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INFLUENCE OF DRUGS ABUSE ON ADOLESCENTS' MENTAL HEALTH IN BWARI LOCAL GOVERNMENT AREA, ABUJA, NIGERIA

by

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Abstract

This study investigated the impact of drug abuse on mental health of adolescents in Bwari Local Government Area (LGA), Abuja, Nigeria. Using Social Learning Theory as a guide, descriptive survey research design was employed for the study. Structured questionnaires were administered to 400 adolescents aged 13–19 that were engaged in drugs abuse across the LGA. Findings reveal that alcohol, marijuana, tramadol, and codeine were the most commonly used substances, with alcohol being the most frequently abused. Peer influence, media exposure, and availability of drugs in unregulated community spaces emerged as major sources of initiation. Most respondents first used drugs between the ages of 15 and 16, with a significant proportion reporting occasional or weekly use. Psychologically, drug abuse was linked to anxiety (30.0%), depression (25.5%), and aggressive behaviour (13.0%), while 66.8% of users admitted being unable to stop despite the consequences. Academically, over half of the respondents reported declining performance, and socially, many experienced strained family and peer relationships. Environmental and socio-economic factors also played key roles: 53.3% came from low-income homes, 49.3% cited peer pressure as a major influence, and 74.3% acknowledged that their living environment encouraged drug use. Access to drugs was reported as very easy by nearly half of the respondents. These findings point to a complex interplay of individual, social, and environmental factors driving adolescent drug abuse in Bwari LGA. The study concludes that comprehensive, youth-focused intervention strategies—combining school-based education, community awareness, parental involvement, and improved access to mental health and rehabilitation services—are urgently needed to mitigate the rising public health burden among Nigerian adolescents.

Keywords: drug abuse, adolescents, mental health, substance use

1. INTRODUCTION

Adolescence is a critical developmental stage characterised by rapid physical, emotional, and psychological changes. During this period, individuals are vulnerable to risky behaviours, including experimentation with psychoactive substances. Adolescent drug abuse has emerged as a major public health issue, with long-term consequences for individuals, families, and societies. According to the World Health Organization (WHO, 2021), globally, an estimated 13% of adolescents aged 15 to 19 engage in illicit drug use, with mental health implications such as anxiety, depression, cognitive impairment, and, in extreme cases, psychosis and suicidal ideation. In Africa, drug abuse among adolescents is also an escalating issue in the continent. The widespread availability of drugs, coupled with socio-economic factors such as poverty, unemployment and the lack of mental health services, exacerbates the prevalence of drug abuse. For instance, Southern Africa, countries like South Africa and Zimbabwe are grappling with high levels of adolescent substance abuse which according to SANCA (2021), an estimated 20% of adolescents aged 14-19 in South Africa have used illicit drugs, with cannabis, methamphetamine and alcohol being the most commonly abused substances. In Kenya, the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA, 2020) reported that nearly 30% of young people aged 15-19 have experimented with drugs, with marijuana being the most prevalent substance. Substance abuse in Africa is frequently linked to mental health disorders, including anxiety, depression, aggression and suicidal tendencies (Mohlala et al., 2020).

In Nigeria, the situation mirrors global trends, with the National Drug Law Enforcement Agency (NDLEA, 2021) reporting that approximately 14% of adolescents have experimented with substances like cannabis, tramadol, alcohol, and codeine. Adolescents in urban and peri-urban regions, such as Bwari Local Government Area in Abuja, face unique risk factors including peer pressure, poverty, family instability, and easy access to illicit substances. These challenges are compounded by inadequate mental health services, social stigma, and a general lack of awareness about the consequences of drug abuse. In Bwari LGA, the growing incidence of adolescent substance use has raised concern among educators, healthcare professionals, and community leaders. While national reports and surveys provide general insights into adolescent drug use across Nigeria, few studies have focused on the specific dynamics within Bwari, a fast-growing district that houses several academic institutions. The lack of localized data limits the design of effective, evidence-based interventions tailored to this community. Adolescents in Bwari not only face increased exposure to substances but also limited access to structured mental health care, making them particularly vulnerable to the psychological consequences of drug abuse. Mental health challenges such as depression, aggression, mood swings, and emotional withdrawal are commonly observed but often go unreported or untreated due to stigma and systemic neglect. This study examined the types of substances most commonly abused, the mental health effects of such abuse, and the socio-environmental factors influencing drug use among adolescents in Bwari LGA.

2. LITERATURE REVIEW

A substantial body of literature has documented the types of substances most commonly abused by adolescents across Nigeria. Cannabis, tramadol, codeine-based cough syrups, alcohol, and inhalants top the list, with cannabis remaining the most widely used illicit drug among Nigerian youth (Yusuf et al., 2021). Tramadol and codeine abuse have become increasingly prominent, particularly because these drugs are often available over the counter

or through informal networks. Alcohol is also widely consumed due to its cultural acceptance and availability, especially in urban communities. Bello and Adebisi (2021), noted a rise in inhalant use, such as glue and petrol, among street-dwelling and economically disadvantaged adolescents who use them to cope with hunger and psychological distress. Synthetic drugs such as methamphetamine and emerging substances like designer pills are gaining ground, especially in nightclubs and school environments, as reported by Eze and Uche (2021). Many adolescents are unaware of the long-term consequences of these drugs, particularly their effects on brain development and behaviour. Some researchers have linked the rise in substance experimentation to curiosity, peer influence, and celebrity glorification of drug use on social media. Despite these national trends, there remains a gap in knowledge regarding which substances are most prevalent in smaller peri-urban communities like Bwari LGA. This gap justifies the need for localized studies to capture context-specific substance use patterns among adolescents.

The prevalence of adolescent drug abuse in Nigeria varies across studies, but all indicate a troubling upward trend. Omololu et al. (2021), reported that over 30% of secondary school students in Nigerian cities had experimented with drugs, with many starting as early as age 13. Akintoye et al. (2022), found even higher rates, noting that 40% of students in selected Abuja schools reported using psychoactive substances, especially tramadol and codeine. Another study by Adeoye and Ijaiya (2020), found that adolescent males are generally more likely to abuse substances than females, although the gender gap is narrowing. The prevalence is often higher in urban and peri-urban areas, where access to drugs is easier and supervision is weaker. Thomas et al. (2023), observed that the COVID-19 pandemic contributed to increased substance use due to lockdown-induced stress and isolation. Peer influence and drug availability were identified as the most consistent predictors of adolescent substance use. Okonkwo et al. (2019) reported that nearly half of surveyed adolescents had used alcohol, while marijuana and tramadol followed closely. While these studies offer valuable insights into substance use across Nigeria, very few have isolated the specific prevalence within Bwari LGA. Given Bwari's rapid urbanization and large population of students, understanding the local prevalence rate is crucial for designing targeted prevention and intervention programs.

A wide range of literature confirms the strong correlation between adolescent drug abuse and mental health disorders. Olorunfemi et al. (2020), found that adolescents who used substances like cannabis and alcohol were significantly more likely to experience depression and anxiety. Similarly, Adeyemi et al. (2022), highlighted a dual diagnosis trend among adolescents with substance use disorders, many of whom also exhibited signs of aggression, impulsivity, and mood instability. Durojaiye et al. (2023), emphasized the particularly damaging effects of opioids like tramadol, linking them to social withdrawal, suicidal ideation, and impaired cognitive functioning. Other studies noted that adolescents often turn to drugs as a form of self-medication for pre-existing psychological stressors or trauma (Afolabi et al., 2020). The mental health consequences are often compounded by stigma, making adolescents reluctant to seek help. Furthermore, Udeh and Okeke (2021) found that stimulants such as amphetamines and cocaine contributed to memory loss, poor academic performance, and long-term emotional dysregulation. Social media, according to Salami et al. (2022), also plays a role by promoting content that glamorizes drug use, which can trigger or exacerbate mental health issues. Despite these growing insights, localized data on the mental health impact of adolescent drug use in Bwari LGA is still lacking. This study addresses this gap by exploring specific psychological outcomes within this community.

The socio-economic and environmental determinants of adolescent drug abuse have been extensively documented in Nigerian studies. Adewumi et al. (2020), linked poverty to increased drug use, with adolescents from low-income households turning to substances as a coping mechanism for economic stress. Family structure also plays a crucial role; Uche et al. (2021), found that adolescents from single-parent or dysfunctional families were more likely to abuse drugs due to lack of supervision and emotional support. Peer influence is another powerful factor—Idowu and Olaoye (2022), reported that adolescents with drug-using friends are significantly more likely to engage in similar behaviour. Environmental factors such as urban violence, drug availability, and weak community structures further heighten the risk, according to Nwachukwu and Okafor (2023). Media exposure to drug-promoting content also influences attitudes, especially among tech-savvy youth (Akinmoladun et al., 2020). In communities lacking recreational facilities or youth engagement programs, adolescents often resort to substance use as a means of escape or social inclusion. Salami et al. (2022) added that unemployment within the family unit increases emotional strain, making adolescents more susceptible to risky behaviours. While these dynamics have been observed nationwide, few studies have specifically investigated how they manifest in Bwari LGA.

Theoretical Framework

This study is anchored on the Social Learning Theory (SLT), developed by Edwin H. Sutherland and later refined by Ronald Akers. The theory posits that individuals learn deviant behaviours, including drug abuse, through social interactions and observation of others. According to SLT, behaviours are acquired through four primary processes: differential association (interactions with others), definitions (personal beliefs about right and wrong), differential reinforcement (rewards or punishments that follow behaviour), and imitation (observing and copying others). In adolescence, peer groups and immediate social environments significantly shape behaviour, particularly as young people seek acceptance and identity. Akers (1998) emphasized that when adolescents are frequently exposed to drug-abusing peers or family members who justify or normalize drug use, they are more likely to adopt similar behaviours. In Bwari LGA, where adolescents may face social pressures, lack of parental supervision, and weak institutional controls, the reinforcement of drug-related behaviour through peer influence becomes a critical factor. These learned behaviours are further sustained by perceived rewards such as peer approval, temporary emotional relief, or enhanced social status.

SLT also provides a useful lens for understanding the psychological outcomes associated with drug abuse among adolescents. Once drug use behaviour is learned and socially reinforced, adolescents may turn to substances as a coping strategy for stress, anxiety, or depression. Unfortunately, this creates a reinforcing cycle where drug use both stems from and contributes to poor mental health outcomes. The theory explains how drug use, initially adopted for social or emotional reasons, becomes internalized and maintained through ongoing reinforcement, even when harmful effects emerge. Adolescents in Bwari, for instance, may begin using drugs to manage emotional distress linked to poverty, family breakdown, or academic pressure, and find continued validation within peer groups that share similar habits. SLT also underscores the role of environmental structures—such as schools, families, and communities—in either curbing or enabling this behavioural reinforcement. However, critics of SLT note its limited attention to biological predispositions and structural inequalities like poverty and access to healthcare, which also influence drug abuse. Despite this, SLT remains a powerful framework for analysing how social dynamics shape both the initiation and perpetuation of adolescent drug use and its mental health consequences.

3. METHODS

This study adopted a descriptive survey research design to investigate the relationship between drug abuse and mental health outcomes among adolescents in Bwari LGA, Abuja. The target population consisted of adolescents aged 13 to 19 years residing in the area who were involved in abusing drugs. The sample size for the study consisted of 400 adolescents residing in Bwari LGA. To ensure broad representation across various socio-demographic groups, a stratified random sampling technique was employed, allowing for the inclusion of respondents from different wards within the LGA. Secondly, snowballing technique was also used in locating the targeted respondents. Data were collected through the administration of structured questionnaires designed to capture information on types and frequency of substance use, as well as self-reported mental health symptoms such as anxiety, depression, aggression, and mood instability. The instrument also gathered data on socio-economic and environmental influences. Ethical considerations were observed throughout the process, including obtaining informed consent and ensuring respondent anonymity. The collected data were analysed using the Statistical Package for the Social Sciences (SPSS), where descriptive statistics (frequencies and percentages) were used to summarize demographic variables and substance use patterns. This methodological approach provided a robust empirical basis for understanding the patterns and consequences of adolescent drug abuse in Bwari and informed the development of targeted intervention strategies.

4. FINDINGS

Table 1: Sociodemographic Data of Respondents

Variable	Category	Frequency N=400	Percentage
Age (in years)	Below 15	63	15.75
	15 – 16	141	35.3
	17 – 18	147	36.8
	19 and above	49	12.3
Sex	Male	213	53.3
	Female	187	46.8
Educational Status	Currently in secondary school	163	40.8
	Completed secondary school	97	24.3
	Currently in tertiary institution	79	19.8
	Dropped out of school	61	15.3
Household Structure	Both parents alive and together	177	44.3
	Single parent	143	35.8
	Orphan	80	20.0
Employment Status	Employed	57	14.3
	Unemployed	71	17.8
	Student	272	68.0
Religious Affiliation	Christianity	227	56.8
	Islam	172	43.0

African traditional religion		1	0.3
Total		**400**	**100.0**

The sociodemographic characteristics of the 400 respondents provide a foundational context for understanding adolescent drug use trends in Bwari LGA. In terms of age, 35.3% of respondents were between 15–16 years, 37% between 17–18 years, and 12.3% were 19 years and above, indicating that the majority fall within the peak adolescent phase—a period marked by increased vulnerability to peer influence, emotional instability, and risky experimentation, including drug use. Gender distribution reveals a male predominance, with 53.3% male and 46.7% female, aligning with broader research showing higher drug use among males, though the significant female representation suggests increasing risks among girls as well. Regarding religion, 56.8% of respondents identified as Christians, 43% as Muslims, and 3% as adherents of traditional beliefs. These figures suggest strong religious presence, and highlight opportunities for faith-based interventions. Educationally, 40.8% of the respondents were in school while 15.3% were out-of-school, implying that schools remain a key platform for delivering NDLEA awareness and prevention programs.

Table 2: Substances/Drugs Abused

Variable	Category	Frequency N=400	Percentage
Which of the following substances have you primarily used?	Alcohol	160	40.0
	Cigarettes	60	15.0
	Marijuana	58	14.5
	Codeine/Syrup-based drugs	45	11.3
	Tramadol	50	12.5
	Cocaine	15	3.8
	Other	12	3.0
Which substance is most commonly abused in Bwari LGA?	Alcohol	153	38.3
	Marijuana	117	29.3
	Tramadol	71	17.8
	Codeine	59	14.8
How did you first learn about drugs?	Friends/Peers	173	43.3
	Family members	59	14.8
	Social media	91	22.8
	Movies/Music	61	15.3
	Other	16	4.0
Where do you usually see drugs being used in your area?	Schools	91	22.8
	Parties/Clubs	79	19.8
	Homes	69	17.3
	Streets/Uncompleted buildings	141	35.3

	Other	20	5.0
How are drugs usually consumed in your community?	Smoked	170	42.5
	Swallowed as pills	145	36.3
	Injected	31	7.8
	Mixed with drinks	54	13.5
Do you think certain drugs are more popular among boys or girls?	More popular among boys	231	57.8
	More popular among girls	69	17.3
	Equally popular among both	100	25.0
	Total	**400**	**100.0**

The findings from Table 2 offer a multidimensional overview of substance use patterns among youths in Bwari LGA, revealing both the types of substances consumed and the contexts surrounding their abuse. Alcohol emerged as the most frequently used substance, with 160 respondents (40.0%) identifying it as their primary substance, followed by cigarettes (15.0%), marijuana (14.5%), and tramadol (12.5%). These figures suggest that socially accessible substances remain dominant among youths, though the presence of prescription drugs like tramadol and codeine (11.3%) highlights a disturbing trend of pharmaceutical misuse. While harder drugs such as cocaine (3.8%) and other unspecified substances (3.0%) were less common, their presence is still concerning and warrants attention. In terms of the most commonly abused substance in the area, alcohol again led at 38.3%, followed by marijuana (29.3%), tramadol (17.8%), and codeine (14.8%). This consistency confirms alcohol's stronghold and reinforces the role of pharmaceutical drugs in emerging abuse trends. Regarding the sources of drug exposure, peer influence was overwhelmingly cited, with 43.3% of respondents indicating they were introduced to drugs by friends, while 22.8% credited social media as their source. Other contributors included movies and music (15.3%), family members (14.8%), and other sources (4.0%), demonstrating the multifaceted social and cultural pathways through which youths encounter drugs. When asked where they commonly observed drug use, 35.3% pointed to streets or uncompleted buildings, followed by schools (22.8%), parties or clubs (19.8%), and homes (17.3%), indicating widespread exposure across both public and private settings. Regarding methods of consumption, smoking was most prevalent (42.5%), followed by swallowing pills (36.3%), mixing with drinks (13.5%), and injecting (7.8%). These diverse methods reflect the broad spectrum of substances being consumed and the health risks associated with each. Gender perceptions revealed that 57.8% of respondents believed drug use was more common among boys, while 25.0% believed both genders were equally involved, and 17.3% cited higher usage among girls. These insights emphasize the need for multifaceted, gender-sensitive, and socially grounded interventions that target the root causes and diverse expressions of substance abuse among adolescents in the region.

Table 3: Social Context of Drug abuse Among Adolescents

Variable	Category	Frequency N = 400	Percentage
At what age did you first use any drug or substance?	Below 15 years	71	17.8
	15 – 16 years	143	35.8
	17 – 18 years	121	30.2
	19 years	65	16.2
How often do you use any of these substances?	Daily	51	12.8
	Weekly	87	21.8
	Occasionally	119	29.8
	Never	143	35.8
Do you know other adolescents who use drugs?	Yes	289	72.2
	No	111	27.8
In your opinion, how common is drug abuse among adolescents in Bwari?	Very common	191	47.8
	Moderately common	143	35.8
	Rare	43	10.8
	Not common at all	23	5.8
What percentage of your friends or peers do you think use drugs?	Less than 10%	47	11.8
	10 – 30%	109	27.2
	30 – 50%	129	32.2
	More than 50%	115	28.8
How do adolescents in your area typically obtain drugs?	From friends	143	35.8
	From street vendors	97	24.3
	From pharmacies without prescription	109	27.3
	Online sources	29	7.3
	Other	22	5.5
	Total	**400**	**100**

The data in Table 3 presents a comprehensive understanding of the patterns, social contexts, and access points related to drug use among adolescents in Bwari LGA. Age at first drug use reveals a concerning trend, with 35.8% of respondents initiating drug use between ages 15 and 16, a developmental stage characterized by heightened susceptibility to peer influence and identity exploration. Alarmingly, 17.8% began using drugs before age 15, placing them at even greater risk for long-term dependence, while 30.2% started between 17 and 18, and 16.2% at 19, indicating the persistence of initiation well into late adolescence. Regarding usage frequency, 29.8% reported occasional use, 21.8% weekly, and 12.8% daily, suggesting that for many, drug use has become routine rather than experimental. Only 35.8% claimed to have never used drugs, showing that abstainers are a shrinking minority in a high-risk environment. Notably, 72.2% admitted knowing peers who use drugs, reinforcing the strong social presence of substance use in adolescent circles. Furthermore, 47.8% described drug use among peers as "very common," while 35.8% considered it "moderately common," showing widespread normalization. Peer estimates confirm this: 60% believed that between 10%–50%

of their friends use drugs, and 28.8% believed usage exceeded 50%. As for access, 35.8% cited friends, 27.3% pharmacies without prescriptions, and 24.3% street vendors, while 7.3% used online sources and 5.5% indicated other means. These figures highlight how peer networks and unregulated drug channels facilitate easy access. Altogether, the findings underscore that drug use among adolescents in Bwari is not only frequent and early but also deeply rooted in social networks, normalized within youth culture, and supported by multiple access points—calling for urgent, multi-layered interventions.

Table 4: Psychological and Social Impact of Drug Use

Variable	Category	Frequency	Percentage
What is the most significant psychological effect you experienced after using drugs?	Anxiety	120	30.0
	Depression	102	25.5
	Hallucinations	41	10.2
	Aggressive behaviour	52	13.0
	Memory loss	37	9.2
	Sleep disturbances	48	12.0
Have you ever felt guilty or regretful after using drugs?	Yes	281	70.3
	No	119	29.7
Do you feel a strong urge to use drugs even when you try to stop?	Yes	267	66.8
	No	133	33.2
Have you noticed changes in your school performance since using drugs?	Yes, it has worsened	201	50.3
	No change	119	29.7
	I do not attend school	80	20.0
Have you ever sought medical or psychological help due to drug use?	Yes	137	34.3
	No	263	65.7
Do you think drug use has affected your relationships with family and friends?	Yes	243	60.8
	No	157	39.2
	Total	**400**	**100**

The data presented in Table 4 reveals the extensive psychological, academic, and relational consequences of drug use among adolescents in Bwari LGA, painting a picture of distress, dysfunction, and unmet support needs. Anxiety (30.0%) and depression (25.5%) emerged as the most frequently reported psychological effects, suggesting that many youths may initially turn to drugs to escape emotional difficulties, only to experience heightened distress as a result. Additional effects such as aggressive behaviour (13.0%), sleep disturbances (12.0%), hallucinations (10.2%), and memory loss (9.2%) further underscore the cognitive and behavioural toll of substance use, including possible neuropsychological impacts from sustained or heavy consumption. These psychological disruptions extend into the academic realm, with over half (50.3%) of respondents admitting their school performance had

deteriorated due to drug use, and 20.0% not attending school at all—likely reflecting disengagement or dropout linked to substance-related issues. Although 29.7% reported no academic change, this should not obscure the broad learning challenges substance use poses. On the issue of dependency, a staggering 66.8% of adolescents reported feeling unable to stop using drugs despite trying, while 70.3% expressed guilt or regret after usage—clear indications of addiction and emotional conflict. However, only 34.3% had sought medical or psychological support, with 65.7% yet to do so, pointing to barriers like stigma, fear, or service inaccessibility. Socially, the strain is also evident, as 60.8% reported damaged relationships with family and friends, while 39.2% had not yet observed such effects— potentially due to early-stage use or denial. Overall, these findings expose the multi-layered impact of adolescent drug abuse, encompassing internal suffering, diminished academic potential, and eroded social bonds—calling for urgent, youth-responsive intervention programs in mental health, education, and family support.

Table 5: Environmental factors Influencing Adolescent Drug Abuse

Variable	Category	Frequency	Percentage
What is the financial status of your family?	Low income	213	53.3
	Middle income	139	34.8
	High income	48	12.0
Who has most influenced your drug use?	Friends	197	49.3
	Family members	71	17.8
	Media/Entertainment	51	12.8
	Stress and depression	60	15.0
	Other	21	5.3
What do you think is the biggest Reason adolescents use drugs in your area?	Peer pressure	159	39.8
	Family problems	81	20.3
	Stress and anxiety	77	19.3
	Availability of drugs	61	15.3
	Other	22	5.5
Do you think the environment you live in influences drug abuse?	Yes	297	74.3
	No	103	25.7
Have you ever seen or been part of a group that encourages drug use?	Yes	219	54.8
	No	181	45.2
How accessible are drugs in your community?	Very easy to get	183	45.8
	Moderately easy	149	37.3
	Difficult to get	68	17.0
	Total	**400**	**100**

The findings in Table 5 provide a nuanced understanding of the socio-economic, psychological, environmental, and peer-related drivers of adolescent drug abuse in Bwari LGA. A majority of respondents (53.3%) reported coming from low-income households, with 34.8% from middle-income and only 12.0% from high-income families—revealing a strong

correlation between economic disadvantage and substance use. Adolescents from poorer backgrounds often face chronic stress, limited access to education or mental health services, and fewer recreational alternatives, all of which may foster substance use as a coping mechanism. The role of peer influence is equally pronounced, as nearly half (49.3%) identified friends as the primary source encouraging their drug use, confirming that social circles are powerful in shaping adolescent behaviour. Other influencing factors included family members (17.8%), stress or depression (15.0%), and media or entertainment (12.8%), indicating a mix of emotional vulnerability and external cultural messages that glamorize drug use. When asked to identify the biggest reason youths in their area engage in drug use, 39.8% cited peer pressure, 20.3% family problems, 19.3% stress or anxiety, and 15.3% drug availability—highlighting a multi-causal dynamic where social, familial, and emotional forces converge. Environmental factors were also significant, with 74.3% of respondents affirming that their surroundings influenced drug use and 54.8% admitting to seeing or being part of groups that encouraged it. These findings suggest that community-level normalization of drug abuse, along with the presence of enabling peer groups, perpetuates risky behaviour. Furthermore, drug access remains dangerously high—45.8% reported that drugs were very easy to obtain, and 37.3% said they were moderately easy—reflecting poor regulatory oversight and easy access through informal channels. Altogether, Table 5 underscores that adolescent drug use in Bwari is shaped by a complex web of poverty, peer dynamics, emotional distress, environmental exposure, and uncontrolled access—pointing to the urgent need for coordinated interventions targeting both the individual and structural determinants of drug abuse.

5. DISCUSSION

The sociodemographic profile of the respondents provides a compelling context for understanding adolescent drug abuse in Bwari LGA. The data showed that 72.1% of the respondents were aged 15–18, aligning with WHO (2021) and Kanu et al. (2021) who identified mid-to-late adolescence as a period marked by emotional volatility, peer pressure, and identity exploration, increasing vulnerability to drug use. Gender distribution revealed a slight male dominance (53.3%), consistent with Olorunfemi et al. (2020) and Adebayo & Bello (2021), who reported higher substance use among males due to cultural and behavioural factors. Educational status further deepened the risk profile—15.3% had dropped out of school—affirming Nwachukwu & Okafor's (2023) conclusion that school disengagement increases susceptibility to deviant behaviours. The family structure also reinforced earlier literature; 35.8% of the respondents were from single-parent homes, echoing Idowu & Olaoye (2022), who linked parental absence to weak supervision and emotional insecurity. A striking 53.3% of respondents were from low-income families, underlining Adewumi et al. (2020)'s assertion that poverty acts as a push factor in adolescent substance use due to limited coping options and exposure to environmental stressors. These interconnected demographic variables illustrate the structural vulnerability of adolescents in Bwari and reinforce the need for targeted, family- and school-based preventive frameworks.

In relation to the first and second objectives, the findings reveal a high prevalence of alcohol (30.4%), marijuana (17.6%), and tramadol (15.1%) use, validating NDLEA (2021) and Gureje et al. (2021)'s reports on the dominance of these substances in Nigerian youth communities. Notably, the presence of pharmaceutical opioids like tramadol and codeine aligns with UNODC (2021), which warned of rising non-medical use of prescription drugs

due to regulatory loopholes. The study further found that peer influence (43.2%) and social media exposure (22.8%) were leading sources of drug initiation, supporting Akers' (1998) Social Learning Theory and Bandura's (2001) concept of vicarious reinforcement—where behaviour is learned through observation and reward. Objective three's focus on mental health consequences was affirmed by high rates of anxiety (30.5%), depression (26.2%), and aggressive behaviour (15.2%), consistent with Teesson et al. (2014) and Kanu et al. (2021), who link adolescent drug abuse to emotional instability and psychological distress. Over 66.8% admitted struggling to quit despite regret (70.3%), pointing to a cycle of dependence and guilt—a core marker of addiction. Finally, for objective four, socio-environmental factors such as easy drug access (45.8%) and exposure to peer groups encouraging use (54.8%) mirror findings by Idowu & Olaoye (2022) and Akinmoladun & Adeyemi (2020), who emphasized the role of environmental modelling and accessibility in perpetuating adolescent drug abuse. These findings affirm that youth drug use in Bwari is both a health and a social systems issue shaped by structural inequalities and learned behaviours.

6. CONCLUSION AND RECOMMENDATIONS

This study explored the prevalence, mental health consequences, and socio-environmental drivers of drug abuse among adolescents in Bwari LGA, Abuja, using a descriptive quantitative design. The findings indicate that drug use is significantly concentrated among adolescents aged 15–18, with alcohol, marijuana, tramadol, and codeine being the most commonly abused substances. Peer pressure and digital media emerged as primary exposure sources, reinforcing the applicability of Social Learning Theory. Mental health impacts such as anxiety, depression, aggression, and psychological dependency were widespread, with many adolescents expressing regret yet struggling to stop—an indication of underlying addiction. Socio-economic conditions, particularly poverty and unstable family structures, were also found to be major contributors to drug use, while the easy accessibility of drugs within the community further exacerbates the problem. These results collectively highlight that adolescent drug abuse in Bwari is not merely a behavioural issue, but a complex interplay of social, psychological, and structural vulnerabilities. Therefore, the study recommends that first, schools should be empowered to run structured, age-appropriate drug education programs including peer-led discussions, life skills training and mental health literacy. Secondly, Local authorities, in collaboration with NDLEA and community leaders, should implement strict enforcement of drug control policies, crack down on illegal drug vendors, and monitor pharmaceutical sales within the LGA. Thirdly, Government and NGOs should establish youth-friendly counselling and rehabilitation centres that offer confidential support, therapy, and addiction recovery services accessible to both in-school and out-of-school adolescents. Lastly, Community sensitization campaigns should train parents on active supervision, emotional support, and communication skills, while also promoting positive peer group formations

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