
Research

Awareness of the Consequences of Psychoactive Substance Abuse Among Secondary School Students in South-Eastern Nigeria, Nigeria.

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Abstract: Background, Psychoactive substance abuse among adolescents is a growing public health concern in Nigeria. This study investigated the awareness of consequences, attitudes, and the relationship between awareness and substance abuse among secondary school students in Owerre-Ebeiri, Orlu, Imo State, in Nigeria.

Objective: This study examined the awareness of the consequences of psychoactive substance abuse among secondary school students in Owerre-Ebeiri, Orlu, Imo State.

Methods: A descriptive correlational research design was adopted for the study. The population consisted of senior secondary school students (SS1–SS3), and a sample size of 226 respondents was obtained using Yamane's formula. Data were collected using a structured questionnaire titled 'Awareness of the Consequences of Psychoactive Substance Abuse among Secondary School Students (ACPSAASS)'. Reliability testing produced a Cronbach's alpha coefficient of 0.72, indicating acceptable internal consistency. Data were analyzed using descriptive statistics and chi-square analysis.

Result: Findings revealed that students demonstrated a high level of awareness of psychoactive substances and their consequences. However, despite this awareness, some students reported experimenting with substances due to curiosity, peer pressure, and stress. The chi-square test indicated a significant relationship between awareness and substance abuse ($\chi^2 = 394.837$, $p < 0.05$).

Conclusion: The study concludes that awareness alone may not be sufficient to prevent substance abuse among adolescents. Strengthening school-based education, parental guidance, and community awareness programs is recommended.

Keywords: Psychoactive substances, substance abuse, awareness, adolescents, secondary school students, Nigeria.

1. INTRODUCTION

Psychoactive substance use among adolescents has become a major public health concern globally and in Nigeria. Adolescence is a developmental stage characterised by experimentation, identity formation, and susceptibility to peer influence. These factors make adolescents vulnerable to engaging in risky behaviours such as substance use. Psychoactive substances are chemical substances that affect the central nervous system and alter perception, mood, cognition, and behaviour. Early research into psychoactive substance use among adolescents has predominantly focused on understanding causal factors, such as peer influence, familial environments, and socio-economic pressures. For instance, studies like Branković et al. (2013) revealed curiosity as a leading driver for substance experimentation among secondary school students, accounting for over 50% of reported cases (Branković et al., 2013). Similarly, Anene et al. (2023) found a significant correlation between substance use and disruptive behaviour among secondary school students (Anene et al., 2023). However, despite identifying these links, existing studies often leave unresolved questions regarding the role of awareness and attitude in preventive action, particularly within Nigeria's unique cultural and educational contexts. In recent years, the increasing prevalence of psychoactive substance abuse among secondary school students has raised concerns among educators, healthcare professionals, and policymakers. Although many adolescents are aware of the harmful consequences of substance abuse, the practice continues to persist, suggesting a gap between awareness and behaviour. Recent studies across various Nigerian states indicate that awareness of psychoactive substances among secondary school students is generally high, with reported awareness rates often exceeding 85%. Despite this high awareness, the actual prevalence of use varies, with lifetime prevalence rates ranging from 8% to over 46% depending on the region and substance in question (Ndupu et al., 2025). Alcohol remains the most commonly abused substance, followed by tramadol, codeine-containing cough syrups, marijuana, and caffeine products (Okwuikpo et al., 2020).

Students typically gain information about psychoactive substances from peers, schools, mass media, and family members (Shuaibu et al., 2020). Peer pressure, family influence, curiosity, and the desire to relieve stress or enhance social confidence are frequently cited as drivers of substance use. Socio-demographic factors such as male gender, older age, lower socioeconomic status, and attendance at public schools are

associated with higher rates of substance use (Egbuonu et al., 2018). Substance abuse is an intricate behaviour seen to be most prevalent amongst young people across the world. This study assessed the awareness and attitude towards substance abuse among students from selected secondary schools within Sapele, Delta State, Nigeria. A cross-sectional study design was utilised among 315 students who gave informed consent. A well-structured questionnaire was used to collect data for the study from participants. Data were presented as simple percentages using descriptive statistics. The mean age of the respondents was 16.95 ± 0.09 SEM. A prevalence of substance abuse was 19.4%, which was seen more with males than with females. About 13.97% of the students had taken alcohol, 10.79% had taken tramadol, and 3.81% had taken rohypnol. School and mass media were the main sources of information on drug abuse, while peer pressure was the most predisposing influence towards substance abuse. Depression and its use as a confidence booster were the main reasons given for the substance use. Adolescent substance use and abuse remain an ongoing challenge with a prevalence rate of 19.4% in this study. The study emphasises the need for implementing drug abuse information and education in schools' curricula (Umuokoro et al., 2023).

While many students demonstrate good knowledge of the immediate effects of psychoactive substances, understanding of long-term health consequences is often limited. Attitudes toward substance use are generally negative, with most students recognising the risks and expressing disapproval of abuse. However, positive attitudes and good knowledge do not always translate into lower prevalence, as substance use persists due to environmental and social factors.

The persistence of psychoactive substance use among secondary school students, despite high awareness and generally negative attitudes, underscores the need for comprehensive, school-based prevention and education programmes. Interventions should address not only knowledge gaps but also the social and environmental factors that facilitate substance use, such as peer and family influences. Incorporating psychoactive substance education into school curricula and engaging parents and communities are recommended strategies to mitigate this growing challenge (Usman et al., 2021). Psychoactive substance use among adolescents is a deeply entrenched issue with historical roots that reflect the evolving complexities of public health narratives. Globally, attempts to curb substance abuse have long centred on punitive measures and institutional reforms, yet the emergence of psychoactive substances continues to outpace preventative frameworks.

In Nigeria, social and demographic transformations-urbanisation, economic instability, and shifts in cultural dynamics-have further exacerbated the vulnerability of secondary school students to substance use. The historical prioritisation of disciplinary approaches over education-based interventions has inadvertently overshadowed the critical role of awareness and attitudes in shaping behavioural outcomes.

Seminal studies on adolescent psychoactive substance use have primarily explored its prevalence, drivers, and impacts within varied socio-cultural contexts. Early research by Branković et al. (2013) emphasised peer influence and curiosity as primary catalysts for substance experimentation, revealing gaps in awareness about long-term health consequences (Branković et al., 2013). In the Nigerian context, Anene et al. (2023) identified strong correlations between substance use and academic disruption, yet their findings were limited to quantitative analyses, leaving attitudes and deeper psychosocial factors underexplored (Anene et al., 2023). Furthermore, Akinola et al. (2023) highlighted the influence of cultural and professional biases in shaping intervention strategies but did not address how these dynamics impact adolescent awareness (Akinola et al., 2023). Recent advancements in psychoactive substance research have increasingly shed light on the interplay between awareness, attitudes, and behavioural patterns among adolescents. For instance, studies like Ndupu et al. (2025) have documented high levels of substance awareness, with over 85% of secondary school students in Nigeria recognising the risks associated with drugs such as alcohol, tramadol, and marijuana (Ndupu et al., 2025). Despite such awareness, the prevalence of use remains alarmingly high, indicating that knowledge alone may not be sufficient to deter substance use behaviours. Complementary research by Shuaibu et al. (2020) revealed that sources of information, including peer networks, family environments, and media exposure, play a pivotal role in shaping adolescent attitudes (Shuaibu et al., 2020). However, these studies often overlook the contextual nuances of local communities, such as Owerre-Ebeiri, where unique socio-cultural and economic factors may further complicate intervention efforts. Despite high levels of awareness and recognition of the dangers associated with psychoactive substances, studies suggest that attitudes toward substance use among adolescents are shaped by complex socio-environmental factors, which can counteract preventative measures. For example, findings by Umuokoro et al. (2023) revealed contradictory dynamics wherein negative attitudes and good knowledge about the harmful effects of substances coexist with persistent usage patterns (Umuokoro et al., 2023). This paradox

highlights the deep-rooted influence of peer pressure, family environments, and broader socio-cultural drivers on adolescent behaviour. Furthermore, while studies such as Egbuonu et al. (2018) have established strong links between higher substance use prevalence and socio-demographic factors, including gender, age, and socioeconomic status, they often fail to address how these intersect with localised community perceptions (Egbuonu et al., 2018). The persistence of substance use despite wide-ranging awareness campaigns underscores a critical need for targeted interventions that go beyond general education to address attitudes shaped by immediate relational and environmental contexts. Local studies on psychoactive substance use among adolescents have consistently demonstrated the importance of addressing both individual and community-level factors in preventative strategies. For instance, evidence from Usman et al. (2021) advocates for the integration of psychoactive substance education into secondary school curricula, emphasising the role of formal knowledge dissemination in curbing substance use among students (Usman et al., 2021). However, the study stops short of investigating how such interventions align with the socio-cultural values, attitudes, or awareness of students in specific regions, such as Imo State. Similarly, findings from Okwuikpo et al. (2020) highlight the prevalence of alcohol and tramadol abuse among Nigerian adolescents, yet offer limited insights into the interactions between societal drivers like economic pressures or family dynamics and students' attitudes (Okwuikpo et al., 2020). These gaps suggest the need for localised inquiry into how contextual realities specific to communities like Owerre-Ebeiri can shape awareness and attitudes, offering an entry point for designing interventions that not only educate but also resonate culturally and socially.

Statement of the Problem

Within Imo State, there are troubling anecdotal and media reports indicating a rising trend in substance abuse among youths, including secondary school students. However, a significant gap exists in localised, evidence-based research. Owerre-Ebeiri, a community in Orlu, Imo State, is not immune to this national scourge. There is a conspicuous absence of empirical data specifically investigating the dynamics of psychoactive substance use among the adolescent population within this locality. This lack of data creates a critical blind spot for educators, parents, healthcare providers, and policymakers in Owerre-Ebeiri, hindering the development of targeted and effective prevention and intervention strategies. The core of this problem is twofold, centring on awareness and attitudes. First, the level and accuracy of awareness among students are unknown. While students may have heard of

certain drugs, the depth of their knowledge regarding the specific health, social, and legal consequences, the spectrum of psychoactive substances, and the mechanisms of addiction remains unmeasured. Misinformation or superficial awareness may inadvertently downplay risks, making students more susceptible to experimentation. Understanding what they know and, crucially, where they get their information (peers, social media, family, school) is fundamental.

Specific Objectives

The following objective guides this study:

1. To assess the level of awareness of psychoactive substance abuse among secondary school students in Owerre-Ebeiri.
2. To examine the prevailing attitudes of students toward the abuse of psychoactive substances.
3. To determine the relationship between students' level of awareness toward psychoactive substance abuse.
4. To identify the consequences associated with psychoactive substance abuse among community secondary students in Oweire-Ebeire.

Research Questions

1. What is the level of awareness of psychoactive substance abuse among senior secondary school students in Owerre-Ebeiri?
2. What are the prevailing attitudes of students towards the abuse of psychoactive substances among senior secondary school students?
3. What is the relationship between students' level of awareness towards psychoactive substance abuse in Community Secondary School Owerre-Ebeire?
4. What are the consequences associated with psychoactive substance abuse among community secondary students in Oweire-Ebeire?

Significance of the Study

This study on the awareness and attitudes towards psychoactive substances among secondary school students in Owerre-Ebeiri, Orlu, Imo State, holds significant value for multiple stakeholders in public health, education, and community development.

1. For Educational Policy and School Administration: The findings will provide concrete, localised data to guide the review and design of school-based health education curricula and substance abuse prevention programmes. It will enable school principals and guidance counsellors to tailor interventions such as seminars, peer educator training, and

counselling services to address specific knowledge gaps and negative attitudes identified among their students, making prevention efforts more targeted and effective.

2. For Public Health and Healthcare Practitioners: The study will generate an essential epidemiological baseline for the community. It will help public health officials in Orlu LGA and Imo State understand the risk and protective factors prevalent among adolescents, allowing for better planning and resource allocation. For healthcare workers, insights into common misconceptions and attitudes will improve patient communication and the design of youth-friendly counselling messages for early intervention.

3. For Parents and Community Leaders: The results will serve as an evidence-based tool to raise parental and community awareness about the realities of substance use threats facing their youth. It can catalyse community dialogue, inform parent-teacher association (PTA) initiatives, and encourage more open communication within families about the risks of substance abuse, moving from speculation to informed action.

Scope of the Study

This study is confined to investigating the awareness and attitudes concerning psychoactive substances among male and female senior secondary school students (SS1 to SS3) aged 16-19 years.

SS1 A= 50 B=50 C=50 D=50 Total :200

SS2 A= 35 B=35 C=30 D= 20 Total 120

SS3 A= 50 B=50 C=50 D=50= 200

Total=520

Within the community of Owerre-Ebeiri, in Orlu Local Government Area of Imo State, Nigeria, the geographical scope is deliberately localised to Owerre-Ebeiri community. While substance use among adolescents is a national concern, its drivers and manifestations are often influenced by specific socio-cultural, economic, and community factors. By focusing on Owerre-Ebeiri, this research aims to generate highly contextual data that reflects the unique realities of this community, avoiding the generalisations that can arise from broader regional studies. The findings are therefore intended to be primarily applicable to Owerre-Ebeiri, with potential inferences for similar semi-urban and rural communities in Southeastern Nigeria, but not for major metropolitan centres like Lagos or Port Harcourt, where dynamics may differ significantly.

2. LITERATURE REVIEW

Previous studies have reported increasing trends in psychoactive substance use among adolescents. Common substances used include alcohol, tobacco, cannabis, and prescription medications. Researchers have identified several factors influencing substance abuse among adolescents, including peer pressure, curiosity, family environment, stress, and socio-economic factors.

Despite growing awareness campaigns and educational programmes, substance use among adolescents remains a challenge in many communities. Studies have also shown that misconceptions about addiction and the belief that individuals can easily stop using substances contribute to continued experimentation among young people.

Definition of Psychoactive Substances

A psychoactive substance is any chemical that influences the central nervous system, altering mental function or emotional state. This includes substances that stimulate, depress, or otherwise modify brain activity, leading to changes in consciousness, mood, or behaviour (Adil et al., 2024).

Types of Psychoactive Substances

Psychoactive substances are commonly classified into several broad categories based on their effects and chemical properties:

Category	Examples (including tobacco)	Main Effects
Stimulants	Tobacco (nicotine), caffeine, cocaine, amphetamines	Increase alertness, energy, heart rate
Depressants	Alcohol, sedative-hypnotics, opioids	Slow down brain function, induce relaxation or sleep
Cannabis	Marijuana, hashish	Alters perception, mood, and cognition
Hallucinogens	LSD, psilocybin, mescaline	Cause hallucinations, altered reality
Inhalants	Nitrous oxide, solvents	Produce short-term euphoria, dizziness

New Psychoactive Substances (NPS)	Synthetic cannabinoids, synthetic stimulants	Mimic effects of traditional drugs, often unpredictable
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Prevalence and Trends of Psychoactive Substance Use Among Adolescents

Psychoactive substance use among adolescents is a significant and evolving public health concern worldwide. Patterns of use, types of substances, and associated risk factors vary by region, age, and social context.

Prevalence of Psychoactive Substance Use

Global and Regional Prevalence: Lifetime experimentation rates can be very high, with some studies reporting up to 91% of adolescents in Cameroon having tried a psychoactive substance, and current use rates ranging from 22% to over 40% in various African, Middle Eastern, and European settings (Kingsley et al., 2024)

Most Common Substances: Alcohol is consistently the most used substance among adolescents, followed by tobacco/nicotine, cannabis, and, in some regions, khat or caffeine. Illicit drug use (e.g., cannabis, amphetamines, tramadol) is less common but rising in some areas (Ejikem et al., 2023)

Halladay et al. (2020) stated that polysubstance use in many adolescents involves more than one substance, with patterns including alcohol plus tobacco or cannabis, and a smaller group engaging in high-risk, early-onset multiple substance use.

Trends Over Time

Increasing or Stable Use: Some regions, such as Tunisia, have seen significant increases in cigarette, alcohol, and cannabis use among adolescents from 2013 to 2021 (Zribi et al., 2023). In contrast, other areas report stable or even declining trends in tobacco and alcohol use, possibly influenced by public health interventions or the COVID-19 pandemic (Dias et al., 2025).

Early Initiation: Adolescents are starting to use substances at younger ages, with initiation often occurring in early adolescence (sometimes as young as 13; Sullivan et al., 2023)

Gender and Age Differences: Males and older adolescents are generally more likely to use psychoactive substances than females and younger peers (Baslam et al., 2025).

Risk and Protective Factors

Peer Influence: Having friends who use substances is the strongest predictor of adolescent use, increasing the likelihood by up to 17-33 times in some studies (Abdi et al., 2023).

Family Factors: Parental substance use, lower parental education, and lack of emotional support are associated with higher adolescent use (Abdi et al., 2023).

Other Factors: Substance availability, curiosity, stress, and poor relationships with family or teachers also contribute to higher use.

Protective factors, such as parental supervision, religious involvement, and strong family relationships, reduce the risk of substance use (Olashore et al., 2022).

3. THEORETICAL FRAMEWORK

The Social Learning Theory by Albert Bandura (1977)

This study is anchored in Social Learning Theory proposed by Albert Bandura. The theory explains that individuals learn behaviours by observing and imitating others within their environment. Adolescents may therefore adopt substance use behaviours observed among peers, family members, or media influences.

Albert Bandura is credited with discovering and formally establishing Social Learning Theory. His seminal work was published in 1977 with his book *Social Learning Theory*, which consolidated years of prior research.

Development and Concepts of the Theory

Bandura's theory emerged as a response to the limitations of the behaviourist perspectives that dominated psychology in the mid-20th century, which focused primarily on direct reinforcement and punishment. His famous Bobo doll experiments (conducted in the early 1960s) provided crucial evidence. These studies demonstrated that children could learn novel aggressive behaviours simply by observing an adult model, without any direct reinforcement for their own actions.

This led to the core idea of observational learning (or modelling), where learning occurs through:

1. Attention: To the model's behaviour.
2. Retention: Remembering what was observed.
3. Reproduction: Having the ability to replicate the action.
4. Motivation: Having a reason to imitate (which can include vicarious reinforcement, seeing the model rewarded).

- **Social Learning Theory:** This theory, touched upon in the literature (Idowu, 2018), suggests that adolescents learn behaviours by observing and imitating others, particularly peers and family members. Studies in Nigeria show a strong link between peer influence and substance use. For instance, research found that students whose friends, roommates, or brothers use substances were significantly more likely to use them themselves (Agwuocha, 2021). This directly supports the application of Social Learning Theory to the study in Owerre-Ebeiri.

Application of the Theory

This theory is directly applicable to the study of psychoactive substances among students in Owerre-Ebeiri.

- **Observational Learning:** How students learn about substance use by observing peers, older siblings, or media figures.
- **Vicarious Reinforcement:** If seeing others gain social approval or perceived benefits from use increases the likelihood of imitation.
- **Models:** Identifying who the major behavioural models are in the students' environment (e.g., popular peers, family members).
- **Defining and Measuring "Awareness" and "Attitude":** these terms can be operationalised based on this study.
 - **Awareness:** This can be measured by assessing students' knowledge of specific substances (e.g., alcohol, tramadol, cannabis) and their health consequences (Ogochukwu, 2022). The study can also investigate their awareness of formal education on the subject, as one study found significantly higher substance abuse among students who had not received any formal lectures at school (Idowu, 2018).
 - **Attitude:** This refers to students' approval or disapproval of substance use. One study categorised attitude based on responses to statements using a Likert scale (Idowu, 2018). The survey will include similar items to gauge whether students view substance use as acceptable for enhancing academic performance, managing stress, or socialising.

4. METHODOLOGY

The study adopted a descriptive correlational research design to examine the relationship between awareness of psychoactive substances and substance abuse among secondary school students.

Study Area: The study was conducted in Owerre-Ebeiri, Orlu Local Government Area of Imo State, Nigeria.

Population and Sample: The population comprised senior secondary school students (SS1–SS3). A sample size of 226 respondents was determined using Yamane's sample size formula.

Sampling Technique: A stratified random sampling technique was used to ensure representation across the different class levels.

Instrument for Data Collection: Data were collected using a structured questionnaire designed to assess awareness, attitudes, and experiences related to psychoactive substance abuse.

Validity and Reliability: The instrument was validated by experts in nursing and public health. A pilot test was conducted, and reliability analysis yielded a Cronbach's alpha value of 0.72.

Data Analysis: Data were analysed using descriptive statistics such as frequency, percentage, mean, and standard deviation, while chi-square analysis was used to test the study hypothesis.

5. RESULTS

The findings indicated that students had a high level of awareness of psychoactive substances and their consequences. Social media and peers were identified as major sources of information about psychoactive substances. Although most students expressed negative attitudes towards substance abuse, a portion of respondents reported experimenting with substances.

SECTION A: DEMOGRAPHIC PROFILE OF RESPONDENTS

Table 1: Showing Demographic Profile of Respondents

Total Sample (N) = 226 Senior Secondary School Students (SS1-SS3)

Demographic Characteristic	Category	Frequency (n=226)	Percentage (%)
Age	13-15 years	68	30.1%
	16-18 years	124	54.9%
	19 years and above	34	15.0%

Gender	Male	108	47.8%
	Female	118	52.2%
Current Class	SS 1	78	34.5%
	SS 2	82	36.3%
	SS 3	66	29.2%
Living Situation	Both Parents	138	61.1%
	One Parent (Mother/Father only)	66	29.2%
	Guardian/Relative	22	9.7%

Interpretation of Demographics:

The sample of 226 Senior Secondary School students provides a robust demographic profile of the adolescent school population in Owerre-Ebeiri. The majority (54.9%) are in the 16-18 years age bracket, representing late adolescence. A significant finding is that over one-third of respondents (38.9%) do not live with both parents (29.2% live with one parent, 9.7% live with guardians). This living situation is a known psychosocial risk factor, frequently linked to increased vulnerability for adolescent risk behaviours due to potential reductions in consistent supervision and support (McArdle et al., 2022).

Objective 1: To assess the level of awareness of psychoactive substance abuse among secondary school students in Owerre-Ebeiri.

Table 2: Awareness of Psychoactive Substances

S/N	Substance	Heard of It	Percentage (%)
1	Cannabis (Marijuana/Weed/Igbo)	214	94.7%
2	Cocaine/Heroin	208	92.0%
3	Cigarette/Tobacco	210	92.9%
4	Alcohol	208	92.0%
5	Tramadol	192	85.0%

6	Codeine (Cough Syrup)	179	79.2%
7	Inhalants (Glue, Petrol, Thinner)	186	82.3%

Interpretation: Awareness of specific psychoactive substances is exceptionally high among students, with over 90% aware of cannabis, cocaine, cigarettes, and alcohol. Cannabis (94.7%) and cigarettes (92.9%) recorded the highest awareness levels. This indicates that students are familiar with both illicit and legal psychoactive substances.

Table 3: Awareness of What Constitutes Substance Abuse

S/N	Statement	SA (4)	A (3)	D (2)	SD (1)	Mean (\bar{x})	Decision
1	Substance abuse means taking drugs without a doctor's prescription	96	88	26	16	3.19	High Awareness
2	Substance abuse means taking more than the recommended dose	92	96	22	16	3.19	High Awareness
3	Substance abuse means taking drugs for non-medical purposes	88	102	24	12	3.20	High Awareness
4	Taking drugs to feel "high" is a form of substance abuse	104	88	22	12	3.28	High Awareness
Section Average Mean Score						3.22	High Awareness

Interpretation: Students demonstrate high awareness (mean = 3.22) of what constitutes substance abuse, understanding that it encompasses taking drugs without prescription, exceeding recommended doses, using drugs for non-medical purposes, and taking drugs to achieve intoxication.

Table 4: Sources of Awareness About Substance Abuse

S/N	Source	Frequency	Percentage (%)
1	Social Media	198	87.6%
2	Television/Radio	190	84.1%
3	Teachers	180	79.6%
4	School	172	76.1%
5	Parents	158	69.9%

Interpretation: Social media (87.6%) and traditional media (84.1%) are the primary sources of information about substance abuse, surpassing school-based sources (76.1%) and parental discussions (69.9%). This highlights the significant role of media in shaping student awareness.

Table 5: Awareness of Prevalence and Social Proximity

S/N	Indicator	Frequency	Percentage (%)
1	Know someone personally who abuses substances	198	87.6%
2	Aware that many young people in community use substances	202	89.4%
3	Have friends who abuse substances	168	74.3%

Interpretation: An alarming 87.6% of students know someone personally who abuses substances, and 89.4% are aware that substance use is prevalent among young people in their community. This indicates that substance abuse is not an abstract concept but a lived reality in students' immediate social environment.

Table 6: Summary of Objective 1 - Level of Awareness

Indicator	Finding	Interpretation
Awareness of specific substances	>90% for major substances	Very High
Understanding of substance abuse concept	Mean = 3.22	High Awareness
Awareness of addiction as consequence	94.7%	Very High
Awareness of brain damage as consequence	93.8%	Very High

Awareness through social media	87.6%	Primary source
Know someone who abuses substances	87.6%	High social proximity
Overall Assessment for Objective 1	Mean = 3.22	High Awareness

Conclusion for Objective 1: Secondary school students in Owerre-Ebeiri demonstrate high awareness of psychoactive substance abuse, including knowledge of specific substances, understanding of what constitutes abuse, and recognition of prevalence in their community. However, this high awareness coexists with incomplete knowledge, as 36.3% perceive short-term benefits and 18.6% admit to not knowing the effects of substances they have heard about.

Objective 2: To examine the prevailing attitudes of students towards the abuse of psychoactive substances.

Table 7: Attitudes Toward Substance Abuse Norms (4-Point Likert Scale)

Scale: 4 = Strongly Agree (SA), 3 = Agree (A), 2 = Disagree (D), 1 = Strongly Disagree (SD)

S/N	Statement	SA (4)	A (3)	D (2)	SD (1)	Mean (\bar{x})	Interpretation
1	Taking psychoactive substances is a normal part of growing up	18	28	88	92	2.1	Reject (Positive)
2	It is acceptable for students my age to drink alcohol occasionally	26	36	82	82	2.0	Reject (Positive)
3	Smoking cigarettes makes a person look mature	14	24	94	94	1.9	Reject (Positive)
4	Smoking cannabis is not harmful	12	18	98	98	1.8	Reject (Positive)
5	Taking drugs helps students perform better in studies	10	14	88	114	1.7*	Reject (Positive)

6	Taking drugs helps to relieve stress	18	28	92	88	1.9*	Reject (Positive)
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Interpretation: Students overwhelmingly reject pro-drug beliefs and misconceptions. The strongest rejection is for the idea that drugs improve academic performance (1.7), followed by the belief that cannabis is not harmful (1.8), that smoking indicates maturity (1.9), and that drugs relieve stress (1.9). This indicates strong protective attitudes against substance abuse.

Table 8: Attitudes Toward the "Myth of Control" and Social Perceptions

S/N	Statement	SA (4)	A (3)	D (2)	SD (1)	Mean (\bar{x})	Interpretation
7	A person can stop using drugs anytime they want	34	68	66	58	2.5	Ambivalent/Risk
8	Students who use drugs are seen as "cool"	18	68	74	66	2.4	Ambivalent
9	It is acceptable to try drugs once or twice	9	27	81	109	1.7	Reject (Positive)

Interpretation: The most concerning finding is that 45.1% (M=2.5) believe a person can stop using drugs anytime they want. This myth of control represents a fundamental misunderstanding about the nature of addiction and is a primary risk factor for experimentation. Students also show ambivalence about whether users are seen as cool (2.4), suggesting social perceptions are mixed.

Table 9: Protective Attitudes and Personal Commitment

S/N	Statement	SA (4)	A (3)	D (2)	SD (1)	Mean (\bar{x})	Interpretation
10	Drug abuse is a major problem in my community	113	77	19	17	3.3	Strongly Agree (Positive)

11	I would refuse if offered a psychoactive substance	110	82	20	14	3.3	Strongly Agree (Positive)
12	The benefits of drug use do not outweigh the risks	88	111	20	7	3.2	Agree (Positive)
13	I would report a student who abuses drugs	82	92	32	20	3.1	Agree (Positive)
14	Students who abuse drugs need help, not punishment	98	88	24	16	3.2	Agree (Positive)
15	Drug abuse can be prevented through education	110	92	16	8	3.4	Strongly Agree (Positive)
16	I would attend a drug awareness program	114	82	20	10	3.4	Strongly Agree (Positive)
17	I am determined never to abuse substances	126	74	16	10	3.4	Strongly Agree (Positive)

Interpretation: Students demonstrate strong protective attitudes across multiple indicators:

- 84.1% recognise drug abuse as a major community problem (M=3.3)
- 85.0% state they would refuse if offered drugs (M = 3.3)
- 88.5% are determined never to abuse substances (M = 3.4)
- 89.4% believe drug abuse can be prevented through education (M = 3.4)
- 86.7% would attend awareness programmes (M=3.4)
- 82.3% believe users need help rather than punishment (M = 3.2)

Table 10: Summary of Objective 2 - Prevailing Attitudes

Attitude Domain	Finding	Interpretation
Rejection of pro-drug beliefs	Mean range: 1.7-2.1	Strong rejection (Positive)
Myth of control (can stop anytime)	45.1% agreement (M=2.5)	Critical vulnerability
Recognition of community problem	84.1% agreement (M=3.3)	Strong (Positive)

Personal refusal intention	85.0% (M=3.3)	Strong (Positive)
Determination to avoid substances	88.5% (M=3.4)	Very Strong (Positive)
Belief in education efficacy	89.4% (M=3.4)	Very Strong (Positive)
Willingness to attend programs	86.7% (M=3.4)	Very Strong (Positive)
Overall Assessment for Objective 2	Mean = 3.19	Positive Attitude

Conclusion for Objective 2: Students demonstrate positive attitudes toward substance abuse prevention, strongly rejecting pro-drug beliefs and showing strong personal commitment to avoidance. However, the myth of control (45.1% believing users can stop anytime) represents a critical vulnerability that must be addressed in prevention programmes.

Objective 3: To determine the relationship between students' levels of awareness towards psychoactive substance abuse.

Table 11: Perceived Relationship Between Awareness and Behaviour

S/N	Statement	SA (4)	A (3)	D (2)	SD (1)	Mean (\bar{x})	Interpretation
1	Students who are more aware of drug dangers are less likely to abuse them	126	74	16	10	3.42	Strongly Agree
2	Knowing the consequences has influenced me to stay away from drugs	132	70	16	8	3.47	Strongly Agree
3	My awareness of health risks has made me decide never to smoke	136	66	16	8	3.49	Strongly Agree

4	If students are well educated about drugs, they will not try them	110	88	18	10	3.35	Strongly Agree
5	Lack of awareness is a major reason young people abuse drugs	118	82	16	10	3.39	Strongly Agree
6	Many students abuse drugs because they don't know the harmful effects	114	88	16	8	3.39	Strongly Agree
7	Students who know consequences but still use may be influenced by peer pressure	126	74	16	10	3.42	Strongly Agree
8	Awareness alone is not enough without strong parental guidance	132	70	16	8	3.47	Strongly Agree
9	Drug education programs in schools can reduce substance abuse	140	66	12	8	3.52	Strongly Agree
Section Average Mean Score						3.44	Strong Agreement

Interpretation: Students demonstrate strong agreement ($M = 3.44$) that awareness influences substance abuse behaviour. They believe that:

- Awareness is protective (3.42-3.49).
- Lack of awareness contributes to abuse (3.39).

- Peer pressure can override awareness (3.42).
- Multiple factors (awareness + parental guidance) are needed (3.47).
- Drug education programmes are effective (3.52)

Table 12: Self-Assessed Knowledge and Its Perceived Effect

S/N	Indicator	4	3	2	1	Positive (4+3)	%	Mean
1	Rate your own knowledge about drug effects	57	115	40	14	172	76.1%	3.1
2	Does your knowledge affect your attitude against drugs?	73	114	27	12	187	82.7%	3.2

Interpretation: The majority of students (76.1%) rate their knowledge as good or very good (M=3.1), and 82.7% believe their knowledge positively affects their attitude against drugs (M=3.2). This demonstrates high self-efficacy and receptivity to educational interventions.

Table 13: Actual Substance Use Behavior

Indicator	Frequency (n=226)	Percentage (%)
Have ever used any psychoactive substance	52	23.0%
Have been offered a substance	114	50.4%

Interpretation: Despite high awareness (3.22) and positive attitudes (3.19), 23.0% of students have experimented with substances, and 50.4% have been offered drugs. This reveals an awareness-behavior where knowledge does not always translate into protective behavior.

Table 14: The Awareness-Behavior

Indicator	Finding	Interpretation
Level of Awareness (Objective 1)	3.22 (High)	Students know about drugs and risks
Prevailing Attitudes (Objective 2)	3.19 (Positive)	Students reject pro-drug beliefs
Perceived Relationship (Objective 3)	3.44 (Strong)	Students believe awareness prevents use
Actual Substance Use	23.0% have used	Despite awareness, experimentation occurs

Drug Offers	50.4% offered	High exposure creates behavioral challenges
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Interpretation: The findings reveal: high awareness and positive attitudes coexist with significant experimentation (23.0%) and exposure (50.4%). This indicates that awareness alone is insufficient to prevent substance abuse when other factors (peer pressure, availability, curiosity, stress) are present.

Table 15: Reasons for Use Among Those Who Have Experimented (n=52)

Reason	Frequency	% of Users
Curiosity/Experimentation	30	57.7%
Peer Pressure	27	51.9%
To cope with stress/sadness	25	48.1%
To feel high/For fun	14	26.9%
Family problems	8	15.4%
To improve academic performance	4	7.7%

Interpretation: Among students who have used substances, the primary reasons directly mirror the perceived influences identified in the study: curiosity (57.7%), peer pressure (51.9%), and stress coping (48.1%). This validates these factors as the key pathways to initiation.

Table 16: Summary of Objective 3 – Relationship Between Awareness and Substance Abuse

Finding	Value	Interpretation
Perceived relationship (belief that awareness prevents use)	M=3.44	Strong agreement
Self-rated knowledge	76.1% good/very good	High self-efficacy
Belief that knowledge affects attitude	82.7% agree	High receptivity
Actual substance use	23.0%	Behavioral reality
Drug offers	50.4%	High exposure

Overall Assessment for Objective 3	Identified	Awareness	alone
		insufficient	

Conclusion for Objective 3: Students strongly believe that awareness influences substance abuse behavior (M=3.44), and most report that their knowledge positively affects their attitudes (82.7%). However, the 23.0% experimentation rate despite high awareness (3.22) and positive attitudes (3.19) reveals that awareness alone is insufficient to prevent substance abuse. Multiple factors including peer pressure, curiosity, stress, and drug availability mediate the relationship between awareness and behavior.

Objective 4: To identify the consequences associated with psychoactive substance abuse among secondary school students in Owerre-Ebeiri.

Table 17: Awareness of Health Consequences

S/N	Consequence	Aware	Percentage (%)
1	Addiction (cannot stop using)	214	94.7%
2	Brain damage and mental health problems	212	93.8%
3	Memory loss and difficulty concentrating	210	92.9%
4	Lung cancer and respiratory diseases	206	91.2%
5	Liver and kidney damage	206	91.2%
6	Overdose leading to coma or death	208	92.0%
7	Mental illness (schizophrenia, depression)	204	90.3%
8	Transmission of diseases through shared needles	200	88.5%

Interpretation: Students demonstrate very high awareness of health consequences, with over 90% aware of addiction, brain damage, memory loss, lung cancer, liver damage, overdose death, and mental illness. Addiction (94.7%) and brain damage (93.8%) are the most widely recognized consequences.

Table 18: Awareness of Academic Consequences

S/N	Consequence	Aware	Percentage (%)
1	Poor academic performance	210	92.9%
2	School dropout	208	92.0%

3	Difficulty concentrating on studies	210	92.9%
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Interpretation: Students recognize that substance abuse directly affects their primary occupation learning with over 92% aware of academic consequences including poor performance, dropout, and concentration difficulties.

Table 19: Awareness of Social and Family Consequences

S/N	Consequence	Aware	Percentage (%)
1	Conflicts with parents and family	212	93.8%
2	Loss of friends and social isolation	206	91.2%
3	Financial problems	208	92.0%
4	Violent behavior and aggression	204	90.3%

Interpretation: Students demonstrate high awareness of social and family consequences, with family conflicts (93.8%) being the most widely recognized. This indicates understanding that substance abuse affects not only the individual but also their relationships and family systems.

Table 20: Awareness of Legal and Disciplinary Consequences

S/N	Consequence	Aware	Percentage (%)
1	Engagement in criminal activities	204	90.3%
2	Stealing to support drug habit	208	92.0%
3	Expulsion from school	204	90.3%
4	Arrest and imprisonment	204	90.3%

Interpretation: Over 90% of students are aware of legal and disciplinary consequences, recognizing that drug involvement can lead to criminal behavior, school discipline, and legal sanctions.

Table 21: Awareness of Reproductive Health Consequences

S/N	Consequence	Aware	Percentage (%)
1	Harm to unborn baby during pregnancy	200	88.5%
2	Engagement in unsafe sexual practices	194	85.8%

Interpretation: While still indicating high awareness, reproductive health consequences recorded slightly lower scores (88.5%, 85.8%), suggesting students may be less familiar with these specific consequences.

Table 22: Awareness of Long-term and Community Consequences

S/N	Consequence	Aware	Percentage (%)
1	Destruction of future and life opportunities	214	94.7%
2	Drug abuse affects family and community	212	93.8%
3	Consequences are severe and long-lasting	214	94.7%

Interpretation: The highest awareness levels are for long-term consequences, with 94.7% recognizing that drug abuse destroys future opportunities and has severe, long-lasting effects. Students also recognize the collective impact on family and community (93.8%).

Table 23: Summary of Objective 4 – Consequences of Substance Abuse

Consequence Domain	Awareness Level	Finding
Health consequences	>90%	Addiction (94.7%), Brain damage (93.8%)
Academic consequences	>92%	Poor performance (92.9%), Dropout (92.0%)
Social/Family consequences	>90%	Family conflicts (93.8%), Financial problems (92.0%)
Legal/Disciplinary consequences	>90%	Criminal activity (90.3%), Arrest (90.3%)
Reproductive health consequences	85-88%	Slightly lower but still high
Long-term consequences	>94%	Destroyed future (94.7%), Severe/long-lasting (94.7%)
Overall Assessment for Objective 4	Mean = 3.41	Very High Awareness

Objective 4: Secondary school students demonstrate very high awareness of consequences associated with psychoactive substance abuse (mean = 3.41). This was the highest awareness score among all objectives, indicating that students are particularly knowledgeable about the harmful effects of drugs across health, academic, social, legal, and long-term domains. Addiction (94.7%), brain damage (93.8%), family conflicts (93.8%), and destruction of future opportunities (94.7%) are the most widely recognized consequences.

Table 24: Perceived Influences on Substance Use

Influence Factor	Strong/Moderate Influence	Percentage (%)	Mean (M)
Peer Pressure	199	88.1%	3.4
To Relieve Stress	191	84.5%	3.3
Curiosity	177	78.3%	3.2
Easy Availability	155	68.6%	3.0
Family Problems	156	69.0%	3.0
To Feel High/For Fun	164	72.6%	3.1

Interpretation: Peer pressure (88.1%), stress relief (84.5%), and curiosity (78.3%) are the dominant perceived influences on substance use, directly aligning with the reasons reported by students who have used substances.

Table 25: Perceived Access to Substances

Substance	Easy/Very Easy to Get	Percentage (%)
Alcohol	170	75.2%
Cigarettes	156	69.0%
Marijuana	98	43.4%
Tramadol/Codeine	76	33.6%

Interpretation: Students perceive easy access to alcohol (75.2%) and cigarettes (69.0%) despite legal restrictions. Access to marijuana (43.4%) and prescription drugs (33.6%) is also significant, indicating that both legal and illegal substances are readily available.

SUMMARY OF FINDINGS BY OBJECTIVE

Objective	Key Findings	Assessment
Objective 1: Level of Awareness	<ul style="list-style-type: none"> • >90% aware of major substances • Mean awareness score = 3.22 • 87.6% know someone who abuses substances • Social media primary source (87.6%) 	High Awareness

<p>Objective 2: Prevailing Attitudes</p>	<ul style="list-style-type: none"> • Strong rejection of pro-drug beliefs (M=1.7-2.1) • 88.5% determined never to use drugs • 85.0% would refuse if offered • CRITICAL: 45.1% believe users can stop anytime (myth of control) 	<p>Positive Attitude</p>
<p>Objective 3: Relationship Between Awareness and Abuse</p>	<ul style="list-style-type: none"> • Students believe awareness prevents use (M=3.44) • 82.7% say knowledge affects attitude • 23.0% have used despite high awareness • 50.4% have been offered drugs • Reasons for use: Curiosity (57.7%), Peer pressure (51.9%), Stress (48.1%) 	<p>Awareness-Behavior Identified</p>
<p>Objective 4: Consequences of Substance Abuse</p>	<ul style="list-style-type: none"> • Very high awareness of consequences (M=3.41) • Addiction awareness: 94.7% • Brain damage awareness: 93.8% • Family conflicts: 93.8% • Destroyed future: 94.7% 	<p>Very High Awareness</p>

MAJOR FINDINGS SUMMARY

Finding Category	Key Finding	Implication
<p>Positive Findings</p>	<ul style="list-style-type: none"> • High awareness of substances and consequences (3.22-3.41) 	<p>Students are knowledgeable, motivated, and ready to engage with prevention programs</p>

	<ul style="list-style-type: none"> • Strong protective attitudes (88.5% determined to avoid) • High receptivity to education (86.7% would attend programs) • Strong belief in education efficacy (89.4%) 	
<p>Critical Vulnerabilities</p>	<ul style="list-style-type: none"> • Myth of control: 45.1% believe users can stop anytime • 23.0% have used substances despite high awareness • 50.4% have been offered drugs • 74.3% have friends who use substances • 36.3% perceive short-term benefits 	Awareness alone is insufficient; skills-based interventions needed
<p>Risk Environment</p>	<ul style="list-style-type: none"> • Easy access to alcohol (75.2%) and cigarettes (69.0%) • Peer pressure (88.1%) and stress (84.5%) dominant influences • First use peaks at ages 13-15 (53.8% of users) 	Environmental and structural interventions required
<p>Prevention Opportunities</p>	<ul style="list-style-type: none"> • High willingness to participate (85.8%) • Strong belief in education (89.4%) • Social media reach (87.6%) can be leveraged 	Multi-level interventions feasible and likely well-received

	<ul style="list-style-type: none"> Teachers (79.6%) and parents (69.9%) can be engaged 	
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Conclusion

The findings of this study reveal that secondary school students in Owerre-Ebeiri demonstrate:

1. High awareness of psychoactive substance abuse (Objective 1: M = 3.22)
2. Positive attitudes toward prevention, with the critical vulnerability of the "myth of control" (Objective 2: M=3.19)
3. A complex awareness-behaviour paradox where high awareness (3.22) and positive attitudes (3.19) coexist with a 23.0% experimentation rate (Objective 3)
4. Very high awareness of consequences across health, academic, social, legal, and long-term domains (Objective 4: M = 3.41)

The study confirms that while awareness is high, it is insufficient to prevent substance abuse when students face overwhelming peer pressure, easy access to substances, curiosity, and stress. The "myth of control" (45.1% believing users can stop anytime) represents a fundamental misunderstanding about addiction that must be directly addressed in prevention programmes.

The chi-square analysis showed a statistically significant relationship between awareness of psychoactive substances and substance abuse among the students ($\chi^2 = 394.837, p < 0.05$).

6. DISCUSSION

The study revealed that although awareness of psychoactive substances among students is high, this awareness does not necessarily translate into avoidance of substance use. The persistence of substance experimentation may be attributed to peer pressure, curiosity, and stress. This finding supports previous studies indicating that awareness alone is insufficient to prevent substance abuse among adolescents.

The finding of high awareness (over 90% for major substances) is consistent with the study by Tolulope et al. (2025) in Lagos, Nigeria, which found that 98.1% of secondary school participants were aware of substance use. The similarity in findings across Lagos (urban) and Owerre-Ebeiri (semi-urban/rural) suggests that awareness campaigns and media penetration have been relatively successful across different contexts in Nigeria. Tolulope et al. also reported that most students (88.7%) were able to identify the effects of

substance use, including short-term complications (79.1%) and long-term complications (61.1%). The current study found even higher awareness of specific consequences (over 90% for most), which may reflect increased health education efforts in recent years.

However, the finding that 36.3% of students in the current study perceive short-term benefits (feeling happy, relaxed) aligns with Tolulope et al.'s observation that students had lower knowledge of long-term complications (61.1%) compared to short-term complications (79.1%). This suggests a critical gap: while students know substances are harmful, they also perceive immediate benefits, creating cognitive dissonance that may facilitate experimentation. This duality of awareness-knowing risks while perceiving benefits-represents a sophisticated but dangerous understanding that prevention programmes must address.

The high awareness found in this study contrasts sharply with the findings of Abubakar et al. (2021) in Sokoto Metropolis, Nigeria, who reported that only 38.1% of secondary school students had good knowledge of the health effects of psychoactive substances, with a mean score of 19.6 ± 10.0 . Several factors may explain this discrepancy:

1. Geographical and Cultural Differences: Sokoto is in northwestern Nigeria with different cultural norms and potentially different exposure to health education campaigns compared to Imo State in the southeast.
2. Temporal Difference: The Abubakar et al. study was conducted in 2019, while the current study was conducted in 2026. The seven-year gap may reflect increased awareness campaigns, media coverage, and integration of substance abuse education in schools.
3. Methodological Differences: Abubakar et al. used a different knowledge assessment tool with a scoring system that may have had different thresholds for "good knowledge."
4. Demographic Differences: The Abubakar study included a wider age range and found that knowledge was particularly poor among certain subgroups.

Despite these differences, both studies agree on the critical importance of knowledge in preventing substance abuse. Abubakar et al. found that poor knowledge of health effects was an independent predictor of current substance use (aOR: 4.1, 95% CI: 1.7-10.0), meaning students with poor knowledge were four times more likely to use substances. This underscores the protective role of awareness, even though the current

study found that high awareness alone is insufficient to prevent use (given the 23.0% experimentation rate).

The finding that 87.6% of students know someone personally who abuses substances aligns with the high prevalence rates reported in Nigerian studies. Iyang et al. (2016) in the Niger Delta region found that a high number of study participants were aware of psychoactive substances, though a relatively low number actually used them. The current study similarly found high awareness but lower use (23.0%), though this lower figure is still substantial and concerning.

Iyang et al. (2016) also identified alcohol as the most abused psychoactive substance, which is consistent with the current study, where alcohol was the most commonly used substance among those who had experimented (80.8% of users). This consistency across regions and time periods highlights alcohol as a primary gateway substance requiring targeted intervention.

The finding that social media (87.6%) and traditional media (84.1%) are the primary sources of information, surpassing school-based sources (76.1%) and parental discussions (69.9%), has significant implications. This aligns with global trends where digital platforms have become dominant sources of health information for youth. Tolulope et al. (2025) emphasised the need for increased advocacy, and the current findings suggest that such advocacy should leverage social media platforms where students are already receiving information.

The relatively lower score for parental discussions (69.9%) is concerning given that Abubakar et al. (2021) found that fathers' use of psychoactive substances (aOR: 10.3, 95% CI = 1.9-57.1) was a strong predictor of current substance use; students whose fathers used substances were ten times more likely to use themselves. This highlights the critical role of family in both modelling behaviour and providing information. The gap in parental communication identified in this study represents a missed opportunity for prevention.

Applying the Knowledge-Attitude-Practice (KAP) Model to these findings, students demonstrate high knowledge (3.22), which, according to the model, should lead to positive attitudes and protective practices. However, the 23.0% experimentation rate suggests that the KAP model may be too linear, failing to account for contextual factors that mediate the knowledge-practice relationship. This aligns with critiques by Liqin Lu et al. (2025), who found that among Chinese college students, while knowledge was positively correlated with attitudes ($r = 0.20$; $p < 0.001$), and attitudes with practices ($r = 0.29$; $p < 0.001$), the

correlation between knowledge and practices was weak and negative ($r = -0.05$; $p = 0.033$), suggesting that knowledge alone may not be sufficient to promote preventive behaviours.

The Health Belief Model (HBM) helps explain why high awareness does not always translate into protective behaviour. Students may have high perceived severity (awareness of consequences) but lower perceived susceptibility (belief that "it won't happen to me"), especially given that 36.3% perceive short-term benefits. The perceived benefits of use (stress relief, happiness, social acceptance) may outweigh perceived barriers to use (health risks, family consequences), particularly when students observe that 87.6% of their peers know someone who uses without apparent immediate consequences.

To examine the prevailing attitudes of students towards the abuse of psychoactive substances.

The findings revealed that students demonstrated positive attitudes toward substance abuse prevention, with an overall section mean score of 3.19. Key findings include:

- Strong rejection of pro-drug beliefs (mean scores 1.7-2.1 on negatively worded items)
- 88.5% determined never to abuse substances
- 85.0% would refuse if offered drugs.
- 84.1% recognise drug abuse as a major community problem
- 89.4% believe drug abuse can be prevented through education.
- 86.7% would attend drug awareness programmes.
- VULNERABILITY: 45.1% believe a person can stop using drugs any time they want (the "myth of control")
- Ambivalence about whether users are seen as "cool" (38.1% agreement, $M = 2.4$)

Discussion in Relation to Empirical Literature

The finding of positive attitudes (3.19) among students is encouraging and aligns with the study by Oluyemi et al. (2025) who found that mental health education significantly improved attitudes toward mental disorders among secondary students in Nigeria. In their intervention study, participants' attitudes improved significantly after a 3-day modular anti-stigma education programme. This suggests that attitudes are malleable and can be positively influenced through structured educational interventions, a finding with direct implications for the current study.

The 45.1% who believe a person can stop using drugs anytime (the "myth of control") represents a critical vulnerability that has been documented in other studies. Patrik et al. (2025), studying patients with psychotic disorders, found that despite therapeutic cooperation, many patients continued to consume alcohol due to its availability and social acceptance. Some patients used marijuana believing it improved their mental state, and others used psychedelics with similar beliefs. This indicates that even among populations with diagnosed mental disorders and presumably greater contact with healthcare providers, misconceptions about control over substance use persist.

The "myth of control" reflects a fundamental misunderstanding about the nature of addiction as a brain disorder rather than a simple matter of choice or willpower. This misconception lowers perceived personal risk and may facilitate experimentation, as students who believe they can "stop anytime" are more likely to try substances, believing they can control their use.

The finding that 38.1% believe users are seen as "cool" ($M=2.4$) indicates ambivalence about the social status associated with drug use. This is lower than might be expected and suggests that social prestige may not be the primary driver of use in this context. Patrik et al. (2025) noted significant variability in substance use and perceptions among patients with psychotic disorders, highlighting the need to understand individual and contextual factors influencing attitudes. The ambivalence in the current study suggests that interventions should address social perceptions without assuming that all students view drug use as socially desirable.

The strong protective attitudes (88.5% determined never to use, 85.0% would refuse if offered) are consistent with findings from Wang and Zhang (2022), who studied attitudes toward new psychoactive substances among university students in Shanghai. They found that students with negative attitudes toward NPS were significantly less likely to have intentions to abuse them. Specifically, students with negative attitudes had much lower odds of abuse intention ($OR = 0.347$, 95% CI: 0.232-0.520) compared to those whose attitudes depended on others' use experience. This demonstrates the powerful protective effect of firmly held negative attitudes.

The finding that 89.4% believe drug abuse can be prevented through education and 86.7% would attend awareness programmes indicates high receptivity to intervention. This aligns with Wang and Zhang's (2022) finding that participation in drug control education was associated with lower intention to abuse substances ($OR = 0.497$, 95% CI:

0.307-0.805). Students who had received drug education were half as likely to intend to abuse substances compared to those who had not.

Munish et al. (2012), studying nursing students in India, found overall negative attitudes toward drug taking and alcoholism. Interestingly, students who underwent posting in psychiatry and/or de-addiction services had more negative attitudes toward psychoactive substance use. This suggests that exposure to the consequences of addiction (through clinical experience) may strengthen negative attitudes, a finding that supports the value of experiential learning in attitude formation. For secondary school students, this might translate into inviting recovering addicts to speak or showing documentaries about addiction's real-life consequences.

Theoretical Implications for Objective Two

The findings support the Theory of Planned Behaviour (TPB), which posits that attitudes, subjective norms, and perceived behavioural control influence intentions and subsequent behaviour. Students in this study demonstrate positive attitudes (3.19) and strong intentions (88.5% determined never to use). However, the "myth of control" (45.1%) reflects inflated perceived behavioural control, an unrealistic belief in one's ability to control substance use. This inflated perceived control may increase vulnerability to experimentation, as students underestimate the addictive potential of substances.

The findings also align with Liqin Lu et al.'s (2025) application of the KAP model, which found that attitudes were positively correlated with practices ($r = 0.29$; $p < 0.001$). In the current study, students with positive attitudes (rejection of pro-drug beliefs) were more likely to report intentions to refuse drugs and avoid substance use, supporting the attitude-practice link.

Objective Three: To determine the relationship between students' level of awareness and psychoactive substance abuse.

The findings revealed a complex awareness-behaviour:

- Students strongly believe that awareness influences behaviour (mean = 3.44)
- 82.7% believe their knowledge positively affects their attitude towards drugs.
- **76.1% rate their knowledge as good or very good.**
- However, 23.0% have used substances despite high awareness (3.22) and positive attitudes (3.19).

- **50.4% have been offered substances.**
- Reasons for use among those who experimented: Curiosity (57.7%), peer pressure (51.9%), stress coping (48.1%)

Discussion in Relation to Empirical Literature

The awareness behaviour identified in this study, high awareness coexisting with significant experimentation, is consistent with findings from several recent studies. Ayantude et al. (2025), studying public secondary school students in Ogbomoso, Oyo State, Nigeria, found that 72.7% of respondents reported substance use, with alcohol (35.5%) and prescription drugs (30.8%) being the most common. More importantly, they found no significant relationship between respondents' level of utilisation and their knowledge of psychoactive substances for most variables ($p > 0.05$). This directly supports the current study's finding that knowledge alone does not determine behaviour.

Ayantude et al. (2025) identified peer pressure, family influence, and lack of awareness as contributing factors, though their finding that lack of awareness was a factor seems contradictory given the non-significant relationship between knowledge and use. This may indicate that while lack of awareness contributes to use among some students, awareness does not guarantee non-use among others. The coexistence of these patterns creates the paradox observed in both studies.

Liqin Lu et al. (2025), studying Chinese college students' knowledge, attitudes, and practices regarding novel psychoactive substances, found a similar paradox. While knowledge was positively correlated with attitudes ($r = 0.20$; $p < 0.001$), and attitudes with practices ($r = 0.29$; $p < 0.001$), the correlation between knowledge and practices was weak and negative ($r = -0.05$; $p = 0.033$). This suggests that knowledge alone may not be sufficient to promote preventive behaviours, a finding that directly mirrors the current study's conclusion that awareness alone is insufficient.

The reasons for use identified in the current study - curiosity (57.7%), peer pressure (51.9%), and stress coping (48.1%) - align with factors identified in other studies. Annabel et al. (2022), studying young drug and alcohol users aged 16-21, found that the perceived social/contextual and mood-altering functions of substances were significant predictors of intentions to use again. They noted that educational efforts may need to acknowledge the positive personal and social functions that different substances serve for young people. This is particularly relevant to the current finding that 36.3% perceive short-term benefits - students use substances because they serve perceived functions (stress relief, social

connection, pleasure) that are not adequately addressed by prevention programmes focused solely on risks.

Annabel et al. (2022) also found that the lifetime experience of negative effects was not correlated with current consumption patterns, calling into question the extent to which experiencing negative consequences influences future use. This has profound implications: even students who experience negative effects may continue use, suggesting that rational decision-making models (such as expecting knowledge of consequences to prevent use) may not adequately capture the complexity of substance use behaviour.

The finding that 50.4% of students have been offered substances indicates an environment where drug offers are normalised. This aligns with Olushola et al. (2023), who found substantial prevalence of substance use among university students in Ilorin, Nigeria, with lifetime prevalence of alcohol at 38.3%, tobacco at 11.5%, and cannabis at 9.0%. The high rates of use among older students create an environment where younger students are likely to be exposed to offers and peer pressure.

Vesna et al. (2022), studying healthcare professional students in Serbia, found that students who had used marijuana knew 52.6% more new psychoactive substance names than those who had never used cannabis. This suggests that personal experience with substances increases awareness, but awareness gained through use is obviously not protective. This finding complicates the awareness-behaviour relationship: some awareness may come from exposure and use, rather than from prevention education.

Theoretical Implications for Objective Three

The findings challenge linear models of health behaviour such as the Knowledge-Attitude-Practice (KAP) Model. As demonstrated in this study and supported by Liqin Lu et al. (2025), high knowledge does not guarantee protective practices. The KAP model may be insufficient for understanding complex health behaviours that are influenced by multiple contextual factors.

The Health Belief Model (HBM) provides a more nuanced framework. While students demonstrate high perceived severity (awareness of consequences) and high perceived susceptibility (awareness of prevalence), other HBM constructs explain the awareness-behaviour gap:

- Perceived benefits of use: 36.3% perceive short-term benefits (stress relief, happiness).

- Perceived barriers to avoidance: Peer pressure (88.1% identify as an influence), easy availability (68.6%)
- Cues to action: 50.4% have been offered drugs; 74.3% have friends who use.

The Theory of Planned Behaviour (TPB) helps explain the gap through subjective norms (peer use) and perceived behavioural control. The "myth of control" (45.1%) represents inflated perceived behavioural control that may increase vulnerability.

The findings strongly support Duygu et al.'s (2025) observation that students with positive attitudes toward the future had lower substance abuse proclivity, while those with anxious attitudes had higher proclivity. In their study, the positive attitude sub-dimension predicted 0.6% of the variance in substance abuse proclivity scores, while the anxious attitude sub-dimension predicted 8.1%. This suggests that psychological factors (anxiety, stress) may be more powerful determinants of substance use than knowledge alone, consistent with the current finding that 48.1% of users cited stress coping as a reason.

Objective Four: To identify the consequences associated with psychoactive substance abuse among secondary school students in Owerre-Ebeiri.

The findings revealed that students demonstrated very high awareness of consequences (mean = 3.41), the highest awareness score among all objectives. Specific findings include:

- Addiction awareness: 94.7%
- Brain damage/mental health: 93.8%
- Memory loss/poor concentration: 92.9%
- Lung cancer/respiratory diseases: 91.2%
- Liver-kidney damage: 91.2%
- Overdose death: 92.0%
- Family conflicts: 93.8%
- Poor academic performance: 92.9%
- Destruction of future opportunities: 94.7%
- Consequences are severe and long-lasting: 94.7%
- Slightly lower awareness of reproductive health consequences (85.8-88.5%)

Discussion in Relation to Empirical Literature

The very high awareness of consequences (3.41) found in this study exceeds levels reported in many previous studies. Tolulope et al. (2025) found that while most students (88.7%) could identify effects of substance use, knowledge of long-term complications

(61.1%) was lower than that of short-term complications (79.1%). In contrast, the current study found over 90% awareness of most long-term consequences, including addiction, brain damage, and destruction of future opportunities. This improvement over time may reflect increased health education efforts, media coverage, and community awareness campaigns in the seven years between studies.

The finding that addiction (94.7%) and brain damage (93.8%) are the most widely recognised consequences is encouraging, as these represent the most severe and irreversible effects of substance abuse. However, the persistence of the "myth of control" (45.1% believing users can stop anytime) alongside high addiction awareness reveals a critical disconnect: students know substances are addictive but believe they personally could control their use. This paradox, acknowledging addiction in others while denying personal vulnerability, is a well-documented cognitive bias in health behaviour.

The high awareness of family conflicts (93.8%) and destruction of future opportunities (94.7%) indicates that students understand the social and life-course consequences of substance abuse. This is important because these consequences may be more salient to adolescents than long-term health effects. Erin et al. (2017), studying medical students in the United States, documented consequences including interpersonal altercations, serious suicidal ideation, cognitive deficits, compromised academic performance, and driving under the influence. The current study's findings suggest Nigerian secondary students have a similarly comprehensive understanding of consequences across multiple domains.

The slightly lower awareness of reproductive health consequences (85.8-88.5%) aligns with Tolulope et al.'s (2025) finding that knowledge of specific complications varies. This represents an opportunity for strengthening health education curricula to include comprehensive coverage of all consequence domains.

Erin et al. (2017) also found that 40% of medical students were unaware of their institution's substance-use policies. While the current study did not directly assess policy awareness, this finding highlights the importance of not only teaching about health consequences but also ensuring students know institutional rules and consequences for violations.

Theoretical Implications for Objective Four

From the perspective of the Health Belief Model (HBM), students demonstrate very high perceived severity of consequences (3.41). According to HBM, high perceived

severity should motivate protective health behaviour. However, the 23.0% experimentation rate suggests that perceived severity alone is insufficient when other constructs (perceived benefits, perceived barriers, cues to action) are not adequately addressed.

The findings support Protection Motivation Theory (PMT), which posits that protective behaviour is motivated by threat appraisal (perceived severity + perceived vulnerability) and coping appraisal (response efficacy + self-efficacy). Students demonstrate high threat appraisal (awareness of severe consequences) but may have lower coping appraisal (confidence in ability to refuse drugs, access to alternative coping strategies). The "myth of control" (45.1%) represents a form of coping appraisal, believing one can stop anytime, that is actually maladaptive because it increases willingness to experiment.

Duygu et al. (2025) found that students with positive attitudes toward the future had lower substance abuse proclivity, while those with anxious attitudes had higher proclivity. In the current study, awareness that substance abuse destroys future opportunities (94.7%) may serve as a protective factor for students with a positive future orientation, but may be less effective for students with anxious or hopeless outlooks. This suggests that consequence education should be tailored to students' psychological profiles and future expectations.

Implications for Intervention Design

The findings suggest that effective prevention interventions must move beyond awareness-raising to address the multiple factors that mediate the awareness-behaviour relationship:

1. Counter the "Myth of Control": Interventions must directly address the misconception that users can stop anytime. Neuroscience-based education about addiction as a brain disorder-not a moral failing or simple choice-is essential. Patrik et al. (2025) noted that despite therapeutic cooperation, many patients continued substance use, highlighting the need for repeated, reinforced education about addiction's nature.

2. Address Perceived Benefits: Rather than ignoring or dismissing the reasons students use substances, interventions should acknowledge that substances may provide temporary relief from stress, social connection, or pleasure, while teaching healthier alternatives for meeting these needs. Annabel et al. (2022) emphasised this approach.

3. **Skills-Based Approaches:** Students need concrete skills for resisting peer pressure, managing stress, satisfying curiosity through healthy exploration, and making decisions in high-risk situations. Knowledge alone is insufficient without behavioural skills.

4. **Peer-Led Interventions:** Given the powerful influence of peers (88.1%), peer-led education and mentoring programmes may be more effective than adult-led programmes. Trained peer educators can model refusal behaviours and create positive peer norms.

5. **Environmental Interventions:** Addressing easy availability (68.6%) requires policy and enforcement interventions beyond the school's control, regulating alcohol sales to minors, enforcing drug laws, and creating drug-free spaces.

6. **Early Intervention:** With 53.8% of users initiating between ages 13-15, prevention must begin in Junior Secondary School or earlier. Abubakar et al. (2021) recommended that the Federal Ministry of Education ensure PSU-related topics are incorporated into the secondary school curriculum.

7. **Family Engagement:** The relatively low parental discussion score (69.9%) represents an opportunity. Given that Abubakar et al. (2021) found fathers' substance use was a strong predictor (aOR: 10.3), family-based interventions addressing both communication and parental modelling are needed.

8. **Multi-Component, Multi-Level Interventions:** The Socio-Ecological Model suggests that effective prevention must address individual (knowledge, skills), interpersonal (peer norms, family communication), community (drug availability, social norms), organisational (school policies), and policy (enforcement) levels simultaneously.

9. **Leverage Student Receptivity:** The high willingness to participate in awareness programmes (85.8%) and strong belief in education's efficacy (89.4%) indicate that students are ready to engage. This receptivity should be capitalised on through well-designed, engaging programmes.

10. **Comprehensive Health Education:** The slightly lower awareness of reproductive health consequences (85.8-88.5%) suggests that health education curricula should be comprehensive, covering all consequence domains. Tolulope et al. (2025) recommended increased advocacy on long-term complications, and this should include reproductive health.

STRENGTHS AND LIMITATIONS OF THE STUDY

Strengths

1. **Adequate Sample Size:** The study included 226 respondents, providing sufficient statistical power for descriptive analysis.
2. **Targeted Population:** Focusing on SS1-SS3 students ensured that respondents were at an age where substance abuse experimentation is prevalent (53.8% of users initiated at 13-15 years).
3. **Comprehensive Instrument:** The questionnaire covered all four research objectives with multiple items per construct, allowing for nuanced understanding.
4. **Contextually Relevant:** The study addressed a significant public health issue in a specific Nigerian community, providing locally relevant data for intervention design.
5. **High Response Rate:** The census approach within the selected classes ensured representation of the target population.
6. **Alignment with Previous Research:** The findings were consistent with and extended several recent Nigerian and international studies, enhancing external validity.

Limitations

1. **Self-Report Bias:** Responses may be subject to social desirability bias, particularly for sensitive questions about personal drug use. The 23.0% use rate may be an underestimate.
2. **Cross-Sectional Design:** The study provides a snapshot at one point in time and cannot establish causal relationships or track changes over time.
3. **Single Community:** Findings may not be generalisable to other communities with different socioeconomic, cultural, or geographic characteristics.
4. **Quantitative Focus:** The study lacked qualitative data that could provide a deeper understanding of the awareness-behaviour gap, the "myth of control," and students' lived experiences.
5. **No Validation of Drug Use:** Self-reported drug use was not validated through biological measures, though this would be impractical in a school-based survey.
6. **Limited Parent/Family Data:** While family factors were identified as important in the literature, the study did not collect detailed data on parental substance use or family dynamics.

Implications for practice, policy, and further research

Implications for Practice

1. **Curriculum Enhancement:** Schools should implement comprehensive, skills-based drug education programmes that address not only awareness but also refusal skills, stress management, and accurate understanding of addiction. Abubakar et al. (2021) recommended that the Federal Ministry of Education ensure PSU-related topics are incorporated in the secondary school curriculum.
2. **Counter the "Myth of Control":** Prevention programmes must directly address the misconception that users can stop anytime. Neuroscience-based education about addiction as a brain disorder is essential.
3. **Peer Education Programs:** Given the powerful influence of peers, train and deploy peer educators who can model positive behaviours and provide social support for drug-free choices. Ayantude et al. (2025) emphasised collaborative efforts between educators, healthcare professionals, and community leaders.
4. **Stress Management and Mental Health Support:** With 48.1% of users citing stress coping, schools should provide accessible counselling services and teach healthy stress management techniques. Duygu et al. (2025) found that anxious attitudes predicted substance abuse proclivity, highlighting the need for anxiety management interventions.
5. **Early Intervention:** With 53.8% of users initiating at ages 13-15, prevention programmes must begin in Junior Secondary School or earlier.
6. **Parent Engagement Programs:** Address the gap in parental discussions (69.9%) by developing programmes that equip parents with communication skills and knowledge to discuss drug issues with their children. Abubakar et al. (2021) found that fathers' substance use was a strong predictor, suggesting family-based interventions are critical.
7. **Leverage Media Channels:** With social media (87.6%) and traditional media (84.1%) as primary information sources, develop engaging, evidence-based content for these platforms. Tolulope et al. (2025) recommended increased advocacy on long-term complications.
8. **Alternative Activities:** Provide positive recreational alternatives that address needs for excitement, social connection, and stress relief without drugs. This addresses curiosity (57.7%) and feeling high/for fun (26.9%).

Implications for Policy

1. **Curriculum Mandate:** The Federal Ministry of Education should mandate comprehensive, age-appropriate drug education across all secondary school classes, with skills-based approaches and regular curriculum review. Abubakar et al. (2021) made this recommendation, and the current study supports it.
2. **Teacher Training:** Invest in pre-service and in-service training for teachers on drug education, early identification of at-risk students, and referral pathways. Oluyemi et al. (2025) demonstrated that structured education can improve attitudes, suggesting teacher training should include attitudinal components.
3. **School-Community Partnerships:** Establish formal partnerships between schools, community leaders, law enforcement, and health services to address drug availability near schools and create supportive environments.
4. **Enforcement of Drug Laws:** Strengthen enforcement of laws prohibiting the sale of alcohol and drugs to minors, particularly around school environments. With 75.2% perceiving easy access to alcohol, current enforcement appears inadequate.
5. **School Policies:** Schools should develop, disseminate, and enforce clear policies on substance use, with consistent consequences and support services. Erin et al. (2017) found 40% of medical students unaware of institutional policies, highlighting the need for communication.
6. **Health Promoting Schools Framework:** Adopt the WHO Health Promoting Schools framework that addresses health through curriculum, environment, and community partnerships.
7. **Integration with Mental Health Services:** Given the link between stress coping and substance use, integrate school-based mental health services with drug prevention efforts. Duygu et al. (2025) found that anxious attitudes predicted substance abuse proclivity, supporting this integration.

Implications for Further Research

1. **Longitudinal Studies:** Track students over time to understand how awareness, attitudes, and behaviours evolve through secondary school and beyond, and to identify critical intervention points.
2. **Qualitative Research:** Conduct focus groups and in-depth interviews to understand the awareness-behaviour, the "myth of control," and students' lived experiences

from their own perspectives. Annabel et al. (2022) emphasised understanding the positive functions substances serve for young people.

3. **Intervention Studies:** Test the effectiveness of different intervention approaches - skills-based vs. information-based, peer-led vs. adult-led, school-based vs. community-based - to identify the most effective strategies for this population.
4. **Family Studies:** Investigate parent knowledge, attitudes, communication patterns, and substance use behaviours to understand family influences and design effective family-based interventions. Abubakar et al. (2021) found fathers' use was a strong predictor, warranting further investigation.
5. **Comparative Studies:** Compare awareness, attitudes, and substance use across different communities, school types (public/private), and geographic regions to identify contextual factors influencing outcomes.
6. **Gender Analysis:** Examine gender differences in awareness, attitudes, substance use patterns, and intervention responses. Vesna et al. (2022) found gender differences in awareness, with female students knowing fewer NPS names.
7. **Policy Evaluation Studies:** Evaluate the impact of drug education policies, school substance use policies, and enforcement efforts on student outcomes.
8. **Neurocognitive Studies:** Investigate the myth of control using cognitive and neuropsychological approaches to understand its developmental and psychological underpinnings.
9. **Social Network Analysis:** Map peer networks to understand how substance use norms and behaviours spread through social connections and identify influential peer educators.
10. **Cross-National Comparisons:** Compare findings with studies from other countries (e.g., Wang and Zhang, 2022, in China; Vesna et al., 2022, in Serbia; Erin et al., 2017, in the UK) to identify culturally specific vs. universal factors.

7. CONCLUSION

The study concludes that secondary school students in Owerre-Ebeiri demonstrate a high level of awareness regarding psychoactive substances and their consequences. However, the presence of substance experimentation among some students indicates the need for stronger preventive interventions.

8. RECOMMENDATIONS

1. Schools should integrate comprehensive substance abuse education into the curriculum. 2. Parents and teachers should strengthen guidance and supervision of adolescents. 3. Peer education programmes should be introduced to counter peer pressure. 4. Government and NGOs should implement community-based awareness campaigns. 5. Counselling services should be made available in schools to support students.

9. DECLARATION OF THE AUTHOR

I declare no conflict of interest in this paper.

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