26.3%) were above the age of 25 years. The distribution of the respondents by marital status was more than average: 142 (59.2%) of the participants were single, 38 (12.95) were ever married, 31 (12.9%) were married, and 29 (12.1%) were in a consensual relationship. The distribution of the respondents by educational qualification indicates that 87 (36.3%) of the participants had OND/NCE, 72 (30%) of the participants had BSc/HND, and 16 (6.6%) of the participants had MSc, which was equivalent to their educational qualifications. The distribution of the respondents by occupation indicates that 167 (69.6) of the participants were not working and that 73 (30.4%) were working. It can be inferred from the above data that the majority of the youth who engaged in illicit drug use in the area of the study were predominantly unemployed members of society.

Research question 1: To what extent is the prevalence of drug abuse among youth in the Ilorin Emirate, Nigeria?

Table 2: Mean prevalence of drug abuse among the respondents

S/N	STATEMENT	N	Mean	Std. D	Decision
1	I learnt about drug abuse from my friends.	240	2.72	1.16	Positive
2	I abused various drugs because I saw my family members doing so	240	2.76	1.12	Positive
3	Drugs are commonly abused in my community and neighbourhood.	240	2..64	0.73	Positive
4	I used drugs most times	240	2.74	0.59	Positive
5	I have been abusing drugs for an extended period.	240	2..63	0.54	Positive
	Prevalence of drug abuse	240	2..71	0.78	Positive

Criterion Mean =2.5

Table 2 lists five items related to the prevalence of drug abuse among youth. All the items in the scales related to the question have means of 2.72, 2.76, 2.64, 2.74 and 2.63, which are higher than the criterion mean of 2.5. This shows that all the statements in the table concern the prevalence of drug abuse among youth in the study area. Thus, all the respondents agreed

with and attested to the higher prevalence of drug abuse in the study area. This study is in tandem with Uwaibi et al. (2022), who reported that the majority of drug addicts in their study area were lured into the act through peer pressure and that they eventually became obsessed with the act in the long run. Afolabi et al. (2012) reported that psychoactive drugs were frequently abused by their respondents through the oral route of administration, which implies that there was a higher prevalence of drug abuse in their area of study among the youth who engaged in the drugs at any time of the day once they were urged. Similarly, this study is in line with Abonyi et al. (2022), who posited that lousy parenting is one of the significant factors responsible for the menace of drug abuse among Nigerian youth because parents are the first point of learning and the first agent of socialisation to all children.

Based on the above findings, there is both convergence and divergence in studies on the prevalence of drug abuse among youths in Nigeria, as evidenced by previous research. In the area of convergence, on the one hand, multiple studies have consistently found that drug abuse is a significant problem among Nigerian youth. In a survey by Abdulmalik et al. (2020), for example, it was reported that the prevalence of drug abuse among youths in Nigeria was as high as 20.1%. Another research by Alechenu et al. (2018) found that drug abuse is influenced by factors such as family background, peer pressure, and the availability of drugs in Nigeria. These factors were also identified in other studies by Yakubu and Salih (2017). The area of divergence, on the other hand, there is a lack of agreement on the specific types of drugs that are commonly abused and the rate of its prevalence among Nigerian youth in different parts of the country. For example, a study by Aroke et al. (2019) reported that cannabis was the most widely used drug, while other studies, such as that by Obimakinde et al. (2017), noted that codeine cough syrup was more prevalent. Furthermore, there is variation in the reported prevalence rates of drug abuse among Nigerian youth.

While some studies report prevalence rates as high as 20% (Abdulmalik et al., 2020), others report rates as low as 3.8% (Oshodi et al., 2010).

The excerpt from the interview granted

One of the interviewees averted that:

I started using drugs right from primary school when my elder siblings sent me to get cigarettes and other kinds of alcoholic drinks.

Another interviewee reported the following:

I can quickly get any drug in my area because it is selling over the counters, especially from the petty traders in my area.

Another interviewee commented that:

I started smoking when I was in secondary school when I saw my classmate smoking during the break hours, and I did not want to be left alone and looked down on as an immature guy.

Another interviewee reiterated that

I learned how to smoke from my grandfather because he was selling drugs and different kinds of alcoholic drinks. People come from other places to buy their desired drugs and subsequently play traditional games known as “AYO” and “draft games” when they are enjoying the drugs/drinks purchased from them.

Research question 2: What are the associated risk factors for drug abuse among youth in Ilorin Emirate, Nigeria?

Table 3: Mean risk factors for drug abuse

S/N	STATEMENT	N	Mean	Std. D	Decision
1	Drug addicts may develop mental disorders.	240	2.87	0.89	Positive
2	One who abused drugs may drop out of school.	240	2.65	1.10	Positive
3	Drug abuse may result in Stealing or robbery.	240	2.79	1.12	Positive
4	Drug abuse may lead to suicide attempts.	240	2.66	1.02	Positive
5	Drug users may involve in raping.	240	2.61	0.91	Positive
6	Drug abuse is a pathway to involvement in cultism.	240	2.58	0.65	Positive
7	Drug abuse may lead to murder.	240	2.74	0.60	Positive
	Risk factors for drug abuse	240	2.78	0.58	Positive

Criterion Mean =2.5

Table 3 shows a calculated mean value of 2.87. The values of 2.65, 2.79, 2.66, 2.61, 2.58 and 2.74 for all the items on the scale of risk factors for drug abuse are higher than the criterion value/mean of 2.5; therefore, all the listed items are risk factors for drug abuse in youth. This is an indication that all the research participants agreed that mental disorders, dropping out of school, stealing/robbery, suicide attempts, involvement in raping, the path to cultism, and murder are risk factors for engagement in psychoactive drugs. This conforms to the findings of Osalusi et al. (2022), who reported that the associated risk factors for drug abuse included mental disorders, liver cancer, sleeping disorders, and talking to oneself, which may eventually result in hallucinations and chronic kidney diseases, among other conditions. The study equally supports the stance of Nkhoma and Mafunmbate (2019) that most drug addicts suffer from unimaginable mental distress and injury of various forms as a result of their involvement in psychoactive behaviour. Ibrahim et al. (2016) posit that overreliance on psychoactive drugs can predispose abusers to different health issues, which often lead to irreversible damage.

Notably, from the above findings, it becomes imperative to compare the results with previous discourses and studies based on their agreement and disagreement points of view. Some studies agreed that risk factors for drug abuse among youths in Nigeria include mental disorders, dropping out of school, stealing/robbery, suicide attempts, involvement in raping, the path of cultism, and murder are risk factors for engagement in psychoactive drugs among others, which in agreement with this study (Ahmed et al., 2019; Cofie et al., 2020; Nwagu et al., 2020). Similarly, the findings showed the likely tendency of drug addicts to have suicidal ideation, which aligns with (Nkhoma & Mafunmbate, 2019; Osalusi et al. 2022). The study also showed that drug abuse can lead to involvement in cultism, which is consistent with previous studies (Adebowale et al., 2018; Nwankwo et al., 2020). However, this study observed that the psychological health of the abusers is significantly affected, while previous studies had established that mental health issues increased the risk of drug abuse (Ibrahim et al. 2016;

Adelekan et al., 2020). The study found that there is a higher tendency for drug addicts to involve in raping, while previous studies had established that only a few drug addicts were involved in raping (Fayombo et al., 2018; Aroke et al. 2019). The study did not show any significant effect of religion on drug abuse, while previous research had established that religious affiliation and participation can act as protective factors against drug abuse (Aigbokhan et al., 2018; Osalusi et al., 2022).

The excerpt from the interview was as follows:

One of the interviewees noted the following:

Owing to my involvement in different kinds of drugs, people noticed that I do talk to myself most of the time, and people in our area reported my strange behaviour to my parents. That is the reason I was brought to the behavioural department of the hospital for proper treatment and intervention.

Another interviewee posited the following:

Whenever I had a thirst and the urge to smoke, I could look for money anywhere to quench the urge.

Another interviewee recounted his ordeal:

I have attended more than two higher institutions, and I could not finish any because, along the line, I had episodes/crises that always required medical and social intervention for me to return to my normal state of mind as a result of my involvement in different kinds of psychoactive drugs.

Another interviewee reported that:

I am in the clinic today to get a recommendation letter from a doctor to pursue my redeployment from the initial state I was posted to because of my inability to continue because I needed to stay nearby so that I could quickly get attention whenever I had crises owing to my state of mental health as a result of my involvement in different kinds of drugs some time ago.

Another interviewee stated:

Our house was invaded and searched for by police officers three days ago; tramadol, cannabis, and other unlawful drugs were found in our apartment. As a result, I was one of the culprits handed over to National Drug Law Enforcement Agency (NDLEA) officers for thorough investigation.

Research question 3: What are the various drugs most commonly abused by the youth in the study area?

Figure 4: PIE CHART of various drugs mostly abused by youth in the study area

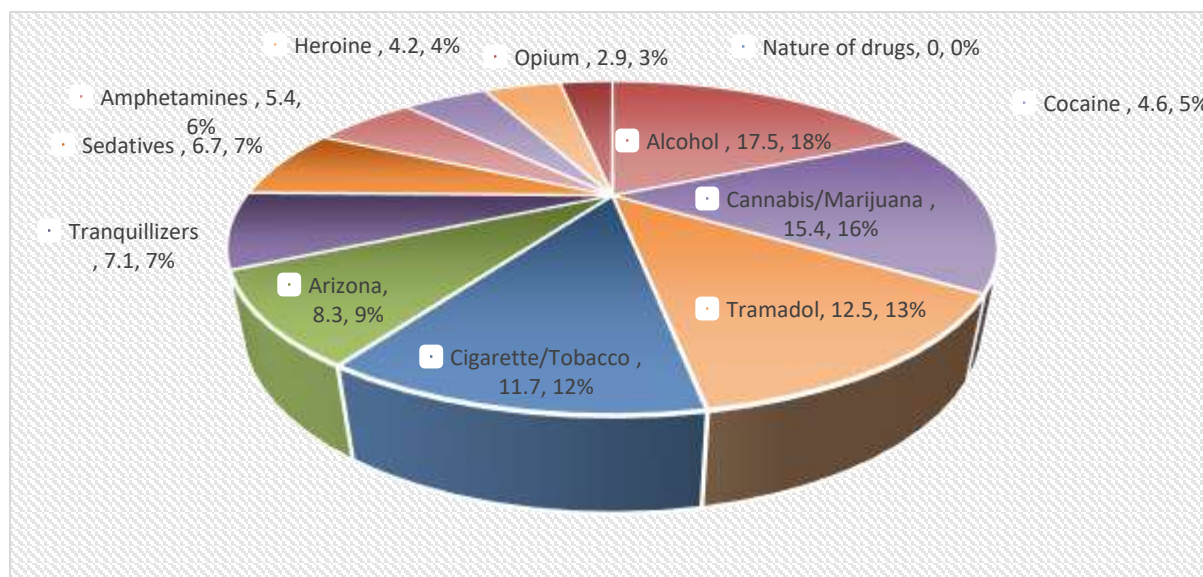


Figure 4 shows the drugs most commonly used by the respondents, which included alcohol, cannabis, marijuana, tramadol, cigarette/tobacco, and Arizona, among others. The findings of this study are consistent with those of Oladeinde (2021), who reported that most Nigerian youths are more addicted to and obsessed with different kinds of psychoactive drugs, which they abuse in their respective comfort zones and other places of study and relaxation centers regularly. Adeparua (2022) and Abonyi (2022) also support the findings of this study that easy accessibility to the procurement of different kinds of psychoactive drugs in all nooks and crannies of the state compounded the menace of drug abuse among the teeming population of Nigerian youth, which required concerted efforts from all the stakeholders.

However, there is a lack of agreement on the specific types of drugs that are commonly abused among Nigerian youths. Aroke et al. (2019) reported that cannabis was the most widely used drug, while other studies, such as Obimakinde et al. (2017), found that codeine cough syrup was more prevalent. This study finds that alcohol is the most abused drug among participants, which demonstrates the area of convergence with the previous studies.

The excerpt from the interview was as follows:

One of the interviewees noted the following:

I do drink alcohol and cigarettes when I am with my friends, especially when we are in clubs or social gatherings. Similarly, most of my friends involved in abusing different kinds of drugs regarded it as a means of socialising in our group. Therefore, they saw no harm to their involvement in such behaviour.

Research question 4: What are the factors responsible for the inadequate intervention of social welfare officials in the study area?

Table 5: Mean number of respondents with inadequate interventions

S/N	STATEMENT	N	Mean	Std. D	Decision
1	Stigmatisation	240	2.78	1.08	Positive
2	Poor staffing	240	2.72	1.03	Positive
3	Poor infrastructure	240	2.80	0.96	Positive
4	Influence of drug associations	240	2.68	0.78	Positive
5	Inadequate mental health policy	240	2.74	0.72	Positive
6	Shortage of mental health experts	240	2.64	0.64	Positive
	Inadequate intervention	240	2.79	0.85	Positive

Criterion Mean =2.5

Table 5 shows calculated mean values of 2.78, 2.72, 2.80, 2.68, 2.74 and 2.64 for all the items on the scale of inadequate intervention, respectively, which are higher than the test value of 2.5. Thus, all the listed items are responsible for insufficient and ineffective social welfare intervention in managing and curbing the menace of drug abuse among Nigerian youth. This finding is in line with that of Kelani (2019), who reported that numerous issues and challenges, such as stigmatisation, inadequate care, a shortage of mental health experts and a host of others, are significant factors influencing effective intervention in social welfare in the professional intervention of drug addicted clients. Abonyi et al. (2022) reported that social workers and social welfare are in a vantage position to provide therapeutic intervention for people who are deeply involved in psychoactive consumption. Nevertheless, the profession faces several challenges in wading into professional tasks to reduce the menace in our society to the barest minimum.

Furthermore, in terms of areas of convergence with previous studies, there are a number of studies that have highlighted similar factors that contribute to ineffective interventions in addressing drug abuse among youths. For example, a study by Isralowitz, et al. (2016) noted that limited funding, insufficient resources, and a lack of cooperation among stakeholders were major challenges facing drug abuse prevention efforts in Nigeria. Another study by Obaremi and Odejide (2018) reported that cultural factors such as stigmatization, moral disapproval, and societal norms also hampered interventions aimed at addressing drug abuse among youths in Nigeria. In terms of areas of divergence, the study on inadequate interventions by social welfare officials in Nigeria primarily focuses on the role of social welfare officials and their limitations in addressing drug abuse among youths, while other studies may examine different stakeholder groups such as law enforcement, healthcare providers or community leaders (Ahmed et al., 2017). Additionally, this study highlights the influence of drug associations as a factor contributing to the inadequacy of interventions, which has not been as extensively researched in previous studies.

The excerpt from the interview was as follows:

The interview was granted by the Social Welfare official:

As one of the social welfare officials in this organisation who has spent a considerable number of years in the field, I can categorically tell you that one of the central issues in dealing with drug-addicted clients is inadequate staffing and that has made our efforts futile in most cases because there is little help we could render to address the issue in our domain.

Another social welfare official reported that:

People do call us different sorts of derogatory names because we are dealing with clients who have one issue or another about their social functioning in our society due to addiction to other kinds of drugs, which impedes our activities in providing effective services.

Another social welfare official noted the following:

A lack of collaboration among relevant professionals in the area of drug-addicted clients is one of the major impediments and barriers facing our tasks as welfare officials. This is because we need concerted efforts from other stakeholders to address the menace of drug abuse in our environment.

Conclusion

The use of psychoactive drugs by youth has been a source of concern for all stakeholders because of their attendant risk factors, which drug users have ignored. The findings of this study revealed that family dysfunction, peer pressure, environmental factors, mental disorders, and dropping out of school are the major factors that contribute adversely to the phenomenon of drug abuse among Nigerian youth. Similarly, this study revealed that alcohol, marijuana, and tramadol are significant drugs that are frequently abused by research participants. Equally, inadequate staffing and a lack of professional collaboration are other factors affecting effective social welfare intervention in the context of the trend of drug use in the study area.

Implications for social welfare intervention

Youth involvement in psychoactive drugs requires appropriate intervention to identify the likely risk factors for such behaviour. Thus, social welfare is one of the helping professions that can assist drug-addicted clients in addressing such anomalies that ravage the client's social functioning in society. Social welfare intervention in the case of a drug-addicted client can be conducted through the process of engagement, which involves a positive relationship and rapport between the client and service provider to identify the aetiology of the problem. An assessment of the client follows this approach to determine the best mode of intervention. This is followed by the multiple-system approach to ascertain the best treatment plan suitable for a particular client. The fourth line of intervention by social welfare is a follow-up to monitor the intervention progress and avoid likely reversion in the treatment processes. On the basis of the above-discussed processes, an effective social intervention can be provided to the client who is involved in psychoactive drugs. Notably, this process requires social work skills and knowledge within a professional code of ethics for effective intervention and outcomes.

Recommendations

On the basis of the findings of the study, the following recommendations were made:

- i. There is an urgent need for the government at all levels to recruit more social workers and establish more social welfare organisations that are dealing with people who abuse one form of drug or another to increase the number of qualified personnel that can handle such cases.

- ii. There should be collaboration among relevant professional bodies in finding a feasible panacea to the menace of drug abuse in our society.
- iii. There should be intensive sensitisation and awareness programmes both in print and in the media to educate youth on the danger inherent in indulging in substance abuse.
- iv. It would be very advantageous if drug rehabilitation centers could be established by the government or highly spirited philanthropists in both rural and urban centers to provide the required intervention for drug addicted members of society.
- v. The government should put in place stringent measures to regulate the proliferation of outlets or shops where these harmful drugs can be easily procured.
- vi. Community organisations should look thoroughly into any social gathering or relaxation centres that are capable of increasing the incidence of drug abuse in their respective domain.
- vii. Parents should give their wards adequate upbringing that will serve as regulators to shy away from likely peer pressure in the area of drug abuse and other social vice.

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