

Community Action Plan for Adolescent Substance Use Prevention: The First Step to Creating a Community Participatory Action

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Abstract

Background: The study was designed to explore and catalyze the development of action plan for adolescent substance use prevention in a rural community in Ebonyi State, Nigeria. **Methodology:** This study adopted a two-phase multi-method design. The first phase was a quantitative assessment that determined the real-life situation of adolescents' substance use in the community using 417 respondents. Contemporaneously, the second qualitative phase focused on the development of an action plan by community stakeholders for adolescent substance use prevention using thirty (30) participants selected through purposive sampling. The reliability of the instrument for quantitative data was established using a test re-test method and computed using Pearson moment correlation. A coefficient of 0.8 was obtained. Validity was established for both quantitative and qualitative instruments. The generated data were subjected to descriptive statistics whereas the qualitative data from respondents' narratives were analysed thematically. **Result:** The data revealed that participants who have ever used substances consisted of 128 (59.5%) males and 87 (40.5%) females. The findings on the opinion of 30 participants interviewed about the consequences of substance use brought out majorly four consequences of substance use. The result of catalysing the involvement of community residents towards developing community action for adolescent substance use showed that the challenges associated with adolescents' substance use as identified by the participants were discussed under one theme—living with the cause and three elements. **Conclusion:** Substance use prevention policies and plans in the local community have strong potential for stimulating local adolescent substance use prevention actions.

Keywords

Community Action Plan, Adolescent, Substance Use Prevention, Community

Participatory Action

1. Introduction

Several published studies in Nigeria suggest significant rates of substance abuse among adolescents, which is cause for concern [1] [2] [3] [4]. Cigarette (79.8), cannabis (60.3), alcohol (89.9), smokeless tobacco-snuff (56.3), tramadol (59.6) and others such as superglue (5.4) are the common psychoactive substances used in study participants.

Although current estimates of substance use prevalence are high, the actual frequency may be greater, in part because people who have substance abuse problems are less likely to participate in surveys [5]. Against the background that there is absence of functioning facilities for child and adolescent mental health care capable of early diagnosis and treatment of substance related mental health problems in the South East of Nigeria [6], a strong emphasis on prevention of mental illness and promotion of mental health through substance use prevention programmes has been necessitated.

It is hoped that the present study will stimulate community involvement in developing and implementing local action plans for preventing availability and the use of substances thereby reducing the prevalence of health challenges and other vices associated with substance use. Objectives of the study are to determine whether research participants are aware of the negative consequences of adolescent substance use, determine knowledge regarding community approaches for adolescent substance use prevention among study respondents and catalyze the involvement of community residents in developing local Prevention Action Plans (PAPs) for the adolescent substance use.

2. Materials and Methods

2.1. Study Area

The study was carried out in Umuhuali, Ebonyi State. Ebonyi is one of the 36 States in Nigeria and one of the five States that make up the South Eastern Nigeria. The people of the State are predominantly farmers and traders.

2.2. Study Design

A two phased multi-method study research design was adopted. The first phase was a quantitative baseline survey that determined the real life situation of adolescent substance use in the community, and the second qualitative case study which focused on developing an action plan for adolescent substance use prevention.

2.3. Population of Study

There was no documented population of the community, however, according to

the Local Government Chairman, the population of Amokwe-Umuhuali was approximately 1900. It is worthy to note that there are four major secondary schools in Ezilo that serve the educational needs of the adolescents (Comprehensive Secondary School, Community Boys' Secondary Schools, Girls' Special Science School and Girls' High School Ezilo) within and outside Ezilo. All the adolescents in each of the schools served as clusters that were sampled from.

2.4. Sample

In phase one (survey), a simple random sampling procedure was adopted in selecting four hundred and seventeen (417) respondents from the four secondary schools that serve the educational needs of the adolescents in Umuhuali using Taro Yamane method.

In phase two, a purposive sampling approach was used to pick thirty (30) participants, with the researcher's judgement as to who could provide the best information being taken into account in order to meet the study's objectives [7]. These were made up of 12 students, the key 12 community residents as well as 6 special adults who were selected for active participation in interviews and focus group discussions in order to accomplish the research objectives.

2.5. Instruments for Data Collection

In phase one, Substance Use Involvement Test (SUIT) was used in assessing the prevalence of substance use among adolescents in the community while focus group discussion and interview guide were used in collecting information from all the selected key community residents and selected adolescents.

The Substance Use Involvement Test was a seven-item short screening questionnaire designed to determine whether or not persons used psychoactive substances. The researcher created it as an easy way to check for the usage of alcohol, cigarettes, cannabis, cocaine, amphetamine-type stimulants, sedatives, hallucinogens, inhalants, opioids, and other drugs.

The SUIT has two sections, A and B. Section A was made up of 5 items that dealt with personal characteristics of respondents while section B is a two item section that dealt with substance use by respondents. The first out of the two items provided ten possible options of substances adolescents can involve self with. The major function of the second item on section B was to validate the response given by respondents on the first item (substance use).

Key Informant Question Guide: A series of in-depth interviews were undertaken with key community residents (stakeholders) identified by the researcher using an interview guide. These interviews provided for in-depth discussion regarding the key research issues. The interview guide consisted of two major parts. The first part consisted of questions that address substance use issue and perceived consequences of adolescent substance use whereas the second part consisted of questions that address opinions regarding approaches regarding the issue of adolescents' substance use in the community. Sample question: 'What are your views about substance use? (Prompt: why do you think of these, probe

further to explore reasons for these views, prompt on the link between participant's views and perceived consequences of adolescent substance use?)

Interview Guide for Focus Group Discussion: Focus group discussions were conducted using a focus group guide with three major questions aimed at facilitating community residents' involvement in the development of local Prevention Action Plans (PAPs) for adolescents and the establishment of systems and structures for collaborative processes of coordinating and monitoring progress in order to address one of the research objectives. Sample question: As key members of the community, what do you perceive as challenges to adolescent substance use prevention?

2.6. Instrument Psychometric Properties

The validity of the instruments was established by examining them critically for content relevance and clarity of statement by two experts. Items that were not acceptable to the experts were eliminated or further revised as suggested by the experts. The researcher ensured data quality by guaranteeing data transferability and credibility by employing the thick description strategy, in which she gathered sufficient detailed descriptions of data in contexts and reported them with enough detail and precision to allow the reader to make a judgement about transferability. Similarly, credibility was built by the researcher devoting enough time to data collection activities to gain a thorough understanding of the norms, language, and perspectives of the group under investigation, as well as to screen for disinformation. Through engagement, the researcher also built trust and rapport with informants, which enables the researcher to obtain useful, accurate and rich information. Also, reliability estimation of two sets of scores generated through instrument pilot testing yielded correlation co-efficient of 0.81.

2.7. Procedure for Data Collection

After the review, approval and all permissions were gotten. The researcher scheduled all forms of data collection for adolescents and community key informants. All quantitative data were collected from adolescents in school during break period as were permitted by the school principals. In order to ensure maximum return rate and eliminate inappropriate or incomplete filling of the questionnaire, the researcher personally administered the instruments with the assistance of school teachers (one from each school) and the respondents were guided through the questions. For the same reason, respondents were not allowed to take the instruments home.

A series of well-planned in-depth interviews and discussions were undertaken with 12 adolescents and 18 key community members (stakeholders) identified by the researcher. These took approximately one hour in duration for interviews and four hours of focus group discussion at each sitting. Interviews and focus discussions were held at different points within the community as agreed by participating members.

2.8. Ethical Considerations

Ebonyi State University's Institutional Review Board granted ethical approval; permission to enter into the community was obtained from the local government chairman and village development union president. Permission for entries into the schools was given by the school principals. Therefore, for the purpose of this study, group parental consent was obtained from all participants' parents during school meeting for those below 16 years and consent was gotten from each participating student. Each participant was informed of the purpose and nature of the study. It was also made clear to the participants that they can withhold consent at any time during the course of the study and that they will not suffer any adverse consequences for declining to participate. At the end of the study, a feedback of the study result was presented to the Community head and Local government chairman.

2.9. Data Analysis

Quantitative data collected on prevalence of substance use were presented with frequencies and percentages. On the other hand, analysis of qualitative data collected from interviews and focus group discussions was done based upon a six-phase thematic analysis approach (8). Themes identified using this approach formed the evidence- base from which the conclusions in this study were drawn.

3. Results

Four hundred and seventeen questionnaires were distributed to adolescents. Out of this number, 385 responded giving a response rate of 92.32%. Contemporaneously, the information gathered from twelve interviewed adolescents and eighteen community stake holders were also interpreted and presented in line with identified themes with regard to adolescents' substance use prevention through community PAP in Amokwe-Umuhuali Community of Ebonyi State.

Female participants were greater (214 [56%]) in number than males (171 [44%]). The distribution of the sample according to age range revealed that most of the respondents were in the age range of 15 to 19 years (64.4% of the participants).

The findings on the prevalence of substance use among adolescents in Amokwe-Umuhuali Community of Ebonyi State are as shown in **Table 1**. The participants who have ever used substances consisted of 128 (59.5%) males and 87 (40.5%) females. The data revealed that the majority of respondents used alcohol (77.7%), followed by tobacco (12.6%) and cannabis (4.2%). However, it is worthy of note that of these proportions, none of the female respondents had ever taken tobacco (0%). Similarly, only 1 (11.1%) female against 8 (88.9%) males had taken cannabis before, whereas there was no striking difference in pattern of alcohol consumption between females (82 [49%]) and males (85 [51%]) respectively. The pattern of alcohol use between the two groups, points to the fact that alcohol is a social drink in most communities.

Table 1. Prevalence of substance use among adolescents of amokwe community.

Substance Use	Male	Female	Total
	(% of total participants)		
Ever used substances			Total N = 385
Yes	128 (59.5%)	87 (40.5%)	215 (55.8%)
No	43 (25.3%)	127 (74.7%)	170 (44.2%)
The substances ever used			Total N = 215
Tobacco product	27 (100%)	0 (0%)	27 (12.6%)
Alcoholic beverages	82 (49%)	85 (51%)	167 (77.7%)
Cannabis	8 (88.9%)	1 (11.1%)	9 (4.2%)
Cocaine	0 (0%)	0 (0%)	0 (0%)
Amphetamine	2 (100%)	0 (0%)	2 (0.9%)
Inhalant	1 (100%)	0 (0%)	1 (0.4%)
Sleeping pills	3 (75%)	1 (25%)	4 (1.9%)
Hallucinogens	3 (100%)	0 (0%)	3 (1.4%)
Opioids	2 (100%)	0 (0%)	2 (0.9%)
Others	0	0	0

3.1. Opinion about the Consequences of Substance Use in Adolescents among the Community Residents

Narratives of the thirty participants interviewed brought out majorly four consequences of substance use. These are mental illness, loss of potentials, worsened poverty level (“loss of economy”) and involvement in serious crimes. The data from the interview sessions were further analysed in a bid to elicit any meaningful pattern in opinion among the various stakeholder groups and across genders.

The results indicated that while majority of the participants agreed that mental illness and worsened poverty level are consequences of substance use, especially among adolescents, all (100%) of the male opined that loss of potentials and involvement in serious crimes came top of the list. They also reiterated that loss of potentials in particular is the main driver of other consequences, and most times the observed deviant behaviours.

The findings from the interview on mental illness revealed that, of the 90% of the participants (27 of the 30), all adult stakeholder groups (100%) were of the opinion that mental illness is a major consequence of substance use. One of the participants was less diplomatic and said “*Substances make people mad and useless*”. Some (37.5 % [3 out of 8]) of the male adolescents did not agree to any direct link between mental illness and substance use. They rather explained that mental illness comes into play when substances are abused, not from ordinary day-to-day use. All female adolescents discussed mental illness as a consequence of substance use.

It is worthy of note that on the issues of loss of potentials and involvement in

serious crimes being consequences of substance use, all participants (100%) irrespective of stakeholder and gender groupings were strong in their opinion on these as consequences. One of the participant uttered “*I know that people who take to hard drugs, drop out from school or fail in handwork*”. The link to involvement in serious crimes came out very strong among these groups, as all participants believed that serious crimes are carried out with the use of hard drugs. Another participant buttressed the points by saying “*I am aware that those involved in crimes that lead to the killing of people and burning of houses take hard drugs*”. However, this did not exclude the fact that one of the female adolescent respondents, although not strongly, was also of the view that while substance use promote crime, it also plays a part in building confidence among the youth for security reasons.

Worsened poverty level came trailing behind the other three opinions on the consequences of substance abuse. The findings revealed that the adolescent group differed greatly in opinion on worsened poverty level as a consequence of substance use. Of the eight male adolescents interviewed, only 2 (25%) agreed that loss of economy is a consequence of substance use. 75% (three out of four) of the female adolescents said substance use could worsen an already bad situation regarding poverty level.

Further analysis of the narratives from the interview sessions showed that while the pattern of agreement on the consequences of substance use was 100% on the four consequences among all adult stakeholder groups, the female adolescents slightly differed (One out of four [25%]) on loss of economy as a consequence. There was a great disagreement among the male adolescents on this. Out of the eight male adolescents interviewed, six (75%) said substance use does not impoverish the user. Similarly, the male adolescents differed from other stakeholder group on the issue of mental illness as a consequence. Three out of eight (37.5%) adolescents compared to 100% of other stakeholder group, said that substance use cannot lead to mental illness.

3.2. Opinions Regarding Community Approaches to Adolescent Substance Use Prevention

Proper parenting, school-based and community-based interventions, and interventions by the government through implementation of the law came out strongly from the narratives of the informants. As such, these were further analysed to bring out the picture among the various groups and across gender.

The results showed that majority (80%) of the participants are of the view that proper parenting can forestall involvement with drugs. Of this proportion, only half of the adolescents interviewed held this view. Similarly, one male and one female participant differed on this. To further buttress the majority stance, one of the participant said “*Children whose parents are involved in the activities of their children, knowing their friends and directing them appropriately rarely use drugs*”. The six participants that differed are of the view that some parents in their community are not knowledgeable in ways of training children, therefore

need education. All participants urged that efforts be made to empower parents to create and enforce explicit drinking guidelines, as well as to increase communication between children and their parents concerning substances.

On school-based interventions as approaches to prevention of substance use, 23 (76.7%) participants considered this as an important way of building children's character. Out of this, it is worthy of note that all females interviewed agreed with this view. Three adult males and half of the adolescence had different opinions. While this group were of the opinion that the school interventions might not achieve much as regards habit formation, majority of the participants reiterated that teaching children about consequences substance use, building their skills and providing them with motivation and the opportunities they need are paramount to make them remain substance free, and that this is achievable.

Opinions on using community-based interventions were also strong among 21 (70%) of the participants. All six participants (100%) in the special group buttressed the importance of community interventions in moulding adolescents. Similarly, all female adults and majority of the male adults (7 out of 8) held same view. However, only 25% of the male adolescents and 50% of the female adolescents had the same opinion. Seventy-five (75%) percent of the male adolescents and half of the female adolescents differed as to whether community systems and approaches are feasible intervention options for prevention of substance use.

Regarding the role of the government in the prevention of substance use among adolescents, all (30) participants interviewed were of the view that legal action against substance peddlers is the only way out of substance use by adolescents. One of the participants specifically states "*In current days, the government is not serious with enforcing laws*". It is worthy of note that, of all the participant groups, the male adolescents differed most in opinion along three out of the four opinions that strongly came out. It is interesting to note that their opinion on the government role in the prevention of substance use was strong in support.

The female adolescents strongly support all intervention approaches other than community-based interventions, except for one participant who felt that proper parenting was not an issue to over-emphasis. While the opinion of the male adults fluctuated along the interventions, the entire interviewees in the special group agreed strongly on all approaches as ways of preventing substance use, and thus bringing about the desired change in behaviour regarding substance use

3.3. Local Prevention Action Plans (PAPs) for the Prevention of Adolescent Substance Use

Narratives of the discussants brought out two major broad themes which are "environmental context-living with the cause" and "remedies rooted in education". In order to develop adolescent substance use prevention action plan (PAPs), the discussants found it necessary to highlight and build discussion around the facilitators of adolescent substance use for effective plans to be de-

veloped. The result showed that the challenges associated with adolescents' substance use had three subthemes: 1) growing of weeds and substance sale 2) Community existential discordance, and 3) Lack of information regarding drug.

3.4. Growing of Weeds

The participants of the study drew attention to the fact that the main challenge is not foreign to the people rather it is something that thrives well in the community system which makes it more difficult to tackle. Twenty out of the thirty leaders (66.7%) reported that people plant and grow cannabis in their various houses and use them at varying degrees. Some grow them for sale to make money while others grow them for personal use which may include smoking and using them as vegetables in food. This brings up another aspect of the challenge which points towards the fact that one cannot categorically say that somebody does not use substance in the community because some are using it without the knowledge of it.

Excerpt: "it is in our culture to invite people to share meals with us and it is not out of place at all for someone to oblige and join. By so doing, some people are consuming foods prepared with Indian hemp without knowing it and enjoying the after effect without linking it to a particular content in the food they ate".

3.5. Community Existential Discordance

83.3% of the leaders revealed in the course of the discussions that discordance in the community was one of the major challenges but that the people have grown to adapt to it. There is discordance among the people themselves and between them and their leaders thereby introducing gaps that make cohesion in the community impossible. When the community experience unrest, it creates an opportunity for many to resort to substance use for one reason or the other, and such unrests in themselves are distractive in the sense that people abuse substances under the cover of such confusion without being noticed.

3.6. Lack of Information Regarding Drugs

The issue of inadequate information was pointed out and was dual directional: one is inadequate information regarding drugs on the part of the youths. 76.7% of the leaders identified lack of information regarding drugs as one of the major challenges to substance use. They opined that adolescents take these substances without having a grip of the implications, but merely see it as something they are mature enough to consume.

Excerpt: "you know substance use is mainly youth problem and they operate under ignorance" (female adult participant).

The other aspect of information gap is on the part of the parents. Due to one reason or the other, they are not conversant with activities of their youths (children) while in school and after school. Some are not aware of the involvement of their children in substance use because they are carried away by other

things such as being concerned with their grades in school. They do not associate the thought of substance use with their children and that is why the children get away with such acts unnoticed over a time when it should have been identified and handled.

Excerpt: “I agree with this, we focus on position of our children in school without attention to their activities, and to be honest we rarely pay attention to other aspects of our children development (adult participant)”.

For the preventive action, the participants made valuable suggestions which generated into a broad theme and three subthemes. 70% - 93.3% identified three key elements that are vital in any effort to develop preventive actions against substance use amongst adolescent. These elements include:

3.7. Remedies Rooted in Education

The elements here include: 1) Leveraging on organized gatherings, 2) Parental involvement and 3) Reduction in the availability of substances in the community

3.8. Leveraging on Organised Gatherings

93.3% of the participants suggested that the best approach is to embrace and make use of what we already have. By this, they meant penetrating schools with teachings on substance use and its consequences. This will become workable when such topics are integrated into the school curriculum. This will enable the students to have strong foundational information on substance use and equally make them to be more responsible when making decisions on such matters.

Excerpt: “school teaching of consequences of substance use would be of great help and impact”.

Another panacea for prevention is taking this knowledge down to where women hold their meeting such as the popular annual “August Meeting”. Normally, issues that are discussed in such meetings are vital ones and will draw the attention of women to the importance of understanding, so as to be in a better position to help their children. Another is organising programmes for the youths and the community at large where topics on substance use would be well discussed.

Excerpt: “august meeting education of women”, and “organized community education and programmes for young people”.

3.9. Parental Involvement

The most of the participants stressed the need of encouraging parents to become more involved in their children’s upbringing. Getting more active in children’s upbringing involves providing teenagers more time to tackle their psychological needs.

Excerpt: “We know that doing these things is important but we do it for certain cases—if we have time” (adult male participants).

“spending a lot of time with parents to support them psychologically”, “encouraging adolescents to talk to us”, “answering their questions about their con-

cerns".

They were of the opinion that problems of substance abuse escalated because parents have not given enough time to it. Giving time to these youths will avail parents the opportunity to know and understand their problems and to help them make the right decisions.

Excerpt: "I offer my children and my neighbours' children psychological and social support as it is very important. Last week we had a 16 year old girl who was impregnated. I spent plenty of time with her just to let her feel that she is not alone and to answer her questions" (adult).

"I think, that is right, we need more of such care to forestall substance use. [referring to the story of the little girl]. You know this is very important for speeding up her adjustment" (adolescent).

3.10. Reduction in the Availability of Substances

Seventy percent (70%) of the participants were of the view that the community-based intervention towards reduction of substance availability in the community is a strong factor. Whereas (100%) of the respondents unanimously opined that legal action on drug peddlers within the community will go a long way in controlling adolescent substance use.

It is worthy to note that majority of the adult discussants in part mentioned the need for the establishment of a system for monitoring and coordination of any community substance use prevention action to be implemented in the community.

4. Discussion

4.1. Prevalence

In this present study, substance use was a reality and indeed high in prevalence as suggested by the survey. Similar to this, high prevalence was reported in various studies conducted within Nigeria [8] [9] [10] [11] [12]. Also, report from Ethiopia shows prevalence of 14.1% [13]. Majority of the cited reviewed studies did show a higher use of substances among male than females as seen in the current study. This gender difference in the substance use may be as a result of soaring freedom of movement and association grounded in culture among male. The findings also revealed that alcohol followed by tobacco were the commonest used substances which are comparable to other studies by [13] [14]. In the present study, it was not surprising that all users of tobacco products were male because in African culture especially in Nigeria, there is cultural stigma associated with female smoking cigarette. The society regards female smokers as prostitutes who lack moral upbringing.

4.2. Consequences of Substance Use in Adolescents among the Community Residents

The findings from the interview on mental illness revealed that 90% of the par-

ticipants were of the opinion that mental illness is the major consequence of substance use. Reviewed literature shows that psychoactive substance users have physical, physiological, psychosocial and psychiatric problems [15]. There is significant evidence that teenagers who use substances are more likely to develop substance use disorders and psychiatric illnesses as adults [16]. Early alcohol and cigarette use has been linked to a higher chance of school failure, poor academic progress, and school dropout, according to research [17]. This study shows that all participants strongly believed that loss of potentials and involvements in serious crimes were the consequences of substance use.

This is true because, illegal drug use have been associated with criminal behavior among adolescents [18].

4.3. Opinions Regarding Approaches for the Prevention of Substance Use in Adolescents

Proper parenting, school-based treatments, and community-based interventions were the most commonly identified techniques in the prevention of substance use in adolescents. It is important to stress that, regardless of the technique taken, early detection, awareness and prevention programmes, and routine monitoring of adolescent health should all be prioritised. Given the prevalence and impact of substance use among children and adolescents, it is critical to identify and implement effective interventions and delivery platforms aimed at improving social skills, problem-solving skills, and self-confidence [19]. A number of these health-related activities are tracked by school-based surveys of teenagers in diverse settings. Through family, school, and community prevention programmes, the focus should be on modifiable risk factors and improving protective factors [20]. The many forms of prevention programmes can be implemented through school, community, and health-care systems, with the main goals of case discovery, referral, and treatment, or risk factor reduction [21].

4.4. Catalyze the Involvement of Community Residents in the Development of Prevention Action Plans for the Adolescents

In the quest to collect meaningful information on how best to develop effective prevention actions plans for adolescents, the participants made meaningful suggestions on local challenges to substance use amongst which include growing of weeds, community existential discordance and lack of information regarding drugs.

This is a very important finding that is yet to receive further empirical support. This is because studies have shown that the prevalence of substance abuse is quite high in African, especially in Nigeria [22] [23] but none have delved deeply into identifying challenges such as living with the cause of the problem. Living or having adapted selves to the cause is an enormous challenge because it would require a self-made decision for someone to quit the act of substance abuse in such situation. That is to say that any external body trying to tackle it may achieve only little success as the people already know the nooks and cran-

nies of where to locate substances easily as it is grown within the community. [24].

However, the United Nations Office on Drugs and Crimes [25] identified that the type of drugs that are used by a person may be influenced by the availability and price. Given that substances are readily available so using or avoiding substances solely or partly depends on self-made decision. This argument draws support from two constructs in the self-efficacy theory: use self-efficacy and refusal self-efficacy. Ajzen in the theory posited that the use self-efficacy comes into play when people abuse substances because they know where to obtain and how to use them while the refusal self-efficacy represents beliefs in one's ability to resist the pressure to abuse despite having access to it.

There have been series of inter-community war among the people in the time past which has drawn national notice but no study has linked it to substance abuse. Community unrest is capable of perpetrating substance use because during such periods, many things happen without people noticing, as attention is occupied by other factors linked to safety and survival. It is worthy to note that in such times, panic and anxiety are inevitable and some use substance with the expectation that it would put anxiety under control and keep their nerves calm. More so, most of the people at the forefront of such unrest are youths and some use substance to remain "high", alert, or unusually active as they claim it energizes them. This is not surprising in comparison with findings from other studies [23] [26] [27] who found out that among the reasons why youths abuse substances were to keep awake, feel high, curiosity, peer influence and for experimentation. On the other hand, these substances may be provided by the supporters of the conflicting group as a way of showing solidarity. So discordance opens a lot of doors of availability of substances to users and non-users.

Lack of information is pointed out, both the part of the adolescents and their adult parents. Information here include information related to harmful effects of these substances and knowledge of who uses substances or not on the part of the parents; information on how to identify who abuses it, even when to expect that one may be prone to using substance. Some parents have failed to appreciate the change that accompanies migration from childhood to adolescence, and as a result they still perceive their young ones as though they were kids. Some adolescents are therefore, left to struggle with all the pressures from peers and other sources alone without the support of their parents. This explains why many youths do not know the implications of using substance because no one has told them. It is costly to assume that they already know from their studies in school or their personal readings because such topics may not featured in their curriculum at primary or secondary school level when it is reported many of them initiate the use of harmful drugs. According to a study [25], the start age of substance abuse in Nigeria is 10 years. At this age, most people are in their primary or secondary level of education. Although available studies showed that young people are very knowledgeable about the implications of substance abuse, those studies were conducted in countries such as United Arab Emirates, Jordan, and

Lebanon which are dissimilar to Nigerian setting development wise.

Majority of the participants were of the opinion that community should adhere to the increasing knowledge of complications of substance use among adolescents. This is because, in many communities, culture largely predicts the extent of what defines acceptable foods and drinks, be it on daily basis or on special occasions [28], and traditional cultural practices in the community serve as fertile grounds for initiation into drugs [29]. An early analysis of population-adjusted effectiveness of substance addiction prevention programmes identified universal, selected, and recommended treatments [30]. Individuals who are already using substances but have not developed a substance use disorder are targeted by universal interventions, which are directed at all members of a given population (for example, all children of a certain age); selective interventions, which are directed at a subgroup determined to be at high risk for substance use (for example, justice-involved youth); and indicated interventions, which are directed at individuals who are already using substances but have not developed a substance use disorder. Communities must select between these three forms of preventive measures, but no ideal mix has yet been identified by research. Communities may believe it is appropriate to limit assistance to people who are most at risk and have the least protection, or to those who are already abusing substances.

For the preventive action, the participants made valuable suggestions which generated into a theme and three elements which include: 1) leveraging on organized gatherings, 2) parental involvement and 3) reduction in the availability of substances in the community. Majority of the participants were of the opinion that effort to reduce availability of substance in the community (such as monitoring the production, sale, importation and exportation of such substances) through these elements will go a long way in reducing its consumption among the adolescents. There is considerable empirical evidence supporting the effectiveness of prevention programmes and policies focused at preventing the initiation of substance use during adolescence, which is consistent with earlier research [31]. Such programmes should be integrated to foster cooperation among all parties involved, include a wide range of appropriate interventions, promote health and social well-being among individuals, families, and communities, and reduce the negative effects of drug abuse on individuals and society as a whole. However, there are obstacles that could jeopardize this accomplishment [32] identified a number of factors that may influence adolescent substance use including the parent-adolescent connection, peer pressure, drug accessibility, religion, and others, to which communities must respond. In addition, the study rightly pointed out the crucial role of education in combating the identified challenges. Information is power and providing the right information by the right people timely enough to the people who need it is empowering. Both the young one and their parents need the empowerment and the best approach to reach them must be adopted. The settings where the people concerned could be

reached are already established; the primary schools and meeting grounds for parents and youths to capture those that are not in school. To succeed with the schools, the concept of substance abuse must be integrated into the academic curriculum at primary and secondary level. By so doing, young ones will get timely information on the topic. This will resultantly strengthen their resistance to external pressures. For the parents, the women's annual meeting and other similar meetings such as the end of the year community meetings by men and women would be a good platform to engage parents in such tutelage. With information broken down to its simplest form, a good result would be achieved.

In effort to ensure sustainability of the developed action plans, most of the participants suggested the need for monitoring any project to be carried out. Peer educators in various schools will be closely monitored by the guidance counselors in order to keep idea alive. Because the benefits of drug education may be minor compared to the cost-effectiveness of preventative programmes, the cost-effectiveness estimates are fair. However, drug treatment is clearly more cost-effective than prevention or drug law enforcement. Despite its benefit, there is need for constant monitoring and evaluation of such program because, it helps to make decisions.

The role of parental involvement in the prevention and control of substance abuse cannot be exaggerated. Parents are supposed to be the closest relatives of these young ones and are in a better position to identify any change easily. At attainment of adolescence, the tendency is for the young one to drift apart from their parents as they struggle for independence, if care is not taken. Parents should therefore be totally involved in the rearing of their children. In essence, their input should not be limited to home training and minding academic performance alone; it should extend to getting involved in what happens outside home in the lives of their children, getting acquainted with their friends, etc. Here, the researcher is not suggesting assuming the position of a spy but a very friendly and supportive position that will break every barrier in communication and pave way to sharing of fears and challenges.

Policies are developed at any level and can be monitored at any level. Development and monitoring of local policy in the community on substance use prevention will achieve greater followership as the community will have the ownership of the policy. Existing policies in educational curriculum can be reviewed and streamlined to define specific guidelines for substance use prevention among adolescents with the involvement of the communities.

5. Conclusion

From the study findings, the following conclusion was drawn—that substance use is a reality in the community studied and the community stake holders are aware of major problems of substance use. The study further showed that adolescent substance use prevention policies in the local community have a strong potential in promoting mental health and preventing mental disorders associated with substance use.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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