



Research Article

Awareness, Attitude and Practice of Trade Apprentices towards Substance Abuse in Alimosho Local Government Area of Lagos State

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ABSTRACT

Background: Substance abuse is on the increase among youths and many studies have documented widespread drug use among youths in tertiary institutions. However, there is paucity of data on drug use among youths who are in apprenticeship.

Objectives: This study examined the awareness, attitude and practice of youths who are in trade apprenticeship in Lagos, Nigeria to substance abuse.

Methods: A transverse study design with multi-stage sampling method was used to recruit 300 participants after obtaining verbal consent. Data were collected using facilitated self-administered questionnaire, across selected six wards within Alimosho local government area of Lagos State. Questionnaire had three sections. Section A contained questions on socio-demographic variables, while Section B, assessed the knowledge of participants on various drugs of abuse. Section C assessed the attitude to drug abuse and practice of drug abuse.

Results: The mean age was 24 ± 2.03 years, (160; 53.3%) were males, (140; 46.7) were females, while (101; 33.7%) had no formal education. A high percentage (278; 92.7%) was unaware that alcohol was a substance of abuse. Over half (160; 53.3%) of the respondents got their awareness about substance abuse from peers. The percentage of respondents (267; 89%) who engaged in substance abuse at least every month were considerably higher compared to those who did not.

Conclusion: Respondents had low awareness of illicit substances and as such abused substances frequently, thereby creating the need for informal outreaches and career network campaign to improve awareness among apprentices.

INTRODUCTION

Drug abuse can be defined as the wrong use of medication, use of illicit substances and self-medication.[1] Many of these illicit drugs are used as recreational drugs. The use of recreational drugs among youth is a global problem,[2] with recent events suggestive of increase in the use and abuse of chemical substance among Nigerian youths.[3] This increase in use of chemical substances and the cultivation of substance use habit has led to the development of tolerance and dependence to these chemical substances by the users.[4] This trend of increase in chemical substances use is worrisome due to the devastating impact on the behavior and health of the users. Chronic use of these substances is known to cause psychological, moral, cognitive, social and physical damage, which may be irreversible.[5] Other devastating effects are societal misfits, loss of sanity and inability to achieve full life potentials.

Interestingly many of these abused chemical substances are recreational drugs that are classified illicit in

Nigeria. Recreational drugs are used because of their psychoactive effect to induce or alter the state of consciousness of the users for the purpose of pleasure. These recreational drugs, when used, are known to modify the users' feelings, altered their perceptions with regards to emotional disturbances.[6] It is also known to induce intoxication. These recreational drugs have street names,[7] for example heroin is skunk, cannabis is Igbo or marijuana, while cocaine is coke or off white.

The National Survey on Drug Use and Health conducted in Nigeria by the National Bureau of Statistics (NBS) and the Center for Research and Information on Substance Abuse (CRISA) released a comprehensive nationwide survey in January 2019 that examined the extent and patterns of drug use in Nigeria. From this report, in 2017 the drug use prevalence was estimated at 14.4% or 14.3 million people between the ages of 15 to 64 years.[8] This percentage was higher when compared to the global prevalence rate of 5.6% of the adult population according to

the United Nations Office on Drugs and Crime (UNODC) World Drug Report.[9] According to the Drug Use Survey, in 2017 the most commonly abused substance in Nigeria was cannabis (10.8%), followed by the non-medical use of prescription opioids (4.7%)-mainly tramadol/codeine/morphine and heroin, cough syrups containing codeine and dextromethorphan (2.4%), tranquilizers and sedatives (0.5%), ecstasy (0.3%), solvents and inhalants (0.3%), amphetamines (0.2%) and cocaine (0.1%). A previous study showed that drug use was most prevalent among those who were between the ages of 25 – 39 years, with an increase in spike again among ages 50-64 years.[10] One in four drug users in Nigeria are female while one in five high risk drug users a PWID (People who injects drugs).[11] Alcohol is widely abused among Nigerian youths just as Cannabis is also popular with a drug abuse rate of 26%.[12] Some of the factors that promote substance abuse are peer influence, the desire to fit into a gang, suppression of anxiety and the need to get “high”. [13] The consumption of cocktail such as the mixture of alcohol and cannabis is popular. Other combinations with other illicit psychoactive substances such as codeine, tramadol, benzodiazepines (e.g. rohypnol), cocaine and amphetamine-type-stimulants are also been consumed. The consumption of other edibles such as cookies or candies infused with cannabis and other psychoactive substances is also becoming a trend. Street names of common and deadly cocktails found on the streets of Lagos are Choko, and Rochi.[14,15]

There are documented facts that poly-drug use, that is, multiple substance abuse is beginning to occur at an early age [16] and youths usually start with a combination of cigarette and alcohol after which they move on to more psychoactive substances.[17] This development is linked to the assumption that the combination is powerful, makes one active and alert. Certain combination of substances is known to be synergistic in action thereby making the physiological and psychoactive effect of the combined substances to be manifold. For example, alcohol potentiates the effects of heroin, heightens the risk of developing drug dependency, and raises the risk of developing an adverse reaction and certain health complications with increased risk of a fatal overdose.[18] Unfortunately, most of the users are not clearly aware of the dangers associated with the abuse of these substances prior to their abuse.

The National Drug Use Survey reports that one in five persons who had used drugs suffers from substance or drug use disorders. “Drug or substance use disorder” is described as patterns of symptoms resulting from the use of a substance despite experiencing problems as a result of using substances. For instance, common side effects of cannabis use are altered state of consciousness, tachycardia, and blood shot eyes, dilated pupils, panic attack, cough and increased appetite. Other side effects are distorted perception, emotional disinhibition, impaired coordination and concentration resulting in poor cognitive performance.[19] With the development of addiction, substance abusers may experience prolonged sedation, disorientation and at extreme levels of toxic psychosis. These prolonged complications can be explained by the lipid solubility and storage of most substances of abuse in the adipose tissue for months and are later released back into the system.[20] Prolonged use or

overdose may also lead to premature death. Injecting drug users are at high risk of infectious diseases such as HIV and hepatitis B.

However, there is paucity of data on substance use and substance abuse among Nigerian youths not in school or in apprenticeship. It is therefore necessary to examine the awareness, attitude and practice of substance abuse among apprentice who are not in school.

MATERIALS AND METHODS

Study location

This study was conducted among Nigerian youths who have never been enrolled into any secondary school and were presently undergoing apprenticeship in Alimosho, Local Government area of Lagos State, Nigeria.

Study design- A transverse study design was used.

Sample size calculation: The required sample size was calculated using Fluid Surveys calculator.[21] This automated calculator uses three parameters: the study population size, desired confidence level and margin of error. For this study a response rate of 95% was envisaged with a margin error of 5%. A sample size of 297 was calculated for the study however, 300 questionnaires were administered.

Inclusion criteria: Nigerian youth in carpentry, automobile, fashion designing and electrical trade training within Alimosho local government area who were over the age of 18 years and have never been enrolled in senior secondary school and voluntarily gave their consent were recruited into the study. This inclusion criterion was used because most studies conducted on substance abuse were usually among secondary school students. Only participants who met the criteria for substance abuse according to World Health Organization (WHO) were selected.

Exclusion criteria: Students in senior secondary schools, dropped out of senior secondary school or with learning difficulties were excluded from the study.

Substance Abuse: For the purpose of this study substance abuse, was defined as the use of a drug/illicit substances in quantity or ways that are harmful to the individual, which also includes alcohol and illicit drugs.

Sampling technique: A multi-stage sampling technique was used to select eligible respondents. The first stage was done using a ballot technique to pick a local government out of the 20 local government areas in Lagos state. Alimosho was picked. Alimosho has got seven wards and six wards were picked through simple random sampling.

The number of respondents selected per ward was proportionate to the population of artisan trainees within the ward provided by the artisan supervisors using the formula: Number of artisan trainees in a ward divided by total number of artisan trainees at selected wards, multiplied by 300.

Thursday which is environmental day was selected to administer questionnaire because most trainees will be free in the morning and it will be easier to pool trainees together. The male to female ratio respondents were also considered to ensure a fair proportion of both sexes as eligible respondents were stratified into male and female. Stage three involved selecting eligible respondents on the selected day using systematic sampling technique; the sampling interval was calculated based on the number of artisan trainees. The first participant was selected by balloting.

Data collection method

Data were collected by twenty volunteers with research background on a selected day across the six wards, using facilitated self-administered questionnaire. Volunteers were trained to collect data and administer consent. Their proficiency was assessed when questionnaire was pretested. Each ward had 3 volunteers except ward A, that had 4 volunteers. Questionnaires were administered to respondents early in the morning before starting the day's job. Respondents were also encouraged not to eat, drink or use any substance or drug before answering questionnaire. It was explained to them that this could result in biased answers and those who complied were promised incentives. This was to ensure that, there has not been any substance abuse or the use of any stimulant that could influence response. Written consent was also taken and respondents understanding of the study was reassessed even though this was clearly explained in the consent form.

Study Instruments

Questionnaire was self-designed for this study and written in simple English language because of the educational level of the respondents. Questionnaire was pretested among trade artisans at a different local government so as to remove ambiguous questions.

Questionnaire was divided into sections.

Section A contained questions on socio-demographic variables, while Section B, assessed the knowledge of respondents on various drugs of abuse such as heroin, cocaine, marijuana and excessive consumption of locally brewed alcoholic drinks and concoction.

Section C assessed the attitude to drug abuse and practice of drug abuse. Respondents who did not have an optimistic feeling towards stopping the act of drug abuse were considered to have a negative attitude while those who had an optimistic feeling towards stopping the act of drug abuse were considered to have positive attitude.

Statistical Analysis

Statistical Package for Social Sciences was used for analyses. Tables and figures were used for data presentation. Categorical variables were compared using Chi-square and level of statistical significance was set at $p < 0.05$.

Ethical Consideration

Permission was obtained from management/supervisors of artisan trainee and written consent was obtained from respondents. Participation was voluntary with participants been anonymous and confidentiality maintained.

RESULTS

Table 1 shows the frequency and percentages of socio-demographic characteristics of the participants. The mean age was 24 ± 2.03 years, with 92 % single, 7 % married, 33.7 % had no formal education and 59.3 % were living with friends. The respondents had different level of awareness, of substance of abuse. The level of awareness was low for alcohol (5.3%), rohypnol (12.3%), codeine (13.7%), tramadol (24.7%) and cannabis (29%), while the level of awareness was high for cocaine (86.3%) and heroin (81%). The most ever abused substance was cannabis (68%),

followed by codeine (52%), tramadol, (46%) and alcohol. (29%) while the least abused substance was cocaine (1%). Further analysis of the number of substances each respondent abused, showed that 19% of our respondents abuse only one type of substance while 69% abused two types of substances and 12% were involved in poly-substance abuse. Disaggregated data from respondents involved in poly-substance abuse revealed the three most abused substances as cannabis (59%), followed by codeine (18 %) and tramadol (12%).

Table 2 shows that majority of the respondents were aware of the dangers of drug abuse on the central nervous system; brain damage (85%), altered vision (81%), poor judgment (80%) and seizure (70.3%) while the dangers of drug abuse on blood pressure (4.3%), birth defects (5.7%), and miscarriages (9.3%) was low.

Table 3 shows in percentage, the frequency of drug abuse by participants. 22% of our participants engaged in drug abuse daily while another 25% engage in drug abuse twice a week. Only a small percentage 5% of our participants engage in drug abuse once in a while.

Figure 1 shows that more than a quarter of the participants (33%) abused substance for stimulation, followed by peer influence (28%), while the least reason for substance abuse was family influence (4%).

Figures 2 shows in percentage, respondents' positive and negative attitude towards substance abuse. Participants had more negative attitude to all substance abused. Codeine (88 %) had the highest negative attitude and heroin (71 %) had the highest positive attitude.

Table 1: Participants' socio-demographic characteristics

Variable	Frequency	Percent
Age		
<20	64	21.3
20-25	148	49.3
26-30	58	19.3
>30	30	10.0
Mean age	24 ± 2.03	
Sex		
Male	160	53.3
Female	140	46.7
Educational Background		
No Formal Education	101	33.7
Primary Education	172	57.3
Junior Secondary Education	27	9.0
Religion		
Christianity	132	44.0
Islam	163	54.3
Traditional Religion	5	1.7
Marital Status		
Single	276	92.0
Married	21	7.0
Divorced	3	1.0
Accommodation Status		
Living Alone	49	16.3
Living with Parents	73	4.4
Living with friends	178	59.3

The most ever abused substance was cannabis (68%), followed by codeine (52%), tramadol, (46%) and alcohol. (29%) while the least abused substance was cocaine (1%). Poly-substance abuse revealed the three most abused substances as cannabis (59%), followed by codeine (18 %) and tramadol (12%).

Table 2: Respondents' awareness of the dangers of drug abuse in percentages

Awareness of the dangers of drug abuse	Yes%	No%	Not sure%
Brain damage	85	14	1
Seizure	70.3	14	15.7
Altered vision	81	17	2
Poor judgment	80	18	2
High risk taking behavior	86	12	2
Anti-social behaviors	83	14	3
High blood pressure	4.3	70	25.7
Drug dependence	13	48	39
Psychosis	56.7	14	29.3
Miscarriage	9.3	12	78.7
Birth defects	5.7	13.7	80.6

Awareness of respondents of the dangers of drug abuse on the central nervous system was high; brain damage (85%), altered vision (81%), poor judgment (80%) and seizure (70.3%) while the dangers of drug abuse on blood pressure (4.3%), birth defects (5.7%), and miscarriages (9.3%) was low

Table 3: The frequency of substance abuse

The frequency of substance abuse	Percentages
Daily	22
Twice a week	25
Weekly	15
Fortnight	17
Monthly	10
Bimonthly	6
Once in awhile	5

The frequency of drug abuse by participants showed 22% of participants engaged in drug abuse daily, 25% engage in drug abuse twice a week, and 5% of participants engage in drug abuse occasionally.

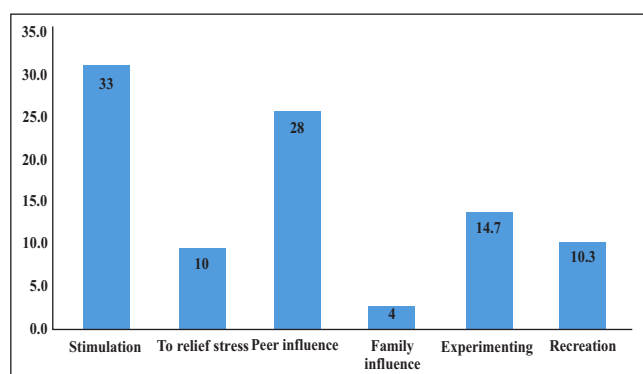


Figure 1: Rationale for substance abuse among respondents
33% of participants abused substance for stimulation, 28% because of peer influence, while the least reason for substance abuse was family influence (4%).

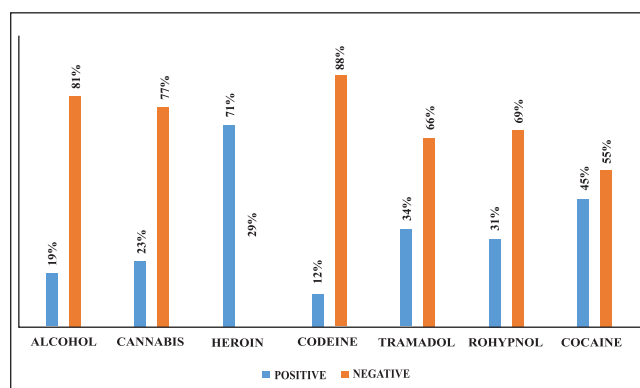


Figure 2: Attitude of Respondents to Substance abuse
More participants had negative attitude to all substance abused. Codeine had the highest negative attitude (88%) and the least positive attitude (12%). Heroin had the highest positive attitude (71%) and the least negative attitude (29%).

DISCUSSION

About half of the respondents (49.3%) were within the age bracket of 20-25 years, youths within this age group are adventurous and as a result, tend to experiment with substance use, which can lead to abuse. This age bracket has also been reported to be peculiar for drug abuse.[22] The female to male ratio was 1:1.1 which implies that we had more male respondents than female. More than half (59.3%) of the respondents lived with peers and less than a quarter lived with their parents. This probably explains why over half, (53.3%) of our participants source of information about drug abuse was from peers. Furthermore, peer influence also accounted for a significant rationale for substance abuse with over a quarter 25.7% attributing substance abuse to peer influence. This finding was similar to previous studies that reported peer influence as a contributory factor to drug abuse among youths,[23] and that the quality of adolescent peer network can independently predict abstinence outcome.[24]

Over 65% of the participants denied awareness of alcohol, cannabis, codeine, tramadol and rohypnol as substances of abuse, this was similar to a study among street children.[25] However, over 80% were aware that cocaine and heroin were substances of abuse. A similar trend was also observed with knowledge of codeine, tramadol and rohypnol as illicit drugs with over 75% of the participants not aware these substances were illicit drugs. Interestingly, over 90% were aware that cocaine and heroin were illicit drugs.

The respondents demonstrated a good knowledge of the dangers of drug abuse, with regards to consequences from drug abuse that affected the central nervous system. Unfortunately, this did not reflect in respondents' attitude towards substance abuse as respondents had more negative attitude to all substances studied, codeine 88 %, alcohol 81%, cannabis 77 % and tramadol 66 % except for heroin where

71% had a positive attitude. This implies that most of the participants were not willing to quit drug abuse. This is probably due to the feeling of arousal such as excitement and pleasure gained from substance use. Respondents considered this feelings as a stimulus to overcoming fear at workplace, societal pressure and other hardships. However, if this narrative remains the same, respondents are likely to become, life time problem substance user by adulthood. In a follow up question on the specific dangers of drug abuse, such as brain damage, altered vision, poor judgment, risk taking behavior and anti-social behavior, over 80% of the respondents were aware of at least one of these dangers of drug abuse. In the same vein a previous study reported that 40.6% users did not stop using drugs despite knowledgeable on the adverse effects.[26]

Stimulation was the highest reason for substance abuse (33%). In a follow up question, respondents identified the need for confidence at work place, societal pressure and financial hardship as the factors contributing to the stimulation. A previous study that investigated the factors that stimulate and inhibit drug abuse among young adults also identified similar factors found in our study as contributing to drug abuse among youths.[27] These substances were abused for their psychoactive properties which will help to boost confidence at place of apprenticeship, momentarily subdue ever increasing societal pressure and financial hardship. This probably explains why 68% of the respondents abused cannabis for its psychoactive properties. In this present study, the most ever abused substance was cannabis, (68%) followed by codeine, (52%) and alcohol (29%). These findings were different from another study where alcohol was reported as the most commonly abused substance.[28]

The frequency of substance abuse was also high, as almost half (47%) of the respondents were involved in substance abuse twice a week or weekly. Similar finding was also reported among adolescents.[29] Further disaggregation showed that for those who abused two substances cannabis was most abused, (59%) followed by codeine (18%) and tramadol. (12%) Codeine and tramadol abuse has now surfaced as a menace in the country.[30] These substances were abused due to their euphoric and pain-relieving properties. Interestingly, alcohol abuse was not a problem with our respondents. A possible explanation maybe because 54.3% of our respondents were practicing Muslims and the faith forbids alcohol use. Another possible explanation is that the substances frequently abused are cheap and also easily accessible.

CONCLUSION

This study has demonstrated that, there was a high prevalence of substance abuse among persons in apprenticeship. The study also showed that respondents abused substances frequently with more respondents abusing two or more substances. The awareness of substance abuse was low among respondents probably due to their predominant source of information on drug abuse. The major source of information on substance abuse was through peers who were likely to be deficient in adequate knowledge on substance abuse. Informal awareness outreaches, social/career network campaign on substances abused should be strengthened among apprentice in training to improve their awareness as well as those of their peers.

Many of the participants abused tramadol or codeine alongside cannabis. It will be helpful if the government can put in place more stringent regulation on controlled medications and access to illicit psychoactive substances. Also, it is important that counselling, treatment with continuing care are more accessible to all categories of drug dependent apprentice.

Conflict of interest

There is no conflict of interest regarding this study.

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