

Prevalence and Patterns of Drug Abuse among Students of Tertiary Institutions in Abeokuta, Ogun State, Nigeria

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Abstract

Background: In recent time, there has been a rise in the use of alcohol and psychoactive substances and the associated consequences among Nigerian students in tertiary institutions. Despite being a major public health concern, there are few studies that examined prevalence of alcohol and drug use among students of different tertiary institutions at the same point in time.

Method: The self-administered WHO Student Drug Use Questionnaire was used to collect data on drug use among 1233 college students from the Federal College of Education, Moshood Abiola Polytechnic and University of Agriculture all in Abeokuta, Ogun State, Nigeria.

Results: The lifetime prevalence of use of one or more drugs of abuse was 69.2%. The highest lifetime prevalence rates were for alcohol (34.3%), tobacco (14.4%), hypnotosedatives (8.8%) and cannabis (6.2%). The majority of respondents who abused psychoactive drugs initiated the habit in primary and secondary school. Alcohol use was more common among male students and Christians. It was also associated with parental drug use, parental educational level and marital status.

Conclusion: This study showed a high prevalence of drug abuse among the students. There is a need for more studies on drug use among college students with a view to mapping out appropriate preventive and intervention programmes in Nigeria.

Keywords: Drug abuse, Students, Tertiary Institution, Abeokuta, Nigeria.

Introduction

The use of drugs for social rather than prescribed medical reasons has been well documented [1]. The society regularly decries what they consider to be the evil consequences of drug use. Indeed nearly every deviant act in the community is directly or indirectly attributed to drug use [2]. The United Nation 2016 World Drug Report estimated that 1 in 20 adults, or a quarter of a billion people between the ages of 15 and 64 years, used at least one psychoactive drug in 2014. Of these, over 29 million people worldwide suffer from drug use disorders [3].

Several works have noted that young people are ruining their lives through the misuse of drugs [4,5]. A comparison with other third world countries reveals that Nigeria ranks among the highest users of dangerous drugs such as alcohol, tobacco, cannabis,

benzodiazepines, cocaine and opioids [6]. A review of the literature clearly indicates that there has been a steady increase in the prevalence of drug use and its associated consequences within the last three decades [7-9]. Almost all types of psychoactive substances are available in Nigeria due to their spill over into the streets from drug traffickers who use Nigeria as a conduit to transport drugs from South East-Asia (the Golden Triangle) and South America (Bolivia, Peru, and Brazil) to Europe and North America [10].

Students constitute the largest proportion of the youthful population of this country [11]. Youth is regarded as the period between adolescence and early adulthood. It is a period of adolescent crisis, strive for self - identity and the desire to experiment. It is also the period when parental guidance seems not to be enough and the effect of peer is most felt. The desire to explore, experiment and seek abstract solutions to problems has been shown to be partly responsible for the high prevalence of drug abuse reported in this

age group [8].

It has been observed that in many of the higher institutions of learning in Nigeria, there have been incessant student unrests, riots, crimes, cultism, many of which have been directly or indirectly linked with drug abuse [12,13]. This study is intended to evaluate the prevalence and pattern of drug abuse among students of different tertiary institutions in Abeokuta, Ogun State, Nigeria with a view to obtaining reliable data for appropriate intervention measures and preventive strategies. This study will also add to the body of data on drug abuse research among Nigerian students for which generalization may be derived.

Methodology

The study was carried out among students of 3 tertiary institutions (Moshood Abiola State Polytechnic - MAPOLY; Federal College of Education - FCE; and Federal University of Agriculture - UNAAB) in Abeokuta. Abeokuta is the largest city and capital of Ogun state, south Western Nigeria. The total population of students in these school were 14000 i.e. MAPOLY (7000), FCE (3000) and UNAAB (4000). In line with WHO recommendation on sample size for drug abuse survey among students, 10% of the total population i.e. a total of 1400 students constituted the sample size. Using a proportionate probability representation, the sample size selected from the schools was: MAPLOY (700), FCE (300) and UNAAB (400). Students in the penultimate and final years were randomly chosen for the study.

The World Health Organization (WHO) student drug use questionnaire for data collection was adapted for the study. It was originally developed by the WHO in collaboration with the United Nations Fund for Drug Abuse Control for use in different socio-cultural settings [14]. The reliability and validity were found to be good in seven countries where it was pilot tested including Nigeria. Adelekan and Odejide had established the validity of the WHO student drug use questionnaire among Nigerian students [14]. The prototype questionnaire consists of 22 items comprising 6 items on demographic variables, 14 items on frequency and age at first use of drug, 10 types of psychoactive substances and 2 items on self-reported honesty. The modified version of the instrument was adapted for the study [15]. This version consisted of 37 items. Items 1-6 (demographic characteristics), 7-20 (substance use by the parents), 21-31 (frequency, age at 1st use and level of education at 1st use), 32 (fictitious drug use to check over reporting), 33-34 (other drug use by the student and drug use by his or her class mates), 35 (perceived or real availability of the substance), 36-37 (honesty of reporting by the students).

Data was analyzed using the Statistical Package for Social Sciences (SPSS) version eleven (11) and basic statistical analyses such as frequency distributions, cross-tabulations and tests of statistical significance were carried out. Chi-square was used as a test of significance for categorical variables. Analysis of Variance (ANOVA) was used for continuous variables. A P-value less than 0.05 was accepted as significant for each statistical test.

Results

Variables	Frequency (%)
Tertiary Institution	
Fce	350 (28.4%)
Mapoly	609 (49.4%)
Unaab	274 (22.2%)
Age	
15 – 20	156 (12.7%)
21 – 24	655 (53.1%)
25 – 30	402 (32.6%)
> 31	21 (1.6%)
Mean ± S.D	23.63 ± 2.64
Gender	
Male	691 (56.0%)
Female	542 (44.0%)
Religion	
Christianity	844 (68.5%)
Islam	379 (30.7%)
Others	10 (0.8%)
Marital Status of Parents	
Married	884 (71.7%)
Separated/Divorced	150 (12.2%)
Father Alive	903 (73.2%)
Mother Alive	947 (76.8%)
Father Dead	330 (26.8%)
Mother Dead	286 (23.2%)
Both Parents Dead	212 (17.2%)
Educational Status of Fathers	
No Formal Education	89 (7.2%)
Primary Education	180 (14.6%)
Secondary Education	300 (24.4%)
Tertiary	597 (48.4%)
Not Sure	67 (5.4%)
Educational Status of Mothers	
No Formal Education	142 (11.5%)
Primary Education	249 (20.2%)
Secondary Education	369 (30.0%)
Tertiary	431 (35.0%)
Not Sure	42 (3.4%)
Respondents' Parent Current Drug Use	
Father Smokes Cigarette	97 (7.9%)
Father Drinks Alcohol	275 (22.3%)
Mother Smokes Cigarette	18 (1.5%)
Mother Drinks Alcohol	45 (3.6%)
Both Parents Smokes Cigarette	12 (1.0%)
Both Parents Drinks Alcohol	32 (2.6%)

Table 1: Socio-demographic characteristics and family variables of the respondent.

FCE (Federal College of Education); MAPOLY (Moshood Abiola Polytechnic); UNAAB (University of Agriculture, Abeokuta) Of the 1400 students administered the questionnaires, 1233 responded. This gave a response rate of 88.1%.

The distribution of the respondents according to schools were; FCE (22.2%), UNAAB (28.4%), and MAPOLY (49.4%). As reflected in Table 1, the majority of the respondents were males (56.0%). The mean age of subjects was 23.63 ± 2.64 years. Most of the students (53.1%) were mainly in the age range of 21 - 24. Males were statistically older than females ($\chi^2 = 33.1$, $df = 1$, $p < 0.001$). The majority of the subjects was Christians (68.5%), from the South-Western part of Nigeria (89.7%), and from stable family set ups, i.e. both parents and siblings living together (71.7%).

The lifetime prevalence rate of use of any drug among the respondents was 69.2%. Alcohol was the most prevalent lifetime drug of use (34.4%), followed by Tobacco (14.4%), Hypnosedatives (8.8%), Cannabis (6.2%), Inhalants (2.5%), Opiates (2.0%), Cocaine (1.9%), Heroin (0.5%) and Amphetamine (0.1%). The prevalence rate of use of any drug in the past 1 month was 28.2%. The rate of tobacco use according to gender showed a higher prevalence in males which was statistically significant for lifetime use ($\chi^2 = 36.07$, $p = 0.01$), previous ($\chi^2 = 41.51$, $p < 0.001$) and previous month use ($\chi^2 = 32.42$, $p = 0.001$). Similarly males also attained significant levels for lifetime use, previous year, and previous month use for alcohol and cannabis. Female respondents had a higher prevalence rate of use of tranquilizers (benzodiazepine) than males at a statistically significant level for lifetime use ($p = 0.03$) and previous year use ($p = 0.02$). See details in Table 2.

Drug	Frequency (%)
Tobacco	
Lifetime Use	177 (14.4%)
Previous Year	126 (10.2%)
Previous Month	74 (6.0%)
Alcohol	
Lifetime Use	423 (34.3%)
Previous Year	283 (22.9%)
Previous Month	220 (17.8%)
Cannabis	
Lifetime Use	77 (6.2%)
Previous Year	40 (3.2%)
Previous Month	(1.1%)
Cocaine	
Lifetime Use	24 (1.9%)
Previous Year	2 (0.16%)
Previous Month	0 (0.00%)
Amphetamine	
Lifetime Use	2 (0.16%)
Previous Year	0 (0.00%)

Previous Month	0 (0.00%)
Inhalant	
Lifetime Use	31 (2.5%)
Previous Year	13 (1.1%)
Previous Month	6 (0.48%)
Tranquillizer	
Lifetime Use	83 (6.7%)
Previous Year	42 (3.4%)
Previous Month	10 (0.81%)
Sedatives	
Lifetime Use	26 (2.1%)
Previous Year	13 (1.1%)
Previous Month	4 (0.32%)
Heroin	
Lifetime Use	8 (0.65%)
Previous Year	0 (0.00%)
Previous Month	0 (0.00%)
Other Opiate	
Lifetime Use	25 (2.0%)
Previous Year	6 (0.48%)
Previous Month	3 (0.24%)

Table 2: The prevalence of drug use by the students.

Of the drugs surveyed, alcohol had the least mean age at first use (13.5 ± 3.6 years), while amphetamine had the highest mean age at first use (19.8 ± 1.6 years). The mean age at first use of tobacco and cannabis were 13.6 ± 2.6 years and 17.1 ± 1.7 years respectively. Onset of drug use was uncommon below age 10 and above 22. A large proportion of the respondents (39.7%) started using drugs while in secondary school and about 16.5% started using when they got into tertiary institutions.

There was a statistically significant difference between the respondent's type of religion and alcohol use. Christian students had more lifetime and previous month use of alcohol ($\chi^2 = 18.6$, $df = 2$, $p = 0.017$) and ($\chi^2 = 21.1$, $df = 2$, $p = 0.007$) respectively than students who practice other religions.

The family variables showed that there was a higher prevalence rate of alcohol use among students whose fathers were dead than those fathers were alive. This was statistically significant for lifetime use ($\chi^2 = 41.2$, $df = 1$, $p = 0.01$), previous year use ($\chi^2 = 40.34$, $df = 1$, $p = 0.001$) and previous month use ($\chi^2 = 433.1$, $df = 1$, $p = 0.001$). This trend was also followed for respondents whose mothers were dead compared to those whose mothers were alive. Respondents who came from divorced/separated homes had a significantly greater lifetime use of alcohol compared with those whose parents were still married. The higher the parent's educational level the more the use of alcohol by the respondents ($p < 0.001$, $p < 0.001$ and $p = 0.03$ for lifetime, previous year and month use respectively). The father's use of alcohol or tobacco was

associated with the respondents' use of alcohol at a statistically significant level for lifetime use, previous use and previous month use (Table 3).

Variable	Lifetime Use	Previous Year	Previous Month
Religion			
Christianity	292 (23.7%)	190 (15.4%)	152 (12.3%)
Islam	102 (8.3%)	88 (7.1%)	63 (5.1%)
Traditional	—	—	5 (0.4%)
X ²	18.6	13.8	21.1
P	0.017	0.09	0.07
Family Variables			
Father Alive	130 (10.5%)	41 (3.3%)	17 (1.4%)
Father Dead	187 (15.2%)	66 (5.3%)	47 (3.8%)
X ²	41.2	40.3	33.1
P	0.001	0.001	0.001
Mother Alive	101 (8.1%)	34 (2.8%)	23 (1.9%)
Mother Dead	170 (13.8%)	125 (10.1%)	97 (7.9%)
X ²	41.2	40.3	33.1
P	0.001	0.002	0.001
Marital Status			
Married	96 (7.8%)	47 (3.8%)	22 (1.8%)
Separated/ Divorce	121 (9.8%)	65 (5.3%)	37 (3.0%)
X ²	2.93	4.23	0.24
P	0.031	0.64	0.62
Parent Drug Use			
Father Drinks Alcohol			
Yes	111 (9.0%)	69 (5.7%)	53 (4.3%)
No	98 (7.9%)	31 (2.5%)	30 (2.4%)
X ²	38.2	43.6	9.8
P	0.01	0.01	0.002
Mother Drinks Alcohol			
Yes	27 (2.2%)	3 (0.2%)	1 (0.1%)
No	193 (15.7%)	132 (10.7%)	62 (5.0%)
X ²	31.05	31.59	0.245
P	0.01	0.001	0.040
Father Smokes Cigarette			
Yes	118 (9.6%)	53 (4.3%)	37 (3.0%)
No	9 (0.7%)	7 (0.6%)	7 (0.6%)
X ²	41.95	40.38	40.63
P	0.01	0.01	0.01
Mother Smokes Cigarette			
Yes	16 (1.3%)	4 (0.3%)	2 (0.2%)
No	164 (13.3%)	136 (11.0%)	63 (5.3%)
X ²	24.72	31.66	23.34
P	0.01	0.01	0.01

Table 3: Respondents' socio-demographic, family variables and alcohol use.

Discussion

This study reported a preponderance of male respondents. A predominance of males in Nigeria institutions of higher learning have also been reported in other studies [16,17]. This may be a reflection of societal attitude and culture which favors the male child. Given a choice, many families would prefer to educate the male child up to University level while the female would be encouraged to marry at an earlier age. The mean age of 23.95 years was similar to that obtained by Adewuya et al in a sample of undergraduate students (24.9 years) in Western Nigeria and Imaledo et al among students (21.3 years) in Port-Harcourt [18,19].

The lifetime prevalence rate of any drug use among the respondents was 69.2%. This was lower than the 78% reported by Makanjuola et al. in Ilorin and higher than the 23.7% reported by Tawasu in Maiduguri [16,20]. These differences while highlighting the complex nature of drug abuse, also reflect the different criteria used for the diagnosis of substance use. In addition, differences in methodology, socio-cultural characteristics of the various sample studies and the different numbers of drugs included may contribute to the observed differences.

Alcohol was the most prevalent lifetime drug of use (34.4%). This is in consonance with many drug surveys that found alcohol as the most prevalent drug of use among university undergraduates. Abayomi et al found a prevalence of 40%, Ebirim and Morakinyo (78%) and Adelekan et al reported a lifetime rate of 95.2% [21-23]. Among the general populace, alcohol is not considered a drug and its use is socially acceptable except in areas where it is prohibited on religious grounds. The order of prevalence of reported drug use in this study revealed that tobacco, tranquillizer, cannabis and inhalant followed alcohol in that order in terms of lifetime, previous year and month use. Hallucinogen use was not reported by students of these institutions and this may be because the use of the drug is not popular in the country.

A low lifetime prevalent rate of use of cannabis (6.2%) was reported. Studies among Nigerian students have reported a 2.3-11% lifetime rate of cannabis [16,20,24,25]. These values are however much lower than that reported from the Western countries on Cannabis use [26]. This is probably due to the liberal attitude these countries have towards its use. The Netherlands and Uruguay have actually decriminalized and accepted the cultivation and use of cannabis among its citizens [27,28].

The prevalence rate of drug use based on gender confirmed previous findings that drug use was a predominantly male activity [29,30]. The use of alcohol by Nigerian women is still not tolerated by society but accepted as part of the social lives of men. While a man may choose to take alcohol for temporary relief to his anxiety, a woman may rather take a minor tranquillizer. This might probably explain the higher rate of use of benzodiazepine among females than males at a statistically significant level for lifetime use and previous year use. This study showed that the majority of students started using drugs in middle - late adolescents, while still in secondary school. This is consistent with the findings from other studies [29,31-33].

This means that any drug abuse preventive measures need to start much earlier in the student's academic lives to achieve desired objectives. Currently in Nigeria, formal policies on drug abuse are not available in the school curriculum. There is need for the inclusion of drug education as part of the health promotion drive in primary, secondary and tertiary schools.

There was an association between alcohol use and type of religion. The Islamic faith has more stringent laws against alcohol than the liberal Christianity [34]. The father's alcohol use was significantly associated with the respondents' use of alcohol at all times. Lieb et al, observed that parental drinking behavior had a great influence on adolescents drinking patterns [35]. According to Fourney et al, children tend to follow their parents drinking patterns, irrespective of their levels of education [36]. Even though this explanation does not necessarily apply to other drugs, as role models, the involvement of parents in drug education programmes may enhance the effectiveness of such programmes. The results also showed a significant relationship between alcohol use and parental marital status. More respondents from divorced than married families had used alcohol in their lives. This is consistent with reports from Flewelling et al and Bonomo et al that children from dysfunctional families are more vulnerable to engage in drug behaviors than those from a stable family set up [1,37].

The strengths of the study lies in the use of well-standardized, internationally accepted instruments for data collection as this eased the comparability of the findings with those of similar survey elsewhere. The study utilized a large sample size comprising student intake from all parts of the country. The limitations include its cross-sectional design which was not the best in assessing the trend and roles of the perceived contributory factors. A longitudinal design in which students are followed up from admission to graduation would be most ideal. There was a problem of non-response, which might have introduced unknown errors; this was perhaps in common with other self-administered questionnaire surveys on drug use. However the effects of non-response could not invalidate the finding as majority of the target population participated in the study. The findings that sizable a number of students in this study started using drugs while in primary and secondary school points to the need for the early institution of preventive measures. It also calls for a formal policy of inculcating drug education into the academic curriculum for primary and secondary schools. There is also the need for a policy in the Nigerian tertiary institution to confidentially identify and assist drug dependent students overcome the habit and prevent the problem in those who are yet to be affected. Efforts should also be made to curtail the relatively easy access of students and the populace in general to benzodiazepines and other prescription drugs. This can be done by banning the chemist shops from selling prescription drugs. The bigger pharmacy shops would sell after verifying the doctors' signatures.

Conclusion

The study showed a high prevalence of drug use among students in the three higher institutions. It is important to make policies

that address the prevention and treatment of drug abuse in higher institutions in Nigeria.

References

1. Bonomo YA, Bowes G, Coffey C, Carlin JB, Patton GC (2004) Teenage drinking and the onset of alcohol dependence: a cohort study over seven years. *Addiction* 99: 1520-1528.
2. Newcomb MD, Bentler PM (1988) Consequences of adolescent drug use: Impact on the lives of young adults: Sage Publications, Inc.
3. Drugs UNOo, Crime (2016) World drug report 2016: United Nations Publications.
4. Fareo DO (2012) Drug Abuse among Nigerian Adolescents strategies for counselling. *The Journal of International Social Research* 20: 5-2.
5. Imam FZ (2004) Drugs/Substances Abuse Among Students Of Kaduna Polytechnics.
6. Degenhardt L, Chiu WT, Sampson N, Kessler RC, Anthony JC, et al. (2008) Toward a global view of alcohol, tobacco, cannabis, and cocaine use: findings from the WHO World Mental Health Surveys. *PLoS Med* 5: e141.
7. Ihezue UH (1988) Drug abuse among medical students at a Nigerian university: Part 1. Prevalence and pattern of use. *J Natl Med Assoc* 80: 81-85.
8. Oshodi O, Aina O, Onajole A (2010) Substance use among secondary school students in an urban setting in Nigeria: prevalence and associated factors. *African journal of psychiatry* 13: 1.
9. Dewing S, Plüddemann A, Myers BJ, Parry CD (2006) Review of injection drug use in six African countries: Egypt, Kenya, Mauritius, Nigeria, South Africa and Tanzania. *Drugs: education, prevention and policy* 13: 121-137.
10. Klein A (1994) Trapped in the traffick: growing problems of drug consumption in Lagos. *The Journal of Modern African Studies* 32: 657-677.
11. Okafor EE (2011) Youth unemployment and implications for stability of democracy in Nigeria. *Journal of sustainable Development in Africa* 13: 358-373.
12. Yusuf FA (2010) Factors Influencing Substance Abuse among Undergraduate Students in Osun State, Nigeria. *African Research Review* 4 :4.
13. Aluede O, Jimoh B, Agwinede BO, Omoregie EO (2005) Student Unrest in Nigerian Universities: Looking Back and Forward. *J Soc Sci* 10: 17-22.
14. Adelekan ML, Odejide OA (1989) The reliability and validity of the WHO student drug-use questionnaire among Nigerian students. *Drug Alcohol Depend* 24: 245-249.
15. Akinhanmi A (1996) Drug abuse among medical students in a state university in Nigeria. A study of the prevalence and pattern of drug abuse among medical students of Ogun State University at two points in time: Dissertation, West Africa College of Physicians, Faculty of Psychiatry.
16. Makanjuola AB, Daramola TO, Obembe AO (2007) Psychoactive substance use among medical students in a Nigerian university. *World psychiatry* 6: 48-50.
17. Adeyemi K, Akpotu N (2004) Gender analysis of student

- enrolment in Nigerian universities. *Higher Education* 48: 361-378.
18. Adewuya AO, Ola BA, Aloba OO, Mapayi BM, Oginni OO (2006) Depression amongst Nigerian university students. Prevalence and sociodemographic correlates. *Soc Psychiatry Psychiatr Epidemiol* 41: 674-678.
 19. Imaledo JA, Peter-Kio OB, Asuquo EO (2012) Pattern of risky sexual behavior and associated factors among undergraduate students of the University of Port Harcourt, Rivers State, Nigeria. *Pan African Medical Journal* 12 :1.
 20. Tawasu S (2005) Prevalence of Drug Abuse among medical students of the University of Maiduguri: Dissertation submitted to the National Postgraduate Medical College of Nigeria 8.
 21. Adelekan ML, Abiodun OA, Obayan AO, Oni G, Ogunremi OO (1992) Prevalence and pattern of substance use among undergraduates in a Nigerian University. *Drug Alcohol Depend* 29: 255-261.
 22. Chikere EI, Mayowa MO (2011) Prevalence and perceived health effect of alcohol use among male undergraduate students in Owerri, South-East Nigeria: a descriptive cross-sectional study. *BMC Public Health* 11: 118.
 23. Abayomi O, Onifade PO, Adelufosi AO, Akinhanmi AO (2013) Psychosocial correlates of hazardous alcohol use among undergraduates in southwestern Nigeria. *General hospital psychiatry* 35:320-324.
 24. Fatoye FO (2007) Substance use Among University Undergraduates: A Study of Pattern and Beliefs in Ile-Ife. *Niger Postgrad Med J* 14: 37-41.
 25. Nevadomsky JJ (1985) Drug use among Nigerian university students: prevalence of self-reported use and attitudes to use. *Bull Narc* 37: 31-42.
 26. Primack BA, Kim KH, Shensa A, Sidani JE, Barnett TE, (2012) Tobacco, marijuana, and alcohol use in university students: a cluster analysis. *Journal of American college health: J of ACH* 60: 374-386.
 27. Van Ours JC (2012) The long and winding road to cannabis legalization. *Addiction* 107: 872-873.
 28. Caulkins JP, Kilmer B, Kleiman MA (2016) *Marijuana Legalization: What Everyone Needs to Know?*: Oxford University Press.
 29. van Wel JH, Rosiers JF, Van Hal G (2016) Changes in Drug Use Among Belgian Higher Education Students: A Comparison Between 2005, 2009, and 2013. *Subst Use Misuse* 51: 1232-1238.
 30. Garrido-González I1, Bugarín-González R2, Machín-Fernández AJ1 (2016) [Drug abuse in nursing students]. *Enferm Clin* 26: 174-180.
 31. Didarloo A, Pourali R (2016) University Students' Views Regarding Reasons for Drug Abuse Among Youths. *International Journal of High Risk Behaviors & Addiction* 5: e24778.
 32. Babalola E, Akinhanmi A, Ogunwale A (2014) Who guards the guards: drug use pattern among medical students in a Nigerian University. *Annals of medical and health sciences research* 4: 397-403.
 33. Welte JW, Barnes GM (1985) Alcohol: The gateway to other drug use among secondary-school students. *J Youth Adolesc* 14: 487-498.
 34. Ghandour LA, Karam EG, Maalouf WE (2009) Lifetime alcohol use, abuse and dependence among university students in Lebanon: exploring the role of religiosity in different religious faiths. *Addiction* 104: 940-948.
 35. Lieb R, Merikangas KR, Höfler M, Pfister H, Isensee B, et al. (2002) Parental alcohol use disorders and alcohol use and disorders in offspring: a community study. *Psychol Med* 32: 63-78.
 36. Forney PD, Forney MA, Ripley WK (1988) Alcohol and adolescents. Knowledge, attitudes, and behavior. *J Adolesc Health Care* 9: 194-202.
 37. Flewelling RL, Bauman KE (1990) Family structure as a predictor of initial substance use and sexual intercourse in early adolescence. *Journal of Marriage and the Family* 52: 171-81.

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