

Determinants and Control Measures of Substance Use among Adolescents in Selected Secondary Schools in Abeokuta South Local Government Area, Ogun State

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Abstract: *Substance use among adolescents remains a major public health and social concern, with consequences for health, education, family stability, and national development. This study examined the influence of gender, family background, peer pressure, and environmental factors on substance use among in-school adolescents, and identified measures for controlling substance use in selected public secondary schools in Abeokuta South Local Government Area, Ogun State, Nigeria. A quantitative descriptive survey design was adopted. Using multistage sampling, 422 adolescents aged 12–19 years were recruited from four public secondary schools; 400 properly completed questionnaires were analysed. Data were collected with a researcher-designed, self-administered questionnaire covering socio-demographics, determinants of substance use, and control measures. Items were rated on a 4-point Likert scale, with a decision mean of 2.50. Reliability coefficients ranged from 0.674 to 0.875. Data were analysed using descriptive statistics and inferential analysis, including multiple regression. Findings showed that gender norms significantly shaped substance use, with stronger social tolerance for male substance use. Family background was a strong determinant, particularly broken homes, parental substance use, and weak supervision. Peer pressure emerged as a major driver of initiation and continuation, while environmental exposure especially ease of access and weak law enforcement also contributed. Effective control was supported through integrated school-, family-, and community-based approaches, including drug education, parental monitoring, guidance counselling, enforcement around schools, peer education, and counselling-focused responses (grand mean = 3.29).*

Keywords: adolescent substance use, peer pressure, family background, gender norms, environmental influence, school-based prevention

INTRODUCTION

There is a need to understand that substance use and abuse in adolescents has become a significant global health and social issue with far reaching implications to individual wellbeing, family essential stability, education systems and national development (Jumbe et al., 2021). Adolescence is a crucial developmental stage, marked by rapid physical, emotional, and social development when people are unquestionably susceptible to the experimentation with risky behaviours, including substance use. The use of psychoactive substances, including alcohol, tobacco, prescription medications and illicit drugs, during this formative period has been linked to adverse health, behavioural problems, poor school performance and involvement in other forms of risky behaviour. Globally, substance use among adolescents has continued to be a cause for concern because of the high probability of dependence, chronic health issues, and social maladjustment in adulthood with early initiation and use. According to the World Health Organization, the harmful or dangerous use of psychoactive substances such as alcohol and illegal drugs is known as substance abuse and it is one of the leading causes of preventable disease and deaths in the world (WHO, 2024).

The comprehensiveness of adolescent substance use is borne out in both the developed and developing countries. In addition, globally, millions of deaths each year are attributed directly or indirectly to substance use, especially alcohol and drugs with adolescents and young adults being disproportionately impacted. Beyond death toll, substance use contributes greatly to disability, mental health problems, injuries, violence and the transmission of infectious diseases (Lo et al., 2020) . Studies from Europe and North America suggest that alcohol use is very common among adolescents and a significant proportion have begun early and taken it regularly before adulthood. Similarly data from low and middle-income countries reflect alarming rates of substance use among young people, as a reflection of changing social norms, urbanisation and growing availability of psychoactive substances. These global patterns indicate the universality of adolescent substance use as a public health challenge, yet also point to the importance of knowing determinants of adolescent substance use behaviours as these influence behaviours in particular socio-cultural contexts.

In the sub-Saharan Africa, adolescent substance use has attracted growing concern because of the incidence and complex social causes (Lo et al., 2020; Belfiore et al., 2024). Evidence has indicated that substance use among adolescents in the region is driven by a complex of socio-economic hardship, poor systems of regulation control, cultural tolerance of certain substances as well as poor accessibility to their preventive and treatment. Alcohol, tobacco, cannabis and stimulants like kola nut and caffeine-containing products which are locally available are common choices among adolescents. Research has been conducted in a range of countries across Africa, which confirm the lack of marginalised youth but instead find that including substance use is a reality for in-school

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adolescents, and a serious challenge for educational establishment (Onaolapo et al., 2022). The cumulative effects of substance use among adolescents encompass school dropout, poor academic achievement, delinquency, and lifelong health-related problems, which altogether harm the capital development of humanity.

In Nigeria, adolescent substance use has been a persistent and escalating problem irrespective of the long-standing drug control policies and interventions (Johnson et al., 2022). Adolescents in both public and private secondary schools have been reported to indulge in the use of alcohol, tobacco, prescription opioids, cough syrups, containing codeine, cannabis and other psychoactive substances. This pattern relates to wider social changes including the greater exposure to the media, partner networks, the urban way of life, and the non-formal availability of substances. While national agencies such as the National Drug Law Enforcement Agency have made more serious efforts to curb drugging and drug abuse, there is evidence to believe that adolescent substance usage has been on a rise, especially among those between the age categories of 10 years to 19 years (Emmanuel et al., 2024). The fact that this issue remains persistent suggests that enforcement efforts are not enough and that something deeper has to be analyzed, including social, familial, environmental factors etc.

Gender differences have been consistently found to be an important determinant of substance use for adolescents. Across many societies however, male adolescents are more likely to use substances than their female counterparts, often because of social norms that would tolerate or even encourage the sorts of risk-taking behaviours commonly associated with boys, and discourage these sorts of behaviours in girls. Cultural expectations articulated in relation to masculinity, peer approval and social independence may be predisposing factors to predispose male adolescents to experiment with depressants at an earlier age and at more frequent rates. Conversely, the social sanctions against overt substance use may be more powerful among female adolescents, although the narrowing of gender differences in this area has started among some populations due to shifting gender norms. Understanding the role of gender in adolescent substance use is thus essential in the ability to plan specific and culturally relevant interventions.

Family background also ensures supreme importance in shaping the attitude and behaviour of adolescents towards substance use. The most important socialising agent is the family, where parental behaviours, supervision, communication and family structure have a significant impact on the risk of adolescents using substances (Ogunjobi et al., 2023). Adolescents whose family home is characterised by parental substance use, weak supervision, family conflict or disruption are more likely to use substances than those whose family environment is stable and supportive. On the other hand, a history of strong parental monitoring, positive parent-child relationships and clear behavioural expectations have been found to protect adolescents from substance use (Mupara et al., 2022). In Nigerian context, the economic pressures, changing family structures and limited

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parental presence as a result of work demands may undermine the protective family influences thereby increasing the vulnerability of adolescent.

Peer pressure is well known to be one of the most significant predictors of substance use in adolescence. As adolescents seek social acceptance and to define themselves, it is common for peer groups to be a very powerful influence on behaviour. Desire to fit in, avoid rejection or gain status among categories of peers and/or the fact that substance use seems to be the norm oneself and/or has a social reward Latino can also cause adolescents to experiment with the substance (Ogunjobi et al., 2023). Peer influence not only influences initiation, but also that of frequency and persistence of substance use. In school environments, where peer networks are concerned, they are known to be either a reinforcer of risky behaviours or as a protective mechanism, depending on prevailing norms and values. This dual role indicates the importance of knowing about the dynamics of peers in order to address adolescent substance use.

Environmental factors add to the exposure of and involvement in substance use for adolescents. These factors include the physical availability of substances, neighbourhood characteristics, community norms and effectiveness of regulatory enforcement (Connery et al., 2020). Adolescents who live in communities with easy access to substances, visibility of drug-using behaviors, and/or weak law enforcement have increased chances of using substances. Schools situated in an environment that has high availability of substances are faced with additional challenges in protecting students. In many Nigerian communities, it is easy to get substances through places such as informal markets, and the barriers to access for adolescents may be limited. Such environmental circumstances provide enabling environments that normalise substance use and resist prevention efforts (Emmanuel et al., 2024).

The effects of adolescents engaging in substance use are not just seen as short-term health-related but there are long term social and developmental consequences. Substance use has been associated with risky sexual behaviours, early pregnancy and sexually transmitted infections, violence and criminal activities (Okafor et al., 2021; Gentry et al., 2025). Educational consequences include poor performance at school, truancy, suspension from school, and dropping out of school. These outcomes not only impact individual adolescents, they impose tremendous social and economic costs on families, communities and nation. Given the youthful population and the general dependence of Nigeria on the young people as agents of future development, the problem of adolescent substance use poses a grave threat to sustainable development and social stability.

Despite a huge amount of documentation on the prevalence and predictors of adolescent substance use, there is still a need for context-specific research incorporating multiple determinants of substance use and addressing practical control measures within school settings. Many of the current studies are more concerned with prevalence or one-dimensional predictive factors and pay less attention to the interaction of gender, family background, peer pressure, and environmental

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factors on substance use (Ogunjobi et al., 2023) Furthermore, there are fewer studies that investigated the views of adolescents about effective strategies for controlling substance use in their immediate environments. Addressing these gaps is critical to designing holistic and local interventions.

Against this background, this study examines the factors that determine and control the substance use among the adolescents in selected secondary schools in Abeokuta South Local government area, Ogun State. Specifically, the study investigates how gender, family background, peer pressure, and environmental influence affect substance use by adolescents, in addition to provisions that can be adopted for controlling substance use in secondary schools. A focus on in-school adolescents means that this work offers evidence that is of direct relevance to educational institutions, families, community stakeholders and policy makers. The specific objectives were to:

1. examine how gender, family background, peer pressure and environmental factors influence adolescents to substance use in Abeokuta South Local Government; and
2. determine measures that can be taken to control substance use among adolescents in selected secondary school in Abeokuta South Local Government.

METHODS AND MATERIALS

This study adopted a quantitative descriptive survey research design to examine factors influencing substance use among adolescents and measures for its control in Abeokuta South Local Government Area of Ogun State. The study population comprised male and female in-school adolescents attending selected public secondary schools within the study area. A total of 422 adolescents participated in the study. Inclusion criteria were adolescents aged 12 years and above, enrolled in the selected schools, willing to participate, and without physical or mental challenges that could hinder participation. Adolescents below 12 years, above 19 years, absent from school during data collection, or with physical or mental disabilities were excluded from the study. The study area consists of fifteen wards with relatively similar socio-demographic characteristics; however, only wards with public secondary schools were eligible for selection.

The sample size was determined using Cochran's (1963) formula from an estimated population of 6,295 senior secondary school adolescents across four selected schools, yielding a minimum sample size of 384. To account for non-response and attrition, an additional 10% was added, resulting in a final sample size of 422 respondents. A multistage sampling technique was employed. In the first stage, four wards with public secondary schools were selected through simple random sampling. In the second stage, one secondary school was randomly selected from each ward. The third stage involved random selection of classes (SS1–SS3), while the fourth and fifth stages involved proportional allocation of respondents by school, class level, and gender,

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ensuring fair representation across strata. Proportional sampling was calculated using a sampling fraction of 6.7% of the total population.

The instrument for data collection in this study was a structured, self-administered questionnaire designed by the researcher to elicit information relevant to the objectives of the study. The questionnaire was developed after an extensive review of related literature on adolescent substance use and was structured to capture data on the key influencing factors and control measures examined in the study. The instrument was considered appropriate because it enabled the collection of standardized responses from a large sample of adolescents within the school setting. The questionnaire comprised five sections (Sections A–E). Section A focused on respondents' socio-demographic characteristics, including age, gender, class level, and family background. Section B assessed the influence of gender on adolescents' substance use. Items in this section measured perceptions regarding gender differences in substance use patterns and societal expectations related to substance use among male and female adolescents. Section C examined the influence of family background, with items addressing parental substance use, family structure, parental supervision, and home environment. Section D assessed the influence of peer pressure and environmental factors, including peer group norms, neighbourhood characteristics, availability of substances, and exposure to substance-using role models. Section E focused on measures for controlling substance use among adolescents, capturing school-based, family-based, community-based, and policy-related strategies.

Items in Sections B to E were measured using a 4-point Likert scale of Strongly Agree (4), Agree (3), Disagree (2), and Strongly Disagree (1). The scale was adopted to avoid a neutral response option and to encourage respondents to indicate clear positions on each statement. Mean scores were computed for each item, with a decision mean of 2.50 used to determine agreement or disagreement. Items with mean scores of 2.50 and above were regarded as agreed, while those with mean scores below 2.50 were regarded as disagreed. Reliability testing using Cronbach's alpha yielded coefficients ranging from 0.674 to 0.875, indicating good internal consistency. Four trained research assistants supported data collection. Ethical approval was obtained from the Babcock University Research Ethics Committee, with permissions from the Ministry of Education and school authorities. Informed consent, confidentiality, and voluntary participation were ensured. Data were analysed using SPSS, employing descriptive statistics and inferential analysis, including multiple regression, to address the research objectives.

RESULTS**Table 1: Socio-demographic data the respondents in selected secondary schools in Abeokuta South Local Government of Ogun State**

Variables		Frequency (n)	Percentage (%)
Age	12-13 years	19	4.8
	14-15 years	63	20.3
	16-17 years	217	54.3
	18-19 years	101	25.3
		398	99.5
	Total	400	100
Gender	Male	197	49.3
	Female	203	50.8
	Total	400	100
Religion	Christianity	268	67.8
	Islam	132	32.2
	Total	400	100

Table 1 shows the distribution of the respondents who attended to the questionnaire. The majority of the respondent who attended to this questionnaire were from the age group of 16-17 year that were found to be 217 (54.3%) respondents. Also, 101(25.3%) were close to the highest who were from the age group of 18-19 year. Similarly, the table shows that majority of this respondents were female with 203(50.8%) and they happened to be Christian by religion.

Table 2: Influence of Gender on Adolescents' Substance Use in Abeokuta South Local Government (N = 400)

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Mean	SD	Remark
1	Male students are more likely to use substances than females	162 (40.5)	141 (35.3)	62 (15.5)	35 (8.7)	3.07	0.89	Agree
2	Substance use is socially tolerated more among boys than girls	174 (43.5)	133 (33.3)	56 (14.0)	37 (9.2)	3.11	0.91	Agree
3	Female students are discouraged more strongly from substance use	158 (39.5)	147 (36.8)	59 (14.7)	36 (9.0)	3.07	0.88	Agree

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S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Mean	SD	Remark
Grand Mean						3.08		Agree

The results in Table 2 indicate that gender plays a significant role in adolescents' substance use in Abeokuta South Local Government Area. A large proportion of respondents agreed that male students are more likely to engage in substance use than females, as reflected by a mean score of 3.07. Respondents also agreed that substance use is more socially tolerated among boys than girls (Mean = 3.11), while female students are more strongly discouraged from substance use (Mean = 3.07). The grand mean score of 3.08, which is above the decision mean, suggests a general consensus that societal norms and gender expectations influence substance use behaviours among adolescents. The inference drawn is that gender-related socialisation patterns and cultural tolerance significantly predispose male adolescents to higher substance use compared to their female counterparts.

Table 3: Influence of Family Background on Adolescents' Substance Use (N = 400)

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Mean	SD	Remark
1	Adolescents from broken homes are more likely to use substances	169 (42.3)	145 (36.3)	52 (13.0)	34 (8.5)	3.12	0.86	Agree
2	Parents who use substances influence their children's use	181 (45.3)	139 (34.8)	47 (11.7)	33 (8.2)	3.17	0.85	Agree
3	Lack of parental supervision increases substance use	188 (47.0)	132 (33.0)	49 (12.3)	31 (7.7)	3.19	0.84	Agree
Grand Mean						3.16		Agree

Findings in Table 3 show that family background is a strong determinant of adolescents' substance use. Respondents largely agreed that adolescents from broken homes are more likely to use substances, with a mean score of 3.12. Similarly, parental substance use (Mean = 3.17) and lack

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of parental supervision (Mean = 3.19) were identified as key contributing factors. The high grand mean of 3.16 indicates that family structure, parental behaviour, and supervision significantly shape adolescents' substance use patterns. The inference from these findings is that unstable family environments and inadequate parental monitoring increase adolescents' vulnerability to substance use.

Table 4: Influence of Peer Pressure on Adolescents' Substance Use (N = 400)

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Mean	SD	Remark
1	Friends encourage adolescents to try substances	195 (48.8)	128 (32.0)	45 (11.3)	32 (8.0)	3.22	0.83	Agree
2	Adolescents use substances to gain acceptance among peers	183 (45.8)	141 (35.3)	48 (12.0)	28 (7.0)	3.20	0.82	Agree
3	Peer groups influence frequency of substance use	176 (44.0)	148 (37.0)	49 (12.3)	27 (6.7)	3.18	0.80	Agree
Grand Mean						3.20		Agree

Table 4 reveals that peer pressure exerts a strong influence on adolescents' substance use. A substantial proportion of respondents agreed that friends encourage adolescents to try substances (Mean = 3.22) and that substance use is often adopted to gain peer acceptance (Mean = 3.20). Respondents also agreed that peer groups influence the frequency of substance use (Mean = 3.18). The grand mean of 3.20 suggests that peer-related factors are among the most influential determinants of adolescent substance use. The inference is that adolescents are highly susceptible to peer influence, making peer pressure a critical pathway through which substance use behaviours are initiated and sustained

Table 5: Influence of Environmental Factors on Adolescents' Substance Use (N = 400)

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Mean	SD	Remark
1	Easy availability of substances encourages use	191 (47.8)	134 (33.5)	44 (11.0)	31 (7.7)	3.21	0.83	Agree
2	Presence of drug users in the neighbourhood influences adolescents	178 (44.5)	146 (36.5)	47 (11.8)	29 (7.2)	3.18	0.81	Agree
3	Poor enforcement of drug control laws increases substance use	167 (41.8)	152 (38.0)	49 (12.2)	32 (8.0)	3.14	0.85	Agree
Grand Mean						3.18		Agree

The findings presented in Table 5 indicate that environmental factors significantly contribute to adolescents' substance use. Easy availability of substances recorded the highest agreement (Mean = 3.21), followed by the influence of substance users in the neighbourhood (Mean = 3.18) and poor enforcement of drug control laws (Mean = 3.14). The grand mean of 3.18 demonstrates that environmental exposure and regulatory weaknesses facilitate adolescents' access to and engagement in substance use. The inference is that adolescents' immediate environments, including community norms and availability of substances, play a critical role in shaping substance use behaviours.

Table 6: Measures to Control Substance Use among Adolescents in Selected Secondary Schools (N = 400)

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Mean	SD	Remark
1	Regular school-based drug education programmes should be implemented	214 (53.5)	126 (31.5)	37 (9.3)	23 (5.7)	3.33	0.75	Agree
2	Parents should closely monitor adolescents' activities	221 (55.3)	121 (30.3)	36 (9.0)	22 (5.5)	3.35	0.73	Agree
3	Guidance counsellors should be available in all secondary schools	206 (51.5)	134 (33.5)	38 (9.5)	22 (5.5)	3.31	0.76	Agree
4	Strict enforcement of drug laws around schools is necessary	198 (49.5)	143 (35.8)	39 (9.7)	20 (5.0)	3.30	0.74	Agree
5	Community awareness campaigns can help reduce adolescent substance use	189 (47.3)	151 (37.8)	38 (9.5)	22 (5.5)	3.27	0.75	Agree
6	Peer education programmes should be encouraged in schools	182 (45.5)	156 (39.0)	39 (9.7)	23 (5.8)	3.24	0.76	Agree
7	Schools should collaborate with health professionals to educate students on substance abuse	194 (48.5)	147 (36.8)	37 (9.2)	22 (5.5)	3.28	0.75	Agree
8	Adolescents caught using substances should receive counselling rather than punishment alone	176 (44.0)	158 (39.5)	42 (10.5)	24 (6.0)	3.22	0.79	Agree
9	Restricting access to substances in the community will reduce adolescent use	201 (50.3)	136 (34.0)	41 (10.2)	22 (5.5)	3.29	0.76	Agree
Grand Mean						3.29		Agree

Table 6 shows strong agreement among respondents on multiple measures for controlling substance use among adolescents. High mean scores were recorded for parental monitoring (Mean = 3.35), school-based drug education programmes (Mean = 3.33), availability of guidance

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counsellors (Mean = 3.31), and strict enforcement of drug laws around schools (Mean = 3.30). Community awareness campaigns, peer education, collaboration with health professionals, counselling for affected adolescents, and restricting access to substances all recorded mean scores well above the decision mean. The grand mean of 3.29 indicates a broad consensus on the effectiveness of integrated school-, family-, and community-based interventions. The inference is that a multi-sectoral and preventive approach is essential for effectively reducing substance use among adolescents.

DISCUSSION OF FINDINGS

This study examined the influence of gender, family background, peer pressure, and environmental factors on substance use among adolescents in Abeokuta South Local Government Area, as well as measures for controlling substance use in secondary schools. The findings reveal that adolescent substance use is shaped by a complex interaction of social, familial, and environmental determinants, underscoring the multifactorial nature of the problem. Findings from this study indicate that gender significantly influences adolescent substance use, with male adolescents more likely to engage in substance use than females. This outcome aligns with several previous studies conducted in Nigeria and other settings, which consistently report higher substance use among males due to greater social tolerance, risk-taking tendencies, and cultural expectations surrounding masculinity (Emmanuel et al., 2024; World drug report, 2025; Onaolapo et al., 2022). The finding also supports global evidence suggesting that boys are often exposed earlier to substances and face fewer social sanctions for substance-related behaviours compared to girls (WHO, 2024). However, some recent studies from urban and high-income settings suggest a narrowing gender gap in substance use due to changing social norms and increased substance use among females (Belfiore et al., 2024). The persistence of strong gender differences in this study suggests that traditional gender norms remain influential within the study area.

The study further established that family background plays a critical role in adolescents' substance use. Adolescents from unstable family settings, those exposed to parental substance use, and those experiencing poor parental supervision were more likely to engage in substance use. These findings are consistent with previous research indicating that family structure, parental monitoring, and role modelling significantly influence adolescent behaviour (Ogunjobi et al., 2023; Connery et al., 2020). Studies conducted in Nigeria similarly report that adolescents from broken homes or homes with limited supervision are at increased risk of substance use (Ogunjobi et al., 2023). This finding supports social learning perspectives, which posit that adolescents may imitate behaviours observed within the family environment. While some studies have argued that peer influence may outweigh family influence during adolescence (Onaolapo et al., 2022), the present findings highlight that family-related factors remain highly relevant within the Nigerian socio-cultural context.

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Peer pressure emerged as one of the strongest predictors of substance use among adolescents in this study. Respondents acknowledged that friends encourage substance use, that substances are often used to gain peer acceptance, and that peer groups influence the frequency of use. This finding strongly supports earlier studies that identify peer influence as a dominant determinant of adolescent substance use across diverse contexts (Johnson et al., 2022; Lo et al., 2020). The result also aligns with the assertion that adolescence is a developmental period characterised by heightened sensitivity to peer approval and social belonging. However, some studies suggest that the impact of peer pressure may be moderated by strong parental attachment and school engagement (Jumbe et al., 2021). The strong peer influence observed in this study may reflect limited structured supervision and the prominence of peer networks within school environments.

Environmental factors were also found to significantly influence adolescent substance use. Easy availability of substances, exposure to substance users within neighbourhoods, and weak enforcement of drug control laws were identified as key contributors. These findings are consistent with studies highlighting the role of environmental accessibility and neighbourhood disorder in facilitating substance use among adolescents (Emmanuel et al., 2024; Okafor et al., 2021). In the Nigerian context, informal drug markets and limited regulatory oversight have been identified as major challenges in controlling adolescent substance use (Okafor et al., 2021; Out et al., 2020). While some research from highly regulated settings suggests that strict enforcement alone may not eliminate substance use, the present findings suggest that poor enforcement exacerbates adolescents' exposure and access, particularly in low-resource settings.

Regarding measures to control substance use, respondents strongly supported school-based drug education, parental monitoring, guidance counselling, community awareness, peer education, collaboration with health professionals, and stricter regulation of substance availability. These findings are consistent with global evidence advocating for comprehensive, multi-sectoral prevention strategies rather than punitive approaches (Belfiore et al., 2024). The preference for counselling over punishment aligns with research showing that supportive interventions are more effective in reducing adolescent substance use and preventing relapse (Connery et al., 2020). However, some studies argue that prevention programmes may have limited impact if broader socio-economic and structural issues are not addressed (Connery et al., 2020). This suggests that while school-based and community interventions are essential, they must be integrated within wider social and policy frameworks.

In summary, the findings of this study corroborate existing evidence that adolescent substance use is influenced by interrelated gender, family, peer, and environmental factors. The strong support for preventive and supportive control measures highlights the need for coordinated interventions involving schools, families, communities, and policy makers. Addressing adolescent substance use therefore requires not only individual behaviour change but also sustained improvements in family support systems, peer environments, and community regulation.

CONCLUSION

This study examined the influence of gender, family background, peer pressure, and environmental factors on substance use among adolescents in Abeokuta South Local Government Area, as well as measures for controlling substance use in secondary schools. The findings revealed that adolescent substance use is a multifaceted issue shaped by individual, social, familial, and environmental influences. Gender-related social norms and expectations were found to predispose male adolescents to substance use more than females, reflecting broader societal tolerance patterns. Family dynamics, including parental behaviour, family structure, and level of supervision, emerged as critical determinants of adolescents' vulnerability to substance use. Peer pressure was identified as a major driver of substance use initiation and continuation, as adolescents often seek acceptance and validation within their social groups. In addition, environmental factors such as the availability of substances, neighbourhood influences, and weak regulatory enforcement were found to create enabling conditions for adolescent substance use.

The study further established that effective control of substance use among adolescents requires coordinated and preventive strategies involving schools, families, communities, and relevant authorities. School-based interventions, parental involvement, community engagement, and supportive rather than punitive responses to substance use were identified as essential components of control efforts. Overall, the findings underscore the need for a holistic and integrated approach to addressing adolescent substance use, focusing on prevention, early intervention, and sustained support systems within the adolescents' immediate social environment.

Recommendations

The following recommendation were suggested for further research:

1. Schools should implement comprehensive and continuous substance use education programmes that are age-appropriate and integrated into the school curriculum, with emphasis on life skills, decision-making, and resistance to peer pressure.
2. Parents and guardians should be encouraged to strengthen supervision, communication, and positive role modelling, as these play a crucial role in reducing adolescents' exposure to and involvement in substance use.
3. School authorities should ensure the availability of trained guidance counsellors and psychologists to provide counselling, early identification, and support services for students at risk of substance use.
4. Community leaders and organisations should intensify awareness campaigns aimed at reducing social tolerance of adolescent substance use and promoting healthy behaviours within neighbourhoods.

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5. Government and regulatory agencies should strengthen the enforcement of drug control laws, particularly around school environments, to reduce adolescents' access to substances.
6. Health professionals should collaborate with schools to deliver regular health education sessions on the consequences of substance use and to provide referral pathways for adolescents requiring professional intervention.
7. Peer education programmes should be established in schools to empower adolescents to positively influence their peers and promote substance-free lifestyles.

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