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ATTITUDE AND KNOWLEDGE OF DRUG-ABUSE AMONG SECONDARY-SCHOOL STUDENTS IN IKA SOUTH AREA OF DELTA STATE

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ABSTRACT

Drug abuse has shown to have a rapid usage and growth among youth, and is observed to take place in schools. The research was carried out to determine the knowledge and attitude of substance abuse among students attending secondary schools in Ika south, Local Government, Area, Delta State, Nigeria. A descriptive cross-sectional study was employed among students in selected secondary schools within the study location. A total of 5383 was employed in the study and a sample size of 2153 was generated using multistage and proportionate random sampling technique. A structured questionnaire was employed in the study, and a reliability of 0.87 was done using test-retest and Pearson Product Moment. Data obtained was analyzed using descriptive and inferential statistics and values were presented as mean, standard deviation, percentages, and frequencies. The results obtained showed higher percentages of females than males, urban schools were more than rural, day schools were higher than boarding schools. The revealed that a mean of 3.27 depicts that secondary school students have knowledge of drug abuse. Also, the study documented a mean of 2.30, which implies a negative attitude towards drug abuse. However, a significant association existed between the location of the schools and knowledge; and no significant association was indicated between school settings and attitude. The study concludes that the secondary school students in Ika south LGA, have knowledge of drug abuse and demonstrated a negative attitude towards drug abuse.

KEYWORDS: Drug abuse, knowledge, attitude, substance abuse, secondary school, students.

INTRODUCTION

Substance abuse has been a socio-public health issues affecting youths and adult, which has become a global epidemic affecting various countries, including Nigeria and Western nations; this has led to overt abuse of drug. However, a high prevalence of this menace has been recorded among students in different settings either at home, schools, or within the communities they grew up[1] (Adesida, Quadri, and Adedeji, 2022). Drug or substance abuse is the misuse of any psychotropic substances, which causes changes in physiological functions affecting the individual negatively like socially, cognitively, or physically[2] (Jatau *et al.,* 2021). It is also known as substance abuse and is considered to be a medical problem that develops over time after prolonged use of drugs. These substances are taken by youth to modify or maintain a mood and may be potentially harmful to the person or society. When live of the youth in a nation is destroyed that Nation is destroyed[3] (Amaro, Sanchez, Bautista, and Cox, 2021).

Given the unprecedented dimension being assumed by the social menace of substance/drug abuse among secondary school students in the present-day society, one is moved to question the students' knowledge of the implications of their actions, because the knowledge is one of the crucial variables that creates, modifies and promotes a particular behavior[4] (Swaid, 2015). Thus, drug use behaviour among students may be influenced by the knowledge of the consequences of substance abuse. If a student knows that the effects of drug abuse include mental disability, behavioural disorders, problems at work, accidents, difficulties at home, relationship problems, craving, dishonesty, academic problems, sickness and death among other consequences, he/she will demonstrate appropriate attitude towards substance abuse crucial to stopping the unhealthy

behaviour. McHugh, Votaw, Sugarman, and Greenfield, (2016)[5] defined attitude as a way of thinking or feeling about a situation, an event or concept which is evidenced by the practice of specific behaviours that can in one way or the other exert effect on the physical, social, economic, psychological wellbeing of an individual. In theory, attitude is the product of knowledge as knowledge will lead to a change in attitude which will in turn lead the individual to make changes in their daily life[6,7] (Smyth, Caamano and Fernández-Riveiro, 2007; Fishman, Yang, and Mandell, 2021). Thus, in the case of drug abuse, the student who knows that the use of medications for non-medical reasons could be harmful may develop negative attitude towards the actual abuse of substances[8] (Oaikhena, 2019).

Growing evidence from studies reveal an alarming increase in cases of substance abuse among secondary school students associated with attitude and knowledge problems[9,10,11] (Nath, Choudhari, Dakhode, Rannaware, and Gaidhane, 2022; Onigbogi, Ojo, and Babalola, 2023; Idowu, Aremu, Olumide, and Ogunlaja, 2018). Atilola, Ayinde, and Adeitan, (2013)[12] submitted that a significant proportion of students abuse drugs and related substances and have positive attitude towards non-medical use of medications. The author identified the factors responsible for drug abuse among students to include experimental curiosity, peer group influence, lack of parental supervision, personality problems due to socio-economic conditions, the need for energy to work for long hours, availability of the drugs, the need to prevent the occurrence of withdrawal symptoms, the glamour associated with advertisement of drugs, social pathologies such as parental deprivation as well as emotional and psychological stresses. According to Blows and Isaacs (2020), Gavurova, Popesko, and Ivankova, (2021)[13,14] other factors responsible for drug abuse among students include low standard of living, dysfunctional family system, child abuse, neglect and lack of knowledge about the consequences of substance abuse on the physical, moral, psychological and social wellbeing. Some of the drugs commonly used by adolescents are cigarettes, alcohol, marijuana, glue, paint thinners, cocaine, opiod analgesics, codeine (Schaefer, 2016).[15] There are no one-directional or generalized results on the influence of demographic characteristics of secondary school students' knowledge, attitude and practice of drug/substance abuse. Some studies found that the gender of students, type of school and school ownership/management determine their abuse of drug (Aboagye *et al.,* 2022; Nurmala, Hariastuti, Devi, and Ruwandasari, 2021; Adibe, Gloria, Igboeli, and Anosike, 2022)[16,17,18], while literature has also shown that knowledge, attitude, and practice of drug/sustenance abuse by secondary schools' students do not depend on their gender, school ownership/management (Soremekun, Folorunso, and Adeyemi, 2020).[19] The uncertainty about the influence of demographic characteristics among secondary school students on drug/substance abuse necessitated the investigation in

this study. The study aimed to assess the knowledge and attitude of drug abuse among secondary school students in Ika South Local Government Area of Delta State, Nigeria.

METHODOLOGY
Research Design
The study adopted the qualitative descriptive survey design as used by Shar, Sedir and Khan (2020).[20] It focuses on describing the characteristics of a phenomenon rather than asking why it occurs. It is a non-experimental design that allows the researcher to observe what is happening to a sample without any attempt to manipulate or control it. Survey research is one in which a group of people or items is studied by collecting and analyzing data from only a few people or items considered to be representative of the entire group (Nworgu, 1991).[21] Here, the researcher is interested in the accurate assessment of the characteristics of the whole population through the study of a sample considered to be representative of the population.

Research Setting
This study was conducted in selected secondary schools in Ika South Local Government Area of Delta State. The Local government headquarters is Boji-Boji Agbor also called Agbor Orogodo. Ika South is one of the local government areas in Delta north and shares boundary with oriohwor local government area in Edo state, Aniocha South local government, Ika North-East and Ukwuani local government area in Delta state. The indigenes of Ika south area speak Ika language. The major occupation of the people is mainly farming and trading. Some of the indigenous foods that can be found in this area are garri, yam, plantain, fufu, banga soup, okra and vegetable(ugugu) soup. Ika south has several private, mission and public nursery, primary and secondary schools. It also has tertiary institution like School of Nursing and a university. The area has public healthcare facilities, few private hospitals and markets with good road network and infrastructures. There are several churches in Ika community. These churches include the Apostolic Church, Assemblies of God Church, Roman Catholic Church, Christ Chosen Church of God, and Church of God Mission, among others. This setting is chosen because respondents with characteristics relevant to the study will be readily available.

Target Population
The population of this study is 5,383 (Minitry of Education, Agbor).

Sample and Sampling Technique
The sample size of the study is 2,153. Multistage sampling technique was used to get the participants. Firstly, the schools were stratified into zones namely, Boji-Boji zone, Abavo zone, Agbor town zone, Ihuyase zone and Oza Nogogo zone. Stage two, from each zone, two or three schools at least were selected for the study

based on accessibility and acceptability. Stage three, proportionate random sampling was used to obtain 40%

sample from each school (senior and junior) as described by Nwana (1991).

Table 1A: Sample size of the different schools used in the Zone: See appendix for the number of schools in the zones.

Zone	Selected Schools	Sample Size
Boji-Boji	Igumbor okiku Sec. Sch (Public and urban)	Junior-school- 153 (M=31, F=122) Senior-school- 173 (M=36, F=136)
	Alihame Sec. Sch (Public and urban)	Junior-school- 41 (M=13, F=28) Senior-school- 54 (M=20, F=34)
	Frontline Sec. Sch (Private and urban)	Junior-school- 44 (M=20, F=24) Senior-school- 60 (M=25, F=35)
	The Bride Academy (Private and urban)	Junior-school- 60 (M=24, F=36) Senior-school- 65 (M=38, F=27)
Abavo	Irenuma Sec. Sch. (Public and rural)	Junior-school- 52 (M=29, F=23) Senior-school- 44 (M=14, F=30)
	Orioka Aliodu Sec. Sch. (Public and rural)	Junior-school- 56 (M=24, F=32) Senior-school- 72 (M=34, F=38)
	Abavo Mix Sec. Sch. (Public and rural)	Junior-school- 57 (M=31, F=26) Senior-school- 67 (M=21, F=46)
	St Charles Sec. Sch. (Private, rural and boarding)	Junior-school- 59 (M=59) Senior-school- 44 (M=44)
	Godswill Academy (Private and rural)	Junior-school- 20 (M=14, F=6) Senior-school- 32 (M=16, F=16)
Agbor Town	Ime-Obi Sec. Sch. (Public and rural)	Junior-school- 118 (M=41, F=77) Senior-school- 127 (M=36, F=91)
	St Columba`s Grammar Sch. (Private, urban and boarding)	Junior-school- 64 (M=64) Senior-school- 50 (M=50)
	Prime Success Academy (Private and urban)	Junior-school- 37 (M=22, F=15) Senior-school- 49 (M=24, F=25)

M: Males, F: Females

Table 1B: Sample size of the different schools used in the Zone: See appendix for the number of schools in the zones.

Zone	Selected Schools	Sample Size
Ihu-Iyase	Agwai-Ewuru Sec. Sch (Public and rural)	Junior-school- 54 (M=28, F=26) Senior-school- 55 (M=34, F=21)
	Hope Comprehensive College (Private and urban)	Junior-school- 36 (M=14, F=91) Senior-school- 36 (M=36, F=91)
	Baptist Girls Sec. Sch. (Public and urban)	Junior-school- 49 (F=49) Senior-school- 52 (F=52)
Oza-Nogogo	Oza-Nogogo Sec. Sch (Public and rural)	Junior-school- 83 (M=39, F=44) Senior-school- 107 (M=37, F=70)
	Omumu Sec. Sch. (Public and rural)	Junior-school- 40 (M=24, F=16) Senior-school- 47 (M=21, F=26)

M: Males, F: Females

Instrument for Data Collection

The instrument for data collection for this study was researcher structured questionnaire titled "Knowledge, Attitude and Practice of Drug Abuse among Secondary School Students Questionnaire (KAPDASSSQ). It was structured based on the research questions and after intensive review of literature. The questionnaire was made up of two sections, A and B. Section A was made up of demographic variables of the respondents such as gender, ownership of school, location of school, type of school and programme type, while section B had five subsets with a total of 32 items. The items in section B

were rated on a 4-point rating scale ranging from strongly agreed (SD-4), agreed (A-3), disagreed (D-2), and strongly disagreed (SD-1). In addition, section four was also rated on a 4-points scale ranging from very high extent (VHE-4), high extent (HE), low extent, (LE), very low extent (VLE).

Validity of the Instrument

In order to ensure the validity of the research instrument, the questionnaire was constructed in line with the research objectives. Copies of the work with objectives and instrument as working materials was presented to

experts in Guidance and Counseling, Educational Foundations, Nursing Education, Measurement and Evaluation to check face and content validity. It was later given to the supervisor who made necessary corrections and suggestions and gave approval for the final draft of the instrument.

Reliability of the Instrument
To establish the reliability of the instrument, test-retest reliability method was used. The instrument was administered to 215 students from Ekuku Agbor secondary school, randomly selected within the interval of two weeks between the first and second administration. The students of Ekuku Agbor Secondary were not part of the participating school. Data obtained were analysed with Pearson Product Moment Correlation formula to have a reliability coefficient of 0.872, signifying moderately reliable instrument.

Ethical Consideration
A letter of introduction was collected from the Head of Department of Nursing Science; Nnamdi Azikiwe University, Akwa. The letter was presented to Ministry of Education, Agbor, through the chief inspector of education (CIE), to seek for ethical clearance to conduct the study. Ethical clearance letter was used to seek permission from the Head Teachers of the selected secondary schools. Consent form was administered along with questionnaire. The respondents were informed of

the study and their consent was duly obtained. The study was conducted upon due ethical guidelines and principles.

Procedure for Data Collection
Data was collected on face-to-face method. The respondents were duly informed, and consent given before administration of instrument. The instrument was administered to the respondents by the researcher with the help of one research assistant from each school. The research assistants were properly briefed on the purpose of the study, questionnaire distribution, and collection. Completed copies of the questionnaire were correctly checked to ensure their level of completeness by the respondents. The retrieved questionnaires were used to obtain data for analysis. 2,153 questionnaires were administered and retrieved, making 100% return rate.

Method of Data Analysis
Simple percentage was used to analyze the demographic variable of the respondents, descriptive statistics of mean and standard deviation were used to answer all the research questions. Hypotheses 1,2,3, and 4 were tested with t-test, while hypothesis 5 was tested with analysis of variance (ANOVA) at 0.05 level of significance. Questionnaire items related to the research questions have four response categories. Real limit of values was used for selecting the appropriate items in taking decision (decision rule) as follows.

Table 2: Decision rule on knowledge of drugs abused and attitude of students towards drug abuse.

Response Category	Rating	Boundary Limit	Remark
Strongly Agree (SA)	4	3.50-4.49	Positive: 2.50-4.99
Agree (A)	3	2.50-3.49	
Disagree (D)	2	1.50 -2.49	Negative: 0.50-2.49
Strongly Disagree (SD)	1	0.50-1.49	

Mean and standard deviation was used to answer the research questions, any item with mean value ranging from 3.50 – 4.49 was considered as strongly agreed/ very high extent, mean value ranging from 2.50 – 3.49 was considered as agreed/high extent, mean value ranging from 1.50 – 2.49 was considered as disagreed/ low extent, and mean value ranging from 0.50 -1.49 was considered as strongly disagreed/very low extent.

However, the standard deviation was used to determine or establish the extent to which each of the individual mean response varies or disperses from each other. The decision for the hypotheses was based on a probability value of 0.05, such that when p-value is less than or equal to 0.05 the null hypotheses was not accepted; otherwise, it was retained.

RESULTS
Table 3: Demographic characteristics of participants.

	Frequency (%)	Total (%)
Gender Males Females	966 (44.87) 1187 (55.13)	2153 (100)
Location Rural Urban	649 (30.15) 1504 (69.85)	2153 (100)
Types of school Boarding Day	275 (12.78) 1878 (87.22)	2153 (100)
Programme type Junior Senior	1043 (48.45) 1110 (51.55)	2153 (100)

The data presented in Table 3 shows the percentage distribution by gender of the respondents. The results reveal that male respondents were 966, which represents 44.87 percent while the female respondents were 1187 and this represents 55.13 percent that responded to the items. The results reveal that rural respondents were 649, which represents 30.15 percent, while urban respondents were 1504 and this represents 69.85 percent that responded to the items. The results reveal that boarding school respondents were 275, which represents 12.78 percent. While day school respondents were 1878 and this represents 87.22 percent that responded to the items. The results reveal that junior school respondents were 1,043 which represents 48.45 percent. While senior school respondents were 1,110 and this represents 51.55 percent that responded to the items.

Table 4: Mean and standard deviation responses of secondary school students' knowledge about drug abuse.

Response towards drug abuse	Mean	SD	Response
Secondary students have knowledge of drug abuse?	3.69	0.56	Strongly Agreed
Drug is only used for the treatment of ailment	2.70	1.03	Agreed
Drug is only used on the prescription of qualified Medical professional	3.17	0.92	Agreed
Use of drug without the prescription of medical Experts is harmful	3.59	0.71	Strongly Agreed
Wrong use of drug has affected many lives	3.56	0.65	Strongly Agreed
Awareness campaign against drug abuse is everywhere	2.89	0.93	Agreed
Use of drug without prescription of doctor is unlawful	3.32	0.76	Agreed
Cluster Mean and Standard Deviation	**3.27**	**0.79**	Agreed

Data presented in Table 4. reveals that the mean responses of respondents on secondary school students' knowledge about drug abuse ranged from 2.70 to 3.69, while the standard deviation ranged from 0.563 to 1.027. Similarly, the cluster mean of 3.27 depicts that secondary school students have knowledge of drug abuse.

Table 5: Mean and standard deviation responses on the types of drugs commonly abused by secondary school students.

Types of drugs commonly abused	Mean	SD	Response
Secondary school students smoke cigarette	3.14	0.88	Agreed
They drink alcohol such as bear, dry gin, palm wine	3.17	0.93	Agreed
Secondary school students inhale cocaine	2.63	0.92	Agreed
They smoke marijuana (Indian hemp)	2.84	1.01	Agreed
Secondary school students are exposed to the use of Opiod analgesics (tramadol)	2.80	0.91	Agreed
They take codeine in excess	2.70	1.03	Agreed
They inhale intoxicant substances such as glue, paint thinners, etc	2.45	0.98	Agreed
Cluster mean and standard deviation	**2.82**	**0.95**	**Agreed**

Data presented in Table 5 shows that the mean responses of respondents on type of drugs commonly abused by secondary school students ranged from 2.45 to 3.17, while the standard deviation ranged from 0.880 to 1.033. Similarly, the cluster mean of 2.82 depicts that secondary school students abused the above-mentioned drugs.

Table 6: Mean and standard deviation responses on the attitude of secondary school students towards drug abuse.

Attitude of students towards drug abuse	Mean	SD	Response
There is nothing wrong with taking drugs when not prescribed if one is sick	1.94	0.94	Disagreed
There is no need to wait for doctor's prescription when known the drug to take to feel good.	2.44	0.85	Disagreed
It is cheaper to get drugs from any medicine store than to see a medical professional to prescribe for you.	2.71	1.13	Agreed
It is better to access and use any drug by yourself than seeing a medical practitioner to prescribe medication for you.	1.78	0.96	Disagreed
It is a good thing when you know the drugs that make you feel good and use such medications without having to wait doctor's prescription.	2.68	0.81	Agreed
Taking drugs for pleasure and recreation is worthwhile	2.30	1.06	Disagreed
Cluster mean and standard deviation	**2.30**	**0.96**	Disagreed

Data presented in Table 6 shows that the respondents disagreed with the following statements, that there is nothing wrong with taking drugs when not prescribed if one is sick, that there is no need to wait for doctor's prescription when known the drug to take to feel good, that it is better to access and use any drug by yourself than seeing a medical practitioner to prescribe medication for you, and that taking drugs for pleasure and recreation is worthwhile. The mean responses of the above statements range from 1.94, 2.44, 1.78 and 2.30 respectively. Similarly, the standard deviation ranges from 0.948, 0.851, 0.965, and 1.06 respectively. Data presented equally reveals that the respondents agreed that

it is cheaper to get drugs from any medicine store than to see a medical professional to prescribe for you and that it is a good thing when you know the drugs that make you feel good and use such medications without having to wait for doctor's prescription. The mean of the above response's ranges from 2.71 and 2.68 respectively. Similarly, the standard deviation ranged from 1.134 and .817 respectively. This shows that majority have negative attitude.

Hypothesis 1: There will be no significant difference in the mean responses between rural and urban secondary school students' knowledge of drug abuse.

Table 7: The independent sample t-test analysis between rural and urban secondary school students' knowledge of drug abuse.

Group	N	Mean	Sd	Df	T	p-value	Alpha	Decision
Rural	649	3.57	0.002					
Urban	1504	3.64	0.004	2,151	-26.816	0.000	0.05	S

Data presented in Table 7 indicates that the t-value is -26.816 while the probability values is .000. The p-value is less than 0.05. This implies that there is a significant difference between the mean rating of rural and urban secondary school students' knowledge of drug abuse. **Verdict:** The hypothesis that there will be no significant difference in mean responses between rural and urban

secondary school students' knowledge of drug abuse is therefore "not accepted".

Hypothesis 2: There will be no significant difference in the mean responses between boarding-school and day secondary school students' attitude towards drug abuse.

Table 8: The independent sample t-test analysis between boarding-school and day secondary school students' attitude towards drug abuse.

Group	N	Mean	Sd	Df	T	p-value	Alpha	Decision
Boarding	916	2.35	.751					
Day	1237	3.72	.621	2151	.539	.059	0.05	NS

Data presented in Table 8 indicates that the t-value is .593 while the probability values is .059. The p-value is higher than 0.05. This implies that there is no significant difference between the mean rating of boarding and day secondary school students' attitude towards drug abuse.

Verdict: The hypothesis that there will be no significant difference in mean responses between boarding school and day secondary school students' attitude towards drug abuse is therefore "accepted".

DISCUSSION
The result of the data analysis revealed that secondary school students have knowledge of drug abuse, that drug is only used for the treatment of ailment based on the prescription of qualified medical professional and that the use of drug without prescription of medical experts is harmful. The findings also revealed that secondary school student's wrong use of drug has affected many lives, that awareness campaign against drug abuse is everywhere and that use of drug without the prescription of doctor is unlawful. Their level of knowledge may be traced to the awareness campaign which the students agreed that is everywhere. These findings agreed with Selamu, Aneha and Feyissa (2016)[22] that 85% of youths especially secondary school students have good

knowledge of drug abuse and the related implication. The findings of this present study also corroborate Adebowale *et al.* (2013)[23] and Adibe *et al.* (2022)[24] that more than 50% of secondary school students knew the meaning of drug abuse, the legal status of drug abuse. Masibo, Mudane and Nsimba (2013), Joseph, (2018), Heckman, Dystra and Collins (2011) Onigbogi *et al.* (2023), Ogochukwu *et al.* (2022), Abubakar *et al.* (2021), and Alenazi *et al.* (2023)[25,26,27,28,29,30,31] reported that more than 70% of secondary school students have adequate knowledge of drug types. Nurmala, *et al.* (2021) and Peter, (2019)[32,33] reported that majority of the students showed have insufficient knowledge about drugs, which contradicts the study findings.

The study reveals that the type of drugs commonly abused by secondary school students are cigarette, different types of alcohol such as bear, dry gin, palm wine. Others include cocaine, marijuana (indian herm), opiod analgesics (tramadol), codeine, intoxicant substances such as glue, pint, paint thinners, etc. Alcohol like dry gin, palm vine is commonly use during ceremonies in Ika land, this may have made the students to take it as culturally accepted drink. This finding conforms to Siringi and Waihenya, (2017).[34] They lamented that a large number of students across all age

groups have been exposed to alcohol, tobacco, glue sniffing, marijuana and even hard drugs such as heroin and cocaine. They further emphasized that 22% or 5400,000 of secondary school students in Kenya are on drug of which 16,000 are girls and the rest are boys. Ugwuelebo, (2017)[35] also lamented that 15-20% of drug addicts are females while males constitute about 50-55 percent. Also, alcohol was the most commonly used substance (52.4%) as reported by Adibe *et al.* (2021)[36], which corroborate the study findings. Alenazi *et al.* (2023)[31] showed similar report with alcohol been the most substance abused by students. Alarcó-Rosales *et al.* (2021)[37] reported that cigarette smoking, episodes of drunkenness, alcohol consumption and cannabis use were the most substance abused, which is in accordance with the study findings.

However, the study indicates that some secondary school students agreed that it is wrong to prescribe drug by oneself when sick, that it is important to wait for doctor's prescription, that accessing and using any drug yourself without seeing a medical expert is bad, and that taking drug for pleasure and recreation is not worthwhile. This reveals that they have negative attitude towards drug abuse which can also be as a result of awareness campaign organize in the Ika land. This finding agrees with the report of Adeleken (2009)[38] who reported that majority of students do not accept the use of psychoactive substances related problems demonstrating a negative attitude. Corroborating the finding of the present study, Courtois, El-Hage, Moussiessi and Mullet (2014).[39] documented that 56% of students have negative attitude towards psychoactive substances unacceptable as they think it can hinder their progress in school. Also, Eisentein (2015)[40] asserted that 67% of secondary school students feels that substance abuse has harmful effects and do not have any plans for psychoactive substances or advice their friends to do so. It was also revealed that some secondary school students agreed that it is cheaper to get drugs from any medicine store than to see a medical professional, and that it is a good thing when you know the drugs that make you feel good and use such medications without willing to wait for a doctor's prescription. In addition, Mousavi (2014)[41] documented that 67% of high school students have positive attitude towards drug, that positive attitude towards drug were predicted by risk factors (odds ratio = 37.31) and gender (odds ratio = 32), which disagree to the study findings. Abidoun *et al.* (2014)[42] reported that one of the major factors responsible for the increasing abuse of drug and related substances among secondary school students is positive attitude, which contradicts the study findings. Ghobadi *et al.* (2020) Joseph, (2018), and Onigbogi *et al.* (2023)[43,26,28], reported a positive attitude towards the use of illicit substance abuse, which disagree to the study findings. Adibe *et al.* (2021), Ogochukwu *et al.* (2022), Nurmala *et al.* (2021), Shah *et al.* (2020), and Bawa *et al.* (2020)[44,45,46,47,48] reported a negative attitude towards drug abuse among secondary school students, which corroborates the study findings. Abazid *et al.*

(2023)[49] reported a negative attitude towards drug abuse with 20.8% reported not trying to quit, while 33.3% of them tried but could not quit, which agrees to the study findings.

Further, the study revealed that there was a significant differed in the means rating between rural and urban secondary school students' knowledge of drug abuse. This finding is in consonance with the finding of Otieno and Ofulla (2009) and Dangbin (2019).[50] They stated that youth in the urban areas, due to their lifestyles, are more predisposed to drugs compared to those in rural areas due to easy drugs availability in urban as opposed to the availability in rural areas. Also, the study indicated that there was no significant difference between the mean rating of boarding and day secondary school students' attitude towards drug abuse. This finding agrees with Tiwo (2016)[51] who found that most secondary school students irrespective of their location have the same attitude towards drug abuse.

CONCLUSION
The study found that despite being knowledgeable about drug abuse and having a negative attitude towards it, and the location of the school has an impact on substance abuse knowledge. Thus, a significant number of secondary school students in Ika South LGA still experimented with drugs, emphasising the need for ongoing education and prevention efforts to address substance abuse among young people.

Conflict of Interest
There was no conflict of interest among the authors.

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