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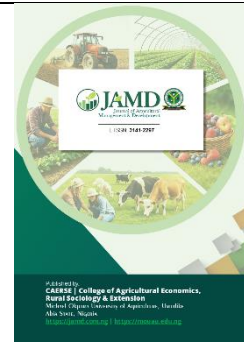
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Assessment of Drug Abuse Prevalence among Rural Youths in South-East Nigeria

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ABSTRACT

The study empirically assessed the prevalence of drug abuse among rural youth in South East Nigeria. Specifically, it identified the types of drugs abused, determined the prevalence, examined perceived factors influencing drug use, The study was guided by the hypotheses which stated that there was no significant difference in the; prevalence of drug abuse among respondents across the States. Data were obtained from 360 rural youths randomly selected across Abia, Enugu, and Imo States (120 per State) using a multi-stage sampling procedure. Primary data were collected through a structured questionnaire and analyzed using descriptive statistics, mean scores, and Analysis of Variance (ANOVA). Results showed that the ranking for substances being abused was highest for synthetic marijuana (Colorado) (94.20%), followed by tramadol (87.80%), over-the-counter drugs (86.90%), methamphetamine (*mkepurummiri*) (85.80%), cannabis (85.60%), and alcohol (85.80%). The prevalence of drug abuse was moderately high to high (mean = 3.20–3.45), with widespread use among rural youth (mean = 3.45) and rising cases (mean = 3.51). Major contributing factors included peer pressure ($\bar{x}$ = 3.31), unemployment ($\bar{x}$ = 3.31), curiosity ($\bar{x}$ = 3.23), and stress ($\bar{x}$ = 3.22). ANOVA results showed significant differences in drug abuse prevalence across States (F = 24.889; p < 0.05), with Abia ($\bar{x}$ = 3.44) as highest, followed by Enugu ($\bar{x}$ = 3.29) and Imo ($\bar{x}$ = 3.12). The study concludes that drug abuse remains prevalent among rural youth, driven by peer influence, unemployment, and social factors. Strengthening community-based, government-supported and youth-focused awareness campaigns, drug education and local employment creation is essential to curb the growing menace.

Introduction

Drug abuse, defined as the inappropriate use of prescription, or over-the-counter drugs for non-medical purposes, has become a significant global health concern (WHO 2021). It involves the indiscriminate, excessive, maladaptive, addictive, or disorderly intake of certain substances for purposes other than medical treatment (Manbe, 2018). American Medical Association's Committee on Alcoholism and Addiction (2024) defined drug abuse as the self-administration of drugs without medical supervision and

particularly in large doses that may harm the body and lead to psychological dependence, tolerance and abnormal behavior. As a result, drug abuse presents a formidable challenge to societal well-being, particularly in developing nations like Nigeria, where it disproportionately affects the youth population. This study examined the prevalence of drug abuse among rural youth in the south-east Nigeria.

Globally, drug abuse has been on the rise, with the United Nations Office on Drugs and Crime (UNODC) reporting that approximately 275 million people, or 5.5% of the world's population aged 15 to 64, used drugs in 2021 (UNODC, 2021). The pervasive nature of this problem has led to its recognition as a critical issue requiring urgent global action. In response, the United Nations General Assembly (UNGA) established June 26th as the International Day against Drug Abuse and Illicit Trafficking, in December 1987. This observance underscores the global commitment to eradicating drug abuse and its associated harms.

Historically, humans have used natural substances for various purposes, including pain relief and recreation. However, many of these substances are now classified as illegal, due to their potential for harm (Efere, 2022). Globally, drug abuse is recognized as a major public health issue (UNODC, 2021). The phenomenon is particularly troubling among youths, who are often both the primary perpetrators and victims of its consequences. The misuse of drugs such as alcohol, sedatives, cocaine, heroin, and marijuana has escalated, especially among youths. This trend is not just a local issue but a global one, affecting adolescents and young adults and leading to severe health and social problems, including mental health disorders and academic disruptions (NDLEA, 2021).

In Nigeria, the rise in drug abuse among youths has been alarming. This increase is often linked to various factors, including the search for relief from socio-economic pressures, peer influence, and the pursuit of enhanced academic performance. Unfortunately, the repercussions are dire, leading to behaviors such as violence, criminal activities, and severe health issues. The United Nations Office on Drugs and Crime (UNODC) has provided updated insights into the global and Nigerian context of drug abuse. According to the UNODC World Drug Report 2023, Nigeria accounts for a significant proportion of global drug users, with an estimated 14.4 million Nigerians using drugs, of whom nearly 3 million suffer from drug use disorders.

A scoping review of drug studies in Nigeria by Jatau *et al.* (2024) found that the prevalence of drug abuse among Nigerian youth remains high, ranging between 20% and 40%. This trend is particularly concerning as it reflects the vulnerability of young people to substance abuse, which has long-term implications for the country's social and economic development.

Recent studies have highlighted the escalating issue of drug abuse in Nigeria's South-East region, particularly among rural youth engaged in agriculture. Methamphetamine, locally known as "*Mkpuru Mmiri*," has emerged as a prevalent substance of abuse in this area. A community-based cross-sectional study conducted between May and November 2023, (Obande-Ogbuinya *et al.*, 2024) reported a methamphetamine use prevalence of 21.8% among adolescents and adults aged 15-64 years in South-East Nigeria, identifying depression as a common reason for use.

The prevalence of drug abuse among rural youths is not only a public health issue but also a significant barrier to sustainable development. As Ogunsola *et al.* (2020) assert, drug abuse among Nigerian youths poses a threat to the overall progress of the nation, affecting economic growth, resource management, and the well-being of rural communities. It is against this backdrop that the study sought to empirically assess the prevalence of drug abuse among rural youths in south-east Nigeria.

The broad objective of this study was to assess drug abuse prevalence among rural youth in south-east Nigeria. The specific objectives were to; identify the different drugs/substances being abused by the respondents; ascertain the prevalence of drug abuse among respondents and ascertain the perceived factors contributing to drug abuse among the respondents in the study area. It is hypothesized that there is no significant difference in the prevalence of drug abuse among respondents across the states.

Methodology

The South-East Agro-ecological Zone of Nigeria was the main focus of the study. Southeastern geopolitical region of Nigeria is one of the six geopolitical zones in the country. It comprises five states – Imo, Enugu, Ebonyi, Anambra, and Abia (Onyekuru *et al.*, 2020). The region is characterized by a tropical monsoon climate and lies between latitude 23° 27' north to 23° 27' South, with an average rainfall of between 2,000 and 3,000mm (118.1 in) per year (Onyekuru *et al.*, 2020). With about 22 million people (National Population Commission, 2022), the people in the rural area are mostly agrarian in nature as they have farming as their major occupation.

Multi-stage sampling procedure was used in the selection of the 360 respondents for the study. The 1st stage involved the selection of three States from the zone using simple random sampling (SRS) technique. The 2nd stage involved the selection of two senatorial zones from each of the States selected, that does not include the State capital. The reason for this is to focus on rural communities. The 3rd stage involved the use of simple random sampling technique (SRS) in selecting 2 LGAs from each senatorial zone selected. From there, 3 Communities each from the selected L.G.A were randomly selected in the zone bringing, the total to 36 Communities. The 4th and final stage involved the selection of ten respondents each from the communities' selected using simple random sampling (SRS) technique. A total of 360 rural youths constituted the sample size for the study. Primary data were obtained with the aid of structured questionnaire and analyzed using descriptive and inferential statistics such as frequency, percentages, means and ANOVA.

To identify the different drugs/substances being abused by the youths was realized using frequency counts and percentages. To ascertain the prevalence of drug abuse among youths in the study area was realized using mean scores. Data was generated by presenting the respondents with items rated on a Likert scale, which was based on the question options of: very high = 5, high = 4, moderate = 3, low = 2 and very low = 1. The options were quantified as 1, 2, 3, 4 and 5. The mean of 1, 2, 3, 4 and 5 equals 3.0 i.e. $1+2+3+4+5/5 = 3.0$. For the purpose of decision making, the maximum weighted score of 5 was further divided by 3 to obtain the class interval of 1.66. Thus, the class interval (1.66) was successively deducted from the maximum mean score (5) to obtain the three categories of prevalence of drug abuse. As a result, class ranges for the three categories of prevalence of drug abuse emerged as follows; $0.00 - 1.66 = \text{low}$; $1.67 - 3.33 = \text{moderate}$ and $3.34 - 5.00 = \text{high}$.

To ascertain the perceived factors contributing to drug abuse among the respondents was realized using a 4-point rating scale of; strongly agree = 4, agree = 3, disagree = 2, strongly disagree = 1. In using the 4-point rating scale, a mid-point was obtained by adding 4, 3, 2 and 1 which gives 10 and when divided by 4 gives a mean score of 2.50. For the purpose of decision making, any mean score response ≥ 2.50 was adjudged a positive factor, while a mean score that is < 2.50 was adjudged a negative factor contributing to drug abuse among the respondents. The hypothesis testing for significant difference in the prevalence of drug abuse among the respondents in the study area was estimated using ANOVA at 95% confidence level ($P \leq 0.05$). Similarly, in order to identify which treatment means were different from the others, and to separate one mean score from the other, the Duncan Multiple Range Test (DMRT) was used to distinguish between 2 or more means.

$$F\text{-statistic} = \frac{MS_{\text{Between}}}{MS_{\text{within}}} \quad (1)$$

But,

$$MS_{\text{Between}} = \frac{SS_{\text{Between}}}{Df_{\text{Between}}}$$

and $MS_{\text{within}} = \frac{SS_{\text{Within}}}{Df_{\text{Within}}}$

Where,

MS_{Between} = Mean sum of squares between the group

MS_{Within} = Mean sum of squares within the group

SS_{Between} = Sum of squares between the group

SS_{Within} = Sum of squares within the group

Df_{Between} = Degree of freedom between group given as (k-1);

Df_{Within} = Degree of freedom within group given as (k-1)

Decision rule: if $F_{\text{cal}} > F_{\text{tab}}$ at ($P \leq 0.05$), we reject the null hypothesis and accept the alternative hypothesis and vice versa.

Results and Discussion

Different Drugs and Substances abused among Respondents

The result in Table 1 presents the levels of different drugs and substances abused among respondents across the states. The results find a high proportion of respondents across all states (85.60%) acknowledging cannabis as a drug of abuse with Abia State ranking the highest (99.20%), followed by Enugu (87.50%) and Imo (70.00%). This finding suggests that cannabis is a well-known substance, possibly due to its long history and widespread mention in society and media. This finding is supported by previous study by Okudaye (2025) who noted extremely high levels of substance use among Nigerian youths with 98.10% in use in Lagos State. The aforementioned study also noted that despite ongoing use, cannabis remains widely recognized and influenced by socio-economic and peer factors.”

The response about codeine was also high (82.50% pooled), with highest ranking in Abia (95.00%) when compared to Enugu (84.20%) and Imo (68.30%). The abuse of codeine could be linked to past media campaigns and government restrictions on codeine-based cough syrups, which brought attention to its misuse. The similar results were found in the use of Tramadol (87.8% pooled), with near-universal recognition in Abia (99.20%) and high level of abuse in Enugu (90.00%). The increasing public discussions about the misuse of Tramadol for energy and mood enhancement, especially among youths, may have contributed to this high level of abuse. Several qualitative and survey studies (Fuseini *et al.*, 2019; Osei-Tutu, *et al.*, 2024) from Nigeria reports that youths commonly use tramadol non-medically to boost energy/alertness, enhance work performance, and produce mood elevation or euphoria, which might be contributing factors to the high level of substance abuse observed in this study.

However, the results also show that methamphetamine (popularly called *mkipurumiri*) was also very high (85.80% pooled), with Abia ranking the highest (97.50%), followed by Enugu (90.00%) and Imo (70.00%). The recent surge in the production and use of *mkipurumiri* in southeastern Nigeria likely raised public consciousness about this dangerous drug. The infiltration of methamphetamine activities into rural economies poses a significant threat to rural development, hence diverting a young person from productive agricultural and entrepreneurial ventures into drug-related activities, which undermines labor availability, social cohesion, and household welfare (Obinna, 2022). Furthermore, communities where *mkipurumiri*

abuse is prevalent often experience rising insecurity, breakdown of family structures, and a decline in community-based agricultural productivity, as youths abandon farming for quick but illicit income (Oti & Oguamanam, 2023).

The study also shows that cocaine (76.40%) and heroin (74.70%) were moderate to high across the three states. Respondents from Imo recorded slightly more abuse of heroin (76.70%) than those from Abia (71.70%) and Enugu (75.80%). These findings imply that while these substances are known, they may be perceived as less accessible or more associated with the elite or urban use. Excessive alcohol consumption as a form of substance abuse was also high (85.80% pooled), with minimal variation among the states. This suggests that respondents clearly recognize alcohol misuse as a health and social problem, reflecting its common presence in social gatherings and its discussion in public health campaigns. Amphetamines abuse was moderate (50.60% pooled), with the highest level in Enugu (56.70%), followed by Imo (50.80%) and Abia (44.20%). The moderate level could be due to the less visible nature of amphetamine abuse compared to more common substances like Tramadol or cannabis.

The study reported inhalant abuse as relatively low (37.20% pooled), with Enugu respondents being more aware (45.00%) than those in Abia (25.00%). About 45.80% of respondents acknowledged sedatives and benzodiazepines as substances of abuse. Level of abuse was fairly uniform across the states, with slightly higher recognition in Enugu (50.0%). This shows moderate understanding, possibly because sedatives are often viewed as legitimate medical drugs rather than substances of abuse. Over-the-counter (OTC) drug misuse was high (86.90% pooled), with Abia again having the highest level (93.30%). Similarly, Synthetic marijuana, known locally as Colorado, recorded the highest level (94.20% pooled) among all substances. Abuse level was nearly uniform across states, Abia (96.70%), Enugu (93.30%), and Imo (92.50%). This high ranking may stem from the ease of accessibility of such drugs and growing discussions about self-medication and misuse of painkillers and antibiotics.

Generally, the high and moderate levels of drug abuse such as cannabis, tramadol, and methamphetamine (*mkpurumiri*) among rural youths in the study area have critical implications for agricultural development. Agriculture in southeastern Nigeria is predominantly labor-intensive and heavily dependent on youthful manpower for cultivation, processing, and marketing activities. However, the growing familiarity and exposure to psychoactive substances threaten this productive base. High level experimentation with drugs often precede use and dependence (Adelekan, 2021). Youths who engage in drug misuse may suffer from reduced physical stamina, impaired decision-making, and health deterioration, which limit their ability to engage effectively in agricultural tasks (Onukogu *et al.*, 2022).

Prevalence of Drug Abuse among the Rural Youth in the Study Area

The results in Table 2 present findings on the prevalence and extent of drug abuse among rural youth across Abia, Enugu, and Imo States. The results show that respondents strongly agreed that drug use is a widespread issue among rural youth, with a pooled mean score of 3.54, rated as high. Abia recorded the

highest mean (3.70), followed by Enugu (3.39) and Imo (3.54). This indicates that substance abuse is a significant and noticeable problem in rural communities, cutting across the three states. The high rating suggests that drug use has become normalized among many rural youths, posing a challenge to community development and health. The results also show that the respondents moderately agreed that young people often use drugs in social gatherings, with a pooled mean of 3.28, with the highest mean was observed in Abia (3.49), followed by Imo (3.20) and Enugu (3.15). This finding indicates that social contexts such as parties, village meetings, and peer-group events serve as common environments for drug use, reinforcing social acceptance and peer influence as major drivers of substance experimentation and continued use among rural youths (Adelekan, 2021; Olaniyi *et al.*, 2020; Oti & Oguamanam, 2023; UNODC, 2023).

The perception that many individuals engage in drug use as a means of relaxation also ranked high (3.37 pooled mean). The pattern was similar across states, with Abia (3.35), Enugu (3.03), and Imo (3.74). This high agreement implies that rural youth may view drug use as a coping mechanism for stress, boredom, or emotional challenges, a reflection of limited recreational or psychological support systems in rural areas (Njigwum & Echebe, 2023). More so, the respondents moderately agreed that drug use contributes to absenteeism from school or work, with a pooled mean of 3.22. Abia again recorded the highest mean (3.52), followed by Enugu (3.15) and Imo (2.99), indicating that substance use has a measurable impact on productivity and educational engagement among rural youths, leading to reduced work efficiency and school attendance. This was in support with the study by Okafor *et al.* (2021).

The results of the findings show a pooled mean of 3.49 indicating a high agreement that health problems associated with drug use are common among users. Imo (3.60) had the highest mean, showing a stronger perception of health risks. This reflects growing awareness of the physical and mental health consequences of substance abuse, including addiction, depression, and organ damage. Respondents highly agreed that people tend to use drugs more than they initially planned, with a pooled mean of 3.52. This suggests an element of dependency and loss of self-control, which is characteristic of habitual drug use. Imo (3.71), Abia (3.48) and Enugu (3.38) showed stronger agreement, implying more frequent cases of compulsive use in these areas.

The responses on difficulty in quitting drug use despite attempts also recorded a moderate mean of 3.28, as show for Enugu (3.32) and Abia (3.28) recorded slightly higher values than Imo (3.11). This is an indication of the addictive nature of commonly abused drugs such as tramadol, cannabis, and methamphetamine, which make withdrawal difficult without structured rehabilitation and psychosocial support (Ndubuisi *et al.*, 2022; Obiechina & Isiguzo, 2019; WHO, 2021).

However, the respondents also were found with moderate agreement that family and community members are often aware of drug use cases, with a pooled mean of 3.20. Awareness was highest in Enugu (3.38) and lowest in Imo (3.09). This suggests that drug use is often visible within communities, though not always adequately addressed due to stigma, denial, or lack of intervention programs. The respondents finally agreed that drug abuse cases have increased in recent years with the pooled mean of 3.51, the agreement was higher in Imo (3.81), than Abia (3.42) and Enugu (3.32). This implies that the perception of increased drug abuse is stronger in Imo than in the other two states. The higher mean in Imo may be attributed to higher youth population density, increasing unemployment, urbanization, or greater accessibility to illicit substances in the state. Similar trends have been reported in previous studies, where regions with greater social interaction, youth gatherings, and nightlife activities tend to experience higher rates of drug use and abuse (Idowu *et al.*, 2022; Nwosu & Uzochukwu, 2020).

Perceived Factors Contributing to Drug Abuse among Rural Youth

The result in Table 3 presents the respondents' perception of the major factors influencing drug abuse among rural youths across the study areas, Abia, Enugu, and Imo States. Responses were measured on a 4-point mean rating scale ranging from Strongly Agree (SA) to Strongly Disagree (SD). The criterion mean for agreement was 2.50 and above, indicating a positive (agreed) contribution to drug abuse while otherwise negative contribution. The results show that all the responses had mean scores above 3.00, implying that respondents generally agreed that these factors significantly contribute to the problem of drug abuse among rural youths.

Factors such as peer pressure was perceived as a major contributing factor to drug abuse, with a pooled mean of 3.31 (SD = 0.69), showing strong consensus among respondents, while Abia (3.39) and Enugu (3.37) recorded higher mean values than Imo (3.18). This finding aligns with the report of Olaniyi *et al.* (2020) who noted that peer influence is one of the strongest predictors of youth involvement in drug use in Nigeria, as many young people are initiated into substance use through social groups and friends. However, factor such as family conflicts were also perceived to contribute to drug abuse (pooled mean = 3.21), implying a positive agreement among the respondents that instability at home pushes young people to seek comfort or escape through substance use. Obisesan & Adejuwon (2023) found that family dysfunction significantly predicted substance use behaviour among adolescents in Ibadan, Nigeria. Quadri *et al.*, (2025) also reports a strong positive correlation between childhood trauma (including adverse family experiences) and substance abuse among Nigerian adolescents.

The results also show that unemployment was a contributing factor (3.31 pooled mean), with Abia recording the highest mean (3.45). Youth unemployment often leads to frustration, idleness, and hopelessness, pushing individuals toward drug use as a coping mechanism. This finding is supported by United Nations Office on Drugs and Crime (UNODC, 2023), which links economic hardship and lack of opportunities to increased substance use in developing nations. The findings also reveal that the ease of accessing drugs was another significant factor (3.20 pooled mean) with Abia respondents rated highest (3.38), suggesting that weak law enforcement and open drug markets make substances readily available. Nnodim *et al.* (2020) study similarly found that poor regulation of pharmaceutical products and street-level drug sales have made controlled substances easily obtainable in rural communities.

Factor such as curiosity among young people was identified as a key driver of experimentation with drugs (3.23 pooled mean) with Abia youth again recorded the highest mean (3.42). This corroborates the findings of Adelekan and Ndom (2020), who observed that many youths initiate drug use out of curiosity, seeking to experience new sensations or peer approval. This can also be attributed with Stress and frustration as perceived as strong motivators of drug use (3.22 pooled mean), particularly in Abia (3.56), indicating socioeconomic pressures and emotional distress common among rural youths.

However, cultural tolerance or acceptance of certain substances, such as alcohol, kola nuts, or snuff, was also identified as a contributing factor (3.11 pooled mean), indicating positive agreement among the rural youths that cultural norms sometimes encourage substance use during ceremonies and social events. This highlights the role of traditional practices and cultural permissiveness in sustaining substance use in rural African communities. Furthermore, the absence of strong parental control or monitoring was perceived to increase the likelihood of youth drug abuse (3.15 pooled mean). This is consistent with Onuoha (2018) who found that increasing parental monitoring significantly reduced the odds of substance use, while more “negotiated unsupervised time” (i.e., less parental oversight) increased the risk. The study also noted that children from families with weak supervision and poor parent-child relationships are more likely to engage in risky behaviors, including drug use. The respondents also agreed that media exposure and social influences contribute to youth drug use (3.08 pooled mean). Television, movies, and social media often glamorize drug use, making it appear acceptable or fashionable. Ojeniyi *et al.* (2025) and Odenigbo & Ajibo (2025) found a significant positive relationship between electronic media use and substance/drug intake among Nigerian undergraduates.

The study also reports respondent’s agreement that a wrong belief in the health or psychological benefits of drugs (pooled mean = 3.13) contributes to abuse. Some youths believe drugs enhance strength, courage, or sexual performance. Eze and Ezenwaka (2019) similarly reported misconceptions among rural youths that drugs like Tramadol improve work efficiency or reduce fatigue.

The results in Table 4 shows the analysis of variance (ANOVA) results testing for significant differences in the prevalence of drug abuse among respondents in South East, Nigeria. The results show a mean prevalence scores of 3.44 for Abia, 3.29 for Enugu, and 3.12 for Imo State. These mean values suggest that respondents in Abia State reported the highest level of drug abuse prevalence, followed by those in Enugu State, while Imo State recorded the lowest.

However, the computed F-value of 24.889 with a p-value of 0.000 is less than the 0.05 level of significance, indicating a statistically significant difference in the prevalence of drug abuse among the three States in South East Nigeria. This means that the variation in drug abuse prevalence observed among the respondents is not due to random chance but reflects real differences among the States. It implies that state-level variations exist in the extent of drug abuse among respondents. The higher mean prevalence in Abia State could be linked to factors such as higher urban exposure, peer influence, or easier access to psychoactive substances compared to Enugu and Imo. This finding aligns with similar studies (Eneh & Stanley, 2020; Onwuama, 2021) which reported that drug abuse prevalence often varies across states due to differences in socio-economic activities, enforcement levels, and cultural tolerance to substance use.

The result in Table 5 shows the Duncan post-hoc mean separation test following the significant ANOVA result in Table 4.11. The Duncan test was used to identify where the specific differences in the prevalence of drug abuse occur among the three States, Abia, Enugu, and Imo. The results show that there is a significant difference in level of prevalence for Imo youths (3.12) compared to Enugu (3.29) and Abia with the highest mean prevalence (3.44), with the means grouped into different subsets (1, 2, and 3) at a significance level of 0.05, indicating that the differences between these States are statistically significant.

This shows that each State falls into a distinct subset, confirming that the level of drug abuse prevalence significantly differs across the three States. The result shows that Abia State significantly differs from Enugu and Imo States, with a notably higher prevalence of drug abuse. Similarly, Enugu also differs from Imo, though to a lesser extent. This pattern of prevalence suggests that drug abuse is most prevalent in Abia State, moderately prevalent in Enugu, and least prevalent in Imo. These variations may be attributed to differences in urbanization, youth exposure to social influences, peer group dynamics, and accessibility of drugs in each location. Ene & Okoro, (2021); Nwosu *et al.*, (2022) studies highlighted regional disparities in substance abuse across Nigerian states due to socio-economic and environmental factors.

Conclusion and Recommendations

Based on the findings of this study, the study concluded that awareness of various drugs particularly synthetic marijuana (Colorado), tramadol, and over-the-counter substances is very high among rural youth in the study area. The prevalence of drug use remains moderately high, indicating a persistent and growing public health, socio-economic challenge and rural development concerns. Peer influence, unemployment, curiosity, family conflict, and stress were identified as major drivers of drug abuse in the south-east Nigeria. Therefore, it recommends that:

- a) A continuous and well-structured awareness campaigns across rural communities using local media, churches, schools, radio programmes, agricultural extension platforms, and community associations on the adverse effect of drug abuse.
- b) Government, stakeholders and development partners should intensify efforts to provide employment and livelihood opportunities for rural youth. Introducing agribusiness skill acquisition, cooperative farming, and start-up support will reduce idleness and curb the tendency towards drug use.
- c) Given the influence of peer pressure, stress, and family conflict on drug abuse, community programmes should focus on peer mentorship, family counselling, and stress management education.

References

- Adelekan, M. L. (2021). Drug abuse in Nigeria: The public health impact of collective actions and inactions. *medRxiv*. <https://doi.org/10.1101/2025.05.13.25327537>
- Idowu, A., Aremu, A. O., Olumide, A., & Ogunlaja, A. O. (2018). Substance abuse among students in selected secondary schools of an urban community of Oyo-state, South West Nigeria: Implication for policy action. *African Health Sciences*, 18(3), 776–785. <https://doi.org/10.4314/ahs.v18i3.28>
- Manbe, D. A. (2018). *Socio-economic effects of drug abuse among youth in Nigeria*. University of Jos Press.
- Obande-Ogbuinya, N. E., Okoye, U. O., & Onyeneho, N. G. (2024). Motivations for methamphetamine (Mkpurummiri) use and consequences among Nigerian users. *Journal of Drug Issues*. <https://doi.org/10.1177/00220426241275336>
- Obisesan, O. S., & Adejuwon, G. A. (2023). Family dysfunction and perceived peer-pressure as predictors of substance use among in-school adolescents in Ibadan, Nigeria. *African Journal for the Psychological Study of Social Issues*, 26(2), 178–193.
- Olaniyi, S., Akanni, J. O., & Adepoju, O. A. (2023). Optimal control and cost-effectiveness analysis of an illicit drug use population dynamics. *Journal of Applied Nonlinear Dynamics*, 12(1), 133–146. <https://doi.org/10.5890/JAND.2023.03.010>
- Osei-Tutu, S., Owusu-Sarpong, O. J., Asante, F., Agyemang-Duah, W., Siaw, L. P., Darkwa, I. O., & Gyasi, R. M. (2024). The severity of Tramadol misuse among youth in urban informal settlements in Ghana: Patterns, co-use, and sociodemographic factors. *PMC Public Health*. <https://doi.org/10.1186/s12889-024-18523-w>
- United Nations Office on Drugs and Crime (UNODC). (2021). *World drug report 2021*. United Nations.
- United Nations Office on Drugs and Crime (UNODC). (2023). *World drug report 2023*. United Nations.
- World Health Organization (WHO). (2021). *The global health concern of drug abuse*.

Appendix

Table 1: Different drugs/substances being abused by the respondents

Drugs	Abia	Enugu	Imo	Pooled
Cannabis (Indian Hemp)	119(99.20)	105(87.50)	84(70.00)	308(85.60)
Codeine	114 (95.00)	101(84.20)	82(68.30)	297(82.50)
Tramadol	119 (99.20)	108(90.00)	89(74.20)	316(87.80)
Methamphetamine (Mkpurummiri/Crystal Meth)	117 (97.50)	108(90.00)	84(70.00)	309(85.80)
Cocaine	95(79.20)	94(78.30)	86(71.70)	275(76.40)
Heroin	86(71.70)	91(75.80)	92(76.70)	269(74.70)
Excessive Consumption of Alcohol	104(86.70)	105(87.50)	100(83.30)	309(85.80)
Amphetamines	53(44.20)	68(56.70)	61(50.80)	182(50.60)
Inhalants (e.g., Glue, Petrol)	30(25.00)	54(45.00)	50(41.70)	134(37.20)
Sedatives and Benzodiazepines	47(39.20)	60(50.00)	58(48.30)	165(45.80)
Over-the-counter (OTC) Drugs	112(93.30)	94(78.30)	107(89.20)	313(86.90)
Synthetic Marijuana (Local Names: 'Colorado')	116(96.70)	112(93.30)	111(92.50)	339(94.20)
Grand Percentage (%)	926.40	916.60	836.70	893.30
Grand Average	77.20	76.40	69.70	74.40

Source: Field Survey, 2025. Figures in the parentheses are percentages

Table 2: Prevalence of Drug Abuse among the Rural Youth in the Study Area

Item	Abia	Enugu	Imo	Pooled
Drug use is a widespread issue among rural youth	3.70(0.54)	3.39(0.69)	3.54(0.64)	3.54(0.65)
Young people often use drugs in social gatherings	3.49(0.63)	3.15(0.84)	3.20(0.62)	3.28(0.72)
Many individuals engage in drug use as a means of relaxation	3.35(0.71)	3.03(0.76)	3.74(0.50)	3.37(0.67)
Drug use has caused absenteeism from school or work	3.52(0.59)	3.15(0.85)	2.99(0.61)	3.22(0.73)

Health problems related to drug use are common among users	3.55(0.57)	3.32(0.72)	3.60(0.60)	3.49(0.66)
People tend to use drugs more than they initially planned	3.48(0.56)	3.38(0.60)	3.71(0.61)	3.52(0.62)
Many individuals struggle to quit drug use despite attempts	3.28(0.71)	3.42(0.59)	3.11(0.65)	3.28(0.66)
Family and community members are often aware of drug use cases	3.13(0.75)	3.38(0.58)	3.09(0.68)	3.20(0.69)
Drug abuse cases have increased in recent years	3.42(0.62)	3.32(0.58)	3.81(0.56)	3.51(0.60)

Source: Field Survey, 2025. Figures in the parentheses are the standard Deviation. Bench mark Ranges: 0.00 – 1.66 = low; 1.67 – 3.33 = moderate; 3.34 – 5.00 = high.

Table 3: Perceived Factors Contributing to Drug Abuse among the Rural Youth

Item	Abia	Enugu	Imo	Pooled
Peer pressure is a major factor influencing drug abuse	3.39(0.79)	3.37(0.59)	3.18(0.67)	3.31(0.69)
Family conflicts contribute to substance abuse	3.23(0.80)	3.25(0.54)	3.13(0.65)	3.21(0.67)
Unemployment increases the likelihood of drug use	3.45(0.79)	3.16(0.72)	3.33(0.71)	3.31(0.75)
Easy access to drugs encourages substance abuse	3.38(0.64)	3.16(0.61)	3.08(0.58)	3.20(0.62)
Many young people engage in drug use due to curiosity	3.42(0.67)	3.18(0.67)	3.08(0.56)	3.23(0.64)
Stress and frustration contribute to drug abuse	3.56(0.56)	3.07(0.74)	3.03(0.63)	3.22(0.69)
Cultural acceptance of certain substances promotes drug use	3.28(0.77)	3.04(0.78)	2.99(0.67)	3.11(0.75)
Lack of parental supervision leads to increased drug abuse	3.19(0.72)	3.15(0.72)	3.10(0.67)	3.15(0.70)
Media and social influences contribute to drug use	3.18(0.69)	3.02(0.76)	3.04(0.54)	3.08(0.67)
Wrong notion that there are health and psychological benefit	3.19(0.78)	3.12(0.66)	3.09(0.78)	3.13(0.71)

Source: Field Survey, 2025. Figures in the parentheses are the standard deviation. Mean score response ≥ 2.50 = positive factor (Agreed), mean score that is < 2.50 = Negative factor (Not Agreed)

Table 4: Test of Significant Differences in Prevalence of Drug Abuse among Respondents across the States in South East, Nigeria (ANOVA)

Prevalence of drug abuse	N	Mean	Std. Deviation	Std. Error		
Abia	120	3.4389	0.0265	0.2912		
Enugu	120	3.2861	0.0336	0.3682		
Imo	120	3.1241	0.0339	0.3715		
Total	360	4.000	3.2800	0.3680		
Sources	Sum of Squares	Df	Mean Square	F	Sig.	
Between groups	5.9480	2	2.9740	24.889	0.000	
Within groups	42.6590	357	0.1190			
Total corrected	48.6070	359				

Significant at 5% level ($p < 0.05$)

Table 5: Duncan Mean separation of test of Significant Differences in Level of Prevalence of Drug Abuse among Respondents across the States

Duncan ^a	Factor	N	Subset for alpha =0.05		
Prevalence of drug abuse			1	2	3
Imo	3	120	3.1200		
Enugu	2	120		3.2900	
Abia	1	120			3.4400
Significant			1.0000	1.0000	1.0000

Source: Field survey, 2025