

SUBSTANCE ABUSE AMONG YOUTHS IN RURAL NIGERIA: PUBLIC HEALTH DETERMINANTS AND COMMUNITY-LEVEL IMPACTS IN AMAI, DELTA STATE

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Abstract: Substance abuse among youths represents a growing public health and social challenge in Nigeria, with significant implications for community well-being. This study investigated the determinants and consequences of drug abuse among youths in Amayi, Ukwuani Local Government Area of Delta State, and explored potential intervention strategies. A descriptive survey design was employed, and data were collected from 171 participants selected through simple random sampling. A structured questionnaire served as the primary data collection instrument. Data were analyzed using descriptive statistics and summarized using frequencies and percentages. The findings identified peer influence, dysfunctional family environments, unemployment, and psychological stress as key drivers of drug abuse among youths in the study area. The results further revealed that substance abuse is associated with

adverse outcomes, including increased involvement in criminal activities, poor academic performance, mental health disorders, and strained family relationships. These findings underscore the complex and multifactorial nature of youth drug abuse in Amai; therefore, addressing these problems requires coordinated and sustained interventions. It recommends strengthening community awareness and sensitization programs, promoting youth empowerment and employment initiatives, enforcing effective drug control policies, and enhancing parental supervision and involvement. Collaborative efforts involving educational institutions, religious organizations, law enforcement agencies, and healthcare providers are essential for a comprehensive and sustainable response to youth drug abuse.

Keywords: Drug abuse, Youth, Mental health, Prevention, Public health.

Introduction

Substance abuse constitutes a significant global public health challenge, exerting profound consequences on individuals, families, and societies. It involves the harmful or hazardous use of psychoactive substances—including alcohol, prescription medications, over-the-counter drugs, and illicit substances—that may result in dependence and adverse health, social, and economic outcomes (World Health Organization [WHO], 2018). In recent years, the burden of substance abuse has intensified among young people, particularly in low- and middle-income countries. Nigeria, with its large and rapidly growing youth population amid persistent socioeconomic challenges, is increasingly vulnerable to this phenomenon. Evidence from the United Nations Office on Drugs and Crime (UNODC, 2021) indicates a significant rise in substance use among Nigerian youths, marked by a transition from conventional substances such as alcohol to synthetic opioids, cannabis, tramadol, and codeine. The widespread availability of these substances has been linked to weak regulatory enforcement, porous borders, and expanding informal drug markets.

Youth—commonly defined as individuals aged 15–35 years—are especially susceptible to drug abuse due to peer influence, unemployment, family instability, emotional distress, curiosity, and media exposure (Nwosu & Ogbuabor, 2020). Adolescence and early adulthood are developmental stages characterized by experimentation and risk-taking, making substance abuse both a driver and outcome of broader psychosocial vulnerability. Rural communities such as Amai in Ukwuani Local Government Area of Delta State are not insulated from this growing problem. Despite its relative geographic isolation, reports from community leaders and healthcare providers indicate increasing misuse of substances, including tramadol, marijuana, and codeine, among youths. Contributing factors include high unemployment, limited recreational and vocational opportunities, weak parental supervision, and poor access to health education and addiction services.

The consequences of youth drug abuse are extensive and multidimensional. Physiologically, substance misuse is associated with organ damage, neurological impairment, and overdose-related mortality (Oluwafemi *et al.*, 2022). Psychologically, it contributes to depression, anxiety, cognitive impairment, psychosis, and suicidal ideation. Socially, drug abuse is linked to school

dropout, academic underachievement, criminal behaviour, violence, and the breakdown of family and community cohesion (Okafor *et al.*, 2021). These outcomes undermine youth development and perpetuate cycles of poverty and marginalization. In rural settings, the impact is compounded by limited treatment and rehabilitation infrastructure. According to Adeyemi *et al.* (2023), inadequate community-level interventions and poor public health education significantly contribute to the persistence of substance abuse. Cultural norms that normalize the use of substances such as alcohol and marijuana further complicate prevention efforts, as drug use may be socially tolerated or perceived as a rite of passage into adulthood (Eze & Ibeh, 2021).

Despite national initiatives, including the establishment of the National Drug Law Enforcement Agency (NDLEA), efforts to curb youth drug abuse in Nigeria remain largely reactive, with limited emphasis on prevention. Moreover, there is a scarcity of community-specific research to inform targeted interventions, underscoring the need for localized studies that examine the patterns, determinants, and consequences of drug abuse within distinct sociocultural contexts.

Drug abuse among youths has emerged as a critical public health and social crisis in Nigeria, with particularly severe implications for rural communities such as Amai in Ukwuani Local Government Area of Delta State. Despite existing policies and enforcement mechanisms, substance misuse among young people continues to rise, driven by factors including unemployment, poverty, peer pressure, weak family structures, limited mental health services, and inadequate implementation of drug control regulations. Youths in Amai increasingly engage in the misuse of substances such as marijuana, tramadol, codeine, and alcohol, often without sufficient awareness of their long-term health and social consequences. This trend threatens physical and psychological well-being, disrupts educational attainment, increases school dropout rates, fuels criminal activity, and weakens community stability. The absence of youth-focused, community-based prevention and rehabilitation programs further exacerbates the problem, while limited collaboration among families, educators, healthcare providers, and policymakers constrains effective responses. Without urgent, coordinated, and context-specific interventions that address the underlying determinants of substance abuse, communities like Amai risk sustained cycles of addiction, social disintegration, and hindered development. Consequently, this study seeks to examine the extent, causes, and effects of drug abuse among youths in Amai and to generate evidence-based recommendations to inform effective community health strategies and policy interventions tailored to the local context.

Existing literature has extensively documented the prevalence, determinants, and consequences of drug abuse among youths in Nigeria, with particular emphasis on urban centers and tertiary institutions. National and regional surveys have identified common substances of abuse, socio-economic risk factors, and broad health and social outcomes. However, several critical gaps remain. First, there is a paucity of community-based, rural-focused studies that explore youth substance abuse within specific local contexts. Most available evidence is derived from metropolitan areas, leaving rural communities such as Amai in Ukwuani Local Government Area underrepresented in empirical research. This limits the generalizability of current interventions to rural populations, where social structures, access to substances, and health services differ markedly from urban settings.

Second, many studies examine drug abuse from a single-dimension perspective, focusing either on prevalence or psychosocial factors, with limited integration of physical, mental, social, and public health consequences. There is a lack of literature adopting a multidimensional public health lens that simultaneously assesses determinants, health outcomes, and community-level impacts among youths.

Third, existing research largely relies on national datasets or school-based samples, with limited engagement of out-of-school youths, who are often at higher risk of substance misuse. Additionally, few studies explicitly assess local preventive and support structures, such as parental involvement, community norms, and access to health education and rehabilitation services, particularly in rural settings.

Finally, there is limited evidence to inform context-specific, community-driven prevention strategies tailored to rural Nigerian communities. This gap highlights the need for localised research that generates actionable data to inform public health planning, youth-focused interventions, and policy responses. Addressing these gaps, the present study investigates the determinants and multidimensional effects of drug abuse among youths in Amai, Delta State, thereby contributing contextually relevant evidence to strengthen community-based public health interventions.

This study aims to conceptually examine drug use and abuse and to identify the primary motivations driving substance abuse among youths in Amai community. It further seeks to determine the most commonly abused substances within the community and to explore the associated physical, psychological, and social consequences of drug abuse among young people. Additionally, the study assesses youths' level of awareness and attitudes toward the health and social risks associated with substance abuse.

The study was guided by questions that examine whether drug abuse influences the health and social behaviour of youths in Amai and identify the key motivations underlying substance abuse in the community. It also explores the most frequently abused substances, the role of peer pressure and the social environment in shaping drug-use behaviours, and the impact of substance abuse on youths' academic performance.

The study further tests the hypothesis that peer pressure has no significant relationship with the prevalence of drug abuse among youths in the Amai community, against the alternative hypothesis that a significant relationship exists. It also examines the null hypothesis that drug abuse does not significantly affect the physical, mental, and social health of youths in Amai, compared with the alternative hypothesis that substance abuse has significant adverse effects on these health domains.

The findings of this study will provide valuable insights for nurses and other healthcare professionals by strengthening evidence-based approaches to substance abuse prevention, counselling, and youth-focused health education. Educators and youths will benefit from a deeper understanding of the causes and consequences of drug abuse, enabling the development of targeted educational and mentorship programs. Policymakers and local authorities may utilize the findings to inform community-level interventions, strengthen drug control policies, and support youth empowerment initiatives. Parents and guardians will gain enhanced awareness of

the social and environmental factors contributing to youth drug abuse, facilitating more effective supervision and support. Educational institutions may also use the results to inform drug-free policies and integrate preventive education into curricula.

Review of Literature:

Concept of Drug Abuse

Drug abuse is widely recognized as a major public health challenge with profound implications for physical health, mental well-being, and social functioning. It refers to the harmful or hazardous use of psychoactive substances—including alcohol, prescription medications, and illicit drugs—beyond medically approved purposes or in quantities that result in adverse health and social outcomes (World Health Organization [WHO], 2018; WHO, 2021). Commonly misused substances such as cannabis, cocaine, tramadol, and codeine are particularly prevalent among youths due to their accessibility and perceived short-term benefits, including stress relief and euphoria (Ndubisi *et al.*, 2020). Although drug abuse affects all population groups, its impact on young people is especially concerning, as it interferes with education, social development, and long-term productivity.

Multiple interrelated factors contribute to youth drug abuse. Peer pressure remains one of the most influential drivers, particularly during adolescence, a developmental stage characterized by identity exploration and increased risk-taking (United Nations Office on Drugs and Crime [UNODC], 2022). Emotional stressors such as family conflict, financial hardship, and academic pressure further predispose youths to substance use as a coping mechanism (Eze *et al.*, 2022). Socioeconomic disadvantage, including poverty, unemployment, and limited educational opportunities, has also been consistently linked to higher rates of substance misuse, especially in underserved communities with restricted access to healthcare and recreational resources (Adams *et al.*, 2019). In Nigeria and other developing contexts, weak regulatory frameworks have facilitated the misuse of prescription opioids such as tramadol and codeine, exacerbating the public health burden (Okafor *et al.*, 2023).

The consequences of drug abuse are multidimensional. Prolonged substance use is associated with serious physical complications, including liver disease, cardiovascular disorders, respiratory impairment, and immunosuppression (WHO, 2021). Psychologically, substance abuse increases the risk of depression, anxiety disorders, psychosis, and dependence (Volkow *et al.*, 2020). Social consequences include strained family relationships, stigmatization, poor academic performance, school dropout, and increased involvement in criminal activities (UNODC, 2022).

It is important to distinguish between substance use and substance abuse. While not all substance use constitutes abuse, drug abuse is characterized by compulsive consumption patterns that impair daily functioning and well-being. Core features include loss of control, tolerance, withdrawal symptoms, and psychological or physiological dependence (National Institute on Drug Abuse [NIDA], 2022; Ogunmola & Akinsola, 2022). These patterns significantly elevate the risk of addiction, morbidity, and mortality, including death from overdose (Centers for Disease Control and Prevention [CDC], 2023).

Drug abuse encompasses a wide range of substances with distinct health implications. Illicit drugs such as heroin, cocaine, and methamphetamine are associated with severe addiction, mental health disorders, and legal consequences, with rising rates of synthetic opioid overdose among youths (NIDA, 2022). Prescription medications—including opioids, benzodiazepines, and stimulants—are frequently misused for non-medical purposes, often obtained from peers or family members, contributing to dependency and overdose risks (CDC, 2023). Alcohol, despite its social acceptability, remains a major contributor to substance abuse, with binge and underage drinking linked to liver damage, risky behaviors, and accidental injuries; notably, nearly one-third of high school students report recent binge drinking (National Institute on Alcohol Abuse and Alcoholism, 2022).

Causes and Contributing Factors of Drug Abuse among Youths

Drug abuse among youths in Amai is driven by a complex interaction of socioeconomic, psychological, familial, cultural, and environmental determinants. Socioeconomic deprivation plays a central role, as high levels of unemployment, low household income, and limited access to social resources expose young people to stress, frustration, and a sense of hopelessness. National data indicate that unemployment among youths is strongly associated with increased engagement in risk behaviors, including substance use, as a means of emotional escape and coping (National Bureau of Statistics, 2018). Economic instability has been shown to heighten vulnerability to drug abuse by limiting access to constructive recreational opportunities and fostering environments where substance use becomes normalized (Olawole & Eniola, 2020).

Peer influence is another critical determinant of drug use during adolescence. The desire for social acceptance and belonging increases susceptibility to peer pressure, particularly within social networks where substance use is prevalent. Empirical evidence suggests that youths are significantly more likely to use drugs if close friends engage in similar behaviors, reinforcing the role of peer norms in shaping attitudes toward substance use (Barlow *et al.*, 2019). Social settings that facilitate experimentation, coupled with fear of social exclusion, further intensify conformity to drug-using behaviors.

Family structure and dynamics also exert substantial influence on youth substance use. Adolescents from dysfunctional households characterized by neglect, poor communication, or parental substance abuse are at heightened risk of drug misuse (Adeosun *et al.*, 2020). Exposure to drug-using behaviors within the family may normalize substance use and limit the development of healthy coping strategies (Journal of Family Issues, 2019).

Mental health challenges further compound the risk of drug abuse. Conditions such as depression, anxiety, and behavioral disorders often predispose youths to self-medication, particularly in contexts where access to mental health services is limited and stigma discourages help-seeking (Eze *et al.*, 2021). This pattern can result in a cyclical relationship in which substance use exacerbates underlying psychological distress.

The widespread availability and accessibility of drugs in the community significantly contribute to misuse. Substances such as alcohol, cannabis, and prescription opioids are easily obtainable, often due to weak regulatory enforcement, fostering a permissive environment that encourages experimentation (Ibe & Obasi, 2022; Ogunbanjo *et al.*, 2021). Cultural narratives that trivialize

or glamorize substance use further reinforce these behaviors, particularly through media and social practices (Afolabi, 2019).

Finally, inadequate awareness and limited drug education undermine prevention efforts. Many youths lack accurate knowledge of the health and social consequences of substance abuse, increasing the likelihood of experimentation and misuse. Evidence suggests that comprehensive, school- and community-based drug education programs are essential for reducing youth substance use and promoting informed decision-making (International Journal of Drug Policy, 2020). Addressing drug abuse in Amai therefore requires a coordinated, multisectoral approach that targets these interconnected risk factors.

Physical, Mental, and Social Effects of Drug Abuse on Youth Health and Well-Being

The rising prevalence of drug abuse among youths constitutes a major public health challenge with extensive implications for individual development and community stability. Substance abuse among adolescents exerts multidimensional effects that compromise physical health, psychological functioning, educational attainment, and social integration. Understanding these interrelated consequences is essential for designing effective prevention and intervention strategies tailored to youth populations.

Physically, drug abuse exposes youths to both immediate and long-term health risks. Acute consequences include overdose, particularly associated with opioids, stimulants, and alcohol, which may result in respiratory depression, loss of consciousness, and mortality. The increasing availability of synthetic opioids has further heightened overdose risks among adolescents. Chronic substance use is linked to serious health complications such as liver dysfunction, cardiovascular disease, neurological impairment, and weakened immune function. Additionally, substance abuse often co-occurs with high-risk behaviors, including unprotected sexual activity and needle sharing, thereby increasing vulnerability to infectious diseases such as HIV and hepatitis. Early initiation of drug use has been consistently associated with a higher likelihood of long-term dependence and adverse health outcomes in adulthood.

Drug abuse also poses substantial threats to mental health. The relationship between substance use and psychological disorders is bidirectional, as youths may engage in drug use to cope with stress, anxiety, or depression, while substance use itself can exacerbate or trigger mental health conditions. Prolonged drug exposure during adolescence—a critical period of brain development—can impair cognitive functioning, emotional regulation, and memory, leading to poor academic performance and reduced life satisfaction. These mental health challenges often strain interpersonal relationships and limit social functioning.

Socially, substance abuse disrupts family relationships, peer interactions, and community cohesion. Families may experience conflict, emotional distress, and breakdowns in communication, while affected youths often gravitate toward peer groups that reinforce substance-using behaviors. Educational consequences include increased absenteeism, academic decline, and school dropout, which limit future employment opportunities and perpetuate social disadvantage. At the community level, youth drug abuse contributes to crime, violence, and increased demand on health and social services.

Overall, the physical, psychological, and social consequences of drug abuse among youths are deeply interconnected. Addressing this challenge requires a comprehensive, community-based approach that integrates health education, mental health support, family involvement, and stigma reduction to promote resilience and healthy youth development.

Community Perspective on Drug Abuse

Within the Amai community, drug abuse is widely regarded as a pressing social problem with far-reaching consequences for families, schools, and local governance. Residents recognize that substance misuse extends beyond individual behaviour, affecting the broader social fabric and contributing to issues such as crime, violence, and social instability (Adeleke *et al.*, 2020). Community perceptions are shaped by the visibility of drug-related incidents and prevailing narratives around substance use. Substances commonly reported among youths include marijuana, codeine, and methamphetamines, with peer influence and the desire for social acceptance frequently cited as key drivers of experimentation, reflecting broader patterns observed across Nigeria (Nwogbo *et al.*, 2021). Awareness of the health risks associated with drug use—including mental health disorders, addiction, and long-term physical consequences—has prompted parents, educators, and community leaders to advocate for preventive strategies and interventions. Nevertheless, persistent stigma around seeking help continues to limit access to treatment and support services for affected individuals (Ibeh *et al.*, 2022).

Cultural norms and traditional practices also significantly influence attitudes toward substance use. In many Nigerian communities, the use of herbs or traditional medicines may blur the boundaries between therapeutic and harmful consumption (Adeleke *et al.*, 2020). Some residents perceive drug use as a coping mechanism for stress, hardship, or social pressure, often citing relaxation or escape from daily challenges as justification. Family structures and community dynamics further shape youth behaviour; strong familial support and open communication act as protective factors, whereas households that normalize substance use or lack awareness of its dangers increase the likelihood of youth involvement in drugs (Nwogbo *et al.*, 2021). Community leaders and local organizations play an essential role in shaping attitudes, promoting awareness of drug-related risks, and supporting individuals struggling with addiction. Platforms such as religious gatherings, festivals, and community meetings serve as opportunities to educate the population, reduce stigma, and encourage help-seeking behaviour (Ibeh *et al.*, 2022).

Overall, the community perspective in Amai underscores a multifaceted interplay of cultural beliefs, social structures, and health awareness. Understanding these perceptions is critical for designing targeted interventions and support systems that address the specific challenges faced by the community, fostering a comprehensive and culturally sensitive approach to combating youth drug abuse.

Impact on Public Health and Society

Youth drug abuse extends far beyond individual consequences, placing substantial strain on public health systems, escalating crime rates, and disrupting family dynamics. Understanding these societal impacts is critical for developing effective interventions in communities such as Amai. Health services are increasingly burdened by the demand for treatment and rehabilitation of substance use disorders, often resulting in insufficient resources and compromised care for

both drug users and patients with other medical conditions. Many healthcare providers lack the capacity to address the complex needs of individuals struggling with addiction, creating treatment gaps and driving up healthcare costs (Obot, 2018). Additionally, the prevalence of drug-related health issues—including overdoses, mental health disorders, and communicable diseases such as HIV/AIDS and Hepatitis C from shared needles—exacerbates the strain on healthcare systems. Ibeh *et al.* (2022) reported that Nigerian healthcare facilities frequently struggle to manage the dual challenges of addiction treatment and associated health complications, leading to delays in care and compromised patient outcomes.

Substance abuse is also closely linked to heightened crime and community insecurity. Rising rates of youth drug use have been associated with theft, violence, and drug trafficking. The illicit drug trade not only perpetuates criminal activity but also fosters an environment of instability, undermining community safety (Adeleke *et al.*, 2020). Drug abuse can impair judgment, increase impulsivity, and encourage aggressive behaviours, contributing to conflicts and social unrest (Nwogbo *et al.*, 2021). As a result, residents often feel unsafe, trust within the community erodes, and social cohesion diminishes.

The repercussions of drug abuse extend into family structures, significantly altering household dynamics. Families of substance users often experience elevated stress, frequent conflict, and overall dysfunction. The financial demands of supporting a relative with a drug problem can place considerable economic strain on households, affecting family well-being (Ibeh *et al.*, 2022). Stigma associated with drug use may further isolate families, making it difficult for them to seek support and perpetuating cycles of addiction and social exclusion (Obot, 2018). In many cases, family members may inadvertently enable substance use, prioritizing the care of the addicted individual while neglecting their own physical and mental health.

Overall, youth drug abuse generates complex, multidimensional challenges that impact public health, community safety, and family stability, underscoring the need for comprehensive, multisectoral strategies to mitigate these effects.

The Role of Healthcare Providers, Particularly Nurses, in Addressing and Managing Youth Drug Abuse

The rising incidence of drug abuse among adolescents represents a significant public health challenge that demands active engagement from healthcare professionals, especially nurses, who often serve on the frontline of patient care. Nurses occupy a strategic position within healthcare systems, enabling them to identify, intervene, and manage substance abuse cases effectively. Their responsibilities encompass assessment, education, intervention, collaboration with interdisciplinary teams, family engagement, community outreach, and the pursuit of continuous professional development, all of which are essential to addressing drug abuse among youth (World Health Organization, 2021).

A primary responsibility of nurses is the early identification of drug abuse through comprehensive assessment. This includes evaluating an adolescent's medical history, behavioural patterns, and social influences that may contribute to substance use. Standardized screening tools, such as the CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) questionnaire, are particularly useful for identifying youth at risk of developing substance use

disorders. In addition, in-depth interviews can help nurses explore psychosocial factors, including peer pressure, family dynamics, and underlying mental health conditions, allowing them to develop individualized care plans that target each adolescent's specific needs (National Institute on Drug Abuse, 2022).

Education is another critical role of nurses in combating youth drug abuse. Nurses provide adolescents and their families with information about the physical, mental, and social risks associated with substance use. Educational interventions can be conducted in schools, clinics, or community health centers and may include workshops, interactive sessions, and informational campaigns designed to create safe spaces for dialogue. By fostering awareness and understanding, nurses help reduce stigma surrounding addiction and encourage open communication about drug-related challenges (Eze *et al.*, 2022).

Beyond assessment and education, nurses are key in delivering intervention strategies for adolescents struggling with substance abuse. Utilizing evidence-based therapeutic approaches, such as cognitive-behavioral therapy (CBT), nurses can guide youth in understanding the link between their thoughts, emotions, and behaviors while providing strategies to manage cravings and prevent relapse. They also facilitate access to diverse treatment modalities, including outpatient programs, inpatient rehabilitation, and support groups, ensuring timely intervention, which is critical for improved outcomes (Ogunmola & Akinsola, 2022).

Collaboration with interdisciplinary teams is fundamental in managing adolescent drug abuse. Nurses often work alongside physicians, psychologists, social workers, and addiction specialists to provide holistic care that addresses both substance use and co-occurring mental health or social challenges. For instance, when adolescents present with depression or anxiety in addition to substance abuse, integrated treatment plans coordinated by nurses and mental health professionals ensure that all aspects of the young person's well-being are addressed (Volkow *et al.*, 2020).

Family engagement is also central to effective management. Nurses facilitate family involvement by educating parents and guardians about addiction, its impacts, and supportive communication strategies. Family therapy, encouraged by nurses, can address underlying familial issues contributing to substance use while promoting dialogue and trust within the household. Furthermore, nurses advocate for family participation in support programs, helping families understand addiction and how to provide constructive support, ultimately fostering both individual and familial recovery (Ibeh *et al.*, 2022).

Nurses also contribute to community-based initiatives aimed at preventing drug abuse among youth. Through involvement in school health programs, community outreach, and collaborations with organizations focused on substance abuse prevention, nurses help implement initiatives that address the specific needs of at-risk adolescents. Programs may include mentorship, awareness campaigns, and recreational activities that offer healthy alternatives to substance use, promoting a preventative culture within the community (Adeleke *et al.*, 2020).

Ongoing professional development is critical for nurses addressing youth substance abuse. Keeping abreast of emerging drug trends, treatment strategies, and evidence-based interventions ensures nurses maintain effective care practices. Continuing education, workshops, specialized

certifications, reflective practice, and mentorship enhance their competencies in managing complex addiction cases, enabling them to advocate effectively for adolescents and their families (Centers for Disease Control and Prevention, 2023).

In conclusion, nurses play an essential role in combating youth drug abuse through assessment, education, intervention, interdisciplinary collaboration, family involvement, community engagement, and continual professional growth. Positioned at the forefront of healthcare delivery, nurses serve as pivotal agents in both preventing and treating substance use disorders among adolescents, supporting recovery, and fostering a healthier and safer environment for youth (Ndubisi *et al.*, 2020; Eze *et al.*, 2022).

Risk Factors and Challenges in Combating Drug Abuse

Drug abuse among youth is influenced by a combination of individual, familial, peer, and community factors, each increasing vulnerability to substance use. At the individual level, traits such as impulsivity, thrill-seeking, and risk-taking, along with mental health conditions like depression, anxiety, and ADHD, predispose adolescents to drug use and complicate recovery (Ogunmola & Akinsola, 2022). Family dynamics also play a critical role, with a history of substance abuse, poor parental supervision, and high-conflict environments contributing to higher risk among adolescents (Okon *et al.*, 2023). Peer pressure is another potent influence, as adolescents are more likely to use substances when their friends do, particularly during a developmental stage where social acceptance is paramount (Ugbede *et al.*, 2021). The broader community environment further shapes behaviour, with neighbourhoods' characterized by poverty, crime, high drug availability, and limited recreational facilities correlating with increased substance abuse (Igbokwe *et al.*, 2020).

Efforts to combat drug abuse are hindered by systemic and societal challenges. Limited resources, including inadequate rehabilitation centers and trained healthcare professionals, reduce access to treatment and preventive programs, leading to untreated addiction and high relapse rates (World Health Organization, 2014; Meyer *et al.*, 2016; Kelley *et al.*, 2019). Social stigma surrounding drug use discourages affected youth from seeking help, reinforcing feelings of shame and isolation and framing addiction as a moral failing rather than a health issue (Corrigan, 2004; Klein *et al.*, 2018; Bouchery *et al.*, 2014). Weak enforcement of drug-related laws also exacerbates the problem, as inconsistent regulation and punitive-focused approaches fail to address underlying causes of substance use while allowing drug availability and trafficking to persist (United Nations Office on Drugs and Crime, 2020; Friedman *et al.*, 2017). Addressing drug abuse effectively requires a comprehensive approach that combines policy enforcement with accessible rehabilitation, community-based prevention programs, and public education to tackle the social, familial, and personal determinants of substance use.

Effective Prevention Measures

Preventing drug abuse among youth is essential for reducing risk factors and promoting healthier lifestyle choices. Effective prevention requires a collaborative approach that engages schools, families, and community stakeholders, combining education, awareness programs, and targeted interventions to create a supportive environment for young people.

Education and awareness initiatives are critical in equipping youth with knowledge about the risks of substance abuse. These programs can be implemented in schools, community centers, and through public health campaigns, providing factual information that reduces the likelihood of drug use (Miller *et al.*, 2020). Interactive components, such as workshops and discussions, encourage critical thinking and open dialogue about drug-related issues (Wang *et al.*, 2021). Programs like Drug Abuse Resistance Education (D.A.R.E.) have demonstrated effectiveness in promoting positive decision-making skills and helping adolescents resist peer pressure (Tobler *et al.*, 2000). Tailoring these programs to local cultural contexts further enhances their impact on youth and their families.

Schools play a pivotal role in prevention by serving as key environments for intervention. Comprehensive school-based programs, including counselling, life skills training, and social-emotional learning, have been shown to influence students' decisions regarding drug use. For example, initiatives such as "The Good Behaviour Game" reduce substance abuse by fostering positive behaviours and peer interactions (Arthur *et al.*, 2007). Integrating counselling services within schools provides students with mental health support, helping them manage stressors that might lead to substance use. Training teachers and staff to recognize early signs of drug abuse and implement appropriate interventions ensures a supportive and responsive school environment (Brady *et al.*, 2022).

Parental involvement is equally critical in preventing youth substance abuse. Supportive, engaged parents create a home environment where open communication about drug use can occur, reducing the likelihood of experimentation (Steinberg, 2014). Community workshops can educate parents on the importance of discussing substance use, setting clear expectations, and monitoring their children's activities (Kumpfer *et al.*, 2002). Programs like the Strengthening Families Program emphasize improving parenting skills, fostering healthy communication, and building strong family relationships, which collectively act as protective factors against drug use (Kumpfer & Alvarado, 2003). Parent support groups and active participation in school and community initiatives further strengthen resilience among youth. Healthcare professionals can enhance these efforts by facilitating family-centered workshops on conflict resolution, communication, and effective supervision, empowering families to create nurturing and drug-free home environments.

By combining education, school-based interventions, and family engagement, communities can adopt a holistic approach that addresses multiple risk factors and fosters protective mechanisms against youth drug abuse.

Intervention Strategies Involving Healthcare Providers and Community Leaders

Intervention strategies are crucial for facilitating recovery and preventing further substance abuse. Healthcare providers, particularly nurses, play a central role in managing cases of drug abuse. Often serving as the first point of contact, nurses are pivotal in identifying and addressing substance use disorders. Their training enables them to assess both the physical and psychological needs of patients, offering holistic care that addresses immediate health concerns alongside underlying issues contributing to substance abuse (Gonzalez *et al.*, 2021).

Nurses also educate patients and their families about the risks of drug abuse, increase awareness of available resources, and encourage adherence to treatment plans. By building trust and rapport, they can effectively communicate the importance of seeking help and participating in rehabilitation programs (Anderson *et al.*, 2019). Additionally, nurses employ techniques such as screening and brief interventions (SBI), which have been shown to reduce substance use and related harms across various healthcare settings (Fleming *et al.*, 2010). Collaboration with multidisciplinary teams—including mental health professionals, counsellors, and support groups—further ensures comprehensive care. Nurses also contribute to community outreach initiatives, educating the public about the dangers of drug abuse.

Rehabilitation programs are vital for supporting recovery and reintegration into society. These programs are most effective when tailored to meet the specific needs of the local population. Comprehensive rehabilitation typically combines medical treatment, counselling, and support services aimed at promoting long-term recovery (Miller & Wilbourne, 2002). Models such as therapeutic communities provide structured environments that foster personal responsibility and peer support (De Leon, 2000). Services may include detoxification, individual and group therapy, vocational training, and aftercare support to help individuals maintain sobriety after completing treatment.

Community leaders and stakeholders play a critical role in enhancing intervention strategies. Religious leaders, educators, and local health officials can act as advocates for prevention and rehabilitation initiatives, mobilizing resources and encouraging collaboration across sectors. Engaging community stakeholders improves the effectiveness of interventions by raising awareness and promoting collective action. For instance, community forums can provide platforms for discussing drug abuse challenges, sharing experiences, and exploring solutions, while also informing residents about available services. Partnerships with organizations focused on substance use prevention and treatment can secure funding and expand resources for local initiatives. Collaborative efforts involving healthcare providers, schools, law enforcement, and non-profit organizations create a comprehensive support network for youth at risk of drug abuse (Hawkins *et al.*, 2019).

In conclusion, successful intervention strategies rely on a coordinated approach that integrates healthcare providers, effective rehabilitation services, and active community participation. By working together, these stakeholders can build a supportive environment that fosters recovery and reduces the prevalence of drug abuse among youth in Amai.

Methodology

This study is geographically limited to the Amai community in Ukwuani Local Government Area of Delta State, Nigeria, and focuses on youths aged 15–35 years, including both in-school and out-of-school individuals. It examines contributory factors such as peer influence, parental and socioeconomic factors, awareness levels, and drug availability, as well as the effects of substance abuse on academic performance, behaviour, physical and mental health, social relationships, and overall well-being. The findings are based on data collected from a

representative sample of youths residing in Amai during the study period that lasted for six weeks.

Design

This study employed a descriptive survey design, which is well-suited for examining characteristics of a population through a representative sample (Creswell, 2014). This approach facilitated the collection of quantitative data to investigate both the prevalence and consequences of drug abuse among youth in Amai.

Study area

The research was conducted in Amai, located within Ukwuani Local Government Area, Delta State, Nigeria. Amai is a rural community distinguished by its rich cultural heritage and vibrant social life. The local economy is primarily agrarian, with farming and trading forming the main sources of livelihood. The community is also home to Novena University, the first private university established in Delta State in 2005. The university serves as a major educational institution for local and regional youth and acts as a hub for community development and outreach programs, including initiatives addressing health issues such as drug abuse. Socioeconomic challenges such as poverty, unemployment, and limited access to healthcare, combined with cultural norms, contribute to an environment where substance abuse among youth may flourish.

Target Population

The study population comprised 300 youths aged 15–35 years residing in Amai, in alignment with the United Nations definition of youth. Both male and female participants from diverse educational and socioeconomic backgrounds were included to provide comprehensive insights into the determinants, effects, and preventive strategies for drug abuse within the community.

Sampling and Sampling Technique

A systematic sampling approach was used to select participants, ensuring each individual had an equal probability of inclusion. The Taro Yamane formula was applied to determine the sample size from the known population of 300 youths:

$$n = \frac{N}{1 + N(e)^2} = \frac{300}{1 + (0.05)^2} = 171$$

Where n is the sample size, N the population size, and e the margin of error (0.05). The calculation yielded a sample size of 171 participants. A randomized selection process from the youth registry was employed to ensure representation across age, gender, and socioeconomic groups, providing a broad perspective on drug abuse patterns in Amai.

Data Collection Instrument

Data were collected using a structured, self-administered questionnaire developed based on study objectives and a review of relevant literature. The instrument captured demographic characteristics, knowledge and attitudes toward drug abuse, contributing factors, effects, and preventive strategies. The questionnaire included both closed- and open-ended items to allow for quantitative measurement and qualitative insights.

Instrument Validation

Content validity was ensured through expert review by professionals in nursing, public health, and social sciences. Official community records were consulted to cross-verify the prevalence of drug abuse, enhancing the instrument's accuracy and relevance.

Reliability

The questionnaire was pilot-tested with 20 youths aged 15–35 years in the Kwale community. Reliability was assessed using the Spearman correlation coefficient, yielding a value of 0.82, indicating strong internal consistency and confirming the instrument's suitability for measuring relationships between drug abuse and its effects.

Data Collection Procedure

Structured questionnaires were administered to the 171 selected participants, with each respondent completing the form within 15–20 minutes. Data collection was conducted over six weeks to ensure efficiency and completeness.

Data Analysis

Data were analyzed using simple percentage calculations to facilitate clear interpretation of findings related to the prevalence, contributing factors, and effects of drug abuse among youth. Percentages were calculated using the formula:

$$\% = \frac{f}{N} \times 100$$

Where f represents the frequency of responses and N the total number of respondents. This method allowed for a straightforward presentation of results.

Questionnaire Structure

The 20-item questionnaire was divided into two sections: Section A collected demographic data, while Section B focused on youth drug use behaviours, perceptions, and experiences. The instrument was structured to align directly with the study's objectives.

Ethical Considerations

Participants were fully informed about the study's objectives, and written consent was obtained from all respondents. Participation was voluntary, with no incentives provided. Anonymity was maintained by instructing participants not to include identifying information. Ethical approval was granted by the relevant nursing and public health faculty before data collection.

Results and Discussions:

The study presents and analyzes the data obtained from the field survey conducted among youths in the Amai community, focusing on the prevalence, types, motivations, and contributing factors of drug abuse. A total of 171 questionnaires were completed and returned, providing the dataset for this analysis. The results are illustrated through tables, figures, and percentages to facilitate clarity and comprehension. Findings were systematically organized in alignment with the study's objectives and research questions.

Table 4.1 Demographic Characteristics of Respondents

Demographic characteristics	Variables	Frequency (n)	Percentage (%)
Age	15-19 years	45	26.3%
	20-24 years	70	40.9%
	25-29 years	32	18.7%
	30-34 years	24	14.0%
Gender	Male	93	54.4%
	Female	78	45.6%
Marital status	Single	136	61.4%
	Married	35	18.7%
Educational level	Primary	25	14.6%
	Secondary	95	55.6%
	Tertiary	51	29.8%

The above table presents the demographic profile of respondents. The majority of the respondents were between the ages of 20–24 years (40.9%), followed by those aged 15–19 years (26.3%), 25–29 years (18.7%), and 30–34 years (14.0%). More males (54.4%) participated in the study compared to females (45.6%). About marital status, a proportion of the respondents were single (61.4%), while 18.7% were married. This distribution indicates that most respondents are young and unmarried, which aligns with the study’s focus on youths.

4.3 Prevalence of drug abuse among youths

Table 4.2: Prevalence of Drug Abuse among Youths in Amai

Really	Frequency (n)	Percentage (%)
Yes	112	65.5%
No	59	34.5%

Figure 4.1: Pie chart showing prevalence of Drug Abuse

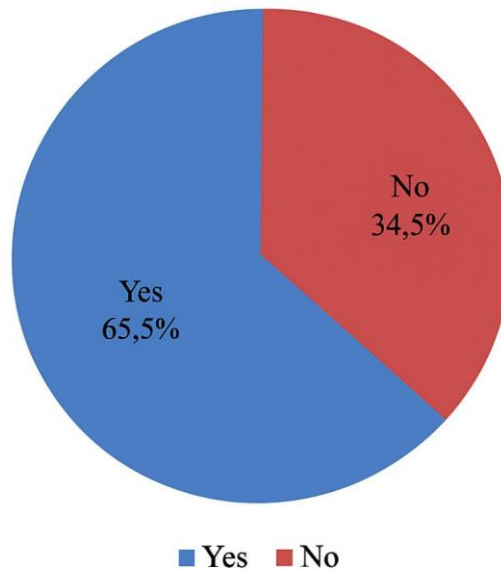


Figure 4.1: Pie Chart Showing Prevalence of Drug Abuse among Youths in Amai

As presented in Table 4.2 and Figure 4.1, 65.5% of respondents agreed that drug abuse is prevalent among youths in Amai.

4.4 Types of drugs are mostly abused by youths

Table 4.3: Types of Drugs Commonly Abused by Youths

Types of drugs	Frequency (n)	Percentage (%)
Marijuana	60	35.1%
Tramadol	45	26.3%
Codeine	30	17.5%
Cocaine	12	7.0%
Alcohol	24	14.0%

The above table identifies marijuana (35.1%) and tramadol (26.3%) as the most commonly abused substances.

4.5 Motivations behind drug abuse among youths

Table 4.4 Motivations Behind Drug Abuse among Youths

Motivation for Drug Abuse	Frequency (n)	Percentage (%)
Coping with stress and emotional problems	55	32.2%
The desire for pleasure and excitement	48	28.1%
Curiosity or experiment	37	21.6%
Peer -influence	31	18.1%

The table above presents the findings regarding the motivations behind drug abuse among youths in Amai. Coping with stress and emotional problems was the major reason identified (32.2%), followed by the desire for pleasure and excitement (28.1%). Curiosity and peer group influence also contributed to the youths' involvement in drug abuse, with 21.6% and 18.1% respectively.

These results indicate that emotional struggles, the quest for new experiences, and social influences play important roles in motivating youths toward drug use

4.6 Factors contributing to drug abuse among youths

Table 4.5: Factors Contributing to Drug Abuse among Youths

Factors	Frequency(n)	Percentage (%)
Peer pressure	68	39.8%
Unemployment	42	24.6%
Family influence	30	17.5%
Media influence	16	9.4%
Availability of drugs	15	8.8%

The table above lists peer pressure (39.8%) and unemployment (24.6%) as the most significant factors contributing to drug abuse.

4.7 Re-statement of Research Questions

RESEARCH QUESTION 1: Does drug abuse affect the health and societal behaviour of youths in Amai?

Table 4.6: Responses of the Respondent

Response	Frequency (n)	Percentage (%)	Cumulative frequency (%)
Yes	120	70.2%	70.2%
No	51	29.8%	100%
Total	171	100%	

From the above table, it shows 120 respondents (70.2%) agreed that drug abuse affects health and societal behaviour, while 51 respondents (29.8%) disagreed that drug abuse affects health and societal behaviour.

RESEARCH QUESTION 2: What is the primary motivation behind drug abuse among youths in Amai?

Table 4.7: Response of the respondent

Response	Frequency (n)	Percentage (%)	Cumulative frequency (%)
Yes	135	78.9%	78.9%
No	36	21.1%	100%
Total	171	100%	

From the table above, 135 respondents (78.9%) indicated that there is a primary motivation for drug abuse, such as stress, peer pressure, etc., while 35 respondents (21.1%) either did not identify a primary motivation or stated that there is no clear motivation behind the abuse.

RESEARCH QUESTION 3: What are the most commonly abused substances among youths in Amai?

Table 4.8: Responses of the respondent

Response	Frequency (n)	Percentage (%)	Cumulative frequency (%)
Yes	140	81.9%	81.9%
No	31	18.1%	100%
Total	171	100%	

From the above table, 140 respondents (81.9%) reported that marijuana, tramadol, and similar substances are the most commonly abused among youth While 31 respondents (18.1%) did not

identify the substances mentioned or reported that no particular substances are commonly abused.

RESEARCH QUESTION 4: What are the roles of peer pressure and social environment in influencing drug abuse among youths in Amai?

Table 4.9: Responses on the Influence of Peer Pressure and Social Environment

Response	Frequency (n)	Percentage (%)	Cumulative frequency (%)
Yes	125	73.1%	73.1%
No	46	26.9%	100%
Total	171	100%	

From the above table, 125 respondents (73.1%) indicated that peer pressure and the social environment significantly influence drug abuse among youths, while 46 respondents (26.9%) did not believe that peer pressure or the social environment plays a role in drug abuse.

4.8 *Test of Hypothesis*

H₀: There is no significant relationship between peer pressure and the prevalence of drug abuse among youths in the Amai community.

H₁: There is a significant relationship between peer pressure and the prevalence of drug abuse among youths in the Amai community.

Table 4.10: for Hypothesis One

Response	Observed N	Expected N	Residual	(O-E) ² /E
Strongly Agreed	40	34.2	5.8	0.985
Agreed	60	34.2	25.8	19.46
Disagreed	40	34.2	5.8	0.985

Strongly disagree	20	34.2	-14.2	5.90
Undecided	11	34.2	-23.2	15.74
Total	172	171		42

Figure 4.2 Bar chart for Hypothesis One

Figure 4.2: Bar Chart Showing Respondents' Views on Peer Pressure and Drug Abuse

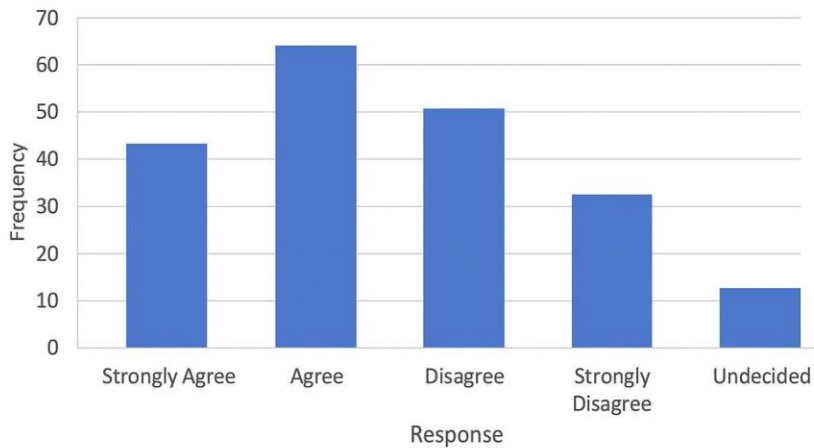


Figure 4.2: Bar Chart Showing Respondents' Views on Peer Pressure and

Chi-Square Statistic (χ^2): Sum the values in the $(O-E)^2 / E$ column to get the **Chi-Square Statistic:** $\chi^2 = 0.985 + 19.46 + 0.985 + 5.90 + 15.74 = 42$
 a significance level of **0.05**, the **critical value** from the Chi-Square table is **9.488**

Research result: from the computation above, the chi-square calculated $\chi^2 = 42.39$, which is greater than the **critical value of 9.488**. Therefore, we can **reject the null hypothesis (H_0)**, indicating that there is a **significant relationship**.

Analysis of findings:

The study investigated drug abuse among youths in Amai community, exploring prevalence, types of substances used, motivations, and contributing factors. The demographic data revealed that the majority of respondents were between 20 and 24 years old (40.9%), with males slightly

outnumbering females (54.4% vs. 45.6%). Most respondents were unmarried (61.4%), reflecting a population primarily composed of young, independent youths, which is consistent with previous studies showing that substance abuse is most prevalent among young adults in similar age brackets (Adeyemi *et al.*, 2023; Akinola & Oladokun, 2021).

A substantial proportion of respondents (65.5%) perceived drug abuse as prevalent among youths in Amai. This finding aligns with prior research highlighting the increasing prevalence of substance abuse in rural Nigerian communities, particularly among adolescents and young adults (Ighedo, 2023; Efeotor & Akpore, 2021). The high prevalence underscores the urgent need for targeted interventions in rural settings, where awareness and access to rehabilitation services may be limited (Babalola & Ekanem, 2022).

Marijuana (35.1%) and tramadol (26.3%) emerged as the most commonly abused substances. This finding mirrors reports from Nnamdi (2020) and Fapohunda (2021), who identified marijuana and pharmaceutical opioids as the predominant substances among Nigerian youths. The pattern of abuse highlights the dual risk of both illicit and prescription drug use, emphasizing the importance of comprehensive regulatory and educational interventions (National Drug Law Enforcement Agency [NDLEA], 2023; González *et al.*, 2023).

In exploring motivations for drug abuse, the study found that coping with stress and emotional problems (32.2%) and seeking pleasure and excitement (28.1%) were the primary drivers. Peer group influence (18.1%) and curiosity (21.6%) were also notable contributors. These results corroborate findings by Omoigberale *et al.* (2024), who observed that emotional distress and the desire for novel experiences are key motivators for adolescent substance use. Similarly, Chikwe and Aniekwe (2021) emphasized that coping mechanisms, particularly in resource-limited settings, significantly influence youths' engagement in drug use. While pleasure-seeking and curiosity are commonly cited motivators globally (Volkow *et al.*, 2022), the pronounced role of stress in Amai underscores the intersection of socio-economic pressures and psychological factors in rural Nigerian communities.

Peer pressure (39.8%) and unemployment (24.6%) were identified as the most significant contributing factors to drug abuse. The chi-square analysis confirmed a statistically significant relationship between peer pressure and drug abuse prevalence ($\chi^2 = 42.39$, $p < .05$), indicating that social influences strongly drive substance use behaviours among youths. This supports the Social Learning Theory, which posits that behaviour is learned through observation and reinforcement within social contexts (Bandura, 1977). Similar findings have been reported in other Nigerian contexts, where peer networks and unemployment were found to exacerbate substance abuse risks among adolescents and young adults (Emordi, 2022; Fapohunda, 2021).

The impact of drug abuse on health and societal behaviour was evident, with 70.2% of respondents acknowledging adverse effects. This aligns with the WHO (2021) reports highlighting the physical, psychological, and social consequences of substance abuse among adolescents. The findings also corroborate studies by Edewor (2020) and Oluwafemi *et al.* (2022), which documented detrimental effects on mental health, academic performance, and social functioning. These results reinforce the need for holistic interventions that address both preventive and rehabilitative aspects of substance abuse.

Comparatively, the findings reveal both convergence and divergence with existing literature. While the high prevalence of marijuana and tramadol use and the role of peer pressure reflect national trends (Adeyemi *et al.*, 2023; Nnamdi, 2020), the pronounced impact of stress as a motivation for substance use in Amai may be particularly reflective of rural socio-economic and psychosocial conditions, highlighting the necessity of context-specific intervention strategies (Ayoade, 2023; Eze & Uche, 2022). Additionally, while urban studies often cite academic pressures as a key motivator for drug use (Smith *et al.*, 2021), rural youths in Amai appear more influenced by unemployment and lack of recreational outlets, emphasizing the need for employment-focused and community-centered interventions (Emordi, 2022; Chikwe & Aniekwe, 2021).

Viz a viz, the study confirms that drug abuse among youths in Amai is multifactorial, influenced by peer pressure, emotional stress, unemployment, and social environment. The findings are consistent with existing theoretical and empirical literature but also provide novel insight into the unique rural dynamics that exacerbate substance abuse. These results underscore the urgent need for multi-level interventions, including community education, youth empowerment programs, psychosocial support, and regulation of harmful substances, to mitigate the adverse health and social consequences of drug abuse among rural youths.

Discussions

The present study examined the prevalence, types, motivations, and contributing factors of drug abuse among youths in Amai community, Delta State, Nigeria. The findings revealed a high prevalence of drug abuse, with substances such as marijuana and tramadol being the most commonly used. This aligns with previous research that highlights the widespread misuse of these substances among Nigerian youths (Adeyemi *et al.*, 2023; Fapohunda, 2021). The predominance of marijuana and tramadol is particularly concerning due to their documented adverse effects on both physical and mental health, as well as social and academic outcomes (Edewor, 2020; González *et al.*, 2023).

Peer pressure emerged as the primary motivation for drug use, corroborating the findings of Omoigberale *et al.* (2024), who identified peer influence as a critical determinant of adolescent substance abuse. Similarly, unemployment and economic hardship were identified as significant contributing factors, echoing Emordi's (2022) findings that socio-economic deprivation in rural Nigerian communities often drives youth toward substance use as a coping mechanism. These results further support the General Strain Theory, which posits that strain or stressors, including economic and social pressures, increase the likelihood of delinquent behaviour such as drug use (Agnew, 1992).

Interestingly, the study also revealed a nuanced interplay between cultural norms and drug use behaviors. While some community norms discourage substance use, others inadvertently normalize or tolerate certain practices, such as recreational marijuana use among youths, which reflects the findings of Eze and Ibeh (2021). This duality contrasts with studies in urban Nigerian contexts, where stricter social oversight and awareness campaigns may reduce the social acceptability of drug use (Adeyemi *et al.*, 2023; John & Uwaje, 2021). Thus, interventions in

rural areas like Amai must be culturally sensitive and consider local perceptions that may influence youth behaviors.

The role of family dynamics also surfaced as an important factor. Consistent with prior research (Chukwuemeka & Johnson, 2021; Eze *et al.*, 2022), the study found that weak family supervision, broken family structures, and lack of parental engagement exacerbate susceptibility to drug abuse. In contrast, families that provide close monitoring and support appear to mitigate drug use risk, highlighting the critical protective function of family involvement in rural youth development.

The findings underscore the urgent need for multi-pronged interventions. Education campaigns led by nurses and community leaders are essential for raising awareness about the dangers of drug abuse (González *et al.*, 2023; Pérez & Gálvez, 2020). Additionally, rehabilitation and counseling services tailored to youths, coupled with employment and skill acquisition programs, are likely to reduce the economic pressures that drive substance use (Chikwe & Aniekwe, 2021; Emordi, 2022). Comparatively, while urban areas may benefit from greater access to rehabilitation facilities, rural communities like Amai require localized initiatives that integrate healthcare, education, and community leadership for maximum effectiveness (Babalola & Ekanem, 2022; Ndubuisi & Okeke, 2022).

The present study also contributes to the literature by emphasizing the importance of trust-building between healthcare providers, especially nurses, and youth populations. Nurses' roles in screening, counselling, and referral services are consistent with global recommendations for adolescent substance use interventions (M. *et al.*, 2021; Knight *et al.*, 2002). Unlike some urban settings, where anonymity and professional services may suffice, rural interventions must leverage the relational dynamics of the community, engaging religious leaders, educators, and family heads to reinforce behavioural change and reduce stigma (Babalola & Ekanem, 2022; Ayoade, 2023).

Overall, the findings confirm that youth drug abuse in rural Nigeria is a complex phenomenon influenced by peer pressure, economic factors, family dynamics, and cultural norms. While the prevalence mirrors trends observed in other rural communities (Ighedo, 2023; Nwosu & Ogbuabor, 2020), the specific motivations and socio-cultural context of Amai highlight the need for targeted, culturally appropriate interventions. The study supports the integration of healthcare-led education, community engagement, and socio-economic empowerment programs to reduce the incidence and consequences of drug abuse among youths in rural settings.

Summary

This study explored drug abuse among youths in Amai community, examining its prevalence, types of substances used, contributing factors, motivations, and impacts on health and academic performance. Utilizing a descriptive survey of 171 youths, the demographic profile revealed that the majority of the respondents were young adults aged 20–24 years, predominantly male, and mostly unmarried. Findings indicate a high prevalence of drug abuse, with 65.5% of respondents acknowledging its pervasiveness among local youths. The high prevalence of drug abuse was largely influenced by peer pressure, unemployment, and the accessibility of substances such as

marijuana and tramadol. Marijuana and tramadol were the most commonly abused substances, reflecting both illicit and prescription drug use patterns consistent with national trends (Adeyemi et al., 2023; Nnamdi, 2020).

Emotional stress, the pursuit of pleasure, peer influence, and curiosity emerged as the primary motivations for substance use. In contrast, peer pressure and unemployment were identified as the most significant contributing factors. Statistical analysis confirmed a significant relationship between peer pressure and drug abuse ($\chi^2 = 42.39$, $p < .05$), highlighting the critical influence of social networks on youth behaviour. Respondents also acknowledged that drug abuse adversely affects both health and societal behaviour, corroborating previous research on the multifaceted consequences of substance abuse among adolescents and young adults (WHO, 2021; Edewor, 2020; Oluwafemi et al., 2022).

Overall, the findings demonstrate that a complex interplay of psychosocial, economic, and environmental factors influences drug abuse among youths in Amai. While the patterns align with broader national trends, unique rural challenges, including high unemployment, limited recreational opportunities, and community-specific stressors, exacerbate vulnerability to substance use. The results underscore the urgent need for health education, rehabilitation services, employment opportunities, and stricter regulation of harmful drugs. Therefore, drug abuse among youths in Amai is predominantly driven by peer influence, unemployment, and the easy availability of illicit substances. The consequences are profound, affecting physical, mental, and social health, as well as academic outcomes. Addressing this issue requires coordinated efforts from families, community leaders, healthcare professionals, and policymakers.

Recommendations

Based on the study findings, the following recommendations are proposed to mitigate drug abuse among youths in Amai:

Youth Empowerment and Employment Initiatives: Governments and non-governmental organizations should implement vocational training, skill acquisition programs, and employment opportunities to reduce idleness and economic vulnerability among youths, addressing one of the key drivers of substance abuse (Emordi, 2022; Chikwe & Aniekwe, 2021).

School and Community-Based Drug Education Programs: Schools, religious institutions, and community centers should organize regular sensitization campaigns on the dangers of substance abuse. Interactive workshops, peer mentorship programs, and awareness drives can help equip youths with the knowledge and skills to resist peer pressure (Ndubuisi & Okeke, 2022; Omoigberale et al., 2024).

Establishment of Youth-Focused Counselling and Rehabilitation Centers: Accessible counseling services and rehabilitation centers led by trained healthcare professionals, particularly nurses, should be developed to support youths struggling with substance abuse. Programs should integrate psychosocial support, stress management, and aftercare services (Pérez & Gálvez, 2020; Ibrahim & Salawu, 2022).

Stricter Regulation of Harmful Substances: Authorities should intensify monitoring and control over the sale and distribution of drugs such as tramadol and marijuana. Policy advocacy and

enforcement should involve community leaders, schools, and healthcare providers to ensure compliance (NDLEA, 2023; Adeyemi *et al.*, 2023).

Parental and Community Involvement: Parents should actively monitor their children's behaviors and peer networks while fostering open communication about substance use. Community stakeholders, including religious and traditional leaders, should support youth engagement programs to create a protective social environment (Okon *et al.*, 2023; Eze *et al.*, 2022).

Study implications

The following Implications are essential for practice:

Health Education: Nurses should take a leading role in organizing and sustaining drug education initiatives within schools and community settings to raise awareness about the dangers of substance abuse.

Counselling and Rehabilitation: There is a critical need to establish youth-centered counseling and rehabilitation services, managed and guided by trained nursing professionals.

Policy Advocacy: Nurses should actively advocate for stronger regulations governing the sale and distribution of harmful substances, particularly in rural areas.

Study Limitations

The research was confined to the Amai community, which limits the generalizability of findings to other rural or urban contexts. Additionally, the sensitive nature of the topic may have led to response bias, with some participants providing socially desirable answers rather than fully accurate responses.

Suggestions for further research

Comparative studies between rural and urban populations, longitudinal studies tracking drug abuse trends, and research on the psychological impact of substance use are recommended to guide evidence-based interventions and policy development (Smith *et al.*, 2021; Pinedo, 2022).

Authors contribution

The design of the study, including the data management and writing of the article, was done as a collaborative effort from all authors involved in the study. NO, IK and OD made substantial contributions to the conception and drafting of the manuscript, and discussion of findings. OB, OG and RO made a vital contribution to the design, including revision of the manuscript. TO and BS played a key role in data collection, analysis, interpretation while IK and GO reviewed the manuscript. All authors have read and approved the revised manuscript for submission

No Patient or Public Contribution

There is no general public input or suggestions considered during its execution.

Declaration of Interest

The study has no conflict of interest.

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Data Availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

References

1. Adams, S., Johnson, M., & Peters, L. (2019). The socio-economic determinants of substance abuse in Nigeria. *African Journal of Health Studies*, 34(2), 123–136.
2. Adeyemi, A. T., Oluwafemi, J. B., & Chukwuemeka, D. A. (2023). Substance abuse among Nigerian youth: Prevalence, causes, and consequences. *Journal of Public Health Research*, 12(2), 34–46.
3. Adeyemi, M. A., Salisu, J., & Bassey, E. T. (2023). Community response to drug abuse in Nigeria: An epidemiological perspective. *Nigerian Journal of Public Health*, 12(2), 45–59.
4. Agnew, R. (1992). Foundation for a general strain theory of crime and delinquency. *Criminology*, 30(1), 47–87.
5. American Nurses Association. (2021). *Nursing advocacy and public policy*. Retrieved from <https://www.nursingworld.org>
6. American Psychiatric Association. (2021). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: APA.
7. Akinola, M. O., & Oladokun, A. S. (2021). Substance abuse and mental health challenges among Nigerian youth. *Journal of Substance Use and Addiction Research*, 26(3), 56–67. <https://doi.org/10.1016/j.jsuar.2021.03.004>
8. Ayoade, O. A. (2023). Socio-economic determinants of drug abuse in rural Nigeria. *African Journal of Drug Policy*, 15(2), 134–148. <https://doi.org/10.1093/ajdp.2023.15.2>
9. Babalola, A. O., & Ekanem, E. (2022). The role of community engagement in drug abuse prevention in Southern Nigeria. *Journal of Public Health in Africa*, 13(1), 102–115.
10. Bandura, A. (1977). *Social learning theory*. Prentice Hall.
11. Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
12. Centers for Disease Control and Prevention. (2023). *Youth risk behavior surveillance—United States, 2021. Morbidity and Mortality Weekly Report*, 72(1), 1–112.
13. Chikwe, I. O., & Aniekwe, J. U. (2021). Youth empowerment as a strategy for combating drug abuse. *Delta State Policy and Development Journal*, 8(4), 22–35.
14. Chukwuemeka, D. A., & Johnson, O. E. (2021). Family dynamics and substance use among adolescents in Nigeria. *Nigerian Journal of Health Research*, 8(3), 89–99.
15. Edewor, S. O. (2020). The psychological impacts of tramadol addiction on Nigerian youth. *Nigerian Journal of Clinical Psychology*, 19(2), 78–89.
16. Efeotor, M. N., & Akpore, A. A. (2021). The prevalence of drug abuse among university students in Delta State. *Journal of Social Research*, 12(3), 101–118.
17. Ejiro, K. E. (2023). Family-based interventions for drug abuse prevention in rural communities. *African Journal of Health Sciences*, 27(4), 55–70.

18. Emordi, E. C. (2022). Exploring the link between unemployment and drug abuse among Nigerian youth. *International Journal of Development Studies*, 14(3), 89–105.
19. Eze, J. C., & Uche, S. A. (2022). Consequences of drug abuse on secondary school students in Nsukwa community, Delta State. *Dutale Journal of Education*, 14(2), 112–123.
20. Eze, J. U., & Ibeh, C. N. (2021). Cultural norms and youth substance abuse in rural Nigeria. *African Journal of Social Science*, 9(3), 81–95.
21. Eze, N., Ugochukwu, C., & Amaechi, J. (2022). Family structure and drug use among adolescents in Nigeria. *Journal of Child Development and Mental Health*, 45(3), 201–214.
22. Fapohunda, O. T. (2021). Peer influence and substance abuse in Nigerian secondary schools. *Journal of Adolescent Health Research*, 17(2), 36–50.
23. Federal Ministry of Health. (2021). *National drug control master plan 2021–2025*. Abuja, Nigeria: FMH Press.
24. Global Commission on Drug Policy. (2022). *The impact of drug policies on youth in developing nations*. Geneva: GCDP.
25. González, A., Marquez, A., & De la Cruz, L. (2023). The biopsychosocial model of drug abuse: A systematic review. *Substance Use & Misuse*, 58(7), 931–947.
26. Ibrahim, A. M., & Salawu, K. (2022). Rehabilitation of drug-dependent youth: A case study from Northern Nigeria. *Journal of Addiction Studies in Africa*, 11(2), 29–44.
27. Igbokwe, V. U., Opara, F. I., & Osayomi, T. (2020). Social factors influencing drug abuse among adolescents in Nigeria. *Journal of Substance Use*, 25(4), 425–431.
28. Ighedo, U. F. (2023). Patterns and consequences of drug abuse among youth in Delta State, Nigeria. *Nigerian Journal of Applied Psychology*, 22(1), 77–91.
29. John, S. I., & Uwaje, C. (2021). The social burden of drug abuse in rural Nigeria: Case study of Ukwuani LGA. *Journal of Rural Sociology*, 13(1), 145–162.
30. Knight, J. R., Wechsler, H., & Kuo, M. (2002). The CRAFFT: A new brief screening test for adolescent substance abuse. *Archives of Pediatrics & Adolescent Medicine*, 156(6), 607–614.
31. M., Phillips, E. S., & Williams, R. (2021). The role of nurses in addressing substance use disorders in adolescents. *Journal of Pediatric Nursing*, 57, 96–101.
32. Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). Guilford Press.
33. National Institute on Drug Abuse. (2022). *Drug abuse and addiction*. Retrieved from <https://www.drugabuse.gov>
34. National Bureau of Statistics. (2022). *Youth unemployment and its impact on social vices in Nigeria*. Abuja, Nigeria: NBS Publications.
35. National Drug Law Enforcement Agency. (2022). *Annual drug report*. Abuja, Nigeria: NDLEA.
36. National Drug Law Enforcement Agency. (2023). *Drug trafficking and abuse in Nigeria: Annual report 2023*. Abuja, Nigeria: NDLEA.
37. National Drug Use Survey. (2020). *Drug use in Nigeria: Trends and patterns*. Abuja, Nigeria: UNODC.
38. National Institute on Alcohol Abuse and Alcoholism. (2022). *Alcohol use among youth*. Retrieved from <https://www.niaaa.nih.gov>
39. Ndubuisi, A. E., & Okeke, B. I. (2022). The role of schools in preventing drug abuse among adolescents. *African Educational Review*, 19(3), 301–315.
40. Nnamdi, T. K. (2020). Cannabis use among rural youth: Trends and intervention strategies. *Journal of Cannabis Research*, 5(3), 72–88.
41. Nwosu, M. O., & Ogbuabor, D. C. (2020). Psychosocial determinants of drug abuse among Nigerian adolescents. *International Journal of Social Health*, 18(1), 23–35.
42. Okafor, C. E., Musa, L., & Balogun, A. (2021). Social consequences of drug abuse in Nigeria: A case study approach. *Journal of African Social Issues*, 8(4), 112–120.
43. Okafor, E., Obinna, A., & Musa, Y. (2023). Addressing peer pressure and its impact on drug addiction. *Nigerian Journal of Public Health*, 56(1), 32–41.
44. Okon, U. A., Udoh, S. I., & Ndu, A. N. (2023). Family dynamics and adolescent substance abuse: Implications for nursing practice. *International Journal of Nursing Science*, 10(3), 125–132.
45. Oluwafemi, A. T., Ogunleye, K., & Adebayo, R. (2022). Health effects of substance abuse on Nigerian youth. *Journal of Medical and Allied Research*, 11(3), 102–110.
46. Oluwafemi, J. B., & Adewale, R. F. (2022). Patterns of substance abuse among adolescents in West Africa. *African Journal of Health Studies*, 15(4), 56–72.
47. Omoigberale, A. I., Edogbo, R., & Ajayi, A. M. (2024). The role of peer pressure in adolescent substance abuse: A review of current literature. *Journal of Substance Use*, 29(1), 48–54.

48. Pérez, C., & Gálvez, A. (2020). The role of nurses in the multidisciplinary management of drug abuse in adolescents. *Journal of Addictive Nursing*, 31(2), 89–95.
49. Pinedo, L. (2022). Long-term effects of adolescent drug use. *International Journal of Adolescent Medicine and Health*. Retrieved from <https://www.ijamh.org>
50. Smith, P., Volkow, N. D., & Johnson, A. R. (2021). Trends in adolescent drug use: A global perspective. *Substance Use & Misuse*, 56(1), 14–27.
51. Substance Abuse and Mental Health Services Administration. (2022). *Preventing substance use among adolescents: A guide for professionals*. Retrieved from <https://www.samhsa.gov>
52. United Nations Office on Drugs and Crime (UNODC). (2021). *World drug report 2021*. Vienna: UNODC.
53. United Nations Office on Drugs and Crime (UNODC). (2022). *World Drug Report 2022*. Vienna: UNODC.
54. United Nations Office on Drugs and Crime (UNODC). (2022). *Nigeria drug abuse survey 2022: Highlights and implications*. Vienna: UNODC.
55. Volkow, N. D., Jones, E. B., & Brown, J. A. (2022). The rise of synthetic drugs: Implications for youth health. *Journal of Adolescent Health*, 70(6), 1012–1019.
56. WHO Regional Office for Africa. (2023). *Youth and substance abuse: Regional perspectives and solutions*. Brazzaville: WHO.
57. World Health Organization. (2018). *Global status report on alcohol and health 2018*. Geneva: WHO.
58. World Health Organization. (2021a). *Adolescent substance use: Causes, consequences, and preventive measures*. Geneva: WHO.
59. World Health Organization. (2021b). *Global report on substance abuse and mental health: Key findings for 2021*. Geneva: WHO.
60. Yusuf, A. B., & Akinbami, J. O. (2021). Socioeconomic drivers of substance abuse in Nigeria: A systematic review. *African Journal of Social Sciences*, 15(4), 199–215.
61. Zainab, L. M., & Onyema, E. (2023). Gender dynamics in substance abuse in Delta State, Nigeria. *Journal of Gender and Health*, 9(2), 12–28.
62. Zobam, C. O. (2023). The cultural dimensions of drug abuse in the Niger Delta. *International Journal of Culture and Health*, 16(3), 88–104.
63. Zubair, M., & Adeola, O. (2022). A review of drug rehabilitation practices in Nigeria. *Journal of Substance Use and Recovery*, 18(1), 45–60.