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Full Length Research Article

PREVALENCE AND PREDICTORS OF SUBSTANCE ABUSE AMONG ADOLESCENTS IN YABA COMMUNITY DEVELOPMENT AREA OF LAGOS STATE, NIGERIA

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ABSTRACT
Substance abuse among adolescents remains a pressing public health concern in Nigeria, with limited community-based data to inform interventions. This study assessed the prevalence and predictors of substance abuse among adolescents aged 10–19 in Yaba Community Development Area of Lagos State using a mixed-methods cross-sectional design from November 2024 to April 2025. Among 286 participants, the mean age was 16.82 years, and over 90% were in-school adolescents. Lifetime prevalence of substance use was 81.1%, with 59.3% reporting use in the past 30 days. Alcohol, tobacco, and cannabis were the most commonly abused substances. Significant predictors of substance abuse included age, gender, educational status, parental education, living arrangement, community of residence, and peer influence ($p<0.05$). Qualitative findings highlighted peer pressure, curiosity, and community availability as major contributors, with adolescents frequently accessing substances from local shops and gathering in public spaces for consumption. Despite awareness of the risks, many adolescents continued their usage. The study concludes that substance abuse among adolescents in Yaba is alarmingly high, necessitating urgent, targeted community-based interventions, stricter regulation, and peer-focused preventive strategies to curb this growing trend.

Keywords: Adolescents, Substance use, Prevalence, Predictors, Lagos State, Nigeria

INTRODUCTION

Substance abuse, particularly among adolescents, has emerged as a critical public health challenge globally (Canton, 2021; World Health Organisation (WHO), 2024). Substance abuse during adolescence has the potential to disrupt their developmental trajectory, leading to severe health, social, and economic consequences (Kyei-Gyamfi *et al*., 2024)

According to the United Nations Office on Drug Abuse and Crime (UNODC) in 2021, about 275 million people use psychoactive substances globally and more than 35 million people suffers from drug use disorders. Many countries globally also reported an increase in non-medical use of pharmaceutical drugs and use of cannabis since the COVID-19 pandemic (UNODC, 2021). Over 2.6 million people between the age of 10 to 24 years die yearly from drug and substance abuse (Alebshehy, 2019). Current projections suggest a marked increase of 40 per cent in the number of people who use drugs in Africa, due to its rapidly growing and young population by 2030 (UNODC, 2021).

Nigeria, the most populous nation in Africa, has been experiencing an alarming increase in the burden of substance abuse despite the efforts of several law enforcement agencies including National Drug Laws Enforcement Agency (NDLEA) (Jatau *et al.,* 2021). The UNODC (2018, cited by Nnochiri 2022), reported that the prevalence of substance abuse in Nigeria (15 %) was almost triple the global prevalence rate (5.5 %), with a higher prevalence among adolescents and young adults. According to the Premium Times (2021), the NDLEA reported that about 40 % of Nigerians between 18 and 35 years are deeply involved in substance abuse (Premium Times, 2021). A 2023 study in a rural Osun State community found a 12.3 % prevalence of substance abuse among youths (Idowu *et al.,* 2023). In 2020, Soremekun *et al.,* reported that alcohol had the highest lifetime prevalence at 29.1 % among school-aged adolescents in Lagos Soremekun *et al.,* 2020). Tobacco, alcohol, cocaine, heroin, diazepam, amphetamine, codeine, cough syrup and tramadol are among the most commonly abused drugs among adolescents in Nigeria (Jatau *et al.,* 2021). These substances were often obtained from sources such as pharmacies/patent medicine shops, open drug markets, drug hawkers, fellow drug abusers, friends, and drug pushers (Jatau *et al.,* 2021). Many studies have reported several predictive factors associated with substance abuse including, poor socioeconomic status, being a male gender, younger age, parental deprivation, unemployment, low educational background, geographical economic distribution, family structures, and peer-group pressure (Soremekun *et al.,* 2020; Jatau *et al.,* 2021; Williams *et al.,* 2023).

Despite previous initiatives undertaken by law enforcement agencies, health institutions, and educational authorities in Nigeria aimed at mitigating the prevalence of illicit drug use and substance abuse among youth and adolescents, the issue continues to escalate at alarming rates (Jatau *et al.,* 2021). While numerous studies investigating substance abuse among adolescents in Nigeria have been conducted, the preponderance of these investigations have been executed in clinical environments, with some focusing exclusively on school-aged adolescents and undergraduate populations (Oyenuga & Farinde, 2023; Adenuga, 2024). A study was carried out in 2024, aimed at examining the socio-economic correlates of substance abuse within the Yaba community.[12] However, the study did not address the prevalence and predictive factors associated with substance abuse. Therefore, there is a paucity of research concentrating on the prevalence and predictors of substance abuse among adolescents within community settings in Lagos State. To bridge this gap, this study conducted community-based research to determine the prevalence and predictors of substance abuse among adolescents in Yaba Community Development Area of Lagos State Nigeria.

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MATERIALS AND METHODS

Study Area

The study was conducted in Yaba, one of the Local Council Development Areas (LCDAs) under Lagos Mainland Local Government Area in Lagos State (National Bureau of Statistics, 2022). Yaba is an urban area comprising diverse residential communities and commercial centers. It includes notable institutions such as the National Institute of Medical Research and a range of public health and educational facilities. Yaba LCDA is administratively divided into nine wards (Chuka, 2024).

Study Design

This was a descriptive cross-sectional study that employed a mixed-methods approach conducted from November 2024 to April 2025 to assess the prevalence and predictors of substance abuse among adolescents in Yaba Community Development Area (LCDA), Lagos State, Nigeria.

Study Population

The target population consisted of adolescents aged 10 to 19 years who were permanent residents of Yaba LCDA. Adolescents within this age range were included based on the World Health Organization's classification. The study included both in-school and out-of-school adolescents. Adolescents aged 10 to 19 years who reside in Yaba community were included. Visitors and Adolescents who were non-residents of the study community were excluded.

Sample Size Determination

The minimum sample size was calculated using Cochran's formula: $n = Z^2pq/e^2$,
where Z = 1.96, p = 0.2 (Jatau *et al.,* 2021), q = 1 – p, and e = 0.05. This yielded a minimum sample size of 246. After adjusting for non-response rate, the final sample size was increased to 286.

Sampling Technique

Quantitative Sampling (Multistage)

Stage 1: Five (5) out of the nine (9) wards in Yaba LCDA were selected using simple random sampling via balloting. Selected wards included: Ward A (Makoko), Ward C (Onike), Ward D (Abuleoja), Ward E (Alagomeji), and Ward F (Iwaya).
Stage 2: From each of the five wards, three communities were selected by simple random sampling, totaling 15 communities.
Stage 3: A household sampling frame was developed with the assistance of local authorities. The total number of households was estimated at 515. Using a sampling interval of 2 (that is, 515/286), every second household was selected through systematic random sampling.
Stage 4: In each selected household, one eligible adolescent was randomly chosen. Where multiple eligible adolescents were present, balloting was used to select one participant.

Qualitative Sampling (FGD)

Twelve (12) adolescents were selected purposively for a Focus Group Discussion (FGD), ensuring diversity across age, sex, school attendance, and other socio-demographic characteristics. The FGD was conducted in a familiar and private community space to ensure comfort, confidentiality, and rich data generation.

Data Collection

A semi-structured, interviewer-administered questionnaire was used to collect quantitative data. The questionnaire was adapted from the United Nations Office on Drugs and Crime (UNODC) Drug Use Toolkit and the World Health Organization Global School-based Student Health Survey (GSHS) (UNODC, 2025; WHO, 2025). Qualitative data were collected through FGD guide with focus on substance use patterns, peer influence, and community-level risk factors. Discussions were moderated by trained facilitators and audio-recorded with participants' consent.

Data Analysis

Quantitative data were analysed using SPSS version 26. Descriptive statistics were used to summarize participant characteristics and substance use prevalence. Categorical data were summarized using frequency and percentages and presented using Tables. Similarly, continuous data were summarized using mean and standard deviation (SD). This computation assumed that the variables were measured on at least an interval scale. Associations between categorical variables (age group, gender, education, family structure, parental education, living arrangement, and community of residence) and substance use outcomes (lifetime, 12-month, and 30-day prevalence) were tested using the Chi-square test, with a significance level set at $p < 0.05$. This test assumes that observations are independent, categories are mutually exclusive, and expected cell frequencies are sufficiently large (≥ 5). Qualitative data from the FGD were transcribed verbatim, coded, and analysed thematically. Emergent themes were reported as narrative summaries.

RESULTS

A total of 286 adolescents participated in the study, with a mean age of 16.82 ± 2.2 years. As shown in Table 1. Most respondents were male (60 %), and over 90 % were in-school adolescents. Additionally, 71.6 % had both parents alive. Table 2 revealed a lifetime prevalence of substance use at 81.1 %, with past 12-month use reported by 76.8 % of the respondents and 30-day prevalence at 59.3 %. Table 3 revealed that the peak initiation age for substance use was 15 years.
The highest lifetime prevalence (53.8 %), 12-month prevalence (38 %) and 30-day prevalence (34.1 %) by percentage were seen among alcohol users (Table 4). As shown in Table 4, majority (50 %) of the respondents tried alcohol first, while Tramadol (0.3 %) was the least tried substance. Table 5 show the association between the variables. Late adolescents have a higher substance abuse rate of 87.3 %, compared to 62.2 % for early adolescents ($p < 0.001$). Males show a higher rate (86.5 %) than females (72.8 %) ($p = 0.004$). Individuals with no formal education have a 96.3 % abuse rate ($p = 0.003$). Among single-parent households, 89.8 % abuse substances, versus 78.9 % from two-parent families. Those whose parents lack formal education show a higher rate of 96.2 %, compared to 70.3 % for those with tertiary-educated parents ($p = 0.001$). Those living alone have a higher abuse rate of 93.8 %, compared to 73.5 % for those with family ($p = 0.001$). Lastly, Makoko (93.0%) and Iwaya (90.9 %) have the highest rates ($p = 0.001$).

Thematic Analysis of Qualitative Findings from the Focus Group Discussion (FGD)

This section present key themes from focus group discussions on substance abuse among adolescents in Yaba CDA, Lagos State.

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Twelve participants, aged 10 to 17, included both users and non-users, with more than half living with a single parent.

Thematic Analysis of Participants' Knowledge and Awareness of Adolescent Substance
Abuse and Their Substance Abuse Status

Many participants described substance abuse as the harmful misuse of drugs. K, a 16-year-old, defined it as "*the illegal use of substances like alcohol and cigarettes."* Participant L, a 15-year-old, said, "*drug abuse involves harmful drugs like weed and cocaine."* Participant F, an 11-year-old, noted that *"it damaged their body and hurt them, and it affects some of them that are already using it. They usually act like mad people."* On aspect of the participant's substance use status, more than half of the participants (C, D, G, H, I, K and L) reported substances use at least once in their lifetime. Participant C, a 13-year-old living with his single mother, first tried action bitters (a dry gin) at age 10 and described feeling an unexplainable sensation. Participant G, a 15-year-old living with his father and currently unemployed, shared that he took captain jack (an alcoholic drink) in January. He noted, *"I felt sleepy when I took it, and I won't take it again."*

Thematic Analysis of Major Reasons Why Adolescents Abuse Substances

Most adolescents cited peer influence and curiosity as the main reasons for using substances. Some also mentioned using them as traditional medicine, for enjoyment at parties, or to help with sleep. For example, Participant K said, "*I tried chelsea drink out of curiosity. It was very bitter, and I wouldn't take it again."* Meanwhile, Participant L noted, *"I usually take it when my stomach hurts."*

Thematic Analysis of Sources and Gathering Spots for Adolescent Substance Use

Participants noted that adolescents in the community openly gather in garages, ghettos, football fields, and on the streets to use substances. Participant F observed, *"Some people don't hide it; they smoke on the street."* Alcohol and tobacco (cigarettes) were identified as the most abused substances, readily available from nearby shops and local vendors. Participant G shared; "*we usually get chelsea from mummy Jack's and Iya shoko's shop, around here."* Many participants reported the presence of groups and cliques among adolescents where substances are used. For instance, Participant C, a 13-year-old boy, said, *"We usually gather to drink alcohol. Sometimes I feel sorry for myself and beg God to forgive me; I don't want to drink again, but I join them sometimes."* Participant G, a 15-year-old, also shared, *"I saw Daddy drinking alcohol and dancing at a party."*

Thematic Analysis of role of friends and family in adolescent substance use initiation

Most individuals who have tried substances reported that friends introduced them. Participant G stated, *"My friend Emmanuel introduced me to it."* Notably, 10-year-old Participant D mentioned that his brother, who also participated in the discussion, introduced him. Meanwhile, some participants who have never used substances said they avoid them due to awareness of the negative effects and their parents' warnings.

Thematic Analysis of Participant's Awareness of the Negative Impact of Substance Use and Suggested Strategies for Reducing and Controlling Adolescent Substance Abuse

Many participants recognized the negative consequences of substance abuse, including erratic behaviour, mental health issues, fighting, and even death. For example, 10-year-old Participant D observed, *"I used to see them drink on the street; they behave like mad people."* Participant J shared that a 20-year-old was killed due to substance use. Additionally, 12-year-old Participant H mentioned a tenant whose father, after having a stroke, turned to drugs and attempted to enter a well and a canal, needing rescuing both times. He now frequently visits a psychiatric hospital.

Participants suggested strategies for reducing adolescent substance abuse, including stricter law enforcement, prosecution of drug sellers, parental guidance, community policing, and awareness campaigns in schools. Participant H noted, *"The government should ban and stop the importation of these drugs, and the police should start raiding and arresting."* Participant G stated, *"I would tell my peers that if they engage in substance abuse, they'll become addicted, so they should avoid it."* Participant H added that introducing idle adolescents to church activities can help reduce substance use.

Table 1: Socio-Demographic Characteristics of Respondents (n=285)

Variable	Frequency	Percent
Age as at last birthday (years)		
Early Adolescence (10 - 14)	45	15.8
Middle Adolescence (15 - 17)	90	31.6
Late Adolescence (18 -19)	150	52.6
Gender		
Female	114	40.0
Male	171	60.0
Educational Level		
No formal Education	27	9.5
Primary School	19	6.7
Junior Secondary School	46	16.1
Senior Secondary School	121	42.5
Tertiary institution	72	25.3
Religion		
No religion	4	1.4

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Traditional	8	2.8
Islam	113	39.6
Christianity	160	56.1
Family Structure		
Single parents	49	17.2
Guardians or Relatives	32	11.2
Both parents	204	71.6
Parent's or Guardian's Education		
No formal education	53	18.6
Primary education	19	6.7
Secondary education	102	35.8
Tertiary education	111	38.9
Parent's or Guardian's Occupation*		
Unemployed	26	7.3
Self-employed	209	58.7
Private sector	45	12.6
Government employed	76	21.3
Living Arrangements		
Alone	32	11.2
With friends	27	9.5
With relatives	56	19.6
With family	170	59.6
Total Family Size		
1 – 5	175	61.4
6 – 10	108	37.9
11 – 15	1	0.4

Note: *Variables marked with an asterisk (*) indicate multiple response were allowed.*

Table 2: Substance use among the respondents (n=285)

Response	Frequency	Percent
Have you ever used any substances in your lifetime?		
No	54	18.9
Yes	231	81.1
Have you ever used any substances in the past 12 months?		
No	66	23.2
Yes	219	76.8
Have you ever used any substances in the past 30 days?		
No	116	40.7
Yes	169	59.3

Table 3: Respondents' age at initiation of substance abuse (n=285)

Initiation Age of substance use (Years)	Frequency	Percent
9	6	2.6
10	5	2.2
11	5	2.2
12	27	11.9
13	22	9.7
14	31	13.7
15	41	18.1
16	37	16.3
17	29	12.8

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18	14	6.2
19	10	4.4
Mean Initiation Age ± SD = 14.74 ± 2.3		

Note: *Out of 285 respondents, 58 provided a response of '0' for the age of first drug use. Since '0' does not represent a valid age, it was recoded as 'Never Used,' only 227 cases were used to compute the mean and median age of first drug use.*

Table 4: Types of Substances used by the Respondents (n=285)

Substances	**Frequency**	**Percent**
Which substances have you ever used in your lifetime? *		
Alcohol	211	53.8
Tobacco	34	8.7
Cannabis	21	5.4
Tramadol	23	5.9
Cocaine	4	1.0
Solvent and Inhalants	7	1.8
Vape	4	1.0
Shisha	19	4.8
Local gin	10	2.6
Codeine	5	1.3
None	54	13.8
Which substances did you use in the past 12 months?*		
Alcohol	194	38.0
Tobacco	92	18.0
Cannabis	87	17.1
Tramadol	20	3.9
Cocaine	12	2.4
Solvent and Inhalants	14	2.7
Shisha	22	4.3
Vape	4	0.8
Local gin	10	2.0
Codeine	3	0.6
None	52	10.2
Which substances did you use in the past 30 days?*		
Alcohol	135	34.1 %
Tobacco	70	17.7 %
Cannabis	49	12.4 %
Tramadol	5	1.3 %
Cocaine	1	0.3 %
Solvent and Inhalants	3	0.8 %
Vape	2	0.5 %
Shisha	8	2.0 %
Local gin	7	1.8 %
None	116	29.3 %
Which substances did you try first?*		
Alcohol	160	50.0 %
Tobacco	69	21.6 %
Cannabis	19	5.9 %
Tramadol	1	0.3 %
Solvents and Inhalants	3	0.9 %
Shisha	3	0.9 %
Local gin	10	3.1 %
None	55	17.2 %

Note: *Variables marked with an asterisk (*) indicate multiple response were allowed*

Table 5: Association between the Respondents' Sociodemographic characteristics and Substance use

Variables	Substance Use			p-Value
	Lifetime use (%)	12-Months use (%)	30-Days use (%)	
Age Group (Years)				<0.001*
Early Adolescence (10 - 14)	28 (62.2)	25 (55.6)	14 (31.1)	
Middle Adolescence (15 - 17)	72 (80.0)	69 (76.7)	49 (54.4)	
Late Adolescence (18 -19)	131 (87.3)	125 (83.3)	106 (70.7)	
Gender				0.004*
Male	148 (86.5)	141 (82.5)	121 (70.8)	
Female	83 (72.8)	78 (68.4)	48 (42.1)	
Educational Level				0.003*
No formal Education	26 (96.3)	25 (92.6)	20 (74.1)	
Primary School	18(94.7)	18 (94.7)	14 (73.7)	
Junior Secondary School	30 (65.2)	26 (56.5)	16 (34.8)	
Senior Secondary School	102 (84.3)	100 (82.6)	76 (62.8)	
Tertiary institution	55 (76.4)	50 (69.4)	43 (59.7)	
Religion				0.020*
No religion	4 (100)	4 (100.0)	4 (100.0)	
Traditional	8 (100)	8 (100.0)	6 (75.0)	
Islam	99 (87.6)	93 (82.3)	73 (64.6)	
Christianity	120 (75.0)	114 (71.3)	86 (53.8)	
Family structure				0.218
Single parents	44 (89.8)	44 (89.8)	36 (73.5)	
Guardians or Relatives	26 (81.3)	25 (78.1)	22 (68.8)	
Both parents	161 (78.9)	150 (73.5)	111 (54.4)	
Parent's education				0.001*
No formal education	51 (96.2)	50 (94.3)	43 (81.1)	
Primary education	15 (78.9)	15 (78.9)	14 (73.7)	
Secondary education	87 (85.3)	83 (81.4)	58 (56.9)	
Tertiary education	78 (70.3)	71 (64.0)	54 (48.6)	
Living Arrangement				0.001*
Alone	30 (93.8)	28 (87.5)	23 (71.9)	
With friends	27 (100.0)	26 (96.3)	25 (92.6)	
With relatives	49 (87.5)	47 (83.9)	42 (75.0)	
With family	125 (73.5)	118 (69.4)	79 (46.5)	
Respondents' Wards/ Community				0.001*
Ward C Onike	41 (71.9)	38 (66.7)	27 (47.4)	
Ward A Makoko	53 (93.0)	53 (93.0)	45 (78.9)	
Ward F Iwaya	50 (90.9)	46 (83.6)	38 (69.1)	
Ward E Alagomeji	48 (82.8)	46 (79.3)	29 (50.0)	
Ward D Abuleoja	39 (67.2)	36 (62.1)	30 (51.7)	

***Significant at p <0.05**

DISCUSSION

This study identified the prevalence and predictors of substance abuse among adolescents in Yaba Community Development Area, Lagos State. This study captured data from respondents between 10 and 19 years. The mean age (16.82 ± 2.22 years) of the adolescents reported in this study is comparable to similar studies conducted in Lagos State in 2020 and with the 2016 demographic report by the Federal Ministry of Education, which indicated that the mean age of in-school adolescents in Nigeria ranged from 15 to 17 years (Federal Ministry of Education, Nigeria, 2016; Soremekun *et al.,* 2020). This finding has important public health implications because late adolescence (ages 15 to 19) is a critical period for substance use initiation (WHO, 2024). During this period, young people face increased peer pressure, curiosity, and risk-taking behaviours (WHO, 2024). Therefore, interventions such as preventive education, school-based substance abuse programmes and community awareness campaigns should focus on this age group. These efforts can help to mitigate the risk of adolescent substance use and its related consequences.

The study revealed an alarming prevalence of adolescent substance abuse, with 8 out of 10 respondents having used substances such as alcohol (53.8 %), tobacco (8.7 %) cannabis (5.4 %), tramadol (5.9 %), shisha (4.8 %), local gin (2.6 %) and so on, at least once in their lifetime; 76.8 % admitted to infrequent use of these substances and 59.3 % admitted to using these substances in the past 30 days. This result corroborates the findings of Oyenuga & Farinde (2023) who found that about 8 out of 10 youths in the Eti Osa community engaged in substance abuse. However, the prevalence in this study is significantly higher than the 20 %–40 % reported by Jatau *et al*. and the 12.3 % by Idowu *et al.,* (Jatau *et al.,* 2021; Idowu *et al.,* 2023). It also contrasts with Soremekun *et al*.'s (2020) report of 63.7 % among secondary school students in Lagos (Soremekun *et al.,* 2020). The variations

may be due to different methodologies, as this study collected data directly from adolescents in a community-based setting, likely yielding more accurate measures of substance use. The higher prevalence could indicate weaker protective factors, such as lower family supervision or greater substance accessibility. These findings suggest that substance use is widespread and likely increasing among adolescents in both suburban and urban settings. This highlights the urgent need for awareness campaigns, school-based prevention programmes, stricter drug control policies, and targeted interventions to strengthen protective factors against substance use.

The highest lifetime, infrequent, and recent use prevalence by percentage was seen among alcohol users. A prevalence of 53.8 % was reported for lifetime alcohol use, 38.0 % reported infrequent use and over 34.1 % of the respondents reported using alcohol in the past 30 days. This result aligns with the study of previous researchers (Soremekun *et al.,* 2020; Olarenwaju *et al.*, 2022; Idowu *et al.,* 2023). Idowu *et al.,* found a lifetime prevalence of 86.4 % for alcohol use among adolescents in Osun state (Idowu *et al.,* 2023). Olarenwaju *et al.,* (2022) reported that alcohol was the most abused drug, with a prevalence of 61.5 %. Factors contributing to this include cultural acceptance of alcohol at social events and the easy availability of locally made drinks, such as local gin, which had a lifetime prevalence of 2.6 %. Tobacco users accounted for the second highest prevalence, with a lifetime prevalence of 8.7 %, infrequent use at 18.0 %, and recent use at 17.7 %. These findings were like the qualitative findings of this study (FGD), where alcohol and alcohol containing drinks and tobacco (cigarette) were the most abused substances in the study setting. The lifetime use of tobacco (8.7 %) and cannabis (5.4 %) in this study was higher than in a previous study by Soremekun *et al., (*2020) who reported 4.1 % for tobacco and 2.4 % for cannabis. This increase may be due to the widespread use of these substances among late adolescents and young adults (U.S. Department of Health and Human Services, 2023). This study revealed that most respondents started using substances at age 15, with 50 % trying alcohol first. This is consistent with Idowu *et al.,'s* finding that 77.2 % started using substances between the ages of 10 and 19 (Idowu *et al.,* 2023). This trend suggests that early interventions are needed, as many individuals start using substances before age 15 years.

Male gender was a key predictor of substance abuse, with an 86.5 % lifetime prevalence in males (p=0.004), This aligns with previous research highlighting gender disparities and the need for targeted prevention efforts (Soremekun *et al.,* 2020; Idowu *et al.,* 2023; Williams *et al.,* 2023). The study also noted that late adolescents showed a higher prevalence of substance use, with 87.3 % reporting lifetime use (p=0.001). This correlates with Idowu *et al.,'s* finding that 60.78 % of substance users are in this age group (Idowu *et al.,* 2023). Increased independence and reduced parental supervision may heighten vulnerability to peer influence. Therefore, it is important to implement targeted prevention programmes and improve access to mental health services focused specifically on this age group to effectively address these issues. A higher prevalence of substance use was found among respondents with no formal education (96.3 %; 74.1 %; p=0.003) and those in primary school (94.7 %; 73.7 %), In contrast, a study by Idowu *et al.,* reported a higher prevalence (70.59 %) among secondary school students, with no cases among individuals with no formal education (Idowu *et al.,* 2023). These differences may be due to variations in study populations and cultural contexts. The current study suggests that a lack of awareness and information about the dangers of substance abuse contributed to the higher prevalence among those with no formal education, particularly in areas like Makoko or Iwaya. These findings suggest the need for community interventions and educational programmes for these high-risk groups.

Furthermore, a higher lifetime and recent use prevalence of substance use was seen among respondents with no formal education [96.3 %; 74.1 %; p=0.003] and those in primary school [94.7 %; 73.7 %] compared to those in tertiary institutions [76.4 %; 59.7 %]. However, the previous survey by Idowu *et al.,* reported a higher substance use prevalence (70.59 %) among those in secondary school while no cases (0 %) were recorded among individuals with no formal education (Idowu *et al.,* 2023). These differences may be attributed to variations in study populations and the cultural norms of the study environment. Idowu *et al.,'s* study found a higher prevalence among secondary school students, possibly due to peer influence on substance use in school environments (Idowu *et al.,* 2023). In contrast, this current study observed a higher prevalence among individuals with no formal education, which may be linked to a lack of awareness and limited access to information about the dangers of substance abuse, making them more vulnerable especially those living in environments where this practice is predominant (such as Makoko or Iwaya). These findings highlight the need for targeted prevention strategies, including community-based interventions and education programs, to address substance use among high-risk groups. This study also showed a significant link between respondents' communities and substance use (p=0.001). Higher rates of lifetime and recent substance use were found among adolescents in Makoko [93.0 %; 78.9 %] and Iwaya [90.9 %; 69.1 %], compared to lower rates in Onike (71.9 %; 47.4 %) and Abuleoja (67.2 %; 51.7 %). The high prevalence in Makoko and Iwaya may be due to poverty, overcrowding, poor living conditions, and easy drug access, making youths and adolescents more vulnerable. Stricter regulations on substance sales to minors and enhanced law enforcement are urgently needed in these communities, alongside targeted intervention programs and rehabilitation efforts. Furthermore, the living arrangement of adolescents significantly predicts substance use ($p< 0.01$). Higher prevalent rates of both recent and lifetime substance use were observed among those living with friends [100 %; 92.6 %] or alone [93.8 %; 70.9 %] compared to those living with family [73.5 %; 46.5 %]. This finding is supported by the findings of Idowu *et al.,* where higher substance use prevalence was reported among those who stay alone or with a single parent (Idowu *et al.,* 2023). This indicates that living with parents serves as a protective factor, providing a structured environment and better supervision. Promoting family-based interventions to enhance parental involvement could help reduce adolescent substance use and create a safer environment for young people.

In addition, the FGD report revealed that peer influence was the dominant predictor of adolescent substance use. Majority of the participants reported that friends introduced them to substance use. This supports social learning theory, which posits that behaviours such as drug use are learned through social interactions (Simply Psychology, 2023). Surveys by Oyenuga *et al.* and Idowu *et al.* also found that over 80% of adolescents were introduced to substance use by peers (Idowu *et al.,* 2023; Oyenuga & Farinde, 2023)

Participants reported being part of groups where substance use was common. One participant noted, *"We usually gather to drink*

alcohol; sometimes, I feel sorry and ask God for forgiveness." This further reinforces the role of peer networks in drug initiation. Therefore, peer-led interventions and school-based awareness programs should be prioritized to address the influence of social networks on substance use. Most participants reported easy access to substances in their community, primarily from local medicine shops and Mallam joints. One participant noted, *"We usually get Chelsea (dry gin) from Mummy Jack's and Iya Shoko's shop."* This aligns with Oyenuga *et al.,'s* survey, which found that adolescents in Eti-Osa mainly source substances from nearby shops (33.5 %) and Mallam joints (22.5 %) (Oyenuga & Farinde, 2023). This highlights the role of peer network access points in substance initiation, emphasizing the need for focused interventions. Participants also identified several key reasons for their substance use, including peer pressure, curiosity, traditional medicine, enjoyment at parties, and aiding sleep. A survey by Nyameh found that 57.8 % of adolescents in North-Eastern Nigeria used substances primarily due to peer influence (Nyameh, 2023). Despite recognizing the negative effects, such as erratic behaviour, addiction, mental health issues, and even death, many still engage in substance use. The need for greater awareness and intervention is clear. Proposed preventive strategies included stricter law enforcement, banning illicit drugs and alcohol, parental guidance, community policing, and increasing awareness campaigns in schools. These align with Nyameh's findings, stressing the importance of education on the dangers of substance abuse, stricter law enforcement and parental guidance (Nyameh, 2023).

This study was influenced by potential social desirability bias or stigma due to its sensitive nature, as well as recall bias, where respondents might inaccurately remember details. To address these issues, the study provided clear explanations of its objectives and assured respondents of confidentiality, likely encouraging honest responses. In addition, questions were framed around specific time frames (lifetime use, past 12 months, and past 30 days) to aid recall.

Conclusion

The study found a high prevalence of substance abuse among adolescents in Yaba CDA, particularly with alcohol being the most used drug. Predictors such as gender, age, educational background, living arrangements, and community significantly influenced these rates. Respondents identified peer pressure, curiosity, cultural practices, and enjoyment as reasons for drug use. To combat this alarming issue, targeted interventions for high-risk groups and stakeholder collaboration are crucial. Future research should focus on the effectiveness of interventions and long-term patterns of adolescent substance use in Nigeria.

Ethical Considerations

Ethical approval for the study was sought and obtained from the Lagos State Health Research Ethics Committee (Ref: LSHREC/2025/0007). Written informed consent was obtained from adolescents aged 18–19 years. For minors, parental consent and adolescent assent were both secured. Confidentiality and anonymity were strictly maintained, and participants were informed of their right to withdraw at any stage without any consequence.

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