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**INFLUENCE OF SOCIO-CULTURAL FACTORS ON DRUG ABUSE AMONG  
YOUNG-ADULT FARMERS IN SOUTHEAST NIGERIA**

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**ABSTRACT**

This study empirically assessed the influence of socio-cultural factors on drug abuse among young adult farmers in South-East Nigeria. Specifically, it identified commonly abused drugs, examined prevalence and socio-cultural determinants of drug use, and assessed its effects on social wellbeing. Data were collected from 360 young adult farmers selected through a multistage sampling technique across Abia, Enugu, and Imo States (120 per state). Primary data were analyzed using descriptive statistics, ANOVA, and OLS regression. Findings showed that most of the respondents were male (81.1%), single (81.9%), aged 21–25 years (56.1%), and had secondary education (51.9%). Awareness of drug abuse was high (92.2%), with prevalence highest in Imo State (58.3%) compared with Abia and Enugu (30.8% each). Commonly abused substances included synthetic marijuana (94.2%), tramadol (87.8%), cannabis (85.6%), and methamphetamine (85.8%). Peer influence, unemployment, and easy accessibility were the major drivers of drug abuse ( $\bar{x} = 3.19$ ). Drug abuse negatively affected wellbeing through increased crime ( $\bar{x} = 3.35$ ), financial difficulties ( $\bar{x} = 3.33$ ), mental and health problems, and reduced productivity. Regression results showed that socio-economic variables significantly influenced drug abuse, explaining 49–60% of observed variations, while drug abuse had a significant negative effect on wellbeing, particularly in Imo State ( $\beta = -0.7145$ ,  $p < 0.01$ ). The study concluded that drug abuse among young adult farmers was a major public health and socio-economic challenge driven by peer influence, unemployment, stress, and cheap access to drugs. It recommended strengthened awareness campaigns, youth empowerment programmes, community-based counselling centres, and state-specific rehabilitation interventions to improve farmers' wellbeing and productivity.

**Keywords:** Influence, Socio-cultural factors, Drug abuse, Young-Adult farmers

## INTRODUCTION

Drug abuse, defined as the inappropriate use of prescription or over-the-counter drugs for nonmedical purposes, has become a major global health concern (WHO, 2021). It refers to the recurrent and harmful use of psychoactive substances that results in physical or mental health damage (WHO, 2024). Consequently, drug abuse poses a serious threat to societal well-being, particularly in developing countries such as Nigeria, where young people are disproportionately affected.

In Nigeria, the situation is particularly alarming. A scoping review by Jatau et al. (2024) reported that drug abuse prevalence among youth ranges between 20% and 40%, reflecting high vulnerability within this population. The Southeast region is especially affected, with an estimated prevalence rate of 13.8%, ranking third among Nigeria's six geopolitical zones (UNODC, 2025). Additionally, methamphetamine, locally known as "mkpuru mmiri," is increasingly abused in rural communities of the Southeast (Obande-Ogbuinya et al., 2024), where youth constitute a major part of the agricultural workforce.

Youth represent a vital resource base for agricultural and rural development. Their energy, innovativeness, and productive capacity make them essential to extension services and rural transformation. According to IFAD (2023), rural youths are key producers and innovators whose dynamism is critical for transforming rural economies and communities. When adequately empowered, they can also function as problem solvers, decision-makers, and leaders capable of driving sustainable community development initiatives (Nwachukwu, 2018).

Despite the severity of the problem, there remains a paucity of empirical evidence on the prevalence, determinants, and effectiveness of intervention strategies for drug abuse among rural youths in Southeast Nigeria. This study is therefore significant as it is expected to benefit young adult farmers by enhancing awareness of the dangers of drug abuse and its negative effects on their health, wellbeing, agricultural productivity, and the promotion of innovative rural community development. Rural youths, typically aged 12–35 years, constitute the focus of this study as they represent the backbone of agricultural production and sustainable community development. Consequently, their wellbeing is critical to national development, given the important role rural communities play in the economic development of countries such as Nigeria.

### Objectives

- i. identify the different drugs/substances being abused by the respondents;
- ii. ascertain the prevalence of drug abuse among the respondents;
- iii. ascertain the socio-cultural factors influencing drug abuse among the respondents;
- iv. ascertain the perceived effect of drug abuse on the social wellbeing of respondents;

It was hypothesized that;

1. there was no significant difference in the prevalence of drug abuse among respondents across the States.
2. there was no significant relationship between selected socio-economic characteristics of the respondents and the prevalence of drug abuse in the study area.

## METHODOLOGY

The study was carried out in the South-East geopolitical zone of Nigeria, which comprises Abia, Anambra, Ebonyi, Enugu, and Imo States. The population of the study consisted of young adult farmers within the age range of 12–35 years.

### Sampling Procedure

A multi-stage sampling procedure was used in selecting the 360 respondents for the study. In the first stage, three states were selected from the South-East geopolitical zone using a simple random sampling technique. The second stage involved the selection of two senatorial zones from each selected state, excluding senatorial zones containing the state capitals, in order to focus on rural communities. In the third stage, two Local Government Areas (LGAs) were randomly selected from each senatorial zone, giving a total of 12 LGAs. The fourth stage involved the selection of three communities from each of the selected LGAs using simple random sampling, resulting in 36 communities. Finally, ten respondents were selected from each community using a simple random sampling technique, giving a total sample size of 360 rural youths.

### Data Collection and Analyses

Primary data were collected using a structured questionnaire. In addition, Focus Group Discussions (FGDs) were conducted in Abia and Imo States, while in-depth interviews were carried out with drug users within the senatorial zones. Data were collected to address all the specific objectives of the study. The questionnaire was administered by the researchers, with the assistance of trained enumerators.

Descriptive statistics such as frequency counts, percentages, and mean scores were used to realize the objectives of the study.

Hypotheses Testing. Hypotheses were tested using Analysis of Variance (ANOVA) and Ordinary Least Squares (OLS) regression analysis at 95% confidence level ( $P \leq 0.05$ ). ANOVA was used to determine differences in the prevalence of drug abuse across the states, while Duncan Multiple Range Test (DMRT) was applied for mean separation where significant differences occurred. The F-statistic was used to test ANOVA results, and decisions were based on whether the calculated F-value exceeded the tabulated value at  $P \leq 0.05$ .

The relationship between selected socio-economic characteristics of respondents and the prevalence of drug abuse was examined using OLS regression analysis. Four functional forms (linear, exponential, semi-log, and double-log) were estimated, and the lead model was selected based on the coefficient of multiple determination ( $R^2$ ), number of significant variables, overall significance, and conformity with a priori expectations.

## RESULTS AND DISCUSSION

### Prevalence of Drug Abuse among Respondents in the Study Area

The results presented in Table 1 showed the prevalence of drug abuse among respondents across Abia, Enugu, and Imo States in Southeast Nigeria. The overall grand mean of 3.37 indicated a high prevalence of drug abuse in the study area, suggesting that substance use was a significant and growing concern among rural youths.

Respondents strongly agreed that drug use was widespread among youths in the study area ( $\bar{x} = 3.54$ ), indicating that substance abuse was common and visible across the region. Similarly, the perception that drug abuse has increased in recent years ( $\bar{x} = 3.51$ ) further confirmed the rising trend of substance use among respondents. The tendency of individuals to consume drugs beyond

intended levels ( $\bar{x} = 3.52$ ) and the use of drugs for relaxation purposes ( $\bar{x} = 3.37$ ) reflected patterns of dependency and the use of substances as coping mechanisms.

Other indicators, including drug use during social gatherings ( $\bar{x} = 3.28$ ), absenteeism from school or work due to drug use ( $\bar{x} = 3.22$ ), and health-related problems associated with substance abuse ( $\bar{x} = 3.49$ ), suggested that drug abuse negatively affected both productivity and wellbeing. In addition, the difficulty associated with quitting drug use ( $\bar{x} = 3.28$ ) highlights the addictive nature of the substances commonly abused, while awareness of drug use cases among family and community members ( $\bar{x} = 3.20$ ) indicated that the problem was widely recognized within rural communities.

Although some indicators were within the moderate range, the clustering of mean scores around or above the high threshold suggested that drug abuse was prevalent in practical terms across the study area. These findings corroborated earlier studies, which identified peer pressure, social influence, and environmental exposure as major drivers of substance abuse among youths (Adelekan, 2021; Olaniyi et al., 2020; Oti & Oguamanam, 2023; UNODC, 2023). The findings also aligned with studies emphasizing the role of socio-economic challenges, unemployment, and limited recreational opportunities in promoting drug abuse as a coping strategy among rural youths (Njigwum and Echebe, 2023).

**Table 1: Distribution according to prevalence of drug abuse among the respondents in the study area**

| Items on prevalence  | Abia        | Enugu       | Imo         | Southeast   | Remark      |
|--|-------------|-------------|-------------|-------------|-------------|
| Drug use is a widespread issue among rural youth               | 445(3.70)   | 407(3.39)   | 425(3.54)   | 1277(3.54)  | High        |
| Young people often use drugs in social gatherings              | 419(3.49)   | 378(3.15)   | 385(3.20)   | 1182(3.28)  | Moderate    |
| Many individuals engage in drug use as a means of relaxation   | 402(3.35)   | 364(3.03)   | 449(3.74)   | 1215(3.37)  | High        |
| Drug use has caused absenteeism from school or work            | 423(3.52)   | 379(3.15)   | 359(2.99)   | 1161(3.22)  | Moderate    |
| Health problems related to drug use are common among users     | 426(3.55)   | 399(3.32)   | 432(3.60)   | 1257(3.49)  | High        |
| People tend to use drugs more than they initially planned      | 418(3.48)   | 406(3.38)   | 446(3.71)   | 1270(3.52)  | High        |
| Many individuals struggle to quit drug use despite attempts    | 394(3.28)   | 411(3.42)   | 374(3.11)   | 1179(3.28)  | Moderate    |
| Family and community members are often aware of drug use cases | 376(3.13)   | 406(3.38)   | 371(3.09)   | 1153(3.20)  | Moderate    |
| Drug abuse cases have increased in recent years                | 411(3.42)   | 399(3.32)   | 458(3.81)   | 1268(3.51)  | High        |
| <b>Grand mean</b>  | <b>3.43</b> | <b>3.29</b> | <b>3.42</b> | <b>3.37</b> | <b>High</b> |

**Source: Field Survey, 2025 Figures in the parentheses are the standard Deviation Benchmark Ranges: 0.00 – 1.66 = low; 1.67 – 3.33 = moderate; 3.34– 5.00 = high.**

## Perceived socio cultural Factors influencing Drug Abuse among Respondents

The results presented in Table 2 showed the respondents' perceptions of the major factors contributing to drug abuse among rural youths in Abia, Enugu, and Imo States. Using the criterion mean of  $\bar{x} \geq 2.50$  as the benchmark for agreement, all the identified factors recorded mean scores above the threshold, indicating that respondents generally agreed that these variables significantly contributed to drug abuse among rural youths.

The grand mean for Abia State ( $\bar{x} = 3.32$ ) indicated a high level of agreement that factors such as peer pressure, unemployment, stress, family instability, and accessibility of drugs strongly influenced drug abuse. Similarly, respondents in Enugu State recorded a grand mean of  $\bar{x} = 3.15$ , reflecting substantial agreement on the relevance of these factors, although at a slightly lower intensity than in Abia. In Imo State, the grand mean of  $\bar{x} = 3.10$  also indicated considerable agreement that the identified factors contributed to substance abuse among rural youths.

At the regional level, the pooled Southeast grand mean of  $\bar{x} = 3.19$  further confirmed that respondents across the study area generally agreed that social, economic, familial, and psychological factors significantly contributed to drug abuse. The implication is that drug abuse among rural youths was driven by multiple interconnected factors, including peer influence, unemployment, stress, easy access to drugs, and weak social control mechanisms. These findings support previous studies which identified peer pressure, family instability, unemployment, and social exposure as major determinants of substance abuse among youths (Olaniyi et al., 2020; Obisesan and Adejuwon, 2023; Nnodim et al., 2020).

Findings from the in-depth interviews further supported the quantitative results. A respondent from the Uzam community in Nkanu-East LGA of Enugu State confirmed that many youths, particularly males, were heavily involved in substance abuse, especially drugs such as *Colos*, cannabis (Igbo), and *mkipurumiri*. According to the respondent, "*peer pressure, unemployment, easy access to drugs, and cultural acceptance were major factors driving drug abuse in the community.*" The respondent further noted that "*some community leaders and security personnel were also involved in substance use, thereby weakening social control and enforcement efforts.*"

The interviewee also highlighted the adverse effects of drug abuse on wellbeing, stating that "*drug abuse leads many youths into criminal activities, such as stealing money, property, and farm produce to sustain their drug cravings.*" Financial hardships, poor decision-making, and severe health complications, including liver and kidney damage, were also reported as consequences of prolonged substance abuse. The respondent explained that "*there were no functional counselling services or rehabilitation centres within the community or nearby health facilities.*" He further emphasized the need for intervention, noting that "*youths need proper sensitization, employment opportunities, and well-structured counselling and rehabilitation programmes to rescue the community from increasing drug abuse.*"

Similarly, youths interviewed in the Iho community, Ikeduru LGA of Imo State, identified peer pressure, family conflict, easy access to drugs, and unemployment as major drivers of drug abuse in their area. One of the respondents stated that "*unemployment is the major problem because many youths involved in drug abuse are idle and not meaningfully engaged.*" The respondents, therefore, called for increased government and organizational intervention through job creation and youth empowerment programmes to productively engage rural youths and reduce substance abuse.

**Table 2: Distribution according to factors contributing to drug abuse among the respondents**

| Factors   | Abia      | Enugu     | Imo       | Pooled     | Remark   |
|---|-----------|-----------|-----------|------------|----------|
| Peer pressure is a major factor influencing drug abuse            | 407(3.39) | 384(3.37) | 362(3.18) | 1155(3.31) | Positive |
| Family conflicts contribute to substance abuse                    | 388(3.23) | 370(3.25) | 357(3.13) | 1116(3.21) | Positive |
| Unemployment increases the likelihood of drug use                 | 414(3.45) | 360(3.16) | 379(3.33) | 1115(3.31) | Positive |
| Easy access to drugs encourages substance abuse                   | 406(3.38) | 360(3.16) | 351(3.08) | 1118(3.20) | Positive |
| Many young people engage in drug use due to curiosity             | 411(3.42) | 362(3.18) | 351(3.08) | 1125(3.23) | Positive |
| Stress and frustration contribute to drug abuse                   | 428(3.56) | 350(3.07) | 345(3.03) | 1124(3.22) | Positive |
| Cultural acceptance of certain substances promotes drug use       | 394(3.28) | 346(3.04) | 341(2.99) | 1082(3.11) | Positive |
| Lack of parental supervision leads to increased drug abuse        | 383(3.19) | 359(3.15) | 353(3.10) | 1096(3.15) | Positive |
| Media and social influences contribute to drug use                | 382(3.18) | 344(3.02) | 346(3.04) | 1073(3.08) | Positive |
| The wrong notion that there are health and psychological benefits | 383(3.19) | 356(3.12) | 352(3.09) | 1092(3.13) | Positive |
| Grand mean ( $\bar{x}$ )  | 3.32      | 3.15      | 3.10      | 3.19       | Positive |

**Source: Field Survey, 2025 Figures in parentheses are the standard deviation**  
**Mean score response  $\geq 2.50$  = positive factor (Agreed), mean score that is  $< 2.50$**   
**=Negative factor (Not Agreed)**

### Perceived Effects of Drug Abuse on the Wellbeing of Respondents

The results presented in Table 3 showed respondents' perception of the effects of drug abuse on their social wellbeing across Abia, Enugu, and Imo States. Using the benchmark of  $\bar{x} \geq 2.50$  as an indication of agreement, all the items recorded mean scores above the cutoff point, indicating that respondents generally agreed that drug abuse had significant negative effects on the wellbeing of rural youths.

The grand mean for Abia State ( $\bar{x} = 3.49$ ) indicated a strong level of agreement that drug abuse had serious adverse effects on youth wellbeing, including its impact on health, financial stability, productivity, and involvement in criminal activities. Similarly, respondents in Imo State recorded a grand mean of  $\bar{x} = 3.15$ , reflecting a moderate-to-high perception of the harmful effects of substance abuse. Enugu State recorded a comparatively lower grand mean of  $\bar{x} = 2.99$ , although respondents still generally agreed that drug abuse negatively affected social wellbeing.

At the regional level, the pooled Southeast grand mean ( $\bar{x} = 3.21$ ) further confirmed that respondents across the study area perceived drug abuse as a major factor undermining the wellbeing of rural youths. The pooled mean, which was well above the accepted threshold,

indicated that the negative impact of drug abuse was widely experienced and recognized within the rural communities studied.

The pooled item means further revealed that involvement in criminal activities ( $\bar{x} = 3.35$ ), financial difficulties ( $\bar{x} = 3.33$ ), and mental health problems ( $\bar{x} = 3.32$ ) were among the major perceived consequences of drug abuse. Respondents also agreed that substance abuse contributed to health complications ( $\bar{x} = 3.29$ ) and reduced productivity in farming and other social activities ( $\bar{x} = 3.25$ ). Although relatively lower, respondents still agreed that drug abuse led to social isolation ( $\bar{x} = 2.93$ ) and poor decision-making and judgment ( $\bar{x} = 2.96$ ). These findings were consistent with previous studies linking substance abuse with crime, poor health outcomes, economic hardship, and social dysfunction (NDLEA, 2023; WHO, 2022).

Findings from the in-depth interviews further supported the quantitative results. Youths interviewed in the Umundugu community, Obokwe Autonomous Community, Ukwu West LGA, affirmed that *“drug abuse contributes seriously to mental health problems, as some youths in the community have become mentally unstable due to excessive drug use.”* The respondents also unanimously reported that *“financial difficulties and criminal activities were common among drug users, with many engaging in theft of plantain bunches, poultry, goats, and farm produce in order to raise money to sustain their addiction.”*

The interviewees further revealed that *“some drug addicts in the community were now involved in minor kidnapping activities and the sale of valuable household items, such as generators and motorcycles, to obtain money for drugs.”* These findings highlighted the broader social and economic consequences of drug abuse on rural households, community security, and agricultural livelihoods.

**Table 3: Distribution according to perceived effects of drug abuse on social wellbeing of respondents**

| Perceived effects   | Abia      | Enugu     | Imo       | Southeast  | Remark   |
|---|-----------|-----------|-----------|------------|----------|
| Drug abuse negatively affects academic and work performance | 443(3.69) | 341(2.99) | 369(3.24) | 1154(3.31) | Positive |
| Substance abuse leads to financial difficulties             | 416(3.46) | 357(3.13) | 387(3.40) | 1161(3.33) | Positive |
| Family relationships are often strained due to drug use     | 390(3.25) | 365(3.2)  | 350(3.07) | 1106(3.17) | Positive |
| Drug use increases the risk of health complications         | 430(3.58) | 357(3.13) | 360(3.16) | 1148(3.29) | Positive |
| Many drug users get involved in criminal activities         | 436(3.63) | 349(3.06) | 383(3.36) | 1169(3.35) | Positive |
| Drug abuse contributes to mental health problems            | 432(3.60) | 367(3.22) | 359(3.15) | 1159(3.32) | Positive |
| Substance abuse can result in social isolation              | 394(3.28) | 280(2.46) | 349(3.06) | 1024(2.93) | Positive |
| Drug use affects decision-making and judgment               | 406(3.38) | 284(2.49) | 343(3.01) | 1034(2.96) | Positive |
| Drug abuse reduces productivity in society/farm activities  | 431(3.59) | 368(3.23) | 335(2.94) | 1135(3.25) | Positive |
| Grand mean ( $\bar{x}$ )                                    | 3.49      | 2.99      | 3.15      | 3.21       |          |

**Source: Field Survey, 2025 Figures in parentheses are the standard deviation**  
**Mean score response  $\geq 2.50$  = positive factor (Agreed), mean score that is  $< 2.50$**   
**=Negative factor (Not Agreed)**

**Hypothesis Testing.** The results in Table 4 present the analysis of variance (ANOVA) used to test for significant differences in the prevalence of drug abuse among respondents in SouthEast Nigeria. The findings showed mean prevalence scores of 3.44 for Abia State, 3.29 for Enugu State, and 3.12 for Imo State. These values indicated that respondents in Abia State reported the highest prevalence of drug abuse, followed by Enugu State, while Imo State recorded the lowest. However, the computed F-value of 24.889 with a corresponding p-value of 0.000 is less than the 0.05 level of significance. This indicated that there was a statistically significant difference in the prevalence of drug abuse among the three states. This implied that the observed variation in drug abuse prevalence among respondents was not due to chance but reflects real and meaningful differences across the states.

The result suggested that state-level factors influenced the prevalence of drug abuse among respondents in South-East Nigeria. The higher prevalence recorded in Abia State may be associated with factors such as greater urban exposure, peer influence, and easier access to psychoactive substances, compared with Enugu and Imo States. This finding is consistent with previous studies (Eneh and Stanley, 2020; Onwuama, 2021), which reported that variations in drug abuse prevalence across states were often influenced by socio-economic conditions, enforcement intensity, and differing levels of cultural tolerance toward substance use.

**Table 4: Test of Significant Differences in Prevalence of Drug Abuse among Respondents across the States in South East, Nigeria (ANOVA)**

*Significant at 5% level ( $p < 0.05$ )*

| Prevalence of drug abuse | N                     | Mean      | Std. Deviation     | Std. Error |             |  |
|--------------------------|-----------------------|-----------|--------------------|------------|-------------|--|
| Abia                     | 120                   | 3.4389    | 0.0265             | 0.2912     |             |  |
| Enugu                    | 120                   | 3.2861    | 0.0336             | 0.3682     |             |  |
| Imo                      | 120                   | 3.1241    | 0.0339             | 0.3715     |             |  |
| Total                    | 360                   | 4.000     | 3.2800             | 0.3680     |             |  |
| <b>Sources</b>           | <b>Sum of Squares</b> | <b>Df</b> | <b>Mean Square</b> | <b>F</b>   | <b>Sig.</b> |  |
| Between groups           | 5.9480                | 2         | 2.9740             | 24.889     | 0.000       |  |
| Within groups            | 42.6590               | 357       | 0.1190             |            |             |  |
| Total corrected          | 48.6070               | 359       |                    |            |             |  |

**Duncan Mean Separation Test of Significant Differences in Prevalence of Drug Abuse among Respondents across the States**

The result in Table 5 presents the Duncan post-hoc mean separation test conducted following the significant ANOVA result in Table 4. The test was used to determine the specific sources of difference in the prevalence of drug abuse among Abia, Enugu, and Imo States.

The results showed that Abia State recorded the highest mean prevalence ( $\bar{x} = 3.44$ ), followed by Enugu State ( $\bar{x} = 3.29$ ), while Imo State recorded the lowest mean ( $\bar{x} = 3.12$ ). The Duncan grouping further placed the three states into distinct subsets at the 0.05 level of significance, indicating statistically significant differences in drug abuse prevalence across all states.

This implied that Abia State significantly differed from both Enugu and Imo States, with a higher prevalence of drug abuse, while Enugu also differed significantly from Imo, though to a lesser extent. Overall, the findings confirmed that drug abuse prevalence was highest in Abia, moderate in Enugu, and lowest in Imo State.

These variations may be attributed to differences in urbanization, peer influence, youth exposure to social environments, and accessibility to psychoactive substances. This finding is consistent with Ene and Okoro (2021) and Nwosu et al. (2022), who reported that regional disparities in substance abuse in Nigeria were influenced by socio-economic and environmental factors.

**Table 5: Duncan Mean separation of test of Significant Differences in the Prevalence of Drug Abuse among respondents across the States**

| Duncan <sup>a</sup>      | Factor | N   | Subset for alpha =0.05 |        |        |
|--------------------------|--------|-----|------------------------|--------|--------|
|                          |        |     | 1                      | 2      | 3      |
| Prevalence of drug abuse |        |     | 1                      | 2      | 3      |
| Imo                      | 3      | 120 | 3.1200                 |        |        |
| Enugu                    | 2      | 120 |                        | 3.2900 |        |
| Abia                     | 1      | 120 |                        |        | 3.4400 |
| Significant              |        |     | 1.0000                 | 1.0000 | 1.0000 |

**Source: Field survey, 2025**

**Relationship between selected socio economic characteristics of the respondents and the prevalence of drug abuse in the study area**

The results in Table 6 present the regression estimates of the influence of selected socioeconomic characteristics of respondents on the prevalence of drug abuse across the three study states. The models used varied across the states (Exponential for Abia, Semi-log for Enugu, and Linear for Imo and pooled samples) to ensure the best fit for each dataset. The R-squared values ranged from 0.4903 in Imo to 0.5996 in the pooled sample, indicating that approximately 49% to 60% of the variations in drug abuse prevalence were explained by the included socioeconomic variables. Out of the eleven (11) variables estimated, only 6 variables (age, gender, marital status, education, source of income, and awareness about drug abuse) significantly influenced the prevalence of drug abuse among young adult farmers in the study area at the pooled level and thus were explained in the study.

The results showed that the coefficient for age had a negative and significant relationship with drug abuse at 5% for the pooled and 1% for Enugu State. This implied that the younger respondents were more likely to abuse drugs than the older ones. The coefficient for sex was positively significant at Abia (1%), Enugu (5%) and pooled (5%), showing that male respondents were more involved in drug abuse than their female counterparts. The consistent positive effect of sex (male) across the models suggests that males were more vulnerable to drug abuse, possibly due to peer pressure and social exposure.

Marital status had a negative and significant effect at 5% and 10% levels for Pooled and Enugu State, respectively. This indicated that married respondents were less likely to engage in drug abuse compared to single individuals. Education was negatively significant at 10% and 5% for Abia and Imo States, respectively, with 10% significant at the pooled model. The result indicated that education served as a protective factor against drug abuse. Educated individuals were more likely to understand the dangers of substance use and have better coping mechanisms for stress. Conversely, education consistently had a negative influence, confirming that increased awareness and literacy can reduce the tendency to engage in drugrelated activities.

Income showed a strong positive relationship with drug abuse at the 1% level of significance in the pooled model, and also at the 10% and 5% levels for Abia and Imo States, respectively. However, the relationship was negative and significant at the 5% level for Enugu State. This

implied that respondents with more stable or multiple income sources were more likely to engage in drug use in the study area, especially in Abia and Imo States, but not in Enugu State.

Awareness of drug abuse was negatively significant at 10% in the pooled (southeast) model and 5% for Imo State only. Indicating that respondents who were aware of the dangers of drug abuse were less likely to engage in it in the study area, particularly in Imo State.

Having friends who use drugs was positive and significant at the 5% level of probability in Imo State only, indicating that respondents who reported having friends involved in drug use were less likely to engage in drug abuse themselves. This result is against a prior expectation as a strong positive predictor of substance use among youths (Eze et al., 2021; Oluwole and Adebajo, 2022). However, this negative relationship could suggest that some respondents, especially those with strong moral, religious, or educational backgrounds, may have developed awareness or aversion to drug abuse through witnessing the negative consequences of substance use among their peers. In such cases, exposure to friends who abuse drugs may serve as a deterrent rather than an influence, reinforcing anti-drug behavior (Amao et al., 2022).

**Table 6: Regression Estimates of the Relationship between Selected Socio-Economic Characteristics of the Respondents and the Prevalence of Drug Abuse in the Study Area**

| Variable  | Parameter       | Abia<br>(Exponential ) | Enugu<br>(Semi-log)   | Imo<br>(Linear)       | Pooled<br>(Linear)   |
|---|-----------------|------------------------|-----------------------|-----------------------|----------------------|
| Constant  | b <sub>0</sub>  | 1.2541<br>(23.50)***   | 3.3923.<br>(14.74)*** | 3.3463<br>(12.43)***  | 3.4051<br>(25.65)*** |
| Age (Years)   | X <sub>1</sub>  | 0.0123<br>(0.95)       | -0.3932<br>(-3.91)*** | -0.0033<br>(-0.06)    | -0.0825<br>(-3.11)** |
| Gender (Dummy= Male=1, Female=0)                            | X <sub>2</sub>  | 0.0467<br>(4.39)***    | 0.2773<br>(3.20)**    | 0.0236<br>(0.22)      | 0.0634<br>(3.10)**   |
| Marital status (Dummy= Single=1, otherwise=0)               | X <sub>4</sub>  | -0.0237<br>(-1.16)     | -0.3601<br>(-2.08)*   | -0.0033<br>(-0.02)    | -0.5299<br>(-3.08)** |
| Level of education (Years)                                  | X <sub>3</sub>  | -0.0258<br>(-2.10)*    | 0.0556<br>(0.45)      | -0.08a54<br>(-2.68)** | -0.0081<br>(-1.96)*  |
| Employability status (Dummy= employed=1, otherwise=0)       | X <sub>5</sub>  | -0.0196<br>(-3.07)**   | 0.1196<br>(0.75)      | 0.0518<br>(0.65)      | -0.0074<br>(-0.39)   |
| Source of Income  | X <sub>6</sub>  | 0.02167<br>(2.71)*     | -0.2322<br>(-3.36)**  | 0.0726<br>(3.21)**    | 0.3374<br>(5.17)***  |
| Aware/heard about drug abuse (Dummy= Yes=1, No=0)           | X <sub>7</sub>  | -0.0022<br>(-0.06)     | 0.0759<br>(0.53)      | 0.3857<br>(-3.30)**   | -0.8720<br>(-2.11)*  |
| Use the drug before (Dummy= Yes=1, No=0)                    | X <sub>8</sub>  | 0.0051<br>(0.29)       | 0.0747<br>(0.88)      | -0.0488<br>(-0.68)    | 0.0014<br>(0.04)     |
| Have friends who use drugs (Dummy= Yes=1, No=0)             | X <sub>9</sub>  | 0.0162<br>(0.93)       | -0.0244<br>(-0.34)    | -0.2110<br>(-2.58)**  | -0.0174<br>(-0.42)   |
| Membership of social organization (Dummy= Yes=1, No=0)      | X <sub>10</sub> | -0.0021<br>(-0.13)     | 0.0013<br>(0.02)      | -0.0222<br>(-0.28)    | -0.0164<br>(-0.42)   |
| Availability of the counselling center (Dummy= Yes=1, No=0) | X <sub>11</sub> | -0.0565<br>(-2.95)**   | 0.2134<br>(2.79)**    | 0.0401<br>(0.22)      | 0.0212<br>(0.32)     |
| Number of observations                                      |                 | 120                    | 120                   | 120                   | 120                  |
| Prob F  |                 | 5.70                   | 4.85                  | 4.74                  | 5.94                 |
| R-squared   |                 | 0.5960                 | 0.5089                | 0.4903                | 0.5996               |
| Adj. R-squared  |                 | 0.4761                 | 0.3932                | 0.3837                | 0.4877               |

Source: Field Survey, 2025

Figures in parenthesis represents t – values, \*\*\*, \*\* and \* are Significant at 1% and 5% respectively

## CONCLUSION

The findings revealed high levels of abuse of substances such as synthetic marijuana (Colorado), tramadol, and over-the-counter drugs, indicating a persistent public health and rural development challenge. Peer influence, unemployment, curiosity, stress, and family conflict were identified as major drivers of drug abuse.

The study further showed that drug abuse negatively affected the wellbeing of rural youth through increased crime, poor health, mental instability, reduced productivity, and strained family relationships.

Inferential analysis revealed that age, gender, marital status, education, income, and awareness significantly influenced drug abuse among rural youth. Younger, single males with lower educational attainment and unstable income sources were more vulnerable to drug abuse. The study also established a negative relationship between drug abuse and wellbeing, particularly in Enugu and Imo States, indicating that increased substance use adversely affects health, productivity, and quality of life.

Overall, the study concluded that drug abuse among rural youth in South-East Nigeria was a multidimensional problem driven by socio-economic, psychological, and environmental factors.

## RECOMMENDATIONS

1. Governments, NGOs, and community stakeholders should intensify continuous awareness and preventive education campaigns through schools, churches, radio programmes, extension platforms, and community associations to educate rural youth on the dangers of drug abuse.
2. Youth empowerment initiatives that combine skill acquisition, entrepreneurship training, agribusiness support, employment opportunities, and rehabilitation services should be strengthened to reduce unemployment, idleness, and stress-related drug use among rural youth.
3. Drug abuse intervention strategies should be state-specific and multi-sectoral, reflecting the socio-economic realities of Abia, Enugu, and Imo States, while strengthening collaboration among government agencies, NGOs, traditional institutions, and rural development organisations.

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