

Original Article

Sociodemographic Correlates of Substance Use Disorders among Undergraduates at the Federal University of Agriculture, Abeokuta

Kazeem Oluwasola Odunbaku,¹ Sunday Mauton Amosu,¹ Ighoroje Great Maroh,² Abayomi Oluseye Olajide,³ Precious Yetunde Akinpelu,⁴ Yesiru Adeyemi Kareem⁵

¹ Drug Abuse Treatment Education and Rehabilitation (DATER) Unit, Department of Clinical Services, Neuropsychiatric Hospital, Aro, Abeokuta, Nigeria. ² Community Psychiatry Unit, Department of Clinical Services, Neuropsychiatric Hospital, Aro, Abeokuta. ³ Geriatric Psychiatry Unit, Department of Clinical Services, Neuropsychiatric Hospital, Aro, Abeokuta. ⁴ Department of Clinical Services, Neuropsychiatric Hospital, Aro, Abeokuta; ⁵ Forensic Psychiatry Unit, Department of Clinical Services, Neuropsychiatric Hospital, Aro, Abeokuta

Correspondence: Dr Kazeem O. Odunbaku, Drug Abuse Treatment Education and Rehabilitation Unit, Department of Clinical Services, Neuropsychiatric Hospital, Aro, Abeokuta, Nigeria. odunbakukazeem@gmail.com; ORCID: 0009-0005-2337-662X

Abstract

Background: Substance use disorders (SUDs) are a major public health concern among young adults and university students because of their adverse effects on physical and mental health, academic performance, and social functioning. Although substance use among Nigerian undergraduates has been widely studied, evidence on clinically diagnosed substance use disorders and their sociodemographic correlates remains limited.

Objective: To determine the prevalence and sociodemographic correlates of substance use disorders among undergraduate students at the Federal University of Agriculture, Abeokuta, Nigeria.

Methods: This analytical cross-sectional study was conducted among 413 undergraduate students aged 18 to 29 years selected using a multistage sampling technique. Data were collected using an interviewer administered sociodemographic questionnaire and the Substance Use Disorder modules of the Mini International Neuropsychiatric Interview version 7.0.2 based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition criteria. Descriptive statistics were used to summarise the data. Associations between sociodemographic variables and substance use disorders were assessed using Chi square and Fisher's exact tests where appropriate. Independent predictors were identified using binary logistic regression at a significance level of $p < 0.05$.

Results: The mean age of respondents was 23.3 ± 2.6 years, and 69.3% were male. Overall, 104 respondents met the diagnostic criteria for a substance use disorder, giving a prevalence of 25.2% (95% CI: 21.2% to 29.6%). Cannabis was the most commonly used substance (60.6%), followed by opioids (22.1%), methamphetamine (18.3%), and benzodiazepines (10.6%). Bivariate analysis demonstrated significant associations between substance use disorders and age, sex, level of study, college of study, marital status, family type, religious affiliation, level of spiritual activity, and parental history of substance use (all $p < 0.05$). Multivariable logistic regression showed that increasing age (AOR = 1.25, 95% CI: 1.10 to 1.41), male sex (AOR = 4.70, 95% CI: 2.04 to 10.84), polygamous family structure (AOR = 2.97, 95% CI: 1.61 to 5.47), and parental history of substance use (AOR = 4.37, 95% CI: 2.34 to 8.20) independently increased the odds of substance use disorder. Christianity and Islam were associated with significantly lower odds of substance use disorder compared with no religious affiliation.

Conclusion: One in four undergraduates met the diagnostic criteria for a substance use disorder. Older age, male sex, polygamous family structure, and parental history of substance use were independent predictors. These findings highlight the need for targeted screening, prevention, and early intervention programmes focusing on high-risk student populations within Nigerian universities.

Keywords: "Nigeria, prevalence, sociodemographic correlates, Substance use disorder, undergraduates"

Introduction

Substance use disorders (SUDs) constitute a major public health challenge worldwide, particularly among adolescents and young adults. According to the United Nations Office on Drugs and Crime, over 316 million people aged 15 to 64 years used psychoactive substances in 2023, with approximately one in five users meeting criteria for a substance use disorder (United Nations Office on Drugs and Crime (UNODC), 2025). Young adults remain the age group with the highest prevalence of substance use disorders because this developmental period is characterised by increased experimentation, sensation seeking, peer influence, and greater independence. The consequences of substance use during this period extend beyond physical and mental health, affecting academic performance, interpersonal relationships, productivity, and overall quality of life.

University students represent a particularly vulnerable population because of the unique social and environmental circumstances associated with higher education. Transitioning from parental supervision to a relatively independent lifestyle exposes students to new peer networks, academic pressures, financial challenges, and greater accessibility to psychoactive substances. These factors may facilitate the initiation and progression of substance use, with some students developing harmful patterns of use that satisfy diagnostic criteria for substance use disorders. Substance use disorders among undergraduates have been associated with poor academic achievement, risky sexual behaviours, interpersonal violence, road traffic injuries, psychiatric comorbidity, and school dropout, making them an important public health concern within university communities.

Globally, studies have consistently demonstrated substantial levels of substance use among

university students, although prevalence estimates vary across regions because of differences in study populations, sociocultural contexts, and assessment methods. In the United States, the National Survey on Drug Use and Health reported that approximately one-fifth of college students met criteria for a substance use disorder, with alcohol and cannabis use disorders being the most common (Center for Behavioral Health Statistics, 2021). Similarly, studies conducted in Africa have documented high levels of substance use among university students, with alcohol, cannabis, tobacco, and prescription medications accounting for most substances consumed (Babalola et al., 2014; Makanjuola et al., 2007; Olashore et al., 2018). These findings underscore the growing burden of substance-related problems among young adults in tertiary institutions.

Nigeria has witnessed a steady rise in substance use among young people over the past two decades. The National Drug Use Survey reported that 14.4% of Nigerians aged 15 to 64 years had used a psychoactive substance within the preceding year, a prevalence considerably higher than the global average. Cannabis remains the most commonly used illicit substance, while the misuse of prescription opioids, including tramadol and codeine containing preparations, has become increasingly common (United Nations Office on Drugs and Crime (UNODC), 2018). Among university students, studies from different regions of the country have reported high lifetime prevalence of substance use, ranging from about 45% to over 80%, with alcohol, tobacco, cannabis, and stimulants being the most frequently used substances (Olanrewaju et al., 2022; Onofa Lucky Umukoro, 2016). However, most Nigerian studies have focused primarily on substance use rather than clinically significant substance use disorders and have relied on screening instruments instead of diagnostic assessments.

The occurrence of substance use disorders is influenced by a complex interaction of biological, psychological, social, and environmental factors. Sociodemographic characteristics have consistently been identified as important determinants of substance use behaviours and substance-related disorders. Variables such as age, sex, socioeconomic status, level of education, family structure, living arrangements, religion, ethnicity, and place of residence may influence an individual's exposure to psychoactive substances, perception of risk, access to substances, and likelihood of developing problematic patterns of use. Identifying these correlates is important because they facilitate early identification of high-risk groups and support the development of targeted prevention and intervention programmes within university settings.

Evidence regarding the association between sociodemographic characteristics and substance use disorders among Nigerian undergraduates remains inconsistent. While some studies have reported significant associations between male gender, older age, financial independence, and substance use, others have found weak or no significant relationships after adjusting for potential confounding factors. Furthermore, most available Nigerian studies have examined substance use rather than substance use disorders, limiting their clinical relevance. Few studies have employed diagnostic criteria to determine the prevalence of substance use disorders and their sociodemographic correlates among university students.

The Federal University of Agriculture, Abeokuta, is one of Nigeria's leading universities with a diverse undergraduate population drawn from different geographical, ethnic, religious, and socioeconomic backgrounds. Understanding the sociodemographic factors associated with substance use disorders in this population is

essential for designing evidence-based preventive strategies, strengthening campus mental health services, and informing institutional policies aimed at reducing the burden of substance-related disorders among students.

This study therefore aimed to determine the sociodemographic correlates of substance use disorders among undergraduate students at the Federal University of Agriculture, Abeokuta, Nigeria. The findings are expected to contribute to the growing body of evidence on substance use disorders among Nigerian undergraduates and provide useful information for clinicians, university administrators, policymakers, and public health practitioners involved in the prevention and management of substance-related disorders among young adults.

Methodology

Study design and setting

This analytical cross-sectional study was conducted among undergraduate students at the Federal University of Agriculture, Abeokuta (FUNAAB), Ogun State, Nigeria. FUNAAB is a federal public university located in Abeokuta, Southwestern Nigeria, with an undergraduate population of approximately 19,721 students during the 2024/2025 academic session. The university comprises ten colleges offering diverse academic programmes and admits students from all geopolitical zones of Nigeria.

Study population

The study population consisted of registered undergraduate students of FUNAAB aged 18 to 29 years. Students who gave written informed consent were eligible to participate. Students with severe mental health conditions that could impair their ability to complete the interview reliably and those who declined or withdrew consent were excluded from the study.

Sample size and sampling technique

The minimum sample size was calculated using the single population proportion formula for cross-sectional studies. After adjusting for nonresponse, a final sample size of 413 participants was obtained.

A multistage sampling technique was employed. First, five colleges were selected from the university through simple random sampling. Subsequently, one department was selected from each participating college. The sample allocated to each department was determined using proportionate allocation based on the departmental student population. Eligible students in the selected departments were then recruited using systematic random sampling from the 300 to 500 levels. Students in the 100 and 200 levels were excluded because many were younger than 18 years, which was below the minimum age required for one of the study instruments.

Data collection

Data were collected using an interviewer-administered sociodemographic questionnaire (SDQ) and the Substance Use Disorder modules of the Mini International Neuropsychiatric Interview version 7.0.2 (MINI), a structured diagnostic interview based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition criteria. The sociodemographic questionnaire obtained information on participants' age, sex, religion, ethnicity, marital status, level of study, family characteristics, and other relevant demographic variables. The MINI was used to establish diagnosis of substance use disorders and to classify their severity into mild, moderate, or severe according to the number of diagnostic criteria fulfilled. The instrument has demonstrated good psychometric properties and has been previously used in Nigerian populations.

The questionnaires were administered by the principal investigator and two trained research assistants following standardised training to ensure uniformity in data collection. A pilot study involving 41 undergraduate students was conducted before the commencement of the main study to assess the feasibility of the study procedures and establish interrater reliability.

Statistical analysis

Data were entered and analysed using Stata version 18.0. Descriptive statistics were used to summarise participants' sociodemographic characteristics and the prevalence of substance use disorders. Continuous variables were summarised using means and standard deviations, while categorical variables were presented as frequencies and percentages. Associations between sociodemographic variables and substance use disorders were examined using the Chi-square test or Fisher's exact test, where appropriate. Variables that were statistically significant at the bivariate level were entered into a multivariable binary logistic regression model to identify independent sociodemographic predictors of substance use disorders. Adjusted odds ratios with 95% confidence intervals were reported, and statistical significance was set at a p-value less than 0.05.

Ethical considerations

Ethical approval for the study was obtained from the Health Research Ethics Committee of the Neuropsychiatric Hospital, Aro, Abeokuta, Nigeria (PRO06/24), before commencement of data collection. Written informed consent was obtained from all participants after explaining the study objectives and procedures. Participation was voluntary, confidentiality was maintained by anonymising all data, and participants were informed of their right to withdraw from the study at any stage without any consequences.

Results

A total of 413 undergraduate students participated in the study, yielding a response rate of 100%.

Sociodemographic characteristics of the respondents

The mean age of the respondents was 23.3 ± 2.6 years. Males constituted 69.3% of the study population. Most respondents were single (93.7%), from monogamous families (60.3%), and identified as either Christians (48.4%) or Muslims (49.6%). Nearly half of the participants (46.7%) reported regular participation in spiritual activities, while 40.4% participated frequently. Approximately one quarter (24.0%) reported a parental history of substance use. The respondents were fairly distributed across the five participating colleges, with the largest proportion from the College of Agriculture Management and Rural Development (23.3%). Students in the 400 level constituted the largest group (41.7%), followed by those in the 300 level (36.6%) and 500 level (21.8%) (Table 1).

Prevalence of substance use disorders

Of the 413 respondents, 104 met the diagnostic criteria for a substance use disorder, giving an overall prevalence of 25.2%. The prevalence and severity of substance use disorders is presented in Table 2 while the pattern of substance use is presented in Table 3.

Association between sociodemographic characteristics and substance use disorders

Bivariate analysis showed that several sociodemographic characteristics were significantly associated with SUDs. Respondents with SUDs were significantly older than those without the disorder (24.7 ± 2.5 years versus 22.9 ± 2.5 years, $p < 0.001$). Male respondents had a significantly higher prevalence of substance use

disorder than females ($p < 0.001$). Significant associations were also observed between substance use disorder and level of study ($p = 0.031$), college of study ($p < 0.001$), marital status ($p = 0.017$), family type ($p < 0.001$), religious affiliation ($p = 0.004$), level of spiritual activity ($p < 0.001$), and parental history of substance use ($p < 0.001$) (Tables 3A and 3B).

Sociodemographic predictors of substance use disorders

Multivariable logistic regression analysis identified several independent sociodemographic predictors of SUD with higher odds of substance use disorder (adjusted odds ratio [AOR] = 1.25, 95% confidence interval [CI]: 1.10 to 1.41, $p < 0.001$). Male respondents were almost five times more likely to have a substance use disorder than females (AOR = 4.70, 95% CI: 2.04 to 10.84, $p < 0.001$). Respondents from polygamous families had significantly higher odds of substance use disorder than those from monogamous families (AOR = 2.97, 95% CI: 1.61 to 5.47, $p < 0.001$). Having a parent with a history of substance use was also an independent predictor of substance use disorder (AOR = 4.37, 95% CI: 2.34 to 8.20, $p < 0.001$).

Compared with respondents who reported no religious affiliation, those who identified as Christians or Muslims had significantly lower odds of substance use disorder. Students in the 300 level were less likely to have substance use disorder than those in the 400 level (AOR = 0.55, 95% CI: 0.32 to 0.93, $p = 0.026$). Similarly, respondents from the College of Agriculture Management and Rural Development and the College of Plant Science and Crop Production had significantly lower odds of substance use disorder compared with respondents from the College of Environmental Resources Management (Table 4A and 4B).

Table 1: Sociodemographic characteristics of the participants in the study

Characteristic	Categories	Frequency	Percentage
Age (years)	Mean	23.3	
	SD	±2.6	
Sex	Female	127	30.75
	Male	286	69.25
Level	300	151	36.56
	400	172	41.65
	500	90	21.79
College	COLERM	77	18.64
	COLANIM	90	21.79
	COLAMRUD	96	23.25
	COLFHEC	76	18.40
	COLPLANT	74	17.92
Marital Status	Single	387	93.70
	Married	23	5.57
	Cohabiting	3	0.73
Family type	Parent not married	36	8.72
	Polygamous	128	30.99
	Monogamous	249	60.29
Religious affiliation	No affiliation	8	1.94
	Christianity	200	48.43
	Islam	205	49.63
Spiritual activity	None or Rare	53	12.83
	Regular	193	46.73
	Frequent	167	40.44
Parental substance use	Yes	99	24.0
	No	314	76.0

SD: Standard Deviation.

Table 2: Prevalence and severity of alcohol use disorder and substance use disorder

Disorder and Severity	Frequency	%	95% CI	
			Lower	Upper
SUD absent	309	74.82	70.39	78.78
SUD present	104	25.18	21.22	29.61
Mild	21	5.08	3.33	7.68
Moderate	51	12.35	9.50	15.90
Severe	32	7.75	5.53	10.76

CI: Confidence Interval; %: Percentage

Table 3: Pattern of use of substances

Substance type	Frequency	Percentage (%)
Cannabis	63	60.57
Opioids	23	22.11
Methamphetamine	19	18.27
Benzodiazepine	11	10.58
Cocaine	4	3.85
Others	2	1.92

Others: MDMA, Steroids.

Note: The total frequency exceeds the number of respondents with substance use disorder because some respondents use multiple substances.

Table 4A: Association between Sociodemographic Characteristics and substance use disorders**Table 4B: Association between Sociodemographic characteristics and substance use disorders**

Substance Use Disorder					Substance Use Disorder				
Variables	No(N=309) Freq (%)	Yes(N=104) Freq (%)	χ^2 (df)	<i>p</i> value	Variables	No Freq (%)	Yes Freq (%)	χ^2 (df)	<i>p</i> val
Age (years) (Mean (SD))	22.85 (2.50)	24.72 (2.47)	6.62 ^t (411)	<.001*	Marital Status			9.66 ^F (2)	.017*
					Single	290 (74.6)	97 (25.1)		
Sex			19.51 (1)	<.001*	Married	19 (82.6)	4 (17.4)		
Female	113 (89.0)	14 (11.0)			Cohabiting	0 (0.0)	3 (100)		
Males	196 (68.5)	90 (31.5)			Family type			41.62 (2)	<.001*
Level			6.95 (2)	.031*	Not married	27 (75.0)	9 (25.0)		
300	124 (82.1)	27 (17.9)			Polygamous	70 (54.7)	58 (45.3)		
400	123 (71.5)	49 (28.5)			Monogamous	212 (85.1)	37 (14.9)		
500	62 (68.9)	28 (31.1)			Religion			10.88 (2)	.004*
College			56.60 (4)	<.001*	No affiliation	2 (25.0)	6 (75.0)		
COLERM	54(70.1)	23(29.9)			Christianity	150 (75.0)	50 (25.0)		
COLANIM	62(68.9)	28(31.1)			Islam	157 (76.6)	48 (23.4)		
COLAMRUD	86(89.6)	10(10.4)			Spiritual activities			21.63 (2)	<.001*
COLFHEC	37(48.7)	39(51.3)			None or Rare	30 (56.6)	23 (43.4)		
COLPLANT	70(94.6)	4(5.4)			Regular	136 (70.4)	57 (29.6)		
Test stats: Test Statistics; χ^2 : Chi-squared test; t: t-test; df: degree of freedom; *: significant; Freq: Frequency; %: Percentage; SD: Standard deviation.					Frequent	143 (85.6)	24 (14.4)		
					Parental use			86.73 (1)	<.001*
					Yes	39 (39.4)	60 (60.6)		
					No	270 (86.0)	44(14.0)		
					F: Fisher's exact test				

Table 5: Multivariable logistic regression showing Sociodemographic predictors of Substance Use Disorder

	OR	S/E	p-val	Lower CI	Upper CI
Age	1.25	0.08	<.001*	1.10	1.41
Sex					
Female	REF				
Male	4.70	2.00	<.001*	2.04	10.84
Level					
400	REF				
300	0.55	0.49	.026*	0.32	0.93
500	1.13	0.32	.658	0.65	19.23
College					
COLERM	REF				
COLANIM	1.06	1.57	.862	0.54	2.05
COLAMRUD	0.27	1.52	.002*	0.12	0.62
COLFHEC	2.48	3.60	.007*	1.27	4.80
COLPLANT	0.13	0.30	<.001*	0.04	0.41
Marital status					
Single	REF				
Married	0.22	0.18	.068	0.45	1.11
Family type					
Monogamous	REF				
Polygamous	2.97	0.93	<.001*	1.61	5.47
Affiliation					
None	REF				
Christianity	0.03	0.04	.002*	0.00	0.30
Islam	0.02	0.01	<.001*	0.00	0.15
Spiritual activities					
None/rare	REF				
Regular	1.10	0.48	.822	0.47	2.58
Frequent	0.52	0.25	.169	0.21	1.32
Parental use					
No	REF				
Yes	4.37	1.50	<.001*	2.34	8.20

OR: odds ratio; SE: Standard error; CI: Confidence interval; *: significant; REF: Reference

Discussion

This study examined the sociodemographic correlates of substance use disorders among undergraduate students at the Federal University of Agriculture, Abeokuta. Approximately one quarter of the respondents met the diagnostic criteria for a substance use disorder, with age, sex, family type, religion, level of study, college of study, and parental history of substance use emerging as important correlates. Multivariable analysis further identified increasing age, male sex, polygamous family structure, and parental history of substance use as independent predictors of substance use disorder.

The overall prevalence of substance use disorder in this study was 25.2%, indicating that one in every four undergraduate students met the diagnostic criteria for a substance use disorder (Center for Behavioral Health Statistics, 2021). This finding is lower than estimates reported in several Nigerian university-based studies that relied on screening instruments to assess substance use rather than diagnostic criteria (Olanrewaju et al., 2022; Onofa Lucky Umukoro, 2016). The relatively lower prevalence observed in the present study may be attributed to the use of the Mini International Neuropsychiatric Interview, a structured diagnostic instrument based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition criteria, which provides a more clinically meaningful assessment of substance-related disorders. The finding nevertheless highlights the substantial burden of substance use disorders among university students and underscores the need for routine screening and early intervention within tertiary institutions.

Increasing age was significantly associated with substance use disorder, and older students had greater odds of developing the disorder than their

younger counterparts. This finding is consistent with reports from previous Nigerian and international studies, which have demonstrated that prolonged exposure to psychoactive substances increases the likelihood of developing problematic patterns of use (Blows & Isaacs, 2022; Soremekun et al., 2021). Older students are more likely to have experienced greater autonomy, increased financial independence, and wider social networks that facilitate repeated substance use. They may also have had a longer duration of exposure to alcohol and other psychoactive substances, increasing the probability of meeting diagnostic criteria for a substance use disorder.

Male respondents were significantly more likely than females to have a substance use disorder, and male sex remained an independent predictor after controlling for other variables. This finding agrees with numerous studies conducted in Nigeria, other African countries, and high-income settings that consistently report higher rates of substance use disorders among males (United Nations Office on Drugs and Crime (UNODC), 2018, 2025). Several explanations have been proposed for this gender disparity. Cultural norms often encourage greater risk-taking behaviour among males, while substance use by females is more likely to be discouraged because of prevailing social expectations. Male students also tend to have greater peer exposure to substance-using networks and may experience less social restriction regarding alcohol and other psychoactive substance use. Biological and psychosocial factors may further contribute to the observed gender differences.

Family structure was another important determinant of substance use disorder. Respondents from polygamous families were significantly more likely to develop substance use disorders than those from monogamous families.

Similar observations have been reported in previous African studies where family instability, reduced parental supervision, sibling rivalry, and economic constraints associated with larger family sizes were linked to increased substance use among adolescents and young adults (Bray et al., 2022; Fatoye, 2003). Polygamous households may present additional psychosocial stressors that predispose vulnerable individuals to maladaptive coping strategies, including psychoactive substance use. Although family structure itself may not directly cause substance use disorders, it may reflect broader family dynamics that influence behavioural outcomes.

Parental history of substance use was one of the strongest predictors identified in this study. This finding is consistent with extensive evidence demonstrating the influence of parental substance use on children's behavioural and mental health outcomes. Several mechanisms may account for this association, including genetic susceptibility, modelling of substance-using behaviours, greater accessibility to psychoactive substances within the home environment, and reduced parental monitoring. These findings emphasise the importance of family-centred preventive interventions in reducing the burden of substance use disorders among young adults.

Respondents who identified as Christians or Muslims were less likely to have substance use disorders than those reporting no religious affiliation. This finding supports previous studies suggesting that religious beliefs and participation in organised religious activities may provide protective effects against substance misuse through the promotion of moral values, social support, and behavioural regulation (Daniel et al., 2024; Falade et al., 2022; Li et al., 2022). However, the relationship between religiosity and substance use is complex and may be influenced

by the intensity of religious commitment rather than affiliation alone.

Level of study and college of study were also associated with substance use disorder. Students in higher academic levels generally demonstrated higher rates of substance use disorder than those in lower levels, although only selected categories remained significant after adjustment. Increased academic workload, prolonged exposure to university life, expanding peer networks, and greater independence may explain the higher prevalence observed among senior students. Differences across colleges may reflect variations in academic culture, stress levels, peer influence, and the social environments within different faculties. These findings suggest that preventive programmes may need to be tailored to the specific characteristics of different student populations rather than adopting a uniform institutional approach.

The findings of this study have important implications for public health and university mental health services. The identification of specific sociodemographic risk factors provides an opportunity for targeted preventive interventions directed at high-risk groups, particularly male students, older undergraduates, students from polygamous families, and those with a parental history of substance use. University authorities should strengthen campus-based mental health services by incorporating routine screening for substance use disorders into student health programmes and implementing evidence-based prevention strategies, including peer education, counselling services, and family-oriented interventions where feasible.

A major strength of this study is the use of a structured diagnostic interview to establish substance use disorder rather than relying solely on self-report screening questionnaires, thereby improving the clinical validity of the findings. In

addition, the multistage sampling technique enhanced the representativeness of the study population.

However, several limitations should be acknowledged. The cross-sectional design limits causal inference between sociodemographic factors and substance use disorders. Information obtained from participants was based partly on self-report and may therefore be subject to recall and social desirability bias. Furthermore, the study was conducted in a single university, which may limit the generalisability of the findings to undergraduate populations in other tertiary institutions within Nigeria.

In conclusion, substance use disorders are common among undergraduates of the Federal University of Agriculture, Abeokuta, with important sociodemographic disparities in their distribution. Increasing age, male sex, polygamous family structure, and parental history of substance use independently increased the likelihood of substance use disorders. These findings underscore the need for targeted prevention programmes and early identification of at-risk students within Nigerian universities.

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