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Prevalence of Substance Abuse among Undergraduate Students of Obafemi Awolowo University, Nigeria

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Abstract

Background: The incidence of drug abuse has constituted a major issue of concern in the contemporary Nigeria society. The rate at which undergraduate students are getting involved in this obnoxious deviant behaviour is posing a big threat to the future of this country. The purpose of the study was to look into the prevalence of substance abuse among undergraduate students of Obafemi Awolowo University Ile-Ife, Osun state.

Method: A total of 110 undergraduate volunteers were gathered for the study using a simple random sampling procedure. Data were gathered using a self-structured substance abuse questionnaire(SAQ), and frequency distribution and percentages were used for analysis.

Results: The study's findings showed that among its participants,

substance abuse is quite prevalent (72.7%). Alcohol, opioids, amphetamines and cigarettes are drugs that are frequently misused. The majority of the survey participants who used drugs began doing so after being accepted into the institution. The motives for substance misuse have been recognized as curiosity, feeling good, sex performance, and confidence building.

Conclusion: Substance addiction has been linked to gender, having a family member who abuses drugs, peer pressure, having friends who abuse drugs, and having a dysfunctional home. As this will go a long way to deterring students from misusing drugs, the school administration should regularly conduct seminars to inform the university community about the short- and long-term health implications of substance misuse.

Keywords: Substance of Abuse, Drug Addiction, Consequences of Substance Abuse, Students, Nigeria

Introduction

Since time in memorial, medicinal plants have been used in healing and preventing diseases. The chronic use of substance(s) can cause some irreversible physical and psychological development. The use of substance could be beneficial or harmful depending on how it is been used. Substance(s) could bring about a change in the biological function of a living organism

through its chemical composition^[1]. Psychoactive drugs and substances have the primary effect on the mind such as changing mood, feelings, perceptions (how we think), cognition (how we reason), behaviour, and general body function. They could thus be considered as chemical modifiers of the living tissues that could bring about psychological and behavioural changes^[2]. The use and abuse of substance(s) by youths have become one of the most disturbing health related occurrence in society; several youths have become insane, irresponsible and a liability to themselves, their immediate family and the society at large. Substance(s) can be used for treatment or prevention of disease in man or animals; it also causes a change in the body function, either positively or negatively, depending on the body composition of the user, type of substance(s) used, dose used, or combination with other substance(s) at the same time. NAFDAC explains the term substance abuse as the excessive and persistent usage of a substance without regard to the medically or culturally accepted patterns. Substance abuse can be in the form of drugs, energy boosters, pain relievers etc^[3]. Declining grades, absenteeism from school and other activities, and increased possibilities for dropping out of school are problems associated with adolescent substance abuse.

The substances commonly abused include tobacco, alcohol, stimulants like caffeine, nicotine, cannabinoids, amphetamine, volatile solvents like glue, petrol, diethyl ether, chloroform correction fluid, psychotropic medicines such as sedatives, anxiolytics, hypnotics etc^[4] (Fig 1). The consumption of substance(s) such as alcohol, amphetamine, cannabis, marijuana, caffeine, tobacco among others are now being taken frequently in large quantities by youths as they constitute the high risk of drug abusers. Today more youths are becoming drug dependent; those who are mainly from well-to-do homes are increasingly identified with the big boy. Most of the drugs being abused are beneficial, but also have devastating after effects such as psychosis, paranoid schizophrenia, and chronic addiction with all the implications of mental and physical dependency. Some of the social and environmental contributory factors associated with substance/drug abuse include living away from home, relaxed parental control, isolation from family, early exposure to drugs, peer influence, easy access to the drugs and their availability et cetera.

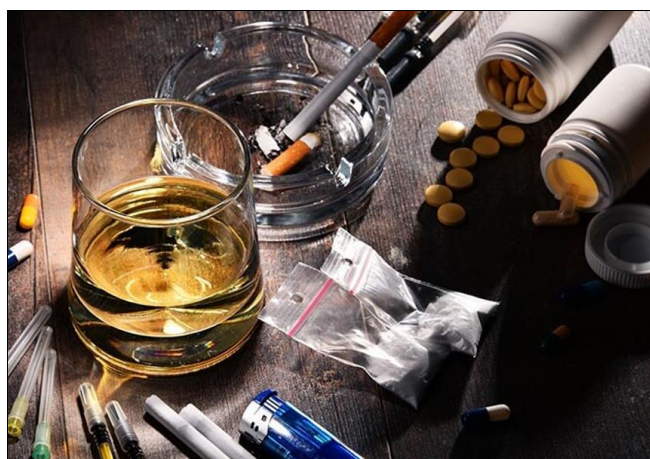


Fig 1: Substance abuse

Substance abuse and other associated problems constitute a major threat to the survival and effective functioning of

human societies, lives are lost daily through addiction and activities of addicts. A significant number of deaths from accidents and violent crimes have been traced to the activities of persons under the influence of drugs. Treatment facilities nationwide are now gradually being over burden with drug-related problems and cases^[5]. The need to prevent drug abuse among the general population and by the growing generation of Nigeria thus becomes very important. Nigeria which once served only as transshipment route for drugs soon became a “consumer” country when it was observed that the increasing incidence of drug abuse among students is a contributory factor in the ugly confrontation between school administrators and students.

There is an undeniable link between substance abuse and misconduct. Arrest, judgment, and intervention by the juvenile (young) justice system are eventual consequences for many youth engaged in alcohol and other drug use. It cannot be claimed that substance abuse causes delinquent (negligent) behavior or delinquency causes alcohol and other drug use. Possession and use of alcohol and other drugs are illegal for all youth. Beyond that, however, there is strong evidence of an association between alcohol and other drug use and delinquent behavior of juveniles. Substance abuse is associated with both violent and income-generating crimes by youth. This increases fear among community residents and the demand for juvenile and criminal justice services, thus increasing the burden on these resources. Gangs, drug trafficking, prostitution, and growing numbers of youth homicides are among the social and criminal justice problems often linked to adolescent substance abuse. The purpose of this study was to assess the prevalence of substance abuse among undergraduate students of Obafemi Awolowo University, Ile-Ife.

Method

Research Design

A descriptive survey research design was used for collecting data in the study. Patterns and prevalence of substance abuse among undergraduate students in Obafemi Awolowo University, Ile-Ife, were investigated using a self-structured questionnaire.

Population

The study population was the undergraduate students of Obafemi Awolowo University, Ile-Ife, Osun state, Nigeria.

Sample and Sampling Techniques

Sample comprised of 110 undergraduate students drawn from Obafemi Awolowo University. 45 males and 65 females participated in this study. Simple random sampling technique was used for data collection from the population study.

Research Instruments

A self-structured questionnaire, titled "Prevalence of Substance Abuse Among Undergraduate Students of Obafemi Awolowo University" (PSAAUSOAU) Scale was used for data collection in this study. The instrument for the data collection consists of four sections; with section A relating to the socio-demographic characteristics of the respondents, section B deals with the knowledge that the respondents have about substance abuse together with the substance commonly abused among students, section C is about the level of substance abuse among students and section D concerns with the consequences of substance abuse among students. The questionnaire was designed in an open-ended form (YES or NO or others specify).

Validity and Reliability of Research Instruments

The items contained in the instrument were considered from prominent literatures on assessment of substance abuse, among students. The questionnaire was also given to the supervisor of the research for necessary corrections. Thus, the validity was guaranteed.

Procedure for Data Collection

Copies of the questionnaire was administered to the respondents by the researcher. In order to efficiently collect data, the researcher employed the help of 4 research assistants that assisted with distribution and collection of questionnaires from the respondents immediately they are completed. After the questionnaires were filled, the researchers checked out for the completeness and errors before leaving the location of data collection.

Procedure for Data Analyses

Completed questionnaires were retrieved and collected for analyses. Data were analysed using simple frequency and percentage. Chi square test was used to summarize data and p-value was set at 0.05.

Results

Table 1: Socio-demographic Characteristics of Respondents(N=110)

Variable	Frequency	Percentage (%)
Age group in years(N=110)		
16-20	30	27.3
21-25	50	45.5
26-30.	20.	18.3
31 and above	10	9.1
Total	110	100
Gender(N=110)		
Male	45	40.9
Female.	65	59.1
Total	110	100
Marital status		
Single	60	54.5
Married	40	36.4
Divorced	10	9.1
Total	110	100
Family Background(N=110)		
Polygamous	80	72.7
Monogamous	30	27.3
Total	110	100
Who they presently live with(N=110)		
Parents	20	18.2
Friends	40	36.4
Alone	50	45.45
Total	110	100
Level		
100	50	45.45
200	30	27.3
300	20	18.2
Other levels	10	9.1
Total	110	100

Data in Table 1 indicated that the total number of respondents was 110. Most respondents 50(45.5%) were between the age of 21 -25 years with the least being those that were 26-30 years 20(18.3). Minimum age was 16years,

while the maximum was 30years. There were 50(45.5%) respondents from 100 level, 30(27.3%) from 200 level, 20(18.2%) from 300 level, and 10(9.1%) from other levels. There were more female respondents 65(59.1%) than the males 45(40.9%). Out of the total 110 correspondents, 60(54.5%) were single, 40(36.4%) were married and 10(9.1%) divorced couple. 80(72.7%) were respondents from polygamous family background while 30(27.3%) were those from monogamous family background. 20(18.2%) live with their parents, 40(36.4%) live with their friends and 50(45.5%) live alone.

Table 2: Respondents Knowledge of Substance Abuse

Variable	Frequency	Percentage (%)
Source of knowledge on substance abuse (N=110)		
Hospital	15	13.6
Radio	10	9.1
Television	20	18.2
Postal	10	9.1
Friend	25	22.7
School	20	18.2
Seminar	5	4.5
Other sources	5	4.5
Involvement in substance abuse		
Yes	80	72.7
No	30	27.3
Total	110	100
Knowledge of health hazard associated with taking drugs without doctor's prescription (N=110)		
Yes	75	68.2
No	35	31.8
Total	110	100
Increased efficiency due to substance abuse (N=80)		
Yes	60	75.0
No	20	25.0
Total	80	100
Substance frequently abused (N=80)		
Alcohol	35	43.8
Opioids	20	25.0
Amphetamines	15	18.8
Cigarettes	10	12.5
Total	80	100

Results summarized in Table 2 revealed that 15(13.6%) people heard of substance abuse from hospital, while 10(9.1%) heard from radio, 20(18.2%) heard from television, 10(9.1%) from poster, 25(22.7%) from friends, 20(18.2%) from school, 5(4.5%) from seminar, while 5(4.5%) heard from other sources. Also, 35(43.8%) are familiar with alcohol, 15(18.8%) are familiar with amphetamines, 10(12.5%) are familiar with cigarette while 20(25.0%) are familiar with opioids. A total of 80(72.7%) are involved in substance abuse while 30(27.3%) are not. Out of 80(72.7%) that are involved in substance abuse, 60(75.0%) experiences increased efficiency while 20(25.0%) claims not to experience.

Table 3: Level of Substance Abuse among Students

Variable	Frequency	Percentage (%)
Time it took to adapt (N=80)		
Days	50	62.5
Weeks	20	25.0
Months	10	12.5
Total	80	100
Administration of specific dose (N=80)		
Yes	60	75.0
No	20	25.0
Total	80	100
Route of Administration (N=80)		
Orally	45	56.2
Parental	25	31.3
Inhalation	10	12.5
Total	80	100
Frequency of Consumption (N=80)		
Hourly	25	31.2
Daily	40	50.0
Weekly	15	18.8
Total	80	100

Results in Table 3 shows that 50(62.5%) adapted to these drugs in a number of days, 20(25.0%) took weeks to adapt to the drugs and about 10(12.5%) took months to adapt to the drugs. The most frequent route of administration was orally which accounts for 45(56.2%), then parental was 25(31.3%) and inhalation route accounts for 10(12.5%). Frequency of consumption was figured out to be 25(31.2%) hourly, 40(50.0%) daily, and weekly 15(18.8%).

Table 4: Perceived Consequences of Substance Abuse

Variable	Frequency	Percentage (%)
Academic Performance (N=110)		
Fair	35	31.8
Average	20	18.2
Good	35	31.8
Very Good	10	9.1
Excellent	10	9.1
Total	110	100
Progression in performance after consuming substance (N=80)		
Yes	20	25.0
No	60	75.0
Total	80	100
Source of money to purchase substance (N=80)		
School fees	15	18.75
Parents	35	43.75
Odd jobs	25	31.25
Other source	5	6.25
Financial instability due to substance abuse(N=80)		
Yes	50	62.5
No	30	37.5
Total	80	100
Those that have been asked to cut down(N=80)		
Yes	55	68.8
No	25	31.2
Total	80	100
To what extent (N=65)		
Minimal	25	38.5
Total abstinence	40	61.5
Total	65	100

As shown in Table 4, out of 110 respondents, 35(31.8%) were rated fair in their academic performance, 20(18.2%) were rated average, and 35(31.8%) are rated good in their academic performance, 10(9.1%) were rated very good, while 10(9.1%) were rated excellent on their academic performance. Result also shows that 15(18.75%) got money to source for the drug from school fees, 35(43.75%) from their parents, 25(31.25%) through odd jobs, while 5(6.25%) got money from other source.

The analysis also showed that 60(75.0%) did not experience any progression in their academic performance, and 20(25.0%) did experience progression in their academics. It was revealed that 50(62.5%) were affected financially while 30(37.5%) were not. Findings also shows that 55(68.8%) have been advised to cut down the intake of any substance they might be consuming and 25(31.2%) have not received such advice.

Data from the table further revealed that 40(61.5%) have been advised to abstain totally from substances while 25(38.5%) have been advised to reduce the intake to its minimal level.

Table 5: Influence of Gender on Respondents' involvement on Substance Abuse

Gender	Involvement		Chi-square	Degree of Freedom	P-value
	Yes	No			
Male	60(92.3%)	5(7.7%)	35.270	1	0.000
Female	18(40.0%)	27(60.0%)			

X = 35.27: P < 0.05

Data in Table 5 indicated that more males were involved in substance abuse than their female counterparts. The difference was however statistically significant as its p - value of 0.000 is less than the 0.05 alpha level of significance.

Table 6: Influence of Age of Respondents on level of involvement on Substance Abuse

Age Group	Involvement		Chi-square	Degree of Freedom	P-value
	Yes	No			
16-20	20(66.7%)	10(33.3%)	2.222	3	0.528
21-25	30(60.0%)	20(40.0%)			
26-30	12(60.0%)	8(40.0%)			
30 and above	4(40.0%)	6(60.0%)			

X = 2.22: P > 0.05

Results summarized in Table 6 revealed that respondent between the age of 21 -25 are more involved in substance abuse than respondents from other age groups. This finding is not statistically significant because its p-value of 0.528 is greater than the 0.05 alpha level of significance.

Table 7: Influence of Marital Status on level of involvement in Substance Abuse

Marital status	Involvement		Chi-square	Degree of Freedom	Pvalue
	Yes	No			
Single	45(75.0%)	15(25.0%)	9.527	2	0.009
Married	18(45.0%)	22(55.0%)			
Divorced	7(70.0%)	3(30.0%)			

X = 9.527: P < 0.05

Data in Table 7 indicated that respondent with marital status of single are more involved in substance abuse than respondents from other categories. This finding is however statistically significant because its p-value of 0.009 is less than the 0.05 alpha level of significance.

Table 8: Influence of Academic level on involvement of Substance Abuse

Level	Involvement		Chi-square	Degree of Freedom	Pvalue
	Yes	No			
100	31(62.0%)	19(38.0%)			
200	18(60.0%)	12(40.0%)	0.046	3	0.997
300	12(60.0%)	8(40.0%)			
Other levels	6(60.0%)	4(40.0%)			

X = 0.046: P > 0.05

Results in Table 8 showed that respondents from 100 Level are more involved in substance abuse than respondents from other departmental levels. The table revealed that the observation is not statistically significant because its p-value of 0.997 is greater than the 0.05 alpha Level of significance.

Table 9: Influence of Family background with their level of involvement in Substance Abuse

Family Background	Involvement		Chi-square	DF	P-
	Yes	No			
Polygamous	52(65.0%)	28(35.0%)	1.258	1	0.262
Monogamous	16(53.3%)	14(46.7%)			

X = 1.258: P > 0.05

Data in Table 9 indicated that respondents from polygamous family are more involved in substance Abuse than respondents monogamous family. This finding is not statistically significant because its p-value of 0.262 is greater than the 0.05 alpha level of significance.

Table 10: Influence of who they presently live with and their level of Involvement in substance abuse (frequency of consumption)

Who they presently live with	Frequency of consumption			Chi-square	Degree of Freedom	P-value
	Hourly	Daily	Weekly			
Parents	5(25.0%)	6(30.0%)	9(45.0%)	11.687	4	0.019
Friends	15(37.5%)	20(50.0%)	5(12.5%)			
Alone	25(50.0%)	15(30.0%)	10(20.0%)			

X = 11.687: P < 0.05

Results summarized in Table 10 revealed that respondents that live alone has a higher frequency of consumption than respondents from other categories. This finding is however statistically significant because its p-value of 0.019 is less than the 0.05 alpha level of significance.

Table 11: Influence of Developmental level to their knowledge of Substance Abuse

Developmental	Knowledge of substance abuse		Chi-square	DF	P-value
	Yes	No			
100	7(70.0%)	3(30.0%)			
200	13(65.0%)	7(35.0%)	0.947	3	0.814
300	20(66.0%)	10(33.0%)			
Other levels	29(58.0%)	21(42.0%)			

X = 0.947: P > 0.05

Data in Table 11 indicated that respondent in other (higher levels) levels have the knowledge of substance abuse more than respondents from other departmental levels. This finding is not statistically significant because its p-value of 0.814 is greater than the 0.05 alpha level of significance.

Discussion

The age of the respondents ranged of 16-30 years with mean of 22.9 years. This is similar to the age distribution among undergraduates reported by Johnson *et al.*,^[6] in Uyo, with a mean age of 21.6 years and a range of 18-25 years. Most undergraduates are young people filled with energy and are still experimenting, which makes them more prone to social vices like substance abuse. The gender distribution in the present study was fairly balanced with a female to male ratio of 1.2 to 1, this means more female participated in the study than male. This could be as a result of high enrolment of female in the university.

Majority (68.2%) of the respondents were aware of substance use. Similar findings were reported by Johnson *et al* ^[6] with 94.1 percent and Adeyemo *et al.* ^[7] with 86.5% awareness.

The prevalence of substance abuse among undergraduates in the present study was 72.7%. This is lower than 78% reported by Babalola *et al.* ^[8] in South west Nigeria, but higher than the prevalence of 40.6% as reported by Osahon and Oseh (2018), in university of Benin and 27.5% as reported by Johnson *et al.* ^[6], in University of Uyo.

Despite the larger number of female than male in this study, there is high prevalence of substance abuse among male undergraduates than female undergraduates. This is in contrast with the report of Johnson *et al* ^[6] who reported higher prevalence of substance abuse among female than male. Though, several studies like Osahon and Oseh ^[9] and Akanni and Adayonfo ^[10], reported a high prevalence of substance use among male undergraduate students.

Alcohol (43.8%), opioids (25.0%), amphetamines (18.8%), and cigarettes (12.5%), were the most commonly abused substances. This is consistent with the reports of National bureau of statistics 2018, Adeyemo *et al.*,^[11] and Advisory council on the misuse of drugs 2006.

The relationship between the university environment and substance abuse could be attributed to its proximity to areas like Ojo and Okokomaiko where substances are heavily abused by the residents. The researcher observed that there are more than fifteen spots for sales of illicit drugs within one kilometer in okokomaiko, also there is a popular spot code named “north” this is where most of these students have access to this substance of abuse, this explains why substance abuse is a norm in that area.

Undergraduates take substance of abuse for several reasons. In the present study, majority of the substance abusers take these substances just to feel good, other reasons are curiosity, to improve memory before exams, to last longer in bed, to gain confidence, to relax and lastly to get away with worries. The main reasons why the students took drugs were mainly to keep them awake and alert, to read and pass their examinations, to make them feel happy/high, to get them out of depression, to cope with life problems and to reduce stress, which are problems of adolescents (NIDA 2003). Idris and Sambo ^[12], 2009, also reported that experimentation/curiosity is one of the major reasons for substance abuse among undergraduates in Zaria, Kaduna

State. However, there is no documented literature to show positive correlation between substance abuse and improved academic performance.

Conclusion

Based on the findings previously reported in this study, the following conclusions were reached.

1. The use of alcohol is the most common dangerous substance (drug) abuse.
2. Peer group are the major people who influence the use of substance (drug).
3. Substance abuse is a problem among undergraduate students in Obafemi Awolowo University Ile-Ife.
4. People take substance (drug) for varied number of reasons ranging from the need to treat body ailment, to prolong wakefulness, for relaxation, to avoid emotional trauma, to forget about their problem, to satisfy curiosity, to cope with peer pressure among others.

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