Chief Editor Dr. A. Singaraj, M.A., M.Phil., Ph.D. Editor Mrs.M.Josephin Immaculate Ruba **EDITORIAL ADVISORS** 1. Prof. Dr.Said I.Shalaby, MD, Ph.D. **Professor & Vice President Tropical Medicine**, Hepatology & Gastroenterology, NRC, Academy of Scientific Research and Technology, Cairo, Egypt. 2. Dr. Mussie T. Tessema, Associate Professor, **Department of Business Administration,** Winona State University, MN, United States of America, 3. Dr. Mengsteab Tesfayohannes, Associate Professor, Department of Management, Sigmund Weis School of Business, Susquehanna University, Selinsgrove, PENN, United States of America, 4. Dr. Ahmed Sebihi **Associate Professor** Islamic Culture and Social Sciences (ICSS), Department of General Education (DGE), Gulf Medical University (GMU), UAE. 5. Dr. Anne Maduka, Assistant Professor, **Department of Economics**, Anambra State University, Igbariam Campus, Nigeria. 6. Dr. D.K. Awasthi, M.SC., Ph.D. **Associate Professor Department of Chemistry**, Sri J.N.P.G. College, Charbagh, Lucknow, Uttar Pradesh. India 7. Dr. Tirtharaj Bhoi, M.A, Ph.D, Assistant Professor. School of Social Science. University of Jammu, Jammu, Jammu & Kashmir, India. 8. Dr. Pradeep Kumar Choudhury, Assistant Professor. Institute for Studies in Industrial Development, An ICSSR Research Institute, New Delhi- 110070, India. 9. Dr. Gyanendra Awasthi, M.Sc., Ph.D., NET Associate Professor & HOD Department of Biochemistry, Dolphin (PG) Institute of Biomedical & Natural Sciences, Dehradun, Uttarakhand, India. 10. Dr. C. Satapathy, Director, Amity Humanity Foundation, Amity Business School, Bhubaneswar, Orissa, India.



ISSN (Online): 2455-7838 SJIF Impact Factor (2017): 5.705

EPRA International Journal of

Research & Development (IJRD)

Monthly Peer Reviewed & Indexed International Online Journal

Volume:2, Issue:11, November 2017







ISSN: 2455-7838(Online) EPRA International Journal of Research and Development (IJRD) SJIF Impact Factor: 5.705 Volume: 2 | Issue: 11 | November| 2017

PREVALENCE, AWARENESS AND USE OF PSYCHOACTIVE SUBSTANCE AMONG STUDENTS OF INNOVATION ENTERPRISE INSTITUTIONS IN IBADAN, OYO STATE, NIGERIA

Akinpelu AO¹

¹Department of Health and Information Management Lead City University Ibadan, Nigeria

Umezurike ET²

²Department of Microbiology Lead City University Ibadan, Nigeria

ABSTRACT

INTRODUCTION: Psychoactive substances according to WHO, are substances that when taken in or administered into one's system, affect mental processes, e.g. cognition or affect. The use of psychoactive substance (like alcohol, tobacco, cannabis, cocaine and heroin) is one of the long recognized social ills posing great concern to public health all over the world.

AIMS: This study therefore, is aimed at assessing the prevalence, awareness and use of psychoactive substance among students of Innovation Enterprise Institutions in Ibadan.

METHODOLOGY: The study was conducted among students of Innovation Enterprise Institutions, Ibadan. Consent was obtained from the students after the study was approved by the Oyo State Research Ethical Review Committee, Ministry of Health Secretariat, Ibadan.

RESULTS :Overall, respondents had a mean age of 20.8 \pm 2.5. Majority 161 (64.4%) of the respondents were aged 20-24 years while the remaining 89 (35.6%) were 15-19 years of age. More than half 142 (56.8%) were male. Overall, up to 220 (88.0%) of the students were aware of at least one psychoactive substance, 212 (84.8%) were aware of alcohol and 176 (70.4%), 190 (76.0%) and 193 (77.2%) were aware of cannabis, tobacco and cigarette respectively.

CONCLUSION: This study found out that there is awareness about psychoactive substances as well as a high level of prevalence of psychoactive substance use among students of these Innovation Enterprise Institutions.

KEYWORDS: Prevalence, Psychoactive substances, Drug use, Drug Abuse, Adolescence, Students

1. INTRODUCTION

Psychoactive substances according to WHO 2016 (1), are substances that when taken in or administered into one's system, affect mental processes, e.g. cognition or affect. This term and its equivalent, psychotropic drugs, are the most neutral and descriptive term for the whole class of substances, licit and illicit, of interest to drug policy. 'Psychoactive' does not necessarily imply dependence-

producing, and in common parlance, the term is often left unstated, as 'drug use' or 'substance abuse'. Psychoactive drugs affect the chemical and physical functioning of the brain. These drugs are often termed "mind-altering" because they change the perceptions and the behavior of the individual using them. There are seven main classifications of psychoactive drugs: stimulants, club drugs, depressants, narcotics, cannabis, hallucinogens and inhalants according to The Florida Alcohol & Drug Abuse Association Resource Center (2)

The use of psychoactive substance (like alcohol, tobacco, cannabis, cocaine and heroin) is one of the long recognized social ills posing great concern to public health all over the world (3, 4, 5). The trend of psychoactive substance use has been documented to be on the increase the world over, with developing countries taking the front seat (4, 5). More worrisome is the age at first use of psychoactive substance which is found to be as early as eleven years in Nigeria (6). Furthermore, the use of tobacco and alcohol has been recognized as high risk-taking behaviour common among adolescent in secondary schools and colleges (7, 8). These psychoactive substances predispose users to the risk of physical and mental consequences (8). To be specific, some of the notable consequences associated with substance use among adolescents are: decreased academic performance, absenteeism, violence and criminal tendencies (9, 8, 7). Favombo and Aremu (10) assert that the use of marijuana could lead to reduction in academic performance or even grounding of academic pursuit.

The statistics of psychoactive substance peddling, trafficking and use is alarming. About 190 million people worldwide were documented as using substance with 4.3% of this population known to be 15 years and above (11). In Nigeria 228,794.13kg of cannabis; 3,905.447kg of psychotropic substance; 461.15kg of epinephrine; 131.888kg of cocaine and 211.325kg of heroin were seized from drug traffickers by National Drug Law Enforcement Agency in 2012 (6). In a study conducted to assess the prevalence of users of tobacco and marijuana among students in Ilorin Metropolis, Kwara State, Nigeria ; it was found that 27% of the sampled population were in the habit of use of these substances; out of which about a third (30%) were female students (6). With the devastating consequences of psychoactive substances use especially amongst the in-school adolescent age group (7, 8), there is an increasing need to design and implement effective school-based anti- psychoactive substance use programs. Studies have assessed the use of psychoactive substances among universities and polytechnic students in Nigeria but literature search did not reveal any studies on use of psychoactive substances among students in Innovation Enterprise Institutions in Nigeria.

According to National board technical education directory of accredited programmes offered in Polytechnics, Technical and Vocational institutions in Nigeria (12). These institutions are relatively new in Nigeria as the first set got accreditation in 2008. They are technical tertiary institutions that award National Diploma certificates only. In Nigeria there are a total of 104 Innovative Enterprise Institutions spread across the country and five of these Institutions are in Oyo state. National board technical education (NBTE) considered accreditation of this arm of tertiary institution to increase access to technical and vocational training in order to provide enough technical hands for industries and enable the make the youths to acquire skills for self-employment.

During the transition to college, young people encounter many new sources of stress, which includes separation from family, the need to form new social groups, share rented flats with strangers, stress from academic pressures and the need to balance social engagements with academic work and other life responsibilities (13). Use of psychoactive substances occurs among all social groups and studies revealed that initiation starts at early age (14). Adolescents are known to have high potential for abstract thinking coupled with streams of ideas backed up with enough energy to put the ideas into practice. Unfortunately, their ability to assess and avert risks and consequences at this transitional age tends to be very weak, most especially when their emotions are influenced by certain factors based on the desire for immediate selfgratification. These attributes make the young persons' more vulnerable to the use of psychoactive substance, especially with easy access to drugs and welcoming environmental factors which help tailored their behavior pattern. This study therefore, is aimed at assessing the prevalence, awareness and use of psychoactive substance among students of Innovation Enterprise Institutions in Ibadan.

2. MATERIALS AND METHODS

Study area: The study was carried out among students of the five Innovation Enterprise Institutions located in Ibadan, Oyo State. Oyo state is one of the 36 states in Nigeria. The state was created in 1976 out of the old western region, it has an estimated population of 5.2 million (NPC, 2005). Ibadan is the largest indigenous city in West Africa and is located in the South Western part of Oyo State of Nigeria. It is the capital city of Oyo State and is located about 145 km north-east of Lagos. Its population is 2,550,593 according to 2006 census results, including 11 local government areas. The population of central Ibadan, including five LGAs, is 1 338 659 according to census results for 2006, covering an area of 128 km². (15)

The Innovation Enterprise in Ibadan:

- Highland College of Technology, Samonda, Ibadan North LGA
- City Gate Institute of Innovation and technology, Orogun, Ibadan North LGA.
- St. Winfred Innovative Institution, Olomi-Ayegun off Olomi-academy bridge, Ibadan North East LGA.
- Tower Innovative College, Ago Taylor Apata, Ibadan North West LGA.

• Aquatech Institute of Fisheries Management, off Fodasis, Adeoyo hospital Ring road, Ibadan South West LGA.

Other institutions of higher learning in Ibadan include: University of Ibadan, Ladoke Akintola University of technology, Ogbomosho: Lead City University; Ajayi Crowder university; The Polytechnic of Ibadan; The Ibarapa polytechnic; The Oke-Ogun polytechnic and The King polytechnic.

Study population

Students of Innovation Enterprise Institutions in Ibadan.

Inclusion criteria: National Diploma (ND) I & II students of Innovation Enterprise Institutions in Ibadan.

Exclusion criteria:

Students of Innovation Enterprise Institutions in Ibadan who do not give consent.

Students greater than 24 years of age

Study design

A descriptive cross-sectional study of 5- Innovation Enterprise Institutions in Ibadan, Oyo State, Nigeria.

Sample size determination

The minimum sample size (N) formula for estimating proportion was used to calculate the required sample size for this study.

n= Z²pq (kish 1965)

 d^2

n= appropriate sample size

d= desired precision of the estimate, set at 0.05

z= standard normal deviate, set at 1.96

p=likely value of the proportion with out-come of interest in the target population

q=1-p

p is prevalence of use of psychoactive substance among medical student in University of Ilorin study by Makanjuola 20.0%.(Makanjuola, 2014)

Therefore, p is 0.20

q = 1 - 0.20 = 0.80

Substituting for the values in the formula,

 $n=1.96^2 \times 0.20 \times 0.80$

 $(0.05)^2$

n= 3.8416 x 0.20 x 0.80 = 245 0.0025

n=245.86

Therefore the minimum sample size was calculated to be 250

Sampling Techniques

A multi-stage sampling technique will be used

1st stage: Purposive selection of the 5 IEI's in Ibadan

 2^{nd} stage:Random selection of departments at both national diploma 1& 2 levels

3rd stage: Systematic random selection of students from each department. Every 3 students was selected. The list of students from each department was

obtained from the school admission officer, from the list every 3rd student was chosen for the survey for students who are not available, the systematic numbering start again from the next person.

Neyman allocation formula $\left[\frac{yi}{\sum yi}Hi\right]$ was used to calculate the proportionate stratification sample size from each stratum (each IEI) which will be proportionate to the population size of the stratum (i.e a fraction). Thus a total of two hundred and fifty sampled proportionate to the size of the population of students in each institution using the formular below:

$$n = \frac{yi}{\sum yi}Hi$$

n= proportionate sample size

yi= Sample size of each IEI

 $\sum yi$ = Sample frame (total size of the 5 IEI's =273) *Hi* = total sample size

- Highland $= \begin{array}{c} 87 \\ 273 \end{array} \times \begin{array}{c} 2250 = 80 \\ 273 \end{array}$
- Aquatech $= 83 \times 250 = 76$
- Citi Polytechnic = 20 X 250 = 18 273
- St. Winifred = 37 X 250 = 34 273
- Tower $= 46 \times 250 = 42$ 273

Study Instrument

A semi-structured questionnaire was utilized. The questions were adapted from the following instruments.

- i. The WHO guidelines for students' substance use survey (16),
- ii. 10-item strength of religious faith scale by Santa Clara (17),
- iii. 10-item Peer relationship scale,
- iv. 10-item perceived stress scale (18)
- v. 10-item perceived self-esteem scale by Rosenberg (19).
- vi. 12-item General Health Questions (12-GHQ) (20).

The questionnaire comprised the following sections:

- Section A: Socio-demographic variables of the respondents and Religiousity scale O1-25.
- Section B: Awareness and Prevalence of use of psychoactive substances Q 26-30 with 12 variables each few open ended questions.

Reliability of the Instruments

The instrument was pre-tested among students of The Polytechnic Ibadan. Forty questionnaires were administered to respondents who met the inclusion criteria from the study setting using simple random sampling technique. Only thirty- eight questionnaires were retrieved from respondents after successful completion. Data collection spanned a period of two weeks. Data collected were coded and fed into computer using statistical package of social sciences (SPSS) version 20. Frequency tables, pie and bar charts were used for presentation of socio-demographic variables

Data Collection

Data Collection Method: The study was conducted among students of Innovation Enterprise Institutions, Ibadan. Consent was obtained from the students after the study was approved by the Oyo State Research Ethical Review Committee, Ministry of Health Secretariat, Ibadan. The Students was addressed in their lecture room after taking permission from the school authority and lecturer in the class. Recruited and trained research assistants assisted with administration of the questionnaires to the students in different lecture theatres and collected the questionnaires after they had been filled. The researcher with the class representative after introduction addressed the students in order to give prior information on the purpose of the study to the students in different lecture room before handing over to the research assistants. Incentives were given on submission of completely filled questionnaire.

Data Analysis Data was analysis conducted using SPSS Ver.20.0. Descriptive statistics was used to summarize the data using proportions, frequencies percentages, mean, standard deviation. The results were presented in tables.

Data Management Filled questionnaires were secured and protected from unauthorized access. Data was entered into the computer of the researcher and the system had a password to prevent unauthorized access.

Ethical Consideration

Ethical permission and approval to conduct the study was sought from Oyo State Research Ethical Review Committee, Ministry of Health Secretariat, Ibadan.

Confidentiality of Data serial numbers only was used and the name of respondents was not required to ensure anonymity of information. Their academic level requested is for ease of comparison only.

3.0 RESULTS

Socio-demographic characteristics of respondents

Overall, respondents had a mean age of 20.8 \pm 2.5. Majority 161 (64.4%) of the respondents were aged 20-24 years while the remaining 89 (35.6%) were 15-19 years of age. More than half 142 (56.8%) were male. About three quarters 189 (75.6%) of the

respondents were Yoruba while 41(16.4%) and 14 (8.0%) accounted for Igbo and Hausa respectively. Also, about three quarters were Christians 188(75.2%) while 62 (24.8%) were Muslims. (Table 1)

Religiosity, a measure to determine how seriously a respondent took his/her faith was assessed on a 10-item scale. Each question was assessed on a four-point scale ranging from strongly disagree to strongly agree. A composite score was computed and categorized as low faith (0 - 30) and high faith (<30). A little more than a third, 36% strongly agreed that their religious belief was extremely important to them a. Overall, more than half of the respondents 142(56.8%) had "high faith" while 108(43.2%) had low faith (Table 1).

The strength of such religiosity which had to do with the respondents practice and perception of his/her faith was also taken into consideration by making use of a Likert scale. Results showed that almost all the respondents either agreed 63 (25.2%) or strongly agreed 176 (70.4%) that their faith was extremely important to them. A lot of our respondents prayed reportedly prayed daily with 117 (47.6%) agreeing to this while 105 (42.0) strongly agreed. Respondent who felt that their faith gave meaning to their lives were 86(34.4%) agreeing and 146(58.4%)strongly agreeing. (Table 2)

Respondents'.Peer.Relationship

Table 3 shows the respondents peer relationship strength. A little below half of the respondents 112(44.8%) strongly agreed that they had friends that understood them while 96(38.4%), 23(9.2%), 19(7.6%), agreed, disagreed and strongly disagreed respectively. A little below half of the respondents 118(47.2%) agreed that they had a cordial relationship with their colleagues in school while 31(12.4%) and 16(6.4%) disagreed and strongly disagreed

respectively. Also, a little below half of the respondents 101(40.4%) agreed that they had friends who could borrow money from, when in need while 83(33.2%), 36(14.4) and 30(12.0) strongly agreed, disagreed and strongly disagreed respectively. The most strongly agreed 112(44.8%) term was the fact that they had friends that understood them and took them for whom they were while it was observed that most of the respondent 52(20.8%) strongly disagreed that they had at least one friend they could discuss about psychoactive substances.

Awareness and prevalence of psychoactive substance use among the students

Respondents were asked if they were aware of various psychoactive substances and if they were aware of students in their institution using any of these substances

Respondents'. awareness. of. types. and. use. of psychoactive substances

Overall, up to 220 (88.0%) of the students were aware of at least one psychoactive substance, 212 (84.8%) were aware of alcohol and 176 (70.4%), 190 (76.0%) and 193 (77.2%) were aware of cannabis, tobacco and cigarette respectively (Table 4).

Respondent's. awareness. about. the. use. of. psychoactive substances by other students

The table 5 below shows the awareness of respondents about psychoactive substances users who happen to be students of the institution. It was discovered that the respondents were aware of 178(71.2%) users of alcohol and for stimulant 178(71.2%) had the highest users, followed by kolanut 149 (59.6%) while psychoactive substances like amphetamines 217(86.8%) and opiates 207(82.8%) had low respondents level of awareness of users of these substances.

Types of Psychoactive Substances Ever Used By the Respondents

As many as 103 (41.2%) of respondents had ever used at least one psycho-active substance which can serve as the rate of substance use for this study. Common substances ever used were, kolanut 103 (41.2%) and alcohol 84 (33.6%) (Table 6)

Respondents Current Use of Psychoactive Substances

About 112 (44.8%) of all 250 the students interviewed were currently using at least one psycho-active substance. The common substance currently being used were Kolanut 112 (44.8%), 82 (32.8%) were currently using alcohol and 68 (27.2%) were using sedatives. (Table 7)

Frequency of respondents psychoactive substances use

Table 8 shows the frequency of psychoactive substance use among respondents. The vast majority of the respondents reported to have taken cocaine, Hallucinogens, Cannabis (Igbo) and opiates in the last one year as they were represented with the 233(93.2%), 230 (92%), 223 (89.2%) and 236 (94.4%) respectively as compared with 9(3.6%), 6(2.4%), 13(5.2%) and 8 (3.2%) who usually takes these psychoactive substances on daily basis. However, the most frequently uses psychoactive substance daily is stimulant 50 (20.0%). Follow by kolanut 30(12.0%) and solvents 16(6.4%). Among the weekly used psychoactive substances stimulant was ranked higher 56(22.4%). Followed by solvent 21(8.4%). Meanwhile some stimulant was still ranked higher for monthly psychoactive use 54 (21.6%) followed by alcohol 51(20.4%) and sedative 35(14.0%).

It was also revealed in this study that the least psychoactive substance used daily was Hallucinogens while cocaine and opiates appeared to be the least weekly use with frequency of 4(1.6%) and the least on monthly use was opiates.

4.0 DISCUSSION

This study was conducted to assess the prevalence, awareness and use of psychoactive substances among students from the Innovative Enterprise Institutions in Oyo state. Psychoactive substance use continues to be major risk being among youths, accompanied with physical and mental health complications/consequences. The scope of the study included determining prevalence of psychoactive active substance use among students of innovation enterprise institutions in Ibadan, awareness of students to the availability of these substances as well as users of such substances on campus, as well as the type of psychoactive substance use among students of innovation enterprise institutions in Ibadan. Psychoactive substances use amongst the vouth worldwide is a major public health problem that has elicited concern from different individuals and groups (21, 22).

Responses was elicited from 250 respondents. The demographic profile of the respondents showed that a significant proportion were young with majority of respondents being between 20-24 year olds. There were more male students 56.8% as against 43.2% females within this study. This might not be unconnected with the difficulty in gaining admission into institutions of higher learning in Nigeria, which can lead to young women getting pregnant due to idleness and therefore being unable to continue their pursuit of admission into tertiary institutions and by extension lead to the end of their education. Studies done (23) equally confirmed that youth have been identified as a high group for the use of psychoactive substances. Three quarter of the respondents were Yoruba and of Christian religious this could be explained in relationship with the geographical location of study site.

The study revealed that more than half of the respondents 142(56.8 %) claimed to be highly religious. This observation was not too different from what was found in other studies conducted among medical students in Nigeria (24). Africa as a continent is made up of very religious and superstitious people and therefore it is not strange that students consider themselves to be religious although this does not necessarily translate to reduction in involvement of such people in risky health behaviors.

The findings from this study showed that more than half 58.4% are high users of psychoactive substances even despite their age range. This was in tandem with the study done (23) reported that globally, the use of psychoactive substances has become a major public health issue and this argument was equally supported by (25,) studies which insisted that there was an increasing trend in psychoactive use and abuse in many African countries. Studies (24),have gone further by stating that in Nigeria where substance abuse was uncommon many decades ago, there is today ample visual evidence of drug use at motor parks of most urban cities in Nigeria where young adults could be seen using marijuana, alcohol, Kolanut and other such similar substances.

Researchers in this study however suggests that policy makers in charge of education at all levels within the country should design school curriculum to lay emphasis on the menace and ills associated with the use, trafficking and sale of psychoactive substances. Other governmental and non-governmental bodies should also continue, to plan and ensure effective implementation of campaigns against the use, sale and traffic of these substances not only among students, but also within the society in general.

Prevalence of substance Use

The findings from this study revealed that, the most commonly used substances were, kolanut (12.0) and alcohol (16.4). Alcohol as one of the top substance used makes result of this study similar to the findings of other studies (20) although that study found that stimulants were the most commonly used substance while kolanut was the most commonly used psychoactive substance in this other study. Current use of alcohol in this study was found to be 32.8% which is very close to 36.3 % found in uyo by (26), although their current use of kolanut was very minimal (1.6%) compared to 44.8% found in this study. This might be due to cultural differences existing between the subjects of both studies. In this present study, the least daily used psychoactive substances was hallucinogen, while cocaine and opiates appeared to be the least weekly use psychoactive. This observation is not different from what was found in study done by Makanjoula 2007 (20) where it was reported that the most currently used substances were stimulants, while opioids and hallucinogens were less commonly used. Consequently, several reports on prevalence of psychoactive use among youths is reassuring, some have actually increased while some have not changed significantly. More importantly now than ever before efforts should be made towards reducing the prevalence of substance use through health education and maintenance of risk/protective factors.

5.0 CONCLUSION AND RECOMMENDATION

This study found out that there is awareness about psychoactive substances as well as a high level of prevalence of psychoactive substance use among students of these Innovation Enterprise Institutions. The reason or factors responsible for this high prevalence among the students was beyond the scope of this study. Thus the researcher came to the conclusion that there is need to put strategies in place such as the following:

- 1. Health educations should be taught in schools, right from the primary schools through the Tertiary institutions.
- 2. Health education should focus more on age 11 and above (adolescent) to guide against Abuse/misuse of psychoactive substances.
- 3. National Drug Law enforcement Agency (NDLEA) should intensify their campaigns against use and misuse of all drugs especially at secondary school level because it is the peak of adolescence.
- 4. Ministry of education (State and Federal) should as a matter of urgency include within curricula, education on dangers of psychoactive substances use at all levels of education.

Study limitations

- 1. The study was carried out within the classroom setting and respondents were in the midst of their classmates and so there was a likelihood that the respondents may have answered some questions in a manner they felt might be socially acceptable, thereby causing the study to run the risk of being affected by social desirability bias. However, every attempt was made to reassured respondents of their anonymity and confidentiality.
- 2. Another limitation, was the focus of this research which was quantitative in nature, thus giving little or no accommodation for qualitative data.
- 3. Geographically, the research was conducted in Oyo state which is just one of the few states that IEIs are located. With Nigeria having 36 states and the Federal capital territory, broad generalisations cannot be made from the findings of this study.
- 4. Data were cross-sectional and causal relationship cannot be inferred from these findings.
- 5.

Recommendations for further studies

- 1. More comprehensive studies are needed to replicate this study utilizing both qualitative and quantitative approach believing that this will help to exploit various psychoactive abuse/misuse among this group.
- 2. Replication of study among the out of school adolescents to have a better data on the prevalence of the use of psychoactive substances among this age group.

REFRENCES

- 1. <u>http://www.who.int/substance_abuse/terminology/psy_choactive_substances/en/</u>
- 2. www.fadaa.org. What are Psychoactive drugs
- 3. Odejide, A. 2006. Status of drug use/abuse in Africa. Int J Mental Health, Vol.4:87–102.
- World Health Organization. (WHO) 2011. Alcohol: Fact sheet. Retrieved from World Health OrganizationWebsite:<u>http://www.who.int/mediacentr</u> <u>e/factsheets/fs349/en/index.html</u>
- Deressa, W. and Azazh, A. 2011. Substance use and its predictors among undergraduate medical students of Addis Ababa University in Ethiopia. BMC Public Health, 11(1), 660.
- 6. National Drug Law Enforcement Agency (NDLEA), 2009. Drug date collection and research, Lagos: Drug Demand and Reduction Unit National Drug Law Enforcement Agency
- Grossband, J.R., Mastroleo, N.R., Kilmer, J.R., Lee, C.M., Turrisi, R. and Larimer, M.E, 2010. Substances Use Patterns Among First-Year College Students: Secondary Effects of a Combined Alcohol Intervention. J Subst Abuse Treat 39(4):384– 390
- Oshodi, O., Aina, O. and Onajole, A. 2010. Substances use among secondary school students in an urban setting in Nigeria: prevalence and associated factors. African J Psychiatry, 13:32–57.
- 9. Kebede Y, Abula T, Ayele B, Feleke A, Degu G, Kifle A. 2005. Substances Abuse For the Ethiopian Health Center Team. Ethiop Public Health Train Initiative vol. 81
- Fayombo, G.A. and Aremu, S. 2000. Drug education and its effects on the educational performance of some adolescents drug abusers in Ibadan. The Counsellor, 18(5), pp. 378-387.
- 11. EPHA. 2006. Emerging Public Health Problem in Ethiopia, Annual conference of The Ethiopian public Health association. Addis Ababa.
- 12. <u>http://www.nbte.gov.ng/institutions.html</u>
- 13. Joseph, A. 2003. Depression, Substances Abuse and College Student Engagement: A Review of the Literature.
- United Nations Office on Drugs and Crime. 2012. The contemporary drug problem: Characteristics, pattern and driving factors. In World drug report 2012. Retrieved from United Nations Office on Drugs and Crime Web site:

<u>http://www.unodc.org/documents/data-</u> andanalysis/WDR2012/WDR_2012_Chapter2.pdf

- 15. <u>www.ngex.com/nigeria/places/states/oyo</u>
- 16. World Health Organization (WHO) 2013. State and local youth risk behaviour Survey.
- Fatusi, A.O. and Blum, R. W. 2008.Predictors of early sexual initiation among a nationally representative sample of Nigerian adolescents. BMC Public Health 2008, 8:136 doi:10.1186/1471-2458-8-136
- Omigbodun, O.O.and BAbalola, O.2004Perceived stress scale used in Annals of African medicine, Vol.3. College of medicine, University of Ibadan, Nigeria
- Pedersen, E.R., Hsu, S.H., Neighbors, C., Paves, A.P. and Larimer, M.E. 2013. Exploring relationships between facets of self-esteem and drinking behavior among diverse groups of young adults. Addictive Behaviors, Volume 38, Issue 10, Pages 2581-2585.
- Makanjuola A.B, Daramola T.O and Obembe A.O. 2014. Psychoactive substance use among medical students in a Nigerian university. World Psychiatry 6(2): 112-114.
- 21. Yeung W. (1997) Substance misuse in secondary school students in Hong Kong. Psychiatric Bulletin; 21:561-562.Cited in Makanjuola et al 2014. Psychoactive substance use among medical students in a Nigerian university. World Psychiatry 6(2): 112-114.
- Courtois, R., El-Hage, W., Moussiessi, T. and Mullet, F. (2004). Prevalence of alcohol, drug use and psychoactive substance consumption in samples of French and Congolese High School Students. Tropical Doctor, 34: 15-17.
- E. Owoaje and J. Bello, "Psychoactive substance use among undergraduate ttudents of the University of Ibadan, Nigeria," The Tropical Journal of Health Sciences, vol. 17, no. 2, pp. 56–60, 2010
- Makanjuola A.B, Daramola T.O and Obembe A.O. 2014. Psychoactive substance use among medical students in a Nigerian university. World Psychiatry 6(2): 112-114.
- Adelekan, M.L, Makanjuola, A.B., Ndom, R.J.E., Fayeye, J.O., Adegoke, A.A., Amusan, O. and Idowu, A.I. 2001. 5-Yearly Monitoring of Trends of Substance Use Among Secondary School Students In Ilorin, Nigeria, 1988-1998. West African Journal of Medicine. 2001; 20 (1): 28-36.
- 26. Abiama EE, Abasiubong F, Usen KB, UE Alexander. Prevalence of substance use and association with psychiatric illness among patients in UYO,

cio-demographic	Frequency (N)	Percent (%)
aracteristics		
Gender		
Male	142	56.8
Female	108	43.2
Age		
15-19	89	35.6
20-24	161	64.4
Academic status		
ND I	119	47.6
NDII	131	52.4
Department		
Computer engineering	50	20.0
Computer Science	13	5.2
Agric. Technology	36	14.4
Animal health	41	16.4
Business admin	8	3.2
Banking and finance	26	10.4
Fisheries	18	7.2
Multi media	50	20.0
Networking	8	3.2
Religion		
Christianity	188	75.2
Islam	62	24.8
Religiosity (Strenght of religious faith)	108	43.2
Low faith	142	56.8
High faith		
Self esteem		
Normal self esteem	206	82.4
Low self esteem	44	17.6
Ethnicity		
Yoruba	189	75.6
Igbo	41	16.4
Hausa	14	5.6
Others	6	2.4

TABLES OF RESULTS

TABLE 2: Strength Of Religious Faith

Strength of religious faith scale	SD	D	Α	SA
	N(%)	N (%)	N (%)	N(%)
My religious faith is extremely important to me.	11(4.4)	0(0)	63(25.2)	176 (70.4)
I pray daily.	9(3.8)	17(6.8)	117(47.6)	105(42.0)
I look to my faith as a source of inspiration	5(2.0)	6(2.4)	83(33.2)	156(62.4)
I look to my faith as providing meaning and purpose in my life.	8(3.2)	10(4.0)	86(34.4)	146(58.4)
I consider myself active in my faith or church.	7(2.8)	13(5.2)	131(52.4)	99(39.6)
My faith is an important part of who I am as a person.	9(3.6)	9(3.6)	97(38.8)	135(54.0)
My relationship with God is extremely important to me.	8(3.2)	7(2.8)	62(24.8)	173(69.2)
I enjoy being around others who share my faith.	10(4.0)	18(7.2)	126(50.4)	96(38.4)
I look to my faith as a source of comfort.	8(3.2)	4(1.6)	115(46.0)	123(49.2)
My faith impacts many of my decisions	11(4.4)	16(6.4)	108(43.2)	115(46.0)

	Table 3	Respondents'	peer relationship)
Peer relationship	SA (%)	A (%)	SD (%)	D (%)
I have at least one friend that I can trust	78(31.2)	109 (43.6)	39 (15.6)	24 (9.6)
I have at least one friend who could lend me money if I needed it	83 (33.2)	101 (40.0)	36 (14.4)	30 (12.0)
I have at least one friend I can talk with about family problems or real personal problems	75 (0.30)	102 (40.8)	41 (16.4)	32 (12.8)
I have at least one friend I find it easy to talk to about psychoactive substance	60 (34.0)	88 (35.2)	50 (20.0)	52 (20.8)
I have at least one friend I find it easy to talk to about psychoactive substance				
I have at least one friend I would turn to if I were in trouble	88 (35.2)	92 (36.8)	47 (18.8)	23 (9.2)
I have at least one friend who accepts me for who I really am.	110 (110)		22 (0.2)	40 (2 ()
I have at least a friend who cares about my academic performance	112 (44.8)	96 (38.4)	23 (9.2)	19 (3.6)
I have at least a friend who will/has bailed me out of trouble	108 (43.2)	97 (38.8)	25 (10.0)	20 (8.0)
I have a cordial relationship with my lecturers	75 (30.0)	104 (41.6)	32 (12.8)	39 (15.6)
	72 (28.8)	113 (45.2)	37 (14.8)	28 (11.2)
	85 (34.0)	118 (47.2)	31 (12.4)	16 (6.4)

Psychoactive substances	Yes (N = 250) (n = %)	No (%)
Alcohol	212 (84.8)	38 (15.2)
kolanut	210 (84.0)	44 (17.6)
Cigarette	193 (77.2)	57 (22.8)
Tobacco	190 (76.0)	60 (24.0)
Cannabis	176 (70.4)	74 (29.6)
Cocaine	165 (66.0)	85 (34.0)
Sedatives	150 (60.0)	100 (40.0)
Solvents	146 (87.0)	104 (41.6)
Opiates	123 (49.2)	127 (50.8)
Hallucinogens	84 (33.6)	166 (66.4)
Amphetamines	56 (22.4)	194 (77.6)

Table 4 :Respondents' awareness of psychoactive substances

Table 5 Respondents awareness on psychoactive substances used by other students

Psychoactive substances	Yes $(N = 250)$ $(n = \%)$	No (%)
Alcohol	178 (71.2)	72 (28.8)
Kolanut	149 (59.6)	101 (40.4)
Cigarette	127 (50.8)	123 (49.2)
Cannabis	126 (50.4)	124 (49.6)
Sedatives	111 (44.4)	139 (55.6)
Tobacco	99 (39.6)	151 (60.4)
Solvents	79 (31.6)	171 (68.4)
Cocaine	65 (26.0)	185 (74.0)
Hallucinogens	45 (18.0)	205 (82.0)
Opiates	43 (17.2)	207 (82.8)
Amphetamines	33 (13.2)	217 (86.8)

Table 6: Types of psychoactive substances used among IEI's students

Psychoactive substances	Yes $(N = 250)$ $(n = \%)$	No
Ever used		
Kolanut	103 (41.2)	147 (58.8)
Alcohol	84 (33.6)	166 (66.4)
Sedatives	63 (25.2)	187(74.8)
Solvents	29 (11.6)	221 (88.4)
Amphetamines	19 (7.6)	231 (92.4)
Hallicinogen	18 (7.2)	232 (92.8)
Tobacco	18 (7.2)	232 (92.8)
Cigarette	17 (6.8)	233 (93.2)
Cannabis	14 (5.6)	236 (94.4)
Cocaine	10 (4.0)	240 (96.0)
Opiates	5 (2.0)	245 (98.0)

ychoactive substances		Yes (N = 250) (n = %)	No
irrent use				
Kolanut		112 (44.8)		138 (55.2)
Alcohol		82 (32.8)		168 (67.2)
Sedatives		68 (27.2)		182(72.8)
Solvents		43 (17.2)		207 (82.8)
Amphetamines		30 (12.0)		220 (88.0)
Cigarette		28 (11.2)		222 (88.8)
Cannabis		27 (10.8)		223 (89.2)
Tobacco		23 (9.2)		227 (90.8)
Hallucinogens		20 (8.0)		230 (92.0)
Cocaine		17 (6.8)		233 (93.2)
Opiates		14 (5.6)		236 (94.4)
Table 8	: Frequency of rea	spondents psy	choactive sub	ostances use
	: Frequency of res	spondents psyc Daily (%)	<u>choactive sub</u> Weekly (%)	
Table 8Frequency of psychoactisubstance use				ostances use Monthly (%)
Frequency of psychoacti				
Frequency of psychoacti substance use				
Frequency of psychoacti substance use Psychoactive substances		Daily (%) 16 (64.4)	Weekly (%) 15 (6.0)	Monthly (%) 51 (20.4)
Frequency of psychoacti substance use Psychoactive substances Alcohol Cannabis Opiates	ve I don't (%) 168 (67.2) 223 (89.2)	Daily (%) 16 (64.4) 13 (5.2)	Weekly (%) 15 (6.0) 10 (4.0)	Monthly (%) 51 (20.4) 4 (1.6)
Frequency of psychoacti substance use Psychoactive substances Alcohol Cannabis Opiates Cocaine	ve I don't (%) 168 (67.2) 223 (89.2) 236 (94.4)	Daily (%) 16 (64.4) 13 (5.2) 8 (3.2)	Weekly (%) 15 (6.0) 10 (4.0) 4 (1.6)	Monthly (%) 51 (20.4) 4 (1.6) 2 (0.8)
Frequency of psychoacti substance use Psychoactive substances Alcohol Cannabis Opiates Cocaine Hallucinogens	ve I don't (%) 168 (67.2) 223 (89.2) 236 (94.4) 233 (93.2)	Daily (%) 16 (64.4) 13 (5.2) 8 (3.2) 9 (3.6)	Weekly (%) 15 (6.0) 10 (4.0) 4 (1.6) 4 (1.6)	Monthly (%) 51 (20.4) 4 (1.6) 2 (0.8) 7 (2.8)
Frequency of psychoacti substance use Psychoactive substances Alcohol Cannabis Opiates Cocaine Hallucinogens Amphetamines	ve I don't (%) 168 (67.2) 223 (89.2) 236 (94.4) 233 (93.2) 230 (92.0)	Daily (%) 16 (64.4) 13 (5.2) 8 (3.2) 9 (3.6) 6 (2.4)	Weekly (%) 15 (6.0) 10 (4.0) 4 (1.6) 4 (1.6) 7 (2.8)	Monthly (%) 51 (20.4) 4 (1.6) 2 (0.8) 7 (2.8) 12 (4.8)
Frequency of psychoacti substance use Psychoactive substances Alcohol Cannabis Opiates Cocaine Hallucinogens Amphetamines Sedatives	ve I don't (%) 168 (67.2) 223 (89.2) 236 (94.4) 233 (93.2) 230 (92.0) 220 (88.0)	Daily (%) 16 (64.4) 13 (5.2) 8 (3.2) 9 (3.6) 6 (2.4) 9 (3.6)	Weekly (%) 15 (6.0) 10 (4.0) 4 (1.6) 4 (1.6) 7 (2.8) 9 (3.6)	Monthly (%) 51 (20.4) 4 (1.6) 2 (0.8) 7 (2.8) 12 (4.8) 37 (14.8)
Frequency of psychoacti substance use Psychoactive substances Alcohol Cannabis Opiates Cocaine Hallucinogens Amphetamines Sedatives Stimulants	ve I don't (%) 168 (67.2) 223 (89.2) 236 (94.4) 233 (93.2) 230 (92.0) 220 (88.0) 180 (72.0)	Daily (%) 16 (64.4) 13 (5.2) 8 (3.2) 9 (3.6) 6 (2.4) 9 (3.6) 14 (5.6)	Weekly (%) 15 (6.0) 10 (4.0) 4 (1.6) 4 (1.6) 7 (2.8) 9 (3.6) 19 (7.6)	Monthly (%) 51 (20.4) 4 (1.6) 2 (0.8) 7 (2.8) 12 (4.8) 37 (14.8) 37 (14.8)
Frequency of psychoacti substance use Psychoactive substances Alcohol Cannabis Opiates Cocaine Hallucinogens Amphetamines Sedatives Stimulants Tobacco	ve I don't (%) 168 (67.2) 223 (89.2) 236 (94.4) 233 (93.2) 230 (92.0) 220 (88.0) 180 (72.0) 90 (36.0)	Daily (%) 16 (64.4) 13 (5.2) 8 (3.2) 9 (3.6) 6 (2.4) 9 (3.6) 14 (5.6) 50 (20.0)	Weekly (%) 15 (6.0) 10 (4.0) 4 (1.6) 4 (1.6) 7 (2.8) 9 (3.6) 19 (7.6) 56 (22.4)	Monthly (%) 51 (20.4) 4 (1.6) 2 (0.8) 7 (2.8) 12 (4.8) 37 (14.8) 37 (14.8) 37 (14.8) 54 (21.6)
Frequency of psychoacti substance use Psychoactive substances Alcohol Cannabis Opiates Cocaine Hallucinogens Amphetamines Sedatives Stimulants Tobacco Cigarette	ve I don't (%) 168 (67.2) 223 (89.2) 236 (94.4) 233 (93.2) 230 (92.0) 220 (88.0) 180 (72.0) 90 (36.0) 227 (90.8)	Daily (%) 16 (64.4) 13 (5.2) 8 (3.2) 9 (3.6) 6 (2.4) 9 (3.6) 14 (5.6) 50 (20.0) 8 (3.2)	Weekly (%) 15 (6.0) 10 (4.0) 4 (1.6) 4 (1.6) 7 (2.8) 9 (3.6) 19 (7.6) 56 (22.4) 12 (4.8)	Monthly (%) 51 (20.4) 4 (1.6) 2 (0.8) 7 (2.8) 12 (4.8) 37 (14.8) 37 (14.8) 54 (21.6) 3 (1.2)
Frequency of psychoacti substance use Psychoactive substances Alcohol Cannabis Opiates Cocaine Hallucinogens Amphetamines Sedatives Stimulants Tobacco	ve I don't (%) 168 (67.2) 223 (89.2) 236 (94.4) 233 (93.2) 230 (92.0) 220 (88.0) 180 (72.0) 90 (36.0)	Daily (%) 16 (64.4) 13 (5.2) 8 (3.2) 9 (3.6) 6 (2.4) 9 (3.6) 14 (5.6) 50 (20.0)	Weekly (%) 15 (6.0) 10 (4.0) 4 (1.6) 4 (1.6) 7 (2.8) 9 (3.6) 19 (7.6) 56 (22.4)	Monthly (%) 51 (20.4) 4 (1.6) 2 (0.8) 7 (2.8) 12 (4.8) 37 (14.8) 37 (14.8) 54 (21.6)

Table 7 Respondents current use of psychoactive substances
--