



Analysis of perception towards drug usage among the university students from Lagos, Nigeria

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Abstract

The objective of this study is to evaluate substance use-related literacy among medical students at a selected university from Lagos, Nigeria. A cross-sectional survey method was used to collect data. The findings indicate that a significant number of students acknowledged the presence of peers involved in substance abuse within their classrooms. Additionally, the results reveal a low prevalence of personal substance use and a higher level of assertiveness among the students. The findings highlight that there is an urgent need to intervene in terms of improving the university students awareness towards substance misuse and strategies to avoid substance usage at all. A number of recommendations are provided.

Keywords: Substance Use, University Students, Health Literacy, Mental Health, Nigeria.

INTRODUCTION

The term "mental health literacy" (MHL) refers to the knowledge and beliefs about mental disorders that support their recognition, management, and prevention. It involves understanding mental health conditions, knowing when and how to seek appropriate mental health information, and being aware of the causes and risk factors. MHL also encompasses knowledge of health-related information, risk factors, self-treatment methods, and the importance of seeking professional help (Jorm, Korten, Jacomb, Christensen, Rodgers, & Pollitt, 1997; WHO India, 2003).

University life is a transitional phase in an individual's development and carries a high risk of initiating substance use. Globally, it is estimated that around 1.2 billion people are affected by substance abuse. The increasing use of addictive substances worldwide is largely attributed to their easy availability and the influence of negative peer groups.

Chatterjee et al. (Chatterjee, Tempalski, Pouget, Cooper, Cleland, & Friedman, 2011) reported that substance use among university students is rising globally. Key factors contributing to this increase include easy availability, the desire for rapid popularity, the influence of poor role models, peer pressure, and a tendency toward experimentation. This pattern of substance use is prevalent worldwide, with a higher concentration among university and college students (Tsering, Pal, & Dasgupta, 2010; Mohan, Thomas, & Prabhu, 1997; Saluja, Grover, Irpati, Mattoo, & Basu, 2007).

An alarming concern is that many college and university students, along with health professionals, often possess limited knowledge about the harmful effects of substance use (Gassman, Demone, & Albilal, 2001; Warburton, Callfas, & Neubauer, 2007; Prakash, Giri, Mishra, Kumar, & Kulhara, 2009; Happell, Carta, & Pinikahana, 2002; Heckman, Dykstra, & Collins, 2010). Research in this area indicates that substance use is facilitated by a lack of awareness regarding its negative consequences (Giannetti, Sieppert, & Holosko, 2002; Moreira, Silveira, & Andreoli, 2009; Nebhinani, Mamta, Misra, & Garewal, 2013; Nebhinani, Mamta, Misra, & Kaur, 2013). Since there are many studies on similar issue but similar studies are in shortage in the context of Nigeria, so this study intends to fill this literature gap.

Objective

The objectives of the study are as follows:

- To assess mental health literacy (knowledge and attitudes toward substance use) among university students in a selected university from Lagos, Nigeria.
- To provide policy recommendations on the issue of mental health literacy related to substance usage.

MATERIALS AND METHODS

The participants of the study were university students in their first, second, third, and final years of the university degree program. The research adopted the 'Knowledge and Attitude Addiction Questionnaire for Adolescents (KAAQA)' (Prakash, Giri, Mishra, Kumar, & Kulhara, 2009), a self-reported survey designed to assess knowledge about substance use and its effects. The study followed a cross-sectional design. The questionnaire included 31 statements, requiring participants to respond on a dichotomous scale (Yes/No). Informed consent was obtained from all participants before data collection. The questionnaire was administered individually through physical distribution, and responses were collected on the same day.

Population and Sampling

The target population for this study includes all university students in Nigeria, however, the sample was drawn from a selected university from Lagos, Nigeria. Convenience non-random sampling was used to collect data from the participants.

Statistical Analysis

We collected data from the participants and entered it into SPSS version 28 for analysis. The analysis involved calculating frequencies, mean, standard deviation, and performing the chi-square test for comparison purposes.

RESULTS AND OBSERVATION

As per the demographic result, total of 218 respondents participated in the survey out of which, 131 (60.09%) were male and 87 (39.91%) were female. In terms of marital status, mostly participants were single in both male (78.62%) and female category (77.07%). In terms of religion, the dominant religion is Christianity among male (51.14%) and female (49.42%); followed by Islam among the male (40.45%) and female participants (47.12%).

Table 1
Socio-demographic Details

Variable	Male (N=131)		Female (N=87)	
	N	%	N	%
Marital status: Single	103	78.62	67	77.07
Married	15	11.45	05	5.74
Engaged	13	9.92	15	17.24
Religion: Christian	67	51.14	43	49.42
Muslim	53	40.45	41	47.12
Others	11	8.39	3	3.44
Year of study: 1 st Year	23	17.55	19	21.83
2 nd year	46	35.11	23	26.43
3 rd year	39	29.77	37	42.52
4 th Year	23	17.55	8	9.19

In terms of year of study, among the male, most participants were in 2nd year (35.11%) followed by 3rd year (29.77%). Among female, most participants were in the 3rd year (42.52%) followed by 2nd year (26.43%).

Table 2
Substance use related knowledge and Attitude (KAAQA)

No.	KAAQA Items	Total Sample (N=218)	Male Students (N=131)			Female Students (N=87)		
			Yes	No	Total Male	Yes	No	Total Female
1	Risk of substance use if staying with such people	218	76	55	131	55	32	87
2	Substance use improves memory/ concentration	218	78	53	131	76	11	87
3	Most of youth starts substances with peer group	218	93	38	131	54	33	87
4	Substances reduces stress	218	125	6	131	76	11	87
5	Substances don't damage health if used in small amount	218	119	12	131	81	6	87
6	Most of substance abuser don't know their harmful effects	218	101	30	131	55	32	87
7	It causes liver damage if used for longer duration	218	89	42	131	53	34	87
8	People appear influential/ rich on consumption of substance	218	93	38	131	43	44	87
9	One should not take substances which cause bad effect but one may take substances which won't cause such bad effects	218	76	55	131	57	30	87
10	Chewing tobacco may cause	218	81	50	131	56	31	87

	oral & throat cancer							
11	If one won't feel intoxicated over consumption of larger amounts it shows that he is healthy	218	57	74	131	53	34	87
12	Females won't consume any substance	218	59	72	131	49	38	87
13	There is no treatment for addiction	218	67	64	131	47	40	87
14	Substance abusers are bad people so they should not be helped	218	69	62	131	53	34	87
15	Majority of substance abuser are rich people	218	75	56	131	61	26	87
16	Injecting drugs may cause HIV	218	77	54	131	63	24	87
17	Most of youth don't take any substance	218	85	46	131	76	11	87
18	Willful subjects may quit substance any time despite longer intake of substance	218	103	28	131	70	17	87
19	Drugs increases pleasure of life	218	109	22	131	55	32	87
20	One should take substance at least once just to understand that it causes damage	218	76	55	131	80	7	87
21	If someone takes substance at home there is more risk for such intake in family	218	96	35	131	67	20	87
22	Substance abusing youth are influential in their peer group	218	99	32	131	53	34	87
23	Substance abusing youth are more likely to succeed	218	108	23	131	59	28	87
24	There is no problem in substance take until it is revealed to others	218	56	75	131	63	24	87
25	Harmful effects of drugs are only temporary	218	76	55	131	62	25	87
26	Youth takes substance only when there is any quarrel between parents/peers	218	85	46	131	61	26	87
27	Have you taken any substance?	218	89	42	131	68	19	87
28	Does any of your friend takes substances	218	86	45	131	73	14	87
29	Does any of your family member takes substance	218	76	55	131	59	28	87
30	Do you have confidence to say no when somebody offers you any substance	218	97	34	131	49	38	87
31	Do you want to have correct information regarding how to prevent substance intake	218	105	26	131	47	40	87
<hr/>								
t-stat Comparison								
Male and Female – Positive Response					Male and Female - Negative Response			
7.1 (P<0.05)					4.98 (0.000)			

The result for item 1 about risk of substance use of staying with such people showed that most participants including male (n=76); and female (n=55) stated yes as a response. For item 2 about substance use improve memory and concentration, most participants stated yes (Male=78, Female=76). For item 3 about most of youth starts substance with peer group, mostly response was positive (Male=93, Female=54). For item 4 that substance reduce stress, the response was positive across gender (Male=125, Female=76). For item 5 that substance don't damage health if used in small amount, mostly people agreed (Male=119, Female=81). For item 6 that most of substance abusers don't know their harmful effects, the response is positive (Male=101, Female=55). For item 7 about drugs causes liver damage if used for longer duration, the response is also affirmative (Male=89, Female=53). For item 8 about whether substance use make people to appear influential and rich, most people agreed (Male=93, Female=43). For item 9, individual should take only those substance which cause no bad effects and avoid substance which cause bad effects, individual reply was as follows (Male=76, Female=57). For item 10 about chewing tobacco may cause oral and throat cancer, individual response was mostly affirmative (Male=81, Female=56). For item 11 about if a substance won't feel intoxicated over consumption of larger amounts, it shows that it is healthy, the response was moderate (Male=57, Female=53). For item 12 about female won't consume any substance, the response was mostly negative (Male=59, Female=49). For item 13 which is about there is no treatment for addiction, the response was mixed (Male=67, Female=47). For item 14 about if substance abusers are bad people and thus should not be helped, the response was moderate (Male=69, Female=53). For item 15 about if majority of substance abusers are rich people, the response was moderate (Male=69, Female=53). For item 15 about majority of substance abusers are rich people, mostly response was positive (Male=75, Female=61). For item 16 about injecting drugs may cause HIV, the response was mostly positive (Male=77, Female=63). For item 17 if most of youth do not take any substance, the response was mostly affirmative (Male=85, Female=76). For item 18 about if individuals willfully may quit substance any time despite longer intake of substance, the response was mostly positive (Male=103, Female=70). For item 19 about drugs increases pleasure of life, mostly response was positive (Male=109, Female=55). For item 20 about if one should take substance at least once for understanding how it causes damage, the response was also positive (Male=76, Female=80). For item 21 about in situation where individual take substance at home, the risk for such intake increase in family, the response was positive (Male=96, Female=67). For item 22 about whether substance abusing youth are influential in their peer group, the response was mostly positive (Male=99, Female=53). For item 23 about substance abusing youth are more likely to succeed, the response was positive (Male=108, Female=59). For item 24 about there is no problem in substance take until it is revealed to others, mostly response was moderate (Male=56, Female=63). For item 25 about whether harmful effects of drugs are only temporary, the response was positive (Male=76, Female=62). For item 26 about youth taking substance only when there is quarrel between parents or peers, the response was also positive (Male=85, Female=61). For item 27 about whether individuals have taken any substance, most response was positive (Male=89, Female=68). For item 28 about does any friend taking substance, the response was mostly positive (Male=86, Female=73). For item 29 about whether any family member taking substance, the response was also positive (Male=76, Female=59). For item 30 about whether an individual have confidence to say No when offered substance, the response was moderate (Male=97, Female=49). For item 31 about whether individuals want correct information related to how to prevent substance intake, the response positive (Male=105, Female=47). Furthermore, the comparative result of t-test shows that in terms of positive response, mostly male and female had different response (t-stat=7.1, P<0.05). Similarly, male and female No

response was also statistically different ($t\text{-stat}=4.98, P<0.05$). Overall, it means that the result is statistically different among male and female university students.

Discussion

Individuals may begin using drugs during college/university life primarily due to an immature mindset, lack of understanding, and peer influence. A common misconception is that substance use can help them cope with negative experiences such as stress (O'Malley, Johnston, & Bachman, 1998). Developing appropriate strategies to prevent substance use among college and university students is crucial, as this stage of life presents a higher risk for initiating substance use (Moreira, Silveira, & Andreoli, 2009).

Our findings indicate that the students surveyed were generally aware of the harmful effects of substance use, including cancer, liver damage, and throat infections (Nebhinani, Mamta, Misra, & Garewal, 2013; Haddad, Shotar, Umlauf, & Al-Zyoud, 2010). The primary sources of information for college students were friends, teachers, parents, and the media (Tsering, Pal, & Dasgupta, 2010; Prakash, Giri, Mishra, Kumar, & Kulhara, 2009; Haddad, Shotar, Umlauf, & Al-Zyoud, 2010; Linda, Ali, Mary, & Sukaina, 2010). An alarming finding is that most students reported a higher risk of substance use due to peer pressure or being around individuals who use substances. However, a positive observation is that most students indicated they were able to refuse substance use or preferred to avoid it, as they possessed adequate knowledge about its negative effects.

Individuals with personal experience of someone struggling with a substance use problem reported having a negative attitude toward substance use (Gassman, Demone, & Albilal, 2001; Bryan, Moran, Farrell, & O'Brien, 2000). In this study, a minority of students admitted to using substances themselves or knowing family members and friends who used substances, which is consistent with findings from a previous study (Nebhinani, Mamta, Misra, & Garewal, 2013).

Prevention-based awareness programs play a crucial role in reducing substance use by educating students about the risks associated with substance dependence based on current knowledge. Since substance use typically begins after the age of 12 and increases with age, preventive substance use disorder education should start during early adolescence. Such education can help deter or delay substance use by influencing knowledge, attitudes, and behaviors (McBride, 2003; Lilja, Wilhelmsen, Larsson, & Hamilton, 2003). Adolescent substance use education should address the needs of both those who have not yet used substances and those experiencing initial exposure. Providing education at an early age is crucial for shaping how students respond to substance-related situations, while education during later stages remains significant in reinforcing these responses (Tobler, Lessard, & Marshall, 1999).

Prevention programs should be tailored to address an individual's specific educational needs related to different substances (White & Pitts, 1998; Black, Tobler, & Sciacca, 1998). Comprehensive approaches that consider behavioral, emotional, and environmental factors are more effective in producing long-term outcomes (McBride, 2003; Lilja, Wilhelmsen, Larsson, & Hamilton, 2003).

CONCLUSION AND IMPLICATION

The conclusion of the study is that among the medical students surveyed, the majority reported a higher risk of substance use due to being around individuals who consume substances. Most students agreed that if substances are brought home, there is a likelihood that some family members may also start using it. Additionally, a significant number of participants indicated that someone within their social circle uses substances. However, the findings also suggest that university students possess an awareness of the negative effects of substance use.

Recommendation

Our recommendation is the development of appropriate awareness programs tailored for university students to reduce the risk of substance use among them. Government and civil society also need to play its part in creating awareness among students about the negative effects of substance use. Parents of teenagers as well as college and university students should remain vigilant and keep educating and monitoring their children.

Limitation

The limitations of the study include a small sample size, a focus solely on a single university and its students, a sample restricted to a single city, and the use of self-reported measures.

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