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Factors of Substance Abuse among Students of Secondary Schools within Ibadan Metropolis, Oyo State, Nigeria

Balogun¹ F. A., Arulogun² O., Olowolafe³ T.A., Ogunwale⁴ T. O., Akanni⁵ O. and Ilesanmi⁶ O.

- ¹ Department of Community Health, Faculty of Basic Medical and Health Sciences, Lead City University, Ibadan, Nigeria. E-mail: balogunfrancis50@gmail.com
- ^{2,3,6} Department of Public Health, Faculty of Basic Medical and Health Sciences, Lead City University, Ibadan, Nigeria. oyedunniarulogun@gmail.com, tubosun.olowolafe@gmail.com, drilesanmi@gmail.com
- ^{4, 5} Department of Biological Sciences (Environmental Management and Toxicology), Faculty of Natural and Applied Sciences, Lead City University, Ibadan, Nigeria twogunwale@gmail.com, tjstatistician@yahoo.com

ABSTRACT

This study evaluated the parameters of substance accessibility and misuse in selected secondary public and private schools in Ibadan, Nigeria. Eight hundred and two participants who provided informed consent or assent were selected using a multi-stage sampling technique and a cross-sectional study design. Students from public and private secondary schools in Ibadan, Oyo State, Nigeria, participated in the study. Participants were selected randomly. A self-administered socio-demographic questionnaire was used to gather data. Multiple logistic regressions, charts, Chi-square analysis, frequency tables and percentages were used to analyse the data. Out of 802 students, 28% had poor access to information concerning drug use, while 72% had acceptable access. The survey also showed that when it came to substance misuse, 99% of students had poor practices while 1% had good practices. This greatly raises the likelihood that the kids will experience psychological issues. Teen drug misuse has been linked to stress, drug availability, prescription medication for health issues, and performance improvement. These teenagers used substances regularly and with significant access. Since alcohol consumption is the drug most closely associated with detrimental psychological and academic effects, schoolbased treatments and initiatives should place a high priority on health education about the dangers of substance misuse and increase public awareness of student drug use.

Keywords: Substance abuse, psychological factors, young people, private secondary schools, public secondary schools

1.0 INTRODUCTION

Studies consistently document the high prevalence of adolescent substance use despite the grave harm that substances do to young people's health and well-being. According to the World Health Organization, substance abuse is the use of psychoactive substances such as



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alcohol and illegal drugs - that are detrimental or dangerous (WHO, 2015). It is currently a significant global public health concern. Addiction to substances by young people can lead to complications, such as drug dependence, personality disorders, sexual violence, increased risk of unsafe sexual behaviour, and criminal tendencies.

The hazardous use of alcohol alone causes 3.3 million fatalities annually worldwide, and at least 15.3 million people are known to be affected by drug use disorders (WHO, 2015) and between 155 and 250 million persons used psychoactive substances globally in 2008, with cannabis being the most often abused substance. According to WHO estimates, the use of cocaine and opioids contributed 0.7% of the world's illness burden in 2004. In countries that have quantified it, the social cost of illegal substance use is estimated to be around 2% of GDP (WHO, 2017).

Globally, more than 2.6 million youths between the ages of 10 and 24 pass away every year. Substance misuse and other avoidable causes account for the majority of these deaths. In reality, in low- and middle-income countries, at least 14% of teenage girls and 18% of boys between the ages of 13 and 15 have consumed alcohol (WHO, 2017). Given that over 50% of girls and over 80% of boys in the WHO's Western Pacific region aged 10 to 19 reported having ever drunk alcohol (WHO, 2017).

Earlier research indicates a high prevalence of substance addiction among students in Nigeria. According to Ogunsola and Fatusi (2016), around two-thirds of teenagers enrolled in school in Osun State, Nigeria, have taken drugs in both rural (65.7%) and urban (66.0%) areas, respectively. Furthermore, Lawoyin et al. (2005) found that at least one illicit substance was currently used by 69.3% of secondary school pupils in Igboora, South-West Nigeria. Yisa et al. (2009) found that 15.3% of students in Ibadan, Nigeria, had used drugs at some point in their lives.

Alex-Hart et al. (2015) found that 30.6% of secondary school students in Port Harcourt, Southern Nigeria, had consumed alcohol. According to Eegunranti et al. (2009), the prevalence of substance usage among secondary school students in Oshogbo was 20.3%. Adolescents are the age group when substance misuse usually starts, making this the best time to organize treatments to lessen the load and avoid effects. The Northwest area of Nigeria had the highest rates of psychoactive substance addiction, according to the National Drug Law Enforcement Agency and Mamman et al. (2014). The Northwest area also has the highest rate of smoking among teenagers between the ages of 13 and 15 (WHO, 2017).

Adesina et al. (2020) have identified experimental curiosity, peer pressure, drug availability, low socioeconomic status at home, unstable families or lack of parental supervision, the need for extra energy for daily activities, stress relief, self-medication for primary psychological disorders like depression, and ignorance of the risks associated with substance use as factors of drug abuse among young people. In addition, some theories have explained drug misuse. Among these hypotheses is the personality theory, which asserts that drug misuse is more common in those with low self-esteem and weak impulse control. But

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according to the learning theory, drug abuse results from social, instrumental, or conditioning learning (Idowu et al., 2018).

Despite substance addiction being the subject of numerous research in Nigeria, the problem of substance misuse has persisted, especially among young people. It is because Ibadan is an educational hub in the country due to its abundance of secondary and primary schools and many tertiary institutions. The study was to ascertain the accessibility, practice, and factors influencing substance abuse among students of selected public and private secondary schools within the city.

2.0 **METHOD**

2.1 **Sampling Site**

The study was carried out in Ibadan, the capital of Oyo State. Ibadan is a major academic centre and was chosen for this study because it is home to the University of Ibadan, Lead City University, Koladaisi University, Dominican University, Oyo State Technical University, Precious Stone University, the Polytechnic Ibadan, Federal College of Agriculture, Moor Plantation, Ibadan, Federal College of Forestry, Jericho Ibadan, and numerous other federal and state-run tertiary and secondary educational institutions. In the Ibadan metropolitan area, there were around 267 secondary schools at the time of the research, comprising 157 public and 110 private institutions.

2.2 **Research Plan**

A cross-sectional analytical study design centered on schools was utilized.

2.3 **Study Population**

Adolescents enrolled in secondary public and private schools in Ibadan, Oyo State, Nigeria, comprised the study population.

2.4 **Sample Size Calculation**

The necessary sample size was determined using the single proportions formula from Idowu et al. (2020). A 90% (0.9) response rate was anticipated from the participants, with a 5% margin of error. Despite the study's minimum sample size estimate of 267, a total of 802 copies of the questionnaire were sent.

Inclusion criteria were junior and senior students who consented to engage in the research and whose school administration permitted us to be enrolled in the study.

Exclusion criteria: Participants in the study were not allowed to participate if they had a severe physical or mental disability that would have interfered with their ability to answer the survey instrument.



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2.5 Sampling Technique

Eligible respondents were chosen over a month (February 2023) using a multi-stage sampling procedure. A three-stage cluster sampling procedure was used to select the respondents.

Stage 1: The State Universal Basic Education (SUBEB) Zonal Office, Oyo State Ministry of Health, Ministry of Education, in Ibadan, Oyo State, provided a list of all the public and private secondary schools. Ibadan is home to 267 senior secondary public and private institutions. Ten senior secondary schools were randomly selected through balloting from among the 157 public (five) and 110 private (five) senior secondary schools in Ibadan.

Stage 2: Via voting, one arm of each junior and senior secondary class, JSS1 through SS3, was chosen randomly among the schools. As long as they satisfied the requirements for inclusion, every student in the sampled arm was recruited.

Stage 3: It involved choosing qualified responders from the chosen classes; a representative sample from the selected cases according to the size of each class and the predetermined number of respondents. Respondents from particular classes were chosen using a systematic sampling technique; the sampling interval was determined by multiplying the number of respondents from the class by the total number of pupils in the class. A fair proportion of male and female ratio in each class was considered. The first participant was selected using voting.

2.6 Data Collection Method and Instrument

Using a facilitated self-administered questionnaire created by evaluating prior research, data were gathered in February 2023. The socio-demographic details of the respondents, their access to substance abuse, the variables that influence their use of substances and their actual use of substances were all questioned. In addition to helping with data collecting, fifteen Lead City University community health students received training on how to provide the questionnaire to students. The consent/assent form was given to the eligible respondents the day before the survey was administered, and they were gathered in halls provided by the respective schools to interfere with the students' lectures. To speed up the completion process, certified community health students circulated the hall with questionnaires. Respondents were encouraged to answer questions honestly and independently by creating spaces between them.

2.7 Ethical Consideration

The Lead City University's Faculty of Basic Medical and Health Sciences in Ibadan, Oyo State, Nigeria, received approval for the study from its Ethical Review Committee, and the



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participating institutions' authorities also granted authorization. Participants in the study also provided written consent. The study incorporated voluntary participation and confidentiality measures to preserve participants' privacy, and personal identifiers other than participant names were encrypted. Data were stored on a computer accessible only by the lead investigator.

2.8 **Tool for Gathering Data**

A semi-structured self-administered questionnaire was used for the study, which was based on the goals of the investigation, a review of pertinent literature, and the UNODC Global Assessment Programme (GAP) (UNODC, 2019) school survey questionnaire, which included the following sections:

Section A: Access to Substance Abuse: Questions about how frequently you have access to drugs or other substances were asked in this section. There is someone who can provide me with the necessary substance; however, I must travel a considerable distance and pay for the substance. The Chi-square test was used to gauge the degree of access to substance addiction.

Section B: Socio-demographic Characteristics and the Access to Substances:

This part asked questions about the respondent's age, parent's marital status, type of school, class level, sex, family structure, religion, whether or not their parents were still alive parent's educational background, housing location, and the number of children your father has? And where do you stand with the kids?

Section C: Practice of Substance Use: This section asked the respondents about their most popular drug and how often they used substances.

Section D: Factors Associated with Substance Use: The focus of this section is on the stated justifications for starting and continuing to use psychoactive substances.

2.9 **Analysis of Data**

Numbers were used to code each response category, open-ended questions were grouped and coded as appropriate, and frequencies, percentages, and means of variables were generated. Data collected from questionnaires were checked for errors, cleaned, coded, and analyzed using the Statistical Package for Social Sciences (SPSS) software version 28. Data checking and cleaning were carried out daily to ensure that missing items were accounted for and variables not properly entered were corrected. Tables, charts, frequencies, and percentages were data analytical tools. At a 5% significant level, the correlation between different categorical variables (independent and dependent variables, such as drug use and socio-demographic features, respectively) was calculated using chi-square. We used binary



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logistic regression to identify the factors that predicted the usage of psychoactive substances.

3.0 RESULTS AND DISCUSSION

Table 1: Access to Substance Abuse among the Respondents

Variables	Frequency	Percent
How often do you have access to drug or substance use?		
Always	161	20.1
Never	641	79.9
There is someone to give me a supply of my needed		
substance		
Always	197	24.6
Never	605	75.4
I have to get to a far distance to get the substance I need		
Always	789	98.4
Never	13	1.6
I have money to get the substance I need		
Always	754	94.0
Never	48	6.0

Source: Field Survey (2023)

Table 1 displays the respondents' access to drugs at a selection of Ibadan's public and private secondary schools. The respondents (20.1%) claimed they had access to drugs or other substances constantly, 24.6% said they had someone who could supply the substance they required, 98.1% said they had to travel a long way to obtain the substance they wanted, and 94% said they had the money to do so.

According to Figure 1, 72% of respondents from a sample of private and public secondary schools in the Ibadan city had good access to obtaining drugs.

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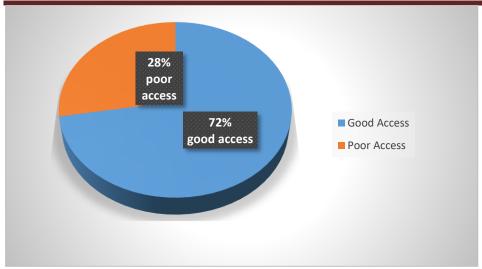


Figure 1: Percentage of Access to Substances among the Respondents Source: Field Survey (2023)

Table 2: Association between the Socio-demographic Characteristics of Respondents and the Access to Substances

Variable	Good	Poor	Chi	P-value
	Access	Access	square	
	(%)	(%)	-	
Age	<u> </u>		0.906	0.341
Less than 15	73.4	26.6		
15 and above	70.2	29.8		
Type of School			1.996	0.158
Private	68.6	31.4		
Public	73.6	26.4		
Class Level			5.199	0.392
JSS 1	71.1	28.9		
JSS 2	68.0	32.0		
JSS 3	80.9	19.1		
SS 1	72.8	27.2		
SS 2	71.9	28.1		
SS 3	75.9	24.1		
Sex			5.212	0.022
Male	68.4	31.6		
Female	75.6	24.4		
			0.010	0.921
	72.7	27.3		

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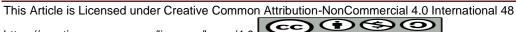
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Family Type				
Nuclear Family	72.2	27.8		
Religion		27.0	2.030	0.154
Christianity	70.2	29.8	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Islam	74.7	25.3		
Ownership of School			2.319	0.128
Public	73.7	26.3		
Private	68.2	31.8		
Marital Status of Parent			1.209	0.271
Single	75.4	24.6		
Married	71.3	28.7		
Is Your Mother Alive			6.048	0.014
No	95.5	4.5		
Yes	71.7	28.3		
Is Your Father Alive			0.249	0.617
No	75.6	24.4		
Yes	72.1	27.9		
Who Do You Currently Live With?			3.445	0.328
Both Parents	73.5	26.5		
Father Only	61.3	38.7		
Mother Only	73.3	26.7		
Father's Level of Education			0.479	0.787
Primary	74.1	25.9		
Secondary	71.1	28.9		
Tertiary	73.1	26.9		
Mother's Level of Education			1.039	0.595
Primary	67.5	32.5		
Secondary	73.0	27.0		
Tertiary	72.7	27.3		
Place of Residence			3.399	0.065
Rural	76.8	23.2		
Urban	70.4	29.6		
How Many Children Does Your			2.872	0.238
Father Have?				
Less than 5	73.6	26.4		
5-9	68.9	31.1		
10 and above	84.6	15.4		
What Position Are You in Among the			5.199	0.074
Children?				
Less than 5 th Position	72.9	27.1		
5 th - 9 th Position	63.1	36.9		
10th Position and above	100.0	0.0		

Source: Field Survey (2023)



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Table 2 displays the relationship between respondents' socio-demographic traits from a sample of Ibadan's private and public secondary schools and their ability to obtain drugs. At a p-value of 0.022, the results indicated a strong correlation between the respondents' sex and their access to drugs. At a p-value of 0.014, there is also a significant correlation between having access to substances and the mother's health. Nonetheless, no noteworthy correlation has been observed between the socio-demographic attributes of the remaining participants and their ability to obtain drugs.

Table 3: Practice of Substance Use among the Respondents

Variable	Frequency	Percent
Tramadol		
No	781	97.4
Yes	21	2.6
Alcohol		
No	687	85.7
Yes	115	14.3
Tobacco		
No	785	97.9
Yes	17	2.1
Rohypnol		
No	795	99.1
Yes	7	0.9
Codeine and cough syrup		
No	802	100.0
Yes	0	0.0
Inhalants (glue, paint thinners, gasoline, or aerosol sprays)		
No	730	91.0
Performance-Enhancing Drugs		
No	787	98.1
Yes	15	1.9
Heroine		
No	793	98.9
Yes	9	1.1
Methamphetamine		
No	802	100.0
Yes	0	0.0
Crack		
No	797	99.4
Yes	5	0.6
Fentanyl		
No	796	99.3

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Yes	6	0.7
Marijuana		
No	799	99.6
Yes	3	0.4
Ecstasy (Molly etc.)		
No	796	99.3
Yes	6	0.7

Source: Field Survey (2023)

Table 3 displays the respondents' substance use practices from a subset of public and private secondary schools in Ibadan. Only 2.6% had used tramadol, 14.3% had used alcohol, 2.1% had used tobacco, 0.95% had used Rohypnol, 0% had used codeine or cough syrup, 9% had used inhalants, 1.9% had used performance-enhancing drugs, 1.1% had used heroin, 0% had used methamphetamine, 0.6% had used crack, 0.7% had used fentanyl, 0.4% had used marijuana, and 0.7% had used ecstasy.

The percentage of respondents who reported using drugs is displayed in Figure 2. It showed that the responders' level of practice was minimal. As a result, it can be observed that 99% of respondents had used drugs and 1% had not.

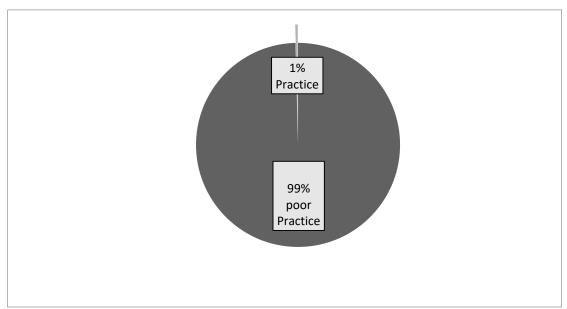


Figure 2: Percentage on the Practice of Substance Use of Respondents

Source: Field Survey (2023)

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The relationship between the respondents' socio-demographic traits and their substance use practices is displayed in Table 4. The findings demonstrated a strong correlation (p < 0.015) between the respondents' age and their practice of substance use. Additionally, there is a strong correlation (p = 0.004) between the respondents' kind of school and their substance usage habits. At 0.00, a noteworthy correlation was observed between the respondents' class level and their substance usage practices. Additionally, there is a strong correlation (p < 0.024) between the respondents' family type and their substance use practices.

There was a noteworthy correlation (p < 0.003) between the respondents' ownership of their school and their substance use practices. At 0.000, a correlation was observed between the presence of a living father and the practice of substance use. There was a stronger correlation (p = 0.019) between the respondents' living arrangements and their substance use habits. Lastly, at 0.006, there is a strong correlation between the father's educational attainment and his substance usage.

Table 4: Association between the Socio-demographic Characteristics of Respondents and the Practice of Substance Use

Variable	Poor	Good	Chi	P-value
	Practice	Practice	Square	
	(%)	(%)	-	
Age			5.868	0.015
Less than 15	100.0	0.0		
15 and above	98.9	1.1		
Type of School			8.489	0.004
Private	98.6	1.4		
Public	100.0	0.0		
Class Level			22.145	0.000
JSS 1	100.0	0.0		
JSS 2	100.0	0.0		
JSS 3	100.0	0.0		
SS 1	100.0	0.0		
SS 2	96.9	3.1		
SS 3	100.0	0.0		
Sex			0.187	0.665
Male	99.7	0.3		
Female	99.5	0.5		
Family Type			5.115	0.024
Nuclear Family	98.6	1.4		
Polygamous Family	99.8	0.2		
Religion			2.753	0.097
Christianity	99.3	0.7		
Islam	100.0	0.0		
			9.004	0.003

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Ownership of School				
Public	100.0	0.0		
Private	98.5	1.5		
Marital Status of Parent			0.133	0.715
Single	99.5	0.5		
Married	99.7	0.3		
Is Your Mother Alive?			0.085	0.771
No	100.0	0.0		
Yes	99.6	0.4		
Is Your Father Alive?			21.195	0.000
No	95.6	4.4		
Yes	99.9	0.1		
Who Do You Currently Live With?			9.915	0.019
Both Parents	99.8	0.2		
Father Only	100.0	0.0		
Mother Only	97.7	2.3		
Father's Level of Education			10.362	0.006
Primary	97.6	2.4		
Secondary	100.0	0.0		
Tertiary	99.7	0.3		
Mother's Level of Education			3.716	0.156
Primary	100.0	0.0		
Secondary	100.0	0.0		
Tertiary	99.2	0.8		
Place of Residence			1.921	0.166
Rural	99.2	0.8		
Urban	99.8	0.2		
How Many Children Does Your Father			1.478	0.478
Have?				
Less than 5	99.4	0.6		
5-9	100.0	0.0		
10 and above	100.0	0.0		
What Position Are You in Among the			0.292	0.864
Children?				
Less than 5 th Position	99.6	0.4		
5 th - 9 th Position	100.0	0.0		
10th Position and above	100.0	0.0		

Source: Field Survey (2023)

The Logistics Regression correlation between the respondents' socio-demographic traits and their practice of substance abuse is displayed in Table 5.

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Table 5: Logistics Regression Coefficient between the Practice of Substance Abuse and the Socio-demographic Characteristics of the Respondents

Variable	UOR	95%CI	P- value	AOR	95% CI	P-value
Age						
Less than 15						
15 and above	0.00	0.00	0.992			
Type of School						
Private						
Public	23412678.58	0.000	0.992			
Class Level						
JSS 1						
JSS 2	1.000	0.000	1.000			
ISS 3	1.000	0.000	1.000			
SS 1	1.000	0.000	1.000			
SS 2	1.000	0.000	1.000			
SS 3	1.000	0.000	0.998			
Sex						
Male						
Female	0.592	0.053, 6.550	0.669			
Family Type						
Nuclear Family						
Polygamous Family	9.664	0.870, 107.332	0.065			
Religion		· · · · · · · · · · · · · · · · · · ·				
Christianity						
Íslam	11650058.94	0.994	0.00	11650058.9	0.994	0.00
Ownership of School	11000000.	0.77.	0.00	11000000	0.,,,	0.00
Public						
Private	0.00	0.00	0.992			
Marital Status of Parents						
Single						
Married	1.559	0.141, 17.2	0.717			
wiarried	1.557	0.141, 17.2	0.717			
Is the Mother Alive? No						
NO Yes	0.000	0.000	0.999			
	0.000	0.000	0.999			
Is the Father Alive?						
	25 162	2 127 205 452	0.004	25 162	2 127 205 45	2 0.004
Yes	35.163	3.127, 395.453	0.004	35.163	3.127, 395.45	0.004
Father's Level of Education						
Primary						
Secondary	8.651	0.775, 96.537	0.080			
Гertiary	0.000	0.000	0.994			
Mother's Level of Education						
Primary						
Secondary	0.000	0.000	0.997			
Tertiary	0.000	0.000	0.994			
Place of Residence						
Rural						
Urban	4.686	0.423, 51.927	0.208			

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How Many Children Does Your Father Have?				
Less than 5				
5- 9	9058743.482	0.000	0.999	
10 and above	1.000	0.000	1.000	
What Position Are You in				
Among the Children?				
Less than 5th Position				
5th – 9th Position	6657179.791	0.000	0.999	
10th Position and above	1.000	0.000	1.000	

Source: Field Survey (2023)

3.2 of Findings

3.2.1 **Access to Substance Abuse**

The respondents from a sample of selected private and public secondary schools in Ibadan provided information on the accessibility of substances. They revealed that 20.1% of them always had access to drugs or other substances, 24.6% always had someone who could supply the substance they needed, 98.1% always had to travel a distance to obtain the substance they needed, and 94% said they had the money for the substance they needed. Overall, 72% of respondents reported having adequate access to substances, and there is a strong correlation between respondents' sex and their access to substances (0.022) and whether or not their mother is still alive (0.014). According to Lawoyin et al. (2005), 69.3% of secondary school pupils in a rural community of Oyo State, Nigeria, were susceptible to substance misuse. The larger number may have been explained by the study's rural focus; residents of rural areas typically have easier access to some psychotropic native substances, like kola nut, which made up the largest percentage of substances misused in the research.

3.2.2 Practice of Drug Abuse and Preventive Strategies

The psychological effects of drugs and other substances, as well as the apparent increase in usage, have not gone unnoticed in recent years. 13.97% of students in the research reported drinking alcohol, 10.79% reported using tramadol, and 3.81% reported using Rohypnol. The primary sources of knowledge about drug usage were the mass media (57.78%) and schools (86.03%), with peer pressure being the biggest risk factor (53.33%) for substance abuse. According to Umukoro et al. (2021), the two most common causes reported for substance use were depression (81.27%) and boosting confidence (41.90%), with memory and learning (30.48%) coming in third. This is in line with our data, which show that 14.3% of all respondents have consumed alcohol.

Caffeine (53.5%) was the drug most commonly used by respondents in a different study on the knowledge, attitude, and practice of substance misuse among secondary school students in Lagos State. Other drugs most commonly used were analgesics (19.1%), Indian hemp (3.5%), alcohol (2.5%), and cigarettes (1.8%). According to Adunola et al. (2017), the majority of study participants were daily drug users. This is in contrast to our findings,

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which indicate that alcohol is the substance used most frequently (at 14.3%), which are consistent with findings from a national survey of 14,059 respondents, which also demonstrated that alcohol is the drug most commonly used (Adamson et al., 2015). The report also showed that the most overused illegal substance is cannabis.

Igwe et al (2009) revealed that 31.6% of drug-abusing secondary school students in Enugu, Nigeria, had drunk alcohol. This is much higher than our findings, which show that alcohol consumption is at 14.3%. In addition, the mother's education level is 45.2% (363), while the father's education level is 44.9% (360) having completed secondary school. This could be a contributing aspect that allowed parents to act as positive role models for their kids and prevent substance misuse by giving them relevant knowledge about the dangers of substance use.

Further investigation showed that out of 4078 teenagers who took part in the poll, 5.1% said they had smoked cigarettes at least once in their lives, 33.6% said they had drunk alcohol, 13.1% said they had been intoxicated, 7.5% said they had used cannabis, and 11.6% said they had used other substances. Alesina et al. opined that the South had the highest rates of alcohol use, but the North had greater rates of tobacco, cannabis, and other drug usage. The general knowledge of alcohol, marijuana, and tobacco was quite low in all zones. The North had lower scores for beliefs, risk perception, decision-making and rejection abilities, and self-esteem (Alesina et al., 2019). The survey revealed a significant incidence of teenage alcohol and drug use in Nigeria, which completely contradicts our findings of 1% practice levels.

Additionally, alcohol was the most commonly used substance among adolescents at 21% of the two senior secondary schools in Kagoro district, Kaduna State. According to Bassi et al. (2017), most young people in Nigeria believe that drinking is socially acceptable in various contexts and that it is a sign of maturity. Our results are low compared to 65.7% in Igboora, Nigeria (Anyanwu et al., 2016; Lawoyin et al., 2005).

The results of a study on the substance usage patterns of senior students at command secondary schools in Ibadan revealed that 510 students, with a mean age of 15.0±1.2 years, participated. 15.3% of people reported having used drugs at some point in their lives. Tobacco (10.6%), alcohol (32.9%), and solvents (17.3%) were the most commonly utilized materials. According to Idowu et al. (2018), the only factors that were linked to lifetime solvent and tobacco use were gender and age (p < 0.05). There are clear parallels between this and our results, which showed a 0.015 correlation with age. The fact that the research is conducted in the state may account for these commonalities. Nonetheless, there were numerous variations in the respondents' ownership of their school at 0.003, their class level at 0.00, their family type at 0.024, their type of school at 0.004, their living situation at 0.019, their father's educational level at 0.006, and whether or not their father was still alive at 0.000. Arguably, the unique socio-demographic factors employed for this investigation caused the discrepancy in the outcome.

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Only 2.6% of respondents from a sample of selected private and public secondary schools in the Ibadan metropolitan area reported using tramadol; 14.3% reported using alcohol; 2.1% reported using tobacco; 0.95 reported using Rohypnol; 0% reported using codeine and cough syrup; 9% reported using inhalants; 1.9% reported using performanceenhancing drugs; 1.1% reported using heroin; 0% reported using methamphetamine; 0.6% reported using crack; 0.7% reported using fentanyl; 0.4% used marijuana; and 0.7% used ecstasy. The percentage of respondents who reported using drugs or alcohol revealed a lower level of practice among the respondents (1%); there is a significant correlation between the respondents' age and drug use (0.015), school type and drug use (0.004), class level and drug use (0.00), and family type and drug use (0.024). Additionally, there was a significant correlation between the respondents' ownership of their school and their substance use practices (0.003), their father's educational attainment and their substance use practices (0.000), the respondents' living arrangements and their substance use practices (0.019), and their father's level of education and their substance use practices (0.006).

In conclusion, past research has shown that among young people in Nigeria, alcohol misuse is among the most prevalent drug abuse. For instance, drinking alcohol is considered socially acceptable in many Nigerian communities, where young people view it as a sign of maturity. In addition, alcohol is freely supplied on many occasions in Nigeria, where individuals enjoy drinking alcohol regularly to unwind with friends at a variety of restaurants and nightclubs. Additionally, firms that produce alcohol, sponsor sporting activities like football and other games mostly watched by young people in Nigeria. In addition, well-known Nigerian celebrities and actresses receive payment to promote alcoholic beverages. All of these might have acted as catalysts for young people in Nigeria to drink more alcohol.

3.2.3 Factors Influencing the Use of Substance Abuse

A study's logistic regression analysis revealed that students were much more likely to use drugs if they had primary caregivers and peers who were drug users (P 0.001, P 0.001). Additionally, men were much more likely than women to use drugs (P = 0.024). Substance abuse and inadequate role modelling are strongly correlated (Lawoyin et al., 2005). According to the survey, 233 (45.1%) of the respondents said they only used one drug, while 150 (54.9%) said they used multiple substances. As of right now, 69.3% of participants said they used drugs or alcohol. Alabukun, a popular painkiller produced locally that combines acetylsalicylic acid and caffeine, was the most frequently reported drug to be taken both today and in the past out of the fourteen psychoactive substances that were supposedly used (Lawoyin et al., 2005). On the other hand, the only variables found to be associated were religion (CI 0.994) at 0.000 p-values and the presence or absence of the father (CI 3.127, 395.453) at 0.004 p-values.

Moreover, the following particular factors were discovered: a history of maltreatment or a difficult upbringing; psychiatric disorders like major depressive disorder



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and conduct issues; behavioural addiction; low-perceived risk; high-perceived drug accessibility; high-attitude to use synthetic drugs; pain catastrophic; high impulsivity, rebelliousness, emotional regulation impairment, low religiosity, finishing homework, total screen time, and alexithymia. Familial risk variables included smoking pregnant women, moms with poor psychological control, and parents with low educational attainment, negligence, insufficient monitoring, unrestrained pocket money, and the presence of drugusing family members. One community risk factor that has been identified is drug-using peers (Nawi et al., 2021).

Men are far more likely than women to regularly use substances, according to a study that also yielded a contradictory finding: sex appears to have the largest correlation with substance use (Gordon et al., 2021). Males are more likely than women to use substances and those who do typically use them less frequently than males. This is consistent with regional and worldwide trends in substance usage.

Furthermore, it was discovered that age was a predictor of substance use (though not frequency), with older participants being more likely to use drugs. These results agree with other South African studies (Gordon et al., 2021).

3.2.4 Study Limitations

Despite every effort to ensure that the study recruited as broadly as feasible, the sample under investigation might not accurately reflect the population of secondary school pupils in Ibadan, both public and private. This study did not account for friends who might not be enrolled in school, but it did account for teenagers and young adults attending both public and private schools. These restrict how far the findings of this study can be applied.

4.0 **CONCLUSION**

This study examined the variables that affect pupils at selected public and private secondary schools in the Nigerian city of Ibadan's use of tramadol, alcohol, tobacco, Rohypnol, inhalants, performance-enhancing drugs, heroin, crack, fentanyl, marijuana, and ecstasy. Marijuana had the lowest incidence of drugs among students, while alcohol was the most common, followed by inhalants (such as glue, paint thinners, gasoline, or aerosol sprays). Compared to alcohol, which is the other social drug, cigarettes were less common. The frequency of drug misuse among secondary school pupils in Ibadan, both public and private, is greatly influenced by age, sex, educational attainment, school administration style, and the local economy. Neither drug use nor the socioeconomic status of the community where the school is located were substantially correlated with the perception of ease of access to drugs. Students listed performance enhancement, health-related medication, and stress as factors in their drug use. Despite its low practice, this suggests a high degree of assessment of substance usage. Since alcohol consumption is the drug most closely associated with detrimental psychological and academic effects, school-based treatments and initiatives

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should place a high priority on health education about the dangers of substance misuse and increase public awareness of student drug use.- More focused investigations, including ongoing research, are needed to ascertain the prevalence and severity of alcohol and other drug use among secondary school students. Drug addiction awareness efforts in the media can also be successful if they are reasonably intense and extend over an extended time. To identify active drug users, regular drug testing should be done during school hours. This will help teenagers achieve and maintain recovery while lowering other types of deviance.

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Competing Interests

None

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