



IMPACT OF SUBSTANCE ABUSE ON THE HEALTH AND WELL-BEING OF SENIOR SECONDARY SCHOOL STUDENTS OF OYE EGBO HIGH SCHOOL, OYE-EKITI

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Abstract

This research explored the frequency of psychoactive compound misuse and its resulting impacts on the psychological and physiological welfare of upper-level learners at Oye Egbo High School located in Oye-Ekiti. In particular, the investigation analyzed the widespread nature and trends of chemical dependency, its consequences on both bodily and emotional health, its disruption of scholarly achievements and interpersonal bonds, along with the underlying triggers driving this behavior. The theoretical foundation for this inquiry was built upon the Social Learning Theory. A descriptive survey framework was utilized to guide the methodology. From the total population of senior secondary attendees, a cohort of 150 participants was chosen through a simple random sampling approach. Information was gathered utilizing a well-structured questionnaire, and its consistency was verified via Cronbach's alpha, producing a reliability index of 0.70. The collected responses were evaluated utilizing simple percentages and frequency counts. Outcomes demonstrated a substantial rate of narcotic and alcohol reliance among the participants, with 70.0% acknowledging intake during academic hours and 80.0% verifying that such habits were widespread across the campus. Insufficient oversight from parents, coupled with pressure from classmates, stood out as the primary catalysts for this issue. The analysis also highlighted that dependency severely impaired physical wellness; participants documented symptoms ranging from weight depletion and chronic headaches to exhaustion, emotional volatility, anxiety, and a diminished capacity to focus. Furthermore, these habits deteriorated social dynamics and classroom success, yielding poor test outcomes and fractured connections with relatives and friends. Participants overwhelmingly endorsed the introduction of campus-based educational campaigns, rehabilitation provisions, and psychological support as viable preventative tactics. Ultimately, the paper determined that narcotic dependence is a critical medical and scholastic threat to teenagers. To curb this trend and elevate student welfare,



the study suggested boosting health awareness, expanding campus therapeutic resources, encouraging active parenting, and establishing unified prevention initiatives that bring together governmental bodies, local communities, families, and educational institutions.

Keywords: Scholastic Attainment, Psychological Wellness, Social Conformity, Psychoactive Dependency, Holistic Welfare

1. Background to the Study

While the consumption of alcoholic beverages and mind-altering compounds dates back hundreds of years, the harmful exploitation of these elements has escalated into a critical societal and medical crisis in modern times. The World Health Organization [WHO], (2024) defines this phenomenon as the detrimental intake of psychological stimulants, encompassing illicit narcotics and liquor, in ways that deteriorate a person's physical condition, communal interactions, and general prosperity. Even though certain items like tobacco and alcohol enjoy cultural acceptance across various regions, their chronic mishandling, coupled with the intake of illegal contraband such as amphetamines, heroin, cocaine, and marijuana, has fundamentally fueled global spikes in premature mortality, criminal activities, physical impairments, and widespread disease (World Health Organization, 2024).

On a global scale, the misuse of narcotics is compounding at a frightening pace. Data provided by the United Nations Office on Drugs and Crime revealed that roughly 292 million individuals consumed illicit substances throughout 2024, marking a twenty percent surge compared to the preceding ten years. Marijuana maintained its position as the predominant substance of choice, closely trailed by ecstasy, cocaine, amphetamines, and opioids. Concurrently, reports from the World Health Organization highlighted that fatalities linked to narcotic and alcohol dependency exceed three million individuals each year, with liquor alone accounting for approximately 2.6 million deaths during 2019. Such alarming metrics highlight the massive socioeconomic and physiological tolls exacted by drug dependency worldwide (United Nations Office on Drugs and Crime, 2024).

Within Nigeria, the improper use of stimulants has mutated into an escalating healthcare dilemma, specifically impacting young adults and teenagers. Projections from the National Drug Law Enforcement Agency (NDLEA) indicate that more than 14.3 million citizens between the ages of 15 and 64 partake in psychoactive chemical use. This equates to a prevalence of 14.4%, a figure that eclipses global norms. Psychotropic materials like tramadol, codeine, and cannabis frequently top the list of abused compounds nationwide. This expanding crisis has been directly tied to an upsurge in antisocial conduct, declining academic outcomes, psychiatric disorders, and various other communal disruptions (Nwika, 2022).

The dynamics of how young Nigerians interact with these compounds have shifted considerably over time. Historically, indigenous cultural frameworks frowned upon underage drinking. However, the post-colonial boom of the alcohol sector, the proliferation of local breweries, and relentless promotional campaigns have drastically boosted the reach and intake of alcoholic drinks. As a result, modern teenagers face heightened exposure to liquor and mind-altering chemicals, driven by their immediate environments, relatives, and peer circles (Okafor, 2022).



The infiltration of these habits into secondary schools as reported by Okafor (2022) is especially alarming because the teenage years represent a pivotal phase for psychological, emotional, and bodily growth. Throughout this window, adolescents naturally gravitate toward risky behaviours, experimentation, and conforming to peer expectations. Research continuously highlights elevated addiction statistics among the nation's youth, worsened by the effortless availability of contraband in public spaces like abandoned structures, street intersections, and transit hubs. Even with extensive governmental counter-measures and public education drives, chemical reliance among high schoolers keeps climbing. This leaves them highly vulnerable to hazardous activities, social alienation, severe health setbacks, and academic failures.

Driven by these realities, the current investigation evaluated how prevalent chemical reliance is and how it degrades the psychological and physical state of upper-level scholars at Oye Egbo High School. The resulting insights aim to enrich existing literature and offer actionable intelligence for stakeholders, including policymakers, medical practitioners, parents, and teachers, to design robust interventions that curtail and prevent youth addiction.

2. Statement of the Problem

The ingestion of illicit materials by senior high school attendees is expanding rapidly, carrying severe repercussions for the broader community, family units, and the users themselves. In spite of widespread warnings regarding the dangers, the improper intake of items like amphetamines, ecstasy, nicotine, cannabis, and alcohol continues to surge among the nation's younger demographics. A significant number of learners operate under the false assumption that chemical stimulants boost academic output, yet the reality is that such habits consistently trigger detrimental scholastic and physical consequences. Investigations show that addicted learners frequently suffer from enduring personality shifts, delusions, hallucinations, poor decision-making, and academic collapse. Historically, youth addiction primarily involved organic items like heroin and marijuana, alongside caffeine, tobacco, and alcohol.

Lately, however, there has been an astounding spike in the usage of easily accessible synthetic formulations, including tramadol, codeine, sedatives, and amphetamines. The fallout from this crisis reaches far past the individual, threatening the fabric of society. A large portion of affected students risk destroying their educational prospects, triggering mental illness, or slipping into dangerous underground activities like violent clashes, financial fraud, armed theft, and cult affiliations. These destructive paths not only wreck individual futures but also heavily compromise national security and social order. The seamless accessibility of mind-altering substances across the country actively fuels this epidemic (Adegunju et al., 2024).

Because foreign trafficking cartels routinely smuggle contraband into the region, these illicit items easily reach at-risk demographics, particularly school-aged youths. Comparative studies highlight that Nigeria ranks second among developing nations in abuse metrics related to opioids, cannabis, and alcohol. Tackling this escalating threat demands proactive detection and swift intervention mechanisms. A unified front involving the local community, guardians, medical specialists, and educators is vital to halt the proliferation of these dangerous habits while safeguarding the academic triumphs, wellness, and health of Nigerian students. Senior secondary learners represent the ideal demographic for this study since they occupy a transitional growth phase characterized by risk-taking, boundary-testing, and identity establishment (Okafor, 2022).



Because they are intensely vulnerable to social pressure, engaging in drug intake often becomes a tool to secure peer validation. The adolescent phase is also marked by profound psycho-emotional shifts, leaving young people highly susceptible to compromised reasoning and environmental stressors. Engaging in substance misuse during this delicate timeframe can inflict irreversible damage on their long-term capabilities, cognitive maturation, and school grades. Stepping in early is critical to warding off permanent damage and ensuring these young individuals can build secure, stable lives within the community.

3. Purpose of the Study

The primary aim of this research was to analyze the frequency, consequences, and underlying catalysts of chemical reliance among upper-level secondary learners in Oye-Ekiti, alongside outlining viable deterrents. In detailed terms, the specific objectives were:

- i. to explore the spread and specific trends of narcotic and alcohol misuse within the senior student demographic.
- ii. to evaluate how this dependency physically and psychologically harms these teenagers.
- iii. to determine the extent to which these habits disrupt the interpersonal connections and classroom success of the affected youth.
- iv. to isolate the specific variables driving this behaviour and propose actionable intervention and prevention blueprints.

4. Research Question

To steer the trajectory of the investigation, the following questions were formulated:

- i. What is the current scale and nature of chemical dependency among upper-level secondary learners located in Ekiti State?
- ii. In what ways does this reliance deteriorate the bodily and emotional wellness of these teenagers?
- iii. How does narcotic misuse alter the social dynamics and scholastic achievements of the student body?
- iv. Which underlying elements push these students toward addiction, and what tactical measures can be deployed to intervene and prevent it?

5. Conceptual Clarification

5.1 Substance Abuse

A substance represents any chemical agent utilized to verify diagnoses, manage, heal, or prevent illness, ultimately promoting psychological and physical wellness. Conversely, substance abuse is defined as the routine and repeated application of any chemical compound to artificially modify physical or mental states outside of authorized medical guidelines in a manner that inflicts psychological or bodily damage upon the consumer or those around them. As detailed by Nwika (2022), a drug encompasses any mixture, compound, element, or specific substance designed to trigger functional alterations in human organs, tissues, or cells for medical rationale; such items might be administered purely or combined with inactive additives. Drug misuse, therefore, occurs when these elements are taken devoid of clinical supervision or precise prescriptions. The dosage



might fall below or exceed recommended limits, eventually breeding physical tolerance or severe addiction.

According to Rice and Dolgin (2018), chemical dependency is characterized by an overpowering compulsion to ingest specific compounds, fully aware of the potential or actual devastation it brings to the broader society and the individual user. This concept covers both outlawed narcotics and lawful medications. Individuals trapped in this dependency cycle generally lack the capacity to quit independently and require professional therapeutic interventions to achieve sobriety.

Often labelled interchangeably with drug abuse, substance abuse covers a broad spectrum of destructive behaviours linked to the excessive consumption of illicit narcotics, prescription pills, and liquor, culminating in severe distress and functional impairment. Multiple clinical definitions attempt to capture the intricate nature of this issue. The American Psychiatric Association categorizes it as a pattern of usage that routinely results in interpersonal friction, social dilemmas, legal entanglements, and the abandonment of personal responsibilities. The World Health Organization offers a broader perspective, defining it as the hazardous administration of mind-altering elements, including narcotics and alcohol, which triggers a dependency syndrome, a complex amalgamation of physiological, cognitive, and behavioural shifts (World Health Organization, 2024). Consequently, it is evident that chemical abuse transcends mere physical reliance, weaving deeply into social and behavioural degradation.

5.2 Prevalence of Substance uses and Abuses

Globally, alcohol reigns as the most frequently misused compound. Statistics indicate that one in every thirteen individuals worldwide battles alcoholism or actively misuses liquor. Data presented by Weinberg (2021) suggests that between 10% and 20% of the general public actively consume alcohol. Weinberg's research further notes that within the United States, roughly three million drinkers fall between the ages of 13 and 18. Furthermore, comprehensive assessments by SAMHSA illustrate that 33% of older teens (16-18 years), 20-21% of mid-teens (13-15 years), and 7-8% of younger adolescents (12-13 years) partake in drinking. This confirms that liquor intake initiates early in life and aggressively scales up as individuals mature. Throughout their lifespans, approximately 20% of men and 10% of women meet the clinical thresholds for alcohol abuse, with men engaging in binge drinking at notably steeper rates than women (Lawal et al. 2025).

Focusing on Nigeria, UNODC (2018) statistics highlight that roughly 15% of the adult population utilized tobacco products, breaking down to approximately 1% of women and 7% of men engaging in smoking. Current appraisals of the nation's adult tobacco and alcohol habits align closely with the 2012 Global Adult Tobacco Survey conducted by the World Health Organization. Commercially manufactured cigarettes emerged as the most widely used tobacco variant nationwide, with consumers averaging 78 sticks monthly. Altogether, near 25% of adult Nigerian males and females reported tasting an alcoholic drink at least once in their lives. Among these consumers, 15% ingest liquor daily, while over 40% do so sporadically. Consequently, survey data indicates that 13% of the interviewed women and 25% of the men qualify as alcoholics.

5.3 Health Effects of Substance Abuse

An array of physical and mental damages is tethered to the misuse of chemical agents. Continual intake inevitably breeds dependency. Trapped users will persist in their consumption despite the glaring psychological and bodily injuries they sustain. The physiological and biochemical facets of



this reliance frequently, though not universally involve building a tolerance; this means the user requires progressively massive doses to secure the original high, and severe withdrawal mechanisms initiate if the drug is withheld. Becoming dependent is an intricate phenomenon powered by a collision of psychological, neurochemical, and biogenetic variables (Ezekwem & Aina, (2021). Because addiction strips away personal control, those who misuse items like alcohol rarely foresee themselves spiraling into full dependence. The addiction trajectory is marked by a relentless compulsion to satisfy a craving; it is clinically recognized when a user's routine consumption leads to a breakdown in their social, emotional, and physical capabilities.

For teenagers, the descent into reliance generally tracks a specific pathway: early initiation and experimentation, advancing to social or casual intake, morphing into routine usage, and finalizing in absolute dependence. The initial experimental phase usually strikes between the ages of 12 and 16. During this window, youth falsely assume that testing out these substances is both harmless and normal (Lawal et al. 2025).

Tobacco is uniquely versatile; it can be inhaled as a fine powder, smoked, or chewed. Nicotine acts as the primary addictive hook within the plant. When combusted, tobacco releases highly damaging elements, primarily carbon monoxide, tar, and nicotine. Aesthetically, smoking discolors the skin, stains dental enamel, and leaves a foul odor on clothing, bodies, and breath. Internally, it degrades lung capacity by funneling foreign debris into delicate tissues, irritates the respiratory tract, narrows blood pathways, and accelerates the heartbeat. Prolonged usage directly triggers various lung conditions, emphysema, throat and lung malignancies, and premature cardiac arrest. Even occasional smoking drastically cuts life expectancy, trimming nine years for males and seven years for females. Marijuana, derived from the flowering buds and pulverized dried leaves of the *Cannabis sativa* plant, is another common drug (Johnson & Williams, 2022).

While occasionally ingested via baked goods or steeped into teas, smoking remains the most popular delivery route. The physiological shifts induced by marijuana heavily depend on the volume consumed and the strain's potency. Consumers frequently report feelings of sociability and relaxation. Immediate physical reactions include slight spikes in blood pressure, lowered eye pressure, heightened hunger, severe dryness in the throat and mouth, and watery, bloodshot eyes. Modern synthetic variants and vaping devices have complicated the medical landscape further due to their distinct biological impacts and chemical structures (Johnson & Williams, 2022).

Engineered to mimic classic illicit narcotics, synthetic compounds carry extreme biological hazards. Items like "bath salts" (synthetic cathinones) and "Spice" or "K2" (synthetic cannabinoids) are synthesized in underground labs. Because their chemical blueprints vary wildly, they trigger severe and highly unpredictable bodily reactions. Consumers frequently suffer life-threatening emergencies, seizures, intense hallucinations, and skyrocketing heart rates. The complete absence of manufacturing oversight exponentially magnifies these dangers, as buyers routinely ingest unknown chemical blends without understanding their volatile interactions. Vaping devices, originally touted as a benign alternative to combustible cigarettes, have similarly revealed devastating health consequences (International Narcotics Control Board, 2023).

The vapor expelled by e-cigarettes is packed with dangerous agents, including flavoring chemicals, volatile organic compounds, and nicotine, all of which are linked to cancer, cardiac disorders, and lung degradation. Medical emergencies tied to vaping feature potential heart anomalies, respiratory diseases like bronchitis and severe asthma, and aggressive nicotine addiction. While scientists are



still mapping the long-term biological fallout of e-cigarettes, existing data strongly challenges their presumed safety. The rapid popularity of these items among adolescents is deeply troubling (Kalu & Oloruntoba (2019).

In the UK, for example, the demographic of underage e-cigarette users has swelled drastically, with almost 20% of youths aged 11 to 17 admitting to vaping. This alarming metric has forced authorities to launch influencer-led campaigns aiming to educate teens on the medical dangers and dissuade usage. American Psychiatric Association (2022), reported that the National Health Service (NHS) is now actively distributing nicotine patches and gum to teenagers as young as 13 to combat severe vaping addictions. Additionally, localized outbreaks of highly potent chemical blends, such as "monkey dust," have devastated certain neighborhoods. In places like Stoke-on-Trent, UK, the drug has triggered public chaos, violent outbursts, and extreme psychotic episodes among consumers, severely straining the regional medical infrastructure. The sheer cheapness and accessibility of the drug have fueled horrific social decay and rampant addiction in the area.

5.5 Economic Effects of Substance Abuse

The financial toll of drug reliance is staggering, manifesting as chronic absenteeism, workplace accidents, degraded occupational output, and general inefficiency, all of which bleed societal and industrial resources. Furthermore, this epidemic heavily drains the healthcare sector, siphoning off precious funds that could otherwise elevate general public health. Countless lives perish and medical supplies are squandered responding to narcotic-induced accidents. Colossal financial resources are funneled into hospital care, preventative outreach, and rehabilitation facilities. Even though a majority of addicts never engage with professional help, those misusing alcohol still make up a massive percentage of fresh intakes at both psychiatric and general medical centers. Extra financial burdens stem from accommodating defendants awaiting trial, transporting addicts through the judicial system, and housing and feeding inmates in penal institutions. The pharmaceuticals required for detox and recovery carry enormous price tags. Policing the consumption of illegal drugs and alcohol is equally demanding. Ultimately, addiction acts as a crushing financial weight on the state (Ezekwem & Aina, 2021).

Those caught in the cycle of addiction not only endure compounding mental and physical decay, but they also lose the economic, social, and psychological leverage needed to escape their circumstances. The subsequent socioeconomic and medical fallout actively destabilizes national progress, good governance, and democratic integrity. The financial drain associated with smoking mirrors the destruction caused by alcohol. Tobacco users are responsible for approximately 145 million disability days and over 80 million lost workdays annually, drastically outpacing their non-smoking counterparts. The medical bills linked directly to drug mismanagement are astronomical.

Healthcare facilities are routinely flooded by misusers seeking urgent care for chronic illnesses like tuberculosis, hepatitis B and C, and HIV/AIDS diseases rampant among intravenous users—as well as severe side effects and fatal overdoses. Managing these conditions necessitates specialized interventions, lengthy recovery periods, and repeated hospital stays, severely inflating medical budgets. According to a 2013 assessment by the International Narcotics Control Board, a mere one in six severe drug users globally receives clinical help, generating an annual price tag of roughly \$35 billion. If every addicted individual sought treatment, the financial output would balloon to an estimated \$200-250 billion, representing up to 0.4% of the planet's total GDP. While precise fiscal statistics for Nigeria are unavailable, the intensely high rate of usage guarantees a massive



economic strain on the national medical framework. The indirect financial damages are equally colossal.

Addiction intrinsically sabotages physical dexterity and cognitive sharpness, pushing up workplace mishap rates and absenteeism, which ultimately guts workforce efficiency and output. Furthermore, heavily addicted individuals often slip into underemployment or total joblessness, pulling even more value out of the economy. An evaluation conducted by Ikhayere et al. (2020) analyzed how drug reliance stunted Nigeria's economic trajectory between 1993 and 2017. The researchers concluded that rampant addiction drastically suppressed the nation's authentic economic expansion. In contrast, individuals who conquered their dependencies and reintegrated into society generated measurable economic benefits, proving that well-executed rehabilitation initiatives yield positive financial returns.

5.6 Factors Influencing Substance Abuse

Lower societal and financial standing is heavily intertwined with escalated drug abuse and heavy alcohol consumption. Teenagers suffering from depression frequently come from households marked by limited parental education and restricted income. Even when familial wealth is adequate, a lack of parental education closely tracks with spikes in adolescent smoking habits. In a lengthy observation of 360 individuals spanning from 1977 to 2000, Reinherz et al. (2020) pinpointed large household dimensions and depressed socioeconomic backgrounds as primary predictors of chemical dependency issues later in young adulthood. Conversely, research spearheaded by Hamilton et al. (2019) indicated that teenagers aged 12 to 19 raised by university-educated guardians showed a much lower propensity for dabbling in illicit drugs or engaging in reckless drinking.

Consuming narcotics is inherently hazardous, yielding both immediate psychological distress and enduring mental trauma. While personal vulnerabilities definitely play a role, the broader socio-demographic context largely dictates both the likelihood of a person experimenting with drugs and the ultimate psychiatric fallout they will suffer. Variables such as linguistic background, ethnicity, race, and age seamlessly merge with economic markers like schooling and income to progressively erode an individual's psychological stability. These overlapping determinants are exactly what breed severe health inequalities, alienating heavy users from the broader population (Alhassan et al, 2019).

Prior investigations confirm that abusing drugs directly restricts occupational success and academic mastery. Extreme alcohol intake is famously tied to fatal traffic collisions and rampant public safety hazards. Because possessing these compounds violates legal statutes, and ingesting them routinely courts psychiatric collapse, young adults face catastrophic risks when engaging in this lifestyle. Although a vast portion of historical literature focuses heavily on impoverished youth, broader data proves that items like marijuana severely blunt a user's ability to learn, remember, and focus. These cognitive deficits can linger for minutes, hours, or even weeks after the initial high fades (Ani, 2015). Therefore, chronic consumers effectively force their brains to operate at a deficit almost constantly. It is entirely unsurprising that evidence points to marijuana-smoking teenagers suffering higher dropout rates and significantly worse academic grades than their sober peers.

5.7 Theoretical Framework: Social Learning Theory

Albert Bandura introduced the Social Learning Theory in 1977. Formulated to expand upon classic behavioral theories, this model dictates that human actions are absorbed through reinforcement,



modeling, replication, and direct observation. Bandura argued that learning isn't just about personal trial and error; it happens dynamically as people watch the behaviors of those around them and register the subsequent rewards or punishments. The framework insists that environmental pressures, internal personal traits, and external actions constantly feed into one another a dynamic labeled "reciprocal determinism". As a result, teenagers face a heightened temptation to misuse drugs if they witness respected figures, be it celebrities, guardians, siblings, or peers, consuming narcotics without suffering instant backlash. The theory also suggests that actions earning social applause or tangible rewards will likely persist, while penalized actions will fade. Therefore, the hunger for conformity, innate curiosity, communal inclusion, and peer validation act as potent psychological rewards that push youth toward addiction.

The primary advantage of this theoretical model lies in its thorough breakdown of how social circles and environments manipulates individual choices. It perfectly rationalizes why drug habits spread so rapidly among teenagers who share spaces with addicted family members or friends. Because it highlights the sheer power of reinforcement, observation, and modelling, researchers frequently lean on this theory when studying adolescent health trends. Furthermore, it provides an exceptional blueprint for fixing the problem, championing solutions like behavioral conditioning, peer-led education, strict parental oversight, and the introduction of positive mentors. It also validates the deployment of mentorship networks, therapeutic interventions, and campus-wide educational blitzes to combat addiction.

However, the theory is not without its flaws. It leans heavily into social and external drivers, somewhat marginalizing the psychological, genetic, and biological predispositions that make certain individuals deeply vulnerable to addiction. Additionally, it paints humans as highly rational creatures who intentionally mimic what they see, ignoring the reality that chemical reliance often stems from personal tragedies, clinical addiction, psychiatric crises, or overwhelming emotional pain rather than mere observation. It also struggles to clarify why some youths, completely surrounded by toxic environmental triggers, actively refuse to engage in substance misuse.

Despite these gaps, the Social Learning Theory perfectly aligns with this research, offering an ideal lens to dissect the rampant chemical abuse among senior learners at Oye Egbo High School. The collected data confirmed that a massive segment of the student body views social pressure as the core driver of their addiction. This directly validates Bandura's claim that behaviors are absorbed by interacting with and watching influential figures in one's immediate circle. The model also clarifies why addicted students suffer cascading failures in their friendships, school grades, and mental health, as prolonged exposure to drug-using social groups entrenches toxic habits. Finally, the students' overwhelming demand for better parental monitoring, professional counseling, and campus awareness campaigns perfectly mirrors the theory's focus on healing through positive reinforcement and environmental restructuring. Thus, Bandura's model supplies a formidable conceptual base for decoding the roots of teenager addiction and engineering potent counter-measures.

6. Research Design

A descriptive survey blueprint was selected to execute this inquiry. This specific approach was chosen because it empowers investigators to extract granular details from a large demographic, allowing for the accurate mapping of their beliefs, attitudes, habits, and traits without artificially altering any elements of the study. The descriptive model was exceptionally fitting for this



endeavour as it allowed for the direct gathering of raw data from the high schoolers concerning the reach of chemical dependency and its subsequent toll on their personal welfare. Moreover, it offered a rigorous, methodical framework for decoding the participants' personal histories and viewpoints, ensuring the resulting conclusions accurately reflected the broader student body.

6.1 Population of the Study

The target demographic for this investigation encompassed the entire upper-level student body enrolled at Oye Egbo High School in Oye-Ekiti. These learners were divided across three primary academic tracks: Science, Commercial, and Arts. In total, the demographic numbered roughly 700 teenagers. Because of strict limitations regarding logistics, funding, and time, surveying every single student was impossible. As a solution, a scaled-down representative group was extracted from the main body. These older high schoolers were deemed the ideal subjects since their age places them squarely in the adolescent bracket a developmental window universally acknowledged as highly prone to addiction and its ensuing social and medical crises.

6.2 Sample Size Determination

The final testing pool comprised 150 upper-level learners, distilled from the broader population of 700. The specific headcount was calculated applying the Krejcie and Morgan (1970) determination matrix, which supplies mathematically sound sample limits for fixed populations. This precise group size was judged ample to produce trustworthy statistics and guarantee that the ultimate conclusions authentically mirrored the larger student collective.

6.3 Sampling Technique

To select the exact participants, a simple random selection method was deployed. This strategy guaranteed that every single student within the 700-person population had an identical probability of being drafted, actively stripping away inherent bias and boosting the sample's overall accuracy. This technique was deeply appropriate because the target demographic was largely uniform concerning their social vulnerabilities, age bracket, and academic environment. Consequently, utilizing a simple random draw fortified the broader applicability and scientific validity of the final data.

6.4 Instrument for Data Collection

The central tool utilized to harvest information was a highly structured, closed-ended questionnaire named the "Prevalence of Substance Abuse and Its Effects on the Health and Well-being of Senior Secondary School Students". This document was engineered to extract precise metrics regarding how frequently these teenagers engaged with narcotics, alongside the subsequent fallout on their academic, social, emotional, and physical states.

The survey was segmented into five distinct categories. Section A gathered foundational demographic details regarding the participant's academic grade, gender, and age. Section B zoomed in on the trends and frequency of drug interactions among the students. It featured questions aimed at uncovering the core drivers of their habits, how often they consumed, the specific categories of narcotics favored, and their general exposure to such chemicals. Section C evaluated the medical and psychological damages triggered by these habits, cataloging the specific health crises tied to usage. Section D focused entirely on scholastic fallout, measuring how addiction skewed their overall educational triumphs, classroom engagement, ability to concentrate, and daily attendance.



Finally, Section E collected student opinions on the best tactics to intercept and shrink addiction rates across the campus.

6.5 Validity and Reliability of the Research Instrument

The validity of the research instrument was established through expert assessment to ensure that the questionnaire adequately covered the objectives, research questions, and variables of the study. The instrument was subjected to careful review by experts in the relevant academic field, who examined the items for clarity, relevance, and appropriateness. Their observations and recommendations were considered in modifying the final version of the questionnaire before administration.

To determine the reliability of the instrument, the test–retest method was adopted. The questionnaire was administered to a pilot group of 30 respondents who were not included in the main study. After an interval of two weeks, the same instrument was re-administered to the same respondents to assess the stability and consistency of the responses. The data obtained from the pilot exercise were analysed using Cronbach’s alpha reliability coefficient, which produced a reliability index of 0.70. This value indicates an acceptable level of internal consistency, confirming that the instrument was reliable and suitable for data collection in the study.

6.7 Ethical Consideration

Ethical standards were strictly followed throughout the research process to protect the rights, privacy, and welfare of the respondents. Before the commencement of data collection, permission was obtained from the management of Oye Egbo High School, Oye-Ekiti, to conduct the study within the school environment. The purpose, objectives, and procedures of the study were explained clearly to the respondents, and informed consent was obtained before administering the questionnaire.

Participation in the study was voluntary, and respondents were informed of their right to refuse participation or withdraw from the study at any point without any form of penalty. The anonymity and confidentiality of participants were maintained by ensuring that no names or personal identifiers were required on the questionnaire. All information collected was treated confidentially and used strictly for academic purposes. Furthermore, the study was conducted in a manner that prevented physical, psychological, or emotional harm to participants while ensuring respect for their dignity, privacy, and autonomy throughout the research process.

7. Presentation and Analysis of Data

This section presents, analyses, interprets, and discusses the data collected on the prevalence of substance abuse and its effects on the health and well-being of senior secondary school students in Oye Egbo High School, Oye-Ekiti. The presentation of findings was structured according to the objectives of the study and focused on providing empirical evidence regarding the prevalence and patterns of substance abuse, its effects on students’ physical and mental health, its influence on academic performance and social relationships, factors contributing to substance abuse, and strategies for prevention and intervention.

Data were collected using a structured questionnaire and analysed through frequency counts and simple percentages. The findings are presented in tables, followed by appropriate interpretations to enhance understanding of the responses obtained from the participants.

Table 1: Demographic distribution of respondent which include age, gender and class (N = 150)

Characteristics	Response	Frequency	Percentage (%)
Age	13 – 15	25	16.7
	16 – 18	80	53.3



	19 above	45	30
Gender	Male	100	66.7
	Female	50	33.3
Class	SS1	20	13.3
	SS2	55	36.7
	SS3	75	50

Source: Field Survey, 2025

The metrics housed in Table 1 demonstrate that the largest block of surveyed individuals, totaling 80 students (53.3%), fell into the 16 to 18 age brackets. Meanwhile, 45 learners (30.0%) were 19 or older, and 25 teenagers (16.7%) occupied the 13 to 15 age zone. This confirms that the bulk of the participants were navigating middle to late adolescence, a timeframe historically recognized as highly susceptible to narcotic temptation.

Regarding the gender split, 100 individuals (66.7%) identified as male, while 50 (33.3%) identified as female. This highlights a distinct male majority within the testing pool.

Looking at academic levels, 75 youths (50.0%) belonged to SS3, 55 (36.7%) were seated in SS2, and 20 (13.3%) were enrolled in SS1. This means the data is heavily weighted toward final-year students, who presumably hold a deeper understanding and wider observational experience regarding campus drug dynamics.

Table 2: Prevalence and pattern of substance abuse among senior secondary school students in Ekiti State (N = 150)

Statement	Responses options	frequency	Percentage (%)
Have you personally used substances (e.g., alcohol, cigarettes, marijuana) during school hours.	Yes	105	70
	No	45	30
Substance abuse is common among students in my school	Yes	120	80
	No	30	20
Most students who use substances do so because of peer pressure	Yes	95	63.3
	No	55	36.7

Source: Field Survey, 2025

The statistics outlined in Table 2 expose that 105 teenagers (70.0%) openly confessed to partaking in items like marijuana, tobacco, or alcohol while on school grounds during academic hours, whereas 45 students (30.0%) denied doing so. This points to an alarming density of active users within the student body.

Along with this, 120 youths (80.0%) confirmed that narcotic misuse is a frequent, normal occurrence across the campus, with only 30 (20.0%) contesting this claim. This solidifies the reality that chemical reliance is a deeply entrenched, systemic issue at the institution.

Additionally, 95 learners (63.3%) pointed to social pressure from classmates as the primary catalyst for this behavior, while 55 (36.7%) disagreed. This metric underscores that the intense desire for peer validation is a massive engine driving addiction among these high schoolers.



Table 3: Effects of substance abuse on the mental and physical health of senior secondary school students (N = 150)

Statement	Responses options	frequency	Percentage (%)
Substance abuse has negatively affected my ability to concentrate in class	Yes	145	96.7
	No	5	3.3
Students often feel anxious, depressed, or emotionally unstable after using substances.	Yes	120	80
	No	30	20
Using substances has led to physical symptoms such as fatigue, headaches, or weight loss.	Yes	115	76.7
	No	35	23.3

Source: Field Survey, 2025

Data presented in Table 3 illustrates that a massive 145 participants (96.7%) admitted their classroom focus was severely compromised by their drug habits, leaving a mere 5 individuals (3.3%) who felt unaffected. This makes it starkly clear that narcotics heavily sabotage a student's cognitive engagement. The grid also highlights that 120 teenagers (80.0%) witnessed spikes in emotional volatility, depression, and anxiety following chemical consumption, while 30 (20.0%) did not. This is definitive proof of the severe psychological trauma inflicted by these compounds. Lastly, 115 youths (76.7%) confirmed that their habits triggered distinct bodily ailments, notably unexplained weight drops, chronic exhaustion, and intense headaches, whereas 35 (23.3%) reported no such physical fallout. This verifies the profound physical dangers associated with teen drug abuse.

Table 4: Substance abuse impacts the academic performance and social relationships of senior secondary school students (N = 150)

Statement	Responses options	frequency	Percentage (%)
Substance abuse has negatively affected my ability to perform well in exams and assignments.	Yes	135	90
	No	15	10
I have experienced a decline in my overall academic performance due to substance use.	Yes	120	80
	No	30	20
Substance abuse has strained my relationships with friends and family.	Yes	140	93.3
	No	10	6.7
I find it difficult to maintain social relationships due to the effects of substance abuse.	Yes	100	66.7
	No	50	33.3

Source: Field Survey, 2025

According to the figures in Table 4, 135 respondents (90.0%) acknowledged that their scores on homework and tests plunged due to narcotic use, compared to just 15 (10.0%) who felt their grades were safe. This heavily implies that addiction directly capsizes scholastic success.

Matching this trend, 120 students (80.0%) verified a noticeable downward slide in their general academic standing linked directly to their habits, while 30 (20.0%) rejected this correlation. This acts as further evidence of the catastrophic educational toll exacted by these chemicals.



The matrix also reveals that 140 youths (93.3%) confessed their addictions had fractured their bonds with relatives and peers, with only 10 (6.7%) denying any social friction. Furthermore, 100 participants (66.7%) admitted they struggled significantly to keep their social lives intact because of their habits, while 50 (33.3%) managed to maintain their relationships. These metrics confirm that chemical reliance is a wrecking ball to both the classroom capabilities and the vital interpersonal networks of young adults.

Table 5: Factors contributing to substance abuse among senior secondary school students, and strategies can be employed for prevention and intervention (N = 150)

Statement	Responses options	frequency	Percentage (%)
Peer influence is a major reason why students engage in substance abuse.	Yes	135	90
	No	15	10
Lack of parental supervision contributes to students' involvement in substance use.	Yes	150	100
	No	0	0
Awareness programs in schools can help reduce the rate of substance abuse among students.	Yes	150	100
	No	0	0
Counseling and rehabilitation services should be made available in schools to support affected students.	Yes	150	100
	No	0	0

Source: Field Survey, 2025

The evaluations in Table 5 indicate that 135 learners (90.0%) pinpointed peer manipulation as a central driver of student drug habits, with 15 (10.0%) disagreeing. This amplifies just how dangerously persuasive classroom social dynamics can be.

Strikingly, every single participant—150 individuals, constituting 100% of the pool—agreed that absent parenting directly pushes youths toward chemical reliance. Equally, a full 100% of the demographic supported the idea that initiating educational awareness drives on campus would successfully curb addiction rates, and unanimously agreed that clinical rehab and psychological counseling must be integrated into the school framework to rescue trapped students.

8. Discussion of Findings

This segment cross-references the fresh data with established academic literature, illuminating where the new metrics align with or differ from historical studies, ultimately forging robust conclusions drawn directly from the feedback of the Oye Egbo High School demographic.

The primary discovery was the massive density of addiction across the campus. The numbers highlighted that 70.0% of the polled youths had indulged in marijuana, alcohol, or nicotine while technically in class, and 80.0% verified that such behavior is normalized throughout the institution. Furthermore, 63.3% of the demographic blamed peer pressure for igniting these habits. These realities perfectly echo older investigations spanning the country. As an example, a 2025 study by Lawal et al. noted that teenagers in Katsina State were drastically more prone to addiction if their friends' used drugs, with SS3 learners facing the highest risk. Matching this, Adegunju et al. (2024) flagged classmate pressure as a highly accurate predictor of narcotic misuse within the Ibadan North Local Government Area. Similarly, Igbineweka and Tari (2023) mapped self-worth and peer



manipulation as the main engines of addiction in Edo State, and Dumbili (2015) pointed to relaxed alcohol regulations and social conformity as the culprits behind rising teen addiction. The tight alignment of these multiple studies proves that drug dependency is a relentless plague upon Nigerian schools, with social conformity acting as the primary fuel. This reality demands the creation of aggressive, holistic defense strategies that target psychological vulnerabilities, build up adolescent grit, and tightly integrate local neighborhoods, educational bodies, and households.

The gathered data also proved that these chemicals inflict vicious damage on the physical and psychiatric integrity of the students. An overwhelming 96.7% of the cohort confessed their intellectual focus evaporated due to their habits, and 80.0% dealt with severe emotional turbulence, profound sadness, or chronic anxiety post-consumption. At the same time, 76.7% suffered tangible biological fallout, such as unexplained weight drops, intense skull pain, and severe lethargy. These revelations strictly mirror the work of Olatuyi and Abulude (2022), who documented that addicted scholars in Akure routinely battled sickness, failing grades, and high dropout rates. The synchronization of these facts confirms that youth addiction breeds both intense physical illness and psychiatric breakdowns, verifying the urgent necessity for comprehensive medical and emotional safety nets within the educational system.

The analysis also verified that chemical reliance annihilates both classroom success and personal social networks. Specifically, 90.0% of the teenagers admitted their test and homework scores had tanked because of their drug use, and 80.0% noticed a broader, prolonged collapse in their academic standing. Beyond the classroom, 93.3% acknowledged that their habits poisoned their relationships with loved ones and friends, with 66.7% admitting they could no longer sustain normal social interactions. These metrics tightly match the conclusions of Olatuyi and Abulude (2022), who linked teen drug use in Akure to a total loss of academic drive, chronic absenteeism, plunging grades, and eventual dropout. Likewise, Ezekwem and Aina (2021) charted how addiction ruined educational triumphs by degrading neurological functions, spiking truancy, and killing classroom participation. The current metrics also validate the findings of Lawal et al. (2025), who tied teen drug trends to peer habits, and Alhassan et al. (2019), who marked social conformity as the core psycho-social driver of drug use in the Mararaba and Nyanya districts. Ultimately, this proves that the destruction caused by narcotics isn't limited to biology; it ruins educational trajectories and shatters vital human connections, completely derailing a youth's potential.

Lastly, the project isolated absentee parenting and peer coercion as the undisputed root causes of this crisis. While 90.0% of the pool named classmate pressure as a primary instigator, an absolute 100% blamed poor parental monitoring. Moreover, there was a unanimous 100% consensus that launching on-campus educational drives, psychological counseling, and rehab networks would be highly effective countermeasures. These specific points heavily align with Eze and Omeje (2021), who proved that youths in Rivers State running with drug-using peers were massively more likely to follow suit, with negligent parenting acting as a massive statistical predictor. The current results also validate Obadeji et al. (2022), who showed that empowering students through targeted campus education radically shrunk addiction rates by fortifying parental bonds and peer accountability. Similarly, Durlak et al. (2011) established that campus-based social and emotional learning (SEL) protocols not only kill addiction rates but actively boost social agility and classroom grades. The tight correlation between this fresh data and historical proof highlights that stopping youth addiction demands an aggressive, multi-layered battle plan that merges neighborhood activism, clinical counseling, school-sanctioned awareness pushes, peer mentorship, and hyper-vigilant parenting.



9. Conclusion

The metrics generated by this inquiry expose a deeply entrenched culture of drug reliance among the older scholars at Oye Egbo High School in Oye-Ekiti, confirming that this issue is a paramount medical and scholastic emergency. The figures verify that a massive block of the student body routinely interacts with marijuana, cigarettes, and alcohol, with the vast majority admitting the campus is completely saturated with these habits. The lack of vigilant parenting paired with intense peer coercion surfaced as the absolute mainsprings of this epidemic, pulling focus to just how heavily teenagers rely on their household environments and friendship circles for behavioral cues.

The investigation definitively proved that these substances wage war on a student's social ties, academic potential, physical biology, and mental stability. A massive portion of the demographic suffered from cognitive fog, severe depression, lethargy, anxiety, and a host of other medical ailments tied directly to their drug habits. By stripping away their ability to concentrate, this dependency directly sabotaged their test scores and homework, while simultaneously injecting toxic friction into their relationships with peers and families. These truths confirm that teenage addiction is far more than a simple behavioral infraction; it is a sprawling, dangerous crisis that demands immediate, aggressive correction.

Crucially, the surveyed youth universally recognized that building up school-based psychological counseling, rehabilitation frameworks, and aggressive educational campaigns would act as highly successful deterrents. This flawless consensus proves that solving this epidemic requires absolute synergy between civic authorities, community elders, medical experts, parents, and educators. Ultimately, neutralizing the threat of youth addiction requires a total-system approach—one that weaves together robust community activism, clinical therapy, peer-to-peer mentoring, intense parental oversight, and deep medical education to protect the futures and biology of the next generation.

10. Recommendations

Drawing directly from the data gathered, the subsequent interventions are strongly advised:

1. Educational administrators must launch perpetual, aggressive health campaigns and narcotic awareness drives to thoroughly school learners on the irreversible biological damages of addiction while championing clean living.
2. Educational institutions are required to vastly upgrade their internal counseling sectors by hiring elite therapists and building secure, anonymous referral networks to catch and treat addicted youth.
3. Guardians and parents must be forcefully urged to tighten their oversight, build transparent communication channels with their kids, and aggressively monitor their social circles to strip away the environmental vulnerabilities that lead to drug use.
4. Charitable organizations, neighborhood leaders, families, school boards, and state agencies must forge a unified alliance to deploy exhaustive prevention matrices that feature routine school-based propaganda, active parental inclusion, survival-skills workshops, and peer-mentorship to finally crush high school addiction rates.



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Authors' contributions

All authors read and approved the final manuscript.

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