



SOCIAL AND CULTURAL FACTORS INFLUENCING DRUG USE: A COMPARATIVE ANALYSIS OF RURAL AND URBAN COMMUNITIES OF DELTA STATE, NIGERIA

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Abstract

This study examined the social and cultural factors influencing drug use in rural and urban communities in Delta State, Nigeria. A comparative analysis was conducted using data from 1,199 respondents across three Local Government Areas (Warri-South, Okpe, and Ukwuani). The study examined drug use prevalence, accessibility, and exposure to drugs in these distinct environments. The research employed a cross-sectional design and used structured questionnaires to gather data. Results revealed a higher prevalence of drug use in urban areas compared to rural communities, with socio-economic factors, peer influence, and access to drugs being more pronounced in urban settings. In contrast, rural areas exhibited lower drug use rates but were more influenced by cultural practices and natural drug use. Additionally, urban respondents reported greater accessibility to both synthetic and natural drugs, while rural respondents had limited exposure but were influenced by community norms and religious beliefs. The findings underscore the importance of understanding context-specific social and cultural dynamics to develop effective interventions for reducing drug use. This research highlights The study's findings highlight the need for tailored interventions that address the unique challenges posed by both urban and rural environments. In urban areas, targeted interventions focusing on socio-economic empowerment, peer education programs, and enhanced access to mental health services are crucial. Community-based interventions, such as drug awareness campaigns and support groups, can be particularly effective in rural settings. Strengthening existing drug prevention efforts in rural areas, including the promotion of traditional healing practices and community engagement, is also essential. Furthermore, addressing the accessibility of natural drugs, which often play a significant role in rural communities, requires a multifaceted approach. This may involve promoting sustainable agricultural practices, regulating the production and distribution of natural substances, and providing education on the potential risks and benefits of their use. To ensure the ongoing effectiveness of drug prevention initiatives, regular data collection and monitoring are imperative. By tracking changes in drug use patterns, identifying emerging trends, and evaluating the impact of interventions, policymakers and healthcare professionals can make informed decisions and refine their strategies accordingly.

Keywords: Drug use, social and cultural factors, rural and urban communities, Nigeria

Introduction

Drug use remains a pressing public health concern, with wide-ranging implications for individuals, families, and communities. As the global landscape continues to evolve, understanding the social and cultural factors influencing drug use becomes paramount. Drug use represents a complex and pervasive societal challenge with profound implications for public health, social dynamics, and community well-being. As the 21st century unfolds, the



patterns and determinants of substance abuse continue to evolve, necessitating a nuanced examination of the underlying factors that shape these behaviors. This research seeks to delve into the intricate web of influences shaping drug use patterns, with a specific focus on the disparities between rural and urban communities.

The 21st century has witnessed a notable shift in population distribution, with an increasing number of individuals residing in urban areas compared to rural counterparts. Urbanization is a defining trend, with an increasing proportion of individuals choosing to reside in urban areas, drawn by the promise of economic opportunities and access to diverse resources (United Nations, 2018). This demographic transition is accompanied by a confluence of social, economic, and cultural changes that inherently influence health-related behaviors, including patterns of drug use. Substance abuse is not solely a health issue; it is deeply intertwined with the social fabric and cultural nuances of communities (Room, Babor, and Rehm, 2005). Rural and urban environments, with their distinctive characteristics, present unique contexts for the manifestation of drug use patterns.

Urban areas, characterized by high population density, cultural diversity, and rapid socio-economic changes, provide a fertile ground for the proliferation of various substances (Degenhardt, Glantz, Evans-Lacko, Sadikova, Sampson, Thornicroft, and Aguilar-Gaxiola, 2016). Carson (2021) and Ikenyei (2017), examined drug use among honors students, a group not typically associated with substance abuse. This study found out that academic strain, particularly pressure to succeed, did not directly predict prescription drug misuse. However, social strain, specifically conflict with friends, did correlate with marijuana use. The accessibility and availability of drugs, coupled with the anonymity that urban living affords, create an environment where different substances may be more prevalent or where novel drug use behaviors may emerge.

Conversely, rural communities, often characterized by close-knit social structures and adherence to traditional cultural practices, present a different set of dynamics influencing drug use behaviors (Keyes, Cerdá, Brady, Havens, and Galea, 2014, Ikenyei and Akpotor 2020). Morland, Lindstrom, Catalano, and Bergman (2021) and Ikenyei (2022), explored the influence of family dynamics alongside peer pressure. Their findings suggest that for adolescents from disadvantaged backgrounds, the presence of a supportive family can mitigate the influence of drug-using peers. However, Broida, Doremian, Wright, and Cullen (2021) and Ikenyei and Hussaini (2019), examined this among justice-involved youth. They found that youth with stronger ties to delinquent peers (who frequently used drugs) were more likely to report drug use themselves (Ikenyei and Efebe 2020). This underscores the enduring significance of social bonds and the potential for peer groups to act as vectors for drug use. The interconnectedness of rural communities may impact the diffusion of substance use norms, and cultural values may act as protective or risk factors against drug use initiation.

Literature Review

Definition and Classification of Drugs

Drugs can be broadly categorized into several types based on their effects, legality, and potential for misuse and addiction. The World Health Organization (WHO, 2004) defines a drug as "any substance that, when taken into the living organism, may modify one or more of its functions." In the context of psychoactive substances, this definition includes a wide range of drugs, from those that are socially and legally accepted, such as alcohol and nicotine, to those that are illegal and stigmatized, such as cocaine and heroin.



Psychoactive substances can be classified into several categories:

- **Stimulants:** These drugs increase alertness, attention, and energy by stimulating the central nervous system. Examples include cocaine, amphetamines, and caffeine.
- **Depressants:** These substances slow down brain function and are often used to relieve anxiety or induce sleep. Examples include alcohol, benzodiazepines, and barbiturates.
- **Hallucinogens:** Hallucinogens alter perception, mood, and thought, often leading to visual or auditory hallucinations. Examples include LSD, psilocybin (found in certain mushrooms), and natural substances such as ayahuasca.
- **Opioids:** These are substances that act on opioid receptors in the brain to produce pain-relieving and euphoric effects. Examples include heroin, morphine, and prescription painkillers like oxycodone.
- **Cannabinoids:** This category includes drugs derived from the cannabis plant, such as marijuana, which is used both for its psychoactive effects and potential medicinal benefits.

The legal classification of drugs in Nigeria is largely influenced by international conventions and agreements, such as the United Nations Single Convention on Narcotic Drugs of 1961, which categorize certain substances as illegal based on their potential for misuse and harm.

Historic Background on Drugs in Nigeria (19th Century and Beyond)

Pre-Colonial Era (Before 19th Century)

Information on psychoactive substances in pre-colonial Nigeria is scarce. Existing evidence suggests the use of plants with psychoactive properties for medicinal and religious purposes (Akerlele, 1977, Ikenyei and Akpotor 2020). Indigenous communities likely utilized substances like kola nut (*Cola nitida*) and Indian hemp (*Cannabis sativa*) for various purposes, including rituals, social gatherings, and pain management (Erowid, n.d.).

Colonial Era (19th Century and Early 20th Century)

The arrival of Europeans in the 19th century marked a significant shift. Colonial trade routes introduced new psychoactive substances, particularly alcohol and opium. European influence may have contributed to a rise in recreational drug use, especially among elites who adopted Western practices (Obot, 2014, Ikenyei and Nwador 2020).

Colonial Control of Psychoactive Substances

Colonial authorities sought to control the trade and use of psychoactive substances. They primarily focused on restricting access to European-introduced drugs like alcohol and opium, fearing their potential to disrupt social order and economic productivity (Adewuyi, 2012, Ikenyei 2023). Although, some indigenous psychoactive plants may have been tolerated or even encouraged for use within traditional medical practices.

Post-Colonial Era (Mid-20th Century to Present)

Following independence, Nigeria witnessed a complex evolution in drug use patterns. Urbanization and economic development likely facilitated the spread of recreational drugs, particularly among young people. The country also became a transit route for international drug trafficking, increasing availability of illicit substances (UNODC, 2021).

While traditional substances like cannabis continue to be used, there is a growing concern about the use of pharmaceutical opioids and synthetic drugs like methamphetamine (Emmanuelle, 2014, Ikenyei and Akpotor 2023).



Drug Use in Rural and Urban Areas

Urban environments are typically characterized by greater accessibility to a wide variety of drugs, both licit and illicit. This increased availability is often linked to the higher population density, more substantial socioeconomic disparities, and the presence of established drug distribution networks (Friedman, 2006). Studies have shown that urban residents, particularly in densely populated areas, are more likely to engage in the use of synthetic drugs such as heroin, cocaine, and methamphetamine. These substances are more readily available due to the established supply chains and the demand driven by the diverse and often economically challenged populations in urban settings (Bennett et al., 1999, Ikenyei and Hussaini (2022).

In Delta State's urban centers, such as Warri and Asaba, drug use is further influenced by factors such as unemployment, poverty, and the breakdown of traditional family structures. These conditions often lead to a higher prevalence of drug use as a coping mechanism (Odejide, 2006, Ikenyei 2016). Additionally, the influence of global drug trends and the penetration of Western lifestyles and values contribute to the growing popularity of synthetic drugs in urban areas (Obot, 2001).

In contrast, rural areas tend to have less exposure to synthetic drugs, with a higher prevalence of natural drugs such as marijuana, colorado, SK, Canadian loud, Monkey tail, wisdom wine, Squshies and other locally sourced hallucinogens. The relative isolation of rural communities often results in limited access to synthetic drugs, which are less commonly trafficked in these regions due to lower demand and logistical challenges (Eze, 2018). However, the proximity to natural sources of drugs, such as cannabis plants and other psychoactive flora, increases the use of these substances.

Cultural practices in rural areas also play a significant role in shaping drug use patterns. In many rural communities, traditional healers and the use of herbal remedies are deeply rooted in the local culture, and this extends to the use of certain natural drugs. For instance, in some parts of Delta State, the use of marijuana is not only socially accepted but also integrated into cultural and religious practices (Olley, 2008). This cultural acceptance, combined with the easy accessibility of these natural substances, leads to a higher prevalence of their use in rural areas compared to urban settings.

Popularity of drug use in rural and urban areas

Due to the sensitive nature of the topic and limitations of readily available data, providing definitive prevalence rates is challenging. For Urban Areas like Warri City in Warri - South Local Government area, Osubi in Okpe Local Government Area, and Obiaruku in Ukwuani Local Government Area, the following is accurate:

Greater Availability: Brown, Johnson, and Smith (2018) made a longitudinal study focused exclusively on urban neighborhoods. Their research meticulously tracked the patterns of drug utilization over an extended duration, shedding light on the developmental dimensions of substance misuse. Through pinpointing pivotal factors such as convenient accessibility and diversity, they elucidated the factors influencing the progression of drug usage within urban contexts. The urban landscape provides heightened anonymity and well-established distribution channels, thereby enhancing the accessibility of illicit substances. Consequently, certain neighborhoods may harbor drug markets or what are commonly referred to as 'black spots'.



Socioeconomic Disparity: Unemployment, poverty, and social pressures can be more concentrated in urban slums. These factors can create a breeding ground for drug use as a coping mechanism or a means to escape harsh realities.

Fast-Paced Lifestyle and Peer Pressure: Exposure to a fast-paced lifestyle with readily available entertainment options can increase susceptibility to drug use, especially among youth. Peer pressure within social circles that normalize drug use can further worsen the problem. Engdahl, Moreno, and Catalano (2022) conducted a longitudinal study examining the impact of social media on adolescent drug use. Their findings suggest that exposure to content glorifying drug use, particularly among peers, can normalize and even glamorize drug use for some adolescents. Jang (2013) examined the link between gang membership and substance use among urban youth. This study found that gang membership exposed youth to a social environment that normalized drug use through observational learning and reinforcement.

Rural Areas on the other hand generally have:

Limited Availability: Physical distance from urban centers and smaller, more close-knit communities can make acquiring illicit drugs more difficult. Local vendors may be less common, and social stigma against drug use might be stronger. Miller and Martinez (2019) concentrated on the unique challenges faced by rural communities. Their study not only highlighted the popularity of specific local substances but also investigated the impact of factors such as geographical isolation and limited access to healthcare services. The research revealed the need for targeted interventions tailored to the specific circumstances of rural populations.

Traditional Control Mechanisms: Stronger social cohesion in rural areas can act as a deterrent. Community elders and traditional institutions may hold significant influence, enforcing social norms and discouraging drug use.

This urban-rural divide is not absolute. Some additional nuances and considerations to have a more comprehensive understanding include:

Porous Borders and Waterways: The Niger Delta's porous borders and extensive network of waterways might facilitate the movement of illicit drugs into rural areas, potentially creating hidden pockets of drug use.

Urban-Rural Linkages: Urban drug users might travel to rural areas to escape detection, leading to a hidden rural user population. Additionally, return migration of individuals who used drugs in urban areas can influence drug use patterns in their rural communities. (Ugboma, S. C. (2007) explored the impact of globalization on drug and alcohol use in rural communities. The study highlighted the potential for increased availability of drugs in rural areas due to globalization, challenging the traditional perception of lower prevalence in these settings.

Accessibility and exposure to drugs in rural and urban areas

In urban Areas like Warri City, Osubi, and Obiaruku, the following are substantive issues concerning drug use:

Higher Accessibility: Urban areas like Warri, Obiaruku or Osubi tend to have easier access to drugs due to a denser population and increased anonymity. Drug peddlers can operate in hidden corners, bars, and even through social media networks.

Wider Variety of Drugs: Cities often have a wider variety of drugs available, including synthetic substances, prescription medications misused for recreational purposes, and



traditional concoctions. This variety caters to a potentially larger user base with diverse preferences.

Social Pressures: Urban environments can have a faster pace of life and higher levels of peer pressure. This, combined with easier access, might increase the risk of drug experimentation and use. Social influences, including peer pressure and family dynamics, play a significant role in drug initiation and maintenance (Williams, 2019).

Rural Areas on the other hand have the following issues characterizing them:

Limited Accessibility: Geographic remoteness and smaller communities can make it harder to obtain drugs. Social control might be stronger, with everyone knowing everyone else's business. Okafor (2019) explored the vulnerability of rural learners to drug abuse. This research suggested that a lack of positive alternatives and limited access to resources can contribute to drug use as a coping mechanism. The study indirectly supports the potential impact of community norms and social learning by emphasizing the need for alternative activities and positive role models in rural areas.

Focus on Traditional Substances: Rural areas might see a greater accessibility of readily available traditional concoctions like 'SK'. Al-Eryani (2019) study in Yemen explores Khat use, a plant-based stimulant. This research highlights the influence of social norms and cultural acceptance on traditional substance use. Adewuyi, Adedoyin and Owolabi (2020) examined the "sociocultural context of tramadol use" in Nigeria. They found that cultural beliefs like self-medication and the perception of tramadol as a sex performance enhancer were influenced by social learning through interactions with friends and family.

Economic Factors: Poverty and limited employment opportunities can contribute to drug use as a coping mechanism or a perceived path to quick money through petty drug dealing.

Cultural factors, including community values and norms, influencing drug use patterns in rural and urban communities.

Cultural factors, such as community norms and acceptance, contribute to the prevalence of certain substances in specific regions (Garcia and Martinez, 2020). Abdullah, Hamzah, and Hassan (2019) explored cultural attitudes towards cannabis use in Malaysia. They found a generational divide, with younger Malaysians exhibiting a more relaxed attitude compared to older generations. This highlights the dynamic nature of cultural norms and their impact on drug use. Johnson, Jang, and Chen (2021) explored how cultural norms surrounding masculinity influenced marijuana use among young adults. They found that in cultures emphasizing traditional masculinity (think stoicism, risk-taking), young men were more likely to abuse marijuana to project a tough image. This highlights how cultural expectations can push individuals towards deviant behavior. Community values and norms in urban areas that influence drug use includes:

Fast-paced lifestyle: Urban centers pulsate with a fast-paced life. Youths, under pressure to succeed or alleviate stress, might turn to stimulants or tranquilizers. Peer pressure to conform to a "fast life" image can also be a factor. Miller, Wright and Catalano (2023) studied how urban sprawl, a hallmark of fast-paced city life, contributes to drug use through social learning. Using a longitudinal design, the researchers tracked adolescents in sprawling suburbs compared to those in more compact communities. Their findings suggest that sprawling environments weaken social bonds and decrease parental supervision, creating opportunities for exposure to drug use through peer groups. Fergusson, Livingston, and Horwood (2017) longitudinal study



examined how social learning processes are influenced by urban environments. The researchers followed adolescents in New Zealand for several years, finding that exposure to peers who use drugs was a stronger predictor of substance abuse in urban areas compared to rural settings.

Social Disorganization: Rapid urbanization often disrupts traditional social structures. Johnson, Golub and Dunlap (2019) utilized geographic information systems (GIS) to map the concentration of drug activity in urban areas, highlighting the role of social disorganization in facilitating drug trafficking networks. Weakened family bonds and a lack of community support systems can leave individuals vulnerable to drug use.

Availability: Urban areas typically have easier access to illegal drugs due to anonymity and established distribution networks. Ghosh, Morris and Griffiths (2023) investigated how anonymity on online forums fosters social learning around non-medical prescription drug use. Their research suggests that users discuss drug acquisition, effects, and experiences without fear of judgment, potentially normalizing and glamorizing such behavior. The anonymous environment may reduce inhibitions and increase susceptibility to social influence regarding drug use. Likewise, Nock, Galea, Compton, Boyd, and Preuss (2019) explored the link between availability and risk perception. It demonstrated that individuals with easier access to prescription opioids are more likely to use them non-medically, even if they perceive the risks to be high. This highlights the complex interplay between social learning (observing others' use) and individual decision-making, influenced by readily available drugs.

Rural Areas on the other hand are often influenced by:

Limited Opportunities: Rural areas might grapple with limited economic opportunities and a sense of hopelessness, leading some to self-medicate with drugs.

Cultural Practices: Certain cultural practices, like using herbal concoctions for spiritual purposes, might create a gateway to more potent substances. Baer, Neighbors and Simons (2018) explored how social norms surrounding drug use in urban neighborhoods influence youth behavior. Their findings highlight the importance of social learning within communities. They observed that youth residing in neighborhoods with more tolerant attitudes towards drug use were more likely to engage in substance use themselves.

Boredom and Peer Pressure: Limited recreational activities in rural areas can lead to boredom, making youths susceptible to peer pressure to experiment with drugs. Eze and Oni (2019) specifically focused on drug use and abuse among rural youths in Southeast Nigeria. They identified several factors that contribute to drug use in rural areas, including lack of recreational activities, unemployment, and poor economic opportunities. These factors can lead to boredom and a search for alternative coping mechanisms, potentially influencing susceptibility to drug use. Willging and Cooper (2018) studied how rural youth in New Mexico perceive boredom and its association with drug use. They found that boredom, coupled with limited educational and employment opportunities, led youth to view drug use as a coping mechanism and a way to connect with peers who engage in similar behaviors. Also, Bahr, Stice and Petitclerc (2016) explored various risk and protective factors associated with adolescent substance use in rural areas. While acknowledging limited access to drugs in some rural settings, the authors highlighted how boredom, social isolation, and a lack of positive social activities can increase the appeal of drug use for adolescents.



Community Values and Norms:

Religious Beliefs: Delta State's strong religious presence can create a social stigma around drug use, deterring some but potentially leading others to use them in secrecy. Steinman, Ferketich and Sahr (2008) examined religiosity's influence on drug use among adolescents in the US. They proposed that frequent religious activity fosters social integration through positive peer groups and role models within the religious community. This, in turn, reduces the appeal of drug use often associated with deviant peer groups. The study supports a "dose-response" relationship, suggesting that higher levels of religious activity (frequent attendance, participation) lead to the lowest drug use rates, while Chatterjee, Jackson and Neighbors (2018) conducted a comprehensive research on religiosity and substance use. Their analysis highlights the complex interplay between various aspects of religion and drug use. While religious beliefs alone may not have a strong effect, religious practices like attending services and involvement in faith-based communities seem to offer protective factors. Religious communities provide positive social support networks and pro-social norms that discourage drug use.

Respect for Elders: Traditionally, respect for elders is ingrained. However, a breakdown of this value can lead to a generational disconnect, with youths rebelling through drug use. Olusola, Ibitoye and Afolabi (2020) explored generational differences in substance use and underlying social norms in northern Nigeria. Their study suggests a potential weakening of traditional respect for elders, which might be linked to increased substance use among younger generations, while Ezenweze, Anejionwu and Igbokwe (2021) examined the role of cultural norms and social learning in substance use among university students in southeast Nigeria. Their research highlights the influence of cultural norms that emphasize respect for elders. They proposed that strong elder disapproval of drug use could act as a protective factor against substance abuse through social learning mechanisms.

Secrecy and Shame: The cultural emphasis on maintaining a good reputation can lead to issues being hidden, hindering efforts to address drug use openly. Ugwu and Ajah (2019) explored parental monitoring as a protective factor against drug use and highlight the influence of peer pressure in social settings. Interestingly, the research also suggests that students might engage in substance use secretly to avoid parental disapproval, potentially linking to the fear of shame. Eluwa and Falusi (2018) specifically focused on rural communities. Their study revealed the strong social stigma attached to drug use, leading to secrecy and a reluctance to seek help due to fear of shame and rejection. This reinforces negative consequences and hinders access to support systems.

Theoretical Framework

Social Learning Theory

Albert Bandura, a renowned psychologist, introduced the Social Learning Theory in the early 1960s, significantly impacting the field of psychology and social sciences. Bandura's theory emphasizes the importance of observational learning, imitation, and modeling in shaping human behavior. Central to this theory is the notion that individuals learn not only through direct experience but also by observing the actions and outcomes of others within their social environment.

Albert Bandura's Social Learning Theory has greatly shaped how learning occurs. Bandura (1977) integrated behavioral and cognitive theories of learning in order to provide a comprehensive model that could account for the wide range of learning experiences that occur in the real world. It proposes that behavior is learned through observation, imitation, and social



interaction. Observational learning is the foundation of social learning theory. Individuals learn by observing the behavior of others, particularly those they admire or spend time with. Seeing peers or family members use drugs can increase the likelihood of imitating that behavior. Adewuyi, Owolabi and Adeyemo (2021) investigated the association between peer pressure, social learning, self-efficacy, and substance use among adolescents in southwestern Nigeria. Their findings support theories like Bandura's social learning theory, suggesting that observing peers' drug use and lacking the confidence to resist (low self-efficacy) increases adolescents' risk of substance use.

Modeling is a concept associated with social learning theory. People are more likely to imitate behaviors that are seen as rewarding or have positive consequences. Conversely, behaviors with negative consequences are less likely to be adopted.

Social Reinforcement is another key concept associated with social learning theory. (Efunshile and Adetunji, 2022) study examined the role of parental monitoring and social norms in influencing adolescent drug use. It emphasized how social norms, shaped by the community, can act as a deterrent to drug use. Positive reinforcement, like social approval or acceptance from peers who use drugs, can strengthen the behavior of drug use.

In both rural and urban settings, social circles can play a significant role. If drug use is common within a friend group, individuals are more likely to be exposed to it and may feel pressure to conform. Urban settings might have larger peer groups with a wider range of drug use behaviors, while rural settings might have more close-knit communities where drug use is more readily observed.

At the international level, studies have shown the complex interplay between globalization, socio-economic imbalance, and cultural norms in shaping patterns of drug use. Nations, including Nigeria, struggle with the challenges posed by globalization, which not only facilitates the spread of illicit substances but also introduces new cultural norms and social dynamics that influence drug consumption behaviors (United Nations Office on Drugs and Crime [UNODC], 2020).

Nationally, Nigeria faces a unique set of circumstances regarding drug use, characterized by a combination of socio-economic inequalities, political instability, and cultural diversity. The country's geographical and demographic diversity further complicates the issue, with regional disparities in access to resources, healthcare, and law enforcement contributing to differential patterns of drug use (Balogun, Koyanagi, Stickley, Gilmour, Shibuya and Kondo, 2017). Additionally, national drug control policies and interventions, though implemented with the aim of reducing drug-related harm, often face challenges in effectively addressing the underlying social and cultural determinants of drug use (Federal Ministry of Health [FMOH], 2018).

At the local level, the focus shifts to specific communities within Delta State, Nigeria. Urban and rural areas within the state exhibit distinct social structures, cultural practices, and norms that shape individuals' attitudes towards drug use. Bandura's social learning theory provides a valuable framework for understanding how these social and cultural factors influence drug use behavior. According to Bandura (1977), individuals learn through observation, imitation, and modeling of the behavior of others within their social environment. Applied to the context of drug use, this theory suggests that exposure to drug-related behaviors within one's community,



whether through direct observation or social interactions, can significantly impact an individual's likelihood of engaging in drug use.

Methodology

Research Design The study employed a **cross-sectional comparative analysis** to investigate social and cultural factors influencing drug use in rural and urban communities of Delta State, Nigeria. This design was chosen because it enables the simultaneous examination of different variables across various demographic groups at a single point in time. Cross-sectional analysis is particularly effective for capturing a snapshot of the studied communities, facilitating direct comparisons between rural and urban areas.

Population and Sampling

The population under study was drawn from the rural and urban communities of three Local Government Areas (LGAs) in Delta State: Warri-South, Okpe, and Ukwani. These areas were selected due to their distinct socio-cultural and economic characteristics, which were considered important for the study. Stratified random sampling was used to ensure that the sample represented both rural and urban populations across these LGAs.

The sample size for each LGA was determined using the Taro Yamane formula, with a confidence level of 95% and a margin of error of 5%. The resulting sample sizes were as follows: Warri-South (400), Okpe (400), and Ukwani (399). A total of 1,199 respondents were targeted for data collection, ensuring a statistically significant representation of the population. The stratification was based on rural and urban distinctions, with participants randomly selected from each stratum.

Instrument of Data Collection

Data were collected using a **structured questionnaire** titled "Social and Cultural Factors Influencing Psychoactive Substance Questionnaire (SCFIPSQ)." The instrument was designed by the researcher and tailored to capture key variables associated with drug use in both rural and urban contexts. The SCFIPSQ was divided into two sections:

- **Section A** collected demographic data, such as age, gender, and residential area.
- **Section B** consisted of 20 Likert-scale items aimed at evaluating the social and cultural influences on psychoactive substance use. Respondents rated each item on a 5-point scale ranging from "Strongly Agree" to "Strongly Disagree."

To ensure the clarity and relevance of the questionnaire, items were carefully developed based on extensive literature reviews and refined through expert feedback. Both positively and negatively keyed questions were included to minimize response bias and improve the accuracy of the data.

Ethical Considerations

Prior to the commencement of data collection, informed consent was obtained from all participants. The purpose, procedures, potential risks, and benefits of the study were explained, and participants were assured of the confidentiality and anonymity of their responses. Ethical approval for the study was obtained from the relevant institutional review board, with special attention given to respecting the cultural values of the communities involved.

Findings

Demographic Overview

A total of 1,199 questionnaires were distributed and returned, yielding a 100% response rate. The demographic breakdown reveals that:

- **Age Distribution:** Respondents aged 18-25 constituted the largest group (32.1%), followed



by those aged 34-40 (23.6%), 26-33 (22.2%), and 41 and above (22.1%). The majority of the younger respondents indicated a heightened awareness of the social and cultural factors influencing drug use.

- **Gender Distribution:** The sample was almost evenly split between males (50.3%) and females (49.7%). Notably, male respondents demonstrated greater awareness of drug-related social and cultural influences compared to females.
- **Residential Area:** Respondents were equally divided between rural (50%) and urban (50%) areas, ensuring balanced representation in the study.
- **LGA Representation:** Warri-South had the highest proportion of respondents (39.9%), followed by Okpe (39.2%) and Ukwuani (20.9%). The distribution reflects the population sizes of the respective areas, ensuring appropriate representation.

Hypothesis 1: Prevalence of Drug Use

The first hypothesis posited that drug use would be more prevalent in urban areas compared to rural areas. The findings support this hypothesis. The mean drug use prevalence in urban areas ($M = 3.33$) was higher than in rural areas ($M = 3.17$), with a statistically significant difference between the two ($t(1,197) = -3.72, p < .001$). This suggests that urban residents in Delta State experience higher rates of drug use than their rural counterparts.

Hypothesis 2: Exposure to Drug Use Activities

Contrary to expectations, rural respondents reported higher exposure to drug use activities than urban residents. The mean exposure in rural areas ($M = 3.35$) was slightly higher than in urban areas ($M = 3.26$). However, the difference was not statistically significant ($t(1,197) = 1.89, p = .97$), indicating that both rural and urban areas experience similar levels of exposure to drug-related activities, with rural areas potentially experiencing slightly more.

Hypothesis 3: Drug Use Trends by Age Group

The third hypothesis examined drug use trends across different age groups between urban and rural areas. Respondents aged 18-25 in urban areas reported a higher mean ($M = 3.11$) compared to their rural counterparts ($M = 2.92$). A similar pattern was observed for the 26-33 and 41+ age groups. However, respondents aged 34-40 in rural areas reported a higher mean ($M = 3.16$) than those in urban areas ($M = 3.03$). These results suggest a nuanced relationship between age, location, and drug use trends, with younger urban residents showing higher prevalence rates.

Hypothesis 4: Accessibility of Natural Drugs

The fourth hypothesis speculated that rural residents would have higher accessibility to natural drugs, such as hallucinogens. Surprisingly, the findings revealed that urban residents reported greater accessibility ($M = 3.52$) compared to rural respondents ($M = 3.45$). The difference was statistically significant ($t(1,197) = -3.76, p < .001$). This could be attributed to the influence of urbanization, where access to both natural and synthetic drugs may be more readily available due to better infrastructure and distribution networks.

Conclusion

The findings of this study provide substantial evidence to support the initial hypotheses regarding the differential patterns of drug use between urban and rural communities in Delta State, Nigeria. The data collected from Warri-South, Okpe, and Ukwuani Local Government Areas offer an understanding of the complex interplay between social, cultural, and environmental factors influencing drug use behaviors.

The first hypothesis, predicting a higher prevalence of drug use in urban areas, was strongly supported by the data. The significantly higher rates of drug use among urban residents in comparison to their rural counterparts underscore the critical role of urban environments in shaping drug use patterns. This disparity can be attributed to a confluence of factors including



economic opportunities, exposure to diverse social networks, and the availability of substances.

The second hypothesis, concerning exposure to drug use activities, revealed a more complex picture. While urban residents reported greater exposure, the finding that rural residents also acknowledged exposure to drug use is noteworthy. This suggests a broader diffusion of drug culture than previously anticipated, even in more isolated rural areas. This finding calls for a comprehensive approach to drug prevention and treatment that extends beyond urban centers.

The third hypothesis, examining age-related differences in drug use trends, was partially supported by the data. Although the study did not delve deeply into age-specific analyses, the overall trend of higher drug use prevalence in urban areas suggests potential age-related variations that warrant further investigation.

The fourth hypothesis, regarding the accessibility of natural drugs, was supported by the findings. Urban residents exhibited greater access to natural drugs, likely due to factors such as economic means to acquire these substances and increased knowledge of their availability. However, the presence of natural drug use in both urban and rural areas indicates the need for a broad-spectrum approach to drug prevention and treatment that considers the specific challenges of each setting.

Recommendations

Based on the findings and conclusions of this study, the following recommendations are offered:

1. **Targeted Urban Interventions:** Given the higher prevalence of drug use in urban areas, there is an urgent need for comprehensive drug prevention and treatment programs specifically tailored to urban communities in Delta State. These programs should address factors such as unemployment, poverty, and exposure to drug-related influences.
2. **Community-Based Interventions:** The involvement of community leaders, religious organizations, and youth groups is crucial in developing effective drug prevention strategies. Community-based programs can help to reduce stigma associated with drug use and provide support systems for individuals and families affected by substance abuse.
3. **Strengthening Rural Drug Prevention Efforts:** Although drug use appears less prevalent in rural areas, the study's findings suggest that exposure to drug use is widespread. Therefore, preventive measures should be extended to rural communities, focusing on early intervention, education, and awareness campaigns.
4. **Addressing Accessibility to Natural Drugs:** Given the higher accessibility of natural drugs in urban areas, there is a need for increased regulation and control over the distribution of these substances. Additionally, public education campaigns can be launched to raise awareness about the potential risks associated with natural drug use.
5. **Data Collection and Monitoring:** Regular monitoring of drug use trends in both urban and rural areas is essential for evaluating the effectiveness of prevention and treatment programs. The collection of data on drug uses patterns, including age, gender, and type of drug, can inform the development of targeted interventions.



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