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PREVALENCE AND PERCEIVED EFFECTS OF DRUG ABUSE AMONG YOUTHS IN OWERRI-EBIRI COMMUNITY ORLU LOCAL GOVERNMENT IMO STATE

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ABSTRACT

Drug abuse among youths remains a growing concern in many Nigerian communities, with implications for individual health, social stability, and public safety. This study investigated the prevalence and perceived effects of drug abuse among youths in Owerri-Ebiri, a community in Orlu Local Government Area, Imo State. A descriptive cross-sectional survey was conducted using structured questionnaires administered to youths in the community. Data on demographics, drug use patterns, and perceived community impacts were collected and analyzed using descriptive statistics. Table 1 revealed that the most prevalent age group among respondents was 20–25 years (33%), followed by 31–35 years (23.6%) and 26–30 years (20%). Few respondents were over 35 years (17.1%) or under 20 years (5.5%). A majority (77.1%) were single, and most (67.6%) had attained tertiary education. Unemployment (32.4%) and student status (29.8%) were the most common occupational categories. Figure 3 showed a high prevalence of drug abuse, with 68% admitting to using drugs not prescribed by a physician. Table 2 revealed that 41.4% of drug users consumed substances occasionally, 25.8% monthly, and 14% daily. Table 3 identified alcohol (36.4%) and marijuana (21.1%) as the most commonly abused substances, while methamphetamine (4.4%) and cocaine (3.6%) were least reported. Table 4 showed that drug abuse was perceived to cause significant health problems such as mental illness (40.7%), increased crime (16%), and family conflicts (15.6%), alongside academic decline, social withdrawal, and poverty. The study demonstrates a high prevalence of drug abuse among youths in Owerri-Ebiri, with serious health and social consequences. Targeted interventions such as community education, youth empowerment programs, and stricter control of substance availability are urgently needed to curb this growing menace.

KEYWORDS: Drug abuse, youth, prevalence, Owerri-Ebiri, substance use, community impact.

INTRODUCTION

Drug abuse remains a significant and escalating challenge in both developing and underdeveloped countries, with far-reaching health, social, and economic consequences. In many African nations, including Nigeria, drug and medication abuse threaten the wellbeing of youths—the most vibrant segment of the population—by undermining their health, educational goals, and societal roles. According to the African Sisters Education Collaboration (2024), approximately 350,000 people die annually across developing African countries due to alcohol and drug abuse. Cameroon records the highest mortality rate due to drug disorders among ASEC countries (3.21 per 100,000), while Ghana has witnessed a disturbing rise in drug use disorders from 0.89 per 100,000 in 2000 to 2.72 per 100,000 in 2017. In Nigeria, the scale of the problem is even more staggering. The National Bureau of Statistics (2018) estimated the prevalence of drug use at 14.4%, translating to over 14 million Nigerians aged 15–64 years—nearly three times the global average of 5.6% (UNODC, 2016). Young adults between the ages of 25–39 represent the most affected age group, with males accounting for the majority of users. However, gender gaps are less significant when it comes to the misuse of prescription opioids, cough syrups, and tranquilizers.

The most frequently abused substances in Nigeria include cannabis, codeine, amphetamines, heroin, cocaine, diazepam, and various cough syrups. Cannabis ranks highest in usage, with a general public prevalence of 10.8%, rising to 22.7% among adolescents aged 25 years and younger. Among secondary school students, cannabis abuse has a pooled prevalence of 12.5%. Cocaine use ranges from 0.1–0.6% in the general population, 0.6–10% among undergraduates, and 16–48% among secondary school students. Codeine is another commonly abused drug, with a prevalence of

2.4% in the general public and up to 22.7% among adolescents. Drug abuse, defined as the non-medical use of substances that alter mental, emotional, and physical functioning (Lewinso, 2007 as cited in Adewale, 2022), can severely affect academic performance, social relationships, and cognitive health. Substances may be ingested, inhaled, smoked, injected, or absorbed through the skin. The National African Seminar on Drug Problems held in Lagos warned that drug abuse is increasingly widespread in African nations and continues to rise. While once considered an urban male issue, drug abuse now affects females, youths, and even rural communities, expanding to regions like northern Nigeria.

Economic consequences are also severe. Folawiyo (2008, as cited in Adewale, 2022) estimated that over two billion naira is spent annually on prescribed psychotropic drugs, while the alcohol industry earns over four billion naira from the sale of alcoholic beverages to a consumer base of 30–35 million Nigerians. Mamman et al. (2014, as cited in Enamhe et al., 2021) emphasized that prolonged drug abuse fosters rising crime rates, insurgency, mental illness, and the spread of infectious diseases like hepatitis B, hepatitis C, and HIV/AIDS. Regional disparities in drug abuse exist across Nigeria. The northwest has the highest proportion of drug users (37.5%), followed by the southwest (17.3%), north-central (11.7%), and southeast zones. These patterns have been linked to urbanization, political instability, and youth unemployment. Nigeria's youth unemployment rate, estimated at 60% by the National Bureau of Statistics (2022), is believed to be closer to 80% in reality. Graduates from universities and polytechnics find themselves without job opportunities, resulting in frustration, disillusionment, and increased vulnerability to substance abuse (Ogunsola & Fatusi, 2016, as cited in Enueshike et al., 2022).

Globally, the World Health Organization (2015) attributes 3.3 million deaths annually to alcohol abuse alone, highlighting its role in traffic accidents and disease burden. While some research, like that of Piano MR (as cited in Joseph & Petrus, 2023), suggests potential cardiovascular benefits of alcohol in moderation, the broader public health consensus emphasizes its dangers. The financial burden of drug abuse is immense—estimated at over half a trillion dollars annually in the United States alone, surpassing the costs associated with diabetes or cancer (Khalsa et al., 2019). Given this context, this study investigates the prevalence and perceived effects of drug abuse among youths in Owerri-Ebiri, a semi-urban community in Orlu Local Government Area, Imo State, Nigeria. The research aims to generate data that will aid local authorities, health practitioners, educators, and policymakers in crafting effective interventions tailored to the unique challenges of the area.

RESEARCH METHODOLOGY
Research Design
The study adopted the descriptive survey method.

Research Setting
The research setting for this study is Owerri-Ebiri, a vibrant community located under the Orlu Local Government Area (LGA) of Imo State, Nigeria.

Target population
The target population refers to the group of individuals that the researcher aims to study and gather data from. In this context the target population includes youths aged 15 to 35 years residing in Owerri-Ebiri, Orlu LGA, Imo State. The study targets individuals within this age category who are likely to be exposed to or at risk of engaging in drug abuse, including both male and female across various socio-economic backgrounds.

Sampling Size
The population could be described as an unknown population given that the researcher does not have a clear count of all the youths residing in Owerri-Ebiri LGA. Therefore the sample size was derived using the Infinite Population Sample Size formula which is:

$$n = Z2x \ p \ x \ (1-p)/d2$$

Where:
n = required sample size
Z = Z-score (reflecting the desired confidence level)
For 95% confidence, Z = 1.96
p = estimated prevalence of the attribute (drug abuse in this case)
0.30 (30%) used to maximize the sample size, ensuring adequacy
d = margin of error (precision)
Commonly set at 0.05 (5**%**)

Calculation
n = (1.96)2· 0.3·(1−0.3) = 3.8416· 0.21 = 0.806736 = 322.69
(0.05)2   (0.0025)   (0.0025)
Therefore sample size of approximately 323 youths was used

Sampling technique
Snowball sampling was used to select the participants because of the sensitive nature of the issue under study. This technique allowed the researcher to reach participants through trusted contacts. The selection included both male and female within the age category of 15 to 35, across various socio-economic backgrounds**.**

Instrument for Data Collection
The researcher used questionnaire that was constructed using a close ended question. The questions were designed in a way that the respondents had the choice of ticking either yes or no or choose from the available options.

Validity and Reliability of Instrument

Validity is the degree to which studies accurately reflect or assess the specific concept that the researcher is attempting to measure. Face and content validity of the instrument was carried out by a given draft copy to the project supervisor who made the necessary corrections and suggestions. The irrelevant ones were removed and the relevant ones added. Recommendations and corrections made by the supervisor were used to produce the final copy of the instrument.

Reliability of instrument

The reliability of the instrument was checked using the test -retest method. It was administered to 30 respondents who were selected from a neighboring community of Owere-Ebiri. Cronbach Alpha was utilized to examine the outcome. A high positive correlation of 0.86 was obtained, indicating that the instrument was highly dependable.

Method of Data Analysis

The data collected was analyzed using simple percentage and chi-square presented in the result section below.

Ethical Consideration

The researcher made use of the principle of voluntary participation confidentiality in the condition of the research. The principle of voluntary participation ensures that the respondents were fully informed and participated willingly without coercion. Also, permission and ethical letter were obtained from the youth leader of the community before the copies of the questionnaire was shared.

RESULTS

A total of three hundred and twenty-three (323) copies of the questionnaire were distributed but only two hundred and seventy-five (275) respondents participated, therefore the response rate was 85%.

Table 1: Demographic Characteristics of Respondents.

| Variable	Category	Frequency	Percent (%)
Age Category	15-20	15	5.5
	20-25	93	33.8
	26-30	55	20.0
	31-35	65	23.6
	Above 35 years	47	17.1
	Total	275	100.0
Marital Status	Married	63	22.9
	Single	212	77.1
	Total	275	100.0
Educational level Attained	No formal education	42	15.3
	Primary school	18	6.5
	Secondary school	29	10.5
	Tertiary education (university/college)	186	67.6
	Total	275	100.0

Table 1 showed demographic characteristics of respondents. The highest occurring age group were those between 20 – 25 years (33%), followed by those in 31 – 35 years (23.6%) and 26 – 30 years (20%) age bracket. However, few participants were above 35 years (17.1%) and the least number of them were below 20 years of age (5.5%). Majority (77.1%) of the respondents were single while the rest were married (22.9%). Most of the participants (67.6%) had attained tertiary level of education, though this was followed by those that had no formal education (15.3%), a few had secondary school education (10.5%) while the least number of them had only primary school education (6.5%).
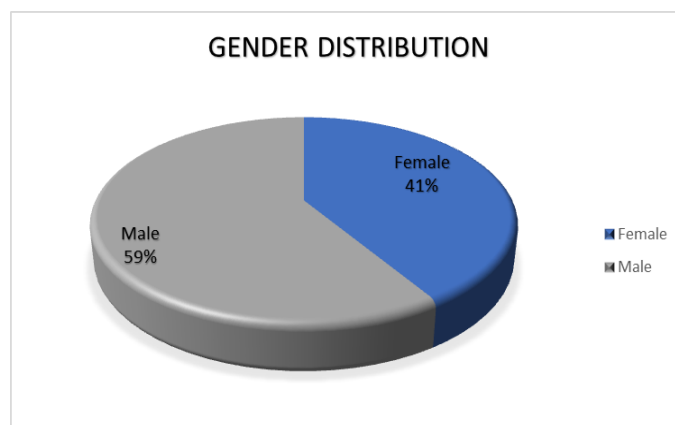
**Figure 1: Pie Chart Showing Gender Distribution.**

Figure 4.1 showed that there were more male (59%) participants than female (41%) participants.
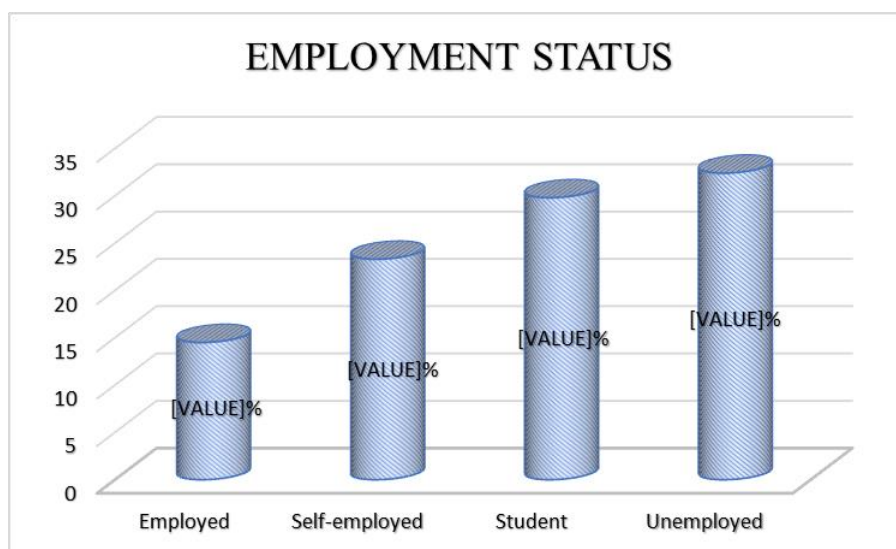
EMPLOYMENT STATUS

Figure 2: Column Graph showing distribution of Employment Status.

The graph showed that a significant number of participants (32.4%) were unemployed, many (29.8%) were still students and some (23.3%) were self-employed while the least number of participants (14.5%) were employed.

Prevalence of Drug Abuse
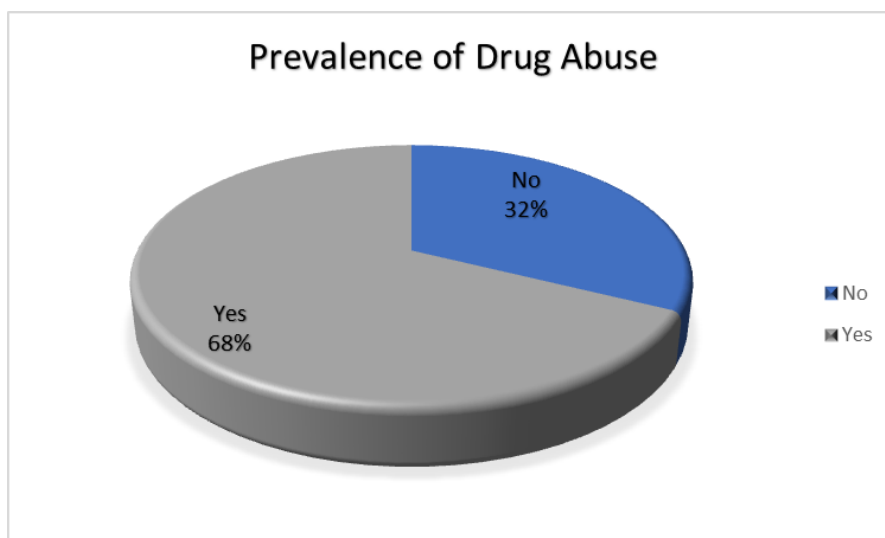
Figure 3: Pie Chart Showing the Prevalence of Drug Abuse.

Figure 3 showed the prevalence of drug abuse in the locality. The respondents were asked if they had ever used any drugs other than prescribed medications, while majority (68%) of them said "yes", a few (32%) said "no".

Table 2: Rate of Abuse of Drug.

Variable	Category	Frequency	Percent (%)
How often do you use drugs?	Daily	26	14.0
	Monthly	48	25.8
	Occasionally	77	41.4
	Weekly	35	18.8
	Total	186	100.0

Table 2 showed the rate at which drug was abused by those who were involved. Almost half (41.4%) of those involved occasionally used drugs, a quarter (25.8%) of them used it monthly and the least number (14%) of respondents involved used drugs daily.

Table 3: Commonly Abused Drugs.

Variable	Category	Frequency	Percent (%)
Which of the following drugs do you think are commonly used by youths in your community?	Alcohol	100	36.4
	Cocaine	10	3.6
	Codeine	15	5.5
	Marijuana (weed)	58	21.1
	Methamphetamine (Crystal Meth)	12	4.4
	Tobacco/cigarettes	39	14.2
	Tramadol	41	14.9
	Total	275	100.0

Table 3 showed the commonly abused drugs. Alcohol was the most commonly used drug (36.4%), followed by marijuana, commonly referred to as weed (21.1%), the least commonly abused drugs were methamphetamine (4.4%) and cocaine (3.6%).

Table 4: Perceived Effects of Drug Abuse.

Variable	Category	Frequency	Percent (%)
What effects of drug abuse have you noticed among youth in your community?	Family conflicts	43	15.6
	Health problems (e.g., mental illness,	112	40.7
	Increase in crime rates	44	16.0
	Poor academic performance	27	9.8
	Risky sexual behaviour	16	5.8
	Social isolation	18	6.5
	Unemployment/poverty	15	5.5
	Total	275	100.0

Table 4 showed the effect of drug abuse noticed in the locality. The most commonly noticed effect were health problems such as mental illness (40.7%), followed by increased crime rates (16%) and family conflicts (15.6%). Other effects of drug abuse noticed, according to their mode of occurrence are, poor academic performance (9.8%), social isolation (6.5%), risky sexual behavior (5.8%) and unemployment/poverty (5.5%).

Table 5: Drug abuse by age categories.

	Have you ever used any drug (other than prescribed medication)		
	No	Yes	Total
Age Category	N (%)	N (%)	N (%)
15-20	12 (13.5%)	3 (1.6%)	15 (5.5%)
20-25	40 (44.9%)	53 (28.5%)	93 (33.8%)
26-30	23 (25.8%)	32 (17.2%)	55 (20.0%)
31-35	14 (15.7%)	51 (27.4%)	65 (23.6%)
Above 35 years	0 (0.0%)	47 (25.3%)	47 (17.1%)
Total	89 (100.0%)	186 (100.0%)	275 (100.0%)

P-value (significant at 0.05 level) = <0.001

Table 5 shows the abuse of drug by age categories. Results indicated that there was a significant association between age and drug abuse prevalence (p-value <0.001). There was an increase in the prevalence of drug abuse with age.

DISCUSSION
The findings of this study reveal several significant patterns in the demographics, prevalence, and effects of drug abuse in Owerri-Ebiri, aligning closely with national trends and previously published literature. The majority of participants were young adults aged 20–25 years (33%), an age group widely identified in both local and global studies as being at high risk for initiating and engaging in substance abuse. This is consistent with Mohammed et al. (2023), who identified adolescence and early adulthood as the critical windows for substance experimentation and addiction onset. Although some studies, such as Sharma (2015), suggest initiation often begins between 15 and 18 years, the slightly older age group observed in this study could reflect delayed exposure due to contextual factors such as prolonged education and limited social mobility in semi-urban or rural environments like Owerri-Ebiri. The gender distribution also supports existing research showing a higher prevalence of drug use among males compared to females (Ogbonna et al., 2021). The high percentage of unmarried respondents (77.1%) may also be a factor contributing to drug abuse, as social instability, lack of family responsibility, and peer pressure are often more pronounced in single young adults.

Educational attainment among respondents was relatively high, with 67.6% having tertiary education, yet this did not correlate with decreased drug abuse. This supports the paradox highlighted by Adebayo (2013), where education alone does not act as a protective factor against substance abuse, particularly in environments of high youth unemployment. With unemployment at 32.4% and an additional 29.8% being students, this demographic faces a psychosocial environment characterized by uncertainty, idleness, and frustration—conditions that frequently predispose individuals to drug experimentation and abuse. The study's revelation that 68% of respondents had used non-prescribed drugs at least once underscores a high prevalence rate, especially when compared with previous findings. While studies like Ajayi and Somefun (2020) reported a 24.5% prevalence among university students, and Opakunle et al. (2022) noted a 49.8% rate among high school adolescents, the higher rate in Owerri-Ebiri (68%) aligns more closely with the 69.2% lifetime prevalence observed in tertiary institutions in Abeokuta (2016). This similarity across different regions suggests that drug use among Nigerian youth is widespread and may be underestimated in national statistics due to underreporting and stigma.

Alcohol emerged as the most abused substance (36.4%), followed by marijuana (21.1%), which supports earlier findings by Ajayi and Somefun (2020) and Atilola et al. (2016). The dominance of alcohol and marijuana abuse is likely influenced by their relative affordability, availability, and the social acceptability fostered by media and peer culture. The minimal use of hard substances such as methamphetamine (4.4%) and cocaine (3.6%) may reflect limited access or affordability rather than a lack of willingness to experiment, a finding also observed in studies of adolescents in Lagos (Atilola et al., 2016). Moreover, the cultural normalization of alcohol consumption in social gatherings and music videos (Sunday, 2024) may be reinforcing its widespread use among youths. Mental illness was the most frequently reported consequence of drug abuse in the study (40.7%), surpassing other social issues such as crime (16%) and family conflict (15.6%). This finding is consistent with Sarkingobir and Dikko (2020), who reported mental disorders as one of the leading outcomes of substance use. While this study did not explicitly report suicidal behavior, the presence of mental illness underscores the psychological burden associated with substance abuse, corroborating Omigbodun et al. (2008), who identified suicide and depression as significant sequelae among substance-using youth.

The findings also suggest that drug abuse contributes to increased crime rates and family disintegration, further aligning with Mamman et al. (2014), who linked substance abuse to broader societal problems such as insurgency, youth delinquency, and disease transmission. With Nigeria's urbanization and economic instability, young people face heightened exposure to psychological stressors and inadequate coping mechanisms, which can lead to the adoption of harmful habits including substance abuse. Furthermore, the significant correlation between drug use and socio-demographic variables like age, employment status, and education highlights the need for targeted interventions. The high rate of substance use among unemployed and underemployed youth suggests that improving economic opportunities could serve as a preventive strategy. Similarly, drug prevention programs should be incorporated into educational institutions, especially targeting the critical age group of 15–25 years, to curb the early onset of substance use.

CONCLUSION
This study highlights the high prevalence of drug abuse among youths in Owerri-Ebiri, particularly within the 20–25-year age group, with alcohol and marijuana being the most commonly abused substances. Despite a relatively high level of tertiary education among participants, factors such as unemployment, social instability, and peer influence appear to drive substance use. The psychological consequences—especially mental illness—as well as the social effects, including crime and family conflict, underscore the far-reaching impact of drug abuse on individuals and communities. The findings are consistent with existing literature and point to the need for urgent, comprehensive interventions. These should include community-based education programs, strengthened mental health services, school-based prevention strategies, and employment opportunities tailored for young people. Addressing the root causes—such as unemployment and lack of recreational outlets—will be essential to reducing drug use and promoting healthier, more productive lives for Nigeria's youth.

REFERENCES
1. Adebayo, A. *Youth unemployment and the national directorate of employment self-employment programmes*. The Nigerian Journal of Economic and Social Studies, 2013; 41(1): 81–102.
2. Adewole, O. *Drug abuse and its impact on Nigerian youth*. Nigerian Journal of Social Psychology, 2022; 5(2): 144–158.
3. Ajayi, A. I., & Somefun, O. D. Recreational drug use among Nigerian university students: Prevalence, correlates and patterns. *Substance Abuse Treatment, Prevention, and Policy*, 2020; 15(1): 1–10. https://doi.org/10.1186/s13011-020-00253-7
4. Alum, E. U., Obeagu, E. I., Ugwu, O. P. C., Egba, S. I., EjimUti, D. E., Ukaidi, C. U. A., & Echegu, D. A. Confronting Dual Challenges: Substance Abuse and HIV/AIDS. *Elite Journal of HIV*, 2024; *2*(5): 1-8.
5. Atilola, O., Ola, B. A., & Abiri, G. Drug use and its mental health correlates among adolescents in Nigeria: A study of a national sample. *BMC Psychiatry*, 2016; 16: 1–9. https://doi.org/10.1186/s12888-016-1012-3

6. Enamhe, B. O., Usang, E., & Odu, G. The socio-economic impact of drug abuse among youth in Northern Nigeria. *African Journal of Social and Behavioural Sciences*, 2021; 12(1): 33–46.

7. Enueshike, E., James, M., & Akpan, O. Youth unemployment and drug abuse: A socio-economic dilemma in Nigeria. *Nigerian Journal of Social Research*, 2022; 10(2): 92–105.

8. Folawiyo, A. *The economic implications of substance abuse in Nigeria*. In Adewale (Ed.), *Youth and Drugs in Nigeria*, 2008; 123–139. Ibadan: Spectrum Books.

9. Joseph, A., & Petrus, S. Alcohol consumption and its impact on health: Contradictions and controversies. *Journal of Substance Use and Health*, 2023; 27(1): 76–89.

10. Khalsa, T. H., Sinha, A. B., & Nolan, K. Health consequences of drug abuse and co-occurring infections. *Journal of Neurovirology*, 2019; 25(3): 343–357. https://doi.org/10.1007/s13365-019-00745-w

11. Mohammed, R., Hassan, A., & Musa, U. Initiation and patterns of drug use among Nigerian adolescents: A cross-sectional study. *African Journal of Psychiatry*, 2023; 26(1): 88–96.

12. National Bureau of Statistics (NBS). *National survey on drug use and health in Nigeria*. Abuja: NBS Publications, 2018.

13. National Bureau of Statistics (NBS). (2022). *Youth unemployment and drug use in Nigeria: A policy brief*. Abuja: NBS Publications.

14. Obeagu, E. I., & OguRIO, N. A. Psychosocial Impact of Aplastic Anemia Diagnosis in HIV Patients: A Narrative Review. *Elite Journal of Public Health*, 2024; *2*(7): 35-46.

15. Ogbonna, B. O., Ede, M. O., & Odo, A. N. Psycho-social effects of drug abuse on Nigerian youth. *Journal of Drug and Alcohol Research*, 2021; 10(4): 55–63.

16. Ogunsola, F., & Fatusi, A. O. (2016). *Bridging the education-employment gap in Nigeria: A policy agenda*. Lagos: Nigerian Institute for Social Policy.

17. Okojie, C. E. E. (2013). *Employment creation for youth in Africa: The gender dimension*. Geneva: International Labour Organization.

18. Omigbodun, O., Gureje, O., & Ikuesan, B. A. Suicidal ideation among Nigerian adolescents: Associations with depression and drug use. *International Journal of Social Psychiatry*, 2008; 54(1): 34–46. https://doi.org/10.1177/0020764007082344

19. Opakunle, T., Lawal, R., & Shittu, O. Drug abuse among adolescents in Nigeria: Prevalence and prevention strategies. *African Journal of Drug and Alcohol Studies*, 2022; 21(2): 109–121.

20. Sarkingobir, R., & Dikko, S. Effects of drug abuse on mental health and social behavior. *Journal of Public Health in Africa*, 2020; 11(S1): 40–46.

21. Sharma, R. Substance use among adolescents: A challenge for society. *Indian Journal of Psychiatry*, 2015; 57(3): 229–231. https://doi.org/10.4103/0019-5545.161491

22. Sunday, A. (2024). The influence of media and music on youth drug culture in Nigeria. *Journal of African Media Studies*, 16(1), 112–129.

23. World Health Organization (WHO). (2015). *Global status report on alcohol and health*. Geneva: WHO Press. https://www.who.int/publications/i/item/9789241565639