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Pattern of Drug Use Among Adolescents In Selected Secondary Schools In Ibadan North Local Government Area, Ibadan Oyo State Nigeria

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Abstract: *Health risk behaviour remains high among adolescent. One of the most common, and most dangerous, of adolescents' risky behaviours is using illicit drugs. Many studies have reported use of different illicit drugs among adolescents. Hence, thepresent study wanted to assess the pattern of drug use among in-school adolescents. This study assessed the following variables: knowledge of adolescents on drug use, age of the first drug use; drug/substances used; pattern of drug use and possible factors influencing adolescents' involvement in drug use.*

Methods: *This was a cross-sectional descriptive study and two secondary schools were randomly selected from Ibadan North local government area of Oyo State. Nigeria. One Hundred (100) students were conveniently selected in their first, second and third year of senior secondary school level. A self-administered questionnaire was used to obtain data from the respondents and data were analyzed using SPSS.version 20.*

Results: *The mean age of the respondents was 15 yrs.SD (1.93). Majority of the respondents were female (62.0%)while their male counterpart was 38.0%. Respondents are predominately Yoruba (68.0%) and those whose parents are married were 79%, while those with single parents were 14% and those with divorced/separated parents 7%. Respondents' knowledge on drug/substance use was high 75%. However, respondents' awareness of consequences of drug/substance use on academic performance, risky sexual behaviour, crime and poor academic performance was poor. Of the 100 respondents, 71(71%) claimed to have being involved in drug us, age at initiation was 11-13yrs with first drug experience being un-prescribed analgesic (20%),Alcohol (5.0%), Marijuana (3%), Cocaine (3%) and cigarrete (2%) respectively. Only 25%of respondents are current drug user and most commonly abused drug were analgesics, alcohol, cigarrete and marijuana.*

Conclusions:
Adolescents are not fully aware of the consequences of drug/substance use.Hence, a school-based anti-drug programmes should be organized for the adolescents. Also, review of school curriculum to include teaching on drug use will be a potent tool to empower adolescents with adequate knowledge on drug use.

Keywords: *Adolescents, Drug-use, Pattern of drug use*.

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I. Introduction

Adolescence is a time when many young people express their autonomy by taking risks.Risk-taking is a normal and positive development on the path to adulthood, but it also carries potential danger. Health risk behaviour remains high among adolescent (World Health Organization, 2014). One of the most common, and most dangerous, of adolescents' risky behaviours is using illicit drugs. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or psychotherapeutic medications not taken under a health provider's supervision **(**Murphy, Barry, Vaughn, Guzman&Terzian, 2013). The study of adolescents' development presents many challenges as adolescence is a period marked by intense physical, psycho-social, and cognitive changes (Millstein & Halpern-Felsher, 2002),in this process they are extremely dependent on friends from their own age group and thus vulnerable to the pressure that the peer group can exert. The combination of so many changes, occurring simultaneously, further increases adolescent risks as they are particularly vulnerable to frustration, to feelings that they do not control their lives and to depression, to feeling helpless and hopeless(Cardia,2011).

The teenage years are a critical window of vulnerability to substance use disorders, because the brain is still developing and malleable (a property known as neuroplasticity), and some brain areas are less mature than others. The parts of the brain that process feelings of reward and pain are crucial drivers of drug use and the first to mature during childhood. What remains incompletely developed during the teen years are the prefrontal cortex and its connections to other brain regions. The prefrontal cortex is responsible for assessing situations,

making sound decisions, and controlling our emotions and impulses; typically this circuitry is not mature until a person is in his or her mid-20s (National Institute of Drug Abuse, 2014).

Abusing of drugs like tobacco, alcohol, and illegal and prescription drugs, most likely began during adolescence and young adulthood.By the time they are seniors, almost 70 percent of high school students will have tried alcohol while half will have taken an illegal drug (National Institute on Drug Abuse, 2014)

There are many reasons adolescents use these substances, including the desire for new experiences, an attempt to deal with problems or perform better in school, and simple peer pressure. Adolescents are "biologically wired" to seek new experiences and take risks, as well as to carve out their own identity. Trying drugs may fulfil all of these normal developmental drives, but in an unhealthy way that can have very serious long-term consequence (Nation Institute of drug abuse, 2014). Drug use can be part of a pattern of risky behaviour including unsafe sex, driving while intoxicated, or other hazardous, unsupervised activities. And in cases when a teen does develop a pattern of repeated use, it can pose serious social and health risks, including: school failure, problems with family and other relationships, loss of interest in normal healthy activities, impaired memory, increased risk of contracting an infectious disease (like HIV or hepatitis C) via risky sexual behaviour or sharing contaminated injection equipment, mental health problem including substance use disorders of varying severity, the very real risk of overdose death (National Institute of Drug Abuse, 2014).

Knowledge of Adolescents on Drug Use

Knowledge is said to be power, to use any drug correctly, a basic knowledge about drug is required. Among adolescents the primary factors that seem to affect increased or decreased drug use are perceived risk, perceived social approval and perceived availability (CRC Health, 2015).

In a study done among adolescents in high school at Indian, respondents' knowledge of harmfulness of substance use was very high. Inspite, adolescent take up the habit of using illegal drugs (Tseng, Pal, Dasgupta,2010). However, knowledge on substance use was reported to varied between groups of adolescents and was compatible with age and school year (Aihyas, Zaibi, Elarabi, El-kashef& Wanigaratine,2015)

In Nigeria, the story is not in any way different. Although majority in this current study claimed to be aware of what drug use entails, poor knowledge of the consequences of drug use has been found out among adolescents. In a similar study among undergraduate students in Lagos, Nigeria, 86.5% claimed they were aware of drug abuse but contrarily they demonstrate poor knowledge and awareness of the consequences(Oshikoya& Allia,2006).Similarly, study on knowledge of health effect and substance use among students in tertiary institution in Southwestern Nigeria, reported significant relationship between knowledge of health effect with respect to physical,social and psychological health attitude(Awosusi& Adegboyega,2013). Likewise, Atoyebi (2013) reported high respondents' knowledge of what inappropriate use of substances means with percentage ranging from 67.7% to 82.8%. However, less than half of them were aware of the excessive use of kola nut as stimulant (42.2%) or unregulated use of medical drugs without prescription by a qualified medical practitioner (42.5%).

Therefore, adolescent's knowledge on drug use have influence to either increase or decrease their involvement in drug/substance use, thereby decreasing the aftermath consequence on adolescents mental, psychological and physical health.

Types and patterns of drug use

Adolescents use a wide range of drugs either illicit drugs or not medically prescribed drug. Most of the adolescents tend to be initiated with the use of alcohol and cigarrete before proceeding to other illicit drugs. The use of alcohol and drugs is prevalent among adolescents (Skogen, Sivertsen, Lundervold, Stomark, Jakoben& Hysing,2014). However, adolescents use a wide range of illicit drugs some newly developed, some "rediscovered." Moreover, some adolescents use multiple illicit drugs, either concurrently or over the course of their adolescent years. There are additional difficulties associated with collecting data on adolescents' illicit drug use.

In Nigeria, the most common types of abused drugs according to NAFDAC (2000) as cited byFareo (2012) are categorized as follows: -

1. Stimulants: These are substances that directly act and stimulate the central nervous system. Users at the initial stage experience pleasant effects such as energy increase. The major source of these comes from caffeine substance. In a study carried out among young people in Ife, Nigeria, there was high frequency of psychotropic drug use among the students with caffeine being the most widely used substance (Afolabi et, al,2012)

2. Hallucinogens; these are drugs that alter the sensory processing unit in the brain. Thus, producing distorted perception, feeling of anxiety and euphoria, sadness and inner joy, they normally come from marijuana, LSD etc. Marijuana is by far the most commonly used illicit drug among adolescents (Skogen, et, al,2014).

3. Narcotics: These drugs relieve pains, induce sleeping and they are addictive. They are found in heroin, codeine, opium etc. The most commonly abused substance among in- school adolescents in South-western Nigeria was Analgesic, this was reported in a study by Atoyebi (2013) where most of the respondents approve of the unregulated use of analgesics (73.1%)
4. Sedatives: These drugs are among the most widely used and abused. This is largely due tothe belief that they relieve stress and anxiety, and some of them induce sleep, ease tension,cause relaxation or help users to forget their problems. They are sourced from valium,alcohol, promethazine, chloroform.
5. Miscellaneous: This is a group of volatile solvents or inhalants that provide euphoria,emotional disinhibition and perpetual distortion of thought to the user. The main sourcesare glues, spot removers, tube repair, perfumes, chemicals etc.
6. Tranquilizers: They are believed to produce calmness without bringing drowsiness; theyare chiefly derived from Librium, Valiumetc.Other illicit drugs**.**Among the illicit drugs that are used less commonly by students are cocaine, heroin, methamphetamine, and steroids (Murphey, Barry, Vaughn, Guzman, Terzian, 2013).

Risk Factors and Risk Conditions for Adolescent Substance Use

Many factors influence whether an adolescent tries drugs, including the availability of drugs within the neighbourhood, community, and school and whether the adolescent's friends are using them. The family environment is also important: Violence, physical or emotional abuse, mental illness, or drug use in the household increase the likelihood an adolescent will use drugs. Finally, an adolescent's inherited genetic vulnerability; personality traits like poor impulse control or a high need for excitement; mental health conditions such as depression, anxiety, and beliefs such as those drugs are "cool" or harmless make it more likely that an adolescent will use drugs. National Institute of Drug Abuse 2014)

Scholars have identified several factors that help young people make healthy lifestyle choice, resist drugs and alcohol and other risky behaviour. At the individual level, youth who have high self-esteem, positive and resilient temperament are more likely to engage in healthy behaviours (Centres of Disease Control and Prevention,2012). If, otherwise, these parameters are not available, it may increase the chance of adolescent drug and alcohol use. The family is the first socializing agent for a child, therefore teenagers tends to reproduce what they learned from their parent, home contribute to the dreadful behaviour of the teenagers. For, instance familial factors like poor parent-child communication, low parental monitoring (e.g. parents are unaware of youth's whereabouts), and a lack of family support can contribute to adolescent risky behaviour (Moses, Lakoyi& Falola,2012).

Poverty is also a major risk factor for youth substance use; multiple problems for children living in poverty may include parental absence (working, incarcerated or separated), irritable and depressed parents or caretakers, lack of money for social or educational opportunities, and, in extreme cases, homelessness, combined with lack of food, clothing and medical care.

Risk factors for substance abuse overlap with those for delinquency and other problem behaviours (i.e., conduct disorders, antisocial behaviour, high-risk sexual behaviour and academic failure). Situations which produce troubled children usually involve a complex and interrelated set of problems. Parents' lack of ability to adequately care for and attend to their children may relate to a variety of factors. Dare, Harnett and Frye (2012) found family dysfunction and maternal depression to be the most important determinants of poor outcomes for children. Urbanization per se may not be a causal factor, but certain urban neighbourhoods, particularly those labelled "inner-city" or disadvantaged, with few social or economic opportunities, low standards of housing, recreation and service facilities, and a concentration of unemployed, drug and alcohol abusing, uneducated, and psychiatrically ill residents contribute to family problems.

Parents in these types of situations or environments likely suffer enormous stressors, and may lack the required energy, skills and resources to adequately parent their children, to enable them to achieve academically and to form healthy social relationships and positive expectations for the future. Children may suffer from low self-esteem, lack of academic achievement, isolation and lack of positive interrelationships. Parents may neglect their children, not providing a sense of belonging or meaningfulness in life, or maintaining healthy family routines such as meals, hygiene, health habits, or giving them the intellectual and emotional support, relationship and supervision they need to grow, mature and belong. They may abuse their children (physically, emotionally, sexually), out of uncontrolled or misdirected anger, or by forcing their children to meet the parents' unfulfilled needs (parent-child reversal).

Indiscriminate use of drugs continues to be a major problem among the adolescent and youth which pose danger to their health. However, many adolescent engaged in abuse of drugs either ignorantly or willingly which in turn implicate their health status and functioning.

This study was therefore carried out to identify the pattern of drug use among adolescents in selected secondary schools in Ibadan north local government area,Oyo state Nigeria.

II. Methodology

Research design

The descriptive cross-sectional study was undertaken among adolescents in selected secondary schools in Ibadan North Local Government Area. Oyo state Nigeria.

Study population

The study population were one hundreds (100) adolescents from Two (2) secondary schools in Ibadan north local government, Oyo state, Nigeria.

Research setting

The research settings were Abadina secondary school, U.I Ibadan and Emmanuel College Ibadan both in Oyo state, Nigeria.

Sampling technique

Convenient sampling method was used. Participants were purposefully selected from randomly selected secondary in Ibadan north local government area.

Ethical consideration

Letter of introduction was collected from the department of Nursing and was submitted to the principal of each school. Verbal consent from the Principals of the schools selected for the study was alsoreceived. The students were informed about this study and verbal informed consent was given by the respondents.

Instrument for data collection

The study tools consisted of a self-developed questionnaire to record the child's socio-demographic knowledge on drug use/substance abuse and pattern of drug use among the respondents (self-reported).Section A consist of seven items, Section B consist of four items, Section C consist of six items and Section D consist of seven items.

Validity of instrument

The instrument was tested through face validity and was also given to expert for content validity.

Data analysis

Data collected was analysed by spss for windows version 20. frequency and percentage of the data were analysed.

III. Result

Table 1: Demographic Characteristics of the Respondents N=100

Variable	Response	Frequency	Percentage (%)
Age groups (yrs)	10 – 14	46	46.0
	15 – 19	48	48.0
	20	1	1.0
	Missing	5	5.0
Gender	Female	62	62.0
	Male	38	38.0
Class	SS 1	38	38.0
	SS 2	43	43.0
	SS 3	19	19.0
Tribe	Yoruba	68	68.0
	Hausa	2	2.0
	Igbo	22	22.0
	Others	8	8.0
Religion	Christianity	59	59.0
	Islam	38	38.0
	Others	3	3.0
Parent marital status	Married	79	79.0
	Divorced/separated	7	7.0
	Single parent	14	14.0
Type of family	Monogamous	81	81.0
	Polygamous	19	19.0

The mean age of the respondents was 15yrs, SD (1.93). There were more female (62.0%) than male (38.0%). 43.0% of the respondents were in SS1, 38.0% while 43% were in SS2 and 19.0% in SS3. The respondents were predominantly Yoruba (68.0%) and Christians (59.0%). Respondents whose parents are

married were 79%, while those with divorced/separated parents were 7% and those with single parents were 14%. Majority of the respondents are from Monogamous family (81%)

Table 2: Respondent's Knowledge on Drug Use/Substance Abuse

Statement	Response	Frequency (%)
Drug use is defined as the use of chemical substances and un recommended medical drugs that lead to an increased risk of problem and inability to control the use	Correct Incorrect	74 (74.0) 26 (26.0)
Includes use of legal and illegal drugs	Yes No	81 (81.0) 19 (19.0)

Commonly abused drugs	Frequency (%)	
	YES	NO
Analgesic	9 (9.0)	91 (91.0)
Alcohol	51 (51.0)	49 (49.0)
Sedatives	6 (6.0)	94 (94.0)
Cigarette	27 (27.0)	73 (73.0)
Marijuana	21 (21.0)	79 (79.0)
Cocaine	39 (39.0)	61 (61.0)
CONSEQUENCES OF DRUG USE		
Psychiatry disorder	25	75
Risky sexual behaviour	25	75
Violence	41	59
Delinquency and crime	22	78
Poor Academic performance	27	73

Table 2: shows that respondent's knowledge on definition drug abuse and what its entails was high (75.0%) and 81.0% respectively. However, there is poor awareness on the consequences of drug use on risky sexual behaviour, delinquency and crime, poor academic performance respectively

PATTERN OF DRUG USE

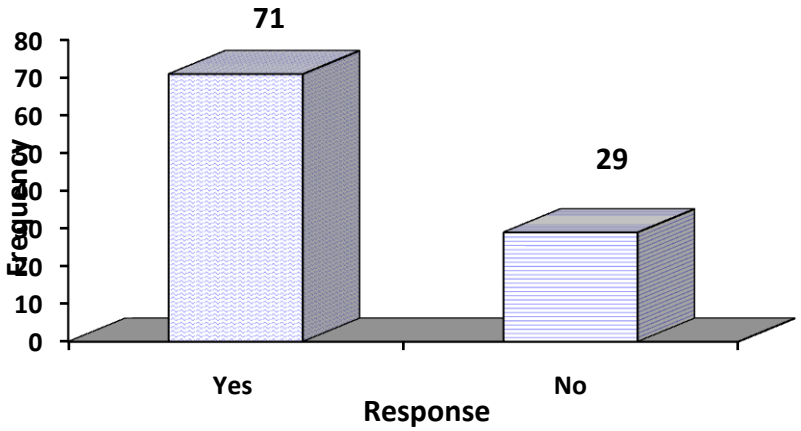

Figure 1: Have ever use drug?

Figure 1 shows that 71.0% of the respondents agreed on using of drugs while 29.0% did not.

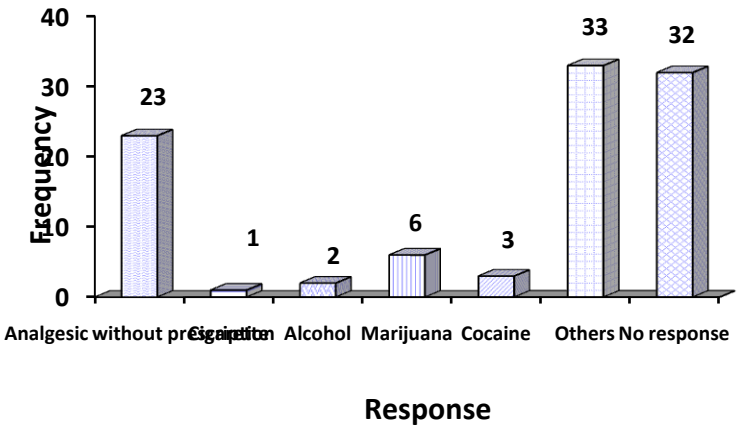

Figure 2: Types of drugs

Fig 2, shows that most drug ever used by respondents prescribed analgesic 23%

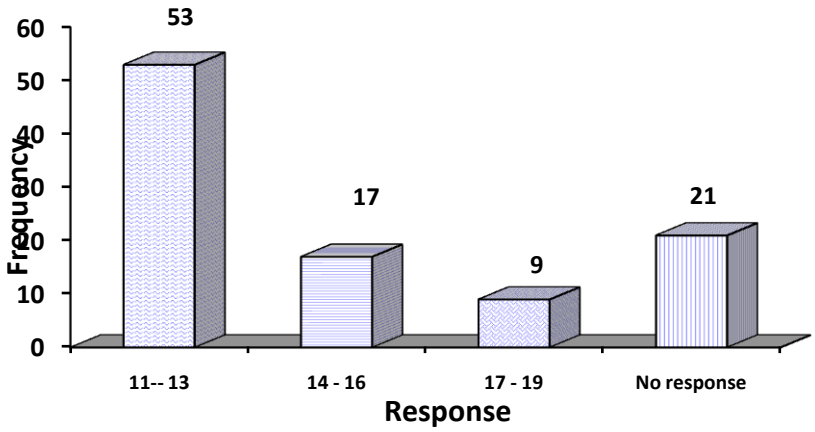

Figure 3: Age of start using of drug

Fig 3, shows the age range between 11-13yrs was the highest period of initiation of drug use

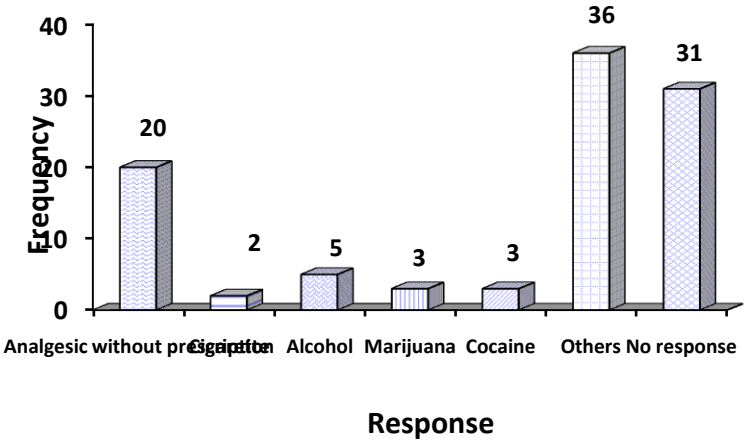

FIG 4; First drug experience

Drugs first initiated by respondents was unprescribed analgesic(20%), followed by alcohol (5%)andmarijuana (3%) respectively

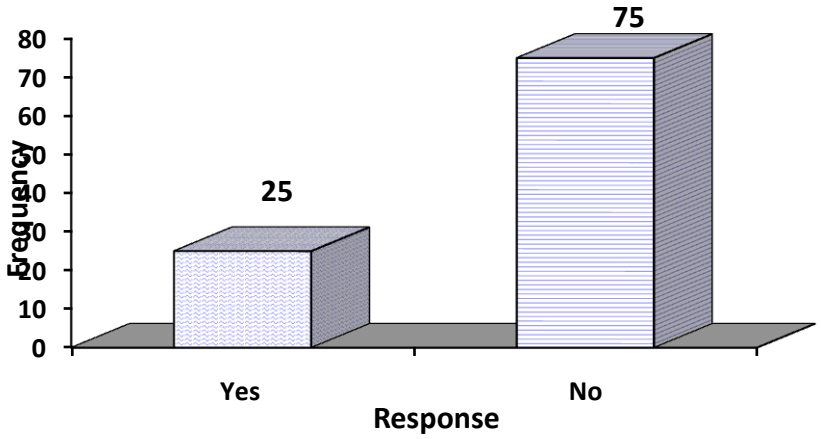

Fig 5: Are you currently taking drugs?

Fig 5 shows only 25% 0f respondents are currently taking drugs

Table 3:Response to Factors influencing drug use

Variable	Frequency (%)		
	Agree	Disagree	Undecided
Ignorance	61 (61.0)	32 (32.0)	7 (7.0)
Peer influence	63(63.0)	30(32.0)	7(7.0)
Drug availability in the neighbourhood or school	51(51.0)	37(37.0)	12(12.0)
Boredom or loneliness	44(44.0)	43(43.0)	13(13.0)
To treat physical ailment	59(59.0)	28(28.0)	13(13.0)
Curiosity	46(46.0)	37(37.0)	17(17.0)
Lack of parental supervision	54(54.0)	27(27.0)	19(19.0)

Table 3 reveals that 61.0% of the respondents agreed that ignorance is a factor influencing drug use, 32.0% disagreed while 7.0% were undecided. 63.0% of the respondents. 63.0% of respondents claimed that Peer influence drug use.

IV. Discussion

This is a descriptive cross sectional study that assessed the pattern of drug useamong adolescent in selected secondary schoolin Ibadan North local government, in Nigeria. The mean age of the respondents was 15yrs, SD (1.93). There were more female (62.0%) than male (38. 0%).This is contrary to pattern of Nigeria demographic profile (2014) which indicated higher population of male adolescents to female adolescents.43.0% of the respondents were in SS1, 38.0% while 43% were in SS2 and 19.0% in SS3. The respondents were predominantly Yoruba (68.0%) and Christians (59.0%) respectively. Respondents whose parents are married were 79%, while those with divorced/separated parents were 7% and those with single parents were 14%. This agree with Atoyebi (2013) study on Pattern of Substance Abuse among Senior Secondary School Students in a Southwestern Nigerian who also reported higher percentage of respondents from married parents (81.4%)

Majority of the respondents in this current study are from Monogamous family (81%).This is supported by Adenike(2013) in her study among students in Nigeria, reported higher percentage of students from monogamous family among the respondents. This implies that most respondents are from nuclear family where undivided attention is expected to be given to the teenagers. However, theserespondents have been involved in drug use. This is contrary to Adeoti, (2010) who reported that children from polygamous families are more likely to engage in drug use.

The adolescents have a good knowledge on what drug /substance abuse entails (75%).However, respondents' demonstrated low awareness on the consequence of drug use. This is similar to result done in the country on perception of drug abuse amongst Nigeria undergraduate, reported 86.5% of the study participants claimed they were aware of drug abuse but contrarily they demonstrated poor knowledge of awareness(Oshikoya&Alli,2006) However, this is contrary to Tseng, Pal & Dasqupta (2010) study in India that reported high level of students' knowledge on the harmfulness of substance use. This implies that, since there is no properawareness onimpact/consequences of drug use among the respondents, therefore knowledge on drug use is not adequate. The knowledge and involvement in substances abuse (unprescribed analgesic, cigarrete, alcohol and marijuana) in this study revealed that respondents were involved in substance listed above. It corroborates Oshodi, Aina, &Onajola, (2010) who reported prevalence rate (85.7%) of substance use among students.

This study revealed unprescribed analgesic as the most drug used among past user and current drug use. This agrees withis some studies that documented high prevalence of use of analgesic among secondary school students(Atoyebi,2013) &(Cajetan,Ignatius &Chinagoron,2015).The explain the fact that adolescents are more active and tends to have more pain complaints, including menstrual pain in teenage girls.

The adolescents initiate the use of drug at age between 11-13yrs.It corroborates National institute on Drug (Abuse 2014), abuse of drugs begins in adolescent and young adulthood.However, the age of initiation was quite different in Eniojukan & Chichi (2014) study,which documented drug initiation at 10-17yrs (62.2%).Analgesic, alcohol and marijuana are the sequence of drug imitation among the study respondents. It agrees with Skogen et al, 9 2014) which state that most adolescents tend to be initiated with the use of alcohol, cigarrete before proceeding to other illicit drugs. Factor influencing use of drug were assessed, ignorance(61%) peer pressure(63%) ,lack of parental supervision (54.0%) and Drug availability in the neighbourhood or school(51%) respectively influenced adolescents drug use in this study. This agrees with observation of study carried out by Catherine (2014) that adolescent in South-South Nigeria have access to cigarette which indirectly contribute to their involvement in smoking. Also, lack of family support can contribute to adolescent risky behaviour(Moses,2012).

V. Conclusion

Adolescents are not fully aware of the consequences of drug/substance use. Hence, a school-based anti-drug programmes should be organized for the adolescents.Review of curriculum to include teaching on drug use will be a potent tool to empower adolescents with knowledge on importance of abstinence from drug use and use mass media approaches to drug prevention e.g. jingles on radio and television, drama, talk shows quiz, role play etc. will be of great value to reduce incidence of drug use among adolescents.

Recommendations

- A school based anti-drug programme should be organised in all schools
- There should be a secondary school curriculum review to include teaching on drugs use and its consequences
- There should be public awareness on drug use and its consequences using mass media to reach the general population as a whole.

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