

FACTORS INFLUENCING SUBSTANCE ABUSE AMONGST SELECTED COMMERCIAL MOTORCYCLISTS IN OGBOMOSO METROPOLIS, OYO STATE, NIGERIA

Ajibade, B.L¹, Uvomata, M.Ebele², Akinpelu, A.O.,³ Adeleke, M.A.,⁴ Fabiyi B.O.,⁵
Akinlabi, Tosin⁶

1. Ladoke Akintola University of Technology, Ogbomoso, Faculty of Clinical Sciences, Department of Nursing Science, College of Health sciences, Osogbo
- 2,4,5. Ladoke Akintola University Teaching Hospital, Ogbomoso, Oyo State, Nigeria.
3. Achievers University Owo College of Natural and Applied Sciences, Department of Nursing Science.
6. State Specialist Hospital, Akure Ondo State.

ABSTRACT : Background: *The use of motorcycle (Okada) for carrying passengers from one destination to another for commercial purposes has crept into Nigerian's transportation activities and gradually becoming most popular, possibly because it is faster especially when there is terrible hold ups and can also drop an individual at his door step. Nevertheless, it has added greatly to the incidence of road accidents whereby special Orthopaedic departments are created in Nigerian hospitals to attend to accident victims. The recklessness and misbehaviours of the motorcyclists has been traced to substance abuse. Methodology:* A total of 207 participants were selected using cross sectional convenience sampling methods having determined the sample size using Yamane sample size determination method. The research adopted descriptive design. The instrument for data collection was designed by the researchers adopting if from the literature review and ESPAD questionnaire descriptive analysis while the hypotheses were tested using inferential analysis of "t" test and ANOVA at 0.05 level of significance on the SPSS version 21 window. **Results:** Study revealed that the most commonly used drugs include alcohol, cigarettes, palm wine local gin and herbal gin mixtures. These drugs are readily available and are also affordable to them. The result showed that peer influence is the major factors influencing substance abuse among the respondents, followed by recreational purposes and affordable respectively. There was significant difference between married and unmarried commercial motorcyclists on factors influencing substance abuse. **Conclusion:** It was concluded that period lectures and sensitization programmes should be carried out to reduce the accidents associated with misbehaviours amongst motorcyclists as a results of drugs abuse.

KEYWORDS: Factors influencing, Substance abuse, commercial motorcyclists, Ogbomoso, Metropolis

INTRODUCTION

Okada Riders have come to bridge the huge public transport gap in most cities across the country. The use of motorcycles means of public transport became popular in Lagos in 1992, as a result of dearth of other means of public transportation in Lagos metropolis (Akande, 2009). Like in other urban areas motorcycles riding in Ogbomoso metropolis are named by youths. Riding the two wheel machine which is exposed to the open entails a lot of risk, but the fact that it is

risky makes it popular with the youths. Youthful exuberance is compounded by substance abuse, the scenario can only be worse. The scenario of madness demonstrated by many of the commercial motorcyclists, popularly called “Okada riders” calls for serious attention. They drive recklessly, involved in unnecessary competition with fellow motorcyclists or even motor vehicles, defying all laws guiding road use and ignore the right of other road users. They often carry overloads and refuse to put on the helmet as the law requires. Many of them dress like thugs with wicked hairdo and slippery slippers to match. Some of them turn up the vehicle head light facing the sky and drive it like that in the night.

No wonder, they contribute immensely to incessant road accident in the country. They kill and maim anyhow with hospitals full of motor-cycle accident victims, leading to many public and private hospitals creating special Orthopedic Departments to accommodate the motorcycle accident victims. A careful investigation and observation of this group of people reveal that most of them are involved in substance abuse, which are readily available around their major garages (Akande, 2009). Among substance that they abuse are alcoholic drinks, tobacco, marijuana, cocaine, heroin, opiates, hallucinogens, inhalants, local psychoactive drugs and stimulants. Substance abuse which can simply be described as an improper or excessive use of drugs or alcohol, has been a serious issue of concern among interested individuals and groups over the years, especially in the public health sector (Kabir & Makinde, 2010). Substance abuse is a social problem, not in Nigeria alone, but the entire world. The use of drugs has its own culture and history, which varies from country to country. The problem of substance abuse is growing at an explosive rate and in just over a decade it has spread its malevolent tentacles to almost every part of the globe surmounting almost all barriers of race, caste, creed, religion, sex, educational status, economic strata etc. (King & Chassin, 2014).

Substance abuse and dependence cross all lines of race, culture, education and socioeconomic status, leaving no group untouched by its devastating effects. A recent survey estimated that about 16 million citizen of the United States had used an illegal substance in the month preceding the study (European School Project on Alcohol and other Drugs, 2007). Substance abuse is an enormous public health problem, with far ranging effects throughout society. In addition to the toll substance abuse can take on one's physical health, it is considered an important factor in a wide variety of social problem, affecting rates of crime, domestic violence, sexually transmitted disease (including HIV/AIDS). Unemployment, homelessness, teen pregnancy and failure in school (King & Chassin, 2014).

Substance abuse among youths has become a global challenge and also an important public health concern and for the past two decades there has been a dramatic increase in the demand for interventions to address the substance abuse problem. This demand has led to the development of multiple primary, secondary and tertiary substance abuse prevention programmes (Kabir & Makinde, 2010). There are few community based studies that have investigated the problem in this part of the country. Therefore this study was conducted to identify factors influencing substance use among commercial motor cyclists on Ogbomoso South West Nigeria.

Statement of Problem

The Physical, psychological, social and economic consequences of the drug problems among youth are becoming more obvious worrisome and disturbing. Young people who persistently abuse substances often experience an array of problems including health related problems (including mental health), poor peer relationships and involvement in social vices such as stealing, bullying, secret cult activities all these have negative consequences on family members, community and the entire society (King & Chassin, 2014).

The association between psychoactive substance use and accidental injury or death has been acknowledged for a long time. Alcohol, for example, thought to contribute to 50,000 deaths per year and up to 500,000 hospital admission annually in United Kingdom (Humplis et al, 2008). In Nigeria, the accident and emergency units of most health facilities often have significant cases of road traffic (motor cars and motorcycles) accident victims. Motorcycles have a 7-fold increase in the accident rate for vehicle person per mile and a 17-fold fatality rate compared with motor vehicles (Sabey et al, 2007). While many studies have examined the use of psychoactive substance among many occupational groups, not many have focused on substance use among commercial motor cyclist and factors influencing it. Therefore, this study was carried out to examine factors influencing substance abuse among selected motorcyclists in Ogbomoso.

Aim of the Study

The broad objective of this was to identify factors influencing substance abuse among some selected commercial motor cyclist in Ogbomoso metropolis.

Research Objectives

1. To determine the level of knowledge of commercial motorcyclists about substance abuse
2. To identify types of substance abuse by the commercial motorcyclists
3. To determine the frequency of substance abuse among commercial motorcyclists
4. To identify factors influencing substance abuse among commercial motorcyclist

Research Questions

1. What is the level of knowledge of commercial motorcyclists about substance abuse?
2. What are the types of substance abused by the commercial motorcyclists?
3. What is the frequency of substance abuse among commercial motorcyclists?
4. What are the factors influencing substance abuse among commercial motorcyclists?

Significance of the Study

Commercial motorcyclists are the most vulnerable group and are at high risk of substance abuse related problems compared to other population. The prevalence rate of substance abuse is highest among young adolescents and young adult a large majority of whom are motorcyclists. Substance abuse by commercial motorcyclists is a serious problem as it affects them psychologically, economically and socially. As it is gaining gradual popularity among commercial motorcyclists, it would be vital to examine their knowledge towards substance abuse and identify factors influencing substance abuse among commercial motorcyclists. Therefore,

this study was carried out to identify factors influencing substance abuse among selected commercial motor cyclist in Ogbomoso metropolis.

Scope/Delimitation of the Study

This study was delimited to selected motorcyclists that were registered by the Association. It was delimited to the respondent irrespective of religious affiliation, level of education and socio-economic factors.

Substance abused

According to the DSMIV, substance abuse is a pattern of recurrent use that leads to damaging consequences. Damaging consequences may involve failure to meet one's major role responsibilities (e.g, as a student, worker, or parent) , putting oneself in situations where substance use is physically dangerous (e.g, mixing driving and substance use), encountering repeated problem with the law arising from substance use (e.g, multiple arrest for substance – related behavior), or having recurring social or interpersonal problem because of substance use (e.g., repeatedly getting into fights when drinking) (Macleod, Hickman & Smith, 2010). Substance abuse may continue for a long period of time or progress to substance dependence, a more severe disorder associated with physiological signs of dependence (tolerance or withdrawal syndrome or a substance. people who become compulsive user lack control over their drug use (Morakinyo et al, 2010). They may be aware of how their drug use is disrupting their or damaging their health, but feel helpless or powerless to stop using drugs, even though they may want to. By time they become dependent on a given drug, they've given over much of their lives to obtaining and using it (Akande, 2009).

Prevalence of Substance Use

There are several ways of estimating the prevalence of substance use. The most common ways are the so called direct methods, such as population surveys and school surveys, or by using different biological markers for detecting use of substance (e.g. urine or blood sample). Another also commonly used method, although more indirectly is for example estimating the prevalence on the basis of numbers of adolescents who are or have been in treatment for substance use related problems. There is always a certain level of uncertainty when calculating the frequency of substance use in a population, no matter which method is used. For Example, results from school surveys are affected by social desirability and other biases. Other sources of incorrect results are systematic missing data due that different groups are not present at school when conducting the survey (Palmer et al, 2009).

Furthermore, research has shown that result from school surveys often indicate lower level of prevalence than actual level, especially regarding illicit drug use (Macleod, Hickman & Smith, 2010; Palmer et al, 2009). Since studies from different countries often use various methods for estimating the prevalence of substance use, comparison of results between countries could be misleading. the interpretations of reported estimates should therefore be made with awareness of these methodological limitations (Degenharth & Hall 2012) substance use among adolescents (Henriksson & Leifman, 2011). This procedure is, for example used by the European School Project on Alcohol and other Drugs (ESPAD, 2011), which is a collaborative effort of

independent research teams in more than forty European countries and the largest cross-national research project on adolescent substance use in the world. Data from the latest ESPAD survey, conducted in 2007, report substance use trends in 20 European countries for adolescents at an age of 16 years (ESPAD, 2007). From 1995 to 2007 the consumption of tobacco, alcohol and illicit drug use, was on an average, rising for the first ten years (1995-2005), but has since then decreased or at least stabilized. According to the European Monitoring Centre for Drugs and Drug Addiction annual report 2011 (EMCDDA, 2011) the prevalence of illicit drugs use in Europe is historically high, but data from national studies conducted in 2008 and 2009 indicate that prevalence has not increased further. In Sweden, data from the Swedish Council for information on Alcohol and Other Drugs (Council for information on Alcohol and other Drugs in Neurobia, 2012), using the same method of measurement for several years in a row, reveal much the same trends as seen in Europe with some important exception (Henriksson & Leifman, 2001; EMCDDA, 2011). From 2007 to 2011 adolescents in the second grade and secondary high school report a consumption of alcohol has decreased over the last years and the most dramatic decrease since 2007 is found among males.

Drugs of Abuse

Drugs of abuse are generally classified within three major groupings: (a) depressants, such as alcohol and opioids; (b) stimulants, such as amphetamines and cocaine; and (c) hallucinogens. (Akande 2009; APA 2011; Bergley 2010; Krantz & Mehler, 2009, Bome, 2011; American Cancer Society, 2009; Teo et al, 2009; Zickler, 2008, Compton et al 2014) widely used illegal drug, and abuse of marijuana is the most common of all the substance abuse disorders involving illicit drugs (Compton et al, 2014).

Health Consequences of Using Substances

Adverse health effects of substance use can, according to Degenhardt and Hall (2012), be divided into four broad types; (1) the acute toxic effect (e.g. illicit drug overdose and psychosis), (2) the acute effect of intoxication (e.g. accidental injury and violence related to alcohol intake), (3) development of dependence and (4) adverse health effects of continued regular use (e.g. chronic somatic disease and mental disorders). Studies have shown association between substance use and various adverse effects (Degenhardt & Hall, 2012).

However, deciding whether such associations are causal is more difficult since causality is heavily depending on used research methods for finding potential associations (e.g. Degenhardt & Hall 2012). Statements concerning causality thus require evidence of a reliable association between level of drug consumption and adverse health effect (e.g. disease or injury). Categorisation of various levels of substance use in adolescents can be difficult to establish and describe. For adults, substance use disorders are clearly stated and classified in DSM-IV (APA, 1994) or in the International Classification of Diseases- 10 (ICD-10; WHO 2010). The categorizations are, however, not always applicable to adolescent since younger people exhibits fewer systems of abuse/dependence although they can have more complex patterns of substance use (Harrison, Fulkerson & Beebe, 1998; Susman, Skara & Ames, 2008).

Definitions and categorization of substance consumption, not classified as abuse and dependence, are however less clearly stated. There is for example no international consensus

regarding definition of minor levels of substance consumption. Different definitions have been proposed, for example the term “risk consumption of alcohol” which often refers to the consumption as “hazardous use” meaning that using the substances can lead to negative social and/ or health consequences (e.g. Gmel, Kuntsche & Rehm, 2011). Other suggestions of classification are (1) experimental use, a stadium where most adolescents are trying a drug, but do not continue its use, (2) situation conditional use where the use is linked to a specific social context (for example, a trip abroad or a music festival) and (3) controlled use where the drug use is a recurring event, but not the dominant activity in life (Svensson, 2007). For example, the world Health Organization(WHO) have stated that by the year 2020 mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide (WHO, 2008). Use of tobacco is regarded as one of the leading causes of premature death and is associated with approximately 5 million deaths per year are projected to die 2020 (WHO, 2008). Alcohol use related disorders are the most significant disease categories for the global burden of disease, especially for men (Rehm et al, 2009).

Cannabis is often considered as a “soft” substance comprising less potential harm than other illicit substances. Cannabis is also by far the most frequently used illicit substance among adolescents in Sweden and other Western countries (Henriksson & Leifman, 2011; EMCDDA, 2011). Over the pass decades, the possible associations between cannabis use and development of psychotic illness have, however, been debated. Moore and colleagues have presented findings which support casual links between cannabis and psychotic illness (Moore et al, 2007). They stated based upon cumulative evidence that it should be considered beyond doubt that frequent cannabis use increase the risk of developing psychotic illness.

Adolescent substance use is also found to be associated with general health problems later in the adult life. For example, high consumption and /or frequent use of substances during adolescent is linked to a substantially lower level of adult physical health, higher reliance on monetary support from social services, higher rates of criminal convictions and higher premature deaths (e.g., Stenbacka & Stattin, 2007; Larm Hodgins, Molero-Samuelsson, Larsson & Tengstrom, 2008). In addition, the majority of adults with substance abuse problem begin to use substances during their adolescent years (e.g. Winters & Lee, 2008; Griffin & Botwin, 2010). Hence, regular use of substances in adolescence can be seen as a risk factor or indicator of possible future health-related problems. Further attention and focus on adolescents’ health development is thus necessary in order to reduce societal costs as well as individual suffering (Gore et al, 2011)

Since the use of different substance is influence and affected by various variable, it can be difficult to categorize risk factors as well as draw conclusions between one specific variable and the outcome. Nevertheless, there are a number of identified risk factors which have been shown to be associated with the use of different types of substance among adolescents and it appears that exposure to multiple risk factors has a cumulative effect. Moreover, one risk factor is rarely associated with use of only one substance. There seems to be a generalized risk of using different substances and these substances appear to share some fundamental risk factors (Palmer et al, 2009).

A number of studies have investigated a number of factors which play a role in contributing towards the predisposition of a person to use drugs and substances. These studies have suggested that, there are factors which can lead adolescents to the use of alcohol and other drugs. Johnson et al, 2003), described three basic categories of risk factors: demographic, social economic and behavioral. Lang (2001), suggests that individual characteristic of adolescents are also involved in the onset of substance abuse. Martinez (2004) identified several risk factor that point to an increased probability that a young person will use drugs. These include: early use of alcohol or tobacco, alienation from family, religious institutions, school, and community, poor academic performance and boredom with school antisocial behavior; having friends who use drugs, lack of strong positive role models a family with history of alcohol or other drug use and no consistent discipline or direction from adults. These factors are discussed in detail in the following sections.

Demographic Factors

Analysis of demographic risk factors suggest that, age and gender can predict the course of substance abuse. Several studies have found that, males have a higher rate of alcohol and/or illicit drug use than do females (Johnson et al, 2003; Johnston et al 1991; Lang, 2001; Thorne and DeBlassie, 1985). Callen (1985) reports that the period of major risk for initiation into alcohol and marijuana reaches its peak between the ages of 16 and 18, and is completed by age 20. Callen also reports that the risk of trying other illicit drugs is highest at age 18 and declines by age 21. It is also suggested that, there are “ages of susceptibility” to substance abuse. Callen, (1985) report that, :The period of major risk for initiation to cigarettes, alcohol, and marijuana peaks between ages 16 and 18 and is completed for the most part by age 20.

The risk of trying illicit drugs other than cocaine (e.g. psychedelics) is highest at age 18 and declines by age 21. Gender is also a factor that has been found to predict the probability of involvement in drugs and substance use. Thorne and DeBlassie, (1985) conducted five national surveys of high school seniors from 1975-1979 and found that, males reported higher use of alcohol and marijuana than females. Johnston, et al, (1991) found that, a greater number of males were involved in illicit drug use. However, little has been reported to explain the reasons for thses differences. Throne and DeBlassie state that “despite this evidence of differences by sex, little attention has been paid to the origin of these differences” NACADA (2008) found that, experimentation with alcohol is higher among boys compared with girls in the sample (56% and 35% respectively).

Socio-Economic Factors

Social risk factors involve the influence of the family, peers, and the environment. Many studies suggest that, in families where the use of alcohol and other drugs is high, the adolescent is also more likely to become involved (Barrett, 2000; Johnson et al, 2003; NACADA, 2004; Kiiru, 2004). Other studies have found that, adolescent from dysfunctional or disturbed families are more likely to become substance abusers (Stein et al, 1989; Oetting & Beauvais, 2000). Adolsecents whose peer groups are involved in alcohol and other drugs are also more likely tro become involved (Agnello-Linden, 2001; Barrett, 2000; Schilling and McAlister, 2000). Several has been environment factors also have been implicated. A lack of appropriate law enforcement has been found to contribute to the prevalence of teenage drinking Agnello-Linden, 2001).

Mixed message received from society also adolescents attitude towards drinking and drug use (Kiiru 2004; and Siringi and Waihenya, 2001). The family has strong influence on whether the adolescent will become involved with substance use. Kandel et al., (200) found that 82% of parents who drank had adolescents who also drank, and 72% of parents who abstained had adolescents who also abstained. Gorsuch and Butter, (2000) found that, the use of marijuana by parent increased the likelihood that their adolescent children would also use marijuana. This has been explained in several ways. Firstly, the adolescent may be simple imitating the behavior of a family member. Secondly, it is in family, where we learn what is socially acceptable and what is not. A family that regularly uses alcohol and other drugs sends a message to their children that, this is “normal” and acceptable behavior. Finally, a family in which one or more adults are abusing a substance is likely to produce emotional and/or physical pain for the adolescent, who may turn to substance abuse as an escape mechanism (NACADA, 2008) The structure of the family and the structure it provides also play significant roles in the onset of adolescent substance abuse. Stern, et al.,(1984) reported that the absence of the father from the home affects significantly the behavior of adolescents, and result greater use of alcohol and marijuana.

Lang (2001) suggests that parents who show little involvement with their children, and parents whose standard of behavior and discipline are inadequate or inconsistent are more likely to have adolescents who abuse alcohol and other drugs. Analysis by NACADA (2008), in a study on the relationship between parents’ alcohol consumption behavior and their children’s alcohol abuse demonstrates a statistically significant positive association between fathers’ alcohol consumption and their children alcohol use. When all factors were considered, students whose fathers use alcohol are 2.7 times more likely to have consumed alcohol at least once in the past, compared with students whose fathers do not use alcohol. Similarly, students whose mothers currently consume alcohol are 2.6 times more likely to have consumed alcohol compared with their counterparts whose mothers are nondrinkers.

In a study conducted by Kaguthi (2004), on drug abuse among the youth aged between 10 and 24 years, the survey observed that, the use of alcohol, bhang and miraa had indigenous roots. The team explored available support and recommended intervention to prevent or treat substance abuse . The surveys noted that, drug and substance abuse was wide spread, affected the youth mostly, but noted that it cuts across all groups. Peers also have a strong influence on whether an adolescent will abuse alcohol and other drugs Kwamanga et al., (2003) reported that, an adolescent is more likely to drink alcohol if his/her friends drink. Studies by Odejide (2006); Siringi, (2003) have found that the single dominant variable in adolescent drug use is the influence provided by the peers with whom an adolescent chooses to associate, “We believe that drug use is nearly always directly linked to peer relationships. Peers shape attitude about drugs, provide the social contexts for drug use, and share ideas and beliefs that become the rationales for drug use.” During adolescence, acceptance by one’s peers is of primary importance. Adolescents in a peer group that is involved with substance abuse may also abuse substances rather than jeopardize their sense of connectedness to the group. Adolescent is a time of change on biological, cognitive, and social levels.

Adolescents are faced with new situations, one of which is the abuse of alcohol and other drugs. They may turn to alcohol and illicit drugs to alleviate the stress associated with change, to fit in

with peers, or imitate the behavior of a family member. Whatever the cause of onset, it can lead to increased drug use and other delinquent activities. Several environment factors have also been implicated. One such factor is lack of appropriate law enforcement. Linden (1992) examined the patterns of alcohol use by rural Texas high school students. It was reported that community law enforcement was very lax, which allowed teenagers to have weekend “beer bashes” regularly. Agnello-Linden (2001) reported on a comment made by a teacher working in a rural district school: “The police and school administrators are afraid to do anything about the youth drinking because the parents jump on them so hard. I think it is a classic case of everyone being afraid to do something about it. The law enforcers and school administrators are afraid of the parents.

The parents are afraid of embarrassment, so they act like, “Don’t mess with me or I’ll make you look bad”. Kiiru (2004) and Siringi and Waihenya, (2001) noted that, government reluctance to deal with drug barons in Kenya is one of the factors which has led to the increase in drug and substance abuse in the country. This has been complicated by the attitude of the parents who blame the schools and defend their children even when they are on the wrong. Finally, mixed messages about drinking and drug use that adolescents receive from their environment also contribute to the problem. Stein et al., (1989) describe the nature of these mixed messages; “Adolescents are quite adept at spotting hypocrisy and may have difficulty understanding a policy of saying no to drugs’ when suggested by a society that clearly says ‘yes’ to the smorgasbord of drugs that are legal as well as the range of illicit drugs that are widely available and used”.

Studies by NACADA, (2008) and Kiiru (2004) emphasize that the society is yet to take a strong stand on drugs and substance use. They observed that, the drugs and substances industry being a booming business has seen emergence of successful people such as shareholders of brewing companies and cigarette makers who are accepted in the society.

Behavioural factors

Behavioural factors can also lead to adolescent substance use. Research has shown that the use of certain substance, such as alcohol and marijuana, can lead to increased use, as well as the use of “harder” drugs (Johnson et al., 2003; Schilling and McAlister, 2000; NACADA 2004).

Substance and drug use has also been found to be associated with a tendency to engage in other problem behaviors, such as rebelliousness and precocious sexual and delinquent activities (Botvin, et al., 2000; Casemore, 2000). Certain substances have been shown to predict entry into other drug use. Schilling and McAlister (2000) found that adolescents tend to begin with certain entry such as cigarettes and liquor, then sequentially progress to marijuana and finally to harder drugs.

Furthermore, most drug users do not limit themselves to one particular substance. Stein, et al., (1989) found that drug user typically use two or more drugs, and that those who use illicit drugs also tend to drink alcohol. The converse of this has also been found to be true, Callen, 1985 found that the probability that individuals who never use marijuana will initiate the use of other illicit drugs is very low. Therefore, preventing the initial stages of drugs-using behavior can aid in the prevention of adolescent substance use. Involvement with other types of problem behaviours has also been linked to adolescent substance use. Casemore (2000) reports that young people who use chemicals tend to be involved in behavior viewed as antisocial, including theft

selling drugs and sexual misadventure. Fisher and Harrison (2000) suggest that, risk factors for adolescent substance use include early antisocial behavior and rebelliousness. Donovan and Jessor (1985) found that, adolescent problem drinking was associated with a tendency to engage in other problem behavior.

He believed that all adolescents, regardless of whether they are involved in substance use or not, often become involved in these problem behaviors. Substance and drug use does however, increase both the degree and frequency of other problem behaviors. Teenagers who have a tendency to seek thrills and adrenaline rushes may be at higher risk of abusing drugs due to the “high” feeling that is achieved from early substance use. While everyone enjoys a rush of feel good chemicals like caffeine and nicotine from appropriate sources, some teens get the feeling from drugs that cause them to continue with their use despite the negative consequences. If a parent observes a pattern of thrill-seeking behavior in his child therefore, he should discuss safe outlet for it versus unsafe drug use.

Individual Characteristics

Another category of risk factors is individual characteristics, Poor academic achievement has been found to influence alcohol and/or other drugs use (Andrew et al., 2001; Fisher and Harrison, 2000). Psychological variable such as self-esteem, motivation, developmental factors, and depression can also contribute to drug use (Andrews et al., 2001; Barrett, 2000; Linden, 2002). Thompson et al.(2001) found that, students who are employed during the school year are more susceptible to drug and substance use than those who do not work. Several individual factors have been found to lead to substance use. Andrews et al. (2001) found that poor academic achievement and low academic aspirations significantly influence the onset of drug and substance abuse. The converse is also true. Botvin, et al. can lead to academic problems.

Firstly, adolescents who perform poorly in school may feel that they are failures. This feeling may be reinforced by teachers’ and/or parents’ responses to the academic failure. Adolescents may subsequently turn to drug and substance use to alleviate the distress this causes. Conversely, adolescents who are heavily involved in alcohol and other drugs, place little value on academic performance, as the urge to drink and use drugs take on the primary importance. Substance and drug use is also related to specific psychological factors (Johnson et al., 2003).

Barrett (2000) found that adolescents with a poor self-concept have a greater propensity for alcohol and other drug use than those with a positive self- concept. it is suggested by Casemore (2000) that young people who use chemical substances have a more difficult time with the development tasks of adolescent which include forming one’s identity and separating from the nuclear family. Substance and drug use can be the means by which adolescents escape from the negative feelings they have about themselves as a result of these psychological and developmental difficulties.

A final individual risk factor leading to adolescent drugs and substance use is student employment. In a study by Thompson, et al., (1991) it was found that, students who are employed during the school year are more susceptible to drugs and substance use than those who do not work. “Of those students who currently used and substance used alcohol at the time of the

survey, 61.1% were students who worked during the school year. Over 71% of the students who reported they never used alcohol were students who did not work during the academic year. Of those student who reportedly used marijuana, 68.8% were student who worked during the week and/or on the weekend during the academic year". Gichohi (2008) noted that, student who were involved in the miraa business were more likely to engage in drugs and substance use as they had huge sums of money at their disposal.

Karechio, (1996) argues that a teenager with low self-worth is more likely to engage in self-abusive behavior such as drugs use, This likelihood is heightened if some of the other mentioned influencing factors are also present in a teen's life. Parent can help a child to find skills in which he or she excels to help avoid or counteract low self-worth.

THEORETICAL FRAMEWORK: SOCIAL COGNITIVE THEORY

Social Cognitive Theory is a learning theory based on the idea that people learn by observing others. These learned behaviors can be central to one's personality. While social psychologists agree that the environment one grows up in contributes to behavior, the individual person (and therefore cognition) is just important. People learn by observing others, with the environment, behavior and cognition all as the chief factors in influencing development in a reciprocal triadic relationship. For example, each behavior witnessed can change a person's way of thinking (cognition). Similarly, the environment one is raised in may influence later behaviors, just as a father's mindset (also cognition) determines the environment in which his children are raised.

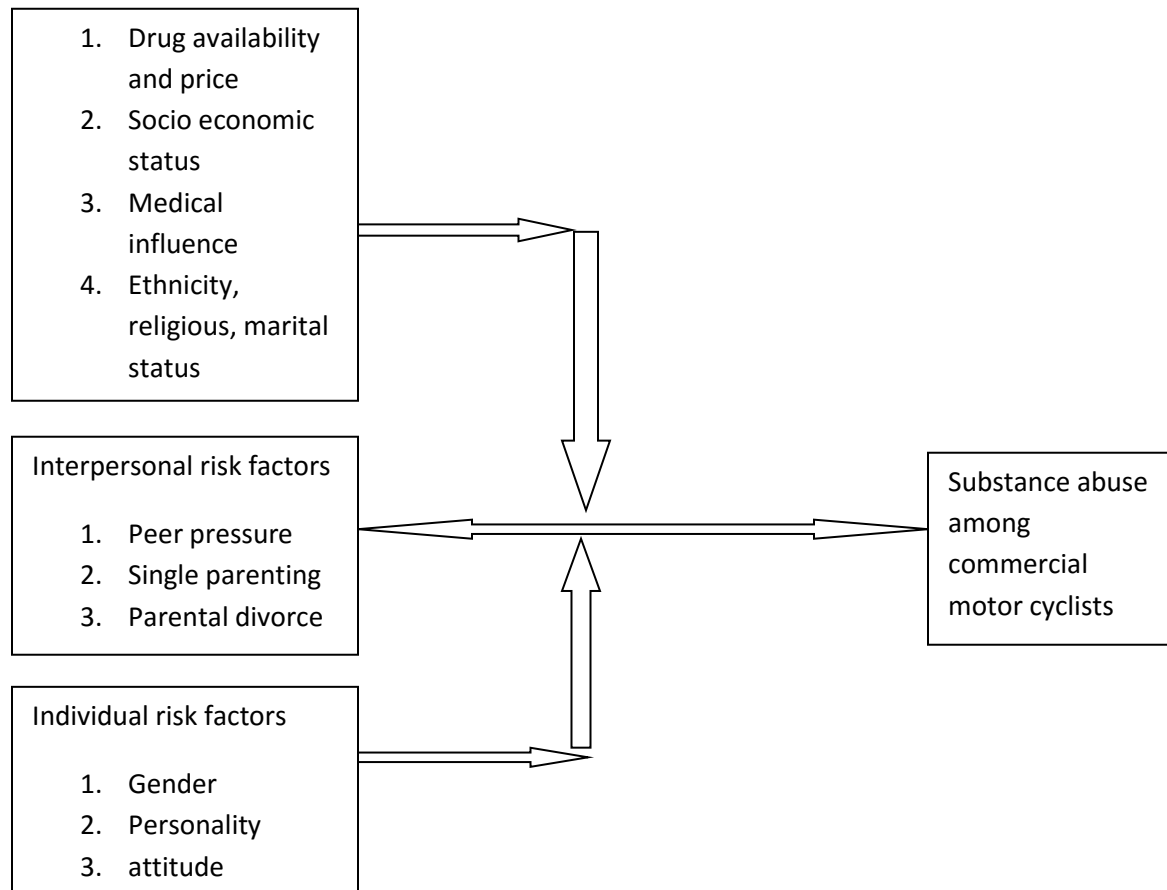
The core concepts of this theory can be explained by Bandura's schematization of triadic reciprocal causation in his book chapter, The schema shows how the reproduction of an observed behavior is influenced by the interaction of the following three determinants:

- 1) Personal: Whether the individual has high or low self-efficacy toward the behavior (i.e Get the learner to believe in his or her personal abilities to correctly complete a behavior).
- 2) Behavioral: The response an individual receives after they perform a behavior (i.e Provide chance for the learner to experience successful learning as a result of performing the behavior correctly).
- 3) Environmental: Aspect of the environment or setting that influence the individual's ability to successfully complete a behavior (i.e Make environmental conditions conducive for improved self-efficacy by providing appropriate support and materials). It is important to note that learning can occur without a change in behavior. According to J.E Ormrod's general principles of social learning. While a visible change in behavior is the most common proof of learning, it is not absolutely necessary. Social learning theorists say that because people can learn through observation alone. Their learning may not necessarily be shown in their performance.

Application of the Theory to the Study

This study was guided by social cognitive theory by Albert Bandura (1986), where by behavior is determined by the persons thought processes, the environment and behavior itself, where in this case, were the commercial motorcyclist within the Ogbomoso metropolis. This means that individuals determine their own behavior while being influenced by the environmental factors

and their own behavior, For example, a motorcyclist who believes that taking a substance like cigarettes, alcohol etc., will make him more attractive, strong, recognized and even more interesting to be around with.



In the framework above, causes of drug abuse can be attributed to structural risk factor, interpersonal risk factors and individual risk factors. These make up the independent variables.

Structural Risk Factors for Substance Use

Factor considered as being outside an individual's control can be labeled as structural risk factors or macro-environment factors. They are; Drug availability and price, Socioeconomic status, environment, deprived neighbourhood, Media influences and societal substance use attitudes.

Interpersonal Risk Factors for Substance Use

Factors considered to be related to the individual's social situation, such as relationship with friends and family or other close relations, can be addressed as interpersonal risk factors.

Example of risk factor associated with the individual's family is adverse childhood experiences, mostly due to a destructive and negative family environment (Barrett, & Turner 2005; Lynskey et al, 2002). Further examples of negative family interactions, associated with substance use, include low parent discipline (King & Chassin, 2004), family cohesion (Hoffman, & Cerbone,

2002) and deficient parents monitoring (e.g Case & Haines 2003; Homovich, Lac, & Crano, 2011; Stattin, & Kerr 2000).

Individual Risk Factors for Substance Use

Factors that are specifically related to the individual and to a extent influenced by environmental factors can be considered as personal or individual risk factors. From a developmental perspective, studies have shown that individual risk factors, such as personality traits attitudes and gender, have a higher impact during late adolescence while family factors have higher impact during childhood and early adolescence (Winters & Lee, 2008).

Hypothesis

1. There is no significant difference between single and married commercial cyclists in Ogbomoso on the factors influencing substance abuse.
2. There is no significant difference among commercial cyclist from different religious background on the factors influencing substance abuse
3. There is no significant difference among commercial cyclists from different ethnicity background on the factors influencing substance abuse

METHODOLOGY

Research Design

This study utilized a descriptive cross-sectional survey to examine the factors influencing substance abuse in Ogbomoso metropolis. This design was adopted for the study as the researcher only use research instrument to describe the variables as occurred in the study. None of the variable was manipulated.

Study Population

The study was carried out among selected registered commercial motorcyclist in Ogbomoso community of Oyo State, Nigeria.

Study setting

The study was carried out in the community of Ogbomoso. Ogbomoso is a city in Oyo State, southwestern Nigeria. It was founded in the mid-17th century. The population was approximately 645,000 in 1991; by March 2005, it was estimated at around 1,200, 000 (CENSUS, 2006) It is located between Oyo and Ilorin which are only thirty miles to the north and south, It has five local government areas which are Ogbomoso North, Ogbomoso South, Orire, Ogo Oluwa and Surulere local government. Ogbomoso has two degree-granting institution of higher learning Ladoke Akintola University is named for the illustrious Ogbomosho son and Premier of the old Western Nigeria, Samuel Lakode Akintola. It awards degrees in science, engineering, technology and medicine.

The Baptist Seminary, one of the oldest institutions of higher learning in Nigeria, offers degrees programs in theology, sociology and philosophy. The Seminary serves the Baptist Church in Nigeria. The Nigerian Baptist Convention, which also has its headquarters in Ogbomosho. Majority of the people in the city are Yoruba –speaking however it is home to people from

different ethnic groups, many of whom were attracted to the town by the educational, medical, commercial, farming and other activities Commercial motor cycles constitute a major source of transportation in the city.

Sample Size

The list of registered commercial motor cyclists was used to calculate sample size using Yamane's formula for calculating sample size (Yomane, 1962).

$$n = N / 1 + N (e)^2$$

Where n= Sample size,

N= 382 which is the total number of registered commercial motorcyclists in Ogbomoso Metropolis.

e = the acceptable sampling error (For this study, 5% is chosen (0.05) at confidence level of 95%.

$n = 382 / 1 + 382(0.05)^2$ $n = 382 / 1 + 382 (0.0025)$ $n = 382 / 1.955$, $n = 195.39642$, $n = 195$ for the purpose of attrition rate 12 respondents were added making up of 207.

Sampling Technique

The sampling technique adopted for the study was multistage, which included the clustering of all Okada parks in Ogbomoso amounted to 20 major ones. All the parks were numbered 1 to 20 in a small piece of paper, from which 10 were picked randomly through balloting.

Since the motorcyclists were registered proportionate number of 21 was picked from each 10 packs through the registered. But only 200 respondents returned the questionnaires.

Sampling Criteria

Inclusion criteria

Only registered motorcyclists in Ogbomoso metropolis, who indicated that they use certain substance participated in the study.

Exclusion criteria

Those motorcyclists that were not registered and those that were not using substances were not included in the study

Study Instruments

Respondents were interviewed using factors Influencing Substance Abuse Questionnaire (FISA), a pre-tested, interviewer –administered, structured questionnaire designed by the researcher. The instrument contains four sections: section A contains socio-demographic characteristics of the respondents, Section B contains substance abuse knowledge scale, Section C contains questions on frequency of substance abuse.

The study instrument was translated into Yoruba speaking psychiatrist and a Yoruba linguist. Precise idiomatic equivalents were employed as much as possible. The back translations, which was performed independently by another psychiatrist and linguist was compared with the original translation and confirmed to be satisfactory before use.

Validity Reliability of the Instrument

For validity, the questionnaire was subjected to close scrutiny and reviewed by supervisor. The questionnaires drawn were examined to ensure that they fulfill the objective of the study. In order to examine the reliability of the instrument, a test retest was carried out.

Data Collection

Four trained research assistants, who are Registered Nurses, fluent in both Yoruba and English languages helped in administering the questionnaire to the sample population under the supervision of the study candidate. Informed consent was taken from the participants after the aims and objectives of the study and been explained to them. For literate participants, the questionnaire were given to them for self-completion and for the non-literate participants; the interviewers read the question and record their answers.

Ethical Consideration

An introductory letter was obtained from the HOD, Nursing Department to the ADNS of Lautech Teaching Hospital Ogbomoso. Consent was taken from the chairman of the Amalgamated Commercial Motor-cycle Riders Association of Nigeria (ACOMORAN), Ogbomoso branch. Consent was obtained from the respondents after the purpose of the study had been explained to them. The respondents were assured of confidentiality and security of data. They were also assured that they can decline participation in the research without any prejudice, before questionnaires were administered.

Method of Data Analysis

The research question were answered using descriptive analysis of frequency, percentage, graphs and tables while the hypotheses were tested using student t-test and ANOVA with the statistical package for social sciences version 20 (SPSS).

RESULTS

Table 1 Socio- Demographic Characteristics of the Respondents

Variable	N=200	Percentage (%)
Age range (year)		
15-24	48	24.0
25-34	65	32.5
35-44	78	39.0
45-54	6	3.0
55 & above	3	1.5
Marital status		
Married	125	62.5

Single	61	30.5
Divorced	4	2.0
Widowed	10	5.0
Educational qualification		
No formal education	41	20.5
Primary education	38	55.5
Secondary education	105	1.5
Tertiary education	16	
Religion		
Christianity	86	43.0
Islam	111	55.5
Traditional	3	1.5
Others	0	0.0
Tribe		
Yoruba	187	93.5
Igbo	5	2.5
Hausa	7	3.5
Other	1	0.5
Commercial motorcycling Experience (year)		
1-5	86	43.0
6-10	64	32.0
11-15	43	21.5
16-20	7	3.5
Motorcycle ownership		
Self-owned	72	36
Hired purchase	102	51
Rented	26	13

Table 1 shows the socio –demographic characteristics of the respondents. Two hundred respondents were recruited for the study with the mean age of 37.6 years (S.D= 1.2). Most of respondents were less than 45 years old and 62.5% were married. Majority of the respondents (52.5%) had secondary education. Most respondents (93.5) were Yoruba and 55.3% were Muslims. Most of them 51% got their motorcycles through hired purchase and majority 64% had been riding motorcycle for more than 5 years.

Research question1: what is the knowledge of the respondents?

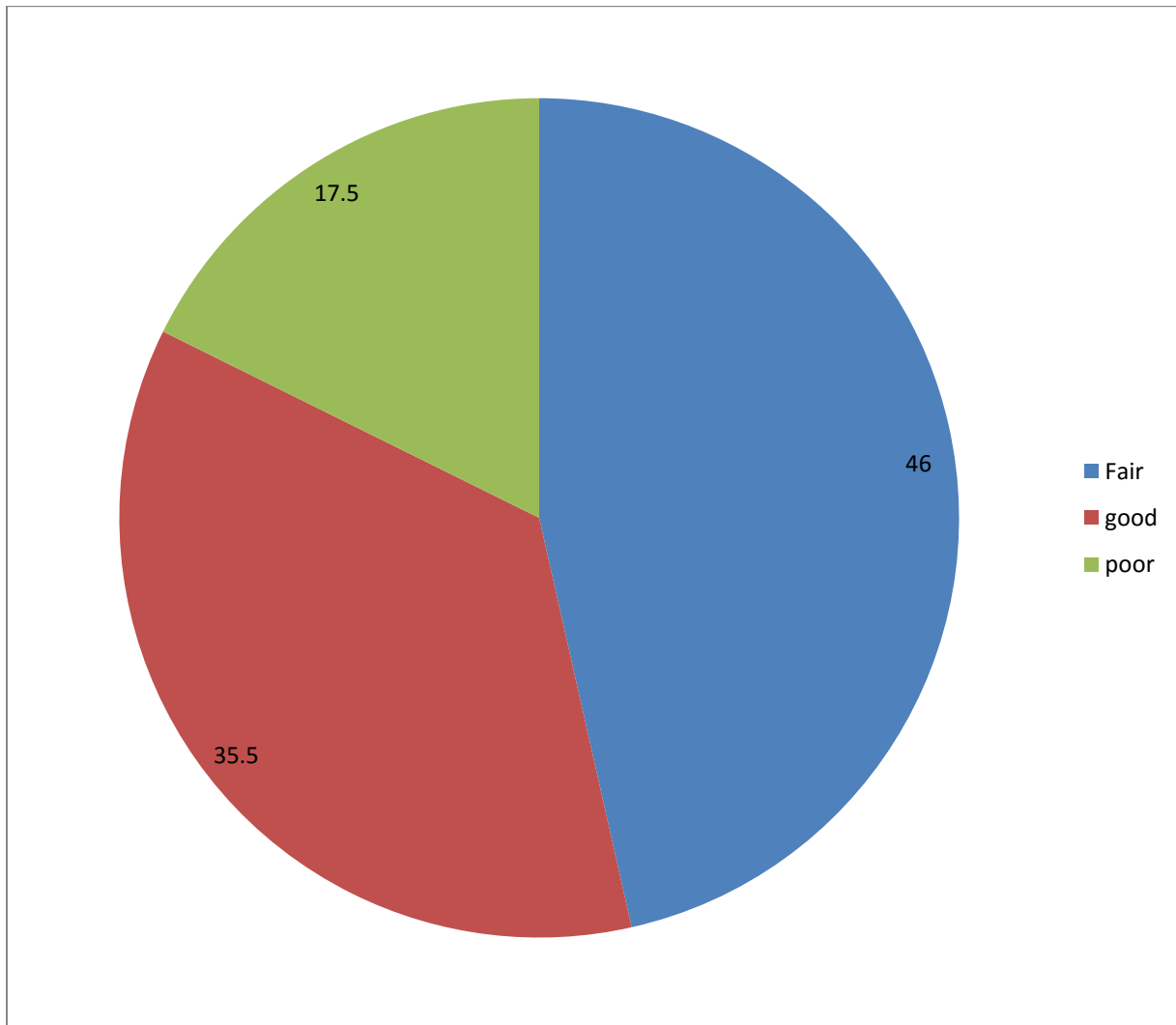


FIGURE 1: RESPONDENTS KNOWLEDGE ABOUT SUBSTANCE ABUSE

In answering research question one figure 1 showed that majority of the respondents 46% had fair knowledge about substance abuse, 36.5% had poor knowledge while only 17.5% had good knowledge about substance abuse. This showed that they have knowledge about substance abuse but the knowledge was shallow.

Table 2: Association between Socio-Demographic Characteristics of the Respondents and their Knowledge about Substance Abuse

Variable	Good Knowledge	Fair knowledge	poor knowledge	X ²	Df	P- value		
Age range (years)								
15-24	10.4		50	39.6	16.320	1	0.012	
25-34	16.9		69.2	13.9				
35-44	21.8		24.4	52.8				
45-54	33.3		33.4	33.3				
54 and above	0		66.7	33.3				
Marital status								
Married	13.6		44	42.4	7.309		4	0.120
Single	19.7		52.5	27.8				
Divorced	50.0		50.0	0.0				
Widowed	40.0		30.0	30.0				
Educational Qualification								
No formal Education	17.1		48.8	34.1	0.275		1	0.001
Primary education	13.2		34.2	52.6				
Secondary education	21.0		46.7	32.3				
Tertiary Education	6.3		62.5	31.2				
Religion								
Christianity	11.6		36.0	52.4	22.916		4	0.132
Islam	22.5		54.1	23.4				
Traditional	0.0		33.3	66.7				
Others	0.0		0.0	0.0				
Tribe								
Yoruba	14.4		47.6	38.0	13.586		3	0.400
Igbo	40.0		40.0	20.0				
Hausa	85.7		14.3	0.0				
Others	0.0		0.0	1.0				
Commercial Motorcycling Experience (years)								
1-5	20.9		54.7	24.4	0.894		3	0.032
6-10	17.2		43.8	39.0				
11-15	11.6		27.9	60.5				
16-20	14.3		71.4	14.3				
Motorcycle Ownership								
Self owned	6.9		27.8	65.3	2.992		3	0.393
Hired purchased	25.5		59.8	14.7				
Rented	15.4		42.3	42.3				

Table 2 above shows the association between socio-demographic characteristics of the respondents and their knowledge of substance abuse. The findings revealed that the following variables are significant: Age ($X^2 = 16.320$, $df=1$, $P=0.012$), Educational status ($X^2 = 0.0894$, $df=3$, $P=0.032$)

Research question 2: What are the reasons for substance abuse among respondents?

Table 3: Reasons for Substance Abuse

Variable	SA(%)	A(%)	N(%)	D(%)	SD(%)
Increased Energy	42(21)	33(16.5)	54(27)	28(14)	43(21.5)
Enhanced sleep	37(18.5)	62(31)	33(16.5)	38(19)	30(15)
Alleviate distress	35(17.5)	44(22)	29(14.5)	57(28.5)	35(17.5)
Recreational purposes	33(16.5)	47(23.5)	38(19)	42(21)	40(20)
Increase Appetite	42(21)	38(19)	44(22)	40(20)	36(18)
It is Affordable	54(27)	39(19.5)	37(18.5)	28(14)	42(21)
Think more Clearly	60(30)	39(19.5)	37(18.5)	43(21.5)	20(10)
Medial influence	43(21.5)	54(27)	33(16.5)	42(21)	28(14)
Peer pressure	40(20)	42(21)	38(19)	47(23.5)	33(16.5)
Family Problem	44(22)	35(17.5)	35(17.5)	29(14.5)	57(28.5)
Adverse life Event	20(10)	43(21.5)	60(30)	38(19)	39(18.5)
Easily available	62(31)	37(18.5)	38(19)	33(16.5)	30(15)

In answering question 2, table 3 showed that majority (21%) strongly agreed while 16.5% agreed that people take substance abuse because it increases energy, 18.5% strongly agreed while 31% agreed that it enhances sleep. Further, 31% strongly agreed while 18.5% agreed that the availability of drugs had resulted to more motorcyclists using drugs. The study also shows that 41% agreed that peer influence had led them to substance abuse.

Research question 3: What are the major factors influencing substance abuse among respondents?

Table 4: Mean of the factors influencing substance abuse among okada riders

S/N	FACTORS	MEAN
1	Increase energy	13.31
2	enhanced sleep	13.42
3	Alleviated distress	13.39
4	Increased appetite	13.78
5.	Recreational purposes	14.35
6	Affordability	14.22
7	Thinks more clearly	13.17
8	Medical influence	13.27
9	Peer pressure	14.50
10	Family problem	13.05
11	Adverse life events	12.52
12	Easily available	13.90

In answering research question 3, table 4 above showed that the mean of the factors influencing substance abuse among the commercial motor cyclists. According to the respondents, the major factor influencing substance abuse is Peer factor with a mean of 14.50. the second major factor is recreational purposes with a mean of 14.35 while the third factor is affordability with a mean of 14.22.

Hypothesis Testing

Hypothesis 1 states that “there is no significant difference between single and married commercial cyclists in Ogbomoso on the factors influencing substance abuse

Table 5: Mean standard deviation and t-value of married and single commercial motorcyclists on factors influencing substance abuse.

Marital Status	X	Mean	SD	Df	Calculated Value	critical value
Married	125	68.83	9.24	2	10.73	1.96
Single	61	52.32	6.57		1.18	

In testing hypothesis 1, table 5 indicates that the calculated t- value is 10.73 while the critical value is 1.96. this shows that there is significant difference between married and singles on factors influencing substance abuse. Based on this result the hypothesis 1 was rejected. Therefore the directional hypothesis which would have stated that there is significant difference between single and married commercial cyclists on factors influencing substance abuse would be accepted.

Hypothesis 2 states that “there is no significant difference among commercial cyclists from different religious background on the factors influencing substance abuse”

Table 6: Analysis of variance(ANOVA) of commercial motorcyclists from different religious background on factors influencing substance abuse

Source of variance	sum of square	Df	Mean square	Cal.F value	Critical value	F
Between Groups	121.2480	1.32	32.0712	1.64	3.00	
Within Groups	7122.1318	0.32	22.4400			
Corrected total	7243.3798					

In testing the hypothesis 2, table 6 showed that the calculated F-ratio is 1.64 while the critical F-ratio is 3.00. Since the calculated f ratio is less than the critical f- ratio, it means there is no significant difference among the commercial motorcyclists on factors influencing substance abuse on religious basis. Therefore the null hypothesis remained accepted.

Hypothesis 3, states that there is no significant difference among commercial motorcyclists from different ethnic background on the factors influencing substance abuse.

Table 7: Analysis of variance (ANOVA) of commercial motorcyclists from different ethnic background on factors influencing substance abuse.

Source of variance	sum of F square	Df	Mean square	Cal.F value	Critical value
Between Groups	101.2430	2.14	31.0662	2.14	3.25
Within Groups	5102.1412	1.10	18.2400		
Corrected total	5203.3842				

In testing the hypothesis 3, table 7 showed that the calculated F-ratio is 2.14 while the critical F- ratio is 3.35. Since the calculated f ratio is less than the critical f- ratio, it means there is no significant difference among the commercial motorcyclists on factors influencing substance abuse on ethnicity basis; hence the null hypothesis was accepted.

DISCUSSION OF FINDING CONCLUSION AND RECOMMENDATIONS

Introduction

This section of the research provides summary of the findings, the conclusion and the recommendations of the study sought to establish the factors contributing to substance abuse among commercial motorcyclists in Ogbomoso Metropolis, Oyo State.

Discussion of findings

Table 4.1 shows the summary of personal and occupational characteristics of respondents. It was found that commercial motorcycling was entirely male-dominated, with no female participation at all. This further confirms the male domination of public transportation activities in Nigeria as found in similar studies including Fasak in (2010) and Amoran et al. (2012). Majority (about 56.5%) were between 15 and 34 year of age, while about 3% were above were 55 years. It is however noteworthy that under-aged person were engaged in commercial motorcycling, as about 11% of respondents were less than 16 years of age. This signals serious implications for their education and future development. The preponderance of illiteracy association with rural people became apparent as close to one-third (20.5%) of respondents had no formal education; even though about 71.5% had primary and secondary education. The participation of persons with relatively high education status could be attributable to rising graduate unemployment in Nigerian. However, with the mean years of formal education being 5.7 is a further testimony of the preponderance of illiteracy among the commercial motorcyclists.

About 62.5% of respondents were married while 30.5% were single (never married).

Two-third 64%) of respondents did not enjoy full ownership of the motorcycles they worked with meaning that they either worked as hired hands to “deliver” money to the owners’ at the end of working hours or were part-owners of the motorcycles by paying for the cost on installment basis. Mean commercial motorcycling experience was about eight years, while 43% had between 1-5 years working experience. About 25% have worked as commercial motorcyclists for more than 10 years. These perhaps imply that the respondents were relatively well –experienced in commercial motorcycling.

Knowledge about substance abuse

Majority of the respondents (46%) had a fair knowledge about substance abuse, 36.5% had a poor knowledge of substance abuse while only 17.5% had good knowledge about substance abuse. This is in line with the findings from the studies of Makanjuola et al. (2009) and Kabir et al. (2011). This may be due to their low level of education as they have limited access to information.

The study also reveals that age ($X^2=16.320$, $df=1$, $P\text{-value}=0.001$). educational status ($X^2=0.275$, $df=1$, $Value=0.01$ and motorcycling experience ($X^2=0.894$, $df=3$, $P\text{-value}=0.032$) are significant with their level of knowledge about substance abuse. This is congruent with the findings of substance abuse and its complication to be given to motorcyclist periodically at the parks by the health workers.

Frequency of use of intoxicants

The study found out that, a majority of the commercial motorcyclists were taking palm wine, cigarettes, marijuana and alcohol. This could be due to the drugs being easily available and commonly used in the society, and the users also being accepted by their community. Drugs such as cigarettes and alcohol are even advertised on national television and radio channels while marijuana passes on as a drug that enhances certain positive qualities to the user. Cigarettes, alcohol and marijuana were also revealed as the most commonly used drugs among the drug users. Other drugs like local gin, herbal gin mixture and local corn brews are also used. This is also used in line with the findings of Amoran et al. (2012) from similar studies.

Reason for substance abuse among the commercial motorcyclists

The study attempted to determine the factors that drive commercial motorcyclists to use drugs. The study revealed that many factors were identified by the respondents as contributing to drug use. However, three major factors can be identified from the study.

Firstly, most of the drugs abused by the commercial motorcyclists were eerily available. This especially so far the common drugs, that is, cigarettes, alcohol and marijuana. Secondly, these drugs are affordable. Thirdly, use of drugs can be due to the personality and social factors of the feel like a hero contributed to drug abuse. Frustration, stress and lack of self control and fear of failure were personality disorders that led to drug abuse. The users were easily influenced by the media.

CONCLUSIONS

The purpose of the study was to establish the factors contributing to drug use among commercial motorcyclists in Ogbomoso metropolis in Oyo State. From the findings of the study the researcher would like to make the following conclusions; the finding show the complexity of the drugs and substance use problem amongst the commercial motorcyclists. As Mwenesi (1996) and NACADA (2004) noted, the drugs and substance industry is a booming business which has varied players ranging from powerful politically correct drug barons to the village peddlers. The study noted that, given the amount of monies which drugs fetch, the sellers use innovative tactics to ensure that the youth access drugs despite stringent measures taken to curb drugs and substance use in the country. Based on the result obtained, it emerges that majority of the respondents are youths who fall in the 25-44 age bracket, were found to have a high likelihood of using drugs and substances. The findings are in line with studies by Johnson et al, (2013); Lang, (2011) and Callen (2008) which found that age did determine whether a person would indulge in drugs and substance or not. These studies found that youth were more likely to indulge in drugs and substances.

The finding also shows that if the friends of the cyclists are users of drugs and substances he was more likely to indulge in the same. This is in agreement with NACADA, (2010) which found that friends and need for identify and sense of belonging to a group led many young people to indulge in drugs and substances. It emerges that the socio-economic factors have a large contribution towards drugs and substance use by students. Family set up came out as one of the aspects of society which contributes to whether people will use drugs and substances.

Another factor that was identified by the respondents was socialization. Socialization includes family relations, type of friends, peer pressure and the issue of identity. Economic factors identified include; money at their disposal and affordability of the drugs and substances. Demographic, Social, behavioral and individual risk factors have been found to lead to people using substances and drugs. While the presence of these factors does not guarantee that motorcyclists will use drugs and substances, it does make them more susceptible.

IMPLICATION OF MENTAL HEALTH NURSING PROCEDURE

Recognizing the role of commercial motorcyclists in the socioeconomic activities or rural communities in Nigeria and the increasing rate of motorcycle accidents, the study addressed the factors influencing substance abuse among commercial motorcyclists. It could be concluded from the finding that commercial motorcycling in the study area was exclusively carried out by males most of whom were lowly educated, Married used rented motorcycles, relatively large families. Majority of the commercial motorcyclists used intoxicant and most commonly used were locally brewed alcohol, Based on the findings this study the following recommendations are hereby proffered;

Commercial motorcyclists should be constantly and properly counseled on the dangers of the use of intoxicants, especially when on duty, before or even after work through seminars and workshops organized at various accessible rural locations. The workshops/seminars should be organized in conjunction with recognized commercial motorcyclists associations in languages understood by the commercial motorcyclists.

The enforcement of road traffic laws prohibiting underage persons from operating vehicles and use of intoxicants while operating vehicles should be strengthened through provision of equipment for testing alcohol consumption levels, and meting appropriate punishment to offenders. This should be preceded by well target mass media campaigns to discourage the use of intoxicants among the commercial motorcyclists.

The media also needs to be actively involved in strategies aimed at curbing use among young people. The media needs to stop portraying the picture that being involved in drugs use is normal and that, selling drugs and substances will lead to one being a success in the society. Government should put in place severe disciplinary measure on anybody who use these drugs. There should be a clear policy on how to deal with drugs use among the commercial motorcyclists.

LIMITATION OF THE STUDY

In spite of the potent results obtained in this study, the study has some vital limitation. The limited number of participants and the areas where they are selected may not allow for extensive generalization of the study. Also many other factors responsible for substance use and abuse were not mentioned, such as environmental and social factors. All these are suggestions for future researchers to assess. However, the findings obtained in this study are interesting and with relevant implication for future

studies in the field.

RECOMMENDATIONS FOR FURTHER RESEARCH

The study recommends that, further research should be conducted on effects of substance abuse among the commercial motorcyclists.

REFERENC

- Akande,D.A(2009).Preparation of Guidance Counsellors for Basic Education in Africa, Education Community,February Issue: 23-37
- Altar, H.(2011). Drug use in rural fifth and sixth graders. Kansas: Fort Hays State University (ERIC Document Reproduction Service No. ED 339-955).
- American Cancer Society (2009). Relative effectiveness of comprehensive community Programming for drug abuse prevention with high-risk and low-risk adolescents, Journal of consulting and clinical Psychology, 58(4): 447-456.
- Amoren B.K, Bratter, T, Kolodny, R.C.& Deep, C. (2012) Surviving Your Adolescence. Boston: Little Brown.
- APA (2011): A Study of factors contributing to drugs abuse in selected public secondary Schools in Miriga Meru Imenti North, Unpublished thesis MA University of Nairrobi, Kenya
- Bagley, M.F. (2010). Alcohol use and abuse in a rural school. Paper presented at the Annual Convention of the National Rural Education Association, Jackson, M.S. (ERIC Document Reproduction Service No.339-580).
- Bandura, A. (1986). Social Learning Theory. New York: General Learning Press.
- Bonne S. (2011) Counselling Kenyan heroin users: cross- cultural motivation? Journal of Health Education, 101 (2):69-73
- Celen, M.R.(2008) Substance Abuse in Rural Women, Nursing connections ,11(2):33-45
- Compton, D.L., Caldwell,L.,Smith, E., Wegner, L., Vergnani, T., Mpofu E.....Mathews,C. (2014) Health Wise South Africa: Development of a life skills curriculum for young adults. World Leisure,3:4-17
- Degenhardt,R. & Hall, A. (2012) Drug Use, Smoking and Drinking by Young People in England in 2011. London: Office for National Statistics.
- Degenhart,M,F, & Hall,N.L.(2012). Attitudes toward Alcohol Use and Abuse in A Rural School. Paper Presented at the annual meeting of the southwest Educational Research Association,Houston, TX (ERIC Document Reproduction Service No.ED 341-001)
- European Monitoring center for drug and drug addiction (EMCDDA) (2011) A Review of literature on Drugs Use in Sub-Saheran Africa Countries and
- European School Survey Project on Alcohol and other Drugs (ESPAD), (2007) Trends Young People and Illegal Drugs. Attitudes to and experience of illegal drugs 1987-2004. Exeter: School Health Education Unit.
- Gmel, W.B., Kuntshe S., & Rehim,A.(2011).”School-Based Substance Abuse Prevention: A Review of the State of the art in Curriculum, 1980-1990.” Health Education Research: Theory and Practice,7(6) 403-430.

- Griffiu,K.& Botwon,B. (2010). Teens drug and use patterns reviewed. *Journal of Child and Adolescent Psychotherapy*, 2(4): 303-304.
- Henriksson, T.& Leifman, A.(2011). *The causes of Delinquency*. Berkeley: The University of California Press.
- Humpus, O., Anthony,P. Jurich et al., (2008) “Family Factors in the lives of Drug Users and Abusers” *Its Economic and Social Implications, Substance Use & Misuse*, 34 (3): 443-454
- Johnson,A., Botvin, G.J.; Griffin, K. W.; Diaz, T.; Scheier, L. M., (2013). “Preventing Illicit Drug Use in Adolescents: Long-Term Follow-Up Data from a Randomized Control Trial of a School Population.” *Addictive Behaviours* 5:769-774.
- Kabir .K, Kandel, D.B., Kessler, R.C.,& Margulies, R.Z.(2011). Antecedents of Adolescent Initiation into Stages of Drug Use: A Development Analysis. *Journal of the Youth and Adolescence*,(4)27; 13-40.
- Kabir,J.E. & Makinde, R. (2010). Struture of problems behaviour in adolescence and young adulthood, *Journal of Consulting and Clinical Psychology*, 53, 890-904
- Kings, E.J & Chassin, D.G., (2014), Systematic review of the role of external contributors in school Substance use education, *Health Education*, 107(1): 42-62
- Lang, G. J. (2011). “Preventing Drug Abuse in Schools: Social and competence Enhancement Approaches Targeting Individuals-Level Etiological Factors.” *Addictive Behaviours*, 25 (2):887-897.
- Macleod, J. D., Hickman, M. W. & Smith, R. F. (2010) *Preventing Substance Abuse, Crime and Justice*, 19(5):343-427
- Makanjuola A.R., Kwamanga, D. H. O., Odhiambo, J .A. & E.I. Amukoye, (2009). Prevalence and Risk Factors of Smoking Among Secondary School Students in Nigeria, *East Africa Medical Journal*, 80(4) 207-12
- Moore, B.,Goddard, W. and Lee, T.R. (2007): Developing Family Relationship Skills to prevent substance Among the High Risk Youth, *Family Relations*, 38(3):78-82
- Morakinyo, A.A, Akinboade, O.A. &Mokwena, M.P. (2010). The Problem And Awareness of Liquor Abuse In South Africa, *International Journal of Social Economics*, 37(1):54-74
- NACADA (2008). *Parents Alcohol Consumption Behaviors and Their Children’s Alcohol Abuse: Evidence From Secondary School Students in Nairobi*, Nairobi: NACADA.
- NACADA (2010). *Teens Drug Use: Impacts and Outcomes*. (ERIC Documents Reproduction Service No. ED333-317).
- Odejide, A.O. (2006). Status of Drugs Use/Abuse in Africa: A Review, *Journal International Journal of Mental Health and Addiction*, 4(2): 87-102
- Olateru, M. O. & Odejide, A. O. (2010). Prevalence of Drug Taking Among Secondary School Students: A Pilot Study. In: *Proceeding of the Workshop On Alcoholism And Drugs Addiction in Africa Held in Nairobi, Kenya*.
- Palmer, R., Botwin, G. J.; Baker, E., Dusenbury, L., Botvin, E. M. & Diaz, T. (2009). “Long Term Follow-Up Results of a Randomized Drugs Abuse Prevention Trial in a White Middle- Class Population.” *Journal of the American Association*, 273: 1106-1112.
- Rehm, H.I, Amayo, G.N., & Wangai, T. (2009). Towards Tobacco Free World Through Health Services, Paper No 193 Presented at WHO Tobacco- Free Day Celebration, Nairobi.
- Sabey, G., Andrews, J., Smolkowski, K., Hops, H., Tildesley, E., Ary, D., & Harris, J. (2007). Adolescent Substance use and academic achievement and motivation. Paper presented at the Annual Convention of the America Psychological Association, San Francisco, CA

(ERIC Document Reproduction Service No. ED 337-733).

Skara, G.L. & Amos, T.C. (2008) Substance Abuse: Information for School counselors, social workers Therapists and counselors. 2nd edition, Needham Heights.

Stenback, R.L., & Stattin, M.C. (2007) Initial drug abuse: A review of predisposing social psychological factors. *Psychological Bulletin*, 109(6)120-137.

Svensson, V. (2007). Opium and the people. Opiate use and drug control policy in nineteenth Century and early twentieth century England. Free Association Press, London.

Teo, M., Githinji, J. & Njoroge, S. eds, (2009). The Church Speaks Against Drugs. The effects Of drugs on your body. Access code Communication: Nairobi.

WHO (2008). Alcohol and other drug use among medical students in 26 European countries. The European schools project on alcohol and other drugs, (ESPAD) study (Stockholm, Council of Europe).

WHO (2010) Programme on Substance Abuse, Preventing Substance Abuse in Families: A World Health Organization Position Paper, Geneva.

Zickler, M.E. (2008) Social Science Research; Conception, Methodology and Analysis: Makerere University Printery Kampala.