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Empirical Pathways and Drivers of Substance Abuse in Osun State, Nigeria: Insights from Survivors in a Rehabilitation Home

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Abstract

Even though there is an increase in policy and programmatic interventions to address substance abuse in Nigeria, empirical studies have failed to address the experiences of survivors, especially those who are found in the rehabilitation facilities. The multifaceted relations of the social, psychological, and environmental factors, which contribute to the process of substance initiation, persistence, and, at the same time, dependence, make it possible to investigate the phenomenon through the prism of the worldviews of its survivors. To this end, this paper examines the trajectories and predispositions of using substances by those being treated in a rehabilitation facility in Ile-Ife, Osun State, Nigeria. The study employed an exploratory qualitative model that was informed by the Social Learning Theory put forward by Bandura. The sample was 13 substance abuse survivors and two health officials in the treatment programme of the centre. In-depth interviews of the survivor and key-informant interviews of the health professional were used to gather the data supported by the pertinent empirical literature, policy documents and public-health records. The learning mechanisms that were focused on in thematic analysis included the observational, imitative, reinforcement, and normalisation of substance use through social networks. Analytic results of the research showed that peer influence, family instability, socioeconomic deprivation, psychological distress, and accessibility of psychoactive substances significantly influence substance- use behaviours among survivors. The peer groups became the most significant channel to substance use, and the familial backgrounds either sustained further consumption or discouraged it. Underlying

systemic aspects such as unemployment, lack of well-built social support mechanisms, emotional tensions, and lack of effective regulatory frameworks in place continued to increase vulnerability and perpetuated use. Therefore, this paper has found that substance use amongst survivors is a socially acquired and practised behaviour. It consequently supports comprehensive intervention measures involving the incorporation of the strategies of survivor-based rehabilitation, empowering family and peer support, and implementing more extensive structural changes.

Keywords: Substance Abuse, Survivors, Social Learning Theory, Rehabilitation Centre, Nigeria.

Introduction

Substance abuse is considered to be the damaging or dangerous use of psychoactive substances, alcohol, and illegal drugs (WHO, 2020). It is therefore a common phenomenon when one is involved in a repetitive process of abusing these substances despite the damage done to personal health. Substance abuse has emerged as an overwhelming social and health issue in the world. The problem cuts across both the rural and urban population in Nigeria with no additional consideration given to the socioeconomic, age, or gender lines. When facing the backdrop of increased insecurity, joblessness and cultural changes, a certain trend is observable, especially in the adolescents and young adults, of having the need to engage in psychoactive drugs as coping strategies or a form of escape.

The phenomenon has attributed to becoming a big national health issue and the South-Western region is not an exception, with negative implications on the individuals, their care-givers, and the society in general. It has become evident that psychoactive substance uses and abuse as well as substance use disorders (SUDs) represents crucial global problems in the public health setting, with infinite social, economic, medical, and relationship implications, burdening individuals and their families, health systems, and societies (World Health Organisation, 2024; United Nations Office on Drugs and Crime, 2024; Whiteford et al., 2013). With the worsening levels of substance abuse, the interpretation of the lived experience of the survivors is becoming an ever more urgent necessity when it comes to developing the strategies of successful rehabilitation and prevention.

Some reports show a sharp increase of consumption of dangerous and illicit drugs like cannabis, codeine, tramadol, alcohol, and other illicit drugs especially by the younger generation and the marginalised societies. According to the United Nations office on drugs and crime (UNODC) (2019) there were almost one third of the world population aged 15 years and above who took psychoactive at least on one occasion. According to UNODC (2023), more recently, it was estimated that in 2021 around 300 million drug-users were spread all over the Globe, out of which premise some 39 million were with drug-use disorders. UNODC (2018)b also estimates that there have been more than 14 million

users of drugs in Nigeria, majority of whom are the youth of the age 25 to 39. Though the actual drugs used differ, with opioids and cocaine being used in the West and amphetamines and cannabis being abused in the East and Africa respectively, there is no specific substance that has fewer harmful effects than the other. Alcohol, cannabis, opioids (tramadol and codeine), methamphetamine, and cough syrups are the most common substances with which an individual abuses in Nigeria (UNODC, 2021).

The National Bureau of Statistics (NBS, 2018) states that substance abuse prevalence in the six geopolitical zones of the country was as the following North West 12%, North Central 10%, North East 13.8%, South West 22.4%, South East 13.8%, and South-South 16.6%. Use of psychoactive substances causes adverse influence not only on physical health but social, economic, marital, and psychological spheres (Osamika et al., 2021; Rather et al., 2013). The problem of substance abuse is also widespread in the South-Western geopolitical section of the states in Nigeria. This is a tendency prevailing in the example of Osun State, where the abuse and use of psychoactive substances have been reported. Idowu et al. (2023) established that a young population in the rural setting in the Osun State negatively perceives it and has a fairly high substance abuse burden. Substance abuse has been linked to personality aspects and the pressure of school studies (Olapegba et al., 2021).

These, in turn, have led to several efforts by the government and the civil society to mitigate the issues of substance abuse and associated dysfunctions with rehabilitation programmes. As a case in point, the Nigerian government introduced the National Drug Law Enforcement Agency (NDLEA) that has also done a lot to curb the abuse of psychoactive substances in the country. On top of this, the Osun O'Rehab programme, a rehabilitation programme that is initiated by the Osun State Government on the drug addicted, mentally ill, or vulnerable individuals, and the local rehabilitation centres have also demonstrated satisfactory performances, but nonetheless, the illegal exercise has continued to increase over the recent years, and it is becoming normalised in different regions of the country including Osun State consequently jeopardising the well-being, safety and security of the future of Nigerians. This, therefore, should be given a sense of urgency as the trend is dangerous and deadly.

Statement of the Research Problem/Justification

In Nigeria, substance abuse is one of the key social and public health issues that affect the country and lead to high prevalence of mental illnesses, crime, unemployment, and family breakdowns (United Nations Office on Drugs and Crime, 2018). The problem of drug and substance abuse among young people and adults has grown alarming in the Osun State (as well as in most other regions of the country) (National Drug Law Enforcement Agency, 2022). Although awareness is becoming more and more frequent, there are still very few in-depth empirical studies done needed in-depth research without the side of survivors who have gone through treatment and recovered.

The available information on substance abuse in Nigeria focuses mostly on prevalence rates, type of substances abused, and socio-demographic issues (Adelekan, 2019; Eze and Ijomanta, 2021). Nonetheless, little has been conducted on lived experiences of those who survived

substance abuse with respect to pathways as well as socio-cultural, psychological, and environmental forces that propel substance abuse. Adegunju et al. (2024) emphasised the statement of Atoyebi and Atoyebi (2013) that peer pressure, the lack of emotional intelligence, and poverty are the factors that generate substance abuse in Nigeria in the complex. Although studies proposed that stigmas, mental torment, and social withdrawal as key factors in the lives of recovering addicts were major problems, these issues have not been investigated extensively in the Nigerian situation (Okpataku, 2019; Oladeji, Ogunwale, and Eboka, 2020). Moreover, even though the effects of family relationships, peer pressure, and socio-economic status on substance use are commonly recognised, the detailed interactions of the variables in influencing the addiction process as well as the recovery process in Osun State are poorly described (Omokhodion and Fatusi, 2018; Ihezue, 2017). In the absence of an added dimensions of the issue, interventions and policies may end up becoming generic, culturally insensitive or ineffective.

Objectives

The specific objectives of this study are to:

- Examine the critical pathways to substance abuse among respondents in the study area**.**
- Describe the enabling and sustaining factors for substance abuse among respondents in the study area.

Literature Review

The Lived Experiences of Survivors of Substance Abuse in Nigeria

Delinquent substances use usually starts in adolescence and early adulthood, driven by curiosity, peer pressure and attempts to alleviate stress, or sufferings. There is a study of adolescents in the state of Anambra that shows that most respondents continue to use drugs under the influence of peer pressure and the need to be accepted by society despite being fully aware of the risks (Mbachu, et al., 2020). Uwaibi et al. (2022) also concluded that socio-demographic factors (age, gender, and level of education) have a strong predictive power over substance use patterns in Edo State. Obot (1990) has pointed out earlier that the Nigerian experience to substance abuse is fixed within the larger system of social and economic systems in which, susceptibility is enhanced by poverty, unemployment and urban dislocation. Epstein, Hills, et al., (2017) determined that substances were being used by street children in South Africa as a means of survival in the face of violence and family disintegration, which correlates with the Nigerian youths reporting the use of substances to deal with instability.

Factors Contributing to Substance Abuse in Nigeria

One of the most effective predictors of substance use is the influence of social factors, especially peer and family relationships. The research on adolescents and young populations in Nigeria shows that peer pressure strategically contributes to the onset of substance use. Youths are often introduced to alcohol, cannabis, and prescription substances by their friends (Isabu & Iwuagwu, 2023). Family structure is also of major concern in this case; drug use,

absence of supervision, and family dysfunction increase the risk, and supportive parenting and close monitoring will help decrease it (Fashola, Adebisi, Ibrahim, & Obisesan, 2025). In the case of Anambra State, teenagers claimed that substance indulgence was widespread in social life where their counterparts and elder role models made it an acceptable practise (Chioma, Bridget, Ifeyinwa &Fidelia, 2022). On the other hand, families themselves, where friends and family perceived through stigmatisation and rejection as common in North Central Nigeria, tend to make substance use more significant because they reduce how readily individuals can seek help and importance, and create secrecy (Haa, Dauda, Dadem, Hannah, and Nyong, 2024).

In terms of psychological factors**, s**ubstance use patterns are directly associated with psychological weaknesses. Mental health issues like depression and anxiety, low self-esteem, and stress increase the probability of abuse of drugs among students and young adults (Adewumi, 2020). The studies on Nigerian secondary schools suggest that adolescents with and without psychological distress would be significantly more predisposed to substance use (Chioma et al., 2022). Environmental factors are another contributing factor to use of substances; in the workplace where violence or an unstable environment prevail, the use of substances is a coping mechanism to emotional pain. This observation is in agreement with the results in the case of South Africa, in which street children used drugs as a form of escape and as a means of fortification in the face of violence (Epstein, Hills, et al., 2017). The findings of these studies can give reason to believe that substance abuse may be not only a behavioural problem, but it is also a maladaptive reaction to the dysfunction of the unmet psychological needs.

There is also another source of influence which is cultural norms and practises. The use of alcohol in the various African communities of Nigeria during festivals and other ceremonies is socially accepted thus making it normal among the young people. Emakpor and Emakpor (2024) have found out that undergraduate substance use in the state of Ogun was an invitation through cultural rites and ceremonies as well as some religious group practises. Additional historical interpretations also cite to influence of sociocultural acceptance of alcohol, tobacco, and cannabis amongst the Nigerians, as substances are inherent in the traditional ways of doing things and the social life (Ebie and Pela, 1981; Obot, 1990). At the same time, cultural silence or denial of drug issues makes the drug problems be underreported and Soviet on the intervention responses.

With respect to economic hardship as a contributing factor to substance abuse in Nigeria, scholars have identified it increases susceptibility to use drugs as a coping or escaping mechanism caused by poverty, unemployment, and underemployment (Ikhayere, Babalola, and Yelwa, 2020). Youth in the Edo and Osun States mention that lack of opportunity and poor livelihood determines the substance experimentation (Uwaibi, Omozuwa, and Agbonrofo-Eboigbe, 2019; Idowu, Aremu et al., 2023). These results correlate with the reviews of the literature on a wider West African setting which has suggested structural determinants of substance use to be characterised by inequality and unemployment (Yahaya et al., 2021). The same cannot be said of women: a survey of female users means that women

are more susceptible to gendered economic marginalisation, especially when they have to adopt risky survival tactics, including sex work (Adenugba & Okeshola, 2018).

In addition, a factor of the substance use patterns is environmental accessibility. Drugs are readily available locally in the neighbourhoods of the processed drugs, dealers are close to these areas and informal markets are available, all of which are contributing factors to easy access to drugs. The availability of neighbourhood drug peddlers and the lack of regulation control in Bayelsa State helped teenagers to access it (Ekpenyongi, 2012). Equally, young people observed in the Osun community of Ejigbo that alcohol, cannabis, was easily accessible and socially acceptable to facilitate initiation (Idowu et al., 2023). Systemic problems identified by broader reviews include the sales of that medicine, which is not controlled, leading to the abuse of codeine and tramadol (Jatau, Sha'aban, and Yusuf, 2021). These setting environments are examples of how the ineffective regulatory measures and porous neighbourhoods propagate the availability and abuse of drugs.

Narrative settings are also key risk spaces of academic environments. An excessive amount of academic work, stress of exams, and performance pressure are often the reasons why students resort to stimulants and other drugs to cope with them. The expectation of the research was on the use of personality traits and academic stress as predictors of substance use in secondary school students in Osun State; some of them alleged to consume stimulants to be alert during examinations (Olapegba, Onigbogi, and Uye, 2021).

Theoretical Framework

The Social Learning Theory (Albert Bandura, 1977)

The Social Learning Theory that has been developed by Albert Bandura assumes human behaviour can be mostly learned under the influence of such processes as observational learning, imitation, and reinforcement. The theory argues that the individuals especially the youths can get started in substance use by observing drug related behaviour in the immediate social environment such as peers, relatives and influential actors in the community, or as a result of the mediated drug use representations. The theory offers an understanding of how pattern of behaviours is transmitted and supported by the society by focusing on the modelling and the perceived effects of other behaviours.

Contrary to the classical behaviourist views whereby the foundation of learning is on direct experience, Social Learning Theory maintains that a person can learn vicariously thanks to the behaviour and consequences that others experience. It is therefore considered as integrative model between the behaviourist and cognitive paradigms since it considers in consideration of the cognitive process like attention, interpretation and decision making. Bandura argues that people are active participants who consider the consequences of their actions hence the importance of the interaction between external social factors and internal cognitive processes in behaviour establishment. With regards to this work, several young people in the Osun State could join into drug use due to influence of peer power, polysemy of imitation of other behaviours that they see amongst their friends, at their areas of residence and even at social media. In addition, the reinforcement may include social approval, elimination of emotional

distress, or group membership so as to promote such behaviour. To understand the meaning of substance use, motivation, and norms of substance use by survivors, Social Learning Theory will facilitate deeper insight into the internalisation of these concepts prior to and throughout the period of addiction. This can be applied to the interviews in the storeys that the survivors tell of the influencers, how they procured the drugs, and the societal pressures into which they used the drugs.

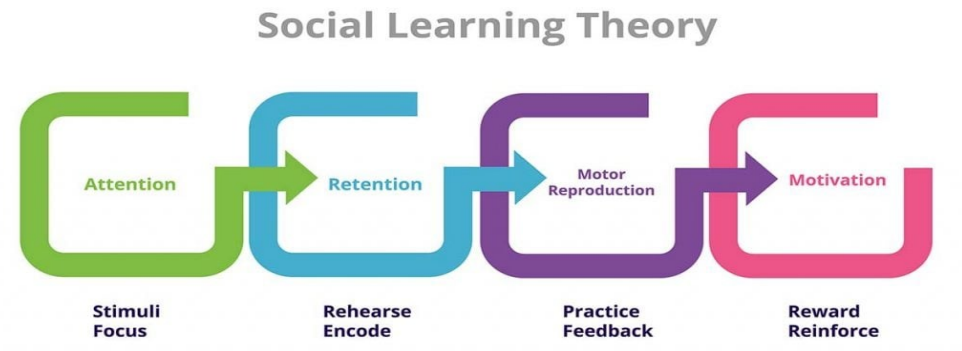


Figure 1: Albert Bandura's Social Learning Theory

Materials and Methods

Research Design: This paper embraced the exploratory qualitative research design since it is suitable to gain a detailed insight into the intricate and highly personal lived experiences of people who were going through recovery after substance abuse. The qualitative orientation emerged as helpful in examining the nature, antecedents, coping mechanisms, and recovery processes as reported by the survivors, still managing to focus on the social and psychological aspects of the topic of substance abuse in the chosen context of Osun State.

Study Area: This was done in a rehabilitation care centre, a privately owned centre in Ile-Ife, Osun State, Nigeria. The centre is a rehabilitation centre which operates under the specialised rehabilitation services and offers treatment, behavioural reform and reintegration to substance abuse victims in their restoration to normal lives. It has a multidisciplinary team and provides a model of holistic recovery which consists of counselling, therapeutic sessions, psychosocial support and life skills training. This location was beneficial to the study as it provided direct interaction with the survivors at different levels of their recovery as well as development of the recovery process, hence providing the authentic and diverse experiences of the study in regard to addiction and processes of rehabilitation.

Study Population: The population under study was the survivors of substance abuse who were currently attending rehabilitation services in the identified centre in Ile-If. These were either recovered individuals or ones who were in the course of recovery, and therefore they were worth the investigation on the addiction routes, personal challenges, environmental factors, coping mechanisms and recovery stories. Health professionals who dealt directly with the clients also formed part of the population whose experience helped in having both an institutional and a clinical perspective.

Sampling Techniques and Sample Size: The purposive sampling was used to select the participants by directly and relevantly selecting the participants with the first hand, direct, and experiential information about substance abuse and recovery. Two types of participants were targeted in the sampling strategy: the survivors of substance abuse and health officials who worked in the treatment and recovery services in the rehabilitation centre. The participants were selected on the basis of willingness, availability and ability to provide bountiful, rich and reflective information. Purposive sampling using the recommendation of the centre director was done, such that thirteen survivors were selected because they were clients who had shown a considerable change in their treatment and recovery. The sample was diverse in terms of age, sex, the type of substance used, the time of addiction, and the level of recovery, hence adding value to the data. Two health officials (a clinical psychologist, social worker) were also selected as the key informants to provide professional information on the trends in rehabilitation, issues in treatment, and institutional treatment.

Research Instruments: Two major data collection techniques, based on qualitative research, were used to collect the data in the study, thus allowing the researcher to elicit ripe information of both content and details of the survivors and professionals. The first one was an In-Depth Interview (IDI) guide that would focus on survivors; this specific Guide was open-ended and contained questions that inspired the participants to share their personal stories on substance abuse, the factors that contributed to their addiction, and how they managed to cope with it. The second tool was a Key Informant Interview (KII) guide, which had been created with health professionals within the rehabilitation centre, and it aimed at soliciting the professionals' expertise on the trends in substance-use, the essence or success of rehabilitation processes and institutional issues that were experienced during the treatment and also the comprehensive policy implications of substance-abuse management. Both tools were semi-structured, which allowed the researcher to be flexible by pursuing the emerging themes and asking more questions when needed, and allowed the respondents to describe their life experience and views in their own expressions.

Method of Data Collection: Face-to-face, in-depth interviews based on the prepared interview procedures were used to collect the data. The interviews were held in a secure and confidential room of the rehabilitation centre to guarantee the confidentiality and the encouragement of the comfort of the participants. The interviews were conducted in 45-90 minutes and audio-taped on the digital recorder with the informed consent of participants. The interviews were carried out in English or Yoruba based on the language preferences of the participants. In certain instances, a bilingual interview approach was used to give the text a clear and accurate meaning. There was taking of field notes were taken during the process to capture non-verbal information, expression of emotions, the environment and other things surrounding a person that supported the information recorded. The data-collection period took a total of one week, whereby the research team had to make sure that interviews were available on a daily basis and timely set to arrive when the participants were free and available in therapy sessions.

Method of Data Analysis: All data gathered were transcribed as they were and, where appropriate into English. The transcripts were carefully looked at and purged to achieve accuracy. The Atlas.ti 25 was used to analyse the data, and this helped in managing, organising, coding and visualising the qualitative data in an organised manner. The thematic and content-analysis methods were used in the analysis. The first step of this research involved familiarising the researcher with the data by reading the transcripts many times. Early codes have been created and given to the corresponding parts of data in accordance with the study objectives. These codes were then sorted into themes, whereby more general themes and subthemes were created. Theme reviews, refining and validation were done to guarantee coherence and correspondence with the narrative of the participants. The last themes were patterns that portrayed the experiences that the survivors lived and the views of the health professionals. Atlas.ti was very helpful in terms of improving the analytic process since it allows retrieving coded segments efficiently, comparing the themes, and visualising emerging connections.

Results

Table1: Socio-Demographic Characteristics of Participants

S/N	Participant ID	Age	Religion	Gender	Marital Status	Edu 'Level	Occupation	Community	State
IDI									
1	Survivor 1	39 Years	Christian	Male	Single	SSCE	Mechanic	Uromi	Edo
2	Survivor 2	34 Years	Christian	Male	Single	OND	No Occupation	Akure	Ondo
3	Survivor 3	30 Years	Christian	Male	Married	B.Sc.	No Occupation	Ede	Osun
4	Survivor 4	42 Years	Christian	Male	Married	OND	Car AC Specialist	Efon-Alaaye	Ekiti
5	Survivor 5	23 Years	Christian	Male	Single	SSCE	Tailor	Ugheli	Delta
6	Survivor 6	30 Years	Christian	Male	Single	OND	Student	Ile-Ife	Osun
7	Survivor 7	32 Years	Christian	Male	Separated	SSCE	Barber	Ile-Ife	Osun
8	Survivor 8	35 Years	Christian	Male	Single	B.Tech	Teacher	Akure	Ondo
9	Survivor 9	26 Years	Christian	Male	Single	B.Sc.	Corper	Ile-Ife	Osun
10	Survivor 10	42 Years	Muslim	Male	Married	SSCE	Tailors Machine Repairer	Igboho	Oyo
11	Survivor 11	28 Years	Christian	Male	Single	Undergraduate	Student	Ile-Ife	Osun
12	Survivor 12	25 Years	Christian	Male	Single	Undergraduate	Student	Ile-Ife	Osun
13	Survivor 13	34 Years	Christian	Male	Single	Undergraduate	Student/ Welder	Ijagbo	Kwara
KII									
14	Clinical Psychologist	47 Years	Christian	Male	Married	PhD	Clinical Psychologist /Centre Director	Ile-Ife	Osun
15	Social Worker	25 Years	Muslim	Female	Single	B.Sc.	Care Worker	Ile-Ife	Osun

Source: Authors Field Work, 2025. N= 15

Table 1 gives a descriptive snapshot of the socio-demographic realities of people, on the basis of which the study is explained by the lived experience. The thirteen (13) survivor interviewees are relatively young and middle-aged men, the majority of them in their twenties (20s) and thirties (30s), an age category that is widely linked to major life shifts, financial strains, as

well as identity crises, while the two (2) caregivers are both middle age experts in the area of providing care for relative substances. These are the years marked with high goals and doubts about the possibilities, thus making some people susceptible to substance use as a way of dealing with these challenges. Only male survivors are involved, as this can be applied to the rest of society, as men are more exposed to risk-taking behaviour and social settings that accept substance usage. Most of the participants are single, suggesting that they have no family life or support that may otherwise prevent long-term use of the substance or prevent early intervention. Substance use also seems to be associated closely with emotional strain and unmet social expectations, even in married and separated survivors.

Levels of education are wide and different, i.e., the highest level is university degrees, then undergraduate studies, and secondary school certificates. This heterogeneity suggests that it is not only people with poor education who abuse substances. Other people might have used substances either as a result of academic strain or frustration due to the lack of education or even unemployment after graduation. Professionally, unemployment, studying or informal entrepreneurship among the survivors serves as strong motivation factors in the trajectory of substance abuse, and therefore, financial vulnerability and employment insecurity are strong evidence of the problem of economic instability and job insecurity. The people who will participate belong to a variety of communities and states in Nigeria, which is also focused on emphasising the idea that substance abuse is not a problem with a specific geographic location and culture, but rather a common issue in society. Inclusion of a clinical psychologist and social worker as key informants offers the narratives a secondary detail with a professional and a survivor's opinion on it.

As a result, the table expresses a significant human story of young men in economic poverty, social constraints, and lack of support and engagement, showing the interaction between personal issues and structural conditions in direction to substance abuse.

Objective 1: Pathways and Drivers of Substance Abuse Initiation Among Youths in Osun State

The results explain that the initiation of substance-use among the youth in Osun State is a complex process that is caused by the interplay of social, familial, personal, environmental and institutional factors. These pathways do not usually work independently, but rather, they interact dynamically to create circumstances that make the first-time drug use probable, accessible and socialised.

Theme 1: Situations before the Use of Substances by the Survivors

The conditions of first use were generally informal, easy-going and socially supported. It was said by the survivors that initiation was done in leisure events, night outings, student lodges or neighbourhood hangouts, and thus provided the privacy and social support which was critical in the context of experimentation.

"We decided to go out and have fun… It was a joint… we bought one and started passing it around." ***(Survivor 7, 32 Years, Barber, Ile-Ife, Osun State)***

"On a fateful night… my friend said I should try it… Ever since then, I've been into smoking." ***(Survivor 12, 25 Years, Student, Ile-Ife, Osun State)***

"Through a friend… when we went out together." ***(Survivor 3, 30 Years, No occupation, Ede, Osun State)***

The clinical psychologist noted that workers, applicants, or dropouts exposed to the everyday Yahoo life often feel the need to discuss their clients, referring to this as a transaction. They seek confidence to address their costs but do not admit that their substance use is for that purpose. Additionally, some use the substance to stay awake at night or to experience pleasure, resulting in a heightened sense of euphoria.

"They say that they derive pleasure. And when I explain the meaning of the pleasure, they say they feel high, that is what they say. They want to take it so that they can feel high, those are the three categories, but then, from my experience, drug and substance abuse users are not people who come from poor communities. They are not people who even came from poor backgrounds". ***(Clinical Psychologist, 47 Years, Director, Ile-Ife, Osun State)***

The Social worker emphasised that some of the survivors expressed that the circumstances surrounding their pathway to drug use were through their friends and family background. She further expressed that they opined that if their parents' divorce occurs at an early stage, then it's only one person who is taking care of them, maybe the mother or the father's side. This is the result of the broken home and the reality some survivors lived with.

"Though, not really. But some said maybe because of their family background, if their parents' divorce occurs at an early stage, so it's only one person that is taking care of them, maybe the mother or the father's side. So, it also affects them. They will feel like their parents didn't take proper care of them; they didn't monitor them. So, that also affects them." ***(Social Worker, 25 Years, Care Worker, Ile-Ife, Osun State)***

This trend highlights the importance of social leisure in the initiation of substance-use among the youths. Socialisation has the effect of influencing adolescents to experiment with drugs by forcing them to increase their experimentation with drugs such as marijuana due to the peer pressure and social support created in activities such as outings with friends and neighbourhood gatherings. The results indicate that there is need to consider the impact of a social environment on substance-use initiation.

Theme 2: Patterns of Progression: Frequency, Escalation, and Switching

After the onset, a good number of the survivors stated that activities involving the use of the substances gradually escalated with regard to frequency, dosage or potency. Escalation usually entailed the shift of one substance that was soft (e.g. cigarettes or alcohol) to a more potent one (e.g. marijuana, or Loud, or Colorado). The tolerance, social reinforcement or the need to

achieve stronger effects was expressed by this progression. This trend is observed by the professionals in the health sector as normal amongst the youth who experiment with substance use.

"From taking one puff… later they graduate to two, three… then one wrap, two wraps." ***(Social Worker, 25 Years, Care Worker, Ile-Ife, Osun State)***

"They started with cigarettes… then marijuana… then Colorado." ***(Clinical Psychologist, 47 Years, Director, Ile-Ife, Osun State)***

One of the survivors also commented on such early trends, the accessibility and normalisation of substances in their social settings. The survivor explained that the first use of cigarettes and alcohol, later on, ended in the use of more severe drugs like marijuana and Loud.
"I didn't do it frequently… maybe once or twice." ***(Survivor 11, 28 Years, Student, Ile-Ife, Osun State)***
These observations reveal a predictable pattern of escalation consistent with growing dependence. The survivor's admission of only using these substances once or twice highlights how quickly experimentation can turn into a more frequent habit. The normalisation of substance uses within their social circle likely contributed to this escalation, making it easier for them to justify and continue using.

Theme 3: Peer Influence as the Dominant Pathway to Substance Use
One of the factors that came out in all interviews is peer influence. According to survivors, they were introduced to illicit substances by their friends either on a personal basis, or through the establishment of social situations where the use of the drugs was treated as a normal practise. Peer collectives acted as an entryway and made substance use to seem normal and enjoyable. The pressure followed a social bonding, encouragement and need to belong, where the peers help in obtaining drugs and justifying the first time use in group situations. This tendency was outlined explicitly by the survivors, and drug use was viewed as the way of becoming socially accepted.

"It was my friend who took me there… He said if I should take it, it would give me power." ***(Survivor 2, 34 years, No Occupation, Akure, Ondo State)***

"Through a friend… he just gave it to me to try it. It's just peer influence. Peer group influence, because my friends are doing so, I too want to do so; those are the reasons I am involved in the use of drugs." ***(Survivor 3, 30 Years, No occupation, Ede, Osun State)***

The views of the health workers supported this observation and emphasised on peer influence as one of the factors that lead adolescents to drug use. They observed that the desire to fit and to become members of a social group of persons is often the most successful reason that drives people into using drugs especially when such a behaviour is viewed as the order of things in that specific social group.

"Their first experience came up in school… peer influence users who experiment with this substance and drug in different ways. For students, their first experience came in school. Not with lecturers, but students. Then, if you ask, why did you join them in smoking it? Some of them used to say that they thought that was what was invoked. As if, if you don't take it, you don't belong. So, you saw your colleagues taking it and joined them. So, just like socially, we say, peer influence." ***(Clinical Psychologist, 47 Years, Director, Ile-Ife, Osun State)***

"Most people… what led them to it is peer group influence. most people that we have attended to here, what led them to is peer group influence. So, but mostly it's peer group influence, with their friends who invited them to join." ***(Social Worker, 25 Years, Care Worker, Ile-Ife, Osun State)***

As a result, peer groups are the most salient structural and interpersonal channel of first-time substance use among the youths. The professionals emphasised the influence power of peer pressure on the development of youth behaviour and choices as it was stated by professionals that the need to fit in and receive acceptance is a strong driving force in trying drugs.

Theme 4: Family Influence and Home Exposure

The family environment also had an extensive implication on initiation. Those who survived narrated families where substance use was either visible or made acceptable, thus reducing fear and perceived danger. Other respondents had to procure some substances on behalf of their family members, whereas others had been raised in conditions of conflict, neglect, or poor parental control. These family situations that were dysfunctional or permissive led to emotional vulnerabilities and provided possibilities of experimentation.

"I was in Lagos before, with my elder sister. I was taking it before. My elder sister's husband used to send me to buy it for him… that was when I started taking it too. They said they should take me away from them, that he has corrupted me" **(Survivor 5, 23 Years, Tailor, Ugheli, Delta State)**

*Yes, my dad was a polygamous father. So, I was in his house during that time in Lagos. So, that was when the issue of substance abuse started. I wasn't well brought up, I wasn't well trained by the second wife, because I was with the second wife. (****Survivor 13, 34 Years, Student/Welder, Ijagbo, Kwara State)***

According to the social worker, these early exposures to substance abuse can significantly impact a child's development and increase their likelihood of struggling with addiction later in life.

"Some said because of their family background… parents did not take proper care of them. Though not really. But some said maybe because of their family background, if their parents' divorce occurs at an early stage, so it's only one person that is taking care of them, maybe the mother or the father's side. So, it also affects them. They will feel like their parents didn't take

proper care of them and didn't monitor them. So, that also affects them." ***(Social Worker, 25 Years, Care Worker, Ile-Ife, Osun State)***

The family-associated pathways are systems that serve as behavioural systems and structural vulnerability that continuously give rise to the cycle of substance abuse within the family life where children inherit the destructive behaviours of their parents, thus making them more vulnerable to addiction.

Theme 5: Types of Substances Used at Initiation

A wide range of drugs, such as cannabis, alcohol, prescription pills, and cocaine, was distinguished as having been used as an initiation drug, which indicates a high level of availability and accessibility of a wide variety of drugs. This highlights the high rate of drug use in society and the possible exposure of young people to various substances at a tender age, which is the reason why there is a need to have detailed prevention and educational programmes.

"The one I started with is weed… I used to take Colorado." ***(Survivor 2, 34 years, No Occupation, Akure, Ondo State)***

"I take Loud, Colo, Saint Mor, Tobacco… Benson, White London, Mores" **(Survivor 8, 35 Years, Teacher, Akure, Ondo State)**

"Cannabis… and drugs like tramadol and Refnol." ***(Survivor 10, 42 Years, Tailor Machine Repairer, Igboho, Oyo State)***

These findings show entry points into both natural and synthetic substances. This highlights the importance of education and prevention efforts targeting a wide range of substances, from marijuana to prescription medications.

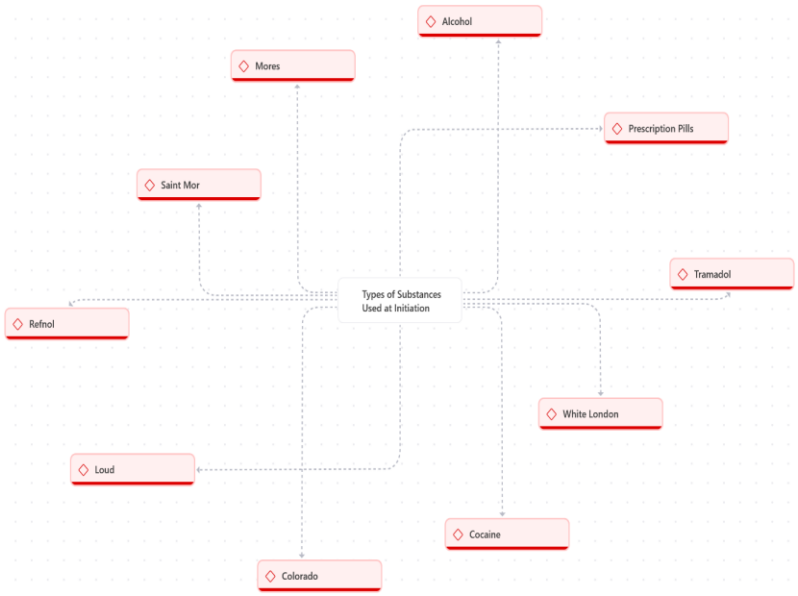


Figure 2: Types of substances commonly used among youth. (Source: Authors' work, 2026)

Theme 6: School Influence and Academic Environments

Academic institutions, especially tertiary institutions, were major instigators of experimentation. Respondents stated that increased autonomy, decreased parental monitoring and being subjected to mixed peer groups made campuses terrific playing fields with regard to the first-time use. A significant number of the survivors reported that they had been introduced to using the substances by other students, or rather, during campus activities where alcohol and drugs were easily accessible. Examples of these passages are given below:

"When I entered Adeleke, I started in Colorado. Because at Adeleke University, they do drug tests for us. And all these tests make our drug test positive. But Colorado does not make the drug test positive." ***(Survivor 9, 26 Years, Corper, Ile-Ife, Osun State)***

"I would say it's mostly from schools because some people have strict parents. Yes, so they want to hide it from their parents. So they don't even take it at home. It's only when they get to school, and they take it." ***(Social Worker, 25 Years, Care Worker, Ile-Ife, Osun State)***

These testimonies indicate that educational environments, though meant to be learning places; they can serve as initiation sites to drugs. The stories of survivors shed light on the fact that substance use is present among students, and the number of causes of it is great. The influence of peers and easy access to drugs and alcohol within the campuses are a great challenge to individuals who strive to prevent or heal addiction. Additionally, the quote by a social worker brings out the aspect of students using substances as a form of coping with academic stress in life.

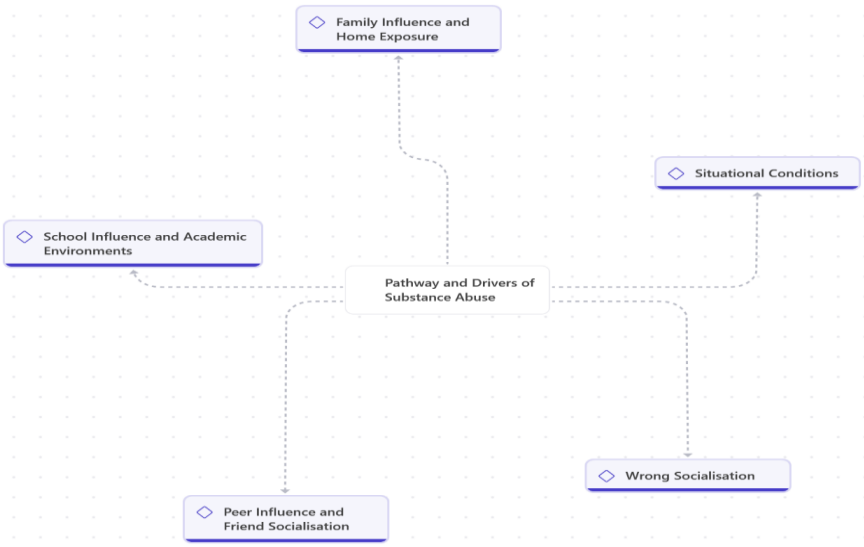


Figure 3: Pictorial representation of diverse pathways and drivers of substance abuse.
Source: Authors' work (2026)

Objective 2: Description of the enabling and sustaining factors for substance abuse among respondents in the study area

Substance abuse is enabled and sustained by a complex interaction of social, economic, social, cultural, structural and psychological factors. The results of this section are crucial to the knowledge of what drives substance abuse among the respondents in the study, since knowledge of what shapes and contributes to the occurrence of substance abuse, especially amongst the survivors, is critical when developing effective interventions which can act on the vice of substance abuse.

Economic and Structural Conditions

Interpretation of interview results showed that economic and structural statuses had significant impacts on the substance-use behaviour in survivors. The results demonstrate that economic determinants can have a complex and rather conflicting effect on substance use. Financial access as well as financial hardship influences initiation, continuation and intensity of substance use. Instead of being protective or risk factors, the monetary resources play the role of facilitators and regulators in substance-use paths. A content analysis of survivor accounts revealed three subthemes of interest, namely, the low power of unemployment and poverty, the power of wealth and privileged access, and universal availability and access to substances in communities.

Theme 1: Limited Influence of Unemployment and Poverty

Unlike most of the existing assumptions, in this paper, key informant interviews revealed that unemployment was not seen as the main triggering factor to the use of substances by the survivors. One of the social workers stressed that many of the people who were involved in the use of substances were economically productive and they were engaged in any vocational activity:

"No, because most of them have their vocational or work they were doing before coming here" ***(Social Worker, 25 years, Ile-Ife, Osun State)***

These accounts imply that even with regard to this context, substance use cannot be solely ascribed to laziness, poverty or unemployment since people who were involved in income-generating organisations were not always protected and discouraged to take drugs. This conclusion is also further justified by survivor testimonies.

Some of the participants explained that disposable income was a direct cause of substance use. Use of substances have been strongly related to income as lifestyles were followed when funds could be afforded:

"*From the work I do, if I see money like this, I use the money to buy that stuff." (*(**Survivor 10, 42 years, Tailor/Machine repairer, Oyo state**)***.)***

"When there is money with me, I'm always high, the rate at which I smoke increases, but when there is no money on me, it is always low." ***(Survivor 6, 30 years, Student, Ile-Ife, Osun State)***

Such testimonies show that access to finances increases the frequency as well as the amount of substance use, which strengthens dependency trends.

As well, a number of the participants have described how they diverted money that would have been used on other basic needs, like food, education fees, or even the tasks of the home, to substance consumption, or lack of adequate funds, which led to involvement in both robbery and illegal activities:

"The money that they gave me to feed and the one that they gave me to do my budget; I spent most of it." ***(Survivor 13, 42 years, Tailor's Machine Repairer, Oyo State)***

"I used to steal my mummy's money… I used to take my daddy's money." ***(Survivor 2, 34 years, No occupation, Ondo State)***

Theme 2: Access to wealth as a predictor of substance abuse

With respect to access to wealth, privileged background, and exposure to substance abuse, key informants disputed the identity of poverty as the major constituent of substance abuse. Instead, they emphasised that penetration of substance abuse amongst people with well-to-do backgrounds is higher because it has financial access that is not limited. As a result, the cost of some of those substances became a structural barrier for financially weak people:

"Majority of patients in this home are children from wealthy families… the excess money they have, they use it the way they like it." ***(Clinical Psychologist, 47 Years, Director, Ile-Ife, Osun State)***

Wealth was also associated with perceived immunity from consequences, including access to treatment and international care:

"They feel like if anything happens to them, their parents can take them out of Nigeria… detoxification can work for them every time." ***(KII, Social Worker, Female, Osun State)***

These narratives suggest that an economic privilege background may normalise risk-taking behaviours and reduce perceived vulnerability to long-term consequences.

Theme 3: Availability and Accessibility of Substances in the Community

Unfortunately, accessibility and freedom of access to substances became the most common structural factor that affected substance use. In various in-depth interviews conducted with survivors, the interviewees had reiterated numerous times that the substances were easily accessible within their settings.

Some participants mentioned that they have unregulated access to their respective communities and regular sources of supply:

"Because it's available. Anytime you reach there, you will see it to buy." ***(Survivor 1, 39 years, Mechanic, Edo State)***

"There's no time, it's not available." ***(Survivor 10, 42 years, Tailor/Machine repairer, Oyo state)***.

Proximity was also identified as a key enabling factor. Some participants reported that substances were sold close to their homes, eliminating transportation or access barriers:

"It was very close to my house." ***(Survivor 12, 25 years, Student, Osun State)***

"Yes. I don't use to take bus or transportation." ***(Survivor 12, 25 years, Student, Ile-Ife, Osun State)***

Although in some cases, substances were not immediately accessible in the immediate environment, the subjects still indicated that they were willing to go longer distances in order to get them. The access is also enabled by the delivery networks and social connections. Furthermore, what is more disturbing to note is that the survivors referred to organisational weaknesses in the regulation and enforcement.

"I have plugs that deliver for me at home… they will bring them to my doorstep."

(Survivor 9, 26 years, Youth Corper, Ile-Ife, Osun State)

"We also settle law enforcement agencies on the highway." ***(Survivor 3, 30 years, No occupation)***

All these findings together show that the easy accessibility, the closeness, the informal selling of substances in communities contribute significantly to the use of substances and these issues usually dominate the role of economic factors like employment status.

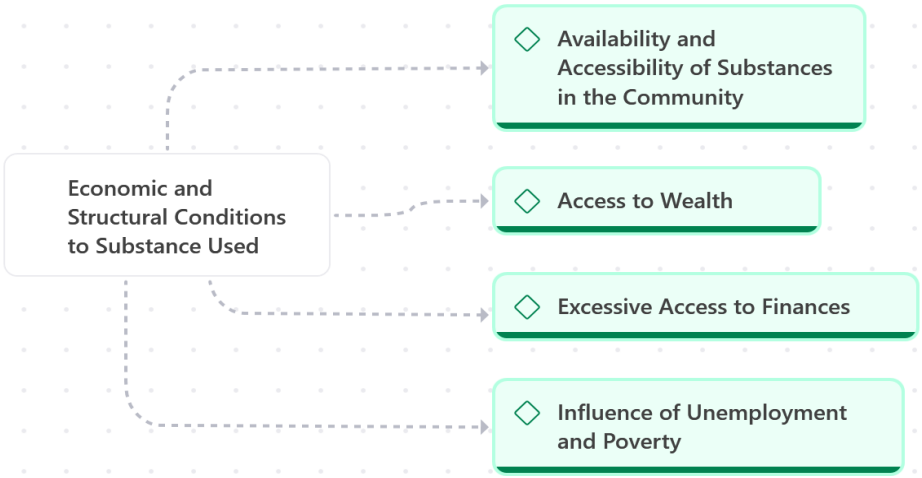


Figure 4: showing the economic and structural conditions propelling youth to substance use. Source: Authors' work

Psychological and Emotional Drivers of Substance Abuse

Findings in this section assert that substance use is strongly predetermined by the psychological and emotional processes of individuals, in particular, staying under the trauma, stress, anxiety, and difficulties with emotional control.

Theme 1: Emotional Pain, Trauma, and the Onset of Substance Use

The complication between trauma experiences, emotional disturbances and substance abuse is described in this part. The evidence has been elicited based on survivors and caregivers. The testimonies of key informants support the importance of emotional trauma and interpersonal conflict caused by personal factors like marital argument or occupation related crisis that may result in substance use. One of the clinical psychologists elaborated the unresolved marital conflict and humiliation as a catalyst to major psychological distress, such as insomnia, which makes alcohol consumption a response mechanism. The informant also reported that the survivors always represented substance use as a coping mechanism, which was focused on emotional pain, or improved psychological functioning, or getting rid of painful realities.

"A patient said he goes to a corner side to drink because of marital conflicts. So that, by the time he gets himself drunk, the driver will take him home. So, just to go and sleep to avoid troubles at home". ***(Clinical Psychologist, 47 Years, Director, Ile-Ife, Osun State)***

However, this emotional relief was described as temporary, reinforcing repeated use and eventual dependence:

"Once the effect of alcohol subsides, the same thing will still be there again… they keep taking it on and on, and before they know what's happening, they become addicted." ***(Clinical Psychologist, 47 Years, Director, Ile-Ife, Osun State)***

Theme 2: Stress and Psychological Vulnerability as contributing factors for Substance Abuse

Several participants identified acute stress and emotional overload as triggers for initial substance use. Academic pressure emerged as a salient factor:

"I was stressed out from school that day. That was why I decided to try it out that day." ***(Survivor 12, 25 years, Student, Ile-Ife, Osun State)***

These narratives suggest that substance use often begins in moments of psychological vulnerability when individuals perceive few alternatives for managing distress.

Theme 3: Substances as Tools for Emotional Regulation and Anxiety Management

A dominant theme was the perceived ability of substances to regulate emotions and reduce anxiety. Participants frequently described feelings of calmness following substance use:

"I don't know, after smoking it makes my brain calm." ***(Survivor 2, 34 years, No occupation, Ondo State)***

For individuals with anxiety or social inhibition, substances were viewed as a means of managing fear and emotional discomfort:

"I do have anxiety actually." (Survivor 12, 25 years, Student, Ile-Ife, Osun State) "Before I started taking the drugs, I can't face a crowd… I'm always shy like this." ***(Survivor 11, 28 years, Student, Ile-Ife Osun State)***

Some participants explicitly linked substance uses to improved sleep and relief from anxious rumination:

*"It makes me sleep actually." (**Survivor 12, 25 years, Student, Ile-Ife, Osun State**)*

These accounts reflect substance use as an externally mediated form of emotional regulation, particularly for anxiety-related symptoms.

Many of the participants reported that substances would make them feel bold and confident as well as competent. This was more so among the people who had earlier defined themselves as shy or socially withdrawn. According to the reports, substance abuse was followed by dramatic rises in the levels of confidence and perceived ability.

*"Before I was a very shy person… I used to take it to boost my morale." **(Survivor 7, 32 years, Male, Barber, Osun State)***

*Yes I can say it gave me courage at that time, there were some missions that I faced, if I was told that I was the one that faced it, I would say it's a lie,. So, it gives me courage. (**Survivor 6, 30 years, Male, Student, Ile-Ife Osun State)***

*If I want to toast a girl, if I'm on my bed, and I take it (drugs), and I'm on my phone, oh my God, grammar will flow. (**Survivor 9, 26 years, Youth Corper, Ile-Ife Osun State)***

These perceived advantages supported the further use, because drugs became to be connected with the emotions control, self-confidence and emotional stability.

Even though the above descriptions show how avoidance-based coping may transform into a psychological dependence, we should also note that, although the participants previously focused primarily on the beneficial role of substance use in terms of emotions, some of them at a later point in their lives admitted that it can have a detrimental effect. In general, the results indicate that drug consumption is caused by efforts to cope with emotional pain, stress, anxiety, and the perceived psychological shortcomings. Even though substances are initially useful in alleviating immediate pain, providing confidence or emotional avoidance, the accounts of the participants show that the process is slowly changing into dependence and functional ineffectiveness. These findings reinforce the need to adopt trauma-informed and mental Health-oriented interventions that put meticulous emphasis on the emotional causes of substance use and not as a behavioural issue.

Theme 4: Social Influence as Drivers of Substance Abuse among Survivors

The results show that drug and substance use tend to be highly engaged in social networks wherein peer groups tend to encourage and support drug use, wherein an individual joins because of a need to belong, acceptance and identify with those who are considered of importance to them. Friends often promote socialising and become the main initiators of substance use as well as mainly the activity of upholding experimentation, especially in social events and recreational areas.

It was like a social gathering. So, when everybody is gathering, when we gather, when we gather ourselves, so everybody is smoking. So, you cannot be, you cannot stay without it. (Survivor 1, 39, Christian, Male, Single, SSCE, Mechanic, Uromi, Edo).

A friend introduced it to me too. That he quitted weed too, so he was like, he stopped weed and this is what… ***(Survivor 12, 25, Christian, Male, Single, Undergraduate Student, Ile-Ife, Osun).***

Emotional distress, conflict in a family, and vulnerability of a person also contribute to the vulnerability to the influence of peers, which makes the use of substances a social activity and a coping mechanism. Although individual agency and curiosity are relevant but continuum prevalence of peer environments confirms the fact that substance use should be perceived as a socially based behaviour influenced by the relationships of contexts and not as an individual choice.

I have an elder brother, his name is xxxx, he frustrates me a lot, at any slightest thing, he hits me, i am like his punching back, so he was the one that made me go out. At that time, I mingled with people I wasn't meant to mingle with, due to the frustration. ***(Survivor 6, 30 years, Student, Ile-Ife, Osun State).***

The results also identify the role of interventions that are above the social influence and rather use personal drive, self-concept, as well as individual interpretation assigned to the behaviour. The excerpts used in the study in the context of cultural and religious impacts show that religious norms and culture determine the experience of the participants and their decision of cultural behaviour. Religion as a phenomenon comes out a strong normative power that shapes the perceptions and behaviour.

It's not acceptable, it's not accepted behaviour. It's prohibited by everyone in society, sir. ***(Survivor 3, 30, No Occupation, Ede, Osun State).***

... in church, we should not be taking liquor, we are the ones who turn a deaf ear ***(Survivor 2, 34 years, No Occupation, Akure, Ondo State).***

The participants clearly declare that religion prohibits the behaviour and present the engagement as a breach of the religious values and identity, and call upon such an act as a taboo. The phrase of taking leave of religious folks is symbolic in its expressiveness because moral and religious division implies that any kind of involvement in the behaviour brings them out of the accepted religious frames. This supports the idea of the religious institutions being strong agents of moral regulation and social control. Nonetheless, the result of such separation and rejection was some subjects becoming more engaged in psychoactive substance use.

Theme 5: Environmental and Policy Contexts

Findings in this segment showed that school settings exposed more and opened more to substances because the students of various backgrounds interacted with limited oversight, accessibility of cheap drugs and more freedom that enabled induction and further use.

It's because of the kind of people that are there, because it is people from different backgrounds that are there, children from different places. ***(Survivor 3, 30 years, No Occupation, Ede, Osun State).***

*It made it a lot easier for me. Because while I was in school, when there was nobody around to caution, you know, to oversee me. So, it gave me a privilege too. (****Survivor 4, 42 years, Car AC Specialist, Efon-Alaaye, Ekiti State)****.*

The participants continuously noted poor and crippled law enforcement, as the drug sellers and users had systematically paid off law enforcement and security agencies to sell drugs freely and swiftly make bail despite arrests. This institutionalised corruption made the provision of drugs on and around campus a normal occurrence, with some of the law-enforcement agents even reported to be taking the drugs themselves, undermining the credibility of enforcing the laws further.

*They are not working enough because some of them, they take bribes from those people. They collect money from them. (****Survivor 13, 34 years, Undergraduate, Student, Welder, Kwara State).***

The police do collect money from them, those that are selling they call it settlement. When police come, they will just give them their share. ***(Survivor 2, 34 years, No Occupation, Akure, Ondo State).***

Finally, the interplay of a permissive educational environment and poor governance, which created a structural environment, contributed to the fostering of the drug distribution and consumption, despite the knowledge that would have ensured a reduced role of stricter regulations would have alleviated the issue.

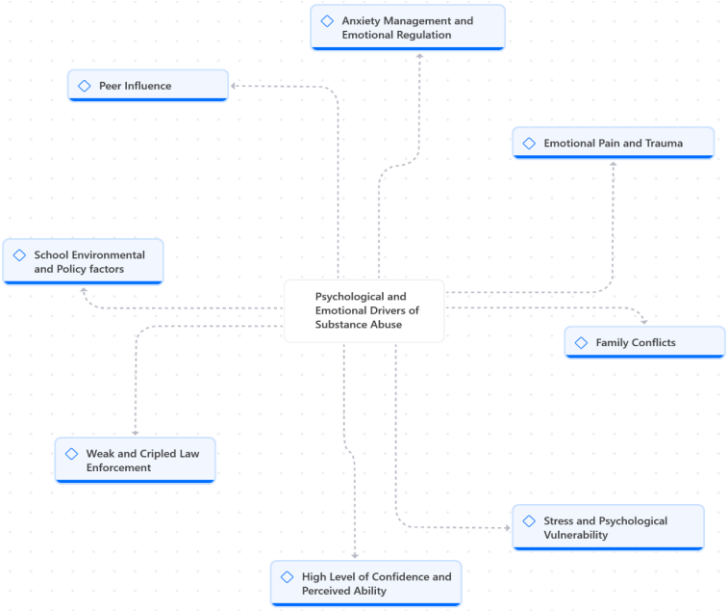


Figure 5: showing the psychological and emotional drivers of substance abuse among youth
Source: Authors' work

Discussion of Findings

Pathways and Drivers of Substance Abuse Initiation Among Youths in Osun State

The paper explains that the start of substance use in youths in Osun State is a complex phenomenon that takes place due to the interaction between social, familial, personal, and environmental factors. It lays stress on peer influence, the family, curiosity and social situations with informal places like recreational events and student centres being common initiation points because of their privacy and peer validation. These findings are in agreement with those in previous studies that peer influence, socio-demographic factors, and the larger socioeconomic milieu are the predisposing factors among adolescents and young adults to initiate substances (Mbachu et al., 2020; Uwaibi et al., 2019; Obot, 1990; Epstein, Hills et al., 2017). The peer influence comes out as the most common form of initiation; friends or groups of people usually introduce one to the substances. The peer networks also desensitise the use of drugs, encourage experimentation, and help cross the gap between first use and habitual use. The family situations also have weight, especially in instances where drug usage is imminent and parental regulations loose or in situations where family disputes are ordinary. The following is the environment of an unstable family, divorce, and neglect, which develops the emotional weaknesses and supports the previous results that the environment of family disorder and stigma increases the likelihood of substance use (Haa et al., 2024; Adenugba and Okeshola, 2018).

User profiles among the trends show gradual rise in usage, intensity and assortment of substances, with the ultimate requirement being that of smoked marijuana, LSD, prescription drugs and synthetic drugs. The mechanisms that have led to this escalation are the development of tolerance, encouragement of a peer group, and the search of stronger effects, which highlights the interrelation between social and individual determinants in maintaining consumption (Ikhayere et al., 2020). Schools, especially higher education institutions, are also known to be conducive environments that promote independence, support peer groups and increase exposure to drugs and alcohol, which increases the vulnerability. The beginning of use lies between the age brackets of adolescence and adulthood, which means that there is a wide age range of the senescence development stage. Exposures at an early stage take place in different places, such as residential areas of friends, social events, and shopping centres with high traffic, which indicates the prevalent availability. Different substances (marijuana, alcohol, tramadol, prescription or synthetic drugs, etc.) are mentioned, which makes it apparent that the most efficient prevention approaches should be developed to consider legal and illegal drugs. In addition to explaining the routes through which the study sample initiate substance abuse, the study focuses on the economic, structural as well as psychological determinants that form the substance use behaviours. The study places the issue of substance use in a larger socio-ecological and trauma-informed context instead of viewing it as an individual issue.

An important discovery is that one cannot simply attribute unemployment or poverty to explain substance abuse. With an opposite presumption, in the period of executing the initiation, many participants were economically active, and were partaking in income-

generating activities. Although economic deprivation can have an exaggeratory effect on vulnerability, the two do not have a linear or deterministic relationship (Babor et al., 2010). The consumption of substances continued on both socioeconomic levels and therefore does not imply poverty or idleness to initiate or maintain use. These results contradict the research which claims that unemployment and poverty are the major stressors that drive people to drugs as coping practises (Ikhayere, Babalola, and Yelwa, 2020). Rather, evidence supports the study that employment in itself does not include protection against substance use especially when employment stress, social exposure, or disposable income is in existence (Henkel, 2011; Rehm et al., 2009).

Finance proved to be one of the major facilitators of the use of substances. Respondents mentioned that the availability of money was often causative to the rate of substance use as well as the severity of the substance abuse, as on many occasions the income is used to buy drugs instead of basic necessities. This corroborates the fact that access to finances can strengthen substance use in case the dependency has arrived (Room, 2005). It is worth noting that an increased vulnerability of people coming out of high-end families was also found in the study. The key informants explained this through unhindered access to finances, social laxity and less panic about the long-term effects. This observation is in concurrence with the researcher who revealed that teenagers/young adults with higher socioeconomic statuses can participate in the highest risky substance usage because of their easy accessibility and perceived less severe penalties (Luthar and Becker 2002; Hanson and Chen 2007). In addition, perceived access to rehabilitation services and detoxification services also seemed to reduce perceived risk, promoting the cycles of experimentation and relapse, which is in line with the sociological risk theory and the theory of planned behaviour (Beck, 1992).

Substance use patterns were also mostly led by the structural and environmental factors. Participants referred to substances as extremely accessible in their communities and were mostly found close to homes, and had informal delivery systems that reduced barriers of access. Such results are reminiscent of the evidence for weak regulation and availability of substances (community-wide) and informal drug markets as significant contributors to drug substance use prevalence (Ekpenyong, 2012; Idowu et al., 2023; UNODC, 2023). Corruption in law enforcement can also be reported, and this is another sign that many institutions are weak enough to maintain drug markets. The availability of substances in this context usually prevails over personal-level protective factors like employment or financial limitation, which authentically render the ecological models, which situate risk of substance use in a more expansive social and institutional context (Rhodes, 2002).

There was a strong association between psychological aspects, emotional trauma and interpersonal stress and initiation of substance use. Respondents and caregivers explained substance use as a coping mechanism to deal with emotionally induced pain due to marital conflict, humiliation, academic pressure, work-related stress, and unresolved trauma. The current result is aligned with a vast body of scientific evidence suggesting trauma exposure and emotional dysregulation to substance use disorders (Sinha, 2008; Abdulmalik et al., 2009; Adebowale et al., 2021). The use of stimulants among students to manage academic

requirements also confirms that the school-related stress may result in experimentation leading to habitual use (Olapegba, Onigbogi, and Uye, 2021; Ekpenyong, 2012).

Religions and customs were revealed as strong yet ambiguous forces. The moral standing in how people interpreted substance use by religion, with the respondents indicating that it is sinful or illegal, as per the findings that religiosity can also act as a safeguard (Oshodi et al 2010). But encroached moral condemnation occasionally resulted in rejection and the isolation system, which worsened drug use and deterred treatment seeking. This is in line with the findings of studies that moralistic religious reactions can be seen to strengthen concealed substance use instead of as a source of recovery (Oshodi et al., 2010). Ambiguity is also portrayed in the fact that cultural norms did not approve substance use, and at the same time tolerated drug usage occasionally, further enhancing occasional use and at the same time disapproved the drug use (Odejide, 2006; Emakpor & Emakpor, 2026).

Conclusion

This paper gives an in-depth insight into the routes, enabling variables, as well as the effects of substance abuse in young people in Osun State, which demonstrates that substance use is a socially, structurally, and psychologically constructed issue and not just a moral decline that individuals experience. The results have shown that an entry into substance use is hardly incidental, rather more of a product of a combination of peer pressure, family, curiosity, emotional frailty, and social conditions. The strongest pathway was recognised as peer groups, which socialised the experimentation process and the use of substances as the source of social acceptance and belonging. The family-related factors also influenced vulnerability because of direct exposure to substance use, mothers having lax parental control, a single-parent household, and unresolved conflicts. This situation caused emotional disconnection, against which substances were commonly consumed. Schools, especially the tertiary and secondary, also became ideal endmost sites of exposure. With the addition of increased autonomy, less paternal control and lax regulation, there was more experimentation and continued use.

In opposition to the common beliefs, substance abuse was not mostly triggered by poverty and unemployment. Rather, employment, family wealth or intermittent income accessibility related to a high level and frequency of substance use was linked. Economic advantage eased the perceived risk and impacts, whereas social networks guaranteed further access even in times of financial restrictions. Emotionally, the use of substances was quite related to the efforts to regulate emotions. The survivors affirmed that they used substances to deal with stress, trauma, anxiety, low self-esteem, and social inhibition. Though the substances did offer a temporary respite, confidentiating, or calming down effect, they were brief in nature and usually led to dependence and mental instability as a further known way of avoiding anxiety, making substance use a coping strategy, as demonstrated by substance use.

The combination of social influence and emotional distress, accessibility of structures, and weak institutions overall contributes to the further perpetuation of substance abuse among youths in Osun State. Successful responses should hence go beyond the punitive side and

implement the trauma-informed and community-based interventions, which consider peer dynamics, family relationships, mental health needs, and failed system control.

Recommendations

- To deal with the psychoactive substance use in Nigeria, periodic workshops will be necessary, and strict drug-control measures have to be in existence with strict monitoring in tertiary institutions. Independent trained personnel who are now being employed, i.e., warden, psychologists, counsellors, social workers, and security, can be used to improve the hostel supervision, hence less reliance on law enforcement agents.
- The results show that corruption and informal relations between drug dealers and security officers are the roots of the failures in drug enforcement, but not ignorance. The structural reforms and not the token implementation are urgently needed. It would be possible to establish reporting systems which are anonymous in order to make students and community members report collusion without any fear of being victimised.
- The outcomes demonstrate that the nature of autonomy, insufficiency of supervision, affordable access, and exposure to heterogeneous peer cultures are some of the growth factors that increase vulnerability to drug use. The schools must attain a balance between independence and supervised support whereby the youth are promoted in terms of involvement in extracurricular activities, mentorship and academic advising as a way of curbing idleness and isolation.
- The results highlight that the availability and the lack of access to treatment by students and youths explain why they continue to use substances. It is encouraged that governments should increase accessible and youth-friendly treatment centres and focus on reducing stigma against help-seeking and, as a result, increase treatment uptake among the youth.
- Finally, this study suggests that researchers seeking to replicate the work should consider using different methodologies and larger sample sizes across various communities and public institutions in Nigeria.

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