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RESEARCH ARTICLE

Factors Associated with Drug and Substance Use Among Youths in Abule-Oja, Lagos, Nigeria: A Descriptive Cross-Sectional Survey

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ABSTRACT

Background: Substance use among young people is an important public health concern because it may affect health, education, employment, relationships, and community wellbeing. Early initiation is associated with greater risk of later substance-related problems. **Objective:** To describe reported factors associated with drug and substance use among youths in Abule-Oja, Lagos, Nigeria, and to describe selected social, legal, and health-related effects reported by participants. **Methods:** A descriptive cross-sectional survey was conducted in Abule-Oja between February and April 2023. Of 234 individuals who participated in the initial study process, 120 reported no drug/substance use and were therefore not included in the analysis. The final analytical sample comprised 114 respondents who reported drug/substance use. Participants were aged 15-35 years. Data were collected using the same structured self-administered questionnaire in electronic and paper formats. Some participants completed the questionnaire individually, while others completed it in small groups of approximately three to five participants. Responses were collated and reviewed for eligibility, completeness, and validity. Descriptive statistics were used. **Results:** Among 114 respondents, 74 (64.9%) were male, and 40 (35.1%) were female. The largest age group was 25-29 years (33.3%), and 47.4% were university students. Fifty-two percent reported initiating drug use between 15 and 24 years. Friends were the most frequently reported factor associated with drug use (47.4%), followed by poverty (11.4%) and depression (9.6%). Tramadol was the most frequently reported substance category (36.0%), followed by cannabis (29.8%) and alcohol (13.2%). A total of 61.4% reported use of more than one drug, 84.2% reported that substances were sold close to where they lived, and 88.6% reported that drug use was common in their community. **Conclusion:** Peer influence, socioeconomic circumstances, emotional factors, family exposure, and perceived community availability were commonly reported in this study. The findings support prevention, early identification, health education, and access to appropriate support services. Because the study was cross-sectional and descriptive, the reported relationships should not be interpreted as causal.

Keywords: Drug Use; Substance Use, Youths, Adolescents, Peer Influence, Tramadol, Cannabis, Lagos, Nigeria, Public Health

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INTRODUCTION

Substance use is an important public health and social concern affecting individuals, families and communities. Adolescence and young adulthood are periods during which patterns of behavior, including substance use, may become established. Early initiation of substance use is associated with increased risk of dependence and other health and social problems later in life[1,2].

In Nigeria, substance-use patterns vary across populations and settings. National and regional evidence indicates substantial use of alcohol and other psychoactive substances, with cannabis and pharmaceutical opioids among substances of concern[3,4]. Peer networks, availability of substances, socioeconomic circumstances, and emotional difficulties have been identified as relevant influences in the broader literature[2,4,5].

The present study was undertaken in Abule-Oja, Lagos, in response to concerns about substance use among young people in the community. It describes reported factors associated with substance use, substances reportedly used, age at initiation, community and family exposure, selected social and health-related effects, and help-seeking. The study is descriptive and does not attempt to establish causal relationships.

MATERIALS AND METHODS

Study design and setting

A descriptive cross-sectional survey was conducted in Abule-Oja, Lagos, Nigeria, between February and April 2023.

Study population and participant selection

The study population comprised individuals aged 15-35 years residing in Nigeria who participated in the study process. A total of 234 individuals participated in the initial study process. Of these, 120 respondents reported no drug/substance use and were not included in the analysis because the study specifically examined factors associated with drug/substance use among users. The final analytical sample therefore comprised 114 respondents who reported drug/substance use.

Sampling

The source study describes the use of cluster and random sampling to identify participants in the study area. Because the available study record does not document the number of clusters, the exact randomization procedure, or a formal sample-size calculation, these details are not reconstructed or invented in this manuscript. The sampling limitations are acknowledged below.

Data collection instrument and procedure

Data were collected using a structured self-administered questionnaire presented in English. The questionnaire addressed sociodemographic characteristics, age at initiation, reported factors associated with substance use, substances reportedly used, multiple-substance use, family and community exposure, selected social and legal effects, medical challenges, and help-seeking.

The same core questionnaire was administered using two modes. Some participants completed an electronic version through Google Forms, whereas others completed a paper version manually. Some participants completed the questionnaire individually, while others completed it in small groups of approximately three to five participants. Group administration was used only to facilitate questionnaire completion; responses were recorded separately for each participant. Participants were informed of the purpose of the study and questionnaire requirements, and clarification was provided where necessary without directing participants toward particular answers.

After collection, electronic and paper responses were collated into a single dataset. Each response was reviewed against the study eligibility requirements and checked for completeness and validity. Responses judged invalid or not meeting the stated eligibility criteria were not included in the final analytical dataset. Valid responses were analyzed together regardless of the mode through which they were submitted.

Ethical considerations

Participants were informed about the purpose of the study and the questionnaire before participation, and informed consent was obtained. The questionnaire did not collect personally identifying information. The available study record does not contain the name of an approving ethics committee or an approval/reference number. This information must be confirmed from the original study documentation before submission to a journal requiring formal ethics documentation, particularly because participants included individuals aged 15-17 years.

Data analysis

Data were summarized using descriptive statistics, including frequencies, percentages, means and standard deviations, as appropriate. No inferential statistical analysis was reported. Percentages are presented to one decimal place where applicable.

RESULTS

Sociodemographic characteristics

The final sample comprised 114 respondents: 74 (64.9%) males and 40 (35.1%) females. In Table 1, the largest age category was 25-29 years (38; 33.3%). Most respondents were university students (54; 47.4%), and 68 (59.6%) were employed.

Table 1: Sociodemographic characteristics

Characteristic	Category	n	Percentage (%)
Sex	Male	74	64.9
	Female	40	35.1
Age	15-19	12	10.6
	20-24	30	26.3
	25-29	38	33.3
	30 and above	34	29.8
Ethnicity	Yoruba	58	50.8
	Igbo	28	24.6
	Other	28	24.6
Marital status	Single	77	67.5
	Married	25	21.9
	Separated	10	8.8
	Divorced	2	1.8
Family structure	Monogamy	66	57.8
	Polygamy	35	30.7
	Separated	5	4.4
	Divorced	6	5.3
	Deceased	2	1.8
Religion	Christian	80	70.2
	Muslim	33	28.9
	Other	1	0.9
Family size	<4	48	42.1
	⩾4	66	57.9
Employment	Employed	68	59.6
	Unemployed	46	40.4
Education	Secondary	29	25.4
	Tertiary	27	23.7
	University	54	47.4
	Other	4	3.5

Table 2: Respondents' age at initiation and reported associated factors

Project	n	Percentage (%)
Age at initiation		
15-24 years		52.0
⩾25 years		48.0
Reported factor		
Friends	54	47.4
Poverty	13	11.4
Depression	11	9.6
To get high	6	5.3
Family	3	2.6
Other	27	23.7

AGE AT INITIATION AND REPORTED ASSOCIATED FACTORS

Fifty-two percent of respondents reported initiating drug use between 15 and 24 years, while 48% reported initiation at 25 years or older (Table 2).

Substances reportedly used and community exposure

Questionnaire wording note: The introductory questionnaire text stated that alcoholic beverages were excluded from the preceding 12-month definition, while "Alcohol" was also provided as a response option for the substance-use question.

In Table 3, tramadol was the most frequently reported substance category (36.0%), followed by cannabis (29.8%) and alcohol (13.2%). The questionnaire included an "Other" response category; 21.0% of respondents selected this category.

Table 3: Substances reportedly used

Substance category	Percentage (%)
Tramadol	36.0
Cannabis	29.8
Alcohol	13.2
Other	21.0

Overall, 61.4% of respondents reported using more than one drug. A total of 84.2% reported that substances were sold close to where they lived, and 88.6% reported that drug use was common in their community.

Family exposure and indicators reported by participants

A total of 53.5% of participants reported that a member of their family was a drug user. Among the family members specifically reported in the source data, brothers accounted for 28.1%, uncles 15.8%, aunts 11.4%, and fathers 10.5%. Table 4 shows the participants' thoughts on their drug usage.

Table 4: Respondents' thoughts on their drug usage

Question	Yes (%)	No (%)	Maybe (%)
Can you get through the week without using drugs?	31.5	51.8	16.7
Are you always able to stop using drugs when you want to?	45.6	54.4	0.0
Do you ever feel bad or guilty about your drug use?	21.1	55.3	23.7

These questionnaire items are presented as self-reported experiences only. They were not used to establish a clinical diagnosis of substance use disorder because the source study does not report use of a validated diagnostic instrument.

REASONS FOR CONTINUED USE AND REPORTED EFFECTS

Table 5 shows the participants' reasons for continued use and reported effects

Table 5: Participants' reasons for continued use and reported effects

Reason	n	Percentage (%)
Euphoria and happiness	38	33.3
Feeling of being high	31	27.2
Enhancing fearlessness	19	16.7
Other	26	22.8
Reported effect	**Yes (%)**	**No (%)**
Problems with spouse/parents	51.3	48.7
Lost friends	26.3	73.7
Neglected family	18.4	81.6
Trouble at work	13.2	86.8
Lost a job	13.2	86.8
Fights while under influence	46.5	53.5
Illegal activity to obtain drugs	22.8	77.2
Arrested for possession	14.0	86.0
Measure	**Yes (%)**	**No (%)**
Withdrawal symptoms	51.8	48.2
Medical problems	51.8	48.2
Sought help	27.2	72.8
Treatment program	21.9	78.1

DISCUSSION

In this descriptive survey, friends were the most frequently reported factor associated with substance use (47.4%). This finding is consistent with evidence that peer social networks can be important in the initiation and continuation of adolescent substance use[5]. Because the present study is cross-sectional and based on self-report, the finding should be interpreted as a reported association rather than evidence that peer influence caused substance use.

More than half of respondents reported initiating use between 15 and 24 years. This finding supports the importance of prevention and early intervention during adolescence and early adulthood. The World Health Organization (WHO) identifies early substance use as a concern because it is associated with later health and social risks[1,2,6].

Tramadol was the most frequently reported substance category in this study, followed by cannabis and alcohol. This pattern is relevant to the Nigerian context, where national and regional evidence has documented substantial use of alcohol, cannabis, and pharmaceutical opioids, although prevalence estimates vary by population and study design[3,4]. The present findings should not be interpreted as a prevalence estimate for Lagos or Nigeria as a whole.

Community availability was also frequently reported: 84.2% said substances were sold close to where they lived and 88.6% said drug use was common in their community. These findings suggest that prevention strategies should consider the broader social environment in addition to individual behavior. Family exposure was reported by more than half of participants, further supporting the relevance of family and social contexts.

A substantial proportion of respondents reported social and health-related problems, including problems involving spouses or parents, fights while under the influence, withdrawal symptoms, and medical problems. However, relatively few reported seeking help or participating in treatment programs. These findings may indicate a gap between substance-related problems and engagement with support services, although the study design does not permit conclusions about the causes of that gap.

Strengths and limitations

The study provides locally relevant descriptive information and covers initiation, reported associated factors, substances used, community availability, family exposure, social effects, medical challenges, and help-seeking. The use of both electronic and paper questionnaires allowed data collection through more than one access route.

Several limitations should be considered. First, the cross-sectional design prevents determination of temporal or causal relationships. Second, self-reported substance use may be affected by recall and social-desirability bias. Third, the available study record does not contain sufficient detail about the cluster/random sampling procedure or a formal sample-size calculation to allow full reproduction of the sampling process. Fourth, the final sample was limited to respondents meeting the study criteria and should not be considered nationally representative. Fifth, the questionnaire was not a validated diagnostic instrument and therefore cannot establish a clinical diagnosis of substance use disorder. Finally, formal ethics approval documentation must be confirmed from the original study records before submission.

CONCLUSION

Among respondents in this descriptive survey, friends were the most frequently reported factor associated with drug and substance use, and initiation was commonly reported during the 15-24-year age range. Tramadol, cannabis, and alcohol were the leading reported substance

categories. The study also identified multiple-substance use, perceived community availability, family exposure, social consequences, medical problems, and limited help-seeking. These findings support prevention and early-intervention approaches that address peer, family, community, and socioeconomic contexts while improving access to appropriate support and treatment.

RECOMMENDATIONS

1. Strengthen evidence-based substance-use prevention education in schools, universities and community settings.

2. Develop peer-focused prevention programs that address social pressure and strengthen young people's decision-making and coping skills.

3. Strengthen community awareness and early-identification initiatives, particularly in settings where participants report easy access to substances.

4. Improve access to confidential, non-judgmental counseling, treatment and rehabilitation services.

5. Encourage collaboration among public-health agencies, educational institutions, community organizations and relevant government agencies.

6. Future studies should use larger and more representative samples, validated instruments and appropriate inferential analyses to examine factors associated with substance use.

DECLARATION

About the Author

Taiwo Ramota Oduwoga holds a BSc in Pharmacology from the University of Lagos, Nigeria, and an MPH in Public Health from Sechenov University, Moscow, Russia. Her research interests include public health and community health.

Author Contributions

Taiwo Ramota Oduwoga conceptualized the study, conducted the data analysis, and prepared the manuscript; Omotayo Michael Oduwoga, Taiwo Sarah Oduwoga, Kehinde Michael Oduwoga, and Idowu Rachael Oduwoga contributed to data collection.

All authors reviewed and approved the final manuscript.

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Ethics Approval and Consent to Participate

Informed consent was obtained from participants before participation, and the study purpose and questionnaire requirements were explained before completion of the questionnaire. The questionnaire did not collect personally identifying information. The available study record does not contain a named ethics committee or approval/reference number. This statement must be updated from the original study documentation before submission if ethics approval or exemption was obtained.

Data Availability Statement

The study data were collected using the study questionnaire. A de-identified dataset is not publicly posted. Data access, if requested, will be considered subject to participant-consent conditions and applicable journal requirements.

Conflict of Interest

The authors declare no conflict of interest.

AI-Generated Content Declaration

The authors declare that no artificial intelligence tools were used to generate the research findings, data, analysis, or substantive content of this manuscript.

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