Research Square

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A Retrospective Analysis of the Trends in Substance Initiation among Residents of a National Drug Law Enforcement Agency (NDLEA) Rehabilitation Centre in Nigeria

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Research Article

Keywords: Trends, substance use, substance initiation, legal, illicit

Posted Date: November 27th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-11260816/v1

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Additional Declarations: No competing interests reported.

Abstract

Background

Patterns of substance-use initiation have changed over time, with a shift from traditional substances such as alcohol and tobacco toward cannabis and other illicit substances.

Method

This was a retrospective assessment of trends in substance initiation among patients with substance use disorders undergoing rehabilitation at the National Drug Law Enforcement Agency, Ibadan, Nigeria. Sociodemographic and substance-related data were extracted from clinical records. Admission years were grouped into seven periods from 1992–1997 to 2023–2024. Logistic regression models were used to examine the association between survey period and initiating substance category, with 2023–2024 as the reference period.

Results

Tobacco and alcohol as initiating substances declined over the study period, from 100.0% in 1992–1997 to 2.9% in 2023–2024, while cannabis emerged as an initiating substance in 2008–2012 and increased thereafter, reaching 60.6% in 2023–2024. Synthetic cannabinoids emerged in 2018–2022 and increased to 34.2% in 2023–2024 among males. There was a marked shift from legal to illicit substances as initiating substances, with the odds of initiating with an illicit substance significantly lower in earlier periods than in 2023–2024 (OR 0.03–0.25, $p < 0.001$).

Conclusion

The findings demonstrate a shift in substance-use initiation from predominantly legal substances in earlier periods toward cannabis and other illicit substances in more recent periods. This highlights the need for prevention strategies addressing emerging illicit substance use.

Background

Globally, drug and substance use continue to be a public health challenge because of its attendant social, economic, and health consequences [1]. According to the World Drug Report, an estimated 316 million people aged 15–64 years used illicit drugs at least once in 2023, representing an increase in global prevalence from 5.1% in 2013 to 6% in 2023 [2]. The same report indicated that the use of cannabinoids, cocaine, and injection drug use has increased exponentially over the years [2]. The Nigerian situation is particularly even more concerning; The 2018 UNODC National Survey on Drug Use revealed that 14.4% of Nigerians aged 15–64 years (approximately 14.3 million people) had used drugs

in the preceding year—nearly three times the global average [3]. The Southwest geopolitical zone, particularly Lagos and Oyo states, accounted for the highest prevalence rates [3].

Virtually every metric of drug and substance use has changed over the past years, including the prevalence, demography, types of substances, availability, substances of initiation, and age of initiation. With respect to availability, the use of marijuana, cocaine powder, and many other illicit drugs, which were virtually non-existent prior to World War II, has increased substantially in recent years [4]. Substances are not just more available now; current patterns reveal widespread access to both natural and synthetic psychoactive substances, many of which are more potent and used concurrently, giving rise to a growing polysubstance use culture [5]. Furthermore, over 1100 new psychoactive substances have been identified worldwide, with the number projected to keep rising [5]. Demographic patterns of substance use have also changed considerably. Gender differences in the pattern of substance use are declining as the male-female gap is narrowing for many substances, and in some contexts, female use is even higher [6]. This evidence clearly shows the need to examine trends in substance use patterns, given that virtually every dimension has changed over the years.

One very important aspect requiring renewed scrutiny is the trend of substance use initiation, which underlies the renowned gateway phenomenon, a concept commonly credited to the scientific work of Denise Kandel [7]. The theory posits a sequential progression in which the use of gateway substances, particularly alcohol and tobacco, precedes the initiation of other illicit drugs, with early exposure increasing the likelihood of later involvement with more harmful substances [7]. Historically, this concept underlies drug prevention strategies, including media campaigns that emphasise delaying or avoiding early experimentation with tobacco and alcohol to reduce the risk of more serious drug involvement [8–10].

However, an emerging and recent body of evidence suggests that the gateway phenomenon, regarding substances of initiation, may be changing in pattern and sequence. For example, some studies have reported that cannabis use preceded the use of other illicit drugs among the most serious drug abusers [4, 11]. A reverse gateway phenomenon was even described in a study in Australia that observed a reciprocal relationship between cannabinoids and tobacco. The referenced study found that preceding cannabis use was associated with subsequent initiation of tobacco use [12–14]. Such violations in the typical pattern of the gateway theory of drug progression have also been reported in some other studies, where significant proportions of drug users had initiated cannabis use before they even had their first alcohol, while some individuals commenced the use of other illicit drugs before ever using alcohol, tobacco or cannabis [4]. Furthermore, emerging psychoactive substances such as tramadol and methamphetamine are increasingly displacing cannabis and alcohol as initiating substances [1].

Evolving evidence indicates that initiation with one substance does not invariably lead to the use of other drugs higher up in the sequence because behavioural norms, including substance use, develop through a complex interaction of biological, psychological and socio-environmental factors including family dynamics, peer influence and school environment [4]. Thus, reducing the pattern and sequence of

substance use to the gateway effect of alcohol and tobacco alone may be overly simplistic and probably flawed, as other factors such as substance availability, affordability, genetics, and socio-environmental influences all play more substantial roles than the linear gateway hypothesis implies [4, 7]..

This changing trend in substance use initiation across the globe underscores the need to examine local contexts. Despite growing recognition of these shifts, substantial knowledge gaps remain. While several studies have described the overall prevalence and pattern of psychoactive substance use, fewer studies have specifically examined changes in the identity of initiating substances, particularly within defined institutional populations such as clients receiving treatment at the National Drug Law Enforcement Agency (NDLEA) facilities. Addressing this gap is essential for refining prevention, treatment, and policy responses to evolving substance use dynamics, especially within the Nigerian context. Understanding which substances individuals use first and how these initiating substances have changed over time is essential because the identity of the initiating agent influences the risks of dependence, harm patterns, and the design of targeted prevention and early-intervention strategies.

This study therefore aimed to examine the patterns and changes in substance use initiation among clients admitted to the NDLEA treatment facility in Ibadan over a defined period.

Methodology

Study Setting

This study was conducted at the National Drug Law Enforcement Agency (NDLEA), Oyo State Command, Ibadan, Oyo State, Nigeria. Ibadan, located in southwestern Nigeria, is one of the largest cities in sub-Saharan Africa, with an estimated population exceeding four million people and a predominantly Yoruba ethnic population [15].

The NDLEA is a national agency whose primary responsibility is to “eradicate the cultivation and use of illicit narcotic plants and other psychotropic substances, as well as provide drug demand reduction activities and rehabilitation for individuals in their custody" [16]. The facility's rehabilitation unit is staffed by officers trained and certified in addiction counselling and rehabilitation through the United Nations Office on Drugs and Crime (UNODC) Treatnet II programme [17], and who are also members of the International Society of Substance Use Treatment Professionals.

Through a collaborative partnership agreement since 2014, psychiatry residents and consultants from the addiction unit of the University College Hospital Ibadan conduct regular clinical assessments of newly admitted clients at the NDLEA rehabilitation unit to identify psychiatric and medical comorbidities, initiate appropriate treatment, and facilitate referrals as appropriate.

Study Design

This study employed a retrospective chart review design. Clinical records of clients admitted for substance use rehabilitation at the NDLEA Oyo State Command between 1992 and 2024 were reviewed.

Study Population

The study population comprised adults with a documented diagnosis of substance use disorder who were admitted for rehabilitation at the NDLEA facility between 1992 and 2024. Adults aged ≥ 18 years at admission with a documented diagnosis of substance use disorder by a specialist psychiatrist (senior registrar or above), or sufficient clinical information to establish the diagnosis retrospectively, were eligible for inclusion. Records were excluded if there was insufficient evidence to establish a diagnosis of substance use disorder or if they contained substantial information on substance use history.

Measures

We extracted data from archived clinical records using a structured data extraction proforma developed for the study. Information collected included:

Sociodemographic characteristics

age, sex, marital status, occupation, ethnicity, religion, educational attainment, and residential status.

Clinical and substance use variables

year of admission, initiating substance, primary substance of abuse, other substances used, current substances used, psychiatric history, medical history, family history of substance use, and relevant social history.

Definition of Key Variable

Initiating substance

This was defined as the first psychoactive substance reported to have been used by the patient, as documented in the clinical record, before the use of any other psychoactive substance.

Sample Size

The minimum sample size for the study was calculated using the Yamane's formula:

$n = N/1 + N (e)^2$ where N is total population, e is margin of error (0.05 at 95% CI).[18]

Given that 110 eligible records were available, $n = 110/1 + 110 (0.05)^2 = 86.27 = 87$ patients. Because of this small sample size, a total census of 110 eligible records was considered.

Statistical Analysis

Data were analysed using Stata version 24.0. Descriptive statistics were used to summarise participants' sociodemographic and clinical characteristics. Continuous variables were presented as means and standard deviations, while categorical variables were summarised using frequencies and percentages.

For trend analyses, initiating substances were grouped into legal substances (alcohol and tobacco) and illegal substances (cannabis, synthetic cannabinoids, opioids, stimulants, amphetamines and benzodiazepines). We also aggregated admission years into broader survey periods to facilitate trend analysis. Sex-specific analyses of the trends in initiating substance use were conducted using binomial logistic regression models. The initiating substance category was the dependent variable, and the survey period (year) was the independent variable, with the most recent period (2023–2024) as the reference category. We calculated odds ratios (ORs) and their corresponding 95% confidence intervals (95% CIs). Statistical significance was set at $p < 0.05$.

Results

Sociodemographic Characteristics of the Participants

The analysis included 110 records, with a mean participant age of 28.7 years (SD=7.5). Most participants were in the 21-30 age group.

The sample was mostly male (97.3%), single/never married (80.9%), and Christian (74.5%), with the majority Yoruba (84.6%). Most (77.3%) completed at least secondary education, while about half (53.6%) were unemployed. (Table 1)

Trends of Tobacco Use by Gender

The use of tobacco as an initiating substance demonstrated an overall declining trend among both sexes. Among the males, the prevalence of tobacco use as an initiating drug declined gradually but substantially from 40% in 1992-1997 to 0% in 2023-2024, despite a temporary increase to 50% in 2003-2007. (Figure I)

Female cases were absent during the survey periods before 2013, when prevalence was 100%, followed by a sharp decline to 0% in 2018-2022 and 2023-2024. (Figure I)

Trends of Alcohol Use by Gender

Male alcohol use increased slightly from 60% in 1992-1997 to 66.7% in 1998-2002, after which a continuous downward trend was observed until a prevalence of 0% in 2023-2024. No females reported alcohol as the initiating substance during the study period. These findings indicated a progressive reduction in the use of alcohol as an initiating substance among males over time. (Figure II)

Trends of Cannabis and Synthetic Cannabis Use by Gender

Figure III represents the trends in cannabis and synthetic cannabis use by gender. Cannabis use as an initiating drug among males was not reported until the 2008-2012 period, with a prevalence rate of 25%, after which it increased sharply to 56% in 2013-2017. The upward trend continued, albeit slowly, until 60.6% in 2023-2024. Among females, cannabis use emerged as an initiating substance in 2023-2024 with a prevalence of 100%.

The use of synthetic cannabis as an initiating drug was confined to men and was not reported until 2018-2022, with a prevalence of 14.7%, a figure that rose to 34.2% between 2023 and 2024.

Overall, the findings indicate increasing trends in the use of both cannabis and synthetic cannabis as initiating substances among males, while also demonstrating the recent emergence of cannabis use as an initiating substance among females.

Trends of Other Illegal Drugs (Cocaine, Opioids, Amphetamines) and Benzodiazepines by Gender

The use of other illegal drugs as substances of initiation emerged in the 2003-2007 period with a prevalence of 50%. This was followed by an immediate drop to 0% in 2008-2012, after which its use re-emerged in 2013-2017 with a prevalence of 21.4%, followed by a gradual decline to 0% in 2023-2024. No females reported other illegal drugs as the initiating substances during the survey period. (Figure IV)

Benzodiazepines as an initiating drug were not reported until 2018-2022, when the prevalence among males was 6.1%, followed by a decline to 0% in 2023-2024. No females reported benzodiazepines as a substance of initiation during the period of the survey. (Figure IV).

Trends of Legal (Alcohol & Tobacco) Versus Illegal Drugs (Cannabis, Cocaine, Opioids, Amphetamines) by Gender

The trends of legal versus illegal drug initiation were X-shaped, with a decreasing trend in the use of legal drugs as initiating substances and a corresponding increasing trend in the use of illegal drugs over the years.

The highest prevalence of legal drug use (100.0%) was observed among individuals admitted between 1992 and 1997. This prevalence decreased gradually over the years, reaching a low of 2.9% during 2023–2024. On the other hand, the prevalence of illegal drug initiation increased markedly over time, rising from 0% in 1992–1997 to 97.1% in 2023–2024 (Figure V).

With regard to legal substances, using 2023–2024 as the reference period, the odds of drug initiation were higher in all preceding periods. Individuals admitted during 1998-2002 had the highest estimated odds (OR = 6.0, 95% CI: 0.72–49.84), followed by those admitted during 1992-1997 and 2013-2017 (OR = 5.0 for both periods). However, these associations were not statistically significant. (Table 2)

On the other hand, relative to 2023–2024, participants admitted in earlier periods had significantly lower odds of initiating substance use with an illegal drug. The association remained statistically significant through 2013–2017 but was no longer significant for 2018–2022. (Table 3)

Discussions

Overall, this study found a decreasing trend in the use of legal drugs as initiating substances, with a contrary rising pattern in the use of illegal drugs as substances of initiation.

Caveat

The findings presented in this study relate specifically to substances used at initiation and should not be interpreted as reflecting current patterns of substance use among participants. The prevalence estimates therefore describe historical initiation pathways rather than contemporary substance-use profiles.

Tobacco use trend

We observed a decrease in the prevalence of tobacco use as an initiating drug over the entire period, with the highest prevalence among males in 1992–1997 and the lowest during the 2023–2024 period. This pattern suggests that tobacco use may have played a more prominent role as an initiating or 'gateway' substance during the earlier years of the study, consistent with previous evidence that tobacco use often precedes the initiation of other psychoactive substances [19, 20]. Tobacco was not reported as an initiating drug among females until the 2018–2022 cohort, which was followed by a sharp decline in prevalence in 2023–2024. Because the trend was not significant, these changes may reflect random fluctuations due to the small sample size and limited number of female participants.

Our findings are consistent with studies carried out in Europe and North America, which have consistently reported a decrease in the prevalence of smoking, credited to policy measures such as higher taxation of tobacco, prohibition of smoking at the workplace, tobacco advertisement restrictions and enforcement of smoking bans in the respective federal states [21–23]. Likewise in Nigeria, the declining trend of tobacco use demonstrated in this study may be reflective of the efforts of the government in addressing tobacco abuse, such as the "World Health Organisation Framework Convention on Tobacco Control" and the National Tobacco Control Act" that was enacted in 2015 but became fully operational in 2019 [24].

Alcohol use trend

The use of alcohol as an initiating drug was observed exclusively among males in this study, with a steady decline in prevalence rates over the study years. The predominance of alcohol as an initiating substance during the earlier study periods is consistent with previous literature identifying alcohol as a common entry point into substance use and a potential precursor to the use of other psychoactive substances [25, 26].

The high prevalence of alcohol initiation observed during the earlier admission periods may be attributed to its availability, occasioned by increased production and importation of alcohol in Nigeria during that period [27]. In addition, specific alcohol control measures recommended by the WHO were implemented only to a limited extent, including alcohol marketing regulation, alcohol sales restriction, alcohol taxation, controls on alcohol packaging, strengthening health sector response, and raising political commitment [28]. Consequently, alcohol may have been more accessible and socially acceptable during the earlier decades covered by this study.

The absence of alcohol as an initiating substance among females may reflect the socio-cultural leanings in Nigeria, where alcohol consumption by women is less socially acceptable than among men. Such norms may discourage alcohol use among females or lead women to initiate substance use through alternative substances [27, 29].

Cannabis use trend

In contrast to the decreasing trend in use of legal substances as initiating drugs, cannabis and synthetic cannabis emerged as increasingly common initiating substances. While the use of cannabis and synthetic cannabis was not reported until the periods of 2008–2013 and 2018–2022, respectively, their prevalence continued on an upward trend till the end of the review year. This pattern suggests the recent emergence and increasing prominence of both cannabis and synthetic cannabinoids within substance-use initiation pathways.

The increase in the prevalence of cannabis use as an initiating drug is consistent with trends observed in several other countries and the United States of America [30]. One potential reason is recent changes in cannabis policies and legalisation in some South American countries [31], and parts of North America [30, 32]. For instance, a report found that the typical American adult perceives cannabis as less harmful than it was the case 10 to 15 years earlier [33].

Although cannabis remains illegal in Nigeria, the observed trend may reflect broader global influences on drug-related attitudes and behaviours. The rapid dissemination of information through the internet and social media, increased exposure to international drug cultures, and greater availability of cannabis and related substances have been proposed as factors contributing to rising cannabis use among Nigerian youths and young adults [34]. Overall, the findings suggest a transition in initiation patterns from traditional legal substances, particularly alcohol and tobacco, toward cannabis and synthetic cannabinoids.

Cocaine, Opioids, Amphetamines & Benzodiazepines use trend

The combined pattern of initiation with cocaine, opioids, and amphetamines was irregular across the study period, exhibiting a bimodal distribution with an initial peak during 2003–2007 and a second peak during 2013–2017, separated by a period in which no cases were reported (2008–2012). While these

trend variations were not statistically significant, an important finding is the occurrence of individuals who initiated substance use directly with cocaine, opioids, or amphetamines.

Although literature examining benzodiazepines specifically as initiating substances is limited, evidence from a case report suggests that readily available over-the-counter compounds may serve as entry points into broader patterns of substance use, especially among vulnerable individuals [35].

Our findings are broadly consistent with reports indicating that a minority of substance users initiate use with drugs other than alcohol or tobacco. For example, a survey of more than 1,000 Americans reported that 0.7% of respondents identified cocaine and 3.5% identified prescription opioids as their first substance of use [36].

Overall, the present findings support growing evidence that initiation pathways are becoming increasingly diverse, as some individuals may begin their substance-use trajectory with more potent illicit substances. This pattern may reflect changing drug markets, increased availability of illicit substances, evolving social norms, and differences in individual risk factors.

The X-Shaped Curve

One of the study's most striking findings was the emergence of an X-shaped pattern in substance-use initiation over the three decades under review. While the prevalence of legal substances as initiating drugs progressively declined, the prevalence of illegal substances increased correspondingly. Although the decline in legal substances as initiating drugs did not achieve statistical significance, the increase in illegal substances as initiating drugs was statistically significant, indicating that the observed transition is unlikely to be due to chance alone.

Several factors may explain this changing pattern. The implementation of tobacco-control measures and increasing public awareness of the health risks associated with smoking and harmful alcohol use may have contributed to reductions in initiation with legal substances. At the same time, increased availability of cannabis and synthetic cannabinoids, changing perceptions of their risks, exposure through social media and digital platforms, and the globalisation of drug cultures may have facilitated greater initiation with illicit substances.

Implications for the Gateway Drug Hypothesis

Our findings seemed to lend support to the gateway hypothesis for the sample of patients in the earlier period of the study, after which the hypothesis appeared to be challenged. “The gateway drug hypothesis” proposes that the use of legal substances, particularly alcohol and tobacco, typically precedes and may increase the likelihood of subsequent use of illicit substances [37]. Consistent with this framework, alcohol and tobacco were the predominant initiating substances during the early years of the study period.

Interestingly, the pattern of substance-use initiation changed substantially over time, with cannabis and synthetic cannabis emerging as common initiating substances. These findings suggest that the traditional gateway sequence involving alcohol and tobacco may be becoming less relevant and that initiation pathways may be shifting towards cannabis and other illicit substances among more recent cohorts of substance users.

This observation is consistent with recent findings that cannabis may itself act as a gateway drug for some individuals [38]. Although the present study did not include current drugs of abuse, the finding that cannabis was reported to be an initiating drug suggests that cannabis was a “gateway drug” into the drugs currently abused by the patients.

While the subject of “cannabis as a gateway drug” is still an ongoing debate [39], more worrisome is the emergence of synthetic cannabinoids as initiating drugs given their significant public health consequences. Marketed under various names such as *'loud', 'colos'*, etc., synthetic cannabinoids are new psychoactive substances produced to mimic the pharmacological effects of their traditional counterparts [40]. They have recently become more available on the streets due to their growing markets; they have more potent pharmacological properties, more addictive properties, and are associated with florid psychotic symptoms [41]. The appearance of these substances as initiating drugs among recent cohorts may therefore signal concerning shifts toward more potent and potentially harmful forms of substance use.

Public Health Implications

Our current findings bring several public health considerations. First, the traditional gateway model is dying out. The demography reported herein implies that cannabis intervention programs should consider addressing cannabis use as the initiator of substance use disorders.

Second, synthetic cannabinoids have emerged as a current threat. Given that synthetic cannabinoids are far more potent, addictive, and frequently linked to acute psychosis and severe cardiovascular events, there is a need for more public health initiatives in Ibadan that will be capable of addressing an influx of severe psychiatric and medical emergencies.

Third. The significant shift from legal substances to illicit substances has the tendency to expose users to the criminal justice system in the course of their drug-use trajectory. This may create legal barriers that enable youth to seek early intervention for their drug use.

Fourth, the surge in the use of cannabinoids could suggest that standard detoxification and rehabilitation protocols originally designed for the study centre and other treatment facilities from which the sample was referred to the NDLEA were not effective for alcohol or tobacco. This implies that prevention and treatment for tobacco and alcohol use disorder should be strengthened.

Treatment centres will require specialised training, better psychiatric support, and increased funding to handle the high-risk profiles of synthetic drug users.

The youth certainly require targeted harm-reduction and prevention campaigns in schools across Oyo State, specifically highlighting the lethality of synthetic cannabinoids.

Limitations

Some limitations should be considered when interpreting this study's findings. First, we utilised retrospective, self-reported data on substance use, which is highly liable to response bias. Although the sample size was statistically determined, it can still be considered small. This greatly limited robust male/female comparisons.

However, given that NDLEA has similar structure in several states of the country, we consider our findings generalisable to similar settings in the country.

Conclusions

From this study, patterns of substance-use initiation changed substantially over the years. While initiation with tobacco and alcohol declined over time, cannabis and other illicit substances became increasingly prominent as initiating drugs. These findings suggest a transition from traditional legal substances toward illicit substances as entry points into substance use. Public health policies should sustain gains achieved in reducing tobacco and alcohol initiation while strengthening efforts to prevent the initiation and use of cannabis and other illicit drugs. Further research is required to determine whether this pattern is unique to treatment-seeking populations or reflects broader changes in substance-use initiation within the Nigerian population.

Declarations

Ethics approval and consent to participate: Ethical approval for the study was obtained from the Ethical Review Committee of the Oyo State Ministry of Health, number MHREC/OYOSHRIEC/10/11/22, dated 14th September 2026 and the research was conducted in accordance with the Declaration of Helsinki. The NDLEA Oyo State Command granted administrative permission to access clinical records under reference number NDLEA/OYSC/052/Vol III/89, dated May 7, 2014.

Because this study involved a retrospective review of existing records, the ethics committee waived informed consent. No direct participant contact occurred. All extracted data were anonymised before analysis, and confidentiality was maintained throughout the study.

Consent for publication: Not applicable,

Availability of data and materials: Dataset associated with the study is available from the author on reasonable request.

Competing interests: None

Funding: This research did not receive any specific grant from funding agencies in the

public, commercial, or not-for-profit sectors.

Authors' contributions: Victor Makanjuola: Data Curation, Writing Original Draft, Oluremi

Oladele: Review & Editing, Project Administration. Victor Lasebikan: Conceptualization,

Methodology, Formal Analysis, Supervision. Oyeyemi Afolabi: Software,

Validation, Investigations, Resources, Visualization.

Acknowledgements: Acknowledgements are given to the Director of Oyo State Ethical Review Committee, Ibadan for granting us permission for the support. Acknowledgement is also given to Mr Adebayo Kehinde and Dr. Tiwatayo Lasebikan for providing support during data collection. We thank the coordinating staff members of the study site.

Conflict of Interest: None

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Tables

Table 1: Sociodemographic Characteristics of the Participants

Sociodemographic Characteristics	Frequency	%
Age		
Mean	28.74	7.47
11-20 years	8	7.3
21-30 years	66	60.0
31-40 years	27	24,5
41-50 years	7	6.4
51-60 years	2	1.8
Gender		
Male	107	97.3
Female	3	2.7
Ethnicity		
Yoruba	95	84.6
Igbo	7	6.4
Hausa	6	5.5
Others	2	1.8
Religion		
Christianity	82	74.5
Islam	28	25.5
Highest level of Educational		
Completed Primary School	25	22.7
Completed Secondary school	35	31.8
Completed Tertiary Education	50	45.5
Employment Status		
Unemployed	59	53.6
Apprentice	12	10.9
Employed	39	35.5
Marital Status		
Single (Never married)	89	80.9

Married/Cohabiting	19	17.3
Divorced/Separated	2	1.8

Table 2: Prevalence of Legal Drugs as Initiating Substance 1992-2024

Year	Alcohol + Tobacco		OR 95% (CI)	p
	n	%		
1992-1997	5	100.0	5.0 (0.58-42.77)	0.1
1998-2002	6	85.7	6.0 (0.72-49.84)	0.09
2003-2007	2	50.0%	2.0 (0.18-22.06)	0.6
2008-2012	3	33.3	3.0 (0.31-28.84)	0.3
2013-2017	5	35.7	5.0 (0.58-42.79)	0.1
2018-2022	3	9.1	4.0 (0.45-35.78)	0.2
2023-2024	1	2.9	1.0^{R}	

R: Reference category

Table 3: Prevalence of Any Illegal Drug as Initiating Substance 1992-2024

Year	Any Illegal Drug		OR 95% (CI)	p
	n	%		
1992-1997	0	0.0	-	-
1998-2002	1	14.3	0.03 (0.004-0.2)	< 0.001
2003-2007	2	50.0	0.06 (0.01-0.23)	< 0.001
2008-2012	6	66.7	0.17 (0.07-0.40)	< 0.001
2013-2017	9	64.3	0.25 (0.12-0.52)	< 0.001
2018-2022	30	90.9	0.83 (0.51-1.35)	0.5
2023-2024	34	97.1	1.0^{R}	

R: Reference category; ID: Cannabis, synthetic cannabis, opioids, cocaine, methamphetamines