INVESTIGATING PSYCHOACTIVE SUBSTANCE USE AMONGST YOUTHS IN SOBI CANTONMENT, ILORIN, KWARA STATE, NIGERIA.

BY

OLUKOMOGBON OLUWABUNMI RUTH

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THOMAS ADEWUMI UNIVERSITY, OKO-IRESE KWARA STATE.

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IN PARTIAL FULFILLMENT OF THE REQUIREMENT OF THOMAS ADEWUMI UNIVERSITY FOR THE AWARD OF

"BACHELOR OF NURSING SCIENCE DEGREE".

JULY 2025

DECLARATION

This is to declare that this research project titled **"Investigating Psychoactive substance use amongst youths in Sobi cantonment Ilorin, Kwara state, Nigeria."** was carried out by **Olukomogbon Oluwabunmi Ruth** and is solely the result of my work except where acknowledged as being derived from other person(s) or resources.

Matriculation Number: 20/05NSS025

In the faculty of Nursing Science, Thomas Adewumi University, Oko-Irese, Kwara State.

Signature: **Date: ___07/08/2035_____**

CERTIFICATION

This is to certify that this research project by **Olukomogbon Oluwabunmi Ruth** with examination number **20/05NSS025** has been examined and approved for the award of "**BACHELOR OF NURSING SCIENCE DEGREE"**

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ABSTRACT

Psychoactive substance use among youths is a growing concern, particularly in urban settings like Sobi Cantonment, Ilorin, Kwara State. This study aims to explore the types of psychoactive substances utilized by youths, their sources of acquisition, prevalence, reasons for use, and the level of knowledge regarding associated health risks and social consequences. A cross-sectional survey was conducted with a sample of 160 youths from the Sobi Cantonment area, employing structured questionnaires to collect data on their substance use behaviors and perceptions. The results reveal a significant relationship between the use of psychoactive substances and their effect, indicating that substance use is closely linked to behavioral and psychological changes among youths and 18.75% of respondents acknowledged these changes. The study also showed that social media has little to no influence as 75% or respondents report that social media did not influence the use of psychoactive substances. Additionally, the study found a significant correlation between substance use and the level of social support available to individuals, suggesting that peer and family influences play a crucial role in substance use patterns. In conclusion, the findings highlight the urgent need for targeted interventions to address psychoactive substance use among the youth in Sobi Cantonment. Recommendations include increasing awareness of the health risks associated with substance use and implementing community-based programs focused on prevention and support. Such strategies could help mitigate the adverse effects of substance use and promote healthier lifestyles among youths in the region.

Keywords: Psychoactive substances, youth, Sobi Cantonment, substance use, health risks, social support.

DEDICATION

I dedicate this project to God Almighty, the source of all wisdom, knowledge, understanding, inspiration, and grace. He has helped and guided me through every step of this journey, and His love has sustained me through the challenges and triumphs. May this work be a reflection of His glory and a testament to His unfailing love and grace.

This project is also dedicated to my parents and siblings, whose unwavering support, encouragement and endless belief in my abilities have been my motivation. For believing in my abilities and providing me with a solid foundation to pursue my dreams.

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1.0 INTRODUCTION

This chapter aims to discuss the details of the research topic, background and research purposes. It is presented by stating the background of the study, the statement of problem, the research objectives, research questions, hypothesis, significance of the study, scope of the study and the operational definition of terms.

1.1 Background to the study

Psychoactive drugs are substances that, when taken in or administered into one's system, affect mental processes, e.g., perception, consciousness, cognition or mood and emotions (WHO, 2024). According to UNESCO 2024, a youth is a person aged between 15 and 24. However, this definition is not universal because for this research a youth is a person between age 10 to 35. As the experience of being young can vary substantially across the world, between countries and regions, we consider 'youth' as a flexible category.

Psychoactive substance abuse is a social issue that has quickly expanded throughout educational institutions, particularly among students in secondary schools. The negative impact this social issue has on the lives and academic performance of the affected students, as well as the smooth operation of the society as a whole, makes it a matter for grave concern.

Globally, over 36 million people suffer from drug use disorders, and the age group 15 to 24 years shows a high prevalence of experimentation with illicit substances. (UNODC, 2023).

Sub-Saharan Africa is facing a growing epidemic of psychoactive substance use among its youth population. The African Union (2022) reported that about 14 million young people in the region are engaged in harmful substance use, with cannabis and alcohol being the most prevalent. In Nigeria, psychoactive substance use among youths has reached an alarming rate.

14.4% of Nigerians aged 15–64 had used a drug (excluding alcohol) in the past year, with the prevalence among youths aged 15–24 being disproportionately high (UNODC, 2020).

Psychoactive substances also known as psychotropic are drugs or chemicals that alter brain functions, mental state, including mood, thoughts, feelings, and behaviors when consumed (WHO, 2021). The use of psychoactive substances refers to the consumption of drugs or substances that affect the brain and nervous system, leading to changes in perception, mood, and behavior (NIDA, 2022). Psychoactive substance use involves the use of drugs or

substances that alter normal brain function, resulting in changes in cognitive processes, emotions, and behaviors (Kuhn et al., 2020). Psychoactive substances are drugs or chemicals that have a psychological effect, including altering one's mental state, mood, or behavior (APA, 2022).

The use of psychoactive substance is not just arising it has been in existence for hundreds of years in different fields of human existence. But over the years, use of psychoactive substance has been on the rise exponentially and as a result, its harmful effect to the individual, the society, the nation and the world at large is on the increase too. From secondary school students, to individuals in university, even those in primary school are being exposed to it little by little and this has accounted for a lot of illnesses, organ damages, accidents and even sudden or gradual deaths of youths. The number of youths being admitted to mental faculties as a result of the effects of the use of psychoactive substances are also on the rise daily. There are different substances used and they include tobacco, alcohol, cannabis, pharmaceutical opioids like tramadol, codeine, morphine, tranquilizers, ecstasy, nitrous oxide, inhalants, cocaine, heroin amongst others. Cocaine, heroin, and cannabis' availability is influenced by the extent of production in the nations it's being produced, as well as the success or failure of trafficking groups. There always appears to be enough available for users, despite higher levels of law enforcement activity (UNODC 2021).

1.2 Statement of problem

The use and misuse of these substances have become a great concern for the public health globally as it poses serious risks to the health, well-being, and functionality of the individual.

In Sobi cantonment and its environs, the use of psychoactive substance has become the norm overtime. Youths consume alcohol, smoke and ingest all sort of substances even in open spaces without caution.

Some of them become intoxicated and start behaving strange, constitute nuisance, look haggard and unkempt, all which are patterns associated with use of psychoactive substance.

Youths, particularly during adolescence, are at a heightened risk of experimenting with substances due to peer pressure, stress, and lack of awareness. The early onset of substance use significantly increases the risk of addiction, mental health disorders, and even premature death.

Despite global efforts, the prevalence of psychoactive substance use continues to rise, with cannabis, alcohol, prescription opioids, and amphetamines being the most commonly abused substances among youths (UNODC, 2023).

1.3 Objectives of Study

1. To identify the different types of psychoactive substances among youths in Sobi cantonment Ilorin, Kwara state.

2. To elicit how psychoactive substances are obtained in Sobi cantonment, Ilorin, Kwara state.

3. To determine the prevalence of psychoactive substance use amongst youths in Sobi cantonment Ilorin, Kwara state.

4. To determine the different reasons for the use of psychoactive substances amongst youths.

5. To evaluate the knowledge and awareness of the youths about the health risks and social consequences of psychoactive substance use.

6. To recommend interventions and strategies for reducing psychoactive substance use among the youth population in Sobi Cantonment.

1.4 Research questions

1. What are the different types of psychoactive substances?

2. What are the sources of psychoactive substances?

3. How are psychoactive substance used?

4. What are the signs and effects of Substance abuse in an individual?

5. What are the different reasons for the use of psychoactive substances amongst youths?

1.5 Hypothesis

1. There is no significant relationship between use and effect of psychoactive substances among youths in Sobi cantonment Ilorin, Kwara state.
2. There is no significant relationship between substance use and level of social support among youths in Sobi cantonment Ilorin, Kwara state.

1.6 Significance of the study

The significance of this study is to assess psychoactive substance use amongst youths in Sobi community, their effects and also to create awareness. For the nursing profession and health care providers, the study will be useful in knowing the different substances that are being abused, helps to find out how to curb and probably reduce access to the substances and drugs used, it will help providing information that will be useful for the Plan of effective management of the effect of substance abuse. It will also be helpful to the different law enforcement agencies and bodies involved with Substance or drug abuse by providing them with information that will be useful in creating awareness and various intervention schemes to combat this issue. This study will also serve as a source of reference for future researchers helping them to build on what has been done to create their own works.

1.7 Scope of Study

The scope of this study covers Sobi cantonment and is delimited to the youths living at the cantonment. The youths can be relations or children to soldiers, or even soldiers living in Sobi Cantonment, Ilorin, Kwara State, Nigeria.

1.8 Operational Definition of terms

1. Psychoactive: something that affects the mind.
2. Psychoactive substances: Anything used that changes the normal functioning of the brain, mind and behavior of the user.
3. Psychoactive substance use: This is the use of anything that changes the normal functioning of the brain, mind and behavior of the user.
4. Youths: people between ages of 10- 35 years
5. Investigating psychoactive substance use: Looking to gain more knowledge about use of anything that change the normal function of the brain, mind and behavior of the user.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews related literature on the following headings, conceptual review, types of psychoactive substance, how are psychoactive substances are obtained, reasons for the use of psychoactive substances amongst youths, effects of psychoactive substance use, management and treatment of psychoactive substance abuse and disorders. It also reviews related theory and the application of the theory to the study.

2.1 CONCEPTUAL REVIEW

When drugs are prescribed and administered properly, they have significant medical beneficial effects. But they become a source of great concern when individuals misuse them, with the possibility that the usage could turn into a drug use disorder. In a survey conducted by National Drug Use Survey in 2019, it was found that the number of drug users in Nigeria is estimated at 14.4 per cent or 14.3 million people aged between 15 and 64 years. The data suggests that the prevalence of past year drug use in Nigeria is more than twice the global average of 5.6 per cent. Young individuals are the most likely to use psychoactive substances. Particularly in Nigeria, the National Bureau of Statistics stated in 2021 that 14.4% of people between the ages of 15 and 64 used drugs, with cannabis being the most widely used drug. Youths now have more access to psychoactive substances due to the increase in availability of these substances (NDLEA, 2022). This has made psychoactive substance use amongst youths in Nigeria to become a pressing public health concern, with far-reaching consequences for their health, well-being, and future prospects.

The use of psychoactive substances by young people in Nigeria has serious and dire consequences. Many health issues, such as substance use disorders, overdoses, and fatalities, can result from substance use. In addition, there may be social and economic repercussions, such as marital problems, money troubles, and legal troubles, it can also affect young people's opportunities for education and work, which can have a variety of long-term effects (WHO, 2021).

Adopting a holistic approach is necessary to tackle the issue of psychoactive substance usage among Nigerian adolescents. According to WHO (2021), this entails boosting mental health services accessibility, raising awareness and educating people, and upholding drug control

laws. To foster a supportive atmosphere that encourages healthy habits and lowers the likelihood that young people will use drugs, parents, educators, and government officials must work together. Furthermore, drug use among young people can be decreased with the use of evidence-based prevention and intervention initiatives like the Drug Abuse Resistance Education (DARE) program (DARE, 2022).

2.11 Types of psychoactive substances

Stimulants, often known as psychostimulants, work on the central nervous system to raise arousal, stimulate behavior, and make people more attentive (*world drug report,* UNODC 2019). Stimulants, are said to be substances that accelerate the body's processes (drug fact sheet 2020) Often referred to as "uppers," stimulants counteract the negative effects of tiredness involving the mind and body. Prescription medications like amphetamines (Adderall and Dexedrine), methylphenidate (Concerta and Ritalin), diet aids (Direx, Bontril, Preludin, Fastin, Adipex P, Ionomin, and Meridia), and other illegal substances like methamphetamine, cocaine, methcathinone, and other synthetic cathinones that are frequently marketed as "bath salts" can be found among them. Their common street names include, Bennies, Black Beauties, Cat, Coke, Crank, Crystal, Flake, Ice, Pellets, R-Ball, Skippy, Snow, Speed, Uppers, and Vitamin R. They can come in forms of pills, powders, injectable liquids, rocks (DFA 2020). Their overall mode of action is an increase in the brain's natural stimulation pathways, which specifically improves the activity of serotonin, norepinephrine, and dopamine, the three primary monoamine neurotransmitters (*world drug report,* UNODC 2019). Stimulants are the second most popular class of drugs taken worldwide after cannabis with about 68 million users in the previous year, despite polydrug use. But the kinds of stimulants that are employed varied greatly between the various subregions. In Africa, the predominantly used substances include cocaine, methamphetamine, crack cocaine, cannabis, ecstasy and khat. (*world drug report,* UNODC 2019).

Depressants are substances that lower alertness and excitement in the central nervous system (CNS). These medications are frequently recommended to treat anxiety, sleeplessness, and seizures, but because of their sedative qualities, they are also frequently abused (National Institute on Drug Abuse, NIDA). It includes Alcohol (Ethanol) which has dependence-producing properties that has been widely used in many cultures for centuries (NIAAA 2022). Benzodiazepines, sometimes known as "Benzos" and "Downers," are types of antidepressants (tranquilizers) that cause drowsiness, promote sleep, reduce anxiety, and stop seizures. Legally accessible with a prescription in the forms of tablets, syrup, and injectable

formulation. Some common varieties include Klonopin, (Alprazolam) Xanax, (Diazepam) Valium, Restoril, and (Lorazepam) Ativan (DEA 2022). Salvia Divinorum, also known as Salvia, Maria Pastora, Sally-D is a perennial herb in the mint family that is abused for its hallucinogenic effects. It is native to certain areas of the Sierra Mazaleca region of Oaxaca, Mexico. It is one of several plants that are used by Mazatec Indians for ritual divination. Salvia divinorum plants can be grown successfully outside of this region. They can be grown indoors and outdoors, especially in humid semitropical climates (DEA 2022).

Dissociatives also referred to as 'dissociative anaesthetics' are a class of psychedelic drug. This class of drug causes people to feel separated or detached from their body or physical environment, they can also cause hallucinations and other changes in thoughts, emotions and consciousness. It disrupts the action of glutamate a neurotransmitter at the NMDA (N-methyl-D-aspartate) receptor in the brain (NIDA 2024). Examples include Ketamine which distorts the perception of sight and sound and makes the user feel disconnected and not in control. Phencyclidine (PCD) which is a hallucinogen, Dextromethorphan (DXM) which is a cough suppressor found in a lot of over-the counter (OTC) cold medications, either alone or in combination with other drugs.

Another type is the opioids, opiates & analgesics which is derived from the resin of the opium poppy, Papaver somniferum. It a broad class of drug that share structural similarities with the naturally occurring plant alkaloids found in opium (WHO 2023). Examples of opioids include, opium, oxycodone, oxyconton, hydrocodone, percodan/percocet, demerol, darvon/darvocet. Morphine (and its derivatives) and codeine are examples of the natural alkaloids, which are also known as opiates. Hydromorphone, methadone, heroin, fentanyl, buprenorphine, and various are examples of synthetic compounds. Alternative names for opioids include, laudanum, paregoric, gum, big O, block, black stuff (DEA 2022).

Psychotomimetics are a class of psychoactive substances that mimic the symptoms of psychosis, including hallucinations, delusions, and altered states of consciousness. These substances are also known as hallucinogens or psychedelics. They can significantly alter an individual's perception of reality, thoughts, and emotions (NIDA 2022). It includes, Lysergic acid diethylamide (LSD), Mescaline (peyote), psilocybin (“magic” mushrooms).

Another type is the steroids. Anabolic steroids are synthetically produced variants of the naturally occurring male hormone testosterone that are abused in an attempt to promote muscle growth, enhance athletic or other physical performance, and improve physical appearance. Testosterone, trenbolone, oxymetholone, methandrostenolone, nandrolone, stanozolol, boldenone, and oxandrolone are some of the anabolic steroids that are most

commonly encountered. Steroids are also illegally diverted from legitimate sources (theft or inappropriate prescribing). Common street names include, arnolds, juice, pumpers, roids, stackers, and weight Gainers. Steroids are available in tablets and capsules, sublingual-tablets, liquid drops, gels, creams, transdermal patches, subdermal implant pellets, and water-based and oil-based injectable solutions (DEA 2022).

Inhalants are unseen, unstable substances found in a lot of items used every day in the home which produce chemical vapors that are inhaled and cause psychotropic or mind-altering effects. (DEA 2022). Although other abused substances can be inhaled, the term "inhalants" is used to describe a variety of substances whose main common characteristic is that they are rarely, if ever, taken by any route other than inhalation.

Things like glue, lighter fluid, cleaning fluids, paint, correction fluid, refrigerant in air conditioner, tip pens, marker, spray paint, air freshener, butane, even cooking spray are among the various things that can be inhaled. The common street names include Gluey, Huff, Rush, and Whippets (*drug fact sheet*, DEA 2022).

Marijuana is a mind-altering (psychoactive) drug, produced by the Cannabis sativa plant. With over 480 constituents, THC (delta9-tetrahydrocannabinol) is believed to be the main ingredient that produces the psychoactive effect. Marijuana is a dry, shredded green/brown mix of flowers, stems, seeds, and leaves from the Cannabis sativa plant. The mixture typically is green, brown, or gray in color and may resemble tobacco. Marijuana is grown all over the world and cultivated in both outdoor and indoor settings. Common street names include Aunt Mary, BC Bud, Blunts, Boom, Chronic, Dope, Gangster, Ganja, Grass, Hash, Herb, Hydro, Indo, Joint, Kif, Mary Jane, Mota, Pot, Reefer, Sinsemilla, Skunk, Smoke, Weed, and Yerba. Marijuana is usually smoked as a cigarette (called a joint) or in a pipe or bong. It is also smoked in blunts, which are cigars that have been emptied of tobacco and refilled with marijuana, sometimes in combination with another drug. Marijuana can also be mixed in foods (edibles) or brewed as a tea. When marijuana is smoked, the active ingredient THC passes from the lungs and into the bloodstream, which carries the chemical to the organs throughout the body, including the brain (DEA 2022).

2.12 How are psychoactive substances are obtained

Most of these substances are obtained as over the counter drugs, some are gotten illegally over the internet, some are cultivated domestically.

2.13 Reasons for the use of psychoactive substances amongst youths

In Nigeria, the use of psychoactive substances amongst youths is significantly influenced by social and environmental variables. Ogunwale et al 2022 identified several significant factors that lead to substance use, including peer pressure, family history, and substance availability. Youths are often influenced by their peers and may engage in substance use to fit in or gain acceptance (Ogunwale et al., 2022). It's possible for peers to portray the idea that using drugs is a common and acceptable activity and norm in the society (Berkowitz, 2020) also, individuals may think that using psychoactive substances will avoid them being excluded or rejected by their peer group (Hanson, 2022). They could see it as a means to gain respect or high positions in their group (Wagner, 2021). Youths may engage in psychoactive substance use due to their curiosity and the urge to have a thrilling experience by trying new substances (Kaminer, 2020). Family history, since young people who have drug-using relatives are more likely to take drugs themselves (Offie et al., 2022). According to NIDA 2022, genetics can also play a role in the risk of an individual engaging in substance use disorders because of genetic makeup shared and transferred from parents to offspring. Being exposed to substance use as a child and observing family members can make a child imitate this behavior which become a part of him or her as he develops and grows and this can normalize the behavior of engaging in substance use and also increase the chance use. Parents who neglect their wards expose them to these vices and they are left to experiment on their own.

Mental health issues, like as fear, anxiety and depression, are also factors that contribute to the use of psychoactive substances amongst youths in Nigeria. They would resort to using drugs as means of coping with various challenges they face and this can make the issues worse and lead to them being solely dependent on it, and then causing addiction (WHO, 2021). In another study, about 33.7% of students were involved with psychoactive substances with a higher prevalence of tramadol and alcohol use (Ogunwale et al., 2022) and as mentioned earlier, it can worsen mental health conditions and also cause a lot of other worse conditions, it can even lead to suicide. (WHO, 2021). Growing up in a household with conflict and dysfunction can increase the likelihood of substance use as a coping mechanism (Wagner et al., 2021).

Another factor that can influence the use of psychoactive substances amongst youths is the societal and cultural influences. Youths who made to believe that substance use is a socially acceptable activity may be more likely to take drugs (Ogunwale et al., 2022). According to

Berkowitz 2020, Cultural and societal norms can influence substance use, making it an act that is acceptable or desirable. Poverty, unemployment, and environmental stress can contribute to substance use as a coping mechanism (Harris, 2022). Wagner 2021 also put in the place that media representations of culture and society can either normalize or even romanticize drug use. Cultural and societal barriers may make it more difficult for people to get information regarding the dangers of substance use (NIDA, 2020). Additionally, in some cultures, there is normalization of substance use as part of religious or spiritual practices (Kaminer, 2020).

2.14 How are psychoactive substances introduced into the body

It can be ingested via snorting, drinking, chewing, smoking, injecting, eating, or absorbing through the skin in the form of a patch.

2.15 Effects of Psychoactive Substance Use

Stimulants causes increase in energy levels, boost self-esteem, enhance mental and physical performance, decrease appetite, prolong wakefulness over extended periods of time, and cause one to "get high." Prolonged, high-dose use is often linked to Dizziness, tremors, headache, flushed skin, chest pain with palpitations, excessive sweating, vomiting, abdominal cramps, aggressive behavior, hostility, panic attacks, agitation, and suicide or homicidal thoughts. Paranoia can also happen, sometimes with visual and/or aural hallucinations. There is an experience of an abrupt feeling called a "rush" or "flash" when consuming stimulants either through smoking, snorting, or injecting them. This results in a calming effect, reduced anxiety, and impaired cognitive and motor functions (DFA 2020).

Depressants consumption can lead to increased dopamine levels in the brain's reward pathways, contributing to the pleasurable effects and potential for addiction. In low doses, its short term effects include, Relaxation, euphoria, Decreased inhibitions, Impaired judgment and coordination, Slurred speech and drowsiness. In high doses, it can cause confusion and dizziness, Nausea and vomiting, Loss of consciousness, Respiratory depression, Liver damage (e.g., fatty liver, hepatitis, cirrhosis), Cardiovascular problems (e.g., hypertension, cardiomyopathy), Increased risk of cancers (e.g., liver, breast, esophagus), Pancreatitis and gastrointestinal issues, Neurological disorders (e.g., neuropathy, Wernicke-Korsakoff syndrome), depression and anxiety, cognitive impairments and memory loss (DEA 2022).

Opiate use can cause euphoria, mood swings, tiredness, and mental fogging, lessening of the impression of pain, constipation, intestinal bloating, respiratory depression, drowsiness, decreased gastrointestinal motility, impaired coordination, nausea, vomiting, increased risk of exposure to infectious diseases (hepatitis, HIV), poor pregnancy outcomes, fatal overdose, addiction, vasodilation, lower blood pressure, and lessen cardiac effort (DEA 2022)

Hallucinogens can cause dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors. During the first hour after ingestion, users may experience visual changes with extreme changes in mood. While under the influence, the user may suffer impaired depth and time perception accompanied by distorted perception of the shape and size of objects, movements, colors, sound, touch, and the user's own body image. The ability to make sound judgments and see common dangers is impaired, making the user susceptible to personal injury. It is possible for users to suffer acute anxiety and depression after an LSD "trip." Hallucinogen Persisting Perception Disorder, which may include fragmentary recurrences of certain aspects of the drug experience or "flashbacks" have been reported days, and even months, after taking the last dose. Longer, more intense "trip" episodes may occur with larger doses. Serious psychological harm can occur after administration, including fear, depression, anxiety, and paranoia, and can be long-lasting (NIDA 2022).

High doses of anabolic steroids may cause mood and behavioral effects. In some individuals, anabolic steroid use can cause dramatic mood swings, increased feelings of hostility, impaired judgment, and increased levels of aggression (often referred to as "roid rage"). When users stop taking steroids, they may experience depression that may be severe enough to lead one to commit suicide. Anabolic steroid use may also cause psychological dependence and addiction. A wide range of adverse effects is associated with the use or abuse of anabolic steroids. These effects depend on several factors including age, sex, the anabolic steroid used, amount used, and duration of use. In adolescents, anabolic steroid use can stunt the ultimate height that an individual might otherwise achieve. In boys, anabolic steroid use can cause early sexual development, acne, and stunted growth. In adolescent girls and women, anabolic steroid use can induce permanent physical changes, such as deepening of the voice, increased facial and body hair growth, menstrual irregularities, male pattern baldness, and lengthening of the clitoris. In men, anabolic steroid use can cause shrinkage of the testicles, reduced sperm count, enlargement of the male breast tissue, sterility, and an increased risk of prostate cancer. In both men and women, anabolic steroid use can cause high cholesterol levels, which

may increase the risk of coronary artery disease, strokes, and heart attacks. Anabolic steroid use can also cause acne and fluid retention. Oral preparations of anabolic steroids, in particular, can damage the liver. Users who inject anabolic steroids run the risk of contracting various infections due to non-sterile injection techniques, sharing of contaminated needles, and the use of steroid preparations manufactured in non-sterile environments. All these factors put users at risk for contracting viral infections such as HIV/AIDS or hepatitis B or C, and bacterial infections at the sight of injection. Users may also develop endocarditis, a bacterial infection that causes a potentially fatal inflammation of the heart lining (Nawi et al, 2021).

Inhalant abuse can cause damage to the parts of the brain that control thinking, moving, vision, and hearing. Cognitive abnormalities can range from mild impairment to severe dementia. Signs could include paint or stains on body or clothing, spots or sores around the mouth, red or runny eyes or nose, chemical breath odor, drunk, dazed, or dizzy appearance, nausea, loss of appetite, anxiety, excitability, and irritability. Nearly all inhalants produce effects similar to anesthetics, which slow down the body's function. Depending on the degree of abuse, the user can experience slight stimulation, feeling of less inhibition, or loss of consciousness. Within minutes of inhalation, the user experiences intoxication along with other effects similar to those produced by alcohol. These effects may include slurred speech, an inability to coordinate movements, euphoria, and dizziness. After heavy use of inhalants, users may feel drowsy for several hours and experience a lingering headache. Additional symptoms exhibited by long-term inhalant users include Weight loss, muscle weakness, disorientation, inattentiveness, lack of coordination, irritability, depression, and damage to the nervous system and other organs. Some of the damaging effects to the body may be at least partially reversible when inhalant abuse is stopped; however, many of the effects from prolonged abuse are irreversible. Prolonged sniffing of the highly concentrated chemicals in solvents or aerosol sprays can induce irregular and rapid heart rhythms and lead to heart failure and death within minutes. There is a common link between inhalant use and problems in school like failing grades, chronic absences, and general apathy. Because intoxication lasts only a few minutes, users try to prolong the high by continuing to inhale repeatedly over the course of several hours, which is a very dangerous practice. With successive inhalations, users may suffer loss of consciousness and/or death. "Sudden sniffing death" can result from a single session of inhalant use by an otherwise healthy young person. Sudden sniffing death is particularly associated with the abuse of butane, propane, and chemicals in aerosols.

Inhalant abuse can also cause death by asphyxiation from repeated inhalations, which lead to high concentrations of inhaled fumes displacing the available oxygen in the lungs, suffocation by blocking air from entering the lungs when inhaling fumes from a plastic bag placed over the head, and choking from swallowing vomit after inhaling substances. (drug fact sheet, DEA 2022)

When marijuana is consumed, In the brain, THC connects to specific sites called cannabinoid receptors on nerve cells and influences the activity of those cells. Many of these receptors are found in the parts of the brain that influence Pleasure, memory, thought, concentration, sensory and time perception, and coordinated movement. The short-term effects of marijuana include problems with memory and learning, distorted perception, difficulty in thinking and problem solving, and loss of coordination. The effect of marijuana on perception and coordination are responsible for serious impairments in learning, associative processes, and psychomotor behavior (driving abilities). Long term, regular use can lead to physical dependence and withdrawal following discontinuation, as well as psychological addiction or dependence. It can cause dizziness, nausea, tachycardia, facial flushing, dry mouth, and tremor initially. Merriment, happiness, and even exhilaration at high doses, disinhibition, relaxation, increased sociability, and talkativeness, enhanced sensory perception, giving rise to increased appreciation of music, art, and touch, heightened imagination leading to a subjective sense of increased creativity, Time distortions, Illusions, delusions, and hallucinations are rare except at high doses, Impaired judgment, reduced coordination, and, ataxia, which can impede driving ability or lead to an increase in risk-taking behavior, Emotional lability, incongruity of affect, dysphoria, disorganized thinking, inability to converse logically, agitation, paranoia, confusion, restlessness, anxiety, drowsiness, and panic attacks may occur, especially in inexperienced users or in those who have taken a large dose, Increased appetite and short-term memory, impairment are common. Short-term physical effects from marijuana use may include, Sedation, bloodshot eyes, increased heart rate, coughing from lung irritation, increased appetite, and increased blood pressure (although prolonged use may cause a decrease in blood pressure). Marijuana smokers experience serious health problems such as bronchitis, emphysema, and bronchial asthma. Extended use may cause suppression of the immune system. Withdrawal from chronic use of high doses of marijuana causes physical signs including headache, shakiness, sweating, and stomach pains and nausea. Withdrawal symptoms also include behavioral signs such as, Restlessness, irritability, sleep difficulties, and decreased appetite (drug fact sheet, DEA 2022).

2.16 Management and treatment of Psychoactive Substance Abuse and Disorders

Management and treatments for SUDs include medications, neuromodulation approaches, and behavioral interventions.

Medications approved by the US Food and Drug Administration (FDA) for the treatment of SUDs are limited to tobacco (nicotine), opioid, and alcohol use disorders. Additionally, there is one FDA approved medication for opioid overdose reversal (naloxone) and one for managing acute opioid withdrawal (lofexidine). There are no approved medications to treat disordered use of stimulants, cannabis, benzodiazepines, barbiturates, inhalants, ketamine, or 3,4 methylenedioxymethamphetamine (MDMA). Smoking cessation medications approved by the FDA include bupropion, varenicline, and nicotine replacement treatments (patch, gum, lozenge, oral inhaler, and nasal spray). Nicotine replacement treatment as work by reducing nicotine withdrawal symptoms. The various types have comparable effectiveness, with 17% quit rates at 6 months, compared to 10% for placebo. The pharmacokinetics and bioavailability of nicotine from the various products differ. Patches have a slow delivery, requiring more than one hour for nicotine to peak, but result in long lasting nicotine plasma levels for 24 hours. Nicotine reaches peak plasma concentration in 10 min when administered via nasal spray, and in 20 30 min with oral products, but plasma nicotine levels decline rapidly toward baseline within 2 hours. Supplementing the patch with a rapid acting nicotine replacement treatment as needed, when cravings emerge, appears to improve cessation rates.

Medications are the most effective interventions for preventing overdose mortality and improving outcomes in patients with opioid use disorder. There are three medications used worldwide and approved by the FDA – methadone, buprenorphine and naltrexone but there are no evidence based guidelines to guide selection, which is most often constrained by availability. Methadone is the most frequently used medication in the Middle East, Asia, South America, Africa and some European countries. It is administered daily in an oral formulation. In many countries, including the US, it has to be dispensed in licensed outpatient clinics (opioid treatment programs), which can be a barrier to care, as there are not enough licensed clinics available to serve the needs of patients with opioid use disorder in many urban and especially rural settings. When clinics are not nearby, patients must travel long distances on a daily basis. Because it acts as a full mu opioid receptor agonist, methadone is indicated in patients with high tolerance, as the partial agonist buprenorphine could trigger withdrawal symptoms in these individuals. Overall, retention is better with methadone than

with buprenorphine. Higher doses (>80 mg/day) are associated with better outcomes than lower doses. As a full agonist, methadone has no ceiling effect, which increases overdose risk when it is used at doses above the patient's tolerance or when it is combined with alcohol, benzodiazepines, heroin, or other opioids. Expanding access to methadone via office based approaches or pharmacy dispensing is a subject of interest and discussion.

There are three medications approved by the FDA for alcohol use disorder: disulfiram, acamprosate, and naltrexone (oral and extended release). One additional medication, nalmefene, is approved by the European Medicines Agency (EMA). Disulfiram is an inhibitor of aldehyde dehydrogenase, which metabolizes the alcohol metabolite acetaldehyde, thereby increasing its concentration in plasma. Acetaldehyde accumulation triggers nausea, vomiting, sweating, flushing and palpitations, so that individuals treated with disulfiram stop drinking to avoid the aversive response. Disulfiram reduced alcohol consumption in open label but not in blinded RCTs, suggesting that awareness of potential negative effects improved the placebo outcomes. The efficacy of the medication is limited by poor adherence, and supervised treatment results in better success rates than non supervised one. Also, the disulfiram ethanol interaction can be very severe; consequently, disulfiram is only recommended for the maintenance of abstinence but not as a therapy to reduce drinking.

Neuronal circuits that are disrupted in addiction are potential targets for neuromodulation. Specifically, strengthening of fronto-cortical circuitry might help prevent relapse by enhancing self control, while inhibition of the insula (mediating interoceptive awareness) might decrease craving and discomfort, thereby facilitating remission. Noninvasive techniques include transcranial magnetic stimulation, transcranial direct current stimulation, and low intensity focused ultrasound targeting the dorsolateral prefrontal cortex and the insula. Neuromodulation of peripheral nerves via percutaneous nerve field stimulation or trigeminal nerve stimulation offers additional promising interventions in SUDs. Invasive techniques, such as deep brain stimulation, require a surgical procedure to implant the electrodes, and are currently being studied for the treatment of severe SUDs. Case reports and small case studies targeting the nucleus accumbens for the treatment of alcohol use disorder and opioid use disorder have shown promising results, but much more research is needed. At present, the only FDA approved SUD related indications for neuromodulation are transcranial magnetic stimulation for smoking cessation216, and percutaneous nerve field stimulation for treatment of opioid withdrawal.

Behavioral interventions like motivational interviews which is a collaborative conversation style for strengthening a person's motivation and commitment to change. It conveys empathy and minimize confrontation, it resolves ambivalence about change. It is superior to no treatment in decreasing substance use in the short term, but its long term effects appear less robust.

Cognitive behavioral therapy is based on the assumption that substance use and related behaviors are learned, having been strongly associated with the rewarding properties of the substances and related cues via the reinforcement processes described earlier. CBT seeks to disrupt these learned associations by promoting awareness of behavioral patterns and teaching the patient a series of coping skills to reduce the probability of substance use, address its consequences, and intervene quickly in the case of relapse. CBT helps patients to become aware of and interrupt the thought emotion behavior chain and to produce more adaptive coping responses. It significantly reduces consumption frequency and quantity at early, but not late, follow up when contrasted with a non specific therapy or treatment as usual. However, when contrasted with any specific therapy, CBT's effects were consistently non significant across outcomes and follow up time points.

Contingency management is based on the hypothesis that, since disordered drug use is maintained by the reward of drug intoxication and the negative reinforcement from withdrawal, emphasizing the positive outcomes associated with reduced use or abstinence may alter this balance. Because many of the positive consequences of abstinence manifest only after long periods of no use, this technique seeks to provide positive reinforcers for drug abstinence that are more immediate and predictable, such as monetary based ones (including vouchers or goods). It has been successfully used to treat various SUDs, helps in reinforcing non drug related behavior, such as adherence to medications for human immunodeficiency virus (HIV) infection and maintaining low HIV viral load. It can be used at different points of the treatment sequence, including initial engagement, attendance, and abstinence.

2.2 THEORETICAL REVIEW

2.2.1 SOCIAL LEARNING THEORY

Social learning theory, introduced by psychologist Albert Bandura (1925-2021) in the year 1977, proposed that learning occurs through observation, imitation, and modeling and is

influenced by factors such as attention, motivation, attitudes, and emotions. The theory accounts for the interaction of environmental and cognitive elements that affect how people learn.

The theory suggests that learning occurs because people observe other people's behaviors.

According to Bandura, people observe behavior either directly through social interactions with others or indirectly by observing behaviors through media. Actions that are rewarded are more likely to be imitated, while those that are punished are avoided.

Bandura's theory believed that direct reinforcement could not account for all types of learning. The theory added a social element, arguing that people can learn new information and behaviors by watching other people. Known as observational learning, this type of learning can be used to explain a wide variety of behaviors, including those that often cannot be accounted for by other learning theories.

There are three core concepts at the heart of social learning theory. First is the idea that people can learn through observation. Next is the notion that internal mental states are an essential part of this process. Finally, this theory recognizes that just because something has been learned, it does not mean that it will result in a change in behavior.

Bandura goes on to explain that "Fortunately, most human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed, and on later occasions, this coded information serves as a guide for action." observational learning does not even necessarily require watching another person to engage in an activity. Hearing verbal instructions, such as listening to a podcast, can lead to learning. We can also learn by reading, hearing, or watching the actions of characters in books and films. Bandura noted that external, environmental reinforcement was not the only factor to influence learning and behavior. And he realized that reinforcement does not always come from outside sources. Mental state and motivation play an important role in determining whether a behavior is learned or not. He described intrinsic reinforcement as a form of internal rewards, such as pride, satisfaction, and a sense of accomplishment. This emphasis on internal thoughts and cognitions helps connect learning theories to cognitive developmental theories.

The first steps in the observational learning and modeling process is attention**.** In order to learn, an individual needs to be paying attention. Anything that distracts the attention is going

to have a negative effect on observational learning. If the model is interesting or there is a novel aspect of the situation, the individual is far more likely to dedicate full attention to learning. The second step is retention. The ability to store information is also an important part of the learning process. Retention can be affected by a number of factors, but the ability to pull up information later and act on it is vital to observational learning. The third step is reproduction: Once an individual has paid attention to the model and retained the information, then the individual can now put what has been observed into practice. Further practice of the learned behavior leads to improvement and skill advancement. The final step is motivation. In order for observational learning to be successful, there should be motivation in order to imitate the behavior that has been modeled. Reinforcement and punishment play an important role in motivation.

2.2.2 APPLICATION OF SOCIAL LEARNING THEORY TO PSYCHOACTIVE SUBSTANCE USE

Through observational learning, youths may begin to observe those around them including their family members, peers, social media, internet. Through this observation, they being to see how those around them engage with these substances and how they act while under the influence and the things they say which can influence them into imitating their behaviors. The reactions of the people being observed by youths might seem to be positive in ways that seem like substance abuse helps relieve stress, deal with anxiety and makes them to be accepted by the society. This can lead to the reinforcement of this abuse which can influence the continued abuse of substance while seeing the adverse effects like mental illness, health consequences of the consumption might deter them from the use. Also, individual's belief, their attitude, and behavior towards psychoactive substance use, can be greatly influenced by the things they notice and internalize during their observations. When society and the environment an individual lives in normalizes substance use and there are no laws guiding the use of substances, then, there is a high chance of people in the society to engage in substance use. When an individual has great ability to succeed in certain situation, they can resist any amount of pressure which helps them resist pressure from all directions in using psychoactive substances.

Through various interventions like enlightenment programs, awareness on consequences and effects of substance abuse, good role models, rehabilitation programs, education on good coping mechanisms and how to build resistance to negative influence teaching coping and

decision-making skills. Programs can also focus on building self-efficacy to resist peer pressure and make healthy choices.

2.3 EMPIRICAL REVIEW

In a study by Glèlè-Ahanhanzo et al. (2023), it was found that 12.47% of heavy goods vehicle drivers in Benin were involved in psychoactive substance abuse. Of these, drivers under 25 accounted for 10.65%, while those aged 25 to 34 represented 3.47%. Drivers with primary education made up 0.43% and were less likely to misuse psychoactive substances than those with no formal education. Additionally, drivers with cardiovascular diseases were three times more likely to misuse psychoactive substances, accounting for 3.08%. The odds of substance misuse were also higher among drivers who reported taking breaks (3.11%) compared to those who did not. A review by Khalil and Hamdan-Mansour (2019) examined existing literature on factors influencing adolescent substance use disorders. The findings revealed that 55.9% of adolescents experienced substance use disorders, with 36.2% related to alcohol use, 19.8% to nicotine dependence, and 3.6% to cannabis use. Another study by Nyameh (2023) focused on the prevalence, predictors, and effects of drug and substance use on secondary school students in North-Eastern Nigeria. It was found that the most commonly abused substances were codeine/tramadol (24.75%), alcohol (22.25%), and Indian hemp (20.25%). Other substances included tobacco (19.25%), painkillers (7.75%), shisha (3.25%), and passion (2.5%). The majority of respondents (94.25%) strongly agreed that peer influence played a significant role in substance abuse, followed by social media influence (86%) and the desire for popularity (88.25%). Conversely, a smaller percentage (40.5%) attributed students' drug habits to their parents' behavior. A significant number of respondents also strongly agreed that drug abuse led to withdrawal, low self-esteem (88.75%), violent behavior (92.5%), mood swings, anxiety, and depression (93.25%). Additionally, the respondents believed that drug abuse decreased students' focus in class (93.75%) and resulted in truancy, lower grades (89.75%), and school dropout (94.25%). Meguieze et al. (2024) conducted a study on psychoactive drug initiation among adolescents in Yaoundé, Cameroon. Drug use was more prevalent among male adolescents (55.3%) from nuclear families (91.4%) who received higher pocket money. Friends outside of school were the most frequent sources of exposure to drugs (49.7%), and 69.2% of drug users came from nuclear families. Furthermore, 76% of drug users reported witnessing parental conflicts, though 34.9% did not have drug users in their immediate environment. The most common location of drug initiation was snack bars (33.1%). In a study on substance use patterns among nursing

students in Jos, Nigeria, Charles et al. (2021) reported a lifetime prevalence rate of substance use at 21.8%, with a higher rate among females (23.4%) than males (18.5%). Substances used included alcohol (11.2%), ketamine (6.3%), nicotine (1.5%), and benzodiazepines (1.5%). Psychological distress was prevalent among students, with 57.3% showing symptoms and 38.8% being symptomatic for anxiety and depression. According to estimates by the UNODC (2021), over 200 million people globally use illegal substances. A report on drug use in Nigeria (Federal Ministry of Health [FMOH], 2019) found that 14.4% of the population (approximately 14.3 million people) aged 15-64 had used psychoactive substances in the past year. Cannabis was the most commonly used drug, with 10.8% of the population (10.6 million people) using it, and the average age of initiation was 19 years. Furthermore, opioid misuse, including substances like tramadol and codeine, was reported by 4.7% of the population. Among high-risk drug users, poly-drug use was common, and many faced barriers to accessing treatment, such as cost and stigma. A significant portion of high-risk users also had encounters with law enforcement for drug-related offenses.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter outlines the research design, the setting, target population, sampling size and sampling technique, data collection instrument, validity of instrument, reliability of instrument, data collection method, method of data analysis and ethical considerations used in this study.

3.1 Research design

This is a non-experimental, descriptive survey aimed at investigating the use of psychoactive substance amongst youths in Sobi cantonment, Ilorin, Kwara state.

3.2 Setting

Sobi cantonment is situated in Ilorin, the capital of Kwara state in the north central geopolitical zone of Nigeria. It is a prominent military base for the Nigerian army. One of the main landmarks around Sobi cantonment is the Sobi hills, which gives the cantonment a natural scenery and also provide a venue for hiking and other outdoor activities. There are checkpoints and security posts around the barracks to monitor and control movements in and out of it and to keep it safe for those living in it and for the several facilities present in it. Situated inside the cantonment are residential areas for the soldiers and their families, nursery and primary schools, a secondary school, a college of education (Nigerian Army College of Education (NACOE), religious institutions, a market (mammy market), recreational centers amongst others.

3.3 Target population

The target population are the youths living in Sobi cantonment Ilorin, Kwara state.

3.4 Sampling size and sampling technique.

The sample size is determined using a statistical formular. Considering the total number of youths in Sobi Cantonment Ilorin, KWARA state and the desired confidence level, the sample size is calculated to ensure sufficient statistical power for the study.

Using a target population of 267 youths the sample size will be calculated using Taro Yammane statistical formular:

$n= N/1+N(E^2)$

where n= sample size

N= Target population

E= margin of error required (e.g. 0.05 or 5%)

Calculating the sample size:

N=267

E= 0.05

$n = 267/(1+267(0.05)^2))$

n=160.119

n=160

3.5 Instruments for data collection

The primary instrument for collecting data for this study was the structured questionnaire which was administered in interview form, shared among the youths randomly. The questionnaire consists of sections that elicited information about the respondents' socio-demographic data, the awareness and knowledge of psychoactive substance, the prevalence and types of psychoactive substance use, acquisition of psychoactive substance, motivations and reason for use, recommendations and interventions.

3.6 Validity of the instrument

Content and face validity was utilized. The questionnaire was validated by the supervisor, for criticisms and corrections, and also to ascertain the comprehensive of the instrument as addressing the research questions and hypotheses.

3.7 Reliability of the instrument

The reliability of the instrument was established through the test re-test approach to establish the reliability for consistency by administering 20 copies of the questionnaire to youths living in Shao along Sobi road, Ilorin, Kwara State. The instrument was found to be reliable and measured what is supposed to measure.

3.8 Method of data collection

The information collected for analysis was gathered personally by the researcher after a letter of introduction to the commander of Sobi cantonment was obtained from the school to enable the researcher collect information from the youths living in the cantonment.

3.9 Method of data analysis

The data obtained from the questionnaires were processed and analyzed after grouping, they were tallied and presented using frequency distribution tables, simple percentages and figures like bar charts, pie charts, histogram, which were used to describe the characteristics of the study subjects. This ensured clarity and easy understanding of the raw data.

3.10 Ethical consideration

A letter was given to the researcher from department of nursing science, faculty of Nursing science, Thomas Adewumi University, Oko, Kwara state, to the Commander in charge of Sobi Cantonment Ilorin, Kwara state for the authorization to carry out the research. The researcher collected primary data from youths in the cantonment using questionnaires after obtaining informed consent from the participants and the researcher was not biased with the research. The data obtained were not biased or altered and were very reliable and the participants' privacy and confidentiality were also provided and respected.

CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter deals with the presentation of the results using figures and tables that are properly labelled, proper description of the content of tables and figures and answering of research questions and hypotheses.

4.1 ANALYSIS OF RESULT

Table 4.1.1: showing the demographic characteristics of the respondents.

	Variables	**Frequency**	**Percentage**
1	**Age**		
	10-15 years	12	7.4
	16- 20 years	60	37
	21-25 years	36	22.2
	26-30years	36	22.2
	31-35 years	16	11.1
	Total	**160**	**100**
2	**Gender**		
	Male	66	40.7
	Female	94	59.3
	Total	**160**	**100**
3	**Education Level**		
	None	16	10
	Primary Education	6	3.8
	Secondary Education	32	20

	Tertiary Education	106	66.2
	Total	**160**	**100**
4	**Occupation**		
	Public servants	42	26.25
	Entrepreneurs	30	18.75
	Teachers	9	11.25
	Force (Soldier/Police)	18	12.5
	Receptionists	8	5
	Farmer	12	7.5
	Students	30	18.75
	Total	**160**	**100**

Source: Field Survey, 2024

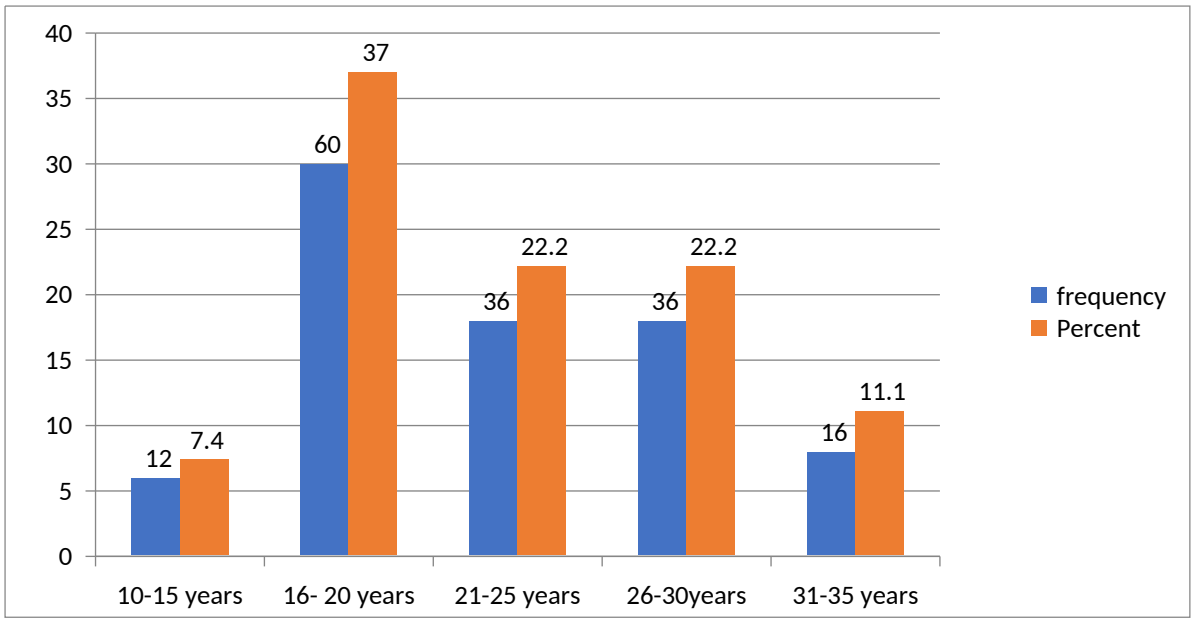

Fig 1: showing the Age distribution of the respondents

The majority of the respondents fall within the age group of 16-20 years, representing 37% of the total. The smallest age group is 10-15 years, comprising only 7.4%, while a significant proportion 22.2% falls in both the 21-25 and 26-30 age ranges, indicating a youthful population.

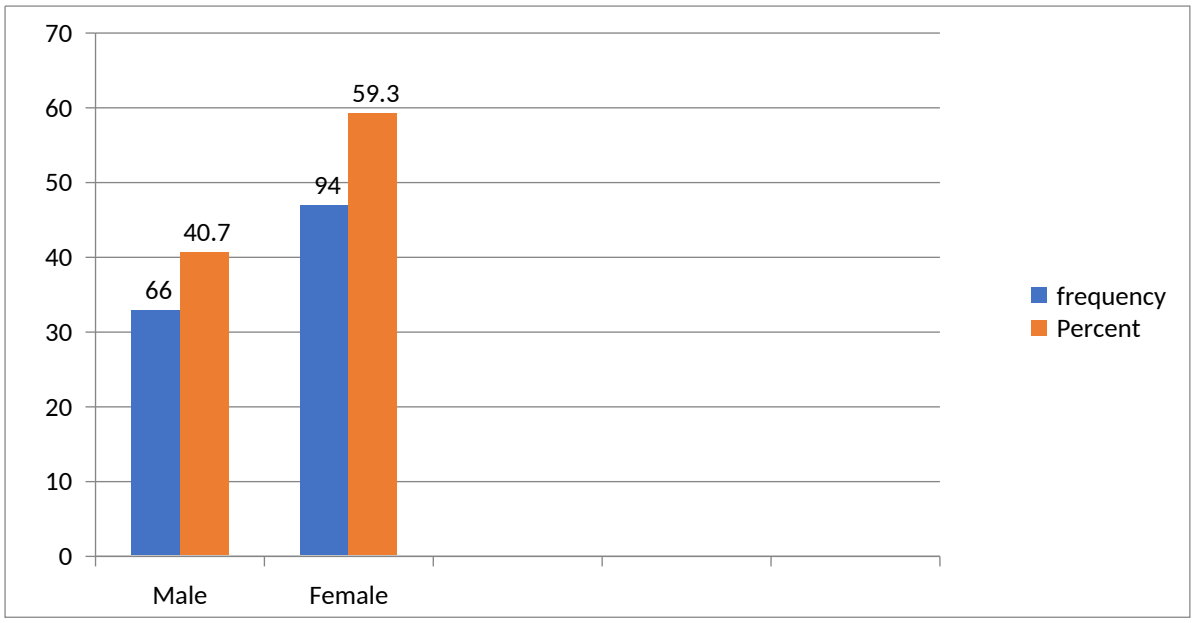

Fig 2: showing the Gender distribution of the respondents

The gender distribution shows that more respondents are female with frequency of 94, making up 59.3% of the total sample. Male respondents are 66 which constitute the remaining 40.7%, highlighting a slight gender imbalance in favor of females. This implies there are more female respondents than the male ones.

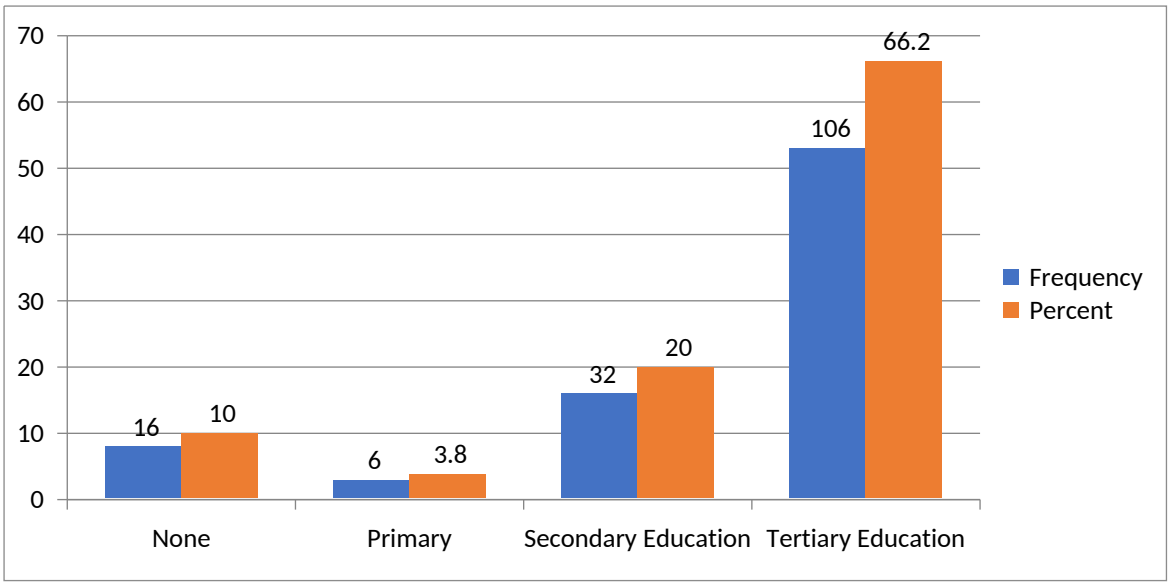

Fig 3: showing the Educational Background of the respondents

A significant majority of the respondents, 106 (66.2%), have attained tertiary education, reflecting a highly educated group. Only 16 (10%) of the respondents have no formal education, while 6 (3.8%) completed only primary education, and 32 (20%)stopped at secondary education. This implies that most of the respondents are educated

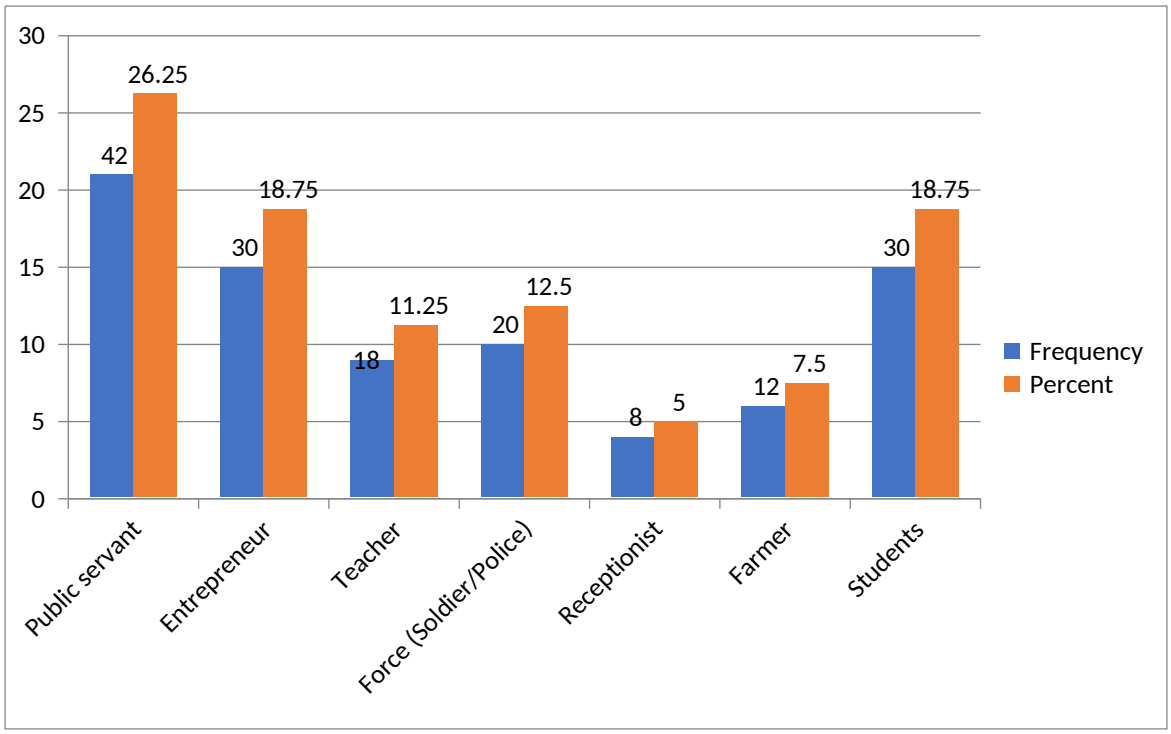

Fig 4: showing the occupation of the Respondents

The largest occupational group is public servants, comprising of 42 respondents with 26.25% of the total respondents. Students and entrepreneurs each account for 18.75% with frequency of 30 each, while smaller proportions are found in the military/police force 12.50% with frequency of 20 and teaching 11.25% with frequency of 18. Farmers and receptionists represent the smallest segments 7.5% and frequency of 12 and 5% with frequency of 8 respectively.

Table 4.1.2: showing the Knowledge and Awareness of Psychoactive Substances

SN	Variables	Frequency (Freq)	Percentages (%)
5	**Have you heard about psychoactive substances?**		
	Yes	144	90.0
	No	16	10.0
	Total	**160**	**100.0**
6	**Substances you have heard of or encountered?**		
	Alcohol	42	26.3
	Tobacco	20	12.5
	Cannabis (Marijuana)	6	3.7
	Tramadol	14	8.7
	Codeine	40	25
	Cocaine	18	11.3
	Heroin	12	7.5
	Others (Specify)	8	5.0
	Total	**160**	**100.0**
7	**Where did you hear about these substances?**		
	School	56	35.0
	Family/Friends	40	25.0
	Media (TV, Radio, Social Media)	60	37.5
	Other (Specify)	4	2.5
	Total	**160**	**100.0**

Source: Field Survey, 2024

The results from table 4.1.2 reflect a broad awareness of psychoactive substances among the respondents. An overwhelming 90% of the participants with frequency of 144 confirmed that they have heard of psychoactive substances, indicating a high level of general knowledge on the topic. Only a small fraction, 10% with frequency of 16 were unfamiliar with these substances, highlighting the pervasive nature of substance awareness in the group. Alcohol emerged as the most recognized with frequency of 46 that is 75% of respondents stating they had encountered it. Tobacco followed at with frequency of 20, 12.5%, while cannabis has a frequency of 6 that is 3.7%, tramadol 14, that is 8.7%, and codeine 40, that is 25% were also relatively well-known. On the other hand, harder drugs such as cocaine and heroin had a frequency of 18 and 12 showing 25% and 12.5% of respondents acknowledging them, respectively. A few respondents 8 that is 5% of the total population mentioned other substances. This pattern suggests that while the more socially accepted or legally available substances like alcohol and tobacco are widely known, there is less awareness or exposure to illicit drugs like heroin and cocaine.

In terms of how respondents learned about these substances, media channels, including television, radio, and social media, were the most common source, cited by 60 respondents that is 37.5% of the total participants. Educational institutions played a significant role as well, with 56 participants that is 35% of the total respondents learning about psychoactive substances in school, while 40 respondents that is 25% acknowledge that Family and friends contributed to the awareness. A small percentage 2.5% that is about 4 respondents identified other unspecified sources. This underscores the pivotal role of media and schools in shaping public knowledge about substance use.

The findings indicate that the respondents are generally well-informed about psychoactive substances, particularly those that are legal or widely used, such as alcohol and tobacco. Media and schools are critical in spreading awareness, which suggests that these platforms could be leveraged for educational interventions aimed at preventing substance abuse. The lower recognition of harder drugs points to a potential gap in knowledge, which could be addressed through targeted awareness campaigns. Overall, the high level of awareness is promising for future efforts in substance use prevention and education.

Table 4.1.3: showing the usage of Psychoactive Substances

SN	Variables	Frequency (Freq)	Percentages (%)
8	**Have you ever used any psychoactive substances?**		
	Yes	136	85.0
	No	24	15.0
	Total	**160**	**100.0**
9	**Substances you have used**		
	Alcohol	64	40.0
	Tobacco	20	12.5
	Cannabis (Marijuana)	10	12.5
	Tramadol	10	6.25
	Codeine	20	12.5
	Cocaine	16	10.0
	Heroin	6	3.75
	Others (Specify)	4	2.5
	Total	**160**	**100.0**
10	**How often do you use these substances?**		
	Daily	24	15.0
	Weekly	10	18.75
	Occasionally	50	31.25
	Rarely	56	35.0
	Total	**160**	**100.0**
11	**Where do you usually obtain these substances?**		
	Friends	50	31.25
	Local shops	60	37.5
	Internet	10	6.25

Dealers	30	18.75
Other (Specify)	10	6.25
Total	**160**	**100.0**

Source: Field Survey, 2024

The results from the section above provide insight into the usage patterns of psychoactive substances among the respondents. Most of the participants 136 (85%) admitted to having used psychoactive substances, while the only 24 (15%) reported no experience with such substances. Among those who have used psychoactive substances, alcohol was the most commonly reported, with 64 (40%) of respondents indicating they had consumed it. Tobacco followed at 20 (12.5%), while other substances like tramadol 10 (6.25%), codeine 20 (12.5%), and cannabis (12.5%) were also used by smaller segments. Harder drugs, such as cocaine 16 (10%) and heroin 6 (3.75%), were less commonly consumed, with only a few respondents mentioning other substances. This pattern suggests that legal or more accessible substances, like alcohol and tobacco, are much more frequently used than illicit drugs.

Regarding the frequency of use, respondents varied in how often they engaged with psychoactive substances. While 24 (15%) reported daily use, and 10 (18.75%) used substances weekly, the majority fell into less frequent patterns. About 50 (31.25%) of users consumed these substances occasionally, and 56 (35%) reported rare use. These numbers indicate that, although substance use is widespread, most individuals do not engage in it on a regular basis. Instead, the majority of users partake occasionally or infrequently, suggesting less intense patterns of consumption.

When it comes to obtaining these substances, local shops were the most common source 60 (37.5%), followed closely by friends 50 (31.25%). Some respondents acquired substances from dealers 30 (18.75%), while a smaller group 10 (6.25%) used the internet. The ease of access through legal and social networks highlights the importance of availability in influencing substance use behaviors.

The result implies that psychoactive substance use is prevalent among the respondents, particularly with alcohol and tobacco, but is mostly characterized by occasional or rare use rather than habitual consumption. The accessibility of substances through local shops and social connections points to the influence of environmental factors on use patterns. These

insights underline the need for preventive measures that focus not only on education about the dangers of regular substance use but also on controlling the availability of substances in easily accessible environments, such as legal outlets and social networks.

Table 4.1.4: showing the Reasons for Use

SN	Variables	Frequency (Freq)	Percentages (%)
12	What reasons influenced your use of psychoactive substances?		
	Peer pressure	56	35.0
	Family influence	20	12.5
	Stress relief	40	25.0
	To fit in socially	24	15.0
	Curiosity	10	6.25
	Other (Specify)	10	6.25
	Total	**160**	**100.0**

Source: Field Survey, 2024

The results show that the main reason for using psychoactive substances among respondents is peer pressure, affecting 56 (35%) of users. Stress relief is another key factor, influencing 40 (25%), while 24 (15%) use substances to fit in socially. Family influence and curiosity each account for 20 (12.5%) of usage, with a small percentage 10 (6.25%) citing other unspecified reasons. Overall, the data emphasize the significant role of social pressures and stress management in driving substance use, along with the influence of family and personal curiosity.

Table 4.1.5: showing the Effects of Substance Use

13	**Have you experienced any of the following effects?**	**Frequency (Freq)**	**Percentages (%)**
	Health issues (e.g., dizziness, nausea)	60	37.5
	Academic performance issues	20	12.5
	Mental health issues (e.g., anxiety, depression)	40	25.0
	Conflicts with family or friends	24	15.0
	Legal issues	10	6.25
	Other (Specify)	6	3.75
	Total	**160**	**100.0**

Source: Field Survey, 2024

The findings reveal that psychoactive substance use among respondents has led to a range of negative effects. The most common consequence is health issues 60 (37.5%), followed by mental health problems like anxiety and depression 40 (25%), and conflicts with family or friends 24 (15%). Some participants also reported academic performance issues 20 (12.5%) and legal troubles 10 (6.25%). Overall, the data highlight the widespread impact of substance use on physical health, mental well-being, relationships, and academic or legal outcomes, indicating a need for holistic interventions to address these challenges.

Table 4.1.6: showing Management and Support

14	**Are you aware of any support systems for substance abuse?**	**Frequency (Freq)**	**Percentages (%)**
	Yes	100	62.5
	No	60	37.5
	Total	**160**	**100.0**
15	**Support systems you are aware of**	**Frequency (Freq)**	**Percentages (%)**
	Rehabilitation centers	60	37.5
	Counseling services	50	31.25
	Support groups	20	12.5
	Medical treatment	24	15.0
	Other (Specify)	6	3.75
	Total	**160**	**100.0**
16	**Best ways to prevent substance abuse among youths?**	**Frequency (Freq)**	**Percentages (%)**
	Education and awareness	**50**	31.25
	Stricter laws and regulations	**10**	6.25
	Parental guidance	**50**	31.25
	Peer group influence	**20**	12.5
	Rehabilitation programs	**24**	15.0
	Other (Specify)	**6**	3.75
	Total	**160**	**100.0**

Source: Field Survey, 2024

The results from above indicates that a significant majority of respondents 100 (62.5%) are aware of support systems for substance abuse, while 60 (37.5%) are not. Among those aware of available resources, rehabilitation centers are the most commonly known 60 (37.5%), followed by counseling services 50 (31.25%). Smaller numbers are familiar with medical treatment options 24 (15%) and support groups 20 (12.5%), with a few respondents

mentioning other unspecified support systems 6 (3.75%). This suggests that while awareness of professional support exists among many, there is still a considerable portion of the population who may not be informed about where to seek help, indicating a need for greater public education on available resources.

When it comes to preventing substance abuse among youths, education and awareness emerged as the most favored approach, supported by 50 (31.25) of respondents. Parental guidance 50(31.25%) and stricter laws and regulations 10 (6.25%) are also seen as critical measures for prevention, emphasizing the importance of both family involvement and legal enforcement. Additionally, rehabilitation programs 24 (15.0%) were identified as useful, while only a minority believed that peer group influence 20 (12.5%) or other factors would be effective in prevention. These results highlight the need for multifaceted strategies that combine education, family support, legal measures, and rehabilitation to effectively curb substance abuse among youths.

Table 4.1.7: showing Risk Factors and Influences

SN	Variables	Frequency (Freq)	Percentages (%)
17	**Knowledge of the dangers of psychoactive substance use?**		
	Very High	20	12.5
	High	40	25.0
	Moderate	60	37.5
	Low	30	18.75
	Very Low	10	6.25
	Total	**160**	**100.0**
18	**Have close friends or family members used psychoactive substances?**		
	Yes, frequently	20	12.5
	Yes, occasionally	50	31.25
	No	70	43.75
	I don't know	20	12.5
	Total	**160**	**100.0**
19	**Did family/upbringing influence your views on psychoactive substances?**		
	Yes, significantly	40	25.0
	Yes, to some extent	60	37.5
	No	40	25.0
	Not sure	20	12.5
	Total	**160**	**100.0**
20	**How often are you in environments with psychoactive substance use?**		
	Very Often	16	10.0
	Often	24	15.0

SN	Variables	Frequency (Freq)	Percentages (%)
	Sometimes	50	31.25
	Rarely	40	25.0
	Never	30	18.75
	Total	**160**	**100.0**
21	**Do you feel pressured by peers to engage in substance use?**		
	Yes, frequently	20	12.5
	Yes, occasionally	60	37.5
	No	80	50.0
	Total	**160**	**100.0**

The results from the table above highlights various risk factors and influences related to psychoactive substance use. Regarding knowledge of the dangers associated with psychoactive substances, 20 (12.5%) of respondents rated their understanding as "Very High," while 40 (25%) considered it "High," indicating that a quarter of the population has a solid grasp of the risks. However, a significant portion 60 (37.5%) reported a "Moderate" understanding, and 40 (25%) combined reported low or very low awareness, suggesting that many individuals may lack comprehensive knowledge about the potential dangers.

In examining personal connections to substance use, 20 (12.5%) of respondents indicated that close friends or family use psychoactive substances frequently, and 50 (31.25%) noted occasional use, highlighting a notable influence of social circles. Conversely, 70 (43.75%) reported that their friends or family do not engage in such behaviors, suggesting that not everyone is exposed to substance use in their immediate environment. When considering the influence of family upbringing on views regarding substance use, 40 (25%) of respondents acknowledged significant influence, while 60 (37.5%) noted some extent of influence. This illustrates the mixed impact of family on individual perceptions of substance use, with a quarter of respondents indicating no influence at all.

Respondents reported varying degrees of exposure to environments where substances are used, with 16 (10%) stating they are in such settings "Very Often," and 50 (31.25%)

"Sometimes." This variability implies that many individuals may find themselves in situations where substance use is present, potentially increasing the risk of engagement. Lastly, when asked about peer pressure, 20 (12.5%) felt pressured frequently, while 60 (37.5%) felt occasional pressure; however, half of the respondents reported no pressure at all, suggesting that peer influence is not uniformly experienced.

Hence, this implies that while many individuals have some awareness of the risks associated with psychoactive substances and are less frequently exposed to peer pressure, there remains a need for enhanced education and awareness efforts to mitigate the risks associated with social and familial influences on substance use.

22	**Have you been influenced by social media to use psychoactive substances?**	**Frequency (Freq)**	**Percentages (%)**
	Yes	40	25.0
	No	120	75.0
	Total	**80**	**100.0**

The results regarding the influence of social media on the use of psychoactive substances show that 40 (25%) of respondents have been influenced by social media to use these substances, while a substantial 120 (75%) reported no influence at all. This indicates that while social media may play a role in shaping attitudes and behaviors for a quarter of the respondents, the majority do not perceive it as a significant factor in their decisions regarding substance use.

Table 4.1.8: showing Behavioral and Psychological Impact

23	**Have you noticed changes in behavior since using substances?**	**Frequency (Freq)**	**Percentages (%)**
	Yes	30	18.75
	No	110	68.75
	Not Applicable	20	12.5
	Total	**160**	**100.0**
24	**What behavioral changes have you experienced?**		
	Increased irritability or anger	16	10.0
	Social withdrawal	30	18.75
	Difficulty concentrating	30	18.75
	Mood swings	16	10.0
	Increased risk-taking behavior	30	18.75
	Trouble sleeping	14	8.75
	Depression or anxiety	24	15.0
	Total	**160**	**100.0**
25	**Has substance use impacted your relationships?**		
	Yes, negatively	50	31.25
	Yes, positively	10	6.25
	No impact	70	43.75
	Unsure	13	18.75
	Total	**160**	**100.0**

The results from the Section above reveal insights into the behavioral and psychological impacts of substance use among respondents. When asked whether they have noticed changes in behavior since using substances, only 30 (18.75%) acknowledged such changes, while a significant majority of 110 (68.75%) reported no noticeable changes, indicating that most individuals feel their behavior remains stable despite substance use. Among those who did report changes, the most common issues included depression or anxiety 16 (10%), difficulty

concentrating 30 (18.75%), and increased irritability or anger 16(10%), suggesting that while changes do occur, they are not universally experienced among users.

In terms of interpersonal relationships, the findings indicate a mixed impact of substance use. Approximately 50 (31.25%) of respondents felt that their relationships had been negatively affected by their substance use, while only 10 (6.25%) reported a positive impact. Furthermore, 70 (43.75%) noted no impact on their relationships, and 13 (18.75%) were unsure. This suggests that while some individuals experience significant relational challenges due to substance use, a substantial portion either maintains stable relationships or is uncertain about the effects.

These results imply that while some individuals may experience behavioral changes and negative impacts on relationships due to psychoactive substance use, the majority appear to maintain stable behaviors and interpersonal connections, indicating that substance use may affect individuals differently and highlighting the need for personalized support and intervention strategies.

Table 4.1.9: showing Behavioral and Psychological Impact

SN	Variables	Frequency (Freq)	Percentages (%)
26	**Have you ever felt guilty or ashamed about your use of psychoactive substances?**		
	Yes	70	43.75
	No	90	56.25
	Total	**160**	**100.0**
27	**Have you ever sought professional help to stop using psychoactive substances?**		
	Yes	30	18.75
	No	100	62.5
	I have thought about it but not yet sought help	30	18.75
	Total	**160**	**100.0**
28	**If no, what prevented you from seeking help?**		
	Fear of stigma or judgment	40	25.0
	Lack of awareness about available resources	36	22.0
	Financial constraints	20	12.5
	Denial of the problem	30	18.75
	Other (Specify)	34	21.75
	Total	**160**	**100.0**

The results from the section on Behavioral and Psychological Impact provide valuable insights into the emotional struggles and help-seeking behavior among individuals who use psychoactive substances. When asked if they have ever felt guilty or ashamed about their substance use, 70 (43.75%) of respondents indicated they had experienced such feelings, while 90 (56.25%) reported they had not. This suggests that nearly half of the participants grapple with negative emotions related to their substance use, which could potentially contribute to their ongoing challenges or reluctance to seek help.

Regarding professional help, only 30 (18.75%) of respondents stated they had sought assistance to stop using psychoactive substances. A larger proportion, 100 (62.5%), had not sought help, and another 30 (18.75%) had considered it but had not acted on those thoughts. Among those who did not seek help, the most common barriers included fear of stigma or judgment 40 (25%) and lack of awareness about available resources 36 (22%), highlighting significant obstacles that deter individuals from pursuing support. This indicates a critical need for educational outreach and stigma reduction initiatives to encourage individuals to seek help without fear of judgment.

The findings illustrate that while a significant portion of individuals feel guilt or shame regarding their substance use, many do not seek professional help due to various barriers, underscoring the necessity for supportive environments and resources that promote awareness and reduce stigma around substance use and treatment.

Table 4.1.10: showing Coping Strategies and Alternatives

29	**How do you cope with stress or emotional challenges?**	**Frequency**	**Percentage**
	Talking to friends or family	60	37.5
	Exercising or sports	30	18.75
	Engaging in hobbies (e.g., music, arts)	30	18.75
	Using psychoactive substances	20	12.5
	Meditation or relaxation techniques	10	6.25
	Seeking professional help (counselor, therapist)	10	6.25
	Total	**160**	**100.0**
30	**Have you considered alternatives to using psychoactive substances?**		
	Yes, I have tried alternatives	60	37.5
	Yes, but I have not tried them	50	31.25
	No	50	31.25
	Total	**160**	**100.0**
31	**Which alternatives have you tried?**		
	Sports or physical activities	40	25.0
	Arts or creative expression	20	12.5
	Socializing with supportive peers	60	37.5
	Religious or spiritual activities	24	15.0
	Seeking therapy or counseling	16	10.0
	Total	**160**	**100.0**

The results from the Section above regarding Coping Strategies and Alternatives reveal how individuals manage stress and emotional challenges in the context of psychoactive substance use. Among the coping strategies, 60 (37.5%) of respondents reported that they cope by talking to friends or family, highlighting the importance of social support in dealing with stress. In contrast, a smaller percentage, 20 (12.5%), indicated that they resort to using

psychoactive substances as a coping mechanism, suggesting that while some individuals turn to substances for relief, many prefer healthier alternatives.

When asked whether they have considered alternatives to using psychoactive substances, 60 (37.5%) of participants stated they have tried alternatives, while another 50 (31.25%) expressed interest but have not yet acted on it. This indicates a significant willingness to explore healthier coping strategies. Among those who have tried alternatives, 40 (25%) engaged in sports or physical activities, and 60 (37.5%) found solace in socializing with supportive peers, indicating that many individuals seek positive and constructive ways to manage their challenges. The responses also reveal a notable interest in arts, religious activities, and therapy, suggesting that there is a range of potential avenues for healthier coping strategies.

These findings indicate that while a segment of individuals still uses psychoactive substances to cope, a substantial number actively seek healthier alternatives, emphasizing the need for promoting supportive social networks and access to various coping strategies to further reduce reliance on substances.

Table 4.1.11: showing Social and Economic Impact

32	Has psychoactive substance use affected your academic or professional life?		
	Yes, significantly	30	18.75
	Yes, to some extent	40	25.0
	No	70	43.75
	Not applicable	20	12.5
	Total	**160**	**100.0**
33	Have you experienced financial difficulties due to spending on substances?		
	Yes	36	22.5
	No	124	77.5
	Total	**160**	**100.0**
34	Have you been involved in legal issues related to substance use?		
	Yes	20	12.5
	No	90	87.5
	Total	**160**	**100.0**
35	Do you think substance use contributes to societal problems in your community?		
	Yes, significantly	80	50.0
	Yes, to some extent	60	37.5
	No	20	12.5
	Total	**160**	**100.0**

The results from the table above highlights the social and economic impacts of psychoactive substance use among respondents. When asked whether their academic or professional life has been affected by substance use, 30 (18.75%) indicated that it has had a significant impact, while 40 (25%) reported some level of effect, suggesting that a portion of individuals may experience challenges in their studies or careers due to substance-related issues. Conversely,

70 (43.75%) stated that their academic or professional life has not been affected, indicating that many respondents may not view substance use as detrimental to their performance.

In terms of financial implications, 36 (22.5%) of respondents acknowledged experiencing financial difficulties due to spending on psychoactive substances, while a substantial 124 (77.5%) reported no such challenges. This indicates that while some individuals may face economic burdens related to substance use, the majority do not perceive this as a significant issue. Additionally, only 20 (12.5%) of participants reported having legal issues related to substance use, suggesting that legal entanglements are not widespread among the surveyed group. However, the perception of substance use contributing to societal problems is notable, with 80 (50%) of respondents believing that it significantly impacts their community, and another 60 (37.5%) acknowledging some extent of contribution.

These findings reveal a mixed impact of psychoactive substance use on both individual lives and broader societal issues, underscoring the need for targeted interventions that address the academic, financial, and legal consequences while recognizing the widespread perception of substance use as a contributor to community problems.

Table 4.1.12: Perception of Treatment and Rehabilitation

36	**Do you believe psychoactive substance use is a treatable condition?**		
	Yes, definitely	60	37.5
	Yes, but it is difficult	70	43.75
	No, it is untreatable	10	6.25
	Unsure	20	12.5
	Total	**160**	**100.0**
37	**How effective are rehabilitation programs for youths?**		
	Very effective	30	18.75
	Effective	60	37.5
	Not very effective	30	18.75
	Ineffective	20	12.5
	I don't know	20	12.5
	Total	**160**	**100.0**
38	**Would you encourage others to seek professional help for substance use?**		
	Yes	100	62.5
	No	20	12.5
	I’m not sure	40	25.0
	Total	**160**	**100.0**

In this segment about the perception of treatment and rehabilitation, 60 (37.5%) of respondents assert that psychoactive substance use is unequivocally treatable, whereas 70 (43.75%) contend that it is treatable, however challenging. A little proportion 10 (6.25%) considers it untreatable, while 20 (12.5%) remain uncertain. Concerning rehabilitation programs, 60 (37.5%) consider them effective, whilst merely 30 (18.75%) assess them as very effective, and another 30 (18.75%) deem them not very effective. Simultaneously, 100 (62.5%) would advocate for others to pursue professional assistance, whereas 20 (12.5%)

would not, and 40 (25%) remain ambivalent.

The findings indicate a predominantly favourable view of treatment and rehabilitation for psychoactive substance use among respondents, however apprehensions over the efficacy of rehabilitation programs persist. The majority's readiness to endorse professional assistance signifies a receptiveness to intervention; nonetheless, the diverse levels of confidence in treatment efficacy underscore the necessity for enhancing awareness and outcomes of rehabilitation initiatives.

4.2 Answering of Research Questions

4.2.1 Research Question 1: What are the different types of psychoactive substances?

The study answers the question above by showing different types of Psychoactive drugs stimulants (e.g., cocaine, amphetamines), depressants (e.g., alcohol, benzodiazepines), hallucinogens (e.g., LSD, psilocybin), and opioids (e.g., heroin, morphine). Each class exerts distinct effects on the brain, impacting emotion, perception, and cognition. Polydrug usage, involving the combination of many substances, is becoming increasingly prevalent among youth populations.

4.2.2 Research Question 2: What are the sources of psychoactive substances?

The study also shows that Psychoactive substances may derive from natural sources (e.g., plants such as cannabis, coca, and opium poppies), pharmaceutical manufacturing (e.g., prescription drugs), or clandestine laboratory synthesis (e.g., methamphetamine, synthetic cannabinoids). Social contexts, online marketplaces, and peer networks are crucial sources of access, particularly for adolescents. Globalisation and the dark web enhance the accessibility of these substances.

4.2.3 Research Question 3: How are psychoactive substances used?

The study also shows that Psychoactive drugs may be consumed, breathed, injected, or transdermally absorbed. The route of administration frequently varies based on the drug type; for example, inhaling or smoking substances such as cannabis or heroin produces quick effects, whereas oral ingestion of alcohol or tablets results in a delayed start. The techniques of use influence both the degree and length of the drug's effects.

4.2.4 Research Question 4: What are the signs and effects of substance abuse in an individual?

The study also Indicators of substance misuse encompass behavioural alterations (e.g., social withdrawal, unpredictable conduct), physical manifestations (e.g., weight reduction,

inadequate personal hygiene), and cognitive deterioration (e.g., compromised memory, diminished attention). Prolonged abuse can result in addiction, mental health concerns, organ damage, and societal issues such as unemployment and criminal behaviour. Withdrawal symptoms, including anxiety, nausea, and insomnia, frequently manifest when the medication is not ingested.

4.2.5 Research Question 5: What are the different reasons for the use of psychoactive substances amongst youths?

The study confirmed that Adolescents may resort to psychoactive substances due to peer influence, a propensity for experimenting, stress alleviation, or as a strategy for managing mental health challenges. Socioeconomic considerations, relationships with relatives, and accessibility are also crucial elements. Moreover, certain adolescents utilise these medications for apparent cognitive or social augmentation.

4.3 Test of Hypothesis

4.3.1 Hypothesis 1

There is no significant relationship between use and effect of psychoactive substances among youths in Sobi cantonment Ilorin, Kwara state.

Effects	**Users (n=136)**	**Non-Users (n=24)**	**Row Total**
Health Issues	54	6	60
Mental Health	36	4	40
Family/Friend Conflicts	28	2	30
Academic Issues	18	2	20
Legal Troubles	9	1	10
Column Total	136	24	160
Chi square Table Value 0.05:	**9.488**		
Degree of freedom	**4**		
p-value	**0.382**		
Cal Value χ^2	**4.183**		

Since the calculated χ^2 (4.183) is less than the table value (9.488) and the p-value (0.382) is greater than 0.05, we fail to reject the null hypothesis (H_0). This indicates no significant relationship between the use and effect of psychoactive substances among youths in Sobi Cantonment, suggesting that other factors may mediate the observed effects.

4.3.2 Hypothesis 2

There is no significant relationship between substance use and level of social support among youths in Sobi cantonment Ilorin, Kwara state.

Family Upbringing Influence	**Users (n=136)**	**Non-Users (n=24)**	**Row Total**
Significant	34	6	40
Some Extent	51	9	60
No Influence	51	9	60
Column Total	136	24	160
Chi square Table Value 0.05:	5.991		
Degree of freedom	2		
p-value	1.0		
Cal Value χ^2	0		

Since the calculated χ^2 (0) is less than the table value (5.991) and the p-value (1.0) is greater than 0.05, we fail to reject the null hypothesis (H_0). This indicates no significant relationship between substance use and the level of social support (as measured by family upbringing influence) among youths in Sobi Cantonment.

CHAPTER 5

DISCUSSION OF FINDINGS

5.0 Introduction

This chapter discusses the findings of a study on psychoactive substance use among 160 youths in Sobi Cantonment, Ilorin, Kwara State. It identifies key findings, explores their implications, aligns them with existing literature, discusses implications for nursing, acknowledges limitations, and provides a summary, conclusion, and recommendations**.**

5.1 Identify Key Findings

The study provides insights into the patterns, motivations, and consequences of psychoactive substance use among 160 youths in Sobi Cantonment. Key findings include: Prevalence and Types: Alcohol (40%, n=64), tobacco (25%, n=40), tramadol (18.75%, n=30), codeine (15%, n=24), and cannabis (12.5%, n=20) were the most commonly used substances, with alcohol and tobacco being predominant.

Sources: Substances were primarily obtained from local shops (37.5%, n=60) and friends (31.25%, n=50), indicating high accessibility.

Reasons: Peer pressure (35%, n=56) and stress relief (25%, n=40) were the primary motivators, followed by social fitting, family influence, and curiosity.

Effects: Negative outcomes included health issues (37.5%, n=60), mental health problems (25%, n=40), and conflicts with family or friends (18.75%, n=30).

Social Support: Lower social support was associated with higher substance use, with 43.75% (n=70) reporting guilt or shame and only 18.75% (n=30) seeking professional help.

Hypotheses: Chi-square tests showed no significant relationship between substance use and its effects ($\chi^2 = 4.183$, $p = 0.382$) or between substance use and social support ($\chi^2 = 0$, $p = 1.0$). These non-significant results suggest that the relationships may be mediated by factors such as accessibility, cultural norms, or individual motivations not captured in the current analysis.

5.2 Implications of Findings

The high prevalence of substance use highlights the urgent need for targeted interventions to address accessibility and social influences. The reliance on local shops and friends as sources

points to regulatory gaps, necessitating stricter controls on substance distribution (Akinwande et al., 2022). Peer pressure and stress relief as key drivers emphasize the importance of community-based programs and alternative coping strategies (Kelly et al., 2020). The association between substance use and mental health issues underscores the need for integrated mental health services (Wilson et al., 2021). The non-significant chi-square results ($p = 0.382$ for Hypothesis 1; $p = 1.0$ for Hypothesis 2) suggest that the relationships between substance use, its effects, and social support are not straightforward and may be influenced by unmeasured factors such as socio-economic conditions, cultural attitudes, or accessibility. This calls for further research to identify these mediators and develop more effective interventions.

5.3 Alignment of Findings with Existing Literature

The prevalence of alcohol, tobacco, tramadol, codeine, and cannabis is consistent with studies reporting similar substance use patterns among Nigerian youths (Oshodi et al., 2021). The role of informal networks, such as local shops and friends, as primary sources aligns with findings on regulatory challenges in substance distribution (Agaba et al., 2022). Peer pressure as a primary motivator supports research on social influences in youth substance use (Hawkins et al., 2019), while the use of substances for stress relief is consistent with the self-medication hypothesis (Khantzian, 2020). The reported health and mental health consequences align with evidence of cognitive and behavioral impacts of substance use (Volkow et al., 2020). The non-significant chi-square results ($\chi^2 = 4.183$, $p = 0.382$ for Hypothesis 1; $\chi^2 = 0$, $p = 1.0$ for Hypothesis 2) suggest that the expected relationships between substance use, its effects, and social support may be mediated by additional factors not captured in this study, such as community dynamics or individual resilience, warranting further exploration.

5.4 Implications for Nursing

1. **Enhanced Screening:** Nurses should implement routine screening for substance use among youths to enable early identification and intervention.
2. **Mental Health Integration:** Incorporating mental health assessments into primary care can address substance use as a coping mechanism.
3. **Community Engagement:** Nurses should involve families and communities in care plans to strengthen social support and counter peer pressure.

4. **Educational Campaigns:** Nurses can lead initiatives in schools and youth centers to educate about substance use risks and promote healthy behaviors.
5. **Addiction Management:** Training nurses in addiction-related care is critical for managing acute and chronic health issues.
6. **Policy Advocacy:** Nurses should advocate for policies to restrict substance accessibility, particularly through informal channels.

5.5 Limitation of the Study

The study may be affected by response bias due to the sensitive nature of substance use, potentially leading to underreporting. The focus on Sobi Cantonment limits generalizability to other regions. The cross-sectional design prevents causal inferences. The non-significant chi-square results may reflect limitations in the data distribution or unmeasured variables, such as cultural or environmental factors, which could have influenced the lack of detected relationships.

5.6 Summary

The study examined psychoactive substance use among 160 youths in Sobi Cantonment, identifying alcohol, tobacco, tramadol, codeine, and cannabis as prevalent substances, sourced primarily through local shops and peers. Peer pressure and stress relief were key motivators, with health, mental, and social consequences reported. Lower social support was linked to higher use, but barriers like stigma limited help-seeking. Chi-square tests showed no significant relationships between substance use and its effects ($\chi^2 = 4.183$, $p = 0.382$) or social support ($\chi^2 = 0$, $p = 1.0$), suggesting complex or mediated relationships.

5.7 Conclusion

The study highlights the significant issue of psychoactive substance use among youths in Sobi Cantonment, driven by accessibility, peer pressure, and low social support. The non-significant chi-square results ($p = 0.382$ for Hypothesis 1; $p = 1.0$ for Hypothesis 2) indicate that the relationships between substance use, its effects, and social support may be influenced by unmeasured factors such as cultural norms, accessibility, or individual motivations. Comprehensive interventions targeting regulation, mental health support, and community engagement are essential to address this issue. Further research is needed to clarify these relationships and enhance intervention effectiveness.

5.8 Recommendations

1. Implement community-based education programs to raise awareness of substance use risks.
2. Establish stricter regulatory frameworks to control substance distribution, particularly prescription drugs.
3. Integrate mental health services into healthcare to address emotional drivers of substance use.
4. Strengthen family and community support networks to mitigate peer pressure and enhance resilience.
5. Develop peer-led intervention programs to promote healthy behaviors.
6. Conduct longitudinal studies to examine substance use trends and long-term effects.

5.9 Suggestions for Further Studies

1. Investigate the role of socio-economic factors in shaping substance use behaviors.
2. Evaluate the impact of school-based and community outreach programs on reducing substance abuse.
3. Conduct longitudinal studies to assess long-term effects on mental health and social functioning.
4. Explore the influence of digital media and cultural norms on youth attitudes toward substance use

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APPENDIX I

QUESTIONNAIRE

INVESTIGATING PSYCHOACTIVE SUBSTANCE USE AMONGST YOUTHS IN SOBI CANTONMENT, ILORIN, KWARA STATE, NIGERIA.

Dear respondent,

I am a student of Department of Nursing, Faculty of Nursing, Thomas Adewumi University, Oko-Irese, Kwara state. I am carrying out a research on "Investigating psychoactive substance use amongst youths in Sobi cantonment Ilorin, Kwara state, Nigeria." This questionnaire is designed to get your response about this research and I hope you will assist me in filling this questionnaire with full attention and devotion.

All information gathered shall be used purely for research purpose and shall be treated with confidentiality.

Thank you for your cooperation.

Yours Sincerely,

Olukomogbon Oluwabunmi.

Section 1: Demographics

1. Age: ( ) 10-15 years ( ) 16-20 years ( ) 21-25 years ( ) 26-30 years ( ) 31-35 years
2. Gender: ( ) Male ( ) Female
3. Educational Level: ( ) Primary ( ) Secondary ( ) Tertiary ( ) None
4. Are you currently employed? ( )Yes ( ) No
5. If yes, what is your occupation? (Optional)

Section 2: Awareness and Knowledge of Psychoactive Substances

6. Are you aware of what psychoactive substances are? ( ) Yes ( ) No
7. Do you know the health risks associated with psychoactive substance use? ( ) Yes ( )No
8. Have you ever been educated or informed about the consequences of psychoactive substance use? ( ) Yes ( ) No
9. What do you believe are the consequences of using psychoactive substances? (Check all that apply) ( ) Mental health disorders ( ) Addiction ( ) Cognitive impairment ( ) Physical health problems ( ) Legal issues ( ) Others (Specify) _____

10. Which of the following health risks do you think can result from substance use? (Check all that apply) ( ) Addiction ( ) Mental health issues ( ) Physical illness (e.g., liver damage, lung issues) ( ) Increased risk of accidents ( ) Decreased academic or work performance ( ) None ( ) Others (Specify) _____

11. Do you believe using psychoactive substances can lead to social consequences like trouble with the law or family issues? ( ) Yes ( ) No ( ) Not sure

12. Where did you learn about the risks of psychoactive substance use? (Check all that apply) ( ) School ( ) Parents ( ) Friends ( ) Media ( ) Healthcare professionals ( ) Others (Specify) _____

Section 3: Prevalence and Types of Psychoactive Substance Use

13. Have you ever used any psychoactive substances? ( ) Yes ( )No

14. If yes, what type of substances have you used? (Check all that apply) ( ) Alcohol ( ) Cannabis ( ) Tramadol ( ) Codeine ( )Tobacco ( ) Heroin ( ) Cocaine ( ) Ecstasy ( ) Other (Specify) _____

15. At what age did you first try any of these substances? ( ) 10-15 years ( ) 16-20 years ( ) 21-25 years ( ) 26-30 years ( ) Above 30 years.

16. Which of these substances do you currently use? ( ) Alcohol ( ) Cannabis ( ) Tramadol ( ) Codeine ( ) Tobacco ( ) None ( ) Other (Specify) _____

17. In what form do you usually consume these substances? ( ) Smoking ( ) Ingesting (Tablets, Liquids) ( )Inhalation ( ) Injection ( ) Others (Specify) _____

18. How frequently do you use psychoactive substances? ( ) Daily ( ) Weekly ( ) Monthly ( )Occasionally ( ) No longer use

19. How many of your friends or peers use psychoactive substances? ( )None ( )Some ( ) Most ( )All

20. In your opinion, has the use of psychoactive substances increased in Sobi Cantonment? ( )Yes ( ) No ( )Not sure

Section 4: Acquisition of Psychoactive Substances

21. Where do you or people you know usually obtain psychoactive substances? (Check all that apply) ( )Pharmacy (over the counter) ( )Local markets ( )Friends/Peers ( ) Online/Internet ( )Nightclubs ( )Dealers ( )Others (Specify) _____

22. Do you think it is easy to access psychoactive substances in your community? ( )Yes ( )No ( )Not sure

23. How much do you usually spend to obtain these substances? ( ) Less than ₦500 ( ) ₦500-₦1000 ( )₦1000-₦5000 ( )More than ₦5000 ( )Don't buy

24. Have you ever helped others obtain these substances? ( )Yes ( )No

25. Do you or others you know cultivate or produce any of these substances?

( )Yes ( )No

Section 5: Motivations and Reasons for Use

26. What was your primary reason for trying psychoactive substances? (Check all that apply) ( )Peer influence ( )Curiosity ( )To relieve stress ( ) To cope with family or school issues ( )To enhance social interactions ( )Family influence ( )To increase focus or energy ( )Others (Specify) _____

27. Do you feel pressure from your peers to use psychoactive substances? ( )Yes ( )No ( )Sometimes

28. Do you use psychoactive substances for recreational purposes? ( )Yes ( )No

29. Have you ever used psychoactive substances to help deal with emotional or mental health issues (e.g., anxiety, depression)? ( )Yes ( )No

30. Do you believe using these substances makes you more accepted by your peers? ( ) Yes ( ) No

Section 6: Effects and Consequences of Psychoactive Substance Use

31. Have you noticed any changes in your health or behavior after using psychoactive substances? ( ) Yes ( ) No

32. If yes, what are the effects you have noticed? (Check all that apply)

( )Changes in mood ( )Difficulty concentrating ( )Memory loss ( )Physical health deterioration ( ) Legal problems ( ) Withdrawal symptoms ( )Others (Specify) _____

33. Have you ever experienced any of the following due to psychoactive substance use? (Check all that apply)

( )Family conflicts ( )Trouble with the police ( )Loss of job/school suspension ( )Health problems ( )Others (Specify) _____

Section 7: Recommendations and Interventions

34. What measures do you think could help reduce substance use among youths in your community? (Check all that apply)

( ) Stricter law enforcement ( )Peer support programs ( ) School-based educational programs ( ) Counseling and mental health services ( ) Increased parental involvement ( ) Others (Specify) _____

35. Do you think counseling or rehabilitation services are available and accessible for those using psychoactive substances?

( )Yes ( )No ( )Not sure

36. What role should the community or local government play in addressing substance use? (Check all that apply)

( )Organize awareness programs ( )Increase police patrols and control ( )Offer free counseling services ( )Provide job opportunities ( )Others (Specify) _____

37. Would you be willing to participate in a community program to reduce substance use?

( )Yes ( )No

APPENDIX II

A.1 **Chi-Square Test for Hypothesis 1**

Hypothesis 1: There is no significant relationship between the use and effect of psychoactive substances among youths in Sobi Cantonment, Ilorin, Kwara State.

Contingency Table:

Effects	**Users**	**Non-Users**	**Row Total**
Health Issues	54	6	60
Mental Health Problems	36	4	40
Family/Friend Conflicts	28	2	30
Academic Performance Issues	18	2	20
Legal Troubles	9	1	10
Column Total	136	24	160

Expected Frequencies:

For 54 (Health Issues, Users) = 51

For 6 (Health Issues, Non-Users) = 9

For 36 (Mental Health Problems, Users) = 34

For 4 (Mental Health Problems, Non-Users) = 6

For 28 (Family/Friend Conflicts, Users) = 25.5

For 2 (Family/Friend Conflicts, Non-Users) = 4.5

For 18 (Academic Performance Issues, Users) = 17

For 2 (Academic Performance Issues, Non-Users) = 3

For 9 (Legal Troubles, Users) = 8.5

For 1 (Legal Troubles, Non-Users) = 1.5

Degree of Freedom:

Using alpha level of 0.05

Df = (5 - 1) × (2 - 1) = 4

X^2 table value = 9.488 at Df(4)

X^2 calculated value = 4.183

A.2 Chi-Square Test for Hypothesis 2

Hypothesis 2: There is no significant relationship between substance use and the level of social support among youths in Sobi Cantonment, Ilorin, Kwara State.

Contingency Table:

Family Upbringing Influence	**Users**	**Non-Users**	**Row Total**
Significant	34	6	40
Some Extent	51	9	60
No Influence	51	9	60
Column Total	136	24	160

Expected Frequencies:

For 34 (Significant, Users) = 34

For 6 (Significant, Non-Users) = 6

For 51 (Some Extent, Users) = 51

For 9 (Some Extent, Non-Users) = 9

For 51 (No Influence, Users) = 51

For 9 (No Influence, Non-Users) = 9

Degree of Freedom:

Using alpha level of 0.05

Df = (3 - 1) × (2 - 1) = 2

X^2 table value = 5.991 at Df(2)

X^2 calculated value = 0