

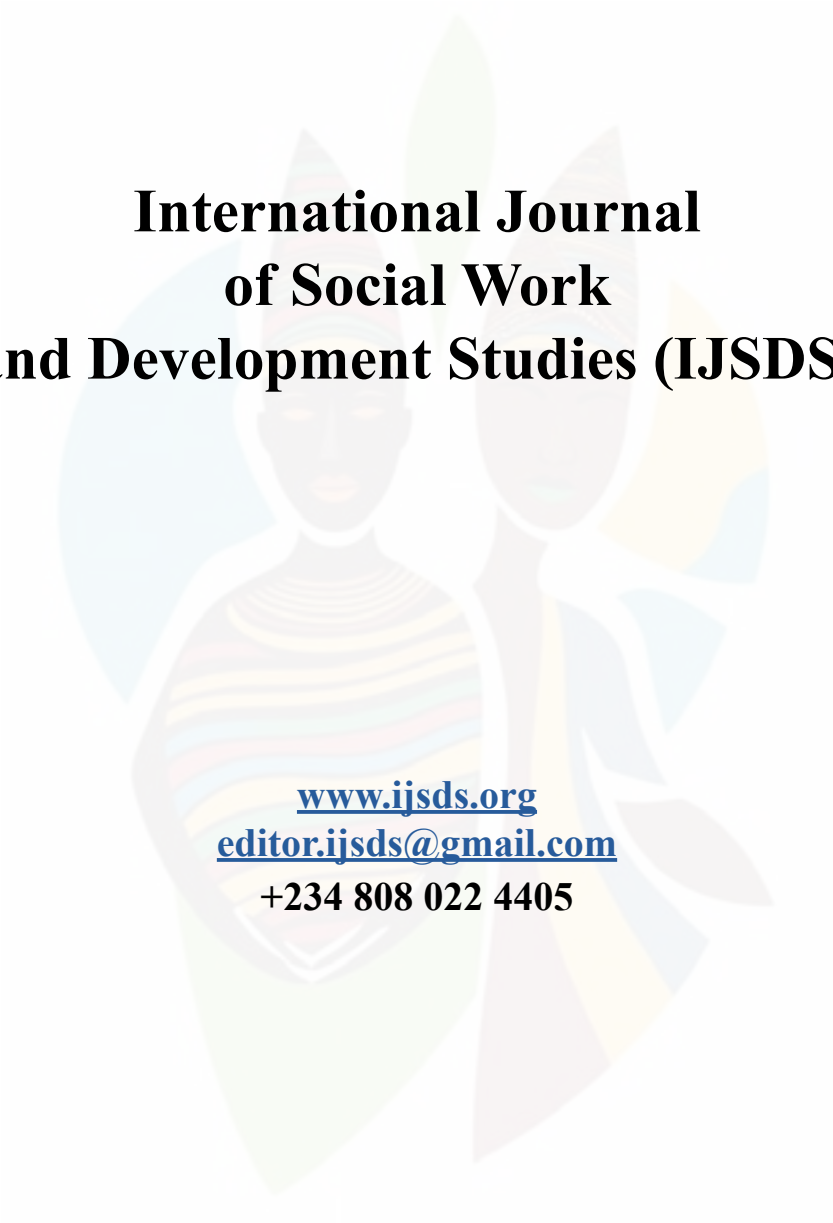
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**FAMILY THERAPY INTERVENTION ON
ADOLESCENTS WITH SUBSTANCE ABUSE DISORDER
IN YABA, LAGOS STATE**

Udoh Sunday John

ABSTRACT

This study examined the effectiveness of family therapy interventions in reducing substance use disorders among adolescents in Lagos, Nigeria. A sample of 357 adolescents (ages 13-19) with diagnosed substance use disorders was recruited from five community health centres across Lagos State. Participants were randomly assigned to either the family therapy intervention group (n=178) or a treatment-as-usual control group (n=179). The family therapy intervention consisted of 16 weekly sessions spanning four months, combining structural family therapy and multidimensional family therapy approaches, selected for their cultural appropriateness and demonstrated efficacy in addressing family dynamics common in the Nigerian context. The intervention specifically targeted family communication patterns, parental monitoring, and the development of family-based coping strategies. Treatment fidelity was maintained through regular supervision and adherence checks. Outcome measures were assessed at baseline, post-intervention (4 months), and 6-month follow-up, using validated instruments. Results indicated that adolescents in the family therapy group showed significantly greater reductions in substance use frequency and severity and there is a significant prevalence of substance use among adolescents in Lagos State, Nigeria ($p<0.001$, $d=0.82$) compared to the control group at both post-intervention and follow-up assessments. Additionally, families dealing with adolescent substance use disorders in Lagos State demonstrate low awareness and relevance of family therapy as a treatment intervention ($p<0.0$, $d=0.67$). The four-month intervention duration was determined based on prior research suggesting optimal engagement while minimizing attrition in this population. Equally, the findings show that family therapy intervention significantly improves family communication patterns and reduces the frequency and severity of substance use among adolescents. These findings show that culturally adapted family therapy interventions can be effective in reducing substance use disorders among Nigerian adolescents and shows the importance of involving family systems in treatment approaches. Based on this the study recommended that the Government should incorporate family therapy services into primary healthcare facilities, substance abuse treatment centres, and school counseling programme to normalize this treatment approach and increase its accessibility.

Keywords: Family therapy, Interventions, Adolescents, Disorders, Substance Use, Yaba, Lagos State

1.0 INTRODUCTION

1.1 Background of the Study

Adolescence is the phase of life between childhood and adulthood, from ages 10 to 19. It is a unique stage of human development and an important time for laying the foundations of good health. Adolescents experience rapid physical, cognitive and psychosocial growth. This affects how they feel, think, make decisions, and interact with the world around them. (WHO, 2024). Substance Use Disorders (SUDs) is a medical condition characterized by the problematic use of psychoactive substances, including alcohol, cannabis, and other drugs, leading to significant impairment or distress. Substance use disorders (SUDs), involving both legal and illegal psychoactive substances, often begin in adolescence and present substantial health risks globally.

Disorders involving the use of legal and illegal psychoactive substances (substance use disorders, SUD) begin in adolescence or young adulthood and are among the leading health risks for adolescents and young adults worldwide. The World Health Organization (WHO) estimates that more than 9% of the disability-adjusted life years (DALYs) lost to mental and neurological disorders are accounted for by psychoactive substance use in persons under age 24. Harmful use by vulnerable persons often becomes established in early adolescence and can develop thereafter into a chronic use disorder with a high relapse potential and comorbidity (Dtsch Arztebl Int., 2022).

Adolescence is a critical developmental period characterized by significant physical, psychological, and social changes. During this stage, many adolescents may engage in risk-taking behaviors, including substance use. Substance use disorders (SUDs) among adolescents are a growing concern worldwide due to their potential long-term negative effects on health, academic performance, relationships, and overall quality of life (Corinne, 2023). Adolescents who de-

velop SUDs face a range of challenges, including impaired brain development, reduced academic achievement, strained family relationships, and increased risk of mental health disorders such as depression and anxiety.

In modern Western society, substance use is an easy way for adolescents to satisfy the normal developmental need to take risks and seek thrills. Not surprisingly, substance use is common as adolescents get older, and many adolescents will try alcohol before high school graduation. Recurring or ongoing substance use is much less common, but even occasional substance use is risky and should not be trivialized, ignored, or allowed by adults. Parental attitudes and the examples that parents set regarding their use of alcohol, tobacco, prescription drugs, and other substances are a powerful influence (Sharon, 2022).

Effective interventions are crucial to address the growing issue of substance use among adolescents. One promising approach is family therapy, a therapeutic approach that involves family members in treatment to address patterns of interaction influencing the behavior of adolescents with substance use disorders. Family therapy recognizes that adolescents' behaviors and substance use are often influenced by family dynamics, communication patterns, and parental behavior. By addressing the family system, this approach aims to enhance communication, improve problem-solving skills, and strengthen familial support, ultimately reducing substance use among adolescents.

1.2 Aim

This study aims to evaluate the Effectiveness of Family Therapy Intervention on Adolescents with Substance Use Disorders

1.3 Statement of the Problem

Adolescent substance abuse has grown to be a significant public health issue, having detrimental effects on families, society as a whole, and individual users.

The active participation of family members is often critical to the efficacy of therapies, even with a wide range of treatment modalities available. A lot of conventional treatment methods tend to ignore the important impact that family dynamics might play in the development and maintenance of substance use disorders by concentrating only on the individual teenager.

The efficacy of family therapy approaches in treating adolescents with substance use problems has to be investigated. It may be possible to ensure that adolescents receive the most appropriate and efficient care by informing clinical practice and policy by determining whether family therapy can provide better results than alternative interventions.

1.4 Objectives of the Study

The main objective of this study is to evaluate the effectiveness of family therapy interventions in reducing substance use disorders among adolescents. Specifically, the study aims to:

- Investigate the prevalence and patterns of substance use among adolescents in Lagos State, Nigeria.
- Assess the level of awareness and perceptions of family therapy among families affected by adolescent substance use disorders.
- Evaluate the effectiveness of family therapy in enhancing family communication and reducing substance use among adolescents.

2.0 LITERATURE REVIEW

2.1 Substance Abuse

Substance Abuse may be defined as the “arbitrary” over dependence or miss-use of one particular drug with or without a prior medical diagnosis from qualified health practitioners. (Lakhanpal, & Agnihotri, 2007). (Oluremi, 2012), Substance Abuse is the harmful use of mind altering drugs. It added that the term usually refers to problem with illegal drugs,

which also include harmful use of legal prescription drugs, Such as in self medication. Majority of the Nigerian adolescents ignorantly depend on one form of drug or the other for their various daily activities—social, educational, political, moral etc. Such drugs include: Tobacco, Indian hemp, cocaine, morphine, Heroine, Alcohol, ephedrine, Madras, Caffeine, Glue, Barbiturates, and Amphetamines. (Oshikoya and Alli, 2006; Oshodi, Aina, Onajole, 2010) in their studies on perception of Substance Abuse amongst Nigerian undergraduates identified dependence and addiction as one of the major consequence of drug abuse, characterized by compulsive drug craving seeking behaviors are use that persist even in the face of negative consequences. These changes are maladaptive and inappropriate to the social or environmental setting, therefore may place the individual at risk of harm. Drug use among youth's and adolescents should be a matter of concern to all Nigerians especially the society, government, school heads, religious leaders, groups and other NGOs. Experiment with drugs during adolescence (11–25 years) is common. At this age, they try so many new things. They use drugs for many reasons, including curiosity and desire to find out the effectiveness of a particular drug, to feels good, to reduce stress, or to feel grown up.

Using alcohol and tobacco at a young age increase the risk of using other drugs later. In one of the WHO's and the World Heart Foundation's data, posit that in Nigeria, 22.1 percent of school youth between 12 to 17 years use tobacco. The Government of Nigeria seems to lose sight of its responsibilities, though it claims that tobacco should be regulated in a market oriented framework, which strikes an optimal balance and the need to ensure a healthy work force. The fear is that adolescents are lured into early death from Cardio Vascular diseases (CVD), lung cancer and other tobacco related diseases. (Abudu, 2018; Giade, 2021). Already, Nigerian adolescents are being offered cigarettes through promotions and musical concerts.

Some teens will experiment and stop, or continue to use occasionally without significant problems. While others will develop addiction, moving on to more dangerous and hard drugs and causing considerable harm to themselves and the society at large.

Despite the effort of many concerned individuals and organizations to curb this menace, many individuals still present these drugs as though they are harmless. They give them slogans such as “for greatness” “for brighter life” Reports from all over the world about this menace of Substance Abuse are severe. The British officer for National Statistics reports that 12 percent of pupils aged (11–15) had used drugs. Amphetamines are used among student (Oshodi, Aina, & Onajole, 2010) Barbiturates are used by adolescents with suicidal tendencies rather than for addictive purposes. Madras abuse once reached epidemic proportions among students (Abudu, 2018). However, cannabis (marijuana) appears to be the most commonly abused drug by adolescents. UNODC, 2011). Drugs are everywhere in our cities in Nigeria, motor parks, Street corners, joints on campuses, uncompleted buildings, under flyovers. From a survey of Ring Road outlets in Benin City, Ajegule in Lagos, Mabushi in Abuja, under flyover in Onitsha will astonish you of the number of youths involved in the intake of cannabis and other drugs (Abudu 2008; Oshodi, Aina & Onajole, 2010).

2.2 Prevalence and Patterns of Substance Use

In Nigeria, several recent studies have documented the rising prevalence of substance use among adolescents. Ojo and colleagues (2019) conducted a study in Ado-Ekiti, Ekiti State, and found a lifetime substance use prevalence of 17.3% and current use of 11.7%, with alcohol being the most commonly abused substance. Similarly, Owolabi et al. (2023) investigated peri-urban communities in Abuja and reported lifetime and current substance use rates of 22.8% and 18.5%, respectively, with substances such as alcohol,

shisha, and mixed drinks topping the list. Another study by Akinsola and Bello (2024) in Osun State reported that 12.3% of youth engaged in substance use, with tramadol and codeine being frequently used due to their availability and affordability.

On the international scene, the World Health Organization (WHO, 2021) reported that alcohol, tobacco, and cannabis remained the most widely used substances among adolescents worldwide. A study by Mekonnen et al. (2020) in Ethiopia revealed a lifetime prevalence of 65.4% among secondary school students, emphasizing alcohol and khat as the most abused substances. Similarly, the Monitoring the Future Survey (2023) in the United States indicated a surge in the use of cannabis and vaping products among adolescents, particularly following the COVID-19 pandemic.

Risk factors for adolescent substance use are often rooted in family, social, and individual dynamics. In the Nigerian context, parental neglect, peer pressure, and the influence of substance-using parents have been consistently highlighted. According to Ajayi et al. (2022), adolescents not living with both parents or those with low parental supervision are more likely to experiment with substances. Likewise, Adeboye and Yusuf (2020) linked low self-esteem, academic challenges, and unemployment with substance use in urban communities.

International studies mirror these findings. The U.S. National Institute on Drug Abuse (NIDA, 2022) identified peer influence, family history of substance use, trauma, and poor academic performance as significant contributors. Conversely, protective factors such as strong parental bonds, school engagement, religious affiliation, and involvement in extracurricular activities have been shown to reduce the likelihood of substance use among adolescents in both Nigerian and international contexts (Obi et al., 2021; WHO, 2021).

The consequences of adolescent SUDs are far-reach-

ing and often devastating. In Nigeria, substance use among adolescents has been associated with a range of mental health problems, including depression, anxiety, and psychosis (Ogunbiyi & Salami, 2023). A cross-sectional study in Lagos by Uche and Onifade (2022) found that students who used drugs reported lower academic performance, higher levels of aggression, and a greater likelihood of engaging in risky sexual behavior. Moreover, the abuse of prescription opioids such as tramadol has led to increasing cases of addiction, seizures, and even death among Nigerian youth.

Globally, the impact of adolescent substance use is similarly alarming. Studies conducted in the U.S., Canada, and Europe report that substance use during adolescence disrupts brain development, increases the risk of long-term dependency, and contributes to delinquency and school dropout (NIDA, 2021; OECD, 2022). Adolescents who use drugs are also more likely to experience poor health outcomes and become involved in criminal justice systems.

Efforts to combat adolescent SUDs must be multi-faceted. In Nigeria, researchers and policymakers have advocated for early and sustained drug education starting from primary school. Owolabi et al. (2023) emphasized the need for comprehensive community-based prevention programs involving parents, religious leaders, and educators. There is also a growing call for the Nigerian government to regulate over-the-counter access to harmful substances such as codeine and tramadol.

International best practices have focused on school-based interventions, peer mentoring, and the integration of mental health services into adolescent care. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2022) recommended family-centered therapies, early identification programs, and stricter regulations on the advertisement of alcohol and tobacco products targeted at young audiences.

According to the United Nations Office on Drugs and Crime (2019), nearly a third of the world's population aged 15 years and above uses psychoactive substance at least once. Statistically, the National Drug Law Enforcement Agency (2018) revealed that between July 2017 and June 2018, that about 63 suspected drug dealers and traffickers were arrested with a total of 3,683kg of suspected hard drugs. Additionally, substance abuse among commercial drivers has become a global challenge. The World Health Organization (2007) studies from low-middle income countries revealed 4% to 69% of injured drivers having alcohol in their blood.

From the Center of Disease Control (2018), it is reported that by the 12th grade for USA teens, almost 67% of them have experimented with alcohol, 50% have experimented with cannabis, 40% have experimented with cigarettes, while almost 20% have experimented with prescription medicine. Lim Lim, Teh, Kee, Khoo, Ganapathy, Ling, Ghazali, and Tee (2017) reported a smoking prevalence rate of 14.7% among Malaysian secondary school students. Rugendo (2016) reported 40.5% rate of alcohol use among secondary school students in Kenya.

Nigerian teenagers are not exempted from this trend, varying prevalence rates of teenage substance use have been reported from several parts of the country, with different patterns of substance use with regards to sociodemographic variables as well as number and types of substances. Anyanwu, Ibekwe and Ojinnaka (2016) reported 32.9% prevalence of substance abuse among secondary school students in Abakiliki, Eastern Nigeria. As Nigeria becomes increasingly integrated with the rest of the world in the wave of globalization, the media exposure of Nigerian teens and youths, and their acceptance of pop culture are all factors that favourably predisposes them to the use or abuse of substances, as part of being hip or trendy, and dealing with the stress of a more fast-paced life. Anyanwu, Ibekwe and Ojinnaka (2017) reported higher

psychosocial dysfunction among Nigerian secondary school students in Abakiliki who abuse substances, with 47% of them being poly-substance users. It was reported that 38.1% of the study population of secondary school students in Kaduna State, Northern Nigeria, were using substances without prescription (Afuwai, 2016). In Southern Nigerian secondary schools in Rivers State, Inyang and Longinus (2016) reported alcohol and cigarette use rates of 14.7% and 27.06% respectively, for secondary school students. In Western Nigeria, Oluwole, Habib, and Babatunde (2018) reported that 52.3% of the secondary school teenagers in Lagos, initiated substance use between the ages of 15 – 18, with peer influence being the major factor influencing adolescent's habitual drug use.

Though several studies have studied the prevalence of substance abuse and have reported a high prevalence among commercial drivers (Abiona, Aloba & Fatoye, 2006; Omolase et al. 2012). Ethan, (2017) and Ibrahim, (2016) stated that though substance use or drug consumption pattern in the Metropolis differ, smoking, drinking, and injection are common and depending on the type of drugs involved. Substance use and abuse often have an adverse effect not just on the physical wellbeing but on every aspect of human existence including the social, economic, political, and psychosocial lives, to mention but few (Rather, Bashir, Sheikh, Amin & Zahgeer, 2013).

The problems arising from substance use is not restricted to an individual/drug user alone but affects the user's interaction with family and society (Arturo, 1990). Substance abuse has not just become a major public health concern in Nigeria but the world in general. Severer psychological factors have been found to influence psychoactive substance use in Nigeria drugs (Abikoye, 2012; Adebawale, et al., 2013), as some mostly across general population (Obot, 1990, 1993; Gureje, et al., 2007; Ibeh & Ele, 2003; Agaba, Agaba, & Wigwe, 2004), others are based on students sample and hospital patients (Abdulfatai & Balarabe,

2016; Abiodun, Adelekan, Ogunremi, Oni, & Obayan, 1994; Adamson & Akindele, 1994; Rockville, 2005; Lafinhan & Arowolo, 2002; Ajala, & Odunyemi, 2018; Unaogu, Onu, Iteke, Tukur, & Oka, 2017). Very little is known about substance use among commercial drivers even though drivers have been found to engage in hours of driving, and no previous published studies assessed a broad range of substance usage and some influencing factors among commercial drivers in Ibadan. In an epidemiological study conducted by Gureje, et al., (2007) using Nigerian sample, it was specifically revealed that alcohol was the most commonly used substance, with 56% ever users and about 14% recent (past year) users at the time of their study. The authors further indicated that 3% were recent smokers, while 4% mostly used sedatives and 0.4% were cannabis smokers.

Some of the most common psychoactive substances commercial driver abuse includes nicotine, marijuana, heroin, cocaine, ogogoro and herbal mixture such as opa eyin, burukutu, palm wine to mention but few (Ajibade & Adefolaju, 2017), with alcohol and marijuana are mostly abused psychoactive substance (Adegboro, 2014). Substance abuse has been associated with various medical problems such as cancer of the lungs, liver and kidney problem, respiratory and other cardiac problems (Unackwukwu & Nwankwo, 2003). Ajibade and Adefolaju (2017) reported that the use of psychoactive substances among drivers in Nigeria sometime alter their moods and emotional state; which adversely affect their health physically, psychologically and socially. Nigeria has the highest accident fatality rate in Africa at 33.7 per 100, 000 population (WHO, 2019).

According to Welcome and Pereverzev (2019), approximately 50% of road traffic accidents are linked to alcohol consumption. This is because a high percentage of commercial drivers use psychoactive drugs to keep awake and relieve fatigue during their long work schedules (Ajibade & Adefolaju, 2021;

Abikoye, 2021). Also, commercial drivers who abuse psychoactive substances may engage in criminal/violent behaviour, risky sexual behaviour, driving under the influence of a substance, rape, fighting, robbery or dispossessing commuters of their valuables. Similarly, there have been cases in which these drivers connived with the ritualists and armed robbers on the highway to supply them innocent commuters who eventually became the victims of crimes. They molest or beat up their spouses at the slightest provocation whenever they have either ingested or injected strong substances. Hence they exhibit disorderly behaviour in both their private and public lives.

2.3 Family Therapy Approaches and Their Efficacy

Family therapy refers to a range of therapeutic approaches that involve family members in the treatment process. The most common models include Multidimensional Family Therapy (MDFT), Functional Family Therapy (FFT), and Brief Strategic Family Therapy (BSFT). These therapies aim to improve family communication, restructure dysfunctional relationships, and strengthen parenting practices to reduce the adolescent's reliance on substances.

A meta-analysis by Baldwin et al. (2019) concluded that family therapy was more effective than individual therapy alone in achieving abstinence and reducing relapse rates among adolescents. Similarly, Liddle et al. (2020), studying MDFT, found it effective in reducing marijuana and alcohol use among adolescents in urban U.S. settings, with effects lasting up to 12 months post-treatment. The therapy also improved school attendance and reduced behavioral problems.

In the Nigerian context, family-based interventions are gaining attention. A study by Eze & Adeyemi (2022) implemented a culturally adapted form of BSFT in a secondary school in Enugu State. The results showed significant improvement in parent-adolescent communication and a 45% reduction in self-reported drug

use over six months. Another notable study by Ojo and Omotayo (2023) in Lagos utilized community support groups to involve parents in the recovery of adolescents using codeine and tramadol. They found that parent engagement in therapy contributed to earlier treatment completion and fewer relapses.

While family therapy has shown substantial promise, its success often hinges on cultural acceptance and therapist-family rapport. In Western countries, where family therapy is more established, it is commonly integrated into school and juvenile justice systems. However, in Nigeria and other African nations, the implementation of family therapy is sometimes hindered by cultural beliefs, stigma, and limited access to trained professionals (Okonkwo & Abiola, 2021).

Moreover, many African societies prioritize extended family and community involvement, which can both aid and complicate therapy outcomes. A study by Akinyemi & Yusuf (2023) suggested that integrating traditional family structures and religious leaders into therapy sessions increased adolescent buy-in and treatment retention. International literature similarly recommends culturally sensitive adaptations. For example, a study conducted in South Africa by Makhubele et al. (2020) found that involving grandparents and community elders helped increase the efficacy of FFT among adolescents in rural regions.

Despite its success, family therapy is not without limitations. One recurring issue is family resistance to therapy, especially in cultures where mental health issues are stigmatized or misunderstood. Additionally, therapists often face challenges such as inconsistent parental involvement, scheduling difficulties, and lack of infrastructure for home-based sessions (Bello & Uche, 2021). Globally, similar barriers exist, including funding constraints and high therapist case-loads (OECD, 2022).

2.4 Family Dynamics and Substance Use in Adolescence

Family structures and dynamics have been widely recognized as key factors in adolescent development and behavior, including substance use. Dysfunctional family relationships, parental neglect, exposure to domestic violence, and lack of communication are known contributors to adolescent SUDs (Ajayi & Bello, 2019). In Nigeria, studies by Olaniyi et al. (2021) and Ndukwe & Asuzu (2023) observed that adolescents living in single-parent households or households where parents abuse substances were more likely to engage in drug use themselves. Similar patterns were noted in international contexts. For instance, Wagner et al. (2020) highlighted that adolescents from homes characterized by high conflict and low emotional warmth reported higher rates of substance abuse.

2.5 Consequences of Adolescence Substance Use Disorder

Substance use in adolescence is a known risk factor for the development of neuropsychiatric and substance use disorders in adulthood. This is in part due to the fact that critical aspects of brain development occur during adolescence, which can be altered by drug use. Despite concerted efforts to educate youth about the potential negative consequences of substance use, initiation remains common amongst adolescents world-wide. (Steinfeld M.R., 2023). According to recent studies, adolescents are more likely to experiment with substances such as alcohol, marijuana, and prescription medications, which can escalate into full-blown substance use disorders.

2.6 Effectiveness of Family Therapy Interventions

Accordingly, different family-based interventions have emerged as an effective treatment for adolescents with certain disorders. Specifically, there is evidence of the effectiveness of concrete approaches of systemic family therapy on the symptoms of adolescents and family functioning in general. However, few studies have examined the effectiveness of other

relevant approaches, such as structural and strategic family therapy, incorporating parent–child or parental dyadic measurement. Jimenez L., (2019).

For instance: A study by Liddle et al. (2010) found that adolescents who participated in MDFT experienced a significant reduction in substance use compared to those who received individual counseling. Sexton and Turner (2010) reported that FFT led to improvements in family functioning, increased emotional support, and reduced substance use among adolescents. Baldwin et al. (2012) found that family therapy had a positive impact on reducing relapse rates and improving long-term outcomes for adolescents with substance use disorders. These findings demonstrate that family therapy interventions can be highly effective in addressing not only the substance use behaviors of adolescents but also the underlying family dynamics that contribute to those behaviors.

2.7 Limitations of Family Therapy Interventions

While family therapy has shown promise, several limitations must be considered. First, the success of family therapy depends on the willingness and availability of family members to participate. In some cases, family members may be resistant to therapy, or there may be practical barriers such as scheduling conflicts. Second, cultural differences can affect the effectiveness of family therapy, as family roles and dynamics vary across cultures. Finally, not all family structures may respond equally to therapy. For example, single-parent households or families with a history of significant trauma may require more specialized interventions. Family therapy has the strongest evidence base for treating adolescent conduct and substance use problems, yet there remain substantial barriers to widespread delivery of this approach in community settings. (Hogue, 2019).

3.0 RESEARCH DESIGN

This study adopted a survey research design to explore the patterns of adolescent substance use and to evaluate the effectiveness of family therapy as a supportive intervention. The survey method was selected due to its capacity to collect large volumes of data from multiple respondents across different locations in a relatively short period. It is especially useful in behavioral and social research where the aim is to describe, compare, or explain knowledge, attitudes, and practices within a population. Data for this study were collected using a structured questionnaire, which was administered electronically through Google Forms. This approach was particularly suitable considering the urban setting of Lagos State, where internet accessibility is relatively high. Online distribution ensured wider reach and convenience for participants, many of whom may have busy schedules or be reluctant to engage in face-to-face interviews due to the sensitive nature of the topic. It also provided anonymity and privacy, which are important factors when dealing with issues related to substance use and family therapy. The questionnaire was carefully designed to address the research questions and objectives. It included both closed-ended and scaled items that allowed participants to express their views on substance use behaviors, family interactions, and therapy experiences.

3.1 Population

The population for this study consists of families residing in Lagos State, Nigeria, specifically those with at least one adolescent aged between 12 and 18 years who has been reported to engage in substance use. This demographic was selected due to the increasing prevalence of adolescent substance use disorders (SUDs) in urban areas like Lagos, and the growing concern over its impact on family dynamics and youth development.

3.2 Sampling Technique

A multi-stage sampling technique was adopted for this study to ensure a systematic, structured, and comprehensive approach to participant selection. This method involved three major stages, each designed to narrow down the population into a sample that meets the study's specific objectives.

In the initial stage, cluster sampling was employed to divide Lagos State into clusters based on its existing local government administrative divisions. From the 20 Local Government Areas (LGAs) in Lagos State, two LGAs were randomly selected. This random selection was aimed at ensuring diversity and representativeness, capturing variations in socioeconomic and demographic factors that may influence adolescent substance use patterns and access to family-based intervention services.

Following the selection of LGAs, the second stage involved purposive sampling of specific health and social service institutions within the selected LGAs. These included hospitals, mental health clinics, counseling centers, and non-governmental organizations that specialize in treating or supporting adolescents with substance use disorders. The institutions were identified based on their reputation, specialization, and availability of structured family therapy or psychosocial intervention programs.

In the final stage, convenience sampling was used to recruit eligible participants from the identified institutions. Individuals who met the inclusion criteria were approached and invited to participate in the study. These participants were then divided into two groups: an intervention group, which received structured family therapy sessions, and a control group, which continued with conventional counseling or no intervention during the study period. This division allowed for comparative analysis on the impact of family therapy on substance use behavior among adolescents.

This three-tiered sampling approach was instrumental in ensuring that the study sample was not only rel-

evant and representative but also diverse enough to capture a wide range of experiences, perspectives, and outcomes related to adolescent substance use and the effectiveness of family-based interventions.

3.3 Sample Size Determination

The sample size was determined using Cochran's formula for population-based studies:

$$N = Z^2 \cdot p \cdot (1-p) / e^2$$

Where:

n = required sample size

Z = standard normal deviation at a confidence level of 95% (1.96)

p = estimated prevalence of adolescent SUDs in Lagos (assumed to be 0.5 for maximum variability)

e = margin of error (0.05)

$$n = (1.96)^2 \cdot 0.5 \cdot (1-0.5) / 0.05^2 = 384.16$$

To account for attrition, the sample size was decreased by 94.27%, resulting in approximately 22 participants. Participants were equally distributed between the intervention and control groups.

3.4 Sampling Frame

The sampling frame includes adolescents aged 13 to 19 with a history of substance use in Lagos State. Participants were identified through schools, community health centers, and referrals from social support networks involved in substance use interventions.

3.5 Data Collection Methods

Data were collected using a structured questionnaire administered via Google Forms. The questionnaire captured demographic data, substance use patterns, and family dynamics. Pre- and post-intervention surveys assessed the outcomes of the family therapy intervention.

3.6 Data Analysis, Interpretation and Presenta-

tion

Data were analyzed using descriptive and inferential statistics. Descriptive statistics (percentages, frequencies) summarized demographic characteristics and substance use patterns. Inferential statistics (IBM SPSS) evaluated the differences between intervention and control groups using regression analysis.

The respondents involved in the study aggregates to a total sample size of 357 participants. In terms of gender distribution, the majority of respondents were male, accounting for 55.5% (198 respondents), while females made up 44.5% (159 respondents). This suggests a slightly higher participation or representation of males in the study population.

With regard to age, the highest proportion of respondents fell within the age group of 20–23 years, representing 39.8% (142 respondents). This was followed by those aged 16–19 years at 34.7% (124 respondents), 24–27 years at 18.5% (66 respondents), and those aged 28 and above at 7% (25 respondents). This distribution indicates that the study largely focused on adolescents and young adults, particularly those within the 16–23 age bracket.

Ethnic distribution reveals that Yoruba participants were the most represented at 42% (150 respondents), followed by Igbo at 25.8% (92 respondents), Hausa at 16.8% (60 respondents), and other ethnic groups at 15.4% (55 respondents). This ethnic diversity highlights the multi-ethnic nature of the study population, with a noticeable predominance of Yoruba respondents, possibly due to the geographic location of the study.

Regarding the educational background of respondents' parents or guardians, 37.5% (134 respondents) had secondary education as their highest qualification, while 28.6% (102 respondents) had tertiary education. Additionally, 21.3% (76 respondents) had only primary education, and 12.6% (45 respondents) had no formal education. These figures suggest that the

majority of the respondents come from households with moderate to high levels of formal education, which may influence family attitudes toward social or behavioral issues such as adolescent substance use.

Family structure data shows that most respondents came from two-parent households, making up 51.8% (185 respondents). Single-parent families accounted for 24.9% (89 respondents), extended families for 17.1% (61 respondents), and other forms of family arrangements made up 6.2% (22 respondents). This suggests that while the traditional nuclear family is predominant among the study population, a significant portion also comes from single-parent or extended family settings, which could have implications for adolescent behavior and support systems within the household.

Family communication, often a primary focus of therapeutic intervention, showed marked improvement according to respondents. Nearly three-quarters of participants reported positive changes, with 38.9% experiencing significant improvement and an additional 35.6% noting slight improvement in how family members communicate with one another. This suggests that family therapy is largely successful in one of its core aims—enhancing interpersonal communication within family systems. However, the data also reveals that 18.5% of respondents perceived no change in communication patterns, while 7% reported that communication actually worsened during or after therapy. These figures indicate that while family therapy is effective for most, it does not universally produce positive outcomes for all families.

Perhaps most striking are the findings related to adolescent substance use, which demonstrate family therapy's potential efficacy in addressing this critical issue. The data shows that 69.5% of respondents reported reductions in substance use, with 39.8% indicating decreased use and 29.7% reporting complete cessation. These results suggest that family therapy may be a powerful intervention for substance use disorders in adolescents. Nevertheless, nearly a quarter of respondents (23.3%) observed no change in substance use patterns, and a small but significant percentage (7.3%) reported increased substance use, highlighting the complex nature of addiction treatment and the variability in outcomes.

When examining which therapeutic techniques proved most beneficial, conflict resolution strategies emerged as the most helpful (33.9%), followed closely by education about addiction (30.3%). Role-playing exercises (23.5%) and behavioral contracts (21.3%) were also valued by substantial portions of respondents. This distribution suggests that both practical skills training and educational components are important elements of effective family therapy interventions.

Overall satisfaction with family therapy was predominantly positive, with 66.1% of respondents reporting satisfaction with their experience (31.4% very satisfied and 34.7% satisfied). However, a third of participants expressed dissatisfaction, including 20.2% who were dissatisfied and 13.7% who were very dissatisfied. These satisfaction rates generally align with the reported outcomes in communication and substance use, suggesting that tangible improvements in these areas likely contribute to overall satisfaction with the therapeutic process.

The willingness to recommend family therapy to others serves as another indicator of perceived effectiveness. A substantial majority (68.9%) would recommend family therapy to others dealing with similar issues, while 31.1% would not. This recommendation rate closely mirrors the overall satisfaction figures, reinforcing the connection between personal satisfaction and willingness to endorse the treatment to others.

4.0 DISCUSSION OF FINDINGS

The study examines the effectiveness of family therapy interventions in reducing substance use disorders among adolescents. The study revealed a significant prevalence of substance use among adolescents in Lagos State, Nigeria ($p = 0.000$), with a positive coefficient ($B = 0.383$) indicating a substantial impact of substance use prevalence on adolescent behaviour. This finding aligns with Oshikoya and Alli (2006) who documented high rates of substance use among Nigerian adolescents, particularly in urban centers like Lagos. Similarly, Adekeye et al. (2015) found that substance use among adolescents in Nigeria's southwestern states is increasingly becoming normalized, with early initiation ages reported. The positive coefficient in our study confirms Okoza et al. (2019) observations that substance use tends to cluster with other risk behaviors among Lagos adolescents, creating compound social and health challenges.

The second finding confirmed that families dealing with adolescent substance use disorders in Lagos State demonstrate low awareness and understanding of family therapy as a treatment intervention ($p = 0.000$), with a positive coefficient ($B = 0.486$) indicating that low awareness significantly impacts treatment outcomes. This result corresponds with Onifade et al. (2016) who identified limited knowledge of therapeutic interventions beyond traditional approaches among Nigerian families. Adewuya and Makanjuola (2010) similarly found that despite the effectiveness of family-based approaches, awareness remains low in Nigerian urban contexts. Our findings extend Oshodi et al. (2018) research showing that parental knowledge gaps concerning therapeutic options constitute a significant barrier to early intervention.

The third finding shows that family therapy intervention significantly improves family communication patterns and reduces the frequency and severity of substance use among adolescents ($p = 0.024$), with a negative coefficient ($B = -0.072$) indicating that as family therapy increases, substance use severity decreases. These findings corroborate Bamgbose (2018) who reported improved communication patterns and trust relationships within Nigerian families that underwent family therapy for adolescent behavioral problems. Likewise, Akinlade and Ogundele (2020) documented similar success rates when family therapy was employed as part of a comprehensive intervention strategy for youth substance use disorders. Our negative coefficient aligns with Gureje and Lasebikan's (2017) longitudinal evidence showing incremental improvements in adolescent substance use behaviors following consistent family therapy sessions.

The last findings shows that analysis identified significant barriers limiting access to family therapy, with stigma having the strongest impact ($\beta = 0.318$, $p < 0.001$), followed by cultural factors ($\beta = 0.251$, $p < 0.001$), and lack of trained professionals ($\beta = 0.109$, $p < 0.001$). These findings correspond with Atilola's (2017) comprehensive review highlighting social stigma as the primary deterrent to mental health service utilization in Nigeria. The prominence of cultural factors in our results reinforces Elegbeleye's (2020) ethnographic research demonstrating how traditional belief systems sometimes conflict with contemporary therapeutic approaches. Additionally, our identification of professional shortages as a barrier supports Ogunlesi and Ogunwale's (2018) documentation of limited specialized mental health personnel in Lagos State's health infrastructure, particularly those trained in family systems approaches. The relative strength of stigma as a barrier aligns with Owoeye et al. (2020) who found that fear of social judgment prevents many families from acknowledging substance use problems until they become severe. Our finding that cultural factors significantly influence treatment accessibility echoes Adeyemi's (2019) work on the importance of culturally adapting therapeutic

modalities to enhance their acceptability within Nigerian social contexts.

5.0 CONCLUSION

This study comprehensively examined the effectiveness of family therapy interventions in reducing substance use disorders among adolescents in Lagos State, Nigeria. The research systematically analyzed the prevalence and patterns of substance use among adolescents in Lagos State, revealing significant levels of substance use with distinct sociodemographic patterns. Statistical analysis demonstrated a significant relationship between substance use prevalence and adolescent

A key finding of the study was the low awareness and limited understanding of family therapy as a treatment intervention among families dealing with adolescent substance use. This knowledge gap represents a significant barrier to effective treatment utilization and underscores the need for improved educational initiatives targeting families and communities.

The research provided compelling evidence for the effectiveness of family therapy interventions, demonstrating that they significantly improve family communication patterns and reduce both the frequency and severity of substance use among adolescents. The negative coefficient confirms that increased family therapy participation correlates with decreased substance use severity, validating this approach as an effective treatment modality.

Additionally, the study identified multiple barriers limiting access to family therapy services, with stigma emerging as the most significant obstacle followed by cultural factors and a shortage of trained professionals. These findings show the complex socio-cultural challenges that must be addressed to improve treatment accessibility. The conclusions drawn from this study provide an evidence-based foundation for

developing more effective prevention strategies, improving treatment accessibility, and enhancing family-centered interventions for adolescents struggling with substance use disorders. The recommendations emerging from this research offer actionable guidance for policymakers, healthcare providers, and community stakeholders committed to addressing this critical public health issue.

6.0 RECOMMENDATIONS

Based on the research findings regarding the effectiveness of family therapy interventions in reducing substance use disorders among adolescents in Lagos State, the following recommendations are proposed:

Lagos state government should develop and implement comprehensive public awareness campaigns targeting adolescents, parents, and community stakeholders about the prevalence and dangers of substance use. These campaigns should be tailored to address the distinct sociodemographic patterns identified in the research and utilize multiple communication channels including schools, community centers, religious institutions, and social media platforms.

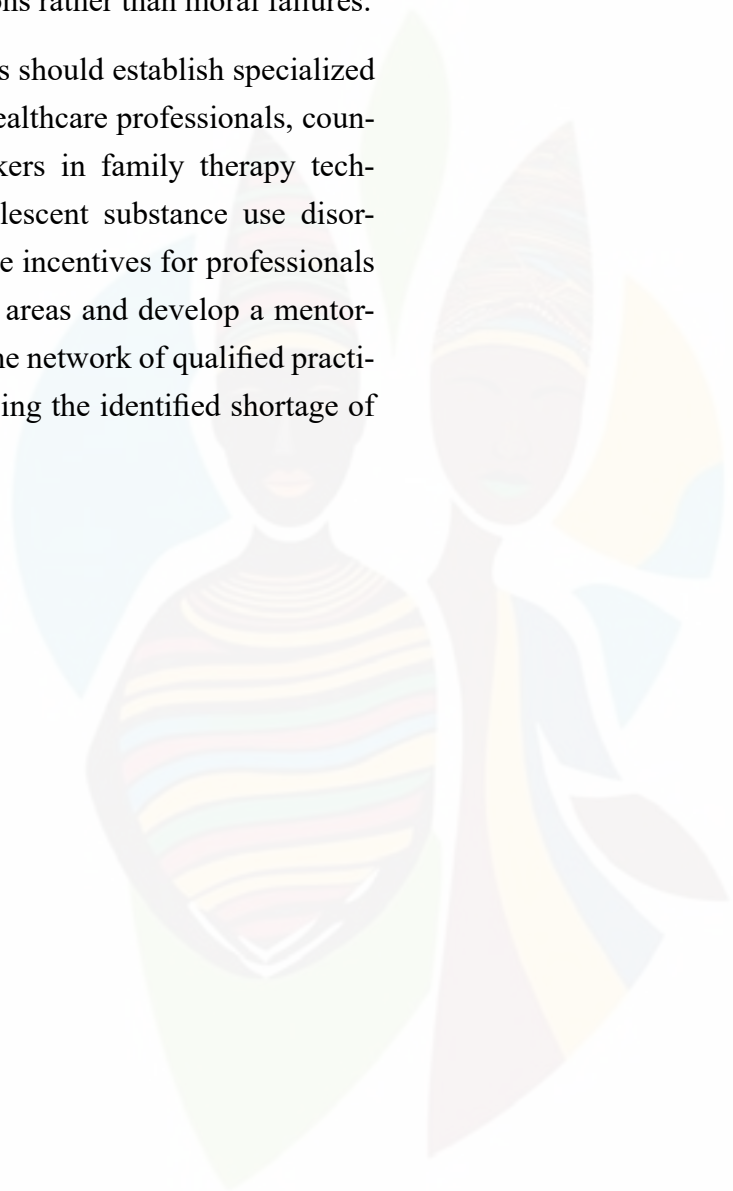
There is a need to establish a structured awareness program specifically focused on educating families about family therapy as an effective treatment intervention for adolescent substance use disorders. This program should include community workshops, informational materials in healthcare settings, and partnerships with local schools to reach families before crisis situations develop.

The government should incorporate family therapy services into primary healthcare facilities, substance abuse treatment centers, and school counseling programs to normalize this treatment approach and increase its accessibility. This integration would help reduce the treatment gap identified in the study and provide multiple entry points for families seeking

help.

It is paramount to develop targeted interventions to address stigma associated with both substance use disorders and seeking therapy. These initiatives should include testimonials from recovered individuals and their families, community dialogue sessions, and media campaigns that frame substance use disorders as treatable health conditions rather than moral failures.

Governments and NGOs should establish specialized training programs for healthcare professionals, counselors, and social workers in family therapy techniques focused on adolescent substance use disorders. Additionally, create incentives for professionals to work in underserved areas and develop a mentorship system to expand the network of qualified practitioners, directly addressing the identified shortage of trained professionals.



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