

# SOCIAL NETWORKS AND SYNTHETIC DRUG USE RISK IN RURAL AND URBAN AREAS OF BAYELSA STATE

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## Abstract

*This study investigates the relationship between social networks and synthetic drug use risk in rural and urban areas of Bayelsa State. The study employed a cross-sectional design, garnering insightful data from 132 males. A non-probability sampling method, specifically convenience sampling, was utilized to select participants. A structured questionnaire was administered to gather self-reported data. Descriptive statistics and summary statistics were employed to analyze the data. The study revealed that participants (39.4%) fall within the 20-24 age range, 45.4% with secondary school education while (51.5%) are unemployed resident both in rural (40.9%) and urban (50%) areas of the study area. Majority (33.3%) started taking synthetic drug between 19-21 years, (72.7%) of respondents using synthetic drugs regularly, (37.9%) acquire drugs from friends, while (97%) attend events where drugs are used with (97%) using hidden places to consume drugs. The study further revealed that the most commonly used drug are Indian Helm (Igbo) (54.5%), Ice (18.2%), Tramadol (12.1%), Codeine (7.6%), Swinol (4.5%), and Refinol (3%) with (54.5%) using Cannabinoids, Methamphetamine (18.2%), Opioids (19.7%), Chlorpheniramine (4.5%), and mouth Aminophylline (3%) experiencing adverse effects dry mouth (54.5%), eye problems (10.6), drowsiness (4.5%), restlessness (7.6%), mood changes (10.6%), emotional instability (9.1%), and no adverse effects (3%). A significant proportion (90.9%) of participants know someone affected by drug use. Swali (6.1%), Agudama (4.5%), Igbogene (4.5%), Akenfa (4.5%), Amarata (10.6%), St. Peters down Yenagoa (6.1%), Trinity Road Swali (12.1%), Ovom (10.6%), Azikoro (10.6%), Kpansia (16.7%), and Ekeki (13.6%) forming the locations where synthetic drugs are used Swali with none of the participants (0%) seeking medical help but resorting to their social networks for help. The*

*study concludes that there is the need for critical interventions to mitigate the physical, psychological, and social risk and consequences of synthetic drug use with the deficiency of medical help craved by respondents particularly emphasizing the requirement for accessible and effective healthcare services. The study therefore recommends that interventions focusing on young males, including education and awareness campaigns, counseling, and support services should be developed and implemented and the law enforcement efforts should be strengthened to curb the illicit drug trade and prosecute dealers.*

**Keywords:** *Synthetic Drug Use, Social Networks, Physical, Psychological, and Social Risk, Mental Health Disorders, Sociological factors.*

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## 1. Introduction

Synthetic drugs, also known as new psychoactive substances (NPS), pose significant risks to individuals, families, and communities, highlighting the need for an all-inclusive understanding of this growing concern and the underlying crucial role of social networks in drug use behaviors (Best et al., 2017, UNODC, 2019). The plague of synthetic drug use has become a prevalent and spiteful phenomenon in Nigeria, necessitating urgent attention from policymakers, researchers, and practitioners (Adebowale et al., 2020). This risky behavior is associated with devastating consequences, including Mental Health Disorders, increased risk of depression and anxiety increasing fatalities, breakdown of family structures, leading to social instability, economic hardship, prolonging poverty and unemployment (Adebowale et al., 2020; Ola & Aladesuru, 2017, Oshodi et al., 2017; Adelekan et al., 2014).

The Social Learning Theory (SLT) developed by Albert Bandura (1977), posits that individuals learn new behaviors, including drug use, by observing and imitating others in their social environment. Albert suggests that social networks play a crucial role in shaping drug use behaviors, as individuals are more likely to adopt behaviors modeled by their peers and social influencers. The role of social networks in determining drug use behaviors is a complex and manifold phenomenon that has gathered significant attention from sociological scholars in recent years. Social networks refer to the network of relationships and exchanges that individuals maintain with others, including family, friends, peers, and community members (Valente, 2010). Many scholars feel that social networks play a vital role in shaping drug use behaviors, particularly among young people (Adelekan, 2017). Social networks can affect drug use behaviors through various mechanisms, including social learning, peer influence, and social support (Best et al., 2017). For example, individuals who associate with peers who use drugs are more likely to initiate drug use themselves (Bennett & Holloway, 2017). Social networks can also shape drug use behaviors by providing access to drugs, information about drugs, and opportunities for drug use (Mberu & Haregu, 2017).

Social media platforms, in particular, have emerged as a critical site for drug-related social networks, with many individuals using social media to connect with others who share similar interests in drugs (Peacock et al., 2018). Social networks can also play a positive role in affecting drug use behaviors. For example, social networks can provide support and resources for individuals seeking to quit or reduce their drug use (Best et al., 2017). Additionally, social networks can also impact drug use behaviors by shaping attitudes and norms around drug use (Adebowale et al., 2020). The role of social networks in determining drug use behaviors is complex. While social networks can contribute to the initiation and care of drug use, they can also provide provision and resources for individuals seeking to quit or reduce their drug use.

The connection of social media and drug use has emerged as a pressing concern in recent years, with sociological scholars increasingly recognizing the complex and complicated nature of this relationship. A methodical review of the literature reveals that social media platforms have become a serious site for drug-related activities, including drug use, drug dealing, and drug-related socialization (Bennett & Holloway, 2017). Scholars have acknowledged several key ways in which social media influences drug use behaviors. Initially, social media platforms provide a channel for social learning, with individuals exposed to drug-related issue and behaviors through their online social networks (Adelekan, 2017). Secondly, social media facilitates peer influence, with individuals influenced by their online peers to engage in drug use behaviors (Best et al., 2017). Thirdly, social media affords access to drugs, with individuals able to procure drugs online or connect with drug merchants through social media platforms (Mberu & Haregu, 2017). Social media has also been recognized as a site for drug-related socialization, with individuals using social media to

associate with others who share comparable interests in drugs (Peacock et al., 2018). This socialization can contribute to the standardization of drug use behaviors, with individuals more likely to engage in drug use if they perceive it as acceptable or normative within their social network (Adebowale et al., 2020). Scholars have highlighted the probable for social media-based involvements to prevent and treat drug use disorders (Best et al., 2017). For instance, social media can be used to propagate harm-reduction messages, provide support and means for individuals seeking to quit or reduce their drug use and associate individuals with treatment services (Bennett & Holloway, 2017). The connection between social media and drug use is dynamic. While social media contributes to drug use behaviors through social learning, peer influence, and access to drugs, it also presents opportunities for involvement and inhibition.

Social isolation and substance use have emerged as a grave concern in recent years, with scholars progressively recognizing the complex and complicated nature of this affiliation. A systematic review of the literature reveals that social isolation is an important forecaster of substance use, with individuals who are involved in social isolation being more likely to engage in substance use behaviors (Peacock et al., 2018). Scholars have acknowledged several key mechanisms by which social isolation contributes to substance use. Initially, social isolation can lead to feelings of loneliness, disconnection, and boredom, which can aggravate substance use as a coping mechanism (Hawk et al., 2017). Secondly, social isolation can create barriers to access to social support and resources, making it more difficult for individuals to manage stress and undesirable emotions without resorting to substance use (Best et al., 2017). Social isolation can also lead to substance use by determining social norms and attitudes around drug use. Socially isolated individuals may be more likely to associate with others who use drugs, normalizing drug use behaviors and increasing the likelihood of initiation (Adelekan, 2017). Scholars have highlighted the importance of considering the intersectionality of social isolation and substance use. For instance, individuals who experience social isolation and also face other forms of disadvantage, such as poverty or unemployment, may be at heightened risk of substance use (Mberu & Haregu, 2017). Social isolation and substance use is complex and multifaceted. Addressing social isolation is essential in developing effective prevention and treatment strategies for substance use disorders.

Poverty, unemployment, and lack of contact to education and healthcare are essential sociological factors that have been comprehensively examined concerning drug use and substance abuse. An organized review of the literature suggest that these factors are intricately linked to drug use behaviors, with individuals from demerit backgrounds being disproportionately affected. Poverty, in particular, has been acknowledged as a precarious factor in drug use, with individuals from low-income backgrounds more likely to engage in drug use as a coping mechanism for stress, trauma, and economic hardship (Adebowale et al., 2020). Unemployment has also been accompanying to drug use, with joblessness contributing to feelings of worthlessness, boredom, and frustration, which can hasten drug use (Mberu & Haregu, 2017). Lack of access to education and healthcare has been acknowledged as a substantial barrier to addressing drug use, with individuals from demerit backgrounds facing potential challenges in accessing treatment services and support (Best et al., 2017). Sociological scholars have highlighted the need for addressing these structural factors to effectually prevent and treat drug use disorders (Adelekan, 2017). The intersectionality of these factors has been emphasized, with individuals facing multiple forms of shortcoming experiencing exacerbated drug use behaviors (Peacock et al., 2018). For example, individuals from low-income upbringings who also experience unemployment and lack of access to education and healthcare are at intensified risk of drug use. The sociological factors of poverty, unemployment, and lack of access to education and healthcare are critical in comprehending drug use behaviors. Highlighting these structural factors is essential in developing effective prevention and treatment strategies for drug use disorders.

Social networks and cultural contexts play a key role in shaping individual experiences and behaviors, predominantly in the realms of substance use and addiction. In rural and urban areas, these factors relate to create distinctive environments that either foster or hinder the initiation and maintenance of synthetic drug use. In rural areas, close-knit communities and limited access to resources can create a sense of social interconnection, which may lead to enlarged peer influence and social pressure to involve in substance use (Mberu & Haregu, 2017). Equally, urban areas are characterized by greater facelessness and access to a broader range of substances, making it simpler for individuals to experiment with drugs (Adelekan, 2017). Cultural contexts also significantly vary between rural and urban areas. Rural communities often have strong traditional values and social norms that may discourage substance use (Oshodi et al., 2017), while urban areas are more likely to be inclined by modernization and globalization, leading to a cultural shift towards increased substance use (Best et al., 2017). Understanding the relationship between social networks and cultural contexts is crucial for developing effective mediations to address synthetic drug use. By recognizing the distinctive challenges and opportunities presented by rural and urban environments, policymakers and practitioners can fashion their approaches to meet the specific needs of each context.

Urban-rural differences in substance use among young people in Nigeria have been a question of interest for sociological scholars in recent years. A systematic review of the literature shows that there are important differences in substance use styles between urban and rural areas in Nigeria. Scholars have identified several key factors that contribute to these differences. Firstly, urban areas incline to have higher levels of substance use due to increased access to drugs, peer influence, and social learning (Mberu & Haregu, 2017). In divergence, rural areas tend to have lower levels of substance use due to stronger social ties, community ties, and traditional norms (Adelekan, 2017). Urban-rural differences in substance use are also influenced by socioeconomic factors. Urban areas incline to have advanced levels of poverty, unemployment, and inequality, which can contribute to substance use as a managing mechanism (Adebowale et al., 2020). In disparity, rural areas tend to have stronger social support networks and community resources, which can allay the risk of substance use (Best et al., 2017). Scholars have stated the significance of considering the relationship of urban-rural differences and substance use. For instance, young people in urban areas who experience poverty and social isolation may be at sensitive risk of substance use (Peacock et al., 2018). Urban-rural differences in substance use among young people in Nigeria are shaped by a complex interaction of sociological factors. Addressing these differences is essential in developing effective prevention and treatment strategies for substance use disorders. Its based on this premise that the study tries to explore social networks and synthetic drug use risk in rural and urban areas of Bayelsa State.

## 2. Materials and Methods

The study employed a cross-sectional design, garnering insightful data from 132 male participants Bayelsa, Nigeria. The participants' demographics, habits, and experiences with synthetic drug use were meticulously examined. A non-probability sampling method, specifically convenience in sampling, was utilized to select participants. A structured questionnaire was administered to gather self-reported data, ensuring a thorough understanding of the participants' experiences. The survey assessed various factors, including demographics (age, education, occupation, and residence), synthetic drug use habits (frequency, types, and duration), adverse effects experienced, sources of drug acquisition, and social connections and events related to drug use. Descriptive statistics (frequencies, percentages) and summary statistics (means, ranges) were employed to analyze the data, providing a comprehensive overview of synthetic drug use in Bayelsa, Nigeria. The study acknowledges limitations, including a small sample size and potential biases associated with self-reported data.

## 3. Results and Discussions

**Table 1: Socio-Demographic Characteristics of Respondents**

AGE BRACKET	FREQUENCY	PERCENTAGE
20-24	52	39.4%
25-29	30	22.7%
30-34	22	16.7%
35-39	14	10.6%
40-44	8	6.1%
50-54	6	4.5%
	132	100
<b>SEX</b>		
MALE	132	100%
FEMALE	0	0
<b>EDUCATION</b>		
PRIMARY SCHOOL	24	18.2%
SECONDARY SCHOOL	60	45.4%
INFORMAL EDUCATION	48	36.4%

PROFESSION		
CARPENTER	16	11.1%
TAILOR	12	9.1%
FARMER	18	13.6%
BOAT CAPTAIN	18	12.1%
DSTV INSTALLER	8	6.1%
ELECTRICIAN	18	13.6%
WELDER	24	18.2%
BARBER	2	1.5%
WOODCUTTER	6	4.5%
MECHANIC	6	4.5%
GRAPHIC ARTIST	2	1.5%
NONE	4	3%
EMPLOYMENT		
SELF EMPLOYED	50	27.9%
PART TIME	34	25.8%
NONE	68	51.5%
LOCATION		
BAYELSA (RURAL)	54	40.9%
BAYELSA (URBAN)	66	50%
NO FIXED LOCATION	12	9.1%

Source by researcher September 2024

Table 1 reveals that majority of participants (39.4%) fall within the 20-24 age range, followed by 22.7% in the 25-29 range. Notably, 4.5% of individuals are between 50-54 years old. All 132 participants (100%) identify as male. The educational background of participants is diverse, with 18.2% having primary school education, 45.4% with secondary school education, and 36.4% having no formal education. Participants engage in various occupations, including carpentry (11.1%), tailoring (9.1%), farming (13.6%), and electrical work (13.6%), and welding (18.2%). Some individuals (3%) have no profession. The majority of participants (51.5%) are unemployed, while 27.9% are self-employed, and 25.8% work part-time. Participants reside in both rural (40.9%) and urban (50%) areas of Bayelsa, with 9.1% having no fixed location. This conforms with findings of Adebowale et al., (2020), Mberu & Haregu (2017), Adelekan, (2017), Oshodi et al., 2017, Best et al., (2017) that young people who are unemployed and uneducated in urban areas are characterized by greater facelessness and access to a broader range of substances with inclination to increased substance use due to modernization and globalization, while rural communities often have strong traditional values and social norms that may discourage substance use

**Table 2: Age of commencement, regularity of use, method of acquisition, visiting drug use events and using hiding places to consume drugs.**

Age of Commencement		
13-15	16	12.3%
16-18	20	15.2%
19-21	44	33.3%
24-26	24	18.2%
27-29	16	12.1%
30-Above	12	9.1%
Regularity of Use		
Regularly	96	72.7%

Occasionally	36	27.3%
<b>Acquisition Methods</b>		
Friends	50	37.9%
Street	16	12.1%
Dealers	24	18.2%
Chemist Shops	24	18.2%
Street Dealers	18	13.6%
<b>Events Attended</b>		
Yes	128	97%
No	4	3%
<b>Hiding Places</b>		
Yes	128	97%
No	4	3%

Source by researcher September 2024

Table 2 reveals that Participants began using drugs at various ages, including 13-15 years old (12.1%), 16-18 years old (15.2%), 19-21 years old (33.3%), 24-26 years old (18.2%), and 27-29 years old (12.1%) with (72.7%) of respondents using synthetic drugs regularly, while 27.3% use them occasionally. The table further shows that (37.9%) of respondents acquire drugs from friends, street (12.1%), dealers (18.2%), chemist shops (18.2%), and street sellers (13.6%). The vast majority (97%) of participants attend events where drugs are used. An overwhelming majority (97%) of participants use hiding places to consume drugs. This is in tandem with the opinion of Peacock et al., (2018) and Mberu & Haregu, (2017) that young people in urban areas who experience poverty and social isolation may be at sensitive risk of substance use due to increased access to drugs, peer influence, and social learning.

**Table 3: Type of synthetic drugs used, Classification, knowledge of people affected by drug use and adverse effects experienced**

<b>Type Of Synthetic Drugs Used</b>		
Indian Helm	72	54.5%
Ice	24	18.2%
Tramadol	16	12.1%
Codeine	10	7.6%
Swinol	6	4.5%
Refnol	4	3%
<b>Classification Of Drugs</b>		
Canabinoids	72	54.5%
Chlorpheniramine	6	4.5%
Methamphetamine	24	18.2%
Aminophylin	4	3%
Opoids	26	19.7%
<b>Adverse Effects</b>		
Dry Mouth	72	54.5%
Eye Problem	14	10.6%
Drowsiness	6	4.5%
Restlessness	10	7.6%
Mood Changes	14	10.6%
Emotional Instability	12	9.1%

None	4	3%
Knowledge of Affected Individuals		
Yes	120	90.9%
No	12	9.1%

Source by researcher September 2024

Table 3 reveals that the most commonly used drug is Indian Helm (Igbo) (54.5%), followed by Ice (18.2%), Tramadol (12.1%), Codeine (7.6%), Swinol (4.5%), and Refinol (3%). Participants primarily use Cannabinoids (54.5%), followed by Methamphetamine (18.2%), Opioids (19.7%), adverse effects experienced by participants is dry (54.5%), followed by eye problems (10.6), drowsiness (4.5%), restlessness (7.6%), mood changes (10.6%), emotional instability (9.1%), and no adverse effects (3%). Chlorpheniramine (4.5%), and mouth Aminophylline (3%). A significant proportion (90.9%) of participants know someone affected by drug use. This aligns with the findings of Adebowale et al., (2020); Ola & Aladesuru, (2017), Oshodi et al., (2017); and Adelekan et al., (2014) that synthetic drug use results in Mental Health Disorders, increased risk of depression and anxiety increasing fatalities, breakdown of family structures, leading to social instability, economic hardship, prolonging poverty and unemployment

**Table 4: Areas Where Synthetic Drugs Are Used and if respondents seek medical help**

Areas Where Synthetic Drugs Are Used		
Swali	8	6.1%
Agudama	6	4.5%
Igbogene	6	4.5%
Akenfa	6	4.5%
Amarata	14	10.6%
St. Peter Down Yenagoa	8	6.1%
Trinity Road Swali	16	12.1%
Ovom	14	10.6%
Azikoro	14	10.6%
Kpansia	22	16.7%
Ekeki	18	13.6%
Seek Medical Help		
Yes	0	0
No	132	100%

Source by researcher September 2024

Table 4 shows various locations where synthetic drugs are used, including Swali (6.1%), Agudama (4.5%), Igbogene (4.5%), Akenfa (4.5%), Amarata (10.6%), St. Peters down Yenagoa (6.1%), Trinity Road Swali (12.1%), Ovom (10.6%), Azikoro (10.6%), Kpansia (16.7%), and Ekeki (13.6%) with none of the participants (0%) seeking medical help. This confirms Best et al., (2017) assertion that social networks provide support and resources for individuals seeking to quit or reduce their drug use thus making individuals not to seek medical help.

#### 4. Conclusion

This study reveals the alarming prevalence of synthetic drug use among young males in Bayelsa, Nigeria. The findings pinpoint the need for critical intervention to mitigate the physical, psychological, and social risk and consequences of synthetic drug use. The deficiency of medical help craved by participants particularly emphasizes their reliance on their social networks, stringent requirements for accessible and effective healthcare services. The study therefore recommends that interventions focusing on young males, including education and awareness campaigns, counseling, and support services should be developed and implemented, the law enforcement efforts should be strengthened to curb the illicit drug trade and prosecute dealers, accessible and affordable healthcare services, including substance

abuse treatment and mental health support should be established and community leaders and organizations should be engaged in prevention and intervention efforts.

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