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Comparative Analysis of Substance Abuse Knowledge, Attitudes and Prevalence Among In-School and Out-of-School Adolescents in Imo State, Nigeria

Emeagi Chinwendu Sandra[1], Best Ordinioha[2], Chidozie Donald Chukwujekwu[3], Emmanuel Etim Clement[4] Israel, David Imaerele[5]

[1,2,4]Department of Public Health, University of Port Harcourt School of Public Health, Rivers State, Nigeria.
[3]Department of Mental Health/Neuropsychiatry, University of Port Harcourt Teaching Hospital, Rivers State, Nigeria.
[5]Department of Healthcare Administration & Hospital Management, Bayelsa Medical University, Nigeria.

ABSTRACT
Drug abuse remains a significant public health concern with implications for both individual and societal well-being. This study aimed to compare substance abuse levels between in-school and out-of-school adolescents in Imo State, Nigeria, using a comparative cross-sectional design. Data were collected through a structured questionnaire and multi-stage sampling and analyzed with SPSS version 25. Findings showed that 60.0% of in-school adolescents were aged 17–18 years compared to 48.6% of out-of-school adolescents (p=0.0001). Females constituted 65.2% of in-school and 60.5% of out-of-school participants (p=0.153). Christianity was the predominant religion (95.2% vs. 89.8%, p=0.003). In-school adolescents demonstrated better knowledge of drug abuse (58.6%) than out-of-school adolescents (47.1%) (p=0.001). Poor attitudes toward recreational drug use were similar between groups (86.0% vs. 90.0%, p=0.071). Psychoactive substance use was higher among out-of-school adolescents (35.2%) compared to in-school peers (19.5%) (p=0.0001). Health problems related to drug use were more prevalent among in-school adolescents (86.6%) than out-of-school adolescents (75.0%) (p=0.038). Age, tobacco use, alcohol intake, and drunkenness were significantly associated with psychoactive substance use (p=0.0001). The study concludes that substantial differences exist between the drug-related behaviors of in-school and out-of-school adolescents. Strengthened community-based drug education and outreach through youth centers, vocational programs, and NGOs are recommended to target out-of-school adolescents.
Keywords: Substance Abuse, Adolescents, In-School and Out-of-School Youth, Knowledge and Attitudes.

INTRODUCTION

Nationwide youth substance abuse continues to alarm authorities because it generates serious negative impacts for their physical and mental health and sometimes leads to death (Nabofa, 2021). The use of drugs happens at a higher rate than ever before in our present times. Research shows that drug usage among secondary school students causes working concentration deficiencies along with increased nonattendance and lower academic achievement as observed by (Marygoretty & Adhiambo, 2021). Gezahegn et al. (2014) along with Heydari et al., (2015) exposed the growing drug phenomenon

worldwide which intensifies in low and middle-income countries (LMICs) because these nations maintain limited substance use policies alongside the growing pool of drug users.

A report made available by the UN showed that around 37,000 people in Africa die annually from diseases associated with drug abuse, with an estimated 28 million drug users in Africa (UN, 2013), Also, a more recent report by Metuge et al. (2022) showed that about 585,000 people are estimated to have died globally as a result of drug use in 2017.Different drugs and alcohol are being abused by secondary school students and this is hinged on the tendency to try so many new things and many engage in the use drugs for several reasons such curiosity, because it feels good, to reduce stress, or to feel grown up (Akanbi et al., 2015). During adolescence young people choose unsafe behaviors over personal health and safety due to their stronger commitment to peer-approved behaviors.

Studies show substance abuse affects young people in the 11 to 14 age range in educational institutions and George (2014) links Senior Secondary Student substance use vulnerability to the transitional phase of their lives when peer dangers become increasingly probable because of limited drug awareness. Gutka alongside cigarettes and other drugs have become easy to access for Indian students who primarily engage in substance use according to Qadri et al. (2013) due to their stressful academic lives and peer pressure and desire for popularity. Multiple African nations report this drug use phenomenon because their socio-economic structures and cultural westernization have both modernized rapidly according to research from Gebremariam et al. (2018) and Duru et al. (2017) together with findings from Gezahegn et al. (2014) and Adeyemo et al. (2016). Worldwide populations confront this public issue due to drugs having immediate and lasting negative implications for drug users alongside the general population according to Tshitangano et al. (2016). Scientific studies demonstrate that teenage marijuana consumption leads to various detrimental health outcomes ranging from depression to anxiety conditions, car crash fatalities and both chronic bronchitis and respiratory infections and accidental injuries (Resko, 2014).

Purpose of the Study

This study investigated the prevalence, knowledge, and attitudes related to substance abuse among in-school and out-of-school adolescents in Imo State, Nigeria. The objectives of the study were to:

1. assess and compare the knowledge of drug abuse amongst in-school and out-of-school adolescents in Imo State.
2. assess and compare the attitude of Substance Abuse use amongst in-school and out-of-school adolescents in Imo State.
3. assess and compare the prevalence of substance abuse amongst in-school and out-of-school adolescents in Imo State.

Research Questions

1) What is the level of knowledge of substance abuse amongst in-school and out-of-school adolescents in Imo State?
2) What is the level of the attitude of the use of substance abuse amongst in-school and out-of-school adolescents in Imo State?
3) What is the prevalence of the prevalence of substance abuse amongst in-school and out-of-school adolescents in Imo State?

Hypotheses

$H0_1$: There is no relationship between level of knowledge and attitude towards Substance abuse amongst in-school and out-of-school adolescents in Imo State.

$H0_2$: There is no relationship between level of knowledge and prevalence of substance abuse amongst in-school and out-of-school adolescents in Imo State.

MATERIALS AND METHOD

Study Design

A comparative cross-sectional research design was adopted for this study. The approach was chosen to compare substance abuse patterns between in-school and out-of-school adolescents in Imo State, Nigeria.

Study Population

The study population comprised all adolescents in Imo State, both in-school and out-of-school. Eligible participants were adolescents aged 10–19 years who had lived in the study area for at least

one year. Adolescents who had never attended primary school, were critically ill, or were absent during data collection were excluded from the study.

Sample Size Determination

The sample size was calculated using the Cochrane formula for comparative cross-sectional studies involving two proportions. This yielded a total sample size of 840 participants, representing both in-school and out-of-school adolescents.

Sampling Procedure

A multi-stage sampling technique was employed in selecting participants.

Stage One: Imo State was stratified into three senatorial districts—Imo North, Imo East, and Imo West.

Stage Two: Six Local Government Areas (LGAs) were randomly selected from each district through balloting, resulting in 18 LGAs, covering approximately 65% of the state.

Stage Three: One secondary school was randomly selected from each of the 18 LGAs.

Final Stage: In-school and out-of-school adolescents were identified and recruited using a snowball sampling technique within the selected schools and communities.

Instrument for Data Collection

Data were collected using a researcher-structured questionnaire developed in line with the study objectives. The instrument was validated by three experts from the School of Public Health, University of Port Harcourt, to ensure content and face validity.

Data Collection Procedure

Data collection spanned four months and was facilitated by the researcher with the assistance of three trained research assistants. Approximately 210 participants were recruited each month. The questionnaires were administered using an interviewer-administered approach to enhance response accuracy.

Data Analysis

Data were analyzed using Statistical Package for the Social Sciences (SPSS) version 25. Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to summarize the data. An independent samples t-test was used to compare the mean scores of in-school and out-of-school adolescents. Additionally, the Chi-square test was used to examine associations between categorical variables related to substance abuse. A p-value of less than 0.05 ($p<0.05$) was considered statistically significant. The results were presented in tabular form.

RESULTS AND FINDINGS

Table 4.1a: Knowledge of Substance Abuse Amongst In-School and Out-of – School Adolescents

Variables	In-School (n(%)	Out-of-School (n(%)	Total	df	X^2 (p-value)
Drug abuse is the use of illegal drugs					
True	400(95.2)	327(77.9)	727(86.5)	1	54.489 (0.0001)*
False	20(4.8)	93(22.1)	113(13.5)		
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		
Drug abuse does not include the use of illegal drugs					
True	20(4.8)	62(14.8)	82(9.8)	1	23.839 (0.0001)*
False	400(95.2)	358(85.2)	758(90.2)		
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		
Drug abuse is excessive or harmful use of any substance, whether legal or illegal					
True	378(90.0)	365(86.9)	743(88.5)	1	1.970 (0.160)
False	42(10.0)	55(13.1)	97(11.5)		
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		
Improper use of tramadol is not drug abuse					
True	102(24.3)	60(14.3)	162(19.3)	1	13.491 (0.0001)*
False	318(75.7)	360(85.7)	678(80.7)		

Total	**420(100.0)**	**420(100.0)**	**840(100%)**		
Incorrect use of heroin is drug abuse					
True	400(95.2)	350(83.3)	750(89.3)	1	31.111
False	20(4.8)	70(16.7)	90(10.7)		(0.0001)*
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		
Improper use of codeine is drug abuse					
True	400(95.2)	332(79.0)	732(87.1)	1	49.132
False	20(4.8)	88(21.0)	108(12.9)		(0.0001)*
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		
Potential risks of drug abuse are health problems					
True	400(95.2)	386(91.9)	786(93.6)	1	3.879
False	20(4.8)	34(8.1)	54(6.4)		(0.049)*
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		
Drug abuse can lead to drug addiction					
True	389(92.6)	305(72.6)	694(82.6)	1	58.496
False	31(7.4)	115(27.4)	146(17.4)		(0.0001)*
Total	**420(50.0)**	**420(50.0)**	**840(100%)**		

Table 4.1a shows that most 400(95.2%) of the participants in school vs majority 327(77.9%) of the out-of-school respondents know that drug abuse is the use of illegal drugs with a statistically significant difference *p*=(0.0001). Almost all 400(95.2%) of the in-school respondents vs most 358(85.2%) of the out-of-school adolescents oppose that drug abuse does not include the use of illegal drugs with a statistically significant difference *p*=(0.0001). Drug abuse as the excessive or harmful use of any substance, whether legal or illegal was acknowledged to be true by most 378(90.0%) in-school vs 365(86.9%) out of school adolescents with a statistically significant difference *p*=(0.0001). Majority of the participants in-school 318(75.7%) and out of school 360(85.7%) disagree that improper use of tramadol is not drug abuse with a statistically significant difference *p*=(0.0001).
The table further indicates that most participants in-school 400(95.2%) and out-of-school 350(83.3%) know that incorrect use of heroin is drug abuse with a statistically significant difference *p*=(0.0001). Improper use of codeine was accepted by most of the in-school 400(95.2%) and 332(79.0%) out-of-school adolescents as drug abuse. Potential risks of drug abuse are seen to health problems by most of the in-school 400(95.2%) and 386(91.9%) out-of-school adolescents with a statistically significant difference *p*=(0.049). Drug abuse is known to lead to drug addiction by most of the in-school 389(92.6%) respondents and many 305(72.6%) of the out-of-school adolescents with a statistically significant difference *p*=(0.0001).

Table 4.1b: Assessment of Knowledge of Substance Abuse Amongst In-School and Out-of – School Adolescents

Variables	**In-School (n(%)**	**Out-of-School (n(%)**	**Total**	**df**	**X^2 (p-value)**
Good	246(58.6)	198(47.1)	444(52.9)	1	11.007
Poor	174(41.4)	222(52.9)	396(47.1)		(0.001)*
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		

P≤0.05 (statistically significant), Fischer's exact

The table shows that more 246(58.6%) of the in-school compared to lesser number 198(47.1%) of the out-of-school adolescents have good knowledge of drug abuse with a statistically significant difference *p*=(0.001).

Table 4.2a: Attitude towards Substance Abuse Amongst In-School and Out-of- School Adolescents

Variables	In-School (n(%)	Out-of-School (n(%)	Total	df	X^2 (p-value)
Recreational drug use is acceptable					
Strongly agree	42(10.0)	21(5.0)	63(7.5)		
Agree	82(19.5)	42(10.0)	124(14.8)		
Neutral	20(4.8)	62(14.8)	82(9.8)	4	42.685 (0.0001)*
Disagree	148(35.2)	168(40.0)	316(37.6)		
Strongly disagree	128(30.5)	127(30.2)	255(30.4)		
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		
Consider trying recreational drugs if offered by a close friend					
Strongly agree	20(4.8)	62(14.8)	82(9.8)		
Agree	42(10.0)	54(12.9)	96(11.4)		
Neutral	42(10.0	60(14.3)	102(12.1)	4	61.968 (0.0001)
Disagree	168(40.0)	182(43.3)	350(41.7)		
Strongly disagree	148(35.2)	62(14.8)	210(25.0)		
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		
Believe recreational drugs help people relax and reduce stress					
Strongly agree	31(7.4)	32(7.6)	63(7.5)		
Agree	35(8.3)	64(15.2)	99(11.8)		
Neutral	78(18.6)	54(12.9)	132(15.7)	4	14.909 (0.005)
Disagree	144(34.3)	157(37.4)	301(35.8)		
Strongly disagree	132(31.4)	113(26.9)	245(29.2)		
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		
Using recreational drugs can improve academic or work performance					
Strongly agree	20(4.8)	42(10.0)	62(7.4)		
Agree	42(10.0)	42(10.0)	84(10.0)		
Neutral	0(0.0)	85(20.2)	85(10.1)	4	112.832 (0.0001)*
Disagree	166(39.5)	128(30.5)	294(35.0)		
Strongly disagree	192(45.7)	123(29.3)	315(37.5)		
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		
Recreational drug use should be legalized					
Strongly agree	40(9.5)	42(10.0)	82(9.8)		
Agree	42(10.0)	20(4.8)	62(7.4)		
Neutral	42(10.0)	64(15.2)	106(12.6)	4	25.680 (0.0001)*
Disagree	170(40.5)	211(50.2)	381(45.4)		
Strongly disagree	126(30.0)	83(19.8)	209(24.9)		
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		

P≤0.05 (statistically significant), Fischer's exact

Table 4.2a shows that many of the respondents in-school 148(35.2%) vs out-of-school adolescents 168(40.0%) disagree that recreational drug use is acceptable with a statistical significance *p*=(0.0001). The majority of the participants in-school 168(40.0%) vs 182(43.3%) out-of-school adolescents disagree to consider trying recreational drugs if offered by a close friend with a statistical significance *p*=(0.0001). Majority of the participants in-school 144(34.3%) vs 157(37.4%) out-of-school adolescents disagree that recreational drugs help people relax and reduce stress with a statistical significance *p*=(0.005). It was strongly disagreed that using recreational drugs can improve academic or work performance by many of the in-school 192(45.7%) vs 123(29.3%) out-of-school participants with a statistical significance *p*=(0.0001). Almost half 170(40.5%) of the in-school participant and slightly above half 211(50.2%) of the out-of-school respondents disagree that recreational drug use should be legalized with a statistical significance *p*=(0.0001).

Table 4.2b: Attitude towards Substance Abuse Amongst In-School and Out-of- School Adolescents

Variables	In-School (n(%)	Out-of-School (n(%)	Total	df	X^2 (p-value)
Parents/guardians should discuss the dangers of drug use with adolescents					
True	294(70.0)	377(89.8)	671(79.9)	1	51.030 (0.0001)*
False	126(30.0)	43(10.2)	169(20.1)		
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		
Pressured by friends to use recreational drugs					
True	146(34.8)	106(25.2)	252(30.0)	1	9.070 (0.003)*
False	274(65.2)	314(74.8)	758(90.2)		
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		
Think most of your friends approve of recreational drug use					
True	108(25.7)	208(49.5)	316(37.6)	1	50.730 (0.0001)*
False	312(74.3)	212(50.5)	524(62.4)		
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		
Attended a social event where recreational drugs were used					
True	104(24.8)	145(34.5)	249(29.6)	1	9.595 (0.002)*
False	316(75.2)	275(65.5)	591(70.4)		
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		
Peer influence is a major reason why adolescents use recreational drugs					
Strongly agree	126(30.0)	168(40.0)	294(35.0)	4	112.000 (0.0001)*
Agree	210(50.0)	231(55.0)	441(52.5)		
Neutral	0(0.0)	21(5.0)	21(2.5)		
Disagree	62(14.8)	0(0.0)	62(7.4)		
Strongly disagree	22(5.2)	0(0.0)	22(2.6)		
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		

P≤0.05 (statistically significant), Fischer's exact

The table reveals that majority 294(70.0%) of the in-school respondents vs more 377(89.8%) of the out-of-School respondents admits that parents/guardians should discuss the dangers of drug use with adolescents with a statistical significance *p*=(0.0001). Majority of the adolescents in school 274(65.2%) vs 314(74.8%) that are out of school have never been pressured by friends to use recreational drugs with a statistical significant *p*=(0.003). Many 312(74.3%) of the in-school respondents vs slight above half 212(50.5%) of the out-of-school participants do not think most of their friends approve of recreational drug use with a statistical significance *p*=(0.0001). Majority of the respondents in school 316(75.2%) vs out-of-school 275(65.5%) have never attended a social event where recreational drugs were used with a statistical significance *p*=(0.002). It was agreed by half 210(50.0%) of the in-school and more than half 231(55.0%) of the out-of-school adolescents that peer influence is a major reason why adolescents use recreational drugs with a statistical significance *p*=(0.0001).

Table 4.2c: Assessment of Attitude towards Substance Abuse Amongst In-School and Out-of-School Adolescents

Variables	In-School (n(%)	Out-of-School (n(%)	Total	df	X^2 (p-value)
Good	59(14.0)	42(10.0)	101(12.0)	1	3.252 (0.071)
Poor	361(86.0)	378(90.0)	739(88.0)		
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		

P≤0.05 (statistically significant), Fischer's exact

The table shows that more out-of-school 378(90.0%) compared to fewer number 361(86.0%) of the in-school adolescents have poor attitude towards the abuse of substances with no statistical significance *p*=(0.071).

Table 4.3a: Prevalence and Pattern of Substance Abuse Amongst In-School and Out-of-School Adolescents

Variables	In-School (n(%)	Out-of-School (n(%)	Total	df	X^2 (p-value)
Ever used any illegal substances					
Yes	82(19.5)	148(35.2)	230(27.4)	1	26.080 (0.0001)*
No	338(80.5)	272(64.8)	610(72.6)		
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		
If yes					
Tobacco/cigarette	42(51.2)	42(28.4)	84(36.5)	3	38.047 (0.0001)*
Cocaine	0(0.0)	22(14.9)	22(9.6)		
Tramadol	4(4.9)	42(28.4)	46(20.0)		
Codeine/cough syrup	36(43.9)	42(28.4)	78(33.9)		
Total	**82(100.0)**	**148(100.0)**	**230(100%)**		
Frequency of substance abuse					
Daily	24(29.3)	45(30.4)	69(30.0)	2	4.538 (0.103)
Weekly	22(26.8)	23(15.5)	45(19.6)		
Occasionally	36(43.9)	80(54.1)	116(50.4)		
Total	**82(100.0)**	**148(100.0)**	**230(100%)**		
Usually obtain these substances					
Purchased from stores	37(45.1)	34(23.0)	71(30.9)	2	12.421 (0.002)*
Obtain from friends or peers	23(28.0)	64(43.2)	87(37.8)		
Obtained from family members	22(26.8)	50(33.8)	72(31.3)		
Total	**82(100.0)**	**148(100.0)**	**230(100%)**		
Primary reasons for your substance abuse					
Peer pressure	22(26.8)	10(6.8)	32(13.9)	4	49.146 (0.0001)*
Curiosity	20(24.4)	22(14.9)	42(18.3)		
Stress relief	10(12.2)	20(13.5)	30(13.0)		
Enjoyment or recreation	10(12.2)	81(54.7)	91(39.6)		
Others	20(24.4)	15(10.1)	35(15.2)		
Total	**82(100.0)**	**148(100.0)**	**230(100%)**		

P≤0.05 (statistically significant), Fischer's exact

Table 4.3a shows that most 338(80.5%) of the participants in school vs majority 272(64.8%) of the out-of-school respondents have never used illegal substances with a statistical significance *p*=(0.0001). Among those that have abused substances, more than half 42(51.2%) of the in-school vs few 42(28.4%) of the out-of-school participants have used tobacco/cigarette which was statistically significant *p*=(0.0001). The substances were occasionally used by few 36(43.9%) of the in-school participants vs more than half 80(54.1%) of the out-of-school respondents with no statistical significance *p*=(0.103). The substances were usually obtained from friends or peers as indicated by few of the in-school 23(28.0%) vs out-of-school 64(43.2%) adolescents with a statistical significance *p*=(0.002). Peer pressure was the primary reasons for their substance use by several 22(26.8%) of the in-school vs few 10(6.8%) of the out-of-school participants with a statistical significance *p*=(0.0001).

Table 4.3b: Prevalence and Pattern of Substance abuse Amongst In-School and Out-of-School Adolescents

Variables	In-School (n(%)	Out-of-School (n(%)	Total	df	X^2 (p-value)
Ever experienced any negative consequences as a result of substance abuse					
Yes	40(48.8)	42(28.4)	82(35.7)	1	9.574
No	42(51.2)	106(71.6)	148(64.3)		(0.002)*
Total	**82(100.0)**	**148(100.0)**	**230(100%)**		
Describe the negative consequences experienced					
Dizzy	14(35.0)	20 (47.6)	34(41.5)		
Hallucination	14(35.0)	16(38.1)	30(36.6)	2	3.197
Over slept	12(30.0)	6(14.3)	18(21.9)		(0.362)
Total	**40(100.0)**	**42(100.0)**	**82(100%)**		
Aware of the potential risks and dangers associated with the use of these substances					
Yes	71(86.6)	106(71.6)	177(77.0)	1	6.662
No	11(13.4)	42(28.4)	53(23.0)		(0.010)*
Total	**82(100.0)**	**148(100.0)**	**230(100%)**		
Ever received any information or support regarding substance abuse prevention or cessation					
Yes	61(74.4)	70(47.3)	131(57.0)	1	15.798
No	21(25.6)	78(52.7)	99(43.0)		(0.0001)*
Total	**82(100.0)**	**148(100.0)**	**230(100%)**		

P≤0.05 (statistically significant), Fischer's exact

Table 4.3b indicates that slightly above half 42(51.2%) of the in-school vs majority 106(71.6%) of the out-of-school adolescents have never experienced any negative consequences as a result of substance abuse with a statistical significance *p*=(0.002). Among those who have experienced negative consequences as a result of substance abuse, dizziness was experienced by few in-school 14(35.0%) vs out-of-school 20(47.6%) adolescents with no statistical significance *p*=(0.362). Most of the in-school respondents vs majority of the out-of-school participants are aware of the potential risks and dangers associated with the use of these substances with a statistical significance *p*=(0.010). Majority 61(74.4%) of the in-school vs few 70(47.3%) of the out-of-school adolescents received information or support regarding substance abuse prevention or cessation with a statistical significance *p*=(0.0001).

Table 4.3c:Prevalence and Pattern Assessment of Abused Substance Amongst In-School and Out-of-School Adolescents

Variables	In-School (n(%)	Out-of-School (n(%)	Total	df	X^2 (p-value)
Yes	82(19.5)	14(35.2)	230(27.4)	1	26.080
No	338(80.5)	272(64.8)	610(72.6)		(0.0001)*
Total	**420(100.0)**	**420(100.0)**	**840(100%)**		

P≤0.05 (statistically significant), Fischer's exact

The table shows that more 14(35.2%) of the out-of-school compared to lesser number 82(19.5of the in-school adolescents abused psychoactive substances with a statistical significance p=(0.0001).

DISCUSSION OF FINDINGS

The findings indicated that in-school adolescents exhibited significantly higher knowledge of drug abuse compared to their out-of-school peers. The majority of in-school respondents accurately defined drug abuse as the consumption of illegal or harmful substances, such as tramadol, heroin, and codeine misuse ($p<0.05$). The associated health risks and the correlation between drug abuse and addiction were also acknowledged at significantly higher rates. A higher percentage of in-school adolescents (58.6%) demonstrated good knowledge in comparison to out-of-school adolescents (47.1%).

The findings are consistent with research conducted by Luo et al. (2021) and Guo et al. (2019) in China, which indicated a high level of awareness regarding substance-related harm. Additionally, Muriithi (2018) reported that students exhibited substantial knowledge of illicit drugs, primarily acquired through television. Oyenuga and Farinde (2023) reported a high awareness rate of 93.5% regarding substance use problems in Lagos, with Indian hemp and tramadol identified as the most prevalent substances. The observed consistency may be associated with comparable socio-demographic and lifestyle characteristics among participants.

Adolescents in school exhibited markedly more favourable attitudes towards recreational drug use than their out-of-school counterparts. In-school respondents largely opposed the notion that recreational drugs are acceptable, facilitate relaxation, or enhance performance, whereas out-of-school adolescents exhibited more permissive attitudes ($p<0.05$). Both groups concurred that parents ought to engage in discussions regarding the dangers of drugs with adolescents and recognised peer influence as a significant factor in the initiation of drug use.

Out-of-school adolescents demonstrated less favourable attitudes; however, this difference was not statistically significant ($p>0.05$). This finding aligns with the reports of Biswal et al. (2024) and Muriithi (2018), which indicate positive attitudes towards drug treatment and prevention. In contrast, Razali and Kliewer (2015) reported higher levels of recreational drug use among males. Differences in social environments, lifestyle, and exposure to preventive education may account for variations observed across studies.

A greater percentage of out-of-school adolescents (35.2%) reported the use of psychoactive substances in comparison to in-school adolescents (19.5%) ($p<0.05$). Tobacco and alcohol were the most frequently abused substances, succeeded by codeine, tramadol, and cannabis. Peer pressure emerged as the primary factor for initiation, with substances predominantly sourced from peers. While numerous participants did not encounter significant consequences, instances of dizziness and health issues were reported among users.

The findings are consistent with those of Luo et al. (2024) and Wang et al. (2019), who identified comparable substance use patterns among adolescents in China, as well as with Lawal et al. (2025) and Balogun (2021) in Nigeria, who observed that alcohol is the most frequently used drug. Consistent studies, such as those by Duru et al. (2017), Ngozi (2022), and Okechukwu et al. (2021), identified experimentation, curiosity, and conformity as primary motivators for use, while stress relief and withdrawal avoidance contributed to sustained abuse. Similarities observed in studies may indicate common socio-demographic traits, social influences, and restricted access to drug education among adolescents.

CONCLUSION

The study reveals marked disparities in knowledge, attitudes, and practices related to substance abuse between in-school and out-of-school adolescents in Imo State. In-school adolescents exhibited a higher level of awareness regarding the nature and risks of drug abuse, likely attributable to structured educational exposure and parental oversight. In contrast, out-of-school adolescents demonstrated limited knowledge and more permissive attitudes toward substance use, with increased vulnerability to peer influence and a higher prevalence of psychoactive substance consumption. These patterns appear to be shaped by socio-environmental factors and restricted access to formal preventive education and support systems.

RECOMMENDATIONS

Based on these findings, the following recommendations were made:

1. Since in-school adolescents demonstrated significantly better knowledge about drug abuse compared to their out-of-school counterparts. Health care providers should collaborate with teachers to extend structured drug education programs to reach out-of-school adolescents through community-based initiatives, youth centers, vocational training institutions, and NGOs.
2. Health care providers should collaborate with teachers to organize outreach strategies designed to specifically bridge the knowledge and awareness gap observed among out-of-school adolescents. These programs should include peer-led campaigns, mobile health education units, and the use of digital and social media platforms.
3. Health care providers should collaborate with teachers to sensitize and empower parents and guardians on regular conversations about drug abuse and its consequences with their children. Community parenting workshops and awareness campaigns should be encouraged.

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