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The Perceived Effects of Substance Abuse on Adolescents' Health

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ABSTRACT

Most teenagers view substance usage as a casual matter, unaware that prolonged use of these substances, even in tiny doses, can have negative effects and function more as a depressant than a stimulant. This study aimed to look into the relationship between teen drug usage and health. Methods: Teens (13 to 19 years old) attended school in Ondo State for a minimum of one year. Results: It was found that while mental health disorders, drug dependence, sex drive, teenage pregnancy, and violence were perceived as effects of substance abuse on adolescents' mental health, stroke, irregular heartbeat, memory loss, hypoxia, and seizures were perceived as effects on adolescents' physical health. Furthermore, there was no discernible variation in the reported impacts of substance usage on the physical and emotional well-being of teenagers according to their gender. In conclusion, the adolescent's bodily and emotional well-being depends on his or her giving up substance abuse of any kind. Thus, we implore stakeholders in education and health to regularly arrange dramatizations and discussions among adolescents about the risks associated with substance abuse. Public education initiatives by the government and non-governmental groups need to take a cooperative, multidisciplinary, and multi-sectoral approach. Outreach initiatives and counseling should be used to increase public knowledge of drug misuse and usage.

INTRODUCTION

During this stage of life, adolescents experience physical, psychological, social, and emotional changes. They also frequently take on habits that increase their chance of developing health issues, such as substance misuse (Gray & Squeglia, 2018). Adolescent substance addiction is a growing global phenomenon that needs to be addressed by all helping professionals to create methods that will give teenagers the means to live a life free from substance misuse. Adolescent substance misuse appears to have occurred at some point in their academic or professional life.

Drug abuse and substance abuse have been used interchangeably in literary works. According to Agbonghale and Okaka (2014), the use of a substance that alters behavior or mood in a way suggestive of a maladaptive pattern of use is commonly accepted to be the definition of drug abuse. According to Musto (2018), substance abuse is the use of drugs that can lead to a condition in which the user experiences severe impairments or discomfort due to a maladaptive pattern of behavior or mood disturbance. Such behaviours include, but are not limited to, frequently abstaining from social or professional commitments or consuming drugs when doing so puts oneself at risk or lands one in legal trouble.

This suggests a change in conduct. Substances are chemicals that interfere with the brain's communication system, affecting how nerve cells typically send, receive, and process information. Because the molecular structures of some drugs, like as heroin and marijuana, mirror those of natural neurotransmitters, these substances

can activate neurons. The drugs can "fool" receptors by attaching to and activating nerve cells due to their similar structures. These drugs function on nerve cells differently from a normally occurring neurotransmitter, despite their appearance as brain chemicals. As a result, abnormal messages spread across the network.

Other substances, like cocaine or amphetamines, can either stop these molecules from being routinely recycled in the brain or cause the nerve cells to emit unusually high levels of their neurotransmitters. This finally causes a breakdown in the communication lines, which likewise dramatically magnifies the message. The effect of someone whispering in your ear and someone yelling into a microphone can be compared. According to Cecilia (2010), using drugs to the degree where a person's social, psychological, or physiological functioning is compromised is the medical definition of substance abuse. It entails utilizing illegal drugs or abusing over-the-counter or prescription pharmaceuticals.

It describes the overuse of medications, or their prescription use for purposes other than those for which they are intended. Opioids, amphetamines, tobacco, and barbiturates are some of these substances of abuse. Substance abuse involves significant cultural and subjective prejudice, contingent on whether a given culture considers the use of a particular substance to be acceptable or not at a given time. Enakpoya (2019) went on to define substance misuse as using medications without a prescription or guidance from a doctor. Substance abuse is one of the most risky activities among teenagers attending secondary schools. Even though it is

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a global concern to educate students about psychoactive substances, many secondary schools nowadays only cover a small portion of the harmful impacts.

Most adolescents enrolling in secondary schools report that they first experimented with gateway drugs, including alcohol, cigarettes, and marijuana. Marijuana is the most commonly used drug, followed by tobacco. As key centers of perception and stimulation, the brain, liver, kidneys, heart, and lungs are among the primary organs that can be harmed in substance abusers, according to a 2019 study by Manbe. The report also noted that, in addition to various difficulties, substance abusers struggle to manage their social lives. This underscores the influence that teenage peer groups can have on a person's decision to use drugs. Consequently, aggressive tendencies have been observed, leading to violent crimes such as rape, theft, armed robbery, suicide attempts, juvenile offenses, and school expulsions. These adolescents often become social outcasts in their communities.

Medical professionals and scholars in Nigeria have recognized that drug misuse and consumption impact pupils' academic achievement (Adamu & Lawal, 2013). In a similar vein, Atoyebi (2013) discovered that drug misuse is the primary factor behind many inappropriate classroom behaviors, such as violence and impulsivity, in addition to poor academic performance. This supports Mayo's (2013) claim that drug usage leads to low self-esteem, inadequate social coping skills, and educational difficulties for young people. In response to this troubling situation, the federal and state governments have tackled the issue of substance addiction by incorporating health counseling and guidance services into secondary school curricula. As a result, education and prevention programs addressing adolescent substance misuse are now primarily offered in Nigerian schools.

However, Enah and Stanley (2014) pointed out that a significant amount of drug usage among teenagers takes place at schools. Student substance addiction is a very widespread problem. Social interactions and learnt behaviour are virtually invariably the cause of teenage drug and alcohol usage (Swaid 2011). Experimentation is one of the significant psychological phenomena that are seen throughout this phase of adolescence (Graham *et al.*, 2013).

Adolescents have been seen to experiment with new experiences like substance misuse and sex as a result of this behaviour, sometimes with disastrous outcomes. Despite the detrimental effects of substance usage on adolescents' ability to think, make wise decisions, and pursue academic goals, Adolescent drug misuse is now widespread. Adolescent substance misuse is on the rise; there has been a discernible increase in the involvement of women and the use of numerous substances, as well as changes in the types and patterns of drug usage among teenagers (Ifabumuyi, 2017). Thus, this research aims to investigate the potential health effects of substance usage on teenagers in Akure, Ondo State, Nigeria.

Statement of the Problem

Adolescents often view substance abuse as trivial. They are unaware that these drugs act more as depressants than stimulants, and that frequent use, even in small amounts, can lead to adverse effects. It is estimated that approximately 5% of the global population, or a quarter of a billion people, have used drugs at least once. Even more alarming is the statistic that 29.5 million of those users, or 0.6% of the world's population, have drug use disorders (UNODC, 2016). According to the World Drug Report (UNODC, 2018), drug-related deaths worldwide increased by 60% between 2000 and 2015.

Compared to all other continents, Africa has the largest proportion of teenagers among its total population, making it the youngest continent globally. Adolescents between the ages of 10 and 18 make up 32% of the population in West and Central Africa, as well as East and Southern Africa. This is higher than the global average of 24% (Kendall, 2001). 31% of Nigeria's 158.4 million residents in 2010 were teenagers, or those between the ages of 10 and 19. It is projected that the number of teenagers globally will reach 73 million by 2025 and 116 million by 2050. Things have gotten worse for the teenage population of Nigeria since the results of a recent national survey on drug abuse were confirmed to be massive, meaning that the rate of psychoactive drug substance use among Nigerian adolescents is higher than the global average, at 5.6% globally and 15% in Nigeria. Eight out of every nine high school students (1.19%, or 1.6 million) suffer from an addictive disorder; of those who have ever used tobacco, alcohol, or other substances, 19.4% satisfy the clinical diagnostic criteria for a substance use disorder, and 33.3% of those who use them currently also do so (CASA, 2009). In 2009, the percentage of adolescents receiving official treatment for alcohol and other drug addiction at hospitals, rehabilitation centers, or mental health centers was limited to 6.4%. These adolescents meet the clinical criteria for alcohol or other drug use disorders. Adolescents should not have to wait to obtain treatment; even when they do, their care is frequently insufficient (CASA, 2009).

The Nigerian drug policy "has been characterized by a highly exclusive policy-making process," claims Klatschnig (2013). In this specific situation, repression "has become the sole means of implementation and a strong bond with international drug agencies." This program focused primarily on punishment and prevention, paying little attention to the effects of drug abuse.

Rationale/Justification for the Review

Adolescent substance misuse has been documented in studies and reports. For instance, within six months, the National Drug Law Enforcement Agency (NDLEA) in Katsina State arrested 443 drug suspects in possession of at least 336.4043 kg of illicit substances and 2,553.06 liters of cough syrup suspected of containing codeine. At the Federal High Court of Katsina, 110 cases were pending trial at various stages, while 23 suspects were prosecuted

and punished by the NDLEA. It was also stated that the authorities had confiscated 53 kg of Tramadol tablets, 51 kg of cannabis sativa, and 24,000 bottles of codeine. In addition, 128 bottles of codeine cough syrup and 21 students and infants under the age of one were captured in Katsina State.

An increasing amount of information is being released about the nationwide surge in adolescent drug misuse and related issues. Peer pressure and emotional stress are the main causes of teenage drinking, among other factors. There have been several attempts, as was previously reported, but they have failed. Thus, it is necessary to create a health education program that focuses on how substance abuse affects the health of adolescents. Youth are a critical period for the development of coping behaviours and responses, such as drug use as a coping mechanism for stress, peer pressure, and emotional pain, according to the American Journal of Public Health (2007). Therefore, reducing exposure to risk factors and altering the factors that are already present should be the main goals of drug prevention initiatives.

Programs that emphasize the direct physiological repercussions of substance misuse as well as coping mechanisms for social pressure to abuse substances may be particularly effective in health education, given the impact that substance abuse has on adolescent health. Teenagers may avoid substance usage with confidence and without flimsy justifications if they are aware of the risk factors. The results of the study could be useful in helping teenagers who have already developed a substance misuse habit quit using cessation techniques. Understanding the negative consequences of substance misuse on the health of teenagers can help these young people avoid consuming drugs so they can focus on their education and grow up to be productive members of society.

Objectives

General Objective

To investigate the effects of substance abuse on adolescents' health

Specific Objectives

1. Examine the perceived effects of substance abuse on adolescents' physical health.
2. Investigate the perceived effects of substance abuse on adolescents' mental health.

Research Question

1. What are the perceived effects of substance abuse on adolescents' physical health?
2. What are the perceived effects of substance abuse on adolescents' mental health?

Hypotheses

H01: There is no significant difference in perceived effects of substance abuse on adolescents' physical health based on gender.

H02: there is no significant difference in the perceived effects of substance abuse on adolescents' mental health based on gender.

LITERATURE REVIEW

Adolescence

The short- and long-term impacts of substance use can be deadly, which is why it is still a concern even though teens are most constrained by practical and legal restrictions. Young people's unintended injury and death (vehicle collisions, suicide, etc.) are primarily caused by substance addiction (Johnston *et al.*, 2011). Maladaptive behavioural patterns are established during this time and are subsequently connected to both physical and mental health problems (Matarazzo & Perry, 2014). Thus, examining the substance use and outcomes of adolescents can help tailor interventions and maximize long-term benefits.

Physical Health/Medical Conditions

Development undergoes major changes during adolescence. As a result, even occasional drug usage may have negative effects. Adolescent alcohol and drug usage raises the possibility of violence and injury (CDCP, 2011). According to the results of a nationwide research conducted in the United States a month before the poll, 24.1 percent of high school students reported being passengers in a car driven by someone who had used alcohol, and 8.2 percent reported driving a car after drinking. Sixth of college students reported drugged driving (i.e., taking illegal or prescription drugs for non-medical purposes) in the previous year, according to a survey of older teens (Arria *et al.*, 2011).

When there is a combination of motor skill impairment and inexperience behind the wheel, the risk of traffic accident injuries and deaths increases.

Substance-using adolescents frequently engage in risky sexual behaviors (CDCP, 2012). Twenty-one percent of sexually active high school students report using drugs or alcohol before their most recent sexual encounter (CDCP, 2012). Consequently, a strong association has been observed between adolescent substance use, hazardous sexual behavior, and the incidence of sexually transmitted infections (STDs) (Kingree *et al.*, 2010). According to Riehman *et al.* (2016), social and chronic substance users are more likely to have unprotected sex and a history of multiple sexual partners well into late adolescence.

According to current data from the Centers for Disease Control and Prevention (CDC) (CDCP, 2012), over 25% of new instances of HIV infection occur among young people, and approximately 60% of those infected were ignorant of their status, highlighting the severity of this danger. Yan and colleagues conducted additional research (Yan *et al.*, 2017) to ascertain the relationship between drug usage and sexual risk behaviors associated with HIV/STDs. They discovered that there was a substantial correlation between not using condoms and smoking three or more days in the preceding month in their

countrywide sample of young people in rural US settings who were sexually active. Drug and alcohol abuse have historically and now been connected to several sexual partners.

Yan *et al.* (2017) state that substance abuse and risky sexual conduct seem to be parts of a constellation of irresponsible behaviors, some of which are normative and others of which are the result of social impairments. Compared to teens without SUD, adolescents with SUD diagnoses had more acute and possibly chronic health issues. About half of emergency department (ED) visits for drug abuse or misuse in the US in 2011 were related to the non-medical use of prescription and over-the-counter drugs. When it comes to adolescents between the ages of 12 and 17, the number of ED visits for pharmaceutical abuse is more than the number for alcohol abuse (301 ED visits compared to 160 ED visits per 100,000 population) (CDCP, 2011). Abuse of drugs and/or alcohol together increases the risk of serious injury.

Teenagers who use drugs have a greater incidence rate of one-fourth of the concomitant medical problems that Mertens, Flisher, Fleming, and Weisner (2017) examined. It can be challenging to identify certain chronic health conditions in younger individuals. It has been demonstrated that diagnoses related to pain and asthma, in particular, are prevalent and expensive medical conditions among the patient population. Myers and Brown (2014) and (2017) discovered that respiratory issues persisted for two to four years following drug misuse therapy for teenage smokers, regardless of the use of other substances. Long-term drug use can worsen symptoms and, in certain situations, lead to more severe, potentially fatal diseases; nevertheless, it can be challenging to definitively link certain medical disorders to one another.

Mental Health/Psychiatric Disorders

Suicidal thoughts and deeds create a clear link between mental and physical health. Suicide is the third most common cause of mortality for youths in America between the ages of 10 and 19 (Kochanek *et al.*, 2012). Although it is not necessarily the “cause” of suicidal thoughts and attempts, substance misuse is a significant risk factor for them (Nock *et al.*, 2013). Those with substance use disorders (SUDs) are almost three times more likely than those without drug use to attempt suicide, according to research (Bukstein *et al.*, 2013). Even after adjusting for depression, Wu *et al.*'s (2014) study, which looked at data from a community sample of teens, discovered a significant link between alcohol misuse and dependency and attempts at suicide. These findings highlight the need for more investigation into the connection between substance misuse and abuse and suicidal thoughts and actions, both in the context of mental health issues and in the absence of them.

According to Storr *et al.* (2012), adolescents in clinical samples exhibit significant rates of comorbidity. Two diagnoses are present in 70–80% of young individuals

seeking therapy (Kaminer & Bukstein, 2017). However, comorbidity patterns vary according to the type of drug used, the severity of SUD, and the mental health issue (Roberts *et al.*, 2007). For example, there are gender variations in the co-occurrence of mood disorders, even though internalizing disorders (e.g., anxiety, depression) are widespread in both clinical and general adolescent populations. Specifically, compared to boys, girls with SUDs experience higher rates of depression (McGuinness *et al.*, 2012).

Shrier *et al.* (2013) evaluated the psychological symptoms of young people with sub-diagnostic drug use disorders in a primary care setting to investigate this further. They discovered that girls who reported symptoms of mental disorders were more likely to become drug users. Adolescent males and girls with diagnostic or problematic usage have been found to exhibit a high prevalence of anxiety symptomology (Shrier *et al.*, 2013). Roughly 7% of youth with SUD met the diagnostic criteria for any anxiety disorder in the preceding year (Roberts *et al.*, 2017).

There is some evidence that externalizing disorders usually occur before SUDs, even if the precise order in which mental symptoms and substance use emerge varies from person to person (Zucker *et al.*, 2011). The constellation of maladaptive and disruptive behaviors that characterize disorders like conduct disorder, oppositional defiant disorder, and ADHD initially emerged in childhood or adolescence (American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders). Sub-diagnostic drug and alcohol use in teenagers, both male and female, has been linked to externalizing symptoms (Shrier *et al.*, 2013; Molina, Pelham, 2013). This shows a connection between problematic usage before meeting all SUD criteria and behavioral disturbance. But according to epidemiological statistics, SUDs are linked to higher chances of ODD and CD co-occurring (Roberts *et al.*, 2017).

Data suggest that problematic or diagnostic behaviors, substance use, and socially hazardous behaviors may co-occur and, when considered together, may even exacerbate each other (Roberts *et al.*, 2017; Costello *et al.*, 2013). These behaviors may not have as much of an effect during adolescence because of their limited social responsibilities, but when young people become adults, maladaptive behavior combined with prolonged substance use can exacerbate impairment.

Theoretical Framework

Disease Theory

The disease idea most emphasizes the parallels and differences between those who suffer from addiction as a “disease” and those who do not. As stated in Horvath *et al.* (2014) and Dual Diagnosis (2014), addiction is defined by this paradigm as an uncontrollable brain disorder with faulty structure and functioning that renders the addiction “irreversible”. The pathological changes in the brain that cause obsessive cravings are also addressed

by this approach (West & Brown, 2013). The “heart” of the illness notion, according to West and Brown (2013), is the desire episodes because they are “urgent and overpowering,” seemingly taking over the person both physically and emotionally. The disease theory states that a progressive, lifelong illness results from a lack of control. It also describes addiction as a medical problem and claims that some individuals are predisposed to addiction from birth (Lindström, 2012; West & Brown, 2013). Even though the gene combination varies from case to case, the symptoms remain consistent. Addiction outcomes are significantly influenced by the environment (Dual Diagnosis, 2014).

The disease theory’s implications suggest that the goal of treatment for alcoholics who wish to stop drinking should be universal. Inherited defective genes make those with a family history of drinking more susceptible. Unaddressed substance misuse can have deadly effects, and recovery is unlikely to occur without intervention. To prevent these outcomes, treatment is necessary. Even after receiving treatment, there is always a risk of relapse, regardless of how long someone has remained sober (Lindström, 2012). The illness concept posits that discontinuing drug use and other related behaviors while receiving support from friends or family is the best approach for recovery. Although relapses are a possibility, healing requires letting go of the addictive habit. After many years, some individuals may recover on their own, which could be attributed to a normalizing anomaly in the brain or the idea that they were never addicted in the first place.

Research has indicated that the twelve-step program and various forms of peer support have a noteworthy effect on the process of alcohol abstinence. While some believe that physical restraint is the only way to heal, motivation and hope—two significant results of the support—also play a role in a successful recovery (Horvath *et al.*, 2014; West & Brown, 2013).

MATERIALS AND METHODS

Study Area

The capital of Ondo State, Akure, lies between latitudes 7°46' N and longitudes 4°34' E and 7°76' N and 4°56' E, and this is the research area. Akure South and Akure North Local Governments are the two local government areas in Akure. Akure has a population of more than 287,156 according to the 2006 census (provisional results) (Wikipedia, 2012).

Sample Design

A descriptive study approach was used to examine

teenagers enrolled in senior secondary schools in Akure, Ondo State, between the ages of 13 and 19. To minimize potential bias resulting from the influx of visiting teenagers, the study was restricted to in-school adolescents who had been admitted to secondary school for a minimum of one year.

Sampling Technique

In Akure South Local Government. Roughly ten (10) schools were chosen at random from the local government: C.A.C Grammar School, Fiwasaye Grammar School, Oyemekun Grammar School, Aquinas Grammar School, Omolurogbo Grammar School, Commercial School, Alagbaka Grammar School, St. Francis Grammar School, Army Comprehensive School, and Adu Memorial. From each of the chosen schools, twenty(20) in-school teenagers were chosen using a basic random selection procedure. Two hundred teenagers enrolled in senior secondary education make up the study’s sample.

In order to treat all of the respondents equally, this study used the basic random sampling technique.

Instruments for Data Collection

A basic 15-item questionnaire featuring both closed- and open-ended questions was used to collect data from the target group. Section A of the questionnaire primarily focused on sociodemographic data, while Section B addressed the main study issues. The questionnaire employs four Likert scales: 1 for strongly disagree, 2 for disagree, 3 for agree, and 4 for strongly agree. The questionnaire was self-administered, as well as administered by the researcher and her study assistants. Each of the two hundred surveys was accurately completed and submitted.

Data Analysis

The methods for gathering and analyzing the data involved descriptive statistics. The t-test was employed to evaluate the hypotheses at the 0.05 level of significance, while percentages, means, and standard deviations were used to address the study difficulties. Items were classified as agreeing with the study questions if their mean score was 2.50 or higher, and as dissenting if it was lower. The null hypothesis is accepted when the p-value for the hypothesis test exceeds alpha at the 0.05 level of significance.

RESULTS AND DISCUSSIONS

Demographic Data

Table 1: Frequency Distribution of Demographic Data of the Respondents

Variables	Frequency	Percentage
Age (in years)		
13-14 years	78	39.0
15-17 years	104	52.0
18-19	18	9.0

Total	200	100
Gender		
Male	119	59.5
Female	81	40.5
Total	200	100
Religion		
SSS1	54	27.0
SSS2	83	41.5
SSS3	63	31.5
Total	200	100

The respondents' demographic details are shown in Table 1. Fifty-four out of the 104 responders (52%) were in the 15–17 age range. With 78 (39.0%) responses, the respondents between the ages of 13 and 17 made up the second-highest group in the survey. Of the responses, only eighteen (9.0%) were in the 18–19 age range. Out of all the responses, 81 (40.5%) are female and 119 (59.5%) are male teenagers enrolled in school. Regarding the

respondents' class level, 63 (31.5%) of the respondents are in SSS3, 54 (27.0%) are in SSS1, and 83 (41.5%) of the respondents are in SSS2.

Answering Research Questions

Research Question 1

What are the perceived effects of substance abuse on adolescents' physical health?

Table 2: Mean and Rank Order of the Perceived Effects of Substance Abuse on Adolescents' Physical Health

Item No.	As far as I am concerned, the following are the effects of substance abuse on physical health	Mean	Rank
2	Stroke	3.83	1st
5	Irregular heartbeat	3.80	2nd
3	Impairment in memory	3.76	3rd
6	Hypoxia	3.73	4th
7	Seizure	3.70	5th
4	Sleep disorder	3.44	6th
1	Respiratory depression	3.27	7th

The mean and rank order of the perceived impacts of substance misuse on the physical health of adolescents are displayed in Table 2 above. As their response is 2.50 and above, the acceptance region (benchmark), it can be seen that the respondent agreed that stroke, irregular heartbeat, memory loss, hypoxia, and seizures are among the perceived effects of substance abuse on adolescents'

physical health. In contrast, items such as sleep disorder and respiratory depression were rejected because their mean response was less than 2.50.

Research Question 2

What are the perceived effects of substance abuse on adolescents' mental health?

Table 3: Mean and Rank Order of the Perceived Effects of Substance Abuse on Adolescents' Mental Health

Item No.	As far as I am concerned, the following are the effects of substance abuse on mental health	Mean	Rank
6	Mental health disorder	3.83	1st
3	Dependence on drug	3.80	2nd
5	Sex drive	3.76	3rd
2	teenage pregnancy	3.73	4th
1	Violence	3.70	5th
4	poor judgment	3.47	6th
7	poor academic performance	3.33	7th

The mean and standard deviation of the impact of substance misuse on the mental health of teenagers are displayed in Table 3 above. Given that their mean response fell below the acceptance region (benchmark), poor judgment and poor academic performance were rejected, while the table indicates that respondents agreed that mental health disorders, drug dependence, sex drive, teenage pregnancy, and violence are the

perceived effects of substance abuse on adolescents' mental health.

Testing of Hypotheses

Hypothesis 1

There is no significant difference in the perceived effects of substance abuse on adolescents' physical health based on gender.

Table 4: Mean, SD, and t-test Result Showing Difference in the Perceived Effect of Substance Abuse on Adolescents' Physical Health based on Gender

Gender	N	Mean	SD	df	Cal. t	Crit. t	p-value
Male	119	3.60	0.73	198	3.87*	1.96	0.061
Female	81	3.16	0.84				

* $p < 0.05$

Given that the p-value (0.061) is higher than alpha (0.05), the hypothesis in Table 4 above, which states that "there is no significant difference of perceived effects of substance abuse on adolescents' physical health based on gender," is not rejected. Thus, there is no discernible gender difference in the impact of substance usage on the

physical health of teenagers.

Hypothesis 2

There is no significant difference in perceived effects of substance abuse on adolescents' mental health based on gender.

Table 5: Mean, SD, and t-test Result Showing Difference in the Perceived Effects of Substance Abuse on Adolescents' Mental Health based on Gender.

Gender	N	Mean	SD	df	Cal. t	Crit. t	p-value
Male	119	3.50	0.51	198	0.76*	1.96	0.13
Female	81	3.35	0.85				

* $p < 0.05$

Given that the p-value (0.13) is higher than alpha (0.05), the hypothesis in Table 5 above, which states that "there is no significant difference of perceived effects of substance abuse on adolescents' mental health based on gender," is not rejected. Thus, there is no discernible gender difference in the impact of substance usage on the mental health of teenagers.

(2013) argument that drug usage causes young people to struggle academically and have low self-esteem or inadequate social coping mechanisms. Additionally, the research supports Pavla's (2015) assertion that several factors affect adolescents' perceptions of and attitudes about substance misuse.

The study also shows that there is no discernible gender variation in the consequences of substance usage on the physical and mental health of teenagers.

This study supports the findings of Obiamaka (2004), who found that 66% of boys and girls had previously used alcohol.

Discussion of Findings

The majority of adolescents in Akure, Ondo State, who are enrolled in school, believe that substance abuse has an adverse influence on their physical health. This indicates that teenagers still in school are aware of the risks associated with substance addiction, including stroke, irregular heartbeat, memory loss, hypoxia, and seizures.

The majority of adolescents in Akure, Ondo State, who are enrolled in school, think that substance misuse has an impact on the mental health of adolescents. It indicates that teenagers are conscious of mental health issues, drug addiction, sexual urges, adolescent pregnancy, and violence towards those who take substances on their own volition. This result confirms the findings of Atoyebi (2013), who suggested that drug usage was the primary cause of most inappropriate classroom behaviors, including violence and impulsiveness, as well as academic failure. This is also consistent with Mayo's

CONCLUSIONS

For the adolescent's physical and mental well-being, they should stop taking substances in any way.

The study's conclusions led to the following recommendations being made:

1. Adolescents can become more aware of the risks of drug use and misuse at home and at school if drama and debate about the subject are regularly organized.
2. Public enlightenment requires a collaborative, multidisciplinary, and multisectoral approach from both government and non-government entities.
3. Counseling and outreach programs should be used to raise awareness about drug abuse and usage.

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