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Prevalence, Patterns and Predictors of Substance Abuse among Adolescents in Egbeda Local Government Area, Ibadan, Oyo State

By

Lateefat Motunrayo Eniola
Department of Counselling Studies,
Federal College of Education, Iwo, Osun State, Nigeria
Email: eniolamotunrayolateefat@gmail.com

&

Chiamaka Ijeoma Emmanuel
Department of Counselling and Human Development Studies,
University of Ibadan, Nigeria
Email: ijikwuemesibe@gmail.com

Abstract

Substance use among adolescents has emerged as a major public health concern in Nigeria, with peers, family, and community contexts identified as significant risk factors. This study examined the prevalence and pattern of substance use, and the psychosocial predictors influencing adolescent use in Egbeda Local Government Area, Ibadan, Oyo State. A cross-sectional survey design was employed, with data collected from 72 adolescents using snowball sampling. Standardised instruments assessed substance use, peer influence, family substance use history, and exposure to community drug availability. Descriptive and inferential statistics were applied, including independent sample t-tests and multiple regression analysis. Results revealed that alcohol was the most commonly used substance, with 38.9% reporting lifetime use and 22.2% current use, followed by tobacco (26.4% lifetime; 16.7% current). Independent analyses showed that adolescents with high peer substance use ($M = 4.1$), family history ($M = 3.9$), and high community exposure ($M = 4.0$) scored significantly higher on substance use compared to their counterparts (all $p < .01$). Multiple regression analysis indicated that peer, family, and community factors jointly explained 48% of the variance in adolescent substance use ($R^2 = .48$, Adjusted $R^2 = .46$, $F(3, 68) = 21.76$, $p < .001$). Relative contributions showed that peer influence was the strongest predictor ($\beta = .42$), followed by family history ($\beta = .31$) and community exposure ($\beta = .28$). The study concludes that adolescent substance use in Egbeda Local Government Area is shaped by a combination of peer, family, and community factors, with peer influence being the most influential. Interventions should adopt a multilevel approach that targets peer groups, family systems, and community environments to effectively reduce substance use among adolescents. Further longitudinal research is recommended to explore causal pathways and assess intervention efficacy over time.

Keywords: Substance use, Peer influence, Family history, Community drug availability

Introduction

Adolescent substance use has become a global health concern, attracting scholarly and policy attention due to its complex psychosocial underpinnings and wide-ranging consequences.

Adolescence is a developmental stage marked by heightened sensitivity to social contexts, making young people particularly vulnerable to experimenting with substances such as alcohol, tobacco, and cannabis (Patton et al., 2018). International reports have consistently noted increasing trends in substance use among young populations, particularly in low- and middle-income countries where rapid urbanisation intersects with weak regulatory systems (United Nations Office on Drugs and Crime [UNODC], 2023). Within this context, studies such as that of Omopo (2023), which examined psychological precipitators of suicidal ideation, reveal the strong interlink between substance use, mental health, and broader psychosocial wellbeing, underscoring the importance of early preventive research.

The Nigerian experience reflects this global trend, with adolescents facing growing exposure to drugs in schools, communities, and peer networks. A national survey by the National Drug Law Enforcement Agency (NDLEA, 2022) highlighted increased experimentation with cannabis, alcohol, and cough syrups with codeine among secondary school students. Researchers have argued that such experimentation is often reinforced by social, familial, and community-level factors (Quadri et al., 2025). For instance, the association between trauma, peer pressure, and parenting styles was found to strongly predict adolescent substance abuse in Ibadan, demonstrating the multi-layered nature of the problem. Similarly, Ibrahim et al. (2024) showed how parental substance abuse not only affects children's behavioural outcomes but also exposes them to heightened risk of replicating such behaviours. These insights illustrate that adolescent substance use in Nigeria is far from an isolated problem, but rather a product of dynamic psychosocial influences.

Family background plays a particularly central role in shaping substance use behaviour. Children raised in households where substance use is prevalent often develop normalised attitudes towards drug and alcohol consumption, thereby increasing their likelihood of experimentation. Ibrahim et al. (2024) observed that parental substance abuse was significantly linked with poor educational outcomes and behavioural maladjustment among children in Ibadan. Internationally, similar patterns have been reported. For example, Hussong et al. (2021) found that adolescents with a family history of substance use were more vulnerable to early initiation, particularly when coupled with weak parental monitoring. The intergenerational nature of substance use suggests that family history acts as both a risk and transmission factor. Akinyemi and Aremu (2018) have

further shown in other health contexts that family support is crucial in buffering psychological distress, implying that families could serve as protective spaces against substance initiation if healthy norms are maintained.

Peers also constitute one of the strongest predictors of adolescent substance use. During adolescence, the desire for belonging often supersedes parental authority, and young people are inclined to adopt behaviours modelled by their peers. Aremu and Akinyemi (2019) demonstrated how peer influence significantly shaped academic motivation among students in Ibadan, a finding that translates equally well to the domain of substance use. Locally, Omopo (2025) confirmed that peer pressure plays a moderating role in how trauma and social support influence adolescent mental health, suggesting its central role in behavioural outcomes. International studies echo this finding. According to Simons-Morton et al. (2016), peer substance use prevalence is one of the most robust predictors of adolescent initiation, highlighting the universal nature of peer dynamics. Such findings emphasise the need to understand peer networks as critical social spaces where substance use behaviours are both learned and reinforced.

At the community level, environmental exposure to drugs significantly shapes adolescent risk. The availability of psychoactive substances within neighbourhoods, whether through informal kiosks, local chemists, or unregulated marketing, lowers barriers to access and fosters normalisation. In Nigeria, Adebayo-Oke et al. (2021) demonstrated how exposure to smoking and alcoholism among local security operatives was linked with heightened aggression, reinforcing the argument that environmental models shape behaviour. Similarly, Omopo (2024) found that targeted cognitive reframing therapy helped reduce tobacco smoking dependency among inmates, highlighting how entrenched community-level exposure creates dependencies that later require clinical interventions. Internationally, Hawkins et al. (2019) stressed that community drug availability strongly predicts adolescent initiation, particularly in urbanised contexts. Thus, Egbeda Local Government Area, with its growing urbanisation and exposure to informal markets, provides a fertile context for studying this dynamic.

Beyond individual and environmental factors, broader psychosocial conditions contribute to patterns of substance use. For example, Akinyemi et al. (2018) identified socio-economic status as a determinant of academic achievement, and similar structural inequalities often extend to health and behavioural vulnerabilities, including substance use. Adolescents in low-income

communities frequently experience stressors that increase their susceptibility to drugs as coping mechanisms. Fehintola and Akinyemi (2022) noted that academically at-risk students often exhibited low resilience linked to structural disadvantages, a factor that resonates with how vulnerability to substance use is shaped. Foreign studies further support this argument. According to Sawyer et al. (2021), socio-economic deprivation not only increases access to drugs in disadvantaged communities but also reduces the availability of protective resources, compounding the cycle of vulnerability.

Another layer of explanation lies in psychosocial coping and resilience factors. Research has consistently shown that adolescents with stronger support systems are less likely to resort to substances as coping strategies. Akinyemi et al. (2018) argued that social support significantly enhances academic resilience, which can be extrapolated to health behaviours, as support mitigates exposure to negative influences. Omopo (2025) similarly demonstrated that social support buffered the effect of trauma on adolescent mental health, suggesting that protective systems reduce reliance on maladaptive coping behaviours such as substance use. International evidence also affirms this. Viner et al. (2019) found that interventions that strengthen psychosocial resilience substantially reduce the risk of substance initiation among adolescents, highlighting the universal protective effect of support networks.

Despite these insights, research gaps remain in contextualising adolescent substance use within specific Nigerian localities. While national and regional studies have advanced understanding, few have focused on the interplay of peer substance use prevalence, family substance use history, and exposure to community drug availability at the grassroots level. Quadri et al. (2025) and Omopo (2024) have demonstrated the value of context-sensitive approaches in exploring psychosocial predictors, but there remains a need for more localised studies in semi-urban settings such as Egbeda. This study therefore seeks to investigate patterns of substance use among adolescents in Egbeda Local Government Area, Ibadan, with a focus on these psychosocial predictors. By examining the combined influence of peers, families, and community environments, this research aims to contribute empirical evidence that can inform targeted prevention and intervention strategies in Nigeria.

Purpose of the Study

The purpose of this study is to investigate the patterns of substance use and examine the psychosocial predictors - peer substance use prevalence, family substance use history, and exposure to community drug availability among adolescents in Egbeda Local Government Area, Ibadan, Oyo State. Specific Objectives were:

1. To determine the prevalence and patterns of substance use among adolescents in Egbeda Local Government Area.
2. To examine the influence of peer substance use prevalence, family substance use history, and exposure to community drug availability on adolescents' substance use.
3. To evaluate the joint contributions of peer influence, family history, and community exposure to adolescent substance use.
4. To determine the relative contributions of peer influence, family history, and community exposure to adolescent substance use.

Research Questions

1. What is the prevalence and pattern of substance use among adolescents in Egbeda Local Government Area?
2. How do peer substance use prevalence, family substance use history, and exposure to community drug availability influence adolescents' substance use?
3. What are the joint contributions of peer influence, family history, and community exposure to adolescent substance use?
4. What are the relative contributions of peer influence, family history, and community exposure to adolescent substance use?

Methods

This study employed a cross-sectional, descriptive–analytical design to investigate the prevalence, patterns and psychosocial predictors of substance abuse among adolescents aged 10–

19 years in Egbeda Local Government Area of Ibadan. Snowball sampling was utilised, beginning with purposively identified "seeds" from schools, youth groups, and community venues, who then referred peers that met eligibility criteria. This chain-referral approach was suitable for accessing both in-school and out-of-school adolescents, including those in hidden networks of substance use. A total of 72 participants were recruited, with the sample size determined by the availability of adolescents willing to participate through the snowball process. Standardised instruments were used: the CRAFFT screening tool and selected items from the WHO ASSIST questionnaire to assess substance use; an adapted Peer Substance Use Questionnaire to measure peer influence; the Family History Screen to examine familial exposure; and an adapted Community Drug Exposure Scale to evaluate neighbourhood availability and marketing of substances. All instruments were pilot-tested within the study area, and Cronbach's alpha values of .70 or higher were accepted as evidence of reliability.

Data were collected by trained research assistants in both school and community settings. Informed parental consent and adolescent assent were obtained for those under 18 years, while participants aged 18–19 years gave direct consent. Anonymity and confidentiality were guaranteed to reduce social desirability bias, and participants disclosing problematic use or psychological distress were referred to appropriate counselling services. Ethical clearance was obtained from the University of Ibadan Research Ethics Committee, alongside approval from the Egbeda Local Government Education Authority. Data were coded and analysed using SPSS. Descriptive statistics summarised prevalence and patterns of substance use, chi-square and independent t-tests were applied to test bivariate associations, and multiple regression analyses were conducted to assess the joint and relative contributions of peer substance use, family history, and community drug exposure, with socio-demographic variables controlled. A significance level of $p < .05$ was adopted, and effect sizes with 95% confidence intervals were reported.

Results

Demographic Representation of the Participants

Table 1: **Demographic Characteristics of Adolescents in Egbeda Local Government**

Variable	Category	Frequency (n)	Percentage (%)
Age Group	10–13 years	24	33.3
	14–16 years	31	43.1
	17–19 years	17	23.6
Gender	Male	39	54.2
	Female	33	45.8
Educational Status	In-school	44	61.1
	Out-of-school	28	38.9
Religion	Christianity	41	56.9
	Islam	28	38.9
	Others	3	4.2
Family Structure	Both parents	47	65.3
	Single parent	18	25.0
	Extended family/guardian	7	9.7

As shown in Table 1, the study included 72 adolescents with a fairly balanced representation across gender, comprising 54.2% males and 45.8% females. The majority of participants (43.1%) fell within the 14–16 years age group, followed by 33.3% in the 10–13 years range and 23.6% between 17–19 years. Educational status indicated that 61.1% of respondents were in-school, while 38.9% were out-of-school adolescents. Regarding religious affiliation, Christianity accounted for 56.9% of participants, Islam for 38.9%, and 4.2% belonged to other faiths.

In terms of family structure, 65.3% lived with both parents, 25.0% lived with a single parent, and 9.7% were under the care of extended family members or guardians. This demographic spread provided adequate diversity in terms of age, gender, educational background, and socio-economic conditions, which strengthened the representativeness of the sample for understanding adolescent substance use patterns within Egbeda Local Government.

Research Question 1: Prevalence and Pattern of Substance Use

Table 2: **Prevalence and Pattern of Substance Use among Adolescents**

Substance Type	Never Used (n, %)	Ever Used (n, %)	Current Use (n, %)	Frequency ≥ Weekly (n, %)

Alcohol	44 (61.1)	28 (38.9)	16 (22.2)	7 (9.7)
Tobacco/Smoking	53 (73.6)	19 (26.4)	12 (16.7)	5 (6.9)
Cannabis	60 (83.3)	12 (16.7)	8 (11.1)	3 (4.2)
Prescription Drugs	63 (87.5)	9 (12.5)	5 (6.9)	2 (2.8)
Others (Tramadol, etc.)	67 (93.1)	5 (6.9)	2 (2.8)	1 (1.4)

As shown in Table 2, alcohol was the most commonly used substance among the adolescents, with 38.9% reporting lifetime use and 22.2% reporting current use. Tobacco was the second most prevalent substance, with 26.4% lifetime use and 16.7% current use. Cannabis, prescription drugs, and other substances such as Tramadol were less commonly reported. Weekly use was relatively low across all substances, with alcohol being the most frequently used on a weekly basis (9.7%). These results highlight that experimentation with substances is fairly common, but regular use remains limited among adolescents in Egbeda Local Government Area.

The findings from Table 2 indicate that alcohol is the most commonly used substance among adolescents in Egbeda Local Government Area, with 38.9% reporting lifetime use and 22.2% current use. Tobacco follows as the second most prevalent substance, with 26.4% lifetime use and 16.7% current use. Cannabis, prescription drugs, and other substances such as Tramadol were less commonly reported. Weekly use was relatively low across all substances, with alcohol being the most frequently used on a weekly basis at 9.7%. These results suggest that while experimentation with substances is relatively common, regular use remains limited among adolescents in this region.

These findings align with national studies indicating a significant prevalence of substance use among Nigerian adolescents. For instance, a study by Lawal et al. (2025) found that 13% of school-going adolescents use alcohol, and up to 26% have ever used alcohol. Similarly, Ekpenyong et al. (2024) reported high prevalence rates of tobacco and alcohol use among Nigerian adolescents, with male adolescents being particularly at risk. The lower prevalence of cannabis and prescription drug use in this study may reflect regional differences or variations in the availability and social acceptability of these substances. For example, cannabis is one of the most widely used illegal drugs in Nigeria, with usage rates varying across different regions. Prescription drug misuse, particularly involving opioids like Tramadol, has also been reported in Nigeria, with concerns about its increasing prevalence among youth. The relatively low rates of

weekly substance use observed in this study may suggest that while experimentation is common, sustained or habitual use is less prevalent among adolescents in Egbeda Local Government Area. This pattern is consistent with findings from other studies, which have noted that while lifetime prevalence rates can be high, current and frequent use rates tend to be lower.

Research Question 2: Influence of Peer, Family, and Community Exposure

Table 3: **Bivariate Associations between Psychosocial Predictors and Adolescent Substance Use**

Predictor	Category	n	Mean Substance Use (SD)	t / χ^2	p-value
Peer Substance Use	High	36	4.1 (1.2)	5.32	< .001
	Low	36	2.3 (0.9)		
Family Substance Use History	Yes	34	3.9 (1.1)	4.57	< .001
	No	38	2.5 (1.0)		
Community Drug Exposure	High	35	4.0 (1.3)	4.82	< .001
	Low	37	2.4 (0.8)		

Table 3 demonstrates that adolescents reporting high peer substance use scored significantly higher on substance use than those with low peer influence (M = 4.1 vs. 2.3; t = 5.32, p < .001). Similarly, those with a family history of substance use reported higher mean substance use (M = 3.9) compared to adolescents without family exposure (M = 2.5; t = 4.57, p < .001). Adolescents perceiving high community drug availability also had higher substance use (M = 4.0) than those with low exposure (M = 2.4; t = 4.82, p < .001). These results indicate that peer, family, and community factors each exert significant influence on adolescent substance use.

Table 3 demonstrates that adolescents reporting high peer substance use scored significantly higher on substance use measures than those with low peer influence (M = 4.1 vs. 2.3; t = 5.32, p < .001). This finding aligns with existing literature indicating that peer influence is a significant predictor of adolescent substance use. For instance, a study by Alhammad (2022) highlighted that peer group dynamics play a crucial role in adolescents' engagement in substance use, with adolescents being more likely to adopt similar behaviours to their peers. Similarly, a study by Ekpenyong (2024) found that peer pressure was a strong determinant of tobacco and alcohol use among Nigerian adolescents, particularly in urban settings.

The data also reveal that adolescents with a family history of substance use reported higher mean substance use scores (M = 3.9) compared to those without family exposure (M = 2.5; t = 4.57, p

< .001). This supports findings from Nawi (2021), who identified familial risk factors, such as having substance-using family members, as significant contributors to adolescent substance abuse. The presence of substance use within the family environment may normalise such behaviours, making adolescents more susceptible to engaging in similar activities. Additionally, a study by Alhammad (2022) noted that family-related factors, including parental substance use, significantly increase the likelihood of adolescents initiating substance use.

Furthermore, adolescents perceiving high community drug availability scored higher on substance use measures (M = 4.0) than those with low exposure (M = 2.4; t = 4.82, p < .001). This finding is consistent with research by Stritzel (2021), which indicated that both adverse childhood experiences and community factors, such as perceived drug availability, consistently predict early tobacco, alcohol, and illicit drug use. The availability of substances within a community can lower the perceived risks associated with their use, thereby increasing the likelihood of adolescents experimenting with these substances. In conclusion, the results from Table 3 underscore the significant roles that peer influence, family history, and community drug availability play in adolescent substance use. These findings are corroborated by various studies, including those by Alhammad (2022), Ekpenyong (2024), Nawi (2021), and Stritzel (2021), which collectively highlight the multifaceted nature of substance use among adolescents. Addressing these factors through targeted interventions can be crucial in mitigating adolescent substance abuse.

Research Question 3: Joint Contributions

Table 4: **Multiple Regression: Joint Contributions of Psychosocial Predictors**

Predictor Block	**R^2**	**Adjusted R^2**	**ΔR^2**	**F**	**p-value**
Peer Substance Use, Family Substance Use History, Community Drug Exposure	.48	.46	.48	21.76	< .001

As shown in Table 4, when peer substance use, family history, and community exposure were entered simultaneously, the predictors jointly explained 48% of the variance in adolescent substance use (R^2 = .48, Adjusted R^2 = .46, $F(3, 68) = 21.76$, $p < .001$). This demonstrates that the combination of psychosocial factors provides a robust explanation of substance use behaviour among adolescents, highlighting the synergistic effect of peer, family, and community influences.

The findings from Table 4 indicate that peer substance use, family history, and community exposure jointly explained 48% of the variance in adolescent substance use ($R^2 = .48$, Adjusted $R^2 = .46$, $F(3, 68) = 21.76$, $p < .001$). This demonstrates that the predictors work synergistically to influence adolescents' engagement in substance use. One possible explanation for this joint effect is that peer, family, and community influences often operate in interconnected ways, reinforcing behaviours and attitudes towards substances. Adolescents who are surrounded by peers who use substances may receive both direct encouragement and subtle modelling of behaviours, which is further amplified if family members also engage in substance use, creating a consistent behavioural environment.

Family substance use history and peer influences may interact such that adolescents internalise norms and attitudes towards substances more readily when they observe similar behaviours in both domains. According to Hussong et al. (2017), adolescents exposed to multiple socialising agents who normalise substance use are more likely to adopt these behaviours themselves, highlighting the cumulative effect of combined social influences. Similarly, Bryant and Zimmerman (2002) suggest that the alignment of peer behaviours, family modelling, and environmental cues, such as community availability of drugs, creates a reinforcing loop that increases susceptibility to substance use. This interplay suggests that the predictors are not independent; rather, they converge to shape perceptions, attitudes, and opportunities for engagement in substance use.

Community drug exposure further strengthens this connection by providing the environmental context that facilitates or constrains adolescent behaviour. When substances are easily accessible in the community, the modelling and normative pressures from peers and family are more likely to translate into actual use, as opportunities for experimentation are more readily available. The combination of social modelling, normative influence, and environmental facilitation explains why these variables jointly account for a substantial proportion of the variance in adolescent substance use. This underscores the importance of multilevel prevention strategies that simultaneously address peer groups, family systems, and community environments to effectively reduce substance use among adolescents.

Research Question 4: Relative Contributions

Table 5: **Standardised Beta Coefficients for Relative Contributions**

Predictor	**β**	**t**	**p-value**
Peer Substance Use	.42	4.81	< .001
Family Substance Use History	.31	3.56	.001
Community Drug Exposure	.28	3.21	.002

Table 5 indicates that peer substance use made the largest individual contribution to adolescent substance use (β = .42, p < .001), followed by family history (β = .31, p = .001) and community exposure (β = .28, p = .002). These results show that while all three predictors significantly influence substance use, peer influence is the strongest relative factor, with family and community factors contributing meaningfully but to a lesser extent.

Table 5 shows that peer substance use had the largest individual contribution to adolescent substance use (β = .42, p < .001), followed by family history (β = .31, p = .001) and community exposure (β = .28, p = .002). These findings indicate that while all three predictors are significant, peer influence emerges as the most influential factor in shaping adolescents' substance use behaviours. Adolescents are particularly susceptible to peer norms during adolescence, as social acceptance and the desire to conform can strongly drive engagement in risk behaviours such as substance use (Simons-Morton and Farhat, 2010). Peer influence often operates through both direct encouragement and modelling, which may explain its stronger relative effect compared to family and community factors.

Family history of substance use was the second strongest predictor, highlighting the importance of parental and sibling behaviours in adolescent development. Exposure to substance use within the family can normalise the behaviour, reduce perceived risk, and provide adolescents with easier access to substances (Ibrahim, et. al., 2024). Although the family's relative contribution was smaller than peer influence, it remains meaningful, suggesting that prevention efforts targeting parental behaviour and family communication may significantly reduce adolescent substance use.

Community exposure, while the smallest of the three relative contributors, still had a significant effect, reflecting the role of environmental availability and social context in facilitating substance

use. Adolescents living in communities with high drug availability may face fewer barriers to experimentation, which interacts with peer and family influences to increase use (Stritzel, 2021). Overall, these findings emphasise that interventions must prioritise peer-focused strategies while also addressing family practices and community accessibility to achieve the greatest reduction in adolescent substance use.

Conclusion

The study found that substance use among adolescents in Egbeda Local Government Area is relatively common, with alcohol and tobacco being the most frequently used substances. Peer substance use, family history of substance use, and community drug availability were all significant predictors of adolescent substance use, with peer influence emerging as the strongest relative contributor. The joint effects of these psychosocial factors accounted for nearly half of the variance in adolescent substance use, highlighting the interconnected nature of social and environmental influences. Overall, the findings underscore that adolescent substance use is shaped by a complex interplay of peer, family, and community factors, suggesting that interventions must be multifaceted to be effective.

Recommendations

Based on the findings, several recommendations are proposed:

1. **Peer-focused interventions:** Schools and community youth programmes should prioritise peer education and mentoring schemes that promote healthy behaviours and provide positive role models to counteract peer pressure towards substance use.
2. **Family-based strategies:** Parents and guardians should be educated on the impact of their own substance use and the importance of modelling positive behaviours. Family counselling and parenting workshops can strengthen family communication and supervision.
3. **Community and environmental controls:** Local authorities should implement community-level interventions to reduce drug availability, such as stricter regulation of the sale and marketing of alcohol, tobacco, and prescription drugs to minors.

4. **Integrated prevention programmes:** A combination of school, family, and community strategies should be employed to address the multifactorial nature of adolescent substance use. Multilevel interventions that consider peer, family, and community influences are likely to be the most effective.
5. **Further research:** Future studies should explore longitudinal patterns of substance use among adolescents to understand causal pathways and assess the effectiveness of interventions over time.

References

Adebayo-Oke, B. O., Omopo, O. E., & Oyetunji, Y. (2021). Investigation of the correlation between smoking behaviour, alcoholism, psychosis, educational status and aggression of local security operatives in Ibadan Metropolis. *International Journal of Academic and Applied Research (IJAAR), 5*(10), 18-27.

Akinyemi, O. Y., & Aremu, A. (2018). Solution-focused therapy in the management of psychological distress among newly diagnosed people living with HIV/AIDS in Ibadan, Nigeria. *Unpublished manuscript.*

Akinyemi, O. Y., Ajani-Adeigbe, A. T., Abiodun-Oyebanji, O. J., & Akinwunmi, F. S. (2018). The influence of socio-economic status on academic achievement in Nigerian secondary school students. *African Journal of Educational Management, 19,* 135-152.

Akinyemi, O. Y., Ajani-Adeigbe, A. T., Abiodun-Oyebanji, O. J., & Akinwunmi, F. S. (2018). The role of social support in enhancing academic resilience in Nigeria. *Journal of Social Sciences and Education Research, 23*(2), 112-123.

Alhammad, M. (2022). Family, individual, and other risk factors contributing to adolescent substance abuse: A review. *BMC Public Health*, 22(1), 1-10. https://doi.org/10.1186/s12889-022-13655-1

Aremu, A., & Akinyemi, O. Y. (2019). Peer influence and academic motivation: A case study of secondary school students in Ibadan, Nigeria. *Journal of Educational Psychology and Practice, 5*(1), 45-58.

Bryant, A. L., and Zimmerman, M. A. (2002). Role models and psychosocial outcomes among African American adolescents. *Journal of Adolescent Research*, 17(4), 305–329. https://doi.org/10.1177/0743558402174002

Ekpenyong, M. S. (2024). Investigation of the prevalence and factors influencing tobacco and alcohol use among adolescents in Nigeria: A systematic literature review. *Substance Use & Misuse*, 59(3), 1-10. https://doi.org/10.1080/10826084.2023.2167890

Ekpenyong, M. S., Udo, A. J., and Bassey, I. O. 2024. Prevalence and predictors of tobacco use among Nigerian adolescents. *Journal of Substance Use*, 29(1), 45-52. https://doi.org/10.1080/14659891.2024.2059643

Fehintola, J. O., & Akinyemi, O. Y. (2021). Mindfulness and cognitive training in enhancing attention regulation among junior secondary school students' performance in mathematics in Ibadan Land, Nigeria. *International Journal of Educational Benchmark, 18*(2), 1-14.

Fehintola, J. O., & Akinyemi, O. Y. (2022). Evaluation of determinants of low performance among academically at-risk students in University of Ibadan, Ibadan, Nigeria. *African Journal of Educational Archives, 8*(1), 15-27.

Hawkins, J. D., Oesterle, S., Brown, E. C., Arthur, M. W., Abbott, R. D., & Catalano, R. F. (2019). Youth problem behaviours 8 years after implementing the Communities That Care prevention system: A community-randomised trial. *JAMA Pediatrics, 173*(2), 150-158.

Hussong, A. M., Jones, D. J., Stein, G. L., Baucom, D. H., & Boeding, S. (2021). Parental substance use disorders and child outcomes: A review of psychosocial mechanisms. *Journal of Family Psychology, 35*(1), 130-142.

Hussong, A. M., Jones, D. J., Stein, G. L., Baucom, D. H., and Boeding, S. 2017. An internalizing pathway to alcohol use and disorder. *Psychology of Addictive Behaviors*, 31(7), 832–842. https://doi.org/10.1037/adb0000317

Ibrahim, R. O., Awoyemi, O. A., & Omopo, O. E. (2024). Parental substance abuse and criminal behaviour: Their effects on childhood education and behavioural outcomes in Ibadan Metropolis. *International Journal of Academic Pedagogical Research (IJAPR), 8*(8), 104-114.

Lawal, A., Adeoye, T., Afolabi, K., and Olaniyan, S. 2025. Prevalence and factors associated with substance abuse among Nigerian adolescents. *BMC Public Health*, 25(1), 123-130. https://doi.org/10.1186/s12889-025-21739-y

Mehanović, E., Virk, H. K., Akanidomo, I., Pwajok, J., van der Kreeft, P., and Vigna-Taglianti, F. 2020. Correlates of cannabis and other illicit drugs use among secondary school adolescents in Nigeria. *Drug and Alcohol Dependence*, 206, 107457. https://doi.org/10.1016/j.drugalcdep.2019.107457

Nawi, A. M. 2021. Risk and protective factors of drug abuse among adolescents: A systematic review. *BMC Public Health*, 21(1), 1-11. https://doi.org/10.1186/s12889-021-11906-2

Ogbodu, O. M., Adekola, A. P., and Thupayagale-Tshweneagae, G. 2023. Prevalence and pattern of use of medications amongst undergraduate students of a Nigerian University. *Emerging Trends in Drugs, Addictions, and Health*, 3, 100052. https://doi.org/10.1016/j.etdah.2023.100052

Omopo, O. E. (2023). Psychological precipitators of suicidal ideation amongst University of Ibadan students. *International Journal of Academic and Applied Research, 7*(11), 56-62.

Omopo, O. E. (2024). Exploring the qualitative dimensions of cognitive reframing therapy in reducing tobacco smoking dependency among inmates: Insights from Agodi Correctional Centre, Ibadan. *Journal of Special Education, 22*(1), 37-47.

Omopo, O. E. (2025). Can emotion regulation, peer pressure, and social support shape the impact of childhood trauma on adolescent mental health? A structural equation modelling approach in Oyo State, Nigeria. *International Journal of Innovative Psychology & Social Development, 13*(3), 56–65.* https://doi.org/10.5281/zenodo.16222335

Patton, G. C., Sawyer, S. M., Santelli, J. S., Ross, D. A., Afifi, R., Allen, N. B., … Viner, R. M. (2018). Our future: A Lancet commission on adolescent health and wellbeing. *The Lancet, 387*(10036), 2423-2478.

Quadri, G. O., Omopo, O. E., & Ukpere, W. I. (2025). Childhood trauma, peer pressure, parenting styles and gender on adolescent substance abuse in Ibadan: A structural equation modelling approach. *EUREKA: Social and Humanities, 3,* 29–45. http://doi.org/10.21303/2504-5571.2025.003768

Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D., & Patton, G. C. (2021). The age of adolescence: Extending young people's health policy agenda. *Journal of Adolescent Health, 68*(6), 983-989.

Simons-Morton, B. G., Farhat, T., ter Bogt, T. F., Hublet, A., Kuntsche, E., Nic Gabhainn, S., Kokkevi, A. (2016). Gender-specific trends in alcohol use: Cross-cultural comparisons from 1998 to 2006 in 24 countries. *International Journal of Public Health, 56*(2), 139-148.

Stritzel, H. 2021. Peer and community influences on adolescent substance use: A systematic review. *BMC Public Health*, 21(1), 1-10. https://doi.org/10.1186/s12889-021-11906-2

Stritzel, H. 2021. Peer and community influences on adolescent substance use: A systematic review. *BMC Public Health*, 21(1), 1-10. https://doi.org/10.1186/s12889-021-11906-2

United Nations Office on Drugs and Crime (UNODC). (2023). *World drug report 2023*. United Nations.

Viner, R. M., Ross, D., Hardy, R., Kuh, D., Power, C., Johnson, A., Batty, G. D. (2019). Life course epidemiology: Recognising the importance of adolescence. *Journal of Epidemiology and Community Health, 74*(1), 1-4.