

Drug Abuse among Senior Secondary School Students in Banjul Area Council Zone, The Gambia- A Pilot Study

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ABSTRACT

Background: The use of psychoactive substance is a social problem that has increased rapidly in educational institutions especially among secondary school students. Psychoactive substance use has caused significant burden to the individual and societies throughout the world. Despite the suspected high prevalence of drug abuse among adolescents in the Gambia, there are few studies on this major public health problem. Therefore, this study was conducted to determine the prevalence and patterns of drug abuse among senior secondary school students in the Gambia.

Methodology: The research was conducted among students in all-boys senior secondary school, situated in Banjul Area Council Zone within the city of Banjul, the capital of The Gambia as a pilot phase following invitation to give health education on drug abuse to the student population. The adapted WHO students' drug use questionnaire was administered to consenting students after the permission of the school authority. Data was analyzed using Stata MP 17. Descriptive statistics were calculated and presented as frequencies and percentage distributions, while

quantitative data such as age were summarized using means and standard deviations (SD). The total score on knowledge was estimated and categorized into "good knowledge" (≥ 75 th percentile) and "poor knowledge" (< 75 th percentile). Associations between the outcome variables and demographic characteristics was determined using a chi-square test of independence with statistical significance set at $P < 0.05$.

Results: All respondents were male (100%) with mean (SD) age of 18.5(1.33) years. Most students were in grade 10 (50.7%). Lifetime Prevalence of use of any drug was 93.7%. The most used drug among the students was cigarettes (24.6%), followed by alcohol (23.3%) and cannabis (18.0%). The mean age at first use of these drugs ranged from 12-15 years. Among the participants, 44.7% possessed a good understanding of drug abuse while 33.1% of the respondents possessed a good understanding the consequences of drug abuse. There was no significant association between knowledge of drug use and socio-demographic profiles of the respondents

Conclusion: This study has shown a high prevalence of drug abuse among the students of the secondary school with initiation commonly occurring around the age of 13 years. This early onset suggests that students are being exposed to risk factors at a critical stage in their development. The findings underscore the urgent need for targeted interventions to curb this growing public health menace.

Keywords

Drug abuse, Senior Secondary School Students, The Gambia.

Introduction

In the Gambia like all nations, drug abuse is seen as a social and health problem that has many serious implications for the physical, social, psychological and intellectual development of the victims, more especially the youths. Therefore, it continues to be a concern to families, community leaders, educators, social workers, health care professionals, academics, government and its development partners.

Psychoactive substance use is a social problem that has spread and increased rapidly in educational institutions especially among secondary school students [1]. This social problem is considered an issue of serious concern as it adversely affects the lives and performance of students involved as well as the harmonious functioning of the entire structure of the society. Use of psychoactive drugs and other associated problems are inimical to the survival and effective functioning of human societies. A significant number of untimely deaths and accidents have been linked to the activities of persons under the influence of one psychoactive drug or the other [2].

Drug abuse is viewed by different authorities in various forms. A researcher in 2010 [1] defined substance abuse as the dependence on a drug or other chemical substance leading to the effects that are detrimental to the individual's physical and mental health or the welfare of others.

According to some scholars [3], substance abuse is a maladaptive pattern of the drug use that causes physical and emotional harm with the potential for disruption of daily life and from these definitions, it can be deduced that substance abuse is the misuse of one or more drugs which could be prescribed by a health practitioner with the intention to alter the way one feels, thinks or behaves and it is associated with consequences which include physical and emotional harm to the person.

The African Symposium viewed substance abuse as the improper

use or application of drugs by a person without prior knowledge of the drug and without the prescription from a qualified health practitioner. With the exception of tobacco and alcohol, cannabis is considered the most commonly used drug among senior secondary school students [4]. Medical research shows that those who use cannabis before the age of 16 face the risk of acute harm and increased susceptibility to developing drug use disorders and mental health disorders including personality disorders, anxiety and depression [5].

Psychoactive substance use and dependence cause significant burden to the individual and societies throughout the world. The World Health Report in 2010 indicated that 8.9% of the total burden of disease comes from the use of psychoactive substances, however even with the increased levels of law enforcement activities, there always seem to be drugs available to young users [6].

Substance use is not a strange phenomenon- its global, regional and national dimensions are well documented. It is in recognition of the complexity of the problem, that 26th of June every year has been declared as the International Day against Drug Abuse and Illicit trafficking by United Nations. In its June 2003 report, the United Nations Children and Education Fund (UNICEF) stated that the problem of HIV/AIDS is inextricably connected to a range of problems among which is drug abuse among children and young people.

The World Health Organization believes that young people are more vulnerable to suffering physical, emotional and social harm from their own or other people's drug use. This is quite substantial in Kano State, Nigeria. According to National Drug Law Enforcement Agency reports [6], Kano state in Nigeria was the highest in terms of people arrested with the case of drug trafficking and suspected addicts.

The prevalence rate of adolescents' substance abuse in the Gambia poses a great concern to health care providers as some end up as addicts. Drug abuse has been a major health problem being addressed by the authority in the Gambia as this is affecting individual's mental health and causes a huge damage to the social

and economic fibers of the nation [7]. Statistics from the only psychiatric hospital, Tanka Tanka psychiatric hospital in The Gambia showed that about 60% of their admission cases were drug induced psychosis and most of the patients are youths and young adults [7].

Despite the suspected high prevalence of drug abuse among adolescents in the Gambia, there are few studies on this major public health problem. Therefore, based on the forgoing reasons, it is necessary to determine the prevalence and patterns of drug abuse among senior secondary school students in the Gambia.

Methodology

The research was conducted in a senior secondary school, situated in Banjul Area Council Zone within the city of Banjul, the capital of The Gambia. The student population was about 1,400 from different socio-economic and cultural backgrounds. It is an all-boys senior secondary school with majority of students from urban and peri-urban settings. This pilot study has been conducted as a preliminary step in preparation for a more robust and comprehensive investigation of drug abuse students in The Gambia. The study population was 1400 students [8]. In line with WHO recommendation of 5-10%⁸ of the student population as sample size, 142 students participated in the study.

The instrument used in this study was the adapted student drug use questionnaire, which was developed by the World Health Organization (WHO) and the United Nations Fund for Drug Abuse Control. The reliability and validity of the instrument was found to be good in countries where it was pilot tested including Nigeria, a West African country [9]. The questionnaire consists of different sections which capture demographic characteristics, substance use by the patients, frequency, age at 1st use, and level of education at 1st use, knowledge of drug use, knowledge of consequences of drug use and a fictitious drug, Mitrenar was used to check over-reporting among the students.

This questionnaire was administered during a health talk on drug abuse to the students in the large school hall. The school authority had invited the mental health team to give a health talk on drug abuse due to rising cases of drug abuse among the students.

Permission was obtained from the school authority for the study. Students were informed about the research and participation was entirely voluntary. They were assured that their answers would be treated confidentially. While completing the questionnaire, instructors trained in providing clarity on any ambiguities were present to ensure uniformity in data collection and minimize peer influence as they answered the questions. A simple random procedure was used to collect data among the students that consented to participate in the study. No means of identification was included and the students were free to withdraw their consent at any stage of the research.

Data were entered into an electronic spreadsheet and subsequently exported into Stata MP 17 for statistical analysis. Descriptive

statistics were calculated and presented as frequencies and percentage distributions, while quantitative data such as age were summarized using means and standard deviations (SD). The knowledge of drug use scale, consisting of eight questions, was scored by assigning 1 point for each correct answer and 0 for incorrect answers, resulting in a total possible score of 8. The total score was then categorized into "good knowledge" (≥ 75 th percentile) and "poor knowledge" (< 75 th percentile). Similarly, the knowledge of the consequences of drug use scale, comprising 10 questions, was scored in the same manner, yielding a total possible score of 10. This score was also categorized into "good knowledge" (≥ 75 th percentile) and "poor knowledge" (< 75 th percentile). To examine associations between the outcome variables and demographic characteristics, a chi-square test of independence was conducted, with statistical significance set at $P < 0.05$.

Results

The demographic characteristics of the study respondents were summarized in table 1. The mean age of the respondents was 18.5 years (SD = 1.33). All respondents were male (100%). Regarding academic grade distribution, most students were in grade 10 (50.7%). In terms of religious affiliation, 72.5% of the respondents identified as Muslim, while 27.5% were Christian. Mandinka (21.8%) was the most represented ethnic group.

Table 1: Demographic distribution of the study respondents.

Demographic distribution		
Variables	Frequency	Percentage
Age -mean (Sd)	18.5(1.33)	
Sex		
Male	142	100.0
Female	-	
Grade		
h10	72	50.7
11	68	47.9
12	2	1.4
Religion		
Christian	39	27.5
Muslim	103	72.5
Tribe		
Fula	27	19.0
Jola	19	13.4
Mandinka	31	21.8
Manjago	19	13.4
Serere	17	12.0
Wollof	15	10.6
Others	14	9.9

Figure 1 showed pattern of drug abuse among the study respondents. The most used drug among the students was cigarettes (24.6%), followed by alcohol (23.3%) and cannabis (18.0%). Other substances reported included sniffing solvents like petrol (9.8%), tramadol (7.5%), cocaine (6.0%), heroin (3.8%), diazepam (3.0%), and amphetamines (3.0%).

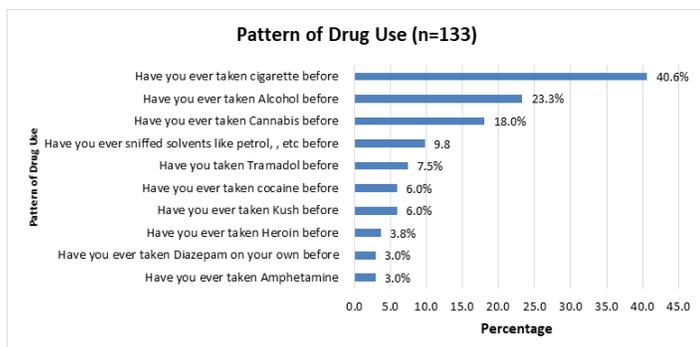


Figure 1: Pattern of the type of drugs abuse Used among Secondary School Students in the Gambia.

The results in table 2 present an analysis of the age at which respondents first used various drugs. Among the participants, 133 had used psychoactive substance at a point during their lifetime yielding Lifetime Prevalence of 93.7%. Among these 133 respondents 38.0% reported having smoked cigarettes at some point in their lives. The average age at which they first smoked was 13.0 years (SD=3.28). Additionally, 20.4% of those who had ever smoked reported that they had done so within the last year. Alcohol consumption was reported by 21.4% of respondents. The average age at which participants first tried alcohol was 12.2 years (SD=4.39), making it one of the earliest substances introduced. Of those who had consumed alcohol, 19.4% had done so within the last year.

A total of 18.0% of participants had used cannabis, with a mean age of 13.4 years (SD=3.46) at first use. Among those who had tried cannabis, 12.0% reported using it in the last year. Kush, a potent form of cannabis, was used by 5.6% of the participants. The mean age of first use for Kush was 16.5 years (SD=2.20). Of the participants who had used Kush, 4.2% had done so within the past year. Also, amphetamines were used by 2.8% of participants, with the first use occurring at an average age of 15 years (SD=2.00) with 2.1% reported taking amphetamines within the last year.

Another 2.8% of participants had used diazepam, with a mean age of 15.3 years (SD=3.10) for first use. Of these, 2.1% had taken diazepam in the past year. Heroin, a highly addictive substance, was used by 3.5% of participants. The mean age at which participants first tried heroin was 16.6 years (SD=2.70), and all individuals who had tried heroin reported using it within the last year. Also, tramadol was used by 7.0% of participants, with an average age of 16.5 years (SD= 1.90) at first use. Of those who had used tramadol, 5.6% had used it in the last year.

Cocaine was used by 5.6% of participants, with a mean age of 16.6 years (SD=1.41) for first use. Among these users, 4.9% reported taking cocaine in the last year. Solvents (such as petrol etc.) were sniffed by 9.2% of participants. The average age at which participants first used solvents was 14.3 years (SD=3.33). Of those who had used solvents, 6.3% had done so within the past year.

Table 2: Age-at-first use of drugs among secondary school students in the Gambia N=142.

Variables	Frequency	Percentage
Have you ever heard of Drug Abuse		
Yes	133	93.7
No	9	6.3
Have you ever taken cigarette before		
Yes	54	38.0
No	79	55.6
How old were you when you first used cigarette (years)- Mean (SD)		
	13.0(3.28)	
Did you take cigarette in the last one year		
Yes	29	20.4
No	25	17.6
Have you ever taken Alcohol before		
Yes	31	21.8
No	102	71.8
How old were you when you first take Alcohol (years)- Mean (SD)		
	12.2(4.39)	
Did you take alcohol in the last one year		
Yes	27	19.0
No	4	2.8
Have you ever taken Cannabis before		
Yes	24	16.9
No	109	76.7
How old were you when you first take cannabis (years)- Mean (SD)		
	13.4(3.46)	
Have you taken cannabis in the last one year		
Yes	17	12.0
No	7	4.9
Have you ever taken Kush before		
Yes	8	5.6
No	125	88.0
How old were you when you first use Kush(years)- Mean (SD)		
	16.5(2.20)	
Did you take kush in the last one year		
Yes	6	4.2
No	2	1.4
Have you ever taken Amphetamine		
Yes	4	2.8
No	129	90.8
How old were you when you first took Amphetamine-Mean (SD)		
	15.0(2.00)	
Did you take Amphetamine in the last one year		
Yes	3	2.1
No	1	0.7
Have you ever taken Diazepam on your own before		
Yes	4	2.8
No	129	90.8
How old were you when you first used Diazepam on your own-Mean (SD)		
	15.3(3.10)	
Did you use Diazepam on your own in the last one year		
Yes	3	2.1
No	1	0.7
Have you ever taken Heroin before		
Yes	5	3.5
No	128	90.1
How old were you when you first take heroin-Mean (SD)		
	16.6(2.70)	
Did you take heroin in the last one year		
Yes	5	3.5
No	0	0.0

Have you taken Tramadol before		
Yes	10	7.0
No	123	86.6
How old were you when you first take Tramadol-Mean (SD)	16.5(1.90)	
Did you take Tramadol in the last one year		
Yes	8	5.6
No	2	1.4
Have you ever taken cocaine before		
Yes	8	5.6
No	125	88.0
How old were you when you first use cocaine -Mean (SD)	16.6(1.41)	
Did you take cocaine in the last one year		
Yes	7	4.9
No	1	0.7
Have you ever sniffed solvents like petrol, etc before		
Yes	13	9.2
No	120	84.5
How old were you when you first used the solvent -Mean(SD)	14.3(3.33)	
Did you take the solvent in the last one year		
Yes	9	6.3
No	4	2.8

Figure 2 illustrates the proportion of respondents with either good or poor knowledge of drug abuse. The findings reveal that 44.7% of the respondents possessed a good understanding of drug abuse.

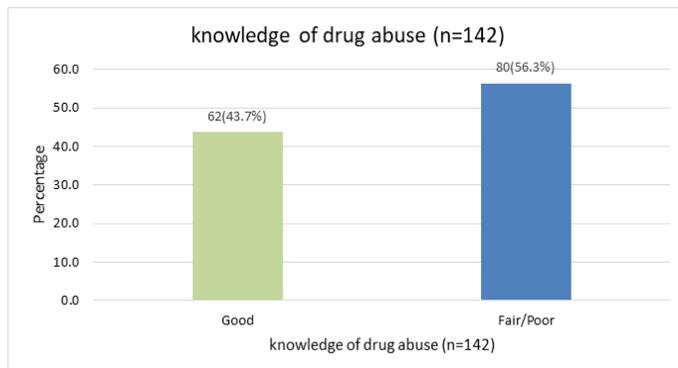


Figure 2: Knowledge of drug abuse among Secondary School Students in the Gambia.

Table 3 also reports on knowledge of drug abuse among the students. Of the 142 respondents, most (88.7%) respondents disagreed with the statement that drug abuse is caused by spirits or jinns, while 11.3% believed it to be true. A significant number of participants, 76.8% acknowledged that peer pressure could lead to drug abuse. Similarly, 78.9% believed that associating with bad company could lead to drug abuse, and 78.2% agreed that drug use among family members could influence one's likelihood of abusing drugs.

Regarding personal choice and drug abuse, 73.9% viewed drug abuse as a matter of personal choice. Additionally, 70.4% believed that drug use is a disease. When asked whether drug abuse helps relieve stress, 35.9% agreed and 31.0% believed that people could control the number of drugs they take.

Figure 3 shows the proportion of respondents with either good or poor knowledge of the consequences of drug abuse. The findings reveal that 33.1% of the respondents possessed a good understanding on the consequences of drug abuse.

The results in table 4 describe participants' knowledge of the consequences of drug abuse, measured on a scale with a maximum score of 10. The average knowledge score was 7.9, with a standard deviation of 1.62, indicating a relatively high awareness of the negative effects of drug abuse. Regarding specific consequences, a large majority (86.6%) recognized that drug abuse negatively affects academic performance and 30.3% believed drug use could improve athletic ability. A significant proportion of respondents, 94.4% agreed that drug abuse leads to criminal behavior, and the same percentage also believed that drug abuse could cause mental illness. Additionally, 95.8% affirmed that drug abuse could result in road traffic accidents. In terms of educational outcomes, 91.5% acknowledged that drug abuse could lead to school dropout and 33.8% believed that drug use inevitably leads to problems. When it comes to health risks, opinions were more divided. Only 47.2% agreed that drug abuse could lead to sexually transmitted diseases, while a slightly higher percentage (52.8%) disagreed with this notion. Also, 88.0% agreed that drug abuse could negatively affect one's religious life and 90.1% believed it could harm relationships with family members.

Table 3: Knowledge of drug abuse among Secondary School Students in the Gambia.

Variables	Frequency	Percentage
knowledge of drug abuse (highest mark 8)-Mean (SD)	6(1.45)	
Drug Abuse is caused by some spirits or jinns		
Yes	16	11.3
No	126	88.7
Can peer pressure lead to Drug Abuse		
Yes	109	76.8
No	33	23.2
Moving in with bad company can lead to Drug Abuse		
Yes	112	78.9
No	30	21.1
Drug use among family members can influence Drug Abuse		
Yes	111	78.2
No	31	21.8
Drug Abuse is a matter of choice		
Yes	105	73.9
No	37	26.1
Drug use is a disease on its own		
Yes	100	70.4
No	42	29.6
Does Drug Abuse help to relieve stress		
Yes	51	35.9
No	91	64.1
People control how much Drug they take		
Yes	44	31.0
No	98	69.0

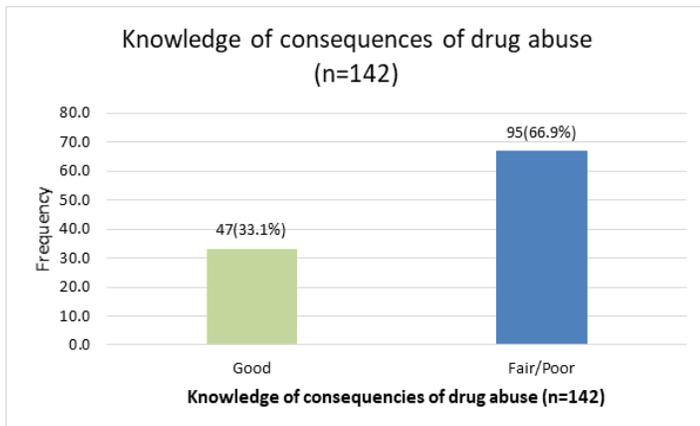


Figure 3: Knowledge of consequences of drug abuse.

Table 4: Knowledge of Consequences of drug abuse among Secondary School Students in the Gambia.

Variables	Frequency	Percentage
knowledge of consequences of drug abuse (highest mark 10)- Mean (SD)	7.9(1.62)	
Drug Abuse affects academic performance		
Yes	123	86.6
No	19	13.4
Drug abuse enhances good sports performance		
Yes	43	30.3
No	99	69.7
Drug abuse leads to crimes		
Yes	134	94.4
No	8	5.6
Drug Abuse can cause mental illness		
Yes	134	94.4
No	8	5.6
Drug Abuse can lead to Road Traffic Accident		
Yes	136	95.8
No	6	4.2
Can Drug Abuse lead to school dropout		
Yes	130	91.5
No	12	8.5
Not everyone abusing drugs will have problems or complications		
Yes	94	66.2
No	48	33.8
Drug Abuse can lead to sexually transmitted diseases		
Yes	67	47.2
No	75	52.8
Drug Abuse can affect your religious life		
Yes	125	88.0
No	17	12.0
Can Drug Abuse affect your relationship with family members		
Yes	128	90.1
No	14	9.9

Table 5 presents the results of the association test between drug use and the demographic profile of the respondents. The rate of drug use varied across grades 10, 11, and 12. Additionally, the proportion of drug use among Muslims and Christians was

comparable. There was no significant difference in the prevalence of drug use across the different tribes.

Table 6: Association between knowledge of drug use and demographic characteristics among Secondary School Students in the Gambia.

	Knowledge of Drug use		Chi-square	P value
	Poor	Good		
Grade			1.66	0.435
10	41(56.9)	31(43.1)		
11	37(54.4)	31(45.6)		
12	2(100.0)	0(0.0)		
Religion			1.32	0.251
Christian	25(64.1)	14(35.9)		
Muslim	55(53.4)	48(46.6)		
Tribe			2.52	0.866
Fula	16(59.3)	11(40.7)		
Jola	11(57.9)	8(42.1)		
Mandinka	16(51.6)	15(48.4)		
Manjago	12(63.2)	7(36.8)		
Serere	9(52.9)	8(47.1)		
Wollof	10(66.7)	5(33.3)		
Others	6(42.9)	8(57.1)		

Table 7: Association of between knowledge of consequences of Drug use and demographic characteristics among Secondary School Students in the Gambia.

Variables	knowledge of consequences of Drug use		Chi-square	P value
	Fair/Poor	Good		
Grade			0.28	0.871
10	48(66.7)	24(33.3)		
11	46(67.6)	22(32.4)		
12	1(50.0)	1(50.0)		
Religion			0.19	0.663
Christian	25(64.1)	14(35.9)		
Muslim	70(68.0)	33(32.0)		
Tribe			5.03	0.539
Fula	18(66.7)	9(33.3)		
Jola	12(63.2)	7(36.8)		
Mandinka	24(77.4)	7(22.6)		
Manjago	13(68.4)	6(31.6)		
Serere	8(47.1)	9(52.9)		
Wollof	11(73.3)	4(26.7)		
Others	95(66.9)	47(33.1)		

Table 7 presents the results of the association between knowledge of the consequences of drug use and the demographic profile of the respondents. The proportion of respondents with good knowledge about the consequences of drug use was 50.0% among grade 12 students, 32.4% among grade 11 students, and 33.3% among grade

10 students. However, the differences in proportions were not statistically significant ($P = 0.871$). The rate of good knowledge about drug use was slightly lower among Muslims (32.0%) compared to Christians (35.9%), but this difference was also not statistically significant ($P = 0.663$). The proportion of respondents with good knowledge about the consequences of drug use was slightly lower among the Mandinka (22.6%) and Wolof (26.7%) tribes compared to other tribes: Fula (33.3%), Jola (36.8%), Manjago (31.6%), and Serere, which had the highest rate (52.9%). However, these differences were not statistically significant ($P = 0.539$).

Discussion

Patterns of drug use among secondary school students can vary by country, region, and socio-economic context. However, based on global research and trends as of recent years (including 2024 reports), several consistent patterns have emerged.

In this study, all the respondents were males. Male gender was a significant risk factor for substance abuse in the current study. This is in keeping with several other studies which had revealed male preponderance to substance abuse [10,11] and reasons for this might be to enhance sexual performance, to have courage to approach the opposite sex or other persons as well as to improve social image [12].

The mean age of the respondents in this study was 18.5 years ($SD = 1.33$) which is in keeping with similar studies' age range. The average age at which they first smoked cigarette was 13.0 years. Respondents in the 20–24 age group were more likely to abuse substances compared to younger youths [10]. At 20-24 years of age, youths are expected to have left the comforts of their parent homes, to live either with spouses, independently in school hostels or alone, fending for themselves. At this stage, some are vulnerable and may be badly influenced to adopt antisocial behavior such as substance abuse [12].

In this study, there was a high lifetime prevalence of 93.7% compared with study in the Kilimanjaro region which reported a lifetime substance use prevalence of 19.7% and a current use prevalence of 12.8%. Among some African countries, the prevalence of substance use ranges between 34%-49% [13,14]. In Nigeria, among students, the prevalence of substance abuse was between 12.3% -19.4%. Alcohol (13.97%) and tramadol (10.79%) were the most commonly abused substances [11,15,16]. However, our finding in the current study is similar to other studies that reported a higher prevalence of substance abuse of 65% [17]. The fact that majority of respondents in the current study may not have strong family connectedness could have been responsible for the significant prevalence of substance abuse in the current study as these have been reported as strong protective factors of substance abuse [15,18].

In this study, alcohol consumption was reported by 21.8% of respondents. Cultural acceptability of alcohol use in various parties/ceremonies and the ready availability of local and refined

alcoholic drinks can be facilitating factors of alcohol use by the youths.

Among the respondents who reported to ever use drugs, 38% reported having smoked cigarettes at some point in their lives. The average age at which they first smoked was 13 years [19]. In Nigeria, the most abused substances among adolescents included tobacco, codeine-containing cough syrup, marijuana, and tramadol. The differences could be due to variation in socio-demographic characteristics, availability and accessibility of these substances to the respondents. The higher value obtained in the study on pattern of substance use could be because of differential in ease of access between different countries [13,14,19,20].

Lower socioeconomic status was associated with higher rates of alcohol consumption among students in rural Nigeria. Factors such as low perceived risk, family history of substance use, low socioeconomic status and peer influence were significant correlates. Parental smoking, permissiveness towards alcohol, and friends' drug use were associated with increased risk of cannabis and other illicit drug use among secondary school students [13,21,22].

This difference could be accounted for by the prevailing circumstance of financial access that will enable the students to be able to purchase these substances, because in some parts of Nigeria, most adolescents are often engaged in "paid work" after school which will enable them purchase these substances with relative ease compared with their other counterpart who are almost always dependent on their parents [16,19].

The significance of this is that while older adolescents can engage in menial jobs after school to improve their economic standing, they need more parental guidance and health education to avoid engaging in substance abuse behavior simply because they can afford to buy illicit drugs and other substances.

Regarding specific consequences, a large majority recognized that drug abuse negatively affects academic performance which would lead to school dropout. Majority of the respondents had knowledge of the consequences of substance abuse but still had high prevalence of substance abuse. This could be because of exposure to health education messages. In a similar study, poor academic performance among secondary school students was associated with higher rates of substance use, possibly due to coping mechanisms or lack of engagement [17,19,23].

A limitation of the study is that it was conducted exclusively among male students in all-boys secondary schools, which may limit the generalizability of the findings to the broader adolescent population. Despite the inclusion of the fictitious drug, Mitrenar in the questionnaire to check over-reporting, it was still possible to have some students providing wrong responses. Notwithstanding this limitation, our study has set the stage for a larger community-based study on drug abuse in The Gambia.

Conclusion

This study has shown a high prevalence of drug abuse among the students of the senior secondary school with initiation commonly occurring around the age of 13 years. This early onset suggests that students are being exposed to risk factors at a critical stage in their development. The findings underscore the urgent need for targeted interventions to curb this growing public health menace.

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