

Substance Use, Mental Disorder and Criminal Behaviour among Adolescents in Federal Capital Territory (FCT), Abuja, North-Central, Nigeria

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DOI: <https://doi.org/10.57233/gijmss.v8i2.13>

Abstract

Adolescent substance use is a major public health, mental health, and security challenge in Nigeria, particularly in the Federal Capital Territory (FCT), Abuja. This study explored the relationships among substance use, mental disorders, and criminal behaviour, guided by Social Disorganization Theory, which links weakened community structures and poor social control to deviant behaviour. A cross-sectional survey was conducted with 400 adolescents aged 13–19 years, selected through multistage sampling across urban and rural communities. Data were collected using structured questionnaires and analysed with SPSS 25 using descriptive statistics, chi-square tests, and logistic regression. Results revealed alcohol (51.5%), cigarettes (39.0%), and cannabis (32.0%) as the most commonly used substances. Depression (59.6%) and aggression (54.0%) were prevalent mental health issues, while theft (43.0%), violence (37.0%), and cultism (26.8%) were common among substance users. Key predictors of use included peer influence, male sex, single-parent households, and low income, yet only 9.5% of adolescents reported access to mental health services. The findings highlight the urgent need for adolescent-focused interventions, including school-based counselling, accessible mental health services, and community-level prevention strategies addressing structural vulnerabilities.

Keywords: Adolescents, Criminal Behaviour, Federal Capital Territory, Mental Disorder, Rehabilitation Services, Substance Use.

1. Introduction

Adolescence represents a critical transitional period characterized by rapid physical, emotional, and social changes. During this stage, individuals are particularly susceptible to engaging in risk behaviours, including substance use, which often correlates with the emergence of mental health disorders and criminal conduct (World Health Organization [WHO], 2021; Egwuaba & Sunday, 2025). In Nigeria, particularly within the Federal Capital Territory (FCT), Abuja, the prevalence of substance use among adolescents has become a significant public health and social concern, contributing to increasing rates of psychiatric morbidity

and juvenile delinquency. According to the United Nations Office on Drugs and Crime (UNODC, 2018), nearly 14.4% of Nigerians aged 15–64 use drugs, with over 20% of users being adolescents. Commonly abused substances include cannabis, tramadol, codeine, alcohol, and inhalants, which are easily accessible and often glamorised through peer influence and media portrayals, increasing the likelihood of experimentation and habitual use (Ekop *et al.*, 2018).

Substance abuse frequently coexists with mental health disorders, imposing a dual burden on adolescent development. Adolescents who abuse drugs are at greater risk of developing anxiety, depression, psychosis, and conduct disorders (Kuranga & Yussuf, 2021; Ejirefe & Sunday, 2023). When unaddressed, these disorders exacerbate social alienation and predispose adolescents to criminal activities, particularly in urban and peri-urban communities such as Gwagwalada, Bwari, and Kuje (Okolo & Chinwuba, 2022). Evidence from juvenile correctional facilities and secondary schools in the FCT indicates that many adolescents involved in criminal behaviour have histories of substance use and untreated psychiatric disorders (Ekom *et al.*, 2023; Kuranga & Yussuf, 2021; Idowu *et al.*, 2018; Egwuaba, 2018).

The relationship between substance use, mental illness, and criminal behaviour is shaped by sociocultural, economic, and environmental factors, including exposure to violence, peer pressure, broken homes, limited access to mental health services, and poor enforcement of drug control policies (Ekom *et al.*, 2023; Egwuaba & Sunday, 2023). While Nigeria's Mental Health Act of 2023 and ongoing anti-drug campaigns represent progress (Punch, 2023), adolescent-focused interventions remain limited, and most research has concentrated on urban school environments or juvenile centres, with little attention to community-level dynamics across Abuja's area councils.

This study seeks to bridge this gap by examining the prevalence and patterns of substance use, the mental health symptoms associated with substance abuse, and the relationship between substance use and criminal behaviour among adolescents in the FCT. It further analyses socio-demographic and environmental factors that heighten vulnerability to substance use, psychological distress, and delinquency, while assessing the availability and responsiveness of adolescent-focused mental health and rehabilitation services. By providing location-specific, evidence-based insights, the study aims to inform policy, prevention strategies, and youth-focused interventions in the FCT context.

2. Literature Review

Conceptual Clarification

Substance Use: In this study, substance use refers to the consumption of psychoactive substances, including both legal (e.g., alcohol, tobacco) and illegal (e.g., cannabis, tramadol, codeine, cocaine) by adolescents, whether experimentally, occasionally, or habitually (WHO, 2021).

Mental Disorder: A mental disorder is a psychological condition characterised by disturbances in mood, behaviour, or thinking that impair daily functioning or cause significant distress. In adolescence, common manifestations include anxiety, depression, aggression, and mood dysregulation, often linked with or exacerbated by substance use. Examples include depression, anxiety, conduct disorders, and psychosis (American Psychiatric Association [APA], 2022).

Criminal Behaviour: This refers to actions by adolescents that violate legal statutes or social norms, including theft, drug trafficking, assault, cultism, or vandalism, which may result in police arrests, incarceration, or correctional placement (UNODC, 2019).

Adolescents: Adolescents are individuals aged 10–19 years, undergoing critical developmental transitions. In this study, the focus is on adolescents residing in the Federal Capital Territory (FCT), Abuja (UNICEF, 2020).

Global Perspective

Globally, adolescent substance use poses significant public health and social challenges. The World Health Organization (WHO, 2021) reports that more than 13% of adolescents aged 15–19 consume alcohol, and approximately 7% have experimented with illicit drugs. Mental health disorders account for nearly 16% of the global disease burden among adolescents, with depression and anxiety being the most common conditions in this age group. Evidence consistently shows that adolescent substance use is associated with poor educational performance, heightened vulnerability to mental disorders, and increased risk of delinquent and criminal involvement (Behrendt et al., 2019; DuPont et al., 2022). While high-income countries have made progress through early intervention and community-based mental-health programmes, resource-constrained regions continue to struggle with prevention and treatment implementation.

In sub-Saharan Africa, adolescence is further complicated by socioeconomic adversity, family instability, peer pressure, urban insecurity, and limited access to

mental-health services. Studies indicate that alcohol, cannabis, inhalants, and pharmaceutical opioids are commonly used substances among young people in the region (Doku et al., 2020). In South Africa, for instance, Flisher et al. (2016) found that 39% of adolescents had consumed alcohol before age 15 and 12% had used cannabis. Substance use among African adolescents has been linked to academic failure, behavioural disorders, and involvement in conflict with the law, yet access to adolescent-friendly rehabilitation and mental-health services remains inadequate (Eaton et al., 2011). Additionally, cultural stigma surrounding mental illness often prevents early identification and treatment, contributing to a cycle in which mental-health challenges and substance use reinforce one another.

Nigeria faces a worsening crisis of adolescent substance use, with approximately 14.3 million drug users nationally, one in four aged 15–29 (UNODC, 2018; Egwuaba, Offordum, & Sunday, 2025). Tramadol, cannabis, codeine, and alcohol are the most commonly abused substances (NDLEA, 2022). The situation is particularly severe in urban and semi-urban centres like Abuja, where drug availability, peer influence, and weak regulatory enforcement are high. Studies in FCT secondary schools indicate strong associations between adolescent drug use, depression, trauma, and aggressive behaviour (Okolo & Chinwuba, 2022). Similarly, adolescents in Gwagwalada who use substances are more likely to engage in risky sexual behaviour, theft, and violence (Ekop et al., 2018). The Nigerian mental health system remains underfunded and ill-equipped to meet adolescent needs (Punch, 2023). Research in juvenile correctional facilities in North-Central Nigeria shows that over 80% of adolescent inmates present with psychiatric disorders, most commonly disruptive behaviour and substance use disorders (Kuranga & Yussuf, 2021).

Substance use among adolescents in FCT has reached alarming levels, with areas such as Gwagwalada, Bwari, and Kuje identified as high-risk zones due to rapid urbanization, population diversity, and weak law enforcement (UNODC, 2018; Egwuaba, 2028). Adolescents access both legal and illegal substances, including alcohol, cannabis, tramadol, and codeine-based cough syrups, often using drugs to cope with emotional stress, family neglect, peer pressure, and academic failure (Ekop et al., 2018; Eneh & Stanley, 2019; Odejide, 2020). Early substance use frequently occurs in social settings such as parties, sports fields, and neighborhood hangouts. Rural-urban fringe communities exhibit higher usage rates than urban centres due to poor supervision and low awareness (Ekop et al., 2018; Egwuaba et al., 2025).

There is robust evidence linking adolescent substance use to mental disorders, including anxiety, depression, bipolar disorder, and psychosis. These conditions often remain undiagnosed and untreated, increasing the risk of academic decline, social isolation, and self-destructive behaviours (Kuranga & Yussuf, 2021; Okolo & Chinwuba, 2022). Many adolescents display impulsivity, aggression, and conduct problems, often exacerbated by prolonged drug exposure. Trauma, domestic violence, and childhood neglect are common antecedents of both substance use and psychiatric illness (Okolo & Chinwuba, 2022; WHO, 2021).

Substance use also increases the likelihood of criminal behaviour. Psychoactive substances impair judgment, heighten impulsivity, and escalate aggression, contributing to theft, assault, cultism, and other deviant acts (Ekom et al., 2023; UNODC, 2019). Adolescents abusing substances are more likely to associate with delinquent peers, skip school, and carry weapons, with socio-economic factors such as poverty, unemployment, and weak law enforcement further driving the drug-crime nexus (Abayomi et al., 2020). The juvenile justice system often focuses on punishment rather than rehabilitation, increasing recidivism risks.

Socio-demographic and environmental factors shape adolescent vulnerability to substance use. Poverty, family breakdown, lack of parental supervision, peer influence, and socio-cultural permissiveness are significant contributors (Okolo & Chinwuba, 2022). Male adolescents are more likely to engage in public delinquency, while females are at higher risk of depression, sexual exploitation, and school dropout. Peri-urban areas like Kuje and Bwari are particularly vulnerable due to inadequate policing, fewer recreational facilities, and limited mental health awareness. Social media, music videos, cultural norms, and religious practices further influence patterns of substance use, either promoting or mitigating risk behaviours (Adelekan & Lawal, 2019; Ibrahim et al., 2018; Egwuaba & Sunday, 2023).

Despite increasing attention to adolescent mental health, services remain underdeveloped. The 2023 Mental Health Act has yet to translate into youth-focused care nationwide (Punch, 2023). Most rehabilitation centres target adults, and school counsellors often lack formal training in substance abuse management. While NGOs such as Secure-D-Future Initiative and Mentally Aware Nigeria Initiative (MANI) provide psychoeducation and peer support, these efforts are limited in scale and largely urban-centred. Scholars advocate for a community-based, multidisciplinary approach involving educators, health professionals, social

workers, and legal stakeholders to address adolescent substance use, mental health, and associated delinquency holistically (Ndubuisi et al., 2021).

Theoretical Framework

This study is guided by Social Disorganisation Theory, originally developed by Shaw and McKay (1942) and subsequently refined by scholars such as Sampson and Groves (1989) and Bursik and Grasmick (1993). The theory offers a robust sociological explanation of how structural and environmental breakdowns in community and family institutions contribute to adolescent deviance and psychosocial challenges. According to Social Disorganisation Theory, deviant behaviours including substance use, mental health disturbances, and criminality are more likely to emerge in communities where social institutions such as families, schools, and neighbourhood networks are weakened. Factors such as poverty, family instability, low collective efficacy, and limited access to resources erode informal social control and reduce a community's capacity to socialize youth into normative behaviours. In such contexts, adolescents become more susceptible to peer influence, criminal subcultures, psychosocial stress, and maladaptive coping strategies, including substance use. The absence of effective parental supervision, positive role models, and accessible mental health services further amplifies vulnerability (Sampson, 1997).

Application to the Present Study

The relevance of Social Disorganisation Theory is evident in the findings of this study. Family instability and weak parental supervision were associated with higher substance use, as adolescents from single-parent households were significantly more likely to engage in drug use (OR = 1.65, $p = 0.017$). This aligns with the theory's premise that weakened familial control fosters deviant experimentation. Peer influence and deviant subcultures emerged as the strongest predictor of adolescent substance use (OR = 3.43, $p = 0.001$), highlighting how youth in disorganised settings often internalize the norms of deviant peer groups in the absence of strong institutional or societal constraints (Sampson & Groves, 1989). Poverty and resource deficiencies also significantly predicted substance use (OR = 1.51, $p = 0.045$), reflecting the theory's assertion that economic deprivation limits access to essential services such as counselling, education, and rehabilitation.

The mental health burden observed elevated symptoms of depression, anxiety, and conduct disorders further demonstrates the consequences of insufficient

emotional and psychological support in disorganised environments. Finally, high rates of adolescent involvement in theft, violence, cultism, and drug peddling indicate the normalisation of deviance within localized subcultures, consistent with Shaw and McKay's (1942) assertion that delinquent values become embedded in chronically disorganised communities. Overall, Social Disorganisation Theory provides a comprehensive lens for understanding how family instability, poverty, peer influence, and weakened institutional support interact to increase adolescents' exposure to psychosocial risks and deviant behaviours, and the empirical findings from the FCT affirm the theory's explanatory power in this context.

3. Methodology

This study employed a descriptive cross-sectional survey design to investigate the prevalence of substance use, incidence of mental disorders, and their association with criminal behaviours among adolescents in the Federal Capital Territory (FCT), Abuja, Nigeria. This design is suitable for assessing behavioural and psychological conditions at a specific point in time and for examining relationships among variables. The FCT comprises six Area Councils, Abuja Municipal, Gwagwalada, Kuje, Bwari, Kwali, and Abaji and is characterized by rapid urbanization, socio-economic diversity, and a growing adolescent population (FCTA, 2023). These features make it a strategic location for behavioural health research. The study targeted adolescents aged 13–19 years residing in the Federal Capital Territory (FCT), Abuja. Based on national demographic proportions indicating that adolescents constitute approximately 18% of the population, and using the FCT's estimated population of 3.6 million (NPC, 2023 projection), the adolescent population in the FCT is estimated at approximately 648,000 individuals. This represents a large population; therefore, a sampling procedure was applied. The sample size was determined using Cochran's formula for adolescents in the Federal Capital Territory (FCT), Abuja. This represents a large population; therefore, a sample was drawn using appropriate sampling procedures.

$$n = \frac{Z^2(pq)}{e^2}$$

where $Z = 1.96$ (for 95% confidence), $p = 0.14$ (UNODC, 2018), $q = 1 - p = 0.86$, and $e = 0.05$ (margin of error), resulting in a minimum of 185. To enhance representativeness and account for non-responses, the final sample size was

increased to 400 adolescents. A multi-stage sampling procedure was applied. First, three Area Councils (Abuja Municipal, Gwagwalada, Bwari) were purposively selected to reflect urban and peri-urban diversity. Second, two communities were randomly selected from each council. Third, systematic random sampling was used within each community to select every third eligible adolescent. Only those who provided parental consent and personal assent were included.

Data were collected using a semi-structured questionnaire developed from existing literature and standardized tools. The instrument was validated by subject experts in psychology, sociology, and public health, and pilot-tested on 30 adolescents in Karshi (a non-study community), yielding good internal reliability (Cronbach's $\alpha = 0.84$). The questionnaire had five sections: socio-demographics; substance use patterns; mental health status (using adapted SDQ and DSM-5 indicators; Goodman, 2001); criminal behaviour; and access to mental health/rehabilitation services. Questionnaires were administered face-to-face by trained assistants and mental health professionals. In-school adolescents were reached during free periods, while out-of-school adolescents were engaged at youth centres, homes, and informal venues. Interviews averaged 30 minutes, with privacy ensured to reduce social desirability bias. Data were analysed using descriptive statistics including frequency distributions, percentages, and summary tables. Bar charts and pie charts were also used to visually represent key categorical variables for clarity and ease of interpretation. Logistic regression was used because the outcome variable was binary (substance use vs. no substance use). Odds ratios were generated to measure the strength of association between predictors and substance use. A p-value of <0.05 was adopted as the decision rule for statistical significance.

Ethical approval was obtained from the University of Abuja Teaching Hospital Health Research Ethics Committee. Permissions were also secured from school authorities and community leaders. Participation was voluntary and anonymous, with confidentiality strictly maintained. Adolescents showing signs of psychological distress or risky behaviour were referred to nearby mental health services for appropriate support. Despite its contributions, the study acknowledges limitations including potential recall and social desirability bias, the cross-sectional design which limits causal inference, and the reliance on screening tools rather than clinical diagnoses. Nonetheless, the findings offer

critical insights into the interplay between substance use, mental health, and criminal behaviour among adolescents in an urbanizing Nigerian context.

4. Results and Discussion

Table 1: Socio-Demographic Characteristics of Respondents (n = 400)

Variable	Category	Frequency	Percentage (%)
Age Group	13–15	145	36.3
	16–17	170	42.5
	18–19	85	21.2
Sex	Male	230	57.5
	Female	170	42.5
Education Level	Primary	68	17.0
	Secondary	266	66.5
	Out-of-School	66	16.5
Family Structure	Two-parent	214	53.5
	Single-parent	138	34.5
	Guardian/Relative	48	12.0
Total		400	100.0

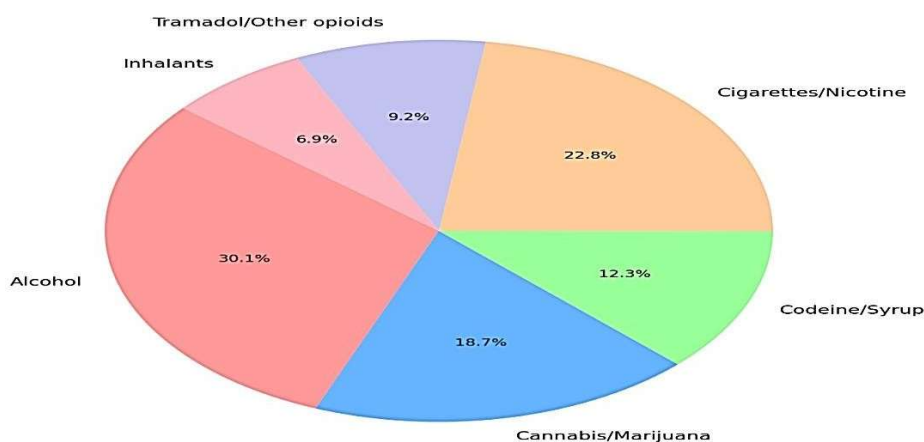
Source: Field Survey, 2025

The socio-demographic characteristics of the 400 adolescent respondents in the Federal Capital Territory (FCT), Abuja, provide important context for understanding patterns of substance use, mental health challenges, and criminal behaviour. The majority of participants were aged 16–17 years (42.5%), followed by 13–15 years (36.3%) and 18–19 years (21.2%), indicating that most respondents were in mid-adolescence—a developmental stage characterized by increased vulnerability to risky behaviours, identity exploration, and peer influence. Male adolescents comprised 57.5% of the sample, while females accounted for 42.5%, reflecting the slightly higher propensity of males to engage in risk-taking behaviours, including substance use and delinquency.

Regarding educational status, 66.5% of adolescents were enrolled in secondary school, 17.0% had only primary education, and 16.5% were out-of-school. The presence of out-of-school adolescents is notable, as this group may experience greater exposure to unsupervised environments and heightened risk of substance use and deviant behaviour due to the absence of structured engagement. In terms of family structure, 53.5% of respondents lived in two-parent households, 34.5%

came from single-parent homes, and 12.0% resided with a guardian or relative. Single-parent and non-parental household arrangements have been associated with reduced parental supervision, economic challenges, and emotional instability, all of which may increase susceptibility to psychological distress, substance use, and criminal involvement during adolescence.

Figure 1.
Substance Use Prevalence among Adolescents in FCT, Abuja



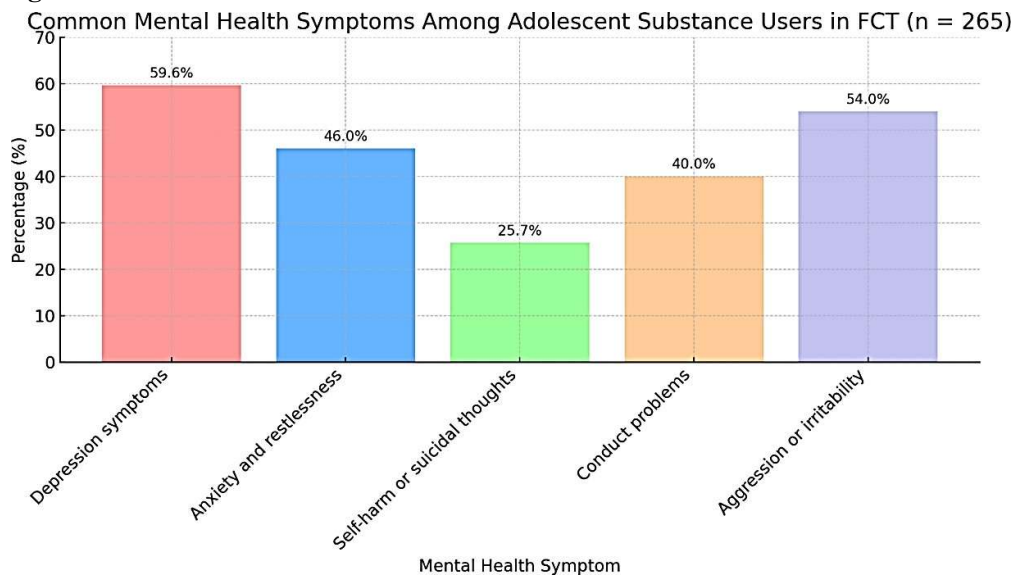
Source: Field Survey, 2025

The pie chart illustrates the distribution of substances reportedly used by adolescents in the Federal Capital Territory (FCT), Abuja. Alcohol emerged as the most commonly consumed psychoactive substance, reported by 30.1% of respondents. This was followed by cigarettes/nicotine at 22.8%, indicating that tobacco use remains a significant concern among youth. Cannabis/marijuana use was reported by 18.7%, reflecting its growing accessibility and social normalization. Codeine and other cough syrups were used by 12.3% of adolescents, highlighting the misuse of pharmaceutical opioids, while tramadol and other opioids were reported by 9.2%, and inhalants by 6.9%. These figures suggest the presence of more hazardous and potentially addictive substance use even among young populations.

The findings indicate a poly-substance use pattern, with many adolescents likely experimenting with multiple substances. This complex landscape of substance use

raises significant public health and social protection concerns, given the associated mental health challenges and behavioural risks. The results underscore the need for targeted preventive interventions, school-based education, and community outreach programs to reduce substance use and support at-risk youth in the FCT.

Figure 2.



Source: Field Survey, 2025

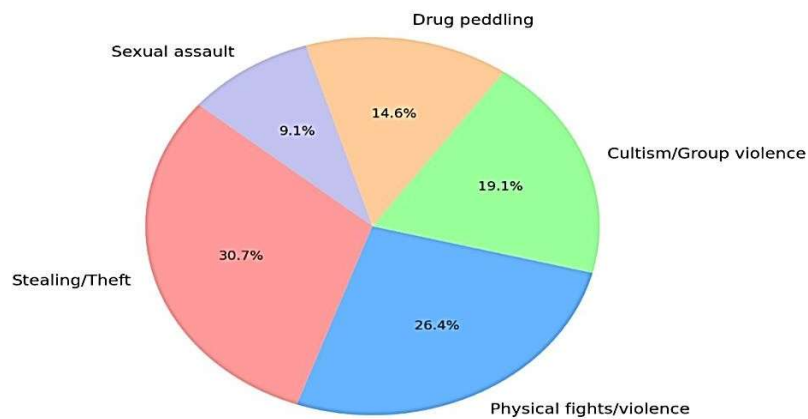
The bar chart illustrates the self-reported mental health symptoms experienced by adolescent substance users in the Federal Capital Territory (FCT), Abuja, highlighting the substantial psychological burden associated with substance use. Depression was the most frequently reported symptom, affecting 59.6% of respondents, indicating a strong link between substance use and mood disorders, potentially arising from emotional instability, social isolation, or neurochemical effects of drugs. Aggression or irritability was reported by 54.0%, suggesting that substance use may exacerbate emotional reactivity, impulsivity, and conflict-prone behaviour, consistent with evidence that psychoactive substances impair emotional regulation and increase hostility.

Anxiety and restlessness were reported by 46.0%, reflecting internal distress commonly associated with stimulant, cannabis, or alcohol use, and potentially

linked to withdrawal effects or unstable living conditions. Conduct problems, including defiance, rule-breaking, and aggression toward others, were reported by 40.0%, highlighting the behavioural consequences of prolonged substance involvement, such as academic decline, delinquency, and strained family relationships. Self-harm or suicidal ideation, though reported by 25.7%, represents a critical mental health concern, emphasizing the urgent need for targeted psychosocial interventions and accessible, youth-friendly mental health services.

Figure 3

Self-Reported Criminal Behaviours Among Adolescent Substance Users in FCT (n = 265)



Source: Field Survey, 2025

The pie chart illustrates the distribution of self-reported criminal behaviours among adolescents who use substances in the Federal Capital Territory (FCT), Abuja. Stealing/theft was the most frequently reported offence, cited by 43.0% of respondents, reflecting the economic pressures and addiction-related motivations that may drive adolescents toward petty crime. Physical fights and violence were reported by 37.0% of participants, suggesting a strong link between substance use and aggressive or impulsive behaviour, consistent with literature indicating that

psychoactive substances can reduce self-control and escalate conflict involvement. Cultism and group violence were acknowledged by 26.8%, highlighting the recruitment of substance-using adolescents into organized deviant groups, particularly in school and urban contexts, which increases their exposure to peer influence, violence, and long-term criminality. Drug peddling was reported by 20.4%, indicating that some adolescents are not only consumers but also facilitators of substance distribution, potentially to support their own use or earn income, thereby increasing legal risk and entrenchment in the drug economy. Sexual assault, though least reported at 12.8%, remains a critical concern, demonstrating the potential for impaired judgment under the influence of substances to contribute to sexual violence.

Table 2: Logistic Regression of Predictors of Substance Use

Variable	Odds Ratio (OR)	95% CI	p-value
Male Sex	1.82	1.20–2.77	0.004*
Single-parent family	1.65	1.10–2.47	0.017*
Peer substance use	3.43	2.32–5.08	0.001*
Low household income	1.51	1.01–2.28	0.045*
Urban vs. rural	0.89	0.61–1.31	0.560

Source: Field Survey, 2025

Table 2 presents the results of a binary logistic regression analysis examining key socio-demographic and contextual predictors of substance use among adolescents in the Federal Capital Territory (FCT), Abuja. The dependent variable was the use of any psychoactive substance (yes/no), while independent variables included sex, family structure, peer substance use, household income, and place of residence. Odds ratios (OR) greater than 1 indicate increased likelihood of substance use, while values below 1 indicate reduced likelihood. Statistical significance was determined at $p < 0.05$.

Male Sex (OR = 1.82, 95% CI: 1.20–2.77, $p = 0.004$) Being male significantly increased the likelihood of substance use by approximately 82% compared to females. This aligns with prior research showing that male adolescents are more prone to risk-taking and experimentation with psychoactive substances (Vasilenko et al., 2017; WHO, 2021; Byrnes et al., 1999). The confidence interval excludes 1, and the p-value is well below 0.05, confirming the robustness of this predictor.

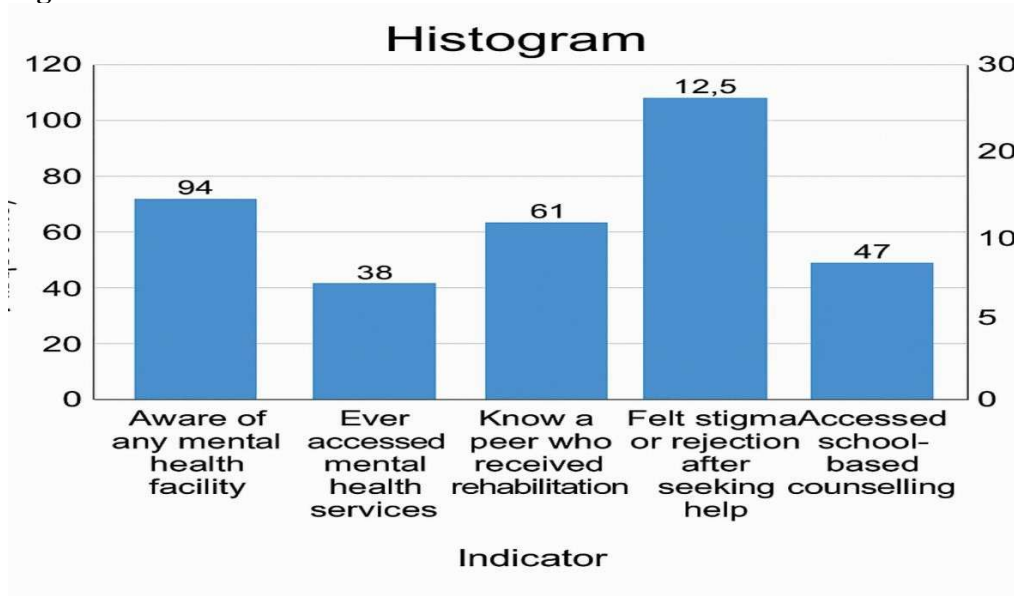
Single-Parent Family Structure (OR = 1.65, 95% CI: 1.10–2.47, $p = 0.017$) Adolescents from single-parent households were 65% more likely to engage in substance use compared to those from dual-parent families. This suggests that reduced parental supervision and potential emotional instability in single-parent households may increase vulnerability to substance misuse.

Peer Substance Use (OR = 3.43, 95% CI: 2.32–5.08, $p = 0.001$) Peer influence was the strongest predictor, with adolescents whose peers used substances being more than three times as likely to engage in substance use themselves. The narrow confidence interval and low p -value indicate a highly reliable and precise association, underscoring the need for peer-focused preventive interventions.

Low Household Income (OR = 1.51, 95% CI: 1.01–2.28, $p = 0.045$) Adolescents from low-income households had 51% higher odds of substance use. Although the weakest of the significant predictors, this result highlights the role of economic hardship in increasing vulnerability, either as a coping mechanism or due to limited access to structured recreational and support opportunities.

Place of Residence (Urban vs. Rural) (OR = 0.89, 95% CI: 0.61–1.31, $p = 0.560$) Place of residence did not significantly predict substance use. The odds ratio was close to 1, the confidence interval included 1, and the p -value exceeded 0.05, indicating similar likelihoods of substance use among urban and rural adolescents in this sample.

Figure 4: Access to Mental Health and Rehabilitation Services



Source: Field Survey, 2025

The histogram illustrates respondents’ awareness, access, and experiences with mental health services in the Federal Capital Territory (FCT), Abuja. The largest proportion of adolescents (25.5%; n = 102) reported experiencing stigma or rejection after seeking mental health support, highlighting the persistent social stigma surrounding mental illness, which can discourage help-seeking and disclosure. This finding aligns with previous studies identifying stigmatization as a major barrier to mental health service utilization in Nigeria.

Approximately 23.5% (n = 94) of respondents were aware of available mental health facilities, suggesting moderate public knowledge of services. However, only 9.5% (n = 38) reported ever accessing such services, indicating a significant gap between awareness and actual utilization, likely influenced by structural limitations, cost barriers, and cultural perceptions that inhibit help-seeking behaviour. Additionally, 15.3% (n = 61) knew a peer who had undergone rehabilitation, reflecting limited but visible engagement with mental health interventions within social networks. School-based counselling services were accessed by 11.8% (n = 47), demonstrating underutilization of support structures in educational settings.

Overall, these findings reveal a complex interplay of awareness, accessibility, and sociocultural factors shaping adolescents' mental health behaviours. Effective interventions must address both infrastructural gaps and community-level sensitization to reduce stigma and improve service uptake among at-risk youth.

Discussion of Findings

The findings of this study provide critical insight into the complex interplay between substance use, mental health disorders, and criminal behaviour among adolescents in the Federal Capital Territory (FCT), Abuja, Nigeria. The results highlight the significant role of socio-demographic and environmental factors in shaping adolescent behaviour, with important implications for public health, psychosocial interventions, and criminal justice reforms.

Substance use was highly prevalent among adolescents, with alcohol (51.5%), cigarettes/nicotine (39.0%), and cannabis (32.0%) being the most commonly used substances. These findings align with previous research in Nigeria and sub-Saharan Africa documenting rising rates of adolescent substance use (UNODC, 2018; Ekop et al., 2018). The accessibility and social normalization of these substances, combined with peer influence, emotional vulnerability, and limited parental supervision, increase adolescents' susceptibility to experimentation and habitual use.

The study also revealed a strong association between substance use and mental health disorders. Symptoms of depression (59.6%), aggression (54.0%), and anxiety (46.0%) were prevalent among users, echoing findings from Kuranga and Yussuf (2021) who reported high rates of co-occurring psychiatric disorders among adolescents in juvenile facilities. These results support the notion that substance use serves both as a coping mechanism and as a contributor to deteriorating mental health, consistent with the Social Determinants of Health framework (Solar & Irwin, 2010), which emphasizes the impact of environmental stressors, poverty, and social exclusion on health outcomes.

Furthermore, substance use was clearly linked to criminal behaviours, including theft (43.0%), violence (37.0%), and cultism (26.8%), corroborating UNODC (2019) findings that adolescent drug use often precipitates deviance, risk-taking, and legal infractions. Ekom et al. (2023) similarly highlighted substance-related criminality among youth in Abuja, underscoring the urgent need for diversionary programs prioritizing rehabilitation over punitive measures.

The logistic regression analysis identified peer influence, male sex, single-parent household status, and low income as significant predictors of substance use. These results are consistent with both global and Nigerian studies emphasizing these factors as primary determinants of risky adolescent behaviour (Okolo & Chinwuba, 2022; WHO, 2021). Notably, no significant difference was observed between urban and rural adolescents, suggesting that substance use is a pervasive issue across geographic locations within the FCT.

A major concern highlighted by this study is the limited access to mental health and rehabilitation services. Only 23.5% of respondents were aware of mental health facilities, and a mere 9.5% had accessed such services. Social stigma remains a substantial barrier, with 25.5% of adolescents reporting rejection after seeking help. School-based counselling services were also scarce (11.8%), restricting opportunities for early intervention and support, particularly for vulnerable students. These findings underscore systemic deficiencies in adolescent-friendly mental health service delivery, despite the enactment of Nigeria's 2023 Mental Health Act.

The implications of these findings are substantial. Effective interventions must operate at multiple levels, including comprehensive health education, expansion of school-based counselling, peer-focused mental health awareness programs, family-strengthening initiatives, and youth-centered rehabilitation services. Reducing cultural stigma and enhancing institutional support are also critical for a holistic and inclusive mental health response. Stakeholders in education, health, and law enforcement must collaborate to develop and implement evidence-based policies that prioritize prevention, rehabilitation, and psychosocial reintegration over criminalization. Without prompt and coordinated action, the cycle of substance use, mental distress, and deviant behaviour is likely to persist, undermining the well-being and future prospects of Nigerian adolescents.

5. Conclusion and Recommendations

The findings reveal a high prevalence of substance use particularly alcohol, nicotine, and cannabis among adolescents, with significant psychological and behavioural consequences. A substantial number of users reported symptoms of depression, aggression, anxiety, and suicidal ideation, highlighting the mental health burden associated with substance abuse. Furthermore, the study established a significant correlation between substance use and criminal behaviour, including theft, physical violence, cultism, and drug peddling. These behaviours are

influenced by various socio-demographic and environmental risk factors, such as peer pressure, male gender, single-parent household structures, and low-income backgrounds. Despite these risks, access to mental health and rehabilitation services remains severely limited. Awareness is low, utilisation is poor, and stigma remains a major barrier to help-seeking among adolescents.

The findings of this study demonstrate that adolescent substance use in the Federal Capital Territory extends beyond a health challenge to encompass significant social and criminal justice implications. Addressing this problem demands a coordinated, evidence-driven response that integrates prevention, treatment, and social support mechanisms. Strengthening school-based education and peer-support structures, expanding youth-friendly mental-health services, and enhancing community sensitisation are vital steps toward early identification and intervention. A collective effort involving policymakers, educators, healthcare professionals, families, and civil society organisations is essential in fostering protective environments that discourage substance misuse, support psychological well-being, and reduce pathways into crime. Without timely and inclusive action, the intertwined trajectory of drug use, mental-health challenges, and delinquency will continue to undermine the safety, productivity, and future potential of Nigeria's young population.

Based on the findings of this study, the following recommendations are proposed to address the rising concerns and improve adolescent health and social outcomes:

To address the growing concerns about adolescent substance use, mental-health risks, and related delinquency in Abuja, a coordinated, multi-sectoral response is required. Secondary schools should establish well-equipped guidance and counselling units staffed with qualified psychologists and counsellors to support early identification, prevention, and referral of at-risk adolescents. The Federal Capital Territory Administration and relevant health authorities should develop and fund youth-friendly mental-health and rehabilitation centres that provide accessible, confidential, and culturally appropriate services.

Community-based organisations and NGOs need to be supported to implement peer-education initiatives and public awareness programmes that discourage drug misuse, reduce stigma, and promote help-seeking behaviour. A rehabilitative rather than punitive approach is recommended for adolescents involved in drug-related offences, including diversion programmes, restorative justice, and psychosocial interventions, to enhance reintegration and reduce reoffending.

Parental and caregiver capacity should be strengthened through structured parenting support programmes, communication skills training, and family-based interventions. Youth empowerment programmes including skills acquisition, scholarships, and micro-enterprise support—are also critical in addressing socio-economic drivers of drug involvement. Regulatory bodies such as NAFDAC and NDLEA should reinforce restrictions on illegal drug distribution and tackle media content that glamorises drug use or violence. Finally, collaboration across key sectors—education, health, youth development, justice, and social welfare is essential for the effective design, implementation,

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