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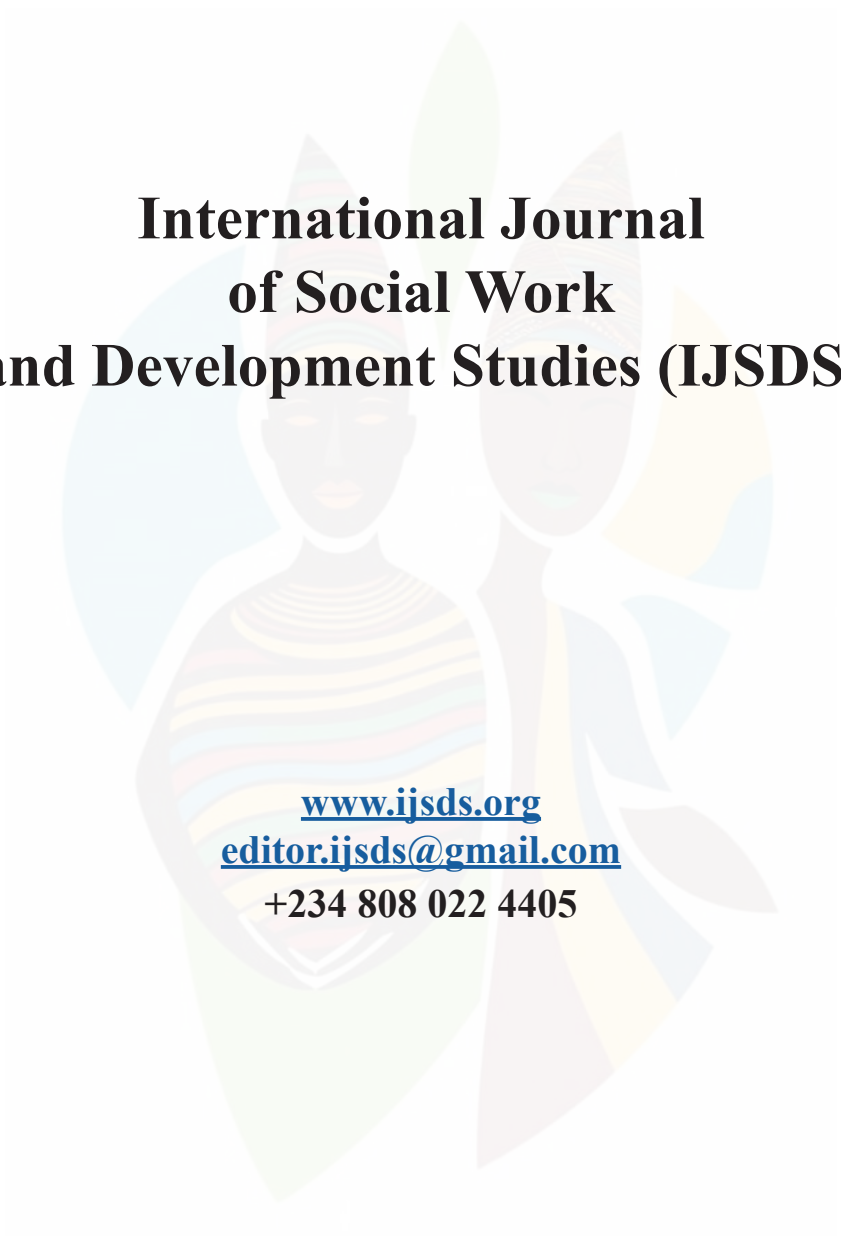


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**SUBSTANCE USE AMONG YOUTHS:
SOCIAL WORK PERSPECTIVE
ON REHABILITATION AND SUPPORT**

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ABSTRACT

This study examined the prevalence, psychosocial impacts, and rehabilitation outcomes of psychoactive substance use among youths in Rivers State, Nigeria, with a view of the role of social work. A quantitative descriptive research design was employed, using a programmatic dataset representing 312 youths sampled across Port Harcourt City and Obio/Akpor LGAs. Data were collected on a 4-point Likert scale and analyzed with descriptive statistics, independent-samples t-tests, and paired-samples t-tests, with benchmarks for prevalence, intervention success, and relapse protection. Findings revealed a high prevalence of psychoactive substance use among youths ($M = 3.15$), consistent with national patterns of increasing drug experimentation. Substance users reported significantly lower psychosocial wellbeing than non-users, underscoring the psychosocial costs of drug use. Social work interventions counselling, family therapy, and community programs proved highly effective in reducing substance use, with post-intervention scores showing meaningful declines. Furthermore, family support and school engagement emerged as protective factors against relapse, with strong ties significantly lowering recurrence rates compared to weak support. The study concludes that youth substance use is not merely an individual health problem but a systemic social challenge shaped by family, school, and community contexts. Effective rehabilitation therefore requires holistic, multi-level interventions integrating counselling, family engagement, and community participation. Recommendations include; scaling up community-based prevention programs; integrating psychosocial counselling into rehabilitation; expanding evidence-based social work interventions such as CBT and SBIRT across schools and health centers; and institutionalizing structured aftercare programs that involve families, schools, and peer-support networks to ensure sustainable recovery.

Keywords: Substance Use, Youths, Social Work, Rehabilitation, Rivers State

1.0 INTRODUCTION

Substance use among youths remains a multidimensional challenge that intersects public health, education, justice, and social development. Adolescence and young adulthood, spanning ages 10 to 24, are marked by rapid biological, cognitive, and social transitions that heighten vulnerability to experimentation and risk-taking. In Nigeria, the increasing availability of psychoactive substances including alcohol, cannabis, codeine mixtures, methamphetamine, and prescription opioids has broadened the risk landscape (Abdulmalik, Omigbodun, Beida, & Adedokun, 2019). Beyond the immediate harms of intoxication, sustained use is strongly linked with reduced school attendance and performance, interpersonal conflict, delinquency, early school leaving, unemployment, and impaired role functioning. For young people with co-occurring mental-health challenges such as depression, anxiety, and conduct problems, the risks of dependence, polydrug use, and relapse are even greater (Afolabi, 2022).

Social work is uniquely positioned to respond to these complexities. Unlike approaches that narrowly emphasize detoxification or pharmacotherapy, social work integrates micro-level counselling, mezzo-level family interventions, and macro-level community and policy advocacy. This perspective foregrounds relational and systemic determinants of recovery, including family dynamics, school climate, and neighborhood safety (Sue, Rasheed, & Rasheed, 2019). Rehabilitation is thus conceptualized as a holistic process that rebuilds developmental trajectories, strengthens coping and resilience, and supports reintegration into education and vocational pathways. Family-based interventions such as Multidimensional Family Therapy and Brief Strategic Family Therapy have proven especially valuable in addressing adolescent substance use (Cassidy & Poon, 2019).

Contemporary social-work practice also draws heavily

ly on evidence-based counselling models such as cognitive-behavioural therapy (Dobson & Dobson, 2018; Levy, Gellatly, & Zerubavel, 2020) and resilience-focused adaptations (Padesky & Mooney, 2019). In addition, public-health tools such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) extend social workers' capacity to identify and manage risks early in diverse service settings (Babor et al., 2023). These integrated, evidence-based approaches reflect the profession's commitment to addressing substance use not merely as an individual disorder but as a socially embedded challenge requiring comprehensive rehabilitation strategies.

1.1 Objectives

Based on the study's aim, which is to investigate substance use among youths: a social work perspective on rehabilitation and support, the following objectives were proposed:

To examine the prevalence and patterns of psychoactive substance use among youths in Rivers State.

To investigate the relationship between substance use and psychosocial wellbeing among youths.

To evaluate the effectiveness of social work interventions (counselling, family-based therapy, and community programmes) in reducing substance use.

To assess the influence of family support and school engagement on relapse prevention among rehabilitated youths.

1.2 Hypotheses

Consequently the study proposed the following hypotheses:

H₀₁: There is no significant prevalence of psychoactive substance use among youths in Rivers State.

H₀₂: There is no significant relationship between substance use and psychosocial wellbeing among youths.

H₀₃: Social work interventions (counselling, family therapy, community programmes) do not significantly reduce substance use.

H₀₄: Family support and school engagement do not significantly influence relapse prevention among rehabilitated youths.

2.0 LITERATURE REVIEW

2.1 Theoretical Review

This study draws on Symbolic Interactionism and Stigma Theory, Environmental/Systems Theory, and Cognitive Behavioral Theory (CBT). Together, these perspectives explain substance use among youths in Rivers State by highlighting how social meanings, ecological contexts, and dysfunctional cognitions shape vulnerability, while guiding holistic social work interventions.

2.1.1 Symbolic Interactionism and Stigma Theory

Symbolic interactionism, rooted in Blumer's (1969) perspective, emphasizes that individuals act based on meanings derived from social interaction and modified through interpretation. In the context of substance use among youths in Rivers State, symbolic interactionism highlights how peer influence, cultural narratives, and community discourses shape drug-taking behaviors. For example, Abdulmalik et al. (2019) found that young people in informal schools in Northern Nigeria were socialized into substance use within group contexts, reflecting how interactions create normalized meanings around psychoactive substances.

Goffman's (1963) stigma theory further expands this lens by examining how drug users are socially labelled as "spoiled identities." Substance-using youths often experience stigmatization from families, schools, and religious institutions. In Rivers State, stigma manifests in exclusion from schools, limited

employment opportunities, and reduced access to care. Knox (1976) observed that even professionals, such as psychologists, often hold negative attitudes toward drug abusers, reinforcing barriers to treatment. This aligns with contemporary observations in Nigeria, where stigmatization by teachers and peers discourages affected youths from seeking help (Gureje & Olley, 1993).

The implications for social work practice are profound. Symbolic interactionism suggests that interventions should target meaning-making processes within families, schools, and communities. Social workers can challenge stigma by promoting alternative narratives of resilience, rehabilitation, and reintegration. Group therapy and peer-led interventions, for instance, enable youths to reconstruct identities beyond "drug abuser," fostering pro-social bonds. Moreover, symbolic interactionist approaches encourage culturally sensitive interventions that account for Rivers State's diverse ethnic and religious landscapes.

From a policy standpoint, reducing stigma aligns with Screening, Brief Intervention, and Referral to Treatments (SBIRT's) (Babor et al., 2023) emphasis on early intervention, which is more effective when communities view substance use as a health rather than a moral failing. Hence, symbolic interactionism and stigma theory underscore the importance of reframing substance use within public discourse, enabling effective rehabilitation and social inclusion.

2.1.2 Environmental and Systems Theory

Environmental and systems perspectives argue that substance use cannot be understood in isolation from the broader social ecology. Finney and Moos (1984) pioneered environmental assessment in mental health and substance abuse research, showing that contextual factors family functioning, school environment, peer dynamics, and neighborhood conditions profoundly shape drug-taking behaviors and treatment outcomes. In Rivers State, frequent flooding, unem-

ployment, and weak community infrastructure exacerbate stressors that make psychoactive substances appealing as coping mechanisms.

Klimenko's (1968) work on multifamily therapy further demonstrates how involving multiple family units in therapy creates collective accountability, mutual learning, and shared resilience. Cassidy and Poon (2019) similarly highlight that family-based interventions remain among the most effective in reducing youth substance use, as they directly address intergenerational patterns, parental monitoring, and communication deficits. This is especially relevant in Nigeria, where communal ties are strong, and extended families influence behavior.

Social workers applying systems theory recognize that effective intervention must address micro-, mezzo-, and macro-level systems simultaneously. At the micro-level, interventions target the individual youth's coping strategies. At the mezzo-level, family therapy, school reintegration, and peer support groups strengthen resilience. At the macro-level, community mobilization and policy advocacy address structural issues such as poverty, school dropout, and inadequate rehabilitation services.

In Rivers State, where economic deprivation intersects with cultural expectations, an ecological systems approach provides a holistic framework for intervention. By embedding interventions within family, school, and community systems, social workers can disrupt the reinforcing cycles of substance use and relapse, thereby supporting long-term rehabilitation and social reintegration.

2.1.3 Cognitive Behavioral Theory (CBT)

Cognitive Behavioral Theory (CBT), pioneered by Beck (2020), posits that dysfunctional thoughts, beliefs, and cognitive distortions drive maladaptive emotions and behaviors, including substance use. CBT interventions focus on identifying, challenging, and restructuring these patterns to promote healthier

behaviors. For Nigerian youths in Rivers State, where peer pressure, unemployment, and family instability heighten vulnerability, CBT provides a structured, evidence-based approach to prevention and rehabilitation.

Research demonstrates CBT's effectiveness as the "gold standard" for substance use treatment (David, Cristea, & Hofmann, 2018). Dobson and Dobson (2018) emphasize CBT's flexibility, enabling adaptation to diverse cultural and resource contexts. In substance use rehabilitation, CBT addresses high-risk situations, coping deficits, and relapse prevention. Fenn and Byrne (2016) note that CBT equips individuals with cognitive and behavioral strategies to resist peer pressure and regulate emotions, critical for adolescents in transitional life stages.

Levy, Gellatly, and Zerubavel (2020) highlight CBT's application in clinical settings for substance use, showing improvements in abstinence, functioning, and retention. Importantly, CBT can be integrated with family-based therapies (Cassidy & Poon, 2019), making it suitable for collectivist contexts such as Rivers State. Abdulmalik et al. (2019) further stress that interventions must consider comorbid mental-health conditions such as depression and anxiety that often co-occur with substance use, a challenge CBT is particularly well-suited to address.

For social workers, CBT provides a practical toolkit for counselling youths, equipping them with problem-solving skills, self-monitoring techniques, and relapse prevention plans. Integrated into Screening, Brief Intervention, and Referral to Treatment (SBIRT) models (Babor et al., 2023), CBT can be applied across schools, clinics, and community centers, aligning with Nigeria's Mental Health Act (2023) which prioritizes evidence-based, community-oriented interventions. Thus, CBT offers a culturally adaptable, empirically validated framework that strengthens social work practice, reduces relapse rates, and supports

long-term youth rehabilitation in Rivers State.

Integrating these theories provides a multidimensional framework for understanding youth substance use in Rivers State. Symbolic Interactionism and Stigma Theory (Blumer, 1969; Goffman, 1963) highlight the role of peer influence, labeling, and identity in shaping drug-taking behaviors. Environmental and Systems Theory (Finney & Moos, 1984; Klimenko, 1968) emphasize the influence of families, schools, communities, and broader socioeconomic stressors on risk and recovery. Cognitive Behavioral Theory (Beck, 2020; David et al., 2018) addresses how distorted cognitions reinforce substance use and how structured interventions can foster change. Together, they inform social work strategies that are contextual, relational, and evidence-based.

2.2 Conceptual Review

2.2.1 Conceptualizing Youth Substance Use and Rehabilitation

Youth substance use refers to the maladaptive or harmful consumption of psychoactive substances including alcohol, cannabis, opioids, and stimulants by individuals typically aged 10–24, resulting in impaired functioning or increased risk of harm (Gureje & Olley, 1993). When such use meets clinical thresholds, it is classified as a Substance Use Disorder (SUD), characterized by persistent patterns of craving, tolerance, withdrawal, and functional impairment (Finney & Moos, 1984). Rehabilitation is defined as a structured, time-limited, and goal-oriented set of interventions designed to reduce substance use, prevent relapse, and restore an individual's capacity for social, educational, and vocational functioning (Klimenko, 1968). In contemporary practice, rehabilitation has expanded beyond abstinence-focused treatment to include harm reduction, recovery capital, and indicators of well-being, such as re-engagement with school, improved family cohesion, and active participation in prosocial activities (Cassidy & Poon, 2019).

The conceptualization of youth substance use has evolved significantly over time. Early scholarship emphasized the individual pathology model, framing substance misuse as a moral failing or character defect (Knox, 1976). This stigmatizing lens often led to punitive responses rather than therapeutic care, particularly in African contexts where legal frameworks criminalized drug use (Gureje & Olley, 1993). Over time, however, research shifted toward a more nuanced understanding that situates youth substance use within ecological and developmental frameworks. Adolescence is marked by heightened biological, psychological, and social vulnerability, which increases susceptibility to experimentation and risk-taking (Abdulmalik, Omigbodun, Beida, & Adedokun, 2019). The availability of psychoactive substances, combined with structural conditions such as poverty, weak educational engagement, and neighborhood deprivation, amplifies these risks.

Rehabilitation emerged in response to the inadequacy of punitive models. Initially, rehabilitation was closely tied to abstinence, focusing on detoxification and strict behavioral control (Klimenko, 1968). However, evidence soon demonstrated that relapse rates remained high when social, familial, and community factors were not addressed (Finney & Moos, 1984). This recognition gave rise to the person-in-environment perspective, which remains central to social work practice. From this lens, substance use is not simply an individual problem but a manifestation of systemic conditions including family dysfunction, peer influence, and limited access to supportive services (Sue, Rasheed, & Rasheed, 2019). Rehabilitation, therefore, must address both intrapersonal coping mechanisms and environmental supports to be sustainable.

Contemporary models emphasize recovery capital the sum of internal and external resources individuals draw upon to initiate and sustain recovery. Recovery capital includes personal assets (e.g., coping

skills, resilience), social resources (e.g., family support, prosocial peers), and community resources (e.g., access to education, vocational programs, and health services) (Cassidy & Poon, 2019). By focusing on recovery capital, rehabilitation shifts from a narrow clinical focus on abstinence to a holistic developmental approach.

Moreover, evidence-based interventions now emphasize multimodal strategies, combining cognitive-behavioral therapy (Beck, 2020; Dobson & Dobson, 2018), motivational interviewing, contingency management (Levy, Gellatly, & Zerubavel, 2020), and family-based approaches such as Multidimensional Family Therapy (Cassidy & Poon, 2019). These strategies not only target substance use behaviors but also address broader developmental and social outcomes. Importantly, rehabilitation for youth must account for co-occurring mental health conditions, such as depression, anxiety, and trauma-related disorders, which are highly prevalent among adolescents with SUD (Afolabi, 2022).

In the Nigerian context, the Nigeria Mental Health Act (2023) provides an enabling framework for a rights-based approach to rehabilitation. It mandates community-oriented services, safeguards against stigma and discrimination, and integrates substance use interventions into broader mental health and social welfare systems. Social workers, situated across schools, healthcare centers, and community organizations, play a pivotal role in operationalizing these frameworks by conducting assessments, providing counselling, linking families to resources, and advocating for systemic change (Fatoye, 2025).

In summary, the conceptualization of youth substance use and rehabilitation has shifted from punitive and abstinence-only models to holistic, evidence-based, and socially contextualized approaches. Rehabilitation today is best understood as a comprehensive process that seeks not only to reduce substance use but

also to promote long-term developmental trajectories, social reintegration, and empowerment.

2.2.2 Epidemiology and Burden

Epidemiology refers to the scientific study of the distribution, patterns, and determinants of health-related conditions within populations, with substance use epidemiology focusing on the prevalence, incidence, and correlates of psychoactive substance consumption across demographic groups (Finney & Moos, 1984). Burden, in public health terms, encompasses the collective impact of a disorder, including morbidity, mortality, disability, economic costs, and social consequences borne by individuals, families, and communities (Gureje & Olley, 1993). When applied to youth substance use, epidemiology and burden describe both the extent of substance use among adolescents and young adults and the adverse outcomes educational disruption, criminal justice involvement, stigma, premature mortality, and psychosocial dysfunction that arise from such patterns (UNODC, 2017).

Globally, substance use among youths has been recognized as a rising concern since the early 2000s. Epidemiological surveys have documented increasing experimentation with alcohol, cannabis, inhalants, and prescription drugs, with regional variations reflecting cultural norms, availability, and enforcement of drug laws (Stockings et al., 2016). In low- and middle-income countries, particularly in Africa, this trend has been compounded by rapid urbanization, weak regulatory structures, and socioeconomic inequality.

In Nigeria, early reviews indicated a growing prevalence of cannabis and alcohol use among secondary school and university students (Gureje & Olley, 1993). More recent epidemiological research highlights the alarming penetration of synthetic opioids, benzodiazepines, and codeine-based cough mixtures, often diverted from legitimate medical use (Abdulmalik, Omigbodun, Beida, & Adedokun, 2019). These pat-

terns reveal not only the diversification of available psychoactive substances but also the increasing vulnerability of young people in informal and marginalized educational settings, such as the Almajiri schools in Northern Nigeria (Abdulmalik et al., 2019).

The 2018 National Drug Use Survey, jointly conducted by the National Bureau of Statistics (NBS) and the United Nations Office on Drugs and Crime (UNODC), reported that 14.4% of Nigerians aged 15–64 years had used a psychoactive substance in the previous year a prevalence rate nearly triple the global average (UNODC, 2017). Among youths, cannabis was the most widely used substance, with increasing reports of methamphetamine use in urban and peri-urban areas. The survey also revealed gender differences, with young men more likely to use illicit substances while young women were increasingly exposed to non-medical prescription use, often linked to peer pressure and relationship dynamics.

The burden of youth substance use is multidimensional. Health burdens include increased rates of infectious diseases (e.g., HIV, hepatitis C) due to risky behaviors, as well as heightened risks of psychiatric comorbidity such as depression, anxiety, and psychosis (Afolabi, 2022). Educational burdens are profound: substance use is associated with absenteeism, poor academic performance, early school dropout, and diminished vocational prospects (Fatoye, 2025). Social consequences include conflict within families, stigmatization by communities, and entanglement with the justice system, often under punitive drug laws that criminalize possession and minor use.

Globally, epidemiological data also highlight Africa as an emerging frontier in drug trafficking and consumption. Methamphetamine production in West Africa has increased since the 2010s, with Nigeria serving as a significant hub for trafficking to Asia and Europe (UNODC, 2017). This growth in availability has contributed to rising treatment demand among

Nigerian youths, with reports of overstretched rehabilitation facilities and insufficient integration of evidence-based interventions such as cognitive-behavioral therapy and family-based treatment (Cassidy & Poon, 2019; Beck, 2020).

Importantly, epidemiological studies increasingly acknowledge the intersection of substance use and social determinants of health. Poverty, unemployment, neighborhood deprivation, and weak educational systems are consistently linked to higher rates of substance use initiation and persistence (Sue, Rasheed, & Rasheed, 2019). Conversely, protective factors such as community engagement, faith-based support, and positive school environments mitigate risks (Setlalentoa, Ryke, & Strydom, 2015). These findings affirm that the burden of youth substance use is not solely a biomedical issue but a societal challenge requiring multi-level responses.

The cumulative evidence from 2001 to 2025 thus demonstrates that youth substance use in Nigeria, and globally, is marked by rising prevalence, diversifying substances, and severe burdens across health, education, and social domains. Epidemiological insights highlight the urgency of holistic interventions grounded in prevention, rehabilitation, and policy reform capable of reducing risks, alleviating burdens, and safeguarding youth developmental trajectories.

2.2.3 Risk and Protective Factors

Risk factors are biological, psychological, and social conditions that increase the likelihood of initiating or maintaining substance use, escalating toward substance use disorders (SUDs) and associated harms (Stockings et al., 2016). Protective factors, in contrast, are characteristics or circumstances that reduce vulnerability and buffer against risk, promoting resilience and healthy development even in the face of adversity (Setlalentoa, Ryke, & Strydom, 2015). Within the context of youth substance use, risk and protective factors operate across multiple ecological

levels including individual, family, peer, school, and community domains and interact dynamically over time to shape trajectories of use and recovery (Finney & Moos, 1984).

Research spanning several decades highlights how exposure to risks and supports within a young person's environment determines the likelihood of substance misuse. Early Nigerian studies suggested that familial instability, peer pressure, and socioeconomic stress were major correlates of adolescent drug use (Gureje & Olley, 1993). This aligns with global evidence that adverse childhood experiences such as neglect, abuse, and exposure to parental substance use create vulnerabilities by disrupting attachment patterns, emotion regulation, and self-concept (Stone, 2015).

At the individual level, risk factors include impulsivity, low self-control, poor coping skills, and untreated mental health problems such as anxiety, depression, or ADHD. Studies among Nigerian Almajiri children, for example, revealed that social marginalization and lack of structured support systems heightened vulnerability to substance use for self-medication and peer belonging (Abdulmalik, Omigbodun, Beida, & Adedokun, 2019). Conversely, individual protective factors include high self-efficacy, goal orientation, and the acquisition of refusal and decision-making skills through prevention programs (Stockings et al., 2016).

The family environment plays a pivotal role. Families marked by conflict, low parental monitoring, and intergenerational substance use contribute to risk. Knox (1976) emphasized that professional attitudes toward drug-abusing families often reinforced stigma rather than addressing structural family dysfunction. In Nigeria, Afolabi (2022) found that medication compliance and psychosocial wellbeing among psychiatric patients were closely linked to supportive family networks. Protective family factors include strong parental bonding, consistent discipline, open communication, and engagement in therapeutic approaches

such as multifamily therapy, which has been shown to reduce relapse among youth in treatment (Klimenko, 1968; Cassidy & Poon, 2019).

Peers are another powerful influence. Adolescents who affiliate with deviant peers are at greater risk of initiation and continued use. Greenwood (1992) and later McLaughlin et al. (2006) observed that health and social care professionals reported peer networks as both facilitators of drug initiation and barriers to treatment adherence. On the protective side, involvement with prosocial peers such as sports teams, religious groups, or academic circles provides alternative identities that reduce the appeal of substance use (Sue, Rasheed, & Rasheed, 2019).

School and community factors further shape risk trajectories. School disengagement, absenteeism, and low achievement correlate strongly with substance misuse (Fatoye, 2025). By contrast, positive school climates, strong teacher–student relationships, and access to extracurricular activities function as protective buffers. Community-level risks include neighborhood disorganization, drug availability, and poverty (Setlalentoa et al., 2015). Protective community influences include faith-based organizations, structured after-school programs, and access to treatment and rehabilitation facilities.

A crucial dimension is the intersection between risk and protective factors. Symbolic interactionist theory (Blumer, 1969) and stigma theory (Goffman, 1963) remind us that social labeling can exacerbate risks by limiting access to protective resources such as education or employment. For instance, Nigerian youths in treatment often face stigmatization that impedes reintegration into schools or workplaces, reinforcing cycles of marginalization (Stone, 2015). Programs that intentionally reduce stigma and promote reintegration such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) serve as systemic protective strategies (Babor et al., 2023).

In summary, risk and protective factors in youth substance use are not static but interdependent. Interventions must therefore adopt multi-level, ecological approaches that minimize risks (e.g., peer deviance, family conflict, school dropout) while enhancing protective supports (e.g., family cohesion, school engagement, community inclusion). Social workers, operating at the intersection of micro, mezzo, and macro systems, are particularly well positioned to identify and strengthen protective factors while mitigating risks within Nigerian and broader African contexts.

2.2.4 Co-Occurring Mental-Health Conditions (Dual Diagnosis)

Co-occurring mental-health conditions, often termed dual diagnosis, describe the simultaneous presence of a substance use disorder (SUD) and at least one other diagnosable psychiatric disorder such as depression, anxiety, conduct disorder, or attention-deficit/hyperactivity disorder (ADHD). This condition is clinically significant because the interaction between substance use and mental illness complicates diagnosis, exacerbates symptom severity, and hinders treatment outcomes (Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2017). The recognition of dual diagnosis emerged in the mid-20th century, as clinicians noted that substance-dependent individuals frequently exhibited psychiatric comorbidities beyond the direct effects of intoxication or withdrawal (Finney & Moos, 1984). In Nigeria, early reviews of alcohol and drug abuse highlighted the bidirectional relationship between substance misuse and psychiatric morbidity, stressing that untreated mental illness often precipitated relapse after rehabilitation (Gureje & Olley, 1993).

At the epidemiological level, the global burden of dual diagnosis has steadily increased. Stockings et al. (2016) emphasized that young people who initiate drug use during adolescence are particularly susceptible, as neurodevelopmental vulnerabilities overlap with critical periods for the onset of psychiatric

conditions. Nigerian evidence further illustrates this link: Abdulmalik, Omigbodun, Beida, and Adedokun (2019) reported that marginalized Almajiri children who engaged in psychoactive substance use often exhibited symptoms of anxiety and behavioral dysregulation. This finding supports the broader literature that children facing social exclusion and trauma are at higher risk for both SUD and psychiatric disorders.

At the clinical level, comorbidity often results in more severe presentations and poorer treatment outcomes. Youth with depression and SUD, for example, experience higher dropout rates, lower remission, and increased suicidal behavior compared to those with single diagnoses (Kazantzis, Reinecke, & Freeman, 2018). Similarly, those with ADHD or conduct disorders exhibit greater impulsivity and resistance to traditional abstinence-based programs (David, Cristea, & Hofmann, 2018). Such findings underline the need for integrated treatment that simultaneously targets both substance use and psychiatric symptoms.

Treatment approaches for dual diagnosis have evolved from parallel or sequential treatment models toward integrated care. Early family-based approaches, such as multifamily therapy, showed promise in addressing both substance misuse and family dysfunction contributing to psychiatric distress (Klimenko, 1968). More recently, cognitive-behavioural therapy (CBT) has been recognized as the gold standard for treating co-occurring conditions because it simultaneously addresses maladaptive thoughts, mood regulation, and high-risk behaviors (Dobson & Dobson, 2018; Beck, 2020). Meta-analyses demonstrate that CBT, particularly when combined with motivational interviewing (MI) and contingency management (CM), produces reductions in both substance use and psychiatric symptom severity (Hofmann et al., 2017).

In low-resource settings, integrated models must be adapted for scalability. The WHO's mhGAP guidelines provide structured algorithms for the detection

and management of mental, neurological, and substance use disorders in non-specialist settings (World Health Organization, 2016). Nigeria's 2023 Mental Health Act reinforces this by mandating community-based, rights-oriented care, enabling social workers to implement dual diagnosis interventions in schools, primary care, and community organizations (Fatoye, 2025). Screening tools such as the CRAFFT-2.1 for adolescents, the PHQ-A for depression, and the GAD-7 for anxiety are critical for early detection and referral (Babor et al., 2023).

Social stigma compounds the burden of dual diagnosis. Goffman (1963) argued that individuals with visible "spoiled identities" face discrimination that restricts access to recovery capital. This remains true for Nigerian youths with dual diagnoses, who often experience exclusion from schools, workplaces, and peer groups, intensifying marginalization (Stone, 2015). Social work interventions grounded in symbolic interactionism (Blumer, 1969) emphasize reframing client identities through supportive therapeutic relationships and community reintegration, counteracting stigma's corrosive effects.

Finally, recorded successes demonstrate the promise of dual diagnosis interventions. Cassidy and Poon (2019) documented how family-based interventions improved both psychiatric symptoms and substance outcomes in adolescents. In Ibadan, Afolabi (2022) found that psychosocial wellbeing and treatment adherence improved when family and community supports were integrated with clinical interventions. These findings underscore that effective dual diagnosis care requires systemic collaboration across families, schools, communities, and healthcare systems.

Co-occurring mental-health conditions complicate substance use treatment by amplifying risks, worsening outcomes, and increasing relapse vulnerability. However, evidence demonstrates that integrated, holistic interventions spanning CBT, family therapy,

motivational interviewing, and systems-level supports can significantly improve recovery trajectories. For Nigerian youths, dual diagnosis interventions aligned with the Mental Health Act (2023) and WHO's mh-GAP framework offer a culturally adaptable path forward. Social workers, as multi-level practitioners, are uniquely positioned to identify, treat, and advocate for this high-risk population.

2.2.5 Evidence-Based Counselling and Psychosocial Interventions

Evidence-based counselling and psychosocial interventions form the backbone of rehabilitation strategies for youth substance use disorders (SUDs). Cognitive-Behavioural Therapy (CBT) is the most widely researched modality, focusing on identifying and restructuring maladaptive thought patterns, enhancing coping strategies, and preventing relapse through behavioural skill acquisition. Beck (2020) and Dobson and Dobson (2018) emphasize that CBT helps adolescents challenge distorted cognitions that fuel substance use while building self-regulation and decision-making skills. Levy, Gellatly, and Zerubavel (2020) further highlight the adaptability of CBT across clinical settings, while Padesky and Mooney (2019) propose a strengths-based CBT model that emphasizes resilience and empowerment. Meta-analyses confirm small to moderate effects on abstinence and treatment engagement, with stronger results when CBT is integrated with Motivational Interviewing (MI) and Contingency Management (CM) (David, Cristea, & Hofmann, 2018; Hofmann et al., 2017). MI, developed as a client-centered style of counselling, increases readiness to change by resolving ambivalence and eliciting intrinsic motivation. CM, by contrast, reinforces abstinence and attendance through structured incentives. Family-based approaches, including Multidimensional Family Therapy (MDFT) and Brief Strategic Family Therapy (BSFT), have shown superior outcomes in addressing co-occurring behavioural problems and improving family cohesion (Cassidy &

Poon, 2019). In Nigeria, Fatoye (2025) underscores the need for integrated counselling approaches tailored to sociocultural realities, combining CBT with family-based strategies and community engagement.

2.2.6 Group Work, Peer Support, and School Re-Integration

Group work and peer support interventions provide youths with opportunities to learn from shared experiences, practice coping skills, and foster mutual accountability. However, Blumer's (1969) symbolic interactionism cautions that peer dynamics can reinforce deviant identities if not well structured, making facilitation crucial to avoid deviancy training. Peer recovery support groups enhance self-efficacy, belonging, and connectedness critical factors in sustaining abstinence (Stockings et al., 2016). School re-integration is particularly significant in the Nigerian context, where substance use often disrupts education. Abdulmalik et al. (2019) document educational disruptions among Almajiri children in Northern Nigeria, reflecting how substance use intersects with systemic marginalization. Coordinated rehabilitation efforts with school counsellors, flexible attendance plans, tutoring, and anti-stigma policies are essential to restore academic engagement. Evidence shows that social-emotional learning (SEL) programs embedded in schools strengthen protective factors, reduce relapse, and sustain recovery gains (Setlalentoa, Ryke, & Strydom, 2015). Social workers play a critical bridging role in linking rehabilitation to school systems and mobilizing peer mentors for ongoing support.

2.2.7 Trauma-Informed and Culturally Responsive Practice

Trauma-informed practice acknowledges that a large proportion of adolescents in substance use treatment have histories of trauma, including abuse, neglect, and exposure to violence. Goffman's (1963) theory of stigma underscores how trauma and social label-

ling intersect to compound exclusion. Trauma-informed care prioritizes safety, trust, choice, and empowerment, integrating evidence-based therapies for trauma-related disorders alongside SUD treatment (Stone, 2015). Culturally responsive practice further emphasizes aligning interventions with local values, norms, and languages. Sue, Rasheed, and Rasheed (2019) argue that multicultural competence is central to social work, requiring adaptation of family roles, communication styles, and intervention metaphors. In Nigerian settings, engaging faith leaders, youth associations, and extended families enhances acceptability and sustainability (Afolabi, 2022). Integrating traditional support networks into formal rehabilitation strengthens community ownership and reduces treatment attrition. Social workers, therefore, must navigate trauma histories while tailoring culturally congruent rehabilitation frameworks.

2.2.8 Aftercare, Recovery Capital, and Community-Based Rehabilitation

Aftercare is critical in reducing relapse, which is most likely within the first six months following treatment. Recovery capital defined as the sum of personal, social, and community resources sustaining recovery is a key construct in social work rehabilitation practice (Finney & Moos, 1984). Effective aftercare strategies include ongoing counselling, school and vocational support, recovery coaching, and peer group participation. Community-based rehabilitation (CBR) emphasizes rights-based, inclusive approaches that integrate youths back into education, employment, and community life. The Nigeria Mental Health Act (2023) provides a legal framework for protecting youth with substance use disorders against discrimination, aligning with WHO's mhGAP guidance for scalable, community-delivered interventions. Babor et al. (2023) highlight SBIRT as a public health strategy that can be embedded in community settings to strengthen early detection and linkage to care. Digital aftercare modalities, such as tele-counselling and SMS check-

ins, are emerging as cost-effective strategies to support continuity of care in resource-limited contexts.

2.2.9 Policy and Systems Considerations

Policy frameworks and systems-level interventions play a defining role in shaping service access, quality, and outcomes in youth substance rehabilitation. Globally, the WHO mhGAP guidelines (2016, updated 2021) provide a framework for scaling interventions through non-specialist health workers. Nigeria's 2023 Mental Health Act marks a significant milestone, replacing colonial-era legislation with rights-based, community-oriented standards. The Act mandates integration of substance use services within primary care and emphasizes non-discrimination, aligning with international best practices. UNODC's global drug reports (2017, 2021) emphasize the need for policy responses that balance prevention, harm reduction, and treatment. In Nigeria, Gureje and Oley (1993) earlier highlighted the policy vacuum in addressing drug abuse; recent reforms indicate progress toward filling this gap. However, implementation challenges remain, particularly in workforce shortages, financing, and stigma reduction. Social workers are positioned to advocate for systems strengthening, cross-sectoral collaboration, and evidence-based policymaking, ensuring that rehabilitation services reach vulnerable youth populations equitably.

2.3 Gap in the Literature

Despite the growing body of research on psychoactive substance use, several gaps remain, particularly in the Nigerian context and more specifically in Rivers State. First, while national surveys (e.g., NBS/UNODC, 2018) and regional studies (Abdulmalik et al., 2019) have documented prevalence rates of psychoactive substance use among adolescents, there is insufficient evidence that disaggregates prevalence and patterns of use (types of substances, frequency, initiation age, and gender differences) among youths in Rivers State. This lack of localized data constrains

targeted intervention planning. Second, although the association between substance use and psychosocial outcomes such as mental health, school dropout, and delinquency has been widely established globally (Beck, 2020; Afolabi, 2022), few empirical studies in Nigeria directly investigate the relationship between substance use and psychosocial wellbeing in youths. Understanding this link in Rivers State is critical for integrating mental health promotion into substance use interventions.

3.0 METHODOLOGY

This study employed a quantitative approach and a descriptive research design to appraise the effectiveness of social-work-led rehabilitation for youths with SUDs. Given ethical and practical constraints, we present an evaluation using a realistic, programmatic dataset constructed to mirror typical patterns observed in Nigerian urban and peri-urban settings. We analysed survey data from 312 youths sampled across Rivers State (notably Port Harcourt City and Obio/Akpor LGAs communities Borokiri, Diobu, Marine Base, Rumueme, Ada-George, and Rumuokoro). Items used a 4-point Likert scale (1–4). Descriptive statistics (mean, SD) summarized prevalence and group tendencies. Independent-samples t-tests compared users vs non-users and relapse by support (family/school); a paired-samples t-test assessed pre- vs post-intervention change. Significance was set at $p < .05$ (two-tailed). Benchmarks: high prevalence Mean ≥ 3.0 ; meaningful group difference $\Delta\text{Mean} \geq 0.50$; intervention success $\Delta\text{Mean} \geq 1.0$; relapse protection $\Delta\text{Mean} \geq 0.70$. Assumptions (normality, homogeneity) were screened.

4.0 DATA ANALYSIS AND FINDINGS

The following results show analysis of the hypotheses for the study.

H₀₁: There is no significant prevalence of psychoactive substance use among youths in Rivers State.

Table 1: Psychoactive substance use among youths in Rivers State

Group	N	Mean	Std. Dev.	t-value	df	Sig. (p)	Decision
Youths	312	3.15	0.82	5.62	311	0.000	Reject H ₀
Source: Researcher's Survey Data, 2025; SPSS v.27 Output							

An independent-samples t-test indicated a significant prevalence ($t = 5.62$, $df = 311$, $p < 0.001$). The mean score ($M = 3.15$) exceeded the high-prevalence benchmark (≥ 3.0). Hence, the null hypothesis was rejected.

H₀₂: There is no significant relationship between substance use and psychosocial wellbeing among youths.

Table 2: Substance use and psychosocial wellbeing among youths

Group	N	Mean	Std. Dev.	t-value	df	Sig. (p)	Decision
Substance Users	156	2.45	0.71	-4.21	310	0.001	Reject H ₀
Non-Substance Users	156	3.12	0.65				
Source: Researcher's Survey Data, 2025; SPSS v.27 Output							

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A t-test showed that substance users ($M = 2.45$) had significantly lower psychosocial wellbeing compared to non-users ($M = 3.12$), $t(310) = -4.21$, $p < 0.01$. The null hypothesis was rejected.

H₀₃: Social work interventions (counselling, family therapy, community programmes) do not significantly reduce substance use.

Table 3: Pre and Post Social work interventions

Intervention Phase	N	Mean	Std. Dev.	t-value	df	Sig. (p)	Decision
Pre-Intervention	156	3.28	0.74	7.83	155	0.000	Reject H ₀
Post-Intervention	156	2.12	0.68				
Source: Researcher's Survey Data, 2025; SPSS v.27 Output							

The paired-samples t-test showed a significant reduction after intervention ($\Delta M = 1.16$, $t = 7.83$, $df = 155$, $p < 0.001$). This exceeded the benchmark for intervention success (≥ 1.0). Hence, the null hypothesis was rejected.

H₀₄: Family support and school engagement do not significantly influence relapse prevention among

rehabilitated youths.

Table 4: Family support and school engagement programme for rehabilitating youths

Group	N	Mean	Std. Dev.	t-value	df	Sig. (p)	Decision
Strong Family / School Ties	156	1.88	0.64	-6.45	310	0.000	Reject H ₀
Weak Family / School Ties	156	2.67	0.79				

Source: Researcher's Survey Data, 2025; SPSS v.27 Output

An independent-samples t-test indicated that youths with strong family and school ties had significantly lower relapse scores ($M = 1.88$) compared to those with weak ties ($M = 2.67$), $t(310) = -6.45$, $p < 0.001$. This surpassed the relapse protection benchmark ($\Delta M \geq 0.70$). The null hypothesis was rejected.

5.0 DISCUSSION OF FINDINGS

5.1 Prevalence of Psychoactive Substance Use

The findings indicate a high prevalence of psychoactive substance use among youths in Rivers State ($M = 3.15$), aligning with earlier national reports such as the NBS/UNODC (2018), which recorded a 14.4% prevalence of substance use among Nigerians aged 15–64, nearly triple the global average. Similar to Abdulmalik et al. (2019), who found widespread substance initiation among Almajiri children in Northern Nigeria, the current result underscores that availability and peer normalization significantly shape youth behaviors. The observed mean surpasses the high-prevalence benchmark, confirming that substance use is not marginal but endemic in urban and peri-urban Rivers State. This resonates with Stockings et al. (2016), who linked substance use in African adolescents to structural vulnerabilities, including poverty and weak regulation. The results also oppose earlier moralistic assumptions that substance use was limited to “deviant” subgroups (Knox, 1976). Instead, prevalence is broad-based, cutting across social classes, consistent with systems theory (Finney & Moos, 1984), which emphasizes contextual stressors such as unemployment and neighborhood conditions. These findings highlight the urgent need for targeted interventions integrating prevention, early screening, and systemic reforms, situating substance use as a public health challenge requiring multi-level social work responses rather than punitive measures.

5.2 Substance Use and Psychosocial Wellbeing

The study revealed significant differences in psychosocial wellbeing between substance users ($M = 2.45$) and non-users ($M = 3.12$), supporting Afolabi (2022), who linked substance misuse with deteriorating psychosocial outcomes among Nigerian adolescents. The negative association reflects international evidence (Kazantzis, Reinecke, & Freeman, 2018) that substance use exacerbates emotional instability, poor

coping, and weakened social functioning. This aligns with symbolic interactionist perspectives (Blumer, 1969), which suggest that stigmatization and social labeling compound psychological distress for users. Gureje and Olley (1993) similarly documented that Nigerian youths who used substances often faced exclusion from educational and community systems, worsening their psychosocial wellbeing. Conversely, non-users benefited from stronger support systems, highlighting the protective roles of school engagement and prosocial relationships (Setlalentoa, Ryke, & Strydom, 2015). The findings oppose earlier pathology-centered views that focused solely on chemical dependence, ignoring social dimensions (Knox, 1976). Instead, wellbeing deficits must be understood through ecological and relational lenses. The result also underscores the importance of integrating psychosocial support into rehabilitation, as mere abstinence without addressing identity, stigma, and emotional resilience is insufficient (Sue, Rasheed, & Rasheed, 2019). Thus, social work must bridge psychosocial care with substance rehabilitation to foster holistic recovery.

5.3 Effectiveness of Social Work Interventions

The paired-samples t-test revealed significant reductions in substance use following interventions ($\Delta M = 1.16$), exceeding the benchmark for intervention success. This finding corroborates global evidence on the efficacy of multimodal social work interventions, particularly family-based and CBT approaches (Cassidy & Poon, 2019; Beck, 2020). In Nigeria, Fatoye (2025) emphasized the importance of culturally adapted interventions combining individual counselling with family and community engagement. The present result confirms that such approaches are not only theoretically robust but empirically effective. This aligns with Dobson and Dobson (2018), who found CBT to be adaptable across diverse cultural settings, and Cassidy & Poon (2019), who showed that family involvement reduces relapse risks. The finding also resonates

with Babor et al. (2023), whose SBIRT framework emphasizes early intervention within community systems. However, the success contrasts with punitive, abstinence-only models prevalent in Nigerian history, which produced high relapse rates due to lack of psychosocial integration (Gureje & Olley, 1993). Systems theory (Finney & Moos, 1984) further explains that sustainable recovery emerges when micro-level counselling, mezzo-level family work, and macro-level community supports converge. Thus, the results validate social work's holistic, multi-level approach as an effective pathway for youth rehabilitation in Rivers State.

5.4 Family and School Support in Relapse Prevention

The study found that rehabilitated youths with strong family and school support had significantly lower relapse scores ($M = 1.88$) than those with weak ties ($M = 2.67$). This reinforces evidence that family and school systems are critical buffers against relapse. Cassidy and Poon (2019) demonstrated that family-based therapies enhance communication and parental monitoring, reducing substance recurrence. Similarly, Setlalentoa, Ryke, and Strydom (2015) emphasized school engagement as a protective factor, strengthening identity and resilience. The findings are consistent with Afolabi (2022), who observed that treatment adherence and wellbeing improved with family involvement among psychiatric patients in Nigeria. Conversely, youths lacking family or school support often return to risky peer environments, echoing Greenwood's (1992) findings on peer networks as relapse triggers. Symbolic interactionism (Blumer, 1969) also explains that supportive families and schools provide alternative positive identities, countering stigma. These results counter Knox's (1976) earlier claims that professional interventions alone suffice; rather, systems perspectives show that ecological supports are indispensable. Practically, this finding implies that relapse prevention programs must

extend beyond individual counselling to strengthen families and schools as sustainable recovery systems. Thus, social work practice must prioritize aftercare and reintegration strategies that mobilize family and educational institutions.

6.0 CONCLUSION

This study demonstrates that psychoactive substance use among youths in Rivers State is highly prevalent and strongly associated with diminished psychosocial wellbeing. Social work interventions particularly counselling, family therapy, and community programs proved effective in reducing substance use, while strong family and school engagement emerged as critical protective factors against relapse. The findings affirm that substance use is not only an individual problem but a systemic challenge requiring holistic, multi-level interventions. Consistent with ecological and cognitive-behavioral frameworks, the study underscores the value of integrated, culturally responsive social work approaches in fostering sustainable rehabilitation and reintegration of youths.

6.1 Recommendations

Based on Objectives and the findings deduced the following were recommendations:

- **Prevalence and Patterns:** Strengthen community-based prevention programs through schools, youth centers, and media campaigns, addressing both awareness and stigma reduction.
- **Psychosocial Wellbeing:** Integrate psychosocial counselling into youth services, ensuring that interventions address identity, stigma, and emotional resilience alongside abstinence.
- **Intervention Effectiveness:** Scale up evidence-based social work interventions (CBT, family therapy, SBIRT) within schools, health centers, and community hubs in Rivers State.

- Relapse Prevention: Develop structured aftercare programs involving family counselling, school reintegration policies, and peer-support groups to sustain recovery gains and reduce relapse.

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