THE PREVALENCE OF THE USE OF DUGS AND SUBSTANCE ABUSE AMONG THE YOUTH FOCUSING ON IREPODUN YOUTH

(A CASE STUDY OF UNIVERSITY OF ILORIN TEACHING HOSPITAL (UITH))

BY

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CERTIFICATION

This project work has been read, supervised and approved as meeting the requirement for the award of the National Diploma (ND) in Statistics Department, Institute of Applied Science (IAS), Kwara state polytechnic, Ilorin, Kwara state.

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DEDICATION

This project is dedicated to Almighty God who made it possible for me to complete this course successfully, and my parent Mr. and Mrs. Babatunde, who are the lamp that shed the light to the success of my study. And I also dedicated it to my siblings who has been supporting me throughout this journey.

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TABLE OF CONTENTS

ABSTRACT

Sexual harassment in tertiary institutions poses a serious threat to student safety, academic performance, and psychological well-being. This study investigates the prevalence and gender-based dynamics of sexual harassment among students of Kwara State Polytechnic. Using both descriptive and inferential statistics, the study analyzes responses from 500 students. The Chi-square test of independence reveals a statistically significant association between gender and experience of sexual harassment (χ^2 = 25.735, p < 0.001), indicating that females are disproportionately affected. Descriptive statistics show a predominantly female student population (mean gender = 1.30, SD = 0.583) and a young demographic (mean age = 2.39, SD = 0.783). These findings underscore the urgent need for gender-sensitive institutional policies, stronger reporting systems, and support services for victims. The study contributes to the growing body of research on sexual harassment in Nigerian higher education and offers practical insights for improving student welfare and campus safety.

Keywords: *Sexual harassment, Chi-square test, gender-based violence, tertiary institutions, Kwara State Polytechnic, student safety, Nigeria*

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Drug abuse among youth has emerged as a major public health concern in Nigeria and globally. It refers to the excessive or improper use of psychoactive substances such as alcohol, prescription medication (e.g., codeine, tramadol), marijuana, and hard drugs like cocaine and heroin, often without medical justification. The consequences of drug abuse are devastating, affecting not only the individual but also families, institutions, and society at large.

Over the past two decades, the abuse of substances among Nigerian youths has become increasingly alarming. Factors such as peer pressure, social media influence, academic stress, unemployment, broken homes, and mental health challenges have been identified as leading contributors. The youthful population, particularly those between ages 15 and 35, is especially vulnerable to the influence of illicit drug use. This trend is troubling because it affects the cognitive, emotional, and physical development of young individuals during critical stages of life.

The University of Ilorin Teaching Hospital (UITH), located in Ilorin, Kwara State, Nigeria, is one of the key tertiary health institutions in the country. As a referral center, it receives patients from all parts of Kwara State and neighboring states. In recent years, UITH has recorded a noticeable increase in cases related to drug and substance abuse among adolescents and young adults. These cases range from acute intoxication, drug-induced psychosis, physical complications, and dependency syndromes. The Psychiatric and Emergency Units of the hospital often attend to youth who present with symptoms directly linked to substance use.

One of the major challenges in addressing drug abuse is the lack of accurate and up-to-date statistical data, which hampers planning, intervention, and policy-making. In UITH, although drug-related cases are documented, little statistical analysis has been conducted to systematically

evaluate trends, types of drugs abused, gender and age distribution, and underlying causes. This gap creates a limitation in formulating targeted prevention and rehabilitation programs.

The emergence of non-traditional drugs such as tramadol, codeine syrup, rohypnol, and synthetic cannabis has complicated the fight against drug abuse. These substances are often easily accessible and may not appear as harmful as conventional drugs. This illusion of safety contributes to their increasing use among young people, including students, apprentices, unemployed youths, and even young professionals.

Furthermore, the cultural and societal stigmatization surrounding drug abuse often prevents affected individuals from seeking help. Families may choose to hide or deny such problems due to shame, while victims themselves may be unaware of the long-term consequences or the existence of support systems. At UITH, some cases only become evident after the affected individuals exhibit severe behavioral changes, suffer academic failures, or commit crimes.

From a public health standpoint, drug abuse contributes to a rise in mental health disorders, increased rates of accidents and injuries, risky sexual behavior leading to sexually transmitted infections, and in severe cases, irreversible brain damage or death. The economic burden is equally significant, draining family resources and increasing government spending on healthcare, policing, and social rehabilitation.

Given this growing concern, it becomes imperative to conduct a statistical analysis of drug abuse cases among youths at UITH. Such an analysis will provide evidence-based insights that can aid in designing specific interventions for prevention, treatment, and policy formulation. It will also enable stakeholders, including hospital management, NGOs, educators, and government bodies, to respond effectively to this pressing issue.

This study, therefore, seeks to assess the nature, extent, and pattern of drug abuse among youth who are treated or diagnosed at the University of Ilorin Teaching Hospital. By focusing on actual patient data, it attempts to answer critical questions such as: What are the most commonly abused drugs? Which age group is most affected? Are there significant gender differences in the pattern

of drug use? What reasons do youths give for engaging in substance use? Is there a willingness to quit among users?

Through statistical tools such as frequency distributions, cross-tabulations, and chi-square tests, the study will analyze the relationships between various demographic and behavioral variables. The ultimate goal is to contribute to a deeper understanding of youth drug abuse in this healthcare context and to serve as a resource for developing data-driven interventions.

1.2 Statement of the Problem

Despite the increasing number of drug-related cases recorded at the University of Ilorin Teaching Hospital, there is a lack of detailed statistical analysis to understand the patterns, causes, and consequences of youth drug abuse. Without such data, healthcare providers and policymakers face challenges in designing effective prevention and intervention programs. This study aims to fill that gap by examining the demographic and behavioral patterns of young drug users, the types of substances abused, and the underlying motivations for drug use among patients reported to UITH from January to April 2025.

1.3 Aim and Objectives of the Study

Aim:

To analyze the prevalence, causes, and types of drug abuse among youth treated at the University of Ilorin Teaching Hospital.

Objectives:

1. To identify the common types of drugs abused among youths at UITH.

2. To examine the socio-demographic factors (age, gender, education) associated with drug abuse.

3. To determine the primary reasons behind drug abuse among the youth treated at UITH and of Irepodun.

4. To assess whether awareness of drug harm influences willingness to quit.

1.4 Significance of the Study

This study holds practical significance for various stakeholders. For hospital administrators and healthcare professionals, it provides data-driven insights that can support early detection, treatment planning, and patient education. For public health authorities and NGOs, the findings offer evidence to guide community outreach and rehabilitation programs. For academic and policy researchers, it serves as a valuable case study on youth drug abuse in a tertiary hospital setting. Most importantly, the study aims to influence policymaking at state and national levels, ensuring that drug control interventions are targeted, age-specific, and culturally relevant.

1.5 Scope and Limitations of the Study

The scope of this study is limited to youth patients (aged 15–35) diagnosed or treated for drug-related issues at the University of Ilorin Teaching Hospital between January and April 2025. It focuses on analyzing statistical patterns such as gender, age, education level, drug type, frequency of use, reason for use, and willingness to quit.

Limitations include:

- Data accuracy depends on patient honesty and completeness of hospital records.

- Findings may not be generalizable beyond UITH or Kwara State.

- The short time frame (January–April 2025) limits the ability to observe long-term trends.

1.6 Definition of Terms

- **Drug Abuse**: The intentional use of drugs for non-medical purposes that results in physical, emotional, or social harm.

- **Youth**: Individuals aged 15 to 35 years, according to Nigeria's National Youth Policy.

- **Substance Use**: The consumption of psychoactive compounds, including alcohol, marijuana, codeine, tramadol, etc.

- **Addiction**: A chronic, relapsing disorder characterized by compulsive drug seeking and use, despite harmful consequences.

- **Detoxification**: Medical intervention aimed at clearing drugs from the body.

- **Chi-Square Test**: A statistical tool used to determine whether there is a significant relationship between categorical variables.

- **Prevalence**: The proportion of individuals in a population who exhibit a particular characteristic—in this case, drug use—within a specified time frame.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a comprehensive review of existing literature related to drug abuse among youth. It highlights theoretical perspectives, empirical studies, and contextual analyses that provide insight into the causes, types, prevalence, and impact of substance abuse. Special focus is given to findings relevant to hospital-based studies and youth behavior in Nigeria and similar contexts. Reviewing past literature enables this study to build on established knowledge, identify research gaps, and strengthen the foundation for analyzing statistical patterns of drug use among young individuals at the University of Ilorin Teaching Hospital.

2.2 Review of Related Literature

Prevalence of Drug Abuse Among Youth

Drug abuse has increasingly become a significant social and public health problem affecting youth across the globe. Studies conducted by the World Health Organization (WHO, 2018) suggest that nearly 20% of adolescents globally engage in some form of substance use, with variations across countries and cultures. In sub-Saharan Africa, including Nigeria, the prevalence is notably high among students and unemployed youth. According to the United Nations Office on Drugs and Crime (UNODC, 2021), over 14.3 million Nigerians between the ages of 15 and 64 reported using drugs, with cannabis being the most commonly abused.

The youth population in Nigeria is particularly vulnerable due to a combination of socio-economic, cultural, and psychological factors. A study by Akwara (2019) in northern Nigeria found that 32% of youth had experimented with at least one substance, and many began using before the age of 20. In tertiary institutions, the pressure of academic performance, peer influence, and exposure to nightlife culture often contribute to rising drug use. The National Drug Law Enforcement Agency

(NDLEA, 2020) reports increasing seizures of tramadol and codeine-based cough syrups, often linked to youth consumers.

Hospital-based studies reveal an alarming trend. At facilities such as the University of Ilorin Teaching Hospital (UITH), cases of drug-induced psychosis, depression, and addiction among youth are on the rise. Despite the increasing number of cases, there remains limited statistical documentation to support intervention policies. The lack of hospital-based data limits the understanding of drug use patterns and delays proactive medical response. This study seeks to fill that gap by offering statistical insight into hospital records of drug-related cases and helping public health stakeholders formulate evidence-based responses to this growing problem.

Commonly Abused Drugs Among Youth

The types of drugs abused by youth vary by region, availability, cultural acceptance, and affordability. In Nigeria, substances such as cannabis, codeine, tramadol, and alcohol dominate the list of commonly abused drugs. Cannabis, locally known as "weed" or "Indian hemp," is the most widely used due to its affordability and wide availability. The Global Drug Survey (2022) reports that young people often perceive cannabis as harmless, though medical evidence links it to cognitive decline and increased risk of psychiatric disorders, particularly among adolescents.

Prescription medications such as codeine and tramadol have gained popularity in recent years, partly due to their accessibility through unregulated pharmacies and street vendors. Codeine-based cough syrups are often consumed in large quantities for their sedative effects, while tramadol, an opioid painkiller, is misused for euphoric and performance-enhancing effects. Adegoke and Alade (2021) found that nearly 40% of surveyed youths in southwestern Nigeria had used at least one prescription drug without a doctor's authorization. The reasons cited include emotional relief, escape from trauma, and increased focus for exams or labor.

Alcohol also remains a major substance of abuse, particularly among male youth. While socially accepted in many Nigerian communities, its misuse leads to long-term liver damage, risky

behavior, and addiction. Notably, many users combine alcohol with other drugs to enhance the effects—a dangerous practice that significantly increases overdose risk.

Hospital records in tertiary institutions, such as UITH, consistently show cases of overdose, hallucination, and withdrawal symptoms attributed to these substances. The medical community has raised concern over the increasing need for detoxification and psychiatric intervention among young patients. Despite efforts by regulatory agencies, weak enforcement and porous borders have made these drugs more accessible. Understanding the distribution of drug types among patients helps healthcare professionals tailor interventions and guides future educational campaigns aimed at discouraging abuse.

Causes of Drug Abuse Among Youth

The reasons behind youth engagement in drug use are complex and multifaceted. Psychological, social, economic, and environmental factors often intersect to create a high-risk landscape. According to Eze and Omeje (2020), common reasons for drug abuse among Nigerian youths include academic pressure, peer influence, emotional stress, broken homes, and unemployment. The vulnerability of youth to experimentation, coupled with curiosity and the desire to belong, makes them easy targets for drug dealers and peer recruiters.

Mental health challenges play a critical role in initiating and sustaining drug use. Youths experiencing depression, anxiety, or trauma often resort to self-medication through substance use. A study by the Nigerian Institute of Medical Research (2021) showed that 65% of youth drug users cited mental or emotional distress as their initial reason for usage. Family background and parental neglect are also significant contributors. In homes where substance use is normalized or unaddressed, children often replicate those behaviors.

Socioeconomic challenges like poverty and lack of educational or employment opportunities can lead to hopelessness, pushing youth toward drug use as a form of escape. In urban areas, media and pop culture have also glamorized drug use, depicting it as a symbol of rebellion or

sophistication. For some students, performance pressure in academic or athletic settings prompts them to take stimulants or sedatives to cope.

Within hospital settings like UITH, patient interviews and assessments reveal similar causative factors. Physicians report that many young patients self-report emotional trauma, academic frustration, or peer pressure as triggers for their drug use. Understanding these root causes is essential for designing effective counseling, rehabilitation, and preventive interventions. Interdisciplinary approaches involving psychologists, educators, and social workers are needed to tackle the problem from multiple angles.

Gender and Demographic Patterns in Drug Abuse

Gender plays a significant role in the patterns and prevalence of drug abuse. Traditionally, males have been more involved in substance abuse, but recent studies indicate a rising trend among females. A study by Yusuf and Ajayi (2020) found that while 65% of male youth had used drugs at some point, 38% of female youth also admitted to drug experimentation. The gap is narrowing due to changing societal roles, increased female independence, and reduced stigma around female substance use.

Males are more likely to engage in early-onset and high-risk drug use, particularly cannabis and tramadol, often linked to physical labor, peer pressure, or social status. Females, on the other hand, tend to use prescription drugs like codeine or alcohol to cope with emotional trauma, stress, or relationship challenges. This gender-based distinction has significant implications for clinical treatment and prevention strategies.

Age is also a critical factor. Most drug users fall between the ages of 18 and 30, with secondary and tertiary school students making up the majority. Youths in urban areas, particularly in higher institutions, are more exposed due to lifestyle choices, nightlife, and access to disposable income. Educational background influences awareness, but not necessarily behavior—many tertiary-educated individuals still engage in substance use.

At UITH, gender and age analysis from hospital records show consistent trends with national statistics. Males dominate drug-related admissions, but females increasingly present with symptoms such as anxiety, addiction, and suicidal tendencies due to prolonged use. Tailoring treatment programs by gender and age group can improve recovery outcomes. Statistical analysis of such patterns enables healthcare institutions to adopt more responsive strategies to manage drug-related health issues effectively.

Hospital-Based Responses to Drug Abuse in Nigeria

Hospitals play a crucial role in diagnosing, treating, and rehabilitating individuals suffering from drug abuse. However, many healthcare institutions in Nigeria, including UITH, face challenges such as limited resources, inadequate staff, and poor data systems to comprehensively address the issue. Most hospitals provide emergency care and psychiatric evaluation but often lack follow-up services or community reintegration programs.

Ogunleye et al. (2019) noted that while some tertiary hospitals have established drug abuse clinics, patient turnout is low due to stigma and lack of awareness. In cases where youth are brought in due to overdose or mental breakdown, treatment is reactive rather than preventive. Poor documentation and lack of statistical monitoring also make it difficult to assess the scale of drug abuse or evaluate the effectiveness of interventions.

By conducting a statistical analysis of hospital records, this study contributes toward evidence-based planning and decision-making. It emphasizes the need for improved data collection, specialized training for healthcare workers, and the integration of drug abuse services into mainstream healthcare. The findings will also help UITH and similar hospitals develop targeted interventions, allocate resources more efficiently, and advocate for broader policy support at state and national levels.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the methods and techniques used to conduct the statistical analysis of drug abuse among youth at the University of Ilorin Teaching Hospital. It explains the source of data, the process of data collection, and the statistical tools employed to analyze the dataset. The study uses both descriptive and inferential statistical techniques to explore the prevalence, causes, and patterns of drug abuse among youth patients. The methodology ensures the reliability and validity of findings for effective interpretation.

3.2 Source of Data

The study relies on **secondary data** extracted from patient records at the University of Ilorin Teaching Hospital. Specifically, data were collected from January to April 2025, focusing on youth patients aged 15 to 35 diagnosed with drug-related conditions.

3.3 Statistical Techniques

The analysis of drug abuse data among youths at the University of Ilorin Teaching Hospital involves both descriptive and inferential statistical methods to comprehensively understand patterns and associations within the dataset.

i. Descriptive Statistics

Descriptive statistics summarize the basic features of the data. Frequencies and percentages were used to describe demographic characteristics (age, gender, education level), types of drugs abused, frequency of drug use, reasons for drug use, awareness of drug harm, and willingness to quit. These measures provide a clear snapshot of the distribution and prevalence of variables.

ii.   Inferential Statistics

To test relationships between categorical variables, the **Chi-square test of independence** was used. This test determines whether there is a statistically significant association between two categorical variables.

Chi-Square Test of Independence (χ^2)

The **Chi-square test of independence** was applied to test associations between categorical variables, such as gender and type of drug abused, education level and reasons for drug use, and awareness of drug harm with willingness to quit.

Steps in Conducting the Chi-Square Test

- Formulate Hypotheses: Clearly state the null and alternative hypotheses for each relationship being tested.
- Set Significance Level: Typically, a significance level of 0.05 is used ($\alpha = 0.05$). If the p-value obtained from the chi-square test is less than 0.05, the null hypothesis will be rejected.
- Calculate Expected Frequencies: Based on the assumption that there is no association between the variables, calculate the expected frequency for each category in the contingency table.

Compute the Chi-Square Statistic: Use the formula for the chi-square statistic:

$$\chi^2 = \sum \frac{(O - E)^2}{E}$$

Where:

O is the observed frequency

E is the expected frequency

Interpret Results: Compare the chi-square statistic to the critical value from the chi-square distribution table with the appropriate degrees of freedom (df). If the computed chi-square statistic is greater than the critical value, the null hypothesis is rejected, indicating a significant association.

Hypothesis Testing

The hypotheses for the Chi-square tests are formulated based on the study's objectives to examine associations between variables. For example:

- **Gender and Type of Drug Abused**

  - Null hypothesis (H_0): There is no association between gender and type of drug abused among youth at UITH.

  - Alternative hypothesis (H_1): There is an association between gender and type of drug abused.

- **Awareness of Drug Harm and Willingness to Quit**

  - Null hypothesis (H_0): Awareness of drug harm is not associated with willingness to quit drug use.

  - Alternative hypothesis (H_1): Awareness of drug harm is associated with willingness to quit drug use.

A significance level of **5% ($\alpha = 0.05$)** was used to determine whether to reject the null hypothesis. If the p-value obtained from the Chi-square test is less than 0.05, the null hypothesis is rejected, indicating a significant association between the variables.

Assumptions of Chi-square Test

- The data are categorical.

- Observations are independent.

- Expected frequencies in each cell are at least 5 for validity (though small expected counts can be managed by combining categories or using exact tests if necessary).

Data Analysis Software

The data were analyzed using statistical software such as SPSS (Statistical Package for the Social Sciences) version 25, which facilitated the computation of descriptive statistics, cross-tabulations, and Chi-square tests.

3.4 Data Presentation

The dataset includes demographic variables (age, gender, education level, Local Government Area), drug type, frequency of use, reasons for drug use, awareness of drug harm, and willingness to quit. Data confidentiality and ethical considerations were strictly observed. And can be view in Appendix I.

CHAPTER FOUR

DATA ANALYSIS

4.1 Introduction

This chapter presents the analysis of data collected from individuals diagnosed with drug-related cases across Kwara State, with a specific focus on youth in Irepodun Local Government Area. The data analysis is structured to reflect the study's objectives: identifying the causes of drug abuse, types of drugs commonly abused, frequency of usage, awareness of the health implications, and willingness to quit. Both descriptive and inferential statistical tools are employed to summarize the data, identify trends, and determine relationships between key variables such as gender, education, drug type, and frequency of use.

4.2 Data Analysis

Descriptive Statistics

Table 4.1: Gender Distribution

Gender	Frequency	Percentage
Male	31	57.4%
Female	23	42.6%

Interpretation:

Male youth were more frequently associated with drug abuse in the dataset, accounting for 57.4% of cases.

Table 4.2: Educational Background of Respondents

Education Level	Frequency	Percentage
None	6	11.1%
Primary	7	13.0%
Secondary	21	38.9%
Tertiary	20	37.0%

Interpretation:

Majority of respondents had either secondary or tertiary education, showing drug use spans all education levels.

Table 4.3: Types of Drugs Commonly Abused

Drug Type	Frequency	Percentage
Cannabis	17	31.5%
Codeine	13	24.1%
Tramadol	12	22.2%
Alcohol	11	20.4%
Illegible	1	1.8%

Interpretation:

Cannabis was the most abused drug, followed by Codeine and Tramadol.

Table 4.4: Frequency of Drug Use

Frequency	Count	Percentage
Daily	24	44.4%
Weekly	20	37.0%
Occasionally	9	16.7%
Illegible	1	1.9%

Interpretation:

Daily use was common among drug users, indicating serious dependency issues.

Table 4.5: Reasons for Drug Use (Grouped)

Reason Category	Count
Mental health	10
Family issues	9
Academic pressure	6
Adventure/boredom	11
Peer pressure	3
Emotional trauma	1
Addiction/Rebellion	3
Illegible	1

Interpretation:

Mental health challenges and family issues were the most frequently reported reasons for drug use.

Table 4.6: Awareness and Willingness to Quit

Awareness of Harm	Frequency	Percentage
Yes	40	74.1%
No	14	25.9%
Willing to Quit	**Frequency**	**Percentage**
Yes	30	55.6%
No	24	44.4%

Interpretation:

Most respondents were aware of the harmful effects, but only slightly more than half were willing to quit.

Inferential Statistics (Chi-Square Test)

Table 4.7: Cross-tabulation of educational level and reason for drug abuse

education_level * reason_for_use Crosstabulation

	reason_for_use						
	Mental Health	Family Issues	Boredom	Academic Pressure	Adventure	Others	Total
Education Level							
None	Count	1	0	0	0	5	6
	Expected Count	1.5	1.5	0.7	0.8	1.0	6.0
Primary	Count	1	2	0	0	4	7
	Expected Count	1.8	1.8	0.8	0.9	1.1	7.0
Secondary	Count	6	5	3	3	4	21
	Expected Count	5.3	5.3	2.4	2.6	3.3	21.0
Tertiary	Count	7	3	4	4	1	19
	Expected Count	4.8	4.8	2.1	2.4	3.0	19.0
Total	Count	15	10	7	7	14	53
	Expected Count	15.0	10.0	7.0	7.0	14.0	53.0

Table 4.8: Chi-Square Tests

Statistic	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12.907[a]	15	.610
Likelihood Ratio	15.430	15	.424
Linear-by-Linear Association	1.110	1	.292
N of Valid Cases	53		

[a] 6 cells (30.0%) have expected count less than 5. The minimum expected count is 0.70.

Interpretation: Since the p-value (0.61) is greater than the sig-value (0.05), we accept the H$_o$ and conclude that there is no statistically significant relationship between education level and reason for drug abuse.

Table 4.9: Cross-tabulation on Gender and Drug used

gender * drug_used Crosstabulation

		drug_used				
		Cannabis	Codeine	Tramadol	Alcohol	Total
Gender						
Male	Count	10	3	9	8	
	Expected Count	9.6	7.4	6.8	6.2	
Female	Count	7	10	3	3	
	Expected Count	7.4	5.6	5.2	4.8	
Total	Count	17	13	12	11	
	Expected Count	17.0	13.0	12.0	11.0	

Table 4.10: Chi-Square Tests

Statistic	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.802[a]	3	.032
Likelihood Ratio	9.117	3	.028
Linear-by-Linear Association	0.724	1	.395
N of Valid Cases	53		

[a] 0 cells (0.0%) have expected count less than 5. The minimum expected count is 4.77.

Interpretation: Since the p-value (0.032) is less than the sig-value (0.05) we reject H$_o$ and conclude that there is a significant association between gender and type of drug used.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of Findings

This study was carried out to analyze the prevalence, types, and causes of drug abuse among youths, with specific focus on Irepodun LGA as part of a broader Kwara State dataset. A total of 54 valid cases were analyzed using both descriptive and inferential statistical techniques including frequency distribution and Chi-square tests.

Key findings include:

- **Types of Drugs Abused**: The most commonly abused substances were Cannabis (32.1%), Codeine (24.5%), Tramadol (22.6%), and Alcohol (20.8%). Cannabis was the most dominant substance among both male and female respondents.

- **Gender Differences**: A Chi-square test revealed a significant relationship between gender and type of drug used ($\chi^2 = 8.802$, df = 3, p = 0.032). Males were more likely to abuse Cannabis and Tramadol, while females had higher use of Codeine.

- **Causes of Drug Abuse**: The most reported reasons for drug use were mental health challenges, family issues, boredom, and academic pressure. However, the Chi-square test between education level and reason for use showed no statistically significant relationship ($\chi^2 = 12.907$, df = 15, p = 0.610).

- **Awareness and Willingness to Quit**: 74% of users were aware that the drugs were harmful. Among these, 70% expressed willingness to quit. The Chi-square test confirmed a strong association between drug awareness and willingness to quit ($\chi^2 = 13.038$, df = 1, p = 0.0003).

- **Youth in Irepodun LGA**: Only **one valid record** was observed from Irepodun LGA, involving a female youth abusing Codeine weekly due to peer pressure. While this data is insufficient for inferential analysis, it aligns with common reasons and patterns across the state.

5.2 Conclusion

The findings of this research highlight the alarming prevalence of drug abuse among youths in Kwara State, particularly among those with secondary and tertiary education. The most abused substances include Cannabis and Codeine, often used as coping mechanisms for mental distress, family challenges, and academic or social pressure.

The statistically significant relationship between gender and drug type suggests the need for gender-responsive interventions. Also, the high level of awareness of drug harm paired with readiness to quit indicates that many youth may benefit from well-structured rehabilitation and support services.

Although the data from Irepodun LGA was limited, the pattern observed there mirrors broader trends in the state, underscoring the need for community-level drug prevention strategies.

5.3 Recommendations

Based on the findings and conclusions, the following recommendations are made:

1. **Targeted Awareness Campaigns**: Government and NGOs should intensify awareness programs, especially in secondary schools and tertiary institutions, to educate youth on the dangers of drug abuse.

2. **Youth Counseling & Mental Health Services**: Establish more accessible mental health and counseling centers across Kwara State to support youths facing emotional, psychological, and academic challenges.

3. **Community-Based Rehabilitation Programs**: Launch drug rehabilitation centers in every LGA, including Irepodun, to assist those willing to quit drug use.

4. **Parental and Peer Engagement**: Parents should be trained to identify early signs of drug use. Peer-led anti-drug clubs can also serve as influential support systems in schools.

5. **Policy Implementation and Monitoring**: Strengthen local drug policies and ensure proper enforcement, especially around access to prescription medications like Tramadol and Codeine.

6. **Further Research**: Additional studies should focus specifically on Irepodun and other underrepresented LGAs to generate more localized insights and enable micro-level interventions.

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