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Mental Health and Prevalence of Psychoactive Substance Use Among Students

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Abstract
This work is focused on the prevalence of psychoactive substance use among Students. Our sample centres are Zion Comprehensive Secondary School, Mgbabor, and College of Health Sciences, Presbyterian College (PRESCO), Abakiliki, Local Government Area, Ebonyi State. Three specific objectives were raised: (A) To ascertain the prevalence of psychoactive substance use among students, (b) To determine the prevalence of psychoactive substance use among students and (C) To unveil factors influencing the psychoactive substance use among students. A descriptive research design was adopted, and 200 students were sampled for the study. Data collection was done using self-structured questionnaire, which was validated, and the reliability of the instrument was established by the test-retest method. Data was analyzed using descriptive statistics. The result showed that the prevalence of psychoactive substance use among students was 180(90.0%). Psychoactive substances commonly used were alcohol 70(35.0%), tobacco 40(25.0%), and cigarette 17(8.5%). In addition, factors influencing psychoactive substance use among students were peer group pressure 102(51.0%) and family background 50(25.0%). Our finding showed that there was high prevalence of psychoactive substance use among students. And that more damages are done to the mental health of our youths than what the eye could see. We recommended that psychology and psychologists be introduced into the secondary system of education in Ebonyi State cum Nigeria. And that seminar, workshops, enlightenment programs, etc. involving parents, students and teachers be organized as these would serve as enlightenment opportunities for all.

Keywords: ***Prevalence, psychoactive substance use, schools, students.***

Introduction

This work is an overview of the prevalence use and effect of psychoactive substance among students. Working with Young Catholic Students (YCS), Nigerian Federation of Catholic Students (NFCS), and students in general gave us ample opportunities to interact with teenagers and young adults. These students' associations are aimed at promoting the Catholic Faith and Moral at the grassroot. However, we discovered to our astonishment that some students use psychoactive substance. The aim of the study is: to ascertain the prevalence of

psychoactive substance use among secondary and tertiary students in Abakaliki Local Government Area; to identify psychoactive substances that are commonly used among them and to determine the negative effects and factors influencing the psychoactive substance use among students.

Given the prevalence of psychoactive use among the students, this work is significantly relevant to our time. It is important to emphasize the fact that Psychoactive substance use has become problematic among adolescents, students and grownup adults and has slowly encouraged an average Nigerian student to have mental issues, some dropped out of school, and has caused premature death. Some girls have become teenage mothers, while some aborted theirs, and some had chronic health issues (Akinbote, *et, al,* 2018). The findings of this study could be used to educate adolescents, students and their parents on prevalence of psychoactive substance use and the influencing factors especially among young people. Furthermore, the findings of this study will help educators, health care givers, and other professionals working with adolescents and addictive adults to understand the prevalence of psychoactive substance use, associated morbidities and most importantly, to develop effective evidence-based strategies and policies that could be used to control the psychoactive substance use (Rice & Dolgin, 2008).

This work looks at students' consummation of psychoactive substances in general and the students at Zion Secondary School and students at College of Health Sciences, PRESCO. The delimitation is Abakaliki Local Government, Ebonyi State. Thus, the two groups, teenagers and students are located within the same Local Government Area. A descriptive research design was adopted, and 200 students were sampled for the study. Data collection was done using self-structured questionnaire. We worked with operational concepts, but psychoactive substance serves as the dependent hypothesis or the variable. Substance dependence refers to the uncontrollable craving for and use of substances despite the harmful effect on the individual and the society at large (McCormick & Scherer, 2019). Students, youths and peer groups are the independent hypothesis or non-variable. The use of psychoactive substance is dependent on the mental health of the student. It is the student who consumes the psychoactive substance and not vice-versa.

Psychoactive substance use, also known as drug intake of alcohol, methamphetamines, cannabis, cocaine, tramadol, stimulants, etc. changes the function of the nervous system and results in alterations of perception, mood, and behaviour. They have different effects on physiologic and neuroendocrine functions of individuals. They disrupt the action of neurotransmitters and the communication between neurons in the brain and these can be harmful to the individual (Miller & Lewis, 2023). Peer group refers to a collection of individuals that share similar characteristics and same behavioural attitudes. They are known for their influential nature as they help shape the decisions of their members. They form the percentage of secondary school and tertiary students that engage in psychoactive substance use. Students are the persons who are formerly enrolled into the school which could be secondary or tertiary institution. The work details the consequences of psychoactive substance use, and gives the statistics of their consummation, recommends immediate action by both parents, teachers and Ebonyi State Government.

Types of Psychoactive Substances

Psychoactive substances include stimulants, depressants, narcotics/opiates, hallucinogens, etc.

Stimulants: Stimulants are psychoactive substances that block the reuptake of neurotransmitters like serotonin and dopamine, which can lead to increased energy, increase activity, or arousal of the central nervous system, used to enhance alertness, attention, cognition, mood and physical performance (Adamson, 2015). Some stimulants are used medicinally to treat individuals with attention deficit hyperactivity disorder (ADHD) and narcolepsy. They include: Nicotine, caffeine (in coffee, chocolates and many soft drinks), cigarette, cocaine, amphetamines, and crystal meth. Coffee or cigarettes can make someone jittery. There are possible signs which could show that one takes psychoactive substance (Khoza & Shilubane, 2021). Feeling of excitement and too much confidence, increased energy, alertness and restlessness, aggression, rambling speech, confusion, delusions and hallucinations, irritability, anxiety, paranoia, changes in heart rate, blood pressure and body temperature, nasal congestion and damage to the mucous membrane of the nose (if snorting drugs), mouth sores, gum disease and tooth decay from smoking drugs and insomnia (Canadian Centre on Substance Use and Addiction, 2019).

Depressants

Depressants increase the production of the neurotransmitter called gamma-aminobutyric acid (GABA), which decreases reactions in the brain as well as reduces activity and stimulation in the central nervous system. Depressants affect cognition by impairing your memory. Depressants like benzodiazepines help GABA neurotransmitters bind to receptors that receive the chemical signals, leading to reduced nervous system activity and inducing sleep. (United States Government, 2023). Drugs within this classification encompass a spectrum of substances with sedative, soporific, and anaesthetic properties and include sedatives, hypnotics, and opioids. They can calm the brain, cause sleepiness and make a person feel relaxed. Depressants like alcohol, can slowdown reactions, impaired speech, and drowsiness. There are many examples, such ethanol, opioids like morphine, fentanyl, and codeine, cannabis, barbiturates, and benzodiazepines (Bersani, *et al.,* 2019).

Narcotics / Opiates

Narcotics may be administered as painkillers or used recreationally to induce a sense of euphoria (Humphreys, *et al*, 2025). They simulate endorphins, which are neurotransmitters that naturally reduce pain. Opiates which are pain killer drugs can increase the feeling of happiness. They can lead to addiction (Hill & Harris, 2021). They include narcotics like heroin and codeine. Some signs and symptoms associated with the narcotic use include: A sense of feeling “high”, reduced sense of pain, agitation, drowsiness, sedation, slurred speech, problems with attention and memory, people may seem smaller than usual, problems with coordination, depression and confusion.

Hallucinogens

Hallucinogens encompass substances that produce distinct alteration in perception, sensation of space and time, and emotional state. These drugs mimic the effects of the neurotransmitters, serotonin and epinephrine, which lessen pain. They can cause a person to have hallucination that is tricking the brain into seeing or hearing things that aren't actually there, warping a person’s sense of time and space (United Nations Office on Drugs and Crime, 2018). These altered states of consciousness can lead to paranoia and anxiety. Hallucinogens include lysergic acid diethylamide (LSD), phencyclidine (PCPP), mescaline, ecstasy Dextromethorphan, datura, scopolamine and phencyclidine (Bersani, *et al.,* 2019). The continuous use of LSD, PCP, etc. may cause greatly reduced perception of reality, for example, interpreting input from one of your senses as another such as colours. It could lead

to permanent mental changes in perception, impulsive behaviour, rapid shifts in emotions, rapid heart rate and high blood pressure, tremours and flashbacks.

Route of Administration

Psychoactive substances could be administered via oral ingestion as a tablet, capsule, powder, liquid, and beverage; via injection by subcutaneous, intramuscular, and intravenous route; through rectum by suppository and enema; and by inhalation, smoking, vaporizing, and snorting (Hill, & Harris, 2021). The efficiency of each method of administration varies from drug to drug.

Prevalence of Psychoactive Substance Use

We agree with Njaka Stanley and Ezeruigbo C. Chinwe (2022) that "Nigeria has no existing mental health registry. Data on the prevalence of mental disorders are not readily available owing to lack of mental health registry. Hence, this study assessed the prevalence of mental disorders in Abakaliki metropolis, Ebonyi State." But to determine the prevalence of psychoactive substance use by Nigerians, a survey conducted by United Nations Office on Drugs and Crime (2018) among young people had implicated South-West Zone to be responsible with the highest prevalence rate of substance use of 22.4%, followed by the South-South (16.6%), South-East (13.8%), North-East (13.6%), North-West (12%) and North-Central (10%). A descriptive National survey conducted by Adamson (2015), puts the national lifetime prevalence of Cannabis at 6.6%, cocaine (3.3%), crack cocaine (4.1%), heroin (2.1%), amphetamine (2.6%), methamphetamine (4.1%), ecstasy (4.2%), hallucinogens (3.3%), alcohol (39%), opiates other than heroin (7.2%), cigarettes (12.2%), tranquillizers (11.3%), solvents and inhalants (6.8%). United Nations Office on Drugs and Crime ranked Nigeria as one of the countries in the world with the highest population of people who use psychoactive substances. "Nigeria's drug crisis deepens as use rate hits 14.4% - United Nations Office on Drugs and Crime June 2025 warns: "This is not just a health crisis - it is a development, security, and peacebuilding concern." There is also a considerable use of over the counter and prescription medicines such as slimming tablets, analgesics, tranquilizers and cough mixtures (Vincent, *et al*, 2021).

Common Psychoactive Substances in Use

The use of psychoactive substance varies. Its usage depends on availability, cost involvement, legalism of the substance and governmental control. However, the most commonly used are listed below.

Alcohol: Alcohol is the intoxicating ingredient that is present in wine, beer, and spirits. It serves as the central nervous system depressant, which means that when it reaches the brain, it slows down the body's system. Its effect is like those of sleeping pills. It can also be difficult for the body to process, putting extra pressure on the liver, the digestive system, the cardiovascular system, and other functions (Vincent, *et al*, 2021). People consume alcohol to socialize, to relax, and to celebrate. It is the most commonly used substance, resulting in significant health, legal, and socio-economic damage (Collins, *et al*, 2008). Larger doses of alcohol distort vision, impairs coordination and slur speech. Other common physiological changes include damage to the endocrine glands and pancreas, heart failure, erectile dysfunction, hypertension, stroke and capillary hemorrhages, which are responsible for the swelling and redness in the face and especially the nose of chronic users. The short-term effect of alcohol depend on: How much is consumed, how quickly, the weight, sex, and body fat percentage of the individual and whether or not they have eaten. Short term use of alcohol may affect the performance of students (Rice & Dolgin, 2008). Its long-term effect are that

alcohol contributes to numerous diseases and injury-related health conditions including addiction, liver cirrhosis, cancers, and unintentional injuries such as accidents, burns, assaults, and drowning (WHO, 2019).

Nicotine: Nicotine comes from the *Nicotiana* species, which are tobacco plants that belong to nightshade family. According to the National Institute on Drug Abuse (NIDA, 2019), nicotine is a substance found in all tobacco products and some e-cigarette liquids. It is a highly addictive substance that could be smoked, chewed or inhaled. In the agricultural industry, people also use nicotine as insecticides. Nicotine creates a temporary feeling of well-being and relaxation, and increases heart rate and the amount of oxygen the heart uses. As nicotine enters the body, it causes a surge of endorphins, which are chemicals that help to relieve stress and pain and improve mood. The body quickly absorbs nicotine into the bloodstream so it can reach the brain. After entering the body, the nicotine level quickly reaches the peak, thus, the feelings of reward are short-lived. This can create a cycle of people continuing to smoke to keep feeling pleasurable sensations. Nicotine also increases levels of dopamine, a neurotransmitter that is part of the brain's reward system and creates feelings of pleasure (Humphreys, *et al*, 2025). The release of dopamine reinforces a person's behaviour of taking nicotine. Frequent use of nicotine creates changes in the way the brain works in relation to self-control, stress, and learning. It may cause side effects such as dizziness, racing heartbeat, and headaches. Long-term changes can lead to addiction and withdrawal symptoms. Cigarettes discolour teeth, affect skin colour and make breath, body and clothes smell unpleasant. In addition to that, smoking deposits foreign matters in the sensitive lung tissues, thus limiting lung capacity (Canadian, 2019). Years of smoking can lead to premature heart attacks, lung and throat cancer, emphysema, and other respiratory diseases. Withdrawal of nicotine produces nervousness, anxiety, light-headedness, headaches, fatigue, dizziness, sweating, cramps, tremors, and palpitations. Smokers show unreasonable, antisocial behaviour similar to that of heroin dependents. Cigarettes are one of the leading causes of premature death (Rice & Dolgin, 2008).

Cocaine: Cocaine is a central nervous stimulant that some people use recreationally. It is highly addictive and a natural occurring anesthetic or pain blocker. It is the most powerful stimulant of natural origin. It is available as an odourless, fluffy, white powder. Cocaine can be swallowed, sniffed or injected. Cocaine has a very powerful stimulating effect on the nervous system, that raises the level dopamine (Idowu, *et al*, 2022). Normally, neurons release dopamine in response to a pleasurable stimulus, such as the smell of good food. Once the dopamine has passed on its message, it returns inside the neuron, and the signal stops. Cocaine stops the dopamine from getting back into the neuron, so it accumulates and continues to send the pleasurable message to the brain. The excess dopamine gives the user a feeling of enhanced well-being, euphoria, alertness, motor activity, and energy. The effects generally last between 15 and 30 minutes, but shorter with crack *(*Pesta, *et al*. 2021). The main undesirable effects are nervousness, irritability and restlessness, mild paranoia, physical exhaustion, mental confusion, loss of weight; fatigue or depression. Frequent users of cocaine might experience a "cocaine psychosis" consisting of hallucinations and delusions among others. Other known risks of cocaine use include death from stroke, heart attack, or respiratory failure (Saylor, *et al*, 2007). Cocaine increases sexual desire and produces feelings of self-confidence, well-being and fatigability. Ceasing cocaine can take hold of people with as much tenacity as do other addictive substances. Cocaine causes cognitive impairments, such as difficulty in paying attention and remembering (Kring, *et al.,* 2021). Users who take large doses may die of an overdose, often from a heart attack.

Cannabis: Cannabis sativa is locally known as Indian hemp, Majiuana, grass, weed, Gnaye, wee-wee. Cannabis is a type of psychoactive drug that can have the effects of a depressant, stimulant, or hallucinogen (Shafir, 2024). It is made from the dried and crushed leaves and flowering tops of the hemp plant. It is most often smoked, but it may be chewed, prepared as tea, or eaten with food (Kring, *et al.,* 2021). This drug affects everyone differently, but common effects include an increased appetite, euphoria, and relaxation. Some people might also have altered senses, for example, seeing brighter colours. The intoxicating effects of Cannabis depend in part on its potency and the size of the dose. Smokers of Cannabis find out that it makes them feel relaxed and sociable. The short term somatic effects include blood shot and itchy eyes, dry mouth and throat. Increased appetite, reduced pressure within the eye and somewhat raised blood pressure (Kring, *et al.,* 2021). The substance apparently poses a danger to people with already abnormal heart functioning; for it dramatically elevates heart rate (Humphreys, et al, 2025). Short term effects of cannabis also include problems with memory and learning, distorted perception of sight, sound, time, and touch, trouble with thinking and problem solving. Long term use of Cannabis causes lung cancer. Large doses have been found to bring rapid shifts in emotion, to dull attention, to fragment thoughts and to impair memory (Kring, *et al.,*2021). It also interferes with a range of intellectual tasks in a manner that impairs classroom learning among student users (Rice & Dolgin, 2008). Extremely heavy doses have sometimes been found to induce hallucinations, extreme panic, sometimes arising from the belief that the frightening experience will never end. Withdrawal symptoms can occur following discontinuation of high-dose chronic administration of cannabis. Cannabis can lead to psychological dependence, in which a person experiences a strong need for the substance whenever they feel anxious and tense (Humphreys, *et a*l, 2025).

Heroin: It is a white, odourless powder. It is usually injected for a maximum effect, although it can also be sniffed, smoked or taken orally. Heroin affects the central nervous system, causes respiratory depression, nausea and vomiting. In addition to the effects of the substance itself, heroin may be additive that do not dissolve and result in clogging the blood vessels that lead to the lungs, liver, kidney or brain (Boys, *et al.,* 2001). This can cause infection or even death of small patches of cells in vital organs. Addicts usually lose their appetite for food, which leads to malnutrition. They neglect their health, suffer chronic fatigue and are in a general devitalized state. The use of heroin can lead to death by homicide, suicide or accidents and from overdosing of the substance (Rice & Dolgin, 2008).

Methamphetamine: This can be taken orally, intravenously or intranasally (Kring, *et al.,* 2021). It works by increasing the production of serotonin, dopamine, and norepinephrine. These are the brain's neurotransmitters, which influence mood, sleep, and appetite. Serotonin also triggers the release of other hormones that can cause feelings of attraction and intimacy. As a result, people may become more affectionate than usual and feel a connection with strangers. Craving for methamphetamine is particularly strong, often lasting several years after use. Chronic use of amphetamine causes damage to the brain, affecting both dopamine and serotonin system (Meyer & Salmon. 2019). Other possible effects include wakefulness and insomnia, decreased appetite, irritability, aggression, anxiety, nervousness, convulsion, and heart attack.

Ketamine: Ketamine is manufactured as an injectable liquid but in illicit use ketamine is generally evaporated to form a powder. It is odorless and tasteless. It can be added to beverages without being detected and induces amnesia. The substance is sometimes given to unsuspecting victims and used in the commission of sexual assaults referred to as "Drug

rape." "Although there are many substances that can cause you to pass out or lose control, certain drugs are referred to as 'sexual assault' (or 'date-rape') drugs because sexual predators often use them to get control over their victims. These drugs include gamma hydroxybutyric acid (GHB), Rohypnol, ketamine, and Ecstasy. Drinking a beverage spiked with one or more of these drugs can take away a person's ability to fight back and memory." (United State Government, 2023). Ketamine can cause drowsy and hallucinations. Users report sensations ranging from a pleasant feeling of floating to being separated from their bodies. Low dose intoxication from ketamine results in impaired attention, learning ability and memory. In high doses, ketamine can cause delirium, depression and potentially fatal respiratory problems (Berk, 2020).

Analyses of the Result

This section deals with the analysis of data collected using percentages, describing the attitude of students towards the use of descriptive methods and providing answers to the research questions. The return rate of the questionnaire is 100%. This is because none of the questionnaires were lost.

Table 1: Frequency Distribution Table Showing the Respondents Socio-Demographic Data

		n=200
Variables	**Frequency**	**Percentage (%)**
Age range (years)		
9-12	33	16.5%
13-16	115	57.5%
17 years and above	52	26.0%
Sex		
Male	120	60.0%
Female	80	40.0%
Level of education		
Junior class	75	37.5%
Senior class	125	62.5%
Religion		
Christian	200	100%
Civil servant	68	34.0%
Farmer	92	46.0%
Labourer	27	13.5%
Others	13	6.5%
Person living with		
Parents	120	60.0%
Relative	50	25.5%
Non-relative	25	12.5%
Alone	5	2.5%
Family background		
Monogamous	121	60.5%
Polygamous	79	39.5%
Total	**200**	**100%**

This table shows that participants, 120(60.9%) were male while 80 (40.0%) were female. Their age range are, 9-12, that is 33(16.5%), 13-16 are 115(57.5%) and those above 17 years

are 52 (26.0%). Out of the total population 200 were Christians, (100%); with their levels of education Junior class 75(37.5%) and students 125 (62.5%). Their ethnicity is Igbo 200(100%); occupation of parents are as follows: Civil servants 68 (34%), farmers 92 (46%), labourers 27 (13.5%) and others 13 (6.5%); persons living with parents 120 (60%), relatives 50 (25.5%), non-relatives 25 (12.5%) and alone 5 (2.5%); Family background 121(60.5%) and 79(39%) were from Polygamous background.

Table 2: Shows the Prevalence of Psychoactive substance Use.

Characteristics	**Yes** (%)	**No** (%)	**Total (%)**
Have you received any Information on psychoactive Substance use?	190(95.0%)	10(5%)	**200(100%)**
Have you ever smoked, Sniffed, chewed, drunk or taken any psychoactive substances?	180(90.0%)	20(10%)	**200(100%)**
Are you currently using or taking any psychoactive substances?	155(77.5%)	45(22.5%)	**200(100%)**

Table 2 shows that 190(95.0%) respondents received information on substance use, while 10(5%) received no information. 180(90.0%) respondents have smoked, sniffed, chewed, drank or taken substance while 20(10%) of the respondents have not; 155(77.5%) are currently using or taking psychoactive substances while 45(22.5%) are not.

Table 3: Showing The Respondents' Opinion on the Most Used Psychoactive Substances Among the Students.

Items	**Frequency**	**Percentage (%)**
Which of the following Substances you used? have		
Alcohol	70	35.0%
Tobacco	40	20.0%
Cocaine	10	5.0%
Indian hemp	15	7.5%
Heroin	5	2.5%
Tramadol	12	6.0%
Cigarette	17	8.5%
Coffee	6	3.0%
Ketamine	1	0.5%
Codeine	4	2.0 %
None	20	10.0%
Total	**200**	**100.0%**

The above table shows that majority 70(35.0%) of the students have used alcohol, 40(25.0%) used tobacco, 17(8,5%) used cigarette, 15(7.5%) respondents indicated Indian hemp, 12(6.0%) respondents indicated tramadol, 10(5.0%) indicated cocaine, 6(3.0%) said that it is coffee, 5(2.5%) used heroin, 4(2.0%) indicated codeine and 1(0.5%) use ketamine. The age of the respondents first use of the above-mentioned substance was, 25(12.5%) 9-12years, between 13-16years 105(52.5.0%), and 50(25,0%) for 17years and above.

Table 4: Shows Factors That Influence Psychoactive Substance Use Among These Students.

Factors	**Frequency**	**Percentage** (%)
Family background	50	25.0%
Peer group pressure	102	51.0%
School factor	14	7.0%
Environment	16	8.0%
Socio-economic	8	4.0%
Curiosity	4	2.0%
Low self-esteem	6	3.0%
Total	**200**	**100.0%**

Result on Table 4 shows that peer group pressure 102(51.0%) and family background 50(25.0%) were the major factors influencing psychoactive substance use. School factor 14(7.0%), environment 16(8.0%), socio-economic 8(4.0%), the least influencing factors were low self-esteem 6(3.0%) and curiosity 4(2.0%).

Factors Influencing Psychoactive Substances Use

Many factors are responsible for the intake of psychoactive substance. These factors include the family background and upbringing, the peer group and the inquisitiveness of children, frustration, attitude of the generation Z, schools they attended, the environment they grew up, etc. These factors are interwoven. Often, one does not know when a particular factor begins and where it ends. A study by Johnson, *et al.* (2019) on the prevalence and factors affecting psychoactive substance use among undergraduate students in University of Uyo, Nigeria, shows that a significant association exists between substance use and age, sex, intra-family relationship, family members, and peer group.

Family Factors: Family is the primary factor in child's development and behaviour. In families where parents take narcotics, the risk factor is higher. Children learn fast through role models. Children from psychoactive using homes are exposed early in life to substances. Collins, *et al.,* (2008) conducted a comparative study on 225 adolescent's drug users and an equal number of abstainers. Their study reveals that the drug free children not only feel closer to their parents but consider it important to get along with them. The drug users bear such characteristics as loneliness, rejection, isolation and constant punishment. However, every child is expected to grow in a lovely home. But broken homes are also risky for children who may use psychoactive substance as a coping mechanism. Zimring & Nelson, (1995) have shown that youths from disrupted families tend to get involved in psychoactive substance use. On the other hand, Collins, *et al.,* (2008), observe that abstainer parents have firmer standards regarding curfew, television, schoolwork, use of alcohol and other drugs. An unstable home life is a contributing factor to teenagers going down the path of these substance. This is because parents have strong influence in keeping children away from drugs, by being positive

role models and showing their children the negative aspects of substance use. Breakdown in social structure of society, which includes the family and its role of inculcating morals to younger ones, has contributed to drug abuse (Miller-Day, 2002). When families are characterized by issues of immorality, spiritual emptiness, lack of direction and purpose in life among other problems, their children are bound to find other means which is not limited to psychoactive substance but could include other social vices. Thus, a lack of guidance by parents at home could lead to substance use. According to Cervantes and Koutantos (2020), parents could influence adolescent substance use. Weak family bonds for youths are said to correlate with adolescent substance use while strong family cohesion is associated with negative attitudes toward substance use. Positive relationships at home are said to promote peer relationships that do not support psychoactive substance use.

Peer Pressure: Peer group influence play pivotal role in the behaviour of children. At this stage, "belongingness is *prima facie*" (Orji, *et al*, 2023). Teenagers and students move in groups, eat and drink in together. You know them by their school uniforms, slogans, mode of dressing, school bags and study groups. They share with one another bottles of mineral water, biscuits, sometimes dresses or handouts, etc. It becomes inherit that when psychoactive substance is introduced into their group, they all want to share in the use. The biggest factor that influences teenagers to substance use is peer pressure (Collins, *et al,* 2008). Teenagers feel extreme "pressured" to fit in within their peers and often if one kid introduces drugs others will follow. Engagement in substance use can have negative implications for students. We talk of mental health issues, increase in school dropouts, teenage pregnancy, sexual transmitted, etc. Younger female students suffer mental meltdown because of dragging pregnancy alongside with their studies. These psychoactive substance use among students is associated with decreased educational attainment and labour market productivity.

School Factor: School factors affecting substance use include unconcerned school administration, lack of supervision, fresh students misled by older ones who are already deep into the psychoactive substance use, low performance assessments, quest to increase academic performance. Lack of proper monitoring of students by the school authority is associated with immoral attitudes of the students including tendency to engage in the use of drugs (Saylor, *et al,* 2007).

Environmental Factor: There are many adolescents that live in communities that lack basic amenities: Low quality housing, poor feeding, high unemployment level, poor clothing and the surrounding infrastructure are poorly sourced (Idowu, 2022). In such environments and communities, drug use flourishes as an alternative to the economy often controlled by the powerful few.

Curiosity: Adolescents are often curious to experiment on the unknown. This motivates them into psychoactive substance use. Their first experience often produces a state of elation like happiness and excitement which in turn motivates them to take more and this may eventually lead them to addiction (Canadian Centre on Substance Use and Addiction, 2019).

Summary. Psychoactive substance use originates in knowledge, attitudes and behaviour of students and peers who serve as individual's role models. Modelling begins with observation and imitation, continues with social reinforcement and expectations of positive consequences from substance use, and culminates in substance abuse. Breakdown in societal structure, which includes the family and its role of inculcating morals to children, has contributed to the use of psychoactive substance.

Consequences of Psychoactive Substance Use

The use of Psychoactive substance has grave consequences on families, students, social systems, that results in increased crime rates, accidents, hospitalizations, domestic violence and neglects. The exact effect of a substance use depends on the individual and the quantity taken. Their continued use leads to dependence (Bryant, *et al.,* 2002). Some of the effects include: Mood swings, increased aggression, experiencing insomnia, mental problems, reduced appetite and not eating a balanced diet, regular colds and flu, etc. The long term health effects include liver, kidney and heart problems. They also cause dental problems, mental health issues such as anxiety and depression, psychosis, as well as infectious disease from shared injecting equipment, damage to veins from unsafe injecting practices, financial loses and social problems.

Conclusion

The study investigated the prevalence of psychoactive substance use at Zion Secondary School and College of Health Sciences, PRECO, Abakiliki Local Government Area, Ebony State. Psychoactive substances are chemicals that affect the nervous system and alter the brain's activity, which in turn impacts on the mental health of the individual. These substances include alcohol, marijuana, tobacco, cigarette, cocaine, nicotine, caffeine, amphetamines, crystal meth, etc. Their use could lead to psychoactive dependence syndrome. Because they are stimulants, their continuous use leads to addiction. Despite their harmful effects on the mental health of the individual, the addicted person wants more (Hill & Harris, 2021).

Our work also shows that several risk factors contribute to psychoactive substance use. These include family upbring, peer group pressure, socio-economic factors such as poverty, as well as environmental upbring. In 2025, the World Health Organization decried the continuous rise of psychoactive substance use in Nigeria. Students within the age bracket of 14-24 are the most vulnerable group. They frequently consume higher doses of psychoactive substances, which have caused enormous burden on the individual, families, and communities. The excessive intake of psychoactive substance could lead to death, cause accidents, hallucination, school dropouts, unwanted pregnancy, and increased mental health risks (Moos, 2019). Psychoactive substance use has created socio-economic hardships that breeds misery, increased crime rates, violence, etc. It is also a fact that students presumed that psychoactive substance might be used to alleviate depression, study for exams, boost confidence, and resolve family conflicts, which explains why they are prevalent among them (Taremian, *et al.* 2018).

From this study also, we deduced further that students do not often withstand the peer pressure. They are easily swayed by their peers and become involved in psychoactive substance use. They do this to show “belongingness” and not to be tagged weakling. Also, family background such as parents who use psychoactive substance, lack of parental care and guidance affect these students, who find solace in psychoactive use. All psychoactive substance use put the brain at risk, as the proper functioning of the brain is impaired. Thus, they affect the memory and learning is distorted. The central nervous system is often broken down. Substance users neglect their mental health, hygiene, studies, etc. and their craving for more leads to misappropriation of their school fees. Lack of self-control, good moral, etc. lead to sexually transmitted diseases. Those infected with underling illness have, thus, rued their lives.

We recommend that psychologists, psychotherapists, and consultation of trained social workers be introduced as consultants into the secondary schools. Seminars and workshops involving school authority, parents and students should be organized at all levels of

education. The Government should also step up her campaigns against the use of psychoactive substances in the state.

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