



## Assessment Of The Impact Of Drug/Substance Abuse On Students' Social Behavior In North-Western Universities In Nigeria

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**Abstract:** Antisocial behaviors attributed to the twin interchangeable concepts, drug or substance abuse, is a universal menace bedeviling the modern-day society, and academic institutions are no exception. Furthermore, students in these institutions being majority in their adolescent stage are prone to initiate or be engaged in this act (drug-abuse) and consequently involved in anti-social behavior(s). Some anti-social behaviors are peculiar to academic environment, such as, late coming or skipping lectures, examination malpractice and cultism, to mention a few of the deviants. This research focused on the impact of drug-abuse on students' social behavior in North-Western Universities of Nigeria. Four hundred and fifty-three (453) subjects were identified and questionnaires administered-on, based on their willingness to participate, from three (3) North-Western Universities of Nigeria. Tactically, two (2) questionnaires were designed bearing in mind the specific roles of the respondents, viz, Students Drug Use Questionnaire (SDU) and Anti-social Behavior Influence Questionnaire (ABIS). The raw Data generated were analyzed with mean and standard deviation, one-way analysis of variance and simple regression statistics hypotheses at 0.05 level of significance described using frequency distribution analysis. Also, paired-samples t-test statistics were used to test the two null hypotheses. The study found that involvements in anti-social behaviors by students have significant relationship with drug-abuse and a combination of drugs abused. Statistical Package for Social Science (SPSS) was used in describing and making inferential analyses.

**Keywords—** drug; drug-abuse; anti-social behaviors

### I.INTRODUCTION

A good practice of classifying substance abuse to mean more than just drug abuse goes a long way in sensitizing society to the negative consequences of the practice or habit. Some substances have now been classified as drugs, such as marijuana. This research followed that path.

According to Jasmine in MedicineNet (2021), "often, the terms drug abuse and substance abuse are used interchangeably. However, they do slightly differ in the following ways:

Citing Jasmine, S., and Pallavi, S., U. 2021, in MedicineNet, substance abuse is a broad term that refers to the use of any substance—illegal drugs, prescription drugs, over-the-counter (OTC) drugs, or alcohol—in excessive amounts.

A drug refers to a substance that could change biological function through its chemical actions (Obob and Obob; 2020). It is also considered a substance that modifies perceptions, cognition, mood, behavior, and general body functions (Balogun, 2006). They could thus be considered chemical modifiers of the living tissues that could bring about physiological and behavioral changes (Oladipo, Victor, & Alao, 2017). Drug abuse is a major public health problem all over the world (UNODC, 2005). The use and abuse of drugs by adolescents have become one of the most disturbing health-related phenomena in Nigeria and other parts of the world, as revealed by the National Drug Law Enforcement Agency (Muritala, Godwin, Anyio, Muhammad, & Ajiboye, 2015). Several

school-aged adolescents experience mental health problems, either temporarily or for a long period. Sampina Academy (2023), observed that some adolescents become insane, are maladjusted to school situations, and eventually drop out of school all as a result of drug-related activities (Sampina Academy, 2023; Muritala et al., 2015; NAFDAC, 2004).

According to Buddy (2022) of Verywell Mind, drug abuse refers to the use of only drugs (not alcohol)—illegal drugs, prescription pharmaceuticals, and OTC medications—in large quantities. However, the American Psychiatric Association (APA) and World Health Organization (WHO) no longer recognize "drug abuse" as a legitimate medical diagnostic, according to information in the Wiley Online Library (Darrela, Emily, and David, 2013).

School, be it primary, secondary, or university, is a part of society, and any change in the school system is a change in society (Galtung 1981). The entire school environment can also be a vehicle for change, not just individual classes, learning materials, or teaching strategies (Alhassan, 2015).

(Alhassan, 2015) According to Hoem (2000), the school is a socialization system, and teaching and learning are socializing processes. Learning how to become human and to behave in ways that accord with the general expectations of others (in short, to be socialized) is a process that begins at birth and continues throughout our lives. Thus, students and teachers at the college never stop learning how to behave, mainly because the society in which they live and their relationships with each other are always changing, and they are continually faced with learning how to behave in new and different situations.

Young people in negative environments may be more likely to engage in high-risk activities, such as antisocial acts and drug use (Bonnie & O'Connell, 2004). Similarly, they become desensitized to violence and are more likely to decide to respond to their own victimization experience through revenge or aggression (Estévez & Emler, 2011).

Most undergraduate students at universities and other educational institutions are typically between the ages of 15 and 25 (Nnachi, 2007).

A widely used definition of anti-social behavior is the one contained in the UK Public General Acts of 1998: "acting in a manner that caused or was likely to cause harassment, alarm, or distress to one or more persons, not of the same household as the defendant (UK Home Office, Development and Practice Report 26, 2004).

### **Problem Statement/Justification**

Antisocial behavior is a major public health concern. This behavior seems to be manifested among the students of tertiary institutions and is likely to be associated with drug abuse, leading to an increased risk of negative outcomes in their life processes such as lying, decreased academic performance, mental health disorders, theft, burglary, shoplifting, and other criminal acts. Drug abuse most likely results in a change in behavior leading to acts that disturb the peace and disrupt the social order and may cause harassment, alarm, or distress to members of the public who are not of the same household.

### **Objectives of the Study**

The objective of the study is to examine the influence of drug abuse on antisocial behavior among university students in north-western Nigeria. The specific objectives are as follows:

- i. To identify the types of drugs commonly abused by university students in the northwestern states of Nigeria.
- ii. To examine drug-related anti-social behavior demonstrated by university students in the three north-western states of Nigeria.

## **II. LITERATURE REVIEW**

### **a) Definitions of Drugs/Substance**

A drug, as defined by Merriam-Webster's Dictionary (Drug, in Merriam-Webster.com's dictionary), is "any naturally or artificially made chemical that is used as a medicine. e" Drug is also defined as any substance that is used for the treatment or prevention of disease in humans or animals (Hammerton, Mahedy, Joseph, Barbara, Alexis, Kenneth, Matthew, & 2017). A drug refers to a substance that could change biological function through its chemical actions (Muritala et al., 2015). It is also considered a substance that modifies perceptions, cognition, mood, behavior, and general body functions (Balogun, 2006). They could thus be considered as chemical modifiers of the living tissues that could bring about physiological and behavioral changes (Nnachi, 2007).

Drugs alter body functions either positively or negatively depending on the user's body composition, the type of drug used, the quantity used, and whether used alone or in conjunction with other drugs (Fareo, 2012).

The United States government agency Food and Drug Administration (FDA) classified drugs based on 36 categories, some of which are directly relevant to this work, including analgesics, anti-anxiety drugs, anti-depressants, anti-psychotics, broncho-dilators, cold cures, cough suppressants, decongestants, expectorants, laxatives, muscle relaxants, sex hormones (female and male), sleeping drugs, tranquilizers, vitamins, etc.

Taking drugs based on a prescription is not in any way a source of concern, but 'abusing' the medication's purpose is. This tends to tolerate and depend on the drug and consequently develop an addiction.

#### a) **Drugs/Substance Abuse**

The two (2) terms 'addiction' and 'drug abuse' are often interchangeable, but let's get the picture clearly from the words of Teresa, 2021, of WebMD, as reported:

"Substance abuse is when you use legal or illegal substances in ways you shouldn't." There is no universal definition of drug addiction. Substance abuse is the intentional use of chemicals for purposes other than the intended medical purpose, resulting in physical, mental, emotional, or social harm resulting from the use (Gunman, Omar, camp; Singh, 2020).

Drug abuse is a major public health problem worldwide (UNODC, 2005). Drug use and abuse among young people has become one of the most serious public health problems in Nigeria and other parts of the world, as previously disclosed by the National Drug Law Enforcement Agency, in 2004. Substance abuse is a serious public health problem that affects almost every community and household in one way or another (MedlinePlus, 2019).

Drug use becomes abuse when addiction occurs, defined as a set of physiological, behavioral, and cognitive symptoms in which drug use is a priority for the individual. The term is commonly associated with tolerance, i.e., the need to consume a larger amount of a substance in order to maintain the effects of previous consumption (NDLEA, 1997; Hammertoe et al., 2017).

Substance abuse plays a role in many serious social problems such as drug driving, violence, stress, and child abuse. This can lead to homelessness, crime, job loss, or problems keeping a job. It harms unborn children and devastates families (MedlinePlus, 2019).

Based on their use, drugs can be classified as experimental, recreational or social, situational, intense, addictive, and therapeutic (Gateway Foundation, 2023).

(UNDO., (2017)) reported that "the sensations that a person may experience when using a particular drug can play an important role in the decision to use it. Some drugs are used because they are "so complementary to the environment or occasion that someone might use cocaine or an amphetamine-type stimulant to increase their energy, for example, if they go to a nightclub where there is a lot of dancing. Others who want to unwind or de-stress after work may turn to alcohol or marijuana."

According to research by Jasmine and Pahlavi (2021) Medicine Net, alcohol remains the most common form of addiction in the United States due to its widespread legal and societal acceptance.

#### c) **Signs and Symptoms of Substance Abuse.**

According to the Youth Health Information Project (AHIP) (2001), the following signs and symptoms of substance abuse (Oboe camp; Oboe, 2020) are as follows;

##### i. **Signs of drug use and drug paraphernalia.**

- Possession of narcotic paraphernalia such as whistles, paper, and small decongestants.
- Possession of drugs, particularly plants, vines, or leaf seeds in ashtrays or clothing pockets.
- Smell of drugs, incense, or other latent odors.

##### ii. **Identification with drug culture.**

- Drug magazines, slogans on clothing.
- Hostility to talk about drugs.

##### iii. **Signs of Physical Deterioration.**

- Memory loss, short attention span, difficulty concentrating.
- Poor physical coordination, slurred or incoherent speech, unhealthy appearance and indifference to hygiene and appearance.
- Bloodshot eyes and dilated pupils.

##### iv. **Behavior Changes**

- Significant decline in academic or professional performance.
- Increase in absenteeism or lateness.
- Chronic dishonesty, lying, cheating, and stealing.
- Problems with police and other law enforcement agencies.
- Changing friends, avoiding talking about new friends.
- Anger, hostility, irritability, discretion, etc. Estimation, etc.

#### d) **Effects of substance abuse**

According to the Gateway Foundation (Gateway, 2023), drugs are chemicals that affect the body and brain. Different drugs can have different effects. Some drug effects include health effects that are long-term and permanent. They can be continued even after stopping the substance. There are several ways to take medication, including injections, inhalation, and swallowing. Depending on how the drug is administered, its effect on the body changes.

### i. The Health Effects of Substance Abuse

Substance use disorders are associated with a variety of short- and long-term health effects. They may vary depending on the type of medicine, the amount and frequency it is taken, and the person's general health. Overall, the effects of addiction and addiction can be significant. They can affect almost any organ in the human body (Gateway, 2023).

➤ Side effects of addiction can be (Gateway, 2023)

- Weakened immune system, increased risk of illness and infections.
- Heart conditions ranging from abnormal heart rhythms to myocardial infarction and collapsed veins and blood vessel infections caused by intravenous drugs.
- Nausea and abdominal pain, which can also lead to changes in appetite and weight loss Risk of severe liver damage or liver failure.
- Seizures, strokes, disorientation and brain damage.
- Lung diseases.
- Problems with memory, attention and decision-making make daily life difficult.
- The general effects of drugs on the body, such as B. the development of the male breast and an increased body temperature, can lead to other health problems.

### ii. Behavioral Effects of Drugs.

Substance use disorders have been observed to lead to a variety of behavioral problems in both the short and long term, including (Gateway, 2023):

- i. Paranoia.
- ii. Aggression.
- iii. Hallucination.
- iv. Addiction.
- v. Impaired judgment.
- vi. Impulsivity.
- vii. Loss of self-control.

### e) Consequences of adolescent addictions

Young people who are persistent drug abusers often face a range of problems, including learning disabilities, health problems (including mental health), social and economic consequences, crime, poor peer relationships and involvement in the juvenile justice system. In addition, there are consequences for family members, communities and society as a whole (Ann camp; Shay, 1998).

### f) Antisocial behavior Definitions of antisocial behavior

People's understanding of what constitutes antisocial behavior (ASB) depends on a number of factors, including context, location, community tolerance, and quality of life expectations (Nixon et al., 2003). Therefore, what may be considered anti-social behavior for one person may be considered acceptable behavior for another. The subjective nature of the concept makes it difficult to find a single definition of antisocial behavior (Sally, Jenny, Francesca, camp; Bethan, 2004). Naval, adapted from Sally et al. (2004) is also defined as any type of behavior that violates social norms.

Antisocial behavior (ASB) is defined as behavior by a person that causes or is likely to cause harassment, distress or distress in people who do not live in the same household as the person, as defined in the Crimes and Disorders Act (Sally et al., 1998) which was placed. Many different types of extreme antisocial behavior have been documented and observed in students at all levels of education, including children. Behaviors such as pollution, cruelty, violence, cheating, theft, arson, and vandalism have also been identified in children who use substances.

Other minor traits that can be considered antisocial include breaking rules, lying, bullying, manipulation, and other activities such as drug and alcohol abuse. For, Norman, Andersen, O'Callaghan, Williams camp; Bearers, 1997.

Antisocial behavior has been shown to peak in the mid-teens (Hammertoe et al., 2017). And many college students are in this development phase, which is a very important point in a person's life stages. In the same vein, Hammertoe et al. (As of 2017, antisocial behavior is a major public health problem; not only does it place a heavy financial burden on society, but it is also associated with an increased risk of negative outcomes, including criminal behavior and mental disorders. Antisocial behavior is one of the main problems facing many countries today, especially among youth and young people (Richard, 2013).

Substance abuse is a driver of antisocial behavior among students (Bahá'í, Aymara camp; Uganda, 2017). In addition, Haas (2009) found that symptoms of substance use disorders and personality disorders, including antisocial behavior, were significantly associated with alcohol abuse and addiction, and substance abuse and addiction. Antisocial symptoms themselves were also significantly associated with substance use diagnoses.

### g) Drug use in Nigeria

The United Nations Office on Drugs and Crime (UNODC) conducted a landmark study on drug use in Nigeria (UNODC, 2018). The National Drug Use and Health Survey was conducted by the National Bureau of Statistics (NBS) and the Center for Research and Information in Substance Abuse (CRISP) with technical assistance from the United Nations Office on Drugs and Crime (UNODC). It was funded by the European Union (EU) under the 10th European Development Fund (EDF) under the UNODC project The Response to Drugs and related Organized Crime in Nigeria: Drug Use in Nigeria 2018. Nigerian drug use rates, including polydrug use and levels of drug use by geopolitical area were addressed.

**Patterns of drug use**, analysis: gender and drug use; age and drug use; consumption of cannabis; use of opioids (heroin and pharmaceutical opioids); drug use (amphetamines, cocaine and ecstasy); nonmedical use of other pharmaceutical or over-the-counter medications; use of solvents or inhalants; and tobacco and alcohol consumption. The document states, among other things: It is estimated that 14-4% (14-14.8%) of the Nigerian population<sup>10</sup> or 14.3 million people aged 15 to 64 used drugs, excluding alcohol and tobacco, in 2017. These estimates include people who have used drugs at least once in the past 12 months and high-risk drug users. Estimates have been adjusted to account for users of more than one drug; In other words, 'total drug use' applies only once to individuals, even if they used more drugs in the previous year. Therefore, the sum of the estimates for each drug is greater than the overall estimate of. Adjustments were also made for multidrug use for opioid users (heroin and pharmaceutical opioids: tramadol, codeine, and morphine) and amphetamine users (methamphetamine) to reflect the number of users of both substances in this drug class. Cannabis was the most commonly abused substance in Nigeria last year, followed by pharmaceutical opioids (mainly tramadol and to a lesser extent codeine or morphine) and cough syrup containing codeine. Information in the table for a group of prescription drugs, such as B. Pharmaceutical opioids, tranquilizers, and tranquilizers, and amphetamines apply to their use without medical advice and for nonmedical reasons. Estimated number of high-risk drug users<sup>12</sup> or 0.4% of the population (about 376,000), of which almost 90% are opioid users.

**Extent of Drug Use by Geopolitical Zones.** Nigeria comprises 37 administrative states within six geopolitical zones: north-east, north-west, north-central, south-east, south-west, and south-south. Roughly three-quarters of the respondents surveyed within each zone resided in rural areas, except the South-West zone, where three-quarters of respondents were found to be from urban areas. This is likely a result of Lagos State, which includes the megacity of Lagos, being subsumed as part of the South-West zone. The survey found a higher past-year prevalence of drug use among the southern geopolitical zones (ranging from 13.8 percent to 22.4 percent; see subsections below) compared to the northern geopolitical zones (between 10 percent and 13.6 percent). The high prevalence of drug use in the southern zones is driven primarily by Lagos and Yobe States. Different scientific papers, including a systematic review, published in peer-reviewed journals have shown an association between reduced risk of substance use and religiosity and/or spirituality. Higher religious involvement, private religious practices, and religious affiliations have been broadly associated with less use of alcohol, tobacco, and other drugs in different cultural settings. Similarly, scientific literature has also documented that urbanization and different characteristics of the urban environment, including collective efficacy such as deprived neighborhoods, population density, and the built environment, may be associated with drug use and misuse. However, for Nigeria, it is unclear how the different social, cultural, and religious influences and urbanization impact substance use among the general population within these different geopolitical zones.

### h) Popular drugs used and dynamics in Nigeria

The UNODC issued a publication in 2017 titled "Why People Use Drugs", which reads, in part, as follows: "In Nigeria, the most common illegal drug used is cannabis, which is found in both urban and rural areas. Other drugs used include cocaine, heroin, amphetamine-type stimulants, and substances such as benzodiazepines (drugs that produce sedation and relax muscles). Inhalants and solvents sometimes referred to as "volatile substances" (such as glue), are found among street children and sometimes by schoolchildren. The majority of drug users in Nigeria are men." It is possible for some people to move between various categories of drug use and become dependent or develop serious problems as a result of using them. But one stage will not inevitably lead to another, such as shifting from social use to drug dependence or causing serious problems.

## III. OPERATIONAL DEFINITION OF TERMS

### Abuse

Is the improper usage or treatment of an entity, often to unfairly or improperly gain benefit. Abuse can come in many forms, such as physical or verbal maltreatment, injury, assault, violation, rape, unjust practices, crimes, or other types of aggression.

### Drug

Is any substance (other than food that provides nutritional support) that, when inhaled, injected, smoked, consumed, absorbed via a patch on the skin, or dissolved under the tongue, causing a physiological change in the body.

### Drug Abuse

It's the process of taking a drug in greater quantity without following a medical prescription.

### Students

They refer to a group of people learning in an academic setting. Antisocial behavior Any behavior contrary to social norms

#### IV. METHODOLOGY

The aim of the study is to examine the effects of substance abuse on antisocial behavior among university students in Northern Nigeria.

The specific goals are as follows:

- i. Identify the types of drugs commonly abused by college students in the three (3) northwestern states of Nigeria.
- ii. Investigation of drug-related antisocial behavior among college students in three (3) northwestern states of Nigeria.

In order to achieve the above objectives, given the availability of literature on the content of the questionnaires for this type of research, a descriptive survey type was chosen for the research.

##### a) Data sources, selection of institutions, and survey instruments

A single cross-sectional study used in this study provides descriptive information about the population at a given point in time. One of the most important uses of simple cross-sectional studies is to identify the presence (or evidence of the absence) of a drug problem in a population. Through survey techniques, it is possible not only to determine the number of current (and past) users but also to examine the intensity of their drug use and to measure the extent to which drug use appears to be associated with health problems, and functional social or antisocial behavior.

The prepared and analyzed pre-experimental questionnaire dictated the research mode, which suggested the mode the study should adopt.

One (1) university was elected in three (3) states, namely: 1- Jigawa (Sule Lamido University [SLU] Kafin-Hausa), 2- Kano (Maitama Sule University of Science and Technology [MUST]), Wudil, and Katsina (Umar Musa Yar'Aduwa University U[MYU]) Katsina. This ensures that most students are at least equally covered on and off campus.

All drug users (students) were screened and selected based on their willingness to participate as test subjects. Thanks to this approach, many potential actors were identified and their collaboration was ensured. Similarly, the collaboration of acquaintances (close friends, college mates, union members, and roommates) was assumed to corroborate respondents' claims. Four hundred fifty-three (453) individuals were identified and questionnaires were distributed to them.

Two (2) questionnaires were designed for each class of participants, taking into account the specific roles of the respondents, namely the Student Drug Use Questionnaire (SDU) and the Antisocial Behavior Impact Questionnaire (ABIS)

The following null hypotheses were tested at the 0.05 significance level:

- i. HO1: There is no significant association between the type of substance abuse by students and the type of antisocial behavior they engage in.
- ii. HO2: There is no significant association between the number or combination of drugs used by students and the antisocial behaviors they exhibit.

##### b) Data Analysis

The descriptive aspect of the presentation was carried out using the raw data obtained from the SDU. The ABIS responses were converted to percentages (of the prevalence of the behavior(s) attributed to the combination of drugs abused), and the SPSS's paired samples to test (compared means) t-test was used to test the two (2) null hypotheses at the 0.05 level of significance.

##### c) Tactical considerations, definitions (abbreviations) of drug combinations, antisocial behaviors, and limitations

###### i. Tactical considerations

At first, the raw data was used for the description of subjects, while analyses were further conducted using percentage values of subjects' classification according to drug(s) use and prevalence of antisocial behavior.

## ii. Definitions of Drug Combinations

The fifteen (15) different 2-drug combinations as abbreviated in the analyses are as follows:

CG & MJ	Cigarettes and marijuana
CG & CS	Cigarettes and Cough Syrup
CG & IN	Cigarette and Inhalants
CG & SD	Cigarettes and Sedatives
CG & PR	Cigarettes and Pain Relievers
MJ & CS	Marijuana and Cough Syrup
MJ & IN	Marijuana and Inhalants
MJ & SD	Marijuana and Sedatives
MJ & PR	Marijuana and Pain Relievers
CS & IN	Marijuana and Inhalants
CS & SD	Cough Syrup and Sedatives
CS & PR	Cough Syrup and Pain Relievers
IN & SD	Cough Syrup and Sedatives
IN & PR	Inhalants and Pain Relievers
SD & PR	Inhalants and Pain Relievers

## iii. The anti-social behaviors are abbreviated as follows:

- LC- Late coming or absenteeism to academic activities
- VA- Verbal challenge, argumentative, and abuses
- PC- Attempt at physical Confrontations or engage in it
- EM- Malpractice/Cheating in Examination/Continuous
- IS- Isolation or preferring to be alone and away from gatherings or activities
- BR- Mostly being unable to have basic provisions or essential materials like instructional materials
- NRBO- Failure to return borrowed objects, like instructional materials, such as books, handouts, and money
- CN- Habitual complaint and nagging

## iv. Limitations

Aside from the risk assumptions made when writing the research, the following factors had to be compromised:

- On the part of the subjects,
  - Alcohol, which is a prominent mood and behavior changer, has to be left out due to its scarce availability and tough legislation across the states. Also, a user can easily be identified by authorities when ingested.
  - Denial or non-admittance of abuse by subjects (abusers)
  - Fear of persecution by institutions and/or government
  - Denial of anti-social behavior
- On the part of the observers, who validated the assertions of the subjects,
  - Relationship with the subject
  - Consequences of post-disclosure actions by the subjects
  - Denial by the peddlers
  - Non-disclosure of subjects by peddlers

Based on the data captured on the research aimed at "assessing the impact of drug abuse on students' social behavior in North-Western Universities in Nigeria" through the two (2) questionnaires (subjects: Drug Users? Inventory Questionnaire (DUI) and observers: Drug User Observers? Questionnaire (DUO)) and the analysis carried out on the four hundred and fifty-three (453) subjects, the following was observed:

The total number of users for each substance is as follows: cigarettes: 154; marijuana: 68; cough syrup: 51; inhalants: 24; sedatives: 42; and pain relievers: 113. This comprises those using the substance only and in combination with others, as in Table 1.

Table 2 shows the number of users of each drug and the kind of anti-social behavior prevalent amongst them. Of the 453 drug abusers, 33.99% use cigarettes, 15.01% use marijuana, 11.26% use cough syrup, 5.30% use inhalants, 9.50% use sedatives, and 24.94% use pain relievers, as shown in Fig 1

From the research, as shown in Table 2, it was found that: 30% of cigarette smokers are latecomers or absent in academic activities; 60.29%, 60.78%, 66.67%, 67.44%, and 34.51%, respectively, of marijuana, cough syrup, inhalants, sedatives, and pain reliever users are late comers or absent in academic activities. Cigarette smokers have the lowest (30%) prevalence as late-comers, while the highest (67.67%) is amongst sedative users. The means amongst the single drug users are 55.3 for being late, 43.7 for verbal argument, 28 for physical confrontation, 25.7 for examination malpractice, 50.7 for isolation, 63.6 for being broke, 40.6 for not returning borrowed objects, and 56.7 for nags, as shown in Table 3.

The high values considerably reject Hypothesis 1. Limiting to late-comers/absenteeism as shown in Fig 2, it was discovered that those using a combination of two (2) drugs were more likely to be late or absent in academic activities, including 63.08% of cigarette and marijuana users, 78.57% of cigarette and cough syrup users, 100% of cigarette and inhalant users, 100% of cigarette and sedatives users, 41.03% of cigarette and pain relievers users, 88.89% of marijuana and cough syrup.

Table 1: Number of single drug or substance users

Drug/Substance	Number of Users
Cigarette	154
Marijuana	68
Cough Syrup	51
Inhalants	24
Sedatives	43
Pain Relievers	113
Total Users	453

Table 2: Number of users and antisocial behavior exhibited for each drug or substance

Drug*/Behavior*	LC	VA	PC	EM	IS	BR	NRBO	CN
Cigarette	154	154	65	42	19	38	78	154
Marijuana	68	48	68	36	20	35	60	68
Cough Syrup	51	42	36	51	16	19	27	51
Inhalants	24	22	20	18	24	24	20	24
Sedatives	43	26	35	19	24	43	40	43
Pain Relievers	113	78	60	27	20	32	113	113

Key: LC stands for lateness, VA stands for verbal argument, PC stands for physical confrontation, IS stands for isolation, BR stands for broke, NRO stands for not returning borrowed items, and CN stands for complaining or nagging.

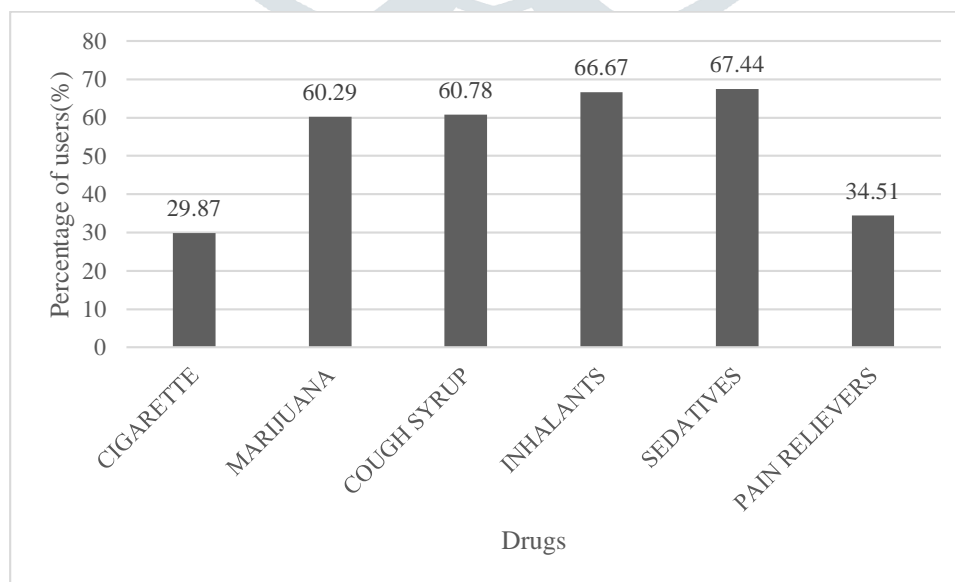


Figure 1: Percentage of users and antisocial behavior exhibited for each drug or substance

Table 3: Statistics for anti-social behavior among single drug users, in percent

		LC	VA	PC	EM	IS	Broke	NRBO	CN
N	Valid	6	6	6	6	6	6	6	6
	Missing	0	0	0	0	0	0	0	0
Mean*		53.3*	43.7*	28*	25.7*	50.7*	63.6*	40.6*	56.7*
Median		60.5	40.1	22	28	60.8	64.2	47.6	58.6
Mode		29.87 <sup>a</sup>	23.01 <sup>a</sup>	14.2 <sup>a</sup>	3.90 <sup>a</sup>	16.23 <sup>a</sup>	39.61 <sup>a</sup>	14.29 <sup>a</sup>	33.63 <sup>a</sup>
Std. Deviation		16.6	18.8	14	17.2	26.9	15.5	17.3	14.8
Variance		277.1	353.9	193	296	722.9	239.9	297.7	219
Skewness		-0.9	0.3	1	0.2	-0.7	-0.4	-0.8	-0.5
Std. Error of Skewness		0.8	0.8	1	0.8	0.8	0.8	0.8	0.8
Sum		319.6	262.5	167	154	304.1	381.6	243.7	340

\*The mean for each behavior is 53.3% for LC, 43.7% for VA, 28% for PC, 25.7% for EM, 50.7% for IS, 63.6% for BR, 40% for NRO, and 56.7% for CN.

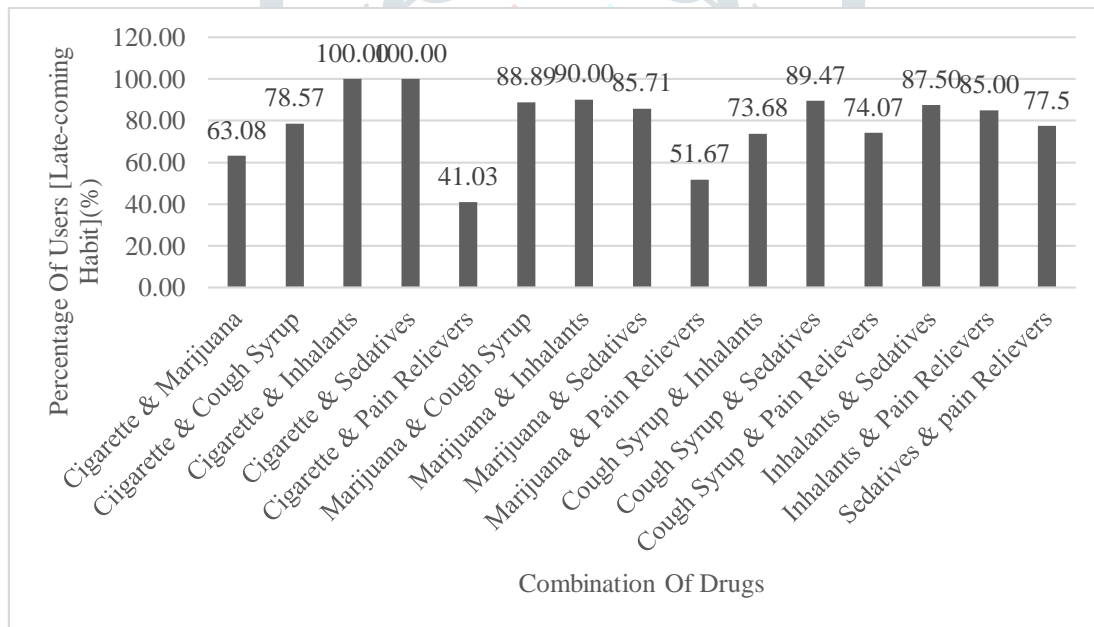


Fig. 2: Percentage of two (2) drug combination users with a late-coming or absenteeism habit.

Higher values of means were obtained for subjects using a combination of 2 drugs in terms of lateness, verbal argument, and engaging in or attempting to engage in a physical confrontation, as 79.078, 60.52, and 50.93, respectively, as in Table 5.

Table 4: Statistics for the prevalence of late-coming habits among two (2) drug combinations users

Statistics		Drugs* Combination	Late- coming/Absenteeism	Verbal Argument	Physical Confrontation
N	Valid	15	15	15	15
	Missing	0	0	0	0
Mean			79.078*	60.52*	50.93*
Std. Error of Mean			4.28772	4.998981	5.21316034
Median			85	57.89474	47.05882
Mode			100	31.37255a	75
Std. Deviation			16.6063	19.3609702	20.1904832
Variance			275.768	374.847	407.656
Skewness			-1.031	0.51	0.184
Std. Error of Skewness			0.58	0.58	0.58
Range			58.97	68.62745	62.22223

\* Limited to late-comers, verbal arguments, and physical confrontations

\*\*The mean value is 79.1% for LC, 60.5% for verbal argument, and 50.9% for an attempt at physical confrontations.

Table 5: Paired samples test for 2-drug combinations and the prevalence of antisocial behaviors.

		95% Confidence Interval of the Difference				
		Lower	Upper	T	Df	Sig. (2-tailed)
Pair 1	DRUGS - Late-coming/Absenteeism*	11.73	30.12	4.880	14	0.00024
Pair 2	DRUGS - Verbal Argument*	28.76	50.20	7.897	14	0.000002
Pair 3	DRUGS - Physical Confrontation*	37.89	60.25	9.412	14	0.0000002

\* Limited to late-comers, verbal arguments, and physical confrontations.

Take the percentage of 2-drug combinations used as a subset of total single-drug use (100%) for a specific drug from Table 4. The paired samples t-test (M = 79.08; t = 4.88; SD = 16.61; p 0.001 (0.00024)) showed that there is a significant correlation between the prevalence of late-coming habits and more than one (1) drug combination. Also, a t-test M = 60.52; SD = 19.36; t = 7.89; p 0.001 (0.000002) showed that there is a significant correlation between the prevalence of the verbal argument habit and more than one (1) drug combination. Similarly, the values M = 50.93; t = 9.41; p 0.001 (0.0000002) showed that there is a significant correlation

between the prevalence of engaging in or attempting to engage in a physical confrontation and more than one (1) drug combination. For single drug use, the highest prevalence of late-coming is among sedatives users at 67.44%, while the highest prevalence of verbal argument is at 66.67% of inhalants users, attempts at physical confrontation are at 50% of inhalant users, examination malpractice is at 50.98% of cough syrup users, isolation (solo-striking) is 76.47% of cough syrup users, being broke (financial deficit) is 83.72% of sedatives users, not returning borrowed objects (instructional materials, money, sports items, etc.).

The highest two (2) drug combination users are those taking inhalants and sedatives at 100%. The lowest two (2) drug combination users are those taking cigarettes and inhalants, at 14.29%.

The highest prevalence of verbal argument is among inhalant users, at 66.67%.

The highest prevalence of attempts at physical confrontation is among inhalant users, at 50.00%.

The highest prevalence of examination malpractice is among cough syrup users, at 50.98%.

The highest prevalence of isolation is among inhalant users, at 72.09 percent.

The highest prevalence of being broke is among sedative users, at 83.72%.

The highest prevalence of not returning borrowed objects is among inhalant users, at 58.33%.

The highest prevalence of complaining is among sedative users, at 67.44%.

Subjects using a combination of cigarettes and inhalants and cigarettes and sedatives are the top latecomers, with 100% prevalence for each.

Subjects using a combination of inhalants and sedatives have the highest prevalence of verbal argument at 83.33%.

Subjects using a combination of marijuana and cough syrup have the highest prevalence of attempts at physical confrontation at 80.56 percent.

## V. CONCLUSION

Studying the Impact of Drug-Abuse on Students? Social Behavior in North-Western Universities in Nigeria has brought to the forefront the fact that, in reality, as reported by numerous authors, drug abuse has a direct influence on students? anti-social behavior. Indeed, all subjects (drug abusers) exhibit one form of anti-social behavior or another. They acknowledge this fact. Nevertheless, the use of more than one drug links directly to an increase in the changes of anti-social behavior in terms of several attributes, frequency, and severity. Drug abuse in itself is anti-social behavior, and as such, its influence on other forms is anticipated. Unfortunately, these drug users are inherently unaware or unmindful of the inevitable danger their actions are exposing them to, especially for their medical well-being in the near or distant future. Aside from the existing legal framework, the threat is growing in Nigeria. This calls for more actions in the form of the toughest deterrent strategies. Moreover, in academic institutions where a sort of order is in place above the relative public control limit, a framework for more undercover surveillance should be adopted since several incidents of anti-social behavior through actions were in most cases not reported.

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