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**Topic: The Club Culture impact on substance abuse in Lagos State,
South-West Nigeria**

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ABSTRACT

Student: Komi Leesi Saturday MD

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Nigeria**

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ABSTRACT

Substance abuse is an ongoing global public health issue. The impact of negative club-culture practices based on various anecdotal evidences are very disturbing and a cause of concern for public health safety and stability. In order to understand the depth of the impact of negative club-culture practices, several theoretical perspectives were explored and utilized and recommendations and strategies on how to contain and reduce this situation to its barest minimum were identified. The study was conducted in Lagos state, south-west, Nigeria. There were a total of 23 participants which included 15 males within the ages of 22-34 years and 8 females within the ages of 19 to 28 years. In this study, both qualitative and quantitative research methods were employed. For qualitative research, data were collected via semi-structured interviews and observations. Quantitative research data were collected via questionnaires which were sent to all participants of the research through their electronic mail addresses.

All audio-taped data from the study were analyzed using thematic data analysis. The study found that the main substances abused by the participants are cannabis, tobacco and alcohol. Their reasons for using these substances were due to social, individual and environmental factors. A conspicuous recurring decimal which encouraged the use of these substances was their availability. The substances were easily purchased and used at night clubs, pubs and kiosks around the clubs. Negative night club practices such as the sale, use and protection of people who sell or use substances was identified as one of the primary factors for substance abuse in the state. The consequences which stems from these club practices have both social, health and economic effects which affects the generality of the state and not just the individuals involved. The study highlights the negative substance abuse tripod of consequences(health, social and economic) and how negative night club practices fuels this ongoing public health issue. It went further to enumerate recommendations and strategies on how to contain substance abuse

and reduce it to the barest minimum in the state. Conclusively, the study recommends a convergence of efforts from various levels (family, state, religious and corporate organization), stakeholders and partners in containing and reducing substance abuse in Lagos state to the barest minimum.

Key words: *(Substance abuse, night club, cannabis, availability and drug abuse)*

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INTRODUCTION

Drug abuse is an ongoing global public health issue. According to the most recent data from the United Nations Office on Drugs and Crime (UNODC), after their meeting held on the 24th of June 2021 in Vienna, Austria, it was estimated that around 275 million people use illegal drugs globally (John Elflein, 2021: Global drug use - Statistics & Facts). It was also reported that about 5.5 percent of global population within the ages of 15 and 64 years have used drugs at least once in 2020. ("UNODC World Drug Report 2021: pandemic effects ramp up drug risks, as youth underestimate cannabis dangers", 2022).

The data on substance abuse in Nigeria showed that out of the total population of 206.1 million (World Bank, 2020), about 14.3 million (6.94 %) use drugs while close to 3 million are suffering from various drug use disorders.

Lagos State, with a population of 15.3 million (World Population review, 2022) serves as home to many young people of Nigeria since it is the commercial industrial center of the country. A consultant Addiction Psychiatrist, Federal Neuro-Psychiatric Hospital, Yaba, Lagos, Dr. Olajumoke Koyejo stated that about 55 to 65% of patients admitted to their facility reported to abusing various substances (Vanguard Nigeria, 2021). Therefore, substance abuse is a serious concern in Nigeria, as it's prevalence has passed world level according to the above reports (UNODC, 2021; World Drug Report).

The most widely used substance is cannabis (WHO, 2021). However, tobacco and alcohol are also widely used because they are in excess and easily accessible. Many secondary Schools in Nigeria experience situations where males and some females smoke cigarette and cannabis on the premises of the school. In most cases, these students turned up to school with a hangover.

The abuse of substances among many young people is linked to many unhealthy cum risky behaviours. People who use drug often face negative economic, social, health and religious consequences. Young people, who are under the influence of

various substance, and peer pressure may experience sexual misconduct, rape, property destruction, violence, destructive agitations while also performing poorly in their studies.

Various demographic, economic and socio-cultural challenges ranging from poverty, domestic violence, youth restiveness and unemployment has drastically worsened and increased the level of substance abuse among young people in Nigeria (Eze et. al., 2019). Many young people see the consumption and abuse of substances as a compulsory prerequisite for becoming an adult (Matla and Madu, 2003).

Nightclubs and bars are recreational settings with extensive consumption of alcohol, where recreational drugs are available and used, often in addition to alcohol (Bellis et al., 2003; European Monitoring Center for Drugs and Drug Addiction [EMCDDA], 2015). Patrons may also be introduced to drug use in connection with nightclub visits (Bellis et al., 2003; O'Hagan & Smith, 2017; Van Havere et al., 2009). Nightclubs witness excessive alcohol and drug consumption because they act as spaces for “time-out” behaviour, thereby reducing social control and individual accountability, and allowing effortless social interaction with peers due to reduced cognition (Jorgenrud et. al., 2021). The most commonly used nightlife drugs are MDMA (ecstasy), cocaine, amphetamines, hallucinogens, ketamine, and gamma-hydroxybutyrate (Kelly et. al., 2006). Prior studies have shown that these drugs are more commonly used by visitors of electronic dance music clubs and nightclubs than by bar and pub guests (Jorgenrud et. al., 2021).

The grave consequences of the problems associated with substance abuse are a cause for concern for all Nigerians, including parents, teachers, the legislators, and club owners, community heads. Negative practices in some major clubs across the country and particularly Lagos State, has increased the rate of depression among young people. Therefore, government agencies such as the National Drug Law Enforcement Agency (NDLEA), and the general public needs to be more proactive with developing effective measures for public health protection and health promotion.

BACKGROUND TO THE RESEARCH PROBLEM

Lagos State is the epicenter of substance use in Nigeria according to Buba Marwa, Chairman of National Drug Law Enforcement Agency (NDLEA, 2021). The state borders the Republic of Benin on the West, one of Nigeria's busiest land borders. Smuggling, drug trafficking and other crime related activities has led to the closure of the border severally by the government. Due to high level of poverty, most young people are forced to go on the streets to beg or do menial jobs to fend for themselves. From this point, they get introduced to negative social lifestyles which involves substance abuse. This study was triggered by anecdotal evidence about incessant access and abuse of substances by residents of Lagos State, and Nigeria at large. The public health concern based on the anecdotal submissions of Lagos State citizens borders on the availability, accessibility and acceptability of prohibited substances, its traffickers and abusers at Night clubs and pubs in the city.

The club gives them access and cover to buy and use these substances in their premises' comfort. Mr. Imohimi Edgal, the Police Commissioner of Lagos State, made the following statement, "The ease with which our youths are getting access to drugs at clubs, lounges, beaches and so on is worrisome and our meeting here today is to send a very strong signal to operators that it is not going to be business as usual." (Premium Times Nigeria, 2017). This has led the National Drug law Enforcement agency to raid several clubs on suspicion and allegations that they have become drug markets (Punch Nigeria, 2022).

RATIONALE FOR THE STUDY

The main reasons for carrying out this study are the following; The intensity of substance abuse in Lagos State during the past 10 year in unprecedented in the history of the state and region (NDLEA, 2021). Drugs are now hawked and sold in every corner of the city, particularly at the night clubs. The "night club drug

peddling syndrome” (i.e the act of soliciting, selling and use of prohibited drugs in clubs) started gaining popularity due to wider subscription and acceptance of night life. Due to the stress and traffic in Lagos, the clubs became the favorite spot for people to relax and have “fun”.

There are about 234 registered “Night clubs in Lagos, Nigeria. The level of youths who uses various substances and have varying degree of side effects are alarming. It has led to increase in school drop-out rate, which ultimately leads to the scarcity of skilled labor in the work force. Economy will be affected as a by-product of work force stagnation. Poverty and criminality becomes infeasible. In this study, I will be investigating the availability and accessibility of prohibited substances at various clubs in Lagos State and its impact on their livelihood and that of the state.

Therefore, this study will help parents and government alike to understand one of the major source(night club) of drugs in Lagos State, and suggest proactive measures on how to tackle this criminality and public health crisis that is looming from the night clubs. It also exposes the lack of awareness on the subject matter of substance abuse and its dangers among the young people.

SIGNIFICANCE OF THIS STUDY

The findings of this study could be referred to as a source of epidemiological data on scientific researches which focuses on the trends of substance abuse in Lagos State and Nigeria at large. It will also provide empirical data of the impact of negative night club practices(selling and supporting drug users) on the livelihood of the people. Finally, it will provide practical empirical steps on how to reduce this public health concern to the barest minimum.

AIMS OF THE INVESTIGATION

The primary aims of this research is to :To analyse policies that regulate night club operation and explore how these have contributed to increase in substance use within those settings. This is targeted at uncovering Policies, state

agencies actions and in-actions which has aided this situation and providing empirical recommendations for abating it. The main object of this research are club owners, as their negative practices churns out various public health challenges such as substance-related harms, motor vehicle injury due to substance use etc. Investigate how drugs became so available and accessible in clubs with little or no opposition from relevant agencies. Investigate who benefits from this and how this situation could be overturned for the betterment of the state.

The central research question for this study is; Why are “hard” drugs easily accessible and used in Lagos Night clubs? The following are sub-questions that helped to unravel the central question; Which substances are mostly available and used in Night clubs? What societal, or ethno-religious factors contribute to substance abuse? What evidence based strategies could reverse this negative trend of events in night clubs and the state at large? What role could relevant state regulatory agencies take-up or reinforce to ensure the stamping out of “hard drug” sales at various clubs across the state and the country at large?

CHAPTER 1

LITERATURE REVIEW

INTRODUCTION

In this chapter, literature relating to club culture on substance abuse will be detailed and discussed. This literature review was used to identify the relevant theoretical and conceptual framework for defining the research problem, set the basis for this study, inspire new research directions, and to determine any research gaps or inconclusive areas in the body of research. Previous studies focused mainly on the motivation to use drugs and adverse effects associated with it in Nigeria and sub-Saharan Africa. Data collected from previous studies will be used to provide an understanding of various factors that could give a concrete direction towards identifying why and how drugs are easily accessible in clubs in Lagos State even with all the federal and state regulations in place.

This literature review will focus on the following areas; Main types of abused substances in clubs, prevalence of substance use and abuse in club, theoretical perspectives on the ongoing rise of substance use in clubs and its collateral effects on social, health and economic facets of life. The context of the study also covers socio-economic class of residents in the area where the study was conducted.

TYPES OF COMMONLY ABUSED DRUGS

Many young people abuse both legal and illegal substances in varying degrees. Legal substances are medically and socially acceptable psychoactive substances (De Miranda, 1987; Parry, 1998), and it also includes some over the counter and prescription medicines, such as pain relievers, tranquilizers (benzodiazepines), cough mixtures, particularly those containing codeine (Craig & Baucum, 2001; Conger, 1991; Rice, 1992). However, there are other agents such as Jet fuel,

alcoholic beverages and Nicotine containing substance. All contraband and Illegal substances are prohibited and the use, possession or trading of these substances constitute a criminal offence (De Miranda, 1987). These substances includes the following MDMA (3,4- Methylenedioxyamphetamine or “ecstasy”, cocaine powder, crack cocaine, heroin, ketamine, cannabis, fentanyl, morphine, methaqualone (Mandrax), opium, flunitrazipam (Rohypnol), Tramadol, methamphetamine and LSD or Lysergic acid diethylamide(Craig & Baucum, 2001; De Miranda, 1987; Parry, 1998).

It is been shown that people who visit clubs and parties of all kinds are more experienced with illegal drugs than other groups of young people who casually go out (Forsyth and Barnard, 1997; Measham et al, 2001; Yacoubian et al, 2003; McCaughan et al, 2005; Winstock et al, 2001; Hen et al 2006). In recent years, there has been increasing concern about the uncontrolled substance spread and abuse in the West African sub region with Nigeria being more vulnerable based on her population and border porosity. The use of psychoactive substances such as Nicotine, Marijuana, LSD , Cocaine etc, among adolescents and young adults has become a subject of public concern globally in view of the potentials to contribute to unintentional injury. Drug abuse and addiction has a universal phenomenon that extends across socioeconomic, cultural, religious and ethnic boundaries.

Despite the efforts of various tiers of Government in Nigeria and the National Drug Law Enforcement Agency [NDLEA] to stem the tide of drug abuse in the country there seems to be a consistent increase and a link with cases of cultism and violent disorders among Nigeria youths (Afolabi et al, 2012). Could the fact that the focus is on law enforcement as against public health approach contribute to inefficiency of these measures?

According to research on the association between night life and illegal drug and alcohol carried out by Havere et al (2011),alcohol was the most commonly

used party drug (91.5%) during the last year, while more than half of the respondents (51.8%) reported using an illegal drug. Cannabis (44.4%) was the most popular illegal substance, followed by MDMA (19.1%) and cocaine (17.1%), while the use of amphetamines was reported to a limited extent (10.0%) (Havere et al 2011). With respect to regular substance use, 63.9% of respondents consumed alcohol on a daily to weekly basis and 22.4% smoked cannabis with the same frequency (Havere et al 2011). As expected, stimulants were used less frequently: 5.9% reported regular MDMA use, 4.3% regular cocaine use, and 3.5% regular amphetamine use (Havere et al 2011).

Apart from alcohol abuse, Tramadol was the most commonly abused substance (Idowu et .al., 2018). This is in contrast to findings from some previous studies which had implicated cannabis as the most abused illicit drugs (Idowu et .al., 2018). Tramadol abuse is an emerging menace in Nigeria (Idowu et .al., 2018). This potent pain killer is abused for its euphoric actions by the youths thus leading to dependency and other associated consequences (Idowu et .al., 2018).

Studies propose several motivations for substance use : enhancement of performance and experimentation (Idowu et al, 2018 & Ogunsola et, al., 2015). Psycho-active substances tend to increase alertness, but mental concentration tend to be impaired in most instances (Idowu et .al., 2018). Also, positive correlation between substance abuse and good academic performance is yet to be documented in the medical literature (Idowu et al, 2018).

A survey of drug abuse amongst young people and students in Ife by Afolabi et al in 2012, shows that; most of the respondents were below 20 years of age and each one of them had used at least one substance as at the time of the survey. This indication of extent of substance use among youths supported by the report of a similar study by Eneh and Stanley (2004) on the incidence of substance use among high school students in Rivers State, Nigeria. The frequency of cocaine use by the students may be explained by their close proximity to a large university with its

diversity and sophistication. The finding that most of the students who used cigarette were in the age range of 15 to 19 years agrees with earlier findings of similar studies on the pattern of substance use among students in various parts of Nigeria (Eneh and Stanley, 2004; Shehu et al., 2008), thus suggesting risky behaviour among this demographic group.

A significant number of the respondents who used the psychoactive substances reported engaging in risky sexual behaviors and this corresponds with an earlier study (The Henry Kaiser family foundation, 2002). The earliest age of 13years at first exploration found in this study was in line with previous findings where the most frequent age at first exploration fell between 13 and 16years. Graham et al., (1999) observed that one of the most important phenomena observed during the period of adolescence is experimentation and this behaviour has been found to lead to trying out of new experiences such as drug and sex, sometimes with dire consequences for the adolescents, with a possibility of increased trend in the pattern of drug use as observed by Baron and Kashler (2008).

As found out in this study that most respondents obtained their drug supply from the open drug market, friends or itinerant hawkers agree with the fact that use of psychoactive substances in adolescence is usually a social experience and a learned behaviour and a common problem among adolescents (Abiodun et al., 1994). The results obtained for frequency of drug use among the students should be of concern as regards the poor knowledge of youths on the harmful effects of indiscriminate use of these substances. The responses obtained on suggested means to curb drug use among the students show that youths desire adequate preventive measures to curb the menace of substance use (Abiodun et al., 1994). It is highly desirable that appropriate school health programme such as Life Skills Training, which was effective in reducing the use of various substances be institutionalized in order to curtail this menace and its consequences among our youths (Foxcroft and Tsertsvadze, 2011). The students can be educated through

establishment of preventive programme in various schools which can help to strengthen peer-driven interventions.

With regards to reasons given for the use of drugs, adolescents could be obsessed about being overweight, while others may use drugs such as steroids to aid in muscle building. Some other motives which are particularly relevant to adolescents are the altered sense of well being and enhanced ability to experiment with sex, hooliganism and other deviant behaviors. All these factors explain the term 'drug abuse', The use of illegal drugs or the use of prescription or over-the-counter drugs for purposes other than those for which they are meant to be used, or in excessive amounts. Drug abuse may lead to social, physical, emotional, and job-related problems (National Cancer Institute,2020). This is in agreement with the widely accepted definition of a drug as compounds that change the functioning of biological systems because of their chemical structure (Levithal, 1999).

A significant number of the respondents who used the psychoactive substances reported engaging in risky sexual behaviors as consequences of substance abuse and this corresponds with the result of an earlier study (The Henry Kaiser family foundation, 2002). The association between these two relationships was established, while the perceived consequences of drug abuse among the students agree with findings from a previous study reported by Baron and Kashler (2008).

Interestingly, liking rock music was found to be inversely associated with cocaine use (Havere et. al., 2011). In fact, the odds that a rock music fan would fall into a higher category of cocaine use were a factor of 0.47 (95% CI [0.29, 0.76]) times smaller than respondents who said that they do not like rock music (Havere et. al, 2011).

THE PREVALENCE OF SHISHA(TOBACCO) SMOKING IN NIGHT CLUBS IN NIGERIA

Shisha also known as Hookah, narghile, hubble bubble or waterpipe. It is a specially prepared Tobacco (*Nicotiana tabacum*). It comes in different flavors and inhaled through a hose-like pipe. The composition of Shisha is similar to that of cigarettes as it contains; Nicotine, Carbon Monoxide, Tar, Heavy metals, for example Lead and Arsenic. Nicotine causes disease and death worldwide. While its impact on high-income countries is decreasing, it continues to severely affect low and middle-income countries, including Nigeria (Lasebikan et al, 2019). For example, annual mortality from tobacco use worldwide is estimated to be about 5 million, accounting for 1 in every 5 male deaths and 1 in 20 female deaths of those over the age of 30 (Ezzati et al, 2004). It is projected that using current smoking patterns, annual tobacco deaths will rise to 10 million by 2030, most of them in low-income countries (Ezzati et al, 2004).

In Nigeria, shisha smoking has rapidly become increasingly popular in major cities (Lasebikan et al, 2019). Factors mediating this sudden trend are variable, including smoking for pleasure, smoking for its stimulating effect, experimentation, or perceived safety compared with cigarette smoking (Adams, 2016). The vogue is rapidly pervading society and is commonly practiced by university undergraduates, adolescents and the older population in restaurants and hotels and at social gatherings (Lasebikan et al, 2019).

Specifically, shisha smoking has been documented to have hypertensive effect (Shaikh et al, 2008). It is also a risk factor for respiratory diseases such as chronic obstructive airway disease, lung, oesophageal and gastric cancers, obstetric and perinatal complications such as birth defects and infectious diseases due to viral isolates such as herpes from the waterpipe (Shaikh et al, 2008). Unfortunately, developing, monitoring, intervention and regulatory/policy frameworks specific to Shisha smoking is not a public health priority in Nigeria (Victor et al, 2019).

In Nigeria, despite an upsurge of discotheques and nightclubs where people drink and smoke, there is a very low level of awareness about the harmful effects

of Shisha (Lasebikan et al, 2019). Since night clubbing is very common not only among adolescents and young adults, but also across other age groups in Nigeria, we conceived that such places would be suitable potential catchment sites of shisha smoking (Lasebikan et al, 2019). This sample could provide insight into the processes occurring in night clubs.

In Nigeria, Shisha smoking is prevalent in nightclubs and has peculiar demographic correlates different from cigarette smoking (Lasebikan et al, 2019). Although men were more likely to be regular users, the early age at initiation into use in women is an important epidemiological finding, especially regarding their reproductive health (Lasebikan et al, 2019). The high prevalence of Shisha smoking was seen as a major public health issue, given that from the research, none of the smokers were ready to quit. Interestingly, the majority of the users were high level professionals in their productive stage of life (Lasebikan et al, 2019). This calls for an immediate public health response from policy providers towards Shisha smoking intervention in Nigeria (Lasebikan et al, 2019).

According to (Lasebikan et al, 2019), they found that men were significantly more frequent Shisha smokers than women, despite the lack of significant gender differences in the overall prevalence of shisha use in the past three months. There are indications of an alarmingly high rate of shisha use among both men and women in some Arabic countries (Abu-Helalah et al, 2015) and frequent shisha smoking is found in nightclubs, where it is often consumed along with alcohol (Lasebikan et al, 2019).

Nevertheless, despite the frequent use of shisha among these nightclubs' patrons, there was a general lack of readiness to quit using it, irrespective of gender (Lasebikan et al, 2019). This finding is similar to reports of studies carried out in some other parts of the world (Maziak et al, 2004). It is possible that the general misperception that shisha is not hazardous could be responsible for this finding (Lasebikan et al, 2019). Shisha smokers usually believe that it is less harmful than

cigarettes because the smoke is filtered through water (Victor et al, 2019).

This misconception may be reinforced by marketing tools and social pressures. Unlike cigarette packaging, which carries mandatory health warnings, shisha products are commonly sold with no such health warning (Lasebikan et al, 2019). Labels on shisha packs claim their product is "natural" or "free of chemicals" and powered by inviting varieties of flavours, suggesting there is a risk for continued use, and exploration by non-users (Lasebikan et al, 2019). Tobacco use is a leading cause of morbidity and mortality all over the world and in Sub-Saharan Africa, and is currently in stage 1 of the tobacco epidemic continuum (Thun, 2012), Stage 1, being the onset of a rising smoking epidemic, but the prevalence still low (< 15%) (Lasebikan et al, 2019). In the past several decades, Western European countries reported the highest tobacco consumption rate (37% prevalence among men and 25% among women), however, the trend had changed in the past two decades, with cigarette consumption on the decline while it had increased in Africa (Lasebikan et al., 2019).

The rising prevalence of tobacco use in Nigeria might be linked to the uncensored marketing strategies of tobacco companies and poor tobacco control policies in the country (Lasebikan et al, 2019). For example, according to the tobacco control act in Nigeria of 2015, outdoor smoking in recreational centre of any form is prohibited (Lasebikan et al, 2019). Unfortunately, implementing the regulations has not been applauded by both Houses of the National Assembly (Lasebikan et al., 2019). Thus, Nigeria continues to dominate in smoking epidemic (Lasebikan et al., 2019).

Estimates show that smoking increases the risk for coronary heart disease by 2 to 4 times, stroke by 2 to 4 times, men developing lung cancer by 25 times and women developing lung cancer by 25.7 times (Lasebikan et al., 2019). In research carried out by Lasebikan et al in 2019, to determine the prevalence and predictors of outdoor smoking in selected open social joints in Nigeria, while accessing the

relationship between readiness to quit smoking and pack years of smoking: it was found that 63.8% were current smokers (Lasebikan et al., 2019). This figure is much higher than the smoking prevalence reported in Nigeria (20.6%), India (21%), Canada (16%), and America (20%) (Lasebikan et al., 2019).

However, compared with smoking prevalence in similar social settings such as bar, night clubs and gaming events, our result is close to the 70% reported by Trotter and colleagues in Australia (Lasebikan et al., 2019). Studies have generally indicated that bar attendance and nightclubs are a nexus for risky behaviour across all age groups, including smoking and drinking (Lasebikan et al., 2019). While considering socio-demography and smoking, Lasebikan et al (2019) explained that, Contrary to previous reports, the bivariate analysis shows that age, sex, employment, marital status, and income level were not associated with smoking. It is likely that different individuals with heterogeneous demography congregate at bars and nightclubs to smoke and drink irrespective of their demography (Lasebikan et al., 2019). However, contrary to previous research findings (Tomioka et. al., 2020), it is established that there is an association between low education level with smoking. Less educated persons were unlikely to get the chance of acquiring the necessary knowledge about smoking and its adverse effects when compared to those with higher education (Tomioka et. al., 2020). We also found smoking to be associated with urban areas (Lasebikan et al., 2019). Most studies have highlighted that smoking is more prevalent in rural areas (American Lung Association [ALA], 2012). As pointed out earlier, these associations were lost after adjustment of covariates (Lasebikan et al., 2019).

The association between Smoking and depression was also considered. According to Lasebikan et. al (2019), they found a significant association between smoking and depression(Lasebikan et al., 2019). This observation could be explained by the self-medication hypothesis, that smoking causes depression, or could also be a product of shared genetic risk factors (Munafo et. al., 2010). From

the study of Munafo et.al , it was stated that Smoking is a risk factor for suicide and depression. Acute intoxication may elevate the likelihood of violence, injuries, risky sexual behavior and aberrant driving (Jorgenrud et. al., 2021). Moreover, long-term use may cause somatic and psychiatric illnesses, reduced productivity, and cessation of educational or employment activities (Jorgenrud et. al., 2021). As regarding Smoking and alcohol use, Lasebikan et al explained that from their research, smoking was associated with alcohol use. According to them, it is conceptualized that the setting of smoking, such as bars and open recreational clubs is potential places where smoking and drinking is promoted by marketers(Lasebikan et. al.2019). Concurrent use of alcohol and tobacco is particularly salient, given the increased the risk of various forms of cancer, cardiovascular diseases and is predictive of illicit drug use (Lasebikan et. al.2019).

The Lasebikan et. al.(2019) study showed that smoking intensity heightened with increasing age. Indeed, respondents who were above 54 years of age had over 27 pack year smoking history (Lasebikan et. al.2019). To corroborate this, previous reports showed that those who had 30 pack-years history of smoking were between the ages of 55 and 80 (Lasebikan et. al., 2019). Unfortunately, only 4.5% of the smokers were prepared to quit smoking (Lasebikan et. al., 2019). From the Lasebikan et. al study, I observed that mean pack years was lower in women (Lasebikan et. al.. 2019). This may be because women generally smoke fewer cigarettes per day and have lower nicotine dependence, or because of social disapproval in this part of the world (Lasebikan et. al., 2019). However, we noted that the mean pack year was higher among those who were married (Lasebikan et. al., 2019). A potential explanation is that marriage is a function of age; therefore, married respondents are expected to have higher mean pack years of smoking because they are more likely to be older (Lasebikan et. al., 2019).

Regarding ethnicity, education and pack years of smoking, although there were significant associations during univariate analysis, these associations were

lost after regression analysis (Lasebikan et al, 2019). Notable is the significant association between high income and high pack years (Lasebikan et. al.2019). This may be due to the ability of high-income earners to have the continued economic strength of purchasing cigarettes over the years (Lasebikan et. al.2019). It has been argued that affordability of cigarette is an important factor in promoting smoking (Lasebikan et. al.2019). Specifically, the global tobacco economics consortium found that a 50% increase in cigarette prices will lead to significant smoking cessation in 13 middle-income countries (Lasebikan et. al.2019).

On the pack years and readiness to quit smoking, Lasebikan et al (2019) reported that, the finding that the stage of readiness to quit smoking was not associated with mean pack years is of utmost public health attention. So, also is our finding that over 90% of these smokers were not yet prepared to quit (Lasebikan et. al.2019). The data deductively serves to guide and stimulate additional research for the development of country specific tobacco control programs across all ages, given the public health importance of tobacco-related diseases such as cancers, cardiovascular diseases and diabetes (Lasebikan et. al.2019). Also important is the issue of second-hand smoking (SHS), given that non-smokers usually report SHS exposure in most outdoor settings in which smokers report smoking (Lasebikan et. al.2019).

Public health initiatives need to recognize that bars and public drinking places may create unique opportunities for cancer and cardiovascular diseases prevention (Lasebikan et. al.2019). To corroborate this, anti-smoking interventions for bar patrons have been associated with decreases in binge drinking (Kalkhoran et al, 2016).

The high percentage of non-smokers in the current investigation highlights the need to develop voluntary smoke-free rules in outdoor settings (Sureda et. al., 2014). An interesting finding in the Sureda et. al., (2014) study is that Socio-demographic correlates and predictors of smoking and pack years are similar in

certain areas and dissimilar in others (Lasebikan et. al., 2019). By implication, future studies require to identify the complex mechanism responsible for the development of heavy smoking of time and implement strategies to address this situation (Lasebikan et. al.2019). While considering the impact of drug use on Music Preference, Van Havere et al (2011) found out that Dance music preference is positively related to the use of cannabis, MDMA and cocaine. More specifically, respondents who reported liking dance music have significantly higher odds of using cannabis, MDMA and cocaine more often than those that reported not liking dance music (cannabis OR = 2.25, 95% CI [1.36, 3.72]; MDMA OR = 3.19, 95% CI [1.12, 9.09], cocaine OR = 3.46, 95% CI [1.08, 11.07]) (Havere et. al., 2011).

Van Havere et al (2011), also considered a more expanded nightlife environment and it's relations or impact on drug use. The use of substances was not linked exclusively with the reported frequency of visiting clubs or preference for dance music, but it was associated with a more expanded nightlife environment (Havere et. al., 2011). In addition to more frequent alcohol use, going to pubs in the last month was associated with more frequent use of illegal substances, including cannabis, MDMA and cocaine (Havere et. al., 2011). In support of this, Calafat et al. (2007) found that, in addition to discos and after-hours venues, legal and illegal substance use was also linked (to an even greater extent) with nightlife recreational venues that are less significant in the techno culture, such as bars and pubs (Havere et. al., 2011).

Festivals, dance events and clubs offer an excellent opportunity for health promotion, as it is possible to reach a large number of at-risk people in a short period of time (Lim et al, 2008). Rave-based harm reduction strategies are appropriate for reducing the potential negative consequences of drug use (Adlaf and Smart, 1997). Environmental strategies in clubs are also believed to have the potential to develop effective drug prevention strategies (Havere et. al., 2011).

However, the research of Adlaf and Smart demonstrated that prevention efforts

should not be limited to dance parties and clubs, because a considerable number of young people encounter drugs in other nightlife venues (Havere et. al.2011). Furthermore, it is imperative to make a distinction between occasional users (e.g. once a year) and more regular users (Havere et. al.2011).

SOME THEORETICAL PERSPECTIVE ON SUBSTANCE ABUSE

1. Social Control Theory:

This theory suggests that young people abuse drugs due to insufficient social control to restrain them from it. According to Davidson et.al (2004), the lack of parental control leads to unrestricted association to drug abusing peers which ultimately results in a lifestyle of drug abuse . It was also established young people who have a poor relationship with their parents, tend to abuse drugs even from a young age (Liddle & Rowe, 2006). These are some of the reasons they are pushed to go to night clubs to have the “peace” and fun they can’t get at home. The place of emotional support cannot be overemphasized as studies have proved that the lack of it has a link to the use of Tobacco, Cannabis and Alcohol (Rice & Dolgin, 2008). Also, parental skills and behaviors has a link with substance abuse among their children (Carson et. al., 2000). If the parents are people with substance use problems they will have little or no time to monitor their kids are present them with a good lifestyle example.

2. Availability Theory:

The excessive availability of certain commodity, most times increases their acceptability and abuse. According liddle & Rowe (2006), young people consume and consistently abuse various substances because they’re available and relatively affordable.Young people tend to buy alcohol because of its availability in stores and wine bars. Research by availability theorist points out that school-going young adults prefers purchasing cannabis, alcohol and other substances from bars, night

clubs, Pubs and stores (Parry, 1998)

3. Symbolic Interaction Theory

This theory centers its argument around the point that adverts of alcohol and Cigarettes and in some cases Cannabis are potent factors driving the use and abuse of various substances (Parrot et. al., 2004). According to Rice (1992), young people are manipulated by the advertising industry from early childhood. For example in Nigeria, there are several adverts from big cigarettes such as St. Moritz, Benson and Hedges etc. I encountered these advertorials severally as a child and that triggered many towards smoking their first cigarettes. In various clubs, the adverts of cigarettes and alcoholic drinks litter everywhere, hence even when people decided to just have a chill time at those locations, they're sometimes influenced by the subliminal message in those advertorials. Many Billboards and Hookah bar equate smoking cigarettes with relaxation, ecstasy and being classic or part of a top social class (Davidson et. al., 2004). The presenters tone and countenance communicates the acceptability, popularity and social class associated with smoking a particular brand of cigarette, a classic emotional manipulation (Rice, 1992). The government should propose bills that prohibits advertorial of certain commodities like these at specific time of the day. Its could be possible at the night time when kids and teenagers are asleep to avoid assimilating the message wrongly and leading to substance abuse.

4. Economic Theory:

The forces of demand and supply are great market movers. Affordability coupled with great advertorial triggers demand. Nigeria is the poverty capital of Africa, with over 70 million people living in extreme poverty (Business Insider Africa, 2022). According to Kawaguchi (2004), young people abuse various substance because of it's affordability and availability. Due to the poverty situation in Nigeria, various stores including pubs and Night Clubs engage in selling these substances to

just anybody to augment for the poor economic situation of the country.

PROPOSAL FOR REVERSAL OF DRUG ABUSE AT NIGHT CLUBS

Based on the reviewed literature and the body of research done, it is resolved that with the cooperation of pub owners, attendants and lavatory workers, and quite structured prevention schemes (e.g. workers workshop) can be used to reach pub visitors (Havere et. al., 2011). Such targeted interventions for reducing drug-related harm have been positively evaluated, and could be extended to other substances too (Havere et. al., 2011). Also, providing health education materials at nightlife venues may be more effective than spreading anti-drug use messages (Havere et. al., 2011). Whittingham et al. (2009) found that exposing young people to health educational materials on how to minimize the potential hazards associated with drug use, it strongly discouraged them from using drugs. It also didn't have any counterproductive effects on individual acceptance of party drug use or other risk behaviors (Havere et. al., 2011).

A specific at-risk population are those who visit Goa parties (Psychedelic parties). As these parties are increasingly organized within the public scene, collaborations with party organizers should be developed in order to set up prevention activities (Havere et. al., 2011). Organizers are generally willing to take some precautions, especially since most of them have experienced first-hand the potential health risks associated with visitors who misuse drugs (Havere et. al., 2011). Substance use prevention for this group of party people needs to be tailored to their specific situation, and should start from the premise that drug use is deeply rooted within this scene (Havere et. al., 2011). Like prevention programme that target overheating and drunk/drug-influenced driving, the overall objective should be to minimize harm (Havere et. al., 2011). Sumnall et al. suggest that hedonistic young people should be targeted with messages that increasing healthy choices will lead to more years in which to experience happiness and fun (Havere et. al., 2011).

Possible prevention and safety measures could include (as at other dance music events or clubs):

- 1) Provision of clean water for free;
- 2) Establishing an information corner on substance use; and
- 3) Setting up a relaxation zone where everyone can go after having a bad day

In addition, improved training for medical staff could enable visitors suffering from drug intoxication to be appropriately assessed (Havere et. al., 2011). Goa parties typically last a whole weekend; music is played both at night and during the day (Havere et. al., 2011). Designating peers to check whether people who appear to be sleeping are sleeping and not unconscious could therefore be of importance at these parties (Havere et. al., 2011).

A recent evaluation of a peer-led intervention in Australia has suggested that peers are seen as credible sources of information and that messages delivered are remembered up to three months later (Behavioural Insights team, 2018). Bringing your own food and drink is allowed at most parties. This is also an important preventive measure, because financial reasons might hold back people to drink non-alcohol drinks and eat regularly (Havere et. al., 2011). Furthermore, whether substance use and the behaviour associated with it, such as meeting sexual partners, leads to increased well being or ill health depends on the environment and individuals' specific behaviour (Havere et. al., 2011). For example, the decorations at parties can stimulate the psychedelic experience which most Goa party people are looking for, but the decorations can also introduce individuals to bad trips (e.g. chaotic decoration) (Havere et. al., 2011). Clear messages about associations with physical and psychological problems are needed for this group (Havere et. al., 2011).

Prevention efforts should account for contextual and motivational factors, particularly the issues of pleasant and unpleasant times in the lives of young adults in order to reduce its associated adverse outcomes (Kelly and Parsons, 2008).

Prevention should differentiate between party people who experiment with drugs occasionally and party people who use drugs regularly (Havere et. al., 2011). According to Pennay et. al. (2010), more frequent users might reject messages on harm reduction. How pleasure can be incorporated into harm reduction should be central to the future development of policy and practice (Pennay and Moore, 2010). Those on the Goa scene are, like hippies, against formal institutional structures and authority (Havere et. al., 2011). Over-regulation could have stimulated young people to look to illegal parties for their entertainment (Havere et. al., 2011). Initiatives taken in this scene will be better if they involve the Goa party visitors themselves (Havere et. al., 2011).

According to Afolabi et al, adolescents and young people need support, guidance and orientation to facilitate their development of capacity to coping with, resisting and recovering from risky situations. In order to curb the use of hard drugs, it may be necessary to develop specific strategies to prevent transition to drug use, reach out to hard drug users and provide services by encouraging drug dependence treatment to help drug users and likewise establish a hierarchy of risk reduction strategies to prevent and reduce drug abuse among youths. Other preventive strategies could be based within the family structure, the schools, out-of-school or media interventions.

Studies produce evidence. Therefore evidence based practices, interventions, policies and treatment indicate that risk and protective factors are context dependent and operate on people taking drugs for disparate reasons (National drug prevention alliance, 2016). With these caveats, improving the general social environment of children coupled with supporting parents will probably be the most effective strategies for primary prevention of drug use (National drug prevention alliance, 2016).

Studies indicate that risk and resilience can be successfully altered with interventions of parental monitoring and enhancement of social attachments and

skills. Appropriate training of children in the homes as well as parents teaching positive family interactions have been shown to be effective strategies. However, family intervention is only effective when the focus is on multiple risk and protective factors and the cultural background of the families is taken into consideration. Similarly, educational and media campaigns may be matched to youths as target audience. Studies have shown that children are attentive to alcohol advertisements and a fair proportion sees them as a source of information on real life (Wyllie et al., 1998).

EFFECTS OF SUBSTANCE ABUSE

It is important to outline and make proper distinction between substance use, abuse and dependence.

1. **Substance use:** This refers to the consumption of drugs, alcohol or any “improvised” substances. For example, taking alcoholic shots or drinking beer with colleagues represents substance use. This may not necessarily lead to dependence or addiction in some people.
2. **Substance abuse:** This is the act of continuously using a drug or alcohol even when causes trouble to one’s health, work, family etc. For example, the use of tobacco products even after being diagnosed of lungs cancer.
3. **Dependence:** This is the case of being addicted to alcohol or drugs. The person is physically and psychologically unable to quit the substance. Quitting is usually met with various physical withdrawal syndromes. Some example for withdrawal syndrome from Opiate use are; sweating, vomiting, anxiety, insomnia, muscle pain etc.

Economic, social and health consequences are associated to substance abuse. It is important to point out the adverse effects of substance abuse affects government resources, family and friends, businesses, and social groups and not just the individual who abuses the substance.

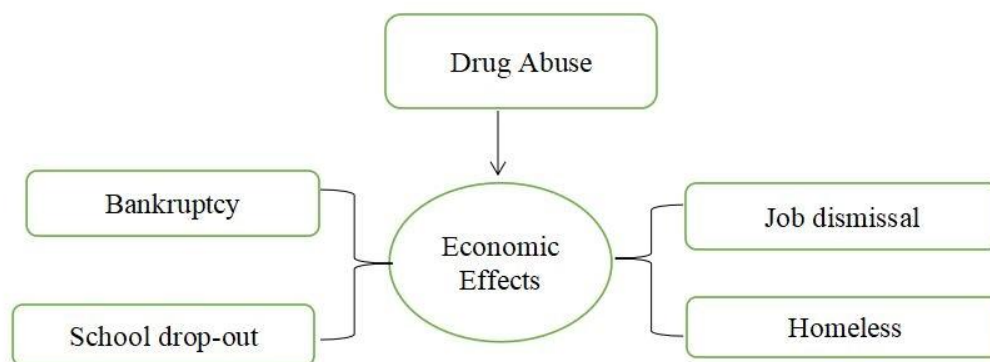
Dependence which accompanies substances have very damning

consequences as it affects crime rates, increases hospitalizations, youth restiveness, child neglect and abuse which leads to the rapid consumption of state funds (Bronson et. al., 2017). The collateral effect produce will depend largely on the type of substance abused, how it was used and in what quantity.

1. Economic Effect of Substance abuse:

According to Parrot et. al (2004), the effects of substance use for employer ranges from poor work performance, absenteeism to accidents. Workers with substance abuse disorders usually misses work by two or more weeks more annually than their colleagues (National Safety Council, 2022). This averages almost 5 weeks a year (24.6 days) a year. This gross ineffectiveness affects the internally generated revenue of the enterprise and country at large. Also, huge amount of money is budgeted for campaigns, hospitalization and treatment from substance abuse related conditions (United Nations Office on Drugs and Crime, 2008)

Figure 1. Display of Economic effects of Substance Abuse

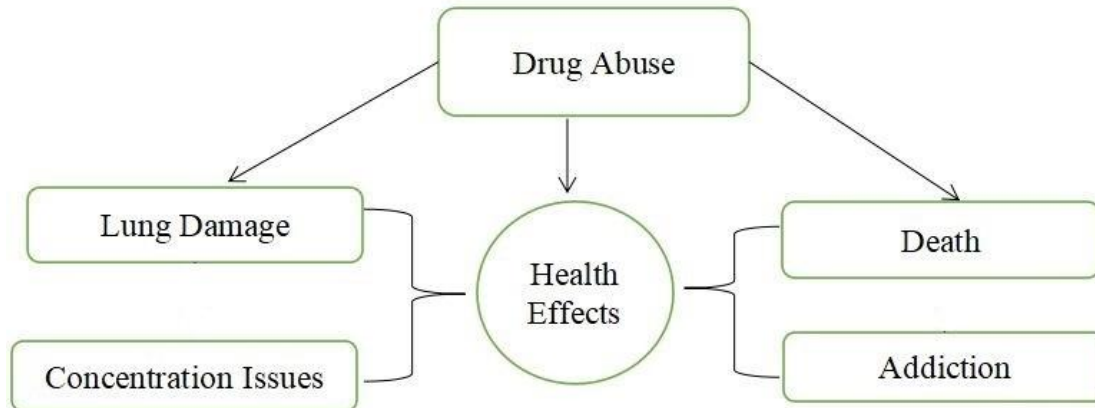


2. Health Effects of Substance Abuse:

According to Berk (2007), the adverse effects on health from substance abuse are quite alot. The consistent abuse of drugs leads to dependency which creates life

long health challenges until rehabilitation (medical or psycho-therapeutic treatment for psychoactive substance dependency) are done (Rice & Doglin, 2008). There are dose-dependent mechanisms of action in the physiological and Biochemical of substance dependence, which results in tolerance and an increasing dose is required to achieve its effect. To establish the presence of dependence, there has to be impairment of functioning (physical, emotional and social) of the affected individual which arises from an uncontrollable urge to satisfy the need to consume the drug (Rice & Dolgin, 2008).

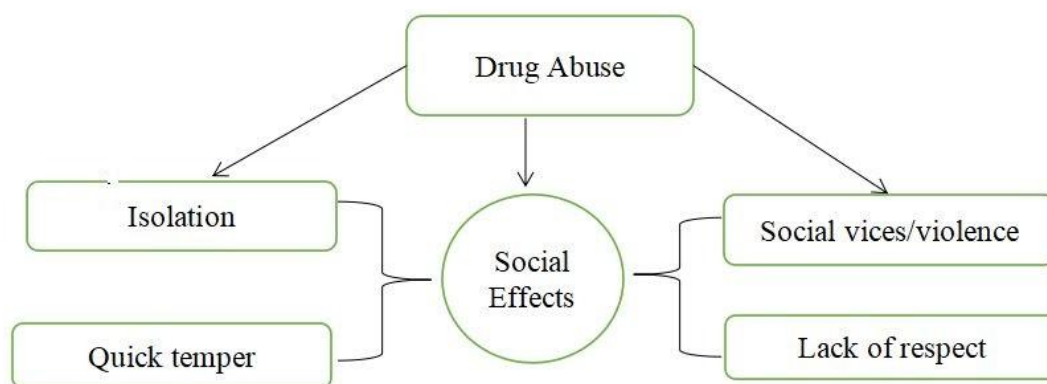
Figure 2. Display of Health Effects of Substance Abuse



3. Social Effects Of Substance Abuse:

Substance abuse distorts the social life of the abuser in ways that are detrimental to their growth and development. People who abuse substances are often moody, irritated, aggressive and withdrawn (Parrot et. al., 2004). This leads to deterioration of relationships and even marriages.

Figure 3. Display of Social Effects of Substance Abuse



DESCRIPTION OF SOME SUBSTANCES AND THEIR EFFECTS.

The following substances (Cannabis, tobacco, and alcohol) will be our focus in this section as these substances were my main during my data collection. Also, according to WHO (2021), these substances are the most used and abused both globally and in Nigeria.

1. **Cannabis:** It is derived from dried and crushed leaves, as well as the flowering tops of the hemp plants known as Cannabis Sativa. It has various ways of consumption depending on the user. It could be smoked, chewed, baked, cooked with food or even prepared with tea (Butcher et.al., 2004; Kring et. al., 2007). The level of intoxication are dose related and also on its potency (Davidson et. al., 2004). The following are few short term effects that could be expected from the use of cannabis, dry mouth and throat, relative increase in blood pressure, blood shot and itchy eyes, increased appetite and reduced intraocular pressure. According to Kring et. al., (2007), those with existing heart conditions have a higher risk with the consumption of this drug as it causes increase in heart rate (tachycardia). The effects that could be expected in short term includes but not restricted to the following distorted perception of light, sound, time and touch, thinking and problem solving issues, memory and learning problems. While its long term use may cause lung cancer (Callaghan et. al., 2013). Large doses brings about shifts in emotions, fragmented thoughts and dull attentions and impaired memory (Kring et.

al., 2007).

2. **Tobacco:** The critical addicting agent in this substance is Nicotine. This could be consumed by smoking, chewing or inhaled etc. Other harmful agents in tobacco are carbon monoxide and tar (Davidson et. al., 2004). Some immediate effects of the use of tobacco are skin and teeth discoloration, pungent and irritating odor from body and cloths as well as bad breath. Some critical health conditions posed by its use and abuse are tachycardia, debris deposits in lungs(limiting lungs capacity), throat irritation, blood vessel constrictions (Cicchetti, 2007). Another great concern are symptoms associated to Nicotine withdrawal syndrome. Some of the symptoms are anxiety, fatigue, headache, lightheadedness, palpitations, sweating, nervousness, tremors and cramps (Rice & Dolgin, 2008). According to the Center of Disease Control (2013), cigarette smoking causes premature death and the life expectancy is at least 10 years less for smokers than non-smokers.

3. **Alcohol:** This is a central nervous system depressant which has quite similar effect like tranquilizers (benzodiazepines). When consumed in large quantities(binge), it results in slurred speech, vision impairment or distortions and motor coordination impairment. Endocrine gland and pancreas are also affected. Heart failure, stroke, erectile dysfunction and petechiae (Kring et. al., 2007). Most times, alcohol consumption and abuse exposes the user to other risky behaviors which are life threatening.

CHAPTER TWO

RESEARCH METHODOLOGY

INTRODUCTION

In this chapter I will focus primarily on the research method used in this study. This will cover the selection of qualitative design and data collection process. The logic behind how the research sample was formed, how I penetrated the research site, the data collection methods, information recording and data analysis and my role will be detailed. In this study, I also used quantitative data collection design. I sent out questionnaires to respondents. This design was important as some respondents weren't available for an interview, while others just didn't like the idea of an interview.

QUALITATIVE RESEARCH DESIGN

I used this method in order to have first hand conversations with my target audience. This would aid in furnishing the research with needed data to show the variations of experiences and perceptions. The strategies to use for this method are;

➤ **Structured or semi-structure interviews**

This was selected considering the sensitivity of the proposed research topic. It did the interview via skype, zoom and google teams. The choice of mode depended on which of these web applications were available and accessible by the respondents. This mode of research was chosen due to the sensitive nature of my research. The participants wouldn't be comfortable to share their Stories in a focus group. It was done to get in-depth understanding of participant's social circumstances, motivation and perspectives.

Socio-demographic factors of respondents were considered in cause of the study. Some of such are social environment and family background. This was done to nullify the presumptions that any participant can't be understood in

isolation from their natural setting or immediate circumstances. While conducting the research, preference was given to unstructured data which focusing on both testing the existing and generating new hypothesis. It is important to not that the triangulation of methods such as time, participants and settings was used in the study to further deepen the understanding surrounding substance abuse among youths in Lagos State, Nigeria.

QUANTITATIVE RESEARCH

This method was also exploited in course of this research. This helped to gather opinions from target audience that weren't readily available for physical interviews.

- **Structured Questionnaire with one open question:** These were structured in a way to obtain detailed socio-demographic characteristics of all participants in the study. It was comprised of three sections(Community health, quality of Life and Demographics). The community health section focused on the participants perception of the state of health in the community (their region) viz a viz the topic of the research. The substance use section was more personal as it focused on their concerns and stand on substance abuse and how they obtain or obtained it regularly. The Demographics section detailed everything from their family background to income, marital status and educational level. The questionnaire also had an “Opinion subsection” where participants could write any random or important points of concern that they think is relevant to the study.
- **Surveys (Telephone):** This was carried out by scheduling a date and time for an in-depth call with participants who needed a follow-up. This was efficient as some of the participants were either having network issues to have a Whats-app call, hence a direct call helped out greatly.

These methods helped in gathering opinions of respondents from my general population

SAMPLING

The respondents for my research were selected using a combination of convenience and snowball sampling method. I contacted an old high-school colleague, who now works for the Nigerian drug law enforcement agency(NDLEA), an organization which deals with the sensitization, control and rehabilitation of people with drug addiction. He introduced me to my first respondent, who in turn introduced me to two other respondents and so on. I have a total of twenty three(23) interested respondents. They are 15 males in the ages of (22-34 years) and 8 females with ages between (19-28 years). The above snow-ball sampling approach was used to get respondents for my qualitative data collection mode. All participants have lived in Lagos for more than 5 years. Lagos state was selected because of the high number of substance abuse reported there and the recent declaration of the state as the epicenter of substance abuse in Nigeria (The Cable Nigeria, 2021). Out of the 15 males, 11 of them have previously been arrested by the Nigerian Drug Law enforcement agency (NDLEA), and are quite preview to some discrete information, some of which they obtained from substance abusers and drug barons they met in night clubs and their prison cell before they took a new leaf.

I choose this snow-ball sampling method of recruitment because these respondents are usually hidden and very secretive with their behavior and source of drug purchase. They are also afraid of stigmatization and discrimination, hence a snowball approach. By virtue of the sample available for this research, I'm aware that the results from this study cannot be generalized for youths and clubs outside Lagos state and even to Lagos state at large. However it could be useful to other states, counties and countries experiencing this ongoing substance abuse crisis.

ELIGIBILITY CRITERIA

The following were criteria considered for the purpose of this study;

- Age 18-35years who abuse or used to abuse drugs. This age bracket was targeted to focus mainly on young Lagosians who are single (marital status) or are in their early years of marriage. This was done to eliminate marital challenges as motivation factor for substance use as this has been widely discussed in other literature and focus on other inconspicuous but important factors as well.
- Addicted substance abusers who have or are trying to quit

EXCLUSION CRITERIA

- Previous participation in similar assessment
- Those unable to provide informed consent (E.g inability to answer questions about study's purpose)

ETHICAL CONSIDERATIONS

- **Informed consent:** It was obtained from all participants in form of written reply to my mail address. The participants were encouraged to do it in writing and were also informed that they could ask questions at all times. All participants were intimated on the purpose, aims and objectives of the research and its significance to the health, social and economic stability of both the state and the country at large. I also explained in detail the topic of the research and why Lagos state was my focal point.
- **Voluntary Participation:** The research will be done with volunteers only. I ensured that before any interview, I made sure the participant was aware that their involvement was completely on a voluntary bases and shouldn't be expecting any sort of kick-backs. I politely and professionally explained their importance to the study, assuring them of their liberty to excuse themselves

from the research at any time. **Confidentiality:** The information about the interviewed person won't be shared with friends or family. Private information (identifiable) of the people won't be requested under any circumstances. The original names will be changed for another to respect the person's privacy. I also informed them that at any point their anonymity is threatened, I will destroy any data with their records. This was a tactical step in order to avoid a bias response from the participants. All computer data were locked with a password. The data will be ultimately destroyed when the University no longer require it.

- **Debriefing:** Before conducting the interviews, I explained the purpose and relevance of the study to the participants. I reassured them of their anonymity and answered their questions about any misconceptions. The details of the date, time and venue relevant to the study was explained to all participants.
- Under-age (below 18) people won't be considered in course of this research.

LIMITATIONS

In this research, the limitations which presented a barrier to this research are the following;

- **Limited access to online data in this area:** There were not many data about substance abuse in relation to club culture. Data on how its been obtained particularly in Nigeria and Lagos state were very few. I had to rely on some old empirical data, alongside few non-scholarly publications alongside my own-field research.
- **Network issues:** There were challenges during connections due to lack of adequate power supply. Nigeria, at the time of this has an epileptic power supply problem. Most regions in the city experience power outage almost every other day or no power at all. This made participants to have power supply challenges. Internet supply in Nigeria at this time (2021-2022) is quite

challenging. Subscriptions are quite expensive and they don't last. So most times while having a video call with participants, there are intermittent network outage which makes participants most times loose their line of thought before the resumption of the call after subscribing for internet again from their network provider.

CHAPTER THREE

RESULTS

INTRODUCTION

In this chapter, the results of the study and summary will be presented in this section. Details of the study sample and socio-demographic background which is relevant to this study will be critically analyzed.

3.1 STUDY RESULTS AND ANALYSIS SUMMARY

For all the data I collected, a systematic approach was used for their analysis process. This included the sorting and arrangement of all relevant research materials, interview transcripts, audio recordings and field notes. These all aided in deepening my knowledge on the research focus. I also went further to do data synthesization, arranging it to smaller unit to deepen knowledge down to the molecular level. I searched with the aid of the received data, many patterns which describes the ongoing trend of Clubs serving as warehouse and retail centers for contraband substances.

I also employed the use of Creswell(1997) technique in my qualitative data analysis to ensure their credibility and dependability. Some of the utilized techniques are ; triangulation of data and a focus on-field observation. A low-inference type of data (brief quotation from study participants) will be use to allow for a subjective interpretation of my conclusions by any reader to ascertain if such are in synchrony with the content and intent of the data obtained. Individual interviews ended with me summarizing all highlights, checking for inconsistencies and requesting for any feedback from the participants. I asked follow up(clarity seeking questions) to confirm responses given by participants.

THEMATIC DATA ANALYSIS

The qualitative data obtained in this study were thematically analyzed. This method of analysis included the identification, analyzing and reporting of various patterns and themes (such as experiences, thoughts and behaviors) seen across data set of the study (Braun & Clarke, 2006). This helped in the structuring and alignment of salient themes with each data analysis stage subjected to thorough scrutiny such as removal of redundant data obtained during the interviews. Every spoken word, behaviors and gestures of the participants were interpreted and appropriate meaning which relates to the research were attached to it (Braun & Clarke, 2006).

The audio recordings from the interviews were carefully listened to severally and the contents were transcribed by me to help with further thematic analysis. In order to avoid the omission of sensitive data, every interview was listened to for atleast four times and checked against the transcribed data to confirm that all content and relevant data were obtained. I then typed and printed out copies from each interview set to enable clarity. I read the printed data severally to intimate and familiarize myself with all received data. For further clarity, bullet points and familiar themes were written on sticky notes and placed on my study board for easy referencing and data linkage.

In cause of analyzing all obtained data, the following step-wise approach according to Braun and Clark (2006) were observed;

a) Data Coding: This is the act of identifying a passage in a text or other data items such as images or photographs, searching and identifying concepts and finding relations between them (Gibbs, 2007). In qualitative research, Coding is seen as “how you define what the data you are analyzing are about (Gibbs, 2007). In this research, the various obtained data were coded highlighting main points from the written texts with transparent markers or circling them and making a

reference write up about the idea. I ensured there was no redundancy or repetition in the finished data set.

b) Theme Identification: After the relevant data were coded, significant themes which are indispensable to the work were extracted from the coded material. This was achieved by reading and juxtaposing every all coded text which are in line with my research focus. The themes created were rather specific and were able to absorb ideas and concepts from all coded text. However, some codes were kept in the “Reserve” theme, as they couldn’t fit into the focus and direction of the main theme (Braun & Clark, 2006). This partitioning helped to create a more concise set of data which described the coded material in detail.

c) Network Construction: Just like a building construction, all identified themes were grouped into networks known as thematic networks, which the original ones served as reference points. The Organizing themes were formed from a mosaic of basic themes. Once this was done, a claim or hypothesis was made about the organizing theme. This claim is then referred to as the Global theme. I graphically represented these themes in a Web-like pattern and also show their non-hierarchical nature. After this, I compared notes to ensure that all three themes(Basic, organizing and Global themes), reflected the content of all data sets which were obtained and coded earlier in the research.

d) Exploration of Thematic Networks: The relationships, patterns and descriptions of all identified thematic networks were explored in cause of the research. The patterns presented by the networks were of key importance to me while interpreting the thematic networks viz-a-viz the content of the original transcripts and coded data obtained earlier.

e) Thematic Network Summary: A summary was imminent in order to describe the principal themes that were emerging as the networks were analyzed. This was a major step to deduce various patterns displayed by the networks which were relevant for the research.

f) Pattern interpretation: There were various pattern matching process done in order to explore significant patterns based of the themes and networks described earlier. After this was done, I compared notes once again, this time with my research question to further stress on them and make informed arguments based off the patterns generated from the networks of coded data obtained in the research.

SAMPLE SUMMARY (BASIC DEMOGRAPHICS)

Total number of study participants are 23

- **Males :** 15 (ages between 22-34 years)
- **Females:** 8(ages between 19-28 years)
- **Married respondents:** 7 (5 females, 2 males).
- **Employment status:** 16 have full-time employment (10 males & 6 females). 7 other respondents were unemployed at the time of this research (2 females and 5 males).
- **Educational level:** 11 participants have post-secondary school education (8 males and 3 females). Five participants are university drop outs (4 males and 1 female). While 7 participants have high school education only(4 females and 3 males).
- **Housing:** 20 participants live in their rented flats alone(9, three females and six males), with their parent (4, two females and two males) and with friends (7, three females and four males). While three were homeless (3 males). They were subsequently provided with temporary housing by NGOs.

Table 1.1 Thematic analysis from codes to themes

Codes	Issues examined	Themes identified during discussion and analysis
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Substances abused by participants	Contraband, legal or illegal substances	Cannabis, jet-fuel, Cocaine,heroin, ketamine, cannabis, fentanyl, morphine, methaqualone(Mandrax),opium, flunitrazipam (Rohypnol), Tramadol, methamphetamine, LSD or Lysergic acid diethylamide, Ectasy, Mkpuru mmiri (Crystal Meth or Methamphetamine).
Initiation(knowledge)	Colleagues Sexual Partners Movies	<p>“my colleagues brought it to our get together and we all sniffed it” “It started with a truth or dare game, I started and couldn’t stop”</p> <p>“The sex worker I usually patronized brought it and encouraged me to take it to spice my sex life” “I and my girl wanted to try something new in our sex life, we used it and became hooked”</p> <p>“I like watching alot of Pablo Escobar kind of movies and decided to try it”</p>
Motivation (Feeling)	Happiness	“I use it to feel happy, this country is frustrating me” “Nothing makes me happy than smoking Marijuana” “I use it so I can maintain a happy mood while relating with people, else I will be sad”
Order and regulation	No control & Independence	“ I stay alone and make my decisions” “I make my money so I decide what to do with it” “My parents leave in another city or state, I here by myself”

Source of Substance Purchase	Clubs, Kiosk around clubs and Other random spots	“ I mainly bought cocaine and Meth from Clubs, its easy there” “I go for them cheaper from kiosk around the club, they always have it” “ I know the hot hidden spots, so I get them from those places”
Psychopathology	Insomnolence Anxiety, Depression, Irritation, Frustration,	“I can’t sleep after taking drugs” “I’m always restless, tremor” “Always isolated and sad afterward” “Every little thing gets me stressed” “Seeing my dependency on it, makes me frustrated and knowing the shame I will face if I asked for help”
Habit Sustenance	Salary Loans Property sale	“ live from hand to mouth as I use my salary to buy these substances” “owe loans around Lagos and my native state of Edo because of drugs” I even used my car as a collateral to get money to maintain this habit” “sold my phone, wrist watch and mother’s necklace to maintain this habit” “Sold my designer cloths for drugs”
Effects	Social Health	“Quick temper, lack of respect & isolation” “Constant Cough, Nose bleeding, Indigestion, addiction, weightloss, dry lips, red eyes and inability to concentrate.

	Economic	“Got fired from work” “Dropped out of University” “Ruined my Boutique Business” “I was homeless if not for this NGO”
Socio-Economic Status	Average and Low	Employed (Bank, University staff) Own a Business(self-employed) Unskilled labor (Janitor and Grocery shop clerk)
Place Of Use	Clubs, Pubs, Home, Uncompleted buildings	“use it mainly in clubs and pubs to avoid trace” “house is a standalone building, no much neighbors, so I use it more there.” “go with friends to uncompleted buildings to use it, we buy it not far from there”
Frequency of Substance Use	Random, Dependent	“ use it atleast four times a week, particularly Fridays” morning afternoon and night, can’t control the urge”
Quitting	No control Positive affirmations	“I want to stop using drugs but it’s difficult” “I want to stop so I can be a responsible role model to my siblings” “I want to stop so my parents can be proud of me again”

To put the above data into perspective, I created a table of themes with relevant supporting data from all 23 participants of the research (See Table 1.2) below. This process helped to unveil the various types of themes (Basic, Organizing and

Global). The basic theme is lowest theme order that is derived from raw text data (Arnborst, 2017). The organizing theme is an intermediary theme that organizes the basic themes into a blend of homogeneous variable, and global themes are super-ordinate themes that covers the principal metaphors in the data as a whole (Attride-Stirling., 2001, p., 388). The global theme represents the substances abused. While the organizing theme are for example; habit sustenance, effects, feeling, knowledge etc.

Table 1.2 showing the relationship between the different themes in data set

Basic Themes	Organizing themes	Global Themes
Cannabis,jet-fuel,Cocaine,heroin,ketamine, cannabis,fentanyl,morphine,methaqualone(Mandrax),opium, flunitrazipam (Rohypnol), Tramadol, methamphetamine, LSD or Lysergic acid diethylamide, Ecstasy, Mkpuru mmiri (Crystal Meth or Methamphetamine). Colleagues, movies and Sexual partners.	Substances abused and Knowledge	Substances Abused
Salary, Loans and Property sales	Habit Sustenance	Substances Abused
Clubs,Kiosk around clubs and Other random spots	Source of Purchased Substances	Substances abused
	Psychopathology	Substances Abused

Happiness, no control and independence.	Feelings, Order and, Regulation	Substance s Abused
Average, Low, social, health and economic.	Socio- economic status and effects	Substance s abused
Club, pubs, home and uncompleted building.	Place of Use	Substance s Abused
Random and Dependent	Frequency of substance use	Substance s Abused
No control and positive affirmations	Quitting	Substance s Abused

Furthermore, I will be illustrating below, using a flowchart the thematic network characteristic web-like presentation. This will deepen the understanding of the various data which are being analyzed above.

Figure 4. Types of Substances abused and the place of purchase and use (Below)

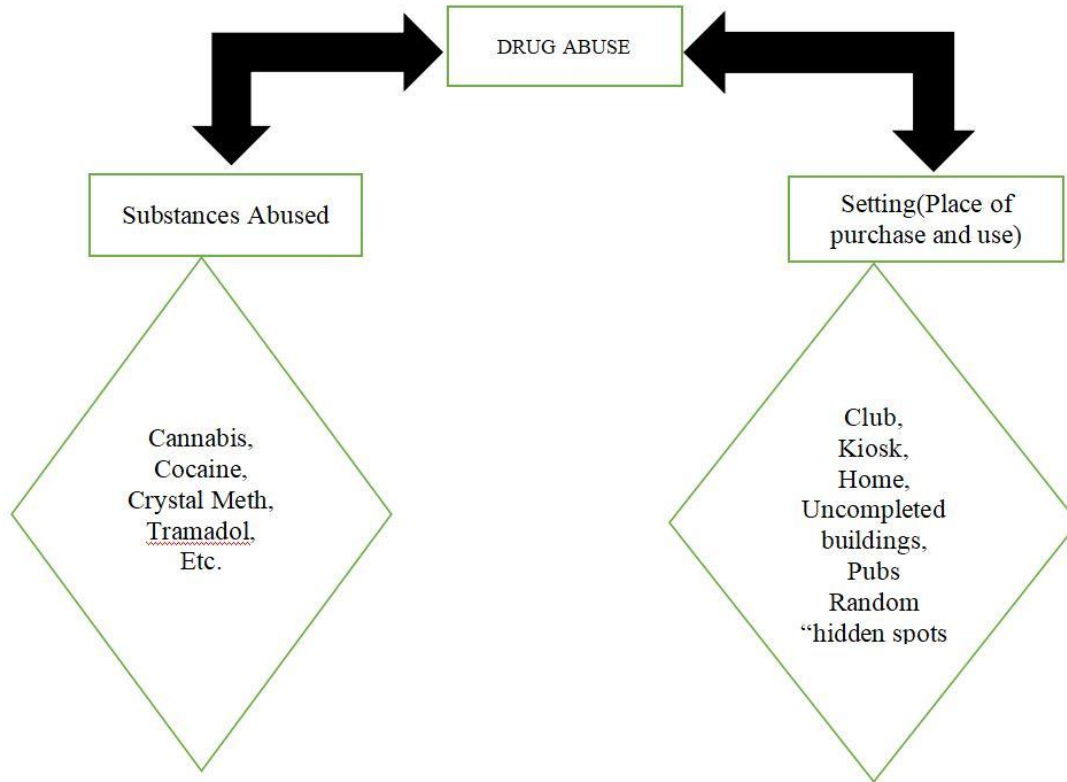


Figure 5. Shows Quitting reality for substance abusers(from research participants). This shows the results of quitting attempts by the respondents of the research.



RESULTS OF THE STUDY

This section will focus on the presentation of results obtained from the research. For the anonymity and protection of all participants, I replaced their names with numbers (1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23).

SUBSTANCES ABUSED AND SETTINGS

The participants of the research all reported the use of substances for at least four years. Out of the 23 participants, 17 participants have stopped the consumption of drugs for at least 6 months(clean of drugs), while 6 participants still seldom takes different types of drugs. A common drug consumed across the data set is Cannabis, followed by Cocaine, Marijuana and crystal Meth (Methamphetamine). The participants are also multi-substance users. They combine the use of various substances together. Examples are; participant (7,1,13,17,23,&15) usually combines cigarettes with Marijuana on almost a daily bases. Similarly, participant 6, combines Shisha with Marijuana and cigarettes. Others combine Cannabis smoking with Alcohol. This trend was also reported in Parry (1998), where teenagers and young adults were reported to be combing various substances to increase their “excitability” level. Another interesting discovery from this study is the confirmation of previous studies which stated that

the nature of substances abused tends to differ from one geographical location to the other, which also largely depends on the socioeconomic status of the place.

According to Pludderman et. al., (2007) and Parry, (1998) which previously confirmed this notion in their individual researches, substance abuse differ based on the standard of living of a particular environment. Lagos State, being the commercial and entertainment hub of Nigeria and Africa by extension, it has become porous to all types of substances from different parts of the country and continent (Global shapers, 2020 & International Trade Administration, 2021).

Out of 23 participants which responded to both my questionnaire and qualitative interview, the results obtained are the following;

- 17(73.9%)participants(7,3,9,13,22,11,8,3,2,10,17,20,15,6,4,19,21) alluded that they obtain or purchase all the drugs they abuse from the clubs particularly on Lagos Island.
- 4 (17.4%) participants(5,12,18,16) disclosed that they usually purchased it from kiosk and shops around the vicinity of clubs as they are more “cheaper” compared to the club price.
- 2 (8.7%) participants(1,14) were indifferent as they no preferences on where they bought the drugs but have bought from the clubs before.

Also, most of the participant also hinted they use these substances at Club, pubs, home and uncompleted building. The club has now become a disguised drug cartel “dispense and use” center. Two female participants(who are roommates) reported being raped by members of the drug cartel after willingly giving them “free drugs” and they refused their sexual appeals. According to their account “they were with guns, there was no way we could fight back or scream” People watched as they forcefully dragged us into a room through the manager’s office where we were brutally raped by multiple men and made to sleep there till morning when Janitors woke us up and asked us to leave. These participants sent me many horrifying videos showing how many girls are lured by clubs with the “free entry” for ladies

and end up being forced to take drugs. They camp them in some quarters of those clubs for days, going through the worst experiences of life.

The aim is to get them hooked on these drugs, making them want more and then convincing their friends into the lifestyle which ultimately boost the business of the cartel. According to previous analysis done, the above experience of respondents shows the negative tributaries of substance use and abuse practices at various clubs. Its corresponding effect on the health, economic and social well-being of individuals and the state can be observed from this narrative.

A participant who worked as a bartender at one of these clubs stated that “some clubs in Lagos are serving as safe haven for these criminal organizations and this shouldn’t be tolerated, the government and civil society organizations should act fast else, there will be no clean(drug free) youth in this state in the next five years. A banker, who was a participant stated that to avoid people noticing him since he works in a popular bank, he goes to the underground(basement) of the club he patronizes. This costs him double the entrance fee for the regular or VIP section of the normal club setting.

REASONS FOR SUBSTANCE USE

Among the already reviewed reasons why people abuse various substances such as peer groups(colleagues), sex partners, experimentation etc, one which stands out is the over availability of substances at various quarters around the state. This particularly factor resonated strongly with this research focus as the availability touches on various places including the clubs and pubs. These places tends to be some of the most “easy to purchase and use” places for drug in Lagos State. Apart from the ease of obtaining these substances, the security and protection given to abusers during purchase and use makes Clubs and Pubs in Lagos State a favorite place for abusers to obtain and use their substances. One participant told me during the interview that he purchases drugs from a very

popular night club in Lagos Island(name withheld). This club became his favorite after been caught by the NDLEA while purchasing and using the substance in another club.

However, a bouncer(security) in the current club where he purchases substance from told him and his friends in pidgin English “Alaye, nothing dey happen, no fear, we get NDLEA back up, dem no go come hear at all, no shaking, na we we” meaning; (they’ve got people in the NDLEA that provides information and cover to them. Their facility will never be raided for any drug related offence). Unfortunately, this is the reality of most night clubs in Lagos. Most participants think it would be difficult or almost impossible to stamp out this crime from clubs in Lagos State as big Political figures in the state are drug barons that run their cartel and business in those clubs.

SOCIO-ECONOMIC STATUS

The participants interviewed in this research falls between the average and low social class. Average social class in the Nigerian setting is one who earns above 100,000 Naira monthly (\$240,89 USD as at 6/6/2022). The lower social class on the other hand are those who earn less than 50,000 Naira monthly (\$120.45 USD as at 6/6/2022). These class of people are usually frustrated due to inflation and other poor economic situation in Nigeria (Otto & Ukpere, 2016). This leads them into unhealthy habits like drug abuse, where they find “temporary happiness”. Therefore, this was identified as one of the risk factors and triggers of the ongoing abuse and spread of drugs in Clubs and other areas in Lagos State.

SUSTAINABILITY OF SUBSTANCE ABUSE

This refers to the numerous means with which the participants of this study obtained and maintained their substance abuse behavior.

- 13(56.5%) participants reported to maintain this habit with their monthly salary. They are part of the Average social class. They often contribute money within themselves after receiving their salary to have a “chilling” substance abuse

night out with colleagues. They always spend the night of receiving their pay at the club. This was synonymous among these 13 participants even if they never worked together. They also sell their property and take loans within the month when their salary hasn't been paid.

- 7(30.4%) participants reported to be serial debtors because of this habit. They constantly borrow money with or without collateral just to sustain this habit. They have been arrested severally by their creditors but that didn't stop them from borrowing even more. One participant in this category said "its pathetic my friend, I'm a slave to this habit" another said, "His fiancee left him because of this lifestyle" Another participant said "my friends doesn't even pick my calls anymore, they think I'm about to ask of a loan from them, even when I just want to check up on them, its a shame"
- 3(13%) participants stated that they have sold all their valuable belongings just to maintain this habit. One participant said "I'm currently homeless" as he used his rent to buy these substances. Another sold a family motorbike for a rather cheap price just to purchase these substances. Another stole his mother's gold necklace, sold it for half the price just to be "high"

These submissions of the participants validates the fact that various means are used by them to maintain this habit. These various means, leaves them in a frustrated state, which pushes them to look for money to get "temporary happiness from being high" and then the circle continues again.

QUITTING SUBSTANCE ABUSE

All participants stated unequivocally that they want to stop abusing substances. They also outlined the challenges faced on their substance quitting journey. One participant said, "I will be very grateful if I get help with quitting, I can no longer do it on my own" One female participant made an appeal that clubs should be combed regularly to chase drug cartels, because most times they give the ladies drugs for free in exchange of sex, this is very tempting particularly when

you're trying to quit and visit the club. Some stated they want to turn a new leaf so as to be responsible citizens and role models to the younger generation. One female participant, who was in tears cried profusely stating how bad she wants to quit for the sake of her health(she's asthmatic) and also to make her parents proud of her again. She was a bright student while in high School but on getting to the University, she met bad peers that introduced her to prostitution and drug abuse. She dropped out in her 3rd year due to numerous carry-overs(failed courses). She now works as a Grocery shop clerk earning below \$100 a month.

However, some participants reported that they have stopped substance abuse for at least 6 months now. Majority of the participants indicated that they need help to overcome their present predicament.

EFFECTS OF SUBSTANCE ABUSE

All participants of this study alluded to knowing the harmful effects of substance abuse and also mentioned several effects they have experienced as well. According to their submissions, they have experienced social, health and economic effects of substance abuse.

a. Social Effects: The participants indicated their awareness of negative social effects of abusing substances. A participant(21) stated that it makes her hostile and overly aggressive and this has ruined her relationships. Participant 13 lamented that it makes him violent and he feels like he's above the law. Participants (8,11,14,6 and 15) said they were left with no choice than to keep and support friends who abuse drugs in order for them to be given some left-overs. This landed them in crime nets and they were arrested for it. Participant 2 stated that anytime he can't get drugs he becomes moody and isolated from friends and family and this has caused him several relationships.

b. Health Effects: Most participants reported to suffer from severe health conditions. All of them have had drug related health challenges. Dependence seems to be one recurring decimal in the submissions of all participants.

Participants(1,7,23,14,8,16, &11) stated that they use different types of drug more than four times daily.They lamented that if they tried quitting, it feels like the whole world is crashing on them.Participants (4, 13 & 2) has suffered lungs related problems and are currently on medications. Participant 6, lamented that she started having concentration related issues as she started abusing drugs. This led to her expulsion from the University. Participant (22 &3) stated that they know their colleagues and associates who died as a result of substance abuse. Participant 21, stated that she knows a colleague who had miscarriage and subsequently delivered a child with birth defects due to drug abuse. She stated that the medical practitioner told the couple about the possible causes of the birth defect and the husband immediately knew that was the cause and divorced her.

c. Economic Effects: Most participants reported the negative financial implications of substance abuse. Participant 2, lamented how substance abuse made him bankrupt and ruined his grocery shop business. Participants (23,15, 8, 12 ,7 &3) had been dismissed from their jobs severally because of the ineffectiveness displayed by them due to drug abuse. Participants have also dropped out of School due to the negative effects of drug abuse taking a serious toll on them. Participant (15,4,9&13) were homeless at some points less for the benevolence of some NGOs after selling their properties and using their rents for the purchase of various substances.

CHAPTER 4

DISCUSSION

INTRODUCTION

In the previous chapter, the results of the study I conducted were outlined. However, in this chapter, the results and findings of the research will be critically discussed viz -a-viz the literature reviewed in this study. Various important part of the body of this work will be discussed in detail.

TYPE OF SUBSTANCES ABUSED BY PARTICIPANTS

According to Parry (1998), many young people abused both legal and illegal drugs which are obtained from various unauthorized outlets. This was evident among the study participants as they were seen to be abusing varying types of substances ranging from Cannabis Sativa, Heroine, Cocaine,, Jet-Fuel, Marijuana, Crystal Meth(Mkpuru mmili) etc. Cannabis was seen to be the most frequently used substance among the set of participants.

This further confirms the presentation of World Health Organization (2021), which named Cannabis as the most widely abused drug in 2020. All these substances except from the locally reformed Crystal Meth nicknamed Mkpuru Mmili have been reported by other publications in the past in detail (Craig & Baucum, 2001). Crystal Methamphetamine(Mkpuru-Mmili) became a new common name among drug abusers. It started its spread from the South-Eastern part of Nigeria hence the name in Igbo language. It has now become a dominantly abused drug among young people in Lagos State as it is been reformed and locally packaged (Afolabi et.al., 2012). Due to its relative affordability and availability, it has become a household name among substance abusers in Lagos State.

WAYS OF SUBSTANCES USE

The familiar modes of substance use are smoking, sniffing, drinking, swallowing, injecting and inhaling. Most participants reported that their main mode of substance usage are smoking, sniffing, swallowing and inhaling. Five participants (22,13,17,6,&3) reported to practice substance injection with various local and international substances. All the reported mode of substance use reported by participants have been reviewed previously by other credible studies (Afolabi et, al., 2012 & Pludderman et, al., 2007).

The citizenry are now faced with varying challenges posed by the negative effects of substance abuse ranging from all forms of social vices to health and economic challenges.

SETTING OF SUBSTANCE ABUSE BY STUDY PARTICIPANTS

There were varying setting of substance abuse in this study. This ranged from shops, home, Clubs,kiosk, Pubs, Uncompleted buildings etc. The most alarming and increasingly dangerous by it's characteristics were the Clubs. This is due to inhumane activities which were reported by participants. The availability, use and protection given to substance abusers who patronize various clubs on almost a daily basis raises serious concern about the complete break down of law and order and lack of efficient control by State agencies to ensure that what business enterprises sells what they were given the license to sell or the services they were meant to provide.

Some participants reported to buy various substances from Kiosks around the club. Yet again, this raises the concern about the total lack of monitoring and control by State agencies to check the compliance of various shops and business center to extant laws of the State. The unfettered access to purchase, sell and use various illegal drugs in popular Night Clubs in the State is again another negation of the integrity of Law enforcement agencies of the State. According to the

confession of one of the participant who previously worked as a bartender at a popular club in Lagos and that of another participant who was previously arrested by NDLEA, there is a clear connivance between these government agencies and the management of the night Clubs. Based on these submissions and obvious negligence, we cannot completely rule out corruption and conspiracy on both sides.

This reality is a sad development for the citizenry of the state as many will be co-opted into this lifestyle due to its direct and indirect support from state agencies. Uncompleted buildings in both developing and developed regions of the state has also become a den for drug barons to run their criminal activities without any hindrance due to the obscurity that comes with using such locations. These finding apart from the uncompleted building and club underground(basement) practices, the rest have been reviewed in previous literature and confirms the report of the participants.

DRUG MARKETS AND SUBSTANCE AVAILABILITY WITHIN OTHER SETTINGS

The availability of different substances at various locations in the state was fingered by participants of the study as one of the factors which has encouraged the ongoing spell of substance abuse in the state. This situation was also reported in past studies (Kawaguchi, 2004) and also extensively in (Rowe, 2006). Some Night Clubs, Kiosk, shops, Pubs and even street hawkers have been named by study participants as those responsible for the propagation of substance abuse in the state. They lure girls to their outlets under various guises just to get them hooked to various substances and create a chain-like snow ball effect to their friends and families, which ultimately enrich the drug cartel. This again exposes the failure of government agencies and parastatal in controlling and monitoring the activities of business owners who have been given the license to operate by the State Government. Again, one may argue that some of these shops, Night Clubs and

kiosks etc aren't licensed to operate, hence they're operating illegally.

To the contrary, some of the fingered Night Clubs are very popular and has even played host to top politicians, entertainers and known Business Men in Nigeria. Assuming the aforementioned was true, the big question will now be; who's responsibility is it to check the legitimacy of Businesses operating in the State? No matter how the situation is viewed, government agencies has been seen to defaulter in their responsibilities and that is negatively affecting the social, health and economic situation of the citizens of the state. This needs serious and urgent attention to avoid a full blown substance abuse crises where one in every two citizens will be hooked on one drug or the other.

MEDIA INFLUENCE IN SUBSTANCE ABUSE

The participants pointed out various media adverts which had top entertainment icons of Nigeria model several substances for them, particularly Nicotine related substances like cigarettes, Shisha etc. Top blogs in Nigeria has been seen to promote various Smoke wholesale and retail brands which is against the National Tobacco act of 2015, which was signed by the then President Goodluck Ebele Jonathan. Considering that Nigeria has a record of about 18 billion cigarettes sold annually, which amounts to about \$931 million US dollars(Adeloye et, al., 2019), it is important to control the media space to slow or eradicate the publicity of tobacco related product as clearly stated in National Tobacco act of 2015 (Premium times, 2017).

CONCLUSION

The findings and results of this research has torch-lighted various important concerns to be addressed in order to curb the ongoing substance abuse crisis ravaging Lagos State. In this section, I will present the conclusion of the study based on the data of the research, recommendations as well as my personal reflections.

It is important to note that there is an ongoing substance abuse crises in Lagos State, Nigeria. The state has been proclaimed by relevant agencies as the epi-center of substance abuse in Nigeria. This situation is worrisome as Lagos State is regarded as the commercial and entertainment hub of Nigeria and Africa at large. This by implication means that it has an overwhelming convergence of young people from all over the country. Therefore, the ongoing substance abuse crisis is greatly detrimental to the growth, peace and development of the State as its most vibrant force are the prime targets of this crisis.

Night Clubs among many other settings of Substance abuse has been fingered as being a safe haven to drug cartels and aiding in the selling, purchasing, using and protection of substance abuse in the guise of doing their “licensed” business which is against the code of conduct of business operations in Lagos State. Some of these places have been seen to be substance abuse centers disguising as Night clubs. The on-goings in these place has destroyed the personal, social, health and economic life of the citizens of Lagos State. Many have run into bankruptcy, while others are homeless. Some have become school drop outs while others have lost their lives in the process. Innocent babies are suffering fro varying birth defects as a result of substances abused by their parents. Companies are loosing vibrant work force as a result of substance abuse addiction and uncouth lifestyle which emanates from this. Young ladies have been raped and trafficked into prostitution due to their dependency of substance abuse and loyalty to these criminal drug cartels. Parents have lost their children due to varying form of psychotic issues and health

challenges which are related to substance abuse. Families, marriages and relationships are been shattered due to some damning social, health and economical effects of substance abuse. Security agencies have been fingered as collaborators with various cartels propagating this ongoing substance abuse crisis by providing them with cover as stated by one of the participants and also by failing to control and monitor the activities in all these places which are prone to such criminal activity.

Allowing the situation to remain this way, sets the pace for a chaotic State bedeviled by criminality and civil unrest which arose from youth restiveness, frustration, poverty and substance addiction crisis.

The voices of young people interviewed in this study are clearly saying that “we are abusing substances due to various reasons ranging from availability, advertorial manipulation and accessibility to drug purchase particularly from clubs and we need help to stop the behaviour”. Parents, educators, health professionals, social workers and the community at large must be at the fore front in the fight against substance abuse by young people of Lagos State. The substance abuse problem affects everybody. Thus, in order to be addressed, it requires the effort of all the stakeholders including the young people themselves. This study was able to address its main objective of investigating the impact of Club culture on substance abuse in Lagos State.

RECOMMENDATIONS

Based on the reviewed literature and the body of research done, it is resolved that with the cooperation of pub owners, bartenders and bathroom personnel, a very structured prevention and safety measures (e.g. National staff training programme from NDLEA) can be used to reach pub visitors. Such targeted interventions for reducing drug-related harm have been positively evaluated, and could be extended to other substances too. Also, providing health education materials at nightlife venues may be more effective than spreading anti-drug use messages. Civil society groups and NGOs should push strongly for government accountability and responsibility in dealing with these ongoing crisis. Humanitarian organizations should go public to advocate strongly against the use of Night clubs as drug sale and dispensation centers by drug cartels.

FURTHER RESEARCH

I will recommend a larger sample with the inclusion of other local governments that shares boundary with Lagos State like, Oyo and Ondo State. If possible Benin Republic should also be included as some Night clubs with drug cartel tendencies and links to Lagos State has been fingered there as well. Also, those from the high socio-economic class should also be included in the future research to have a holistic overview of the situation.

REFLECTION

My motivation for undertaking this research despite the risk involved is the pain and passion derived from what I have been privileged to see by virtue of being President of Nigerian Students, Director of Academics and founder of a Non-governmental organization known as Greatness Club International. I have witnessed the adverse effect of substances on students and colleagues, which resulted in the termination of their studies. Students that prior to this time were very exceptional in their academics. I saw and felt how devastated the parents of a particular student who was evacuated out of Ukraine back to Nigeria, due to a psychotic breakdown from substance abuse. I also interacted with older colleagues who were unable to complete their program due to substance abuse and looking at how they turned out(standard of life), I never wanted any young person's life to turn out that way.

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APPENDICES

APPENDIX I : LETTER OF INFORMED CONSENT

Management in Healthcare
 School of Public Health
 National University of Kyiv-Mohyla Academy
 Hryhoriya Skovorody St, 2, Kyiv, Ukraine, 04655

Komi Leesi Saturday MD
 2nd Year Master Student
 Raiduzhna 58,
 Kyiv, Ukraine

LETTER OF INFORMED CONSENT

I....., give my full consent to participate in the Masters degree research to be conducted by Dr. Komi Leesi Saturday MD, a second year Masters student in the management of healthcare course, school of public health at the National University of Kyiv-Mohyla Academy, Ukraine. Under the supervision of Dr. Alyona Mazhnaya PhD. The topic of the research is The Club Culture impact on substance abuse in Lagos State, South-West Nigeria.

The purpose of this research is to uncover and substantiate the impact of negative night club practices in the propagation of the sale, use and covering of substance abuse in Lagos state. Special attention will be given to why the drugs are so available? And why and how night clubs became a safe haven for substance sale and abuse?

The procedure used for the qualitative research method will be semi-structured interviews and all the information gathered will be confidential both during and after the presentation of study results. The interviews will last for approximately 35 minutes. You will also receive a set of questionnaires from me via your provided email address. It would contain a set of questions where you choose your preferred response. It comprises of three parts (community health, quality of life and demographics). There are no known medical discomforts, risks or disease threats associated to this research.

I'd also like to state that I have no personal benefits from this research, however the results from this study will help the government, NGOs, parents, students, researchers and other relevant agencies to understand the negative impact of substance abuse in the club setting and how to contain and reduce it to the barest minimum. I was very well informed that I may resign my participation in this research at any point in time. I also fully agree that there will be no financial compensation for participating in this research.

I fully agree that the results of this work may be published in professional journals and conferences alike, but all identity information of participants will remain confidential.

I fully understand my right as a research participants and I consciously wish to voluntarily consent to participation in this research. I completely understand what the study is about, how and why it is being carried out.

I agree to receiving a copy of this signed consent form. I will also reply "I CONSENT" to the sent email to further confirm my consent.

Participant-signature.....

date:

Researcher-signature.....

date:

APPENDIX II: QUESTIONNAIRE

QUESTIONNAIRE

Please take a minute to complete the survey below. The purpose of this instrument is to get your opinions about public health concerns about club culture impact on substance abuse in Lagos, Nigeria. In collaboration with our public health partners in Nigeria, we plan to compile this information and use it as input for the development of a community health improvement plan and advice the government on the right policies to put in place to control the situation.

Thank you for your time and interest in helping us to identify our most pressing problems and issues.

Part I: Community Health

1. For the following list, what in your opinion are the three most significant factors for a “Healthy Community?” (Those factors which most improve the quality of life in a community.)

Choose only three options:

<input type="checkbox"/> Nice place to raise children	<input type="checkbox"/> Peaceful ethnic interactions
<input type="checkbox"/> quite low crime / safe neighborhoods	<input type="checkbox"/> Stable economy with job availability
<input type="checkbox"/> quite low level of child abuse	<input type="checkbox"/> Great environment for family life
<input type="checkbox"/> Great schools	<input type="checkbox"/> Healthy behaviors and lifestyles
<input type="checkbox"/> Good health care access (e.g., General practitioner)	<input type="checkbox"/> Low death rate with good life expectancy
<input type="checkbox"/> Many recreational centers	<input type="checkbox"/> Low infant mortality rate
<input type="checkbox"/> Neat environment	<input type="checkbox"/> Respect for religious and cultural values
<input type="checkbox"/> Quite affordable housing	<input type="checkbox"/> Quick emergency response in face of danger
<input type="checkbox"/> Historical events	<input type="checkbox"/> Other opinions _____

2. In the following list, what do you think are **the three most important “health problems”** in our community including **substance abuse**? (Those problems which have the greatest impact on overall community health.)

Choose only three options:

<input type="checkbox"/> Age related problems (e.g., dementia, hearing loss, etc.)	<input type="checkbox"/> Brain tumor and other related issues	<input type="checkbox"/> Rape and other forms sexual assault
<input type="checkbox"/> Cardiovascular disease	<input type="checkbox"/> High blood pressure issues	<input type="checkbox"/> Terrorist activities (e.g Boko Haram)
<input type="checkbox"/> Child trafficking and sex abuse	<input type="checkbox"/> Suicide	<input type="checkbox"/> Sexually Transmitted Diseases (STDs)
<input type="checkbox"/> Dental Issues	<input type="checkbox"/> Homicide	<input type="checkbox"/> HIV / AIDS
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Infant mortality	<input type="checkbox"/> Teenage marriage and pregnancy
<input type="checkbox"/> Violence of all kinds	<input type="checkbox"/> Various Infectious Diseases (e.g., Tuberculosis, Measles, etc.)	<input type="checkbox"/> Respiratory / lung disease
<input type="checkbox"/> Cultism related injuries		<input type="checkbox"/> Other _____

3. In the following list, what do you think are **the three most important “risky behaviors”** in our community that promote drug abuse? (Those behaviors which have the greatest impact on overall community health relating to substance abuse.)

Check only three:

<input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Racism
<input type="checkbox"/> Being overweight	<input type="checkbox"/> Tobacco use
<input type="checkbox"/> Dropping out of school	<input type="checkbox"/> Not using birth control

<input type="checkbox"/> Drug abuse	<input type="checkbox"/> Not using seat belts / child safety seats
<input type="checkbox"/> Lack of exercise	<input type="checkbox"/> Unsafe sex
<input type="checkbox"/> Lack of maternity care	<input type="checkbox"/> Unsecured firearms
<input type="checkbox"/> Poor eating habits	<input type="checkbox"/> Other _____
<input type="checkbox"/> Not getting “shots” to prevent disease	

4. How would you rate the overall health of our community considering the level of substance abuse?

Very unhealthy Unhealthy Somewhat healthy Healthy Very healthy

5. How would rate your own personal health after substance abuse episode?

Very unhealthy Unhealthy Somewhat healthy Healthy Very healthy

6. How easy was it for you to access various substances in clubs?

Very easy Easy Somewhat easy hard Very hard

7. Approximately how many hours per month do you and your team volunteer your time to sensitize the public about substance abuse? (e.g., schools, voluntary organizations, churches, hospitals, etc.)

None 1 - 6 hours 7- 12 hours Over 12 hours

PART 2: Quality of Life

Directions: Please read the questions and circle the number that best states your opinion.

- 5 --- Strongly yes
- 4 --- Yes
- 3 --- Neutral
- 2 --- No
- 1 --- Strongly No

Quality of Life Questions	Likert Scale Responses (1 to 5, with 5 being most positive)										
16. Are you satisfied with the quality of life of teenagers and youths in our community? (Consider your sense of safety, well being, participation in community life and associations, etc.)	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;">1</td> <td style="padding: 0 10px;">2</td> <td style="padding: 0 10px;">3</td> <td style="padding: 0 10px;">4</td> <td style="padding: 0 10px;">5</td> </tr> <tr> <td style="padding: 0 10px;">NO!</td> <td></td> <td></td> <td></td> <td style="padding: 0 10px;">YES!</td> </tr> </table>	1	2	3	4	5	NO!				YES!
1	2	3	4	5							
NO!				YES!							
17. Are you satisfied with the health care system and NDLEA response to substance abuse in your community or region ? (Consider access, cost, availability, quality, and options in health care)	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;">1</td> <td style="padding: 0 10px;">2</td> <td style="padding: 0 10px;">3</td> <td style="padding: 0 10px;">4</td> <td style="padding: 0 10px;">5</td> </tr> <tr> <td style="padding: 0 10px;">NO!</td> <td></td> <td></td> <td></td> <td style="padding: 0 10px;">YES!</td> </tr> </table>	1	2	3	4	5	NO!				YES!
1	2	3	4	5							
NO!				YES!							
18. Is this community a good place to raise children, considering drug abuse awareness? (Consider school quality, day care, after school programs, recreation, etc.)	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;">1</td> <td style="padding: 0 10px;">2</td> <td style="padding: 0 10px;">3</td> <td style="padding: 0 10px;">4</td> <td style="padding: 0 10px;">5</td> </tr> <tr> <td style="padding: 0 10px;">NO!</td> <td></td> <td></td> <td></td> <td style="padding: 0 10px;">YES!</td> </tr> </table>	1	2	3	4	5	NO!				YES!
1	2	3	4	5							
NO!				YES!							
19. Is there economic opportunity in the community to positively engage											

youths and teenagers? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	1 NO!	2	3	4	5 YES!
20. Are there support teams for individuals, colleagues and families with registered cases of substance abuse (Community based organizations, NGOs) when under stress or in need?	1 NO!	2	3	4	5 YES!
21. Is it possible for every individual organization to have the opportunity to contribute and also participate in the state or region's quality of life in relation with drug abuse?	1 NO!	2	3	4	5 YES!
22. Are residents conscious of their individual and collective responsibility towards the betterment of the state?	1 NO!	2	3	4	5 YES!
23. Do you think that there are sufficient variety of health services and organizations in the state?	1 NO!	2	3	4	5 YES!
26. Are the health organizations in the state suitable enough to arrest the drug abuse situation?	1 NO!	2	3	4	5 YES!
27. Do the citizens of the state trust government agencies and other NGOs enough to partner with them on the mission to contain substance abuse?	1 NO!	2	3	4	5 YES!

Part 3: Demographics

Please answer questions #7-15 It is important so we can understand how citizens feel about local health issues.

7. Zip code where you live: _____

___ Below high school

___ Secondary School

8. Age: ___ 25 or less

___ University, Polytechnic or higher

___ 26 - 39

___ Other _____

___ 40 - 54

___ 55 - 64

___ 65 or over

13. Household income

___ Less than \$20,000

___ \$20,000 to \$29,999

___ \$30,000 to \$49,999

___ Over \$50,000

9. Sex: ___ Male ___ Female

10. Ethnic group you relate mostly with:

___ Igbo

___ Hausa

___ Yoruba

___ Ijaw

___ Fulani

___ Other _____

14. How do you maintain your healthcare service delivery? (choose all that apply)

___ Out of pocket

___ Via health insurance companies

___ Herbal or native doctor

___ Self-medication

___ Other _____

11. Marital Status:

___ Married / common-law partner

___ separated / Single

15. Where / how you got this survey: (check one)

___ Church

___ Community Meeting

12. Educational level

- Grocery Store / Shopping Mall
- Mail
- Newspaper
- Newsletter
- Personal Contact
- Workplace
- Other _____

Date of response:

APPENDIX III: Semi-structured interview guide

- ✓ Where do you reside in Lagos?
- ✓ Do you live by yourself or you stay with someone?
- ✓ How old are you this year?
- ✓ How do you feel about alcohol adverts on billboards in Lagos State
- ✓ Have you ever used any substance(drugs, alcohol etc) in your life?
- ✓ If yes, which did you use or still using?
- ✓ How did you start using substances?
- ✓ Who did or do you use substances with?
- ✓ What motivates you to use substances?
- ✓ Do anyone close to you also use substances?
- ✓ If yes, who are they; siblings, partner, colleagues or friends?
- ✓ How often do you use substances?
- ✓ Where do you usually get substances (drugs) from?
- ✓ Do or did you purchase substances from clubs?
- ✓ If yes, how did you know that substances were being sold at the club?
- ✓ Did or do you usually use the substances at the club after purchasing it?
- ✓ If yes, are allowed freely to do so there or you do that by hiding?
- ✓ How do you support this habit of substance abuse?
- ✓ Have you any health, economic(financial) or social(relationship) effect from using these substances?